



Greater Tompkins County Municipal Health Insurance Consortium

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

AGENDA **Operations Committee** **October 23, 2023 – 1:00 P.M.** **Town of Ithaca- Aurora Conference Room or Zoom**

1. Call to Order (1:00) Granger
2. Changes to the Agenda
3. Approval of July 24, 2023 Minutes
4. Executive Director Report (1:05) Dowd
 - a. DFS Audit Recommendations
 - b. Cyber Security Update with Foxpoint Proposal
 - c. Strategic Planning Updates
 - d. PBM Transition Update
 - e. Update to Operations 2024 Meeting Schedule/Time
5. Resolutions (1:20)
 - a. **Resolution:** Amendment to Resolution No. 032-2022 that Amended Resolution No. 011-2020 - "Authorization by the Board of Directors to Remove Benefit Plans from the Consortium's Menu of Benefit Plan Offerings" By Restricting Plan Enrollment
 - b. **Resolution:** Complete and Close 2022 Dependent Audit
 - c. **Resolution:** Amendment of Outdated Resolution No. 001 of 2017 "Adoption of GTCMHIC Records Retention Policy" and Adopt the [UPDATED LGS-1](#)
6. Future Discussion Topics: (1:40) Granger

Update Appeal Procedure with new Excellus PBM in place
7. Adjournment (1:45)

Next Meeting: February 1, 2024 (1st Thursday) @ 1:30PM

**Operations Committee
July 24, 2023 – 1:00 p.m.
Town of Ithaca/Board Court Room- DRAFT**

Present: Laura Granger, Committee Chair (arrived 1:03p); Schelley Michell-Nunn; Judith (Judy) Drake, Committee Vice Chair; Brian Weinstein, Labor (arrived 1:02p); Ruby Pulliam; Janine Bond*; Sunday Earle*; Rita McCarthy*; Ed Fairbrother*; Mark Emerson (excused at 1:48p)

Excused:

Absent: LuAnn King

Staff/Guests: Elin Dowd, Executive Director; Teri Apalovich, Finance Manager; Kylie Rodrigues, Benefits Specialist; Lynne Sheldon, Clerk of the Board; Paul Pelton, Rob Spenard, Locey & Cahill; Sarah Thomas, Tompkins County

* = Via Zoom remote due to extraordinary circumstances

Call to Order

Ms. Drake, Vice-Chair, called the meeting to order at 1:01 p.m.

Changes to the Agenda

Ms. Dowd said she would like to add a discussion to review Human Resource policies for approval. (*Mr. Weinstein arrived at 1:02 p.m.*)

Approval of April 24, 2023 Minutes

It was MOVED by Ms. Michell-Nunn, seconded by Ms. Pulliam, and unanimously adopted by voice vote by members present, to approve the minutes of April 24, 2023, as submitted. MINUTES APPROVED.

**Executive Director Report
Update**

Ms. Dowd referenced her Executive Director report for June 2023. She also said that the Consortium rolled out Medicare Advantage options and plans available in 2024 to members and additional information will be coming out soon. She said that the Claims and Appeals Committee completed a request for proposal (RFP) for medical and pharmacy claims. The medical claims audit has been completed; however, the Consortium hopes to get started quickly with the audit of Pharmacy Benefit Management (PBM) claims, due to upcoming items on future agendas.

PBM update- Formulary Disruption Report Review

Ms. Dowd said at the last meeting, the Consortium introduced a Plan Selection Form. This form will be used if a member is adding or deleting a plan from existing offerings. Ms. Pulliam and Mr. Weinstein asked for clarification as to when this form was to be used and the previous method used. Ms. Rodrigues explained that the form will help promote clear communication between the Consortium and municipality changes, as opposed to email communications. Ms. Drake asked if this form would also be used for Medicare Advantage updates. Ms. Rodrigues responded that Aetna would be handled with a different method, as Aetna processes those enrollments, and she would just assist with the roster since enrollment would be considered as a pass-thru.

MOTION NO. 002-2023– MOTION TO APPROVE THE PROPOSAL OF THE “NEW PLAN ADDITION FORM” FOR USE BY MUNICIPALITIES TO THE GTCMHIC

It was MOVED by Ms. Drake seconded by Mr. Weinstein, and unanimously adopted by voice vote by members present by video or in person, to approve the proposal of the "New Plan Addition Form" for use by municipalities to the GTCMHIC. MOTION CARRIED.

PBM Update-Formulary Disruption Report Review

Ms. Dowd reported that the Operations Committee asked for a recommendation, which went to the Audit and Finance Committee, to look at the financial aspects of changing the PBM. The Executive Committee has endorsed the resolution, which ultimately will be going to the Board of Directors (BOD) in September for a vote. The Consortium has asked Excellus to come to the BOD August Information Session to speak to members and to prepare a Formulary Disruption Report, which they have provided. She said the pharmacy disruption should be minimal and Excellus plans to notify all the members prior to the conversion, and all members would be receiving new insurance cards.

Actuarial Value Calculator Update

Ms. Dowd stated at the next Joint Committee meeting, they will be looking at the Actuarial Value Calculator prepared by Locey & Cahill. She said Locey & Cahill review information with Excellus. She explained that the Platinum and Bronze Plans are in good shape, however, Gold and Silver Plans will need to have adjustments to both. Locey & Cahill are looking at options to present to Joint Committee for discussion. Ms. Dowd has sent letters to groups who offer Gold and Silver Plans to Joint Committee Representatives, Benefits Clerks, and BOD representatives regarding the adjustments and information regarding the upcoming Joint Committee Meeting.

Ms. Pulliam asked for some insight as to why Gold and Silver are not passing. Mr. Spenard responded that last year the Silver Plan's adjustment of co-insurance was 70% to 80%. He said the Gold Plan hasn't changed in the last two or three years. The last change the Gold Plan endured was the deductible increase from \$1400 to \$1500. He said the Gold Plan has now fallen outside of the parameters for the AV calculation for Centers for Medicare and Medicaid Services (CMS). He said the Platinum Plan is within the parameters. He said Locey & Cahill have reached out to Excellus to examine some of their comparable plans, so that the Joint Committee will have options.

DFS Recommendations

Ms. Dowd said that DFS is continuing to audit the Consortium. She said they are currently auditing many Excellus and ProAct claims and submitting recommendations for the Consortium. She said another recommendation made was that the Chief Financial Officer (CFO) cannot chair the Audit Committee. She said Ms. Drake is now currently the chair of the Audit and Finance Committees. DFS also recommended very specific rules about the Audit Committee, stating that officers shouldn't serve on the Audit Committee as they are auditing the officers of the Consortium. Due to this recommendation, the Audit and Finance Committees have been split. Ms. Dowd said the two committees will meet at the same time; however, if an Audit Committee meeting is needed, all the officers will leave the meeting and just the audit committee will meet.

Ms. Dowd said another recommendation from DFS was the need of formal wording to be put in plan documents that are distributed to all parties, including labor representatives, collective bargaining representatives, meeting members and their employees and retirees.

Ms. Dowd added that DFS also commented on attendance of committee and board members. DFS indicated that because a member takes fiscal responsibility in the organization, it is very important that their board members attend the meetings and take that responsibility for their own organization. The Consortium has some members who have attended in the 5-year audit period less than 50% of the meetings. The Consortium will be reaching out to those individuals with less than 50% attendance and explain that the DFS says please come to the meetings or designate somebody who will come.

2024 Budget

Ms. Dowd said that the 2024 budget has been drafted. Currently, claims have been running very high this year. The Consortium is currently looking at numbers of medical trending, cost of inflation, and other numbers. The Consortium is looking at an 8.5% increase in premiums for 2024. She said the Audit and Finance Committee will be discussing the budget at their meeting held the next day. She said the other topic to be discussed will be the Actuarial Value Calculator. She reminded members that the Gold and Silver Plans had been decreased, meaning those plans are under price now. She said that other Committees are looking into recommending that those two plans will not decrease when there are changes to those in the future.

Ms. Michell-Nunn asked if the 8.5% was the highest Consortium increase. Ms. Dowd responded that in the first couple of years there was a 9% increase, but the average for 10 years has been 6.4% and in the last 5 years the average was 5.4%.

Ms. Dowd said that the Consortium is calculating that the average Excellus increase for community rated plans will be approved by DFS at the 12% level. Ms. Dowd said that everyone's premiums will be increased.

Premium Equivalent Rates/Two-Tier Premium Analysis

Ms. Dowd reported the Executive Committee asked outside consultants, Segal, to look at the Consortium's premium equivalent rates for each plan. She said overall, the premiums are supporting the Consortium and the Consortium has been budgeting appropriately. She said that as groups are moving from one plan to another, the Consortium is looking at what plans have been subsidizing other plans and gave examples. She said, the analysis has been done and there were no recommendations for any changes for 2024, however, this will be something the Consortium will need to continue to discuss.

Ms. Dowd said that there has been a lot of discussion about the Consortium adding additional tiers. She said the Consortium has asked Locey & Cahill, who are conferring with Excellus, to study and prepare an analysis report regarding additional tiers that potentially could be added for members of the Consortium. This study will probably be done by the end of September.

Ms. Earle asked if the change for the PBM is primarily due to the extended prior authorization timeline process, along with the variety of issues discussed at previous Operation Meetings. Ms. Dowd concurred. Ms. Earle also added that there has been a concern from employees feeling that there might be too much involvement in their medical history/privacy. Ms. Dowd also said that there have been system issues with ProAct that includes a history of

dependents randomly dropping off coverage and communications between ProAct and the medical claims provider have failed.

Ms. Dowd also added that Ms. Rodrigues reached out to four different references, one of which had moved from ProAct to Excellus. She said the feedback was extremely positive.

Mr. Weinstein asked since the Gold and Silver Plans are increasing, he asked what the next steps are. He asked if the Consortium can just increase them and speak on behalf of a municipality without renegotiating contracts. Ms. Dowd said that decisions are made to keep plans compliant with the Affordable Care Act which created metal level plans. She stressed the importance of labor seats being filled for the Joint Committee to discuss all options available to keep the plan compliant. The Joint Committee then votes to move their recommendations to the GTCMHIC Board of Directors to make the final decision at their annual meeting. She said most contracts are written with wording that the actuarial value of the Gold and Silver Plans may change. Mr. Spenard added that Locey & Cahill will be presenting at the Joint Committee to discuss and make recommendations.

Resolutions:

Resolution: Approval to Update the Greater Tompkins County Municipal Health Insurance Consortium's Notice of Privacy Practices and Policy

Ms. Dowd and Ms. Rodrigues reported that DFS recommended that it would be beneficial for the Consortium to update the Notice of Privacy Practices. There is minor additional information that the Consortium has added, but primarily it recognizes how the Consortium handles privacy matters and works with partners on privacy matters. Ms. Rodrigues indicated to the Committee that the DFS said that all employees must receive this information at least once a year and Ms. Dowd recommended doing this during the enrollment period or posting it in a visible area to employees.

RESOLUTION NO. XXX-2023 - Approval to Update the Greater Tompkins County Municipal Health Insurance Consortium's Notice of Privacy Practices and Policy

MOVED by Ms. Drake, seconded by Ms. Earle. The resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to approve the following resolution.

WHEREAS, per Resolution No. 014-2013, the Greater Tompkins County Health Insurance Consortium approved a Privacy Policy, as was determined by the New York State Department of Financial Services Audit that the Consortium needed to develop and implement a Privacy Policy, and

WHEREAS, that since the implementation of the Privacy Policy there have been various state and federal laws passed that affect the implementation and the safeguarding of protected health information (PHI), and

WHEREAS, the Consortium is required to comply with applicable federal and state laws to maintain the privacy of protected health information, and give all enrollees notice of said privacy practices, therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby adopts the updated attached Privacy Policy,

RESOLVED, further, that the Policy will be made available on the Consortium website and sent via email to all municipality Benefit Clerks to be dispensed and/or posted for all employees enrolled in the Consortium's health insurance plans.

Resolution: Approval of Contract to Enter into an Agreement with Lifetime Benefit Solutions to manage Consolidated Omnibus Budget Reconciliation Act (COBRA) Administration for Small Group Municipal Members Only

Ms. Dowd explained this is a contract with Lifetime Benefit Solutions (LBS) to process some administrative portions of COBRA administration. She said it is the responsibility of members/employers to send an employee COBRA notification to continue coverage. Many large employers already have a system in place and already contract with LBS, who takes care of sending out the notifications for them. However, many smaller municipalities are out of compliance as they do not contract with other services to handle Cobra administration, or when new members join the Consortium, they previously had an Excellus plan that had provided COBRA administration for them. Ms. Dowd noted a concern of DFS is how will the smaller municipalities stay in compliance of the administration of this.

Ms. Dowd said this expense would be a shared service that would be paid by the Consortium for small municipalities to administer the notice and administrative work. She used an example that if an individual does choose COBRA, the Consortium would charge the municipality a 100% fee to cover the premium and then an extra 2% fee, as appropriate in COBRA legal requirements, that applies to offset the cost of the COBRA administration fees through Lifetime Benefit Solutions

RESOLUTION NO. XXX-2023 - APPROVAL OF CONTRACT TO ENTER INTO AN AGREEMENT WITH LIFETIME BENEFIT SOLUTIONS TO MANAGE COBRA ADMINISTRATION FOR SMALL GROUP MUNICIPAL MEMBERS ONLY

MOVED by Ms. Drake, seconded by Ms. Earle. The resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to approve the following resolution.

WHEREAS, qualified beneficiaries are entitled to continue to receive coverage identical to that being provided under the plan to "similarly situated beneficiaries" to whom a qualifying event has not occurred, and

WHEREAS, U.S. Department of Labor (DOL) law requires small employers, less than 20 employees, to provide the equivalent of Consolidation Omnibus Budget Reconciliation Act (COBRA) benefits, and

WHEREAS, under Article 47 that governs the Consortium, all small employers' employees are entitled to thirty-six months of continued health coverage at a monthly cost to them of 102% of the actual cost of the employer, and

WHEREAS, Excellus currently includes Lifetime Benefit Solution (LBS) COBRA administration to all small group plans to help ensure compliance with the Consolidation Omnibus Budget Reconciliation Act, and

WHEREAS, the Consortium has found inconsistencies in small group municipal members, small group is defined by less than fifty enrollees, offering COBRA coverage to qualified beneficiaries, who is any individual who, on the day before a qualifying event, is covered under a group health plan maintained by the employer of a covered employee by virtue of being: (1) the covered employee (2) the spouse of the covered employee, or (3) the dependent child of the covered employee, THEREFORE, let it be

RESOLVED, all COBRA premiums for Consortium small group municipal members will be set at 102% of the premium rate, the two-percentage administration fee is added to offset the cost of the COBRA administration fees through Lifetime Benefit Solutions, and

FURTHER RESOLVED, the additional expense for the Lifetime Benefit Solutions COBRA administration will be included in all the municipal members' premium calculations, and

FURTHER RESOLVED, on recommendation of the Operations Committee and the recommendation of the Audit and Finance Committee, that the Executive Committee, on behalf of the Board of Directors, hereby approves COBRA administration services to be provided by Lifetime Benefit Solutions for all Consortium small group municipal members only beginning January 1, 2024.

(Mr. Emerson excused 1:50 p.m.)

Plan Consolidation Discussion

Ms. Dowd stated that the Consortium has an opportunity to consolidate or change plans for a few municipalities. She said administration of each plan is significant, including tracking, and reporting processes for DFS which includes summary plan descriptions to employees each year. Plans that may be consolidated would be very similar to a plan of another municipality at the same cost. Ms. Dowd assured the Consortium will not just make a change to a municipality's plan, but make suggestions that may be discussed amongst their next collective bargaining agreements.

Ms. Rodrigues referenced a small municipality with only a few employees on a plan that others do not have. She explained the Consortium is trying to make sure the plans are cost effective for the municipalities, and beneficial to the enrollees. These consolidations would lead to the Consortium having less plans to administer in the future.

Ms. Dowd also added that some of the old indemnity plans are no longer available to new members. She also said that the only time the Consortium would consider bringing on a new plan, would be if the group was large enough and/or the Consortium wanted them to expand the risk pool, but currently the Consortium is only offering the metal level plans.

Inclusive Language

Ms. Dowd said the Consortium to working with DFS, Excellus, and Lifetime Benefits Solutions and their legal departments as to what inclusive language to add to the plan documents. This topic is currently in the works and will be listed as a future discussion topic.

Future Discussion Topics

Inclusive Language

Adjournment

The meeting was adjourned at 2:03 p.m.

The next meeting will be held October 23, 2023

Respectfully submitted by Lynne Sheldon, Clerk of the Board



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RESOLUTION NO. XXX - 2023 – AMENDMENT TO RESOLUTION NO. 032- 2022 THAT AMENDED RESOLUTION NO. 011-2020 "AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM'S MENU OF BENEFIT PLAN OFFERINGS" BY RESTRICTING PLAN ENROLLMENT

WHEREAS, to achieve administrative efficiencies the Consortium removed from the Consortium's Menu of Benefit Plan Offerings effective January 1, 2021 the following benefit plans:

Indemnity Plan MM3

Plan Description:

MM3 – Basic Benefits with "Major Medical" \$100/\$200 Deductible & \$750/\$2,250 Out-of-Pocket Maximum

Medicare Supplement Plans MS1, MS2, MS5, and MS6

Plan Descriptions:

MS1 - Medicare Supplement Plans with No Prescription Drug Coverage

MS2 - Medicare Supplement Plans with \$5/\$15/\$30 Rx Copay Plan

MS5 - Medicare Supplement Plans with 20%/20%/40% Rx Copay Plan

MS6 - Medicare Supplement Plans with 20%/30%/50% Rx Copay Plan

, and

WHEREAS, to maintain continued administrative efficiencies the Consortium removed from the Consortium's Menu of Benefit Plan Offerings effective January 1, 2023 the follow benefit plans:

Indemnity Plan MM3- Classic Blue MM RX (No ProAct Prescription Coverage)

Plan Description:

MM3- Classic Blue MM RX \$50/150 Deductible & \$400/ \$1,200 Out-of-Pocket Maximum

PPO3- PPO \$20/35

Plan Description:

PPO \$20/35 with \$2,000/\$6,000 Out-of-Pocket Maximum and \$750/ \$2,250 Out of Network Deductible

, and

WHEREAS, per Resolution No. 032-2022, the Consortium voted to remove from the Consortium's Menu of Benefit Plan Offerings effective January 1, 2024, the following benefit plan:

Comprehensive MM6 Plan

Plan Description:

\$500/\$1500 Deductible & \$2,500 \$7,500 Out-of-Pocket Maximum

Due to End December 31,2023

WHEREAS, to achieve further administrative efficiencies the Consortium wishes to continue consolidation and streamlining its menu of benefit plan offerings, and

WHEREAS, although included in the menu of benefit plan offerings, there are medical and prescription drug plans that are not being utilized by Consortium Participants and have no one enrolled or less than five Participants, now therefore let it be

RESOLVED, on recommendation of the Operations Committee and the Joint Committee on Plan Structure and Design, That the Executive Committee, on behalf of the Board of Directors, hereby Amends Resolution No. 032-2022 and Resolution No. 011-2020 “Authorization by the Board of Directors to Remove Benefit Plans from the Consortium’s Menu of Benefit Plan Offerings” to include the following benefit plans be removed from the Consortium’s Menu of Benefit Plan Offerings, and any new Participants will be restricted from enrolling in the following plans due to low enrollment, to be effective January 1, 2024.

3T11- 3 Tier Prescription Drug Plan

Plan Description:

3T11- 3 Tier 20%/20%/40% Prescription Coverage

3T13- 3 Tier Prescription Drug Plan

Plan Description:

3T13- 3 Tier 20%/30%/50% Prescription Coverage

PPO1 \$10/35 OV Kids \$0

Plan Description:

PPO1 \$10/35 OV Kids \$0 Copay Under 19 for select services with \$1,000/ \$3,000 Out-of-Pocket Maximum & \$250/\$750 Out of Network Deductible.

Indemnity Plan MM1 Classic Blue \$100/300 Medical Plan

Plan Description:

Classic Blue \$100/\$300 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

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Resolution No. XXX- 2023: Complete and Close 2022 Dependent Audit

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCHMIC) is a self-insured municipal cooperative health benefit plan operating pursuant to Article 47 of the New York State Health Insurance Law, and

WHEREAS, changes occur in employees lives with marriage, divorce, childbirth, and adoptions that may not become known to the health insurance provider, and

WHEREAS, the GTCMHIC has a responsibility to all employees and employers to ensure that the Plan covers only eligible spouses and/or dependents, and

WHEREAS, the latest deadline for completion, May 15, 2022, for the Dependent Certification Audit, as outlined in Resolution No. 01-2015, by all municipal members has expired, and

WHEREAS, the Consortium member municipalities have completed the dependent verification process and have documented that 40 enrollees needed to be moved from active class to retiree class but there were no errors of the certified contracts with dependents found, and

WHEREAS, Resolution No. 013-2023, Directing Executive Director and Staff to Complete the City of Ithaca's Dependent Certification Audit, has been completed as of September 15, 2023, with the exception of the union groups IPFFA and COU, per the City of Ithaca's request and per the Memorandum Of Understanding, MOU, recently established with the IPFFA and COU unions, and

WHEREAS, The City of Ithaca will complete the audit for these groups as of November 30, 2023, now therefore be it

RESOLVED, on the recommendation of the Operations Committee to the Executive Committee that the Dependent Audit has been completed and all municipal members have sent in reports to the Consortium, and be it

FURTHER RESOLVED, pending the completion by the City of Ithaca dependent audit on November 30, 2023, the 2022 Dependent Audit can be closed.



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RESOLUTION NO. XXX - 2023 – AMENDMENT OF OUTDATED RESOLUTION NO. 001 OF 2017 “ADOPTION OF GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM (GTCMHIC) “RECORDS RETENTION POLICY” and ADOPT THE UPDATED LGS-1 FEATURING RECORDS FOR THE GENERAL ADMINISTRATION OF ALL LOCAL GOVERNMENT NY STATE ARCHIVES

WHEREAS, Per Resolution No. 001-2017, The GTCMHIC adopted the New York State Archives CO-2 as its records retention schedule for the Consortium’s administrative records, and

WHEREAS, The record retention report the GTCMHIC adopted via resolution, is now deemed outdated by the NYS Department of Financial Services (DFS), and

WHEREAS, Per New York State Archives, 2021 LGS-1 consolidates, supersedes, and replaces Schedule CO-2, MU-1, MI-1 and ED-1, therefore now be it,

RESOLVED, By the GTCMHIC that *Retention and Disposition Schedule for New York Local Government Records (LGS-1)*, issued pursuant to Article 57-A of the Arts and Cultural Affairs Law, and containing legal minimum retention periods for local government records, is hereby adopted for use by all officers in legally disposing of valueless records listed therein.

FURTHER RESOLVED, that in accordance with Article 57-A:

(a)only those records will be disposed of that are described in *Retention and Disposition Schedule for New York Local Government Records (LGS-1)*, after they have met the minimum retention periods described therein;

(b)only those records will be disposed of that do not have sufficient administrative, fiscal, legal, or historical value to merit retention beyond established legal minimum periods.

FURTHER RESOLVED, On recommendation of the Operations Committee, That the Executive Committee on behalf of the Board of Directors, hereby adopts the amended 2021 Records Retention Policy – LGS-1 as the record retentions policy for the Greater Tompkins County Municipal Health Insurance Consortium effective immediately.
