

GREATER

**TOMPKINS COUNTY MUNICIPAL
HEALTH INSURANCE CONSORTIUM**

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125 East Court Street
Ithaca, NY 14850
607-274-5590
INFO: HinsConso@tompkins-co.org
www.tompkins-co.org

MINUTES

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design

March 3, 2011

Old Jail Conference Room

Agenda

Approved 8-4-11

1. Welcome/Introductions
2. Minutes from 1/6/11 and 2/3/11
3. Review final Joint Committee Guidelines....may need to rename them.
4. Review of Board Action relevant to Joint Committee:
 - a. Administrative Clerk posting
 - b. Charge to Joint Committee to develop Wellness Plan recommendation
 - c. Resolution asking for amendments to Art 47 of the NYS Insurance Law
 - i. T. Virgil interested in the Consortium
5. Discussion with Steve Locey regarding plan development, steps to creating a new benefit plan
6. Discussion with Jed Constantz from the Cayuga Area Physicians Alliance on Wellness programs
7. Review of EBF Dental Plan efforts to expand the network in Tompkins County
8. Other

Present:

Municipality Representatives: 6 members

City of Ithaca – Schelley Michell-Nunn, County of Tompkins – Brooke Kominos, Town of Ithaca - Judy Drake,
Town of Caroline- Don Barber, Village of Cayuga Heights – Mary Mills, Village of Groton- Betty Conger

Union Representative: 4 unit members

County White Collar -CSEA - Chantalise DeMarco, President; Ithaca Professional Fire Fighters Assoc and
Ithaca Area Fire Fighters #737 –George Apgar, President, Ithaca Town – DPW Teamsters- John Licitra, Shop
Steward, TC3 Prof. Admin. Assoc. –Darlene Flynn, President

Others in attendance:

Ithaca Area Fire Fighters #737-Greg Stevenson and Dave Teeter

Locey & Cahill – Steve Locey

TC3 – Sharon Dovi, Human Resources Manager

CSEA – Margaret Lloyd, Health Benefits Specialist

CNYMSS- Jed Constantz

Jay Stetson

Called to order by Chantalise DeMarco, Chair, Board of Directors, at 12:15 pm

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1. Welcome/Introductions

Meeting started without a quorum, but did go around the room for introductions.

2. Minutes from 1/6/11 and 2/3/11

Don- typo – 1/6/11 minutes - #7 change AMC to MCA (Municipal Cooperative Agreement.)

2/3/11 minutes – follow up on the minutes: the issue about the website concerns is tied to not having an administrative person. – Benefit Plans that were not transmitted to Municipalities- have now been sent out.

Correct typos raised by Chantalise and Margaret. Change NICET to NYSUT (NYS United Teachers)

3. Review final Joint Committee Guidelines....may need to rename them.

Chantalise did report that the rules do need to be named as By-Laws. No further action needed.

4. Review of Board Action relevant to Joint Committee:

a. Administrative Clerk posting

Chantalise reported that the BOD met last Thursday and did approve the advertising of an Administrative Clerk position. Don went over the schedule for filling the position. It won't be filled until probably early April. The interview committee is still being worked out.

b. Charge to Joint Committee to develop Wellness Plan recommendation

The Board will continue to discuss this topic.

c. Resolution asking for amendments to Art 47 of the NYS Insurance Law

The resolution was sent out to Albany.

i. T. Virgil interested in the Consortium

Don reported that he spoke with the Town Supervisor of the Town of Virgil about questions about the plans and whether they could join the Consortium. The discussion is continuing, but is still in the very preliminary discussion phase. The BOD has not decided whether they want to add another plan or not. There would need to be an evaluation of the entity and whether it is a good fit with our current entities.

5. Discussion with Steve Locey regarding plan development, steps to creating a new benefit plan

Steve went over the process regarding plan development and how this committee is involved. A Summary Plan Document will be created that lists all the current plans that are being offered by the Consortium with associated premium equivalent rates. This committee would review requests for additional plans or create new ideas for plan designs.

There are steps that would need to be done before a new plan could be offered.

- Joint Committee would create/review plan ideas and make a recommendation to the BOD.
- The plan would need to be evaluated to make sure our TPA (health or drug) can administer the plan.
- The plan document -certificate would need to be created.
- The BOD would consider any new plan after receipt of a referral from the Joint Committee.

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- The final plan would need to be reviewed and approved of by the NYSID for law compliance. {A simple change, office co-pay or drug rider co-pay change wouldn't need to be reviewed by the NYSID before it is offered.}
- The BOD would need to approve the plan and establish a premium equivalent rate for it.
- The BOD would then be able to list the plan and it would be available for collective bargaining.

The entire process can be a lengthy process moving from idea to implementation, and then worked through collective bargaining. 2-3 month window from committee recommendation through approval by the BOD before the plan would be available. Some of the processes would be worked on simultaneously to save time. The NYSID would need 30 days to review the plan language. Consultant would need 2-3 weeks to develop a premium equivalent rate for the plan. Steve went over the differences from small groups versus large groups working with Excellus when they want to make a plan design change.

Dave asked if ideas need to be brought up by early summer for it to be effective for January 1st effective. Yes, and Steve further clarified that these would be items under the self insured health insurance. If it is an insured product we wouldn't need to go through the same process. Insured products like the ancillary benefits are already approved of by the NYSID. Wellness plan would not need to go through this lengthy process.

George asked about changes due by July for January. Don responded that the premiums would need to be determined and in line with the budget process. The sooner the better, so there is time for implementation.

Dave asked about adding something about this time frame into the by-laws. There wasn't support to put anything regarding this timeframe in the By-Laws. However, Steve stated that he would put the time line in the memo that they are developing for the process. Committee felt that was a good resolve to the question as the memo could be included in the minutes for future reference.

Jed asked about the Patient Protection and Affordable Care Act and what affect that had on this group. Steve explained that the NYSID mandated that the new mandates be added to these plans, as they don't meet the Grandfather clause. Steve explained some of the changes due to the Health Care Reform Act. This resulted in some benefit enhancements being added to the plans –i.e.: preventive appointments for adults. Dave asked if they would be repealed if the law is repealed. Steve did not think so, since some were feel good changes that wouldn't be taken out if repeal happens.

6. Discussion with Jed Constantz from the Cayuga Area Physicians Alliance on Wellness programs

Jed went over the Cornell Program for Healthy Living and passed around an improvement strategy. In 2008 there was education with the local providers about changing the way care is viewed so that it is based on a 5 digit procedure code. This is a true wellness – preventive philosophy. Awareness is one side- which does not involve the physician. The new reform put a focus and target on the claims data. The goal would be to put more information in front of the primary care provider for that patient, so an educated discussion and plan could occur. The three focuses would be on stress, diet and exercise. This would improve direct recommendations for EAP services. Jed reviewed the Medicare funding process, which is how medical exams are traditionally provided. Payment is only received for the service if they find something wrong with the patient and more money if they find a lot of things wrong with the

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patient. It is a financial incentive to keep patients sick. This new system pays the first dollar of coverage for a more meaningful relationship with the Doctor and the staff at the Doctor's office. Chantalise asked if the reporting back of information to the primary care provider is required. Jed explained that there are patients that don't want to share information with their primary. There is a concern then with the patient – physician relationship. The goal is to manage the population 1 patient at a time. Jed listed 14 practices that they are already starting to work with in the area. Other practices can be added as work continues with Cornell. Jed spoke of the National Committee for Quality Assurance (NCQA) and patient center medical homes. The idea is that the Primary Care practice would be the host of all medical information on that patient. NCQA created 9 standards that must be met for a group to qualify. Family Medicine Associates, Dryden Family Medicine & Cayuga Family Medicine are already qualified. Chantalise stated that many employees commute into this area, so they may not use the Cayuga Area physicians, so work would need to occur outside the area too. Jed went over the fact that most of the time patients forget most of what the physician has said by the time they leave the office. The idea is to allow the physician more time to get to know the patient better and discuss the care.

Jed also discussed Wellness Fairs and that they could change to meet the needs better for those that need awareness – i.e.: diabetes. Asthma, ADHD and Well child visits are focus areas. Jed explained the audit process of 36 patients – random chart audit, which is tied to being a qualified provider.

Chantalise asked if we could ask the TPA for information on certain CPT codes that deal with wellness. Jed explained that since the plans offer the benefit, what you want to know is what percentage of the time are the physicians seeing patients in a wellness type of environment. Steve L. explained that they have to bill out under a CPT to get the visit paid for. If you went in for a wellness-routine visit then the visit wouldn't get paid for the way they can be now with the new law. Group talked about diagnostic codes and which ones the physician will get paid for.

Dave asked about the confidentiality about the information. Jed explained that the information is just data and tied to the provider not the patient. Steve asked about how you prevent a provider from requesting too many MRI's –for example. Jed spoke on how the billing and margin needs to be addressed, so the incentive for the provider changes. Need to changes environment that the reliance is on the sick for their profit. Profit and overhead should be added to the bill separately, and not buried in the procedure code cost. Move to a more accountable care focus.

Don asked about the cost to Cornell for the Healthy Living benefit. Jed explained that it reduced spending on each patient, so there was savings for Cornell. Visits are all done through the primary care provider, so there were no additional costs. In Cornell's plan they have to pick a primary care physician. This model wouldn't be recommended for the Consortium. The reliance on paid claims information would be used instead, so you can see how well the providers are doing. CMC would be willing to share their reports to see how this information can make a difference. Jed will be setting up a meeting (early April) with Dr. Moore about how well this is working at the CMC. The initial visit requires the provider to provide a list of PCT procedures to fully comply with the program. Dave asked for the list of physician that Jed is working with. Jed referred to the NCQA website, but will also send the local providers.

Steve asked about the higher end of specialty care- clinical specialist. Jed went over the process to have the information going between providers. This would allow the specialist to review the chart without having the patient in the office, the way it is now required for the specialist to get paid. Smoking

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cessation programs were discussed. The process is to look at the stress that causes the smoking in the first place. Steve was concerned about the pot of money and keeping the premium rates down.

7. Review of EBF Dental Plan efforts to expand the network in Tompkins County

Margaret reported that she has been meeting with Chuck Guild, CSEA Employee Benefit Fund (EBF.) One of the concerns is that the provider listing for the dental plan is not very extensive for this area. Margaret explained that the EBF has agreed to allow the dentist in Tompkins County to participate in the network at 100% for just the Dutchess Plan level. Typically the dentist would have to take all the plans and not just the highest plan. Don and Chuck have both contacted the dentist in Tompkins County and specifically to the Teamsters plan dentist in the area. The goal is to get as many dentists to participate as possible for the Consortium. Employees can ask their dentist to participate and give them the letter Margaret passed around.

Margaret provided a side by side prepared by Chuck comparing Town of Ithaca's Guardian Plan versus CSEA EBF plan. Judy explained that the Town would like to change, but not enough time was provided in November to make that decision. The issue also involved the composite rate versus an Individual –Family rate, since employees pay 100% for the benefit. Composite rate is one rate no matter if you are individual or family, which makes it closer to a family rate.

8. Other

Don explained more about the Strategic Planning Committee that the Board approved of getting set up. Don stated that there may be some overlap with this committee –wellness programs. Should there be some formal representative from this committee to serve on that committee. They will be looking at more global topics for the Board of Directors. That committee would look at legislative changes and how medical benefits are provided in the community. CMC, Cornell, BOCES-school districts among others would be invited to participate. The committee members were interested in having an assigned person to serve on that committee. Darlene volunteered to be the liaison from this committee.

Don also expressed concern about having quorum and being able for this committee to reach a quorum. Items on the agenda that need a vote should be indicated as so. There needs to be 24 votes out of 35 to reach a quorum. Some work still needs to be done on getting proxy votes in writing.

Dave asked if the letter passed by the BOD urging changes to Article 47 was sent to the legislatures-Yes. Dave asked if the letter would change the structure of how this Consortium was formed. Don explained that the Consortium already has an established governance structure, that wouldn't be changed by any law change. The recommendations were for other new groups wanting to form under Article 47. Discussion pursued how the process of how changes would occur to the Consortium's current Municipal Cooperative Agreement. The intent for the law changes is for better clarification on the how the union participation requirement is defined, as the current language is not helpful to either side.

George asked about any updates on the Medco contract. Steve reported that it is still in legal. No issued raised about claims not getting paid, because the contract hasn't been signed yet.

Next meeting: Thursday, April 7, 2011 from Noon – 2pm in the Old Jail Conference Room

Moved to adjourn: Judy Drake Seconded: John Licitra Meeting adjourned at 1:50 pm.

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