



# Southern Skyland Regional

## HEALTH INSURANCE FUND

### AGENDA & REPORTS

#### OCTOBER 5, 2021

#### 10:30 AM

Join Zoom Meeting

<https://permainc.zoom.us/j/7737417209>

Meeting ID: 773 741 7209

One tap mobile

+13126266799,,7737417209# US (Chicago)  
+19292056099,,7737417209# US (New York)

## 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.
3. Sending advance electronic mail notice of this meeting to the Clerk/Administrator of each member.
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 members.
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:  
OCTOBER 5, 2021  
10:30 AM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**

**ROLL CALL OF THE 2021 FUND COMMISSIONERS**

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

**APPROVAL OF MINUTES -June 8, 2021 Open Public Meeting (*Appendix I*)**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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**PROGRAM MANAGERS REPORT**

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**TREASURER - (Yvonne Childress)**

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Confirmation of Claims Paid/Certification of Transfers

**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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Resolution 18-21: 2022 Budget Introduction..... Page 27

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Resolution 20-21: Award of Contract: Extraordinary and Unspecifiable Services Page 30

Resolution 21-21: July, August, September and October Bills List..... Page 33

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

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**SCHEDULE NEXT MEETING -November 9, 2021 10:30 am**

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**MEETING ADJOURNMENT**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
EXECUTIVE COMMITTEE MEETING  
OCTOBER 5, 2021  
10:30 AM**

**FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND**

1. **Skylands Fund Financial Fast Track** - as of July 31, 2021 (page 2 )
2. **Ratios Report** - as of July 2021 (page 4 )

**2022 BUDGET PRESENTATION**

The 2022 Draft Budget is included on page 5. After review, a resolution is included to introduce and set a public hearing which is set for November 9.

**STOP LOSS RFP**

To determine the best arrangement for the Fund, a formal RFP should be released for the Stop Loss policy. Results will be presented to the Fund at adoption .

*Motion: Motion to release an RFP for the Southern Skyland Regional Health Insurance Fund 2022 Stop Loss Policy.*

**RFP RESULTS**

At the last meeting, the Fund issued RFPs for our Fund Professionals - Actuary, Auditor and Attorney. No competing responses were received. A summary of the responses are included and a resolution approving these 1 year contracts is included.

**AETNA RENEWAL**

The Aetna contract has been negotiated State wide for all PERMA administered Funds. An administrative fee decrease of 5.5%, which has been included in the 2022 budget presentation.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**FINANCIAL FAST TRACK REPORT**

		AS OF	July 31, 2021		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	<b>UNDERWRITING INCOME</b>	<b>3,368,525</b>	<b>23,314,306</b>	<b>137,736,670</b>	<b>161,050,977</b>
2.	<b>CLAIM EXPENSES</b>				
	Paid Claims	3,259,173	19,591,145	118,269,293	137,860,438
	IBNR	47,253	153,337	2,054,000	2,207,337
	Less Specific Excess	(30,199)	(222,000)	(3,058,849)	(3,280,849)
	Less Aggregate Excess	-	-	-	-
	<b>TOTAL CLAIMS</b>	<b>3,276,227</b>	<b>19,522,482</b>	<b>117,264,443</b>	<b>136,786,926</b>
3.	<b>EXPENSES</b>				
	MA & HMO Premiums	167,633	1,134,787	2,536,437	3,671,224
	Excess Premiums	(57,714)	709,149	7,923,456	8,632,605
	Administrative	281,334	2,631,493	8,594,173	11,225,666
	<b>TOTAL EXPENSES</b>	<b>391,253</b>	<b>4,475,428</b>	<b>19,054,066</b>	<b>23,529,494</b>
4.	<b>UNDERWRITING PROFIT (1-2-3)</b>	(298,955)	(683,604)	1,418,161	734,557
5.	<b>INVESTMENT INCOME</b>	806	6,905	139,764	146,669
6.	<b>DIVIDEND INCOME</b>	0	0	0	0
7.	<b>STATUTORY PROFIT (4+5+6)</b>	<b>(298,150)</b>	<b>(676,699)</b>	<b>1,557,925</b>	<b>881,226</b>
8.	<b>DIVIDEND</b>	0	0	0	0
9.	<b>Transferred Surplus</b>	(259,733)	0	0	0
<b>STATUTORY SURPLUS (7-8+9)</b>		<b>(557,883)</b>	<b>(676,699)</b>	<b>1,557,925</b>	<b>881,226</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
Closed	Surplus	(133,400)	(133,400)	343,017	209,618
	Cash	93,393	8,720	84,673	93,393
2020	Surplus	116,695	703,032	1,214,908	1,917,940
	Cash	(308,838)	(58,705)	1,701,279	1,642,574
2021	Surplus	(541,178)	(1,246,332)		(1,246,332)
	Cash	106,633	(284,246)		(284,246)
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(557,883)</b>	<b>(676,699)</b>	<b>1,557,925</b>	<b>881,226</b>
<b>TOTAL CASH</b>		<b>(108,812)</b>	<b>(334,231)</b>	<b>1,785,953</b>	<b>1,451,721</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>					
<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>133,184</b>	<b>133,184</b>	<b>86,495,088</b>	<b>86,628,272</b>
<b>FUND YEAR 2020</b>					
	Paid Claims	82,640	1,834,612	29,303,343	31,137,955
	IBNR	0	(2,054,000)	2,054,000	-
	Less Specific Excess	(100,000)	(268,765)	(587,988)	(856,753)
	Less Aggregate Excess	0	0	0	0
<b>TOTAL FY 2020 CLAIMS</b>		<b>(17,360)</b>	<b>(488,153)</b>	<b>30,769,355</b>	<b>30,281,202</b>
<b>FUND YEAR 2021</b>					
	Paid Claims	3,113,150	17,693,151		17,693,151
	IBNR	47,253	2,207,337		2,207,337
	Less Specific Excess	0	(23,036)		(23,036)
	Less Aggregate Excess	0	0		0
<b>TOTAL FY 2021 CLAIMS</b>		<b>3,160,403</b>	<b>19,877,451</b>		<b>19,877,451</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>3,276,227</b>	<b>19,522,482</b>	<b>117,264,443</b>	<b>136,786,926</b>

