

Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

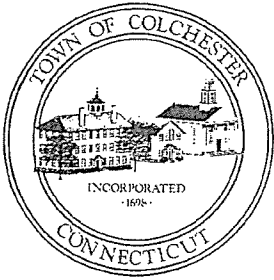
Gregg Schuster, First Selectman

**Board of Selectmen Regular Meeting Agenda
Thursday, May 5, 2011
Colchester Town Hall**

**Meeting Room 1 –
Immediately Following the
Commission Chair Meeting at 7:00pm**

1. Call to Order
2. Additions to the Agenda
3. Approve Minutes of the April 7, 2011 Regular Board of Selectmen meeting
4. Approve Minutes of the April 12, 2011 Special Board of Selectmen meeting
5. Citizen's Comments
6. Boards and Commissions – Interviews and/or Possible Appointments and Resignations
 - a. Commission on Aging. Member appointment to the Commission on Aging for a three-year term to expire 12/31/2013. Robert Gustafson to be interviewed.
 - b. Commission on Aging. Member appointment to the Commission on Aging for a three-year term to expire 12/31/2013. Herb Davis was interviewed on 2/3/2011.
 - c. Open Space Commission. Member appointment to the Open Space Commission for a two-year term to expire 3/31/2013. John Henley to be interviewed.
 - d. Zoning Board of Appeals. Alternate appointment to the Zoning Board of Appeals for a five-year term to expire 12/31/2015. Christopher Bourque to be interviewed.
 - e. Chatham Health District. Board appointment to the Chatham Health Board of Directors for a three-year term to expire 6/30/2014. John Carroll to be interviewed.
 - f. Discussion on Make-Up of Health District Appointees.

7. Budget Transfers
8. Tax Refunds & Rebates
9. Discussion and Possible Action on CTIP Application
10. Presentation by Adam Turner regarding Merchant Row / STEAP Grant
11. Discussion and Possible Action on Senior Center Exercise Instructor Contract
12. Discussion and Possible Action on Ice Cream for Summer Concerts
13. Discussion and Possible Action on Early Retiree Reinsurance Program
14. Discussion and Possible Action on Unemployment Tax Management Corporation
15. Discussion and Possible Action on Contract with Verizon Wireless
16. Citizen's Comments
17. First Selectman's Report
18. Liaison Report
19. Adjourn



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

Gregg Schuster, First Selectman

Board of Selectmen Regular Meeting Minutes Thursday, April 7, 2011 Colchester Town Hall

Meeting Room 1 – 7:00pm

RECEIVED
COLCHESTER, CT
APR 10 2011

MEMBERS PRESENT: First Selectman Gregg Schuster, Selectman James Ford, Selectman Stan Soby, Selectman Greg Cordova, and Selectman Rosemary Coyle

MEMBERS ABSENT:

OTHERS PRESENT: Derrik Kennedy, Patti White, Walter Cox, Greg Plunkett, John Chaponis, Craig Grimord, Nancy Bray, Mike Caplet, Don Kennedy, Ron Goldstein, Rob Tarlov, Katy Nally, Ryan Blessing, and other citizens.

1. **Call to Order**
First Selectman G. Schuster called the meeting to order at 7:00 p.m.
2. **Additions to the Agenda**
S. Soby moved to move agenda item #8 to after agenda item #4 and renumber accordingly, seconded by J. Ford. Unanimously approved. MOTION CARRIED
3. **Approve Minutes of the March 17, 2011 Regular Board of Selectmen meeting**
R. Coyle moved to approve the minutes of the March 17, 2011 Regular Board of Selectmen meeting, seconded by G. Cordova. Unanimously approved. MOTION CARRIED.
4. **Citizen's Comments**
Mr. Davis commented on his outstanding application to the Commission on Aging.
5. **Recommendation to the Board of Selectmen by the Senior Center Study Group**
A presentation was given to the Board of Selectmen explaining the Senior Center Study Group's recommendation. R. Coyle moved to accept the Senior Center Study Group's recommendation and forward it to the Ad-Hoc Facilities Committee, seconded by S. Soby. Unanimously approved. MOTION CARRIED.
6. **Boards and Commissions – Interviews and/or Possible Appointments and Resignations**
 - a. **Open Space Commission. Member re-appointment for a new three-year term to expire 3/31/2014. Theodore Fuini to be interviewed.**
Theodore Fuini was interviewed. R. Coyle moved to re-appoint Theodore Fuini to the Open Space Commission for a new three-year term to expire 3/31/2014, seconded by G. Cordova. Unanimously approved. MOTION CARRIED.
 - b. **Open Space Commission. Town Planner, Adam Turner, re-appointment for a new three-year term to expire 3/31/2014.**
R. Coyle moved to re-appoint Adam Turner to the Open Space Commission for a new three-year term to expire 3/31/2014, seconded by J. Ford. Unanimously approved. MOTION CARRIED.

- c. **Open Space Commission. Inland Wetlands Enforcement Officer, Jay Gigliotti, re-appointment for a new three-year term to expire 3/31/2014.**
J. Ford moved to re-appoint Jay Gigliotti to the Open Space Commission for a new three-year term to expire 3/31/2014, seconded by R. Coyle. Unanimously approved. MOTION CARRIED.

Selectman Soby left the meeting at 7:20 p.m.

- d. **Chatham Health District Board of Directors. Member appointment for three-year term to expire 4/7/2014. Russel Melmed to be interviewed.**
Russel Melmed was interviewed.

Selectman Soby returned to the meeting at 7:26 p.m.

7. **Budget Transfers**

None.

8. **Tax Refunds & Rebates**

G. Cordova moved to approve tax refunds in the amount of \$8.27 to Jerry & Diane Perkins, \$1,805.04 to Russell McNichols, \$182.26 to Peterson DL Trust, \$4,740.74 to Marusz & Christine Ruszczyk, \$2,874.28 to John Connors Sr. & Margaret Anne Albee, \$3,745.46 to David & Barbara Hahn, \$2,372.88 to Jon & Marnita Morris, \$4,050.06 to Michael & Kathleen Hanrahan, \$2,119.67 to Peter & Linda Daniels, \$32.89 to Al Ewers, \$2,931.94 to Joseph Warzecha, Jr., \$60.25 to Jeffrey, Sidney, & David Lejfer, \$2,461.88 to John & Lynn Maldonado, \$1,865.21 to Charles & Kimberly Opalenik, \$2,251.29 to John Alfieri & Rachel Frenette, \$21.00 to Donald Sullivan, \$7.13 to Waldemar & Irena Suszek, \$1,968.00 to Diane Freeman, \$1,781.23 to Frederick Solmo, \$178.75 to Nutmeg Gravel & Excavating, Inc., \$49.89 to Evelyn McGuigan, and \$21.56 to Dennis & Elizabeth Kessler; seconded by S. Soby. Unanimously approved. MOTION CARRIED.

9. **Discussion and Possible Action on Proposed Town Ordinances**

Discussion on edits to the proposed town ordinances. The Board agreed to forward the ordinances onto Town Counsel for review.

10. **Discussion and Possible Action on Free Solar Panels**

G. Cordova moved to authorize Greg Plunkett to pursue free solar panels for Town buildings through DCS Energy and submit contracts for review and possible approval, seconded by S. Soby. Unanimously approved. MOTION CARRIED.

11. **Discussion and Possible Action on Hardware for Land Record System**

R. Coyle moved to appoint the First Selectman to sign the addendum to the original contract, dated December 4, 2008, between the Town of Colchester and COTT Systems, Inc., seconded by S. Soby. Unanimously approved. MOTION CARRIED.

12. **Discussion and Possible Action on Subdivision/Road Maintenance Bond Release**

S. Soby moved to release the remaining Chestnut Hill Rd. & Palmer Rd. subdivision/road maintenance bond in the amount of \$10,740.00 plus accrued interest to the owner, Ernest Costa, as recommended by the Town Engineer, seconded by R. Coyle. Unanimously approved. MOTION CARRIED.

13. **Discussion and Possible Action on Zoning Enforcement Attorney Referral**

J. Ford moved to approve the request for legal action through the Connecticut Housing Court for zoning enforcement purposes against the Pettigrew Flynn property located at 553 Amston Road, seconded by S. Soby. Unanimously approved. MOTION CARRIED.


14. **Discussion and Possible Action on Emergency Management Performance Grant**

S. Soby moved to approve the submission of the Emergency management Performance Grant and allow the First Selectman to sign any and all necessary documents, seconded by G. Cordova. Unanimously approved. MOTION CARRIED.

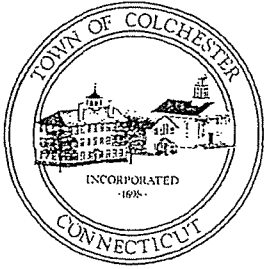
15. **Discussion and Possible Action on Hebron Land Exchange**
Discussion on Hebron Land Exchange. No action taken.
16. **Discussion and Possible Action on Town Hall Flag Request**
G. Cordova moved to approve the Donor for Life Flag request to fly a flag on the Town Hall flagpole from April 18 through April 29, as recommended by the Parks & Recreation Commission, seconded by R. Coyle. Unanimously approved. MOTION CARRIED.
17. **Discussion and Possible Action on Hiring Public Works Director**
S. Soby moved to authorize the First Selectman to hire James Paggioli as Public Works Director, seconded by J. Ford. Unanimously approved. MOTION CARRIED.
18. **Discussion and Possible Action on Memorandum of Agreement between Town of Colchester and MEUI, Local 506, SEUI, AFL-CIO, CLC**
R. Coyle moved to approve the Memorandum of Agreement between Town of Colchester and MEUI, Local 506, SEUI, AFL-CIO, CLC, and authorize the First Selectman to sign any and all necessary documents, seconded by G. Cordova. Unanimously approved. MOTION CARRIED.
19. **Citizen's Comments**
None.
20. **First Selectman's Report**
First Selectman G. Schuster reported that he attended the last Board of Directors meeting of the Chatham Health District and the Board is looking to change its schedule from monthly meetings to meetings every six weeks, with subcommittees meeting more frequently, as well as how the health district would like to handle inspections and permitting of farmer's markets going forward; the Town recently received Lawn Equipment Exchange Fund (LEEF) money for old and used Town equipment; the Town is currently reviewing the new resident state troopers contract; the annual Clean to the Green event is coming up this Saturday, April 9 and the Town would like to extend a special "thank you" to all the volunteers and S&S Worldwide for their assistance; and the Bacon Academy Board of Trustees have asked to renew their lease with the Town for the Senior Center.
21. **Liaison Report**
S. Soby reported that the Police Commission is continuing to work on the department strategic plan and revisions to the department rules and regulations.

G. Cordova reported that the Youth Services Bureau is discussing the DCF Wilderness outing in New Hampshire, the Open Youth Center is picking up participation, there will be an MS Walk coming up, and the department is seeking a van. Selectman Cordova further reported that the Parks & Recreation Commission has been discussing field endorsements with the various leagues, the Hershey Track Meet is coming up, and there will be fireworks for this year's 57 Fest.
22. **Adjourn**
R. Coyle moved to adjourn at 8:26 p.m., seconded by G. Cordova. Unanimously approved. MOTION CARRIED.

Respectfully submitted,



Derrik M. Kennedy
Executive Assistant to the First Selectman



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

Gregg Schuster, First Selectman

**Board of Selectmen Special Meeting Minutes
Tuesday, April 12, 2011
Colchester Town Hall**

**Room 1
Immediately Following the Public Hearing on the Budget
and Board of Finance Special Meeting - 7:00pm**

RECEIVED
DERRICK M. KENNEDY
2011 APR 13 AM 9:12

MEMBERS PRESENT: Gregg Schuster, Jim Ford, and Greg Cordova

MEMBERS ABSENT: Rosemary Coyle and Stan Soby

OTHERS PRESENT: Other board/commission members and concerned citizens

- 1. Call to Order**
First Selectman Gregg Schuster called the meeting to order at 7:41 p.m.
- 2. Discussion and Possible Action on the Proposed 2011-2012 Fiscal Year Budget**
G. Cordova moved to send the Town and Board of Education budgets, as proposed by the Board of Finance, to the annual Town Meeting, scheduled for Wednesday, April 27, 2011 at 7:00pm at Town Hall, J. Ford seconded. Unanimously approved. MOTION CARRIED.
- 3. Adjourn**
G. Cordova moved to adjourn at 7:42 p.m., seconded by J. Ford. Unanimously approved. MOTION CARRIED.

Respectfully submitted,

Derrick M. Kennedy
Executive Assistant to the First Selectman

To: Board of Selectman

From: Candace Barnes

Re: Wellness Center

Date: March 23, 2011

Applicant (proposed address)

Dr. Kimble Greene
19 Maple Avenue
Amston CT 06231

The Center for Wellness LLC
43 Broadway
Colchester CT

Background

Applicant has proposed to redevelop an existing historic structure and then develop an additional office on a 4.31 acre parcel on Broadway to house a “wellness business”. The 2010 taxable assessment value for the property was approximately \$245,000

The Applicant has applied for a Colchester Tax Initiative Program (CTIP) and has proposed tax abatement to the maximum extent permissible.

The Wellness Center operates a current office in Amston/Hebron. The applicant owners are considering expanded permanent location in Hebron, Marlborough and Colchester.

Process

Qualified applicants for tax incentives are required to present their application to the EDC. The members of the Commission review each application and make a determination as to whether incentives are appropriate, based on certain criteria established by the Commission. If they determine that incentives are appropriate, Commission members will further determine the appropriate amount and duration for the incentive. Economic Development Commission reviewed the proposal and recommended a 50% abatement of all property taxes collected over the current amount for a period of 3 years for the second property.

From this review by the Economic Development Commission, the application and recommended incentive package was sent to the Board of Selectmen. The Selectmen may consider the recommendation and adjust the package, as they deem appropriate. After the

Selectmen's review and approval, the package is brought before the legislative body of the Town, (the Town Meeting), for approval. The Town Meeting is the sole decision maker regarding the approval of the incentive package. The members of the Economic Development Commission and the Board of Selectmen simply develop recommendations for the package.

Standards

The Economic Development Commission/Selectman may consider the following criteria to base recommendations on tax incentives:

- Need for incentives
- Potential for new job creation
- Providing a product, need or service to the local community
- Appropriateness of the business to its proposed location
- Possibility for the business to spawn other new businesses
- Planned use by the business of other Colchester vendors
- Compatibility of the project with the environment and town resources
- Contribution to the Town's infrastructure, including roads and utilities
- Net gain provided to the Town tax base
- Improvement or renovation to historic structures

These are not exclusive criteria, and the members of the Commission may consider other issues when appropriate to do so.

Finding

The applicant is not delinquent in the payment of any taxes or service charges to the Town.

The applicant proposes to develop the 43 Broadway property in two planned phases. The initial phase would include renovation of the existing residential property with operation on a smaller scale to house the relocated staff of the wellness center. The estimated cost of the first phase is \$30,000 to \$60,000.

The second phase regards the applicant's proposal to construct an additional 8,000 to 10,000sf green structure at an estimated cost \$6,000,000 to \$10,000,000.

The Applicant is a local professional currently doing business in Amston. Their proposal would house a consortium of local vendors. The applicant projects that 15 professionals would be located on site once the property is rehabilitated and with full development of the second building, as much as 30 additional positions would be located on site.

The Applicant estimates that once the initial property improvements are completed and the building is occupied by wellness professionals it would generate approximately \$6,000/year in business property and personal taxes, similar to what the building is assessed at currently.

Applicant estimates that the development of the second structure would generate a minimum of \$25,000 annually in property and personal property taxes and could generate significantly more.

Relation to Incentive Standards

Need for incentives – the applicant is located in Hebron/Amston and is evaluating locations outside Colchester. While there might be a chance for the applicant to locate in Colchester without local incentives, it is reasonable to conclude that incentives would benefit a large project such as this.

Potential for new job creation – The applicant estimates that 30 to 45 professional positions would be housed in the new wellness complex

Providing a product, need or service to the local community – The proposed wellness center will provide health and other quality of life benefits to town residents and to the regional community as well

Appropriateness of the business to its proposed location – the applicant proposes to rehabilitate the existing use and construct an additional office structure on Broadway in the northern section of the town's historic center. Professional office is a standards use in central village areas.

Possibility for the business to spawn other new businesses – The project has the potential to generate additional economic activity given the services offered in terms of nutrition and health services.

Planned use by the business of other Colchester vendors

Compatibility of the project with the environment and town resources the applicant proposes to develop a state of the art environmentally sensitive office building.

Contribution to the Town's infrastructure, including roads and utilities. The applicant will be responsible for maintenance the sidewalks in a critical areas as well it is quite likely that the town might gain important drainage easements as the rear portion of the property is a critical location for runoff from the town center.

Net gain provided to the Town tax base – the Towns tax base will only be impacted should the applicant invest significant amounts of funds to rehabilitate/construct two structures in an amount to exceed \$1,000,000. These structures will exist long after the CTIP benefits have expired. Conservative estimates indicate that the town might receive at a minimum, over \$25,000 annually from this property and as much as \$75,000. Currently the town receives \$6,000 annually in tax payments.

Improvement or renovation to historic structures – The project includes an entire phase devoted to rehabilitating a major historic property in the central area of the Town.

Recommendation

On May 2 2011, the Economic Development Commission formally motioned that the Board of Selectman approve the Wellness Centers Application for CTIP to be considered at a town meeting.

In terms of the abatement request specifically the EDC further recommended that the applicant would be granted 1) a **100%** abatement for property taxes over the current assessed value for a period of one year if the total amount invested to improve the property not including land purchase cost was \$1,000,000; a **100%** abatement for property taxes over the current assessed value for a period of two years if the total amount invested to improve the property not including land cost was \$1,000,001 to \$3,000,000 and a **100%** abatement for property taxes over the current assessed value for a period of three years if the total amount invested to improved the property not including land purchase cost exceeded 3,000,000.

Based on the applicants submission, if the property increased in value, in an amount equal to the improvements proposed by the applicant, the total amount abated to the applicant would be approximately \$25,000 (based on a mill rate of .025) if the amount invested was \$1,000,000 or \$50,000 for the total amount of the abatement if the amount invested was \$1,000,001 to \$3, 00,000 and \$75,000 if the amount invested was \$3,000,000 or more. The applicant would have three (3) years from the date that the CTIP is approved to secure a building permit for construction of the proposed second building. The CTIP benefits would be assessed upon issuance of a Certificate of Occupancy for the completion of the proposed second building.

Recommended Motion – I motion to forward the CTIP application with conditions, as approved by the EDC on May 2, 2011, for the Wellness Center to a Town Meeting to be schedule at a future date and time.

Colchester Senior Center
BOS Request for Approval

To: Board of Selectmen

From: Patti White, Director

Re: Exercise Instructor Contract

Date: 5/2/11

The senior center is planning to add an additional exercise instructor. The contract is a replicate of the previously BOS approved contract with other instructors. Only the name, dates and hourly rate have been changed.

Action Recommended:

That the Colchester Board of Selectmen authorize Greg Schuster, First Selectman, to sign the attached contract with Gina Schriver, Exercise Instructor, beginning June 1, 2011 and ending December 31, 2011.

Town of Colchester/Senior Center

95 Norwich Ave
Colchester, CT 06415
(860) 537-3911

LETTER OF AGREEMENT

CONTRACT FOR PROFESSIONAL SERVICES BY & BETWEEN THE TOWN OF COLCHESTER SENIOR CENTER AND Gina Schriver, Exercise Instructor

Name/Location	Time Period	Instructor:	Hourly Rate
Senior Center	6/1/11-12/31/11	Gina Schriver	\$30

1. The contractor agrees to provide professional exercise instruction with the specifications contained in the "Scope of Services" listed below.
2. Compensation to the contractor shall be at the rate of \$30 per hour. The contractor shall be paid at the conclusion of each 2 week period, and shall be responsible for submitting a contractual services pay slip issued by the Senior Center Director on a bi-weekly basis. Checks will be issued after pay slips are received and approved. Invoices are also acceptable and will be processed for payment no earlier than 2 weeks after program has started. Please allow 3 weeks for initial processing.
3. It is the philosophy of the Town of Colchester that a contractor's appearance and attitudes be reflected in his/her daily work practices. Contractors shall be expected to maintain a neat and clean appearance while under contract with the Town.
4. If it is deemed necessary, the senior center director reserves the right to add or cancel programs and to adjust work schedules as required, for the benefit of the program. The senior center director also reserves the right to revoke all contracts where inability to work established schedules is not in the best interest of the program.
5. It is mutually agreed that this is a contract for services and not a contract for employment. The Contractor shall not be entitled to any employment benefits from the Town such as but not limited to: vacation, sick leave, insurance, workers compensation, pension and retirement benefits. The Contractor shall be responsible for the filing of federal and state income tax information, as well as quarterly Social Security payments as a self-employed individual.

6. The Contractor shall at all times enter its appearance for, defend, indemnify, protect, and save harmless the Town of Colchester from any and all claims or demands for damages, either in law, or in equity, arising out of or by virtue of the execution of this agreement.

7. An updated liability insurance certificate with coverage of \$1,000,000.00 evidence of Workers Compensation Insurance and current CPR and First Aid Certificates for instructor will be provided upon acceptance of this contract. If your program is being held in a Colchester School building you and any employees must submit fingerprint cards along with processing fee to the BOE office prior to your first class.

8. A scheduled meeting with the program assistant prior to the start of the program is required. Rosters and attendance sheets will be given to instructor prior to the first class. Please return accurate attendance sheets to the senior center program assistant at the conclusion of your program.

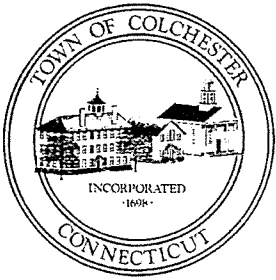
If you agree with the terms and conditions stated above, please sign and return one copy of this contract.

Greg Schuster, First Selectman

Date

Gina Schriver, Independent Contractor

Date



Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

Gregory Plunkett

April 6, 2011

TO: Gregg Schuster

FROM: Greg Plunkett

RE: Ice Cream for Summer Concerts

On April 1, 2011 we received bids from vendors seeking to receive permission to sell ice cream at the summer concerts held on the Green. We received proposals from two vendors and reported the results the Parks and Recreation Commission at their meeting on Monday April 4. The Commission recommended awarding the right to sell ice cream to New England Soft Serve.

Attached is a summary for the proposals and a copy of the minutes from the Parks and Recreation Commission meeting.

The Commission requests that the Board of Selectmen authorize the First Selectman to enter into a contract with New England Soft Serve to provide ice cream at the concerts during the summer of 2011.



Colchester and Parks and Recreation

“Creating Community Through People, Parks and Programs”

127 Norwich Avenue, Colchester, CT 06415

(860) 537-7297 | Fax: (888) 468-6093 | parksandrec@colchesterct.gov | www.colchesterct.gov

April 4, 2011

TO: Sean O’Leary

FROM: Greg Plunkett

RE: Summer Concert Ice Cream Concessions

On Friday April 1, 2011 we received proposals to provide ice cream at the concerts this summer. Two vendors submitted proposals. They are:

Scotties Frozen Custard LLC
New England Soft Serve

Both bidders submitted complete proposals and both are available for all the concert dates.

Scotties bid \$125.00 per concert and \$175.00 if gross sales totaled at least \$800.00

NE Soft Serve bid \$200.00 per concert if they are awarded all concerts.

I recommend that New England Soft Serve be awarded the contract to sell ice cream at the summer concerts.

Colchester Parks & Recreation Commission

April 4, 2011

Town Hall

7:00 p.m.

2011 APR -5 PM 6:23
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Members Present: S. O'Leary, E. Kundahl, L. Dimock, J. Barr, L. Stephenson and N. Kaplan.

Members Absent: M. Kennedy, C. Williams, C. Ferrante and A. Spranzo

Others Present: Greg Plunkett, Interim Parks and Recreation Director, Greg Cordova, BOS Liaison, John Blakley, Colchester Youth Football, David Dander, Donald Camp, Peter Kupczak, and Ryan Blessing

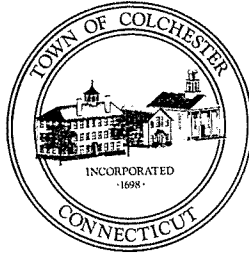
1. **Call to Order:** Chairman O'Leary called the meeting to order at 7:01 p.m.
2. **Citizen's Comments:** None
3. **Acceptance of the March 7th, 2011 Regular Meeting Minutes:** N. Kaplan motioned to approve the minutes of the March 7th, 2011 meeting with the following corrections: delete the second occurrence of "the same" in the last sentence of the finance/admin committee report, in item #9 Director's Report, change the date of the Spring Clean-up to April 9th and change "He" in the fourth sentence to "The" ice cream... Motion seconded by E. Kundahl. All members present voted in favor. **MOTION CARRIED.**
4. **Reading of Correspondence:** None
5. **Committee Reports:**
 - **Facilities:** No report
 - **Finance/Administration:** No report
 - **Programs:** G. Plunkett reported that Marty Gordon could not be present but that M. Gordon has spoken to several people concerning lighting the large tree as well as raising money for the lights. Chairman O'Leary recommended that M. Gordon come to the next meeting so the commission can formally set up a sub-committee. G. Plunkett will check with the BOS to see if there are any requirements involved with raising money.
 - **BOS Liaison:** G. Cordova reported they continue to work on the budget.
 - **BOF Liaison:** Not Present
 - **BOE Liaison:** Not Present
 - **Senior Center Study Group:** J. Barr reported that the study group has finalized their formal report and it will be presented to the BOS. The report recommends the Senior Center become part of the renovations proposed to take place at WJMS and that a study group member remains involved with the process.
 - **Holiday Decorating/Christmas Tree:** Report given under Programs Committee.

E. Kundahl motioned to accept all committee reports, seconded by L. Stephenson. All members present voted in favor. **MOTION CARRIED.**
6. **Discussion and Possible Action on Ice Cream Bids for Summer Concert Series:** G. Plunkett reported that two vendors submitted bids, New England Soft Serve and Scotties Frozen Custard LLC. G. Plunkett feels the bid from New England Soft Serve is more attractive to the town, therefore he recommends we accept the bid from them. J. Barr motioned to recommend to the BOS that New England Soft Serve be awarded the contract to sell ice cream at the summer concerts, seconded by N. Kaplan. All members present voted in favor. **MOTION CARRIED.**
7. **Discussion and Possible Action on Donor for Life Flag:** The Town Hall Flag Policy was reviewed. P. Kupczak presented a proposal to fly a Donate Life America's Flags Across America flag during the month of April in front of the Town Hall to raise awareness for the need for organ donors. The flag is usually raised on April 1st each year in many locations across the nation. P. Kupczak requested the flag be flown for at least 3 days or longer if possible. There would be a small ceremony with local organ donors and organ recipients, newspaper reporters and additional family members. P. Kupczak will provide the flag and organize the small ceremony. J. Barr offered to contact the group responsible for the POW flag to explain the temporary flag change. N. Kaplan motioned to recommend to the BOS that P. Kupczak's request be honored and fly the Donate Life America's Flags Across America flag in front of the Town Hall for two weeks, beginning April 17th and ending April 30th, seconded by J. Barr. All members present voted in favor. **MOTION CARRIED.** G.

Plunkett will send a formal request to the BOS so that it can be added to the agenda for the next BOS meeting on April 7th.

8. **Discussion and Possible Action on Sport League Endorsement Application:** G. Plunkett reported that one Sport League Endorsement Application was received from Colchester Baseball Softball League. E. Kundahl motioned to accept the endorsement application from Colchester Baseball Softball League, seconded by L. Stephenson. All members present voted in favor. **MOTION CARRIED.**
9. **Discussion and Possible Action Light Codes for Field Use:** G. Plunkett suggested wiping out the codes used to activate the lights at the fields at the Recplex and assigning new codes to all users. The codes have not been changed for several years and many of the existing codes were not used last year. All members of the commission agreed with the decision. The codes will be changed this week.
10. **Director's Report:** G. Plunkett reported that the fields will be open tomorrow, April 5th and an announcement will be made. The Spring Clean-up is ready to go this Saturday, April 9th, Hershey Track is scheduled for May 26th, the music and main sponsor for summer concerts are set. Liberty Bank will be the stage sponsor for 57 Fest and the fireworks have been confirmed. Colchester Baseball Softball League expressed interest in getting water and electricity to R5 and R6. It has been approved by the Building Department and the Water Department, now it is up to the leagues to finance it. S. O'Leary had received reports that the fields were being used prior to being opened by the Parks & Rec Department. It was Bacon Lacrosse using the field and they had permission. S. O'Leary suggested inviting all the heads of the leagues to our next Parks & Rec meeting so they can meet each other and exchange contact information. This may help foster a better relation between the leagues. L. Stephenson motioned to approve the director's report as presented, E. Kundahl seconded the motion. All members present voted in favor. **MOTION CARRIED.**
11. **Recreation Supervisor's Report (Quarterly):** None
12. **General Comments:** Donald Camp asked if he could obtain a schedule for the Cody Camp field, named for his son. He hoped to go to the field on Sunday with some family and close friends in celebration of Cody's birthday. S. O'Leary will speak to CBSL to obtain a schedule and also make them aware of the intended celebration so that nothing is schedule on the field. D. Camp also inquired about the repairs and upkeep of the field. G. Plunkett reported that there was still money left in the foundation and he has been in contact with B. McGovern to address the needs of the field. E. Kundahl reported that a walk through need to be scheduled for the fields. G. Plunkett agreed.
13. **Adjournment:** E. Kundahl motioned to adjourn the meeting, L. Stephenson seconded the motion. All members present voted in favor. **MOTION CARRIED.** Chairman O'Leary adjourned the meeting at 7:47 p.m.

Respectfully submitted,
Lynette Dimock
Parks & Recreation Secretary



**N. Maggie Cosgrove
Chief Financial Officer
Finance Department**

Date: April 18, 2011

To: Board of Selectmen

From: N. Maggie Cosgrove, CFO

Subject: Early Retiree Reinsurance Program Application

Background

The Early Retiree Reinsurance Program (ERRP) provides reimbursement to participating employment-based plans for a portion of the costs of health benefits for early retirees and early retirees' spouses, surviving spouses, and dependents. The program was authorized in the Federal Affordable Care Act.

The Federal Government will reimburse the Town and Board of Education for certain eligible claims between \$15,000 and \$90,000.

Recommendation

Approve submission of application under ERRP program and authorization for First Selectman to sign all necessary documents related to the application.

ERRP

Early Retiree Reinsurance Program Application



U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection is estimated to average 22 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form #CMS-10321



Application

Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center
4700 Corridor Place
Suite D
Beltsville, MD 20705



An asterisk (*) identifies a required field.

PART I: Plan Sponsor and Key Personnel Information	
A. Plan Sponsor Information	
1) *Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN):	<u>Town of Colchester & Colchester Public Schools</u>
2) *Type of Organization (Check the one category that best describes your organization):	<input checked="" type="checkbox"/> Government <input type="checkbox"/> Union <input type="checkbox"/> Religious <input type="checkbox"/> Commercial <input type="checkbox"/> Non-profit
3) *Organization's Employer Identification Number (EIN):	<u>06 - 6001974</u>
4) *Organization's Telephone Number:	<u>860 - 537 - 7220</u> ext. _____
5) Organization's FAX Number:	<u>860 - 537 - 0547</u> ext. _____
6) *Organization's Address (must be the address associated with the EIN provided above):	* Street Line 1: <u>127 Norwich Ave</u> Street Line 2: <u>Suite 201</u> *City: <u>Colchester</u> *State/US Territory: <u>Connecticut</u> *Zip Code: <u>06415</u>
7) Organization's Website Address:	<u>http://www.colchesterct.gov</u>



B. Authorized Representative Information

1) *First Name: Gregg Middle Initial (optional): _____
 *Last Name: Schuster
 2) *Job Title: First Selectman
 3) *Email Address: gschuster@colchesterct.gov
 4) *Telephone Number: 860 - 537 - 7220 ext _____
 5) FAX Number: 860 - 537 - 0547 ext _____
 6) *Employer Name: Town Of Colchester
 7) *Authorized Representative Business Address:
 *Street Line 1: 127 Norwich Ave
 Street Line 2: Suite 201
 *City: Colchester
 *State/US Territory: Connecticut
 *Zip Code: 06415

C. Account Manager Information

1) *First Name: Maggie Middle Initial (optional): _____
 *Last Name: Cosgrove
 2) *Job Title: Chief Financial Officer
 3) *Email Address: mcosgrove@colchesterct.gov
 4) *Telephone Number: 860 - 537 - 7229 ext _____
 5) FAX Number: 860 - 537 - 7231 ext _____
 6) Employer Name: Town of Colchester & Colchester Public Schools
 7) Account Manager Business Address:
 Street Line 1: 127 Norwich Ave.
 Street Line 2: Suite 203
 City: Colchester
 State/US Territory: Connecticut
 Zip Code: 06415



PART II: Plan Information	
A. Plan Information	
1) *Plan Name: <u>Town of Colchester & Colchester Public Schools</u>	
2) *Plan Year Cycle: Start Month/Day: <u>01</u> / <u>01</u> End Month/Day: <u>12</u> / <u>31</u>	
B. Benefit Options(s) Provided Under this Plan	
This section of the application has been removed.	
C. *Programs and Procedures for Chronic and High-Cost Conditions	
<p>A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define "chronic and high cost condition" as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify at least two chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. Also, please identify the nature of each such program (e.g., disease management, case management, wellness program, etc.). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.</p> <p>See attached. Anthem ERRS Cost Containment Programs 6-2010. Anthem Anti Fraud for ERRS 6-2010.</p>	



D. *Estimated Amount of Early Retiree Reinsurance Program Reimbursements

Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements, although this might not be the case. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

First Plan Year Cycle

Low Estimate (optional): 13,144
 *Most Likely Estimate: 21,583
 High Estimate (optional): 43,167

Second Plan Year Cycle

Low Estimate (optional): 22,533
 *Most Likely Estimate: 37,000
 High Estimate (optional): 74,000



E. *Intended Use of Early Retiree Reinsurance Program Reimbursements

1. Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program (ERRP) by checking the appropriate box that appears next to (a), (b) or (c):

- (a) To reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs);
- (b) To reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or
- (c) To reduce or offset increases for a combination of any of these costs (whether reducing or offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs).

For assistance with answering this question, you may wish to view the program regulations and Common Questions at www.errp.gov for information on permissible uses of ERRP reimbursement.

2. If the sponsor indicated in the above question that it intends to use any of the reimbursement under the ERRP to reduce the sponsor's health benefit or health benefit premium costs (i.e., the sponsor checked either (a) or (c) above), the ERRP regulation requires a sponsor to maintain its level of contribution toward the plan, solely as a way of ensuring that the sponsor does not violate the statutory prohibition on using program funds as general revenue. Therefore, if the sponsor checked either (a) or (c) above, the sponsor must attest to the following by checking the box below:

- Sponsor will maintain its level of contribution toward the plan, as a way of ensuring that sponsor does not violate the statutory prohibition against using ERRP funds as general revenue.



PART III. Plan Sponsor Agreement	
1.	Compliance: In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R .Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health & Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
2.	Reimbursement-Related and Other Representations Made by Designees: Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor affirms that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor's involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor's reimbursement under, the program.
3.	Written Agreement: Plan Sponsor affirms that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer(s), employment-based plan, and other entities participating in the administration of the plan, regarding disclosure of information, data, documents, and records to HHS, and the issuer or plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.
4.	Use of Records: Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health & Human Services' Office of the Inspector General's authority to fulfill the Inspector General's responsibilities in accordance with applicable Federal law.



5.	<p>Obtaining Federal Funds: Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor affirms that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and complete, Plan Sponsor agrees to notify the Secretary promptly of this fact.</p>
6.	<p>Data Security: Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor affirms that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.</p>
7.	<p>Depository Information: Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") identified by the Plan Sponsor. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.</p>
8.	<p>Policies and Procedures to Detect Fraud, Waste and Abuse. The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.</p>
9.	<p>Change of Ownership: The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.</p>



Signature of Plan Sponsor Authorized Representative

I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I affirm that the information contained in this Plan Sponsor Application and Plan Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law.

*Signature _____

Only the Authorized Representative specified in Part I.B. can sign this agreement.





Early Retiree Reinsurance Program

In support of the Patient Protection and Affordable Care Act of 2010

Anthem's Cost Containment Programs

As a medical plan client of Anthem Blue Cross and Blue Shield, offers programs and processes designed to generate savings for plan participants with chronic and high-cost conditions. Programs like these have had proven cost saving outcomes, as detailed below.

Programs Targeting Chronic Conditions

As part of our 360° Health strategy, we offer ConditionCare, our disease management program. ConditionCare helps maximize member health status, improve health outcomes and control health care expenses associated with the following prevalent conditions:

- Asthma (pediatric and adult)
- Diabetes (pediatric and adult)
- Heart failure
- Coronary artery disease
- Chronic obstructive pulmonary disease

Employing proven technology, evidence-based practice guidelines and a team of experienced health care professionals, our award-winning ConditionCare program provides a strategy for all participants with gradations for risk level that allow us to reach more members in our pool of eligible members we identify. We track and monitor member-specific interventions by creating an individualized care plan for each identified member housed within our care management platform. We focus the most appropriate level and of evidence-based interventions in a timely manner to achieve successful and cost-effective management of the member's condition.

The ConditionCare program further supports the physician/patient relationship and plan of care, and empowers members to become more effective managers of their own health. Our condition-specific actionable materials reinforce program interventions and further assist members with controlling their conditions.

A Total Management Approach

A total management approach is paramount to the success of the ConditionCare program. Through our primary nurse model, we achieve improved outcomes by focusing on our members' overall health. We address all conditions and comorbidities as they relate to and affect our members' ability to manage their overall health.

We begin by having our team of Health Outreach Specialists contact eligible members we identify as most likely to benefit from ongoing one-on-one telephone management and education from an assigned nurse coach. Calls to these moderate and high risk members introduce the program, highlight its value and begin the enrollment process. The specialists set up next steps for member participation, including a follow-up call from the assigned nurse coach who conducts a comprehensive telephone health assessment.



Our staff of health professionals includes registered nurses, pharmacists, registered dietitians, exercise physiologists, licensed social workers and medical directors.

Sharing their expertise to specific members, our team of health professionals – led by the primary nurse coach – collaborate to help members overcome barriers to attaining improved health and adhering to their treating physician's prescribed plan of care.

We have received full accreditation from the National Committee for Quality Assurance (NCQA) for our ConditionCare programs addressing diabetes, asthma, coronary artery disease, heart failure and chronic obstructive pulmonary disease. NCQA accreditation signifies that these programs have withstood an intense, comprehensive review in the areas of content, measurement and quality improvement, clinical systems, operation, and member and practitioner service.

In addition, we offer our programs for kidney disease (chronic kidney disease and end-stage renal disease) in partnership with an NCQA-accredited disease management company.

Asthma

Our ConditionCare program for asthma assigns nurse coaches to work closely with members identified as requiring ongoing one-on-one management and education. This strategy helps to minimize risk and improve outcomes by developing effective self-management regimens that include asthma trigger avoidance and medication adherence.

Monitoring member adherence with our asthma program includes evaluating adherence to prescribed medications and helping members identify and manage potential asthma triggers within their environments. For asthma, we measure:

- Participation rates, specifically the percent of member participation in our program
- Clinical measures of adherence to guideline recommendations
- Satisfaction, specifically member and provider satisfaction with our program
- Provider performance, specifically under-use of medication and adherence to guidelines

Outcome measures include:

- Health risk change using assessment tools
- Clinical outcomes, asthma control medication use, condition-related emergency room visits per 1,000
- Functional status, specifically the impact of asthma on work and daily functionality
- Financial results, specifically return on investment (if available)

Diabetes

Diabetes management is complicated and often overwhelming. Our nurse coaches and supporting health professionals, including registered dietitians (many of which are certified diabetic educators) and exercise physiologists, collaborate to help members avoid health complications through effective lifestyle changes. Our program helps members follow their treating physician's plan of care, undergo regular blood sugar testing and health screenings, and observe a healthier diet. Monitoring compliance with the diabetes program includes evaluating the following member data:



Health. Join In.™

- Medication adherence
- Retinopathy screening
- Screening for A1c (blood sugar)
- Screening blood lipids
- Screening for blood pressure control
- Screening for kidney function
- Self-monitoring of blood glucose

Heart Failure and Coronary Artery Disease

Adherence to the treating physician's plan of care for prescribed medications, diet and exercise can help members with heart failure and/or coronary artery disease avoid the need for costly emergency room visits and hospital admissions. Through helpful condition-specific education, our programs help members become better self-managers of their condition and live fuller lives. Members in any of our ConditionCare programs have 24-hour toll-free access to experienced nurse coaches for questions about their condition and its management. Condition-specific program outcome measures include the evaluation of the following:

- Blood pressure control
- Emergency room visits
- Hospital admissions and average length of stay
- For coronary artery disease, screening for lipid testing and prescribed lipid lowering medication
- For heart failure, weight monitoring and adherence to a sodium restricted diet
- Use of prescribed ACE inhibitor medications
- Use of prescribed Beta Blocker medications

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease often becomes more serious the longer a person has the condition. With our targeted program, we can help to slow the condition's advance so that members can live a more normal and healthier life. Through a convenient toll-free phone number, our program gives members access to a staff of experienced registered nurses who are available to answer questions about how best to live more fully with chronic obstructive pulmonary disease. We also have licensed pharmacists on staff to counsel members about how to take their physician-prescribed medications for maximum effectiveness. If the member is on oxygen therapy, our nurses are available to work with members to adhere to therapy.

An assigned nurse coach provides ongoing telephone management and education to members requiring higher intensities of targeted care for their chronic obstructive pulmonary disease. This nurse calls regularly to help ensure appropriate management of the member's condition. Our nurse coaches also help members to understand the treating physician's plan of care and collaborate as necessary with program pharmacists, dietitians, exercise physiologists and social workers to help achieve designated health goals.

Optional ConditionCare Programs

Our optional ConditionCare programs assist a broader segment of the population by targeting prevalent conditions that can be precursors of future health concerns and require greater support and follow-up.



Vascular At Risk Program

Our Vascular At Risk program targets hypertension, hyperlipidemia and metabolic syndrome, which are prevalent and potentially life-threatening conditions associated with an increased risk of coronary artery disease, diabetes, stroke, peripheral vascular disease and peripheral artery disease.

Individuals diagnosed with a condition within the Vascular At Risk program have an opportunity to make aggressive lifestyle changes today that can delay or prevent the development of other serious diseases. While this news is positive, committing to change can be extremely difficult to do. Our program serves members as a one-stop source for condition-specific information and guidance. Members receive tailored interventions we base on condition severity. Using the member's care plan, we provide counseling on adherence with the treating physician's plan of care. The plan outlines goals for:

- Adherence to the physician's plan of care
- Effective self-management
- Helping members to achieve better health
- Improvement in lifestyle behaviors, nutrition and physical activity
- Improvement in physician communication

Individual goals complement the physician's prescribed plan of treatment. With proper coaching, health education and resources, the Vascular At Risk program works to improve the condition by empowering members to become better managers of their personal health care through:

- Exercise plans
- Medication adherence
- Nutritional education and coaching

Low Back Pain

Our program for low back pain focuses on disorders of the lumbar region, which often improve through conservative, nonsurgical therapies. Using industry-recognized screening tools, our skilled nurse coaches first seek to assess the member's physical limitations caused by low back pain. Once we know the limitations, we use the member's care plan to help members with the following goals:

- Assist members in evaluating surgical alternatives
- Encourage the appropriate use of diagnostic testing
- Provide decision support tools for members considering surgery
- Provide education and support to program participants
- Prevent reinjury or worsening of injury through education and setting individual goals

Oncology

Our oncology support program targets members with breast, prostate, colon and skin cancer. The program addresses the fact that cancer is a health concern that impacts a large population. The program meets member needs with education and support from our registered nurses with specialization in oncology, supported by our social workers and as needed, pharmacists, dietitians and exercise physiologists.

The oncology program focuses on the impacts of therapy, and infection and neutropenia prevention. We also strive to support participants with strategies to manage the nausea and pain associated with their cancer treatment (for



example, chemotherapy and radiation therapy) and additional strategies to combat fatigue and anxiety. Where needed, we provide appropriate referrals to behavioral health resources for possible depression and help participants identify additional support resources. This consistency in relationship with a single primary nurse is an essential component in supporting adherence to drug treatment regimens and post-treatment therapies.

Musculoskeletal

The musculoskeletal program provides members with education and management support to address arthritis, osteoporosis, and hip and knee replacements. Through program interventions, we aim to help participants develop techniques and strategies to reduce the impact of their musculoskeletal condition for improved management of activities for daily living. Medication management and adherence is often critical for condition maintenance or to manage pain and swelling. Our exercise physiologists also play a key role in helping participants adhere to their prescribed activity and exercise to maintain mobility and to improve range of motion. We discuss additional strategies for pain management, and since chronic pain is often associated with depression, we also screen for depression and provide appropriate referrals for behavioral health services.

Kidney Disease

Chronic Kidney Disease

The chronic kidney disease program identifies members with chronic kidney disease before dialysis. The primary goals of the program are to slow the progression of their kidney disease and prepare them for the onset of dialysis. When kidney disease progresses, it can eventually lead to kidney failure, requiring costly dialysis or a kidney transplant to maintain life. The most costly period for a member is within the first three to six months of their transition onto dialysis. Our telephone pre-end stage renal disease component specifically manages patients with chronic kidney disease before the onset of end-stage renal disease. Our program focuses on member empowerment and preparedness.

Our program focuses on:

- Early interaction with nephrologists
- Education concerning dialysis treatment options
- Education and placement of a permanent vascular access
- Education on kidney transplant options

We achieve these objectives through a multi-disciplinary approach with members, their providers and the care management team. Through this approach, we all work together to decrease the complications associated with the common underlying conditions of chronic kidney disease patients such as diabetes, high blood pressure, anemia, cardiovascular disease and metabolic disorders. The chronic kidney disease program helps to:

- Address end-of-life issues in situations where dialysis and/or transplantation are inappropriate
- Promote early referral to nephrologists
- Educate about dialysis types and transplantation options
- Increase knowledge about the stage of kidney disease
- Prepare for kidney replacement therapy
- Reduce complications
- Slow the rate of progression



- Smooth the transition to dialysis
- Promote vein preservation and early referral for appropriate access placement

End Stage Renal Disease

Our end-stage renal disease program helps promote quality, cost-effective care and the highest achievable clinical outcomes through successful condition management of our kidney program participants. The goals of our program include:

- Coordinate the health care team
- Ensure adequacy of dialysis
- Facilitate potential listing for transplantation
- Report transition to Medicare
- Improve nutrition
- Improve quality of life
- Manage episodic events
- Empower participants to improve management of disease
- Manage prevention of anemia and bone disease
- Reduce hospital admissions and emergency room visits

Outcomes

Our ConditionCare programs address the most prevalent and costly chronic illnesses affecting Americans today, yielding a return on investment of at least \$2 to \$1 or better. This means that for every dollar invested, you can get at least two back.

Below are outcomes the program has achieved for our Anthem Blue Cross and Blue Shield in Connecticut book-of-business.

Targeting the Right Members

A small number can really add up. Roughly 2.4% of Connecticut Anthem members account for nearly 11% of employers' total medical costs. In other words, 2.4% – or 2,261 members – incur more than \$13,284 each in medical and prescription expenses annually.

Anthem 360° Health solution helps chip away at these escalating costs by targeting the right members at the right time with precisely the right programs – no matter how healthy or sick they may be.



Improve Bottom Line

We know healthy lifestyle changes require time to take root. Even so, with Anthem 360° Health's ConditionCare programs, employers experienced a sizeable return in the first year.

ConditionCare members reduced their overall claims costs by nearly 14% in the first two years of the program. This comes out to a savings of approximately \$255 per member per year.

Clinical Outcomes

Anthem 360° Health helps members make positive changes in their behaviors that can help improve their condition and overall health.

For instance, according to claims data, 27% more ConditionCare members with diabetes achieved healthier blood sugar levels.

Likewise, 9% more ConditionCare members with diabetes brought their LDL cholesterol levels down below 100.

Increase Productivity

Program participants reported an increase in productivity as a direct result of taking steps to better manage their condition, citing a sizeable decrease in missed workdays.

Specifically, ConditionCare members with asthma reduced their reported days of lost activity by nearly 33%; members with coronary artery disease reduced their reported days of lost activity by more than 20%; and members with chronic obstructive pulmonary disease reduced their reported days of lost activity by more than 50%.

Specifically, ConditionCare members with asthma reduced their reported days of lost activity by nearly 53%; members with diabetes reduced their reported days of lost activity by more than 33%; and members with chronic obstructive pulmonary disease reduced their reported days of lost activity by nearly 33%.



Condition-Specific Education

Anthem offers our members multiple avenues to receive health education newsletters. Avenues include:

- **e-Newsletters:** Members can opt to subscribe to weekly electronic newsletters on a variety of topics, including parenting and pregnancy, diet and nutrition, and arthritis. A member's web activity can also trigger receipt of specific newsletters based on the member's tracked behaviors through his or her "page clicks."
- **Program Specific:** Many of our 360° Health programs also include standard newsletters:
 - **Disease Management:** We mail quarterly condition-specific educational newsletters to all participants enrolled in our core ConditionCare programs for asthma, diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary artery disease.
 - **Lifestyle Management:** Through our Complete product tier, we mail quarterly newsletters that help educate program participants about the connection between lifestyle risks and overall health.
- **Wellness Campaigns:** As a standard feature of 360° Health, we also offer clients a communication toolkit to help support their efforts to build a culture of health at their workplaces. The kit, called Time Well Spent, includes clinically reviewed materials that our clients can customize to support ongoing wellness campaigns including newsletters. Health messages covered include preventive health, stroke, cancer screenings and diabetes health.

Consumer Driven Plan Incentives

Through the Lumenos consumer-driven health plans, Anthem offers a consumer-centric approach to health care coverage that is unique in today's health care industry. Anthem's Lumenos plans address members' personal health behaviors and health care decisions – the primary drivers of health care costs – while offering a standard set of incentives to encourage members to take a more active role in managing their health.

Each Lumenos plan offers cost-effective tools to help members improve their health and wellness. Our consumer-focused plans offer a proactive approach to health care, combining web-based information, early identification, member education and personal health coach services.

Members can earn incentives for completing our online health risk assessment, as well as for enrolling in and graduating from personal health coaching. We offer additional incentives for participation in our tobacco cessation and weight management programs. These activities help us proactively manage members to ensure they receive quality health care, comply with their physician's treatment plans, and avoid acute – and often high-cost – episodes of care. Members who earn incentives can use them to reduce their out-of-pocket expenses on health care.

Programs Targeting High-Cost Conditions

Medical management – including large case management – is a series of integrated processes designed to promote quality health care by providing patients with the most appropriate services for their diagnoses or conditions.

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Prospective and retrospective medical management programs manage over- and under-utilization of resources. Monitoring utilization ensures treatments comply with evidence-based care and that members/providers are not over-utilizing potentially unnecessary and often costly treatments. These programs include:

- Admission review for inpatient services
- Concurrent review for continued stay
- Radiology utilization management for specified radiology procedures
- Outpatient review (prior authorization for certain outpatient services)
- Prior authorization for certain medications
- Case management program focused on the health care needs of individual patients.

Our comprehensive medical management process includes:

- Precertification
- Concurrent review
- Discharge planning
- Retrospective review
- Case management
- Behavioral health
- Transition of care
- Over/under utilization analysis
- Satisfaction with utilization management process analysis
- Accessibility
- Evaluation of new technology
- Adoption of consistent medical policy, utilization criteria and practice guidelines
- Monitoring delegate activities

We offer our members a national network of specialty centers known as the Blue Distinction Centers for transplants, bariatric surgery and cardiac care. Our associates will direct certain services to these centers of excellence.

We also offer the Blue Distinction Center for rare and complex cancers.

It is important to note that our overall strategy for managing the cost of health care does not focus specifically on containing costs or strictly controlling utilization, but it is an integrated approach that:

- Promotes the delivery of quality care
- Identifies members who may be at risk for significant health problems in the future and helps them avoid those problems through various support programs such as ConditionCare disease management
- Helps those already experiencing major health issues receive care that follows nationally accepted medical standards so they can achieve the best possible outcomes



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Large Case Management

The mission of our case management program is to empower members to take control of their health care needs across a care continuum by coordinating quality health care services and optimizing benefits through a realistic, cost-effective and timely care management plan.

Triggers used to identify potential case management cases include:

- Utilization (for example, multiple admissions, readmissions, length of stay)
- Diagnosis
- Procedure (for example, transplants, hemodialysis.)
- Alternate level of care (for example, rehab, LTAC, SNF)
- High-cost services (inpatient/outpatient)
- High-cost threshold (> \$75,000 incurred on a rolling 12 months)
- Situational triggers (for example, caregiver, psychosocial factors)

Our case management philosophy is to provide member-centric support for care that aligns with best practices as defined by industry trends, accreditation requirements and evidence-based clinical practice protocols and guidelines. As such, we collaborate and communicate with the member, family, the physician and other health care providers to develop and implement a care plan that is driven by the members' goals for health improvement. As long as the member's case is being managed, Anthem's staff performs ongoing assessments of the member's health and status, plans for next steps of care and facilitates quality care for our members as their advocate.

Our case management plans optimize health care outcomes while empowering members to exercise the benefits, services and options available to meet their individual health needs

Proactive Large Case Management

Anthem also believes in leveraging our state-of-the-art technologies to help members avoid acute health care episodes and help employers avoid high-cost claims. As such, we use our predictive modeling tool to identify members likely to incur significant medical expenses in the near future, but who do not fall into established disease management programs. We then target these members for enrollment into our ComplexCare program. ComplexCare is a management program that helps control health care expenses through proactive outreach to members.

ComplexCare is a proactive, collaborative, member-centric model of care management that emphasizes care management for members with chronic or multiple non-disease management conditions and who are at risk for incurring significant future medical expenses. For example, we may invite members with various forms of cancer or multiple congenital anomalies to participate in ComplexCare. ComplexCare also functions as a responsive program, working with members already receiving high cost care for things such as burns, spinal cord injuries, etc.

ComplexCare helps members and members' families effectively manage the member's health to improve health status and quality of life, and decrease the use of acute medical services. This includes care coordination, behavioral change, identification and engagement of community resources and benefit optimization. ComplexCare combines the benefits of assigned nurse coaches, goal-setting and behaviorally appropriate education to help improve member care and health status via intense interventions over a defined period.

ComplexCare targets the top 1.25% of the member population predicted to incur the highest medical costs. High dollar claims are only one of several possible identifiers for ComplexCare enrollment. For example, a member's high

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dollar pharmacy utilization in conjunction with paid claims and predictive modeling tools may be one trigger for ComplexCare identification.

We use claims data to identify members with ComplexCare conditions and stratify members into risk levels. We leverage predictive modeling to stratify our members into one of three risk categories, focusing on future costs rather than past costs.

Utilization Management/Precertification

Anthem's precertification program emphasizes evidence-based cost-effective care. Our medical policies and clinical guidelines are developed in conjunction with thought leaders in their respective fields. The list of precertification procedures targets key procedures and diagnoses in which we can make an actionable change to improve our members' care. We are also working to streamline the process to reduce the burden to providers. For example, for our highest volume pre-authorizations, we have developed provider tools to improve transparency and reduce provider work. These forms are downloadable from Anthem's website and guide physicians to the specific clinical information needed to approve the request. In many cases, these forms can be submitted in lieu of medical records.

For services that require precertification, Anthem works with requesting providers through the authorization process. Authorization is required for the claim to pay. We perform retrospective reviews for cases where precertification was not completed before the date of service.

Below are two examples of precertification programs that exemplify our approach to encourage evidence-based care:

Spine Surgery

By requiring precertification for spine surgery, we aim to reduce co-morbidity and complications from unnecessary procedures. Our reviewers are trained surgeons, and often reach out to requesting providers in peer-to-peer communication. We have found that many members have not completed an appropriate course of conservative treatment before surgery is requested.



ANTI-FRAUD PLAN

INTRODUCTION

We recognize the importance of preventing, detecting and investigating fraud, abuse and waste, and are committed to protecting and preserving the integrity and availability of health care resources for our recipients, clients and business partners by maintaining a comprehensive program to combat fraud in the health care industry.

These responsibilities are delegated to our fraud and abuse department, whose mission is to combat fraud, abuse and misrepresentation against our various commercial plans and to seek to ensure the integrity of publicly funded programs.

OBJECTIVES

Anti-Fraud Program Goals

- Effectively implement written policies and procedures
- Provide appropriate training to improve the knowledge and effectiveness of the Anti-Fraud Program personnel
- Ensure an effective Fraud Awareness Program for all associates
- Maintain HIPAA compliance
- Track and report investigation activities and outcomes
- Cooperate with local, state, federal, administrative and law enforcement agencies
- Support our company's ethics and compliance

The Anti-Fraud Program consists of:

1. Reporting structure
2. Reporting fraud, abuse and waste
3. Methods of detection
4. Investigation procedures
5. Written policies and procedures
6. Fraud and abuse training
7. Ethics
8. False claims act
9. HIPAA (Health Insurance Portability and Accountability Act)
10. Record retention



REPORTING STRUCTURE

The fraud and abuse department is under the direction of the staff vice president of Financial Operations, who has the authority to carry out the provisions of the Anti-Fraud Plan.

Responsible Individuals for Investigating and Reporting Possible Acts of Fraud, Abuse and Waste

The Fraud and Abuse department (the “F&A department”) is staffed with employees dedicated to preventing, detecting and investigating fraud, waste and abuse. The professional experiences among the F&A department associates vary and are diverse, including claims, provider network, nursing, pharmacy and fraud investigations. The F&A department consists of three distinct units: (1) the Special Investigations Unit (“SIU”), which comprises investigators, many of whom have law enforcement experience or significant experience in the health care industry; (2) the Clinical Investigations Unit (“CIU”), which comprises medical professionals, including doctors and nurses who have clinical and coding expertise; and (3) the Data Analysis Team, which comprises individuals with information technology or other computer-related backgrounds.

An SIU director manages each region (West, Central, and East). The company’s CIU is located primarily in Camarillo, Calif., and is managed by the director over the West region. A director of analytics manages the data analyst team.

The manager of the SIU is accountable for developing, overseeing and implementing the Anti-Fraud Plan. The manager is responsible for providing the overall strategic direction for the unit and leading the team of investigators and auditors. The manager assists in identifying new fraud schemes and directs activities of all investigators.

Investigators are responsible for investigating assigned cases to detect fraudulent, abusive or wasteful activities/practices and recover funds paid on fraudulent claims. They act as members on investigative teams, perform tasks assigned to contribute to the overall case development and effectively collaborate with law enforcement resources.

REPORTING FRAUD, ABUSE & WASTE

To maintain the effectiveness of the Anti-Fraud Plan, we use a comprehensive approach to report all fraud, abuse and waste allegations.

Referrals to SIU

Company personnel, recipients, health care providers, vendors, subcontractors and other external entities refer allegations to the SIU.

Methods:

- Our fraud hot line is available for confidential and/or anonymous reporting of allegations of fraud, abuse and waste.

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- The Fraud Referral Form is made available to company personnel and providers.
- Recipients and providers may also use the Customer Service Center to report fraud involving the state-sponsored business programs.

Referral Requirements

- Name of person reporting fraud (optional)
- Name, address, license or insurance ID of subject
- Nature of complaint
- Date of incident(s)
- Supporting documentation (optional)

Regulatory Reporting

The SIU will report as appropriate to regulatory, state and federal law enforcement and prosecution agencies, and appropriate medical boards on fraudulent activities as identified through the unit's investigations.

The report and referral shall include:

- Allegation
- Statutes or regulations violated
- Results of the investigation
- Copies of program rules and regulations violated for the time period in question
- Estimated overpayment identified
- Summary of interviews conducted
- Encounter data submitted by the provider for the time period in question
- All supporting documentation obtained as the result of the investigation.

The SIU will submit monthly report investigative activities summaries and reports as company management.

The report shall include:

- Internal monitoring and auditing activities
- Review of fraud and abuse activities
- Corrective action plans
- Outcomes

DETECTION OF FRAUD, ABUSE & WASTE

Data Analysis

Data analysis is essential in determining the existence of aberrancies or pattern in claims. Data analysis is a tool to compare various claims and other related information to identify potential errors, identify areas of risk and establish a baseline to recognize trends.

The SIU uses monitoring tools and controls to detect fraud, abuse and waste such as:

- Random payment reviews

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- Compliance audits
- Monitoring of new fraud schemes
- Detailed claims reports
- Trending and analysis reports to identify outliers and under- or overutilization patterns
- Facility site review information
- Credentialing information
- Membership information
- Licensing information
- Medical record review
- On-site reviews
- Field staff information – community resource center
- Information from our Utilization, Quality and Care Management departments
- Public information databases (for example, Accurant or the Internet)
- System edits

The SIU monitors issues such as:

- Billing for services or goods not rendered
- Billing of services under another subscriber ID
- Billing under another provider's license number
- Billing for medically unnecessary tests
- Unbundling
- Misrepresentation of diagnoses or services
- Upcoding
- Double billing
- Soliciting, offering or receiving kickbacks or bribes
- “Ping-ponging” of patients (referral of patients to other providers within the same medical group so the providers may benefit financially)
- Billing professional services performed by untrained personnel
- Billing for more complex surgical procedures than performed
- Split billing over a period of days (separate billings for services rendered on the same day, billed on different days, with some charges being duplicated on each billing)
- Altered claim forms
- Treatment(s) and/or medication(s) prescribed by more than one provider that appears to be duplicative, excessive or contraindicated
- Recipients using more than one physician to obtain similar treatments and /or medications
- High volume of emergency room visits with a non-emergent diagnosis
- Using multiple pharmacies to obtain drugs from the same therapeutic class
- Report of recipient forging prescription
- Report of recipient loaning a card to another individual to obtain Medicaid reimbursed services

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The Fraud and Abuse department uses several computer-based applications to help detect and prevent potential fraud. The primary application is an on-line query application that maintains multiple combinations of professional, institutional, dental and pharmacy claims. This application allows investigators to work with 36 months of paid claims data at their desktops, running various queries to uncover aberrant billing or treatment patterns. The system creates an electronic environment in which information is readily available and shared by all authorized users from the convenience of their desktops, without the need for programming support and special computer runs. The department also uses public records databases and industrywide data accesses.

The data analysis team is expert at obtaining data across the entire company. It is responsible for data analysis to find outliers and potential patterns of abuse, as well as to investigate exposure to alleged conduct across the company. It works closely with the SIU and CIU.

INVESTIGATING FRAUD, ABUSE & WASTE

The SIU investigator is responsible for conducting a thorough investigation of suspected fraud, abuse and waste. Procedures and job aides are used to provide guidance in conducting an investigation and ensure accurate reporting.

Data Management

The F&A department uses both provider and member fraud and abuse databases to track the investigation, house documentation and maintain regulatory notification. The databases are also used to maintain a log of all incidences of suspected fraud, abuse and waste. The log shall contain as appropriate:

- Subject of the complaint
- Referral source
- Allegation
- Allegation/referral date
- Recipient or provider's unique identifying number
- Status of the investigation

Investigation

An investigation may consist of:

- Review to determine any previous allegations
- Determining if the provider has received any educational training pertaining to the allegation
- Comparing allegations to program policies and procedures
- Review of licensing and credentialing information
- Review of grievance and appeals information
- Random sampling*
- Review of medical records
- Review of up to three years of medical claims detail reports
- Review of up to three years of pharmacy claims detail reports
- Review by medical director
- Review by legal advisor
- Documentation
- Determining type/s of corrective actions required

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Three years of pharmacy claim data is reviewed for suspected recipients to determine possible abuse of controlled or non-controlled medications by either the member or the provider.

Three years of medical claims are reviewed to determine if there are any suspicious indicators and to determine if the diagnosis is appropriate for any medications prescribed.

Corrective Actions include:

The method and/or resources used for corrective action depend on the scope and severity of the identified issue.

Provider Letter

Upon review by the director of the SIU (and, in cases seeking reimbursement of greater than \$75,000, the staff vice president), certified letters sent to providers document the findings and the need for improvement with response requested. The letter may include education and/or request for recoveries, in accordance with state statutes and regulations. Further action is based on the provider's response or lack thereof.

Medical Record Audit

Medical records may be reviewed to substantiate allegations or validate claims submission.

Special Claims Review

When billing issues are egregious or the provider fails to comply despite intervention, the provider may be placed on special claims review (SCR) for further monitoring and evaluation. SCR uses system edits to prevent automatic payment of claims and requires a medical reviewer evaluation.

Recoveries

Recoveries are sought through either direct reimbursement by the provider to the SIU, or, if in accord with a contractual relationship between us and the provider, through a recovery process as described in the contract.

Termination

Failure to comply with program policy and procedures or any violation of the contract could result in termination.

ADVISERS

The SIU is supported by medical and legal professionals who provide guidance on investigations or audits.

- The medical directors provide medical oversight, clinical guidance and expertise, and review of medical records.
- The Legal department provides legal oversight, responses to legal questions and interpretation of legislation



REQUEST FOR INVESTIGATIONS ASSISTANCE

Federal, state and local law enforcement agencies may seek information to further their investigations or prosecutions of those alleged to have committed health care fraud. The SIU cooperates with and promptly responds to all fraud and abuse investigation efforts by regulatory, state and federal agencies, and prosecution and law enforcement agencies.

Agencies tasked by the federal and state government to investigate all acts of provider fraud are considered HIPAA exempt Health Care Oversight Agencies, as defined in 45 CFR 164.501.

TRAINING

Annually, SIU provides training to company personnel on fraud, abuse and waste. New associates receive training within 90 days of employment.

An online training program educates claims processors, customer service representatives, medical review personnel and other company associates to identify patterns and trends indicating potential fraud and abuse. *The training is specific to the area of responsibility or staff receiving the training, and provides examples of fraud and abuse.*

The term “red flags” is used to identify actions that may indicate the potential for fraud.

“Red flags” may include the following:

- Pressure to adjudicate or process claims quickly or demanding same-day payment
- Threats of legal action for delay in making payments
- Frequent telephone inquiries on claims status
- Consecutive invoice numbers
- Altered or hand written claim forms
- Charges submitted for payment with no supporting documentation, such as X-rays or lab results
- An individual provider using a post office box as a return address
- Unusual charges for a service
- Unassigned bills that are normally assigned, such as large hospital or surgical bills
- Services not consistent with diagnosis
- Services provided outside the scope of the provider’s practice
- Family members getting the same surgery
- High volume of foreign claims
- Incorrectly spelled medical terms



- Excessive number of services per day
- Routine services billed for a Sunday or holiday
- Delayed claim submission
- Excessive drug purchases or use of multiple pharmacies

The online training program also provides education on how to report fraud, abuse and waste, and the False Claims Act.

SIU Associates

The F&A department staff undergoes additional formal training provided by professional organizations such as those sponsored by:

- National Health Care Anti-Fraud Association
- Association of Certified Fraud Examiner
- Blue Cross and Blue Shield Association

The SIU is part of a corporate membership of the National Health Care Anti-Fraud Association (NHCAA) and has access to the NHCAA Special Investigations Resource and Information System as a resource for referrals and investigations.

Providers & Recipients

Public awareness is a vital part of any effective fraud prevention program. Education is provided to recipients and providers, outlining their responsibilities, the definition and common examples of fraud and abuse, and how to report it.

Methods of educating include:

- Newsletters
- Pamphlets
- Bulletins
- Provider operations manuals
- Provider training

FALSE CLAIMS ACT

SIU is committed to complying with all applicable federal and state laws including the Federal False Claim Act (FCA).

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The FCA is a federal law that provides the federal government with the means to recover money stolen through fraud by government contractors. Under the FCA, anyone who knowingly submits or causes another person or entity to submit false claims for payment of government funds is liable for three times the damages, or loss, to the government plus civil penalties of \$5,500 to \$11,000 per false claim.

The FCA also contains Qui Tam or “whistleblower” provisions. A “whistleblower” is an individual who reports in good faith an act of fraud, waste and abuse to the government, or files a lawsuit on behalf of the government. Whistleblowers are protected from retaliation from their employer under Qui Tam provisions in the FCA and may be entitled to a percentage of the funds recovered by the government.

COMPLIANCE AND ETHICS

Pursuant to corporate policy, associates have an obligation to report any known or suspected violations of the Standards of Ethical Business Conduct, policies and procedures or laws and regulations. The Ethics and Compliance Department provides various channels to report plan violations. SIU is committed to providing its associates a work environment that is free from retaliation and retribution for reporting actual or suspected ethical or compliance concerns. SIU is committed to comply with all applicable federal and state standards and regulations.

HIPAA

SIU associates have a responsibility to keep protected health information confidential in accordance with applicable federal and state laws. The SIU will maintain the confidentiality of any recipient information relevant to an investigation pursuant to our HIPAA privacy guidelines and policies. All files are maintained in locked filing cabinets within the department. All documents with protected health information, or case related documentation, are placed in a locked container before disposal. Additionally, the SIU protects the confidentiality of all investigations to prevent unauthorized access to and inadvertent observation of sensitive information.



**N. Maggie Cosgrove
Chief Financial Officer
Finance Department**

Date: April 29, 2011

To: Board of Selectmen

From: N. Maggie Cosgrove, CFO

Subject: Unemployment Tax Management Corporation - Service Agreement

Background

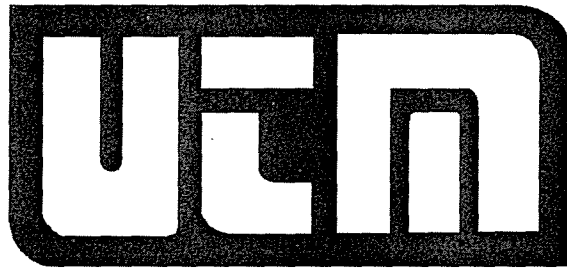
Unemployment Tax Management Corporation currently provides services to the Town and Board of Education related to unemployment compensation claims.

These services include claims processing, the representation of the employer at all unemployment claim hearings, auditing of claims and benefit payments, consulting services and training. The annual fee for these services remains at \$800 for the Town and \$800 for the Board of Education.

Recommendation

Approval of Services Agreement with the Town and authorization for First Selectman to sign all necessary documents.

UNEMPLOYMENT COMPENSATION SERVICE AGREEMENT



UNEMPLOYMENT TAX MANAGEMENT CORPORATION

————— LAKESIDE OFFICE PARK • SUITE 12 • WAKEFIELD, MASSACHUSETTS 01880 —————
(781) 245-5353 • FAX: (781) 246-3181

UNEMPLOYMENT COMPENSATION SERVICE AGREEMENT

The UNEMPLOYMENT TAX MANAGEMENT CORPORATION (UTMC) agrees to perform the services listed below for the tax rating account(s) designated:

A. Claims Services

(1) Process unemployment compensation claims transmitted to UTMC, (2) where applicable, present reasons for claimant termination to the state agency, (3) provide complete follow through on protested and non-protested claims, dealing with the state agency on behalf of the client, and (4) discuss claims of unusual or problematical nature with the client.

B. Auditing Services

(1) Establish auditing parameters for all claims so as to control the state's charging of the client's account, (2) review each claim's wage data and record and compute that is required for "cost-efficient" auditing, (3) audit all benefit charge statements, (4) protest and appeal illegal, excessive, and unwarranted benefit charges, and (5) provide follow through on prior protests and inquiries to maximize the opportunity for a client credit.

C. Tax Rating Services

(1) Review client's quarterly contribution report and extract data for benefit charge auditing, where applicable and cost-efficient, and verification of state's tax assignment, (2) maintain a "debit-credit" ledger for each tax rating account, (3) verify the accuracy of the state's tax rate assignment to the client, and take appropriate protest action if client's taxes will be or could be higher than justified and (4) where applicable, notify the client as to the appropriateness of making a voluntary contribution as well as the recommended procedure and amount needed.

D. Consultation and Reporting Services

(1) Consult with the client on all matters relating to the control of unemployment compensation costs when requested by the client or when necessary, (2) give advice, when requested on personnel and administrative procedures relating to unemployment compensation costs, (3)

acquaint the client of unemployment compensation statute or regulation changes or other matters which might require significant policy or procedural changes for the client, (4) assist in the formulation of client personnel policies which do or could relate to unemployment compensation costs, and (5) submit a detailed written annual report to the client at the expiration of this agreement, thereby allowing the client to fully evaluate the effectiveness of the UTMC program.

E. Special Training Services

Provide educational seminars and informal discussions for any groups of company personnel designated by the client provided that:

1. the client shall request these sessions of UTMC,
2. the times of such meetings shall be at the mutual convenience of the client and UTMC,
3. the sessions shall be presented to groups of reasonable size, and
4. the contents of these meetings shall be applicable to the unemployment compensation statute and procedures thereunder.

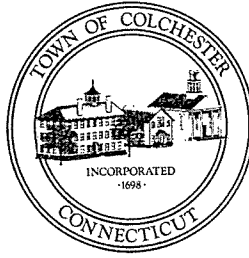
For the services above TOWN OF COLCHESTER

account number(s) 00-000-28 agree(s) to submit timely quarterly payments to UTMC in the amount of TWO HUNDRED DOLLARS (\$200)

This Agreement shall be effective for one year from APRIL 1, 2011

For client: _____

For UTMC: Paul Scott



**N. Maggie Cosgrove
Chief Financial Officer
Finance Department**

Date: April 12, 2011

To: Board of Selectmen

From: N. Maggie Cosgrove, CFO

Subject: Contract with Verizon Wireless

Background

The Town and Board of Education currently obtain cell phone services from Verizon Wireless under a pricing agreement through the Western States Contracting Alliance (WSCA) purchasing consortium for governmental users. This contract agreement was originally entered into in October 2006 and is being proposed to be extended through October 31, 2012.

Recommendation

Authorize First Selectman to sign the attached WSCA Governmental User Agreement to purchase wireless services and products from Verizon Wireless through October 31, 2012.



WESTERN STATES CONTRACTING ALLIANCE
GOVERNMENTAL USER AGREEMENT

(For use by public entities in states without a WSCA Participating Addendum)

Verizon Wireless ("Vendor") and the State of Nevada, for itself and on behalf of the Western States Contracting Alliance ("WSCA" and/or "Customer"), have entered into a Contract for Services of Independent Contractor #1523 ("Contract") with an effective date beginning on October 10, 2006 through and including October 31, 2012 and any and all amendments and/or addenda thereto. Pursuant to the Contract, there is no State of Connecticut Participating Addendum ("PA"). Therefore, pursuant to WSCA rules and policies, governmental entities in those states without a Participating Addendum to the Master Contract are eligible to participate in this contract, to the extent permitted by their state and local procurement laws and regulations.

In accordance with the definitions, terms and conditions set forth in the WSCA Master Contract and the policies and rules of WSCA, Town Of Colchester, as a government entity, may purchase wireless services and products under the terms, conditions, and pricing established by the Contract. Participation is further subject to any and all applicable state and local purchasing statutes and ordinances. The Governmental User states, acknowledges and agrees, as follows:

- (1) Agency Name: Town Of Colchester ;
- (2) It is an Governmental User as defined under the terms of the Contract;
- (3) Governmental User is eligible and desires to purchase wireless services and products from Vendor pursuant to the terms and conditions of the Contract, User Agreement, any and all amendments, addenda and schedules as the Customer may specify from time to time, as well as the terms and conditions of all calling plans activated under this User Agreement, which are incorporated herein by reference;
- (4) Governmental User will provide documentation and substantiate Governmental User status as appropriate and as requested from time to time by Vendor
- (5) The Authorized User agrees to the terms and conditions of the WSCA Master Agreement including the disclosure of limited account information as part of the contractual reporting requirements to WSCA Administration and the participating state;
- (6) Governmental User will ensure that this User Agreement will be used only in support of government business;
- (7) The undersigned represents and warrants that he/she has the power and authority to execute this User Agreement, bind the respective Governmental User, and that the execution and performance of this User Agreement has been duly authorized by all necessary Governmental User action; and
- (8) The undersigned is duly authorized by the Governmental User to designate the following individual(s) (the "Authorized Contacts") who are authorized to take action with respect to the account with Vendor to purchase equipment, add lines of service, cancel lines of service and make changes to the account that financially bind the Governmental User to the terms and conditions of this User Agreement, the Contract, the PA, and execute Customer Agreements for the lines of wireless service, subject to the additional terms and conditions therein.

FEIN Number: . Existing Vendor Customer Account Number(s): .

Means of Contact Acceptable To/From Governmental User (e.g. fax, e-mail, etc.): .

Vendor Sales Representative Name: Kevin Howe and Wireless Phone Number: 401-529-3500.

Governmental User has caused this User Agreement to be executed by its duly authorized representative as of this 04 day of 05, 2011.

Authorized Signature

Printed Name and Title

10.2010 Verizon Wireless Contract Number: _____

Data furnished in this document shall not be duplicated, used, disclosed in whole or in part for any purpose other than to evaluate the document.

April 25, 2011

INFORMATION PACKET for the annual Household Hazardous Waste collection event.

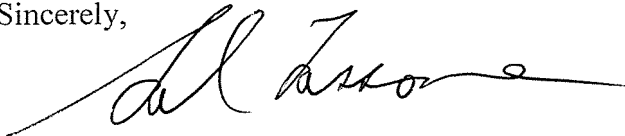
Enclosed please find:

- 1) "Household Hazardous Waste Collection Day Plan" for a scheduled collection day of Saturday, June 4, 2011
- 2) Site Plan Sketch
- 3) Informational flyer
- 4) Questionnaire

This will be a regional effort involving primarily the towns of Colchester, East Haddam, Salem and Lebanon. Other towns as listed on the attached questionnaire may also participate.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Salvatore A. Tassone, P.E.
Town Engineer

cc: Board of Selectmen - Colchester
Beth Lunt. – Executive Administrator PWD - East Haddam
Kevin Lyden - First Selectman - Salem
Dennis Roberts - Solid Waste/Recycling Coordinator - Lebanon
Reed Gustafson - Colchester Fire Marshal
Walter Cox - Colchester Fire Department
Sergeant Marc Petruzzi - Colchester Police Department
Walter Cox - Colchester Ambulance Department
Karen Loiselle - Colchester Superintendent of Schools, Board of Education
Brenda Leonardo – Clean Harbors
James Paggioli - Colchester Director of Public Works

HOUSEHOLD HAZARDOUS WASTE COLLECTION DAY PLAN

The following information is provided for a Household Hazardous Waste Collection Day for the towns of Colchester, East Haddam, Salem and Lebanon.

I. DATE OF EVENT: Saturday, June 4, 2011
9:00 A.M. - 1:00 P.M.

II. LOCATION: William J. Johnston Middle School
380 Norwich Avenue
Colchester, CT 06415

III. A site plan of the site is provided, the plan shows the following information:

1. Vehicle and Equipment Location/Parking Area

- a. Volunteers park in the paved parking area east of the collection site.
- b. Clean Harbors - in packaging area.

2. Traffic Flow/Emergency Routes

Traffic will flow into the westerly drive entrance of William J. Johnston Middle School and through check points then exit from the easterly exit-only drive of the school. Traffic will be controlled by the Police Department and volunteers.

3. Safety Barriers

Use of traffic cones, rope, colored flagging, etc. will be set up by Clean Harbors to secure restricted areas prior to commencing collection.

4. Storm Drains

There is only one catch basin adjacent to the collection work area. This catch basin will be covered by Clean Harbors with a special structure that prevents liquids from entering the storm system in the event of a spill.

5. Streams

None on site.

6. Wells

The site is serviced by public sewer and water.

7. Receiving/Exchange Areas

IV. PERSONNEL AND RESPONSIBILITIES

1. Overall in Charge

Gregg Schuster
First Selectman
127 Norwich Avenue
Colchester, CT 06415

2. Registration

Salvatore A. Tassone, P.E.
Town Engineer
127 Norwich Avenue
Colchester, CT 06415
(860) 537-7281

3. Safety

Colchester-Hayward Volunteer Fire Department
Chief Walter Cox or Designated Agent
52 Old Hartford Road
Colchester, CT 06415
(860) 537-2512

Colchester Ambulance Department
Chief Walter Cox or Designated Agent
52 Old Hartford Road
Colchester, CT 06415
(860) 537~2512

4. Traffic Control

Colchester Police Department
Sergeant Marc Petruzzi
127 Norwich Avenue
Colchester, CT 06415
(860) 537-7270

5. On-site Equipment

Colchester Highway Department
Two 30 cy roll-off containers to be rented from Willimantic Waste Paper Co. Inc.

6. Refreshments

Participating Town Officials

7. Site Use

Colchester Board of Education
127 Norwich Avenue
Colchester, CT 06415

V. CONTINGENCIES FOR SAFETY AND EMERGENCY RESPONSE

Attached is a site map, which identifies the collection site location.

The following safety features will be incorporated:

1. Fire Department and Ambulance Department located within one (1) mile of the site, will be on standby.
2. The Town of Colchester Emergency Response Plan, dated January 30, 2004, will be followed.
3. Police Officers will be on standby.
4. Fire, Ambulance and Police Departments are tied into the Emergency Dispatch Center located at Troop "K" in Colchester.
5. All waste will be handled by trained personnel with hazardous waste firm of Clean Harbors.
6. Clean-up of on-site spills will be coordinated by Clean Harbors.
7. Telephone, rest rooms and washroom facilities are available at William J. Johnston Middle School.
8. Entire handling area consists of impervious bituminous concrete pavement. Catch basins will be protected by impervious covers to be installed by Clean Harbors.
9. The following information will be publicized regarding transport of wastes to collection site:
 - a. Pack carefully, original containers only, sealed and labeled;
 - b. Do not mix materials;
 - c. Place carefully in vehicle, prevent tipping;
 - d. Drive carefully. Do not smoke while handling and transporting materials.
10. Roll-off containers will be available for storage and transport of non-hazardous waste to the appropriate receiving facilities.

VI. VOLUNTEERS

The following volunteer group(s) will be on site:

Each town will be responsible for providing at least one (1) individual to be on site from 8:30 a.m. to 1:30 p.m.

Volunteer responsibilities

Traffic control (includes Police Department)
Registration/questionnaires

Volunteers will not handle wastes
Volunteers will be given on-site instructions by Clean Harbors.

VII. HAZARDOUS WASTE FIRM

The firm which will be providing the H.H.W. collection service is:

Clean Harbors
221 Sutton Street
North Andover, MA 01845

VIII. TYPES AND LIMITS ON WASTE COLLECTED

Accepted: All household waste including:

Cleaners, solvents, oil base paints, preservatives, pesticides, automotive products, home hobby supplies, cosmetics, flammable and corrosives.

Excluded: Latex paint - dry out and safely dispose of in trash.

Waste oil, anti-freeze and car batteries - some local garages and the town transfer station will accept these for recycling.

Maximum Limits Per Household:

Liquid -20 total gallons (5 gallon containers or less);
Solid - 100 total pounds.

NO COMMERCIAL WASTE WILL BE ACCEPTED

IX. EDUCATION AND PUBLICITY

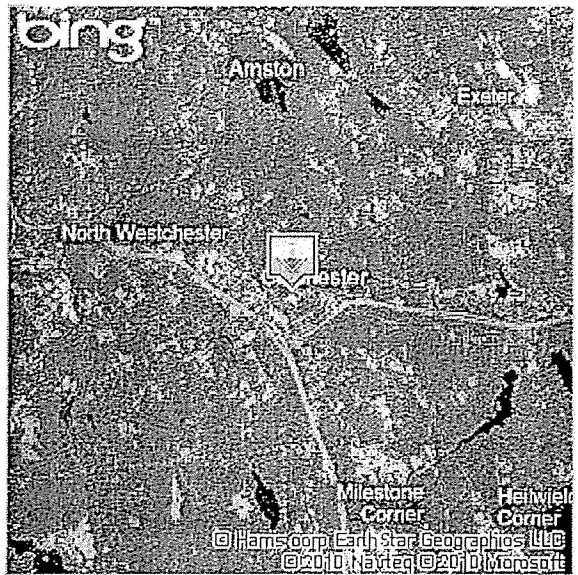
The H.H.W. Collection day will be publicized through newspaper articles, ads and posters posted in public places. Informational flyers (containing information on the dangers of hazardous household products and proper disposal methods) will be distributed through the local school systems, as inserts in local newspaper and by transfer station personnel.

Bing Maps

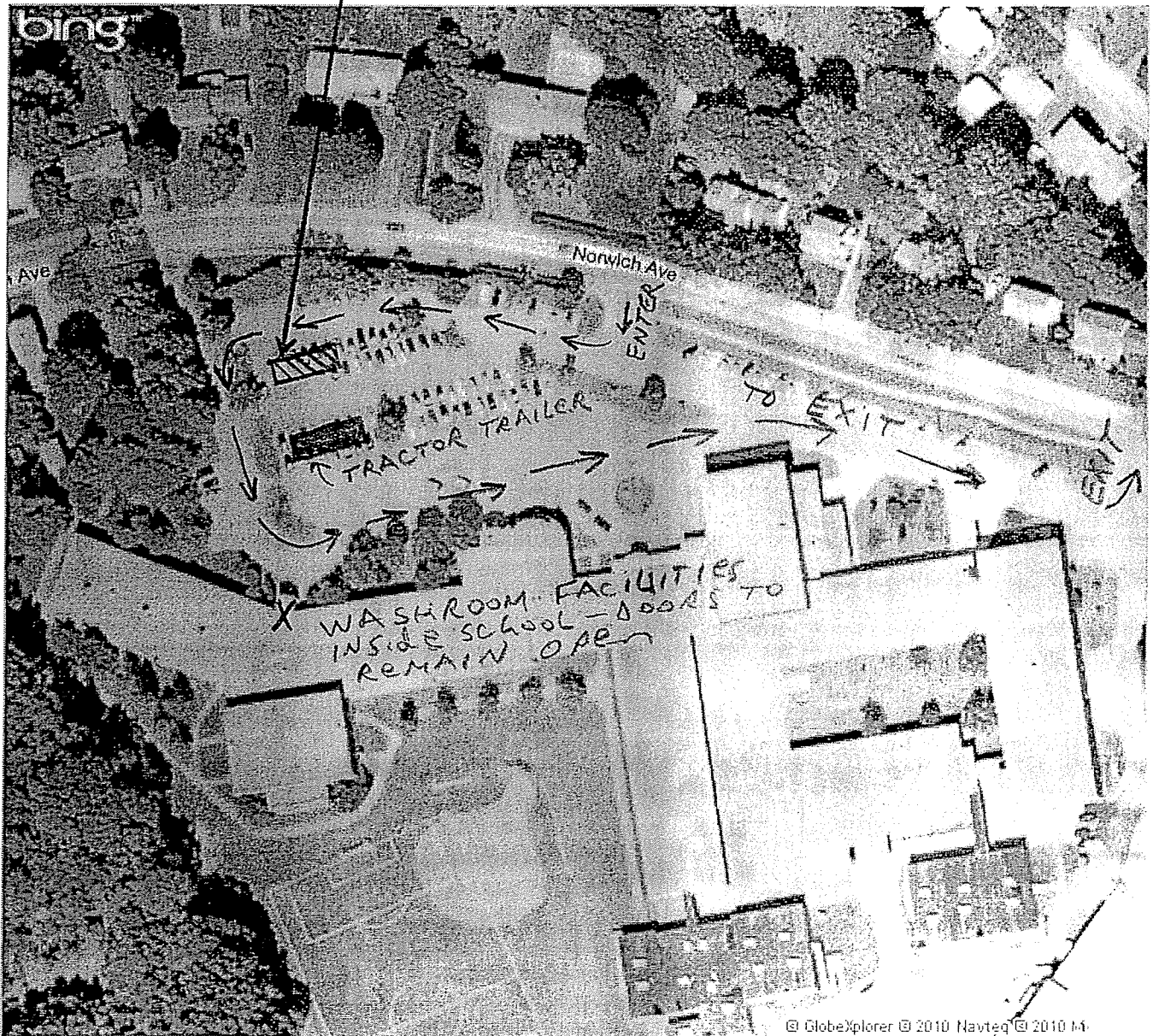
380 Norwich Ave, Colchester, CT 06415-1272

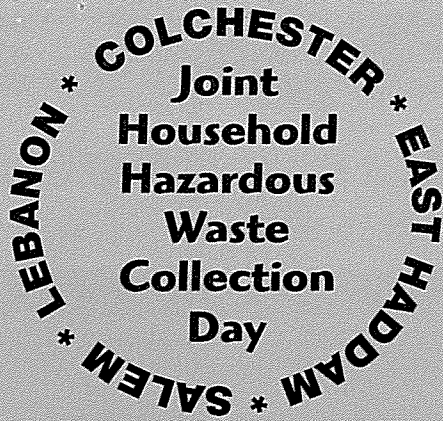
June 4, 2011 Household hazardous waste collection, proposed traffic circulation/site setup

FREE! Use Bing 411 to find movies, businesses & more: 800-BING-411



CLEAN HARBORS STAGING AREA





WHY

To protect our groundwater from contamination by hazardous wastes. When hazardous wastes are poured down the sink or toilet, dumped "out back", poured into a street drain, or put out with the trash, they eventually make their way into our water supply. Hazardous materials which cannot be used up should be disposed of properly by licensed professional haulers. They have the facilities to incinerate, neutralize, store or recycle them.
Please bring proof of residency.

HOW

Preparation at Home

- Pack carefully, original containers only. Must be sealed & labeled.
- Do not mix materials.
- Maximum limits per household:
Liquid-20 total gallons.
5 gallon containers or less.
Solid-100 total pounds.
- Place carefully in vehicle, prevent tipping.
- Drive carefully. Do not smoke while handling and transporting materials.

At the Collection Site

- Remain in your car.
- Follow directions of on-site official.
- A licensed hauler will be ready to accept your household hazardous waste. We can't accept materials containing asbestos. No Commercial Users.

WHAT

Acceptable Materials

FROM THE HOUSE:

- Drain Cleaners
- Metal Polish
- Dry Cleaning Fluids
- Arts & Crafts Supplies
- Aerosol Cans with hazardous waste contents:
Check label.
- Mercury Products:
Thermometers, Barometers

Acceptable Materials: Continued

- Oven Cleaners
- Photo Chemicals
- Floor Cleaners
- Household Batteries:
Mercury and Rechargeable types only

FROM THE GARAGE:

- Firestarters
- Old Chemistry Sets
- Transmission Fluid
- Engine & Radiator Flushes
- Gasoline, Kerosene
- Waxes & Polishes
- Brake Fluid

FROM THE WORKBENCH:

- Rust Preventative
- Wood Preservative
- Oil-Based Paint
- Paint Thinner
- Solvents
- Wood Strippers
- Lead-Based Paint
- Degreasers

FROM THE YARD/GARDEN:

- Pesticides or Herbicides with:
2, 4, 5-T or Silvex
- Rodent Killers
- Muriatic Acid
- Cesspool Cleaners
- Fertilizers
- Insect Sprays
- Pool Chemicals

Materials NOT Acceptable

Latex Paint:

Latex paint can be dried out in its can and safely disposed of in the trash or given to someone to use.

Car Batteries

Used Motor Oil & Antifreeze:

Some local garages and the Town Transfer Station will accept these for recycling

Explosives, Fireworks, Ammunition:

Contact your police or the fire department for proper disposal instructions.

Gas Cylinders:

Return them to the company which distributed them.

Wood Preservatives Containing:

Penta Chlorophenol

There is no known safe way of disposal. Store in leak-proof containers out of reach of children.

Water Reactive Material:

Chemicals such as peroxides and metallic sodium. Contact your local Fire Marshal for proper disposal instructions.

Radioactive Material:

Example: smoke detectors.
Return to the manufacturer.

Materials NOT Acceptable: Continued

Fluorescent Bulbs:

Town Transfer Station will accept these.

Biologically Active Material:

Usually pathological matter.

PCB's

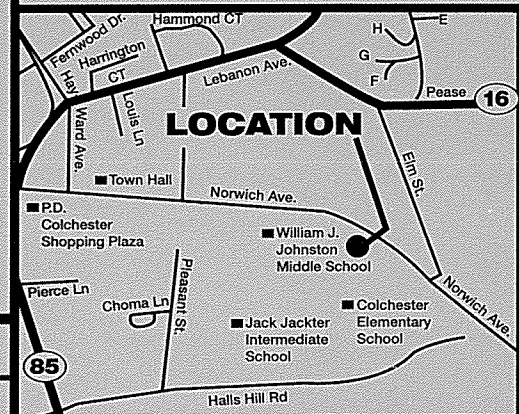
Medications

Usually can be disposed of with trash.

Unknown Material

Contact: the CT DEP at 888-424-4193 for instructions.

June 4, 2011
9:00 AM – 1:00 PM
William J. Johnston
Middle School
380 Norwich Avenue
Colchester



NOTE: The following other dates and locations are available for disposition of your household hazardous waste.

*All Collections are held on Saturdays
From 9:00am to 1:00pm*

DATE	LOCATION	PHONE
*May 7, 2011	New London	860-447-5248
	New London High School • 490 Jefferson Avenue	
*June 18, 2011	Norwich	860-823-3798
	Norwich Public Works Garage • 50 Clinton Avenue	
*July 16, 2011	Groton	860-448-4083
	Groton Transfer Station • Flanders Road	
*August 20, 2011	Montville	860-848-9411
	Tyl Middle School • Chesterfield Road (off Rt. 163)	
*Sept. 10, 2011	North Stonington	860-535-0793
	Public Works Highway • 11 Wyassup Road	
*Oct. 15, 2011	Griswold	860-376-7080
	Griswold Highway Garage • Rt. 138 (East of Rt. 395)	
*Nov. 5, 2011	Ledyard	860-464-8740
	Styron LLC (Formerly Dow Chemical Parking Lot) • Route 12	
	* Authority Member Towns	

Household Hazardous Waste Participant Intake Form



Collection Location and Date

Participant Town of Origin ***Note: Be sure to ask for the participant's Town of origin.*

- | | | | |
|------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Bozrah | <input type="checkbox"/> Colchester | <input type="checkbox"/> East Haddam | <input type="checkbox"/> East Lyme |
| <input type="checkbox"/> Griswold | <input type="checkbox"/> Groton | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Ledyard |
| <input type="checkbox"/> Montville | <input type="checkbox"/> New London | <input type="checkbox"/> North Stonington | <input type="checkbox"/> Norwich |
| <input type="checkbox"/> Old Lyme | <input type="checkbox"/> Preston | <input type="checkbox"/> Salem | <input type="checkbox"/> Stonington |
| <input type="checkbox"/> Waterford | <input type="checkbox"/> Sprague | <input type="checkbox"/> Franklin | <input type="checkbox"/> Other _____ |

1/ How did your household find out about this event?

- Flyer at Transfer Station Newspaper Radio Other _____

Household Hazardous Waste Participant Intake Form



Collection Location and Date

Participant Town of Origin ***Note: Be sure to ask for the participant's Town of origin.*

- | | | | |
|------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Bozrah | <input type="checkbox"/> Colchester | <input type="checkbox"/> East Haddam | <input type="checkbox"/> East Lyme |
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| <input type="checkbox"/> Waterford | <input type="checkbox"/> Sprague | <input type="checkbox"/> Franklin | <input type="checkbox"/> Other _____ |

1/ How did your household find out about this event?

- Flyer at Transfer Station Newspaper Radio Other _____