

Greater Tompkins County Municipal Health Insurance Consortium

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“Individually and collectively we invest in realizing high quality, affordable, dependable health insurance.”

Board of Directors September 26, 2019 – 6:00 p.m. TC3 Sprole Conference Room

Municipal Representatives: 27

Steve Thayer, City of Ithaca
Mack Cook, City of Cortland
Greg Pelicano, Seneca County
Lisa Holmes, Tompkins County
Chad Hayden, Town of Aurelius
Ed Fairbrother, Town of Big Flats
Laura Shawley, Town of Danby
Kathrin Servoss, Town of Dryden (arrived at 6:13 p.m.)
Ann Rider, Town of Enfield (arrived at 6:14 p.m.)
Chuck Rankin, Town of Groton
Kevin Williams, Town of Homer
Judy Drake, Town of Ithaca
Charmagne Rungay, Town of Lansing
Richard Nielens, Town of Mentz
Terrance Baxter, Town of Moravia
Christine Laughlin, Town of Newfield
Ed Wagner, Town of Owasco
Gary Mutchler, Town of Scipio
David Schenck, Town of Springport
Tom Brown, Town of Truxton (arrived at 6:39 p.m.)
Nancy Zahler, Town of Ulysses
Eric Snow, Town of Virgil
Peter Salton, Village of Cayuga Heights
Michael Murphy, Village of Dryden
Kristen Case, Village of Homer
Rordan Hart, Village of Trumansburg
Bud Shattuck, Village of Union Springs

Labor Representatives: 4

Olivia Hersey, 1st Labor Representative and Joint Comm. on Plan Structure & Design
Jim Bower, 2nd Labor Representative
Jeanne Grace, 3rd Labor Representative Alternate
Tim Farrell, 5th Labor Representative (arrived at 6:32 p.m.)

Excused: 10

John Fracchia, Town of Caroline
Luann King, Town of Cincinnatus
Jim Doring, Town of Preble
Tom Adams, Town of Marathon
Rick Gagliardi, Town of Sennett
Joan Jayne, Town of Niles
Donna Dawson, Village of Horseheads
Nancy Niswender, Village of Groton
Ronny Hardaway, Village of Lansing
Carol Sosnowski 6th Labor Representative

Absent: 4

Alvin Doty, Town of Willet
Miles McCarty, Village of Freeville
John Malenick, Town of Montezuma
Doug Perine, 4th Labor Representative

Others in attendance:

Elin Dowd, Executive Director
Don Barber, Consultant
Sarah Thomas, Tompkins County Alternate
Corey Prashaw, ProAct
Geoff Switts, CSEA
Steve Locey, Locey & Cahill
Andrew Braman, Tompkins County Finance
Brittini Griep, Administrative Assistant
Michelle Cocco, Clerk of the Board
Robert Spenard, Locey & Cahill
Lonnie Childs, Village of Watkins Glen
Sunday Earle, TC3
Randy Thayer, Town of Spencer

Call to Order

Ms. Drake, Chair, called the meeting to order at 6:06 p.m.

Approval of Minutes – August 22, 2019

It was MOVED by Mr. Fairbrother, seconded by Mr. Snow, and unanimously adopted by voice vote by members present, to approve the minutes of August 22, 2019 as submitted. MINUTES APPROVED.

Changes to the Agenda

There were no changes to the agenda. Ms. Drake announced a revised version of the resolution appointing members to the Operations Committee has been distributed.

Chair's Report

Ms. Drake introduced and welcomed Lonnie Childs from the Village of Watkins Glen and Randy Thayer from the Town of Spencer. She reported it has been a very busy time getting the Consortium's Office in order in addition to working on the 2020 Budget.

Appointment of 2020 Leadership Nominating Committee

It was MOVED by Ms. Drake, seconded by Ms. Rungay, and unanimously adopted by voice vote by members present, to appoint the following Directors to the 2020 Leadership Nominating Committee:

Laura Shawley
Ed Fairbrother
Alex Patterson

Executive Committee

Ms. Drake, Chair, reported the Committee met on September 10th and one of the items discussed was the Medicare Advantage Request for Proposals. She said as a result of questions raised at both the Executive and Audit and Finance Committees it was decided to step back and not authorize a contract; more work will be done on this in 2020 before moving forward. In addition to discussing the Medicare Advantage Plan the Committee discussed new member requests and recommended Board meeting dates for 2020.

Ms. Servoss arrived at this time.

Ms. Dowd said a lot of municipalities are looking at how they will continue to provide affordable health care to their retirees and a comprehensive look at that will help inform conversations that are already taking place. She hopes to be able to provide more information with a different process going forward that will provide more choices than a single provider with one solution. Ms. Drake reminded Directors the Consortium has a Medicare Supplement plan that is an option for municipalities to select by October 15.

Ms. Rider arrived at this time.

RESOLUTION NO. 022-2019 – ESTABLISH MEETING SCHEDULE – 2020

MOVED by Mrs. Shawley, seconded by Ms. Holmes, and unanimously adopted by voice vote by members present.

RESOLVED, on recommendation of the Executive Committee, That the Board of Directors hereby adopts the following meeting schedule:

**BOARD OF DIRECTORS
2020 Meeting Schedule**

March 26
June 25
August 27
September 24 – Annual Meeting (set rates)
December 17

Meeting time: 6:00 p.m. to 8:00 p.m.
TC3 FORUM
170 North Street
Dryden, New York 13053

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**RESOLUTION NO. 023 – 2019 - AMENDMENT TO RESOLUTION NOS. 020 AND 009 OF
2019 - APPOINTMENT(S) TO THE CONSORTIUM'S
OPERATIONS COMMITTEE**

MOVED by Mrs. Shawley, seconded by Ms. Holmes, and unanimously adopted by voice vote by members present. Ms. Drake announced the first meeting will be October 7th at 1 p.m. at the Town of Ithaca.

WHEREAS, the Board of Directors, by Resolution No. 009-2019, created an Operations Committee and charged it with responsibility for the oversight of Consortium operations and the overall well-being of the organization. The Operations Committee may recommend changes that will improve the efficiencies of the organization to practices, policies, procedures and organizational structure including personnel and staffing needs, and

WHEREAS, the Board authorized the Executive Committee to appoint members to the Operations Committee on an interim basis with appointments to be ratified by the Board of Directors, and

RESOLVED, on recommendation of the Executive Committee, That the following additional appointment(s) to the Consortium's Operations Committee are hereby ratified: Michael Catalano, Mark Emerson, Gary Mutchler, and Luann King,

RESOLVED, further, That the following three-year staggered terms expiring December 31st for a total of eleven(11) seats are hereby established:

Expiring December 31, 2020

Luann King
Mark Emerson
Gary Mutchler

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Expiring December 31, 2021

Edward Fairbothor
Doug Perine
Sunday Earle
Mike Catalano

Expiring December 31, 2022

Greg Pelicano
Lisa Holmes
Judy Drake
Schelley Michel Nunn

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Executive Director's Report

Ms. Dowd said she provided Directors with a written report in advance of this meeting and provided updates since that report was distributed. She reported there has been a problem with invoices being issued; it is her understanding that the problem was related to the Quickbooks program but has been resolved. Some testing will be taking place; however, if anyone has further problems they should contact the Consortium.

Ms. Dowd said any municipalities wishing to make a plan change should notify the Consortium as soon as possible by resolution so that identification cards can be issued by Excellus by the end of the year. She announced a Benefit Clerk training will be taking place on November 7th and information from Excellus and the Treasurer's Office will be shared. The training will be done by webinar and posted on the Consortium's website.

Ms. Dowd spoke on the MCA review process that Mr. Rankin will report on later in the meeting; she asked anyone with any questions or concerns to follow-up with the Consortium. She said there has been a lot of interest expressed by municipalities in joining the Consortium and a list has already been developed for potential new participants in 2021.

Presentation of CSEA Dental and Vision Benefits

Mr. Switts of the CSEA Benefits Fund, provided Directors with information on the CSEA Dutchess Dental Plan and the Platinum Vision Plan that are offered through the Consortium. He said CSEA is celebrating its 48th Anniversary and has implemented a new member web portal that gives members access to their own eligibility and enrollment information. They will be issuing new member identification cards to everyone who is covered, and members should be expecting to receive further information in the mail. They have also been doing informational videos to help people navigate the program and learn about different benefits and options.

Mr. Switts said the Dutchess Dental Plan has been enhanced and highlighted changes, including three exams and cleanings being outside the plan maximum, an increase in the maximum amount allowed to \$3,500, a new high tech imaging, and a new \$1,000 benefit for implants and abutments that members are eligible for twice per year that are also outside of the annual maximum.

Mr. Switts said the Plan has welcomed Seneca County, the Town of Sennett, and the Village of Homer. If any municipality is interested in the benefits, he asked that they reach out and he will meet with them and guide them through the process. The employer determines the timing of enrolling into the program. Ms. Drake asked that if any municipality plans to join they should make the Consortium aware.

Mr. Farrell arrived at this time.

Financial Report

Mr. Locey said since the last Board meeting financial results were received through August 31st and budget materials have been updated. He said the budget and all of the results were built based on the current members and population; once a decision is made on new members for 2020 Locey and Cahill will adjust the budget based on covered lives. Based on the overall population with the members being considered this evening the overall contract count will go up by approximately 1.66%. Mr. Locey noted that initially the new members will have very few claims but expenses will increase as claims mature and that will be factored into the budget. Another adjustment being made is based on the Excellus BlueCross BlueShield proposal that was recently received which is greater than what was initially included in the budget from slightly over \$70,000 to \$100,000.

Mr. Locey reviewed 2019 fiscal results through August and said with regard to revenue \$34.17 million was budgeted; actual results are at \$33.5 million for premium income and interest income is up substantially due to the impact of investments. Prescription drug rebates are slightly below budget; however, part of the reason is because prescription drug claims are down. In summary, revenue is 1.6% below budget. He noted part of the difference in premium revenue is due to 100 Tompkins County employees who have moved from an old PPO or Indemnity Plan into the Platinum Plan and Seneca County was anticipated to come in at one benefit level and ended up coming in with the Platinum Plan. In terms of Stop Loss and large loss recoveries there has not been any Stop Loss recoveries up to this point in the year.

Mr. Brown arrived at this time.

On the expense side, Mr. Locey said to date claims expense is approximately 6% below budget and prescription drug claims are slightly over 8% below budget. There are approximately 6,800 covered lives at this time which is up from 4,400 and 3,000 contracts which is up from 2,000 when the Consortium first started. Collectively, the Consortium is 6.86% below budget on claims and based on estimates the Consortium is approximately 3% below where they thought it would be. This is what has allowed the Consortium to generate the level of reserves that it has. He noted that if participants had been in a program that was in a fully-insured environment throughout the years of participation in the Consortium, that the 3% differential would have gone to the insurance company. Mr. Locey said any excess money that comes into the Consortium is owned collectively by the Consortium with each municipality owning a share and those cash assets can be used to mitigate rate increases going forward.

Mr. Locey said Locey & Cahill recommends the Consortium have a modest and reasonable but steady increase over time and maintains it's earlier recommendation of a 5% premium rate increase for 2020 and noted each percent equals approximately \$502,000.

Mr. Farrell asked what the long-term plans are for the unencumbered fund balance and whether some of that could be used to bring down the rate. Mr. Locey responded that is currently under discussion by the Audit and Finance Committee in addition to what the Consortium will do with Stop Loss insurance. He said the national average for health insurance increases ranges from 8% to 9% and the Consortium has averaged just under 5% for the last five years; he thinks it should be a goal to keep it at that level while maintaining a reasonable cash flow for as long as possible. Ms. Drake commented that the 2020 budget includes use of almost \$300,000 of fund balance to bring down rates.

In response to Mr. Hayden, Mr. Locey said although there may be guaranteed rates for multiple years, all of the Consortium's service contracts are renewed annually.

Ms. Zahler asked if Directors can attend the Audit and Finance Committee meeting when there is discussion of the fund balance. Mr. Cook said this will be discussed at the next Audit and Finance Committee meeting on October 22nd. All Directors are welcome to attend as well as become a member of the Committee. Mr. Locey extended an offer to speak with anyone who has questions and encouraged any Director to contact him.

RESOLUTION NO. 030 – 2019 – ADOPTION OF BUDGET, PREMIUM RATES, AND RESERVE AMOUNTS FOR 2020

MOVED by Mr. Shattuck, seconded by Mr. Brown.

Ms. Zahler asked for clarification on the last bullet. Mr. Cook said since the budget is being considered before the year is over the Committee wants to be able to go back and review the fund structure. Ms. Drake noted that the Board would need to approve the movement of any funds to or from a reserve fund.

The resolution was unanimously adopted by voice vote by members present with Mr. Hayden abstaining. RESOLUTION ADOPTED.

WHEREAS, the Audit and Finance Committee has had detailed discussions and has given great consideration to the Consortium's 2020 budget and premium rates, and

WHEREAS, our Benefit Plan Consultant has modified the claims trend based on Consortium data and that of similar groups they have researched, and

WHEREAS, notable items included in the proposed budget are the following:

- Premium increase of 5% over 2019 rates, except for the Gold Metal Level Plan which will experience reductions in actuarial value and have a rate increase of 4.48%;
- Maintain the Surplus Account at 5% of the annual premium of the Consortium in compliance with §4706(a)(5) of the New York State Insurance Law;
- Maintain the Rate Stabilization Reserve in an amount equal to 5% of expected paid claims;
- Maintain Incurred But Not Reported Claims Reserve at 12% of total claims;
- Maintain Catastrophic Claims Reserve at \$2,800,000; and
- Includes option to review fund balance levels after year-end financial information becomes available

now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Consortium's 2020 budget as attached, including premium equivalent rates and reserve amounts are hereby adopted by the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors.

RESOLUTION NO. 024-2019 – APPROVAL OF ADJUSTMENT TO THE GOLD METAL LEVEL PLAN MINIMUM DEDUCTIBLE AMOUNTS

MOVED by Mr. Salton, seconded by Mr. Mutchler, and unanimously adopted by voice vote by members present.

In response to Ms. Zahler, Mr. Locey said the HSA (Health Savings Account) limits are set each year by the Internal Revenue Service; he will provide Directors with a copy of the notice and will have it posted on the Consortium's website. Mr. Shattuck noted that municipalities can choose how much they want to contribute to an HSA.

WHEREAS, the Internal Revenue Service recently issued new limits for 2020 for high deductible plans for Health Savings Accounts (HSAs) for maximum out-of-pocket expenses, and

WHEREAS, in order to now qualify for a high-deductible health plan Gold Metal Level Plan, the minimum deductible for single coverage must be increased from \$1,350 to \$1,400 and from \$2,700 to \$2,800 for family, and

WHEREAS, the Participating Consortium employers enrolled in the Gold Metal Level Plan wish to continue to offer the option of a Health Savings Account to their employees and retirees,

WHEREAS, data entered into the federal actuarial calculator indicates the proposed deductible will change from 80.80% to 80.28%. In keeping with past Consortium policy the premium rate increase for the Gold Plan will be 0.52% lower than all other premium rates for the 2020 Fiscal Year,

RESOLVED, on recommendation of the Joint Committee on Plan Structure and Design, That effective January 1, 2020 a benefit plan adjustment will be made to the Consortium's Gold Plan to increase the deductible for single coverage from \$1,350 to \$1,400 and to increase the minimum deductible for family coverage from \$2,700 to \$2,800.

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**RESOLUTION NO. 025-2019 - MEDICAL CLAIMS AUDIT ACTION ITEMS FOR EXCELLUS
BLUECROSS BLUESHIELD**

MOVED by Ms. Hersey, seconded by Mr. Brown, and unanimously adopted by voice vote by members present. Ms. Dowd noted there have been ongoing discussions with Excellus about these items and they have provided feedback. She said Excellus will be able to comply with all of the recommendations contained in the resolution.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan organized pursuant to Article 5-G of the New York State General Municipal Law, and

WHEREAS the GTCMHIC is operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the Consortium contracts with a licensed New York State Article 43 Not-For-Profit Insurance Company, Excellus BlueCross BlueShield, for the administration of the various hospital, medical, and surgical plans offered to the participating municipal employers in the Consortium, and

WHEREAS, the Consortium's Board of Directors contracted with BMI Audit Services, LLC to conduct an audit of the claims adjudication processes at Excellus BlueCross BlueShield to include claims paid between January 1, 2017 and December 31, 2018, and

WHEREAS, the Consortium's Executive Director, Executive Committee, Audit & Finance Committee, and the Consortium's Plan Consultant, Locey & Cahill, LLL, have reviewed the audit

findings in substantial detail and recommended actions for each substantive finding previously reported to the Board of Directors, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors hereby approves the following actions to “close-out” this medical claims audit:

1. Deductibles-Diagnostic Laboratory Tests

- a. Preventative Services as deemed appropriate by the United States Preventative Services Task Force (USPSTF) are to be covered with no patient cost-sharing when they are performed as part of a routine medical care visit.
- b. Additional preventive care services are to be paid with no patient cost sharing when said services are required to be paid pursuant to guidance provided by the Federal Government, such as the guidance provided by IRS Notice 2019-45.
- c. The Consortium hereby agrees that Excellus may pay other similar services with no patient cost share when it is demonstrated to the Consortium’s satisfaction that doing so is the most cost-effective way to adjudicate said diagnostic laboratory tests.
- d. In all other cases, if a diagnostic laboratory service or other diagnostic test is performed as part of a “sick visit”, these services should be paid subject to the cost sharing (deductible, coinsurance, and/or copayment requirements of the plan.

Excellus BlueCross BlueShield is hereby directed to provide the Consortium with information demonstrating that Excellus’ administrative process and practice of considering lab tests as a covered in full benefit when they are not related to a preventative or routine level of care is in the financial best interest of the Consortium.

2. Proper Coding

Excellus has set a precedent allowing claims adjudicators the latitude to modify procedure codes and manually reprice claims when providers bill with unlisted codes. Excellus BlueCross BlueShield is hereby directed to provide the Consortium with information demonstrating that Excellus’ administrative process and practice of modifying procedure codes and manually repricing claims when providers bill with unlisted codes is in the financial best interest of the Consortium. The Consortium further requests that Excellus put in place an administrative process by which it will notify providers who bill with unlisted codes advising them that such practice is not allowed and that all future claims must be billed properly, or they could be denied and returned to the provider for proper coding.

3. Over the Counter Items

Excellus is hereby directed to ensure its systems are duly noted for the Consortium indicating that the Consortium plans cover medical supplies that are required for the treatment of a disease or injury. The files should also be noted that the Consortium also covers maintenance supplies (e.g., ostomy supplies) for conditions covered under its filed and approved Certificates. All such items must be in the appropriate amount for the treatment or maintenance program in progress. The Consortium does not cover over the counter medical supplies. The Plan document of the Consortium specifically outline coverage for diabetic supply coverage and specifically exclude over the counter items. Excellus is directed to adhere to the language in the plan documents and deny over the counter items accordingly.

4. Add-on Codes

Addoncodes are always performed with a primary procedure or service and are not supposed to be reported as a stand-alone code. Although Excellus relies on the National Coding Guidelines in conjunction with their Utilization Management Programs, it is the Consortiums contention that Excellus should not override the system and Excellus should discontinue paying add on codes as stand-alone services unless it can demonstrate to the Consortium's satisfaction that doing so is in the financial best interest of the Consortium. Excellus BlueCross BlueShield is hereby directed to provide the Consortium with information demonstrating that Excellus' administrative process and practice of paying stand—alone claims submitted with an add-on code is in the financial best interest of the Consortium. Failure to provide said satisfactory proof as requested will result in the Consortium directing Excellus to adhere to the national coding standard for physician and other health care services and procedures and discontinue the practice of paying add on codes as stand-alone codes which has been identified as an incorrect practice in past audits.

5. Maximum Number of Units Allowed

Claims submitted with a total number of units above the maximum allowed units should be denied and not paid as a percent of charges. Excellus is directed to adhere to service limits associated with certain procedure codes and that language in provider contracts should not allow for services to be billed in excess of these limits. Furthermore, Excellus is directed to perform an audit of claims paid above the maximum service limits and report back to the Consortium on to the extent the Consortium's funds have been paid in error.

B – Codes

BMI noted that a status B code (99050) was billed with no indication that it was a "bundled" service. As a result, the procedure should have been considered a component of, or incident to, the overall service provided, and separate reimbursement should not have been issued. It was further identified that Excellus utilizes ClaimsXten edits, which align with Centers for Medicare and Medicaid Services (CMS) payment rules and as such the claims for 99050 were paid in error. Excellus is instructed to follow CMS and deny these services accordingly.

6. Unbundling

National Correct Coding Initiative Program (NCCI) edits do not allow codes 98940 and 98941 to be billed together by the same provider for the same date of service, especially when Medicare is primary and NCCI is not applicable on secondary to Medicare claims for EHP. As a result, the Consortium hereby requests Excellus to implement the necessary software edits to prevent this type of overpayment from occurring in the future.

7. Foot Care Benefits

As indicated in the Consortium's plan document which was written utilizing New York State Department of Financial Services Model Language, routine footcare is excluded unless the member has a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in the legs or feet. Excellus is hereby directed to exclude those American Medical Association (AMA) Current Procedure Terminology (CPT) Codes for all items classified as "foot inserts" from coverage under the Consortium's hospital, medical, and surgical contracts.

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RESOLUTION NO. 026-2019 - ACCEPTANCE OF APPLICATION BY THE VILLAGE OF WATKINS GLEN TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

MOVED by Mr. Rankin, seconded by Mrs. Shawley, and unanimously adopted by voice vote by members present. Ms. Dowd said the Village is coming into the Consortium with 21 subscribers into the Gold Plan. They have just negotiated a contract with the Teamsters and will be given three years to come into compliance with Section A.3 of the Municipal Cooperative Agreement.

WHEREAS, by Resolution No. 16 of 2019 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Village of Watkins Glen has submitted an official resolution authorizing the Village of Watkins Glen to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Village of Watkins Glen has complied with membership process and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, and

WHEREAS, it is recognized that this municipality is not bringing all of the active employees into the Consortium as required by Section A.3 of the 2015 MCA due to Teamster contract conditions at this time, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors hereby accepts and welcomes the Village of Watkins Glen as a Municipal Participant in the Consortium, with health insurance coverage beginning January 1, 2020.

RESOLVED, further, That the Consortium hereby grants the municipality a three-year release from compliance with section A.3. of the MCA for its Teamster unit through December 31, 2022.

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RESOLUTION NO. 027-2019 - ACCEPTANCE OF APPLICATION BY THE TOWN OF HORSEHEADS TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

MOVED by Mr. Fairbrother, seconded by Ms. Zahler, and unanimously adopted by voice vote by members present. The Town is bringing 19 subscribers in the Platinum, Gold, and Bronze Metal Level Plans. Ms. Dowd said there will be discussions with the Town about consolidating plans. They also have a contract with the Teamsters and will be given three years to come into compliance with Section A.3 of the Municipal Cooperative Agreement.

WHEREAS, by Resolution No. 16 of 2019 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

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WHEREAS, the Town of Horseheads has submitted an official resolution authorizing the Town of Horseheads to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Horseheads has complied with membership process and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, and

WHEREAS, it is recognized that this municipality is not bringing all of the active employees into the Consortium as required by Section A.3 of the MCA due to Teamster contract conditions at this time, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors hereby accepts and welcomes the Town of Horseheads as a Municipal Participant in the Consortium, with health insurance coverage beginning January 1, 2020,

RESOLVED, further, That the Consortium hereby grants the municipality a three-year release from compliance with section A.3. of the 2015 MCA for its Teamster unit through December 31, 2022.

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**RESOLUTION NO. 028-2019 - ACCEPTANCE OF APPLICATION BY THE LANSING
COMMUNITY LIBRARY TO BECOME A PARTICIPANT IN
THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH
INSURANCE CONSORTIUM**

MOVED by Ms. Hersey, seconded by Ms. Drake, and unanimously adopted by voice vote by members present.

WHEREAS, by Resolution No. 16 of 2019 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Lansing Community Library has submitted an official resolution authorizing the Lansing Community Library to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Lansing Community Library has complied with membership process and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, now therefore be it

RESOLVED, on recommendation of the Audit and Finance, That the Board of Directors hereby accepts and welcomes the Lansing Community Library as a Participant in the Consortium, with health insurance coverage beginning January 1, 2020.

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**RESOLUTION NO. 029-2019 - ACCEPTANCE OF APPLICATION BY THE TOWN OF
SPENCER TO BECOME A PARTICIPANT IN THE
GREATER TOMPKINS COUNTY MUNICIPAL HEALTH
INSURANCE CONSORTIUM**

MOVED by Ms. Laughlin, seconded by Ms. Holmes, and unanimously adopted by voice vote by members present. Ms. Dowd said the Town will be bringing seven subscribers into the Consortium with the Platinum Plan.

WHEREAS, by Resolution No. 16 of 2019 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of Spencer has submitted an official resolution authorizing the Town of Spencer to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Spencer has complied with membership process and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, now therefore be it

RESOLVED, on recommendation of the Audit and Finance, That the Board of Directors hereby accepts and welcomes the Town of Spencer as a Municipal Participant in the Consortium, with health insurance coverage beginning January 1, 2020.

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Report from the Governance Structure/MCA Review Committee

Mr. Rankin, Chair, explained the MCA must go through a review process every five years and the 2020 process is beginning to get underway. The Committee met on September 4th and discussed the procedure that is well-defined in Ms. Dowd's report. He explained that Participants will be asked to send comments by municipal Board resolution to the Committee and to also provide written notice by January 1, 2020 if there are no comments. The Committee will summarize the comments provided by members and at the March, 2020 Board of Directors meeting there will be a vote to recommend an amended MCA and by July 1st all Participants will need to adopt a resolution authorizing the Chief Elected Official to sign the amended MCA. The amended MCA will be submitted to the Department of Financial Services for its review.

Ms. Dowd said a formal letter **will be sent** to Participants along with a template of both a resolution to indicate suggested changes and a letter stating there are no comments on the current (2015) MCA. In response to a comment by Mr. Barber, Ms. Dowd said the proposed bylaws for the Executive Committee can also be sent to municipalities for information purposes with a notation that they would be approved by the Executive Committee and not the Participants or Board of Directors. Ms. Dowd noted feedback is being sought on the existing MCA; however, comments on revisions currently under discussion by the Governance Structure Committee are encouraged and welcome. Ms. Drake commented that she and Ms. Dowd are willing to meet with any Board to review any of the changes or the process.

Mr. Salton **said a strong** committee structure form of governance is being contemplated and members will have to attend committee meetings and provide early and prompt feedback and the committees will need to disseminate information as well. If this happens, **it** should make the Consortium run more effectively as the Consortium's geographical area sprawls further outward. In response to Mr. Hayden, Ms. Dowd said the existing structure is becoming too sprawling to be able to continue to reach quorum and be effective. Mr. Barber commented that there will continue to be things the Board is required to do under Article 47; under the new proposal the Board would **d** continue to meet to adopt the budget and elect officers among other actions required under Article 47.

Report from the Joint Committee on Plan Structure and Design

Ms. Hersey, Chair, said the Committee met and had a lot of discussion of what number of Labor Directors should be on the Board and recommended capping labor at ten members which would happen once the Consortium reaches 58 total Participants; currently there are six Labor Directors on the Board. Ms. Drake and Ms. Hersey noted the Committee currently struggles to get labor representation and participation at both Committee and Board meetings. Ms. Drake said one of the goals of the Governance Structure Committee is to make sure there is good representation of labor on the new Executive Committee and is currently looking at two labor seats. The Committee's recommendation is being sent on to the Governance Structure Committee for consideration during their discussions.

Ms. Hersey announced the Committee's October meeting has been canceled.

Report from the Owning Your Own Health Committee

Ms. Servoss, Chair, reported at this month's meeting the Committee discussed its wellness calendar; the September focus is on flu shots. She asked Directors to encourage members to get their flu shots to help them be well through the winter. She said having a healthy lifestyle will reduce the cost of Consortium's claims which will in-turn reduce the cost of premiums. She reiterated that a reduction in premium costs will decrease taxes. In October the Committee will focus on Telemedicine and Breast Cancer awareness; in November the focus will be on Diabetes awareness and a challenge "Maintain, Don't Gain" weight during the holidays.

Ms. Servoss said there are now 43 Consortium Participants and asked for more engagement by representatives of municipalities; she noted a member does not need to be a Director.

Adjournment

The meeting adjourned at 8:00 p.m.