



Greater Tompkins County Municipal Health Insurance Consortium

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

MINUTES – APPROVED

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design October 4, 2018 – 1:30 p.m. Rice Conference Room, Health Department

Present:

Municipal Representatives: 10 members

Eric Snow, Town of Virgil; Laura Shawley, Town of Danby; Michael Murphy, Village of Dryden; Sarah Thomas, Tompkins County; Judy Drake, Town of Ithaca and Board of Directors Chair; Betty Conger, Village of Groton; Bud Shattuck, Village of Union Springs; Charmagne Rungay, Town of Lansing; Ann Rider, Town of Enfield; Mark Witmer, Town of Caroline

Municipal Representative via Proxy: 3

Sandy Doty (Proxy – Judy Drake); Tom Brown, Town of Truxton (Proxy – Eric Snow); Jennifer Case (Proxy – Judy Drake)

Union Representatives: 5 members

Tim Farrell, City of Ithaca DPW Unit; Tim Arnold, Town of Dryden DPW Teamsters; Zack Nelson, Ithaca City Admin. Unit; Jim Bower, Bolton Point Water; Jeanne Grace, City of Ithaca Executive Unit

Union Representatives via Proxy: 3

Theresa Viza, Tompkins County Library Staff Unit (Proxy – Olivia Hersey); Doug Perine, Tompkins County White Collar President (Proxy – Olivia Hersey); Olivia Hersey, TC3 Professional Admin. Assoc./Chair (Proxy – Tim Farrell)

Others in attendance:

Don Barber, Executive Director; Ted Schiele, Chair, Owning Your Own Health Committee; Chuck Guild, CSEA; Corey Pashaw, ProAct (via conference call)

Call to Order

Mrs. Shawley Vice Chair, called the meeting to order at 1:33 p.m.

Changes to the Agenda

There were no additions or deletions to the agenda.

Approval of Minutes of September 6, 2018

The minutes of September 6, 2018 were deferred due to lack of quorum. Mr. Shattuck said the minutes contain a thorough narrative of the discussion that took place on the ProAct Formulary edits and encouraged members to use them to educate others.

Board of Directors Chair's Report

Ms. Drake reported the Board of Directors met on September 27th and accepted five new municipalities – the Towns of Covert, Niles, Sennett, and Mentz, and Seneca County. The Board did not take action on the New Roots Charter School because it has not been determined whether it meets the required definition for a group to join. The Board approved its 2019 budget that included a 5% premium rate increase for all plans with the exception of the Silver Metal Level Plan which was approximately 3.5% based on benefit changes that were approved. She reported Ms. Cocco provided a demonstration of the new website which has gone live and encouraged everyone to visit and become familiar with the site.

Ms. Drake reported the Executive Committee has been discussing the Consortium moving towards having a paid Executive Director position but also noted this is a process that will take time.

Chair's Report

Mrs. Shawley reported on behalf of Ms. Hersey and said the Committee is now in a position to have a 6th Labor seat on the Board of Directors. She said the Committee has always struggled with labor participation and asked if there was interest in the seat and for suggestions on how participation could be improved.

Mr. Barber responded to a suggestion that members be provided paid leave time to attend the meetings and said the Board of Directors meets in the evening. The Consortium has worked with employers to encourage that for meetings held during the day and he hasn't heard that there has been a problem. He said the success of the Consortium should not be taken for granted. Everyone should be working to make sure it stays successful and labor has a role in that.

Mr. Bower said it can be a big issue for a small municipality to be without an employee for part of the day and suggested speaking to employers and asking that attendance at this meeting be incorporated into a worker's schedule.

Mr. Barber recognized Chuck Guild of CSEA and said they have been working together to bring Seneca County into the Consortium. He said they will be bringing labor groups into the Consortium and is hopeful they will participate in these meetings and consider filling a labor seat on the Board of Directors. Mr. Guild said he will work labor from Seneca County to get representation at these meetings but also noted it will require an hour of driving time to get to meetings.

Mr. Barber said the Consortium has the capability to allow members to attend meetings remotely. Ms. Cocco said the Consortium is required to post the location of anyone attending remotely. Anyone wishing to do this should contact her in advance to work out any technical issues and to provide information for that notice. It was suggested that those having to travel a long distance could attend a location where multiple people could participate remotely. There was interest in this being offered as an option to members, particularly for those traveling a long distance to attend meetings.

Mr. Arnold commented that it would be good to get representatives from Seneca County engaged in the Consortium because he thinks it is always good to get a new set of eyes and views.

Executive Director's Report

Mr. Barber referred to comments made by Ms. Drake concerning the Consortium hiring a paid Executive Director and said he is a paid Consultant for the Consortium. He said the plan is to have the Consortium have its first paid staff and said as the Consortium grows there is an increased burden on administrative staff and this needs to be discussed and planned for. He said he will not be the Executive Director but would remain a Consultant and support that person.

Mr. Barber said one of the questions that came up from the January discussion on opioids was on alternative to opioids for pain management. He provided a document containing information on alternative pain therapies. Also included was information on what is covered under the health insurance plan and eligible for a Health Savings Account payment. He asked members to let him know if anyone thinks there are some alternatives that should be included in the plan or areas they would like more discussion.

Wellness Update

Mr. Barber said Michelle Berry, Wellness Consultant, has been very busy promoting flu clinics and has been working on branding for wellness. She will be coming up with new branding ideas and ideas on ways to raise awareness. There is an increasing number of members enrolled in a Metal Level Plan which includes the Blue4You Wellness Program. Ms. Berry has been tasked with marketing this and making employees aware of wellness opportunities. In response to Mrs. Shawley as to whether there are opportunities for employees to make suggestions on wellness-related items he said Ms. Berry is very tech savvy and will be creating different ways for employees to become engaged.

Financial Update

Mr. Barber reviewed a spreadsheet showing financial results through August 31st and called attention to a significant increase in rebates for prescription drugs. Also, he said in the past interest revenue has been in the range of \$20,000 and in 2019 the budget projects \$200,000. This is due to the Consortium hiring an Investment Manager to help the Consortium get a better return on its funds. Other areas he highlighted in the 2019 budget included there being a slight increase in medical claims and a decrease in prescription drug claims, and the Stop Loss spend being significantly lower in 2018 than budgeted which is due to an increased deductible. At the end of the third quarter of 2018 the Consortium had a net income of \$821,000.

Follow-up from Discussion at September Meeting

CanaRx

Mr. Prashaw responded to questions raised at the last meeting concerning CanaRx. As to what potential is left for usage of CanaRx he said utilization has been building and this year there was the highest utilization both by members and the highest number of total prescriptions. There are approximately 668 members currently that can be using CanaRx and if they had used the program to fill their 2,300 prescriptions, approximately \$880,000 would have been saved.

In response to the question of what ProAct sees as utilization he said it is difficult put a number on this because the program is marketed in so many different ways and having members so spread out. Outside of incentivizing the program ProAct typically sees 25-30% member utilization. From January 1 thru August 31 there were 344 three-month prescriptions filled through CanaRx. In 2017 there were a total 488 prescriptions filled; if this fill rate continues there will be approximately 516 at year-end.

Mr. Prashaw said ProAct is getting ready to send out another set of letters to members who have a prescription that is eligible for the program. He said while the CanaRx savings is continuing to grow it is important to know that if there is no increase in the number of prescriptions filled the Consortium is still ahead because the list of drugs that can be sold through CanaRx is getting smaller. CanaRx can only fill name brand drugs and when a brand name loses its patent it becomes available as a generic and is no longer eligible for the CanaRx program. He concluded by stating that since the list of available drugs is getting smaller it is good that there has been an increase in utilization.

Mr. Murphy asked how many people were represented in the 344 fills; Mr. Prashaw said he could get this information but did not have it for this meeting. In response to the question of whether CanaRx fills any specialty drugs Mr. Prashaw said only a few specialty drugs are on the Formulary, although the number is growing. He noted CanaRx does not fill any injectable drugs.

Mr. Barber explained that the Consortium has an understanding with ProAct that on a quarterly basis letters will be sent to members who have a qualifying prescription to alert them of this opportunity. The Consortium does not have access to member information. The Consortium provides information in its Newsletter about the program and also discusses it with Benefit Clerks and the responsibility lies with them to make employees aware of the program.

Mr. Schiele said this is the kind of thing that would work well with an explainer video which is something the Consortium has discussed having on its website.

Mr. Guild suggested developing a flyer that could be distributed to employees. Mr. Arnold said Jen Case developed a flyer that was posted in the Town of Dryden to inform employees of this. Mr. Barber said when the Consortium initially made a decision to offer the CanaRx program it was clear from the attorney that there were unsettled issues and the Consortium made a decision that it wasn't going to market the program although benefit clerks are informed of this and there is an article in almost every Newsletter. Mr. Guild said he would bring this up to union members.

Formulary edits

Mr. Prashaw said at the last meeting a question was asked as to whether ProAct was sure the edits did not go into place prior to August 1st. He said ProAct is sure the edits for Prior Authorization and Step Therapy did not and has gone in and reviewed actual rejections that took place prior to August 1st. He reiterated that these edits existed in the original plan document and should have been done from the beginning; but it was discovered during the BMI audit that the edits were not being done. He said there are several reasons why a prescription can be rejected outside of what went into effect on August 1st and gave examples that it could have been over a cost threshold, part of the opiod management program, a prescription being refill too soon, or even being available over-the-counter. He said members are strongly encouraged to call ProAct when this happens to find out why it was rejected. He explained how these edits can not only lower a member's out-of-pocket costs but also increase rebates back to the Consortium by a substantial amount.

Mr. Prashaw reported on a new application that is available on the ProAct website that will allow a member to access to real-time information showing what their copay will be for a particular drug at different pharmacies and also things such as a prior authorization requirement. This information can be opened on a mobile device and be shared with a physician during a visit.

Joint Committee on Plan Structure and Design
October 4, 2018

Next Meeting Agenda

At the next meeting Excellus will provide a presentation on Telemedicine which will become available in 2019 to all members.

Mr. Shattuck suggested a document be created that explains what each of the frequently used acronyms are.

Adjournment

The meeting adjourned at 2:59 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk