

Greater Tompkins County Municipal Health Insurance Consortium

Audit and Finance Committee

Agenda

November 27, 2018 – 3:30 p.m.

Old Jail Conference Room

1. Call to Order (3:30) M. Cook
2. Changes to Agenda (3:30)
3. Approve Minutes of October 23, 2018 (3:32)
4. Executive Director's Report (3:35) D. Barber
 - a. DFS Communications
 - b. Reports from Other Committees
 - c. Blue4You New Vendor Pricing
 - d. BMI Audit of Medical Claims
 - e. Town of Covert
 - f. Operations Audit Update: PBM
 - g. Wilmington Trust Contract Update
 - h. Committee Membership
 - i. Invoices:
 - a. Hancock Estabrook – October 25, 2018 (info. only)
 - b. Armory Associates – October 31, 2018 (info. only)
 - c. Segal Consulting – November 7, 2018 (info. only)
 - d. Michelle Courtney Berry – October, 2018 (info. only)
5. Financial Update (4:00) S. Locey
R. Snyder
S. Locey
 - a. Report on Receivables
 - b. High Cost Claim Report
 - c. Retiree Drug Subsidy (RDS) Actuarial Attestation
 1. Proposal from Armory Associates for Actuarial Valuation for Entities Receiving a Retiree Drug Subsidy
6. Resolution: Recommend Stop-Loss Insurer (4:15) D. Barber/S. Locey
7. Resolution No. Recommend Purchase of Insurance Policies: Errors and Omissions, and Directors and Officers Liability Coverage (4:45)
8. Resolution No. Recommend Approval of Financial Services Agreement with Tompkins County for 2019 (4:50)
9. Resolution No. Recommend Amendment to Res. No. 008-2019 – Designation of Banking Institutions (4:55)
10. Resolution No. Recommend Approval of Excellus contract for 2019 (5:00)
11. Telemedicine (5:05) B. Miller
12. Next Agenda Items (5:10)
 - a. Set 2019 meeting schedule
 - B. Departing Municipality's Pro Rata Share
13. Adjourn (5:15)

Next Meeting: _____ 2018

**Audit and Finance Committee
Minutes - Draft
October 23, 2018
Old Jail Conference Room**

Present: Mack Cook, Rordan Hart, Steve Thayer, Bud Shattuck (excused at 5:05 p.m.), Peter Salton (arrived at 3:33 p.m.), Chuck Rankin, Olivia Hersey, Ann Rider (arrived at 3:45 p.m.)

Absent: Laura Shawley

Guests: Don Barber, Executive Director; Rick Snyder, Treasurer; Steve Locey, Consultant; Corey Prashaw, Chris Laverty, David Schryver, ProAct; Damon Hacker, Armory Associates; Judy Drake, Board Chair; Jason Molino, County Administrator; Lisa Holmes, Deputy County Administrator; Cathy Midolo, Beth Miller, Excellus; Mary Alice Avery, Dominick D'Eramo, Zia Qasim, Wilmington Trust

Call to Order

Mr. Cook called the meeting to order at 3:31 p.m.

Changes to the Agenda

The following items were added to the agenda:

Discussion with Armory Associates concerning GASB45; and
Discussion of report from Segal on the Stop Loss insurance

Mr. Salton arrived at this time.

Presentation on ACQA by Excellus

Cathy Midolo, Director of Value Based Payment for Excellus, distributed an update on ACQA (Accountable Cost and Quality Agreement). She explained ACQA manages populations of health from both a quality and cost perspective. They are typically designed around clinically-integrated networks and look at populations in different ways to close gaps of care and coordinating health care through a plan and provider network. Ms. Midolo reviewed the internal support structure and stated through the ACQA programs they look at gaps of care and quality of care. She reviewed information demonstrating where there have been preventative screenings the ACQA outcomes are outperforming non-ACQA outcomes based on integration that is being done within practices and networks.

Ms. Rider arrived at this time.

The following points were made during Ms. Midolo's presentation:

- A majority of the Consortium's members fall within an ACQA arrangement;
- Guthrie is expected to be fully contracted by January 1, 2019;
- There has been a focus on looking at pharmaceutical costs and finding same efficacy, lower-cost alternatives. There has been a savings over a two-year period of \$10 million.

Mr. Locey spoke of a gap in the system whereby physicians do not have access to real-time pharmaceutical information which would allow them to prescribe lower-cost alternatives when appropriate and asked if this is being explored. Ms. Midolo agreed this would be valuable

and explained that while this is not in place now there are steps being taken that may eventually lead to this.

Ms. Midolo responded to a question from Mr. Locey concerning a lack of dialysis providers in the area and said this has raised concerns from both a quality of care and cost perspective. Efforts are underway currently as they are evaluating some innovative ways to handle this from where services can be delivered and how they are being delivered.

Mr. Salton said most providers have their own data system and asked if this requires a parallel system. Ms. Midolo explained they have a data aggregator that takes Excellus claims information with a physician's Electronic Health Record and meld the two to come up with aggregated results. This is not done in real-time but reports are given to providers. One of the conditions to being in an ACQA arrangement is that physicians work with Excellus on the data aggregation because it is key to driving outcomes.

At the request of Mr. Locey Ms. Miller will provide the Committee with a copy of the presentation.

Approval of Minutes of September 25, 2018

It was MOVED by Mr. Salton, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present, to approve the minutes of September 25, 2017 as submitted. MINUTES APPROVED.

ProAct Contract

Mr. Prashaw addressed the Committee on issues related to the proposed ProAct contract that have raised questions, an increase in the administrative fee by 75% (\$80,000 annually), increased rebates, and a decrease in ingredient costs. He spoke of the value the Consortium has experienced to date from an account service perspective and announced new software systems that have been developed of which one relates to prior authorizations and the other being a pricing tool.

Mr. Schryver, Vice President of Operations for ProAct, said members were provided a price analysis and explained a Pharmacy Benefit Manager can price a client contract through a traditional contract or a spread-based contract. A PBM makes money in three ways – keeping a share of rebates, through an administrative fee (a per member per month fee), or through a Spread (a pharmacy is paid a rate and a client is billed another rate). The structure of the Consortium's contract with ProAct is purely an Admin. Fee with no Spread fee. A rebate share is the second area within the Consortium's contract and is a 100% pass-through to the Consortium. Mr. Schryver said this is a transparent contract; the only source of revenue for ProAct is through the Administrative fee. He explained the average market fee and how it compares to a much lower fee to the Consortium has had since being with ProAct. Mr. Schryver said ProAct values its contract with the Consortium and provided a detailed explanation of how it aggressively goes after rebates and discounts noted there are costs incurred in doing this. Mr. Schryver referred to the document and guaranteed the proposed savings of at least \$446,000 (net) annually with a two-year contract assuming no change in utilization, generic product availability, or inflation.

**RESOLUTION NO. – 2018 - AUTHORIZE EXTENSION OF CONTRACT FOR
PRESCRIPTION DRUG CLAIMS ADMINISTRATOR FOR
2019-2020 – PROACT**

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

WHEREAS, the 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 an additional two years pursuant to the Contract Addendum proposed September 19, 2018, now therefore be it

RESOLVED, That the Audit and Finance Committee, recommends the contract with ProAct for Prescription Benefits Manager services be extended for the period January 1, 2019 through December 31, 2020,

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Wilmington Trust

Mary Alice Avery, Vice President at Wilmington Trust, introduced Dominick D'Eramo, Head of Fixed Income; Zia Qasim, Senior Trust Manager, at Wilmington Trust and presented the Committee with an information booklet containing a Firm Overview and its Fixed Asset Management. Mr. D'Eramo said the intent of Wilmington Trust is not to sell a particular product but to develop a solution set that meets the Consortium's needs and described the process will be a "crawl-walk" to get started. He reviewed the three sample portfolios for the Consortium and said their objective is to constantly bring these back and understand the needs of the Consortium and to marry that to their market intelligence.

Mr. Barber said he and Mr. Snyder spoke to them last week about what works best for the Consortium as far accounting and with things such as the Jurat which is why there are the two different Surplus and IBNR funds; everything else would be in the other category. The Consortium would still keep some funds locally in an operating account; the Committee will need to discuss how much should be retained in that account. Everything that is not kept locally in a checking account would be kept in the funds being presented.

Mr. D'Eramo said the securities being proposed are part of the Investment Policy and are constantly liquid. They are not a broker; therefore, all of the activity they are transacting and the price that is executed is passed directly to the Consortium. With respect to liquidity, the greater the degree of communication there is the more they can maximize the opportunity set. He referred to the Unrestricted portfolio and said they begin with very near-term maturities at approximately one month. They are then extended to a year with a constant degree of investment period of 1-3 months. He said they focus on each of the four FLMC meetings that take place and the Federal Reserve has been consistent in raising rates over these key meetings. Three rate hikes are being advertised for early 2019 and they would like the Consortium's portfolio mature in and around those meetings and will quickly reset with new maturities relative to that rate hike. All of this will garner additional income for the Consortium. Mr. Snyder noted that regardless of the maturity date each one of the treasuries could be sold if the Consortium needed access to the money. He said this provides him good reassurance when it comes to measuring the liquidity side.

Ms. Avery clarified that there is no transaction fee; Wilmington Trust will make money off of only the market value. She addressed communication and said they are extremely accessible and someone will always be available to provide information. They typically meet to review the portfolio overview once a year and will talk about market activity, what is driving activity, what is anticipated, changes to strategy that is needed, etc. and will set the course for the next quarter. A report will be produced on a quarterly basis that will be accompanied by a conference call. Mr. D'Eramo said they would be available, however, whenever the Consortium needed. Mr. Locey suggested providing a report in July prior to budget adoption in September. Mr. Snyder said he is comfortable with this and how the arrangement is proposed to move forward.

Mr. Barber said Mr. Snyder will be the primary contact with Wilmington Trust and also recommended that a quarterly conference call with this Committee take place with a full presentation in July prior to the 2020 budget process.

**RESOLUTION NO. - 2018 – RECOMMEND CONTRACT FOR INVESTMENT
MANAGEMENT SERVICES – WILMINGTON TRUST –
2019**

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

WHEREAS, the Consortium conducted a Request for Proposal process that netted six responses, and

WHEREAS, the Consortium appointed an Investment Management RFP Review Committee that interviewed three (3) highly qualified firms, and

WHEREAS, the Investment Management RFP Review Committee found that Wilmington Trust, a subsidiary of M&T Bank, had by far the largest volume of fixed income assets under management, and Wilmington offered a complete package of investment management and custodial services, and

WHEREAS, Wilmington Trust will deliver month updates, quarterly and annual reports and expressed willingness to attend meetings and educational retreats to raise our awareness of the investment management business, and Wilmington Trust agreed to complete Schedule B of our quarterly and annual JURAT financial filings with DFS (Department of Financial Services) which these investments would now require the Consortium to file as part of their services, and

WHEREAS, the Investment Management RFP Review Committee unanimously recommends the Consortium enter into a one-year contract Wilmington Trust for Investment Management Services, now therefore be it

RESOLVED, That the Audit and Finance Committee recommends the Board of Directors enter into a contract with Wilmington Trust for investment management services for a one-year term period January 1, 2019 through December 31, 2019.

Financial Update

Mr. Locey reported the budget was in good shape as of September 30th. There was a \$1.7 million in net income and rebates were up to \$1.3 million, and in aggregate claims were just below budget. Medical claims were 2.5% over budget and prescription drug claims were

9% below budget. He asked that members let him know if there are any questions about the financial information he distributed prior to the meeting. He expects the Consortium to end the year with approximately \$2 million in net income which is significantly higher than the expected amount of \$.5 million.

Mr. Locey said in addition to doing the IBNR and premium rate attestations that the Consortium has to submit to the State, Armory Associates has been contracted over the last couple of years to do GASB45 and GASB75 actuarial studies for any of the municipalities in the Consortium that want those services. He said an area that can be improved is making new municipalities aware of services that are available through the Consortium such as preparing this report.

Mr. Hacker explained how Armory Associate was started 12 years ago to provide actuarial services to initially meet the demand when public employers were required to provide post-employment valuations. These valuations were previously called GASB45 and have now been replaced by GASB75. He said prior to the creation of the Consortium they had a long relationship with several employers that are now in the Consortium. In 2015 he responded to an RFP from the Consortium specific to providing actual attestation, IBNR (Incurred But Not Reported) analysis, and within the proposal also provided a group rate proposal to provide post-employment benefit plan valuations. He said although they had agreements with some of the employers within the Consortium they agreed to provide a group agreement where they would provide group discounts not only for the employers that they previously worked with but also for any other employer within the Consortium that was interested in the service. Since that time they have started working with the Towns of Ulysses and Lansing; however, those towns initially were not aware of their option to have this done through the Consortium at a discounted rate.

Mr. Snyder spoke of the benefits of having this service and said not only does this work produce a cost savings but it produces a savings in time at the administrative level. He said he would like the Consortium to place more effort in making all municipalities aware that this service is available. Mr. Cook asked if there is interest in expanding the services for those entities that are in the Retiree Drug Subsidy and have to have an actuarial valuation of their plan. Mr. Hacker will prepare a proposal to be considered at next month's meeting.

Mr. Shattuck was excused at this time.

Ms. Drake said upon reviewing an invoice she raised the question of why this would be a Consortium expense, particularly when additional municipalities are joining which would increase the expense. Mr. Hacker said all municipalities that are required to follow the Governmental Accountability Standards rules are required to do this. The cost to municipalities with under 100 members is \$3,200 every other year for the full valuation; the interim year cost is \$1,200. Mr. Locey said the budget could absorb this cost; however, the cost to do this for all municipalities in the Consortium would be approximately \$120,000 and has not been included in the budget. He referred to the school consortiums Locey and Cahill work with and said it was felt this is a health insurance-related expense and has been covered and by building it into the budget not only is the employer paying it but subscribers as well. Mr. Hacker explained the factors that are taken into consideration during the valuation and said the goal behind it is to assist the financial world to get a better understanding of each employer's financial obligations and liabilities. Ms. Drake said she is not opposed to the Consortium paying this but it needs to be budgeted for and advertised as a benefit.

RESOLUTION NO. - 2018 – EXTENSION OF CONTRACT FOR PLAN CONSULTANT – LOCEY & CAHILL, LLC – 2019

MOVED by Ms. Rider, seconded by Ms. Hersey. Mr. Barber said members were provided with a memorandum from Mr. Locey that outlines the scope of work that he has reviewed and finds it to be in line with the work being done by Locey and Cahill. He said there is an increase in the contract cost but there has also been an increase in the amount of time and work that is related to the growth of the Consortium. Mr. Salton commented that he found the information Mr. Locey provided to be informative and outlined a good rationale for the work they do and hope to do going forward.

The resolution was unanimously approved by members present.

Mr. Locey spoke of his appreciation in having been the Consultant for the Consortium since it first began operations.

WHEREAS, the Consortium requires ongoing Plan consulting services to continue its operations, and

WHEREAS, the Plan consulting services needed include: strategic planning, financial analysis, recommending a budget, producing and filing benefit plan documents, calculating premium equivalents, preparing a variety of internal reports and requests for proposals, attending Board and Committee meetings, claims trends and large loss analysis, assisting municipal partner with benefit and premium questions, and interfacing with third party administrators and ancillary benefit providers, and

WHEREAS, the Consortium by Resolution No. 17 of 2013 awarded a contract for Plan consultant services on December 19, 2013 to Locey & Cahill, LLC of Syracuse for the period January 1, 2014 through December 31, 2015 with the option to renew for three additional one-year terms, and

WHEREAS, the Executive Committee has discussed the need and scope of Benefit Plan Consultant Services and recommends that the Consortium retain Locey and Cahill, LLC for those services, and

WHEREAS, the Audit and Finance Committee has reviewed and discussed the terms of the Consortium's contract with Locey and Cahill, now therefore be it

RESOLVED, That the Audit and Finance Committee recommends the contract with Locey & Cahill, LLC be extended for an additional one-year term for the period January 1, 2019 through December 31, 2019.

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RESOLUTION NO. - 2018 – AUTHORIZING INFORMATION TECHNOLOGY SERVICES AGREEMENT WITH TOMPKINS COUNTY – JANUARY 1, 2019 THRU DECEMBER 31, 2019

MOVED by Mr. Salton, seconded by Ms. Rider, and unanimously adopted by voice vote by members present.

WHEREAS, the Consortium has received technical assistance at no charge from the Tompkins County Information Technology Services Department (ITS) since beginning operations in 2011, and

WHEREAS, technical support has included website hosting and assistance, e-mail account technical support, audio and visual assistance, development of a secure online enrollment program, and general computer support, and

WHEREAS, the frequency of requests and time involved has increased as the Consortium has grown, and

WHEREAS, the Executive Committee has recommended that the Consortium provide compensation for work done by the Department on behalf of the Consortium, now therefore be it

RESOLVED, That the Audit and Finance Committee recommend the Board of Directors approve an agreement with Tompkins County Information Technology Services for 2019 based on a rate for an average of four (4) hours per month at \$60 per hour for ITS support provided to the Consortium from January 1, 2019 thru December 31, 2019 for a total of \$2,880,

RESOLVED, that the amount of \$2,880 will be submitted as a single invoice by ITS in January, 2019, and

RESOLVED, that ITS will invoice annually for the direct cost of the assigned Consortium Microsoft Office 365 licenses as procured under the Tompkins County Microsoft Office 365 tenant, and

RESOLVED, further, That this rate and hours associated with ITS support shall be reviewed annually to ensure that as the Consortium grows that it supports the assistance provided by the Department,

RESOLVED, further, that the TC Information Technology Services Agreement will be kept on file in the Consortium's records.

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Executive Director's Report

DFS Communications

Mr. Barber reported an amended second quarter 2018 Jurat was submitted as requested by the Department of Financial Services. He said he received a communication from the Department stating the Consortium is not in compliance with cybersecurity requirements. He sent an e-mail in response to the Department outlining all of the work that was done 18 months ago along with a request and justification for why the Consortium should be exempt; however, no response was ever received to that request. He noted this is one of the items that were raised during the meeting with Troy Oeschner and also with Senator Seward.

Mr. Barber said language was developed to improve Article 47 and submitted to the Department with a request for a response. Also, the New York State Association of Counties is pushing for these changes to be made to Article 47 as it is included in the County's Shared Services Plan. He will continue to follow-up on this.

Reports from Other Committees

Mr. Barber reported there has been discussion between he and Mr. Snyder of how much funds the Consortium should keep liquid in its local account. They will be working with local banks to get proposals to inform a decision of which banks to keep funds.

The Owing Your Own Health Committee has been involved in benefit fairs and is wrapping up the Blue4You Program. Flu clinics are complete and a report will be coming to the committee on the participation rate. The Joint Committee has been discussing attendance and the sixth Labor Director seat it will have on the Board of Directors in 2018.

Health Care Financing Cooperative and Stop Loss Update

Mr. Barber said an RFQ (Request for Quotes) has been issued and quotes for stop loss insurance are being received. He has been working with the Consortium's legal counsel on matters relating to the Health Care Financing Cooperative and will be attending a meeting of the Cooperative tomorrow. He will report back to the Committee at the next meeting.

BMI Medical Audit

Mr. Barber said BMI has communicated to Excellus that it won't be looking at data until after the first of 2019. Excellus has responded that data is purged after two years; therefore, data from 2016 will not be available after January 1. Mr. Locey said it appears BMI has been experiencing staffing problems which has resulted in a delay. He will be working with BMI to see that data is accessed before that time as the agreement included an audit of the Consortium's 2016 data.

New Member Update

Mr. Barber reported he received a call from the Town of Covert Supervisor that the Town has decided not to join the Consortium as a result of receiving a revised and lower quote from its broker.

Mr. Hart suggested the Consortium consider building in a fee for an applicant that is denied or withdraws after being accepted into the Consortium.

Wellness Marketing Expense

Mr. Barber said there have been new expenses incurred related to marketing and said while they are well-justified and important it would be good to separate these out in a way that will allow them to be tracked. Members were supportive of tracking these expenses.

Committee Member Terms Expiring at Year-end

Mr. Barber reported on members listed on the agenda who have a term expiring at the end of the year and asked that anyone let him know if they are not interested in being reappointed.

Invoice Approval

The following invoices were presented for information only:

Armory Associates – September 30, 2018;
Bonatio – September 30, 2018; and
BOCES Printing – October 3, 2018

Segal Consulting

Mr. Barber provided copies and reviewed a report from Segal Consulting on its review and observations from an audit of the Consortium's 2018 Stop Loss contract with Highmark. The report didn't find anything that needed attention and suggested a couple of ideas for future contracts. Mr. Locey said he thought it was a good report and will be following-up on some of the items suggested for consideration.

Mr. Locey said at the next meeting the Committee will be presented with quotes for Stop Loss Insurance. Companies have been asked to quote \$500,000, \$600,000, \$700,000, and \$1 million. Mr. Hart asked if information could include a look back over the last eight years of what would have hit as a percentage loss number.

Next Agenda Items

The following items will be included on the next agenda:

Restricting Reserves from a Departing Municipality's Pro Rata Share;
Fee for Withdrawal/rejected member; and
Retiree Inclusion and Benefit Plan impact;
Stop Loss insurance; and
Excellus contract renewal

Adjournment

The meeting adjourned at 5:45 p.m.

Dear Mr. Barber,

The Department of Financial Services (“DFS” or “the Department”) acknowledges your correspondence with the Department through April and May of 2017 (as attached), especially the 5/1/17 correspondence with Warren Youngs indicating the exemptions you state Greater Tompkins County Municipal Health Insurance Consortium (“GTCMHC”) would be eligible for. We are directing you to now file the exemptions, you have determined GTCMHC to be eligible for, with the Department. You should file the exemption filing electronically through the NYS DFS Cybersecurity Portal, the portal can be found at the following hyperlink: [Cybersecurity Secure Poratl link](#) . The filing is for compliance\exemption as of 12/31/17. Please note if you have any questions regarding your filing, please first refer to the following public domain DFS web site which contains all of the necessary information pertaining to 23 NYCRR 500 (“Regulation 500”), and also provides a Frequently Asked Questions (“FAQ”) section, as well as the full text of Regulation 500 : <https://www.dfs.ny.gov/about/cybersecurity.htm>. This site may answer any questions or concerns you may have.

