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Board of Directors Meeting March 24, 2016 – 5:30 pm - Old Jail Conference Room (free parking in County lots after 5:00 pm)

1. Call to Order
2. Approval of January 28, 2016 Minutes **(VOTE)** (5:30)
3. Changes to the Agenda
4. Chair's Report: (5:35) J. Drake
 - a. Vacancy on Audit and Finance Committee
 - b. Introduction of Consortium's ProAct Representative
5. Executive Director's Report (5:40) D. Barber
 - a. Newsletter
 - b. Logo Contest
 - c. DFS communications
 - d. New Director Orientation
 - e. May 10th Education Retreat
 - f. Prescription Benefit Manager RFP process
6. Report from Consultant (5:55) S. Locey
 - a. Financial update
 - b. Medicare Advantage Plan and Risk Assessment
 - c. Medical Claims Audit Report
7. Report from the Executive Committee (6:20) J. Drake
8. Report from Audit and Finance Committee (6:15) S. Thayer
 - a. **RESOLUTION:** Guidelines for Members Changing Plans and Open Enrolment **(VOTE)**
 - b. **RESOLUTION:** Adoption of Retrospective Claim Termination Policy **(VOTE)**
 - c. **RESOLUTION:** Completion of Dependent Certification Process **(VOTE)**
 - d. **RESOLUTION:** Authorization to Sign Memorandum of Agreement with BOCES for Newsletter Printing **(VOTE)**
 - e. **RESOLUTION:** Amendment to Greater Tompkins County Municipal Health Insurance Consortium Code of Ethics Policy and Designating Community Dispute Resolution Center as Neutral Third Party **(VOTE)**
 - f. **RESOLUTION:** Amendment to Resolution No. 004-2016 – Authorizing Contract for Actuarial Services – Armory Associates – 2015 -2016 **(VOTE)**
9. Report from Owning Your Own Health Committee (6:45) D. Barber
10. Report from Joint Committee on Plan Structure and Design (6:55) P. VanWormer
11. Adjournment (7:00)

Next Meeting: May 26, 2016

Board of Directors

January 28, 2016

5:30 p.m.

Scott Heyman Conference Room

Draft 01/31/2016

Municipal Representatives: 17

Judy Drake, Town of Ithaca; Steve Thayer, City of Ithaca; Mack Cook, City of Cortland; John Fracchia, Town of Caroline; Charles Rankin, Village of Groton; Peter Salton, Village of Cayuga Heights; Amy Guererri, Tompkins County; Alvin Doty, Town of Willet; Don Scheffler, Town of Groton; Deborah Cipolla-Dennis, Town of Dryden; Charmagne Rungay, Town of Lansing; Thomas Adams, Town of Marathon; Nancy Zahler, Town of Ulysses; Eric Snow, Town of Virgil; Michael Murphy, Village of Dryden (arrived at 5:5 p.m., excused at 6:25 p.m.); Peter Salton, Village of Cayuga Heights; Ann Rider, Town of Enfield; Tom Brown, Town of Truxton (arrived at 6:25 p.m.)

Labor Representatives: 3

Phil Vanwormer, Chair, Joint Committee on Plan Structure and Design; Jim Bower, 2nd Labor Representative; Olivia Hersey, 3rd Labor Representative

Excused: 2

Rordan Hart, Village of Trumansburg; Genevieve A. Suits, Village of Homer

Absent: 1

Laura Shawley, Town of Danby

Others in attendance:

Don Barber, Executive Director; Marty Cahill, Locey, Locey & Cahill; Ashley Masucci, Mike Larca, ProAct; Rick Snyder, Treasurer; Sharon Dovi, Tompkins Cortland Community College; Beth Miller, Excellus

Call to Order

Ms. Drake, Chair, called the meeting to order at 5:30 p.m. and members and guests introduced themselves.

Mr. Murphy arrived at this time.

Approval of Minutes – November 19, 2015

It was MOVED by Mr. Fracchia, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present, to approve the minutes of November 19, 2015 as submitted. MINUTES APPROVED.

Changes to the Agenda

The resolution entitled Retrospective Claim Termination Policy was withdrawn from the agenda.

Chair's Report

Ms. Drake welcomed members and asked that members submit any updates to membership and contact information to the Administrative Clerk. She also asked that members

encourage participation in the Joint Committee on Plan Structure and Design meetings and for Directors to consider serving on one of the Consortium's committees.

Appointments

Ms. Drake announced there is an opening on the Audit and Finance Committee and asked if a Board member would be interested in serving. The Committee meets on the fourth Tuesday of each month at 2 p.m. There were no volunteers to fill the vacancy; this item will be included on the next meeting agenda.

MOTION NO. 001-2016 - Appointment to Appeals Committee

It was MOVED by Ms. Drake, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present, to appoint John Fracchia to the Appeals Committee with no set term. MOTION CARRIED.

Ms. Drake spoke of the importance of the Owning Your Own Health Committee to the Consortium's future. The Executive Committee has discussed the structure of the Committee which has been served by volunteers and felt it was time to formally recognize the Committee with a charge and appoint membership. Mr. Barber said the Committee has organized two successful flu clinics and a number of other things such as wellness policies and although it has taken on an important role for the Consortium it has never been formally charged nor had membership appointed by the Board of Directors.

Mr. Salton asked what the Committee structure does with respect to the full Consortium. Mr. Barber said the Committee has been well-populated by associates of the Consortium and its third party administrators. It brought forward initiatives such as flu clinics, developing a mission and vision statement, and wellness policies, and will continue to identify wellness strategies that can be brought forward by insurance companies and not employers. The Committee also serves as a marketing tool to its members. He confirmed that the Committee would make recommendations to the Board and all decisions would be made by the Board. Mr. Cook noted that wellness is the Consortium's first line of defense in maintaining the quality of service at the rate that services are currently being provided at. He said there are no guarantees but he believes strongly that the Consortium needs to put effort in this area.

RESOLUTION NO. 001-2016 - CREATION AND CHARGING RESPONSIBILITY OF OWNING YOUR OWN HEALTH COMMITTEE

MOVED by Mr. Cook, seconded by Ms. Zahler, and unanimously adopted by voice vote by members present.

WHEREAS, the Owning Your Own Health Committee has been meeting regularly since April 2013, and

WHEREAS, the Owning Your Own Health Committee has produced a number of initiatives including Flu Clinics and Wellness Policy, and

WHEREAS, the Board of Directors has not, by resolution, created or charged this committee with responsibility nor established membership, and

WHEREAS, the Mission Statement of the Consortium states: "The Consortium promotes a culture of preventative health care for the well-being of its members.", and

WHEREAS, the Consortium is well served by having a committee that makes it a priority to include our claims administrators and community associates in coordination of actions where appropriate, now therefore be it

RESOLVED, That the Board of Directors hereby creates the Owing Your Own Health Committee, an advisory committee, charged with identifying and recommending processes to promote a culture of preventative health care, supporting benefit clerks in that outreach to our employees and retiree members, coordinating wellness activities with our claims administrators and community associates,

RESOLVED, further, That the Board of Directors seeks to appoint 7 representatives of municipal participants with staggered terms of appointment, 3 labor representatives with staggered terms of appointment, 3 representing areas of community health and wellness, and claims administrators as Ex-officio members,

RESOLVED, further, That, the following are appointed to serve the Consortium by membership to the Own Your Own Health Committee:

Terms expiring 12/31/2016:

Municipal representatives: Nancy Zahler, Mack Cook
Health and Wellness representative: Emily Mallar (Cayuga Area Physicians Alliance)
Labor: Vacancy

Terms expiring 12/31/2017:

Municipal representatives: Leslie Moskowitz, Debby Kelly, Jennifer Jones
Health and Wellness representative: Bev Chin (Human Service Coalition)
Labor: Vacancy

Terms expiring 12/31/2018:

Municipal representatives: Jackie Kippola, Vacancy
Health and Wellness representative: Ted Schiele (Tompkins County Health Department)
Labor representatives: Olivia Hersey

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Executive Director's Report

Mr. Barber said at the last meeting the Board authorized the Town of Marathon to join the Consortium contingent upon a review by the Consortium's Treasurer and Chief Fiscal Officer of the Town's financial statements. He reported the statements were found to be in order and welcomed the Town of Marathon officially to the Consortium.

He reported the Executive Committee has directed him to develop a quarterly newsletter for the Consortium and circulated a draft framework for the newsletter. He is receiving assistance from Marcia Lynch, the County's Public Information Officer; Ted Shiele, an employee of the County Health Department, and a senior from the Park School at Ithaca College. There will be regular features that will include notes from the Board Chair and the Executive Director, a feature article, a wellness/preventative healthcare article, labor report, financial report, and a calendar of upcoming events.

In addition to inviting any interested member of the Board to get involved, he said work is being done on the first newsletter that will come out in March and Mr. Barber asked members to share feedback with him. Mr. Fracchia said he is the Associate Director of Career Services at Ithaca College and offered to pursue additional assistance from grad students in the Health and

Science Department at the College. Mr. Barber noted the focus of the newsletter is for employees and retirees and it will be available electronically and by paper.

Mr. Barber said there has also been discussion of creating a logo for the Consortium and he is working with the Park School at Ithaca College to develop a competition for students that would bring logos forward for the Consortium to consider. Ms. Zahler suggested that there be a caveat that the Consortium would not be bound to choosing any one logo or using one exactly as submitted.

Mr. Barber reported on the Department of Financial Services response to the Consortium's request that it be granted a waiver from purchasing aggregate stop loss insurance. Aggregate stop loss insurance has an attachment point of 125% of the budgeted claims costs. The Consortium has been within 3%; therefore, it is extremely unlikely the Consortium would ever reach that attachment point. The Consortium spends \$70,000 annually for a policy it will never use for a risk that is not germane. In its response, the Department referred to Article 47.07(b), option 1, which states the Consortium would need to increase its Incurred But Not Reported reserve by 50% and its surplus by 50% (\$3 million). He will be working with Mr. Locey to develop a response to the State that clarifies the request to waive purchasing insurance for a risk that doesn't exist and to ask that the Department to reconsider. An offer will also be made to meet with the Department in person.

Mr. Barber welcomed new Directors and said he will be reaching out to each of them to establish a date to meet with them and provide an overview on the information that was provided at the Consortium's two educational retreats that have been held. The next retreat will be scheduled for May and will focus on how premium equivalent rates are set.

Consultant's Report

Mr. Cahill reviewed the Budget Performance Analysis for 2015 and stated the Consortium had a very good year. With regard to income, the Consortium was within 1% of budget for medical plan premiums; there was higher income in prescription drug rebates of which part was attributed to higher utilization and good usage of the drug formulary with a higher number of people using drugs from the preferred category. The income came in \$254,844 more than was budgeted.

On the expense side the medical paid claims came in significantly lower than the budget. He noted this is not typical and most of their clients are coming in close to their budget and in the 3-4% range. He said it will be interesting to review the Excellus utilization report to learn where the successes were and also noted there were fewer large losses. Ms. Zahler asked if the lower amount of medical claims could be attributed to there being fewer retirees enrolled in the plan because of the cost. Mr. Cahill said they will be looking at everything but did not believe that was the reason; there will need to be a close look at utilization.

Mr. Cahill said prescription drug claims were 6.5% above budget. They will be going through a detailed utilization report to try to identify the reason for this but he believes is likely due to an increased utilization of specialty drugs. With the skyrocketing costs of specialty drugs they are seeing approximately 35-40 members that drove the increase in budget. After reviewing the utilization report he said they will speak to the Consortium committees about programs and concepts that are aimed at controlling specialty medications. He noted that it is important not to try to control these drugs by keeping members off of them because in trying to save money in the short-term there could be some much higher costs incurred later as a result of members not taking their medications. There are ways to work with the PBM (Prescription Drug Manager) and the members to ensure the medications are being taken properly, being

delivered and stored properly, and that members are being compliant in taking the drugs prescribed.

Mr. Cahill spoke of the Keyser Foundation in Washington, D.C. that showed the same spike in costs on a national basis which they have correlated with specialty medications. He said they show it as a temporary spike, however, that will level off in a few years.

He said overall the Consortium finished the year 12.2% below budget with regards to total expenses which results in a \$7.2 million increase in net income where only \$2.3 million had been budgeted. The unencumbered fund balance was \$13.2 million.

Mr. Cahill reviewed the supplemental charts and graphs presented by Mr. Locey and said 93% of the expense budget goes towards the payment of claims which means it is an extremely efficient plan model.

Mr. Brown arrived at this time. Mr. Murphy was excused at this time.

Mr. Cahill reviewed the actual paid claims versus budgeted claims for 2011-2015 and called attention to the actual decrease in medical claims from 2014 to 2015 during a time when enrollment in the plan was slightly increasing. He said while the news has been good, the Consortium should be cautious moving forward in budgeting and to not expect this type of trend to continue as it is not typical of what they are seeing with their other municipal clients throughout New York State. Mr. Barber noted that when the Audit and Finance Committee set the budget it did so based on the claims that were expected this year and put an increase on top of that. The budget was not based on the actual claims and surplus was used towards reducing the premium.

Mr. Cook said the surplus was also used to increase the rate stabilization reserve which will allow the Consortium to draw upon it to maintain a lower-than-market premium increase in future years.

Mr. Salton said the increase in pharmaceutical claims is a federal policy problem and there is a problem with Pharma being able to market drugs at costs that are much higher domestically than internationally.

Ms. Zahler said she is pleased the Consortium is doing well but questioned if this would be acceptable to the State Comptroller which tends to strip municipalities and school districts from surpluses and reserves. Mr. Thayer responded that the Consortium is governed by the New York State Department of Financial Services and they are always looking to have insurance plans increase reserves; Mr. Cahill agreed with Mr. Thayer.

Overview of Medical Claims Audit

Mr. Barber said the Consortium has undergone an audit of its medical claims and an audit of prescription drug claims. Following the medical claims audit a report was received that identified 30 items that needed to be resolved. Of those, 26 have been resolved or are very close to resolution. The resolution addresses an action plan for the remaining four items. The prescription drug audit is in process and an initial report is currently being reviewed by ProAct. Following discussions between the auditor and ProAct a report will be issued to the Board and will be discussed by the Audit and Finance Committee. These reports and an action plan need to be provided to the Department of Financial Services along with the year-end financial report on May 1st.

Report from the Executive Committee

Ms. Drake, Chair, reported there was a group of volunteers who served on a subcommittee to work on the Mission and Vision Statement. They worked through a process with CDRC (Community Dispute Resolution Center) to develop a draft that was circulated to committees for input which led to the proposed Mission and Vision Statement.

RESOLUTION NO. 002-2016 – ADOPTION OF MISSION AND VISION STATEMENT FOR THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

Ms. Zahler questioned whether the Statement should include a reference to the Consortium being a shared service given the recent efforts to identify services that are shared among municipalities. No amendment was proposed as it was felt that having the term “intermunicipal” included in the resolution served this purpose.

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

WHEREAS, on July 23, 2015 the Board of Directors gave its consent to the Executive Director to work with the Community Dispute Resolution Center to develop a survey to solicit feedback from Directors, the Joint Committee on Plan Structure and Design, members of the Owing Your Own Health Committee, and others associated with the Consortium, on the development of a mission and vision statement for the Consortium, and

WHEREAS, following months of development and refining draft language through a group of individuals who volunteered to participate in the development of a mission and vision statement the following statement is proposed:

Belief:

Individually and collectively we invest in realizing high quality, affordable, dependable Health Insurance

Mission Statement:

The Greater Tompkins County Municipal Health Insurance Consortium is an efficient inter-municipal cooperative that provides high-quality, cost-stable health insurance for members and their employees and retirees.

Vision Statement:

The Greater Tompkins County Municipal Health Insurance Consortium provides its municipal partners in Tompkins County and the six contiguous counties, a menu of health insurance plans to the benefit of the employees, retirees, and their families.

- The Consortium administers operations by collaborating with claims administrators, providers, and employee representatives in an effort to manage its costs, efficiencies, and success.
- The Consortium strives to provide a trust-worthy, responsive, and efficient vehicle that enables access to its quality products, models a new health insurance paradigm, and educates its members to become more directly involved in their own personal health.
- The Consortium promotes a culture of preventative health care for the well-being of its members.

Now therefore be it

RESOLVED, That the Board of Directors hereby adopts this Mission and Vision Statement for the Greater Tompkins County Municipal Health Insurance Consortium.

Report and Presentation of Resolutions by the Audit and Finance Committee

RESOLUTION NO. 003-2016 - MEDICAL CLAIMS AUDIT ACTION ITEMS FOR EXCELLUS BLUECROSS BLUESHIELD

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

Mr. Barber said Excellus is aware of the items contained in the resolution and in conversations he has had with Ms. Miller she has stated that she has heard nothing but constructive comments.

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

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

WHEREAS, the Consortium contracts with a Third Party Administrator, Excellus BlueCross BlueShield to administer health insurance claims on behalf of the Consortium, and

WHEREAS, the Consortium Board of Directors contracted with BMI Audit Services, LLC to conduct an audit of the claims adjudication processes at Excellus BlueCross BlueShield to include claims paid between January 1, 2011 and December 31, 2013, and

WHEREAS, BMI Audit Services, LLC reported to the Consortium Board of Directors that Excellus BlueCross BlueShield was not complying with the “national coding guidelines” relative to the review and adjudication of claims with an “add-on code”, claims which include an “age code indicator”, and claims which include “global follow-up days”, and

WHEREAS, the non-compliance with the “national coding guidelines” may result in the inappropriate payment of Consortium funds for medical services, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors hereby requests that Excellus BlueCross BlueShield adhere to the “national coding guidelines” when adjudicating claims which have an “add-on code”, when adjudicating claims which contain medical procedures which require an “age indicator”, and/or when adjudicating claims which include “global follow-up days”,

RESOLVED, further, That the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors hereby requests future medical audit firms to verify compliance by Excellus BlueCross BlueShield with the directive including in this resolution upon the next occurrence of the medical claims audit.

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**RESOLUTION NO. 004-2016 – AUTHORIZING CONTRACT FOR ACTUARIAL SERVICES -
ARMORY ASSOCIATES – 2015 and 2016**

Mr. Barber said not only will Armory Associates be doing actuarial services for the Consortium but for the larger municipalities and some of the medium-sized municipalities which are now required to do a GASB 45 actuarial review of liabilities for the benefits retirees have. In doing that analysis they have to look at the Consortium's data and there is a cost savings by having everyone come together with the same actuary. The service will be available for smaller municipalities if they need it in the future.

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

WHEREAS, the Greater Tompkins County Health Insurance Consortium issued a Request for Proposals for Actuarial Services on January 4, 2016, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That a contract be awarded to Armory Associates of Syracuse, New York to perform actuarial services for the Consortium for the years 2015 and 2016 with an option to extend the contract for the years 2017 and 2018.

* * * * *

Report from the Owing Your Own Health Committee

Mr. Cook, Chair, extended the Committee's appreciation to Ashley Masucci for the service she has provided to the Consortium. He spoke of her work related to the flu clinics and said she has taken it to a very material and impactful model.

Report from the Joint Committee on Plan Structure and Design

Mr. Vanwormer, Chair, said the first meeting he will Chair will be in March. He welcomed Jim Bower who was chosen by the Committee to serve as a labor representative on the Board of Directors. Ms. Drake spoke of the importance of the Committee and encouraged Board members and labor to attend or utilize the proxy.

Adjournment

On motion the meeting adjourned at 6:55 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



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RESOLUTION NO. 2016 – APPROVAL OF GUIDELINES FOR MEMBERS CHANGING PLANS

WHEREAS, the Consortium has over 100 plan combination options that any of our partners can by resolution add to their list of plans available to their employees, and

WHEREAS, the recently adopted “metal level” plans (platinum, Gold, silver, and bronze) as well as Medicare Supplement have different actuarial conditions for setting premiums than the other Consortium plan offerings, and

WHEREAS, employees frequently changing between these five plans or between any of these five plans and another Consortium plan can have adverse consequences with not enough premium being raised to cover claims, and

WHEREAS, employees staying with their selection of one of these five plans for a period of at least three years will allow for adequate capture of premium for claims, and

WHEREAS, the Consortium does not want to interfere with municipal partners offerings and employees ability to choose, and

WHEREAS, the qualifying events that allow changes in benefit plans at the time of the event are: marriage, divorce, legal separation, annulment, birth, change in legal custody status, dependent ages off, adoption, death, start of or loss of employment, start of or loss of eligibility for Medicare or Medicaid coverage, change in residency, and

WHEREAS, the Consortium Benefit Plans are administered on a calendar year basis, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors recommends to our municipal partners that they each adopt a policy that will restrict changing from the platinum, gold, silver, bronze, and medical supplement plans to another plan for three years after coverage begins,

RESOLVED, further, That the Audit and Finance Committee recommends that the Board of Directors adopts the policy that all non-qualifying event benefit changes are submitted to the medical plan administrator by December 1 for implementation on January 1.



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RESOLUTION NO. 2016 – DIRECTING EXECUTIVE DIRECTOR TO COMMUNICATE WITH EMPLOYERS - DEPENDENT RECERTIFICATION PROCESS

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) adopted Resolution No. 018-2014 entitled: “APPROVAL OF THE 2014/2015 RECERTIFICATION PLAN INCLUDING FORMS AND GUIDELINES FOR VERIFICATION OF SPOUSE AND/OR DEPENDENT STATUS FOR ALL CONTRACTS, ACTIVE AND RETIRED, OF THE CONSORTIUM” in September 2014 and then adopted Resolutions No. 001-2015, 004- 2015, and 005-2015 – Amending Recertification Process Completion Time Line in 2015, and

WHEREAS, the latest deadline, of Resolution No. 005-2015 extended the Dependent Certification process to December 31, 2015, has now passed, and

WHEREAS, the Consortium Board of Directors have set clear criteria for information that will demonstrate dependency as stated in our benefit plans; and stated a process for shifting responsibility to Excellus Fraud Unit for getting dependent verification information for any members that refuse to voluntarily supply this information to their employer human resource staff, and

WHEREAS, the Consortium employers have essentially completed the dependent verification process and have documented that 4% of the pre-certification contracts with dependents were in error, and

WHEREAS the City of Ithaca has ___ family contracts with unconfirmed dependents, Tompkins County has approximately 40 family contracts with unconfirmed dependents, and TC3 has 5 family contracts with unconfirmed dependents, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors directs the Executive Director to communicate with the City of Ithaca, Tompkins County, and Tompkins Cortland Community College to make a determination of dependent eligibility for those members that have supplied inadequate or conflicting dependent verification information within 30 days,

RESOLVED, further, That the Audit and Finance Committee recommends that the Board of Directors direct the Executive Director to communicate with the City of Ithaca, Tompkins County, and Tompkins Cortland Community College that for those members that have not supplied dependent information, that the employer notify Excellus Fraud Unit of the suspicion of fraud and request their services to investigate within 30 days,

RESOLVED, further, That should any of these employers not comply with this request and complete the dependent verification process with 30 days that the Consortium will assess an additional premium equal to the average cost of claims for one person per month per unresolved contract.



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**RESOLUTION NO. 2016 - AUTHORIZATION TO SIGN MEMORANDUM OF AGREEMENT WITH
BOCES FOR NEWSLETTER PRINTING**

WHEREAS, the Executive Committee directed the Consortium's Executive Director to develop a quarterly newsletter to be circulated through a combination of an electronic and paper format to members of Consortium, and

WHEREAS, the expense for printing the newsletter was not included in the Consortium's 2016 annual budget, and

WHEREAS, the Consortium has received a quote from BOCES to print the Consortium's Newsletter at a cost no greater than \$250 per issue that is contingent upon approval by both the Consortium Board of Directors and the BOCES Board of Directors, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors hereby authorizes the Chair of the Board of Directors to sign a Memorandum of Agreement with BOCES to provide printing services for the newsletter on an on-going basis at a cost not to exceed \$250 per issue.



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RESOLUTION NO. 2016 - AMENDMENT TO GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM CODE OF ETHICS POLICY AND DESIGNATING COMMUNITY DISPUTE RESOLUTION CENTER AS NEUTRAL THIRD PARTY

WHEREAS, Section 15 of the GTCMHIC Board of Directors Resolution 001-2014 regarding adoption of Code of Ethics reads as follows:

“Reporting of Ethics Violations. When becoming aware of a possible violation of the Consortium’s Code of Ethics, employees, Board of Directors, employees of members, and the public may report the matter to the Consortium Attorney-in-fact, John Powers, Esq.. In reporting the matter, members may choose to go on record as the complainant or report the matter on a confidential basis.”

WHEREAS, the Code of Ethics Policy is silent on the process for resolving if any violation has occurred and the possible remedy, and

WHEREAS, the Consortium’s Attorney-In-Fact has opined that the process for resolving a Code of Ethic’s violation necessarily falls within ambit of the alternative dispute resolution process codified at Article V of the Municipal Cooperative Agreement (MCA), and

WHEREAS the 2015 Amended Municipal Cooperative Agreement amended the original Article V to add “Board Member” and “Committee Person” as additional parties, in addition to any “Participant,” that would also be subject to the alternative dispute resolution process, and

WHEREAS, the Audit and Finance Committee has determined that disputes arising as a result of reported Code of Ethics violations could also involve persons who are not subject to MCA Article V and that with such persons, as well as Board Members and Committee Persons, mediation would provide a productive intermediate step to resolution prior to a formal finding and/or Board of Directors determination as part of the alternative dispute resolution process, and

WHEREAS, a neutral third party is desired to mediate and, if needed, conduct the review process, and make a recommendation for resolution to the Executive Committee as stated in 2015 Amended MCA Article V.3.a.(i), and

WHEREAS, the Community Dispute and Resolution Center of Tompkins County provides such services and is willing to serve in the neutral third party role for any Greater Tompkins County Municipal Health Insurance Company reported ethics violations, now therefore be it

RESOLVED, That the Audit and Finance Committee of the GTCMHIC Board of Directors hereby recommends that section 15 of the adopted Code of Ethics be amended to read:

“15. Reporting of Ethics Violations. When becoming aware of a possible violation of the Consortium’s Code of Ethics, employees, Board of Directors, employees of

**RESOLUTION NO. 2016 - AMENDMENT TO GREATER TOMPKINS COUNTY
MUNICIPAL HEALTH INSURANCE CONSORTIUM CODE
OF ETHICS POLICY AND DESIGNATING COMMUNITY
DISPUTE RESOLUTION CENTER AS NEUTRAL THIRD
PARTY**

members, and the public may report the matter to the Consortium Attorney-in-fact, John Powers, Esq.. In reporting the matter, members may choose to go on record as the complainant or report the matter on a confidential basis. **Resolution of the reported violation shall occur according to the alternative dispute resolution (ADR) process set forth in Article V of the 2015 Amended MCA, except as follows. In lieu of the ADR step set forth at MCA Article V.3.a.(i), the Attorney-In-Fact will collect all information presented regarding the matter and send that information to a neutral third party designated by the Board of Directors who shall attempt to resolve the matter informally through mediation. If unsuccessful, the mediator shall make a recommendation with respect to resolution of the dispute in writing to the Executive Committee, which shall present the recommendation to the Board as provided for in 2015 Amended MCA Article V.3.a.(i). The remainder of Article V shall remain in effect”**,

RESOLVED, further, That the Community Dispute and Resolution Center of Tompkins County is designated as the neutral third party in the event of requested ethics review.



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**RESOLUTION NO. - 2016 – AMENDMENT TO RESOLUTION NO. 04-2016 - AUTHORIZING
CONTRACT FOR ACTUARIAL SERVICES - ARMORY
ASSOCIATES – 2015 and 2016**

WHEREAS, the Greater Tompkins County Health Insurance Consortium authorized a contract with Armory Associate of Syracuse, New York to perform actuarial services for the Consortium for the years 2015 and 2016 with an option to extend the contract for the years 2017 and 2018, and

WHEREAS, the quote received from Armory Associates was for five years which would be a two-year contract for fiscal years ending 12/31/2015 and 12/31/2016 with the option to extend for three additional years (for fiscal years ending 12/31/2017, 12/31/2018, and 12/31/2019), and

WHEREAS, it is recommended by the Consortium Treasurer that the contract line-up with the end of the biennial periods for Tompkins County, City of Ithaca, and the City of Cortland, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the option to extend the contract with Amory Associates to perform actuarial services be amended to include 2019.
