MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN (MCHBP)-NEW YORK DATA REQUIREMENTS

2011 PLAN YEAR – QUARTERLY STATEMENT

(1st Quarter 2011)

FOR THE PERIOD ENDING March 31, 2011

OF THE CONDITION AND AFFAIRS OF .....

Affix Bar Code Above

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

A Municipal Cooperative Health Benefit Plan organized under the Laws of the State of New York made to the State of New York Insurance Department pursuant to the laws thereof.

Date Certified As a MCHBP: October 1, 2010

Commenced Business: October 1, 2010

Mailing Address: c/o Jackie Kippola, Risk Manager, County of Tompkins, 125 East Court Street, Ithaca, NY 14850

Address of Main Administrative Office: Same

Telephone Number: 607-274-5548 Employer's ID Number: 27-1447438

Principal Location of Books and Records: Same

Name of Administrator: Excellus BlueCross BlueShield of the Central New York Region

Contact Person & Phone Number: Beth Miller, Senior Account Consultant, Excellus BCBS, (315) 671-7006

Service Areas (Counties): Tompkins County

OFFICERS*

Chairperson: Donald Barber, Supervisor, Town of Caroline, PO Box 136, Slaterville Road, Slaterville Springs, NY 14881

Vice Chairperson: Charles Becker, Village Trustee, Village of Dryden, 16 South Street, PO Box 820, Dryden, NY 13053

Secretary: Judy Drake, Human Resource Director, Town of Ithaca, 215 N. Tioga Street, Ithaca, NY 14850

Chief Financial Officer: Steven P. Thayer, City Controller, City of Ithaca, 1st Floor of City Hall, 108 East Green Street, Ithaca, NY 14850

GOVERNING BOARD*

Name and Title	Municipality / Union Affiliation
Carolyn K. Perterson, Mayor	City of Ithaca
Anita Fitzpatrick, Commissioner of Personnel	County of Tompkins
Donald Barber, Supervisor (Chairperson)	Town of Caroline
Laura Shawley, Assistant to Superintendent of Highways	Town of Danby
Mary Ann Sumner, Supervisor	Town of Dryden
Herb Masser, Town Councilperson	Town of Enfield
Glenn Morey, Supervisor	Town of Groton
Judy Drake, Human Resource Director (Secretary)	Town of Ithaca
Laura Tyler, Town Councilperson	Town of Ulysses
Kate Supron, Mayor	Village of Cayuga Heights
Charles Becker, Village Trustee (Vice Chairperson)	Village of Dryden
Charles V. Rankin, Village Clerk, Treasurer/Administrator	Village of Groton
Rordan Hart, Village Trustee	Village of Trumansburg
Chantalise DeMarco, President White Collar	CSEA, County of Tompkins
George Apgar, Union President	Ithaca Professional Fire Fighters Association

STATE OF New York

COUNTY OF Tompkins

Donald Barber, Chairperson, Judy Drake, Secretary, Steven Thayer, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Greater Tompkins County Municipal Health Insurance Consortium, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions there from for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed and Sworn To Before Me This 26th Day of April, 2012

Catherine Covert

NOTARY PUBLIC

(Seal)

CATHERINE COVERT
Notary Public, State of New York
No. 4983156
Qualified in Tompkins County
Commission expires June 27, 2015

Chairperson

Secretary

Chief Financial Officer

(Corporate Seal)

(a) Is this an original filing? Yes [ ] No [✓]

(b) If no:
(i) state the amendment number .....1.....
(ii) date filed 04/26/2012...
(iii) number of pages attached .....3.....

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

Quarterly MCHBP Statement as of March 31, 2011 (1st QUARTER - 2011 PLAN YEAR) of the:
GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM (GTCMHIC)

Report #1 - ASSETS

Report #1 - Part B: LIABILITIES AND NET WORTH

		1 Current Quarter 1st Quarter 2011 Plan Year	2 Previous Year
CURRENT ASSETS:			
1.	Cash and Cash Equivalants	2,835,327.88	1,441,811.48
2.	Short Term Investments	0.00	0.00
3.	Premiums Receivable	238,555.21	0.00
4.	Investment Income Receivables	0.00	0.00
5.	Aggregate Write-ins for Current Assets	235,520.70	0.00
6.	TOTAL CURRENT ASSETS (Items 1 to 5)	3,309,403.79	1,441,811.48
OTHER ASSETS:			
7.	Long Term Investments	0.00	0.00
8.	Aggregate Write-ins for Other Assets	718,000.00	0.00
9.	TOTAL OTHER ASSETS (Items 7 and 8)	718,000.00	0.00
10.	TOTAL ASSETS (Items 6 and 9)	4,027,403.79	1,441,811.48
CURRENT LIABILITIES:			
1.	Accounts Payable	986,227.16	0.00
2.	Claims Payable (Reported and Unreported)	1,731,608.56	0.00
3.	Claim Stabilization Reserve	0.00	0.00
4.	Unearned Premiums	0.00	0.00
5.	Loans and Notes Payable	0.00	0.00
6.	Aggregate Write-ins for Current Liabilities	0.00	0.00
7.	TOTAL CURRENT LIABILITIES (Items 1 to 6)	2,717,835.72	0.00
OTHER LIABILITIES:			
8.	Loans and Notes Payable	0.00	0.00
9.	Aggregate Write-ins for Other Liabilities	0.00	0.00
10.	TOTAL OTHER LIABILITIES (Items 8 and 9)	0.00	0.00
11.	TOTAL LIABILITIES (Items 7 and 10)	2,717,835.72	0.00
NET WORTH:			
12.	Contributed Capital	0.00	0.00
13.	Surplus Notes	0.00	0.00
14.	Surplus per Section 4706 (a)(5)	1,224,449.05	1,224,449.05
15	Retained Earnings/Fund Balance	85,119.02	217,362.43
16.	TOTAL NET WORTH (Items 12 to 15)	1,309,568.07	1,441,811.48
17.	TOTAL LIABILITIES AND NET WORTH (Items 11 and 16)	4,027,403.79	1,441,811.48
DETAILS OF WRITE-INS AGGREGATED AT ITEM 5 FOR CURRENT ASSETS			
0501	Stop-Loss Insurance Recoveries	0.00	0.00
0502	New York State Shared Municipal Services Incentive Grant Funds	119,751.91	0.00
0503	Prescription Drug Rebate Payment	115,768.79	0.00
0504	Early Retiree Reinsurance Program	0.00	0.00
0505			
0598	Summary of remaining write-ins for Item 5 from overflow page		
0599	TOTALS (Items 0501 thru 0505 plus 0598) (Page 2, Item 5)	235,520.70	0.00
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR OTHER ASSETS			
0801	Excellus BCBS Pre-Paid Claims (Advance Deposit)	718,000.00	0.00
0802			
0803			
0804			
0805			
0898	Summary of remaining write-ins for Item 8 from overflow page		
0899	TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, Item 8)	718,000.00	0.00
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR CURRENT LIABILITIES			
0601			
0602			
0603			
0604			
0605			
0698	Summary of remaining write-ins for Item 6 from overflow page		
0699	TOTALS (Items 0601 thru 0605 plus 0698) (Page 3, Item 6)	0.00	0.00
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR CURRENT LIABILITIES			
0901			
0902			
0903			
0904			
0905			
0998	Summary of remaining write-ins for Item 6 from overflow page		
0999	TOTALS (Items 0901 thru 0905 plus 0998) (Page 3, Item 9)	0.00	0.00

Quarterly MCHBP Statement as of March 31, 2011 (1st QUARTER - 2011 PLAN YEAR) of the:
GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM (GTCMHIC)

Report #2 - STATEMENT OF REVENUE AND EXPENSES AND NET WORTH

		1 Current Quarter 1st Quarter 2011 Plan Year	2 Year-To-Date 1st Quarter 2011 Plan Year	1 Current Quarter 1st Quarter 2011 Plan Year PMPM	2 Year-to-Date 1st Quarter 2011 Plan Year PMPM
MEMBER MONTHS		6,001	6,001	6,001	6,001
REVENUE:					
1.	Premiums (Basic) Community Rated	6,652,114.66	6,652,114.66	1,108.50	1,108.50
2.	Investment	0.00	0.00	0.00	0.00
3.	Aggregate Write-ins for Other Revenue	244,647.51	244,647.51	40.77	40.77
4.	TOTAL REVENUES (Items 1 to 3)	6,896,762.17	6,896,762.17	1,149.27	1,149.27
EXPENSES:					
Medical and Hospital:					
5.	Hospital and Medical	4,480,178.51	4,480,178.51	746.57	746.57
6.	Drug	1,819,535.64	1,819,535.64	303.21	303.21
7.	Aggregate Write-ins for Other Expenses	107,285.61	107,285.61	17.88	17.88
8.	Subtotal (Items 5 to 7)	6,406,999.76	6,406,999.76	1,067.66	1,067.66
9.	Reinsurance Expenses Net of Recoveries	102,540.80	102,540.80	17.09	17.09
Less:					
10.	C.O.B. and Subrogation	0.00	0.00	0.00	0.00
11.	TOTAL MEDICAL AND HOSPITAL (Items 8 and 9 less 10)	6,509,540.56	6,509,540.56	1,084.74	1,084.74
12.	REVENUES LESS MEDICAL AND HOSPITAL (4 less 11)	387,221.61	387,221.61	64.53	64.53
Administration:					
13.	Compensation	0.00	0.00	0.00	0.00
14.	Interest Expense	0.00	0.00	0.00	0.00
15.	Occupancy, Depreciation, and Amortization	0.00	0.00	0.00	0.00
16.	Marketing	0.00	0.00	0.00	0.00
17.	Aggregate Write-ins for Other Administrative Expenses	302,102.59	302,102.59	50.34	50.34
18.	TOTAL ADMINISTRATION (Items 13 to 17)	302,102.59	302,102.59	50.34	50.34
19.	TOTAL EXPENSES (Items 11 and 18)	6,811,643.15	6,811,643.15	1,135.08	1,135.08
20.	INCOME (LOSS) (Item 4 less item 19)	85,119.02	85,119.02	14.18	14.18
21.	Extraordinary Items	0.00	0.00	0.00	0.00
22.	Provision for Federal Income Taxes	0.00	0.00	0.00	0.00
23.	NET INCOME (LOSS) (Item 20 less Items 21 and 22)	85,119.02	85,119.02	14.18	14.18
DETAILS OF WRITE-INS AGGREGATED AT ITEM 3 FOR OTHER REVENUES					
0301	Insured Ancillary Benefits	9,126.81	9,126.81	1.52	1.52
0302	New York State Shared Municipal Services Incentive Grant Funds	119,751.91	119,751.91	19.96	19.96
0303	Prescription Drug Rebate Payment	115,768.79	115,768.79	19.29	19.29
0304					
0305					
0398	Summary of remaining writ-ins for Item 3 from overflow page				
0399	TOTALS (Items 0301 thru 0305 plus 0398) (Page 4, Item 3)	244,647.51	244,647.51	40.77	40.77
DETAILS OF WRITE-INS AGGREGATED AT ITEM 7 FOR OTHER MEDICAL AND HOSPITAL EXPENSES					
0701	New York State Graduate Medical Expense Tax	51,673.52	51,673.52	8.61	8.61
0702	Insurances (Directors & Officers / Professional Liability)	22,211.00	22,211.00	3.70	3.70
0703	Coordination Fees (Internal Support, Consulting, Legal, and Accounting Fees)	24,029.09	24,029.09	4.00	4.00
0704	Insured Ancillary Benefits	9,372.00	9,372.00	1.56	1.56
0705	Bank Charges	0.00	0.00	0.00	0.00
0798	Summary of remaining write-ins for Item 7 from overflow page	0.00	0.00	0.00	0.00
0799	TOTALS (Items 0701 thru 0705 plus 0798) (Page 4, Item 7)	107,285.61	107,285.61	17.88	17.88
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR ADMINISTRATIVE EXPENSES					
1701	Excellus BCBS Administrative Fees	263,834.35	263,834.35	43.97	43.97
1702	Medco Administrative Fees	38,268.24	38,268.24	6.38	6.38
1703					
1704					
1705					
1798	Summary of remaining write-ins for Item 17 from overflow page	0.00	0.00	0.00	0.00
1799	TOTALS (Items 1701 thru 1705 plus 1798) (Page 4, Item 17)	302,102.59	302,102.59	50.34	50.34
NET WORTH:					
24.	Net Worth Beginning of Year	1,441,811.48	1,441,811.48		
25.	Increase (Decrease) in Contributed Capital				
26.	Increase (Decrease) in Surplus Notes				
27.	Increase (Decrease) in Contingency Reserves				
28.	Increase (Decrease) in Retained Earnings/Fund Balance	(132,243.41)	-132,243.41		
	(a)				
	(b)				
	(c)				
	(d)				
29.	Aggregate Write-Ins for Changes in Other Net Worth Items				
30.	NET WORTH END OF YEAR (Items 24 to 29)	1,309,568.07	1,309,568.07		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 28d FOR CHANGES IN RETAINED EARNINGS					
2801					
2802					
2803					
2804					
2805					
2898					
2899					
DETAILS OF WRITE-INS AGGREGATED AT ITEM 29 FOR CHANGES IN OTHER NET WORTH ITEMS					
2901					
2902					
2903					
2904					
2905					
2998					
2999					

