

Greater Tompkins County Municipal Health Insurance Consortium

Audit and Finance Committee

Agenda

June 26, 2018 – 3:30 p.m.

Old Jail Conference Room

1. Call to Order (3:30) M. Cook
2. Changes to Agenda (3:30)
3. Approve Minutes of May 22, 2018 (3:32)
4. Executive Director's Report (3:35) D. Barber
 - a. DFS Communications
 - b. Other Committees Activities
 - c. Investment Management Services Review Committee status report
 - d. Potential members
 - e. NYS Legislature bill for our Consortium
 - f. Captive Layer for Stop-Loss
 - g. Invoices: Bonadio – May 31, 2018 (Approval req'd);
Photography – June 7, 2018, Hancock Estabrook – June 8, 2018 (Info. only)
5. Financial Update (Excellus admin fee reconciliation) (4:00) S. Locey
 - a. Rx Rebate report
 - b. High Cost Claims report
6. **RESOLUTION:** Contract for Medical Claims Audit (4:15) S. Locey
7. **RESOLUTION:** Benefit Change to Silver Plan Increasing Deductible (4:25) D. Barber
8. **RESOLUTION:** Approval of Amendment to Conflict of Interest Policy (4:30) D. Barber
9. Non-compliance with MCA requirement of all contracts. Demographic analysis (4:35) S. Locey
10. Next Agenda Items: (4:55)
11. Adjourn (5:00)

Next Meeting: July 24, 2018

**Audit and Finance Committee
May 22, 2018 – 3:30 p.m. - draft
Old Jail Conference Room**

Present: Mack Cook, Steve Thayer, Bud Shattuck, Laura Shawley, Chuck Rankin, Ann Rider (arrived at 3:43 p.m.)

Excused: Rordan Hart, Peter Salton, Olivia Hersey

Guests: Judy Drake, Board of Directors Chair; Don Barber, Executive Director; Steve Locey, Locey & Cahill (via conference call); Rick Snyder, Treasurer

Call to Order

Mr. Thayer, Chair, called the meeting to order at 3:33 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of April 24, 2018

It was MOVED by Mr. Shattuck, seconded by Mr. Thayer, and unanimously adopted by voice vote by members present, to approve the minutes of April 24, 2018. MINUTES APPROVED.

Executive Director's Report

Department of Financial Services Communication (DFS)

Mr. Barber provided members with a copy of a letter that was sent to the Department in response to the Audit findings. All Directors have been asked to acknowledge they have received and read the report. The Board will need to take up the issue of an annual conflict of interest disclosure; the only outstanding item at this time relates to ProAct about utilization and he will be following-up on this.

Other Committees

The Joint Committee on Plan Structure and Design will be forwarding a recommendation to this Committee on the Silver Metal Level Plan to adjust the deductible level to bring the Plan's actuarial value into compliance. Mr. Barber said impacted municipalities and labor have been involved in the discussions. The Website Committee has not been meeting; however, the Consultant has been working on transferring data to the new site. The Owing Your Own Health Committee has been awaiting the signing of a contract with the Wellness Consultant. Mrs. Shawley said there is a Town of Danby Highway employee who is interested in serving on the Owing Your Own Health Committee and she will forward that individual's name to the Board of Directors for appointment.

Investment Management Services RFP

Mr. Barber reported there have been 19 groups that have requested additional information; the deadline for responses to be submitted is May 25th. A review committee will be scheduling a meeting to look at proposals.

Labor Director Coverage in Directors and Officers and Errors and Omissions Policies

Mr. Barber said a memorandum he prepared summarizing the status has been distributed to the Committee that includes a recommendation from John Powers, the Consortium's Legal Counsel, to include specific language in the Municipal Cooperative Agreement to indemnify Directors.

Invoices

The following invoices were presented for information only:

Insero & Co. – April 30, 2018:	\$3,300
Armory Associates, LLC – April 30, 2018:	\$4,450

Mr. Barber said at a recent NYSAC meeting he learned that Green Mountain has been taken out and Berkley will be managing the captive layer. There previously was discussion about the protected cell model where each partner would have their own protected cell and although purchasing insurance through the captive layer collectively, they would keep their own accountant. The new model has a segregated account with all partners separated out but treated as one community. He said three contracts will be coming forward: Stop Loss policy with Berkley, a reinsurance agreement between Berkley and the captive, and an intermunicipal agreement between partners. When those are received he will forward them to Mr. Locey, Mr. Powers, and the Committee.

Ms. Rider arrived at this time.

Financial Report

Mr. Locey presented the financial results through April 30, 2018 and said through the first four months results are better than expected with revenue being .5% above budget, medical claims below budget by 4.5% and prescription drug claims below budget 9.86%. Collectively, claims are \$800,000 below budget. Mr. Locey said \$300,000 was budgeted for CanaRx and performance is at \$57,000. He called attention to the Excellus Administration Fee and said there is a 5% differential and he will be following-up with Excellus to make sure correct contract amounts are being used. Mr. Locey said for the first four months of the year there was a net income of \$1 million. He called attention to the expense distribution and said \$.94 of each dollar is going to pay the cost of claims and admin. fees are collectively below 3%.

Mr. Locey provided a large loss report and said there are no large loss claims to report for 2018. He reported on year-end results for 2017 and said there were not as many claimants with \$100,000 claims but more with \$200,000, and only one claimant who pierced the deductible with one claim for \$900,000. The one claimant that was lasered did not approach the \$450,000 level.

RESOLUTION NO. – 2018 - APPLICATION MATERIALS MUNICIPALITIES MUST PRESENT FOR APPLICATION TO JOIN THE CONSORTIUM AND RECOMMENDED MUNICIPAL RESOLUTION LANGUAGE

MOVED by Mr. Cook, seconded by Ms. Rider.

Mr. Locey said there has been a lot of activity as far as groups inquiring to join the Consortium and believes it is a good idea to adopt guidelines for those entities as to what documentation is necessary for the application process. He summarized the difference in the requirements between the groups and said the larger groups are being required to submit claims data and covered lives counts. Mr. Barber said groups with 51-100 employees may or may not have claims data; if they do have the data they would be required to submit it.

Mr. Cook said he thinks this resolution strikes a fair balance between what the Board needs to do to assess risk versus the requirements being put on an entity that is inquiring about membership.

In response to a question as to whether this would be used to address a claims risk Mr. Locey said this wouldn't be used to restrict a group from joining in as much as it would be to identify any anomaly that exists regionally that would warrant a different premium factor based on a geographical region. He referenced Article 47 and said the Consortium is not allowed to experience-rate by group but can have regional adjustments to rates. This could have a positive or negative effect on the rate; if there would be an impact on the rate it would be communicated to the applicant well in advance of a decision being made on joining.

The resolution was unanimously adopted by voice vote by members present.

WHEREAS, the Consortium Board of Directors adopted Resolution No. 002-2015 to provide guidance to municipal corporations applying for Consortium membership, and

WHEREAS, The Consortium is experiencing rapid growth of municipal corporations applying to join the Consortium, and

WHEREAS, the Consortium has instituted several policies, not stated in the Municipal Cooperative Agreement, that joining members need to be aware of and comply with as part of the application process, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the following template language be considered in resolutions proposed for adoption by municipalities seeking membership in the Consortium: Appendix A for employers with fifty (50) or fewer full-time equivalent employees, Appendix B for employers with between 51 and 100 full-time equivalent employees, and Appendix C for greater than 100 full-time equivalent employees.

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Appendix A

Small Employers (50 or fewer full-time equivalent employees)

Sample Resolution Authorizing Municipality to Apply for Acceptance into the GTCMIC

RESOLVED, that the [municipal employer's name] [legislative body's name] hereby authorizes the [municipality's chief executive] to apply to become a "Participant" in the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC);

RESOLVED FURTHER, this authorization grants permission to the [municipality's chief executive] to:

1. Submit the [municipal employer's name] most recent two years of State Comptroller AUD reports;
2. Submit the [municipal employer's name] most recent monthly premium billing statements from all health insurance carriers providing benefits to active employees and retirees.

Said premium billing statements should include the name of the municipality and the month for the which the billing is related. In addition, said premium bills must include the number of contracts (employee, employee + spouse, employee + child (children), and family) and monthly premium rate for each plan of benefit.

3. Seek a waiver from the GTCMHIC Board of Directors for the payment of the Surplus Reserve payment (5% of annualized premium) as required Article 47 of the New York State Insurance Law and the GTCMHIC's Municipal Cooperative Agreement. If the waiver is not granted, the [municipality's chief executive] is authorized to pay the GTCMHIC the

Surplus Reserve payment equal to 5% of anticipated annual premium, as determined by the GTCMHIC Board of Directors.

4. Sign the Municipal Cooperative Agreement of the GTCMIC upon notification that the GTCMHIC Board of Directors has approved the [municipal employer's name]'s application to become a Participant in the GTCMHIC.
5. Notify the GTCMHIC's Executive Director in writing, by November 1st, the GTCMHIC health benefit insurance plan the [municipal employer's name]'s employees and retirees will be participating in upon the effective date of participation in the GTCMHIC.
6. By November 1st, notify the GTCMHIC of the name and contact information for the person within your organization for benefit administration; and who will attend a new member orientation during the 1st quarter of the next year.
7. By December 15th, take the necessary steps to comply with the GTCMHIC's dependent verification.
8. By November 1st, notify the GTCMHIC of the [municipal employer's name]'s commitment to utilize the GTCMHIC's on-line enrollment process or to authorize the GTCMHIC to provide, for the [municipal employer's name]'s employees and retirees, this function.

Appendix B

Mid-Size Employers (between 51 and 100 full-time equivalent employees)
Sample Resolution Authorizing Municipality to Apply for Acceptance into the GTCMIC

RESOLVED, that the [municipal employer's name] [legislative body's name] hereby authorizes the [municipality's chief executive] to apply to become a "Participant" in the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC);

RESOLVED FURTHER, this authorization grants permission to the [municipality's chief executive] to:

1. Submit the [municipal employer's name] most recent two years of State Comptroller AUD reports;
2. Submit the [municipal employer's name] most recent monthly premium billing statements from all health insurance carriers providing benefits to active employees and retirees.

Said premium billing statements should include the name of the municipality and the month for the which the billing is related. In addition, said premium bills must include the number of contracts (employee, employee + spouse, employee + child (children), and family) and monthly premium rate for each plan of benefit.

3. If currently an experience-rated or self-insured employer-sponsored health insurance plan, submit a minimum of three (3) years of monthly paid claims (medical and pharmacy separately) data and monthly covered lives counts.

4. Seek a waiver from the GTCMHIC Board of Directors for the payment of the Surplus Reserve payment (5% of annualized premium) as required Article 47 of the New York State Insurance Law and the GTCMHIC's Municipal Cooperative Agreement. If the waiver is not granted, the [municipality's chief executive] is authorized to pay the GTCMHIC the Surplus Reserve payment equal to 5% of anticipated annual premium, as determined by the GTCMHIC Board of Directors.
5. Sign the Municipal Cooperative Agreement of the GTCMIC upon notification that the GTCMHIC Board of Directors has approved the [municipal employer's name]'s application to become a Participant in the GTCMHIC.
6. Notify the GTCMHIC's Executive Director in writing, by November 1st, the GTCMHIC health benefit insurance plan(s) the [municipal employer's name]'s employees and retirees will be participating in upon the effective date of participation in the GTCMHIC.
7. By November 1st, notify the GTCMHIC of the name and contact information for the person within your organization for benefit administration; and who will attend a new member orientation during the 1st quarter of the next year.
8. By December 15th, take the necessary steps to comply with the GTCMHIC's dependent verification.
9. By November 1st, notify the GTCMHIC of the [municipal employer's name]'s commitment to utilize the GTCMHIC's on-line enrollment process or to authorize the GTCMHIC to provide, for the [municipal employer's name]'s employees and retirees, this function.

Appendix C

Large Employers (101 or More full-time equivalent employees)

Sample Resolution Authorizing Municipality to Apply for Acceptance into the GTCMIC

RESOLVED, that the [municipal employer's name] [legislative body's name] hereby authorizes the [municipality's chief executive] to apply to become a "Participant" in the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC);

RESOLVED FURTHER, this authorization grants permission to the [municipality's chief executive] to:

1. Submit the [municipal employer's name] most recent two years of State Comptroller AUD reports;
2. Submit the [municipal employer's name] most recent monthly premium billing statements from all health insurance carriers providing benefits to active employees and retirees.

Said premium billing statements should include the name of the municipality and the month for the which the billing is related. In addition, said premium bills must include the number of contracts (employee, employee + spouse, employee + child (children), and family) and monthly premium rate for each plan of benefit.

3. If currently an experience-rated or self-insured employer-sponsored health insurance plan, submit a minimum of three (3) years of monthly paid claims (medical and pharmacy

separately) data and monthly covered lives counts; along with any other data and information required by the Consortium as part of the application process.

4. Seek a waiver from the GTCMHIC Board of Directors for the payment of the Surplus Reserve payment (5% of annualized premium) as required Article 47 of the New York State Insurance Law and the GTCMHIC's Municipal Cooperative Agreement. If the waiver is not granted, the [municipality's chief executive] is authorized to pay the GTCMHIC the Surplus Reserve payment equal to 5% of anticipated annual premium, as determined by the GTCMHIC Board of Directors.
5. Sign the Municipal Cooperative Agreement of the GTCMIC upon notification that the GTCMHIC Board of Directors has approved the [municipal employer's name]'s application to become a Participant in the GTCMHIC.
6. Notify the GTCMHIC's Executive Director in writing, by November 1st, the GTCMHIC health benefit insurance plans() the [municipal employer's name]'s employees and retirees will be participating in upon the effective date of participation in the GTCMHIC.
7. By November 1st, notify the GTCMHIC of the name and contact information for the person within your organization for benefit administration; and who will attend a new member orientation during the 1st quarter of the next year.
8. By December 15th, take the necessary steps to comply with the GTCMHIC's dependent verification.
9. By November 1st, notify the GTCMHIC of the [municipal employer's name]'s commitment to utilize the GTCMHIC's on-line enrollment process or to authorize the GTCMHIC to provide, for the [municipal employer's name]'s employees and retirees, this function.

**RESOLUTION NO. – 2018 - WELLNESS CONSULTANT SERVICES CONTRACT –
MICHELLE C. BERRY**

Mr. Barber reviewed the history of the process that has taken place that resulted in the draft contract being presented for consideration. He noted the contract provides for the payment of an invoice to compensate the Consultant for work done prior to the contract. Mr. Locey commented that at a recent meeting of the BOCES Consortium he informed them about this as they are also doing some work in the wellness area. He said they may reach out to see if there are any opportunities for collaboration

MOVED by Mrs. Shawley, seconded by Mr. Shattuck, and unanimously adopted by voice vote by members present.

WHEREAS, Board Resolution No. 001-2018 authorized the issuance of a Request for Proposals (RFP) for Wellness Consultant Services, and

WHEREAS, the Wellness Consultant proposal from Michelle Berry met stated requirements, and

WHEREAS, negotiations with the interview committee jointly developed a more detailed three-year work plan and then the interview committee requested costs estimates for

accomplishing the first-year goals which were activities above and beyond the information required for the RFP, and

WHEREAS, developing a culture of wellness and preventative health care within the Consortium community is a prudent action to have subscribers who are able to enjoy life more fully with fewer health issues and reduce claims expense, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee That the Board of Directors approves the contract for Wellness Consultant Services with Michelle Berry for the term July 1, 2018 through June 30, 2019 under the terms and conditions in the recommended contract.

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Medical Claims Audit

Mr. Barber said it is time to begin the process for the next medical claims audit which includes making a decision of whether to issue a Request for Proposals or to engage in discussions with BMI to conduct this audit again. Mr. Barber spoke of how the last process matured and said it is the recommendation of he and Mr. Locey that the Consortium initiate negotiations with BMI to perform the next medical claims audit. It was the consensus of the Committee to direct Mr. Barber to proceed with negotiating with BMI for performing the next medical claims audit.

Town of Horseheads – Number of Contracts and Retirees and Medicare Advantage

Mr. Locey said the Town of Horseheads currently offers four health plans: Platinum, Gold, Bronze, and a Medicare Advantage Plan. Their active population includes 20 active contracts and 23 retirees. He said there has been discussion in the past about entities that are in the Consortium while offering retirees a Medicare Advantage Plan and allows them to get the benefit of a rate that combines all of the demographic groups while also having a population carved out. He said a second issue is the number of plan designs that an employer can offer. In the past there has been discussion of having risk adjustment applied to entities that have a population in a Medicare Advantage plan but up to this point no action has been taken. He said up to this point the entities that have done this have had only a small number of members outside of the Consortium but at some point a large municipality could join that has a large number in a Medicare Advantage plan and this could financially impact the Consortium. Mr. Locey noted Article 47 requires that all entities be treated equally.

Mr. Barber read from the Municipal Cooperative Agreement: "Participation in the Plan(s) by some, but not all, collective bargaining units or employee groups of a Participant is not encouraged and shall not be permitted absent prior Board approval." Ms. Drake noted that if an assessment is imposed this language will need to be changed during the next review of the MCA. It was later requested that this be included in a list of items to be considered during that review.

On recommendation of Mr. Barber, the Committee directed Mr. Locey to perform an analysis of medical and pharmaceutical costs by demographic group for the purpose of informing a discussion at the next meeting on whether a surcharge would be reasonable. Ms. Drake said she would not be supportive of taking any action that would be retroactive.

Retiree Drug Subsidy

Mr. Locey explained when the government passed Medicare Part D they offered prescription drug coverage to retirees. In an effort to keep employers from suddenly canceling retiree coverage employers and as an incentive to maintain coverage, they were reimbursed a

certain amount of prescription drug spend for the Medicare-age retirees and spouses. It returns approximately \$600 per covered life back to the employer and there is a cost associated with getting into the program. An application has to be submitted and an actuarial attestation has to be included to show that benefits plus contributions towards premium for Medicare-age retirees is equal to or better than the Medicare Part D program. If approved, an amount (\$600 per covered life on average) is returned to the employer.

Mr. Locey said over the years Locey and Cahill has helped Tompkins County with this and a question came up as to whether this could be made available to other employers with the associated costs paid for by the Consortium. He said there are some employers that already have a Medicare Advantage plan so they are unable to do this and some employers are so small the cost of submitting the application and running the program would be greater than the return would be. If the Consortium were to pick up the cost a decision would also need to be made on where the recovered funds would go. He suggested that this be part of the discussion on the Medicare Advantage issue and said he will compile more detailed information for the Committee's consideration at the next meeting.

1094 and 1095 Reporting

Mr. Locey said large employers are fulfilling their HCA reporting requirements and small employers were assisted in the Consortium's first year with reporting but has not since. He said a question was raised as to whether the Consortium should be responsible for the reporting and how it would be paid for. He also stated that with changes at the Federal level he unsure what benefit this mandate has but it should be discussed as it is still a mandate. There was consensus to bring this back for discussion later in the year.

Unfinished Business

Mr. Cook offered to serve on the Committee reviewing responses to the Request for Proposals for Investment Management Services as Mr. Snyder said he would offer any assistance he could; however, his schedule is very busy at this time.

Next Agenda Items

The following items will be included on the next agenda:

- The number of plans an employer can offer;
- Analysis of claims and costs by demographic groups and exclusion of a population from the Consortium;
- Retiree Drug Subsidy;
- Medical Claims Audit;
- Update on the Investment Management Services contract
- 1094 and 1095 (September agenda)
- Adjustment to the Silver Metal Level Plan
- Report on Prescription Drug Rebates

Adjournment

The meeting adjourned a 5:24 p.m.

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)
2018 Treasurer's Report Data (Cash Basis)

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	2018 Actual Results	Quarterly Financial Results				Year
							2018 1st Quarter	2018 2nd Quarter	2018 3rd Quarter	2018 4th Quarter	2018
Beginning Balance	\$25,184,560.54	\$26,143,602.68	\$25,761,943.67	\$25,814,940.70	\$26,171,191.24	\$25,184,560.54	\$25,184,560.54	\$25,814,940.70	\$26,095,007.32	\$26,095,007.32	\$25,184,560.54
Income											
Medical Plan Premiums	\$3,544,448.70	\$3,595,407.51	\$3,571,054.96	\$3,544,403.96	\$3,498,984.92	\$17,754,300.05	\$10,710,911.17	\$7,043,388.88	\$0.00	\$0.00	\$17,754,300.05
Ancillary Beneit Plan Premiums	\$13,075.16	\$11,632.40	\$12,247.14	\$12,242.91	\$12,352.34	\$61,549.95	\$36,954.70	\$24,595.25	\$0.00	\$0.00	\$61,549.95
Interest	\$1,626.06	\$1,470.19	\$1,655.10	\$1,467.02	\$1,487.11	\$7,705.48	\$4,751.35	\$2,954.13	\$0.00	\$0.00	\$7,705.48
Rx Rebates	\$0.00	\$0.00	\$0.00	\$0.00	\$484,399.98	\$484,399.98	\$0.00	\$484,399.98	\$0.00	\$0.00	\$484,399.98
Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$58.39	\$58.39	\$0.00	\$0.00	\$116.78	\$116.78	\$0.00	\$0.00	\$0.00	\$116.78
Total Income	\$3,559,149.92	\$3,608,568.49	\$3,585,015.59	\$3,558,113.89	\$3,997,224.35	\$18,308,072.24	\$10,752,734.00	\$7,555,338.24	\$0.00	\$0.00	\$18,308,072.24
Expenses											
Medical Paid Claims	\$1,379,874.83	\$2,922,650.96	\$2,463,384.81	\$2,107,115.23	\$2,887,450.03	\$11,760,475.86	\$6,765,910.60	\$4,994,565.26	\$0.00	\$0.00	\$11,760,475.86
Rx Paid Claims - ProAct	\$991,522.92	\$884,565.37	\$869,153.35	\$864,749.25	\$998,451.63	\$4,608,442.52	\$2,745,241.64	\$1,863,200.88	\$0.00	\$0.00	\$4,608,442.52
Rx Paid Claims - CanaRx	\$20,572.40	\$6,605.30	\$16,584.70	\$13,236.80	\$6,417.60	\$63,416.80	\$43,762.40	\$19,654.40	\$0.00	\$0.00	\$63,416.80
Medcial Admin Fees	\$94,824.58	\$88,655.23	\$88,336.17	\$92,975.47	\$86,673.23	\$451,464.68	\$271,815.98	\$179,648.70	\$0.00	\$0.00	\$451,464.68
Rx Admin Fees	\$7,554.00	\$6,849.00	\$6,884.00	\$6,812.00	\$6,954.00	\$35,053.00	\$21,287.00	\$13,766.00	\$0.00	\$0.00	\$35,053.00
Flue Clinic Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NYS Graduate Medical Exp.	\$20,093.81	\$20,074.50	\$19,918.00	\$19,913.26	\$19,730.20	\$99,729.77	\$60,086.31	\$39,643.46	\$0.00	\$0.00	\$99,729.77
ACA PCORI Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ACA Trans. Reins. Program Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Stop-Loss Insurance	\$56,280.08	\$17,428.64	\$36,876.25	\$36,955.02	\$36,761.53	\$184,301.52	\$110,584.97	\$73,716.55	\$0.00	\$0.00	\$184,301.52
Advance Deposit / Pre-Paid Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Legal Fees	\$220.00	\$0.00	\$1,526.25	\$838.75	\$0.00	\$2,585.00	\$1,746.25	\$838.75	\$0.00	\$0.00	\$2,585.00
Executive Director Fees	\$3,481.74	\$3,040.46	\$3,645.00	\$4,133.70	\$4,346.63	\$18,647.53	\$10,167.20	\$8,480.33	\$0.00	\$0.00	\$18,647.53
Consultant Fees	\$4,725.00	\$4,725.00	\$4,725.00	\$4,725.00	\$4,725.00	\$23,625.00	\$14,175.00	\$9,450.00	\$0.00	\$0.00	\$23,625.00
Accounting Fees	\$0.00	\$0.00	\$0.00	\$11,550.00	\$0.00	\$11,550.00	\$0.00	\$11,550.00	\$0.00	\$0.00	\$11,550.00
Actuarial Fees	\$0.00	\$8,150.00	\$0.00	\$4,450.00	\$0.00	\$12,600.00	\$8,150.00	\$4,450.00	\$0.00	\$0.00	\$12,600.00
Audit Fees	\$0.00	\$6,525.00	\$0.00	\$10,800.00	\$0.00	\$17,325.00	\$6,525.00	\$10,800.00	\$0.00	\$0.00	\$17,325.00
Insurances (D&O / Prof. Liab.)	\$2,761.60	\$2,761.59	\$2,761.59	\$2,761.59	\$2,761.59	\$13,807.96	\$8,284.78	\$5,523.18	\$0.00	\$0.00	\$13,807.96
Internal Coordination (Finance)	\$4,232.41	\$4,231.93	\$4,234.38	\$4,315.08	\$4,310.18	\$21,323.98	\$12,698.72	\$8,625.26	\$0.00	\$0.00	\$21,323.98
Internal Coordination (Support)	\$1,584.00	\$1,243.20	\$1,047.90	\$2,074.80	\$2,045.40	\$7,995.30	\$3,875.10	\$4,120.20	\$0.00	\$0.00	\$7,995.30
Surety Bond Fee / Loan Interest	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment Refund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ancillary Benefit Premiums	\$11,903.49	\$12,384.60	\$12,275.17	\$12,352.34	\$12,372.91	\$61,288.51	\$36,563.26	\$24,725.25	\$0.00	\$0.00	\$61,288.51
Other Expenses / Supplies	\$476.92	\$336.72	\$665.99	\$2,105.06	\$408.34	\$3,993.03	\$1,479.63	\$2,513.40	\$0.00	\$0.00	\$3,993.03
Total Expenses	\$2,600,107.78	\$3,990,227.50	\$3,532,018.56	\$3,201,863.35	\$4,073,408.27	\$17,397,625.46	\$10,122,353.84	\$7,275,271.62	\$0.00	\$0.00	\$17,397,625.46
Net Income	\$959,042.14	(\$381,659.01)	\$52,997.03	\$356,250.54	(\$76,183.92)	\$910,446.78	\$630,380.16	\$280,066.62	\$0.00	\$0.00	\$910,446.78
Ending Balance	\$26,143,602.68	\$25,761,943.67	\$25,814,940.70	\$26,171,191.24	\$26,095,007.32	\$26,095,007.32	\$25,814,940.70	\$26,095,007.32	\$26,095,007.32	\$26,095,007.32	\$26,095,007.32
Liabilities and Reserves											
IBNR Reserve	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76	\$4,822,356.76
Surplus Account	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55	\$2,126,368.55
Claims / Rate Stabilization Reserve	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31	\$2,009,315.31
Catastrophic Claims Reserve	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00
Total Liabilities and Reserves	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62	\$10,958,040.62
Unencumbered Fund Balance	\$15,185,562.06	\$14,803,903.05	\$14,856,900.08	\$15,213,150.62	\$15,136,966.70	\$15,136,966.70	\$14,856,900.08	\$15,136,966.70	\$15,136,966.70	\$15,136,966.70	\$15,136,966.70
Monthly Contract Count	2,394	2,408	2,403	2,403	2,391	11,999	7,205	4,794	-	-	11,999
Monthly Covered Lives	5,139	5,152	5,147	5,149	5,107	25,694	15,438	10,256	-	-	25,694

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)
2018 Treasurer's Report Data (Cash Basis Rounded to the Nearest Dollar)

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	2018 Actual Results	Quarterly Financial Results				Year
							2018 1st Quarter	2018 2nd Quarter	2018 3rd Quarter	2018 4th Quarter	2018
Beginning Balance	\$25,184,561	\$26,143,603	\$25,761,944	\$25,814,941	\$26,171,191	\$25,184,561	\$25,184,561	\$25,814,941	\$26,095,007	\$26,095,007	\$25,184,561
Income											
Medical Plan Premiums	\$3,544,449	\$3,595,408	\$3,571,055	\$3,544,404	\$3,498,985	\$17,754,300	\$10,710,911	\$7,043,389	\$0	\$0	\$17,754,300
Ancillary Benefit Plan Premiums	\$13,075	\$11,632	\$12,247	\$12,243	\$12,352	\$61,550	\$36,955	\$24,595	\$0	\$0	\$61,550
Interest	\$1,626	\$1,470	\$1,655	\$1,467	\$1,487	\$7,705	\$4,751	\$2,954	\$0	\$0	\$7,705
Rx Rebates	\$0	\$0	\$0	\$0	\$484,400	\$484,400	\$0	\$484,400	\$0	\$0	\$484,400
Stop-Loss Claim Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$58	\$58	\$0	\$0	\$117	\$117	\$0	\$0	\$0	\$117
Total Income	\$3,559,150	\$3,608,568	\$3,585,016	\$3,558,114	\$3,997,224	\$18,308,072	\$10,752,734	\$7,555,338	\$0	\$0	\$18,308,072
Expenses											
Medical Paid Claims	\$1,379,875	\$2,922,651	\$2,463,385	\$2,107,115	\$2,887,450	\$11,760,476	\$6,765,911	\$4,994,565	\$0	\$0	\$11,760,476
Rx Paid Claims - ProAct	\$991,523	\$884,565	\$869,153	\$864,749	\$998,452	\$4,608,443	\$2,745,242	\$1,863,201	\$0	\$0	\$4,608,443
Rx Paid Claims - CanaRx	\$20,572	\$6,605	\$16,585	\$13,237	\$6,418	\$63,417	\$43,762	\$19,654	\$0	\$0	\$63,417
Medcial Admin Fees	\$94,825	\$88,655	\$88,336	\$92,975	\$86,673	\$451,465	\$271,816	\$179,649	\$0	\$0	\$451,465
Rx Admin Fees	\$7,554	\$6,849	\$6,884	\$6,812	\$6,954	\$35,053	\$21,287	\$13,766	\$0	\$0	\$35,053
Flu Clinic Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NYS Graduate Medical Exp.	\$20,094	\$20,075	\$19,918	\$19,913	\$19,730	\$99,730	\$60,086	\$39,643	\$0	\$0	\$99,730
ACA PCORI Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ACA Trans. Reins. Program Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Stop-Loss Insurance	\$56,280	\$17,429	\$36,876	\$36,955	\$36,762	\$184,302	\$110,585	\$73,717	\$0	\$0	\$184,302
Advance Deposit / Pre-Paid Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Legal Fees	\$220	\$0	\$1,526	\$839	\$0	\$2,585	\$1,746	\$839	\$0	\$0	\$2,585
Executive Director Fees	\$3,482	\$3,040	\$3,645	\$4,134	\$4,347	\$18,648	\$10,167	\$8,480	\$0	\$0	\$18,648
Consultant Fees	\$4,725	\$4,725	\$4,725	\$4,725	\$4,725	\$23,625	\$14,175	\$9,450	\$0	\$0	\$23,625
Accounting Fees	\$0	\$0	\$0	\$11,550	\$0	\$11,550	\$0	\$11,550	\$0	\$0	\$11,550
Actuarial Fees	\$0	\$8,150	\$0	\$4,450	\$0	\$12,600	\$8,150	\$4,450	\$0	\$0	\$12,600
Audit Fees	\$0	\$6,525	\$0	\$10,800	\$0	\$17,325	\$6,525	\$10,800	\$0	\$0	\$17,325
Insurances (D&O / Prof. Liab.)	\$2,762	\$2,762	\$2,762	\$2,762	\$2,762	\$13,808	\$8,285	\$5,523	\$0	\$0	\$13,808
Internal Coordination (Finance)	\$4,232	\$4,232	\$4,234	\$4,315	\$4,310	\$21,324	\$12,699	\$8,625	\$0	\$0	\$21,324
Internal Coordination (Support)	\$1,584	\$1,243	\$1,048	\$2,075	\$2,045	\$7,995	\$3,875	\$4,120	\$0	\$0	\$7,995
Surety Bond Fee / Loan Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Payment Refund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ancillary Benefit Premiums	\$11,903	\$12,385	\$12,275	\$12,352	\$12,373	\$61,289	\$36,563	\$24,725	\$0	\$0	\$61,289
Other Expenses / Supplies	\$477	\$337	\$666	\$2,105	\$408	\$3,993	\$1,480	\$2,513	\$0	\$0	\$3,993
Total Expenses	\$2,600,108	\$3,990,228	\$3,532,019	\$3,201,863	\$4,073,408	\$17,397,625	\$10,122,354	\$7,275,272	\$0	\$0	\$17,397,625
Net Income	\$959,042	(\$381,659)	\$52,997	\$356,251	(\$76,184)	\$910,447	\$630,380	\$280,067	\$0	\$0	\$910,447
Ending Balance	\$26,143,603	\$25,761,944	\$25,814,941	\$26,171,191	\$26,095,007	\$26,095,007	\$25,814,941	\$26,095,007	\$26,095,007	\$26,095,007	\$26,095,007
Liabilities and Reserves											
IBNR Reserve	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357	\$4,822,357
Surplus Account	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369	\$2,126,369
Claims / Rate Stabilization Reserve	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315	\$2,009,315
Catastrophic Claims Reserve	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Total Liabilities and Reserves	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041	\$10,958,041
Unencumbered Fund Balance	\$15,185,562	\$14,803,903	\$14,856,900	\$15,213,151	\$15,136,967	\$15,136,967	\$14,856,900	\$15,136,967	\$15,136,967	\$15,136,967	\$15,136,967
Monthly Contract Count	2,394	2,408	2,403	2,403	2,391	11,999	7,205	4,794	-	-	11,999
Monthly Covered Lives	5,139	5,152	5,147	5,149	5,107	25,694	15,438	10,256	-	-	25,694

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2018 Budget Performance Analysis

Results as of: 5/31/2018
of Months: 5

	2018 Adopted Budget	2018 Year-to-Date	2018 Actual Results	Variance	% Difference
Income					
Medical Plan Premiums	\$42,527,371.07	\$17,719,737.95	\$17,754,300.05	\$34,562.10	0.20%
9000 Ancillary Benefit Plan Premiums	\$156,750.00	\$65,312.50	\$61,549.95	-\$3,762.55	-5.76%
Interest	\$16,000.00	\$6,666.67	\$7,705.48	\$1,038.81	15.58%
9010 Rx Rebates	\$1,000,000.00	\$500,000.00	\$484,399.98	-\$15,600.02	-3.12%
9040 Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	n/a
9030 Other	\$4,120.00	\$1,716.67	\$116.78	-\$1,599.89	-93.20%
Total Income	\$43,704,241.07	\$18,293,433.78	\$18,308,072.24	\$14,638.46	0.08%
Expenses					
8090 Medical Paid Claims	\$27,872,149.95	\$11,613,395.81	\$11,760,475.86	\$147,080.05	1.27%
8120 Rx Paid Claims - ProAct	\$12,014,156.34	\$5,005,898.48	\$4,608,442.52	-\$397,455.96	-7.94%
Rx Paid Claims - CanaRx	\$300,000.00	\$125,000.00	\$63,416.80	-\$61,583.20	-49.27%
8050 Medical Admin Fees	\$1,044,357.36	\$435,148.90	\$451,464.68	\$16,315.78	3.75%
Rx Admin Fees	\$85,555.95	\$35,648.31	\$35,053.00	-\$595.31	-1.67%
8084 Flu Clinic Fees	\$10,000.00	\$4,166.67	\$0.00	-\$4,166.67	n/a
8091 NYS Graduate Medical Exp.	\$264,075.00	\$110,031.25	\$99,729.77	-\$10,301.48	-9.36%
9060 ACA PCORI Fee	\$12,259.93	\$0.00	\$0.00	n/a	n/a
8115 ACA Transitional Reins. Program Fees	\$0.00	\$0.00	\$0.00	n/a	n/a
8110 Stop-Loss Aggregate and Specific	\$888,633.32	\$370,263.89	\$184,301.52	-\$185,962.37	-50.22%
Advance Deposit / Pre-Paid Claims	\$100,000.00	\$100,000.00	\$0.00	-\$100,000.00	-100.00%
8070 Legal Fees	\$10,609.00	\$4,420.42	\$2,585.00	-\$1,835.42	-41.52%
8055 Executive Director Fees	\$33,990.00	\$14,162.50	\$18,647.53	\$4,485.03	31.67%
8030 Consultant Fees	\$59,410.40	\$24,754.33	\$23,625.00	-\$1,129.33	-4.56%
8000 Accounting Fees	\$30,900.00	\$12,875.00	\$11,550.00	-\$1,325.00	-10.29%
8010 Actuarial Fees	\$11,404.68	\$11,404.68	\$12,600.00	\$1,195.33	10.48%
8020 Audit Fees	\$63,785.45	\$56,650.00	\$17,325.00	-\$39,325.00	-69.42%
8060 Insurances (D&O / Prof. Liability)	\$36,453.01	\$15,188.76	\$13,807.96	-\$1,380.80	-9.09%
8041 Internal Coordination (Finance)	\$65,400.00	\$27,250.00	\$21,323.98	-\$5,926.02	-21.75%
Internal Coordination (Support)	\$20,600.00	\$8,583.33	\$7,995.30	-\$588.03	-6.85%
Surety Bond Fee / Loan Interest	n/a	n/a	\$0.00	n/a	n/a
Payment Refund	n/a	n/a	\$0.00	n/a	n/a
9050 Ancillary Benefit Premiums	\$156,750.00	\$65,312.50	\$61,288.51	-\$4,023.99	-6.16%
9060 Other Expenses / Supplies	\$6,180.00	\$2,575.00	\$3,993.03	\$1,418.03	55.07%
Total Expenses	\$43,086,670.40	\$18,042,729.82	\$17,397,625.46	-\$645,104.36	-3.58%
Net Income	\$617,570.67	\$250,703.96	\$910,446.78		

Ending Balance	\$25,802,131.21	\$25,435,264.50	\$26,095,007.32
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Liabilities and Reserves					
IBNR Claims Liability	\$4,720,595.05	\$4,720,595.05	\$4,720,595.05	12% of Incurred Claims	
5010 Surplus Account Per §4706(a)(5)	\$2,017,487.57	\$2,017,487.57	\$2,017,487.57	5% of Premium Income	
Rate Stabilization Reserve	\$1,966,914.60	\$1,966,914.60	\$1,966,914.60	5% of Paid Claims	
5012 Catastrophic Claims Reserve	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Established by Board Policy	
Total Liabilities and Reserves	\$10,704,997.23	\$10,704,997.23	\$10,704,997.23		

Unencumbered Fund Balance	\$15,097,133.98	\$14,730,267.27	\$15,390,010.09
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Medical Premiums = 6000 + 6010

Interest Income = 9021 + 9022

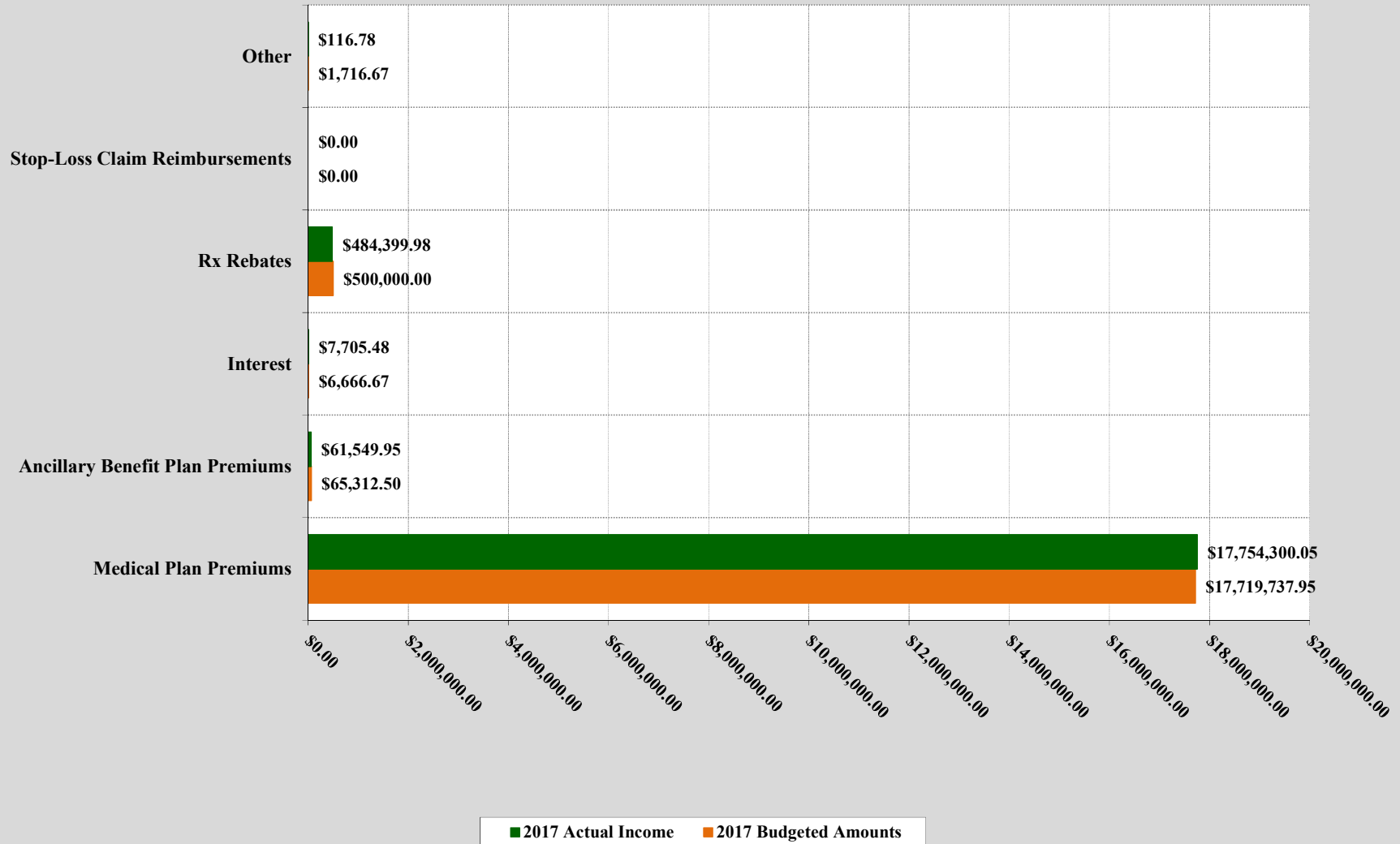
Rx Admins Fees = 8081 + 8082 + 8083

Advance Deposit = 4020 + 4021

Greater Tompkins County Municipal Health Ins. Consortium

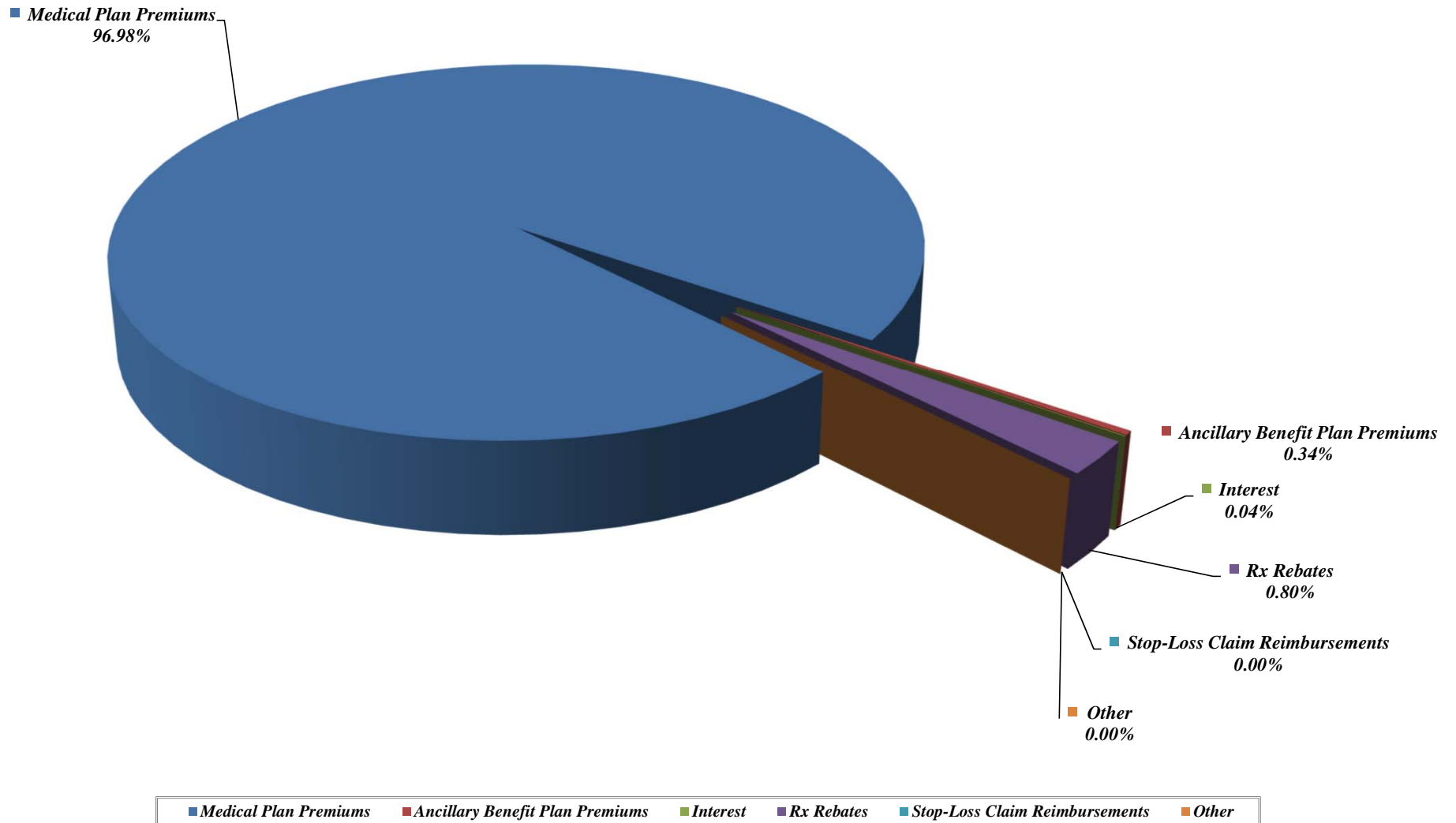
2018 Income Distribution

January 1, 2018 to May 31, 2018



Greater Tompkins County Municipal Health Ins. Consortium

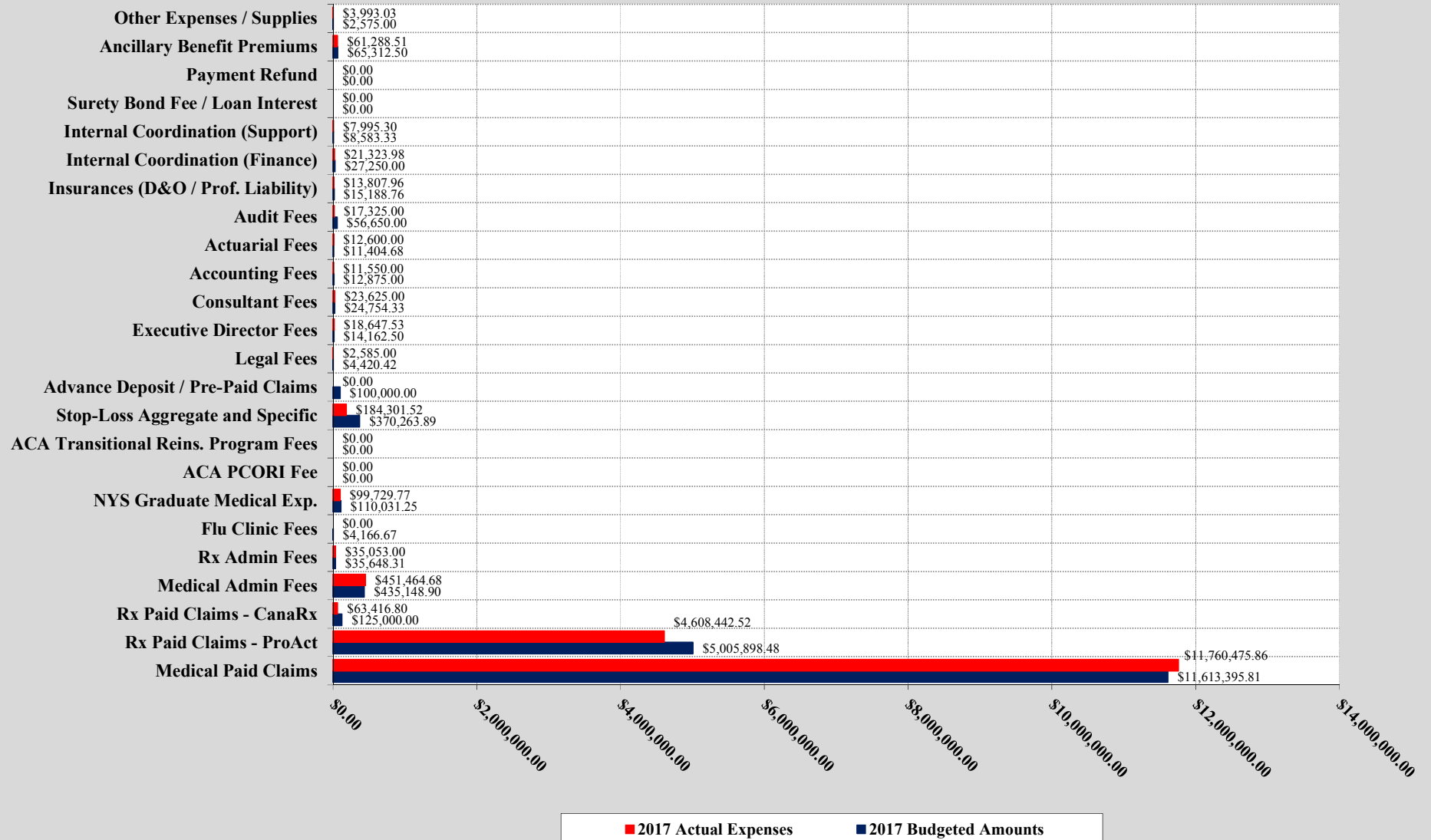
2018 Income Distribution
January 1, 2018 to May 31, 2018



