



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."

AGENDA Joint Committee on Plan Structure and Design January 3, 2019 - 1:30 P.M.

Rice Conference Room, Tompkins County Health Department

1. Welcome (1:30)
2. Changes to the Agenda (1:32)
3. Approval of Sept 4, October 5, and November 1, 2018 Minutes (1:35)
4. Board of Directors Report (1:40) J. Drake
5. Election of Officers (Chair- Labor & Vice Chair – Management) (1:50)
6. Chair's Report (2:00) O. Hersey
 - a. 6th Director Position
 - b. 2019 begins 16% growth in Subscribers (8 new municipal partners)
7. Executive Directors Report (2:05) D. Barber
 - a. Reports from other Committees
8. Financial Update (2: 10) S. Locey
9. Wellness Coordinator Update (2:20) M. Berry
10. CanaRx Update (2:30) C. Prashaw
11. Registering for MDLive Telemedicine (2:40) B. Miller
12. Next Meeting Agenda Topics (2:45)
13. Adjournment (2:45)

Next Meeting: February 7, 2019



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Draft

MINUTES – DRAFT

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design September 6, 2018 – 1:30 p.m. Rice Conference Room, Health Department

Present:

Municipal Representatives: 11 members

Eric Snow, Town of Virgil; Jeff Walker, Village of Cayuga Heights; Schelley Michell-Nunn, City of Ithaca; Laura Shawley, Town of Danby; Michael Murphy, Village of Dryden; Sarah Thomas, Tompkins County; Carissa Parlato, Town of Ulysses (excused at 2:48 p.m.); Judy Drake, Town of Ithaca and Board of Directors Chair; Betty Conger, Village of Groton; Bud Shattuck, Village of Union Springs; Charmagne Rungay, Town of Lansing

Municipal Representative via Proxy: 2

Sandy Doty (Proxy – Judy Drake); Tom Brown, Town of Truxton (Proxy – Judy Drake)

Union Representatives: 6 members

Tim Farrell, City of Ithaca DPW Unit; Tim Arnold, Town of Dryden DPW Teamsters (excused at 2:51 p.m.); Olivia Hersey, TC3 Professional Admin. Assoc. Unit; Doug Perine, Tompkins County White Collar President; Zack Nelson, Ithaca City Admin. Unit; Jon Munson, Town of Ithaca Teamsters (excused at 2:30 p.m.)

Union Representatives via Proxy: 3

Jim Bower, Bolton Point Water Unit (Proxy – Olivia Hersey); Theresa Viza, Tompkins County Library Staff Unit (Proxy – Olivia Hersey); Daryl Rutledge, Town of Danby Highway (Proxy – Olivia Hersey)

Others in attendance:

Steve Locey, Locey and Cahill; Chris Laverty, ProAct; Sharon Clark, Sundae Earle, TC3 Human Resources

Call to Order

Ms. Hersey, Chair, called the meeting to order at 1:38 p.m.

Changes to the Agenda

There were no additions or deletions to the agenda.

Approval of Minutes of June 7, 2018

It was MOVED by Mrs. Shawley, seconded by Ms. Conger, and unanimously adopted by voice vote by members present, to approve the minutes of the June 7, 2018 meeting as submitted.
MINUTES APPROVED.

Chair's Report

Ms. Hersey reported the Audit and Finance Committee has been discussing many different things in addition to focusing on the 2019 budget. Today there will be discussion of the ProAct formulary edits and confusion that arose from the letter sent to subscribers. She said after learning that there have been fewer people taking advantage of the CanaRx Program it was suggested that topic also be discussed by this Committee.

Board of Directors Chair's Report

Ms. Drake reported the Board of Directors will be adopting its budget and setting rates for 2019 at its September 27, 2018 meeting. Mr. Barber was unable to attend today's meeting because he is meeting with a group to discuss the purchase of Stop Loss insurance through a Captive.

The Board authorized hiring the Segal Consulting to perform an audit of the Consortium's operations. It will look at the Consortium's consulting contracts, its relationship with ProAct and Excellus, and areas such as Stop Loss. The results of the audit are expected by the end of the year which will help inform work that will be done by the Governance Structure Committee which will be asked to reconvene. She reported the Board accepted the Consortium's 35th municipality and could reach 40 by 2018 and said as the Board has grown it has become increasingly challenging to keep everyone engaged. The Committee will be asked to look at is whether the way the Consortium is structured with one representative from every municipality and whether the labor representative formula is the best way for the Consortium to be structured.

In addition to the Operations Audit the Board adopted a revised Code of Ethics/Conflict of Interest Policy that will now require all Directors, consultant, and staff to annually sign and attest that they have received and read the policy. The Executive Committee has been discussing succession planning at the Board and Executive Director level.

Ms. Drake provided the Executive Director's report on behalf of Mr. Barber. She said the Wellness Consultant's report and information on flu clinics was included in the agenda packet. Ms. Berry has been working with the Owning Your Own Health Committee on flu clinics and will be reaching out to municipalities to set up meetings. With regard to flu clinics she said vaccines are free to subscribers, but everyone needs to pre-register. Last year 28% of Consortium subscribers received flu vaccines from flu clinics, their pharmacist, and doctor which is well- above the normal rate of 17%. The 2018 goal is to build on that success.

Ms. Drake reported the Consortium's new website will soon go live and encouraged members to visit the site. The Audit and Finance Committee has also been looking at the issue of creating an assessment fee for municipalities that come into the Consortium without bringing their entire group; however, it is a very difficult issue and in many cases involves retirees who are on Medigap programs. Mr. Locey explained how the Consortium can potentially be impacted when a municipality comes into the Consortium without bringing its entire demographic population. This subject will continue to be discussed and options explored to find a solution that minimizes the Consortium's exposure to taking on adverse risk. Ms. Drake reported the Consortium is also moving towards hiring an Investment Manager as a way to get more of a return on the Consortium's funds.

Ms. Drake reported on new municipal members and said the Board welcomed the Town of Big Flats, Villages of Freeville, Lansing, and Big Flats. There are five more municipalities that will be considered at the next meeting, including Seneca County. Most of the municipalities that have joined the Consortium are small and have no collective bargaining units; however, with the additional municipalities there will be another Labor seat on the Board of Directors. This is something that will

also be discussed by the Governance Structure Committee. She said with these changes there could be discussion of moving meetings to another venue where a real time audio/visual connection is possible if this committee and the new labor groups feel that action is prudent. If there is interest this can be discussed at next month's meeting.

Consultant's Report

Mr. Locey provided an update on budget results and stated that thru July 31, 2018 the Consortium had a net income of \$1.2 million. He reported on a claim that was paid in early August in the approximate amount of \$900,000 and said it will be a Stop Loss claim and is not for one of the individuals who was lasered. It is anticipated that the Consortium will receive \$300,000 in Stop Loss recovery for that claim and in early September it is expected that the Consortium will receive another \$200,000 in claim recovery. This is for a claim that Excellus had advised a member the claim would be paid a certain way but it was not paid that way. It was for an out-of-network provider and resulted in the Consortium being billed more than it should have been for the claim. He said he continues to try to get rebate information and thinks its likely the amount received for the year will be higher than budgeted. They are also trying to analyze what the impact on the Consortium will be with the new members coming in 2019. Mr. Locey said medical claims are slightly over budget and prescription drug claims continue to be below budget. He highlighted the expense distribution, stating that 95.5 cents of each dollar is going towards the payment of claims which shows the Consortium continues to operate very efficiently.

Mr. Locey reported on the 2019 budget and said it is built with a 5% premium rate increase for 2019, 7% for 2020 and the outlying years. He noted that he has not seen less than double-digit increases in the community rated sector in the last several years. The County and City's average rate increases prior to joining the Consortium was in the 9-9.5% range. Mr. Shattuck said he thinks there still may be room to move below the 5% rate increase. Mr. Locey recognized that Directors are balancing their responsibility to their municipality with their role on the Board and noted 5% is the recommendation of Locey and Cahill and that the decision is ultimately up to the Board. The Audit and Finance Committee has also been discussing what an appropriate Fund Balance level should be.

Report on Formulary Edits

Chris Laverty, Account Executive, provided the Committee with the following presentation to address the formulary edits that went into place on August 1, 2018.

The "formulary" for all of the GTCMHIC Prescription Drug Plans is the list of drugs determined to be safe and effective by ProAct's Pharmacy and Therapeutics Committee. This drug list is updated periodically based on clinical research, data, and evidence allowing ProAct to ensure patients are getting optimal care at a reasonable price.

Types of Formularies

- **Open Formulary** will typically include all FDA approved medications. All of the Consortium's plans are on the Open Formulary.
- **Closed Formulary** is typically a truncated or reduced list of medications which the prescription benefit manager has determined are medically appropriate and cost-effective for the treatment of covered members' illnesses and injuries.

Prescription Benefit Managers (PBMs), like ProAct, have a committee of pharmacists, physicians, and/or other medical care professionals who meet periodically to review clinical and cost data to determine which medications will be included in their formulary and which tier the medication

will be placed in the formulary. The goal of the P&T Committee is to ensure members have access to safe and effective drugs approved by the United States Food & Drug Administration (FDA).

Mr. Munson was excused at this time.

A 3-tier prescription drug benefit program allows members to make informed choices and encourages value when choosing prescription medications. The copayment will vary depending on the tier in which a prescription drug is placed.

Prescription Drug Tier Definitions

- **Tier-1** generally generic medications which typically have the lowest copayment amount.
- **Tier-2** preferred brand name drugs which offer some clinical advantages and an overall greater value over other medications in the same drug or disease class.
- **Tier-3** non-preferred brand name drugs (new brand name drugs, drugs that have generic equivalents, and specialty medications). Tier Three drugs typically have the highest copayment amount.

Mr. Locey commented that 83% of the Consortium's prescriptions are Tier 1 and the remaining is split between Tier 2 and Tier 3.

What is Step Therapy?

- In some cases, covered members must try lower cost medications which have been proven effective for patients with the same condition (Tier 1 medications) prior to the plan covering more costly medications (Tier 2 and/or Tier 3 medications).
- This is done to ensure the patient is being prescribed the most medically appropriate and cost-effective medication possible.
- Exceptions can be made when your physician submits medical information in support of the higher cost medication allowing covered members to skip Step Therapy.

Mr. Laverty said Step Therapy is ensuring that a member has tried and failed a Tier 1 medication before a Tier-2 medication is approved. He said the best way to avoid situations is to educate members about the formulary and to encourage them to have conversations with their doctor. It was noted the formulary is posted on the ProAct website; however, there are some medications not included as the list is of the most commonly prescribed medications. Mr. Locey said these programs are built into every prescription plan and physicians should be well aware of them. He said he has always advocated that there should be real-time communication between physicians and pharmacy benefit managers to be able to access information about medications that are available, different disease states, and what they cost. It was also noted that this applies to new prescriptions for maintenance medications to treat ongoing conditions.

What are Prior Authorizations?

- Some specific medications require that the medical care provider of the covered member provide proof that there is a medically appropriate reason for the medical care provider to prescribe you the prescription medication in question.
- This is done to ensure the patient is being prescribed the most medically appropriate medication and that the medication is being used correctly.
- The covered member may receive a one-time override of the policy if the member has been in the drug in the past.
- Direct communication occurs between ProAct and the medical care provider.
- Members should speak with their medical care provider in advance about providing the required information as decisions take 24-72 hours.

Mr. Lavery said the approval process take 1-2 days and the approval generally lasts for 12 months.

Ms. Parlato was excused at this time.

Mr. Lavery said the Step Therapy and Prior Authorization programs were always supposed to be in place for the Consortium and are in the plan documents. There was an oversight during implementation of the program and they have elected to put them in place effective August 1, 2018. Anyone who was already taking a step therapy medication was grandfathered in; the only people impacted will be those who are being prescribed something for the first time.

Ms. Hersey said she, Ms. Drake, Mr. Barber, and Mr. Perine met to discuss this in July because they were made aware that there were instances where this had gone into effect and caused problems. She suggested that in the future all Directors and labor representatives be copied on all communications being sent to subscribers so they can be aware of what is happening when they are contacted with a concern. Mr. Lavery said he will look into the effective date.

How can covered members enhance their member experience?

- Speak with your medical care provider about your condition and what pharmaceutical products may be available to treat your illness or injury.
- Reference the ProAct formulary before you fill your prescription.
- If you received an initial rejection contact ProAct as you may have an opportunity for an initial override
- You are not responsible for any paperwork as your medical care provider will communicate with ProAct directly.

Mr. Arnold was excused at this time.

Timeline – Why Now?

- The Step Therapy and Prior Authorization pharmacy management programs were always supposed to be in place for all of the 3-tier pharmacy benefit plans when ProAct was hired as the PBM.
- To correct the oversight, the Step Therapy and Prior Authorization Programs became effective on August 1, 2018.
- In an effort to ease member disruption, covered members who were on a medication which required Step Therapy were Grandfathered

Mr. Locey offered a suggestion that ProAct do some outreach to Cayuga Area Physicians and other large physician groups on how to access the formulary from their office. Ms. Nunn suggested materials be provided to educate the Consortium's members about this. Ms. Drake said it is important for people to have their pharmacist contact ProAct if they are told a medication is not covered.

At the request of Ms. Hersey, Mr. Locey will provide the Committee with data showing the number of quarterly letters that were mailed to members with medications eligible for the CanaRx program and how many are using the program. Mr. Locey addressed the low usage of the program and said the increase in the number of generic medications that are available is one thing that has had a huge impact on the program. This will be discussed at the next meeting.

Next Meeting Agenda

The following items were suggested for inclusion on the next agenda:

Joint Committee on Plan Structure and Design
September 6, 2018

Selection of 6th Labor Representative to the Board of Directors; and
Attracting labor members to serve on Board
Presentation by Beth Miller: Telemedicine available to Consortium in 2019 at no cost to
Consortium with office visit copays expense to subscriber

Adjournment

The meeting adjourned at 2:59 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



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MINUTES – **DRAFT**

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design October 4, 2018 – 1:30 p.m. Rice Conference Room, Health Department

Present:

Municipal Representatives: 10 members

Eric Snow, Town of Virgil; Laura Shawley, Town of Danby; Michael Murphy, Village of Dryden; Sarah Thomas, Tompkins County; Judy Drake, Town of Ithaca and Board of Directors Chair; Betty Conger, Village of Groton; Bud Shattuck, Village of Union Springs; Charmagne Rumgay, Town of Lansing; Ann Rider, Town of Enfield; Mark Witmer, Town of Caroline

Municipal Representative via Proxy: 3

Sandy Doty (Proxy – Judy Drake); Tom Brown, Town of Truxton (Proxy – Judy Drake); Jennifer Case (Proxy – Judy Drake)

Union Representatives: 5 members

Tim Farrell, City of Ithaca DPW Unit; Tim Arnold, Town of Dryden DPW Teamsters; Zack Nelson, Ithaca City Admin. Unit; Jim Bower, Bolton Point Water; Jeanne Grace, City of Ithaca Executive Unit

Union Representatives via Proxy: 3

Theresa Viza, Tompkins County Library Staff Unit (Proxy – Olivia Hersey); Doug Perine, Tompkins County White Collar President (Proxy – Olivia Hersey); Olivia Hersey, TC3 Professional Admin. Assoc./Chair (Proxy – Tim Farrell)

Others in attendance:

Don Barber, Executive Director; Ted Schiele, Chair, Owning Your Own Health Committee; Chuck Guild, CSEA; Corey Pashaw, ProAct (via conference call)

Call to Order

Mrs. Shawley Vice Chair, called the meeting to order at 1:33 p.m.

Changes to the Agenda

There were no additions or deletions to the agenda.

Approval of Minutes of September 6, 2018

The minutes of September 6, 2018 were deferred due to lack of quorum. Mr. Shattuck said the minutes contain a thorough narrative of the discussion that took place on the ProAct Formulary edits and encouraged members to use them to educate others.

Board of Directors Chair's Report

Ms. Drake reported the Board of Directors met on September 27th and accepted five new municipalities – the Towns of Covert, Niles, Sennett, and Mentz, and Seneca County. The Board did not take action on the New Roots Charter School because it has not been determined whether it meets the required definition for a group to join. The Board approved its 2019 budget that included a 5% premium rate increase for all plans with the exception of the Silver Metal Level Plan which was approximately 3.5% based on benefit changes that were approved. She reported Ms. Cocco provided a demonstration of the new website which has gone live and encouraged everyone to visit and become familiar with the site.

Ms. Drake reported the Executive Committee has been discussing the Consortium moving towards having a paid Executive Director position but also noted this is a process that will take time.

Chair's Report

Mrs. Shawley reported on behalf of Ms. Hersey and said the Committee is now in a position to have a 6th Labor seat on the Board of Directors. She said the Committee has always struggled with labor participation and asked if there was interest in the seat and for suggestions on how participation could be improved.

Mr. Barber responded to a suggestion that members be provided paid leave time to attend the meetings and said the Board of Directors meets in the evening. The Consortium has worked with employers to encourage that for meetings held during the day and he hasn't heard that there has been a problem. He said the success of the Consortium should not be taken for granted. Everyone should be working to make sure it stays successful and labor has a role in that.

Mr. Bower said it can be a big issue for a small municipality to be without an employee for part of the day and suggested speaking to employers and asking that attendance at this meeting be incorporated into a worker's schedule.

Mr. Barber recognized Chuck Guild of CSEA and said they have been working together to bring Seneca County into the Consortium. He said they will be bringing labor groups into the Consortium and is hopeful they will participate in these meetings and consider filling a labor seat on the Board of Directors. Mr. Guild said he will work labor from Seneca County to get representation at these meetings but also noted it will require an hour of driving time to get to meetings.

Mr. Barber said the Consortium has the capability to allow members to attend meetings remotely. Ms. Cocco said the Consortium is required to post the location of anyone attending remotely. Anyone wishing to do this should contact her in advance to work out any technical issues and to provide information for that notice. It was suggested that those having to travel a long distance could attend a location where multiple people could participate remotely. There was interest in this being offered as an option to members, particularly for those traveling a long distance to attend meetings.

Mr. Arnold commented that it would be good to get representatives from Seneca County engaged in the Consortium because he thinks it is always good to get a new set of eyes and views.

Executive Director's Report

Mr. Barber referred to comments made by Ms. Drake concerning the Consortium hiring a paid Executive Director and said he is a paid Consultant for the Consortium. He said the plan is to have the Consortium have its first paid staff and said as the Consortium grows there is an increased burden on administrative staff and this needs to be discussed and planned for. He said he will not be the Executive Director but would remain a Consultant and support that person.

Mr. Barber said one of the questions that came up from the January discussion on opioids was on alternative to opioids for pain management. He provided a document containing information on alternative pain therapies. Also included was information on what is covered under the health insurance plan and eligible for a Health Savings Account payment. He asked members to let him know if anyone thinks there are some alternatives that should be included in the plan or areas they would like more discussion.

Wellness Update

Mr. Barber said Michelle Berry, Wellness Consultant, has been very busy promoting flu clinics and has been working on branding for wellness. She will be coming up with new branding ideas and ideas on ways to raise awareness. There is an increasing number of members enrolled in a Metal Level Plan which includes the Blue4You Wellness Program. Ms. Berry has been tasked with marketing this and making employees aware of wellness opportunities. In response to Mrs. Shawley as to whether there are opportunities for employees to make suggestions on wellness-related items he said Ms. Berry is very tech savvy and will be creating different ways for employees to become engaged.

Financial Update

Mr. Barber reviewed a spreadsheet showing financial results through August 31st and called attention to a significant increase in rebates for prescription drugs. Also, he said in the past interest revenue has been in the range of \$20,000 and in 2019 the budget projects \$200,000. This is due to the Consortium hiring an Investment Manager to help the Consortium get a better return on its funds. Other areas he highlighted in the 2019 budget included there being a slight increase in medical claims and a decrease in prescription drug claims, and the Stop Loss spend being significantly lower in 2018 than budgeted which is due to an increased deductible. At the end of the third quarter of 2018 the Consortium had a net income of \$821,000.

Follow-up from Discussion at September Meeting

CanaRx

Mr. Prashaw responded to questions raised at the last meeting concerning CanaRx. As to what potential is left for usage of CanaRx he said utilization has been building and this year there was the highest utilization both by members and the highest number of total prescriptions. There are approximately 668 members currently that can be using CanaRx and if they had used the program to fill their 2,300 prescriptions, approximately \$880,000 would have been saved.

In response to the question of what ProAct sees as utilization he said it is difficult put a number on this because the program is marketed in so many different ways and having members so spread out. Outside of incentivizing the program ProAct typically sees 25-30% member utilization. From January 1 thru August 31 there were 344 three-month prescriptions filled through CanaRx. In 2017 there were a total 488 prescriptions filled; if this fill rate continues there will be approximately 516 at year-end.

Mr. Prashaw said ProAct is getting ready to send out another set of letters to members who have a prescription that is eligible for the program. He said while the CanaRx savings is continuing to grow it is important to know that if there is no increase in the number of prescriptions filled the Consortium is still ahead because the list of drugs that can be sold through CanaRx is getting smaller. CanaRx can only fill name brand drugs and when a brand name loses its patent it becomes available as a generic and is no longer eligible for the CanaRx program. He concluded by stating that since the list of available drugs is getting smaller it is good that there has been an increase in utilization.

Mr. Murphy asked how many people were represented in the 344 fills; Mr. Prashaw said he could get this information but did not have it for this meeting. In response to the question of whether CanaRx fills any specialty drugs Mr. Prashaw said only a few specialty drugs are on the Formulary, although the number is growing. He noted CanaRx does not fill any injectable drugs.

Mr. Barber explained that the Consortium has an understanding with ProAct that on a quarterly basis letters will be sent to members who have a qualifying prescription to alert them of this opportunity. The Consortium does not have access to member information. The Consortium provides information in its Newsletter about the program and also discusses it with Benefit Clerks and the responsibility lies with them to make employees aware of the program.

Mr. Schiele said this is the kind of thing that would work well with an explainer video which is something the Consortium has discussed having on its website.

Mr. Guild suggested developing a flyer that could be distributed to employees. Mr. Arnold said Jen Case developed a flyer that was posted in the Town of Dryden to inform employees of this. Mr. Barber said when the Consortium initially made a decision to offer the CanaRx program it was clear from the attorney that there were unsettled issues and the Consortium made a decision that it wasn't going to market the program although benefit clerks are informed of this and there is an article in almost every Newsletter. Mr. Guild said he would bring this up to union members.

Formulary edits

Mr. Prashaw said at the last meeting a question was asked as to whether ProAct was sure the edits did not go into place prior to August 1st. He said ProAct is sure the edits for Prior Authorization and Step Therapy did not and has gone in and reviewed actual rejections that took place prior to August 1st. He reiterated that these edits existed in the original plan document and should have been done from the beginning; but it was discovered during the BMI audit that the edits were not being done. He said there are several reasons why a prescription can be rejected outside of what went into effect on August 1st and gave examples that it could have been over a cost threshold, part of the opiod management program, a prescription being refill too soon, or even being available over-the-counter. He said members are strongly encouraged to call ProAct when this happens to find out why it was rejected. He explained how these edits can not only lower a member's out-of-pocket costs but also increase rebates back to the Consortium by a substantial amount.

Mr. Prashaw reported on a new application that is available on the ProAct website that will allow a member to access to real-time information showing what their copay will be for a particular drug at different pharmacies and also things such as a prior authorization requirement. This information can be opened on a mobile device and be shared with a physician during a visit.

Next Meeting Agenda

At the next meeting Excellus will provide a presentation on Telemedicine which will become available in 2019 to all members.

Mr. Shattuck suggested a document be created that explains what each of the frequently used acronyms are.

Adjournment

The meeting adjourned at 2:59 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



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MINUTES – **DRAFT**

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design November 1, 2018 – 1:30 p.m. Rice Conference Room, Health Department

Present:

Municipal Representatives: 8 members

Eric Snow, Town of Virgil; Judy Drake, Town of Ithaca and Board of Directors Chair; Betty Conger, Village of Groton; Bud Shattuck, Village of Union Springs; Charmagne Rumgay, Town of Lansing; Ann Rider, Town of Enfield; Carissa Parlato, Town of Ulysses; Schelley Michell Nunn, City of Ithaca

Municipal Representative via Proxy: 6

Sandy Doty (Proxy – Judy Drake); Tom Brown, Town of Truxton (Proxy – Eric Snow); Jennifer Case (Proxy – Judy Drake); Mark Witmer, Town of Caroline (Proxy – Judy Drake); Jeff Walker, Village of Cayuga Heights (Proxy – Judy Drake); Sarah Thomas (Proxy – Judy Drake)

Union Representatives: 4 members

Olivia Hersey, TC3 Professional Admin. Assoc. Unit; Tim Farrell, City of Ithaca DPW Unit; Jeanne Grace, City of Ithaca Executive Unit; Jon Munson, Town of Ithaca Teamsters

Union Representatives via Proxy: 3

Tim Arnold, Town of Dryden DPW Teamsters (Proxy – Tim Farrell); Theresa Viza, Tompkins County Library Staff Unit (Proxy – Olivia Hersey); Jim Bower, Bolton Point Water (Proxy – Olivia Hersey)

Others in attendance:

Ted Schiele, Chair, Owning Your Own Health Committee; Chuck Guild, CSEA; Beth Miller, Jason Warchal, Excellus

Call to Order

Ms. Hersey, Chair, called the meeting to order at 1:39 p.m.

Changes to the Agenda

The minutes of the September 5 and October 4, 2018 meetings were deferred due to lack of quorum.

Chair's Report

Ms. Hersey, Chair, strongly encouraged everyone to get a flu shot if they haven't already done so. She said she read the minutes from the last meeting and emphasized the importance in getting a sixth Labor representative to the Board of Directors. She recognized the distance for some labor to attend meetings and said she will be reaching out to Chuck Guild of CSEA to

facilitate getting a remote site established for members to attend from Seneca County through videoconferencing.

Mr. Schiele responded to questions concerning the turnout to flu clinics and said all data has not been received. He spoke to a comment by Ms. Drake that it was reported individuals 65 years of age and older were turned away at a clinic because of a different vaccination being available for that population. He said Mr. Prashaw of ProAct was informed of this at the Own Your Own Health Committee meeting yesterday and is looking into it and will report back.

