

SouthernSkylands^{FUND}

**AGENDA
MARCH 14, 2023
9:30 AM**

**SOMERSET COUNTY
20 GROVE ST - 2ND FLOOR
ENGINEERING ROOM
SOMERVILLE, NJ 08876**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
AGENDA
OPEN PUBLIC MEETING:
MARCH 14, 2023
9:30 AM**

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

ROLL CALL OF THE 2023 FUND COMMISSIONERS

Colleen Mahr, Chair
Brian Auger, Secretary
Geoffrey Soriano, Commissioner
Adam Beder, Commissioner

APPROVAL OF MINUTES – January 10, 2023 Open Public Meeting (*Appendix I*)

Correspondence: None.

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 2

RESOLUTIONS

Revised Resolution 3-23: Designation of Bank Depositories & CMPPage 6

Revised Resolution 6-23: Authorizing Treasurer to Process Contracted ExpensesPage 10

PROGRAM MANAGERS REPORT

Monthly Report..... Page 12

TREASURER – (Yvonne Childress)

January, February and March 2023 Voucher List.....Page 19

Resolution 12-23: March 2023 Bills ListPage 28

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 –May 3, 2023

MEETING ADJOURNMENT

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
MARCH 14, 2023
9:30 AM**

FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND

1. **Skylands Fund Financial Fast Track** - as of December 31, 2022 (page 3)
2. **Ratios Report** - as of December 31, 2022 (page 4)

REVISED CASH MANAGEMENT PLAN

Included in the agenda is Revised Resolution 3-23 which includes a name change from Investors Bank to Citizens Bank which is a Fund investment account.

HEALTH CENTER

1. Invoice Payment - Integrity Health typically fronts approximately \$180,000 a month in Health Center Facility expenses, including salaries for staff. Since the Fund does not typically pay its expenses until later in the month, it is being requested to pay the monthly invoice earlier in the month, possibly prior to the Fund meeting, to ensure the reimbursement is paid timely.

Resolution 6-23 has been revised to include an additional consideration for this vendor's invoice.

2. Performance Incentive - the negotiated Integrity Health administration contract includes an outcomes performance incentive as outlined on Page 11. Below, Integrity provided self-reported results for the Fund Year 2020 vs. 2019 for each metric. Integrity will be prepared to review for discussion in Executive Session.

Somerset Incentive Metrics - 2020 / Preliminary Draft Paid Thru May 2020						
	2019 PT May 2020		2020 PT May 2021		Change	Earned
Metric	Actual	Per K	Actual	Per K		
Member Months	47,269		47,090			
Admits	220	55.9	202	51.5	-7.8%	12.0%
ER Visits	822	208.7	566	144.2	-30.9%	25.0%
ER Visits (Low)	53	13.5	34	8.7	-35.6%	same
Office Visits	17,622	4,473.6	14,273	3,637.2	-18.7%	20.0%
Radiology Visits	6,627	1,682.4	4,961	1,264.2	-24.9%	15.0%
Laboratory Visits	29,354	7,452.0	23,893	6,088.7	-18.3%	20.0%
Contract Earnings					\$ 120,000	92%
						\$ 110,400
Green Circle						\$ -
Total						\$ 110,400

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
FINANCIAL FAST TRACK REPORT**

		AS OF		December 31, 2022		
		THIS	YTD	PRIOR		FUND
		MONTH	CHANGE	YEAR END		BALANCE
1.	UNDERWRITING INCOME	3,496,850	41,751,514	177,480,689		219,232,204
2.	CLAIM EXPENSES					
	Paid Claims	2,631,216	29,444,200	151,437,748		180,881,948
	IBNR	19,881	316,273	2,607,000		2,923,273
	Less Specific Excess	(682)	(35,098)	(3,824,569)		(3,859,666)
	Less Aggregate Excess	-	-	-		-
	TOTAL CLAIMS	2,650,415	29,725,375	150,220,179		179,945,555
3.	EXPENSES					
	MA & HMO Premiums	111,376	1,830,348	4,495,752		6,326,099
	Excess Premiums	110,811	1,315,554	9,264,366		10,579,920
	Administrative	391,132	4,751,026	13,374,540		18,125,567
	TOTAL EXPENSES	613,318	7,896,928	27,134,658		35,031,586
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	233,116	4,129,212	125,852		4,255,063
5.	INVESTMENT INCOME	8,689	34,267	151,429		185,696
6.	DIVIDEND INCOME	0	0	0		0
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	241,805	4,163,478	277,281		4,440,759
8.	DIVIDEND	0	0	0		0
9.	Transferred Surplus	0	0	0		0
STATUTORY SURPLUS (7-8+9)		241,805	4,163,478	277,281		4,440,759
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	646	(165,045)	1,666,934	1,501,889
		Cash	38,962	38,349	1,463,540	1,501,889
	2021	Surplus	(17,519)	(252,058)	(1,389,653)	(1,641,711)
		Cash	232,878	(2,157,355)	470,694	(1,686,661)
	2022	Surplus	258,678	4,580,581		4,580,581
		Cash	127,130	4,277,530		4,277,530
TOTAL SURPLUS (DEFICITS)		241,805	4,163,478	277,281		4,440,759
TOTAL CASH		398,970	2,158,523	1,934,234		4,092,758
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		729	99,111	117,329,448		117,428,559
FUND YEAR 2021						
	Paid Claims	18,161	2,942,118	30,979,310		33,921,427
	IBNR	0	(2,607,000)	2,607,000		-
	Less Specific Excess	397	(42,742)	(695,578)		(738,320)
	Less Aggregate Excess	0	0	0		0
TOTAL FY 2021 CLAIMS		18,558	292,375	32,890,732		33,183,107
FUND YEAR 2022						
	Paid Claims	2,611,247	26,410,616			26,410,616
	IBNR	19,881	2,923,273			2,923,273
	Less Specific Excess	0	0			0
	Less Aggregate Excess	0	0			0
TOTAL FY 2022 CLAIMS		2,631,128	29,333,889			29,333,889
COMBINED TOTAL CLAIMS		2,650,415	29,725,375	150,220,180		179,945,555

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	2021	FY2022											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	1,934,234	\$ 3,054,537	\$ 559,281	\$ 256,527	\$ 1,581,048	\$ 2,261,880	\$ 137,803	\$ 3,231,607	\$ 3,077,114	\$ 3,311,215	\$ 3,847,231	\$ 3,693,787	\$ 4,092,758
IBNR	2,607,000	\$ 2,704,996	\$ 2,776,734	\$ 2,814,361	\$ 2,831,063	\$ 2,832,307	\$ 2,833,529	\$ 2,837,099	\$ 2,847,309	\$ 2,865,834	\$ 2,882,621	\$ 2,903,392	\$ 2,923,273
Assets	4,226,953	\$ 6,195,319	\$ 4,862,497	\$ 4,536,686	\$ 4,732,763	\$ 5,830,038	\$ 5,214,003	\$ 5,838,112	\$ 6,039,332	\$ 6,411,534	\$ 6,841,602	\$ 7,373,620	\$ 7,675,698
Liabilities	3,949,672	\$ 5,412,466	\$ 3,989,972	\$ 3,763,061	\$ 3,276,582	\$ 3,599,790	\$ 3,130,665	\$ 3,103,040	\$ 3,199,093	\$ 3,177,723	\$ 3,180,909	\$ 3,174,665	\$ 3,234,939
Surplus	277,281	\$ 782,852	\$ 872,525	\$ 773,625	\$ 1,456,181	\$ 2,230,248	\$ 2,083,337	\$ 2,735,072	\$ 2,840,239	\$ 3,233,811	\$ 3,660,693	\$ 4,198,954	\$ 4,440,759
Claims Paid -- Month	3,354,724	\$ 2,089,934	\$ 2,698,215	\$ 2,956,446	\$ 2,127,313	\$ 2,028,456	\$ 2,953,586	\$ 2,219,236	\$ 2,632,348	\$ 2,396,091	\$ 2,422,856	\$ 2,288,501	\$ 2,631,216
Claims Budget -- Month	2,674,016	\$ 2,913,906	\$ 2,897,979	\$ 2,886,569	\$ 2,873,393	\$ 2,862,185	\$ 2,859,272	\$ 2,866,829	\$ 2,858,731	\$ 2,852,457	\$ 2,847,930	\$ 2,858,554	\$ 2,867,273
Claims Paid -- YTD	33,168,456	\$ 2,089,934	\$ 4,788,149	\$ 7,744,596	\$ 9,871,909	\$ 11,900,365	\$ 14,853,951	\$ 17,073,187	\$ 19,705,535	\$ 22,101,627	\$ 24,524,483	\$ 26,812,984	\$ 29,444,200
Claims Budget -- YTD	32,302,210	\$ 2,913,906	\$ 5,811,885	\$ 8,698,454	\$ 11,571,847	\$ 14,434,033	\$ 17,293,305	\$ 20,160,134	\$ 23,018,865	\$ 25,871,322	\$ 28,719,252	\$ 31,577,806	\$ 34,445,079
RATIOS													
Cash Position to Claims Paid	0.58	1.46	0.21	0.09	0.74	1.12	0.05	1.46	1.17	1.38	1.59	1.61	1.56
Claims Paid to Claims Budget -- Month	1.25	0.72	0.93	1.02	0.74	0.71	1.03	0.77	0.92	0.84	0.85	0.8	0.92
Claims Paid to Claims Budget -- YTD	1.03	0.72	0.82	0.89	0.85	0.82	0.86	0.85	0.86	0.85	0.85	0.85	0.85
Cash Position to IBNR	0.74	1.13	0.20	0.09	0.56	0.8	0.05	1.14	1.08	1.16	1.33	1.27	1.40
Assets to Liabilities	1.07	1.14	1.22	1.21	1.44	1.62	1.67	1.88	1.89	2.02	2.15	2.32	2.37
Surplus as Months of Claims	0.10	0.27	0.30	0.27	0.51	0.78	0.73	0.95	0.99	1.13	1.29	1.47	1.55
IBNR to Claims Budget -- Month	0.97	0.93	0.96	0.97	0.99	0.99	0.99	0.99	1.00	1	1.01	1.02	1.02

SOUTHERN SKYLAND REGIONAL HIF
CONSOLIDATED BALANCE SHEET
AS OF DECEMBER 31, 2022
BY FUND YEAR

	SSRHIF 2022	SSRHIF 2021	SSRHIF Closed Year	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	4,277,530	(1,686,661)	1,501,889	4,092,758
Assesmtnts Receivable (Prepaid)	222,379	-	-	222,379
Interest Receivable	-	-	-	-
Specific Excess Receivable	-	55,553	-	55,553
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	(0)	-	-	(0)
Other Assets	3,305,008	-	-	3,305,008
Total Assets	7,804,917	(1,631,108)	1,501,889	7,675,698
LIABILITIES				
Accounts Payable	0	(0)	-	0
IBNR Reserve	2,923,273	0	-	2,923,273
A4 Retiree Surcharge	21,630	-	-	21,630
Dividends Payable	-	-	-	-
Accrued/Other Liabilities	279,433	10,603	-	290,036
Total Liabilities	3,224,336	10,603	-	3,234,939
EQUITY				
Surplus / (Deficit)	4,580,581	(1,641,711)	1,501,889	4,440,759
Total Equity	4,580,581	(1,641,711)	1,501,889	4,440,759
Total Liabilities & Equity	7,804,917	(1,631,108)	1,501,889	7,675,698
BALANCE	-	-	-	-

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.
Fund Year allocation of claims have been estimated.

REVISED RESOLUTION NO. 3-23

**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

2023 CASH MANAGEMENT AND INVESTMENT POLICY

1.) *Cash Management and Investment Objectives*

The Southern Skyland Regional Health Insurance Fund (hereinafter referred to as the Fund) 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 Fund 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 FUND 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 FUND 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:

Citizens Bank

The FUND 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 FUND. Such asset managers shall be discretionary trustees of the FUND.

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

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 FUND 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 FUND's portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the FUND 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 FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the FUND 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 FUND.

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

ADOPTED: March 14, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**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,

WHEREAS, payment for the contracted health center administrator, Integrity Health may be made prior to bills list approval. Should the whole expense or a portion of the expense not be approved at the next Fund meeting, the fee will be reduced on the next invoice.

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 2023 and allow for the Treasurer to pay expenses due to Integrity Health prior to the bill list approval.

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: March 14, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

EXHIBIT III
SATISFACTION SERVICE METRICS AND NEW UTILIZATION MANAGEMENT METRICS

Somerset County
 Partnership Health Center



Partnership Health Center Incentive Metrics

Part 1: Health Plan Utilization Metrics

Performance Metric	Historical Benchmark	Year 1 Targeted Impact (12 Months From SCPHC Opening)	95%-100% of Target Reached	80%-94% of Target Reached	60%-79% of Target Reached	40%-59% of Target Reached	20%-39% of Target Reached	0%-19% of Target Reached
			% of Incentive Amount Earned	% of Incentive Amount Earned	% of Incentive Amount Earned	% of Incentive Amount Earned	% of Incentive Amount Earned	% of Incentive Amount Earned
Inpatient Admissions Per K	67	-10%	20.0%	16.0%	12.0%	8.0%	4.0%	0.0%
Emergency Room Visits Per K	218	-15%	20.0%	16.0%	12.0%	8.0%	4.0%	0.0%
Office Visits Per K (Non-PHC)	4,246	-15%	20.0%	16.0%	12.0%	8.0%	4.0%	0.0%
Radiology Services Per K (Non-PHC)	1,543	-15%	20.0%	16.0%	12.0%	8.0%	4.0%	0.0%
Lab Services Per K (Non-PHC)	2,318	-15%	20.0%	16.0%	12.0%	8.0%	4.0%	0.0%

Part 2: Green Circle Provider Savings

Integrity Health is eligible to receive 10% of savings attributable to Green Circle provider contracting discount advantages, measured by the difference in cost between Green Circle providers' annual allowed charges and the value of the allowed charges were the claims processed on an out-of-network basis. However, the sum of incentive payments from Parts 1 & 2 of this report is capped at the maximum incentive level of \$120,000/year.

Notes

Measurement of targeted reductions achieved to be adjusted as necessary for changes in enrollment (e.g., # covered lives, avg. population age).
 Year 2 targets to be determined by mutual agreement between County and Integrity Health upon conclusion of first year's experience.

Southern Skyland Regional HIF Program Manager

March 2023

Program Manager: PERMA Risk Management Services LLC

Online Enrollment Training: kkidd@permainc.com

Enrollments: somersetcountyinscom@permainc.com

Fax: 856-266-9469

ELIGIBILITY/ENROLLMENT

Please direct any eligibility, enrollment, or system related questions to our dedicated Southern Skyland Regional HIF team. To contact the team, email somersetcountyinscom@permainc.com or fax to 856-266-9469

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact Austin Flinn, aflinn@permainc.com for additional information or to request an invite.

In the subject line of the email, please include: *Training - Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications is to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

1- Pfizer- Paxlovid

2- Merck- Molnupiravir

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - o Member - \$0 copay
 - o Program Fee- \$2.50 per prescription
 - o Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - o Addition of medications to covered Formulary

- Member educational pieces (included in agenda)
- Quantity Limit – 1 course of treatment every 180 days

EXPRESS-SCRIPTS UPDATE

Due to the frequency in which plans and benefits can change, effective April 1, 2023, ESI will no longer issue physical ID cards. Digital ID cards are available with the most up to date information. This will eliminate the need to reissue ID cards each time plan and/or benefit information has changed on a member's ID card.

- New members, members without an email address on file or members that do not respond to the email sent by ESI, will be contacted via direct mail with instructions. The instructions will explain how to register and access their digital ID card online or request a printed card if necessary.
- If members are set up in ESI's portal with an email address, they will receive a welcome kit that explains their pharmacy benefit and how to print their digital ID card.
- Members who do not have access to the internet, do not have a smartphone, or who prefer not to register on express-scripts.com can request a physical ID card by calling Express Scripts Customer Service at the number on their onboarding communications.
- Due to HIPAA, digital ID cards cannot be emailed to members, they must be accessed from the member's personal registered account with ESI.

Please note there is not an option to request a group have the option for their employees to continue to receive physical ID cards in lieu of digital ID cards. The above information was shared with brokers on February 10, 2023.

2022 SaveOn Savings – In the 2022 plan year Southern Skylands Regional HIF saved \$324,363 for members enrolled in SaveOn. There were 56 participants in the program, for an average savings per prescription of \$527.

AETNA UPDATE

Aetna/Virtua Negotiations – Aetna and Virtua Health have come to an agreement. The contract is in place for 4 years (actual agreement is 3 years and 11 months), effective 2/1/23. There have been no interruption to member access as an agreement was reached prior to the contracts extension termination date of March 31, 2023. Aetna will send retraction letters on 2/15/23.

OPERATIONAL UPDATES:

End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2022
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022 through October 31, 2022**
 - Reports were sent to group billing contacts the week of January 2nd
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022 through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received
 - **Final reports were sent to the group billing contacts the week of January 30th**
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through May 11, 2023. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
2. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.
Reporting has been requested for those groups that have ESI pharmacy through the HIF, updates will be shared at the next meeting.

Coverage Highlights:

- Date - Starting on January 15, 2022, going forward
- Network - the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per test

- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government – COVID-19 at home tests kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>.

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
 - Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.
 - ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
 - Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.
3. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Medical and Rx Reporting

2022 Filings – Deadline for carriers to submit the filings for 2022 plan year is June 1, 2023. Aetna, AHA and ESI will submit on behalf of the HIFs. The Program Manager will provide carriers all information needed for submission. Groups do not need to file on an individual basis.

2020 and 2021 Filings - Federal Extension Granted – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to 2020 and 2021 data by Dec. 27, 2022. On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

Mental Health Parity and Addiction Equity Act (MHPAE)

In December of 2020 Congress passed into Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund's next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

No Surprise Billing and Transparency Act- Continued Delays

Medical carriers will provide the HIF with a unique URL/hyperlink to post to the HIF's main public website. The URL/hyperlink is required to be posted by July 1, 2022. The link will automatically refresh each month with any updated information. The Program Manager recommends all groups link their website to the HIF's public website, <https://hifundnj.com/>, there will not be a link sent to the groups. By doing so, this will satisfy the group's obligation for this requirement. The Program Manager sent communication on June 14th to all brokers to share with their groups.

The Health Insurance Funds, including Skylands protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Skylands HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

2023 Specialized Audits

As approved through an RFP through the Executive Director’s contract, the HIFs has acquired the services of AIM to conduct specialized audits for Southern Skylands Regional Fund (SSRF). AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna’s NQTL analysis performed for the (SSRF) to determine compliance with the MHPAEA. Aim will review SSRF claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act.

Later in 2023 Aim will review Gene Therapy cost for Southern Skylands Regional Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

2023 IRMAA Charge

The standard Part B premium amount in 2023 is \$164.90 (reduced from 2022 premium of \$170.10). Most participants pay the standard Part B premium amount. If the participants modified adjusted gross income as reported on their IRS tax return from 2 years ago is above a certain amount, they will pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$97,000	Less than or equal to \$194,000	\$0.00	\$164.90
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	65.90	230.80
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	164.80	329.70
Greater than \$153,000	Greater than \$306,000 and	263.70	428.60

and less than or equal to \$183,000	less than or equal to \$366,000		
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	362.60	527.50
Greater than or equal to \$500,000	Greater than or equal to \$750,000	395.60	560.50

Carrier Appeals:

Carrier Appeals: Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
12/13/2022	Medical/Aetna	SSIRHIF-2022-12-01	Benefit Application	Upheld	1/9/2023
12/29/2022	Medical/Aetna	SSIRHIF-2022-12-02	Benefit Application	Upheld	1/9/2023
1/9/2023	Medical/Aetna	SSIRHIF-2023-01-01	Benefit Application	Upheld	2/16/2023
12/23/2022	Medical/Aetna	SSIRHIF-2023-02-01	Medical Necessity	Upheld	1/4/2023

IRO Submissions:

Carrier Appeals: Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
1/31/2023	Medical/Aetna	SSIRHIF-2023-02-01	Medical Necessity	Upheld	2/21/2023

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment

JANUARY 2023

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.

FUND YEAR 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001450			
001450	PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/22	23.75
			23.75
001451			
001451	SOMERSET COUNTY VOCATIONAL & TECHNICAL SCHOOL	WELLNESS WHOLE FOODS GIFT CARD 12/22	48.00
			48.00
001452			
001452	HEALTH FAIRS DIRECT	WELLNESS EVENT 12/14/22	1,435.00
			1,435.00
001453			
001453	ACCESS	DEPT 002 CUST 224 STORE 12/31 FOR JAN	5.98
001453	ACCESS	DEPT 002 CUST 224 STORE 11/30/22-FOR DEC	5.98
			11.96
001454			
001454	SOMERVILLE ELKS LODGE 1068	SCPC SAFETY BREAKFAST 12/14/22	3,293.40
			3,293.40
W1231			
W1231	INTEGRITY HEALTH, LLC	BEBETTER SYSTEM (W/O COACHING) 12/22	850.00
W1231	INTEGRITY HEALTH, LLC	BEBETTER SYSTEM (W/O COACHING) 11/22	850.00
			1,700.00
W1232			
W1232	INTEGRITY HEALTH, LLC	MANAGEMENT FEE 12/22	44,907.50
W1232	INTEGRITY HEALTH, LLC	HEALTHCARE EXPENSE 12/22	195,638.15
			240,545.65
		Total Payments FY 2022	247,057.76

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001455			
001455	HORIZON BLUE CROSS BLUE SHIELD OF NJ	731345395 - COUNTY- 01/23	93,334.75
001455	HORIZON BLUE CROSS BLUE SHIELD OF NJ	488920617- LIBRARY-01/23	644.28
001455	HORIZON BLUE CROSS BLUE SHIELD OF NJ	271255463-BOSS-01/23	13,296.32
001455	HORIZON BLUE CROSS BLUE SHIELD OF NJ	273954962 - LIBRARY- 01/23	8,270.60
			115,545.95
001456			
001456	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 1/23	13,958.70
001456	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 1/23	7,820.00
001456	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 1/23	21,935.10
			43,713.80
001457			
001457	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES 01/23	2,091.00
			2,091.00
001458			
001458	SOMERVILLE URBAN RENEWAL	RENT 01/23	16,333.33
			16,333.33
W1231			
W1231	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 1/23	126,865.35
			126,865.35
W1232			
W1232	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 1/23	53,860.55
			53,860.55
W1233			
W1233	AETNA	TPA FEES 1/23	55,099.08
			55,099.08
W1234			
W1234	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 01/23	10,929.05
			10,929.05

W1235
W1235

CONNER STRONG & BUCKELEW

CSB MARKETING FEE 1/23

6,250.00

6,250.00

Total Payments FY 2023

430,688.11

TOTAL PAYMENTS ALL FUND YEARS

677,745.87

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

FEBRUARY 2023

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.

FUND YEAR 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001459			
001459	PERMA RISK MANAGEMENT SERVICES	AATRIX 1099 FILING 2022	29.90
			29.90
		Total Payments FY 2022	29.90

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001460			
001460	HORIZON BLUE CROSS BLUE SHIELD OF NJ	488920617- LIBRARY-02/23	447.88
001460	HORIZON BLUE CROSS BLUE SHIELD OF NJ	273954962 - LIBRARY- 02/23	9,145.66
001460	HORIZON BLUE CROSS BLUE SHIELD OF NJ	731345395 - COUNTY- 02/23	100,538.98
001460	HORIZON BLUE CROSS BLUE SHIELD OF NJ	271255463-BOSS-02/23	13,547.04
			123,679.56
001461			
001461	PERMA RISK MANAGEMENT SERVICES	POSTAGE 01/23	218.16
001461	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 2/23	7,840.00
001461	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 2/23	21,991.20
001461	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 2/23	13,994.40
			44,043.76
001462			
001462	SOMERVILLE URBAN RENEWAL	RENT 02/23	16,333.33
			16,333.33
W2231			
W2231	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 2/23	53,860.55
			53,860.55
W2232			
W2232	AETNA	TPA FEES 2/23	55,323.06
			55,323.06
W2233			
W2233	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 02/23	10,887.94
			10,887.94

W2234			
W2234	CONNER STRONG & BUCKELEW	CSB MARKETING FEE 2/23	6,250.00
			6,250.00
W2235			
W2235	INTEGRITY HEALTH, LLC	HEALTHCARE EXPENSE 1/23	180,249.84
W2235	INTEGRITY HEALTH, LLC	HEALTH MGMT FEE 1/23	46,007.50
			226,257.34
W2236			
W2236	INTEGRITY HEALTH, LLC	BEBETTER SYSTEM (W/O COACHING) 1/23	850.00
			850.00
W2237			
W2237	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 2/23	127,290.61
			127,290.61
		Total Payments FY 2023	664,776.15
		TOTAL PAYMENTS ALL FUND YEARS	664,806.05

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
SUPPLEMENTAL BILLS LIST**

Confirmation of Payment

FEBRUARY 2023

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.

FUND YEAR 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
W0722			
W0722	DEPARTMENT OF TREASURY	VOID PCORI FEES	(9,065.28)
			(9,065.28)
W2022			
W2022	DEPARTMENT OF TREASURY	REISSUE AT ADJUSTED AMOUNT	9,281.83
			9,281.83
		Total Payments FY 2022	216.55
		TOTAL PAYMENTS ALL FUND YEARS	216.55

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

Resolution No. 12-23

MARCH 2023

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.

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001463			
001463	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 03/23	7,876.00
001463	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 3/23	14,058.66
001463	PERMA RISK MANAGEMENT SERVICES	POSTAGE 02/23	63.22
001463	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 3/23	22,092.18
			44,090.06
001464			
001464	KEPRO	CLAIMS REVIEW SKYLANDS 02/20/23	525.00
			525.00
001465			
001465	ACCESS	DEPT 002 CUST 224 STORE 1/23 FOR FEB	5.85
			5.85
001466			
001466	SOMERVILLE URBAN RENEWAL	RENT 03/23	16,333.33
			16,333.33
W3231			
W3231	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 03/23	53,959.44
			53,959.44
W3232			
W3232	AETNA	TPA FEES 3/23	55,584.37
			55,584.37
W3233			
W3233	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 03/23	10,859.37
			10,859.37
W3234			
W3234	CONNER STRONG & BUCKELEW	CSB MARKETING FEE 03/23	6,250.00
			6,250.00
W3235			
W3235	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 03/23	127,857.60
			127,857.60
W3236			
W3236	INTEGRITY HEALTH, LLC	HEALTHCARE EXPENSE 02/23	217,951.23
W3236	INTEGRITY HEALTH, LLC	HEALTH MGMT FEE 02/23	46,007.50
			263,958.73
		Total Payments FY 2023	579,423.75
		TOTAL PAYMENTS ALL FUND YEARS	579,423.75

Chairperson

Attest:

Dated: _____

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

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

Current Fund Year: 2022 Month Ending: December										
	Medical	PHC	Rx	Vision	Med.Adv	Reinsurance	Dental	Cont.	Admin	TOTAL
OPEN BALANCE	4,595,761.96	(1,132,339.74)	(1,573,711.58)	0.00	1,017,712.26	(193,277.73)	(492,609.50)	0.00	1,472,251.62	3,693,787.29
RECEIPTS										
Assessments	2,170,801.92	230,843.29	559,757.27	0.00	44,890.00	100,536.38	0.00	0.00	184,489.86	3,291,318.72
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	6,347.48	0.00	0.00	0.00	956.94	0.00	0.00	0.00	1,384.33	8,688.75
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	6,347.48	0.00	0.00	0.00	956.94	0.00	0.00	0.00	1,384.33	8,688.75
Other *	99,982.57	0.00	0.00	0.00	0.00	0.00	567,309.78	0.00	0.00	667,292.35
TOTAL	2,277,131.97	230,843.29	559,757.27	0.00	45,846.94	100,536.38	567,309.78	0.00	185,874.19	3,967,299.82
EXPENSES										
Claims Transfers	2,221,424.24	0.00	774,662.70	0.00	0.00	0.00	0.00	0.00	0.00	2,996,086.94
Expenses	56,818.11	229,125.82	0.00	0.00	0.00	110,810.74	54,557.91	0.00	120,929.87	572,242.45
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2,278,242.35	229,125.82	774,662.70	0.00	0.00	110,810.74	54,557.91	0.00	120,929.87	3,568,329.39
END BALANCE	4,594,651.58	(1,130,622.27)	(1,788,617.01)	0.00	1,063,559.20	(203,552.09)	20,142.37	0.00	1,537,195.94	4,092,757.72

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

Month		December							
Current Fund Year		2022							
Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net Paid Thru Last Month	Monthly Net Paid December	Monthly Recoveries December	Calc. Net Paid Thru December	TPA Net Paid Thru December	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022	Medical	18,935,744.13	2,201,454.82	0.00	21,137,198.95	0.00	21,137,198.95	18,935,744.13	2,201,454.82
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	7,107,879.37	774,662.70	0.00	7,882,542.07	0.00	7,882,542.07	7,107,879.37	774,662.70
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	26,043,623.50	2,976,117.52	0.00	29,019,741.02	0.00	29,019,741.02	26,043,623.50	2,976,117.52

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS		
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND		
ALL FUND YEARS COMBINED		
CURRENT MONTH	December	
CURRENT FUND YEAR	2022	
	Description:	Investors Bank
	ID Number:	
	Maturity (Yrs)	
	Purchase Yield:	
	TOTAL for All	
	Accts & instruments	
Opening Cash & Investment Balance	\$3,693,787.29	3693787.29
Opening Interest Accrual Balance	\$0.00	0
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	\$8,688.76 \$8,688.76
6	Interest Paid - Term Instr.s	\$0.00 \$0.00
7	Realized Gain (Loss)	\$0.00 \$0.00
8	Net Investment Income	\$8,688.76 \$8,688.76
9	Deposits - Purchases	\$3,958,611.07 \$3,958,611.07
10	(Withdrawals - Sales)	-\$3,568,329.39 -\$3,568,329.39
	Ending Cash & Investment Balance	\$4,092,757.73 \$4,092,757.73
	Ending Interest Accrual Balance	\$0.00 \$0.00
	Plus Outstanding Checks	\$0.00 \$0.00
	(Less Deposits in Transit)	\$0.00 \$0.00
	Balance per Bank	\$4,092,757.73 \$4,092,757.73
		\$0.00

RESOLUTION NO. 12-23

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
APPROVAL OF THE JANUARY, FEBRUARY, AND MARCH 2023 BILLS LIST**

WHEREAS, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting March 14, 2023 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 2022 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 Supplemental Bills List for November and the Bills List for January, February and March 2023 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: March 14, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

Southern Skylands Regional Partnership Health Centers Utilization Report

 Date
 01-Jan '23

PHC Visits

Category	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
County of Somerset	758	758	296	296	1,054	1,054
Somerset County Library	59	59	37	37	96	96
Somerset County Park Commission	106	106	32	32	138	138
Somerset County Vocational & Technical School	27	27	50	50	77	77
Total	950	950	415	415	1,365	1,365

PHC Patients

Category	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
County of Somerset	291	291	140	140	431	431
Somerset County Library	26	26	14	14	40	40
Somerset County Park Commission	41	41	12	12	53	53
Somerset County Vocational & Technical School	14	14	18	18	32	32
Total	372	372	184	184	556	556

Rx Drugs Dispensed

Category	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
County of Somerset	504	504	208	208	712	712
Somerset County Library	43	43	21	21	64	64
Somerset County Park Commission	80	80	15	15	95	95
Somerset County Vocational & Technical School	17	17	21	21	38	38
Total	644	644	265	265	909	909

Specialized Service

Service	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
Care Coordination	98	98	44	44	142	142
Chiropractic	17	17	2	2	19	19
COVID19 Test	68	68	38	38	106	106
COVID19 Vaccine	11	11	3	3	14	14
Flu Shot	3	3	1	1	4	4
Lab	37	37	15	15	52	52
Member Services	22	22	2	2	24	24
Pharmacy	435	435	198	198	633	633
Physical Therapy	66	66	22	22	88	88
Physician or Nurse	161	161	77	77	238	238
Telemedicine	10	10	5	5	15	15
Telemedicine BH	8	8	3	3	11	11
Telephone	11	11	3	3	14	14
Xray	3	3	2	2	5	5
Total	950	950	415	415	1,365	1,365



**SOUTHERN SKYLANDS
EMPLOYEE BENEFITS FUND**

Monthly Claim Activity Report

March 14, 2023



Southern Skyland Regional Health Insurance Fund

	MEDICAL CLAIMS PAID 2021	# OF EES	PER EE	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE
JANUARY	\$1,741,555	1,579	\$ 1,103	\$2,173,282	1,532	\$ 1,419
FEBRUARY	\$1,530,684	1,583	\$ 967	\$1,741,256	1,521	\$ 1,145
MARCH	\$2,519,533	1,567	\$ 1,608	\$2,371,067	1,496	\$ 1,585
APRIL	\$2,416,495	1,566	\$ 1,543	\$1,719,709	1,482	\$ 1,160
MAY	\$2,269,061	1,564	\$ 1,451	\$2,182,352	1,480	\$ 1,475
JUNE	\$2,757,243	1,560	\$ 1,767	\$1,685,575	1,476	\$ 1,142
JULY	\$2,212,921	1,566	\$ 1,413	\$1,748,691	1,469	\$ 1,190
AUGUST	\$2,358,583	1,548	\$ 1,524	\$2,320,216	1,465	\$ 1,584
SEPTEMBER	\$1,657,779	1,548	\$ 1,071	\$1,558,216	1,453	\$ 1,072
OCTOBER	\$1,693,086	1,541	\$ 1,099	\$1,962,921	1,453	\$ 1,351
NOVEMBER	\$2,191,919	1,535	\$ 1,428	\$2,473,041	1,464	\$ 1,689
DECEMBER	\$2,362,533	1,529	\$ 1,545	\$1,761,513	1,461	\$ 1,206
TOTALS	\$25,711,393			\$23,697,839		
				2022 Average	1,479	\$1,335
				2021 Average	1,557	\$1,377



