

**Greater Tompkins County Municipal Health Insurance Consortium**  
**Executive Committee**  
**Minutes – APPROVED**  
**November 20, 2024 – 3:00 p.m.**  
**GTCMHIC Headquarters – 408 East Upland Road, Ithaca, NY**

Present: Rordan Hart\* (Executive Committee Chair); Wendy Cole (At-Large); Judy Drake (Audit and Finance Committees Chair); Bud Shattuck (Claims and Appeals Committee Chair); Ray Bunce (At-Large); Peter Salton (Secretary); Scott Steve (At-Large); Lisa Holmes (Executive Committee Vice-Chair); Laura Granger\* (Operations Committee Chair); Gary Mutchler (Nominations & Engagement Committee Chair); Amie Hendrix\* (At-Large) (arrived 3:45 pm);

Excused: Lorrie Scarrott, Tompkins County (appointed CFO for GTCMHIC)

Absent: Kate DeVoe (Joint Committee Chair)

Guests: Rob Spenard, Paul Pelton, Locey & Cahill

Staff: Elin Dowd, Executive Director; Lynne Sheldon, Clerk of the Board; Kylie Rodrigues, Benefits Specialist

\* - Due to extraordinary circumstances - attended remotely

**Call to Order**

Mr. Hart, Chair, called the meeting to order at 3:03 p.m.

**Changes to the Agenda**

Ms. Dowd stated there was an error on the agenda of the date of the next meeting. The correct date of the next meeting will be December 18, 2024 (not February 2025)

**Approval of Minutes of September 11, 2024 (Executive Committee) & September 26, 2024 (Board of Director Yearly Meeting)**

It was MOVED by Ms. Granger, seconded by Ms. Drake, and unanimously adopted by voice vote by members present and via remotely due to extraordinary circumstances, to approve the minutes of September 11, 2024 (Executive Committee) & September 26, 2024 (Board of Director Yearly Meeting). MINUTES APPROVED.

**Chair's Report**

Mr. Hart reported he did not have anything specific other than the topics on the agenda.

**Executive Director's Report**

**Staffing Recommendations**

Ms. Dowd announced that Teri Apalovich, Finance Manager, has resigned and stated a new Finance Manager will be starting in January.

Ms. Dowd thanked Consortium staff for covering responsibilities in the interim.

Ms. Drake presented a resolution for a 4.5% cost of living wage scale increase, which is approved without discussion.

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**RESOLUTION NO. 035- 2024 – APPROVAL OF 2025 CONSORTIUM COST OF LIVING WAGE SCALE INCREASE**

MOVED by Mr. Salton, seconded by Mr. Scott, the resolution was adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Board adopted the 2025 Budget which included a cost of living wage scale increase of 4.5% on September 26, 2024; and

RESOLVED, That the Executive Committee of GTCMHIC hereby establishes the wages for the staff based on the approved 2025 Wage Scale effective January 1, 2025, as detailed on file in the Human Resources Office.

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Ms. Drake spoke of Ms. Rodrigues' promotion to Benefit Specialist. She said that the Consortium's Human Resources has created positions of Senior Benefits Specialist and Benefits Specialist.

**RESOLUTION NO. 036- 2024 – RATIFICATION OF PROVISIONAL PROMOTIONAL APPOINTMENT OF BENEFITS MANAGER – KYLIE RODRIGUES**

MOVED by Mr. Mutchler, seconded by Ms. Granger, the resolution was adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) created the Benefits Manager position by Resolution No. 022-2024 on July 17, 2024, and

WHEREAS, Kylie Rodrigues has been the Benefits Specialist since June 20, 2021, and has the necessary knowledge, skills and ability for the position of Benefits Manager, and

WHEREAS, the GTCMHIC's Executive Director provisionally promotes Kylie Rodrigues to the position of Benefits Manager on a full-time schedule of 37.5 hours per week, at the hourly rate of \$38.80 effective December 15, 2024, now therefore be it,

RESOLVED, That the Executive Committee hereby ratifies the Executive Director's provisional promotional appointment of Kylie Rodrigues as Benefits Manager, effective December 15, 2024, pending results of the non-competitive promotional Civil Service exam for said position.

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Ms. Drake discussed the need for a resolution for Ms. Sheldon's interim finance role, which includes a temporary stipend for taking on extra duties.

**RESOLUTION NO. 037- 2024 – TEMPORARY STIPEND FOR CLERK OF THE BOARD**

MOVED by Mr. Steve, seconded by Ms. Holmes, the resolution was adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, there is currently a vacancy in the Finance Manager position; and  
WHEREAS, Lynne Sheldon, Clerk of the Board, has agreed to take on further responsibilities during this absence; and

WHEREAS, the Human Resources Manager recommends providing a \$250 per week stipend temporarily from October 20, 2024, until the Finance Manager position is no longer vacant; and

WHEREAS, the Executive Director and Chair of the Board have reviewed the request and recommends the approval of the temporary stipend for Ms. Sheldon; now, therefore be it

RESOLVED, That the Executive Committee hereby approves providing Lynne Sheldon, Clerk of the Board, a temporary stipend of \$250 per week from October 20, 2024, until the Finance Manager position is no longer vacant.

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Ms. Dowd announced Summary Plan Descriptions (SPD) have been updated, amended, and approved by the Department of Financial Services (DFS). She explained that these plans will only need amendments each year.

Ms. Dowd also mentioned ongoing issues with the approval of the Municipal Cooperative Agreements (MCA) and the need for new members to sign the 2024 MCA.

Mr. Salton suggested pushing for changes to the approval process, and Ms. Dowd agreed of the need for better procedures. She also stressed how unique the Consortium is to other entities.

### **Insurance Renewals/Stop Loss**

Mr. Spenard provided an update on stop loss insurance quotes from two carriers, with competitive rates and potential premium increases.

Ms. Dowd mentioned the need to finalize stop loss insurance renewals and the addition of cybersecurity insurance.

### **Discussion: Proposed Resolution Plan Option Parameters**

Ms. Dowd introduced a draft resolution (below) on plan selection parameters. She said the resolution was put together by Locey & Cahill. She said Mr. Locey is suggesting that the Consortium limit plan selection by size of municipality, so it breaks municipalities down between zero and 20 or 19, 20 to 99 and then above 100. She said there would be, in each of these different levels, restrictions of how many plans you can select. As an example: under 20 participants would only be able to select one plan.

Mr. Salton explained a need for a timeline to present this to members.

Mr. Bunce questioned how these changes would new municipalities with multiple contracts and different work groups.

Mr. Hart and Mr. Salton also expressed concerns about the resolution's impact on municipalities' bargaining rights.

Ms. Dowd agreed to discuss the resolution further and gather feedback from the Operations and Finance committees.

### **\*\*\*DRAFT RESOLUTION\*\*\***

#### **Approval of Participant Plan Option Parameters**

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium ("GTCMHIC") operates pursuant to a Certificate of Authority issued in accordance with Article 47 of the New York State Insurance Law ("NYIL") and pursuant to the 2024 Amendment to the Municipal Cooperation Agreement ("MCA"), and

WHEREAS, the GTCMHIC MCA, Section A, Participants, Sub-Paragraph 5, stipulates that participation in the Medical Plan(s) by some, but not all, collective bargaining units or employee groups of a Participant shall not be permitted without a Board approved waiver. Participants with a waiver allowing active employees not enrolled in Consortium benefit plan options, must, within 3 (three) years of the date of enrolling in the Consortium, fully enroll all of their active employees in Consortium plan options. Failure to comply with this provision may be grounds for termination from participation in the Consortium as defined in Section Q(3), and

**\*\*\*DRAFT RESOLUTION\*\*\* (Continued)**

WHEREAS, the GTCMHIC MCA, Section E, Actions by the Board, Sub-Paragraph 1(d), requires the Board of Directors to select and approve the benefits provided by the Medical Plan(s) including the plan document(s), insurance certificate(s), and/or summary plan description(s) in accordance with NYIL Section 4709, a copy of the Medical Plan(s) effective on the date of this Agreement is incorporated by reference into this Agreement., and

WHEREAS, the GTCMHIC MCA, Section E, Actions by the Board, Sub-Paragraph 2(d), requires the Board of Directors to take any other action authorized by law and deemed necessary to accomplish the purpose of this Agreement, and

WHEREAS, the GTCMHIC currently offers four standard hospital, medical, surgical, and pharmacy plans referred to as the Platinum Preferred Provider Organization Plan ("Platinum PPO Plan"), Gold High Deductible Health Plan ("Gold HDHP"), Silver High Deductible Health Plan ("Silver HDHP"), and Bronze High Deductible Health Plan ("Bronze HDHP"), and

WHEREAS, the GTCMHIC Board of Directors by their approval of Resolution No. 013-2016 established guidelines for members changing plans, and

WHEREAS, the GTCMHIC Executive Committee has identified that with the number of Participants, the number of hospital, medical, surgical, and pharmacy benefit plans being offered, and with the growing concerns of adverse selection making the coverage more expensive for everyone that there is a need to establish reasonable plan option parameters to ensure the GTCMHIC can continue to provide quality health insurance at the most reasonable cost possible, now therefore be it

RESOLVED, on recommendation of the Executive Committee and the Joint Committee, effective January 1, 2026, the following rules will be established regarding available plan options for the Participants in the GTCMHIC:

1. Participation in the Medical Plan(s) by some, but not all, collective bargaining units or employee groups of a Participant shall not be permitted.
- All Participants with fewer than twenty (20) Full Time Equivalent ("FTE") Employees as defined by the Patient Protection and Affordable Care Act ("ACA") will be permitted to:
  - Select one of the GTCMHIC's "metal level" benefit options as the Participant's sole health insurance offering to its entire population of employees and non-Medicare-aged retirees. These plan options will be limited to the Platinum PPO Plan, Gold HDHP, Silver HDHP, or Bronze HDHP.
  - Elect to include all the Participant's Medicare-aged retirees in the plan chosen in 2(a) above or select one of the GTCMHIC's Medicare Supplement Plans

• **\*\*\*DRAFT RESOLUTION\*\*\* (Continued)**

- which are identified as MS1, MS3, and MS4 in the Consortium's plan options and rates file as the sole benefit plan offering to the Medicare-aged retirees.
- All Participants with at least twenty (20), but no more than ninety-nine (99) FTE Employees will be permitted to
  - Select no more than two (2) of the GTCMHIC's "metal level" benefit options as the Participant's health insurance offering to its employees and non-Medicare-aged retirees. These plan options will be limited to the Platinum PPO Plan, Gold HDHP, Silver HDHP, or Bronze HDHP. If the Participant chooses more than one (1) of the GTCMHIC's "metal level" benefit options, each one of the Participant's bargaining units and/or employee groups in its entirety (active employees and non-Medicare-aged retirees) must be enrolled in one (1) of the two (2) health insurance benefit plan options chosen by the Participant.
  - Elect to include each one of the Participant's bargaining unit's and/or employee group's Medicare-aged retirees in the plan chosen in 2(a) above or select one of the GTCMHIC's Medicare Supplement Plans which are identified as MS1, MS3, and MS4 in the Consortium's plan options and rates file as the sole benefit plan for those specific Medicare-aged retirees.
- All Participants with at least one hundred (100) FTE Employees will be permitted to select no more than two (2) of the GTCMHIC's hospital, medical, surgical, and pharmacy benefit options as the Participant's health insurance offering to its employees and non-Medicare-aged retirees. If the Participant chooses more than one (1) of the GTCMHIC's hospital, medical, surgical, and pharmacy benefit options, the following conditions must be adhered to:
  - Select one (1) or more of the GTCMHIC's "metal level" benefit options as the Participant's health insurance offering to its employees and non-Medicare-aged retirees. These plan options will be limited to the Platinum PPO Plan, Gold HDHP, Silver HDHP, or Bronze HDHP. If the Participant chooses more than one (1) of the GTCMHIC's "metal level" benefit options, each one of the Participant's bargaining units and/or employee groups in its entirety (active employees and non-Medicare-aged retirees) must be enrolled in one (1) of the four (4) health insurance benefit plan options chosen by the Participant.
- b. Elect to include each one of the Participant's bargaining unit's and/or employee group's Medicare-aged retirees in the plan chosen in 2(a) above or select one of the GTCMHIC's Medicare Supplement Plans which are identified as MS1, MS3, and MS4 in the Consortium's plan options and rates file as the sole benefit plan for those specific Medicare-aged retirees.

### **Discussion: 2025 Premium Rate Review Including Actuarial Value Discounting**

Ms. Dowd said the Consortium has talked about a premium rate review next year, to make sure the metal level plans are supporting themselves on their own, without the support of any of the other indemnity and PPO plans. She reminded members that in the past, the indemnity plans and PPO plans (had many retirees) and were supporting the metal level plans. She said metal level plans are now rising to support themselves.

Ms. Dowd said this topic will be discussed with the Finance Committee to review and understand ramifications, and then go back to the Joint Committee so they may make a recommendation and possible resolution.

### **Discussion: Development and Distribution of Equity Statements**

Ms. Dowd discussed the idea of providing equity statements to members, based on utilization of reserves.

Ms. Dowd said the Consortium does prepare equity statements yearly, but it is not a practice of the Consortium to send those on to members. Ms. Dowd suggested working with Locey & Cahill to look at making these statements available to members going forward for their bookkeeping.

### **FOIL Update**

Ms. Dowd provided an update on a FOIL (Freedom of Information Law) request from Ballard Spahr on behalf of the Partnership for Safe Medication. She said this request has now been closed as the Consortium has provided the requested information.

### **Website**

Ms. Dowd mentioned the need for a new website vendor. She said a new website will improve Consortium services significantly.

Ms. Dowd said the Consortium has narrowed the search down to two vendors. She said the Consortium does not have a separate expense line for a website, which will be a change to the budget in 2025.

### **Provider Relations**

Ms. Dowd provided updates of the return of WellNow to the Excellus network. She also said there are still ongoing negotiations with Excellus and Family Care Medical Group.

### **Committee Reports**

### **Nominations and Engagement**

Mr. Mutchler expressed the Consortium is always looking for individuals to fill committee seats. He encouraged members to reach out to the Consortium to serve.

### **Claims and Appeals**

Mr. Shattuck announced the Medical Claims Adjudication resolution for Plan Years 2022 and 2023.

#### **RESOLUTION NO. 038-2024 – AUTHORIZE CONTRACT FOR MEDICAL CLAIMS ADJUDICATION FOR PLAN YEARS 2022 AND 2023**

MOVED by Mr. Shattuck, seconded by Ms. Drake, the resolution was adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, The Greater Tompkins County Municipal Health Insurance Consortium (“Consortium”) is a self-insured municipal cooperative health benefits plan operating pursuant to a Certificate of Authority issued in accordance with Article 47 of the New York State Health Insurance Law, and

WHEREAS, being a self-insured health insurance plan the Consortium is responsible for the payment of claims as adjudicated by Third Party Administrator, Excellus Blue Cross Blue Shield, and

WHEREAS the Board of Directors believes that it is part of their fiduciary responsibility to conduct periodic medical claims audits to ensure the medical and RX claims are paid in accordance with the benefit plan documents, Federal and State Laws, Rules, and Regulations, and industry standard practices, and

WHEREAS, a Request for Proposals for Medical Claims Auditing Services was issued on September 5, 2024, to perform medical claims auditing services for the Consortium for the 2022 and 2023 plan years, now therefore be it

RESOLVED, on recommendation of the Claims and Appeals Committee, the Executive Director is granted the authority to finalize the terms of the agreement, with **J. Graham Inc. Healthcare Claims Audits** with the terms and conditions agreed upon by the Committee.

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### **Audit and Finance**

Ms. Drake did not have any items to report.

### **Operations**

Ms. Granger did not have any items to report.

### **Joint**

Ms. DeVoe was absent from the meeting. Ms. Dowd reported that the Joint Committee will be having a new Chairperson in 2025, Ellen Hersey, from the Tompkins County Public Library.

### **Financial Update**

Mr. Pelton and Mr. Spenard presented a [Fiscal Year Budget Performance Report as of October 31, 2024](#), highlighting the following key facts:

1. Locey & Cahill continue to work with the Consortium's Executive Director and Financial Team to fine tune budget allocations and improve detailed reporting of expenses. This was done to provide a more detailed and accurate summary of the internal and external professional support costs. The amended budget updated some of the budget numbers based on the addition of new members and changes in enrollment by existing members.
2. With two months left in the fiscal year, overall expenses are 5.79% over budget. To date the impact of this has been significantly offset by the Rx Rebates received. Most of the internal administrative, supply and contractual costs are at or below budget. We anticipate these items to be mostly in line with the budget as the Consortium works its way through the end of the fiscal year.
3. When new members are added to the Consortium, it is important to remember that their paid claims are not mature until the 3rd month or so as the "run-out" claims (claims incurred on or before December 31, 2023) are the responsibility of their prior insurance carrier. However, during budget development, this must be considered when developing claims estimates for the subsequent year.
4. Medical Paid Claims in the first 10-months were 6.83% over the amended budget, including the advanced deposit, for the fiscal year. Other factors include:  
An increase in the covered lives (↑4.51%) and in the number of contracts (↑5.24%) skews the early 2024 medical paid claims due to the "run-in lag".

Increased member participation in lower cost health insurance plans, like the Platinum PPO Plan and the Medicare Supplement Plan by several employer groups.

The continuation of identifying the “new normal” of elective and/or minor medical procedures being performed following COVID-19 pandemic.

Locey & Cahill continue to monitor the impact of inflation on the medical community.

5. Rx Paid Claims were 8.42% over budget for the first 10-months of the 2024 Fiscal Year. We continue to monitor pharmacy paid claims trend closely as pharmacy claims become a greater contributor to the number of large loss claims we are seeing across our entire book of business.

### **Future Agenda Topics**

Stop-Loss  
Contract Resolutions

### **Adjournment**

The meeting was adjourned at 4:29 p.m.

*Respectfully submitted by Lynne Sheldon, Clerk of the Board*