REPORT ON EXAMINATION

OF THE

GREATER TOMPKINS COUNTY MUNICIPAL

HEALTH INSURANCE CONSORTIUM

AS OF

DECEMBER 31, 2011

DATE OF REPORT	**JULY 11, 2014**
EXAMINER	**GAIL A. ROSS**

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July 11, 2014

Honorable Benjamin M. Lawsky
Superintendent of Financial Services
Albany, New York 12257

Sir:

Pursuant to the requirements of the New York Insurance Law and acting in accordance with the instructions contained in Appointment Number 30870, dated August 1, 2012, attached hereto, I have made an examination into the condition and affairs of Greater Tompkins County Municipal Health Insurance Consortium, a municipal cooperative health benefit plan certified pursuant to the provisions of Article 47 of the New York Insurance Law, as of December 31, 2011, and respectfully submit the following report thereon.

The examination was conducted at the home office of Greater Tompkins County Municipal Health Insurance Consortium located at 125 East Court Street, Ithaca, New York.

Wherever the designations the "Plan" or "GTCMHIC" appear herein, without qualification, they should be understood to indicate the Greater Tompkins County Municipal Health Insurance Consortium.

Wherever the designation the "Department" appears herein, without qualification, it should be understood to indicate the New York State Department of Financial Services.

1. SCOPE OF EXAMINATION

This is the Plan's first examination. The examination of the Plan was a combined financial and market conduct examination and covered the fifteen (15) month period from October 1, 2010 through December 31, 2011. The financial component of the examination was conducted as a financial examination, as defined in the National Association of Insurance Commissioners ("NAIC") *Financial Condition Examiners Handbook, 2011 Edition* (the "Handbook"). The examination was conducted observing the guidelines and procedures in the Handbook. Where deemed appropriate by the examiner, transactions occurring subsequent to December 31, 2011 were also reviewed.

The financial portion of the examination was conducted on a risk-focused basis in accordance with the provisions of the Handbook, which provides guidance for the establishment of an examination plan based on the examiner's assessment of risk in the Plan's operations and utilizes that evaluation in formulating the nature and extent of the examination. The examiner planned and performed the examination to evaluate the Plan's current financial condition, as well as identify prospective risks that may threaten the future solvency of GTCMHIC.

The examiner identified key processes, assessed the risks within those processes and assessed the internal control systems and procedures used to mitigate those risks.

The examination also included an assessment of the principles used and significant estimates made by management, an evaluation of the overall financial

statement presentation, and determined management's compliance with the Department's statutes and guidelines, Statutory Accounting Principles, as adopted by the Department, and NAIC Annual Statement instructions.

Information concerning the Plan's organizational structure, business approach and control environment were utilized to develop the examination approach. The examination evaluated the Plan's risks and management activities in accordance with the NAIC's nine branded risk categories.

These categories are as follows:

- Pricing/Underwriting
- Reserving
- Operational
- Strategic
- Credit
- Market
- Liquidity
- Legal
- Reputational

The Plan was audited by the accounting firm Ciaschi, Dietershagen, Little, Mickelson & Company, LLP for the period January 1, 2011 to December 31, 2011. The Plan received an unqualified opinion. Certain audit work papers of Ciaschi, Dietershagen, Little, Mickelson & Company, LLP were reviewed and relied upon in conjunction with this examination.

This report on examination is confined to financial statements and comments on those matters which involve departures from laws, regulations or rules, or which require explanation or description.

2. DESCRIPTION OF THE PLAN

Greater Tompkins County Municipal Health Insurance Consortium, was formed by thirteen (13) municipalities ("Participants") which joined together to provide for the evaluation, processing, administration and payment of health benefits through self-insurance. GTCMHIC provides benefits to covered employees of such municipalities and their eligible dependents as defined in the plan booklet.

On October 1, 2010, the Plan was issued a certificate of authority by the Superintendent of Insurance under Article 47 of the New York Insurance Law. Pursuant to such certificate of authority, the Participants have agreed to share the costs and assume the liabilities for medical, surgical, prescription drugs, and hospital benefits provided to covered employees (including retirees) and their dependents. The Plan began operations on January 1, 2011.

The City of Cortland and the Town of Lansing subsequently joined the Plan on January 1, 2013 under contractual agreements, which required such municipalities to make $180,000 and $18,400 reserve contribution buy-ins, respectively.

As of December 31, 2011, there were thirteen municipalities participating in the Plan, as follows:

City of Ithaca
County of Tompkins
Town of Caroline
Town of Danby
Town of Dryden
Town of Enfield
Town of Groton
Town of Ithaca
Town of Ulysses
Village of Cayuga Heights
Village of Dryden
Village of Groton
Village of Trumansburg

As noted above, effective January 1, 2013, the Plan's participants increased to a total of fifteen municipalities with the inclusion of the City of Cortland and the Town of Lansing.

A. Corporate Governance

Pursuant to the Plan's Municipal Cooperation Agreement, management of the Plan is to be vested in a governing board comprised of one representative from each municipality and two labor unions. The governing board of the Plan as of December 31, 2011 was as follows:

Name and Residence	Affiliation
George Apgar, Ithaca, New York	Union President, Ithaca Professional Fire Fighters Association
Donald Barber, Slaterville, New York	Supervisor, Town of Caroline
Charles Becker, Dryden, New York	Village Trustee, Village of Dryden
Chantalise DeMarco, Cortland, New York	President CSEA, County of Tompkins

Name and Residence	Affiliation
Judy Drake, Lansing, New York	Human Resources Director, Town of Ithaca
Anita Fitzpatrick, Jacksonville, New York	Commissioner of Personnel, County of Tompkins
Rordan Hart, Trumansburg, New York	Village Trustee, Village of Trumansburg
Elizabeth Karns, Ithaca, New York	Village Trustee, Village of Cayuga Heights
Herb Masser, Ithaca, New York	Town Councilperson, Town of Enfield
Glenn Morey, Groton, New York	Supervisor, Town of Groton
Svante L. Myrick, Ithaca, New York	Mayor, City of Ithaca
Charles V. Rankin, Groton, New York	Village Clerk, Village of Groton
Laura Shawley, Candor, New York	Assistant to Superintendent of Highways, Town of Danby
Mary Ann Sumner, Dryden, New York	Supervisor, Town of Dryden
Lucia Tyler, Trumansburg, New York	Town Councilperson, Town of Ulysses

Note: Effective January 1, 2013, Mack Cook and Kathrine Miller from the City of Cortland and the Town of Lansing, respectively, joined the governing board.

According to the Municipal Cooperation Agreement, the governing board is required to meet at least quarterly. The Chairperson or two directors may call special meetings at any time. The governing board held meetings every other month during the

period under examination. The minutes of all meetings of the governing board were reviewed. All such meetings were well attended, with all members attending at least 50% of meeting they are eligible to attend.

The officers of the Plan as of December 31, 2011 were as follows:

Officers	Title
Donald Barber	Board Chair & President
Steve Thayer	Chief Financial Officer
Charles Becker	Vice Chairperson
David Squires	Treasurer
Judy Drake	Secretary

The board of governors has designated John G. Powers as the Attorney-in-Fact and custodian for all Plan reports, records, and statements.

A review of the Plan's corporate governance structure revealed that the Plan's governing board did not adopt written procedures that would allow the board to obtain certification, annually, from either an internal auditor or independent CPA that the responsible officers have implemented the procedures adopted by the board.

Also, the board of governors failed to obtain from the Plan's general counsel, a statement that the Plan's current claims adjudication procedures, including those set forth in the current claims manual, are in accordance with applicable statutes, rules and regulations.

It is recommended that, as a prudent business practice, the board of governors adopt written procedures that would require the board to obtain annual certification from

either the Plan's internal auditor or independent CPA firm to the effect that the Plan's responsible officers have implemented procedures adopted by the board.

Also, as part of the corporate governance structure, the Plan's responsibilities include overseeing management's handling of the claims adjudication process, which extends to outside parties who, pursuant to an agreement with the Plan, perform claims adjudication on behalf of the Plan.

Excellus Health Plan, Inc. ("Excellus") is the third party administrator ("TPA") for the Plan. Excellus provides processing of the medical and hospital claims, administrative services, preparation and delivery of reports, medical review and managed care services, and maintenance of an adequate provider network under an administrative service agreement.

The Plan did not perform any audits on its TPA, Excellus, including any audits related to member claims to test adherence to the Plan's contract provisions. Nor were any reconciliations performed on claims adjudicated.

It is recommended that, as prudent business practice, the Plan's board of governors obtain annual certifications from its third party claims administrators that claims are being processed in accordance with the Plan Document and applicable Department statutes, rules and regulations. It is also recommended that the Plan's management and board of governors develop a plan for reviewing whether its TPA is

paying its members' claims in accordance with the Plan's contracts and the other services Excellus is to provide.

B. Territory and Plan of Operation

The Plan provides hospital, medical and pharmacy benefits to eligible members of the participating municipalities in Tompkins County within New York State. The Plan reported annual written premiums of $25,794,917 for the calendar year ending December 31, 2011. The Plan's enrollment as of December 31, 2011, was 1,991.

C. Stop-Loss Coverage

As required by Section 4707 of the New York Insurance Law, the Plan maintains both aggregate stop-loss coverage and specific stop-loss coverage. The provider of the stop-loss coverage is authorized in New York. The following is a summary of the Plan's stop-loss program as of December 31, 2011:

Type	Limits
Excess of loss (one layer)	100% of $750,000, excess of $250,000 per member, lifetime
Aggregate excess of loss	$1,000,000 excess of annual aggregate attachment point ($23,095,835), for the current contract period

D. Administrative Services Agreements

The Plan entered into contractual agreements with the following vendors which provided various administrative services to the Plan:

- Excellus Health Plan, Inc. ("Excellus") provides for the processing of the Plan's medical and hospital claims, administrative services, preparation and delivery of reports required under the administrative service agreement, medical review and managed care services, and maintenance of an adequate provider network.

- Express Scripts/Medco maintains an electronic system for processing and paying prescription drug claims and furnishing related services through a network of pharmacies and other professional facilities, for the purpose of administering the Plan's prescription drug benefit. Effective January 1, 2013, ProAct replaced Express Scripts/Medco as the Pharmacy Benefit Manager for the Plan.

- Locey & Cahill, LLP an independent consultant, performs consulting services for the Plan related to rates, benefits and enrollment. The firm assists in the review and revision of the plan benefit structure and design. The firm's compensation is approved by the Board of Directors.

- John D. Stiefel, FSA, MAAAA performs actuarial services for the Plan. Mr. Stiefel is a member of Locey & Cahill, LLP.

- Ciaschi, Dietershagen, Little, Mickelson & Company, LLP provided accounting support and auditing services to the Plan during the examination period.

F. Accounts and Records

During the course of the examination, it was noted that the Plan's treatment of certain items was not in accordance with New York Insurance Law or annual statement instructions. A description of such items is as follows:

Contingent Reserve

Section 4706(a)(5) of the New York Insurance Law states, in part,

> "(a) … the governing board of a municipal cooperative health benefit plan shall establish a reserve fund, and the plan's chief fiscal officer shall cause to be paid into the reserve fund the amounts necessary to satisfy all contractual obligations and liabilities of the plan, including: …
>
> (5) a surplus account, established and maintained for the sole purpose of satisfying unexpected obligations of the municipal cooperative health benefit plan in the event of termination or abandonment of the plan …"

The Plan's contingent reserve reported in its revised annual statement filing as of December 31, 2011 (revised as of February 22, 2013), was impaired in the amount of $40,127. Such impairment was eliminated as of March 31, 2012.

It is recommended that the Plan maintain its contingent reserve in compliance with Section 4706(a)(5) of the New York Insurance Law.

Annual and Quarterly Statement Preparation

During the examination period, the Plan revised its annual & quarterly statements numerous times without completing the Jurat page appropriately. In certain instances, such Jurat page did not include the appropriate officers' signatures or amendment number.

It is recommended that the Plan take steps to complete its annual and quarterly statements in accordance with the annual and quarterly statement instructions and avoid the occasion to revise its filed statements.

It is also recommended that when a revised annual or quarterly statement is submitted to the Department that the Plan completes the Jurat Page with the appropriate officers' signatures affixed and the amendment number included.

3. FINANCIAL STATEMENTS

The following statements show the assets, liabilities and net worth as of December 31, 2011, as contained in the Plan's 2011 filed annual statement, a condensed summary of operations and a reconciliation of the net worth account for each of the years under review. The examiner's review of a sample of transactions did not reveal any differences which materially affected the Plan's financial condition as presented in its financial statements contained in the December 31, 2011 filed annual statement..

The firm of Ciaschi, Dietershagen, Little, Mickelson & Company, LLP was retained by the Plan to audit the Plan's combined financial statements of financial position as of December 31, 2011, and the related statements of operations, net worth and cash flows for the year then ended.

Ciaschi, Dietershagen, Little, Mickelson & Company, LLP concluded that the statutory financial statements presented fairly, in all material respects, the financial position of the Plan at the respective audit dates. Balances reported in these financial statements were reconciled to the corresponding years' annual statements.

A. Balance Sheet

	Examination	Plan
Assets		
Cash and cash equivalents	$2,018,827	$2,018,827
Restricted cash	1,226,995	1,226,995
Stop loss insurance recoveries	109,090	109,090
Prescription drug rebate payments	213,887	213,887
Excellus BCBS pre-paid claims (Advance Deposit)	718,000	718,000
Prepaid insurance	33,255	33,255
Total Assets	$4,320,054	$4,320,054
Liabilities		
Accounts payable	$ 407	$ 407
Claims payable	3,043,382	$3,043,382
Unearned Premium	26,646	26,646
Total Liabilities	$3,070,435	$3,070,435
Net Worth		
Contingency reserves	$1,289,746	$1,289,746
Retained earnings/fund balance	(40,127)	(40,127)
Total Net Worth	$1,249,619	$1,249,619
Total Liabilities and Net Worth	$4,320,054	$4,320,054

Note: The Plan's contingent reserve of $1,289,746 was impaired in the amount of $40,127 as of December 31, 2011. Such impairment was eliminated as of March 31, 2012.

B. Statement of Revenues, Expenses and Net Worth

Net worth increased $25,883 during the examination period, October 1, 2010 through December 31, 2011, detailed as follows:

Revenues:		
Premiums	$26,012,280	
Investment income	6,849	
Insured ancillary benefits	47,542	
Prescription drug rebates	434,008	
Stop-loss insurance reimbursements	147,232	
NYS shared municipal services incentive grant funds	119,752	
Total revenues		$26,767,663
Expenses:		
Hospital and medical claims	$18,379,345	
Drug claims	6,756,840	
NYS graduate medical expense tax	188,960	
Insurance (Directors & Officers/Professional Liability)	22,211	
Coordination fees	91,534	
Insured ancillary benefits	50,587	
Claims subtotal	$25,489,477	
Reinsurance expenses net of recoveries	410,627	
Net claims incurred	$25,900,104	
Administrative expenses	841,676	
Total expenses		26,741,780
Net income		$ 25,883

Change in Net Worth

	Gain in Net Worth	Loss In Net Worth	
Net worth as of October 1, 2010			$1,223,736
Net income	$25,883		
Net increase in net worth			25,883
Net worth, per report on examination, as of December 31, 2011			$1,249,619

4. CLAIMS PAYABLE

The examination liability of $3,043,382 is the same as the amount reported by the Plan as of December 31, 2011.

The Plan's liability for unpaid claims was established in accordance with the requirements of Section 4706(a)(1) of the New York Insurance Law. The Plan received permission from the Department at the time its license was issued to reduce the required (per Section 4706(a)(1)) minimum amount of its unpaid claims reserve from 25% of total expected incurred claims and expenses to 12% of total expected incurred claims and expenses.

The examination analysis of the claims unpaid reserve was conducted in accordance with generally accepted actuarial principles and practices and was based on statistical information contained in the Plan's internal records and in its filed annual

statements as verified during the examination. The examination analysis was based upon actual payments made through a point in time, plus an estimate for claims remaining unpaid at that date.

5. MARKET CONDUCT ACTIVITIES

In the course of this examination, a review was made of the manner in which the Plan conducts its business practices and fulfills its contractual obligations to subscribers and claimants. The review was general in nature and is not to be construed to encompass the more precise scope of a market conduct examination.

The general review was directed at practices of the Plan in the following areas:

(A) Claims review
(B) Policy forms/benefits
(C) Complaints
(D) Underwriting and rating
(E) Utilization review

A. Claims Review

Claims attribute review

The Plan's third party claims administrator, Excellus Health Plan, Inc., a corporation licensed pursuant to Article 43 of the New York Insurance Law, utilizes three different claim systems to adjudicate the Plan's claims. Each of the systems adjudicates different types of claims, including full indemnity, comprehensive and Medicare (use is also broken out by region.) The examiner reviewed a total of 110 claims; 50 from the

LRSP system, 50 from CAPS system, and 10 from the ICPS system adjudicated during the period January 1, 2011 to December 31, 2011. The sample items were used to test for verification/compliance of eligibility, fee schedules, co-payments, deductibles, treatment plan authorization, explanation of benefits statements (EOBs) and, where appropriate, compliance with Article 49 of the New York Insurance Law (Utilization review / External appeal).

The claims attribute review did not reveal any problem areas.

Claims prompt payment review

A review to test for compliance with the Prompt Pay Law, Section 3224-a of the New York Insurance Law, was performed by using a statistical sampling methodology covering claims submitted to the Plan during the period January 1, 2011 through December 31, 2011.

The review of the Plan's submitted medical and hospital claims data for the period January 1, 2011 through December 31, 2011, relative to compliance with Section 3224-a of the New York Insurance Law did not reveal any problem areas.

B. Policy Forms/Benefits

Section 4709(b) of the New York Insurance Law states, in part:

> "(b) The summary plan description shall be subject to regulation as if it were a health insurance subscriber certificate, provided that the superintendent may modify or suspend any provision of

> this chapter or regulation promulgated thereunder pertaining to scope or type of coverage …"

Section 3201(b)(1) of the New York Insurance Law states in part:

> "No policy form shall be delivered or issued for delivery in this state unless it has been filed with and approved by the superintendent as conforming to the requirements of this chapter and not inconsistent with law …"

Effective January 1, 2011, the Plan began offering Blue Healthy Choices Lifestyle benefits to the Village of Dryden members; whereby members could receive up to a maximum of $300/per year for certain stated wellness activities (health fitness club, teeth whitening, eye surgery, toddler gym and swim programs).

The Plan failed to submit its Wellness Program and reimbursement policy forms, to the Superintendent for approval prior to implementation.

It is recommended that the Plan file for approval its policy benefits forms with the Department in compliance with the requirements of Sections 4709(b) and 3201(b)(1) of the New York Insurance Law. Further, it is recommended that the Plan refrain from issuing any policy benefits forms that have not been approved by the Department.

C. Complaints

Department (Insurance) Circular Letter No. 11 (1978) states in part the following:

> "… As part of its complaint handling function, the company's consumer services department will maintain an ongoing central log to register and monitor all complaint activity …"

It was determined that the Plan did not maintain an ongoing central log as part of its complaint handling function.

It is recommended that the Plan, as a good business practice, maintain a complaint log in a manner consistent with Department (Insurance) Circular Letter No. 11 (1978).

D. Utilization Review

Section 4916(b) of the New York Insurance Law states**:**

> "Each health care plan and external appeal agent shall annually, in such form as the superintendent shall require, report the number of external appeals requested by insureds and the outcomes of any such external appeals."

The Plan did not report to the superintendent the number of external appeals requested by its insureds.

It is recommended that the Plan comply with Section 4916(b) of the New York Insurance Law and report the number of external appeals requested by its insureds and the outcomes of any such external appeals on an annual basis to the Superintendent.

6. SUMMARY OF COMMENTS AND RECOMMENDATIONS

ITEM **PAGE NO.**

Respectfully submitted,

_____/S/_____

Gail A. Ross
Insurance Examiner

STATE OF NEW YORK)
) SS.
)
COUNTY OF NEW YORK)

Gail A. Ross, being duly sworn, deposes and says that the foregoing report submitted by her is true to the best of her knowledge and belief.

_____/S/_____

Gail A. Ross

Subscribed and sworn to before me
This _____ day of _____2014

APPOINTMENT NO. 30870

NEW YORK STATE

DEPARTMENT OF FINANCIAL SERVICES

I, ***BENJAMIN M. LAWSKY****, Superintendent of Financial Services of the State of New York, pursuant to the provisions of the Financial Services Law and the Insurance Law, do hereby appoint:*

Gail Ross

as a proper person to examine the affairs of the

Greater Tompkins County Municipal Health Insurance Consortium

and to make a report to me in writing of the condition of said

Consortium

with such other information as she shall deem requisite.

In Witness Whereof, I have hereunto subscribed my name and affixed the official Seal of the Department at the City of New York

this 1st day of August, 2012

BENJAMIN M. LAWSKY
Superintendent of Financial Services

By: Stephen J. Wiest

Stephen J. Wiest
Deputy Bureau Chief
Health Bureau