

Greater Tompkins County Municipal Health Insurance Consortium
Owning Your Own Health Committee

August 19, 2015
1:30 p.m.
Old Jail Conference Room

Agenda

1. Call to Order (1:30) Cook
2. Agenda Changes (1:30)
3. Approve Minutes of July 15, 2015 Meeting (1:35)
4. Executive Director's Report (1:40) Barber
5. Flu Clinic Update (1:50) Barber
6. Discuss and Recommend Wellness Component for Metal Level Plans (2:00)
7. Next Agenda Items (2:40)
8. Adjournment (2:45)

Next meeting: September 15, 2015

Owning Your Own Health Committee

Old Jail Conference Room

July 15, 2015

1:30 p.m.

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DRAFT

Present: Mack Cook, Ted Schiele, Leslie Moskowitz, Bev Chin, Jackie Kippola, Don Barber, Judy Drake Ashley Masucci, Ken Foresti, Beth Miller

Call to Order

Mr. Cook called the meeting to order at 1:36 p.m.

Approval of Minutes of June 17, 2-15

It was MOVED by Mr. Schiele, seconded by Mr. Cook, and unanimously adopted by voice vote to approve the minutes of June 17, 2015 as submitted. MINUTES APPROVED.

Executive Director's Report

Mr. Barber recalled the 2011/2012 audit that was performed by the New York State Department of Financial Services (NYSDFS) and said the State continues to ask for additional information. One of the items that have asked for is that the Consortium not implement any benefit plans until they are approved by the Department. Mr. Barber added that he was told by Beth Miller that it is not unusual for it to take a very long time to get plans approved. He spoke of his communication with the Department and said there was great improvement working on the Municipal Cooperative Agreement as he was provided with a contact person who has been available to speak with him over the phone.

He reported there are currently five municipalities that are talking with the Consortium and about possibly joining and one is the Town of Newfield. Two of the municipalities are looking for the Silver metal plan to be adopted by the Consortium and that plan will be considered later this year.

The Worksite Wellness Coalition will be holding a kickoff event in September and has a kickoff topic of "fruits and veggies". More information will be provided to benefit clerks about connecting with this initiative that involves many of the large employers in the community.

Mr. Barber reported the Board of Directors would like to become involved in branding the Consortium and developing a mission and vision statement for the Consortium as a whole. At a meeting of the Executive Committee that was held yesterday there was discussion of asking anyone who is involved with the Consortium for ideas of what the mission and vision would be; that information will be sent to a consultant in advance of having those interested come together for a meeting to develop the mission and vision statement.

Flu Clinics

Ms. Masucci distributed a proposed schedule for Consortium flu clinics, statistics from last year's flu clinics on the number of vaccinations administered and the appointments scheduled last year, and a sample communication letter to be inform the Consortium's

membership of the flu clinics. ProAct is recommending two hour clinics, two per day, for three separate dates (September 24, 29, and 30) and is based on the participation at last year's clinics. Each clinic would be scheduled to administer 40 vaccines administered. Ms. Kippola suggested looking into road construction scheduled in the areas prior to confirming a date. Ms. Masucci noted the information is only a proposal and ProAct welcomes suggestions for changes.

Ms. Masucci said the flu clinics would be open to any member of the Consortium. Last year they were offered to non-members, such as employees who have insurance through other means, and ProAct billed the Consortium for the member's benefits and anyone who was not a member of the Consortium was billed directly to the entity. ProAct would handle the scheduling for all of the clinics.

Ms. Moskowitz asked if people who had problems last year would be able to get the shot this year. Mr. Schiele said some people are not able receive the flu shot because they are made in eggs and this would be identified during the screening process; he also noted some people are able to be administered the vaccine by a nasal spray. Ms. Masucci said ProAct typically brings only one version of the vaccine and it is usually the most popular vaccine and what is often used at pharmacies. She suggested coverage could be offered by the Consortium for the flu shot through the pharmacy benefit which would give members the option of receiving the flu shot at their local pharmacy. The cost of the flu shot when received through a pharmacy benefit would be \$18 versus the cost of \$25 at the flu clinics. For this to happen she would have to be informed by the Consortium that it wishes to have this pharmacy benefit and she would notify the ProAct IT Department to adjust this benefit in their system to be a covered benefit. Ms. Masucci suggested sending information to benefit clerks around the first week in September.

Ms. Drake said she recommends adding the pharmacy benefit and also advertising that members can also use the benefit through Excellus as a physician bills it as a medical claim. She said she supports adding the pharmacy benefit because of the reduced number of locations for clinics and the possibility that it would be difficult for some people to go to the scheduled locations.

It was MOVED by Ms. Kippola, seconded by Mr. Schiele, and unanimously adopted by voice vote by members present, to:

1. Continue to offer flu clinics in 2015 as managed by ProAct; and
2. Include in this year's flu shot program a pharmacy benefit with no co-pay or cost to a member for receiving a flu vaccine at a pharmacy

Ms. Drake asked if the shingles vaccine is a covered benefit. Ms. Miller said the vaccine is administered to individuals 60 years of age or older; it is a covered benefit but there are stipulations around it. Ms. Miller will send Ms. Drake additional information.

Discussion of Adding a Wellness Component to Metal Level Plans

Mr. Cook said the Consortium has metal level plans and they do not have a wellness component and whether they are required under the Affordable Care Act remains unclear. He suggested this may be an opportunity to attach a wellness component to those plans. Discussion at the last meeting related to if this Committee would make a recommendation to the Board that a wellness component be incorporated into the two existing metal plans. He asked if members want to recommend a wellness component be added to those plans and if so, what

would that component be. Ms. Miller said the Affordable Care Act is very vague with regard to wellness components but as they roll out the metal level programs within other consortiums Excellus works with them to add the component because they are trying to get as close as possible to the ACA plans to make sure that if and when it is defined there something is already in place. That wellness component includes an option for biometric screening.

Mr. Schiele asked if the Consortium is moving towards adopting metal level plans to be consistent with the Affordable Care Act and to make it less confusing. Mr. Barber said that is one reason; the other is the metal level plans have an actuarial value that is trued up every year. This allows the benefit plan cost to stop moving towards the plan and away from the employees. The benefit plans that currently exist cover 96-97% of claims costs and they were not designed that way when they first began. This also helps members become more aware of the medical system they are participating in. Ms. Drake said by the Consortium adding more plans it gives employers an option to add plans if they need to.

Mr. Barber distributed and reviewed a comparison of services by three different wellness program vendors: Ignite, Blue4U, and WCS.

Mr. Cook asked if there is a consumer preference towards the finger stick blood test versus the venipuncture blood draw and whether the blood draw keeps people from participating. Ms. Miller said consumers typically prefer the finger stick which is less invasive but also less accurate. The Blue4U program added a finger stick option last year. She said the blood draw is the gold standard and what physicians require to get an accurate reading. Mr. Cook said although the blood draw is much better than a finger stick there may be a lost opportunity to reach people if the option doesn't exist to do a finger stick. Ms. Miller said she has never had a group offer both options but will check to see if this could be an option. It was noted that this wellness component would only apply to the small number of people who would be covered under the Consortium's metal level plans. It would not impact any of the other existing health plans but would be an opportunity to open the door to culture change.

Mr. Schiele asked what became of the lengthy discussions that took place last year about a broader biometric screening program. Mr. Barber said the focus recently has been on whether to include a wellness component in the metal level plans but the Committee should begin talking about opening this up to a broader group. Mr. Schiele said if the Consortium was going to follow-up on the pilot that was done a year ago the same program should be used. He said there is still value in discussing having a program that is open to everyone and doesn't think it makes sense to have two different wellness programs.

Mr. Barber spoke of timing of the wellness component and said a decision needs to be made very soon; the timing of a decision for the entire group is not immediate and will require a lot of preparation and discussion.

Mr. Schiele asked what the off-site options of Ignite would be. Mr. Barber said he will look into this. Ms. Drake said this wellness component would be a "bare bones" component and believes there could be two different plans with one being part of the wellness component and the other being a bigger and better aspect that is being rolled out to everyone.

Ms. Miller said there would be no additional cost to the plan; the cost would be come through as a medical claim.

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Mr. Cook asked members if there was consensus to moving a recommendation forward to the Board of Directors to attach a wellness program component to the metal level plans. Ms. Kippola said she was not comfortable making a recommendation today and in particular recommending a program that involved having a blood test done by finger stick if a physician would not find that test reliable and order a blood draw. Mr. Schiele noted that only those who had questionable results would be asked to repeat a test with a blood draw. The Committee could not reach a consensus on moving forward with a recommendation at this time and will continue discussion at the next meeting.

Adjournment

The meeting adjourned at 3:00 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk