



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 11-16-17

Board of Directors
September 28, 2017 – 6:00 p.m.
Tompkins County Health Department – Rice Conference Room

Municipal Representatives: 20

Steve Thayer, City of Ithaca
John Fracchia, Town of Caroline
Kathrin Servoss, Town of Dryden
Don Scheffler, Town of Groton
Judy Drake, Town of Ithaca
Charmagne Rungay, Town of Lansing
Kristen Case, Village of Homer
Michael Murphy, Village of Dryden
Alex Patterson, Town of Aurelius
Mack Cook, City of Cortland

Eric Snow, Town of Virgil
David Schenck, Town of Springport
Gary Mutchler, Town of Scipio
Nancy Zahler, Town of Ulysses
Chuck Rankin, Village of Groton
Bud Shattuck, Village of Union Springs
Ann Rider, Town of Enfield (excused at 7:17 p.m.)
Amy Guererri, Tompkins County
Gary Hatfield, Town of Moravia
Peter Salton, Village of Cayuga Heights

Labor Representatives: 2

Olivia Hersey, 1st Labor Representative and
Joint Comm. on Plan Structure & Design Chair

Jeanne Grace, 5th Labor Representative Alt.

Excused: 5

John Malenick, Town of Montezuma
Alvin Doty, Town of Willet
Rordan Hart, Village of Trumansburg

Tom Brown, Town of Truxton
Jim Bower, 2nd Labor Representative

Absent: 5

Tom Adams, Town of Marathon
Luann King, Town of Cincinnatus
Laura Shawley, Town of Danby

Jim Doring, Town of Preble
Doug Perine, 4th Labor Representative

Vacant: 1

3rd Labor Representative

Others in attendance:

Don Barber, Executive Director
Steve Locey, Locey & Cahill
Rick Snyder, Treasurer
Nancy Niswender, Village of Groton
Beth Miller, Excellus
Ed Wagner, Town of Owasco Supervisor

Corey Prashaw, ProAct
Sharon Dovi, TC3
Kevin Williams, Town of Homer
Jim Murphy, Town of Virgil
Mark LeDouce, Elmira Water Board

Call to Order

Ms. Drake, Chair, called the meeting to order at 6:09 p.m.

Approval of Minutes of July 27, 2017

It was MOVED by Mr. Mutchler, seconded by Mr. Schenck, and unanimously adopted by voice vote by members present with Mr. Salton, Mr. Murphy, and Ms. Zahler abstaining, to approve the minutes of July 27, 2017 as submitted. MINUTES APPROVED.

Changes to the Agenda

There were no changes to the agenda:

Chair's Report

Ms. Drake said the Executive Committee has not met since the last Board meeting and will meet next week. She asked for volunteers to serve on the Nominating Committee for 2018 Officers of the Consortium.

MOTION NO. 006-2017 – APPOINTMENTS TO NOMINATING COMMITTEE FOR 2018 CONSORTIUM OFFICERS

It was moved by Ms. Drake, seconded by Mr. Salton, and unanimously adopted by voice vote by members present, to appoint the following members to the 2018 Nominating Committee for the purpose of bringing a slate of proposed offers for consideration at the next meeting:

Gary Mutchler
Ann Rider
Alex Patterson

Executive Director Report

CanaRX Update

Mr. Barber reported there were eight new subscribers to the CanaRX program in August, bringing the total to 15. Every quarter ProAct will be notifying subscribers who have a qualifying 90-day prescription under the CanaRX formulary that this is a voluntary opportunity for them with a zero co-pay.

Department of Financial Services Communications

Mr. Barber reported there has been no communication with DFS since the last meeting. He said Senator Seward who represents Tompkins County and some of the other municipalities that are in the Consortium and Chair of the Senate's Insurance Committee, has agreed to meet with members of the Board of Directors on October 25th. Issues that will be discussed at that meeting include Aggregate Stop Loss, communication with DFS, the HCRA surcharge, the IBNR rate requirement for the start-up of consortiums, possible amendments to Article 47 that would streamline the creation of new consortiums, and allowing small businesses to form an Article 47. The following members offered to participate in the meeting: Mr. Cook, Mr. Murphy, Mr. Rankin, Mr. Salton, Ms. Drake, Mr. Fracchia, and Mr. Shattuck. Ms. Zahler commented that she thinks agencies and organizations that contract with municipalities should be permitted to join the Consortium. This, along with public authorities, will be included in the discussion topics with Senator Seward.

Financial Update

Mr. Locey provided an updated financial report thru August 31, 2017 and said positive results have continued. He reviewed budgeted versus actual results and said premium income

was up slightly due to the addition of municipalities in 2017 and there have been some recoveries in Stop Loss and more prescription drug rebates than expected. The Consortium has taken in \$28.4 million in revenue which is approximately 4% higher than budgeted. Collectively, claims have been 7.6% below budget (medical – 7% and prescription drug 8.6%); Admin Fees are up 3.25% and RX Admin Fees are down slightly. Mr. Locey summarized the financial results and stated the Consortium has spent \$25.95 million and had budgeted \$28.2 million, resulting in a net revenue of \$2.5 million. The Consortium had budgeted a slight deficit and had anticipated using a small amount of Fund Balance to mitigate the low rate increase that was adopted for 2017, but has instead added to the Fund Balance.

At the request of Ms. Drake, Mr. Locey will incorporate an accounting of DFS Audit Fees on the spreadsheet and he will also provide the Board with a report of DFS audit fees at the next meeting. The information presented will also include a breakdown of prescription drug expenses showing ProAct and CanaRX expenses.

Mr. Locey called attention to the exhibit showing a breakdown of the Consortium's expenses and noted 93.5% goes directly to pay benefits of members with only 6.5% going to pay for all fees to administer the program. The Affordable Care Act stipulates that for large group health plans at least \$.85 of every dollar can be spent on claims and \$.15 for administrative overhead; for small group health plans, at least \$.80 of every dollar can be spent on claims and \$.20 for administrative overhead. The Consortium is extremely efficient from an operational and financial perspective as it spends \$.935 of every dollar can on claims and \$.065 for administrative overhead.

During a brief discussion of what impact could be expected if changes were made at the federal level to the Affordable Care Act, Mr. Locey said he doesn't anticipate any major impact. He said none of the discussions that are taking place addresses the cost of care which is the core issue.

2018 Budget

Mr. Locey reviewed his September 25, 2017 memorandum containing 2018 final budget recommendations. He called attention to revenue sources, stating the majority of the Consortium's revenue comes from premiums, interest, prescription drug rebates, and Stop Loss claim reimbursement. He noted prescription drug rebates are a major source of revenue and said the Consortium receives a full rebate credit back from ProAct in quarterly payments that goes directly to offset premium. If this revenue source didn't exist the amount would have been added on to the premium; to date the Consortium has received \$900,000. He said this does not exist in the traditionally-insured marketplace so the small employers would not see this.

Mr. Locey reviewed the reserve accounts held by the Consortium that are designated to cover a direct liability or assist with a cash flow to provide protection during times when paid claims projections are exceeded. The Consortium has two reserve accounts mandated by Article 47 (Incurred but Not Reported and Surplus Account) and two additional reserve accounts, Catastrophic Claims Reserve and Claims/Rate Stabilization Reserve that were established in 2014 and 2015 respectively and are being recommended to continue in 2018.

Mr. Locey highlighted the recommendations contained in the memo:

1. Maintain the Surplus Account at 5% of the annual premium of the Consortium in compliance with §4706(a)(5) of the New York State Insurance Law. The value of this reserve, as projected for the 2018 Fiscal Year, is \$2,126,368.55. This will maintain the financial stability of the Consortium and protect the Municipalities from the possibility of a mid-year assessment, if paid claims projections are exceeded.

2. Maintain the IBNR Claims Liability Reserve as required by §4706(a)(1) of the New York State Insurance Law at a value in line with the expected cost of “run-out” claims. We are recommending that this reserve continue to be funded at 12.0% of expected incurred claims consistent with the direction received by the Consortium from the New York State Department of Financial Services. This reserve would equal approximately \$4,822,356.76 for the 2018 Fiscal Year.
3. Continue to evaluate the stop-loss insurance policy which recently increased the deductible to \$450,000 for the 2017 Fiscal Year, and maintain the Catastrophic Claims Reserve at an amount equal to \$1,350,000 for the 2018 Fiscal Year. This reserve is specifically designed to protect the cash flow of the Consortium from the effects of a significant increase in the overall paid claims due to individual high dollar claimants.
4. Maintain the Claims/Rate Stabilization Reserve in an amount equal to 5% of expected paid claims. These funds could be used in future years to mitigate premium rate increases and to “soften the blow” from a period of hyper-inflation.
5. Continue to negotiate reasonable increases to the administrative fees paid to Excellus BlueCross BlueShield and ProAct, Inc. as part of the annual renewal process.
6. Establish an investment strategy designed to maximize the interest income earned while maintaining the flexibility in cash assets necessary for the prudent financial management of the Consortium.
7. In consideration of the overall financial position of the Greater Tompkins County Municipal Health Insurance Consortium and its goals and objectives, Locey & Cahill, LLC is recommending that the Board of Directors approve a 4.0% increase in premiums for the 2018 Fiscal Year. As a point of information, a 1.0% increase in premiums paid equals approximately \$410,000 for the 2018 Fiscal Year.

Mr. Locey noted that when the Consortium was formed the goal was not only to save money and make it as efficient as possible but to have stable rate increases over the long-term.

RESOLUTION NO. 016-2017 - ADOPTION OF 2018 BUDGET

MOVED by Mr. Thayer, seconded by Mr. Shattuck.

Mr. Murphy asked how a 4% premium rate increase compares to increases being proposed in the insurance industry. Mr. Locey said the average increase for indemnity plans is 9% for the medical portion and 11% for prescriptions in 2017. The rate increase for PPO plans for both medical and prescription was 8%. He said internally Locey and Cahill looks at similar clients and pooled data from Excellus clients that are similar and the premium for that group was 5%.

Mr. Salton said the Consortium does a good job but the model with no change being made cannot be sustained in five years. Mr. Locey said part of the problem is that expenses are moving at a faster rate than the State’s Property Tax Cap will allow and at some point municipalities will not be able to sustain the Tax Cap when the cost of health insurance is rising at a higher percentage rate. If the State does not allow municipalities to increase revenue to sustain expenses a way will need to be found to curb expenses.

A voice vote resulted as follows: Ayes – 22, Noes – 0, Excused – 5 (Bower, Brown, Doty, Hart, and Malenick), Absent – 5 (Adams, Doring, King, Perine, and Shawley); Vacancy – (5th Labor Representative). MOTION CARRIED.

WHEREAS, the proposed 2018 budget was presented by the Consultant and was unanimously recommended by the Audit and Finance Committee at the September 28, 2017 meeting for submission to the Board for its review, and

WHEREAS, notable items included in the proposed budget are the following:

- Premium increase of 4% over 2017 rates, except for metal level plans which will experience reductions in actuarial value;
- Maintain the Surplus Account at 5% of the annual premium of the Consortium in compliance with §4706(a)(5) of the New York State Insurance Law.
- Maintain the Claims/Rate Stabilization Reserve in an amount equal to 5% of expected paid claims; and
- Catastrophic Claims Reserve will be increased by \$300,000 to \$1,350,000 now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the attached 2018 budget and premium equivalent rates for the Greater Tompkins County Municipal Health Insurance Consortium is hereby approved.

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Report and Presentation of Resolutions from the Audit and Finance Committee

RESOLUTION NO. 017 - 2017 – APPROVAL OF ADJUSTMENT TO THE GOLD METAL LEVEL PLAN MINIMUM DEDUCTIBLE AMOUNTS

MOVED by Mr. Thayer, seconded by Ms. Zahler, and unanimously adopted by voice vote by member present.

WHEREAS, the Internal Revenue Service recently issued new limits for 2018 for high deductible plans for Health Savings Accounts (HSAs) for maximum out-of-pocket expenses, and

WHEREAS, in order to now qualify for a high-deductible health plan Gold Metal Level Plan, the minimum deductible for single coverage must be increased from \$1,300 to \$1,350 and from \$2,600 to \$2,700 for family, and

WHEREAS, the two Participating Consortium employers enrolled in the Gold Metal Level Plan wish to continue to offer the option of a Health Savings Account to their employees and retirees,

WHEREAS, data entered into the federal actuarial calculator indicates the proposed deductible will change from 79.72% to 79.44%. In keeping with past Consortium policy the premium rate will be 0.26% lower than all other premium rates,

WHEREAS, the Joint Committee on Plan Structure and Design has reviewed this benefit plan change and recommends approval, now therefore be it

RESOLVED, the Audit and Finance Committee recommends that the Board of Directors authorizes a benefit plan adjustment to the Consortium's Gold Plan to increase the deductible for single coverage from \$1,300 to \$1,350 and to increase the minimum deductible from \$2,600 to \$2,700 for family coverage, effective January 1, 2018.

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RESOLUTION NO. 018 - 2017 - ACCEPTANCE OF APPLICATION BY THE TOWN OF NEWFIELD TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

MOVED BY Mr. Thayer, seconded by Mr. Fracchia, and unanimously adopted by voice vote.

WHEREAS, by Resolution No. 005 of 2012 and amended by Resolution No. 27 of 2014 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of Newfield has submitted an official resolution authorizing the Town of Montezuma to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Newfield has complied with membership process outlined in Resolution No. 005 of 2012 and amended by Resolution No. 027 of 2014 and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, now therefore be it

RESOLVED, That the Greater Tompkins County Municipal Health Insurance Consortium, accepts and welcomes the Town of Newfield as the 29th municipal participant, with health insurance coverage beginning January 1, 2018,

RESOLVED, further, That the Board of Directors waives the requirement of payment of 5% of premium to the Surplus Reserve Account as requested by the Town of Newfield,

RESOLVED, further, That the Board of Directors determines that the terms of assessing the pro rata share of any surplus or deficit to the applicant shall at the time the applicant leaves the Consortium or upon dissolution of the Consortium shall be based on their share of any deficit or being paid their share of any surplus that was generated during their years of participation. The Board of Directors would identify the surplus or deficit which exists on the date of entry and again on the date of withdrawal or dissolution and bill or pay the applicant accordingly,

Resolved, further, That the Administrative Clerk shall forward to the New York State Department of Financial Services a certified copy of the resolution authorizing the Town of Newfield to become a participant in the Consortium and a certified resolution adopted by the GTCMHIC accepting the Town of Newfield as a Participant in the Consortium.

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RESOLUTION NO. 019-2017 - ACCEPTANCE OF APPLICATION BY THE TOWN OF HOMER TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

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

WHEREAS, by Resolution No. 005 of 2012 and amended by Resolution No. 27 of 2014 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of Homer has submitted an official resolution authorizing the Town of Homer to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Homer has complied with membership process outlined in Resolution No. 005 of 2012 and amended by Resolution No. 027 of 2014 and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, now therefore be it

RESOLVED, That the Greater Tompkins County Municipal Health Insurance Consortium, accepts and welcomes the Town of Homer as the 30th municipal participant, with health insurance coverage beginning January 1, 2018,

RESOLVED, further, That the Board of Directors waives the requirement of payment of 5% of premium to the Surplus Reserve Account as requested by the Town of Homer,

RESOLVED, further, That the Board of Directors determines that the terms of assessing the pro rata share of any surplus or deficit to the applicant shall at the time the applicant leaves the Consortium or upon dissolution of the Consortium shall be based on their share of any deficit or being paid their share of any surplus that was generated during their years of participation. The Board of Directors would identify the surplus or deficit which exists on the date of entry and again on the date of withdrawal or dissolution and bill or pay the applicant accordingly,

Resolved, further, That the Administrative Clerk shall forward to the New York State Department of Financial Services a certified copy of the resolution authorizing the Town of Homer to become a participant in the Consortium and a certified resolution adopted by the GTCMHIC accepting the Town of Homer as a Participant in the Consortium.

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RESOLUTION NO. 020-2017 - ACCEPTANCE OF APPLICATION BY THE TOWN OF OWASCO TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

MOVED by Mr. Thayer, seconded by Mr. Schenck.

Mr. Barber called attention to the second Resolved and said it was incorporated at the request of the Town of Owasco. He said there are several Consortium participants that are using a Medicare Advantage program for retirees and although this has been the Consortium's practice it is the first time language has been included in a resolution.

A voice vote resulted as follows: Ayes – 22, Noes – 0, Excused – 5 (Bower, Brown, Doty, Hart, and Malenick), Absent – 5 (Adams, Doring, King, Perine, and Shawley)); Vacancy – (5th Labor Representative). MOTION CARRIED.

WHEREAS, by Resolution No. 005 of 2012 and amended by Resolution No. 27 of 2014 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of Owasco has submitted an official resolution authorizing the Town of Owasco to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Owasco has complied with membership process outlined in Resolution No. 005 of 2012 and amended by Resolution No. 027 of 2014 and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor,

WHEREAS, the Town of Owasco has requested as a condition of membership that all Medicare age employees and retirees maintain their current Medicare Advantage PPO benefit plan, a federally subsidized plan which the Consortium cannot offer, now therefore be it

RESOLVED, That the Greater Tompkins County Municipal Health Insurance Consortium, accepts and welcomes the Town of Owasco as the 31st municipal participant, with health insurance coverage beginning January 1, 2018,

