



Greater Tompkins County Municipal Health Insurance Consortium

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

Approved 3-23-2017

Board of Directors
January 26, 2017 – 6:00 p.m.
Tompkins County Health Department – Rice Conference Room

Municipal Representatives: 25

Steve Thayer, City of Ithaca
Brooke Jobin, Tompkins County
Mack Cook, City of Cortland
Sharon Hayden, Town of Aurelius
John Fracchia, Town of Caroline
Luann King Town of Cincinnatus
Laura Shawley, Town of Danby
Kathrin Servoss, Town of Dryden
Ann Rider, Town of Enfield (arrived at 6:32 p.m.)
Don Scheffler, Town of Groton
Judy Drake, Town of Ithaca
Charmagne Rungay, Town of Lansing
Tom Adams, Jim Damn, Town of Marathon

Jim Doring, Town of Preble
Gary Mutchler, Town of Scipio
Tom Brown, Town of Truxton (arrived at 6:14 p.m.)
Richard Goldman, Town of Ulysses
Eric Snow, Town of Virgil
Alvin Doty, Town of Willet
Peter Salton, Village of Cayuga Heights
Michael Murphy, Village of Dryden
Chuck Rankin, Village of Groton
Genevieve A. Suits, Village of Homer
Tammy Morse, Village of Trumansburg
Bud Shattuck, Village of Union Springs

Labor Representatives: 3

Olivia Hersey, 3rd Labor Representative; Jim Bower, 2nd Labor Representative; Doug Perine, 4th Labor Representative

Excused: 2

David Schenck, Town of Springport; Phil VanWormer, 1st Labor representative (Chair, Joint Committee on Plan Structure and Design)

Absent: 3

Lee Brew, Town of Montezuma; Gary Hatfield, Town of Moravia; Vacancy – 5th Labor Director

Others in attendance:

Don Barber, Executive Director; Steve Locey, Locey & Cahill; Rick Snyder, Treasurer; Meghan Feeley, ProAct; Sharon Dovi, TC3; Chad Hayden, Village of Union Springs Attorney; Joe Scotti, CanaRx; John Powers, Hancock Estabrook

Call to Order

Ms. Drake, Chair, called the meeting to order at 6:03 p.m.

Approval of Minutes of November 17, 2016

It was MOVED by Mr. Rankin, seconded by Ms. Suits, and unanimously adopted by voice vote by members present with Mr. VanWormer abstaining, to approve the minutes of November 17, 2016 as submitted. MINUTES APPROVED.

Changes to the Agenda

There were no changes to the agenda.

Chair's Report

Ms. Drake said an item that the Department of Financial Services identified as an issue in the audit was attendance by Directors at Board meetings. She reminded Directors of their ability to appoint an alternate who can attend in their absence. Ms. Jobin asked if a Director could have two alternates; Mr. Barber said the Municipal Cooperative Agreement does not stipulate the number of alternates a Director may have.

Report from the Executive Committee

Ms. Drake reported the Committee met on January 6th. In addition to receiving an update from Mr. Barber on his work plan the Committee discussed CanaRx and began discussing how to manage this Board as it continues to grow. There are 133 municipalities that could potentially join the Consortium and currently there are 28 with five labor seats. There was discussion of creating a subcommittee to begin talking about structure and possibilities to hold meetings in satellite locations. She encouraged Directors to get involved and to ask questions about anything they would like further information on.

Appointment to the Owing Your Own Health Committee

Motion No. 001-2017

It was MOVED by Mr. Goldman, seconded by Mr. Fracchia, and unanimously adopted by voice vote by members present, to appoint Michelle Wright to the Owing Your Own Health Committee as a Municipal representative for a term expiring December 31, 2019. MOTION CARRIED.

Department of Financial Services Audit

Ms. Drake said a recommendations contained in the DFS Audit is that the Consortium adopt a formal records retention policy. Mr. Barber commented that although no formal policy has been in place the Consortium has been following the process outlined in the proposed resolution up to this point.