Southern Skyland Regional Health Insurance Fund

	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE	MEDICAL CLAIMS PAID 2023	# OF EES	PER EE
JANUARY	\$2,173,282	1,532	\$ 1,419	\$2,157,934	1,483	\$ 1,455
FEBRUARY	\$1,741,256	1,521	\$ 1,145			
MARCH	\$2,371,067	1,496	\$ 1,585			
APRIL	\$1,719,709	1,482	\$ 1,160			
MAY	\$2,182,352	1,480	\$ 1,475			
JUNE	\$1,685,575	1,476	\$ 1,142			
JULY	\$1,748,691	1,469	\$ 1,190			
AUGUST	\$2,320,216	1,465	\$ 1,584			
SEPTEMBER	\$1,558,216	1,453	\$ 1,072			
OCTOBER	\$1,962,921	1,453	\$ 1,351			
NOVEMBER	\$2,473,041	1,464	\$ 1,689			
DECEMBER	\$1,761,513	1,461	\$ 1,206			
TOTALS	\$23,697,839			\$2,157,934		
				2023 Average	1,483	\$1,455
				2022 Average	1,479	\$1,335

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

Plan Sponsor Unique ID : All
 Customer: SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE
 Group / Control: 115332

Paid Dates: 12/01/2022 - 12/31/2022
 Service Dates: 01/01/2011 - 12/31/2022
 Line of Business: All

	Billed Amt	Paid Amt
	\$119,589.39	\$73,286.85
	\$175,380.87	\$68,686.68
	\$135,423.80	\$51,334.66
Total:	\$430,394.06	\$193,308.19

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

Plan Sponsor Unique ID : All
 Customer: SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE
 Group / Control: 115332

Paid Dates: 01/01/2023 - 01/31/2023
 Service Dates: 01/01/2011 - 01/31/2023
 Line of Business: All

	Billed Amt	Paid Amt
	\$155,417.24	\$125,315.40
Total:	\$155,417.24	\$125,315.40



**Medical Claims Paid Per Member:
January 2022 – December 2022**
Total Medical Paid per EE: \$1,335

Network Discounts

Inpatient:	68.5%
Ambulatory:	68.7%
Physician/Other:	65.1%
TOTAL:	67.0%

Provider Network

% Admissions In-Network:	92.2%
% Physician Office:	94.3%

Aetna Book of Business:
Admissions 97.2%; Physician 91.4%

**Top Facilities Utilized
(by total Medical Spend)**

- RWJUH Somerset
- Hunterdon Medical Center
- Morristown Medical
- RWJUH New Brunswick
- St. Peters University Hospital

**Catastrophic Claim Impact
(Jan 2022 thru Dec. 2022)**

Number of Claims Over \$50,000:	75
Claimants per 1000 members:	22.7
Avg. Paid per Claimant:	\$112,003
Percent of Total Paid:	36.7%

- Aetna BOB- HCC account for an average of 42.5% of total Medical Cost

**Aetna One Choice Member Outreach:
Thru Dec. 2022**

Total Members Identified:	788
Members Targeted for 1:1 Nurse Support :	230
Members Targeted for Digital Activity:	419
Members Targeted for Group Coaching:	139
Member 1:1 outreach completed:	218
Member 1:1 Outreach in Progress:	12

**Allentown Service Center
Performance Goal Metrics YTD 2022**

Customer Service Performance

1 st Call Resolution:	93.38%
Abandonment Rate:	1.06%
Avg. Speed of Answer:	20.8 sec

Claims Performance

Financial Accuracy:	99.66%
90% processed w/in:	9.8 days
95% processed w/in:	18.9 days

**Claims Performance (Monthly)
(December 2022)**

90% processed w/in:	5.8 days
95% processed w/in:	10.0 days

(Note: This is not a PG metric)

Performance Goals

1 st Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec
Financial Accuracy:	99%

Turnaround Time

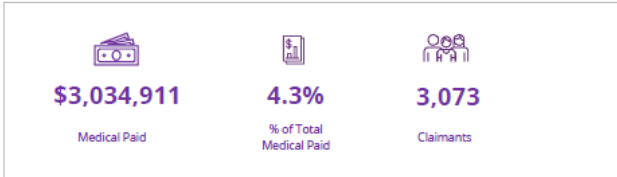
90% processed w/in:	14 days
95% processed w/in:	30 days

At a glance
COVID-19 All-time experience

Time period: Jan 2020 - Jan 2023, paid through January 2023

Average Members: 3,381

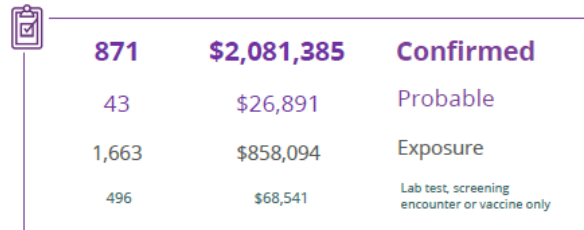
Key Statistics (Medical Claims Only)



More detailed information is found on the next page to help you answer critical questions:
 ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
 ✓ How many members are affected?
 ✓ How many claims-based tests have been conducted for the virus and antibodies?
 ✓ How many individuals have received vaccinations?
 ✓ How is COVID spend trending in 2021 compared to 2020?
 Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

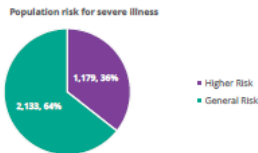
Claimant Distribution*

How your total claimants break down based on diagnosis code information

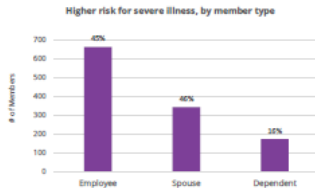


*Refer to Report terms on page 1

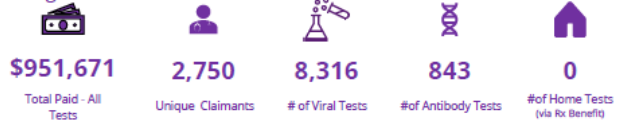
COVID-19 population risk*



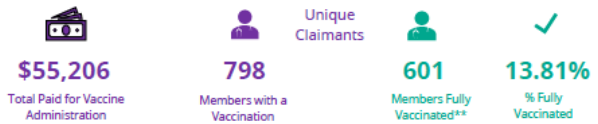
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.
 The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" factors.
 The bar chart displays this information by member type.
 * See page one for High Risk definition.



Testing



Vaccine Administration (Medical & Pharmacy)*



*Includes claims paid under the Aetna Pharmacy benefit plan if applicable
 **The unique count of members >= 5 years of age who have received all of the required doses based on claims received



EXPRESS SCRIPTS®

Southern Skylands Regional Health Insurance Fund

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	3,777	3,753	3,762	3,764	3,752	3,730	3,734	3,739	3,711	3,700	3,687	3,699	3,682	3,698	3,712	3,697	3,725
Total Days	198,139	187,439	213,152	598,730	193,346	199,762	205,729	598,837	191,384	208,504	199,324	599,312	194,896	202,503	217,645	615,415	2,412,390
Total Patients	1,652	1,586	1,660	2,425	1,646	1,671	1,632	2,431	1,617	1,673	1,624	2,403	1,741	1,780	1,774	2,553	3,269
Total Plan Cost	\$771,990	\$661,499	\$773,313	\$2,206,802	\$702,740	\$741,034	\$708,887	\$2,152,661	\$754,220	\$823,835	\$721,911	\$2,288,244	\$670,657	\$758,814	\$829,845	\$2,255,115	\$8,902,868
Generic Fill Rate (GFR) - Total	81.5%	82.2%	83.3%	82.4%	83.0%	82.3%	84.0%	83.1%	80.5%	81.7%	79.5%	80.6%	77.6%	80.0%	80.2%	79.3%	81.3%
Plan Cost PMPM	\$204.39	\$176.26	\$205.56	\$195.43	\$187.30	\$198.67	\$189.85	\$191.93	\$203.24	\$222.66	\$195.80	\$206.19	\$182.14	\$205.20	\$223.56	\$203.31	\$199.18
Total Specialty Plan Cost	\$329,011	\$199,966	\$240,119	\$769,096	\$254,966	\$238,961	\$245,662	\$739,588	\$313,058	\$285,351	\$256,812	\$855,221	\$242,606	\$228,371	\$310,456	\$781,434	\$3,145,339
Specialty % of Total Specialty Plan Cost	42.6%	30.2%	31.1%	34.9%	36.3%	32.2%	34.7%	34.4%	41.5%	34.6%	35.6%	37.4%	36.2%	30.1%	37.4%	34.7%	35.3%

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	3,752																
Total Days	211,125																
Total Patients	1,708																
Total Plan Cost	\$716,757																
Generic Fill Rate (GFR) - Total	81.2%																
Plan Cost PMPM	\$191.03																
% Change Plan Cost PMPM	-6.5%																
Total Specialty Plan Cost	\$208,907																
Specialty % of Total Specialty Plan Cost	29.1%																

PMPM	
Jan-22	\$204.39
Jan-23	\$191.03
Trend - 2021 YTD	-6.5%

APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
OPEN PUBLIC MEETING
JANUARY 10, 2023
12:00 PM**

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

Emily Koval stated that the Fund has one action item to attend to from 2022. She stated, sadly, Chair Hyncik was not re-appointed to the Vo Tech for 2023. She thanked Chair Hyncik for his diligence as our Chair since this program started as a Commission in 2017. He strongly believed in the Fund culture and its objective to save taxpayer money. As a medical professional himself, he was a big proponent of the health center and continuously encouraged participation in the center, particularly from the non-County members. He always made himself available and put the Fund first. Mrs. Koval put on the record that the fund professionals appreciated his efforts and hope that this is not the last they see of him. Mrs. Koval continued the meeting on behalf of Chair Hyncik.

ROLL CALL OF 2022 EXECUTIVE COMMITTEE:

William Hyncik, Fund Chair, Somerset County VoTech	Absent
Brian Auger Fund Secretary, Somerset County Library	Present
Geoffrey Soriano, Somerset County Parks Commission	Present
Sara Sooy, County of Somerset	Present

FUND PROFESSIONALS PRESENT:

Executive Director	PERMA Risk Management Services Emily Koval Brandon Lodics Jordyn DeLorenzo
Program Manager	Conner Strong & Buckelew Crystal Bailey
Fund Attorney	Scholl, Whittlesey & Gruenberg, LLC Frank Whittlesey
Fund Treasurer	Yvonne Childress
Aetna	Jason Silverstein
Express Scripts	Charles Yuk
Fund Actuary	John Vataha - Absent
Integrity Health	Douglas Forrester
Fund Auditor	Mercadien, P.C.

ALSO PRESENT:

Diane Peterson
Donna Umgelter

Hiteksha Patel
John Bruno
John Lajewski
Janine Erickson
Lily Lazroe
Arge Mardakis
Raelene Sipple
Sara Sooy

MOTION TO APPROVE THE OPEN MINUTES OF OCTOBER 11, 2022:

MOTION:	Commissioner Soriano
SECOND:	Commissioner Auger
VOTE:	Unanimous

SINE DIE

ROLL CALL OF COMMISSIONERS OF SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

ELECTION OF OFFICERS

Recommended Slate

Colleen Mahr, Chair
Brian Auger, Secretary
Geoffrey Soriano, Commissioner
Adam Beder, Commissioner

MOTION TO APPROVE THE SLATE AS PRESENTED:

MOTION:	Commissioner Soriano
SECOND:	Commissioner Auger
VOTE:	3 Ayes, 0 Nays

ROLL CALL OF THE 2023 EXECUTIVE COMMITTEE

Colleen Mahr, Chair	Present
Brian Auger, Secretary	Present
Geoffrey Soriano, Commissioner	Present
Adam Beder, Commissioner	Absent

OATH OF OFFICE

EXECUTIVE DIRECTOR'S REPORT

FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND

- 1. Skylands Fund Financial Fast Track** - as of October 31, 2022
- 2. Ratios Report** - as of October 2022

Ms. Koval reviewed the financials through October 31 stating that they continue to be very strong. Preliminary December results for the fund will end the year roughly 2% over budget. She stated that

the Financial Fast track shows this month brought in a little over \$400,000 in surplus. Year to date, the Fund is running about \$3 million under budget. The surplus position went from less than ½ month of claims in retention to almost 1.25 months of claims over those 10 months. November and December also appear to have run under budget so we will end the year with the strongest surplus this Fund has seen.

2023 REORGANIZATION RESOLUTIONS:

Ms. Koval reviewed the following Resolutions:

Resolution 1-23 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 2-23 sets meeting dates and times which will be posted on each entity’s public bulletin board. The meetings will start to be in person starting in March and the resolution will be amended to reflect that decision. Members will always be notified of any.

Resolution 3-23 sets for the Cash Management Plan and bank depositories for 2023. 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 4-23 is the 2023 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 in December.

Resolution 5-23 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 6-23 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 7-23 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 8-23 Designates the Courier News as the Official Fund Newspaper.

Resolution 9-23 changes will be made in light of the election.

MOTION TO APPROVE RESOLUTION 1-23 THROUGH 9-23:

MOTION:	Commissioner Soriano
SECOND:	Commissioner Auger
VOTE:	3 Ayes, 0 Nays

2023 STOP LOSS – Mrs. Koval that the stop loss for 2023 was provided after the last meeting. The incumbent carrier, HCC, provided a strong renewal increase of 6% over last year. Resolution 10-23 awards the stop loss contract between HCC and the Fund.

MOTION TO APPROVE RESOLUTION 10-23 STOP LOSS CONTRCT:

MOTION: Commissioner Soriano
SECOND: Commissioner Auger
VOTE: 3 Ayes, 0 Nays

WELLNESS - Mrs. Koval stated as in previous years, the Aetna contract includes a \$50,000 wellness credit. The below allocates the money for all members, based on the total annual census. The Fund will reimburse groups for all expenses and receive reimbursement from Aetna at the end of each year. Vouchers with approved wellness expenses can be submitted to Jordyn DeLorenzo by 12/31/2023.

Wellness Grant Allotment	Lives	Total
Somerset County	16,692	\$ 38,941.77
Somerset County Library	1,356	\$ 3,163.49
Somerset County Parks	2,220	\$ 5,179.17
Somerset County Vo Tech	1,164	\$ 2,715.57

PROGRAM MAMAGERS REPORT:

Program Manager Crystal Bailey reviewed the agenda reports.

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications is to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

3- Pfizer- Paxlovid

4- Merck- Molnupiravir

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - o Member - \$0 copay
 - o Program Fee- \$2.50 per prescription

- Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - Addition of medications to covered Formulary
 - Member educational pieces (included in agenda)
 - Quantity Limit – 1 course of treatment every 180 days

EXPRESS-SCRIPTS UPDATE

ESI's 2023 SaveOn list has been released. The Program Manager sent the listing to all brokers on November 14th. The drugs highlighted on the listing in red are excluded effective January 1, 2023. Southern Skylands had no members impacted by the exclusions listed.

OPERATIONAL UPDATES:

End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2022
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022 through October 31, 2022**
 - Reports were sent to group billing contacts the week of January 2nd
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022 through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available

2022 LEGISLATIVE REVIEW

COVID -19

4. National Emergency Declaration - Extended through March 2023. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior

to termination.

- Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
- Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period

5. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Reporting has been requested for those groups that have ESI pharmacy through the HIF, updates will be shared at the next meeting.

Coverage Highlights:

- Date - Starting on January 15, 2022, going forward
- Network - the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per test
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government - **No longer available** effective September 2, 2022, due to lack of funding

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.
- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

6. Vaccine Mandates - November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a "vaccine or test," requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under

Employer Health Plans.

Medical and Rx Reporting

Federal Extension Granted – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022.**

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC). Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

Mental Health Parity and Addiction Equity Act (MHPAE)

In December of 2020 Congress passed into Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plan sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund's next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

No Surprise Billing and Transparency Act- Continued Delays

Medical carriers will provide the HIF with a unique URL/hyperlink to post to the HIF's main public website. The URL/hyperlink is required to be posted by July 1, 2022. The link will automatically refresh each month with any updated information. The Program Manager recommends all groups link their website to the HIF's public website, <https://hifundnj.com/>, there will not be a link sent to the groups. By doing so, this will satisfy the group's obligation for this requirement. The Program Manager sent communication on June 14th to all brokers to share with their groups.

The Health Insurance Funds, including Skylands protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Skylands HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

2023 Specialized Audits (Appendix II)

As approved through an RFP through the Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for Southern Skylands Regional Fund (SSRF). AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the (SSRF) to determine compliance with the MHPAEA. Aim will review SSRF claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act.

Later in 2023 Aim will review Gene Therapy cost for Southern Skylands Regional Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

Appeals/IRO Submissions: None

TREASURER – Fund Treasurer said the treasurer's report is included in the Agenda.

MOTION TO APPROVE RESOLUTION 11-23 APPROVING THE TREASURERS REPORT AND BILLS LISTS FOR NOVEMBER AND DECEMBER 2022:

MOTION: Commissioner Mahr
SECOND: Commissioner Auger
VOTE: **Unanimous**

ATTORNEY - Fund Attorney stated he has no reports to give.

INTEGRITY - Douglas Forrester reviewed the report for the month of November 2022. He stated that utilization continues strong. He stated that at the March meeting there will be a new report that highlights a new type of services including chiropractic and pain management. He stated that he believes that the health center has been keeping the health plan costs low.

AETNA: Jason Silverstein reviewed the paid claims for the month of September, October and November. He stated there were 4 high claimant for the month of September, 1 for October and 4 for November. He reviewed the dashboard report and noted all metrics continue to perform well. He also reviewed the COVID reporting distributed with the Agenda.

EXPRESS SCRIPTS: Charles Yuk reviewed the report included in the agenda through the month of November 2022. Mr. Yuk stated that there is a formulary update on Humira. He stated that the FDA has approved 10 new biosimilars for the drug Humira. At this time ESI has decided to keep Humira as a preferred drug so that there will be no disruption in their treatments. Mr. Yuk stated that they are letting biosimilars to be prescribed as they become available on the market. He stated that overall this is good news and they expect the plan costs for specialty drugs to go down in the future due to these changes.

OLD BUSINESS - None.

NEW BUSINESS - None.

PUBLIC COMMENT - None.

MOTION TO ADJOURN:

MOVED: Commissioner Soriano
SECOND: Commissioner Auger
VOTE: Unanimous

MEETING ADJOURNED: 12:45pm

NEXT MEETING: March 14, 2023 at 9:30am

Minutes prepared by:

Jordyn DeLorenzo, Assistant Account Manager

APPENDIX II

Southern Skylands Regional Fund 2023 Specialized Audits

Mental Health Parity Act

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prohibits group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less-favorable benefit limitations on those benefits than on medical/surgical benefits. Benefit treatment limitations include quantitative treatment limits (QTLs), which are expressed numerically (such as a certain number of outpatient visit limits), and non-quantitative treatment limits (NQTLs), which otherwise limit the scope or duration of benefits for treatment under a plan or coverage.

Group health plans are required to perform and document comparative analyses of the design and application of NQTLs on MH/SUD benefits in order to demonstrate compliance with the MHPAEA. Under the Consolidated Appropriations Act (CAA), plans are required to have an NQTL comparative analyses and supporting information demonstrating such compliance with MHPAEA and its requirements.

AIM will review the plan language and Aetna's NQTL analysis performed for the HIF to determine compliance with the MHPAEA. AIM will assess the HIF benefit plan designs for QTL compliance and determine if the plan design contains any red flags (e.g., PCP vs Specialist; nutritional counseling; autism limits) and provide recommendations for remediation.

No Surprises Act

The No Surprises Act (NSA) protects people covered under group health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.

AIM will review HIF claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the NSA. AIM will identify any changes in prices paid to out-of-network providers such as anesthesiologists at in-network facilities and to in-network anesthesiologists before and after surprise-billing legislation.

Gene Therapy

Later in the year or as cases come to light, AIM will review Gene Therapy costs under the HIF. AIM will confirm the claims administrator is administering the necessary care management programs associated with the advances in science and medicine, specifically this new type of disease mediation: Gene Therapy.