RESOLVED, further, That the Board of Directors waives the requirement of payment of 5% of premium to the Surplus Reserve Account as requested by the Town of Owasco,

RESOLVED, further, That the Board of Directors determines that the terms of assessing the pro rata share of any surplus or deficit to the applicant shall at the time the applicant leaves the Consortium or upon dissolution of the Consortium shall be based on their share of any deficit or being paid their share of any surplus that was generated during their years of participation. The Board of Directors would identify the surplus or deficit which exists on the date of entry and again on the date of withdrawal or dissolution and bill or pay the applicant accordingly,

RESOLVED further. That the Board of Directors, in accordance with section A.3 of the Municipal Cooperative Agreement, allows the Town of Owasco's Medicare age employees and retirees to maintain their current Medicare Advantage PPO benefit plan, and

RESOLVED, further, That the Administrative Clerk shall forward to the New York State Department of Financial Services a certified copy of the resolution authorizing the Town of Owasco to become a participant in the Consortium and a certified resolution adopted by the GTCMHIC accepting the Town of Owasco as a Participant in the Consortium.

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**RESOLUTION NO. 021-2017 – AUTHORIZATION TO EXTEND CONTRACT FOR
PRESCRIPTION BENEFIT SERVICES FOR 2018 – PROACT**

MOVED BY Mr. Thayer, seconded by Mr. Rankin, and unanimously adopted by voice vote by members present.

WHEREAS, Board of Directors by Resolution No. 028-2016 awarded a one-year contract with ProAct for Prescription Benefits Manager services with the Consortium having the option to extend the contract annually for each of the next two years, and

WHEREAS, the Audit and Finance Committee has discussed and desires to extend the Prescription Benefits Manager services with ProAct for another year, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the contract with ProAct for Prescription Benefits Manager services be extended for the period January 1, 2018 through December 31, 2018.

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Mr. Thayer, Chair, reported the Committee is also looking at Stop Loss insurance coverage, reviewing the Excellus contract proposal, and will be revisiting the member application process and considering the process include looking at census risk in addition to financial risk.

Report from the Owning Your Own Health Committee

Mr. Barber reported on behalf of Ted Schiele, Committee Chair, who was unable to attend. He said the 6th Flu Clinics concluded yesterday and he expects the number of vaccines administered to be close to last year. He reminded Directors that members can receive flu vaccines at their pharmacy with no co-pay. The Committee has been working with claims data analytics from Lifetime Healthcare Companies to better understand the utilization of preventative health care benefits offered by the Consortium's benefit plans and learned that 89% of it's covered lives received some form of health care in 2016 which is much higher than Excellus' book of business. Also, consistently over 70% of the Consortium's covered lives are getting some form of preventative healthcare and less than 27% had annual physicals in 2016 although the cost of annual physicals is fully covered by benefit plans. The Committee is currently looking into how many covered lives have a Primary Care Physician which may be a barrier to getting an annual physical.

Mr. Barber said the Committee has learned that the demographics with the highest claim costs are the over 55. Analytics showed that chronic disease is major reason for these claims and most chronic diseases are manageable if caught early. However, there is low utilization of the Blue4U program which is at no cost to members and a benefit attached to the metal plans and targeted specifically to early detection of chronic disease. The Committee is looking at strategies to raise awareness of this benefit. The Committee continues to work with Excellus and Lifetime to understand subscriber utilization to develop a strategy to help members avoid chronic disease to the greatest extent possible and embrace a culture of preventative healthcare.

Report from the Joint Committee on Plan Structure and Design

Ms. Hersey, Chair, reported the Committee met on October 5th and recommended the adjustment to the Gold Metal Level Plan. The Committee appointed Jeanne Grace to serve as an alternate labor representative and continues to recruit a member to fill the 5th labor representative seat. Ms. Hersey thanked Mr. Locey for providing the Committee with a good overview of the labor's unique role under Article 47.

Report from Governance Structure Committee

Mr. Fracchia, Chair, reported the Committee met for the second time and at that meeting the results of the survey of Directors was reviewed. The option that received the highest amount of support was the current model and the option that received almost as much support was the model in which the Board would delegate more to committees and meet less frequently. The Committee took a more in-depth look at what the second option might look like and recognized that it may require changes to the Municipal Cooperative Agreement (MCA) and consultation with the Consortium's attorney to assure compliance with Article 47.

Mr. Fracchia said the Committee felt it would be important to delineate matters that are fiduciary in nature which are the responsibility of the full Board versus things that could be delegated to committees. Examples of things the Committee felt are the responsibility of the Board of Directors included the creation and charge to committees, approval of municipal partners, contracts or contract extensions, establishing the annual budget and premiums, plan design changes, etc. Examples of things that could be delegated to committees include creating and executing requests for proposals, approving contracts under a set amount, audit receipts and approving certain disbursements of funds, etc. With this model there would need to be an appeals procedure and clarification of the authority of the Executive Committee. The Committee will meet in mid-October to discuss the reaction from Directors at this meeting. Ms. Drake said with this model the Committee wants to make sure that pertinent information is brought to the Board and that Directors understand their role.

Mr. Fracchia explained the Committee was created to develop options to address the growth that has taken place since the Consortium first began and potential future growth as the Consortium began with 13 municipalities and in January will have 31. The model would reduce the frequency of Board meetings with the committees doing more in-between. Ms. Drake said there are some Directors that are traveling close to an hour to attend meetings. Mr. Fracchia said another option that was on the survey was a representative model and it clearly was not supported as much as the first two options.

Ms. Drake asked if there was interest in the Committee pursuing the alternative model of having a stronger committee structure and having the Board meet less often. Ms. Zahler asked if the Committee has discussed remote participation. Mr. Barber said the MCA allows for this and noted the Town of Preble has that capability now. Tompkins County has the capability in its Legislature Chambers and the technology could be brought into this conference room. Ms. Drake said if the Consortium moved to having a stronger committee structure it would be likely that the size of committees would increase so it would be important to ensure a broad and strong participation.

Mr. Salton said while he understands there can be good reasons to strengthen a Board's committee structure, he questions whether it would be beneficial if the number of meetings were only reduced from six times a year to four.

There was discussion of the potential growth of the Board with participants potentially coming from seven counties. Ms. Drake spoke of logistical issues in bringing all Directors to a location and said it is important to be able to answer all questions and keep everyone involved. Ms. Drake said she doesn't want to get so large that municipalities don't get engaged.

Mr. Barber said when the Consortium first started the Board of Directors met monthly but as time has gone on it is now fairly predictable what will need to be dealt with every year. He stated he believes it would be possible to move to meeting on a quarterly basis and said the Committee will be discussing this as well. Mr. Barber also stated it is important for Directors to stay somewhat involved as they are directing the Consortium which is a \$40 million business. He further stated that legal counsel suggested that if the Consortium moved to a stronger committee structure that there be representation on all committees by participants.

Mr. Fracchia asked for a straw poll with two options being presented: 1) remaining with the current structure and potentially meeting less often; or 2) moving to a stronger committee structure and reducing Board meetings to quarterly. The response was close to being evenly split between the two options.

Ms. Grace questioned how the goal of reducing travel by those coming from outside Tompkins County would be accomplished if members were required to participate on Committees. Mr. Fracchia responded that remote participation could be considered. Mr. Murphy agreed with the comment made by Ms. Grace and said he feels committee meetings run better when members meet face-to-face rather than remotely.

Mr. Salton expressed concern over what the composition of committees would be. Mr. Barber said the Governance Structure Committee discussed this and establishing term limits. He said the goal is to recognize that with the current structure there is a potential to have four times as many individuals at a Board of Directors meeting as there is now and this effort was to be proactive about that. At this time none of the options that have been brought forward are going to deal with that although providing for remote participation would help.

In response to a question of whether a representative model has been considered it was stated this was an option included in the survey of Directors but there was little interest. Mr. Fracchia said the Committee will continue to discuss this and invited Directors to send him any comments or suggestions.

Website Committee

Mr. Barber reported on behalf of Mr. Schiele, who was unable to attend, and that the Website Committee is composed of Ted Schiele (chair), John Fracchia, Kathy Sevoss, Tom Brown, and Michelle Pottorff. At the Committee's September 12th meeting, Greg Potter, Tompkins County Information Technology Services Director provided his advice on the tasks ahead. As a result, the Committee decided to go ahead and purchase the domain name: healthconsortium.net. The Committee, for many reasons, has recommended continuing to work with eGov which has the current website platform. The Committee has begun to discuss the scope of work for eGov and will continue to work on that at its next meeting on October 24th. They will also discuss the process for getting feedback on the website as it is being developed.

New Business

There was no new business. Ms. Drake noted the next meeting will be held on November 16th due to Thanksgiving.

Adjournment

The meeting adjourned at 7:48 p.m.