

Greater Tompkins County Municipal Health Insurance Consortium  
**Owning Your Own Health Committee**

June 15, 2016

**3:00 p.m.**



**Please Note New Meeting Time & Location**

Old Jail Conference Room

**Agenda**

1. Call to Order (3:00)
2. Agenda Changes (3:00)
3. Approve Minutes of May 25, 2016 Meeting (3:05)
4. Executive Director's Report (3:07) Barber
  - a. Newsletter
  - b. Logo Development
  - c. Blue4U rollout
5. Initial discussion of 2016 flu clinics (3:15) Feeley
6. CanaRx Discussion (3:30) Feeley
7. Excellus Health Management Report (3:45) Miller
8. Goals to increase membership and awareness of wellness at the employee and employer level (4:00)
9. Update on Worksite Wellness Coalition "Put fruit to work week" (4:15)
10. Next Agenda Items (4:25)
11. Adjournment (4:30)

***Next meeting: July 20, 2016***

**Owning Your Own Health Committee**  
**May 25, 2016 - Draft**  
**1:30 p.m.**  
**Legislature Chambers**

Present: Don Barber, Debby Kelley, Bev Chin (arrived at 1:38 p.m.); Jackie Kippola, Leslie Moskowitz, Nancy Zahler, Ted Schiele; Emily Mallar, Judy Drake

**Call to Order**

Mr. Barber called the meeting to order at 1:34 p.m.

**Changes to the Agenda**

There were no changes to the agenda.

**Approval of Minutes of April 20, 2016**

It was MOVED by Ms. Kippola, seconded by Ms. Kelley, and unanimously adopted by voice vote by members present, to approve the minutes of April 20, 2016 as submitted. MINUTES APPROVED.

**Executive Director's Report**

Mr. Barber distributed draft copies of the current newsletter and asked for feedback. Ms. Zahler suggested moving the financial information from the front page to further in the document as she believes there are things of practical value that would be of more interest to members.

Ms. Chin arrived at this time.

Mr. Schiele said although he understands Ms. Zahler's suggestion a good reason to include the financial information on the front page is the importance of members understanding the financial stake they have in the Consortium.

Ms. Moskowitz suggested having an index of the contents included on the front page.

Ms. Kippola suggested including wording on the front page to show the newsletter is about health insurance so members can relate the document to something that affects them. Mr. Schiele said the first newsletter identified the Consortium and explained what it is. He thinks that information needs to be repeated for several issues until employees are aware of the Consortium and what it means to them.

Ms. Zahler said the single strongest wording in the financial article is that the "Board of Directors used some of the net income to lower the premium increase" and suggested it be made stronger by including wording such as "compared to the percent increase in plans elsewhere." She said the message that the Consortium is financially strong, very efficient, and uses those efficiencies to hold down the cost of premiums for members and municipalities is important to communicate to members and what should be highlighted.

**Logo**

Mr. Barber said there were 14 logo submissions and circulated a copy of those that received at least one vote at the retreat. The Board of Directors will vote to approve a logo at its meeting tomorrow. He noted the designs submitted were conceptual and that changes could be

made to the design. Ms. Drake said while work can continue on a final logo design but the Consortium the Board needs to choose a design to award the prize to.

Ms. Moskowitz said she would like to see a tagline developed for the Consortium

#### Retreat

Mr. Barber said for the retreat he asked Mr. Locey to put together some scenarios to show if there were and were not an aggressive marketing campaign on the Blue4U program and to include actuarial assumptions with each scenario. There was also some time spent at the retreat on pharmaceuticals and the effect on premium, including specialty drugs and the actuarial model no longer working. The Audit and Finance Committee will be discussing this next month.

#### Committee Chair

Mr. Barber said at the last meeting Mr. Schiele offered to Chair this Committee because Mr. Cook no longer has the time to do so. The Executive Committee discussed and were support of Mr. Schiele who is not a Board Director, chairing this Committee

It was MOVED by Ms. Zahler, seconded by Ms. Moskowitz, and unanimously adopted by voice vote by members present, to elect Mr. Schiele as Committee Chair with no set term. MOTION CARRIED.

Mr. Barber said at the last meeting there was a discussion of the rollout of the Blue4U program with Excellus and Interactive Health and there was a misalignment of expectations. Since that time a phone call took place that included Brooke Jobin and Sharon Dovi and a decision was made to not move forward with the rollout because of the current workload of those human resources departments. A decision was made to begin the rollout during the summer and that there will be more engagement by both Beth Miller and Brooke Jobin. Ms. Drake said the Town of Ithaca has four employees enrolled in the Platinum Plan that need to be included in his rollout.

#### Update on Rollout of Blue4U Program

Ms. Mallar said the senior leadership of Cayuga Medical Center is in negotiations with Interactive Health about securing additional blood draw sites and are working through some third party contract issues with Lab Corp.

#### Worksite Wellness Coalition

Mr. Barber reported on the Worksite Wellness Coalition meets every month and at the last meeting had a presentation from the American Health Association's comprehensive Workplace Health Solutions program which is available to the Consortium individually or by employers. The Coalition meets the 2<sup>nd</sup> Thursday of each month except in July.

#### Discussion of CanaRx

Ms. Feeley reviewed services CanaRx, a mail order program that supplies brand name drugs only from Tier I pharmacies (Canada, United Kingdom, Australia and New Zealand). They have some exclusions from their formulary but offer approximately 300 brand name drugs to members at a substantial savings (approximately 80%) to members who participate in the Program).

Ms. Zahler referred to the memorandum from Locey and Cahill that was included in the agenda packet and asked if there is any legal prohibition from the Consortium participating in the CanaRx program. She said there appeared to be some lack of clarity in the 2012 memo

about whether the FDA (Federal Drug Administration) considers CanaRx to be legal. Ms. Feeley said the pharmacies that dispense the medications are FDA Tier I pharmacies.

Mr. Barber said at this time the County and TC3 are the only two entities that are using CanaRx; the question that was brought forward at the last meeting was if this could be brought forward to other Consortium members. Questions that need to be asked relate to clarification of CanaRx being approved by the FDA and what would be the financial impact on the Consortium if this were to be made available through the Consortium. Ms. Feeley said there would be a financial benefit to both members and the Consortium by using CanaRx. ProAct could run a report to see how many members could use the program and what the savings would be. Mr. Barber said he would like to see this report.

Mr. Schiele asked how easily the Consortium could transition to using CanaRx if the Consortium chose to it and whether ProAct would lose money if the Consortium did this.

Ms. Feeley said ProAct works closely with CanaRx and a transition to members using CanaRx would be seamless and the goal of ProAct would be for the Consortium to save money. Ms. Drake recalled when this was previously considered in 2012 the Consortium was not permitted to contract with CanaRx because it wasn't approved by the FDA. Ms. Feeley said the Consortium is legally permitted to contract with CanaRx. It was stated that when this was first considered by the Consortium the prescription drug manager was Express Scripts and in 2013 the Consortium contracted with ProAct.

Ms. Zahler asked if the Consortium would have a relationship directly through CanaRx or if the relationship would run through ProAct. Ms. Feeley said CanaRx is an external pharmacy that members can utilize to fill a prescription and CanaRx would invoice the members of the Consortium separately. Mr. Barber said the Consortium would receive a bill and it would then be broken out by each municipality. Mr. Barber asked that for the next meeting Ms. Feeley provide an explanation as to how CanaRx billing would differ from a member using a retail pharmacy. Ms. Chin also asked for an explanation of the steps that members would have to take to utilize CanaRx. Ms. Feeley said there would be no copay for the member and the actual cost of the medication would be billed back to the Consortium.

Ms. Chin asked whether having no co-pay could push members to using a brand name drug instead of a generic drug which would be cheaper for the Consortium. Ms. Feeley said a waiver would need to be obtained from a physician in order for a member to switch to a brand name from a generic medication. Ms. Feeley extended an offer to have the President of CanaRx attend a meeting to answer questions. Members felt the main issue that needs to be explained in detail further is the relationship CanaRx would have with ProAct, a municipality, or the Consortium and specifically how the invoicing process would work. Ms. Kelley asked if there are any costs for shipping of the medications and Ms. Feeley said she would need to look into that further.

Mr. Barber spoke of process and said once this Committee reviews information it can make a recommendation to the Joint Committee on Plan Structure and Design and if there is a financial component for the Consortium it would then go to the Audit and Finance Committee.

### **Excellus Utilization Report.**

Due to timing constraints the 2015 Health Management Report from Excellus will be discussed at the next meeting.

Mr. Barber called attention to the information in the agenda packet on how to design a corporate wellness plan and thanked Ms. Moskowitz for providing it.

Ms. Zahler said she would be interested in hearing from people who are rolling out the Blue4U program the degree to which it hits the benchmarks in the document. Mr. Barber said it hits none of them and more work needs to be done with members to move towards changing the culture. Mr. Schiele said work needs to be done within each workplace to build the concept and value of the culture. Ms. Miller spoke of the importance in getting support from the top down and finding champions within the organization. Members felt the document is valuable and something that can be referred back to as the Committee moves forward. The document will be included on the Committee's website page and used as a resource moving forward.

### **Next Agenda Topics**

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

- Additional information on CanaRx;
- Excellus utilization report;
- Logo development;
- Goals to increase membership and awareness of wellness at the employee and employer level;
- Initial discussion of 2016 flu clinics;
- Blue4U rollout; and
- Update on Worksite Wellness Coalition "Put fruit to work week"

### **Meeting Time Change**

The Committee responded to a request to change the meeting time and agreed to move the time of meetings for the remainder of the year to 3 p.m.

### **Adjournment**

The meeting adjourned at 2:45 p.m.

# Greater Tompkins County Municipal Health Insurance Consortium

## 2015 Highlights

### Financial Measures

- The plan experienced a slight increase in membership from 2014 to 2015 (less than 1%). Approximately 50 members were added in 2016.
- Plan cost in 2015 was \$20,975,637 (decrease of 4% compared to 2014).
- Plan cost per member per month was \$348 – 4% decrease from 2014.
- The Plan cost per contract per year was 11% higher than the municipality comparison population. This was 30% in 2012, so the gap is narrowing. Higher average age and lower member cost share are two differences between the consortium and the 120,000 member comparison.
- **Over the past five years, medical plan cost per member increased less than 2% per year, well below healthcare trends of 7%-9% annually.**

### Plan Cost Distribution and High Cost Claimants

- 89% of the membership accessed care in 2015, versus the comparison of 83%. (same as 2014)
- 80% of the plan cost was driven by 18% of membership (members with claims greater than \$5,000).
- There were 17 claimants over \$100,000 in 2015, compared to 16 claimants in 2014. However, average plan cost per claimant over \$100,000 was 13% less than in 2014.
- The number of claimants over \$150,000 decreased from 10 in 2014 to 6 in 2015. Four out of six are forecast to be ongoing.

### Utilization

- Inpatient admissions and claims continue to decrease, as more services move to Outpatient Facilities.
- Outpatient claims also decreased, but they represent 43% of overall costs. Outpatient Surgeries, Radiology and Emergency Room visits were the top Outpatient services in 2015.
- Average length of hospital stay increased from 4.8 to 6.1 days; Driven by mental health and substance abuse related services. This has been very common in recent years.
- Neoplasms (cancer cases), Musculoskeletal, and Circulatory system claims were the cost-drivers in 2015.
- Emergency Room visits decreased 5%, and potentially avoidable visits decreased 14%. Urgent Care visits have increased 8%, with an increasing number of visits at Cayuga Medical Center and Five Star Urgent Care.
- Member cost share is much lower than the comparison (4% vs. comparison of 7%). Increased member cost share, such as the Metal-Level plans, will reduce future plan costs.



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