



## Greater Tompkins County Municipal Health Insurance Consortium

PO Box 7 • Ithaca, New York 14851 • (607)274-5590  
[www.tompkinscountyny.gov/hconsortium](http://www.tompkinscountyny.gov/hconsortium) • [consortium@tompkins-co.org](mailto:consortium@tompkins-co.org)

*"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."*

### **AGENDA** **Operations Committee** **July 24, 2023 – 1:00 P.M.** **Town of Ithaca- Aurora Conference Room**

1. Call to Order Granger
2. Changes to the Agenda (1:05)
3. Approval of April 24, 2023 Minutes
4. Executive Director Report (1:10) Dowd
  - a. Update
  - b. Plan Selection Form
  - c. PBM update- Formulary Disruption Report Review
  - d. Actuarial Value Calculator Update
  - e. DFS Recommendations
  - f. 2024 Budget
  - g. Premium Equivalent Rates/Two-Tier Premium Analysis
5. Resolutions (1:40)
  - a. Resolution: Approval to Update the Greater Tompkins County Municipal Health Insurance Consortium's Notice of Privacy Practices and Policy
  - b. Resolution: Approval of Contract to Enter into an Agreement with Lifetime Benefit Solutions to manage COBRA Administration for Small Group Municipal Members Only
6. Plan Consolidation Discussion (2:00)
7. Future Discussion Topics: (2:15)  
Inclusive Language
8. Adjournment (2:20)

**Next Meeting: October 23, 2023**

**Operations Committee  
Minutes – DRAFT  
April 24, 2023 – 1:00 p.m.  
Town of Ithaca/Board Court Room**

Present: Laura Granger, Committee Chair; Schelley Michell-Nunn (*arrived 1:05p*); Judith (Judy) Drake; Brian Weinstein; Ruby Pulliam; Janine Bond (*arrived 1:05p*); Bud Shattuck\*; Rordan Hart, Board Chair

Excused: Sunday Earle; Rita McCarthy; Ed Fairbrother; LuAnn King

Absent: Mark Emerson

Staff/Guests: Elin Dowd, Executive Director; Teri Apalovich, Finance Manager; Kylie Rodrigues, Benefits Specialist; Lynne Sheldon, Clerk of the Board; Brandon Holt, Kelli Lasher, Amy Handelman, Cathy Millet, Excellus BCBS; Steve Locey, Paul Pelton, Rob Spenard, Locey & Cahill; Shondrea Cobb, Jen Achterberg, Town of Big Flats; Sarah Thomas, Tompkins County; Denise Malone, City of Ithaca

\* = Via Zoom remote due to extraordinary circumstances

**Call to Order**

Ms. Granger, Chair, called the meeting to order at 1:02 p.m. At this time, due to lack of quorum, Mr. Hart, Board Chair, appointed himself as well as Mr. Shattuck, Executive Committee member, as interim members of the Operations Committee. This action was made for the Operations Committee to reach an adequate quorum number for voting purposes during this meeting.

**Changes to the Agenda**

There were no changes to the agenda.

**Approval of January 23, 2023, Minutes**

It was MOVED by Ms. Drake, seconded by Ms. Pulliam, and unanimously adopted by voice vote by members present, to approve the minutes of January 23, 2023, as submitted. MINUTES APPROVED.

*(Ms. Michell-Nunn and Ms. Bond arrived – 1:05pm) \*Quorum now complete for original Committee members.*

**Presentation Regarding Pharmacy Benefit Management**

Ms. Dowd thanked everyone for attending, including some benefit clerks, and noted that Excellus BCBS would be presenting. She explained that the Consortium placed a Request for Proposal (RFP) in 2021, and at that time Excellus was one group that the Operations Committee wanted to look at again and consider. Ms. Dowd introduced the Consortium's Excellus BCBS Account Manager, Mr. Holt, who introduced the rest of the Excellus Team. The team discussed their overall approach to pharmacy and benefit management, as well as discussed what employers and employees could expect of their experience under Excellus pharmacy, benefits, and the transition.

The presentation followed up with a question-and-answer session. Ms. Malone asked if there would be an individual to work with during any transitions as timing would also fall during open enrollment timing. Ms. Lasher said that Excellus would be taking all those pieces into consideration, understanding when open enrollment timeframes are, where there is movement during the transition, and staying in constant communication.

Ms. Thomas asked if the members could still utilize CanaRX. Mr. Holt concurred and said that there's no integration in terms of the claims or costs, but if members are seeing cost savings they can't with Excellus, they will still have the benefit of CanaRX. Ms. Thomas also asked what the timeline would be for members and how changes to the formulas would impact on them. Mr. Holt explained that as part of Excellus' analysis, they have done a formulary disruption, which has looked at the claims for calendar year 2022 to see what the disruption would be for members moving from, which members would be most impacted, and how to communicate to members to let them know at least 60 days prior.

Mr. Weinstein asked regarding the prior authorization process and what is the turnaround time for them. Ms. Handelman explained the process that providers can call in or send the authorization electronically. She said that on average, the authorization is typically 24-48 hours.

### **Executive Session**

It was MOVED by Ms. Drake, seconded by Mr. Weinstein and unanimously adopted by voice vote by members present and via remote, to enter executive session at 1:56 p.m. to discuss matters relating to the possible formation of contracts with third parties. The meeting returned to open session at 2:24 p.m.

MOTION NO. 001-2023– MOTION TO ADVANCE THE PROPOSAL FROM EXCELLUS TO AUDIT AND FINANCE COMMITTEE FOR RECOMMENDATION AND APPROVAL

It was MOVED by Ms. Pulliam seconded by Mr. Weinstein, and unanimously adopted by voice vote by members present by video or in person, to approve the advancement of the proposal from Excellus to the Audit and Finance Committee for recommendation and approval. MOTION CARRIED.

\* \* \* \* \*

### **Executive Director Report**

Ms. Dowd referenced her Executive Director report for March 2023. She encouraged the Committee to review her information on the changes that are coming about. This report covers changes to benefits in the areas of ground ambulance, COVID-19, behavioral health, and frozen formulas.

### **Open Meeting Law**

Ms. Dowd reported that the Consortium made a recommendation at the Executive Committee allowing video conferencing at the Standing Committee levels to help maintain committees to get more involvement and/or reach quorum. This recommendation stems from the idea that all approvals are finalized at the Executive Committee and the Board of Director meetings. The Executive Committee and Board of Directors' attendance will remain the same indicating members must be physically present to establish quorum at the main location, and or in a posted satellite location for voting purposes once quorum is met.

### **Medicare Advantage/EGWP**

Ms. Dowd said the Operations Committee has been discussing Medicare Advantage and Employer Group Waiver Plans (EGWP). Aetna has already submitted their rates for 2024, but the Consortium is also looking at other options, including reviewing Excellus rates. She said there is a potential to have several plans with Excellus as we are exploring new options both with and without Excellus. She said the Consortium is still exploring options and gathering information and will be keeping the Committee informed.

### **Utilization Review May 4th**

Ms. Dowd reported that there is an upcoming Joint Committee meeting which will include both Excellus and ProAct utilization reviews. This information provides the Consortium and members with information about plans, how the Consortium is utilizing those plans, and to ask questions.

### **New Plan Addition Form**

Ms. Dowd said that a new Plan Addition Form will roll out to Benefit Clerks. There will be a continued discussion at the next Operation Committee meeting to discuss the implementation of the form.

### **Future Discussion Topics**

Gender Affirming Language  
COBRA Small Group Administration

### **Adjournment**

The meeting was adjourned at 2:31 p.m.

The next meeting will be held July 24, 2023

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

## **Executive Director Report June 2023**

I couldn't have been more wrong in my March Executive Director Report when I mistakenly said, "... but it appears we are getting closer to the end of the data collection phase for our DFS audit..." Teri Apalovich, Finance Manager, has been consumed with replying to the onslaught of questions we have received this month and last. All the Consortium staff are now involved in preparing responses or pulling documents and Excellus and ProAct have been providing significant claims data to support the efforts of the audit. Most recently Locey & Cahill have joined in crafting responses and finding old documents. Many thanks to the team for all their work on this and we will keep you posted on our progress. As you will see from upcoming agendas, we are already drafting some policy changes because of feedback from DFS.

We are very excited to report that a move is in our future. We have signed a lease agreement for a property in Cayuga Heights. It is a new net zero building and the construction on our unit is not yet complete. Therefore, we expect that it will take another four months before we are at our new location and then we look forward to hosting all our meetings from the new offices.

Be on the lookout for a questionnaire regarding the August and September Board of Director meetings. We hope to utilize zoom and find a time and place to help us meet quorum. We will survey the Board to find out what will work best for the majority and plan around that.

### Executive Committee

The Committee will be exploring Medicare Advantage plan offerings for 2024 at their next meeting and Kylie Rodrigues, Benefit Specialist, has offered to host some Medicare Basics webinars for those who need help understanding how our plans work for retirees age 65+. Once a plan has been selected to offer to the group, we will include the plan information during the Medicare Basics webinars. We hope to conduct these educational webinars well before you need to enroll and host open enrollment meetings for your active and retired employees.

A report was given in April by Segal on premium equivalent rates. In general, the results showed that our overall annual underwriting on premium equivalent rates has been accurate, but there are some plans that are supplementing other plans and over time we will need to adjust fees to make sure each plan can support itself, especially as groups move from old style indemnity plans to more contemporary metal level plans. We will continue to consolidate plans when we are able and gradually adjust premium rates to best support each plan. In addition, we will continue to work to see if we should offer more than two-tier premium options in the future.

### Operations

The Operations Committee has been exploring the possibility of moving pharmacy benefit management to another provider. Concern over ProAct's technical errors, especially with accumulator issues and their management of prior authorizations has prompted the Committee to revisit the 2021 RFP decision to remain with ProAct. The Committee has received a new proposal from Excellus, the runner-up candidate in the RFP process and the Consortium's current medical administrator. In April, a proposal from Excellus was reviewed and action was taken to advance that proposal to the Audit and Finance Committee and the Board of Directors for action.

### Audit and Finance

The Audit and Finance team recognized Steve Thayer for his dedicated service to the Consortium as our CFO. Steve plans to retire at the end of this month. We are sorry to lose him and as per our Municipal

Executive Director Report  
June 2023

Cooperative Agreement his replacement at the City of Ithaca will serve as our CFO going forward. Teri and I are both on the interviewing panel and have made recommendations on candidates that will be moving forward in the process.

I hope you received a copy of the 2022 Annual Report with the annual audit approved by our Audit and Finance Team. Patrick Jordan from Insero presented the audit at our last meeting.

One recommendation from the DFS audit team is that we break out the Audit Committee and remove any officers from serving on the new committee. Officers will still be very involved in the Finance Committee and both committees will meet simultaneously.

Joint Committee on Plan Structure and Design

Both Excellus and ProAct were invited to the May meeting to present their utilization review analysis for the 2022 Plan Year. You can find copies of each report on our website [Excellus report link](#) and [ProAct report link](#).

In August, the Committee will be reviewing the possibility of offering Employee Assistance Programs for our members with pricing based on total Consortium need. The Committee will also be discussing the annual review of the actuarial value calculations for all the Consortium's metal level plans.

Nominations and Engagement

On behalf of the Nominations and Engagement Committee, I hope to be sending a survey out on ways you can all get involved in the Consortium. We have several new members, and we want to make sure everyone has a chance to serve on a committee or be more involved in the governance of this municipal cooperative health plan.

Claims and Appeals

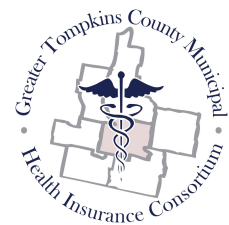
BMI continues to audit our Excellus medical claims and a full report is expected in August. We hope to then start an audit of prescription management claims immediately after.

Please join our Executive Committee who are now all being informed about the Consortium through electronic copies of our newsletter by signing up to receive the Consortium Connection electronically. You can easily sign up, as they did, by following the instructions below. Don't miss out on regular updates and new information about our plans.

Our quarterly newsletter, Consortium Connection, is now paperless, please sign up on our website to continue to receive the newsletter electronically or follow this link to read June's newsletter:  
<http://www.healthconsortium.net/newsletter>

Our presence on Facebook is growing, to see what is happening in wellness each month, please visit our Facebook site. [Link to FB page](#)

*Respectfully submitted by Elin R. Dowd, Executive Director, June 13, 2023.*



# New Plan Addition Form

MUNICIPALITY NAME:

Phone

Email

## EFFECTIVE DATE OF NEW PLAN IMPLEMENTATION

The least problematic effective date is January 1st of the upcoming year. Excellus requires a 90 day notice of plan changes to your group structure. Any member movement not on January 1st restarts deductibles and maximum out of pocket accumulations.

☐ January 1st    ☐ Other, \_\_\_\_\_

## NEW PLAN SELECTION

### GTCMHIC Plan Coverage Selection:

<input type="checkbox"/> Platinum	<input type="checkbox"/> Medicare Supplement MS3
<input type="checkbox"/> Gold	<input type="checkbox"/> Medicare Supplement MS4
<input type="checkbox"/> Silver	<input type="checkbox"/> Other, _____
<input type="checkbox"/> Bronze	<input type="checkbox"/> Other, _____

Is this plan addition part of a union contract?    ☐ No    ☐ Yes

If yes, what union group(s)? Attach new union contract.

Do you need a mass movement (5 or more employees) to the new plan effective on the first?

☐ No    ☐ Yes, Provide Subgroup

*If yes, we will provide a roster to verify all employees who will be moved.*

Is the new plan an additional plan option or mandated enrollment?

☐ No    ☐ Yes

Does your municipality offer an FSA    / HRA    / HSA    ? Circle All that apply

Amount Employer Sponsors

Signature

Date

Print Name

Title

**Additional Documentation:** Resolution passed by the municipality's governing body OR a written documentation from your governing leader stating plan addition approval.

**All documentation is due no later than October 15th.** This helps ensure that all employees will receive their new insurance cards before January 1st.



## Greater Tompkins County Municipal Health Insurance Consortium

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### **RESOLUTION NO. XXX-2023      Approval to Update the Greater Tompkins County Municipal Health Insurance Consortium's Notice of Privacy Practices and Policy**

WHEREAS, per Resolution No. 014-2013, the Greater Tompkins County Health Insurance Consortium approved a Privacy Policy, as was determined by the New York State Department of Financial Services Audit that the Consortium needed to develop and implement a Privacy Policy, and

WHEREAS, that since the implementation of the Privacy Policy there have been various state and federal laws passed that affect the implementation and the safeguarding of protected health information (PHI), and

WHEREAS, the Consortium is required to comply with applicable federal and state laws to maintain the privacy of protected health information, and give all enrollees notice of said privacy practices, therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby adopts the updated attached Privacy Policy,

RESOLVED, further, that the Policy will be made available on the Consortium website and sent via email to all municipality Benefit Clerks to be dispensed and/or posted for all employees enrolled in the Consortium's health insurance plans.

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## Notice of Privacy Practices

Originally Adopted by Board of Directors 12-19-2013

Updated and Adopted by Board of Directors 09-23-2023 **PENDING**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW CAREFULLY.**

We understand that medical information about your health is personal. We are committed to safeguarding your protected health information (PHI).

**PHI is any information that can identify you as an individual and your past, present or future physical or mental health condition.**

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. The law requires us to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

### **Our Legal Duty**

The Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is required by applicable federal and state laws to maintain the privacy of your PHI. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning PHI. We must follow the privacy practices that are described in this notice while it is in effect, including notification should there be a breach of your unsecured PHI. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the contact information at the end of this notice.

### **Uses and Disclosures of Nonpublic Personal Information**

Nonpublic Personal Information is information you give us on your enrollment form, claim forms, premium payments etc. For example: names, member identification number, social security number, addresses, type of health care benefits, payment amounts, etc. We will not give out your nonpublic personal information to anyone unless we are permitted to do so by law or have received a signed authorization form from the member. You may revoke this authorization in writing by completing an authorization cancellation form at any time. This revocation will not affect any actions we took in reliance on your authorization before your authorization cancellation was processed.

**Use and Disclosures of Medical Information-** The following categories describe different purposes for which PHI may be used and disclosed. Not every use or disclosure in a category will be listed. If we need to use or disclose your PHI in any other way, we will obtain your signed authorization before it is used or disclosed. In addition, certain federal and state laws require that we limit how we disclose certain information considered sensitive in nature, such as HIV/AIDS, mental health, substance use disorder, and sexually transmitted diseases. Unless otherwise permitted under applicable laws, we will not disclose such sensitive information without your written consent.

You may revoke an authorization or consent, referenced above, in writing at any time. This revocation will not affect any actions we took in reliance on your authorization or consent before your cancellation was processed.

***We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law.***

**Treatment:** GTCMHIC may use or disclose PHI to other organizations for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may disclose your medications to an emergency room physician so that he/she/they can avoid dangerous drug interactions. This allows providers to manage, coordinate, and administer treatment.

**Payment:** GTCMHIC may use and disclose PHI to determine our responsibility to pay claims or to notify members and providers of our claim determinations. We may disclose PHI to providers to assist them in their billing and collection efforts. We may also disclose PHI to other insurance companies to coordinate the reimbursement of health insurance benefits. For example, we may disclose PHI to an automobile no-fault insurance company to determine responsibility for claim payment. Also, if you have health insurance through another insurance company, we may disclose PHI to that other health insurance company to determine which company holds the responsibility for your claims.

**Healthcare Operations:** GTCMHIC may use PHI as necessary to support the day-to-day activities and management of GTCMHIC. Our healthcare operations include using PHI to determine premiums, to conduct quality assessment and improvement activities, and to determine eligibility. For example, we may use or disclose PHI when working with NYS Department of Financial Services that monitors and evaluates the compliance of our consortium.

**To You:** GTCMHIC must disclose your PHI to you, as described in the Individual Rights section of this notice, below. We may also use and disclose PHI to tell you about recommended possible treatment options or alternatives or to tell you about health-related benefits or services that may be of interest to you.

**To Family and Friends:** If you agree or, if you are unable to agree when the situation, (such as medical emergency or disaster relief), indicates that disclosure would be in your best interest, GTCMHIC may disclose PHI to a family member, friend or other person. In an emergency, we will only disclose the minimum amount necessary.

**Business Associates:** A business associate is defined as someone that assists us in managing our business. For example, a professional that reviews the quality of our products and services. We may disclose PHI to another company that helps us manage our business. For example, we may disclose PHI to a company that performs case reviews to ensure our members receive quality care. However, we will only make such disclosures if we have received satisfactory assurances that the business associate will properly safeguard your privacy and confidentiality of your PHI.

**Law enforcement:** PHI may be disclosed to law enforcement agencies, without enrollee's permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release PHI about deceased members to funeral directors for them to carry out their duties.

**Organ Donation:** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, to facilitate organ or tissue donation and transplantation. This may include a living donor as well as a deceased donor.

**Public Health and Safety:** We may disclose PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose PHI to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes. For example, GTCMHIC is required to report certain communicable diseases to the state's public health department.

**Process and Proceedings:** GTCMHIC may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose PHI to law enforcement officials.

**Genetic Nondiscrimination Act (GINA):** GTCMHIC will not disclose your PHI containing genetic information for underwriting purposes. GINA expressly prohibits the use or disclosure of genetic information for these purposes.

**Breach of Unsecured Information:** GTCMHIC is required to notify you if there is any acquisition, access, use, or disclosure of your unsecured PHI that compromises the security or privacy of your PHI.

**Psychotherapy Information:** Should it be applicable that your psychotherapy notes be included in an appropriate use or disclosure of information, in most instances, we are required to obtain your authorization for the release of this information.

#### **Individual Rights**

**Access:** You have the right to inspect and/or copy your PHI, with limited exceptions such as information a licensed health care professional, exercising professional judgment, determines that providing access is reasonably likely to endanger the life, physical safety or cause someone substantial harm. If you request copies, we reserve the right to charge you a reasonable fee for each copy, plus postage if the copies are mailed to you. You may contact us via email or mailing address located at the end of this notice.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI. The list will not include disclosures we made for the purpose of treatment, payment, healthcare operations, disclosures made with your authorization, or certain other disclosures. The request may not exceed a six-year time period. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed and the reason for the disclosure. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. To request a disclosure accounting you may contact us using the telephone number listed at the end of this notice.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. As permitted by law, we will not honor these requests, as it prohibits us from administering your benefits.

**Confidential Communication:** You have the right to request that we communicate with you confidentially about your PHI. We will honor a request to communicate to an alternative location if you believe you would be endangered if we do not communicate to the alternative location. We must accommodate your request if it is reasonable and specifies the alternative location. Requests can be made via the email and/or mailing address located at the end of this policy.

**Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information, you want amended or if we determine the information is accurate. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be attached to the information you wanted amended. Requests can be made via the email and/or mailing address located at the end of this policy.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the contact information at the end of this notice to obtain this notice in written form.

**Complaints:** If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to GTCMHIC. If you are concerned that we may have violated your privacy rights, as described above, or you disagree with a decision we made about access to your PHI, or in response to a request you made to amend or restrict the use/or disclosure of your PHI, or to have us confidentially communicate with you at an alternative location, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. Upon request, we will provide you with the address for the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your PHI.

**You will not be penalized or otherwise retaliated against for filing a complaint.**

**Contact Information:**

e-mail: [consortium@tompkins-co.org](mailto:consortium@tompkins-co.org)

GTCMHIC

PO BOX 7

Ithaca, NY 14851

607-274-5590

This Notice is effective on or after January 1, 2024.



## Greater Tompkins County Municipal Health Insurance Consortium

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*"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."*

### **RESOLUTION NO. XXX-2023 - APPROVAL OF CONTRACT TO ENTER INTO AN AGREEMENT WITH LIFETIME BENEFIT SOLUTIONS TO MANAGE COBRA ADMINISTRATION FOR SMALL GROUP MUNICIPAL MEMBERS ONLY**

WHEREAS, qualified beneficiaries are entitled to continue to receive coverage identical to that being provided under the plan to "similarly situated beneficiaries" to whom a qualifying event has not occurred, and

WHEREAS, U.S. Department of Labor (DOL) law requires small employers, less than 20 employees, to provide the equivalent of Consolidation Omnibus Budget Reconciliation Act (COBRA) benefits, and

WHEREAS, under Article 47 that governs the Consortium, all small employers' employees are entitled to thirty-six months of continued health coverage at a monthly cost to them of 102% of the actual cost of the employer, and

WHEREAS, Excellus currently includes Lifetime Benefit Solution (LBS) COBRA administration to all small group plans to help ensure compliance with the Consolidation Omnibus Budget Reconciliation Act, and

WHEREAS, the Consortium has found inconsistencies in small group municipal members, small group is defined by less than fifty enrollees, offering COBRA coverage to qualified beneficiaries, who is any individual who, on the day before a qualifying event, is covered under a group health plan maintained by the employer of a covered employee by virtue of being: (1) the covered employee (2) the spouse of the covered employee, or (3) the dependent child of the covered employee, THEREFORE, let it be thus

RESOLVED, all COBRA premiums for Consortium small group municipal members will be set at 102% of the premium rate, the two-percentage administration fee is added to offset the cost of the COBRA administration fees through Lifetime Benefit Solutions, and

FURTHER RESOLVED, the additional expense for the Lifetime Benefit Solutions COBRA administration will be included in all the municipal members' premium calculations, and

FURTHER RESOLVED, on recommendation of the Operations Committee and the recommendation of the Audit and Finance Committee, that the Executive Committee, on behalf of the Board of Directors, hereby approves COBRA administration services to be provided by Lifetime Benefit Solutions for all Consortium small group municipal members only beginning January 1, 2024.

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## **COBRA Administrative Services**

Proposal created for:

**Greater Tompkins County  
Municipal Health Insurance  
Consortium**

***Presented By: Dan Burkey***

333 Butternut Drive / Syracuse, NY 13214

**[LifetimeBenefitSolutions.com](https://LifetimeBenefitSolutions.com)**

Effective Date: January 1, 2024

# Who We Are

**Flexible. Creative. Affordable. That's Lifetime Benefit Solutions.**

Developing the right benefit plan isn't just about number crunching; it's also about people. It's about focusing on individuals and creating a plan around them. For over 40 years, we have been providing quality products and services nationwide.



## A Snapshot of Our Current Offerings

We offer a growing suite of benefit plans and services you can use to enhance your existing health plan. Mix them. Match them. Use as many or as few as you need. Each is built with flexibility in mind, designed to save money by working together or independently.



### Reimbursement Accounts

We offer Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA), Health Savings Accounts (HSA), and Parking and Transportation Reimbursement Accounts.



### COBRA Administration

We know it can be difficult to manage the many COBRA regulations. Compliance is critical. Lifetime Benefit Solutions will handle your COBRA administration quickly and accurately.



### Retirement Services

Our 401(k) administrators assist organizations in every step, from initial plan design to implementation.



### Compliance Services

We're here to help your business remain in compliance. When you partner with us, we prepare your summary plan descriptions, plan documents, amendments, and more.



### Premium Billing

Our system is designed to assist with the collection of necessary premiums along with a complete reporting module. We help you save time and keep administrative costs low.



### Employee Support

A supplemental fund debit card option that groups can offer their employees who are unable to work or working fewer hours to help cover necessary living expenses, or those employees who have transitioned to working from home to offset the costs of outfitting a home office.





# COBRA Administration

At Lifetime Benefit Solutions, clients get everything they need. Nothing more.  
And never anything less. And that includes simplifying COBRA administration.

We know it can be difficult to manage the many, sometimes complicated COBRA regulations. Compliance is critical. Lifetime Benefit Solutions will handle your COBRA administration quickly and accurately. We are an experienced, knowledgeable partner, offering this service since 1986. Our notification services are organized to simplify COBRA administration. We are industry leaders in client support with a superior client website and valuable mobile app.

## What is COBRA?

The federal law known as COBRA (Consolidated Omnibus Budget Reconciliation Act) requires most employers to offer continuing health coverage to qualified beneficiaries who lose coverage due to a qualifying event.

The single most common reason for COBRA lawsuits over the last 20 years was allegations of “improper notice.” Without proof of compliance, a company could be liable for:

- IRS excise tax
- Damages
- Ex-employee claims
- Department of Labor lawsuits
- ERISA fines
- Attorney fees

## Duration of COBRA

**18**  
**MONTHS**

**18 Months for the Covered Employee,  
Spouse and Dependents for the  
Qualifying Events of:**

- Covered employee’s termination of employment or reduction in hours

**36**  
**MONTHS**

**36 Months for the Covered Spouse  
and/or any Dependents for the  
Qualifying Events of:**

- Covered employee’s death or entitlement to Medicare
- Covered spouse’s divorce or legal separation from a covered employee
- Dependent’s loss of eligibility for coverage under the health plan
- Extension of 18-month qualifying event



## Are you in Compliance?

Before you can administer your own COBRA, you must understand the contents of the law. It has numerous timeframes that need to be consistently monitored and reviewed for compliance. LBS can assist you with meeting your obligations as an employer under COBRA.

## Navigating COBRA Compliance

Administratively, your COBRA responsibilities begin with an initial COBRA notification to covered employees and dependents and continue with activities such as:

- Qualifying event-related COBRA notification and/or extensions
- Ongoing billing for correct COBRA eligibility period
- Collection and premium payment
- Tracking COBRA completion dates

Without proof of compliance, you could be liable for fines up to \$110 per employee per day for failure to provide the initial COBRA notice and IRS excise taxes up to \$200 per family per day. In addition, legal fees and retroactive claim payments can be added to your expenses.

## Our COBRA Services by the Numbers

- Dependable service from knowledgeable COBRA certified specialists with 30 years of experience.
- Speedy processing- strive to process 90% of COBRA notifications within five business days of receipt. 100% are completed within the 14-day requirement for processing.
- All payments are processed on the day that they are received- one business day
- All client requests of inquiries are processed within three business days
- Real-time reporting available 24 hours a day via client web portal access

## Reporting

Lifetime Benefit Solutions offers a variety of reports on specific data, including on-demand web-based reporting.

### Financial Reporting



- Bi-weekly disbursements
- Payment posting logs
- Billing history
- Partial payments
- Payment detail

### Administrative Reporting



- Notified members
- Enrolled members
- Census reports
- Coverage reports
- Premium detail
- Division reports
- Terminated members

## Streamlining rate renewal with our online portal

We've replaced a time-consuming paper-based process with a simpler, faster online experience.

- Make rate changes to existing plans
- Add or terminate new plans or carriers
- Change coverage levels
- Get reminders 60, 45, and 30 days before renewal
- Grant access to your broker for help managing the process



# COBRA and Premium Billing Mobile App

At Lifetime Benefit Solutions (LBS), we know how important it is for our members to stay connected to their benefits. We're providing the tools and resources to ensure they stay in control of their accounts and have the access they need, when they need it.

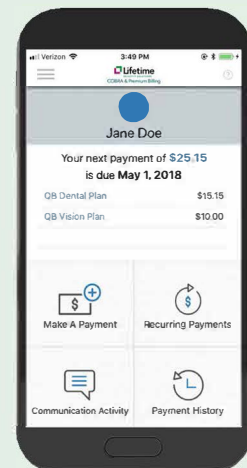
## Making It Easy for Members to Manage Their Accounts

Our COBRA and Premium Billing members can use our new LBS COBRA & Premium Billing mobile app to manage their accounts 24/7. With the LBS COBRA & Premium Billing mobile app, members can:

- Get visibility on payments made to their plan
- View notifications and receive messages from their administrator to stay up-to-date
- Click to call or email customer service
- Schedule future and recurring payments without any hassle or fees
- Make one-time payments\* when most convenient for them
- Use their bank account or credit card
- Pick and choose the plan(s) that best suit(s) them
- Avoid the hassle of paper by utilizing the latest in secure mobile payment technology
- View what they elected to better understand their coverage level, and make changes if needed

## Apps Available for a Variety of Devices

This valuable member tool is free to download for iOS and Android devices - members will simply search "LBS COBRA & Premium Billing" in the App Store or Google Play.



## Helpful Member Resources to Get Started

Along with this new, useful tool, we've also made helpful resources available for our members to get started with the app. LBS has created an overview video which introduces the app and guides members through the various features and capabilities it has to offer. Members can access the video through our website, [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com):

- Click on the [Member](#) dropdown
- Select [COBRA](#)

\*Service fees may apply.