Please further note when a covered entity (as GTCMHC is a covered entity) files an exemption under 23 NYCRR Part 500.19 , any of the exemptions are a **limited exemption** and a covered entity is **still required to be in compliance** with other applicable provisions of the regulation. Please refer to the Key Question excerpt below taken from the above stated DFS public domain website.

“What if I filed for an exemption from the cybersecurity regulations?”

People who received the reminder are required to file the Certificate of Compliance even if you filed for an exemption under 23 NYCRR Part 500.19. These exemptions have been tailored to address particular circumstances and include requirements that the Department believes are necessary for exempted entities. Covered Entities are required to file a Certificate of Compliance to confirm that they are in compliance with those provisions of the regulation that apply to the Covered Entity.”

Further clarification of exemptions and what is still required can be found at the following web location: https://www.dfs.ny.gov/about/cybersecurity_faqs.htm . This link takes you to the Frequently asked Questions section of the above referenced Regulation 500 public domain website. There is a convenient chart located in FAQ #3 as provided below. Please refer to the chart when determining what provisions of Regulation 500 GTCMHC is still required to be in compliance with.

3. If I have a limited exemption, what provisions of the regulation do I still need to comply with?

Please see charts.

Exemption	Exempt From	Still Required
500.19 (a) (1) Fewer than 10 employees working in NYS	500.04- Chief Information Security Officer 500.05- Penetration Testing and Vulnerability Assessments	500.02- Cybersecurity Program 500.03- Cybersecurity Policy 500.07- Access Privileges 500.09- Risk Assessment 500.11- Third Party Service Provider Security Policy
500.19 (a) (2) Less than \$5 million in gross annual revenue	500.06- Audit Trail 500.08- Application Security 500.10- Cybersecurity Personnel and Intelligence 500.12- Multi-Factor Authentication	500.13- Limitations on Data Retention 500.17- Notices to Superintendent 500.18- Confidentiality
500.19 (a) (3) Less than \$10 million in year-end total assets	500.14- Training and Monitoring 500.15- Encryption of Nonpublic Information 500.16- Incident Response Plan	500.19- Exemptions 500.20- Enforcement 500.21- Effective Date 500.22- Transitional Periods 500.23- Severability

Exemption	Exempt From	Still Required
500.19 (c) Does not control any information systems and nonpublic information	500.02- Cybersecurity Program 500.03- Cybersecurity Policy 500.04- Chief Information Security Officer 500.05- Penetration Testing and Vulnerability Assessments	500.09- Risk Assessment 500.11- Third Party Service Provider Security Policy 500.13- Limitations on Data Retention 500.17- Notices to Superintendent 500.18- Confidentiality
500.19 (d) Captive insurance companies that do not control nonpublic information other than information relating to its corporate parent company	500.06- Audit Trail 500.07- Access Privileges 500.08- Application Security 500.10- Cybersecurity Personnel and Intelligence 500.12- Multi-Factor Authentication 500.14- Training and Monitoring 500.15- Encryption of Nonpublic Information 500.16- Incident Response Plan	500.19- Exemptions 500.20- Enforcement 500.21- Effective Date 500.22- Transitional Periods 500.23- Severability

If you have any further questions or concerns please email me. Please file your exemption filing, along with the appropriate compliance certification by 11/23/18.

Regards, Darlene Pettit
NYS DFS Health Bureau Cyber Security Captain

What Stays the Same

- There will still be three **Blue 4U** program solutions to choose from and new claims cost:
 - **Blue 4U Start** (fingerstick) \$54.50
 - **Blue 4U** (limited panel venipuncture) \$90.00
 - **Blue 4U Max** (full panel venipuncture) \$110.00
- Screenings will continue to be billed through claims.
- Note previous Blue4U claims cost was \$150

GTCMHIC Name Audit Timeline

RESPONSIBLE PARTY	#	AUDIT STEPS	Med/Rx/Dental Audit	
			TARGET	COMPLETED
BMI / GTCMHIC	1	Execute BMI Services Agreement / Business Associate Agreement		8/3/2018
GTCMHIC	2	Complete and return Audit Process Guide.		8/07/2018
BMI / GTCMHIC	3	Kick-off call to review and discuss: <ul style="list-style-type: none"> • Introductions – Who is handling various tasks • Establish the audit timeline • Review audit process and complete Audit Process Guide if necessary • Determine next steps and responsible parties 		
Locey	4	Send BMI plan documents, e.g. Summary Plan Description(s)/Benefit Booklet(s), Schedule of Benefits, ASO, etc.		10/1/2018
GTCMHIC	5	Send Excellus audit notification.		8/14/2018
BMI	6	Send Excellus audit scope.		9/5/2018 9/20/2018
Excellus/ BMI/GTCMHIC	7	Execute Excellus Confidentiality Form		9/24/18
GTCMHIC/ Excellus	8	Send BMI eligibility file		9/28/18
Excellus	9	Send BMI claims data		9/28/18
BMI	10	Define and test data set	Week of 10/29/2018	11/2/18
BMI	11	Evaluate and select claim samples; submit to Excellus	Week of 12/7/2018	
Excellus / BMI	12	Conduct onsite (medical only)	Week of 1/14/2019	
Excellus	13	Excellus audit responses due	TBD	
BMI	14	Finalize report and send to GTCMHIC/ Excellus. <i>(If a draft report is required, continue to step 15)</i>	TBD	
BMI	15	<i>Complete draft report and send to Excellus</i>	TBD	
Excellus	16	<i>Draft response report returned to BMI</i>	TBD	
BMI	17	<i>Draft response reviewed, finalize report , and send to GTCMHIC /Excellus</i>	TBD	

Audit and Finance Committee
Created via Resolution No. 012-2014 (Merging of Audit Committee and Finance Committees)
9 members; 2-year terms

2018 Terms Expire 12/31/2018

11-17-2016 Peter Salton
11-17-2016 Laura Shawley
11-17-2016 Mack Cook
01-26-2017 Bud Shattuck

Appointed Terms Expire 12/31/2019

11/16/2017 Chuck Rankin
11/16/2017 Olivia Hersey
11/16/2017 Rordan Hart
03/22/2018 Ann Rider

No set term

10/25/2012 Steve Thayer – Chief Financial Officer, Chair

TOMPKINS COUNTY COUNCIL OF GOVERNMENTS
125 EAST COURT STREET
ITHACA, NY 14850

INFO. ONLY



HANCOCK
ESTABROOK, LLP

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NOVEMBER 6, 2018

INVOICE # 432382

FOR LEGAL SERVICES RENDERED IN CONNECTION WITH:

HEALTH BENEFITS CONSORTIUM

10/01/18	J. Powers	0.25	Coordinate with Briana K. Wright re: response to Board request and preparation of Agreement
10/02/18	B. Wright	0.75	Begin review of Investment and Spending Policy
10/04/18	B. Wright	1.00	Finalize review of Wilmington Trust Agreement
10/08/18	B. Wright	0.50	Finalize comments on Account Agreement
10/09/18	B. Wright	0.50	Finalize comments and send to Don Barber
10/22/18	J. Powers	0.50	Review correspondence from Don Barber; provide feedback re: inter-municipal Memorandum of Understanding
10/23/18	B. Wright	0.75	Review and comments on revisions to Bylaws
10/29/18	B. Wright	1.75	Begin drafting Agreement to utilize employees of Tompkins County
10/29/18	B. Wright	1.00	Finalize draft; confer with Whitney M. Kummerow re: joint employer issues
10/29/18	W. Kummerow	0.75	Review of draft Agreement; conference with John F. Corcoran and Briana K. Wright re: necessary revisions to same
10/30/18	W. Kummerow	0.25	Review of e-mail correspondence from client to Briana K. Wright re: issues to consider prior to drafting Memorandum of Understanding with County
10/31/18	B. Wright	3.50	Review and revise Bylaws and send same to Don Barber; review Wilmington Trust comments and provide e-mail response to Don Barber re: same; confer with John F. Corcoran re: Memorandum of Understanding and arrangement with employee of County; research same; continue drafting Memorandum of Understanding; send same to John G. Powers

TOTAL HOURS

11.50

TOMPKINS COUNTY COUNCIL OF GOVERNMENTS
HEALTH BENEFITS CONSORTIUM



HANCOCK
ESTABROOK, LLP

COUNSELORS AT LAW

1500 AXA Tower I, 100 Madison St.,
Syracuse, NY 13202
T: (315) 565 4500 • F: (315) 565 4600
Federal ID: 15-0502175

NOVEMBER 6, 2018

INVOICE # 432382

PAGE # 2

TOTAL FOR SERVICES \$ 1,993.75

TOTAL THIS STATEMENT \$ 1,993.75

109797-00001/JGP



October 31, 2018

Invoice # 1319

Invoice submitted to:
Greater Tompkins County
Michelle Pottorff
Chief Deputy Clerk
Municipal Health Insurance
Consortium
125 E. Court Street
Ithaca, NY 14850

	<u>Amount</u>
10/31/2018 For the completion of the May 31, 2018 GASB 45 Interim Update for the Village of Groton. Actuarial consulting services in connection with the post-retirement benefit plan for the purpose of determining its obligation and cost in accordance with the Governmental Accounting Standard Board (GASB) statement No. 45, <u>Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions.</u>	1,000.00
Total Fee for Professional Services	<u>\$1,000.00</u>

Term - Due Upon Receipt of This Invoice



333 West 34th Street New York, NY 10001-2402
T 212.251.5095 www.segalco.com

Lawrence Singer
Senior Vice President
lsinger@segalco.com

November 7, 2018

Mr. Don Barber
Executive Director
Greater Tompkins County Health Insurance Consortium
125 East Court Street
Ithaca, NY 14850

Re: Invoice – Stop-Loss Review

Dear Don:

Here is a statement covering our time associated with reviewing the Stop-loss program. The efforts are summarized on the statement consistent with our May 11th project outline.

Please return the accompanying remittance copy of the invoice with the Consortium's check in the envelope provided.

While we feel we have completed the services discussed in that project outline and we have closed the matter for billing purposes, we remain available to address any other questions on this topic that you or any board member may have.

Thank for your attention to this.

Sincerely yours,

Lawrence Singer

8805297V1/14914.003

333 West 34th Street
New York, NY 10001-2402

Phone: (212) 251-5000
Fax: (646) 365-3243

October 31, 2018

**Greater Tompkins County Municipal
Health Insurance Consortium
125 East Court Street
Ithaca, NY 14850**

Invoice #: 345575
Reference #: 14914 - 003 - 201800

**For consulting services rendered in connection with Stop Loss Review in the period through
October 31, 2018**

<u>Date</u>	<u>Name</u>		<u>Hours</u>	<u>Value</u>
10/04/2018	Tesoriero, Michael	Stop loss review analysis and memo.	3.25	1,527.50
10/09/2018	Tesoriero, Michael	Review of terms and write up of findings.	4.25	1,997.50
10/10/2018	Tesoriero, Michael	Review of terms and write up of findings.	3.50	1,645.00
10/12/2018	Singer, Lawrence	edit stop-loss memo	2.00	1,070.00
10/18/2018	Tesoriero, Michael	Preparation and discussion regarding stop loss coverage review.	2.25	1,057.50
10/18/2018	Singer, Lawrence	Call with Don Barber to discuss stop loss report and make changes	1.00	535.00
10/19/2018	Tesoriero, Michael	Revisions to stop loss memo.	0.50	235.00

Total Invoice: **\$8,067.50**



333 West 34th Street
New York, NY 10001-2402

Phone: (212) 251-5000
Fax: (646) 365-3243

October 31, 2018

Invoice #: 345575
Reference #: 14914 - 003 - 201800

**Greater Tompkins County Municipal
Health Insurance Consortium
125 East Court Street
Ithaca, NY 14850**

REMITTANCE ADVICE

Total Balance Due: \$8,067.50

PLEASE PAY WITHIN 30 DAYS.

Remittance Information

By Check:	By Wire Transfer:
P.O. Box 4058 Church Street Station New York, NY 10261-4058	JP MORGAN/CHASE BANK Acct Name: THE SEGAL COMPANY (EASTERNSTATES). IN Acct Type: CHECKING Acct #: 1440-74092 ABA #: 021000021
Please return a copy of this Remittance Advice with your check to assist us in crediting your account.	Please reference client name and invoice.

EIN #: 13-1835864

From: Singer, Lawrence <LSinger@Segalco.com>
Sent: Tuesday, November 20, 2018 3:02 PM
To: Don Barber, Health Consortium ED <edconsortium@tompkins-co.org>
Subject: RE: Stop-Loss Invoice

Don,

There was nothing exceptional about our efforts in performing the stop-loss program review. As we noted in the summary memorandum, the contract has a number of favorable terms which are typical in contracts of this nature and a few provisions that are not reflective of current best practices. The areas that we suggest be improved are listed as Specific Stop-loss Alternative Considerations. On the whole, you were very helpful in getting us information and the contract is generally reasonable and was easy to review.

The time posted beyond the estimate was associated with preparing for our discussions with you. Specifically, we did a bit of pricing modeling - a very little bit since we did not have sufficient data or did not discuss risk tolerance with the Board. We did this to help in the discussion about the \$600,000 specific stop-loss deductible that was unanticipated in the initial project outline.

Based on this we suggested that more aggressive competitive bidding - at least involving more carriers than those you told us were going to be contracted in the current renewal - would have likely resulted in lower rates allowing the Consortium to maintain a lower deductible.

We understand how project budgeting affects public sector programs. We are therefore respectful of your needs and are willing to have the high end of the maximum be the maximum fee for these services if you feel it is necessary. If you feel it is necessary, we will stand by our offer to remain available to answer any additional questions you or a Board member may have on the stop-loss contract with no additional billing. If, on the other hand, you want Mike or me to meet with the Board or perform any substantial analysis, we may have to submit another project outline and fee.

If there is anything you want to discuss call me at 518.329.7850 today, tomorrow or Friday or in my office at 212.251.5095 next week.

Happy Thanksgiving.

Larry

Lawrence Singer
Senior Vice President
Segal Consulting
333 West 34th Street | New York, NY 10001-2402
T 212.251.5095 | **F** 646.619.4942 | **M** 516.383.2411
lsinger@segalco.com

Assistant: Dianne Franco 212.251.5062 dfranco@segalco.com

From: Don Barber, Health Consortium ED <edconsortium@tompkins-co.org>
Sent: Monday, November 19, 2018 5:45 AM
To: Singer, Lawrence <LSinger@Segalco.com>
Subject: Stop-Loss Invoice

Larry,

We have received the Segal invoice for Stop-Loss. Thank you.

The quoted price was \$5,000 to \$7,000, The invoice came in at \$8,067.50. When the Finance Committee reviews this invoice they will ask me for the extenuating circumstances that caused this overage of the expected cost and ask if I approved this additional expense. I don't have an answer because the process went pretty smoothly from my perspective. We have only worked with Highmark since our inception, so our contract has been fairly consistent and I didn't note anything in the analysis which suggested that our contractual relationship was extraordinary.

Please share what language I can use to help them appreciate the value in this invoice.

Sincerely,

Don Barber - Executive Director
Greater Tompkins County Municipal Health Insurance Consortium
125 East Court Street
Ithaca, New York 14850
607-274-5590
Fax: 607-274-5430
edconsortium@tompkins-co.org

MONTHLY TIME SHEET & INVOICE

Courtney Consulting Enterprises, LLC

Street Address: 525 W. Buffalo Street Pay Period Start Date: 10/1/2018

Address 2: _____ Pay Period End Date: 10/31/2018

City, State ZIP: Ithaca, NY 14850-4013

Consultant Name: Michelle Courtney Berry Wellness Consultant Phone: 607-592-2527

INVOICE #0803 Consultant E-Mail michellecourtneyberry@gmail.com

Day	Date	Regular Rate	Gen Research	Focus Gr	Branding	Total	Description
Wednesday	10/3/2018	2.00				2.00	Correspondence with partners, members, etc.
Thursday	10/4/2018	3.00				3.00	Flu Clinic follow-ups, phone calls, correspondence
Friday	10/5/2018	1.00				1.00	Responding to partner questions, correspondence
Wednesday	10/10/2018	3.00				3.00	Meeting with Don Barber, follow-up, planning
Friday	10/12/2018	3.00				2.00	Correspondence with members, phone calls, research, developing overall brand materials
Saturday	10/13/2018	3.00				3.00	Completing data base research/designing survey
Sunday	10/14/2018				3.00	3.00	Create branding materials/brochures, flyers for Consortium for the Benefits Fair
Monday	10/15/2018	2.00				2.00	Reviewing Excellus partner materials, developing brand focus for Consortium to share information
Tuesday	10/16/2018	2.00				2.00	Correspondence, prep for Benefits Fair
Wednesday	10/17/2018			8.00		8.00	TC Benefits Fair (includes prep, setup, travel) - 8-5
Thursday	10/18/2018	1.00			2.00	3.00	"Finalizing" Logo renderings for review at OYOH
Mon-Friday	10/22/2018	1.00				1.00	Follow-up on Blue4U, correspondence, mktg.
Wednesday	10/31/2018	2.50				2.50	OYOH (3:30-5 pm), Blue4U review (1 hr)
	Total Hours	23.50	0.00	8.00	5.00	35.50	
	Rate Per Hour	\$75.00	\$75.00	\$125.00	\$175.00		
	Total Pay	\$1,762.50	\$0.00	\$1,000.00	\$875.00	\$3,637.50	

Michelle Courtney Berry (e-sign)

Consultant e-signature

From: Damon Hacker <dhacker@armoryassociates.com>
Sent: Wednesday, October 31, 2018 11:11 AM
To: Don Barber, Health Consortium ED <edconsortium@tompkins-co.org>
Cc: Stephen Locey <slocey@loceycahill.com>
Subject: Retiree Drug Subsidy (RDS) Actuarial Attestation

Good Morning Don,

First, I just want to thank you and the Audit & Finance Committee for your time and continued support for our services. I have been working with some of the employers of the Consortium (Tompkins County, City of Ithaca, City of Cortland) for over 10 years and greatly appreciate the business and the professional relationship that we have with them and the same goes with working with the Consortium for the past 3 years to complete the IBNR analysis and the Article 47 annual report.

As discussed during the Audit & Finance Committee meeting I wanted to follow up with you with information in regards to the Retiree Drug Subsidy (RDS) and a quote for our services.

Background information on RDS

- The RDS program was enacted in December 2003 to reimburse Plan Sponsors for a portion of their Qualifying Covered Retirees' costs for prescription drugs otherwise covered by Medicare Part D.
- To qualify for the subsidy, a Plan Sponsor must show that its coverage is "actuarially equivalent" to, or at least as generous as, the defined standard Medicare Part D coverage.
- We have found that the average RDS annual payment per Qualifying Covered Retiree (Medicare eligible) has been about \$600. (i.e If an employer has 100 qualifying retirees the employer would receive approximately \$60,000 for the year.)

Our Services for each Plan Sponsor:

- Compile the necessary information to complete the actuarial attestation from the Employer and Locey & Cahill.
 - Medical and Rx benefit description for the Medicare eligible population. (From L&C)
 - Monthly premium amounts for the Medical and Rx health plan. (from L&C)
 - Listing of Qualifying Covered Retirees' (Medicare eligible) and contribution rates. (from employer)
 - Prescription drug and Medical Claims for Medicare eligible population. (Excellus, Proact, L&C)
- Complete the analysis to show that the coverage is "actuarially equivalent" to, or at least as generous as, the defined standard Medicare Part D coverage. Consists of two parts and must pass both to receive the subsidy:
 - Gross Value Test: Confirms that the total value of benefits provided to Medicare Part D eligible individuals under the Plan Sponsor's plan is at least as generous as what they could receive under standard Medicare Part D coverage.
 - Net Value Test: Takes into account the extent of the employer financing of the drug coverage so that the net value of the employer plan to those individuals is at least equal to the net value of what they would receive under standard Medicare Part D coverage.
- Attest to the actuarial equivalence of the plan on the Center for Medicare & Medicaid Services website prior to the annual deadline.
- Retain all work papers to support the actuarial equivalence determination.

Our Fee for RDS Actuarial Services:

Large Employers (over 100 members): \$2,000

Small Employers (less than 100 members): \$1,000

Additional Notes:

- Due to the fixed costs incurred (actuarial attestation fee, employer time commitment, etc.) to fully comply with RDS and receive the subsidy it is of my opinion that an employer should have at least 10 Medicare eligible retirees that could receive the subsidy to make this worthwhile.
- In addition to completing the actuarial attestation, Plan Sponsors have additional responsibilities to ensure everything gets completed and submitted to the RDS Website by certain deadlines. These additional requirements include but are not limited to the following:
 - **User Management** - includes maintaining roles and user information as well as remaining in compliance with Federal Security Regulations by logging into the RDS Secure Website at least once every 60 days. Maintaining an active user account is essential to RDS Program participation including submitting applications and completing Reconciliation. CMS' RDS Center will not make payments to a Plan Sponsor if the Account Manager or Authorized Representative has an inactive user account.
 - **Annual Plan Application** - includes submitting a timely application prior to the expiration of the Application Deadline, which is 90 days before the selected Plan Year Start Date. For example, if a Plan Sponsor's Plan Year Start Date is January 1, 2015, the Application Deadline is October 2, 2014. If the Application Deadline is not met, the application will be denied. **Keep This in Mind:** If the Plan Sponsor finds it will be unable to meet the original Application Deadline, the Account Manager, Authorized Representative, or a Designee assigned the Request Extension privilege may request one 30-day extension using the RDS Secure Website.
 - **Retiree Management** - Plan Sponsors submit monthly retiree updates to CMS' RDS Center to establish Qualifying Covered Retirees (QCRs). A QCR must be: a retiree of the Plan Sponsor or a retiree's spouse/dependants, a person covered under the Plan Sponsor's Qualified Retiree Prescription Drug Plan and a person eligible for but not enrolled in a Medicare Part D plan. Plan Sponsors may only submit costs for the QCRs, Benefit Options, and Subsidy Periods listed in the Covered Retiree List. Therefore, it is necessary to manage retiree information throughout the phases of an RDS application.
 - **Payment Setup** - process by which the Account Manager or the Authorized Representative identify the individuals who will report costs and request payment(s) by completing Payment Setup. If there are changes to the individuals who will report costs and request payment(s), changes can be made to Payment Setup. Payment Setup must be complete in order to report costs or request payment(s). Additionally, a single individual may not have both the Report Costs privilege and the Request Payment privilege on a given application.
 - **Interim Payment** - process by which a Monthly, Quarterly, or Interim Annual Payment may be requested by the Plan Sponsor based on the selection made during application setup.
 - **Reconciliation** - occurs within 15 months after the application Plan Year End Date to finalize an application's Covered Retiree List and submit final cost data to CMS' RDS Center. If the Plan Sponsor did not select an Interim Payment Frequency, it must use the Reconciliation process to request its annual payment. The 12 steps of Reconciliation can typically average 90 days to complete. **Remember:** If interim payments were received and the Plan Sponsor does not complete Reconciliation by the Reconciliation Deadline, the sum of all payments received will become an overpayment, and CMS will initiate immediate action to recover those funds. Plan Sponsors that fail to meet the Reconciliation Deadline for a given application and have not received interim payments for that application will not be eligible for any subsidy payments for that application.

It should be clearly noted that our Proposed Services are strictly related to completing the Actuarial Equivalency test and attesting to the plan and does not include any services as it relates to completing the application process as described directly above.

However, I do know that Locey & Cahill has the expertise to provide those services and support if needed by the individual employers. If interested, this may be something that gets discussed directly with Locey & Cahill.

Please let me know if you have any questions.

Sincerely,

Damon

Damon R. Hacker, ASA, MAAA

Vice President, Chief Actuary

Armory Associates, LLC

315-752-0060 ext. 328 | dhacker@armoryassociates.com

120 Walton Street, Suite 501, Syracuse, NY



Greater Tompkins County Municipal Health Insurance Consortium

125 East Court Street • Ithaca, New York 14850 • (607)274-5590
www.tompkinscountyny.gov/hconsortium • consortium@tompkins-co.org

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RESOLUTION NO. 2018 - RESOLUTION OF THE AUDIT AND FINANCE COMMITTEE - STOP LOSS INSURANCE RECOMMENDATION

WHEREAS, the Consortium must select stop loss insurance, as required by Section 4707 of New York State Insurance Law, and

WHEREAS, the Audit and Finance Committee has received ___ proposals for 2019 Stop-Loss insurance and has considered the variations of Stop Loss insurance models and level of deductible, now therefore be it

RESOLVED, That the Audit and Finance Committee recommends the Board of Directors enter into a contract with _____ Insurance Company that contains these terms,

RESOLVED, further, That the Stop Loss contract will have a deductible of \$____,000, and

RESOLVED, That the Audit and Finance Committee recommends that the Board of Directors establish the Catastrophic Claims Reserve at \$_____ and

RESOLVED, further That the Plan Consultant is directed to provide the Administrative Clerk of the Consortium with a copy of said policy.

WHEREAS, the Consortium must select Stop Loss insurance, as required by Article 47 of New York State Insurance Law, and

WHEREAS, the Consortium has received quotations to provide Specific Stop-Loss Insurance for 2018, and

WHEREAS, the quotes were not received in sufficient time for the Consortium's Consultant and Executive Director to analyze the differences between the them and conduct follow-up conversations regarding the terms of the proposed Stop-Loss terms and conditions, now therefore be it

RESOLVED, That the Audit and Finance Committee directs the Plan Consultant, Locey & Cahill, LLC and the Executive Director to develop comparison data for these Stop-Loss carriers: _____, and

RESOLVED, further, That the Plan Consultant, Locey & Cahill, LLC and the Executive Director report the status of their findings to the Board of Directors at the December 13, 2018 meeting, and

RESOLVED, further, That in the event that the Board of Directors determines that it does not have enough information to make a decision on Stop-Loss carrier for 2018 at this meeting, then the Audit and Finance Committee recommends the Board of Directors authorizes the Chairperson, Executive Director, and Audit & Finance Committee to finalize the negotiations relative to the underlying terms, conditions, and costs of the policy within the requirements of Section 4707 of the New York State Insurance Laws and the cost must be no greater than what was included on the 2018 GTCMHIC Budget adopted by the Board of Directors at their September meeting,

RESOLVED, further, That should the negotiated policy terms produce the condition that changes be made to Consortium Reserves, then those reserve changes would be made by the Board of Directors at a subsequent meeting,

RESOLVED, further, That the Plan Consultant is directed to provide the Administrative Clerk of the Consortium with a copy of the policy



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RESOLUTION NO. 2018 - AUTHORIZATION TO PURCHASE INSURANCE POLICIES: ERRORS AND OMISSIONS, AND DIRECTORS AND OFFICERS LIABILITY COVERAGE

WHEREAS, it is the desire of the Board of Directors to ensure liability coverage for the Consortium, the Board of Directors personally and professionally, and the participating municipalities, now therefore be it

RESOLVED, upon recommendation of the Plan Consultant, Locey & Cahill, LLC, the Tompkins County Risk Manager, the Audit and Finance Committee, recommends that the Consortium shall purchase coverage for these policies from the following for the period January 1, 2019 thru December 31, 2019:

- Errors and Omissions Insurance with the Darwin Group at \$1,000,000 limit with \$25,000 retention (placed by insurance agent Haylor, Freyer and Coon);
- Directors and Officers Liability Insurance with the Darwin Group at \$1,000,000 limit with \$25,000 retention (placed by insurance agent Haylor, Freyer and Coon)

RESOLVED, further, That the Plan Consultant is directed to provide the Administrative Clerk of the Consortium with a copy of each policy.

Greater Tompkins County Municipal Health Insurance Consortium Coverage Summary

Municipality Membership	Date Added
Town of Caroline	January 1, 2011
Town of Danby	January 1, 2011
Town of Dryden	January 1, 2011
Town of Enfield	January 1, 2011
Town of Groton	January 1, 2011
Town of Ithaca	January 1, 2011
Town of Ulysses	January 1, 2011
Village of Cayuga Heights	January 1, 2011
Village of Dryden	January 1, 2011
Village of Groton	January 1, 2011
Village of Trumansburg	January 1, 2011
Tompkins County	January 1, 2011
City of Ithaca	January 1, 2011
City of Cortland	January 1, 2013
Town of Lansing	January 1, 2013
Village of Homer	January 1, 2015
Town of Willet	May 1, 2015
Town of Virgil	January 1, 2016
Town of Truxton	January 1, 2016
Town of Marathon	January 1, 2016
Town of Moravia	January 1, 2016
Town of Preble	January 1, 2017
Town of Scipio	January 1, 2017
Town of Springport	January 1, 2017
Village of Union Springs	January 1, 2017
Town of Cincinnatus	January 1, 2017
Town of Aurelius	January 1, 2017
Town of Montezuma	January 1, 2017
Town of Newfield	January 1, 2018
Town of Homer	January 1, 2018
Town of Owasco	January 1, 2018



Greater Tompkins County Municipal Health Insurance Consortium Coverage Summary

Municipality Membership	Date Added
Village of Horseheads	January 1, 2019
Village of Freeville	January 1, 2019
Village of Lansing	January 1, 2019
Town of Big Flats	January 1, 2019
County of Seneca	January 1, 2019
Town of Covert	January 1, 2019
Town of Sennet	January 1, 2019
Town of Niles	January 1, 2019
Town of Mentz	January 1, 2019

Average # of Lives Enrolled in 2011 – 4,400 Average # of Lives Enrolled as of 2018 – over 6,500



Greater Tompkins County Municipal Health Insurance Consortium Coverage Summary

Directors and Officers Liability	
Carrier	Allied World Specialty Insurance Co.
Policy Period	1/1/2019 – 1/1/2020
Limits of Liability – inclusive of Defense Cost	
Each Claim	\$1,000,000
Maximum Aggregate All Claims	\$1,000,000
HIPPA Extension (Coverage for Fines & Penalties)	\$100,000
Coverage Trigger	
Claims Made	Yes
Retroactive Date	02/01/2011
Extended Reporting Period	90 Days
Optional Extended Reporting (Discovery Period)	1 Year - 150% Annual Premium
Retention	
Each Claim	\$25,000
Defense	
Duty to Defend	Yes
Defense Costs Erode Limits	Yes
Premium	
2018 Renewal Premium	\$18,050
2019 Renewal Premium	\$18,050
Option Add Employment Practices Liability (EPLI) Limit \$1,000,000	\$5,800
Total Annual Premium with D&O and EPLI	\$23,850





Greater Tompkins County Municipal Health Insurance Consortium

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**RESOLUTION NO. - 2018 – AUTHORIZING FINANCIAL SERVICES AGREEMENT WITH
TOMPKINS COUNTY – JANUARY 1, 2019 THRU DECEMBER 31,
2019**

WHEREAS, the Consortium initially formalized a contract with the Office of the Tompkins County Finance Director for the performing Consortium Treasurer functions on July 27, 2018, and

WHEREAS, the Consortium wishes to continue this contract arrangement, now now therefore be it

RESOLVED, That the Audit and Finance Committee recommends, That the Board of Directors hereby authorize the Chair of the Board to sign the Financial Services Agreement with Tompkins County for a term commencing January 1, 2019 through December 31, 2019,

RESOLVED, further, that the Financial Services Agreement will be kept on file in the Consortium's records.

* * * * *



Greater Tompkins County Municipal Health Insurance Consortium

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RESOLUTION NO. - 2018 - AMENDMENT TO RESOLUTION NO. 008-2013 - DESIGNATION OF BANKING INSTITUTIONS

WHEREAS, Consortium Board Resolution 008-2013 designated banking institution choices for the Treasurer, and

WHEREAS, fund transfers for Wilmington Trust Investment Management would be facilitating by adding M&T Bank to the list of approved banking institutions to conduct financial transactions on behalf of the Consortium, now therefore be it

RESOLVED, that the Audit and Finance Committee, recommends that Resolution No. 008-2013 be amended to include M&T Bank as a designated banking institution for the Consortium.



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RESOLUTION NO. - 2018 - RECOMMEND APPROVAL OF RENEWAL OF ADMINISTRATIVE SERVICES CONTRACT WITH EXCELLUS BLUECROSS BLUE SHIELD FOR MEDICAL CLAIMS ADMINISTRATION

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan 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, Section E Paragraph 11 of the current GTCMHIC Municipal Cooperative Agreement defines the actions to be taken by the GTCMHIC Board of Directors to include the approval of contracts with third parties for the furnishing of goods and services, and

WHEREAS, the Audit and Finance Committee has determined that it is in the Consortium's best interest to continue its relationship with Excellus Blue Cross Blue Shield for the administration of the Consortium's medical claims, now therefore be it

RESOLVED, that the Audit and Finance Committee recommends that the Board of Directors renew the Administrative Services Contract with Excellus BlueCross BlueShield for Medical Claims Administration with fees of \$36.87 PMPM for 2019 (3.5%), and \$38.17 PMPM for 2020 (3.5%).

Why wait for the care you need now? Excellus BlueCross BlueShield has partnered with MDLIVE® to provide you with a faster way to receive non-urgent healthcare – telemedicine. Visit with a US Board-certified doctor by video conference or phone call right from your home, office or on the go for non-emergency medical conditions.

What is Telemedicine?

Telemedicine (also referred to as “telehealth” or “e-health”) allows a patient to contact and receive healthcare guidance from a doctor in real time using a smartphone, tablet, or computer.

When to Use Telemedicine Benefits:

- 24/7/365
- If your primary care doctor is not available
- Instead of going to the ER or an urgent care center (for a non-emergency medical issue).
- Traveling and in need of medical care

Common Conditions Treated

Allergies	Diarrhea	Insect Bites	Respiratory	Skin
Asthma	Ear Infections	Joint Aches	Infections	Infections
Bronchitis	Fever	Nausea	Sinus	Sore Throat
Cold & Flu	Headache	Pink Eye	Infections	Urinary Tract
Constipation	Infections	Rashes		Infections

This message is intended for employees insured by Excellus BlueCross BlueShield (BCBS)

Heads Up! An Exciting, New Telemedicine Benefit is Available to You.

We are pleased to share that Excellus BlueCross BlueShield your health insurer is offering you a brand New program, it’s telemedicine. Using your phone or computer, you can have a doctor’s visit any time of the day or night when you or a family member has a minor illness, e.g., a rash, cough or sore throat.

Visit a Board-certified Doctor Anytime, Anywhere. Excellus BCBS partnering with MDLIVE, a leader in telemedicine, is providing an easy-to-use platform offering the convenience of an in-person doctor visit without the hassle of leaving home, waiting a long time in a crowded ER or urgent care office, or paying a high copay for those services. Telemedicine does not take the place of your primary care physician. It’s a practical alternative when you can’t see him or her immediately. Using your phone or computer, you can call or videoconference with a Board certified physician 24 hours-a-day, seven days-a-week, 365 days-a-year. You can see a doctor within a few minutes or schedule an appointment. Telemedicine is an Affordable Avenue to Receive Care.

Registering is Easy—Do it Today!

Register yourself and your family members soon. It will make it easier for you to use telemedicine when you or a family member needs it for a minor illness like a headache, nausea, earache, allergies, cold or flu. Plus, MDLIVE Board-certified doctors can write prescriptions, if warranted, and electronically transmit them to your pharmacy. It only takes a few minutes to register:

Visit
Excellusbcbs.com/telemedicine OR Call 1-866-692-5045

Setting up a Telemedicine Visit is Quick and Convenient.

The hyperlinks above will take you to the telemedicine home page of Excellus BCBS where you use your Member username and password to sign on. Click on the telemedicine link which will bring you to the telemedicine home page—powered by MDLIVE.

From the Telemedicine home page, click the Setup a Telemedicine Visit button. (Turn off your pop-up blocker beforehand). Then enter the required fields for registration.