



Greater Tompkins County Municipal Health Insurance Consortium

P.O. Box 7 • Ithaca, New York 14851 • (607) 274-5590

Headquarters: 215 N. Tioga Street, Ithaca, NY 14850

www.healthconsortium.net • consortium@tompkins-co.org

"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 December 2, 2021 – 1:30 p.m. Zoom Video Conference Call

Present:

Municipal Representatives: 16 members

Eric Snow, Town of Virgil; Judy Drake, Town of Ithaca and Board of Directors Chair; Mack Cook, City of Cortland; Schelley Michell-Nunn, City of Ithaca (arrived at 1:45 p.m.); Ronny Hardaway, Village of Lansing; Laura Shawley, Town of Danby (arrived at 1:48 p.m.); Jeff Walker, Village of Cayuga Heights; Carissa Parlato, Town of Ulysses; Sarah Thomas, Tompkins County; Stephanie Redmond, Town of Enfield; Susie Gutenberger, Lansing Community Library; Amanda Anderson, Town of Dryden; Tanya DiGennaro, Village of Homer; Gary Mutchler, Town of Scipio; Mike Murphy, Village of Dryden

Municipal Representatives via Proxy: 5 members

Ed Wagner, Town of Owasco (Proxy – Jim Bower); Betty Conger, Village of Groton (Proxy – Charmagne Rungay); Lou Anne Randall, Town of Cuyler (Proxy – Mack Cook); Donna Dawson, Village of Horseheads (Proxy – Judy Drake); Ed Fairbrother, Town of Big Flats (Proxy – Judy Drake)

Union Representatives: 6 members

James Bower, Bolton Point; Jonathan Walz-Koeppel, TC3 Prof. Admin. Assoc. Unit; Jon Munson, Town of Ithaca Teamsters; Nancy Webster, Tompkins County Blue Collar Unit - CSEA #855; Melissa Schmidt, TC3 Faculty Association; Jeanne Grace, City of Ithaca Executive Unit

Union Representatives via Proxy: 5 members

Ian Tompkins, City of Ithaca DPW Unit (Proxy – Jeanne Grace); Elizabeth Hujar, TCPL Support Staff (Proxy – Jim Bower); Kate DeVoe, TCPL Professional Staff (Proxy – Jim Bower); Doug Perine, Tompkins County White Collar President (Proxy – Jim Bower); Tim Arnold, Town of Dryden Teamsters (Proxy – Jim Bower)

Others in attendance:

Elin Dowd, Executive Director; Teri Apalovich, Finance Manager; Michelle Cocco, Clerk of the Board; Kylie Rodrigues, Benefits Specialist; Jason Warchal, Excellus; Rob Spenard, Locey & Cahill; Chuck Guild, CSEA; Morgan Randazzo, ProAct; Kelli Lasher, Excellus; Janet Kubicki, Joe Scotti, CanaRx

Call to Order

Mr. Bower, Chair, called the meeting to order at 1:32 p.m.

Changes to the Agenda

With no objection, the resolution entitled Directive to Prescription Benefit Manger – Medicare Supplement 90-day Fill was moved up on agenda.

Approval of Minutes of October 7, 2021

It was MOVED by Mr. Walker, seconded by Ms. Rungay, and unanimously adopted by voice vote by members present, to approve the minutes of October 7, 2021 as submitted. MINUTES APPROVED.

Committee Chair's Report

Mr. Bower reported work has begun on the next agenda. He called attention to the Consortium's expansion and additional municipalities that have joined. He noted as a result of the increased membership of this Committee, the number needed for quorum will increase in 2022. He will continue to look to increase more regular participation and engagement by labor. He also reported on the Labor vacancies on the Board of Directors, noting that in 2022 there will be an additional Labor seat on the Board.

Report from Board/Executive Committee Chair

Ms. Drake reported on the Executive Committee's November meeting and said action was taken to continue the Consortium's contract to retain Excellus as its Third Party Administrator for medical benefits. The Committee discussed a long-term business plan for the Consortium and will be holding special meetings to discuss this further. The next meeting will be December 15th to take action on end-of-the year contracts.

Executive Director

Ms. Dowd reported the newly accepted Towns of Erwin and Throop and the Villages of Fayetteville and Minoa will have representatives joining this Committee next year. These new members increase the Consortium's total subscriber count by approximately 80 and places the Consortium in two of the counties in the Consortium's new territory.

Ms. Dowd reported on flu clinics that were held by the Consortium. She noted flu vaccinations are covered as a preventative care benefit and encouraged members to get their flu shot. She reported on the availability of Covid booster shots and encouraged members to speak with their primary care physician or local pharmacy about this vaccine as well.

Ms. Dowd reminded members that new identification cards are being sent to all members and dependents and noted there will be now be a single card for both Excellus and ProAct. Letters will accompany the new identification cards that will be mailed by Excellus in mid-December.

Ms. Michelle Nunn arrived at this time.

Ms. Dowd explained the proposed resolution is a directive to ProAct on the Medicare Supplement Plan to also have a 90-day fill at the pharmacy. Those who have the old Classic Blue plan are aware they are able to fill prescriptions for 90 days at the pharmacy and are charged three times the 30-day fill. This is not the mail order benefit, it is an old Classic Blue benefit, whereby members could pay for three 30-day supplies at the pharmacy but would not have to go back each month. She said now that several Medicare-eligible members are being moved to the Medicare Supplement Plan this has come up as a benefit conflict as many of the Medicare plans allow members to fill prescriptions at the 90-day level. Many of these members are coming from being able to fill prescriptions at the 90-day level at the pharmacy but are now being told they can only fill prescriptions at the 30-day level.

Ms. Dowd said after discussing this with Locey & Cahill and looking at the cost effectiveness of this with members moving to the Medicare Supplement Plan, it is being recommended to allow a 90-day refill at an in-network retail pharmacy for those on the Medicare Supplement Plan effective upon approval by the Executive Committee. The fill rate will be a 30-day fill times three and shall not be subject to the 90-day mail order fill discount.

**RESOLUTION NO. 2021 – DIRECTIVE TO PRESCRIPTION BENEFIT MANAGER –
MEDICARE SUPPLEMENT 90-DAY FILL**

MOVED by Ms. Drake, seconded by Mr. Snow, and unanimously adopted by voice vote by members present.

WHEREAS, ProAct followed a directive to mirror Platinum Plan medication benefits with members being limited to a 30-day prescription drug fill, and

WHEREAS, subscribers of a Classic Blue Plan have the availability of a 90-day fill at a retail pharmacy, and

WHEREAS, the Consortium would like to institute a directive, whereby Medicare Supplement Plan benefits for a 90-day fill at a retail pharmacy mirror Classic Blue benefits for a 90-day fill at a retail pharmacy, and

WHEREAS, this directive would be in-line with Medicare prescription coverage guidelines, now therefore be it

RESOLVED, on recommendation of the Joint Committee on Plan Structure and Design, that the Executive Committee hereby directs ProAct to allow a 90-day refill at an In-Network retail pharmacy for all Consortium Medicare Supplement plans,

RESOLVED, further, That the 90-day fill co-pay rate will be a 30-day fill x 3, and shall not be subject to the Mail Order 90-day fill discount,

RESOLVED, further, That this directive shall not impact any restrictions for 90-day fills of controlled substances,

RESOLVED, further, That this directive shall be effective immediately upon approval by the Executive Committee.

* * * * *

Mrs. Shawley arrived at this time.

Presentation on CanaRx

Ms. Dowd introduced Janet Kubicki who recently joined CanaRx. Ms. Dowd said the Consortium has had a low utilization with CanaRx and there are opportunities for Consortium members to take advantage of the program. Ms. Kubicki provided the Committee with an overview of the CanaRx program and said they have found that utilization dramatically improves when plan members are engaged and understand the program. The presentation included information on ways the Consortium can communicate and market the program with members.

Highlights from the presentation included:

- Established in 2002, CanaRx is the 1st International Prescription Service Provider (IPSP) for U.S. self-funded physicians and pharmacies.

- Exclusive network licensed physicians and pharmacies in Canada, United Kingdom, and Australia.
- Offered on an individual, voluntary basis.
- Offered in addition to the existing prescription drug benefit.
- Conforms to prescription drug benefit design and state mandates.
- Complies with U.S. personal importation guidelines.
- HIPAA compliant.
- The Consortium has had a relationship with CanaRx for several years.

January – October 2021

- Eligible Members: 686 (includes members that are taking medications on the CanaRx formulary)
- Enrolled Members: 75
- Participation %: 10.9%
- Issued Prescriptions: 334
- Average Plan Cost: \$387,283
- CanaRx Billing: \$120,604
- Net Program Savings: \$266,679
- Net Program Savings %: 68.9%
- Savings/Rx: \$798
- Savings/Member: \$3,556

Actual Savings: \$255,679 (16%)

Potential Savings: \$1,423,615 (84%)

Mr. Scotti reviewed the medication detail and said it is important to note that with a voluntary program, every member that moves not only generates savings to the member in the copay but also to the plan. He said for every prescription that moves over the plan saves an average of \$475 and the member saves \$30 on average.

Mr. Scotti spoke of the eligible members, noting the potential of savings to the plan of \$2,200 and an additional savings of approximately \$138 in member-saved copays. He said the goal of this presentation is to provide the Consortium with information on potential savings and to discuss ways to help move towards educating and engaging members to achieve those savings.

Ms. Michell Nunn asked if it is known as to why people do not participate in the program. Mr. Scotti said there is no clear answer, but they have found that the more members become educated and engaged the more successful the program can be.

Ms. Dowd said there has been a lack of awareness and a need to market the benefit better as well as provide tools to do that. She spoke of feedback the Consortium has received and said there is also a misconception that in New York State physicians felt they could not write prescriptions for CanaRx to fill and also a misconception relating to what countries the prescriptions are coming out of. There has been a perception that drugs were being manufactured in countries that don't have the same restrictions and regulations the United States has. She said the Consortium has been reassured of where the prescriptions are coming from and said they are U.S. regulated. For these reasons, as well as a lack of marketing, is why there hasn't been great utilization of the program. Mr. Scotti said CanaRx will help in any way the Consortium needs to market the program.

At this time Ms. Kubicki spoke of CanaRx's rebranding efforts and reviewed the various marketing supports and outreach programs CanaRx has available to the Consortium, including the new Canarx.com website.

Mr. Walker asked if there has been an increase in enrollment due to direct mailings and if there is a way to track that. Ms. Kubicki said they are working on a project to help identify how members hear about CanaRx. She will look into whether there was an impact from the Consortium's mailing that took place in October. Mr. Walker said although the Consortium's logo appears on the information sent to members, they may not recognize this. Ms. Kubicki and Mr. Scotti offered to do a virtual webinar or to provide a short presentation to help inform members about the program ahead of when a mailing will go out. Ms. Rodrigues extended an offer to municipalities to have members contact her directly with any questions. Ms. Dowd said in 2022 there will be increased efforts to do outreach to members to inform them about programs like this and to make sure they are aware of any upcoming changes in advance. The Committee will specifically discuss CanaRx marketing at its next meeting in February.

In response to Mr. Murphy who asked why the same drug is more expensive in the United States than when obtained from CanaRx, Ms. Kubicki said the Canada, Australia, and the United Kingdom have single-payer systems and have already pre-negotiated with pharmaceutical companies as to the cost of medications. In many cases that cost is approximately 70% less than what the cost is in the United States. She briefly explained the CanaRx Formulary and why certain drugs such as controlled substances, temperature-controlled medications, and generic drugs are not included. It was also noted that most of the drugs obtained in the United States are manufactured overseas and in one of these three countries.

Wellness

Maintain Don't Gain

A poll relating to the Maintain Don't Gain Program was initiated at this time asking members how they stay healthy during the holiday season with responses in order of the most responses: find down time to relax, exercise, and share the load of chores (cooking or shopping). Ms. Rodrigues reported 73 individuals have signed up to participate in the Program and weekly healthy e-mails are sent to all participants. She reported on program prizes and noted everyone will receive a participation gift.

Facebook Page

Ms. Rodrigues said the Consortium will be moving forward with setting up a Facebook page as a way of providing outreach and forming connections with members; staff will be meeting to discuss and plan for this. The main idea will be to present information that will also be sent by e-mail to members in the monthly wellness e-mails and challenges. It will be an opportunity to promote activity, highlight topics, and promote other information and resources as well as build relationships with municipalities within the Consortium.

Financial Update

Mr. Spenard provided an update on financial results through October 31, 2021. He reported medical and prescription drug premiums were slightly below budget which likely can be attributed to members moving to different plans. Interest income continues to be below budget, prescription drug rebates are above budget, and paid claims increased in October. He noted there were Stop Loss claimants in October. In summary, total income was below budget in October by 1.1%, prescription drug claims were up slightly, and medical paid claims were 1.1% below budget projections. Overall, expenses were .17% above projections for October. He said

with the anticipated prescription drug rebate payment the Consortium is expected to finish the year close to budget.

Mr. Spenard said as of January 1, 2021 the Consortium will have a new Stop Loss policy; Locey and Cahill will work with the Audit and Finance Committee on the Stop Loss carrier and potential renewal with Excellus. He noted the Consortium pays \$.95 of each dollar towards the payment of claims which continues to show it is a very well-run and efficient organization.

Next Agenda Topics

A discussion of CanaRx marketing will be included on the next agenda in February.

Adjournment

The meeting adjourned at 2:57 p.m.