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AGENDA

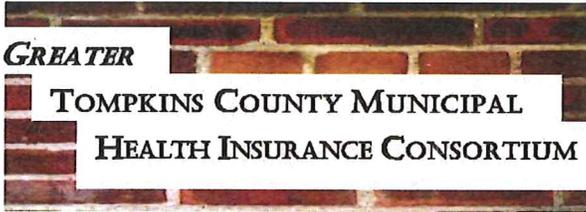
Joint Committee on Plan Structure and Design

October 13, 2011 – Noon

Old Jail Conference Room

1. Welcome
2. Approval of Minutes:
 - August 4, 2011
 - September 1, 2011
3. Update on Contract Count Information
4. Review responses to EAP and Flex Program Survey
5. Report on RFP for Prescription Drug Benefit Manager
6. Update on Utilization Data
7. Discussion of Medicare Supplement

Next Meeting: November 3, 2011



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Greater Tompkins County Municipal Health Insurance Consortium
Joint Committee on Plan Structure and Design
August 4, 2011 - Noon
Old Jail Conference Room

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draft

Present:

Municipal Representatives: 6 members

Judy Drake, Town of Ithaca; B. Jobin, Tompkins County; B. McIlroy, Town of Dryden; M. Mills, Village of Cayuga Heights; H. Masser, Town of Enfield; L. Shawley, Town of Danby

Municipal Representatives via Proxy: 3 members

Don Barber, Town of Caroline; Schelley Michell Nunn, City of Ithaca; B. Conger, Village of Groton

Union Representatives: 8 unit members

Chantalise DeMarco, County White Collar-CSEA; George Apgar, President; Ithaca Professional Fire Fighters Assoc. and Ithaca Area Fire Fighters #737; B. Berggren, Town of Danby Highway (CSEA); J. Bower, Bolton Point; C. Parker, Tompkins County Blue Collar Unit; M. Thomas, Ithaca City Admin. Unit, CSEA 1000; J. Dort, Ithaca City DPW Unit – CSEA 1000 (arrived at 1:10 p.m.)

Union Representatives via Proxy: 1 member

Mary Portzline, CSEQ Unit 8908

Others in attendance:

Sharon Dovi, TC3 Human Resources Manager; S. Locey, Locey & Cahill M. Lloyd, CSEA Health Benefits Department; B. McKinney, Cornell Wellness Program

Call to Order

Ms. DeMarco called the meeting to order at 12:07 p.m.

Presentation by Cornell Wellness Program

Ms. McKinney, Director of Cornell's Wellness Program, presented the Committee with information on Cornell's Wellness program. She reviewed the history of the Program, stating it has been in existence for 22 years. Everyone has a slightly different definition of wellness and there are many dimensions of wellness: fitness, mind/body, taking care of one's self, and eating right. She shared the following definition: "Wellness is the conscious choices and responsible actions one makes to balance many integrated dimensions: physical, emotional, intellectual, spiritual, occupational, social, to achieve a high potential for personal health and well-being". She said a key piece is the conscious choice and responsible action and it could be argued either way as to whether or not it is an employer's responsibility to provide wellness. There are some very compelling reasons why it is a good idea for an employer to provide wellness opportunities to employees.

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According to the U.S. Department of Health and Human Services chances are that people within a population of employees have some of the following health issues: cardiac disease, high blood pressure, high cholesterol, overweight, heavy drinkers, don't get enough exercise, and are stressed out. When an employer offers opportunities for people to make their own behavior changes there are benefits, which are wide and varied. There is a healthcare savings because if illness can be prevented premiums can be kept lower. In addition, if a potential employee applied for a job that offered wellness opportunities there would be recruitment of better talent. It also improves retention of employees, reduce absenteeism, reduces "presenteeism" (when an employee is there in body but isn't as productive as they could be), reduction of healthcare claims, decreased worker's compensation claims, job satisfaction, and enhanced goodwill and morale. She noted it is very difficult to capture and measure healthcare savings.

Ms. McKinney spoke of ROI (Return on Investment) and said when larger companies have done studies they have shown that for every dollar spent between \$3-\$10 is saved. For every exercising day of the week, healthcare costs decreased from the median by 4.7%. This means if people start exercising money will be saved. For every unit increase in body mass index, costs increase from the median by 1.9%. People who are obese tend to have higher healthcare costs and smokers have increases in healthcare costs of 18-25% than nonsmokers. Employees who are stressed and unhappy are considered high risk because they have a high risk of becoming ill.

How do you start a wellness program? Ms. McKinney suggested seeing what kinds of things can be offered and what "quick wins" might exist for the workforce population. Cornell's program began in 1989 with 50 people; they began a pilot program and tested everyone before, provided health education, and tested them afterwards. This group lost weight, were stronger, and their aerobic capacity went up. They now have \$2,000-\$3,000 that comes from the benefits pool and for some programs participants pay a fee. She encouraged members to visit the Cornell Wellness webpage: <http://wellness.cornell.edu/> and said there are several lectures that are accessible and free to the public with most focussing on fitness, health, and nutrition. There are also events that bring people together, such as National Health and Fitness Day, walking challenges, triathlon program, and retiree programs. In getting started she suggested looking at things that would be obvious types of activities: smoking cessation, fitness, blood pressure clinics, cholesterol screenings, fitness and diet, and also conducting incentive programs.

Ms. McKinney said a good first step is to learn about the health of the workforce and a health behavior assessment can be obtained through the health insurance company. She cautioned there is a very thin line between offering someone something and sending a message they are not good unless they make a change. Although offering a wellness program is to save dollars it is also to make employees feel like they are cared for. She offered to speak with members about health assessment surveys. She also suggested the following resources: Welcoa (Wellness Council of America), and the National Wellness Institute. She spoke of the benefits of embracing wellness and having a wellness program and said the local physicians at Cayuga Medical Center are always eager to do outreach. Another resource is the Ithaca College Exercise Science Department that has interns that are available.

Mr. Locey spoke of internal resources and asked if staff is compensated for their time. Ms. McKinney said Cornell does have fitness centers and employees pay a fee of \$175 per year. The fitness centers are open to the Cornell community; however, local fitness centers can be approached to see if a program could be developed for Consortium employees. She

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said in terms of usage of the fitness centers some employees come on before or after work or on weekends; the University offers flextime to enable employees to utilize the centers and there is also release time used in some departments that is specifically to be used for exercise time. The University subsidizes the wellness program; the approximate cost per employee is \$20 through the benefit pool, which are premiums paid by the University and employees.

Mr. Locey asked if the Wellness Program coordinates with any of the employee's physicians. Ms. McKinney said this is only done through one of their health insurance programs, the Cornell Program for Healthy Living. The Wellness Program is connected with the doctors when someone joins the program, the employee gets a free fitness center membership. He also asked if with the health care reform in 2014 if there has been any discussion of having a premium variance for those who use the Wellness Program versus those who do not. She did not have an answer but noted the Cornell Program for Healthy Living complies with all of the new healthcare laws.

Report from Steve Locey

Mr. Locey distributed a 2011 contract count by plan type. At this time there are 10 different medical plans and 12 prescription plans offered throughout the Consortium for the 13 municipalities that are represented. The overwhelming majority are in the indemnity plans in the medical; within the towns and villages it is within the \$10/\$15/\$20 PPO plans. He also distributed information on what total benefit plans are offered and the rates associated with those plans. *He will be updating the information with the most recent census information.*

Mr. Locey provided an update on the acquisition of Medco and said Express Scripts and Medco have come to an agreement. It has not been approved by the Federal Trade Commission and will not be ruled on until 2012. He said this is a concern because these companies are two of the three largest PBM's (Pharmacy Benefits Manager) in the country and collectively they will be by far the largest.

Ms. Lloyd said yesterday CSEA met with ProAct and reported they have formed a business partnership with CanaRx and will be able to offer a drug program to groups like the Consortium. Mr. Locey said an RFP for a PBM has been developed that will be presented to the Board of Directors at the August 25th meeting. Kinney/ProAct will be included in that process.

Mr. Locey followed up on discussion at the last meeting with regard to flex spending and Employee Assistance Programs. He distributed copies of a survey that he would like bargaining units to complete. The survey will be sent out electronically. He asked unions to let him know if they have a preferred vendor they are using. He will tabulate the responses and report back at the next meeting.

Mr. Dort arrived at this time.

Mr. Locey reported on Medicare rates and said there is still an issue with the medical utilization data and hopes to have information for the next meeting.

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Approval of Minutes of January 6, February 3, March 3, April 7, May 5, June 2, and June 7, 2011

It was MOVED by Ms. Mills, seconded by Ms. Shawley, and unanimously adopted by voice vote by members present, to approve the minutes of January 6, February 3, March 3, April 7, May 5, June 2, and June 7, 2011. MINUTES APPROVED.

Approval of Proxy Form

It was MOVED by Mr. McIlroy, seconded by Ms. Mills, and unanimously adopted by voice vote by members present, to approve the Proxy Form. PROXY FORM ADOPTED.

Approval of Bylaws

It was MOVED by Ms. Shawley, seconded by Ms. Mills, and unanimously adopted by voice vote by members present, to approve the bylaws as revised as a working document. BYLAWS ADOPTED.

Ms. Lloyd announced she will be leaving her position and will be replaced on the Committee by Scott Futia.

Adjournment

The meeting adjourned at 1:30 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



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MINUTES

**Greater Tompkins County Municipal Health Insurance Consortium
Joint Committee on Plan Structure and Design
September 1, 2011 - Noon
Old Jail Conference Room**

draft

Present:

Municipal Representatives: 4 members

H. Masser, Town of Enfield; B. Jobin, Tompkins County; M. Mills, Village of Cayuga Heights; B. Conger, Village of Groton

Municipal Representatives via Proxy: 4 members

Judy Drake, Town of Ithaca; S. Thayer, City of Ithaca; B. McIlroy, Town of Dryden; Don Barber, Town of Caroline

Union Representatives: 4 unit members

Chantalise DeMarco, County White Collar-CSEA; George Apgar, President; Ithaca Professional Fire Fighters Assoc. and Ithaca Area Fire Fighters #737; D. Finn, TC# Professional Admin. Assoc. Unit; J. Slater, Town of Ithaca DPW - Teamsters

Union Representatives via Proxy: 1 member

J. Bower, Bolton Point

Others in attendance:

Sharon Dovi, TC3 Human Resources Manager

Call to Order

Ms. DeMarco called the meeting to order at 12:07 p.m.

Approval of Minutes - August 4, 2011

The minutes were deferred to the next meeting due to lack of quorum.

EAP, Flex Surveys

Ms. DeMarco asked anyone who has not returned the survey on EAP and Flex programs to please turn them in as Mr. Locey is trying to develop a baseline for what programs already exist.

RFP - Prescription Drug Manager

Ms. DeMarco reported the Request for Proposals for Prescription Drug Manager is available. A Committee has been established to review responses; members include Ms. DeMarco, Ms. Jobin, Ms. Drake, and Ms. Kippola. The document is also available on the Consortium's website.

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Ms. DeMarco said discussion on the Medicare supplement is continuing and Mr. Locey is compiling information. She said some questions were raised after the last Board meeting with regard to what the intent is with a Medicare supplement design. She clarified it is not to take anyone who is a current retiree and shift them in that direction. It is more about offering something to retirees who currently have no coverage or who cannot afford to continue their current coverage.

Rescheduling of October Meeting

Ms. DeMarco said she is not available the first week in October and proposed the meeting date be changed to November 13th. All members present agreed to this date change.

Discussion of Quorum

There continue to be an issue with reaching quorum for meetings; however, Ms. DeMarco said a number of proxies were received for this meeting and noted many are different people from past meetings. Ms. Pottorff was asked to request a read-receipt on e-mails of the agenda.

Announcement of Strategic Planning Committee Meeting

Ms. DeMarco announced the Strategic Planning Committee will meet on September 26th at 4 p.m. and will begin discussing analyzing claims data.

Chair's Report

Ms. DeMarco reported last week she, Mr. Barber, and Mr. Locey sat on a panel through the State Comptroller's Office on strategies to navigate the property tax cap. It went very well and there was a lot of interest in what the Consortium is doing. She also said there are a couple of municipalities that did not initially join the Consortium but are now reconsidering after receiving notice of increases that were in excess of 18%.

Website

Ms. Pottorff reported the Consortium's website is now up. All meeting information will be posted on a regular basis.

Adjournment

The meeting adjourned at 12:32 p.m.

Adjournment

The meeting adjourned at 1:30 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk