

Greater Tompkins County Municipal Health Insurance Consortium
Audit Committee
Thursday, October 17, 2013 - 3 p.m.

Ithaca Town Hall

Agenda

1. Call to Order
2. Approve Minutes of August 15, 2013 meeting
3. **Approval** of Consortium Privacy Questionnaire and Template for Municipalities
 - a. Identify Privacy Official
4. Review of (second) Draft Request for Proposals for Auditing of Medical Claims and/or Prescription Claims
5. Begin Explanation of Sections of Financial Report (deferred from last meeting)
6. Other Items
7. Adjournment

Future Agenda Items:

Review results of State Audit (Sept.) ***Results not received as of 10/14/13**
Oversee development of Code of Ethics and Conflict of Interest Policy
Become familiar with Enterprise Risk Model (Don Barber requested)

Minutes
Greater Tompkins County Municipal Health Insurance Consortium
Audit Committee
August 15, 2013 - 3:00 p.m.
Ithaca Town Hall

Attendees: Steve Thayer, Judy Drake, Chantalise DeMarco
Excused: Laura Shawley, Chuck Rankin
Guests: Judy Taber, Locey & Cahill; Rick Snyder, Tompkins County Finance Director

Call to Order

Mr. Thayer called the meeting to order at 3:09 p.m.

Acceptance of Minutes

The minutes of the July 18, 2013 meeting were approved as submitted.

Discussion of Excellus Claims Process Privacy Questionnaire

There was continued discussion of the Privacy Examination Questionnaire that was a part of the New York State Audit. A draft document was provided based on a sample used by the BOCES Consortium that would be used as a template for the Consortium as well as all municipalities to adopt on their own letterhead. A question was raised as to who would be the Privacy Official; no one has been identified as the *Privacy Official for the Consortium*. Ms. DeMarco said if an Executive Director were hired that individual could assume this role. Based on suggested revisions, Ms. Drake agreed to revise the documents and re-send for inclusion in the next agenda and a recommendation will be made on who will be designated as the Privacy Official at a later time.

Review of Draft Request for Proposals for Claims Process and Audit

The Committee reviewed the draft document that was included in the agenda packet. There were many pages attached to the draft document that included template language from the County. Mr. Snyder suggested the first section be drafted and then presented to the County to determine what additional pieces are necessary. Based on suggestions made, a revised document will be included in the next agenda for continued review.

Explanation of Sections of Financial Report

This item was deferred to the next meeting to allow for Ms. Shawley who had made the request for this information, to be present.

Update on Finance Department Transition

Mr. Snyder reported the transition in the Finance Office is going well. He is working on the Consortium's financial report for July and will be sending the information to Mr. Locey and the Bonadio Group in the next few days. He reported Lisa Christian who replaced Christine Bednar in the Finance Department has also completed the transition into her position. They will be scheduling training within the next 30 days with the Bonadio Group for the Quickbooks program. He reported on the new billing protocol and said most entities have received their bills that will cover the following month. For some of the municipalities it is not much of a change;

Consortium Audit Committee
August 15, 2013

however, it is a big issue for Tompkins Cortland Community College and the County. He explained that for a few months at this time of the year TC3 has no cash flow and has been hit with an extra month's bill at a time that is difficult for them. The County will basically be loaning the funds to the College until the cash flow problem corrects itself as it usually does. Mr. Mareane had some initial concern with the new billing process because he had thought the Consortium would be forcing 13 months of payments in 12 months and the County's budget is not designed to handle that. Although it initially appears that way Mr. Snyder said he explained that was not what actually happens and that all municipalities are only being billed for 12 months.

Adjournment

The meeting adjourned at 4:17 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



Municipalities building a
stable insurance future.

125 East Court Street
Ithaca, NY 14850
607-274-5590
INFO: consortium@twcny.rr.com
www.tompkins-co.org/healthconsortium

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

We understand that personal and health information about you is personal. We are committed to safeguarding your personal and protected health information (PHI.) PHI is any information that can identify you as an individual and your past, present or future physical or mental health condition.

This policy supports your health plans need to collect information and the right of the individual to privacy. It ensures that the health plan can collect personal and health information necessary for its functions, while recognizing the right of the individuals to have their information handled in ways that they would reasonably expect and in ways that protect the privacy of their personal and health information. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Use and Disclosures- Personal and health information is collected and used for the following purposes:
We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law.

Treatment: Your health information may be used by Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) or disclosed to other organizations for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all organizations who may provide treatment or who may be consulted by GTCMHIC representatives.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management of GTCMHIC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates: Your personal and health information may be disclosed to business associates independent of our business with which we contract. However, we will only make such disclosures if we have received satisfactory assurances that the business associate will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company to consult to us regarding the health plan.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Consortium Members:

County of Tompkins ~ City of Ithaca ~ City of Cortland ~ Town of Caroline ~
Town of Danby ~ Town of Dryden ~ Town of Enfield ~ Town of Groton ~ Town of Ithaca ~ Town of Lansing
Town of Ulysses ~ Village of Cayuga Heights ~ Village of Dryden ~ Village of Groton ~ Village of Trumansburg

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Information about treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

GTCMHIC: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information: As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the **Privacy Official**.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to the **Privacy Official**. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. **You will not be penalized or otherwise retaliated against for filing a complaint.**

Contact Person: You can receive further information concerning our privacy practices by contacting:

**Privacy Official
GTCMHIC
125 East Court Street
Ithaca, NY 14850
607-274-5590**

This Notice is effective on or after _____ 2013.

Municipality TEMPLATE

Notice of Privacy Policy and Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

We understand that personal and health information about you is personal. We are committed to safeguarding your personal and protected health information (PHI.) PHI is any information that can identify you as an individual and your past, present or future physical or mental health condition.

This policy supports the municipality's need to collect information and the right of the individual to privacy. It ensures that the municipality can collect personal and health information necessary for its functions, while recognizing the right of the individuals to have their information handled in ways that they would reasonably expect and in ways that protect the privacy of their personal and health information. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Use and Disclosures- Personal and health information is collected and used for the following purposes:
We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law.

Benefits Administration: Your personal and health information may be used as necessary to support benefit administration for your health insurance and any other insurance plans or programs you are enrolled in.

Business Associates: Your personal and health information may be disclosed to business associates independent of our business with which we contract. However, we will only make such disclosures if we have received satisfactory assurances that the business associate will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company to consult to us regarding the health plan.

Treatment: Your health information may be used or disclosed by your health plan to other organizations for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all organizations who may provide treatment or who may be consulted by the health plan representatives or subcontracted providers.

Payment: We may use your health information to seek payment from your health plan, from other sources of coverage such as a disability insurance provider, automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management of the health plan. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Information about treatments: We may send information on treatment and management of medical conditions that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

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Contact Person: You can receive further information concerning our privacy practices by contacting:

Privacy Official
Attn: {insert name & title}
Municipality name
address
location, NY zip code
607-phone

This Notice is effective on or after _____ 2013.

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

Prescription Auditing Services

Request for Proposal (RFP)

125 EAST COURT STREET

ITHACA, NY 14850

TEL 607-274-5590

FAX ????

CONSORTIUM@TWCNY.RR.COM

WWW.TOMPKINS-CO.ORG/HEALTHCONSORTIUM

**REQUEST FOR PROPOSAL
PRESCRIPTION AUDITING SERVICES**

INTRODUCTION

The Greater Tompkins County Municipal Health Insurance Consortium (Consortium) is requesting proposals for auditing services on its Article 47 self-insured prescription drug plan for the period of June 1, 2011 – May 31, 2013. The Prescription Drug Plan has been administered by the following Prescription Benefit Managers (PBM). From January 1, 2011- December 31, 2012 the PBM was MEDCO/Express Scripts and since January 1, 2013 the PBM has been ProAct.

The Consortium is seeking an audit firm with proven success in discovering administrative and claim payment errors and recovering damages. Due to the change in January 2013 to a new PBM, the Consortium is also requesting an analysis on any inconsistencies in the claim administration between the two PBMs as well as their comparative ability to manage eligibility and prescription costs including but not limited to timeliness of enrollment changes, processing edits for unbundling, accumulating of benefit, deductible and out of pocket maximums, identification of potential large loss/catastrophic claims as well as identifying members for case management and disease management programs.

The Consortium would like to pursue this audit aggressively. The selected firm will provide its expected timeline for services and demonstrate its ability to complete a successful audit within the parameters outlined in this request.

OVERVIEW OF THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

The Consortium is a self-insured, Article 47 Plan, that offers medical and prescription drug coverage to its participants. Currently the Consortium covers more than 2,300 employees and retirees and is made up of the following municipalities:

City of Ithaca	County of Tompkins	Town of Caroline
Town of Danby	Town of Dryden	Town of Enfield
Town of Groton	Town of Ithaca	Town of Ulysses
Village of Cayuga Heights	Village of Dryden	Village of Groton
Village of Trumansburg	Town of Lansing	City of Cortland

The Consortium was awarded Article 47 certification in late 2010 with a start-up effective date of January 1, 2011. The City of Cortland and the Town of Lansing joined the Consortium on January 1, 2013.

The Consortium's medical plans cover approximately 5,100 active employees, retirees and their dependents. Enrollment eligibility determination for active employees, their dependents and retirees is performed independently by each municipality.

PRESCRIPTION BENEFIT PLANS

The Consortium's prescription benefit plans cover approximately 2,300 active employees and retirees. The total covered members including dependents, is approximately 5,600. Enrollment eligibility determination for active employees, their dependents and retirees is performed independently by each municipality.

The Consortium offers Two Tier and Three Tier Prescription Plans to its participants that include several variations in deductibles and copayments. Samples of the Summary of Benefits for each type of the Plan are included as Attachments to this request. More detailed Plan Descriptions will be provided to the firm contracted for the Audit.

PROPOSAL REQUIREMENTS

Organization and History

1. Please provide a brief overview of our company and history of your organization. Describe any parent/subsidiary/affiliate relationships.
2. How is your firm distinguished from competitors with respect to prescription claim audit services?
3. What, if any, is your firm's direct experience auditing Medco/Express Scripts and/ or ProAct?
4. Please indicate your firm's proven success in recovering monetary settlements for identified errors, particularly with Medco/Express Scripts and /or ProAct.
5. Please provide information on the team that would be working directly with the Consortium on this initiative, including the roles and qualifications of each individual.
6. If different, please provide the name(s), title(s), address(es), email(s), telephone number(s) of the individual(s) responsible for responding to this request.

Project Services

1. Please provide a comprehensive overview of the audit services you are proposing, including the sampling process and on-site procedures. Please indicate techniques to be used to conduct an analysis of the claim and administrative services provided by Medco/Express Scripts and/ or ProAct.
2. Please indicate your ability to complete the audit on an aggressive timeframe, including your demonstrated ability to negotiate acceptable confidentiality agreements, receive data feeds, perform on-site analyses, provide client reports, solicit and receive vendor feedback and reach settlement in a timely manner. Please provide a detailed timeline of the project.

3. Please detail the role and responsibility of the Consortium in negotiating confidentiality agreements, file feeds, etc. Does your firm have standing agreements and acceptable file feeds established with Medco/Express Scripts and /or ProAct? Please identify any information or data requirements that you will require of the Consortium.

Fees and Other Costs

1. Please provide a detailed description of the fees associated with the proposed services. Please include the fees for any on-site visits at the PBMs as well as any visits to the Consortium to present the final report (please itemize).
2. Please describe what consulting services (if any) are not included in the above proposed fees. Please outline how costs will be determined, including any related hourly charges and expected out-of-scope work expenses.
3. Please give an estimate for travel expenses.
4. In addition to the above responses, please identify any other service, activity or fee not covered (i.e., postage, handling, supplies, services, etc.) that would be a potential cost to the Consortium. Please be very specific as you should assume if it is not itemized in response to this questionnaire, it would not be considered a chargeable fee.

References

Please provide at least three (3) references for whom you have performed prescription benefit plan audits, including company name, contact name, address, phone number and email. If possible, please provide references for clients that have Medco/Express Scripts and/ or ProAct as their PBM.

Submission of Bid

All questions concerning this solicitation should be emailed to CONSORTIUM@TWCNY.RR.COM.

Proposal submission due by **October 31, 2013** to:

Greater Tompkins County Municipal Health Insurance Consortium
Attn: PBM Audit RFP
125 East Court Street
Ithaca, NY 14850
(607) 274-5590
CONSORTIUM@TWCNY.RR.COM

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

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REQUEST FOR PROPOSAL

MEDICAL AUDITING SERVICES

INTRODUCTION

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The Consortium is seeking an audit firm with proven success in discovering administrative and claim payment errors and recovering damages. Due to a change by Excellus in January 2013 in the system platform used to administer the health benefits, the Consortium is also requesting an analysis on any inconsistencies in the claim administration between the two systems as well as their comparative ability to manage eligibility and medical costs including but not limited to timeliness of enrollment changes, processing edits for unbundling, accumulating of benefit, deductible and out of pocket maximums, identification of potential large loss/catastrophic claims as well as identifying members for case management and disease management programs.

The Consortium would like to pursue this audit aggressively. The selected firm will provide its expected timeline for services and demonstrate its ability to complete a successful audit within the parameters outlined in this request.

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MEDICAL PLANS

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The Consortium offers Indemnity and PPO Plans to its participants that include several variations in deductibles and copayments. Samples of the Summary of Benefits for each type of the Plan are included as Attachments to this request. More detailed Plan Descriptions will be provided to the firm contracted for the Audit.

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1. Please provide a brief overview of our company and history of your organization. Describe any parent/subsidiary/affiliate relationships.
2. How is your firm distinguished from competitors with respect to medical claim audit services?
3. What, if any, is your firm's direct experience auditing Excellus BlueCross BlueShield?
4. Please indicate your firm's proven success in recovering monetary settlements for identified errors, particularly with Excellus.
5. Please provide information on the team that would be working directly with the Consortium on this initiative, including the roles and qualifications of each individual.
6. If different, please provide the name(s), title(s), address(es), email(s), telephone number(s) of the individual(s) responsible for responding to this request.

Project Services

1. Please provide a comprehensive overview of the audit services you are proposing, including the sampling process and on-site procedures. Please indicate techniques to be used to conduct an analysis of the claim and administrative services provided by Excellus.
2. Please indicate your ability to complete the audit on an aggressive timeframe, including your demonstrated ability to negotiate acceptable confidentiality agreements, receive data feeds, perform on-site analyses, provide client reports, solicit and receive vendor feedback and reach settlement in a timely manner. Please provide a detailed timeline of the project.

3. Please detail the role and responsibility of the Consortium in negotiating confidentiality agreements, file feeds, etc. Does your firm have standing agreements and acceptable file feeds established with Excellus? Please identify any information or data requirements that you will require of the Consortium.

Fees and Other Costs

1. Please provide a detailed description of the fees associated with the proposed services. Please include the fees for any on-site visits at Excellus as well as any visits to the Consortium to present the final report (please itemize).
2. Please describe what consulting services (if any) are not included in the above proposed fees. Please outline how costs will be determined, including any related hourly charges and expected out-of-scope work expenses.
3. Please give an estimate for travel expenses.
4. In addition to the above responses, please identify any other service, activity or fee not covered (i.e., postage, handling, supplies, services, etc.) that would be a potential cost to the Consortium. Please be very specific as you should assume if it is not itemized in response to this questionnaire, it would not be considered a chargeable fee.

References

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