RESOLUTION NO. 001- 2017 – ADOPTION OF GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM RECORDS RETENTION POLICY

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

WHEREAS, the Department of Financial Services has recommended through its examination of the Greater Tompkins County Municipal Health Insurance Consortium as of December 31, 2015 that the Consortium should establish a records retention policy to comply with Regulation 152 of the New York State Insurance Law that includes the provision that the Plan shall “maintain an application where no policy or contract was issued for six calendar years or until after the filing of the report on examination in which the record was subjected to review, whichever is longer”, and

WHEREAS, during an exit meeting with representatives from the Department of Financial Services, it was clarified that on behalf of the Consortium Third Party Administrators, due to the

protected health information, shall be responsible for retention of claims records in accordance with this regulation, and

WHEREAS, the Consortium shall be responsible for the retention of the Consortium's administrative records, including meeting agendas and minutes, contracts, correspondence, and other administrative-related documents, and

WHEREAS, since the inception of the Consortium records have been retained electronically to the greatest extent possible and also in accordance with the New York State Archives CO-2, a local government retention and disposition schedule for counties and local governments, now therefore be it

RESOLVED, on recommendation of the Executive Committee, That the Greater Tompkins County Municipal Health Insurance Consortium adopts the New York State Archives CO-2 as its records retention schedule for the Consortium's administrative records.

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Increase in Audit and Finance Committee Membership

Ms. Drake said after discussing the size of Committees the Executive Committee has recommended increasing the membership of the Audit and Finance Committee from seven to nine members.

Motion No. 002-2017 – Increase Audit and Finance Committee Membership

It was MOVED by Mr. Salton, seconded by Ms. Shawley, and unanimously adopted by voice vote by members present, to increase the membership of the Audit and Finance Committee from seven to nine members for two-year terms expiring December 31, 2017 and December 31, 2018. MOTION CARRIED.

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Mr. Brown arrived at this time.

Motion No. 003-2017 – Appointments to Audit and Finance Committee

It was MOVED by Mr. Salton, seconded by Ms. Shawley, and unanimously adopted by voice vote by members present, to appoint the following Directors to the Audit and Finance Committee for two-year terms:

Genevieve Suits – term expires December 31, 2017

Bud Shattuck – term expires December 31, 2018

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Report from the Executive Director

Mr. Barber provided an update on the Department of Financial Services (DFS) audit and said minutes of the Exit Meeting were distributed to all Directors. The Department identified some Directors who had missed more than half of the meetings and wanted the Consortium to do something about it. DFS representatives were informed that although the Consortium could make municipalities aware they are not being represented it does not have authority to appoint Directors.

The second recommendation which is simple and will be done is to include language on the first page of plan documents that is covered in Section 4709c of the New York State Insurance Law.

The third recommendation is to deliver a plan document to all participating municipalities, unions, employees, and retirees. The Consortium can deliver these to the municipalities and make them aware of this.

Many of the other recommendations involve ProAct and they have been made aware of them. Mr. Barber and Mr. Locey have a meeting scheduled with ProAct to review these items in detail.

One item contained in the audit deals with Excellus and states that during the audit they found seven of 61 appeals that were not acknowledged within the required timeframe of 15 days. Mr. Barber said they are working with another audit firm on Excellus procedures and adjudication of claims and this will be added to the discussion.

Another recommendation related to records retention and has been responded to by the resolution approved earlier in this meeting.

Mr. Barber said at this time the audit recommendations have not been formalized and the Consortium has been given an opportunity to provide feedback before they become formal. He said although there were additional requests made after the meeting there has not been any requests made in the last two weeks and he believes the process is close to the end.

At the end of the meeting DFS representatives were asked about the two unresolved items from the last audit and they advised that audit is closed and the Consortium will not hear any more about those items. Also, in the Fall the Department advised that every time a municipality joined the Consortium that every member of the Consortium would have to sign off on it. Mr. Powers wrote a letter to DFS explaining how onerous this would be and what the Consortium is currently doing complies with the statute. To date, the DFS has not responded to Mr. Power's letter.

New Director Orientation

Mr. Barber announced an orientation session will be held in the Town of Preble for new Directors on February 10th.

Educational Retreat

Mr. Barber said every year the Consortium holds an educational retreat and offered the following suggestions for a topic for the next retreat: the claims adjudication process, patient education, and strategies to address the spike in pharmaceutical claims. There were no OTHER topics proposed. By a show of hands, a majority of Directors indicated they would like the focus of the next retreat to be on patient education.

Newsletter

Mr. Barber said he welcomes suggestions on improvements that can be made and how the newsletter is being received by employees. Typically, retirees are not receiving the document and he will be meeting with the County and municipalities to discuss the best way to provide the newsletter to retirees.

Problems with 2017 Start-up

Mr. Barber read the following statement concerning 2017 start-up:

"For many of our subscribers and in particular all of our new subscribers with our new partners, 2017 did not start out well. For these new partner's subscribers, they began the year without ProAct cards and had no Rx coverage; so they were turned away at the pharmacy. For all Platinum Plan subscribers the Excellus card had the wrong co-pay attached. And some others

received new cards when they were not expecting them. The Excellus cards were replaced immediately with an apology letter from Excellus.

“I hope that all of those affected were pleased with the priority and commitment both Beth Miller and Meghan Feeley gave to resolving their issues immediately. Prescriptions were filled and proper cards issued.

“So what happened? We have never seen problems of this magnitude. Meghan is here tonight to answer questions. Unfortunately, Beth is unable to join us. Beth, Megan, Steve Locey, Judy Drake, and I met yesterday now that the dust appears to be settled to understand what happened and discuss what process changes need to occur so this never happens again.

“The short answer is that Excellus had a confluence of events at the end of 2016 that absorbed so many IT resources that things could fall through the cracks and they did. The Excellus events were changing to a new Prescription Benefits Manager for their entire book of business, a bill signed by Governor Cuomo the end of December that required benefit changes dealing with opioids, and the benefit changes made to our metal plans. The changes to our metal plan benefits typically wouldn't have created a problem, but their IT were so swamped that they had to go to an intermediate step which created a framework to establish the new groups without all of the plan specifics in place. Any idea of getting this done by January 1 was out the window with the opioid mandate.

“Beth knew that their PBM change was going to overload IT so she worked with the Consortium and the new partners to get all of the subscriber information into the system by early December. She communicated this subscriber information to Meghan. Meghan's team entered info into the system. Both she and Meghan thought they had performed due diligence and our groups were set to go even with Excellus still needing more IT work. It turns out that there is another step in the process that overwhelmed their efforts.

“In short Excellus communicates with ProAct on a weekly basis a computer file that includes the entire Consortium population. Due to the incomplete IT work at Excellus this file did not have the new subscribers of these new group numbers and this file overcame Meghan's work. It wasn't until Meghan received the first calls for help that she discovered the problem.

“On January 17th, the complete and doubled checked computer file was set to ProAct. ProAct printed new cards for everyone in these new groups which were mailed Jan 25th.

“The action plan is to articulate deadlines for actions by the Consortium, Excellus, and ProAct for the introduction of new groups. This may impact the date that new members can join the Consortium. You may remember we accepted two partners in November. The plan will also state reports that will be created to ensure the system has all of the correct information. Cards will be mail in advance of January 1. This plan will be developed this Spring.”

Ms. Rider arrived at this time.

Ms. Dovi asked if there was any discussion of open enrollment and how benefit clerks do their work. Mr. Barber said there was no discussion of open enrollment at the meeting. Ms. Drake said the problem was with new members coming in and getting account numbers set up at Excellus and getting them to ProAct and getting cards issued.

Ms. Dovi said there were a number of members at TC3 who were also impacted and who received multiple benefit cards and it was not due to an entry error on her part. She said as there

are discussions about a timeframe there needs to be consideration of those who have to make the entries into the Excellus system to get the information to them. Mr. Locey said this will happen.

Ms. Jobin said the County also experienced problems and it was not just new enrollees going into the Platinum Plan, it was also existing employees who had been in the Plan who were sent incorrect medical cards. She said she would like clarification from Excellus and ProAct on the shared files and how often it is gone over. Ms. Feeley responded that it is received at 8 p.m. every night and is reviewed every morning.

CanaRx

Ms. Drake said a webinar was held earlier in the month to provide information on CanaRx but was not well-attended. The purpose of the presentation this evening is to inform Directors about what the program is, how it functions, and how it may be advantageous to employees and to the Consortium. Also, John Powers has provided his opinion and that will be discussed. She noted no decision will be made this evening but would like the Board to provide direction on whether further discussion on this should take place.

Mr. Scotti provided the Board with a presentation containing the following points:

- CanaRx is a Privately Held Company Established in 2002;
- CanaRx was the First International Prescription Provider (IPP) for U.S. Self-Funded Plans;
- Over 500 Active Self-Funded Plans;
- Only Insured IPP
- Exclusive Network of Government Licensed Physicians and Pharmacies in the United Kingdom, New Zealand, Australia and Canada.
- Program is Offered on an Individual, Voluntary Basis in ADDITION to Existing Prescription Drug Benefit.
- Conforms to Current Prescription Drug Benefit Design - Only Issue Refill/Maintenance Medications – No “New-to-you” Medications.
- HIPAA Compliant.
- Patient Enrollment Form/Orders Received;
- Drug Utilization Review (DUR) by CanaRx Pharmacy Tech/First Data Bank of California;
- Prescription is Reviewed and Filled by Licensed Pharmacists and Physicians;
- Medications Delivered in Original Manufacturer’s Sealed Container;
- Quarterly Contact to Verify/Update Patient Profile and Delivery Confirmation.
- Over 500 Brand Name and Specialty Medications are Available;
- Excluded Medications:
 - Narcotics
 - Antibiotics
 - Lifestyle Medications
 - Temperature Sensitive Medications.
- Tier-One Country Sourcing Only;
- Pharmacies are Accredited and Inspected;
- Verification of Prescribing Physicians License;
- United States Based DUR;
- Maintain On-going, Updated Patient Health/Medication Profiles;
- Patient Educational Leaflets Included with Every Order (English).
- Zero Copay;
- Ongoing Open Enrollment;

- Quarterly Call Center Contacts;
- Dedicated Toll-free Telephone and FAX;
- Delivery Guarantee/Co-pay Reimbursement;
- Original Manufacturer's Sealed Package Guarantee.
- No Start Up Costs;
- No Additional Administration Fees;
- Reduced Drug Costs to Plan;
- Website Design and Hosting;
- Custom Reporting;
- No Cost Delivery Interruption Replacement;
- Liability Insurance Coverage.

Mr. Scotti said approximately 85-90% of the savings would belong to the Plan. He reviewed the program's history and said in 2003, CanaRx met with the FDA and had a conversation about its language and what an individual is allowed to do. What transpired from that meeting was that the FDA said CanaRx could not operate because it could not guarantee that the medications that were being imported were the same that were manufactured in this country; however, Mr. Scotti noted that those medications were no longer being manufactured in this country. He said the rules state that if a medication is not available in the United States then an individual could import the medication. CanaRx then told the FDA that if the medications being imported were not the same as what is manufactured in the United States that would mean the medications are not available in the United States. There was never a response to that from the FDA. He agreed there are some gray areas CanaRx has lived within but the FDA has not stopped them.

A question was raised as to whether liability insurance would cover the cost of defense and penalties for the Consortium if the program was found to be illegal under the FDA's (Federal Drug Administration) rules. Mr. Scotti said the contract contains a lot of hold harmless language with regard to individuals. There is no reference as to what would happen if the government said medication could no longer be imported. He said the contract is with each individual who decides to participate and not with the plan. The FDA currently has language that says an individual can import up to a 90-day supply of a medication for their own personal use.

He said when the Schenectady program was developed language was added to a contract between the union and the county about what would happen if the plan went away and he will make information available to the Board on this. He said there has never been a penalty and no one has ever been prosecuted.

Mr. Brown questioned what the status is of the Maine case. Mr. Scotti said the State of Maine put out a request for proposals for an international prescription drug provider and CanaRx was awarded the bid and operated a program for approximately eight months. A case was brought forward based on State of Maine language that said a pharmacy board had the rights to inspect any pharmacy that was delivering medications to an individual in the State of Maine. Since CanaRx pharmacies are outside the country this was not possible. The program was stopped for them and the other four clients in the State of Maine until this could be resolved. They are presently not doing business with the State of Maine but have several other clients within the State and this has not been pursued further.

A question was raised concerning New York State e-prescribing medications and Mr. Scotti stated although the State of New York put in an e-prescribing mandate they did not inform physicians that if the pharmacy is located outside the borders of New York State they are not required to e-prescribe. Information is on the New York State website and they are attempting

to educate both patients and physicians about this. He said they have heard rumors that this mandate is going to rescinded.

A question was raised as to why the Consortium would need to take action to move forward if the agreement is between CanaRx and the member. Mr. Powers said the model proposed is designed to place puts the covered employee in the position of being the importer of the prescription with a reimbursement by the Consortium. The legal position is that the employee could be placed in a position where he or she could be violating the law. He agreed that this has been relatively commonplace for the last ten years and there has been no enforcement. There are very lucrative financial benefits to municipalities and employees doing this and there are a lot of municipalities that are weighing the cost benefits and risks and have moved forward with it. The Consortium is in a different position in that it is heavily regulated by New York State.

With respect to concerns related to the legality of contracting with CanaRx Mr. Locey stated the Department of Financial Services looks at everything including contracts, minutes, resolutions, plan documents, and where every dollar is paid out by the Consortium. They were asked for an opinion on this and what would they do if the Consortium moved forward with this. The only response received was that it does not violate NYS Insurance Law but there may be other laws it violates.

Mr. Cook said CanaRx is a good plan and one that would make employers and employees happy. However, as a Director, he has reservations due to the concern of whether doing this would be exposing the Consortium to a risk of revocation of its Certificate of Authority. Various scenarios were discussed including having municipalities individually contract with CanaRx; however, it was stated that any prescription drug claims expense would be reflected in some form in the Consortium's financial records.

There was consensus by a majority of Directors that discussion on this should continue. Ms. Drake said more information will be gathered prior to the next meeting on how this could move forward and what the anticipated impact on the Consortium would be. She asked Directors to submit questions prior to the meeting.

Consultant's Report

Mr. Locey reviewed the preliminary 2016 financial report. From a revenue perspective, the Consortium was .28% (\$100,000) over budget; from the expense side the Consortium was 1.7% over budget. The Consortium ended the year with slightly over \$1.8 million in net income; the anticipated amount was \$2.3 million. He noted this was the last year fees were paid for the Transitional Reinsurance fee and the Graduate Expense fee.

Mr. Locey distributed premium history information for the Consortium versus community-rated plans and called attention that in the past year the Consortium increased its overall rate by 5% and most of the Metal Level plans increased by less than that. The small group rates for Excellus went up by 14% this year and he anticipates as the Consortium moves forward there will be a lot more interest expressed by small municipalities to join. He also distributed information on catastrophic claims with over \$100,000 in claims for the year and said although enrollment increased by only 30 covered lives from 2015 to 2016, the number of people with claims in excess of \$100,000 increased from 23 to 33. There were no a lot of large losses and there was only one claim that exceeded the deductible. The one individual who was lasered with a \$1 million deductible only had \$75,000 in expense and is no longer on the plan. Mr. Locey said other plans they work with are seeing some large catastrophic claims and he would like to begin talking about strategies to protect the Consortium in this area.

Report from the Joint Committee on Plan Structure and Design

Mrs. Shawley, Vice Chair, reported at the last meeting the Committee reelected Phil VanWormer to serve as Chair for 2017 and she was reelected her to serve as Vice Chair for 2017. There was discussion of the appointment process for a Labor Director and the need for labor alternates. The majority of the meeting was spent talking about creating a fourth prescription drug tier as a strategy to address rising costs of specialty medications.

Report from the Audit and Finance Committee

Mr. Thayer, Chair, reported the medical claims audit by BMI has been completed and a draft report prepared. The report identified 115 items, compared to 33 in the last audit. To help sort through them BMI has been asked to place each of these items into four categories. Discussion of those items and other auditing issues will continue with BMI. He reported on Stop Loss and said at the last meeting a contract was approved with a \$450,000 deductible. Mr. Locey was asked to negotiate a lower cost for the contract and was successful in lowering it. Highmark was also asked to look at the cost of Aggregate Stop Loss insurance premium and consider lowering it as it will never be used. Other items the Committee is working on includes establishing procedures for issuing requests for proposals, limiting the number of plans a municipality can offer, payment processes, and CanaRx.

Report from the Owing Your Own Health Committee

Mr. Barber, Executive Director, reported at its last meeting the Committee discussed the Blue4U Program. Benefit Clerks have received information and he will be bringing this to the orientation for new Directors on February 10th. The Committee discussed flu clinics and a preliminary report compiled by Ms. Feeley. He said less than 10% of the Consortium's members are getting flu vaccines and discussion is taking place on future education efforts.

Adjournment

The meeting adjourned at 7:52 p.m.