

Minutes - Approved
Audit and Finance Committee
July 21, 2015
2:30 p.m.
Old Jail Conference Room

Present: Kathy Miller, Mack Cook, Peter Salton, Chuck Rankin, Laura Shawley
Absent: Scott Weatherby
Excused: Steve Thayer
Guests: Don Barber, Judy Drake, Rick Snyder, Jeff Shepardson, Community Dispute Resolution Center; Marty Cahill and Judy Taber (via telephone)

Call to Order

Mr. Rankin called the meeting to order at 2:30 p.m.

Approval of Minutes of June 23, 2015

It was MOVED by Mr. Salton, seconded by Ms. Miller, and unanimously adopted by voice vote by members present, to approve the minutes of June 23, 2015 as submitted. MINUTES APPROVED.

Executive Director's Report

Mr. Barber reported on other municipal interest in the Consortium and said Truxton, Virgil, Cortlandville, Newfield, and the City of Elmira have expressed interest. The State has reviewed and approved the proposed changes to the Municipal Cooperative Agreement and municipalities are in the process of adopting resolutions to approve the Agreement.

Mr. Barber said having the Executive Committee be a neutral third party during the recent Ethics review was difficult and since the Consortium cannot be covered under the scope of what the County's review process would cover so he asked Mr. Shepardson if this would be a process CDRC could handle. This process would involve an alteration of the Consortium's Code of Ethics Policy. When someone has a concern he suggested that they notify the Attorney-in-Fact, John Powers, who would gather information and inform the Board of what it would need to go through the dispute resolution process. The Board could hire CDRC to be the neutral third party that would make a recommendation.

Mr. Shepardson said CDRC has done similar work and if additional information is needed they would seek that from the Board or the Consortium's attorney. Mr. Salton asked if the mediation process would be binding. Mr. Barber said CDRC would make a recommendation to the Board and the decision of the Board would be final. There was a brief discussion of the cost and amount of time it would take to review the information. Mr. Shepardson said CDRC typically charges \$150 per hour and he would expect there to be approximately four hours of work. He explained CDRC is mandated in every county by the Unified Court System. In addition to doing work for the courts they provide conflict management and neutral third party services, and trainings for businesses and organizations. They provide services in three counties, have 6 paid staff and over 50 volunteers.

Mr. Cook spoke of the recent case and the expense that was incurred by the accused to comply with the fact-gathering process. He said what was proved to be baseless at the end was costly for one of the parties and was not reimbursable by the municipality or the Consortium. He suggested a mediation take place at the beginning of the process and noted there is very little cost to accuse but it is very costly to defend against an allegation. It was stated that this would require an amendment to the Ethics Policy and this would need to be approved by the Board of Directors. Mr. Salton said he would support having

the Executive Committee look at this. Mr. Shepardson was asked to submit a contract that includes an early mediation and also a fee structure.

The Committee agreed further work was needed on Section 15 and will to continue discuss this resolution at the next meeting. Mr. Shepardson asked to be included in any correspondence relating to this.

RESOLUTION NO. – AMENDING CONSORTIUM ETHICS POLICY AND DESIGNATING NEUTRAL THIRD PARTY (DEFERRED TO NEXT MEETING)

WHEREAS, the Consortium’s Attorney-In-Fact is willing to receive a report of a potential Code of Ethics violation, he feels that the process for resolving if any violation has occurred and the possible remedy is codified in the Article V of the Municipal Cooperative Agreement, and

WHEREAS, the Code of Ethics is silent on the process for resolving if any violation has occurred and the possible remedy, and

WHEREAS, the Audit and Finance Committee has determined that a neutral third party would well-serve the review process, and

WHEREAS, the Community Dispute Resolution Center of Tompkins County provides such services and is willing to serve in the neutral third party role for any Greater Tompkins County municipal Health Insurance Company reported ethics violations, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee of the Greater Tompkins County Municipal Health Insurance Consortium, That the Board of Directors hereby recommends that Section 15 of the adopted Code of Ethics be amended to read:

15. Reporting of Ethics Violations. When becoming aware of a possible violation fo the Consortium’s Code of Ethics, employees, Board of Directors, employees of members, and the public may report the matter to the Consortium Attorney-in-fact, John Powers, Esq. In reporting the matter, members may chose to go on record as the complainant or report the matter on a confidential basis. **The Attorney-In-Fact will collect all information presented regarding the alleged Code of Ethics violation, and send that information to the neutral third party designation by the Board of Directors,**

RESOLVED, further, That the Community Dispute Resolution Center of Tompkins County is designated as the neutral third party in the event of requested ethics review.

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Financial Update

Mr. Cahill reported on 2015 budget results through June and said the Consortium is having a good year with \$3.2 million in net income. This is due large in part to medical claims being \$2 million below budget. He said this is good in today’s environment for a group this size but noted it would only take a couple of claims to use this up. Mr. Locey will be looking at large losses and will be doing a catastrophic loss analysis for the first six months of this year and doing six month periods for previous years.

Mr. Cahill spoke of the 2016 budget and said next year’s budget forecast includes a 5% premium increase. It is still a little early to start moving that rate increase down but Mr. Cahill believes if claims continue to come in under budget that this can go down.

Mr. Barber said at the last meeting there was discussion of establishing a target fund balance of 18% and the budget information presented does not do that. In 2018 the Consortium would be below the 18% and in 2019 the Consortium is way below that. He said it would take significant rate increases to get there if the Consortium were to establish that fund balance. Mr. Cahill said the Consortium has a very conservative paid claims trend built into the budget at 8.85% and when looking at long-term budgeting they try to keep that at a level that remains conservative but could get more aggressive if the claims trend were to change. He said if the Consortium were to stay below budget for 2015 it would draw all of the numbers down. Mr. Cahill said he will speak with Mr. Locey about updating future year projections and coming up with some numbers that maintain that level of fund balance.

Mr. Barber noted the Consortium needs to take action on the 2016 budget at its September 24, 2015 meeting to comply with the requirement to adopt a budget by October 1st.

Actuarial Value Calculator Exercise

This item was deferred to the next meeting as Mr. Locey was not in attendance. Mr. Barber stressed there needs to be discussion on how changing levers within plans impacts the actuarial value of metal level plans at both this Committee and the Joint Committee on Plan Structure and Design at the August meetings. He also spoke of the importance of bringing labor into these discussions so they are aware of impacts Mr. Cahill will speak with Mr. Locey to make sure this takes place.

BMI Audit Recommendation

Ms. Taber reviewed the BMI Audit Summary prepared by Carolyn Guard of BMI Audit Services containing three main areas BMI felt the Consortium should be made aware of:

1. Coordination of Benefits: There is a potential for additional monies for claims that were paid incorrectly. BMI is recommending there be additional reporting to review members' claims and Ms. Taber has a call into Excellus to review the report.
2. Diagnostic Scans: The documentation provided to BMI indicated there was no copayment for this service; however, Excellus stated the PPO H product has a \$10 co-pay. When this was researched Ms. Taber said they found this product does have a copayment; however, when the plan documents for the PPO plans were created a lot of different plans from municipalities were combined and included the highest level of benefits. Therefore, the PPO plan that was developed by Locey and Cahill does not have a copayment for diagnostic services. This is something the Consortium needs to make sure it is in agreement with and any plan documents going forward need to reflect this and Excellus has to set up its system to appropriately apply the benefits. She stated Mr. Locey is working on creating plan documents that will include the appropriate language and benefits as well as mandates and language required by the State Department of Financial Services.

Ms. Drake said Excellus systems should be set up to match language contained in the Consortium's plan documents.

3. Large Claims: Plan documents require pre-certification for inpatient admissions. The Audit required samples that all had the appropriate pre-certification but they are questioning the length of stays and have said it didn't appear there was any case management or clinical review of the inpatient stays on these claims. However, Excellus pays most of their inpatient hospital claims based on a DRG and in this arena the length of stay isn't an issue because there are guidelines as to the low and high end of the stay. Regardless of how many days the member stays inpatient, as long as it is within the high and low the payment would remain the

same. Ms. Taber said Locey and Cahill does not view this as an issue that needs further follow-up with Excellus

Ms. Taber said there was another document that contained several recommendations related to plan documents and there is a still need for clarification on how the Consortium wants Excellus to administer certain benefits. She gave an example of coverage for dental services which are not generally covered under the medical plan; however, there were a number of claims found where people were using the Emergency Room to get care for their teeth and those claims were being paid. She said Excellus needs guidance on whether these claims should be paid and noted these services are excluded and most plans do not pay for those services.

Mr. Snyder questioned what service was provided at the Emergency Room; Ms. Taber did not have information available at this time. Ms. Drake said if the service is for pain management she does not view the service being provided as a dental service. Mr. Cahill suggested waiting to make a decision on this until further information was received.

Mr. Barber said the Consortium needs to come up with a resolution for the Board of Directors and the Department of Financial Services to approximately 30 different areas that were identified by BMI and hopes the majority of this can be done by November. He addressed the comment “what the Consortium wants for a benefit plan” and said the Consortium is only in a position to look at what the benefit plan says, what the practice is, and to make a determination that the practice they Excellus is using complies with the benefit plan. If it doesn’t comply there would be a need for a change to be made.

Recommend Prescription Drug Claims Auditing Firm

Ms. Taber said it is the recommendation of Locey and Cahill and to use BMI Audit Services to perform the prescription drug audit. Mr. Locey will be contacting BMI to negotiate the price prior to signing a contract.

RESOLUTION NO. - AMENDMENT OF CONSORTIUM BUDGET TO CREATE EXPENSE CATEGORY FOR PRESCRIPTION DRUG CLAIMS AUDIT AND SELECTION OF FIRM TO PERFORM AUDIT

MOVED by Ms. Shawley, seconded by Mr. Cook.

Mr. Barber said during the medical claims audit there were two agreements; one was a Business Associate Agreement and the other addressed the cost for the audit. He questioned if the Business Associate Agreement would apply to this and said Ms. Drake had asked that the Consortium’s attorney review the documents prior to signing. Mr. Barber said the Department of Financial Services is looking for this audit to be complete and submitted along with the 2015 Year-end JURAT. Mr. Cahill said he will provide Mr. Powers with a copy of the contracts tomorrow.

Mr. Salton said he felt this was being rushed and would have liked to have additional time to consider this. Ms. Drake referenced discussion that took place at the last meeting and said she would feel more comfortable with a contract that didn’t exceed \$38,000 which includes \$3,000 for travel expenses.

It was MOVED by Mr. Salton, seconded by Ms. Miller, and unanimously adopted by members present, to amend the amount in the last Resolved from \$63,000 to \$38,000. MOTION CARRIED.

The resolution as amended was unanimously adopted by voice vote by members present.

WHEREAS, the New York State Department of Financial Services, during its most recent audit recommended that the Consortium conduct periodic medical and prescription drug claims audits, and

WHEREAS, the Board of Directors at its May 28, 2015 meeting accepted a final report on the Consortium's first medical claims audit and is now prepared to undertake a prescription drug claims audit as part of its fiduciary responsibility to ensure claims paid by ProAct are in accordance with the benefit plan documents, Federal and State Laws, Rules, and Regulations, and industry standard practices, and

WHEREAS, in anticipation of initiating a prescription drug claims audit the responses to the 2013 Request for Proposals have been updated and reviewed by the Consultant and the Audit and Finance Committee, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That an expense line is hereby created for Prescription Drug Claims Auditing Services,

RESOLVED, further, That the Consortium hereby engages the firm of BMI to perform an audit of the Consortium's prescription drug claims,

RESOLVED, further, That subject to the recommendation of the Consortium's attorney, the Chair of the Board of Directors is authorized to sign a contract with BMI for these services for an amount not to exceed \$38,000.

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Wellness Component for Health Plans

Mr. Cook said the Owning Your Own Health Committee continues to debate what its recommendation will be to the Board with regard to adding a wellness component in the Consortium's metal plans. The Consortium has a metal plan that was brought forward with a wellness component attached to it; however, that component has not been identified. He thinks the Committee is close to making a recommendation on a program that would have budget implications of approximately \$4,500 per year based upon all 30 members in the plan participating in the program. It would be the Blue4U bio-metric testing program and its cost would be included in medical claims in 2016. He explained the voluntary program includes testing screens for several indicators of wellness and includes a vigorous counseling component. He expects the Committee to make a recommendation at its August meeting.

Mr. Cook said the Committee will be presenting the Board with a resolution recommending the Consortium continue the flu shot program.

Update on Tompkins Cortland Community College Billing

Mr. Snyder reported as of year-end there was quite a receivable balance (\$36,379) from TC3 that he had to show on the JURAT and the Consortium's financial statements. They had made some payments towards that amount from 2014 and the Finance Department worked with them to hold off on a good portion of the bill because Excellus was behind in granting them adjustments. They had received significant adjustments this year that considerably reduced that balance. At this time the balance has been reduced to \$11,945. However, Mr. Snyder said for 2015 TC3 is past due on \$70,477, bringing the total outstanding to \$82,400. He said they have four groups that are billed to one person who distributes to each of the groups. The person responsible for each group then tries to make sense of the group's census and billing. At the auditor's suggestion Lisa Christian from the Finance Office visited each of the staff in those groups to work on this. She felt there was agreement on the amount owed, however, there has not been any progress made to date on payment of outstanding balances. He said he received a communication in May from Susan Dewey of TC3 who stated most of the contention is because of not

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getting adjustments on bills by Excellus in a timely manner and if they had actual bills with correct rosters each month and all adjustments were being made to bills in a timely manner they would have no problem paying bills. Mr. Snyder will be setting up a follow-up meeting with Ms. Dewey and Ms. Dovi.

Mr. Cook said there has been discussion of offering one of the metal plans to the adjunct faculty group at TC3 next year and this would create a fifth group. He suggested there be discussion of whether the Consortium wanted to create this additional liability. Mr. Barber said TC3 is not a participant in the Consortium and that this is a billing issue between TC3 and the County.

Next Agenda Items

The following items were suggested for inclusion on the next agenda:

Code of Ethics resolution including fee structure

Wellness Component

TC3 billing

Fund balance targets

Walk through process for determining Actuarial Value and Amending Benefit Plan

Adjournment

The meeting adjourned at 4:10 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk