

**FRANKLIN-ESSEX-HAMILTON SCHOOL DISTRICTS'
HEALTH INSURANCE CONSORTIUM**

JOINT GOVERNING BOARD MEETING

- DATE:** May 23, 2012
- LOCATION:** Adirondack Educational Center
- KIND OF MEETING:** Regular
- MEMBERS PRESENT:** Dale Breault, Daniel Bower, Jane Collins (left at 10:00 AM), Thomas Dodd, Nicole Dumas, Keith Hazen, Paul Jadlos, Garry Lanthier, Beverly Ouderkirk, Gilbert Patenaude, Nick Pepe, Leonard Sauers, Stephen Shafer, Lisa Spangler, Dan Tusa, Timothy Whipple (left at 2:00 PM)
- MEMBERS ABSENT:** Patricia Godreau-Sexton
- OTHERS PRESENT:** Stephanie Bannon, Secretary
Patrick Calnon, Plan Coordinator
Michael Cocco, NYSUT Representative
Laura Coughlin, Caremark Representative
Patrick Cowburn, KBM Account Representative
Loren Fountaine, NYSUT Representative
Joanne Heredia, FEH BOCES
James Jock, Labor Relations Representative
Megan O'Brien, NYSUT Representative
Rachel Risseto, Labor Relations Representative
Pat Salzer, Excellus BC/BS
Barbara Talarico, Excellus BC/BS
- CALL TO ORDER:** Chairperson Dodd called the meeting to order at 9:05 A.M.
- APPROVAL OF MINUTES:** Chairperson Dodd amended the February 7, 2012 minutes on the top of Page 5 to read "Thomas Dodd proposed the motion to be amended and Dale Breault amended the vote..." After this change, Jane Collins moved, seconded by Tim Whipple that the minutes be approved.
- Yes, 15
No, 0, motion carried
- EXCELLUS BC/BS REPORT:** *Calendar Year Report on Classic Blue*
Patrick Cowburn reviewed the one page summary report (At a Glance) that he had requested BC/BS to prepare. He indicated that the Consortium did not see a significant change financially from moving to the Classic Blue Plan. Discussion was made that the reduced number of Emergency Room Visits could be attributed to the new Urgent Care Centers. Jane Collins suggested that a memo should be sent on a yearly basis to employees and retirees

indicating where the Urgent Care Centers are located. This will be listed as an Agenda item for the Fall meeting and will also include an updated listing of the Centers.

Wellness Report (Pat Salzer)

Pat Salzer distributed copies of the Integrated Total Health Management Programs. Pat is the Wellness Provider for the FEH Consortium. Ms. Salzer reviewed information on wellness plans. Several representatives indicated they have some Wellness Programs in affect. However, due to a lack of funding, many Districts were not able to implement programs. She also suggested for subscribers to go to the website and see what tools were available regarding health and wellness. She also reviewed Worksite Wellness Programs that could be made available for a number of screenings where there would a cost per item

She reviewed the Member Care Management Program. This is for the PPOJ Program only where they offer one-on-one education and support.

Ms. Salzer reviewed information on how to start a Wellness Program within the Districts. A committee would need to be set up to establish guidelines. A suggestion was made to have wellness information put in paychecks on a monthly basis. Thomas Dodd had suggested that something could come from the BOCES Office as a payroll stuffer once a month. Mr. Shafer indicated that he would want to work with Ms. Salzer on obtaining this information. Jane Collins suggested a brain storming session to create some ideas and to bring back for the Fall meeting. She also stated that she would like to see the screening fee paid for all of her employees. Gib Patenaude mentioned that he thinks it would be responsible to look for other programs that may be available at a cheaper rate than \$48.00. A Health & Wellness Committee was formed to include Jane Collins, Gib Patenaude, Nick Pepe, Thomas Dodd, Nicole Dumas and Pat Salzer. The Committee will meet and bring back information at the next JGB Meeting in the Fall.

CAREMARK REPORT:

SilverScript Report (Transition Report)

Laura Coughlin distributed copies of the Prescription Benefit Review for January 2012 through March 2012. She indicated that due to the move over to SilverScript and removing that group of people, the report also removed the 116 dependents as well. Therefore, she manipulated the report to have it be more accurate.

A question arose regarding the Part D medicare being increased due to SilverScript. Pat Cowburn stated this was due to medicare Part D being based on income and that he would send out this information to the JGB members.

Ms. Coughlin reviewed the report stating where the Consortium fell with drug classifications and the standard book of business.

Specialty Preferred Drug Step Therapy Program Update (Pat Calnon)

Ms. Coughlin indicated that this is a program that should definitely be looked at as a savings for the Consortium. All employees currently using the medications would be “Grandfathered” into the program. All new subscribers using Non-preferred prescriptions would need to use generic. She suggested that this be done for drugs for Rheumatoid Arthritis. She indicated that these drugs are currently being filled through the specialty pharmacy. With the Specialty Preferred Drug Step Program, individuals must go through a prior authorization process in order to receive their medication. The program is free and there would be little to no disruption to subscribers as well as cost savings for the Consortium. Ms. Coughlin indicated that there are 4 classes that could be included in this program including Infertility, Rheumatoid Arthritis, Growth Hormone and Multiple Sclerosis.

Ms. Coughlin reviewed the Current Clinical Programs that the FEH Consortium is currently using.

She indicated that the letter for diabetics for the reduced co-pay amounts would be going out soon and there would not be a charge to the Consortium. Several discrepancies were found on the draft letter including the deductible amount being listed at \$75 when it should have been \$25. The letter will also include a line stating all co-pays will be eliminated and the member will pay \$0.00 as long as the program is in place. Ms. Coughlin will make the changes accordingly and send the letter to Pat Calnon for his final review. Upon approval, a copy of the letter will be sent to all JGB members. A question arose as to the Evidence Based Plan zero co-pay for the diabetic supplies and if this was for a six-month period or lifetime. Ms. Coughlin stated she would review this and get back to the Consortium

Dan Bower moved, seconded by Gib Patneau to move ahead with the implementation of the Specialty Preferred Drug Step Therapy Program for Rheumatoid Arthritis effective October 1, 2012. .

Yes, 14

No, 0, motion carried

Patrick Cowburn stated that a new state mandate allowed for a 90 day supply of medications to be distributed at retail. However, there was no pharmacy at this time who will be allowing the 90 day supply.

He also indicated that another state mandate was to treat oral treatment cancer drugs the same as infusion cancer drugs. He recommended that pharmacy oral drug cost share be at zero dollars. At this time, it only affects a few people who are taking oral cancer drugs. Following discussion, Dan Bower moved, seconded by Beverly Ouderkirk to have a zero dollar copayment for oral cancer drugs effective July 1, 2012.

Yes, 14

No, 0, motion carried

KBM REPORT:

Quarterly Report

Patrick Cowburn reviewed the 2011/12 Ten-Month Management Report. Overall, he indicated that the Plan is where we thought it would be at this time.

Question arose as to if the Silver Script Plan is the same as Caremark (example the diabetic supply getting zero co-pay). Laura Coughlin indicated she did not think so but would check on this and bring back the information. Also, a request was made to see if Caremark could add Caremark/Silverscript to the website so subscribers would know what website they are in.

Experience Rating Two Person Versus Family

Patrick Cowburn reviewed information regarding a Two Tier vs. Three Tier Premium Structure. Following discussion, it was stated that this would not be considered for implementation at this time.

Patrick Cowburn indicated that Districts are seeing more situations where spouses are allowed to have their own coverage as a result of medicare eligibility. These individuals have been listed as two separate plans. He made a recommendation that a rate be created where one is for one over 65 and one under 65 policy. This way the retiree would be maintained in their own name with dependents listed under their policy. It was also stated that if there were other dependents listed on the Policy for 3 or more people, the subscriber would stay on the family plan.

Rachel Risetto indicated that CEWW approved an independent eligibility audit for an amount of \$27,000 by Budco out of Michigan. This Company will audit every single subscriber and dependent to make sure they are all legal dependents. Ineligible spouses left on subscribers policies were listed as the number one discrepancy. Rachel indicated she would do a follow-up report when this was completed.

Dale Breault moved, seconded by Garry Lanthier for the adoption of a two person rate to include a one over single medicare policy and one under single non-medicare policy for the Traditional and PPO J Plans for married couples that would equal the rate of a single medicare over and a single under non-medicare policy to become effective July 1, 2012.

Yes, 14

No, 0, motion carried

Keith Hazen questioned if this would affect retirees. Stephanie Bannon indicated that each District would maintain their own policy in regards to retirees and surviving spouses.

Stephanie indicated that she would set up a meeting with the Health Insurance Clerks in regards to the new rate change for the over/under 65 group

Expiration of Caremark Contracts in December

Patrick Cowburn recommended a RFP be done for the Caremark plan that will be expiring on December 31, 2012.

Dan Bower moved, seconded by Gib Patneade to request the RFP.

Yes, 14

No, 0, motion carried

DENTAL PLAN:

Thomas Dodd asked if there were any questions regarding the In Network Fee Schedule or Provider Directory that was sent to all members previously.

**AUTHORIZATION FOR
JGB CO-CHAIRS TO
PROCURE STOP LOSS
COVERAGE:**

A motion was made by Paul Jadlo, seconded by Nick Pepe that the Co-Chairs be empowered to make a final decision in regards to the selection for stop loss coverage for the 2012-13 school year:

Yes, 13

No, 0, motion carried

Agenda items for the next meeting scheduled for October 12, 2012 at 9:00 AM at the North Franklin Educational Center are as follows:

- Excellus BC/BS Report
- Urgent Care Listing Update
- Caremark Report
- KBM Report
- Dental Plan
- Evidence Based Plan Design (Diabetics)
- Provide census update for each District for the Plan
- Enrollment Audit Update for Health Insurance Subscribers and Dependents (CEWW)
- Caremark RFP
- Preferred Drug Strategy Update
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ADJOURNMENT:

Dale Breault, moved, seconded by Beverly Ouderkirk that the meeting be adjourned.

Yes – 13

No - 0, motion carried

Meeting ended at 2:15 P.M.

These minutes approved 10/12/12

Stephanie Bannon
Stephanie P. Bannon, Secretary