Executive Director's Report

Ms. Hersey read the following report on behalf of Mr. Barber who was unable to attend:

"The Owing Your Own Health Committee has been focusing efforts on support Wellness Consultant Michelle Berry, and ProAct with flu clinics. Flu clinic numbers on both sites and vaccines given are up over last Fall. Persons covered by our plans can still go to pharmacies and their doctor's office for vaccines. Our newsletter spoke to some Frequently Asked questions about flu vaccines. The Committee is supporting the benefit fairs with both Tompkins County and City of Ithaca. We will be working to increase subscriber usage of our metal plan wellness benefit: Blue4U; as well as increasing awareness of Blue 365 program available to all through Excellus.

"Now that budget work is complete the Audit and Finance Committee is working on contract extension documents for Excellus, ProAct, our plan consultant Steve Locey, and support services provided by the County. The Committee is also working on securing the mandatory Stop-Loss insurance coverage and Directors & Officers Insurance for 2019. And it is negotiating a contract with Wilmington Trust for Investment Management of our Reserve and Fund Balance moneys.

"The Website Committee, with a ton of support and work by Michelle Cocco have the new website launched. Michelle will give you a brief introduction. Although we frown on Committee members viewing their mobile devices during our meetings, if you have one turn it on, go to our website healthconsortium.net and follow along."

At this time members were provided with a presentation on the Consortium's new website. Mr. Schiele invited members to provide suggestions for instructional videos that will be posted on the website. Ms. Miller explained the difference between the Benefits Summary and the Summary of Benefits Coverage (SBC) document. She said the SBC is a required administrative document that came out of Health Care Reform. The purpose of the document is to have a standard format for members to be able to compare plans. It is a system-generated document and is in the regulatory required format. The Benefits Summary is produced by Excellus and is more user-friendly. Ms. Drake called attention to plan documents now being available on the website.

Introduction of Telemedicine

Ms. Miller said Telemedicine will be launched on January 1, 2019 and will be available to all members of the Consortium at no additional cost; it uses the same cost share that is included in a member's plan. Telemedicine is the remote delivery of healthcare services using electronic technology such as a telephone or videoconferencing via a smartphone, computer, or tablet. It provides low cost access to virtual healthcare when a primary care physician is unavailable. The service is available 24 hours a day, 7 days a week, 365 days per year. She spoke of the cost of care and said a Telemedicine visit cost is \$40. This compares to a primary care office visit average cost range of \$75-\$200, urgent care range of \$80-\$200, and an Emergency Room visit of \$950-

\$1,800. This is another low-cost option for members to seek care for non-emergency conditions that is available at all times.

Ms. Miller introduced Jason Warchal, a Workplace Wellness and Telemedicine Strategic Partner Specialist at Excellus. Beginning on the Excellus webpage he walked members through the process of how to sign up for MDLive and schedule an appointment with a physician. He responded to a question by Ms. Drake and said anyone 18 years of age or older would need to register for their own MDLive account. At this time there are very few local doctors that are providing service through this program; however, the program continues to grow. The mobile application is "MDLive"; he recommended that members wait until January 1, 2019 to download the application. It was suggested that the instructional videos from the Excellus website be embedded on the Consortium's video.

Ms. Drake said currently a doctor's office will ask to see a patient in person rather than prescribe a prescription over the phone and asked if that will change because doctors are currently not allowed to bill unless they have seen a patient. Ms. Miller said its possible this will drive other changes to happen. Following the presentation Ms. Parlato suggested the Consortium to develop educational materials on programs such as this and CanaRX that benefit clerks could provide to employees.

Next Meeting

The Committee agreed to cancel its December meeting; a decision on whether to hold a meeting in January will be made at a later time.

Adjournment

The meeting adjourned at 2:56 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk