



Southern Skyland Regional

HEALTH INSURANCE FUND

REORGANIZATION AGENDA JANUARY 12, 2021 12:00 PM

Join Zoom Meeting

<https://permainc.zoom.us/j/91591831881>

Meeting ID: 915 9183 1881

Dial by your location

+1 301 715 8592 US (Washington D.C)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 915 9183 1881

OPEN PUBLIC MEETINGS ACT - STATEMENT OF COMPLIANCE

Pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

Adequate Notice and Electronic Notice of this meeting was given by:

1. Sending advance written notice to The Courier News
2. Filing advance written notice of this meeting with the Clerk/Administrator of each member municipality.
3. Sending advance electronic mail notice of this meeting to the Clerk/Administrator of each member municipality.
4. Posting electronic notice of this meeting on the Fund's website which notice provided the time, date and instructions for: (i) access to the Remote Public Meeting, (ii) how to provide public comment and (iii) how to access the agenda.
5. Posting a copy of the meeting notice on the public bulletin board of all member municipalities.
6. During the business session portion of this Remote Public Meeting the audio of all members of the public attending the meeting will be muted. At the end of the business session of the meeting, a time for public comment will be available. Members of the public who desire to provide comment shall raise their virtual hand in the Zoom application and/or submit a written comment via the text message section of the application. The meeting moderator will queue the members of the public that wish to provide comment and the Chairperson will recognize them in order. Public comment shall be concise and to the point and shall not contain abusive, defamatory, or obscene language.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
AGENDA
OPEN PUBLIC MEETING:
JANUARY 12, 2021
12:00 PM**

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

ROLL CALL OF THE 2020 FUND COMMISSIONERS

William Hyncik, Chair
 Brian Auger, Secretary
 Geoffrey Soriano, Commissioner
 Sara Sooy, Commissioner

APPROVAL OF MINUTES – November 20, 2020 Open Public Meeting (*Appendix I*)

SINE DIE

ROLL CALL OF COMMISSIONERS OF SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

| Member | Commissioner | Alternate |
|----------------------------------|------------------|-----------------|
| Somerset County | Sara Sooy | Shanel Robinson |
| Somerset County VoTech | William Hyncik | Raelene Sipple |
| Somerset County Parks Commission | Geoffrey Soriano | Donna Umgelter |
| Somerset County Library | Brian Auger | |

ELECTION OF OFFICERS

ROLL CALL OF EXECUTIVE COMMITTEE

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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PROGRAM MANAGERS REPORT

Monthly Report..... Page 30

RESOLUTIONS

Resolution 1-21: Professional ContractsPage 6
 Resolution 2-21: Designation of Regular Meeting Times and Place.....Page 9
 Resolution 3-21: Designation of Bank Depositories & CMP..... Page 10
 Resolution 4-21: Approval of 2021 Risk Management Plan..... Page 14
 Resolution 5-21: Approval of Broker Contracts Page 25
 Resolution 6-21: Authorizing Treasurer to Process Contracted Expenses Page 26
 Resolution 7-21: Designation of Secretary as Custodian of Records Page 27
 Resolution 8-21: Designation of Official Newspaper Page 28
 Resolution 9-21: Designation of Authorized Signatories Page 29

TREASURER - (Yvonne Childress)

December 2020 Voucher List.....Page 36
January 2021 Voucher List.....TBD
Resolution 10-21: December 2020 and January 2021 Bills List.....Page 41
Confirmation of Claims Paid/Certification of Transfers
Ratification of Treasurers Report

ATTORNEY - (Frank Whittlesey, Esq.)

PARTNERSHIP HEALTH CENTER - (Integrity Health)

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NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)

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PRESCRIPTION ADMINISTRATOR - (Express Scripts)

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OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

SCHEDULE NEXT MEETING -March 9, 2021

MEETING ADJOURNMENT

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
EXECUTIVE COMMITTEE MEETING
JANUARY REORGANIZATION MEETING
JANUARY 12, 2021
12:00 PM**

FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND

- 1. Somerset Commission Financial Fast Track** - as of November 30, 2020 (page 3)
- 2. Skylands Fund Financial Fast Track** - as of November 30, 2020 (page 4)
- 3. Ratios Report** - as of November 30, 2020 (page 5)

2021 ORGANIZATION RESOLUTIONS (Page 6)

Resolutions are as follows:

Resolution 1-21 awards the professional contracts and compensation, as per the approved budget and RFQ responses. This resolution will be advertised as per the public contracts law.

Resolution 2-21 sets meeting dates and times which will be posted on each entity's public bulletin board. For now, a meeting has been set for every other month via Zoom. Should in-person meetings become possible, we will amend this resolution to include a location. Members will always be notified of any change no less than 48 hours prior.

Resolution 3-21 sets for the Cash Management Plan and bank depositories for 2021. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Commissions and Joint Insurance Funds administered by PERMA. This plan has been reviewed by the Treasurer.

Resolution 4-21 is the 2021 Risk Management Plan which outlines the Commission's stop loss limits, underwriting procedures, claim appeal processes, etc. The only change to this resolution is the new specific retention limit, which was approved last year.

Resolution 5-21 adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the Commission. Each entity's rates reflect its arrangement only.

Resolution 6-21 authorizes the Treasurer to pay contract fees and expenses during the months that the Commission does not meet, contingent upon ratification at the next meeting.

Resolution 7-21 designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handle all OPRA request on behalf of the Secretary.

Resolution 8-21 Designates the Courier News as the Official Fund Newspaper.

Resolution 9-21 designates the Authorized Signatories which remains unchanged from 2020.

COVID TESTING AT THE HEALTH CENTER

The Health Center has been providing COVID tests to all County employees, regardless of eligibility at no additional cost to the Fund. Integrity Health will provide a detailed report of the testing process so far.

DIRECT BILLING

As discussed at the prior meeting, the direct bill coupons will be delayed. An estimated date of delivery is not available, although notification was sent to all direct bills (retirees and COBRA) advising of this delay and reconciliation instructions.

MARKETING SERVICES

We will be prepared to have a preliminary discussion of including marketing services for the Fund in 2021.

**SOMERSET COUNTY INSURANCE COMMISSION-HIF
FINANCIAL FAST TRACK REPORT**

AS OF November 30, 2020

| | <i>THIS MONTH</i> | <i>YTD CHANGE</i> | <i>PRIOR YEAR END</i> | <i>FUND BALANCE</i> |
|---------------------------------------|-----------------------|-----------------------|---------------------------|-------------------------|
| 1. UNDERWRITING INCOME | 0 | 0 | 99,167,959 | 99,167,959 |
| 2. CLAIM EXPENSES | | | | |
| Paid Claims | 39 | 2,403,794 | 86,548,143 | 88,951,937 |
| IBNR | - | (2,677,429) | 2,677,429 | - |
| Less Specific Excess | - | (180,020) | (2,290,841) | (2,470,861) |
| Less Aggregate Excess | - | - | - | - |
| TOTAL CLAIMS | 39 | (453,655) | 86,934,731 | 86,481,076 |
| 3. EXPENSES | | | | |
| MA & HMO Premiums | 0 | 0 | 595,967 | 595,967 |
| Excess Premiums | 0 | 1,111 | 6,359,446 | 6,360,557 |
| Administrative | (1,447) | 13,338 | 4,048,754 | 4,062,092 |
| TOTAL EXPENSES | (1,447) | 14,449 | 11,004,167 | 11,018,616 |
| 4. UNDERWRITING PROFIT (1-2-3) | 1,409 | 439,206 | 1,229,061 | 1,668,267 |
| 5. INVESTMENT INCOME | 39 | 7,161 | 122,710 | 129,871 |
| 6. DIVIDEND INCOME | 0 | 0 | 0 | 0 |
| 7. STATUTORY PROFIT (4+5+6) | 1,448 | 446,367 | 1,351,771 | 1,798,138 |
| 8. DIVIDEND | 0 | 0 | 0 | 0 |
| 9. Transferred Surplus | 0 | (1,366,148) | 0 | (1,366,148) |
| STATUTORY SURPLUS (7-8+9) | 1,448 | (919,781) | 1,351,771 | 431,990 |

SURPLUS (DEFICITS) BY FUND YEAR

| | | | | | |
|---------------------------------|----------------|----------------|--------------------|------------------|----------------|
| 2017 | Surplus | 13 | (1,362,621) | 2,499,529 | 1,136,909 |
| | Cash | 13 | (1,362,845) | 2,449,451 | 1,086,606 |
| 2018 | Surplus | 16 | 35,811 | 427,590 | 463,401 |
| | Cash | 16 | 124,849 | 264,310 | 389,159 |
| 2019 | Surplus | 1,419 | 407,029 | (1,575,349) | (1,168,320) |
| | Cash | (9,581) | (618,787) | (771,126) | (1,389,913) |
| TOTAL SURPLUS (DEFICITS) | | 1,448 | (919,781) | 1,351,771 | 431,990 |
| TOTAL CASH | | (9,552) | (1,856,784) | 1,942,635 | 85,851 |

CLAIM ANALYSIS BY FUND YEAR

| | | | | | |
|------------------------------|-----------------------------|-----------|------------------|-------------------|-------------------|
| FUND YEAR 2017 | | | | | |
| | Paid Claims | - | 0 | 26,651,438 | 26,651,438 |
| | IBNR | - | 0 | (0) | (0) |
| | Less Specific Excess | - | (225) | (697,587) | (697,812) |
| | Less Aggregate Excess | - | 0 | 0 | 0 |
| | TOTAL FY 2017 CLAIMS | - | (225) | 25,953,850 | 25,953,626 |
| FUND YEAR 2018 | | | | | |
| | Paid Claims | - | 35,924 | 30,543,024 | 30,578,948 |
| | IBNR | - | (62,341) | 62,341 | 0 |
| | Less Specific Excess | - | (21,483) | (1,330,317) | (1,351,800) |
| | Less Aggregate Excess | - | 0 | 0 | 0 |
| | TOTAL FY 2018 CLAIMS | 0 | (47,900) | 29,275,047 | 29,227,148 |
| FUND YEAR 2019 | | | | | |
| | Paid Claims | 39 | 2,367,870 | 29,353,682 | 31,721,552 |
| | IBNR | 0 | (2,615,088) | 2,615,088 | - |
| | Less Specific Excess | 0 | (158,312) | (262,937) | (421,249) |
| | Less Aggregate Excess | 0 | 0 | 0 | 0 |
| | TOTAL FY 2019 CLAIMS | 39 | (405,531) | 31,705,833 | 31,300,302 |
| COMBINED TOTAL CLAIMS | | 39 | (453,655) | 86,934,731 | 86,481,076 |

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
FINANCIAL FAST TRACK REPORT

AS OF November 30, 2020

| | <i>THIS MONTH</i> | <i>YTD CHANGE</i> | <i>PRIOR YEAR END</i> | <i>FUND BALANCE</i> |
|---------------------------------------|-----------------------|-----------------------|---------------------------|-------------------------|
| 1. UNDERWRITING INCOME | 3,253,407 | 35,307,473 | 0 | 35,307,473 |
| 2. CLAIM EXPENSES | | | | |
| Paid Claims | 2,329,901 | 26,024,531 | - | 26,024,531 |
| IBNR | (5,461) | 2,837,398 | - | 2,837,398 |
| Less Specific Excess | (126,699) | (456,492) | - | (456,492) |
| Less Aggregate Excess | - | - | - | - |
| TOTAL CLAIMS | 2,197,741 | 28,405,438 | 0 | 28,405,438 |
| 3. EXPENSES | | | | |
| MA & HMO Premiums | 181,076 | 1,766,784 | 0 | 1,766,784 |
| Excess Premiums | 131,029 | 1,433,516 | 0 | 1,433,516 |
| Administrative | 450,420 | 4,045,231 | 0 | 4,045,231 |
| TOTAL EXPENSES | 762,525 | 7,245,532 | 0 | 7,245,532 |
| 4. UNDERWRITING PROFIT (1-2-3) | 293,140 | (343,496) | 0 | (343,496) |
| 5. INVESTMENT INCOME | 884 | 8,640 | 0 | 8,640 |
| 6. DIVIDEND INCOME | 0 | 0 | 0 | 0 |
| 7. STATUTORY PROFIT (4+5+6) | 294,024 | (334,856) | 0 | (334,856) |
| 8. DIVIDEND | 0 | 0 | 0 | 0 |
| 9. Transferred Surplus | 0 | 1,366,148 | 0 | 1,366,148 |
| STATUTORY SURPLUS (7-8+9) | 294,024 | 1,031,292 | 0 | 1,031,292 |

SURPLUS (DEFICITS) BY FUND YEAR

| | | | | |
|---------------------------------|---------|------------------|------------------|------------------|
| 2020 | Surplus | 294,024 | 1,031,292 | 1,031,292 |
| | Cash | (217,418) | 1,324,421 | 1,324,421 |
| TOTAL SURPLUS (DEFICITS) | | 294,024 | 1,031,292 | 1,031,292 |
| TOTAL CASH | | (217,418) | 1,324,421 | 1,324,421 |

CLAIM ANALYSIS BY FUND YEAR

| | | | | |
|------------------------------|------------------|-------------------|----------|-------------------|
| FUND YEAR 2020 | | | | |
| Paid Claims | 2,329,901 | 26,024,531 | | 26,024,531 |
| IBNR | (5,461) | 2,837,398 | | 2,837,398 |
| Less Specific Excess | (126,699) | (456,492) | | (456,492) |
| Less Aggregate Excess | 0 | 0 | | 0 |
| TOTAL FY 2020 CLAIMS | 2,197,741 | 28,405,438 | | 28,405,438 |
| COMBINED TOTAL CLAIMS | 2,197,741 | 28,405,438 | 0 | 28,405,438 |

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

| SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND | | | | | | | | | | | | |
|---|--------------|--------------|----------------|----------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|-----|
| RATIOS | | | | | | | | | | | | |
| INDICES | FY2020 | | | | | | | | | | | |
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Cash Position | \$ 853,958 | \$ 96,495 | \$ 88,316 | \$ (355,223) | \$ 119,763 | \$ 300,155 | \$ 757,127 | \$ 567,298 | \$ (136,519) | \$ 1,541,839 | \$ 1,324,421 | |
| IBNR | \$ 1,523,540 | \$ 2,090,544 | \$ 2,471,147 | \$ 2,524,416 | \$ 2,613,690 | \$ 2,706,007 | \$ 2,768,434 | \$ 2,785,436 | \$ 2,802,606 | \$ 2,842,859 | \$ 2,837,398 | |
| Assets | \$ 1,476,261 | \$ 1,322,260 | \$ 512,402 | \$ 78,871 | \$ 1,697,910 | \$ 2,145,271 | \$ 2,251,870 | \$ 2,059,401 | \$ 2,963,657 | \$ 4,059,776 | \$ 4,258,786 | |
| Liabilities | \$ 1,862,350 | \$ 2,292,191 | \$ 2,684,917 | \$ 2,722,261 | \$ 2,782,891 | \$ 2,882,159 | \$ 2,949,994 | \$ 2,974,072 | \$ 2,994,008 | \$ 3,322,507 | \$ 3,227,494 | |
| Surplus | \$ (386,089) | \$ 142,303 | \$ (2,172,515) | \$ (2,643,391) | \$ (1,084,981) | \$ (736,888) | \$ (698,124) | \$ (914,671) | \$ (30,351) | \$ 737,269 | \$ 1,031,292 | |
| Claims Paid -- Month | \$ 1,302,149 | \$ 2,444,876 | \$ 3,253,485 | \$ 2,781,910 | \$ 1,110,701 | \$ 2,135,049 | \$ 2,390,394 | \$ 2,711,398 | \$ 2,578,741 | \$ 2,985,926 | \$ 2,329,901 | |
| Claims Budget -- Month | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | \$ 2,421,242 | |
| Claims Paid -- YTD | \$ 1,302,149 | \$ 3,747,025 | \$ 7,000,511 | \$ 9,782,421 | \$ 10,893,122 | \$ 13,028,171 | \$ 15,418,564 | \$ 18,129,962 | \$ 20,708,704 | \$ 23,694,630 | \$ 26,024,531 | |
| Claims Budget -- YTD | \$ 2,421,242 | \$ 4,842,483 | \$ 7,263,725 | \$ 9,684,966 | \$ 12,106,208 | \$ 14,527,450 | \$ 16,948,691 | \$ 19,369,933 | \$ 21,791,174 | \$ 24,212,416 | \$ 26,633,658 | |
| RATIOS | | | | | | | | | | | | |
| Cash Position to Claims Paid | 0.66 | 0.04 | 0.03 | -0.13 | 0.11 | 0.14 | 0.32 | 0.21 | -0.05 | 0.52 | 0.57 | |
| Claims Paid to Claims Budget -- Month | 0.54 | 1.01 | 1.34 | 1.15 | 0.46 | 0.88 | 0.99 | 1.12 | 1.07 | 1.23 | 0.96 | |
| Claims Paid to Claims Budget -- YTD | 0.54 | 0.77 | 0.96 | 1.01 | 0.9 | 0.9 | 0.91 | 0.94 | 0.95 | 0.98 | 0.98 | |
| Cash Position to IBNR | 0.56 | 0.05 | 0.04 | -0.14 | 0.05 | 0.11 | 0.27 | N/A | N/A | N/A | N/A | |
| Assets to Liabilities | 0.79 | 0.58 | 0.19 | 0.03 | 0.61 | 0.74 | 0.76 | 0.69 | 0.99 | 1.22 | N/A | |
| Surplus as Months of Claims | -0.16 | 0.06 | -0.9 | -1.09 | -0.45 | -0.3 | -0.29 | -0.38 | -0.01 | 0.3 | 0.43 | |
| IBNR to Claims Budget -- Month | 0.63 | 0.86 | 1.02 | 1.04 | 1.08 | 1.12 | 1.14 | 1.15 | 1.16 | 1.17 | 1.17 | |

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
(Hereinafter referred to as the “FUND”)

**APPOINTING CERTAIN PROFESSIONALS AND SERVICE ORGANIZATIONS
FOR FUND YEAR 2021**

WHEREAS, the Southern Skyland Regional Health Insurance Fund is duly constituted as a Health Benefits Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

WHEREAS, the Fund found it necessary and appropriate to obtain certain professional services and other extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2021 Fund year; and,

WHEREAS, the Fund resolved to award Professional Service Agreements in accordance with a fair and open process pursuant to NJSA 19:44A-20.4 et. seq.; and,

WHEREAS, a notice soliciting proposals was published on the Fund’s website; and,

WHEREAS, responses were received from professional service providers and service organizations as listed below were received at the Fund office by July 6, 2020 and;

WHEREAS, the Fund recommended the award of contracts to the below listed Professional Service Providers and service organizations based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

WHEREAS, the Fund resolves to appoint the Professionals – noted below –commencing on January 1, 2021 and ending on December 31, 2021 (unless otherwise noted) at its January 2021 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **PERMA Risk Management Services as Executive Director and Program Manager, Emily Koval** is hereby appointed as **agents for process of service**. \$401,544 is the estimated dollars that will be expended in connection with this contract for 2021. The per employee, per month fee for 2021 is \$18.00 for administration and \$4.00 per employee per month for enrollment vendor.
- II. **Actuarial Solutions LLC** is hereby appointed as **Actuary**. \$8,000 is the annual amount that will be expended in connection with the Actuary for 2021.
- III. **Frank Whittlesey of Scholl & Whittlesey, LLC** is hereby appointed as **Attorney** to the Fund. The per hour fee is \$150 at a limit not to exceed \$10,000 for 2021. The annual amount has been appropriated in the Attorney Line Item of the 2021 budget.

- IV. **Mercadien, P.C.** hereby is appointed to serve as the Fund's **Auditor**. \$15,360 has been appropriated in the Auditor Line Item of the 2021 budget.
- V. **Aetna** hereby is appointed to serve as Fund's Medical Third Party Administrator at an administrative fee of \$39.67 , per employee, per month for the County only and \$38.67 for the Parks, Library and Vo-Tech. In addition, Aetna will receive \$0.60 per member, per month for prior authorizations, which will be paid through the claims fund.

The annual amount of \$755,952 has been appropriated in the Medical TPA Line Item of the 2021 budget.

- VI. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at an amount of \$633 per Medicare retiree, per month. The annual amount of \$219,108 has been appropriated for this Line Item of the 2021 budget.
- VII. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider in the amount of \$107.35 per Medicare retiree, per month. The annual amount of \$400,815 has been appropriated for this Line Item of the 2021 budget.
- VIII. **Integrity Health** hereby is appointed to serve as the Partnership Health Center administrator at an amount of \$31.00 per employee, per month from January 1, 2021 through March 31, 2021; and an amount of \$27.50 from April 1, 2021 through December 31, 2021. The annual amount of \$524,040 has been appropriated for this Line Item of the 2021 budget.

All other center expenses are a pass through as incurred. The annual amount of \$2,064,566 has been appropriated for this Line Item of the 2021 budget.

Somerville Urban Renewal, LLC is hereby paid \$16,288.10 a month for rental space for the Partnership Health Center.

BE IT FURTHER RESOLVED, all Professional Service Providers and Service Organizations appointed pursuant to this Resolution shall service the Fund in accordance with the terms and conditions of the Professional Service Agreements

BE IT FURTHER RESOLVED, that in accordance with NJSA 19:44A-20.7, the decision of the Fund's Executive Committee that the procurement process utilized, constitutes a fair and open process, shall be final.

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2021**

WHEREAS, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Fund shall hold public meetings via Zoom during the year 2021 at 12:00 pm.

March 9, 2021
May 11, 2021
July 13, 2021
September 14, 2021
October 12, 2021
January 11, 2022

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Courier News and post on the Fund website

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN**

BE IT FURTHER RESOLVED that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

2021 CASH MANAGEMENT AND INVESTMENT POLICY

1.) *Cash Management and Investment Objectives*

The Southern Skyland Regional Health Insurance Fund (hereinafter referred to as the SCIC) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the SCIC portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal County entities, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the SCIC economic surplus.

2.) *Permissible Investments*

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.

- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) **Authorized Depositories**

In addition to the above, the SCIC is authorized to deposit Funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 18:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

Investors Bank

The SCIC is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through asset managers that may be selected by the SCIC. Such asset managers shall be discretionary trustees of the SCIC.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the SCIC asset managers.

5.) **Preservation of Capital**

Securities shall be purchased with the ability to hold until maturity.

6.) **Safekeeping**

Securities purchased on behalf of the SCIC shall be delivered electronically or physically to the SCIC custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the SCIC.

7.) **Selection of Asset Managers, Custodial Banks and Operating Banks**

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the SCIC shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the SCIC's portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the SCIC at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the SCIC's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the SCIC Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Committee by the Treasurer at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to Fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the SCIC.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-21

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

HEALTH BENEFITS RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2021

Adopted: JANUARY 12, 2021

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

2021 HEALTH BENEFITS RISK MANAGEMENT PLAN

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2021 Fund year for health benefits:

1.) **COVERAGE OFFERED**

- Medical

The Fund offers a "point of service" and "open access" plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. The Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. The Fund also offers Medicare Advantage programs and/or Medicare Supplement programs for retirees.

- Dental

The Fund plans to offer customized dental plans as required by the members but does not do so at the current time. The Fund allows for members to pass fully insured dental products through the budget.

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options.

- Vision

The Fund plans to offer customized vision plans as required by the members but does not do so at this time.

2.) **LIMITS OF COVERAGE**

Limits of coverage vary by member and plan design.

3.) **RISK RETAINED BY THE FUND**

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$325,000 per person, per agreement year and obtains reinsurance through HCC Life Insurance Company.
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Specific Limit Unlimited
- Aggregate Limit Not applicable.
- Basis: Incurred in 12 months paid anytime thereafter

Dental Aggregate Retention: None – Self-insured with all risk retained by Fund

Vision Aggregate Retention: None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

Generally, the Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs as of the end of each Fund year. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund year. This accrual is then adjusted at the end of the year in accordance with the actuary's projections.

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per employee rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption and rate certification process. These rates are used to compute the members' monthly assessment based on the updated census, and are provided to the members approximately 15 days before the beginning of the month. The billing also includes the member's updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 60 days. Former participants (COBRA, Conversion, Dependents to Age 31 and some retirees) are billed directly by the Fund's enrollment vendor.

6.) COVERAGE PURCHASED FROM INSURERS

The Fund provides medical and Rx coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per enrolled covered person per policy year) retention.

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the Fund, the prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- a.) age/sex factor as compared to the average for the existing Fund membership;
- b.) the plan of benefits for the prospective member; and
- c.) loss data if available.

The actuary then recommends a relativity factor to either the Fund's base rates or to the rates being paid by the entity. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

New members within a reasonable geographic area of Somerville, NJ will have access to the Partnership Health Center and be charged on a 3 year phase in scale as utilization grows. Members outside of this geographic region will have access to the Health Center's satellite service center at a management fee only.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. However, entities operating on a fiscal year basis (July 1 to June 30) have the option to receive rates that are certified for a period corresponding to their fiscal year. Rates reflect the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for up to three years.

The County of Somerset has created a Patient Centered Health Center for its employees. The financial impact of this service model will be evaluated by the Fund actuary and prospective rates and assessments may be modified to reflect savings. To the extent that there are measurable savings or other impacts that can be attributed to Health Center's impact on the population, such savings/impact shall be attributed the member's claims.

Loss experience data used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self insured retention. Requests for additional claims data from Fund members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

8.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget.

10.) PROVISION FOR PLAN DESIGN OPTIONS

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

11.) OPEN ENROLLMENT PROCEDURES

Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations.

12.) COBRA AND CONVERSION OPTIONS

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. The Fund's coverage for individuals covered under COBRA shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

13.) DISCLOSURE OF BENEFIT LIMITS

The Fund discloses benefit limits in plan booklets provided to all covered employees.

14.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

15.) RETIREES

The Fund duplicates coverage for eligible retirees not eligible or enrolled in a Medicare Advantage Plan. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund for a specific line of coverage, or otherwise ceases to be a member of the Fund.

16.) NEWBORN CHILDREN

You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for thirty-one (31) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable).

17.) PLAN DOCUMENT

The Fund contracts for the preparation of a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees.

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.
Deductibles and co-payments.

Examples as needed.
Exclusions.
Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed Fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal.

19.) "RUN-IN" or "RUN-OUT" LIABILITY

The Fund covers the “run-out” liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval by the Commissioners, the Fund may also cover the run-in liability of a prospective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund’s actuary and approved by the Commissioners.

20.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years.

21.) CLAIM APPEAL PROCESS

- The Third Party Administrator (TPA) shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Executive Director (or his or her designee) and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
- The TPA, Executive Director (or his or her designee) and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
 - (a) In an amount not greater than \$5,000.00 and/or
 - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant..
- If the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Fund shall formally confirm the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Fund.
 - If the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney is to deny the claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A

copy of such written request with respect to disclosure of the claimant's name shall be sent to the Executive Director (or his or her designee).

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Executive Director (or his or her designee) to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request shall be accompanied by a copy of the determination letter issued by the TPA.

1. The Executive Director (or his or her designee) will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Executive Director (or his or her designee) shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Executive Director (or his or her designee) shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Executive Director (or his or her designee) who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Executive Director (or his or her designee) shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Executive Director (or his or her designee), within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Executive Director (or his or her designee) does not provide such

information in a timely manner. In such event, the IRO shall notify the claimant and the Executive Director (or his or her designee) of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Executive Director (or his or her designee) within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Executive Director (or his or her designee) for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

(ii) the date the IRO was assigned and date of the IRO's decision;

(iii) reference to the documentation/information considered;

(iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

(v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: ombudsman@dobi.state.nj.us/

22.) 15th OF THE MONTH ENROLLMENT CHARGE

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO
N.J.S.A. 18:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

WHEREAS, The Southern Skyland Regional Health Insurance Fund permits member entities that designate a producer or risk manager to represent them in dealings through the Fund; and

WHEREAS, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

NOW THEREFORE BE IT RESOLVED, that the Southern Skyland Regional Health Insurance Fund establishes the following producer plan for 2021;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall contract with the Fund.
3. The following sub-producers with the designated compensation levels are approved for 2021:

| Group Name | Broker Firm | PEPM Rate | Annual Fee |
|-------------------------|--------------------------|------------------|-------------------|
| Somerset County Library | Assured Partners | \$36.94 | \$66,492 |
| Somerset County Parks | Assured Partners | \$11.13 | \$27,113 |
| Somerset County Vo Tech | Conner Strong & Buckelew | \$28.57 | \$35,313 |

4. This schedule may be amended upon written notification of each listed member entity.

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
AUTHORIZING FUND TREASURER TO PROCESS
CONTRACTED PAYMENTS AND EXPENSES**

WHEREAS, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Fund does not meet; and

WHEREAS, payment by the Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

BE IT RESOLVED by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2021.

BE IT FURTHER RESOLVED that the Executive Committee of the Southern Skyland Regional Health Insurance Fund shall ratify the contracted payments and Fund expenses so paid by the Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

ADOPTED by Southern Skyland Regional Health Insurance Fund at a properly noticed meeting held on January 12, 2021 .

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
DESIGNATING CUSTODIAN OF FUND RECORDS**

BE IT RESOLVED that _____ the Secretary of the Southern Skyland Regional Health Insurance Fund is hereby designated as the custodian of the Fund records, which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054.

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
DESIGNATING
THE COURIER NEWS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2021**

BE IT RESOLVED by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Courier News is hereby designated as the official newspaper for the Southern Skyland Regional Health Insurance Fund for the year 2021 and that all official notices required to be published shall be published in this paper and on the Fund website (www.southernkylandhif.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Southern Skyland Regional Health Insurance fund shall give notice of said meetings to the **Courier News** and Fund website (www.southernkylandhif.com)

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

BE IT RESOLVED by the Southern Skyland Regional Health Insurance Fund that all funds of the Southern Skyland Regional Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

| | |
|------------------|--------------|
| _____ | - Chair |
| Nicola Trasente | - County CFO |
| Yvonne Childress | - Treasurer |

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**Southern Skyland Regional HIF
Program Manager's Report**

January 2021

Program Manager: PERMA Risk Management Services LLC

Online Enrollment Training: kkidd@permainc.com

Enrollments: somersetcountyinscom@permainc.com

Fax: 856-685-2258

ELIGIBILITY/ENROLLMENT

Please direct any eligibility, enrollment, or system related questions to our dedicated Southern Skyland Regional HIF team. The team can be reached by email at somersetctyinscom@permainc.com or by fax at 856-552-2175.

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. *Please confirm the invoice detail as retro adjustments are limited to two months by the Fund's policy.* If you find a discrepancy, please report it to the Southern Skyland Regional HIF eligibility/enrollment team somersetctyinscom@permainc.com or by fax at 856-552-2175.

AETNA UPDATE

Aetna COVID-19 Resources

Aetna has developed a specific website devoted to COVID and the COVID vaccines. The site contains information including COVID FAQs, safety tips and vaccine updates. Follow this link: <https://www.aetna.com/employers-organizations/resources/covid19.html>

UNITEDHEALTHCARE (UHC) UPDATE

Member Communications

UHC provided information on upcoming Medicare Advantage (MA) member communication for the first quarter of 2021.

The below communications will be sent to all MA members.

| Communication Material | Description | Expected Distribution Date |
|--|--|-----------------------------------|
| COVID-19 Vaccine Authorization Materials | Update for members on most recent COVID vaccine guidance. More information regarding the vaccine will be communicated as it becomes available. | Week of 12/21 |
| 2021 STARS Annual Wellness Visit Materials | Reminder for member to schedule their annual | Mid-February 2021 |

| | | |
|--|--|--|
| | preventive care visits | |
| STARS Colon Cancer Screening At-Home Kit Materials | Encourage members to complete at-home colon cancer screening | Ongoing communications beginning March 2021 |
| 2021 STARS Renew Magazine – New Member Issue | This magazine provide health and wellness information and tools. | February 2021 |
| 2021 Monthly eNews Email – January | Monthly educations and member support resources | Issued monthly for members who have email address on file with UHC |

The below Communication Campaigns will be targeted to applicable MA members.

| Campaign | Objective | Timing |
|--|--|---|
| 2021 Q1 Health Planner | Encourage members to take an active role in their health care, improve gap closure, Annual Wellness Visit (AWV) and HouseCalls completions and promote Behavioral Health. | Early March |
| 2021 STARS Renew Rewards Welcome Back Email | Encourage members to complete eligible health care activities. Encourage members to complete their annual wellness visit and introduce the new reloadable card experience for 2021 | Mid-January |
| 2021 STARS Diabetes Support Program (DSP) Materials a. Outbound Call b. Welcome Letter | Provide education and support for members with diabetes. Encourage gap closure by offering to schedule appointments as needed and/or diabetic resources. | 2021 calls and welcome letter mailings begin mid-January once gap data is received. |
| 2021 STARS Controlling Blood Pressure – Hypertension Support | Encourage eligible members with hypertension or high blood pressure to engage | Ongoing beginning in January for calls and the Welcome Letter. TTRY letter |

| | | |
|---|--|--|
| <p>Program (HSP) Materials</p> <p>a. Outbound Call b. Welcome Letter c. Trying To Reach You (TTRY) Letter</p> | <p>with our Hypertension Support Program. when appropriate.</p> | <p>will mail monthly beginning in April.</p> |
| <p>2021 STARS Breast Cancer Screening (BCS) Materials</p> <p>a. Outbound IVR Call b. Non-Adherent Mailing</p> | <p>Remind female members of the importance of regular mammograms/breast cancer screenings and encourage preventive care, close gaps.</p> <p>Outbound IVR Call will inform members of the importance of scheduling and completing their mammograms, based on their completion history.</p> <ul style="list-style-type: none"> • Members eligible for the BCS gap for the 1st time since joining the plan • Tenured member who have previously completed a mammogram | <p>Mid-February</p> |
| <p>2021 STARS Osteoporosis Member Video</p> | <p>This educational member video is intended to help members understand what osteoporosis is, how screenings to detect it work as well as prevention messaging and tips.</p> | <p>February.</p> |
| <p>UPDATED 2021 Forward Together Mailing</p> <p>a. Self-Mailer b. Magnet</p> | <p>Provide members with access to care information and offer care coordination resources.</p> | <p>Late January</p> |

ESI UPDATE

Basic Formulary Update

ESI announced an update to the Basic Formulary Guide (utilized by the Fund) which will take effect on January 1, 2021. The below list of products will move from *preferred* to *non-preferred status*. ESI will send communications to impacted members that include therapeutic equivalences. Members are encouraged to discuss the alternatives with their physician.

| Basic Formulary preferred-to-nonpreferred changes, effective January 1, 2021 | |
|--|--------------------------|
| Drug Name | Clinical Classification |
| ALREX | Ophthalmic - Allergy |
| AVASTIN | Oncology |
| BEPREVE | Ophthalmic - Allergy |
| CARAC | Skin Conditions/Oncology |
| COSENTYX | Inflammatory Conditions |
| CRINONE | Fertility |
| EPIDUO FORTE | Acne |
| FIASP | Diabetes/Insulin |
| FIRST-LANSOPRAZOLE | Acid Reducer/GI |
| FIRST-MOUTHWASH | Oral Pain |
| FIRST-OMEPRAZOLE | Acid Reducer/GI |
| FLUTICASONE-SALMETEROL | Asthma/COPD |
| HERCEPTIN | Oncology |
| HIZENTRA VIALS | Immune Deficiency |
| ILEVRO | Ophthalmic - Allergy |
| NEXIUM 2.5 MG, 5MG PACKETS | Acid Reducer/GI |
| NOVOLIN, RELION NOVOLIN | Diabetes/Insulin |
| NOVOLOG | Diabetes/Insulin |
| NUCYNTA | Pain |
| NUCYNTA ER | Pain |
| OGIVRI | Oncology |
| ORACEA | Acne |
| PRALUENT | Cholesterol |
| PRIVIGEN | Immune Deficiency |
| PROAIR HFA | Asthma/COPD |
| PROAIR RESPICLICK | Asthma/COPD |
| PROLENSA | Ophthalmic - Pain |
| PYLERA | Acid Reducer/GI |
| QBREXZA | Excessive Sweating |
| Ranitidine syrup | Acid Reducer/GI |
| RITUXAN, RITUZAN | Immune Deficiency |

| | |
|------------------|-------------|
| HYCELA | |
| TRUXIMA | Oncology |
| UTIBRON NEOHALER | Asthma/COPD |

LEGISLATIVE UPDATES

COVID-19 Vaccine Coverage

In December 2020 the U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUAs) for the use of the Pfizer-BioNTech and Moderna COVID-19 Vaccines for the prevention of coronavirus disease. Vaccines recommended by the CDC Advisory Committee on Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF) will be covered under the plan. The cost of the vaccine itself, will be paid by the federal government for the foreseeable future. The plan will fully cover the cost of administering the vaccine at participating and non-participating providers/facilities.

Updated Indexed Dollar Limits

The Internal Revenue Service (IRS) recently announced the below 2021 limits regarding High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA).

| | 2020 | 2021 |
|---|----------|----------|
| HDHP Minimum Required Deductible- Self Only | \$1,400 | \$1,400 |
| HDHP Minimum Required Deductible- Family | \$2,800 | \$2,800 |
| HSA Contribution Limit- Self only HDHP | \$3,550 | \$3,600 |
| HSA Contribution Limit- Family HDHP | \$7,100 | \$7,200 |
| HSA/HDHP OOP Maximum- Self Only | \$6,900 | \$7,000 |
| HSA/HDHP OOP Maximum- Family | \$13,800 | \$14,000 |

COVID-19 FSA Relief

The recently passed COVID-19 relief bill permits employers to allow members with Flexible Spending Accounts (FSAs) to roll over unused funds.

Key provisions of the new ruling include:

- option to amend cafeteria plans and FSAs to allow employees to:
 - carryover unused amounts from plan year ending in 2020 to the 2021 plan year
 - carryover unused amounts from plan year ending in 2021 to the 2022 plan year
 - provide a 12-month grace period at the end of the 2020 and/or 2021 plan years
- option to amend FSAs allowing employees to make prospective election changes for plan years ending in 2021 (with no change in status)

- allowing employees who cease participation in an FSA during calendar years 2020 or 2021 to receive post-termination reimbursements from unused benefits through the end of the plan year when participation ceases (including grace period if applicable)

ADMINISTRATIVE AUTHORIZATIONS

There are no authorizations to report at this time.

**SOMERSET COUNTY INSURANCE COMMISSION
BILLS LIST**

Confirmation of Payment

DECEMBER 2020

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Somerset County Insurance Commission's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Commission.

FUND YEAR 2018

| <u>CheckNumber</u> | <u>VendorName</u> | <u>Comment</u> | <u>InvoiceAmount</u> |
|--------------------|--------------------|--------------------------------------|----------------------|
| 001148 | | | |
| 001148 | HALKOVICH LAW, LLC | SETTLEMENT AGREEMENT 12/20 | 75,000.00 |
| | | | 75,000.00 |
| | | Total Payments FY 2018 | 75,000.00 |
| | | TOTAL PAYMENTS ALL FUND YEARS | \$75,000.00 |

Chairperson

Attest:

Dated: _____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
BILLS LIST**

Confirmation of Payment

DECEMBER 2020

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Southern Skyland Regional Health Insurance Fund hereby authorizes the Fund Treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

| <u>FUND YEAR 2020</u> | | | |
|-----------------------|--------------------------------------|--------------------------------------|----------------------|
| <u>CheckNumber</u> | <u>VendorName</u> | <u>Comment</u> | <u>InvoiceAmount</u> |
| 001149 | AETNA HEALTH MANAGEMENT LLC | MEDICARE ADVTG - AE 466551 - 12/20 | 1,792.27 |
| 001149 | AETNA HEALTH MANAGEMENT LLC | MEDICARE ADVTG - AE 430471 - 12/20 | 17,250.39 |
| | | | 19,042.66 |
| 001150 | UNITED HEALTHCARE INS. CO. | MEDICARE ADVTG 12/20 | 37,035.75 |
| | | | 37,035.75 |
| 001151 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | ACCT 731345395 | 93,784.12 |
| 001151 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | ACCT 273954962 | 8,999.06 |
| 001151 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | ACCT 271255463 | 13,965.62 |
| 001151 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | ACCT 488920617 | 859.04 |
| | | | 117,607.84 |
| 001152 | AETNA LIFE INSURANCE COMPANY | TPA FEES 12/20 | 61,845.53 |
| | | | 61,845.53 |
| 001153 | TRUSTMARK HEALTH BENEFITS, INC | 2020 RUNOUT | 3,750.00 |
| 001153 | TRUSTMARK HEALTH BENEFITS, INC | INVOICE# 0000607633 | 2,728.00 |
| | | | 6,478.00 |
| 001154 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 11/20 | 9.50 |
| 001154 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 10/20 | 24.20 |
| 001154 | PERMA RISK MANAGEMENT SERVICES | PROGRAM MANAGER FEES 12/20 | 20,229.00 |
| 001154 | PERMA RISK MANAGEMENT SERVICES | ADMIN FEES 12/20 | 12,873.00 |
| 001154 | PERMA RISK MANAGEMENT SERVICES | ENROLLMENT 12/20 | 7,356.00 |
| 001154 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 7/20 | 10.00 |
| | | | 40,501.70 |
| 001155 | ASSURED PARTNERS OF NEW JERSEY, LLC | CONSULTANT FEES 12/20 | 7,744.74 |
| | | | 7,744.74 |
| 001156 | AQUARIUS CAPITAL | ACTUARY FEE - FINAL 2020 PAYMENT | 4,166.69 |
| | | | 4,166.69 |
| 001157 | ALLSTATE INFORMATION MANAGEMNT | ACCT#002 - ARC & STOR - 10.31.20 | 5.45 |
| | | | 5.45 |
| 001158 | COURIER NEWS | ACCT:ASB-1489 - BDGT - 11.28.2020 | 51.34 |
| 001158 | COURIER NEWS | ACCT:ASB-1489 - HEAR - 10.22.2020 | 54.78 |
| 001158 | COURIER NEWS | ACCT:ASB-1489 - AD - 11.18.2020 | 55.64 |
| | | | 161.76 |
| 001159 | HCC LIFE INSURANCE COMPANY | REINSURANCE 12/20 | 129,381.84 |
| | | | 129,381.84 |
| 001160 | INTEGRITY HEALTH | REIMBURSEMENT 12/20 | 245,542.60 |
| | | | 245,542.60 |
| 001161 | SOMERVILLE URBAN RENEWAL, LLC | RENT 12/20 | 16,228.10 |
| | | | 16,228.10 |
| | | Total Payments FY 2020 | 685,742.66 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 685,742.66 |

Chairperson

Attest:

Dated: _____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

| Current Fund Year: 2020 Month Ending: November | | | | | | | | | | |
|---|---------------------|---------------------|-----------------------|-------------|-------------------|-------------------|---------------------|------------------|-----------------------|---------------------|
| | Medical | PHC | Rx | Vision | Med.Adv | Reinsurance | Dental | Cont. | Admin | TOTAL |
| OPEN BALANCE | 2,282,025.75 | 2,392,040.97 | (1,202,961.94) | 0.00 | 446,650.92 | 37,625.07 | (276,550.16) | 48,623.84 | (2,185,615.03) | 1,541,839.42 |
| RECEIPTS | | | | | | | | | | |
| Assessments | 1,769,629.30 | 241,416.44 | 551,981.08 | 0.00 | 47,300.79 | 106,730.32 | 0.00 | 4,911.57 | 232,380.93 | 2,954,350.43 |
| Refunds | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Invest Pymnts | 387.26 | 405.93 | 0.00 | 0.00 | 75.80 | 6.39 | 0.00 | 8.25 | 0.00 | 883.63 |
| Invest Adj | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Subtotal Invest | 387.26 | 405.93 | 0.00 | 0.00 | 75.80 | 6.39 | 0.00 | 8.25 | 0.00 | 883.63 |
| Other * | 123,793.96 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 123,793.96 |
| TOTAL | 1,893,810.52 | 241,822.37 | 551,981.08 | 0.00 | 47,376.59 | 106,736.71 | 0.00 | 4,919.82 | 232,380.93 | 3,079,028.02 |
| EXPENSES | | | | | | | | | | |
| Claims Transfers | 1,740,270.64 | 0.00 | 704,098.34 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,444,368.98 |
| Expenses | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 124,235.38 | 0.00 | 727,841.79 | 852,077.17 |
| Other * | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL | 1,740,270.64 | 0.00 | 704,098.34 | 0.00 | 0.00 | 0.00 | 124,235.38 | 0.00 | 727,841.79 | 3,296,446.15 |
| END BALANCE | 2,435,565.63 | 2,633,863.34 | (1,355,079.20) | 0.00 | 494,027.51 | 144,361.78 | (400,785.54) | 53,543.66 | (2,681,075.89) | 1,324,421.29 |

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

| Month | | November | | | | | | | |
|-------------------|--------------|--------------------------------|---------------------------|-----------------------------|------------------------------|----------------------------|---------------------------|---------------------------------------|---------------------|
| Current Fund Year | | 2020 | | | | | | | |
| | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
| Policy Year | Coverage | Calc. Net Paid Thru Last Month | Monthly Net Paid November | Monthly Recoveries November | Calc. Net Paid Thru November | TPA Net Paid Thru November | Variance To Be Reconciled | Delinquent Unreconciled Variance From | Change This Month |
| 2020 | Medical | 7,938,026.15 | 1,740,270.64 | 0.00 | 9,678,296.79 | 0.00 | 9,678,296.79 | 7,938,026.15 | 1,740,270.64 |
| | Dental | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Rx | 3,212,492.94 | 704,098.34 | 0.00 | 3,916,591.28 | 0.00 | 3,916,591.28 | 3,212,492.94 | 704,098.34 |
| | Vision | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Total | 11,150,519.09 | 2,444,368.98 | 0.00 | 13,594,888.07 | 0.00 | 13,594,888.07 | 11,150,519.09 | 2,444,368.98 |

| SUMMARY OF CASH AND INVESTMENT INSTRUMENTS | | | |
|--|---|-----------------------|-----------------|
| SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND | | | |
| ALL FUND YEARS COMBINED | | | |
| CURRENT MONTH | November | | |
| CURRENT FUND YEAR | 2020 | | |
| | Description: | Investors Bank | |
| | ID Number: | | |
| | Maturity (Yrs) | | |
| | Purchase Yield: | | |
| | TO TAL for All Accts & instruments | | |
| Opening Cash & Investment Balance | \$1,541,839.43 | 1,541,839.43 | |
| Opening Interest Accrual Balance | \$0.00 | - | |
| 1 | Interest Accrued and/or Interest Cost | \$0.00 | \$0.00 |
| 2 | Interest Accrued - discounted Instr.s | \$0.00 | \$0.00 |
| 3 | (Amortization and/or Interest Cost) | \$0.00 | \$0.00 |
| 4 | Accretion | \$0.00 | \$0.00 |
| 5 | Interest Paid - Cash Instr.s | \$883.63 | \$883.63 |
| 6 | Interest Paid - Term Instr.s | \$0.00 | \$0.00 |
| 7 | Realized Gain (Loss) | \$0.00 | \$0.00 |
| 8 | Net Investment Income | \$883.63 | \$883.63 |
| 9 | Deposits - Purchases | \$3,078,144.39 | \$3,078,144.39 |
| 10 | (Withdrawals - Sales) | -\$3,296,446.15 | -\$3,296,446.15 |
| | Ending Cash & Investment Balance | \$1,324,421.30 | \$1,324,421.30 |
| | Ending Interest Accrual Balance | \$0.00 | \$0.00 |
| | Plus Outstanding Checks | \$43,147.90 | \$43,147.90 |
| | (Less Deposits in Transit) | \$0.00 | \$0.00 |
| | Balance per Bank | \$1,367,569.20 | \$1,367,569.20 |
| | | | |
| | | | |

RESOLUTION NO. 10-21

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
APPROVAL OF THE DECEMBER 2020 AND JANUARY 2021 BILLS LIST**

WHEREAS, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting on **January 12, 2021** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the month of December 2020 and January 2021 for consideration and approval of the Executive Committee and

WHEREAS, a quorum of the Commissioners was present thereby conforming with the Policies and Procedures of the Fund to conduct official business of the Fund,

NOW THEREFORE BE IT RESOLVED the of the Southern Skyland Regional Health Insurance Fund hereby approve the Bills List for December 2020 and January 2021 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Insurance Funds.

ADOPTED: January 12, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY



Southern Skylands Regional Partnership Health Center Utilization Report

Nov 2020

| | |
|---------------------|--------------|
| Current Subscribers | 1,949 |
| Current Members | 3,913 |
| Visits PEPY CM | 6.80 |
| Visits PEPY L12M | 6.97 |

PHC Visits

| Subscriber./Dependent Category | 01_Subscriber | | 02_Dependent | | Total | |
|--|---------------|--------------|--------------|--------------|--------------|---------------|
| | Month | L12M | Month | L12M | Month | L12M |
| County of Somerset | 552 | 6,823 | 309 | 3,711 | 861 | 10,534 |
| Somerset County Library | 53 | 889 | 15 | 265 | 68 | 1,154 |
| Somerset County Park Commission | 89 | 924 | 36 | 381 | 125 | 1,305 |
| Somerset County Vocational & Technical ... | 28 | 316 | 23 | 125 | 51 | 441 |
| Total | 722 | 8,952 | 383 | 4,482 | 1,105 | 13,434 |

PHC Patients

| Subscriber/Dependent Category | 01_Subscriber | | 02_Dependent | | Total | |
|---|---------------|------------|--------------|------------|------------|--------------|
| | Month | L12M | Month | L12M | Month | L12M |
| County of Somerset | 268 | 752 | 148 | 457 | 416 | 1,209 |
| Somerset County Library | 25 | 70 | 7 | 35 | 32 | 105 |
| Somerset County Park Commission | 40 | 100 | 16 | 64 | 56 | 164 |
| Somerset County Vocational & Technical School | 16 | 48 | 8 | 23 | 24 | 71 |
| Total | 349 | 970 | 179 | 579 | 528 | 1,549 |

Specialized Service

| Subscriber/Dependent Service | 01_Subscriber | | 02_Dependent | | Total | |
|---------------------------------|---------------|--------------|--------------|--------------|--------------|---------------|
| | Month | L12M | Month | L12M | Month | L12M |
| Rx | 346 | 4,115 | 171 | 2,130 | 517 | 6,245 |
| PhyNrs | 107 | 1,686 | 61 | 863 | 168 | 2,549 |
| CC | 79 | 789 | 48 | 413 | 127 | 1,202 |
| PT | 60 | 689 | 41 | 311 | 101 | 1,000 |
| Lab | 47 | 657 | 23 | 252 | 70 | 909 |
| FluShot | 30 | 411 | 15 | 154 | 45 | 565 |
| BH | 23 | 187 | 14 | 135 | 37 | 322 |
| Telephonic | 11 | 135 | 2 | 70 | 13 | 205 |
| XRay | 7 | 104 | 3 | 52 | 10 | 156 |
| Telemedicine | 8 | 96 | 4 | 46 | 12 | 142 |
| TeleBH | 4 | 56 | 1 | 45 | 5 | 101 |
| CS | | 27 | | 11 | | 38 |
| Total | 722 | 8,952 | 383 | 4,482 | 1,105 | 13,434 |

Rx Drugs Dispensed

| Subscriber/Dependent Category | 01_Subscriber | | 02_Dependent | | Total | |
|---|---------------|--------------|--------------|--------------|------------|--------------|
| | Month | L12M | Month | L12M | Month | L12M |
| County of Somerset | 400 | 5,074 | 212 | 2,714 | 612 | 7,788 |
| Somerset County Library | 39 | 574 | 10 | 218 | 49 | 792 |
| Somerset County Park Commission | 61 | 808 | 21 | 244 | 82 | 1,052 |
| Somerset County Vocational & Technical School | 17 | 115 | 7 | 66 | 24 | 181 |
| Total | 517 | 6,571 | 250 | 3,242 | 767 | 9,813 |

Care Coordination Patients

| Subscriber/Dependent Category | 01_Subscriber | | 02_Dependent | | Total | |
|---|---------------|------------|--------------|------------|------------|------------|
| | Month | L12M | Month | L12M | Month | L12M |
| County of Somerset | 62 | 214 | 47 | 145 | 109 | 359 |
| Somerset County Library | 1 | 18 | 2 | 7 | 3 | 25 |
| Somerset County Park Commission | 14 | 33 | 2 | 15 | 16 | 48 |
| Somerset County Vocational & Technical School | 4 | 13 | 3 | 8 | 7 | 21 |
| Total | 81 | 278 | 54 | 175 | 135 | 453 |



Somerset County Insurance Commission

Monthly Claim Activity Report

January 12, 2021



Southern Skyland Regional Health Insurance Fund

| | MEDICAL CLAIMS PAID 2019 | # OF EES | PER EE | MEDICAL CLAIMS PAID 2020 | # OF EES | PER EE |
|---------------|-------------------------------------|-----------------|---------------|-------------------------------------|-----------------|----------------|
| JANUARY | \$589,935 | 1,734 | \$ 340 | \$2,158,977 | 1,589 | \$ 1,359 |
| FEBRUARY | \$1,321,343 | 1,734 | \$ 762 | \$1,892,430 | 1,586 | \$ 1,193 |
| MARCH | \$1,314,432 | 1,729 | \$ 760 | \$2,679,727 | 1,591 | \$ 1,684 |
| APRIL | \$1,885,477 | 1,729 | \$ 1,091 | \$1,569,496 | 1,591 | \$ 986 |
| MAY | \$2,079,319 | 1,727 | \$ 1,204 | \$1,341,451 | 1,591 | \$ 843 |
| JUNE | \$1,872,521 | 1,738 | \$ 1,077 | \$1,515,686 | 1,593 | \$ 951 |
| JULY | \$2,434,427 | 1,726 | \$ 1,410 | \$1,530,592 | 1,591 | \$ 962 |
| AUGUST | \$2,184,932 | 1,730 | \$ 1,263 | \$2,162,585 | 1,573 | \$ 1,375 |
| SEPTEMBER | \$1,871,236 | 1,733 | \$ 1,080 | \$2,243,931 | 1,571 | \$ 1,428 |
| OCTOBER | \$2,110,813 | 1,729 | \$ 1,221 | \$2,049,990 | 1,575 | \$ 1,302 |
| NOVEMBER | \$1,983,714 | 1,728 | \$ 1,148 | \$1,745,855 | 1,574 | \$ 1,109 |
| DECEMBER | \$2,072,493 | 1,729 | \$ 1,199 | | | #DIV/0! |
| TOTALS | \$21,720,642 | | | \$20,890,720 | | |
| | | | | 2020 Average | 1,584 | \$1,199 |
| | | | | 2019 Average | 1,731 | \$1,046 |



Large Claimant Report (Drilldown) - Claims Over \$50000

Plan Sponsor Unique ID : All
Customer: All
Group / Control: 00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURAN
Subgroup / Suffix: All

Paid Dates: 10/01/2020 - 10/31/2020
Service Dates: 01/01/1900 - 10/31/2020
Line of Business: All
Funding Category: All

| | Billed Amt | Paid Amt |
|---------------|-----------------------|---------------------|
| | \$296,452.04 | \$115,017.68 |
| | \$358,652.72 | \$91,682.57 |
| | \$95,857.00 | \$75,379.56 |
| | \$118,164.60 | \$74,259.52 |
| | \$156,425.48 | \$70,927.36 |
| | \$138,773.98 | \$62,338.83 |
| TOTAL: | \$1,164,325.82 | \$489,605.52 |



Large Claimant Report (Drilldown) - Claims Over \$50000

Plan Sponsor Unique ID : All
Customer: All
Group / Control: 00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURAN
Subgroup / Suffix: All

Paid Dates: 11/01/2020 - 11/30/2020
Service Dates: 01/01/1900 - 11/30/2020
Line of Business: All
Funding Category: All

| | Billed Amt | Paid Amt |
|---------------|-----------------------|---------------------|
| | \$276,014.38 | \$172,550.33 |
| | \$344,740.79 | \$134,077.58 |
| | \$141,804.86 | \$81,228.52 |
| | \$255,249.26 | \$54,648.16 |
| TOTAL: | \$1,017,809.29 | \$442,504.59 |



Southern Skyland Regional Health Insurance Fund

12/1/19 through 11/30/2020 (unless otherwise noted)

Medical Claims Paid Per Member: January 2020 – November 2020

Total Medical Paid per EE: **\$1,199**

Network Discounts

| | |
|------------------|--------------|
| Inpatient: | 70.7% |
| Ambulatory: | 62.2% |
| Physician/Other: | 65.0% |
| TOTAL: | 65.7% |

Provider Network

| | |
|--------------------------|--------------|
| % Admissions In-Network: | 96.8% |
| % Physician Office: | 95.6% |

Aetna Book of Business:
Admissions 97%; Physician 91.9%

Top Facilities Utilized (by total Medical Spend)

- RWJUH Somerset
- Morristown Medical
- Hunterdon Medical Center
- Hackensack University Med Center
- RWJUH New Brunswick

Catastrophic Claim Impact

(Jan 2020 thru November 2020)

Number of Claims Over \$50,000: **63**
 Claimants per 1000 members: **17.7**
 Avg. Paid per Claimant: **\$133,139**
 Percent of Total Paid: **40.5%**

- Aetna BOB- HCC account for an average of 44.1% of total Medical Cost

Aetna In Touch Care Nurse Case Member Outreach:

Rolling 12 Months (thru Nov. 2020)

Participating in 1:1 Support (includes outreach in process) : **232**
 Participating in Digital Support: **1,228**
 Total Participation: **1,460**

Avg Age of High Risk: **50.6**
 Avg Age of Moderate Risk: **49.3**
 Avg Age of Low Risk: **51.7**

Southern Skyland Regional HIF Plan Performance:

YTD 2020 thru NOV 2020 (unless otherwise stated)

Customer Service Performance

| | |
|-----------------------|-----------------|
| Abandonment Rate: | 1.8% |
| Avg. Speed of Answer: | 42.3 sec |

Claims Performance

| | |
|-----------------------------|------------------|
| Financial Accuracy: | 97.7% |
| Total Claim Accuracy: | 97.96% |
| 90% of claims processed in: | 4.4 days |
| 95% of claims process in: | 13.4 days |

Performance Goals

| | |
|-----------------------------|---------------|
| Abandonment Rate less than: | 2.5% |
| Average Speed of Answer: | 30 sec |
| Financial Accuracy: | 99% |
| Total Claim Accuracy: | 95% |

Turnaround Time

| | |
|---------------------|----------------|
| 90% processed w/in: | 14 days |
| 95% processed w/in: | 30 days |

Proprietary



EXPRESS SCRIPTS®

Southern Skyland Regional Health Insurance Fund

| Total Component/Date of Service (Month) | 201901 | 201902 | 201903 | 2019Q1 | 201904 | 201905 | 201906 | 2019Q2 | 201907 | 201908 | 201909 | 2019Q3 | 201910 | 201911 | 201912 | 2019Q4 | 2019YTD |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Average Member Age - 40.3 | | | | | | | | | | | | | | | | | |
| Membership | 3,841 | 3,843 | 3,852 | 3,845 | 3,846 | 3,843 | 3,854 | 3,848 | 3,832 | 3,839 | 3,847 | 3,839 | 3,838 | 3,843 | 3,831 | 3,837 | 3,842 |
| Total Days | 170,027 | 146,831 | 169,207 | 486,065 | 178,932 | 164,409 | 178,725 | 522,066 | 175,486 | 170,502 | 175,316 | 521,304 | 178,756 | 171,283 | 180,780 | 530,819 | 2,060,254 |
| Total Patients | 1,555 | 1,463 | 1,593 | 2,391 | 1,543 | 1,547 | 1,540 | 2,340 | 1,560 | 1,537 | 1,532 | 2,358 | 1,603 | 1,555 | 1,589 | 2,397 | 3,169 |
| Total Plan Cost | \$667,337 | \$622,214 | \$648,323 | \$1,937,874 | \$700,826 | \$646,323 | \$735,128 | \$2,082,276 | \$689,422 | \$722,111 | \$684,577 | \$2,096,109 | \$679,869 | \$728,375 | \$672,595 | \$2,080,840 | \$8,197,099 |
| Generic Fill Rate (GFR) - Total | 82.1% | 82.0% | 82.4% | 82.2% | 82.0% | 81.9% | 80.8% | 81.6% | 81.8% | 80.4% | 79.8% | 80.7% | 80.3% | 81.1% | 81.2% | 80.9% | 81.3% |
| Plan Cost PMPM | \$173.74 | \$161.91 | \$168.31 | \$167.98 | \$182.22 | \$168.18 | \$190.74 | \$180.39 | \$179.91 | \$188.10 | \$177.95 | \$181.99 | \$177.14 | \$189.53 | \$175.57 | \$180.75 | \$177.78 |
| Total Specialty Plan Cost | \$286,008 | \$252,557 | \$220,249 | \$758,814 | \$259,413 | \$225,991 | \$281,655 | \$767,059 | \$244,118 | \$287,019 | \$270,619 | \$801,756 | \$226,444 | \$322,156 | \$218,343 | \$766,943 | \$3,094,572 |
| Specialty % of Total Specialty Plan Cost | 42.9% | 40.6% | 34.0% | 39.2% | 37.0% | 35.0% | 38.3% | 36.8% | 35.4% | 39.7% | 39.5% | 38.2% | 33.3% | 44.2% | 32.5% | 36.9% | 37.8% |

| Total Component/Date of Service (Month) | 202001 | 202002 | 202003 | 2020Q1 | 202004 | 202005 | 202006 | 2020Q2 | 202007 | 202008 | 202009 | 2020Q3 | 202010 | 202011 | 202012 | 2020Q4 | 2020YTD |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------|--------|---------|
| Average Member Age - 41.3 | | | | | | | | | | | | | | | | | |
| Membership | 3,854 | 3,858 | 3,877 | 3,863 | 3,886 | 3,891 | 3,902 | 3,893 | 3,913 | 3,895 | 3,881 | 3,896 | 3,886 | 3,891 | | | |
| Total Days | 186,072 | 178,037 | 218,348 | 582,457 | 172,632 | 181,677 | 196,330 | 550,639 | 177,967 | 194,572 | 191,242 | 563,781 | 184,984 | 188,210 | | | |
| Total Patients | 1,698 | 1,667 | 1,649 | 2,507 | 1,460 | 1,415 | 1,546 | 2,228 | 1,521 | 1,552 | 1,584 | 2,311 | 1,591 | 1,531 | | | |
| Total Plan Cost | \$799,763 | \$631,174 | \$836,282 | \$2,267,219 | \$736,581 | \$712,312 | \$753,203 | \$2,202,096 | \$894,029 | \$817,968 | \$768,128 | \$2,480,125 | \$774,317 | \$741,842 | | | |
| Generic Fill Rate (GFR) - Total | 82.9% | 83.4% | 81.4% | 82.5% | 81.4% | 82.8% | 82.9% | 82.4% | 81.5% | 82.7% | 80.9% | 81.7% | 81.1% | 82.1% | | | |
| Plan Cost PMPM | \$207.52 | \$163.60 | \$215.70 | \$195.64 | \$189.55 | \$183.07 | \$193.03 | \$188.55 | \$228.48 | \$210.00 | \$197.92 | \$212.18 | \$199.26 | \$190.66 | | | |
| % Change Plan Cost PMPM | 19.4% | 1.0% | 28.2% | 16.5% | 4.0% | 8.9% | 1.2% | 4.5% | 27.0% | 11.6% | 11.2% | 16.6% | 12.5% | 0.6% | | | |
| Total Specialty Plan Cost | \$357,756 | \$225,524 | \$323,865 | \$907,145 | \$276,080 | \$274,370 | \$269,020 | \$819,471 | \$375,178 | \$300,704 | \$258,025 | \$933,907 | \$323,759 | \$290,314 | | | |
| Specialty % of Total Specialty Plan Cost | 44.3% | 34.9% | 37.2% | 39.0% | 35.8% | 36.2% | 33.7% | 35.2% | 42.0% | 36.8% | 33.7% | 37.7% | 41.8% | 39.1% | | | |

| PMPM | |
|-------------------------------|--------------|
| Jan - Nov 2019 | \$177.98 |
| Jan - Nov 2020 | \$198.10 |
| Trend - Jan - Nov 2020 | 11.3% |

APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
OPEN PUBLIC MEETING
NOVEMBER 20, 2020
10:00 AM**

Meeting called to order by Fund Chair. The Open Public Meeting Notice was read into record.

ROLL CALL OF 2020 FUND COMMISSIONERS:

| | |
|---|---------|
| William Hyncik, Fund Chair, Somerset County VoTech | Present |
| Brian Auger Fund Secretary, Somerset County Library | Present |
| Geoffrey Soriano, Somerset County Parks Commission | Present |
| Shanel Robinson, County of Somerset (alternate) | Present |

FUND PROFESSIONALS PRESENT:

| | |
|------------------------------------|---|
| Executive Director/Program Manager | PERMA Risk Management Services Emily Koval Brandon Lodics |
| Fund Attorney | Scholl, Whittlesey & Gruenberg, LLC Frank Whittlesey |
| Fund Treasurer | Yvonne Childress |
| Aetna | Jason Silverstein |
| Express Scripts | Kyle Colalillo |
| Fund Actuary | Absent |
| Integrity Health | Doug Forrester |
| Fund Auditor | Absent |

ALSO PRESENT:

Karen Kamprath, PERMA
Sam Zabawa, Somerset County
Greg D’Orazio, Assured Partners
Diane Peterson, Conner Strong & Buckelew
Marybeth Visconti, Conner Strong & Buckelew
Sharon Vaughn, Integrity Health
Arge Mardakis, Somerset County
Raelene Sipple, Somerset County Votech
John Bruno, Somerset County

MOTION TO APPROVE THE OPEN AND CLOSED SSRHIF MINUTES OF OCTOBER 20, 2020:

MOTION: Commissioner Soriano
SECOND: Commissioner Auger
VOTE: 3 Ayes, 0 nays, 1 Abstain (Commissioner Robinson)

EXECUTIVE DIRECTORS REPORT

FINANCIAL FAST TRACK - SCIC and SSRHIF - Executive Director said she expected the October Fast Track to be distributed prior to the meeting however they are still being finalized and will be distributed later today. She said she would like to note that the Fund is slightly over budget on the Medical but flat on RX. She said there is a large surplus from the Commissioner that is being transferred to the HIF.

2021 BUDGET ADOPTION - Executive Director said the biggest item for today is the 2021 budget adoption. She said there are a few changed from the introduced version. She said one major change is the stop loss policy. She said we did not go out for RFP and received a renewal from HCC our current vendor. She said the renewal was lower than expected.

Executive Director said 1 other item to note, is that through the RFP process we were able to negotiate a lower fee for the health center between the management fee and expenses. She said overall there is a 9.43% decrease from last year.

| | HCC 2020 | HCC 2021 |
|---------------------------|-----------------|-----------------|
| Specific Retention | \$300,000 | \$325,000 |
| Laser 1 | \$400,000 | \$400,000 |
| No New Lasers | Included | Included |
| 2022 Rate Cap | Included | Included |
| Estimated Premium | \$1,571,495 | \$1,537,933 |

MOTION TO OPEN THE PUBLIC HEARING ON THE 2021 BUDGET:

MOTION: Commissioner Soriano
SECOND: Commissioner Auger
VOTE: All in Favor

MOTION TO CLOSE THE PUBLIC HEARING ON THE 2021 BUDGET:

MOTION: Commissioner Soriano
SECOND: Commissioner Auger
VOTE: All in Favor

MOTION TO APPROVE RESOLUTION 21-20 ADOPTING THE AMENDED 2021 BUDGET IN THE AMOUNT OF \$40,536,804:

MOTION: Commissioner Auger
SECOND: Commissioner Soriano
VOTE: 4 Ayes, 0 Nays

STOP LOSS RESOLUTION - Executive Director said Resolution 22-20 is included in the consent agenda and includes binding of the Stop Loss policy with the terms and conditions described in the budget presentation.

ONSITE HEALTH CENTER - RFP DECISION - Executive Director said responses to the Fund’s RFP for the Administrator of the Onsite Health Center were received in July 2020. Two vendors responded - Integrity Health (incumbent) and R-Health. In early October, a subcommittee of the HIF interviewed both vendors. The Fund was instructed to obtain ‘best or final’ pricing from each.

Results:

R-health - committed to the financial terms and conditions in its original proposal

Integrity Health

- Reduced management fee from \$31 pepm to \$27 pepm.
- Absorbed certain pass through expenses in within this fee
- Capped health care salaries and benefits
- Total decrease ~8% from original proposal

Based off the qualifications and final financial proposals of both respondents, it is the recommendation of the Executive Director/Program Manager that the Fund award the contract to the incumbent, Integrity Health effective April 1, 2021 through March 31, 2024. Below is a recommended evaluation.

| Evaluation of RFP Responses | | Integrity Health | R-Health |
|-----------------------------|--|------------------|----------|
| a. | Organizational Management, Stability and Ownership (10%) | 10 | 9 |
| b. | Expertise as an Onsite Health Center Administrator (25%) | 25 | 20 |
| c. | Experience in health joint insurance funds with similar services (10%) | 10 | 5 |
| d. | Ability to comply with the required standards of the RFP (15%) | 15 | 15 |
| e. | Results collected from provided references (10%) | 10 | 10 |
| f. | Fee Proposal (30%) | 25 | 30 |
| g. | Total | 95 | 89 |

Prior to signing, the contract terms will be fully vetted by the Fund Attorney.

Resolution 23-20 reflects this decision and is included in the consent agenda.

EUS CERTIFICATIONS - Executive Director said for State filing and regulatory purposes, there are 2 EUS (Extraordinary Unspecified Services) Certifications for Aetna and United Healthcare Medicare Advantage that are required to be approved by the Fund. The certifications along with Resolution 24-20 are included in the consent agenda.

DIRECT BILL COUPONS - RETIREES AND COBRA - Executive Director said Benefit Express requires at least 60 days to guarantee updated direct bill retiree coupons and ACH debits by January 1. Since the budget is just being adopted, that timeframe cannot be met. PERMA will work diligently with BE to determine when these coupons will be mailed and the recommended payment process. We will work with each of the entities on a communication strategy to the impacted retirees.

OPEN PUBLIC MEETINGS ACT - REMOTE MEETING CHANGES

Executive Director said there were some updates the Open Public Meetings act to consider for Zoom meetings. The following changes will be made effective the next public meeting. The Fund Attorney has reviewed and approves. Resolution 25-20 formalizes these changes.

1. Adopt via a resolution standard procedures and requirements for public comment (included in consent)
2. Prepare standard notice of meeting which is to contain clear & concise instructions for public access to the meeting, how to submit public comment and where the agenda/meeting documents can be found
3. Revise the annual meeting notice to state that due to the Governor's State of Emergency Declaration that meetings will be conducted as remote meetings until further notice;
4. Post copies of each meeting notice and the revised annual meeting notice on the Fund's website and on the door to the main public entrance of the municipality where the in person meeting would have been held & on the main handicapped access door;
5. Have a link on the meeting notice or on the Fund website near where the meeting notice is posted for the download of the meeting agenda by the public;
6. Prepare a standard form of announcement to be read at the beginning of each remote meeting that adequate & electronic notice of the remote meeting was provided, stating the time, place and manner in which the notice was provided.

| Southern Skyland Regional Health Insurance Fund | | | | | Print date | 19-Nov-20 |
|---|------------------------|----------------------|--------------|----------|------------|-----------|
| 2021 Certified Budget | | | | | | |
| Census: | Monthly | Annual | | | | |
| Medical Aetna | 1,580 | 18,960 | | | | |
| Medical Coresource (Moving to AETNA 1/1/2021) | 8 | 96 | | | | |
| Rx ESI | 1,797 | 21,564 | | | | |
| Rx Coresource | 8 | 96 | | | | |
| Medicare Advantage - Medical | 363 | 4,356 | | | | |
| Rx No Medical (Incl in Rx above) | 240 | 2880 | | | | |
| Medicare Advantage - Only (Incl above) | 31 | 372 | | | | |
| LINE ITEMS | 2020 Annualized Budget | 2021 Proposed Budget | \$ Change | % Change | | |
| 1 Medical Claims (Aetna) | \$ 23,354,656 | \$ 24,908,375 | \$ 1,553,719 | 6.65% | | |
| 2 Medical Claims (Coresource) | \$ 87,583 | | \$ (87,583) | -100.00% | | |
| 3 Subtotal Medical Claims | \$ 23,442,239 | \$ 24,908,375 | \$ 1,466,136 | 6.25% | | |
| 4 Prescription Claims (Express Scripts) | \$ 8,816,740 | \$ 10,145,771 | \$ 1,329,031 | 15.07% | | |
| 5 Prescription Rebates (Express Scripts) | \$ (1,373,512) | \$ (1,979,090) | \$ (605,578) | 44.09% | | |
| 6 Prescription Claims (Coresource) | \$ 20,052 | | \$ (20,052) | -100.00% | | |
| 7 Prescription Claims Subtotal | \$ 7,463,280 | \$ 8,166,681 | \$ 703,401 | 9.42% | | |
| 8 Subtotal Claims | \$ 30,905,519 | \$ 33,075,056 | \$ 2,169,537 | 7.02% | | |
| 9 | | | | | | |
| 10 Medicare Advantage- AETNA-MA | \$ 243,072 | \$ 219,108 | \$ (23,964) | -9.86% | | |
| 11 Medicare Advantage - UHC-MA | \$ 426,394 | \$ 400,815 | \$ (25,580) | -6.00% | | |
| 12 Subtotal Medicare Advantage | \$ 669,466 | \$ 619,923 | \$ (49,544) | -7.40% | | |
| 13 | | | | | | |
| 14 Horizon Dental | \$ 1,214,026 | \$ 1,131,511 | \$ (82,515) | -6.80% | | |
| 15 | | | | | | |
| 16 Partnership Health Center - Integrity Management | \$ 590,736 | \$ 524,040 | \$ (66,696) | -11.29% | | |
| 17 Partnership Health Center - Lease | \$ 120,000 | \$ 120,000 | \$ - | 0.00% | | |
| 18 Partnership Health Center - Expenses | \$ 2,279,790 | \$ 2,064,566 | \$ (215,224) | -9.44% | | |
| 19 Subtotal PHC | \$ 2,990,526 | \$ 2,708,606 | \$ (281,920) | -9.43% | | |
| 20 | | | | | | |
| 21 Reinsurance | | | | | | |
| 22 Specific | \$ 1,571,495 | \$ 1,537,933 | \$ (33,562) | -2.14% | | |
| 23 | | | | | | |
| 24 Total Loss Fund | \$ 37,351,032 | \$ 39,073,028 | \$ 1,721,996 | 4.61% | | |
| 25 | | | | | | |
| 26 Contingency | \$ - | \$ - | \$ 0 | 0.00% | | |
| 27 | | | | | | |
| 28 Expenses | | | | | | |
| 29 Legal | \$ 10,000 | \$ 10,000 | \$ 0 | 0.00% | | |
| 30 Executive Director/Program Manager | \$ 401,544 | \$ 401,544 | \$ 0 | 0.00% | | |
| 31 Enrollment Vendor | \$ 89,232 | \$ 89,232 | \$ 0 | 0.00% | | |
| 32 TPA - Aetna | \$ 752,143 | \$ 755,952 | \$ 3,808 | 0.51% | | |
| 33 TPA - Coresource | \$ 2,976 | \$ - | \$ (2,976) | -100.00% | | |
| 34 Actuary | \$ 20,000 | \$ 8,000 | \$ (12,000) | -60.00% | | |
| 35 Auditor | \$ 16,320 | \$ 15,360 | \$ (960) | -5.88% | | |
| 36 Consulting | \$ 128,917 | \$ 128,917 | \$ 0 | 0.00% | | |
| 37 | | | | | | |
| 38 Subtotal Expenses | \$ 1,421,132 | \$ 1,409,005 | \$ (12,128) | -0.85% | | |
| 39 | | | | | | |
| 40 Miscellaneous | | | | | | |
| 41 Miscellaneous and Contingency | \$ 19,279 | \$ 4,325 | \$ (14,954) | -77.57% | | |
| 42 Claims Auditor | \$ - | \$ - | \$ 0 | 0.00% | | |
| 43 GASB 75 Reporting | \$ 7,500 | \$ 7,500 | \$ 0 | 0.00% | | |
| 44 A4 Surcharge | \$ 29,958 | \$ 31,946 | \$ 1,988 | 6.64% | | |
| 45 ACA Taxes | \$ 11,000 | \$ 11,000 | \$ - | 0.00% | | |
| 46 Subtotal Miscellaneous | \$ 67,737 | \$ 54,771 | \$ (12,966) | -19.14% | | |
| 47 | | | | | | |
| 48 Total Expenses | \$ 1,488,869 | \$ 1,463,775 | \$ (25,094) | -1.69% | | |
| 49 | | | | | | |
| 50 Total Budget | \$ 38,839,902 | \$ 40,536,804 | \$ 1,696,902 | 4.37% | | |
| 51 County Line Adjustments | | \$ 332,515 | | | | |
| 52 Total Billing | \$ 38,570,482 | \$ 40,204,289 | \$ 1,633,807 | 4.24% | | |

| Southern Skyland Regional Health Insurance Fund | | | | | | | | | | | | | |
|---|-------------------------------|----------------|-------------------|-----------------------------|---------------------------|----------------|-------------------|------------------|-----------------|------------------|---------------|---------------|--------------|
| 2021 PROPOSED vs ANNUAL ASSESSMENTS BY MEMBER | | | | | | | | | | | | | |
| Group Name | Annualized Assessments FY2020 | | | Proposed Assessments FY2021 | | | | Difference \$ | | | Difference % | | |
| | Member Billed | Direct Billed | Total | Member Billed | Dividend Applied To Rates | Direct Billed | Total | Member Billed | Direct Billed | Total | Member Billed | Direct Billed | Total |
| Somerset County | 29,352,523 | 480,076 | 29,832,600 | 30,561,898 | 332,515 | 464,896 | 31,359,309 | 1,209,375 | (15,180) | 1,194,195 | 4.12% | -3.16% | 4.00% |
| Somerset County Library | 2,675,101 | 34,701 | 2,709,802 | 2,802,757 | | 33,281 | 2,836,039 | 127,656 | (1,420) | 126,236 | 4.77% | -4.09% | 4.66% |
| Somerset County Parks | 3,612,204 | 1,224 | 3,613,428 | 3,798,765 | | 1,291 | 3,800,056 | 186,561 | 67 | 186,628 | 5.16% | 5.45% | 5.16% |
| Somerset County Vo Tech | 2,403,132 | 11,520 | 2,414,652 | 2,529,201 | | 12,199 | 2,541,400 | 126,069 | 679 | 126,748 | 5.25% | 5.89% | 5.25% |
| Totals | 38,042,960 | 527,522 | 38,570,482 | 39,692,622 | 332,515 | 511,667 | 40,536,804 | 1,649,662 | (15,854) | 1,633,807 | 4.34% | -3.01% | 4.24% |

PROGRAM MANAGERS REPORT

ELIGIBILITY/ENROLLMENT

Please direct any eligibility, enrollment, or system related questions to our dedicated Southern Skyland Regional HIF team. The team can be reached by email at somersetctyinscom@permainc.com or by fax at 856-552-2175.

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. *Please confirm the invoice detail as retro adjustments are limited to two months by the Fund's policy.* If you find a discrepancy, please report it to the Southern Skyland Regional HIF eligibility/enrollment team somersetctyinscom@permainc.com or by fax at 856-552-2175.

HIF ORGANIZATION ANNOUNCEMENT

We are pleased to announce that Jason Edelman will be joining PERMA as a *HIF-New Business Development Executive*. Jason will assume the responsibilities previously handled by Greg Grimaldi who retired in May. Those broker partners who worked with Greg will now work with Jason. Jason was previously with PERMA, and has four successful years of experience with the HIF model and business. Jason left to pursue a career in Employee Benefit sales, joining Graham in Philadelphia where he spent 2 years before moving to Alliant in a new business role, where he has been for the last 4 years. In his new role at PERMA, Jason will be responsible for helping to grow the HIF business.

AETNA UPDATE

Network Update

Network negotiations with Premier Health were held over the past few months. Approximately 18 Fund members received letters in late July notifying them that Premier Health was going to pull out of the Aetna network on 9/1/2020. We are pleased to announce that the negotiations were successful and Premier Health remains in-network with Aetna. Impacted members received retraction letters.

UNITEDHEALTHCARE UPDATE

Program Manager said there were 2 mailers sent out from United Healthcare. He said the first was a request for information from the Medicare Advantage membership for the County. He said they are looking for contact information to better service this population. He said annually United Healthcare issues new ID cards to the Medicare Advantage population even though there is no benefit change. He said members will receive new ID cards effective January 1.

Retiree Mailing- UnitedHealthcare is reaching out to retirees enrolled in UHC Medicare Advantage Plans to update their contact information. In an effort to increase member engagement in clinical programs, such as *HouseCalls* and *Just Checking In* the attached letter is being mailed to retirees who do not have a phone number or email registered to their account.

Medicare Advantage ID Cards - We have been advised that UHC issues new ID cards *every year* to Medicare Advantage members. New cards with a January 1, 2021 effective date are being mailed to **all SSRHIF retirees** enrolled in a UHC Medicare Advantage plan. Please note that *there are no changes to benefits or ID numbers.*

COMPLIANCE UPDATE

Annual NOCC Mailing – As in previous years, ESI has mailed the annual Notice of Creditable Coverage to all plan members (active and retirees) who are currently age 65 or older, or will be reaching age 65 in 2021. A sample of the NOCC that was mailed in early October, is included with your agenda.

LEGISLATIVE UPDATES

NJ COVID Executive Orders

1. **Executive Order #172** – Program Manager said Governor Murphy recently signed Executive Order #172, which allows entities in the State Health Benefit Plan (SHBP) to waive the normal waiting period for new hires, enabling them to enroll in health benefits upon date of hire. The order became effective on 8/3/2020 and will remain in effect for the duration of the COVID-19 NJ Public Health Emergency. Fund entities wishing to comply with this order may do so by completing and returning the Plan Document Amendment form included with this agenda to PERMA. We strongly recommend that the amendment, be ratified by the entity's governing body.
2. **Executive Order #192**- Program Manager said On October 27, 2020, Governor Phil Murphy signed **Executive Order #192** which requires all New Jersey public and private employers institute mandatory health and safety protocols to protect workers and their families from COVID-19 exposures. The Executive Order also directs NJDOL to provide compliance and safety training for employers and employees. For more information, please review the attached brief from the MEL JIF.

Program Manager said the following 2 health insurance mandates were passed for 2021 implementation.

1. **NJ Senate Bill #2133**- Earlier this year, NJ Senate bill 2133 expanded the NJ Infertility Mandate as follows:
 - Requires coverage for *standard fertility preservation services* when a medically necessary treatment directly or indirectly causes *iatrogenic infertility*.
 - *Iatrogenic infertility*- impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment.
 - *Standard fertility preservation services* -procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, The American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

We will be working with the Risk Manager of each member entity to determine coverage

2. **NJ Assembly Bill 5508**- In 2020, NJ passed legislation that adds coverage for male sterilization at 100% for ACA and non-ACA compliant plans. Previously, only female sterilization was covered at 100%. This coverage change will become effective upon the 1/1/2021 renewal for the Fund.

We will be working with the Risk Manager of each member entity to determine coverage.

ADMINISTRATIVE AUTHORIZATIONS

There is one administrative authorization for a Level II medical necessity appeal. The IRO determination upheld Aetna’s denial.

TREASURER – Fund treasurer said the report is included in the agenda. She also noted that she was contacted by Investors Bank regarding the account for the Commission which has \$94,000 in it. She said she plans to transfer these funds after confirming with Horizon on the runoff.

SSRHIF NOVEMBER 2020- RESOLUTION 26-20

| | |
|---------------|---------------------|
| FY2020 | \$721,368.35 |
| Total | \$721,368.35 |

ATTORNEY – Fund Attorney said there has been an ongoing litigation matter that goes back to the Commission. He said a settlement was reached in the amount of \$80,000 and he would need approval from the Committee. He said this would satisfy the obligation and end the litigation for the Fund.

MOTION TO AUTHORIZE A SETTLEMENT IN THE AMOUNT OF \$80,000:

MOTION: Commissioner Auger
SECOND: Commissioner Robinson
VOTE: 4 Ayes, 0 Nays

INTEGRITY HEALTH – Mr. Forrester thanked the Committee for the renewed relationship. He said utilization of the health center remains very good particularly given the pandemic. He said the average for the past few months has been just north of 1300 visits. He said they are pretty much on track for what was predicted even without the pandemic. He said they have a large uptick in flu shots from 200 last year to 445 this year. He said in the beginning of December they are introducing machines that will allow them to expand their testing capabilities specifically for Covid. He said they will be rapid tests with results delivered in about 30 minutes. He said Flu strains A and B and also strep can be tested as well. In response to Chair Hyncik, Mr. Forrester said the machines are from Mckesson. He said the cost is recovered by the tests submitted. He said according to Mckesson the machine is 97% accurate.

AETNA – Mr. Silverstein said the average pepm for September is \$1,428. He said there were 4 claims over \$50,000 for September. He also reviewed the Covid reporting included with the Agenda.

EXPRESS SCRIPTS – Mr. Colalillo said the January – October trend is 14.3%. He said the trend has slowly decreased throughout the year. He also reviewed the covid reporting distributed with the Agenda.

MOTION TO APPROVE THE COSENT AGENDA WHICH INCLUDES RESOLUTIONS 22-20, 23-20, 24-20, 25-20 and 26-20:

MOVED: Commissioner Soriano

SECOND: Commissioner Auger
VOTE: 4 Ayes, 0 Nays

OLD BUSINESS - None

NEW BUSINESS - None

PUBLIC COMMENT - In response to Mr. Malarcher, Executive Director said we should have a better timeline on the retiree notices once we hear back from Benefit Express next week. Mr. Malarcher suggested the letters should include something about what their expected premium percent change might be and the expected timing for the correct notices and correct coupons will go out as there was a lot of confusion last year.

In response to Mr. Malarcher, Program Manager said CMS requires MA for carriers to issue a Notice of Annual Change. He said this is a separate mailer that goes out.

In response to Mr. Malarcher, Ms. Vaughn said the Covid testing should be available for December 1. Mr. Forrester said the December timeframe is contingent on them receiving approval for the protocols recommended.

In response to Commissioner Robinson, Mr. Forrester said the information will be provided next week. He said the reporting requirements to the State are in flux. He said they are in close contact with the state and Commissioner of Health. He said they will do everything they can to make sure all of the protocols are handles appropriately.

MOTION TO ADJOURN:

MOVED: Commissioner Auger
SECOND: Commissioner Soriano
VOTE: Unanimous

MEETING ADJOURNED:

NEXT MEETING: January 12, 2021

Minutes prepared by:
Karen Kamprath, Assisting Secretary