Greater Tompkins County Municipal Health Ins. Consortium

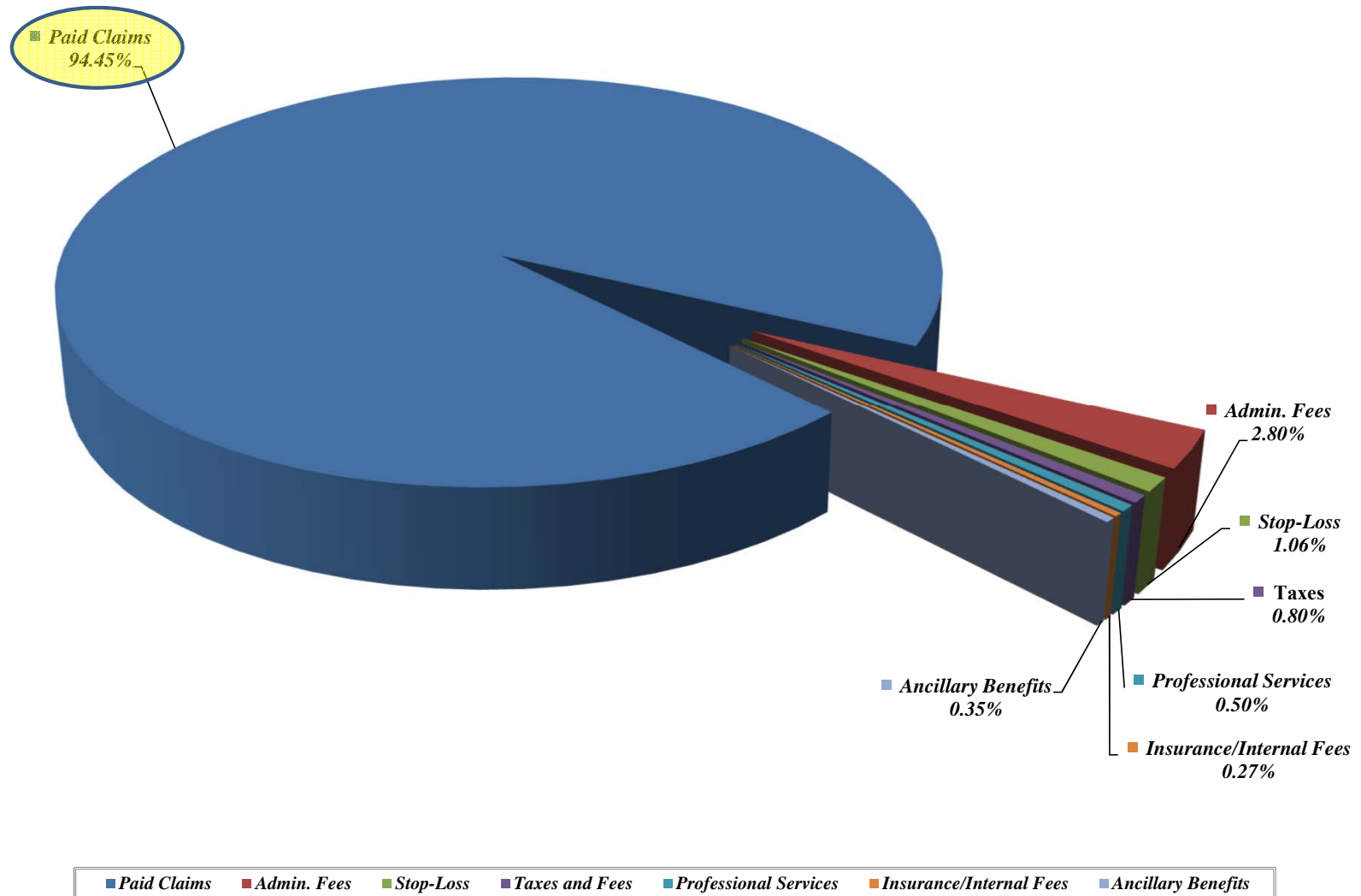
2018 Expense Distribution

January 1, 2018 to May 31, 2018



Greater Tompkins County Municipal Health Ins. Consortium

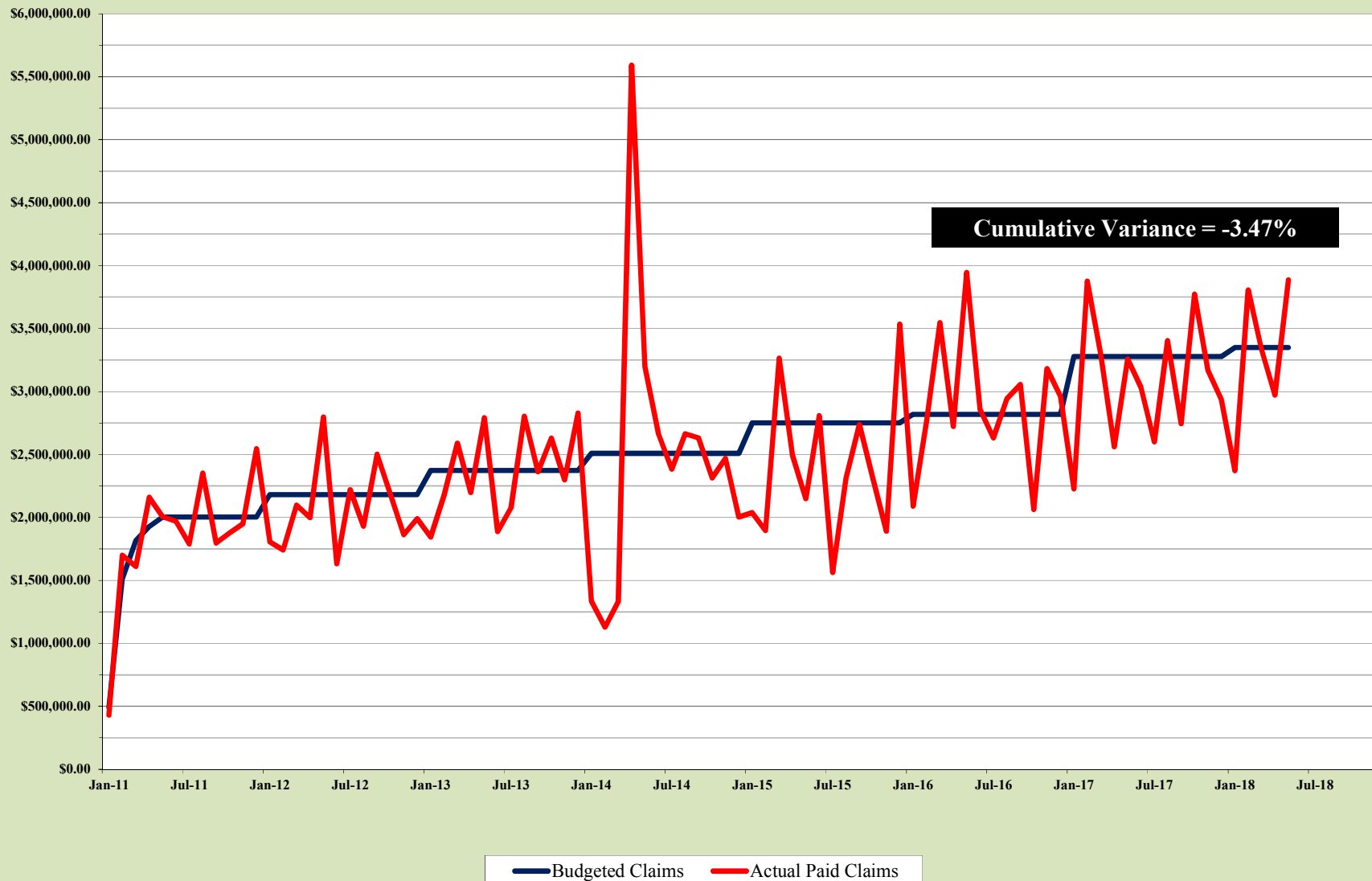
2018 Expense Distribution
January 1, 2018 to May 31, 2018



