

Owning Your Own Health Committee
June 15, 2016 – APPROVED
3:00 p.m.
Old Jail Conference Room

Present: Ted Schiele, Nancy Zahler, Jackie Kippola, Don Barber, Emily Mallar, Bev Chin, Leslie Moskowitz

Guests: Meghan Feeley, ProAct

Via conference call: Beth Miller, Ken Foresti, Excellus; Steve Locey

Call to Order

Mr. Schiele, Chair, called the meeting to order at 3:10 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of May 25, 2016

It was MOVED by Ms. Zahler, seconded by Ms. Kippola, and unanimously adopted by voice vote by members present, to approve the minutes of May 25, 2016 as submitted. MINUTES APPROVED.

Executive Director's Report

Mr. Barber distributed logo submissions that were received and called attention to the design the Board of Directors chose for future discussion and refinement. At the last meeting a number of ideas were brought forward for revisions and he said at the next meeting more time will be spent discussing the design. He said the Board directed the Executive Committee charged the Executive Committee with developing a final design.

It was suggested that when a long name is being inserted around a design it would be helpful to have "Greater Tompkins County" at the top and "Municipal Health Insurance Consortium" at the bottom of the design to make it easier to read.

Blue4U Rollout

Mr. Barber distributed background information for discussion of this topic. Ms. Miller said a conference call was held yesterday with Conor Cornelius to discuss a timeline and material to be released. A tentative invitation was sent out for a conference call to be held on July 12th with Tompkins County, the Town of Ithaca, and Tompkins Cortland Community College. Mr. Foresti said the Fall has been targeted for the rollout. In September testing will be done for the County, TC3, and the Town of Ithaca, the last three entities to implement the program. During the call on July 12th there will be a review of the marketing campaign, what is expected of the group, and what the communication process will be. The timeline will be discussed and there will be a review of the marketing campaign to bring the members who have the metal level plans into action with the program. There is a six-week rollout timeframe which should be sufficient for everyone to understand and enroll in the program.

Mr. Schiele said he wasn't aware there was an enrollment period for the program. Ms. Miller said there is a timeframe for when the blood draw testing is done; this is not made available all year long to allow for meaningful feedback to be provided on the results that are received from year-to-year. Ms. Zahler said people will be motivated at certain points that may

not correspond with the calendar and if there is a way to accommodate this in the future she thinks it would be helpful.

Ms. Chin asked if people who don't get involved in the enrollment during the established time frame will still have access to the Program's general resources. Ms. Miller said they will have access and the purpose of the enrollment period is to design a marketing campaign to the members who have the benefit available to them and stay within a timeframe. The web tools and health risk assessment are available year-round.

Metal Plan Actuarial Value

Mr. Barber said at the last Joint Committee meeting there was discussion of adjusting the actuarial values and suggestions made to adjust the Platinum and Gold Plans by 3%, the Silver by 7%, and the Bronze by 5% to bring them all within the acceptable range. The Committee will continue to discuss how plans will be adjusted and what methods will be used to change benefits to meet those goals. The recommendation of the Committee will be presented to the Audit and Finance Committee with final approval by the Board of Directors when the budget is adopted in September. Mr. Barber said it is important to ensure that labor and management have this information on the metal level plans and can provide input into the process of keeping the plans within the actuarial values. He noted what is being discussed only applies to the metal level plans and although it is confusing, Mr. Locey has been providing examples to help the Committee understand the process and impacts of changes.

2016 Flu Clinics

Ms. Feeley distributed information and proposed dates for the 2016 flu clinics based on 2015 flu clinic results:

City of Ithaca – 52
Tompkins County Human Services Building – 61
Cortland Fire Department – 40
Tompkins County Highway Department – 14
Tompkins County Old Jail - 46
Town of Ithaca Public Works – 17

This year ProAct is setting a baseline of having a minimum of 25 appointments per location for a pharmacist to be brought in. If there are not 25 appointments Ms. Feeley said ProAct can try to arrange for a local Kinney pharmacist to come to the location to administer the vaccines. The cost of the flu shot in 2016 will be \$30.

Ms. Moskowitz said she would like to know how many City of Ithaca staff received the flu shot last year. The goal was to have other location options available to member and would like to see whether employees received the flu shots at other locations. Ms. Feeley will prepare a breakdown of the total numbers by municipality and where they were administered.

Ms. Zahler asked that marketing material clearly explain to employees that they have different options to receive a flu shot as well as what they need to do. Ms. Moskowitz asked for a running list of City staff who has signed up for the flu clinic.

Mr. Barber will work on securing locations for the dates proposed. Ms. Zahler will check with the Ulysses Town Clerk to see if there is interest in the area Mr. Barber will look into whether there is interest in the Lansing area.

Ms. Kippola recommended to get more attention by employees that notification of the flu clinic come from each of the employers and not ProAct.

The Committee will set the dates for flu clinics at the next meeting.

Ms. Moskowitz was excused at this time.

Discussion of CanaRx

Ms. Feeley distributed information on the CanaRx program. The first document was a Summary Savings Report and brand-name medications dispensed for Tompkins County and TC3 from January 1, 2016 thru March 31, 2016. There were a total of 18 members enrolled out of a 208 eligible members. There was a total savings to the employees in the amount of \$755 and a group savings of \$14,314. The projected annual savings based on current results is \$60,276. Ms. Feeley said if there was 100% participation the savings to the Consortium would be \$1.6 million over 5,300 claims based on claims from last year.

Ms. Kippola doesn't think many employees are aware of this program and spoke of the importance of marketing and making employees aware of this.

Mr. Barber said CanaRx drugs should not be in direct competition with ProAct drugs that are in the Consortium's generic formulary as they should not be filling a brand name drug for which a generic is available. Ms. Feeley said there is a generic waiver form that a physician can complete and must state why a person is switching from a generic to a name brand drug. Mr. Locey said he would like to see a review done by ProAct to ensure that there is a medical reason for this to happen to avoid anyone from taking advantage of this. Ms. Feeley will look into this further and what goes into reviewing this on the back-end to see what process could be put in place.

Ms. Zahler said rather than a broad marketing initiative she would like to target people who are on brand name and spending more on co-pays. She wouldn't want to encourage anyone who is already using a generic to switch.

Mr. Barber said this is not information that would be included in a newsletter as the only participants using CanaRx at this time are the County and TC3.

Mr. Locey said from a budget perspective that if the Consortium uses CanaRx for drugs it needs to make sure it isn't foregoing another drug that is cheaper in the United States and in their work they have found generic drugs to be cheaper in the United States than in Canada. Although it is true that brand name drugs are cheaper in Canada than they are in the United States, it would not be cost effective if the Consortium were to have someone purchase a brand name drug from CanaRx that has a cheaper generic equivalent available in the United States. Other important factors to consider are waste and storage of drugs. The Consortium should also have control in dictating to CanaRx what the formulary would be.

From a legal perspective Mr. Locey said the Consortium asked the New York State Department of Financial Services twice about this and they were very non-committal in terms of their response. They stated although there is nothing that would violate New York Insurance law, there may be other statutes and regulations the Consortium could be violating by using CanaRx. Two areas suggested to look into further where there could be conflict were the New York State Education Law and Federal Food and Drug Administration. Mr. Locey suggested having someone give the Consortium the legal authority to do this if it were to contract with CanaRx directly as opposed to the current arrangement of employers contracting outside the

Consortium. He does not want to get into a situation where after a couple years into a contract the Consortium finds out that it is not legally permitted to do. Ms. Feeley will send Mr. Locey the information she distributed to the Committee. She will also look into addressing legality concerns by participation by the full Consortium or by individual employer.

There were comments made concerning the cost to the County by participating in CanaRx with Mr. Locey stating that presently it is costing the County to participate in the program but that participation is saving the Consortium. If more members from the County were to participate the savings to the Consortium would increase. Mr. Barber explained that the County is directly billed for the cost of the drugs and this amount is not included in the Consortium's budget. It is a benefit for employees but doesn't produce a financial benefit unless it reaches a volume level. Mr. Barber said the County Administrator can be invited to a meeting to discuss this but believes based on conversations he has had with him that the County is pleased with its results from the Consortium and the CanaRx program is not an area of concern at this time.

Ms. Feeley responded to questions raised at the last meeting. Shipping costs are included in the drug costs and invoices come directly from CanaRx, and the process for transitioning to CanaRx takes approximately 30 days.

Excellus Utilization Report

Ms. Miller reviewed highlights from the full 2015 Health Management report:

- Plan cost in 2015 was \$20,975,637 (decrease of 4% compared to 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 through the efficiency of the Consortium.
- 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 the membership which is typical
- There were 17 claimants over \$100,000 in 2015, compared to 16 claimants in 2014, however, the 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.

Ms. Miller said Dr. Lockwood, Chief Medical Officer at Excellus, attended the meeting to talk about Telemedicine, a new technology that the State is encouraging use of that will lower costs for health plans. This program is something that can be considered as more data becomes available. Another campaign on consumerism that is underway encourages people to ask questions of physicians before any procedure or treatment is initiated.

Ms. Zahler communicated a question that was raised about ways to improve ambulance care due to insurance companies that will not let them bill for service when care is delivered without transport to a hospital. She asked if there is a way to have Excellus process a claim in these cases. Ms. Miller said how an ambulance is recognized would be by its provider code and if there is no claim code available they would need to contact and negotiate with Excellus Provider Relations.

Ms. Zahler was excused at this time.

Update on Worksite Wellness Coalition

Mr. Schiele had no update.

Next Agenda Topics

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

Establish flu clinic dates;

Excellus utilization report;

Logo development;

Possible Kinney community grants for the Put Fruit to Work Initiative (Ms. Feeley will look into this); and

Blue4U Update

Adjournment

The meeting adjourned at 4:30 p.m.