Quarterly MCHBP Statement as of March 31, 2011 (1st QUARTER - 2011 PLAN YEAR) of the:
GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM (GTCMHIC)

EXHIBIT 1 - ENROLLMENT DATA THIS QUARTER

A	B	C	D	E	Member Months	
					F	G
	Beginning Enrollment 1st Quarter 2011 Plan Year	Additions 1st Quarter 2011 Plan Year	Terminations 1st Quarter 2011 Plan Year	Net Enrollment End Of 1st Quarter 2011 Plan Year	1st Quarter 2011 Plan Year	Year-To-Date 1st Quarter 2011 Plan Year
Community Rated	0	6,001	0	6,001	6,001	6,001

SCHEDULE 1 - ENROLLMENT DATA

A	B	C	D	E	F
	Prior Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Community Rated	0	6,001			

N.Y. SCHEDULE F - CLAIMS PAYABLE ANALYSIS

SECTION I - CLAIMS INCURRED

A	B	C	D	E
Description of Claims	Paid During Year	Unpaid Prior Year	Unpaid Current Year	Incurred This Year* (B - C + D)
1. Hospital & Medical Claims	2,992,751.24	0.00	1,487,427.27	4,480,178.51
2. Drug Claims	1,575,354.35	0.00	244,181.29	1,819,535.64
3. Other	0.00	0.00	0.00	0.00
4. TOTAL	4,568,105.59	0.00	1,731,608.56	6,299,714.15

* Must equal hospital and medical expenses accrued and unpaid which are not reported on Report #2, Lines 5 thru 7.

SECTION II - ANALYSIS OF UNPAID CLAIMS - CURRENT FISCAL YEAR

A	B	C	D
Description of Claims	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported **	Total - Claims Payable * (Colums B+C)
1. Hospital & Medical Claims	0.00	1,487,427.27	1,487,427.27
2. Drug Claims	0.00	244,181.29	244,181.29
3. Other	0.00	0.00	0.00
4. TOTAL	0.00	1,731,608.56	1,731,608.56

* Must equal Section I, Column D.

** Must be calculated in accordance with Section 4706(a)(1) of the Insurance Law.

EXHIBIT 2 - YEAR END CLAIMS DEVELOPMENT SCHEDULE

A	Claims Paid During the Year *		Claims Unpaid March 31 of Current Year Viz: Estimated Liability March 31 of Current Year		F	G **
Description of Claims	B	C	D	E	Total Claims Paid During the Year and Claims Unpaid At End of Current Year on Claims Incurred in Prior Years (B + D)	Estimated Liability of Unpaid Claims at End of Previous Year
	On Claims Incurred Prior to Beginning of Current Fiscal Year	On Claims Incurred During the Current Fiscal Year	On Claims Unpaid at End of Previous Fiscal Year	On Claims Incurred During the Current Fiscal Year		
1. Hospital & Medical Claims	0.00	2,992,751.24	0.00	1,487,427.27	0.00	0.00
2. Drug Claims	0.00	1,575,354.35	0.00	244,181.29	0.00	0.00
3. Other	0.00	0.00	0.00	0.00	0.00	0.00
4. TOTAL	0.00	4,568,105.59	0.00	1,731,608.56	0.00	0.00

SECTION III - ANALYSIS OF UNPAID CLAIMS - PREVIOUS YEAR

A	Claims Paid During the Year *		Claims Unpaid December 31 of Current Year Viz: Estimated Liability December 31 of Current Year		F	G **
Description of Claims	B	C	D	E	Total Claims Paid During the Year and Claims Unpaid At End of Current Year on Claims Incurred in Prior Years (B + D)	Estimated Liability of Unpaid Claims at End of Previous Year
	On Claims Incurred Prior to Beginning of Current Fiscal Year	On Claims Incurred During the Current Fiscal Year	On Claims Unpaid at End of Previous Fiscal Year	On Claims Incurred During the Current Fiscal Year		
1. Hospital & Medical Claims	0.00	0.00	0.00	0.00	0.00	0.00
2. Drug Claims	0.00	0.00	0.00	0.00	0.00	0.00
3. Other	0.00	0.00	0.00	0.00	0.00	0.00
4. TOTAL	0.00	0.00	0.00	0.00	0.00	0.00

* Must equal Section I, Column B.

** Must equal Section I, Column C.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.