Greater Tompkins County Municipal Health Ins Consortium

2011-2018 Monthly Paid Claims v Budgeted Claims

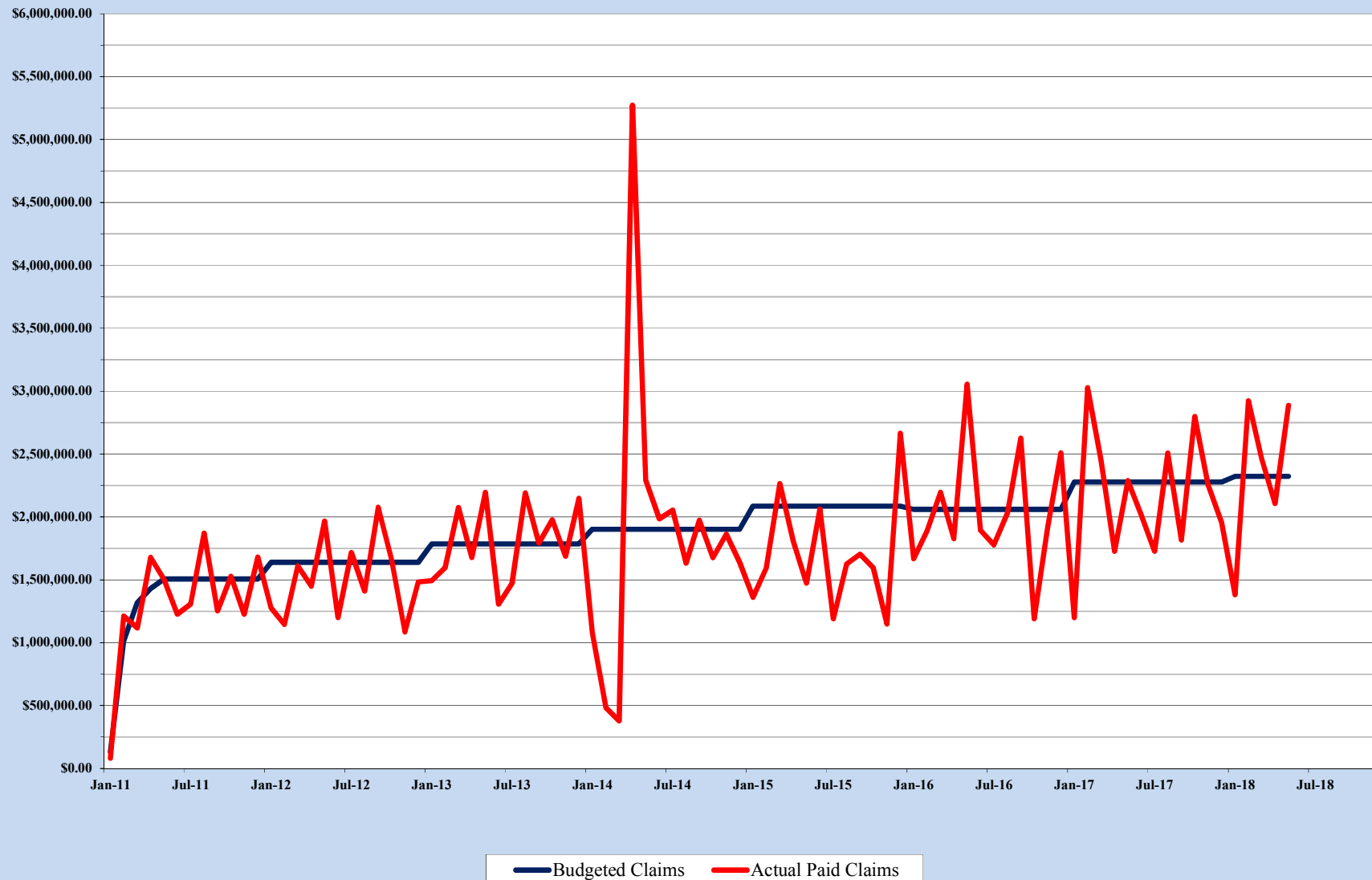
January 1, 2011 to May 31, 2018



Greater Tompkins County Municipal Health Ins Consortium

2011-2018 Monthly Medical Paid Claims v Budgeted Medical Claims

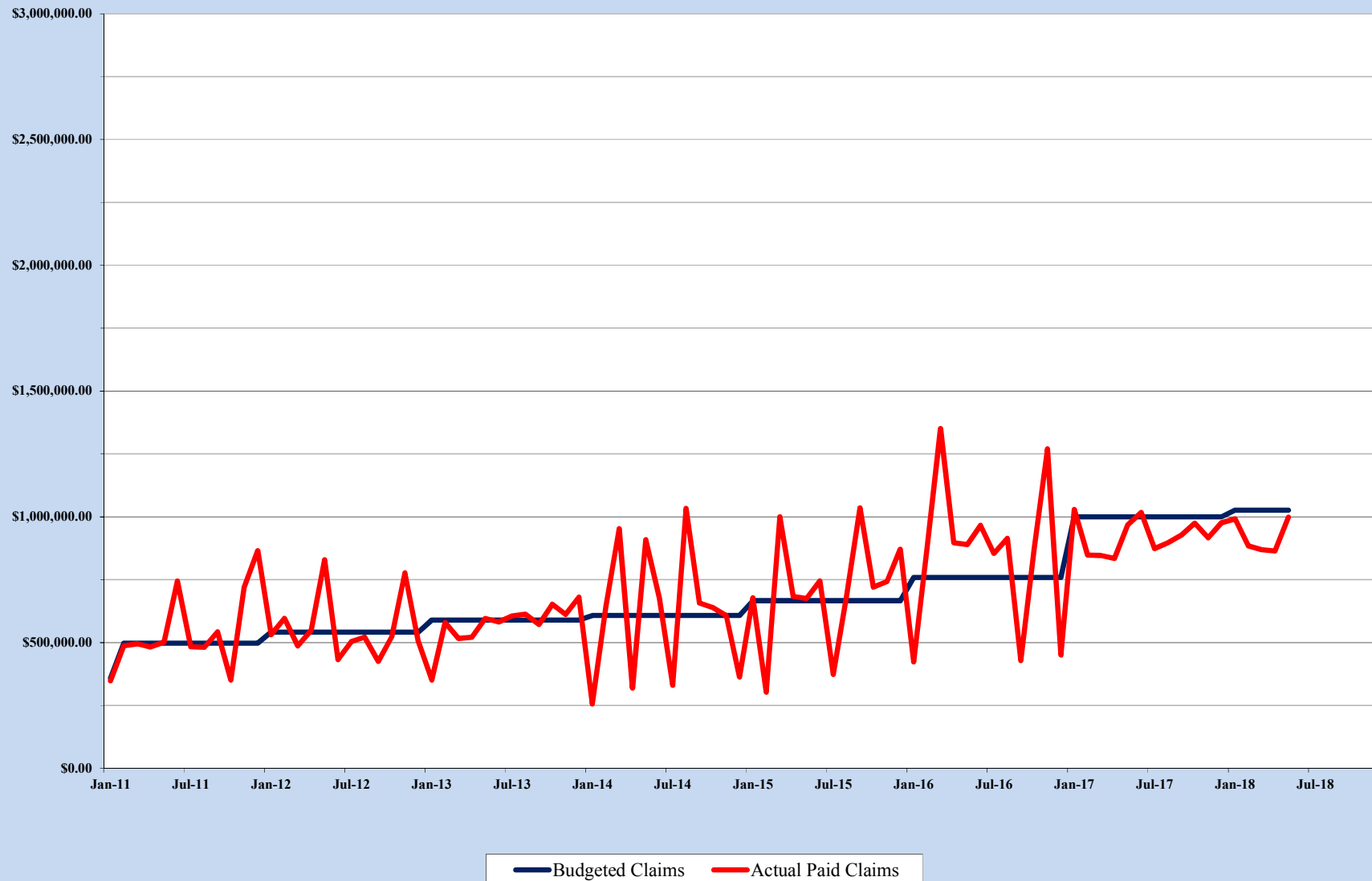
January 1, 2011 to May 31, 2018



Greater Tompkins County Municipal Health Ins Consortium

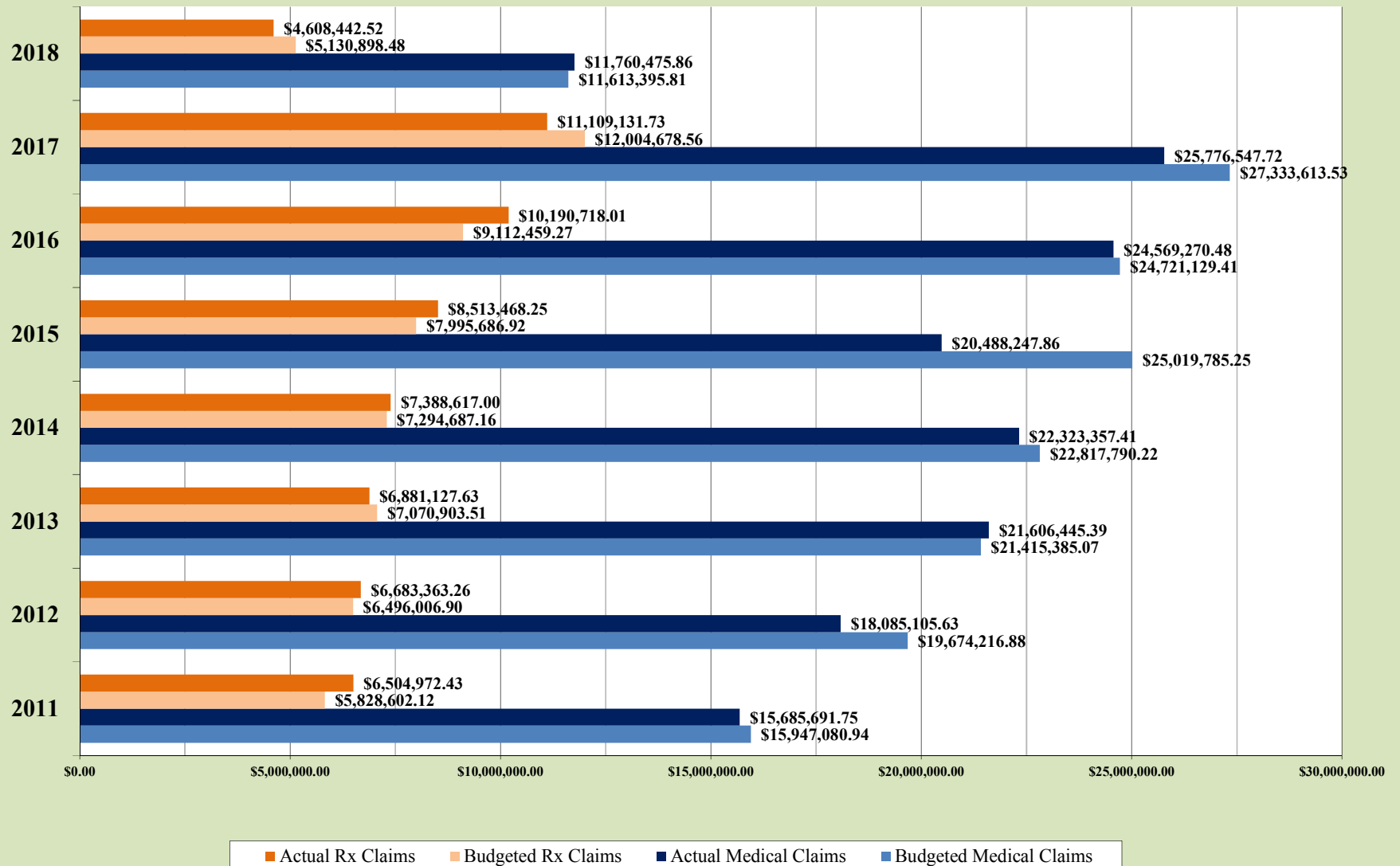
2011-2018 Monthly Rx Paid Claims v Budgeted Rx Claims

January 1, 2011 to May 31, 2018

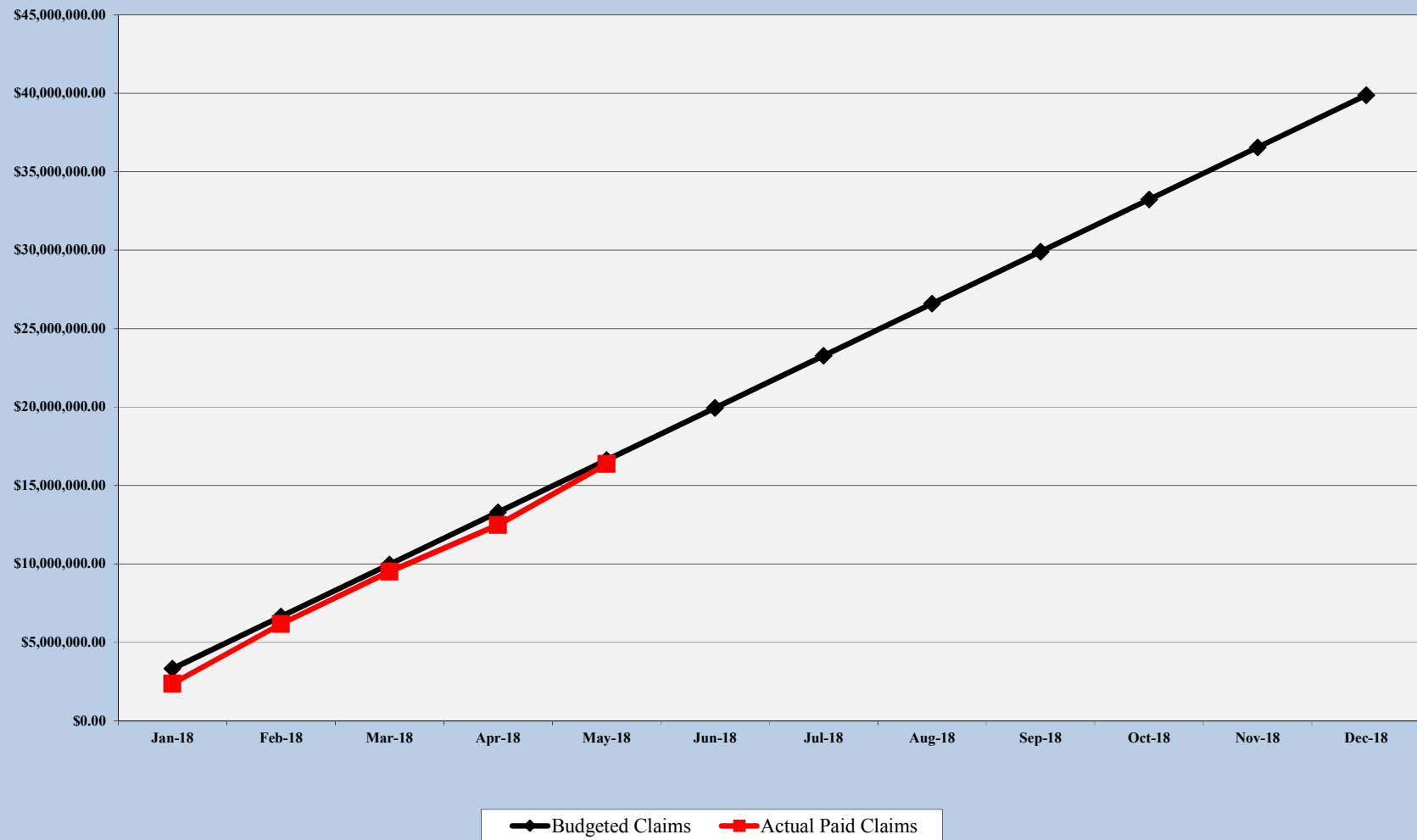


Greater Tompkins County Municipal Health Ins Consortium

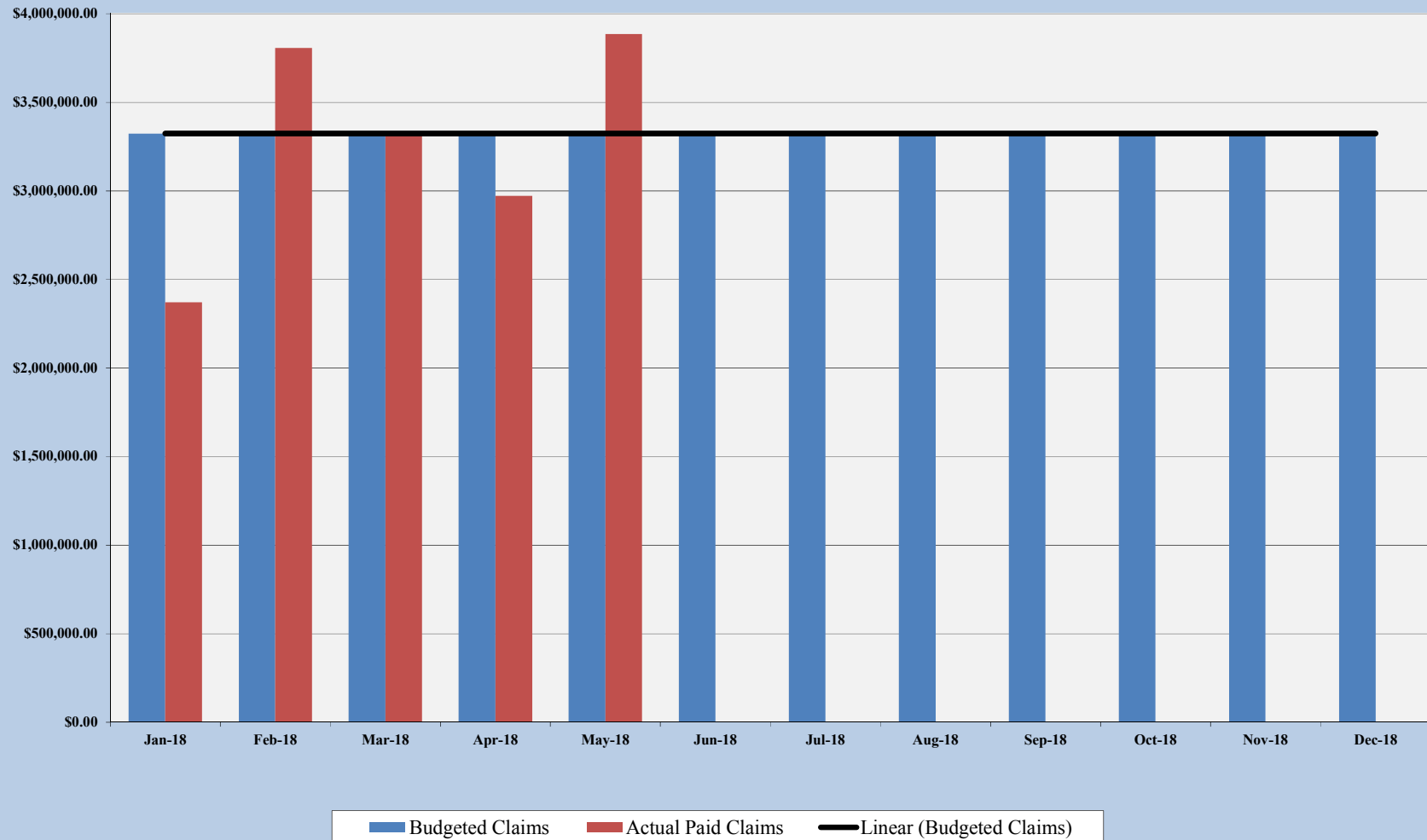
2011-2018 (as of 05/31/2018) Annual Paid Claims v Budgeted Claims



***Greater Tompkins County Municipal
Health Insurance Consortium***
2018 Cumulative Paid Claims and Budgeted Claims by Month

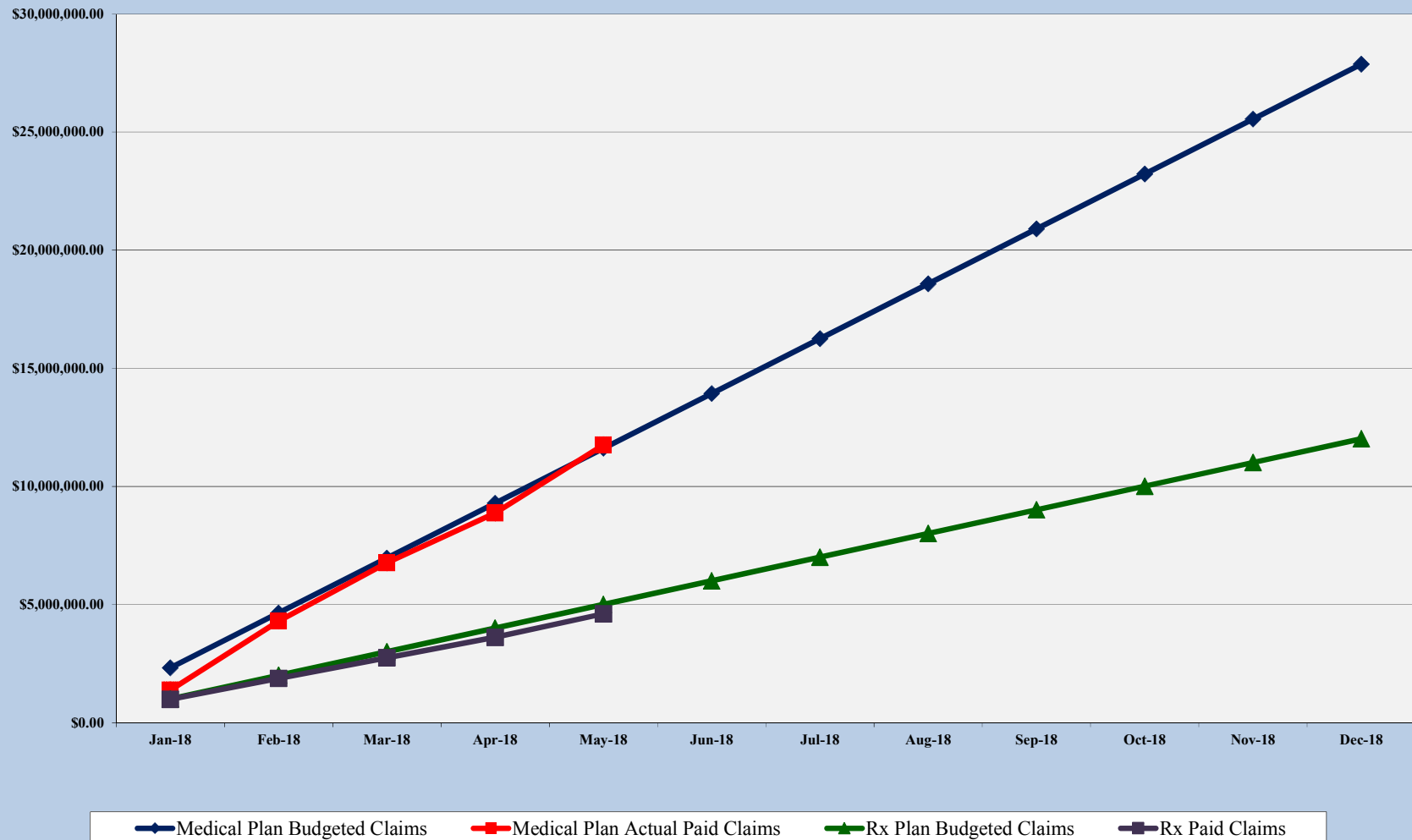


Greater Tompkins County Municipal Health Insurance Consortium 2018 Budgetd vs Actual Paid Claims by Month



Greater Tompkins County Municipal Health Insurance Consortium

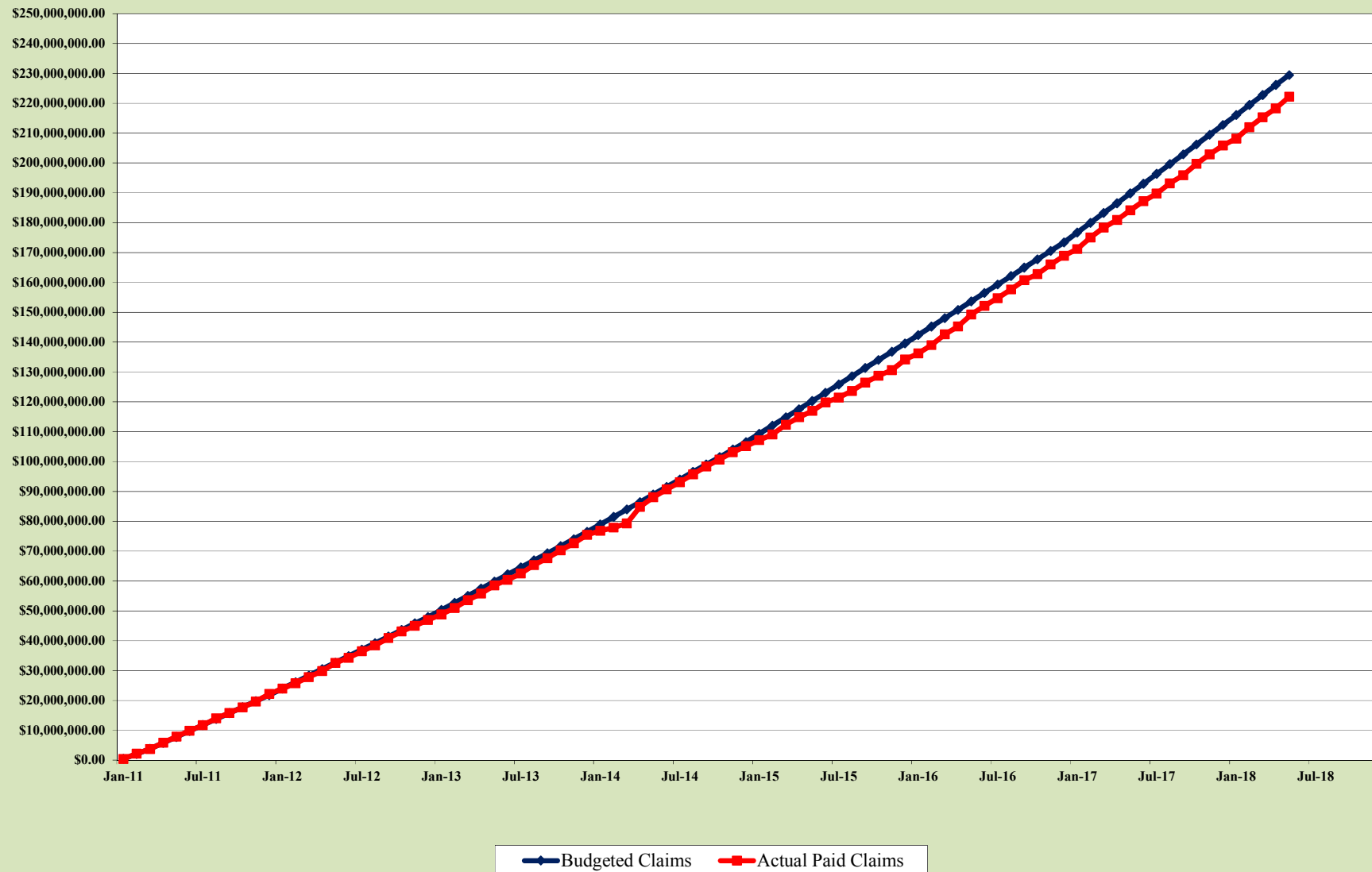
2018 Cumulative Paid Claims and Budgeted Claims by Month



Greater Tompkins County Municipal Health Ins Consortium

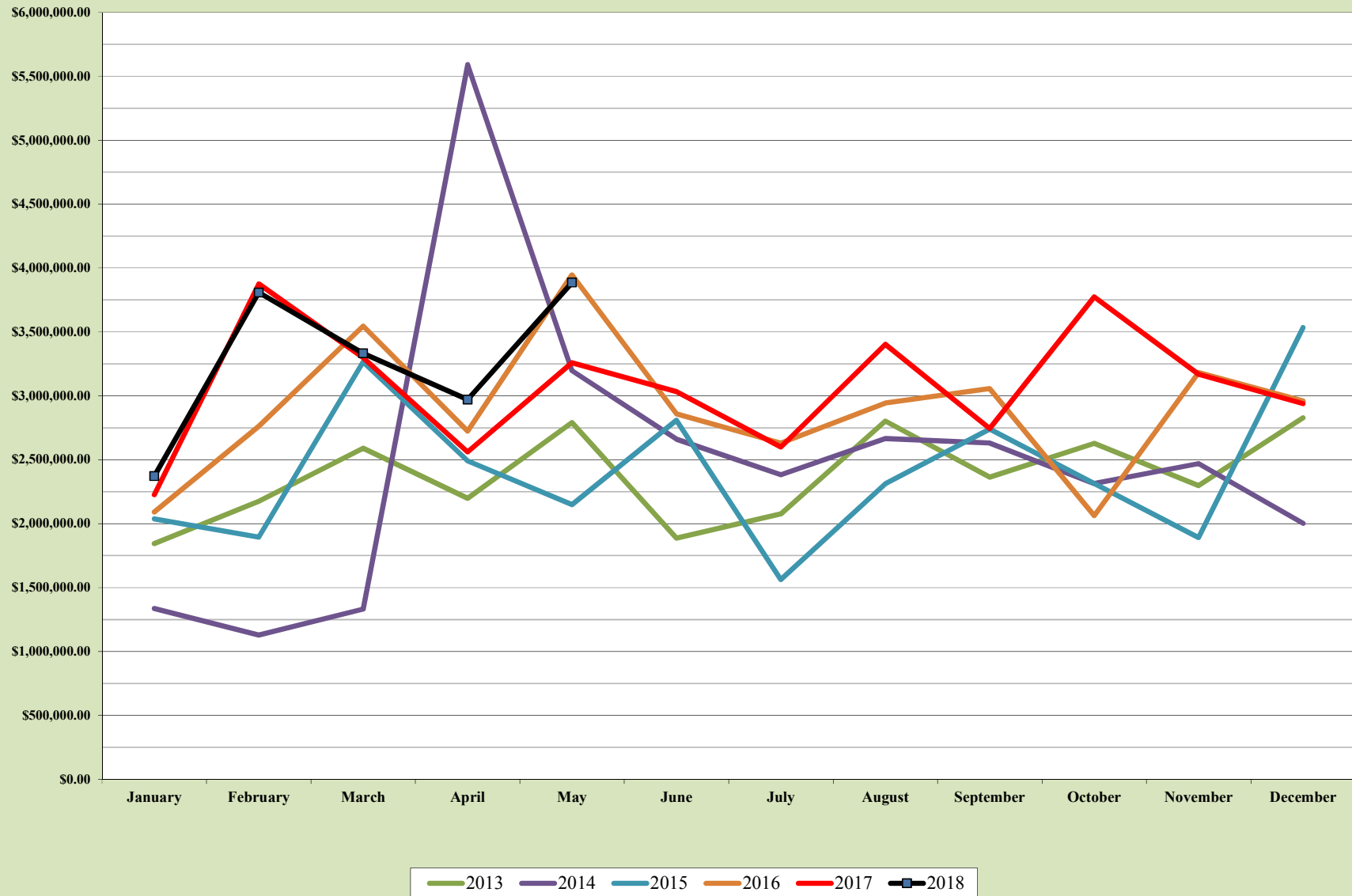
2011-2017 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to May 31, 2018



Greater Tompkins County Municipal Health Ins Consortium

2013-2018 Monthly Paid Claims by Fiscal Year



Greater Tompkins Consortium

Incurred between January 1, 2018 and May 31, 2018, paid through May 31, 2018

High Cost Claimant Costs by Member (>= \$50,000)

Claimant		Most Costly Diagnosis	Prior Plan Cost	Current Plan Cost	UM	CM	DM	Rx Sp CM	Current Status	Forecast > \$50K w/o IBNR
1		Z51 Encounter for other aftercare	\$3,558	\$172,452	YES	NA	NA	NA	Active	YES
2		C49 Malignant neoplasm of other connective and soft tissue	\$1,714	\$172,307	YES	NA	NA	NA	Active	YES
3		C50 Malignant neoplasm of breast	\$6,378	\$131,578	YES	NA	YES	NA	Active	YES
4		Z51 Encounter for other aftercare	\$1,880	\$122,252	YES	YES	YES	NA	Active	YES
5		M43 Other deforming dorsopathies	\$9,691	\$116,381	YES	NA	YES	NA	Active	YES
6		Z51 Encounter for other aftercare	\$0	\$103,284	YES	NA	NA	NA	Active	YES
7		C78 Secondary malignant neoplasm of respiratory and digesti	\$58,516	\$101,474	YES	NA	YES	NA	Active	YES
8		E11 Type 2 diabetes mellitus	\$142	\$90,162	YES	NA	YES	NA	Active	YES
9		A41 Other sepsis	\$7,863	\$87,924	YES	NA	NA	NA	Active	YES
10		M48 Other spondylopathies	\$1,572	\$85,167	YES	NA	YES	NA	Active	YES
11		D70 Neutropenia	\$194	\$84,091	YES	NA	NA	NA	Active	YES
12		M51 Thoracic, thoracolumbar, and lumbosacral intervertebral	\$32,990	\$77,629	YES	NA	NA	NA	Active	NO
13		C50 Malignant neoplasm of breast	\$3,025	\$74,496	NA	NA	NA	NA	Active	YES
14		C79 Secondary malignant neoplasm of other and unspecified s	\$107,767	\$71,741	YES	NA	NA	NA	Active	YES
15		C79 Secondary malignant neoplasm of other and unspecified s	\$0	\$62,980	YES	NA	NA	NA	Active	YES
16		Z51 Encounter for other aftercare	\$5,169	\$61,303	YES	YES	YES	NA	Active	YES
17		I26 Pulmonary embolism	\$988	\$57,431	YES	YES	NA	NA	Active	YES
18		Z51 Encounter for other aftercare	\$23	\$56,532	NA	NA	NA	NA	Active	NO
19		G47 Sleep disorders	\$1,979	\$56,285	YES	NA	NA	NA	Active	NO
20		Z51 Encounter for other aftercare	\$17,921	\$54,782	YES	NA	YES	NA	Active	YES
21		M47 Spondylosis	\$4,399	\$53,654	YES	NA	NA	NA	Active	YES
22		G93 Other disorders of brain	\$2,459	\$53,092	YES	NA	NA	NA	Active	YES
23		F50 Eating disorders	\$0	\$53,061	YES	NA	NA	NA	Active	NO
24		I42 Cardiomyopathy	\$170	\$51,951	YES	NA	NA	NA	Active	YES
			\$268,398	\$2,052,009						

Greater Tompkins County Municipal Health Insurance Consortium

Catastrophic Claim History (as of May 31, 2018)

Fiscal Year	Specific Stop-Loss Deductible	Number of Coverd Lives	# of Claimants with Claims >\$100,000	# of Claimants with Claims >\$200,000	# of Claimants with Claims >\$300,000	# of Claimants with Claims >\$400,000	Total Catastrophic Claims Paid	Claim Dollars in Excess of Deductible	Notes
2011	\$250,000.00	4,400	13	3	1	0	\$2,357,898.22	\$146,063.45	Medical Claims Only
2012	\$275,000.00	4,448	16	6	3	2	\$3,904,221.28	\$1,136,196.38	Medical Claims Only
2013	\$300,000.00	5,077	22	7	4	1	\$4,079,308.91	\$292,967.64	Medical Claims Only
2014	\$300,000.00	5,012	18	6	1	1	\$3,494,872.81	\$184,734.14	Laser of \$1,000,000 on Unique ID 000010930774
2015	\$400,000.00	5,021	23	2	1	1	\$3,722,006.77	\$125,880.36	Includes ProAct Rx Claims
2016	\$400,000.00	5,063	39	4	1	1	\$6,070,055.86	\$242,433.49	Laser of \$1,000,000 on Unique ID 000001179452
2017	\$450,000.00	5,175	24	12	1	1	\$3,057,208.40	\$8,294.21	Laser of \$1,000,000 on Unique ID 000001179452
2018	\$600,000.00	5,148	7	0	0	0	\$0.00	\$0.00	Laser of \$1,000,000 on Unique ID 000001179452
Totals		39,344	162	40	12	7	\$26,685,572.25	\$2,136,569.67	
Averages		4,918	20.250	5.000	1.500	0.875	\$3,335,696.53	\$267,071.21	

Fiscal Year	Specific Stop-Loss Deductible	Number of Coverd Lives	Stop-Loss Insurance Premium Paid	Premium Variance	Total Catastrophic Claims Paid	Annual Paid Claims Total	Catastrophic Claims % of Total Claims
2011	\$250,000.00	4,400	\$384,392.52	n/a	\$2,357,898.22	\$22,190,664.18	10.63%
2012	\$275,000.00	4,448	\$361,366.41	-5.99%	\$3,904,221.28	\$24,768,468.89	15.76%
2013	\$300,000.00	5,077	\$592,381.65	63.93%	\$4,079,308.91	\$28,487,573.02	14.32%
2014	\$300,000.00	5,012	\$720,784.39	21.68%	\$3,494,872.81	\$29,711,974.41	11.76%
2015	\$400,000.00	5,021	\$642,080.30	-10.92%	\$3,722,006.77	\$29,001,716.11	12.83%
2016	\$400,000.00	5,063	\$766,281.18	19.34%	\$6,070,055.86	\$34,338,926.47	17.68%
2017	\$450,000.00	5,175	\$738,819.42	-3.58%	\$3,057,208.40	\$36,885,679.45	8.29%
2018	\$600,000.00	5,148	\$442,619.97	-40.09%	\$0.00	\$39,886,306.29	0.00%
Totals		39,344	\$4,206,105.87	n/a	\$26,685,572.25	\$245,271,308.82	10.88%
Averages		4,918	\$600,872.27	14.08%	\$3,335,696.53	\$30,658,913.60	13.04%



Greater Tompkins County Municipal Health Insurance Consortium

125 East Court Street • Ithaca, New York 14850 • (607)274-5590
www.healthconsortium.net • consortium@tompkins-co.org

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

RESOLUTION NO. – 2018 – AUTHORIZE EXTENSION OF CONTRACT FOR MEDICAL CLAIMS AUDITING SERVICES – BMI MEDICAL CLAIMS AUDITING SERVICES

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 medical plan the Consortium is responsible for the payment of claims as adjudicated by the Third Party Administrator, currently 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 claims are paid by Excellus are 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 May 6, 2016 and by Resolution No. 014-2014 a contract was awarded to BMI Auditing Services to perform medical claims auditing services for the Consortium for the 2016 Fiscal Year, and

WHEREAS, upon satisfactory completion of the terms of the contract, Resolution No. 014-2014 authorized an extension of the contract for 2018 Fiscal Year, and

WHEREAS, the Executive Director and Consultant have recommended the contract be extended for the purpose of performing an audit of 2016-2017 medical claims, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That a contract for 2016-2017 medical claims auditing services be awarded to BMI for the 2018 Fiscal Year.



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RESOLUTION NO. – 2018 – RECOMMEND ADJUSTMENTS TO THE SILVER METAL LEVEL PLAN

WHEREAS, data entered into the federal actuarial calculator indicates the Consortium's Silver Plan's actuarial value for 2019 will be 72.64% which exceeds the Plan's limit of 72%, and

WHEREAS, the three Participating Consortium employers enrolled in the Silver Metal Level Plan have been participating in the deliberations of benefit changes to their Plan, and

WHEREAS, Silver Metal Level Plan benefit plan adjustment to increase the in-network deductible for single from \$1,800 to \$2,200 and family coverage from \$3,600 to \$4,400 has a 2019 actuarial value of 71.11%, now therefore be it

RESOLVED, on recommendation of the Joint Committee on Plan Structure and Design, That the Audit and Finance Committee recommends that the Board of Directors approves an adjustment to the Silver Metal Level Plan to increase the in-network deductible for single from \$1,800 to \$2,200 and family coverage from \$3,600 to \$4,400 and to increase the Out-of-Network deductible for single from \$3,600 to \$4,400 and family coverage from \$7,200 to \$8,800, effective January 1, 2019.

**RESOLUTION NO. – 2018 – RESOLUTION OF THE BOARD OF DIRECTORS OF THE
GREATER TOMPKINS COUNTY MUNICIPAL HEALTH
INSURANCE CONSORTIUM – AMENDMENT TO CONFLICT
OF INTEREST POLICY**

WHEREAS, on February 27, 2014, the Board of Directors of the Greater Tompkins County Municipal Health Insurance Consortium ("GTCMHIC" or "Consortium") adopted a *Code of Ethics and Conflict of Interest Policy (Resolution No. 001 of 2014)*, and

WHEREAS, the New York State Department of Financial Services has recommended that the Consortium implement, as a good business practice, a process whereby board directors, officers, and key employees review and execute annual conflict of interest disclosure and acknowledgement forms, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Consortium's *Code of Ethics and Conflict of Interest Policy* dated February 27, 2014 is amended to include the following additional paragraph "17" and appended Exhibit "A":

"17. Prior to the election, appointment or employment of individuals to serve as an officer, director or key employee of the Consortium, and each successive year thereafter, such officer, director and key employee shall complete and execute a *Disclosure and Acknowledgment Form*, substantially consistent to the form attached hereto as Exhibit "A" or as modified from time to time thereafter. Such completed forms shall be kept as organizational records of the Consortium. For purposes of this policy, (i) the terms "officer" and "director" shall have the same meaning as set forth in the Municipal Cooperative Agreement, dated October 1, 2010; and (ii) the term "key employee" shall mean any employee of the Consortium with executive or managerial capacity."

* * * * *

**GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
ANNUAL CONFLICT OF INTEREST
DISCLOSURE AND ACKNOWLEDGMENT FORM**

According to the *Code of Ethics and Conflict of Interest Policy* (the "Policy") of the Greater Tompkins County Municipal Health Insurance Consortium (the "Consortium"), this form shall be completed prior to, appointment or employment, and annually thereafter, of individuals who serve as an officer, director or key employee (as such terms are defined in the Policy) for the Consortium.

INSTRUCTIONS: Please answer the following questions, to the best of your knowledge, as they may apply to you. Attach additional explanation page(s) as needed. Forward any questions you have to the Executive Director of the Consortium or the Consortium's legal counsel.

1. Have you or your spouse, or will you or your spouse, acquire any Interest (as defined below) in any Contract (defined below), purchase agreement, lease agreement or other agreement (including oral agreements) with the Consortium?

NO

YES

IF YES, PLEASE EXPLAIN:

"Contract" means any claim, account or demand against or agreement with a municipality, express or implied, and shall include the designation of a depository of public funds and the designation of a newspaper, including but not limited to an official newspaper, for the publication of any notice, resolution, ordinance, or other proceeding where such publication is required or authorized by law.

"Interest" means a direct or indirect pecuniary or material benefit accruing to a municipal officer or employee as the result of a contract with the municipality which such officer or employee serves. For the purposes hereof a municipal officer or employee shall be deemed to have an interest in the contract of (a) his spouse, minor children and dependents, except a contract of employment with the municipality which such officer or employee serves, (b) a firm, partnership or association of which such officer or employee is a member or employee, (c) a corporation of which such officer or employee is an officer, director or employee and (d) a corporation any stock of which is owned or controlled directly or indirectly by such officer or employee.

2. Have you received (directly or indirectly) any gift (having a value of \$75.00 or more), whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise or in any other form, by any person or entity, in the performance of your official duties?

NO

YES

IF YES, PLEASE EXPLAIN:

3. Have you disclosed confidential information acquired by you in the course of your official duties or used such confidential information to further your personal interests?

NO

YES

IF YES, PLEASE EXPLAIN:

4. Have you received, or entered into any agreement, express or implied, for compensation of services rendered in relation to any matter before the Consortium or any other municipal agency?

NO

YES

IF YES, PLEASE EXPLAIN:

5. Do you or any of your relatives hold, or have you or a relative held, any position as an owner, shareholder, member, manager, partner, director, trustee, officer, or consultant for a business entity that has done business or is doing business with the Consortium?

NO

YES

IF YES, PLEASE EXPLAIN:

6. Do you or any relative have, or have you or a relative had, a business, financial or employment relationship with, or any other interest in, any business entity that has done business or is doing business with the Consortium?

NO

YES

7. Are you or any of your relatives an owner, director, officer or employee of any auditing or accounting firm that has worked on the audit of the Consortium at any time during the past three (3) years?

NO

YES

IF YES, PLEASE EXPLAIN:

8. Have you or do you have a relative who currently or in the past three (3) years has been an employee of the Consortium?

NO

YES

IF YES, PLEASE EXPLAIN:

9. Have you, or has any relative received a loan, or do you or any relatives owe any outstanding amount on a loan, or received or enjoyed, directly or indirectly, any gift, grant or other assistance from the Consortium?

NO

YES

IF YES, PLEASE EXPLAIN:

10. Do you have a family relationship or a business relationship with any other individual who is an officer, director, or key employee of the Consortium?

NO

YES

IF YES, PLEASE EXPLAIN:

11. Are you, or to your knowledge is any relative, a member of the board of directors, an officer, key employee, or consultant to, or have any other interest in any other business entity other than the Consortium?

NO

YES

IF YES, PLEASE EXPLAIN:

ACKNOWLEDGEMENT:

I hereby acknowledge that I have received a copy of the Consortium's *Code of Ethics and Conflict of Interest Policy* and that I have read, understand, and agree to comply with said policy. I have read this conflict of interest disclosure form and answered the questions to the best of my knowledge. I understand that I have an affirmative obligation at all times to report any changes in my responses that may result from changes in circumstances before my next annual disclosure is due.

PRINT NAME: _____

SIGNED: _____

TITLE/POSITION: _____

DATE: _____