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 HIF**  
**CONSOLIDATED BALANCE SHEET**  
AS OF JULY 31, 2021  
BY FUND YEAR

	SSRHIF 2021	SSRHIF 2020	SSRHIF Closed Year	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	(284,246)	1,642,574	93,393	1,451,721
Assesments Receivable (Prepaid)	530,192	-	(86,481)	443,711
Interest Receivable	-	-	-	-
Specific Excess Receivable	23,036	226,155	39,784	288,975
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	(667)	-	-	(667)
Other Assets	1,023,812	72,940	162,921	1,259,672
<b>Total Assets</b>	<b>1,292,127</b>	<b>1,941,668</b>	<b>209,618</b>	<b>3,443,413</b>
<b>LIABILITIES</b>				
Accounts Payable	-	16,228	-	16,228
IBNR Reserve	2,207,337	(0)	-	2,207,337
A4 Retiree Surcharge	4,376	-	-	4,376
Dividends Payable	-	-	-	-
Accrued/Other Liabilities	326,746	7,500	-	334,246
<b>Total Liabilities</b>	<b>2,538,459</b>	<b>23,728</b>	<b>-</b>	<b>2,562,187</b>
<b>EQUITY</b>				
Surplus / (Deficit)	(1,246,332)	1,917,940	209,618	881,226
<b>Total Equity</b>	<b>(1,246,332)</b>	<b>1,917,940</b>	<b>209,618</b>	<b>881,226</b>
<b>Total Liabilities &amp; Equity</b>	<b>1,292,127</b>	<b>1,941,668</b>	<b>209,618</b>	<b>3,443,413</b>
<b>BALANCE</b>	<b>(0)</b>	<b>-</b>	<b>-</b>	<b>(0)</b>

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.

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND									
RATIOS									
INDICES	2020	FY2021							
		JAN	FEB	MAR	APR	MAY	JUN	JUL	
Cash Position	1,701,279	\$ 2,491,027	\$ 2,625,310	\$ 2,713,279	\$ 2,317,468	\$ 2,636,828	\$ 1,560,533	\$ 1,451,721	
IBNR	2,054,000	\$ 2,251,894	\$ 2,333,813	\$ 2,696,074	\$ 2,027,207	\$ 2,090,737	\$ 2,160,084	\$ 2,207,337	
Assets	3,688,178	\$ 4,191,936	\$ 4,715,780	\$ 5,097,389	\$ 4,480,908	\$ 4,580,591	\$ 3,663,697	\$ 3,443,413	
Liabilities	2,473,270	\$ 2,674,509	\$ 2,762,701	\$ 3,128,236	\$ 2,724,909	\$ 2,957,928	\$ 2,567,606	\$ 2,562,187	
Surplus	1,214,908	\$ 1,517,428	\$ 1,953,079	\$ 1,969,153	\$ 1,755,998	\$ 1,622,663	\$ 1,096,091	\$ 881,226	
Claims Paid -- Month	3,278,812	\$ 2,140,878	\$ 2,314,723	\$ 2,449,084	\$ 3,490,611	\$ 2,801,553	\$ 3,135,124	\$ 3,259,173	
Claims Budget -- Month	2,399,583	\$ 2,716,090	\$ 2,719,312	\$ 2,712,299	\$ 2,699,249	\$ 2,687,753	\$ 2,685,373	\$ 2,687,791	
Claims Paid -- YTD	29,303,343	\$ 2,140,878	\$ 4,455,602	\$ 6,904,686	\$ 10,395,296	\$ 13,196,849	\$ 16,331,973	\$ 19,591,145	
Claims Budget -- YTD	28,794,991	\$ 2,716,090	\$ 5,435,402	\$ 8,147,700	\$ 10,846,949	\$ 13,534,702	\$ 16,220,075	\$ 18,907,866	
<b>RATIOS</b>									
Cash Position to Claims Paid	0.52	1.16	1.13	1.11	0.66	0.94	0.50	0.45	
Claims Paid to Claims Budget -- Month	1.37	0.79	0.85	0.9	1.29	1.04	1.17	1.21	
Claims Paid to Claims Budget -- YTD	1.02	0.79	0.82	0.85	0.96	0.98	1.01	1.04	
Cash Position to IBNR	0.83	1.11	1.12	1.01	1.14	1.26	0.72	0.66	
Assets to Liabilities	1.49	1.57	1.71	1.63	1.64	1.55	1.43	1.34	
Surplus as Months of Claims	0.51	0.56	0.72	0.73	0.65	0.6	0.41	0.33	
IBNR to Claims Budget -- Month	0.86	0.83	0.86	0.99	0.75	0.78	0.8	0.82	



## 2022 SKYLANDS BUDGET INTRODUCTION

The 2022 draft budget has been included for introduction for the Southern Skylands Regional Health Insurance Fund.

Some highlights:

**Overall, the budget is increasing 7.99%.**

**Claims:** The Actuary has reviewed the Commission's data through June 2021 and is recommending an overall increase of 14.2% for medical and 3.7% for prescription,

There are 2 savings opportunities that are being included in the prescription line that will be discuss at the meeting. The assumed savings reduced the prescription claims line by 9.75%.

The overall claims budget increase is 8.3%.

**Medicare Advantage:** The Medicare Advantage renewal for the Library is increasing about 3.6%.

The Medicare Advantage renewal for the County is a (-2%) reduction.

**Reinsurance:** The reinsurance renewal is expected to arrive shortly. Based on the Fund's renewal history and market norms a 20% estimated increase has been inserted in to the introductory budget.

**Partnership Health Center:** The facility expense line for the PHC are expected to stay flat. The lease was underfunded last year, which has been updated in this budget. The Management fee includes the maximum performance guarantee payout that was negotiated in the contract this year.

**Loss Fund Contingency:** There is no contingency included in this budget.

**Administrative Fees and Taxes:** The expenses are updated, as per RFP results.

**Motion:** *Motion to approve Resolution 21-18 introducing the 2022 in the amount of \$43,119,184 advertise the November 9, 2021 meeting as a public hearing to adopt the 2022 Budget.*

Southern Skyland Regional Health Insurance Fund					Print date	01-Oct-21
2022 Certified Budget						
Census:	Monthly	Annual				
Medical Aetna	1,545	18,540				
Rx ESI	1,778	21,336				
Medicare Advantage - Medical	398	4,776				
Rx No Medical (Incl in Rx above)	262	3144				
Medicare Advantage - Only (Incl above)	41	492				
LINE ITEMS	2021 Annualized Budget	2022 Proposed Budget	\$ Change	% Change		
1 Medical Claims (Aetna)	\$ 24,294,972	\$ 27,759,362	\$ 3,464,390	14.26%		
2						
3 Subtotal Medical Claims	\$ 24,294,972	\$ 27,759,362	\$ 3,464,390	14.26%		
4 Prescription Claims (Express Scripts)	\$ 10,016,641	\$ 10,335,825	\$ 319,184	3.19%		
5 Prescription Rebates (Express Scripts)	\$ (1,979,090)	\$ (3,100,787)	\$ (1,121,697)	56.68%		
6						
7 Prescription Claims Subtotal	\$ 8,037,550	\$ 7,235,038	\$ (802,512)	-9.98%		
8 Subtotal Claims	\$ 32,332,523	\$ 34,994,400	\$ 2,661,877	8.23%		
9						
10 Medicare Advantage- AETNA-MA	\$ 287,524	\$ 297,996	\$ 10,473	3.64%		
11 Medicare Advantage - UHC-MA	\$ 431,088	\$ 422,458	\$ (8,629)	-2.00%		
12 Subtotal Medicare Advantage	\$ 718,611	\$ 720,455	\$ 1,843	0.26%		
13						
14 Horizon Dental	\$ 1,222,394	\$ 1,219,608	\$ (2,786)	-0.23%		
15						
16 Partnership Health Center - Integrity Management	\$ 509,850	\$ 629,850	\$ 120,000	23.54%		
17 Partnership Health Center - Lease	\$ 120,000	\$ 196,000	\$ 76,000	63.33%		
18 Partnership Health Center - Expenses	\$ 2,064,566	\$ 2,064,566	\$ -	0.00%		
19 Subtotal PHC	\$ 2,694,416	\$ 2,890,416	\$ 196,000	7.27%		
20						
21 Reinsurance						
22 Specific	\$ 1,520,265	\$ 1,824,318	\$ 304,053	20.00%		
23						
24 Total Loss Fund	\$ 38,488,210	\$ 41,649,197	\$ 3,160,988	8.21%		
25						
26 Contingency	\$ -	\$ -	\$ 0	0.00%		
27						
28 Expenses						
29 Legal	\$ 10,000	\$ 10,000	\$ 0	0.00%		
30 Executive Director/Program Manager	\$ 399,168	\$ 399,168	\$ 0	0.00%		
31 Enrollment Vendor	\$ 88,704	\$ 88,704	\$ 0	0.00%		
32 TPA - Aetna	\$ 735,482	\$ 692,098	\$ (43,384)	-5.90%		
33 Actuary	\$ 8,000	\$ 8,200	\$ 200	2.50%		
34 Auditor	\$ 16,320	\$ 15,360	\$ (960)	-5.88%		
35 Consulting	\$ 129,214	\$ 129,214	\$ 0	0.00%		
36 Marketing		\$ 75,000	\$ 75,000	100.00%		
37						
38 Subtotal Expenses	\$ 1,386,888	\$ 1,417,744	\$ 30,856	2.22%		
39						
40 Miscellaneous						
41 Miscellaneous and Contingency	\$ 4,325	\$ 4,369	\$ 44	1.02%		
42 Claims Auditor	\$ -	\$ -	\$ 0	0.00%		
43 GASB 75 Reporting	\$ 7,500	\$ 3,000	\$ (4,500)	-60.00%		
44 A4 Surcharge	\$ 29,427	\$ 33,874	\$ 4,447	15.11%		
45 ACA Taxes	\$ 11,000	\$ 11,000	\$ -	0.00%		
46 Subtotal Miscellaneous	\$ 52,252	\$ 52,243	\$ (9)	-0.02%		
47						
48 Total Expenses	\$ 1,439,140	\$ 1,469,987	\$ 30,847	2.14%		
49						
50 Total Budget	\$ 39,927,349	\$ 43,119,184	\$ 3,191,835	7.99%		

**SOUTHERN SKYLANDS REGIONAL EMPLOYEE BENEFITS FUND**  
**2022 RFQ RESPONSES**  
**Responses Deadline 3pm. July 15, 2021**

<b>Position</b>	<b>Vendor</b>	<b>Proposed Fees</b>	<b>Notes</b>
<b>Auditor</b>	<b>Mercadien</b>	<b>2022: \$ 15,360</b>	Incumbent, 2% increase
<b>Actuary</b>	<b>Actuarial Service</b>	<b>2022: \$ 8,200</b>	Incumbent, 2% increase
<b>Attorney</b>	<b>Law Offices of Scholl, Whittlesey &amp; Gruenberg, LLC Franklin Whittleset, Esq</b>	<b>2022: \$ 150.00 per hour</b>	Incumbent, flat

## Southern Skyland Regional HIF

### Program Manager

October 2021

Program Manager: PERMA Risk Management Services LLC

Online Enrollment Training: [kkidd@permainc.com](mailto:kkidd@permainc.com)

Enrollments: [somersetcountyinscom@permainc.com](mailto: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. To contact the team, email [somersetctyinscom@permainc.com](mailto:somersetctyinscom@permainc.com) or fax to 856-552-2175.

### OPERATIONAL UPDATES

#### Annual Open Enrollment

We will begin working with your Risk Managers to schedule and administer the Fall Open enrollment for changes effective January 1, 2022.

#### Garden State Health Plan Enrollment

As a follow up to the implementation of last years "NJ Educators Health Plan" as part of the Chapter 44 legislation, School Districts are now required to offer the "Garden State Health Plan" as an additional offering. Garden State Plan will utilize a New Jersey only version of Aetna's *Whole Health* Network. The Garden State Plan does not cover providers outside of New Jersey. Plan rates are being finalized and will be available mid-October. The Garden State Plan will be available for our school board entities during open enrollment

#### "Back to Work" COVID-19 Tests

Insurers are not required to cover COVID-19 tests that employers may mandate as they bring employees back to work. The Families First Coronavirus Response Act (FFCRA) requires insurers to cover COVID-19 tests without patient cost sharing, however guidance clarified that the law only applies to tests that are deemed "*medically appropriate*" by a healthcare provider. This guidance suggests that if an employer mandates COVID-19 testing as a condition for returning to work, it is not required to be covered by insurance. The Health Insurance Fund will continue to cover COVID-19 testing when deemed medically necessary by a healthcare professional in accordance with CDC guidelines but *will not* be covering employer-mandated testing.

### 2022 PRESCRIPTION BUDGET SAVINGS

#### 1) Level Pharmacy Express Scripts Coalition (\$1.3M)

- The Skylands HIF participated Prescription Manager (PBM) RFP jointly with the Municipal Reinsurance HIF (MRHIF), which represents seven other like HIFs through the State and 1 County Commission. The MRHIF contracted with ELMC Rx a Prescription Consulting firm to manage the RFP and make a recommendation.
- The winning bidder was Level Pharmacy Coalition, which is managed by Express Scripts and represents over 500,000 covered lives.
- Based on ELMC's review the Level Pharmacy Contract improves the MRHIF Contract financially by roughly (-20%)
  - o Savings is combination of improved drug pricing and enhanced rebates
- The Level Pharmacy arrangement is invisible to the membership and is made up of pricing and term improvements on the contract/back end.
  - o No New ID Cards
  - o No Plan Changes
  - o No Utilization Management Changes
  - o No Formulary Disruption
  - o No New Prior Authorization or Mail Order Prescriptions

#### 2) Express Scripts SaveOn Sp Specialty Copay Assistance (\$400K)

- SaveOn Sp is a voluntary program that utilizes available manufacturer copay assistance funding to offset the cost of certain high cost specialty medications.
  - o Members receive a \$0 copay
  - o The plan receives the remaining discount
  - o Based on claims through June 30, 2021, 59 members would be eligible for SaveOn Sp copay assistance
    - 1.5% of the total enrollment

## LEGISLATION & COMPLIANCE

### ***Annual Notices Of Creditable Coverage (NOCC)***

The Fund is working with Express Scripts to generate and mail annual NOCC letters for 2022. As you may recall, these are annual notices required by Medicare to be sent to all plan participants who are age 65 and older, or members who will be reaching age 65 in 2022. The notices were mailed on or before September 15<sup>th</sup>. A sample of this year's NOCC is included with your agenda.

### **COBRA SUBSIDY GUIDANCE & NOTICE REMINDER**

The ARPA subsidy covers 100% of COBRA premiums from **April 1 to September 30, 2021**, assistance-eligible individuals (AEIs) whose work hours reduced or whose employment involuntarily terminated. The premium is reimbursed directly to the employer through a COBRA premium assistance credit, and the value of the credit is included in gross income to the employer (but an employer generally could also claim a deduction for this amount.) The amount of the COBRA premium assistance is not taxable to the COBRA qualified beneficiary in receipt of the benefit.

COBRA participants receiving the ARPA subsidy will be required to pay their October COBRA premium. These participants have payment details and should direct any questions to the COBRA Administrator – Benefit Express.

# SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment

JULY 2021

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 2021**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
W0721			
W0721	DEPARTMENT OF TREASURY	PCORI FEES 7/21	9,490.88
			<b>9,490.88</b>
001242			
001242	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG - AE 466551 - 7/21	3,509.88
001242	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG - AE 430471 - 7/21	22,635.90
			<b>26,145.78</b>
001243			
001243	UNITED HEALTHCARE INS. CO.	MEDICARE ADVANTAGE 7/21	35,923.96
			<b>35,923.96</b>
001244			
001244	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 297033486	12,324.66
001244	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 296899707	84,525.68
001244	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 296899322	7,854.17
001244	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 296899518	859.04
			<b>105,563.55</b>
001245			
001245	AETNA LIFE INSURANCE COMPANY	TPA FEES 7/21	61,369.49
			<b>61,369.49</b>
001246			
001246	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 7/21	20,339.00
001246	PERMA RISK MANAGEMENT SERVICES	POSTAGE 6/21	58.50
001246	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 7/21	12,943.00
001246	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 7/21	7,396.00
			<b>40,736.50</b>
001247			
001247	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 7/21	7,955.25
			<b>7,955.25</b>
001248			
001248	ALLSTATE INFORMATION MANAGEMNT	ACCT# 002 - ARC. AND STOR. - 6.30.21	5.45
			<b>5.45</b>
001249			
001249	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 7/21	2,857.00
001249	CONNER STRONG & BUCKELEW	MARKETING FEE - SOMERSET COUNTY - 7/21	6,250.00
			<b>9,107.00</b>

001250			
001250	CONNER STRONG & BUCKELEW	POLICY# B6024985 - SFCIC - 5/1/21-5/1/22	1,772.00
			<b>1,772.00</b>
001251			
001251	COURIER NEWS	ACCT# ASB-187377 - LEGAL NOT. - 6.25.21	51.34
001251	COURIER NEWS	ACCT# ASB-187377 - FUND ASSETS - 6.29.21	62.52
			<b>113.86</b>
001252			
001252	SOMERSET COUNTY LIBRARY SYSTEM OF NJ	WELLNESS EXPENSES 1/21-5/21	1,800.00
			<b>1,800.00</b>
001253			
001253	HCC LIFE INSURANCE COMPANY	REINSURANCE 7/21	126,758.88
			<b>126,758.88</b>
001254			
001254	SOMERVILLE URBAN RENEWAL, LLC	RENT 7/21	16,228.10
			<b>16,228.10</b>
		<b>Total Payments FY 2021</b>	<b>442,970.70</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>442,970.70</b>

\_\_\_\_\_  
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

AUGUST 2021

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 2021**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001255			
001255	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 8/21	24,390.84
			<b>24,390.84</b>
001256			
001256	UNITED HEALTHCARE INS. CO.	MEDICARE ADVANTAGE 8/21	35,823.05
			<b>35,823.05</b>
001257			
001257	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 297286920	12,674.58
001257	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 731345395	85,174.92
001257	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 488920617	859.04
001257	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 273954962	7,893.05
			<b>106,601.59</b>
001258			
001258	AETNA LIFE INSURANCE COMPANY	TPA FEES 8/21	60,377.74
			<b>60,377.74</b>
001259			
001259	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 8/21	20,108.00
001259	PERMA RISK MANAGEMENT SERVICES	POSTAGE 7/21	40.13
001259	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 8/21	12,796.00
001259	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 8/21	7,312.00
			<b>40,256.13</b>
001260			
001260	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 8/21	7,839.44
			<b>7,839.44</b>
001261			
001261	LAW OFFICES OF SCHOLL & WHITTLESEY, LLC	ATTORNEY FEES 8/21	3,045.00
			<b>3,045.00</b>
001262			
001262	MEDICAL EVALUATION SPECIALISTS	MES CASE #1420389	306.25
001262	MEDICAL EVALUATION SPECIALISTS	MES CASE #1396356	225.00
001262	MEDICAL EVALUATION SPECIALISTS	MES CASE #1409143	490.00
			<b>1,021.25</b>
001263			
001263	CONNER STRONG & BUCKELEW	MARKETING FEE - SOMERSET COUNTY 8/21	6,250.00
001263	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 8/21	2,857.00
			<b>9,107.00</b>



001264			
001264	HCC LIFE INSURANCE COMPANY	REINSURANCE 8/21	125,286.57
			<b>125,286.57</b>
001265			
001265	INTEGRITY HEALTH	HEALTH CARE EXPENSES 8/21	193,419.35
001265	INTEGRITY HEALTH	HEALTH MANAGEMENT FEE 8/21	46,227.50
001265	INTEGRITY HEALTH	HEALTH MANAGEMENT FEE 7/21	46,365.00
001265	INTEGRITY HEALTH	HEALTH CARE EXPENSES 7/21	256,574.22
			<b>542,586.07</b>
001266			
001266	SOMERVILLE URBAN RENEWAL, LLC	RENT 8/21	16,228.10
			<b>16,228.10</b>
		<b>Total Payments FY 2021</b>	<b>972,562.78</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>972,562.78</b>

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Chairperson

Attest:  
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Dated: \_\_\_\_\_

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

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Treasurer

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

Confirmation of Payment

SEPTEMBER 2021

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 2021**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001267			
001267	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG - AE 466551 - 9/21	1,754.94
001267	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG - AE 430471 - 9/21	21,465.52
			<b>23,220.46</b>
001268			
001268	UNITED HEALTHCARE INS. CO.	MEDICARE ADVANTAGE 9/21	36,125.78
			<b>36,125.78</b>
001269			
001269	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 297329793	7,848.44
001269	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 297329999	859.04
			<b>8,707.48</b>
001270			
001270	AETNA LIFE INSURANCE COMPANY	TPA FEES 9/21	61,607.51
			<b>61,607.51</b>
001271			
001271	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 9/21	20,438.00
001271	PERMA RISK MANAGEMENT SERVICES	POSTAGE 4/21-5/21	67.11
001271	PERMA RISK MANAGEMENT SERVICES	SCIC AATRIX FILINGS 9/21	29.90
001271	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 9/21	13,006.00
001271	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 9/21	7,432.00
			<b>40,973.01</b>
001272			
001272	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES - 3RD QUARTER 2021	2,000.00
			<b>2,000.00</b>
001273			
001273	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 9/21	8,080.75
			<b>8,080.75</b>
001274			
001274	ALLSTATE INFORMATION MANAGEMNT	ACCT# 002 - ARC. AND STOR. - 7.31.21	5.45
			<b>5.45</b>
001275			
001275	CONNER STRONG & BUCKELEW	MARKETING FEE - SOMERSET COUNTY 9/21	6,250.00
001275	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 9/21	2,742.72
			<b>8,992.72</b>
001276			
001276	MRHIF	PBM RFP SERVICES 9/21	4,500.00
			<b>4,500.00</b>
001277			
001277	HCC LIFE INSURANCE COMPANY	REINSURANCE 9/21	127,389.87
			<b>127,389.87</b>
001278			
001278	SOMERVILLE URBAN RENEWAL, LLC	RENT 9/21	16,228.10
			<b>16,228.10</b>
		<b>Total Payments FY 2021</b>	<b>337,831.13</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>337,831.13</b>

\_\_\_\_\_  
Chairperson

Attest:

Dated: \_\_\_\_\_

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

14

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Treasurer

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

Resolution No. 21-21

OCTOBER 2021

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 2021**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001279			
001279	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG - AE 430471 - 10/21	22,050.71
001279	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG - AE 466551 - 10/21	1,754.94
			<b>23,805.65</b>
001280			
001280	UNITED HEALTHCARE INS. CO.	MEDICARE ADVANTAGE 10/21	35,722.14
			<b>35,722.14</b>
001281			
001281	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 297330193	85,756.25
001281	HORIZON BLUE CROSS BLUE SHIELD OF NJ	INVOICE 297500740	12,674.58
			<b>98,430.83</b>
001282			
001282	AETNA LIFE INSURANCE COMPANY	TPA FEES 10/21	61,171.14
			<b>61,171.14</b>
001283			
001283	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 10/21	20,306.00
001283	PERMA RISK MANAGEMENT SERVICES	POSTAGE 8/21	41.31
001283	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 10/21	12,922.00
001283	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 10/21	7,384.00
			<b>40,653.31</b>
001284			
001284	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 10/21	7,984.13
			<b>7,984.13</b>
001285			
001285	MEDICAL EVALUATION SPECIALISTS	MES CASE #1454299	225.00
			<b>225.00</b>
001286			
001286	CONNER STRONG & BUCKELEW	MARKETING FEE - SOMERSET COUNTY 10/21	6,250.00
001286	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 10/21	2,914.14
			<b>9,164.14</b>
001287			
001287	ACCESS	ACCT #002 - ARC. AND STOR. - 8.31.21	5.45
			<b>5.45</b>
001288			
001288	HCC LIFE INSURANCE COMPANY	REINSURANCE 10/21	126,408.33
			<b>126,408.33</b>
001289			
001289	INTEGRITY HEALTH	HEALTH CARE EXPENSES 9/21	199,467.54
001289	INTEGRITY HEALTH	HEALTH MANAGEMENT FEE 9/21	46,310.00
			<b>245,777.54</b>
001290			
001290	SOMERVILLE URBAN RENEWAL, LLC	RENT 10/21	16,228.10
			<b>16,228.10</b>
		<b>Total Payments FY 2021</b>	<b>665,575.76</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>665,575.76</b>

\_\_\_\_\_

Chairperson

Attest:

\_\_\_\_\_

Dated: \_\_\_\_\_

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

\_\_\_\_\_

15  
Treasurer

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

<b>Current Fund Year: 2021</b>										
<b>Month Ending: July</b>										
	<b>Medical</b>	<b>PHC</b>	<b>Rx</b>	<b>Vision</b>	<b>Med.Adv</b>	<b>Reinsurance</b>	<b>Dental</b>	<b>Cont.</b>	<b>Admin</b>	<b>TOTAL</b>
OPEN BALANCE	1,167,213.89	(119,004.25)	(1,024,350.74)	0.00	795,497.36	(94,550.63)	(562,137.69)	61,684.91	1,336,180.39	1,560,533.24
<b>RECEIPTS</b>										
Assessments	1,748,045.66	196,818.39	575,313.79	0.00	44,065.20	106,538.18	0.00	0.00	169,249.16	2,840,030.38
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	237.25	38.35	0.00	0.00	161.69	0.00	13.10	12.54	271.59	734.52
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	237.25	38.35	0.00	0.00	161.69	0.00	13.10	12.54	271.59	734.52
Other *	146,790.73	0.00	502,138.61	0.00	0.00	0.00	301,991.18	0.00	0.00	950,920.52
<b>TOTAL</b>	<b>1,895,073.64</b>	<b>196,856.74</b>	<b>1,077,452.40</b>	<b>0.00</b>	<b>44,226.89</b>	<b>106,538.18</b>	<b>302,004.28</b>	<b>12.54</b>	<b>169,520.75</b>	<b>3,791,685.42</b>
<b>EXPENSES</b>										
Claims Transfers	2,677,849.90	0.00	682,864.37	0.00	0.00	0.00	0.00	0.00	0.00	3,360,714.27
Expenses	62,069.74	16,228.10	0.00	0.00	0.00	126,758.88	105,563.55	0.00	132,350.43	442,970.70
Other *	259,733.29	0.00	0.00	0.00	0.00	0.00	(162,920.89)	0.00	0.00	96,812.40
<b>TOTAL</b>	<b>2,999,652.93</b>	<b>16,228.10</b>	<b>682,864.37</b>	<b>0.00</b>	<b>0.00</b>	<b>126,758.88</b>	<b>(57,357.34)</b>	<b>0.00</b>	<b>132,350.43</b>	<b>3,900,497.37</b>
<b>END BALANCE</b>	<b>62,634.60</b>	<b>61,624.39</b>	<b>(629,762.71)</b>	<b>0.00</b>	<b>839,724.25</b>	<b>(114,771.33)</b>	<b>(202,776.07)</b>	<b>61,697.45</b>	<b>1,373,350.71</b>	<b>1,451,721.29</b>

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

<b>Month</b>		<b>July</b>								
<b>Current Fund Year</b>		<b>2021</b>								
<b>Policy Year</b>	<b>Coverage</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	
		<b>Calc. Net Paid Thru Last Month</b>	<b>Monthly Net Paid July</b>	<b>Monthly Recoveries July</b>	<b>Calc. Net Paid Thru July</b>	<b>IPA Net Paid Thru July</b>	<b>Variance To Be Reconciled</b>	<b>Delinquent Unreconciled Variance From</b>	<b>Change This Month</b>	
2021	Medical	0.00	2,595,210.04	0.00	2,595,210.04	0.00	2,595,210.04	0.00	2,595,210.04	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	682,864.37	0.00	682,864.37	0.00	682,864.37	0.00	682,864.37	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>0.00</b>	<b>3,278,074.41</b>	<b>0.00</b>	<b>3,278,074.41</b>	<b>0.00</b>	<b>3,278,074.41</b>	<b>0.00</b>	<b>3,278,074.41</b>	

<b>SUMMARY OF CASH AND INVESTMENT INSTRUMENTS</b>		
<b>SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND</b>		
<b>ALL FUND YEARS COMBINED</b>		
<b>CURRENT MONTH</b>	<b>July</b>	
<b>CURRENT FUND YEAR</b>	<b>2021</b>	
<b>Description:</b> <b>Investors Bank</b> <b>ID Number:</b> <b>Maturity (Yrs)</b> <b>Purchase Yield:</b>		
<b>TOTAL for All Accts &amp; instruments</b>		
<b>Opening Cash &amp; Investment Balance</b>	<b>\$1,560,533.23</b>	<b>1560533.23</b>
<b>Opening Interest Accrual Balance</b>	<b>\$0.00</b>	<b>0</b>
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	\$734.51	\$734.51
6 Interest Paid - Term Instr.s	\$0.00	\$0.00
7 Realized Gain (Loss)	\$0.00	\$0.00
8 Net Investment Income	\$734.51	\$734.51
9 Deposits - Purchases	\$3,697,557.43	\$3,697,557.43
10 (Withdrawals - Sales)	-\$3,807,103.85	-\$3,807,103.85
Ending Cash & Investment Balance	\$1,451,721.32	\$1,451,721.32
Ending Interest Accrual Balance	\$0.00	\$0.00
Plus Outstanding Checks	\$424,372.82	\$424,372.82
(Less Deposits in Transit)	\$0.00	\$0.00
Balance per Bank	\$1,876,094.14	\$1,876,094.14
		-\$100.88

### Partnership Health Center Utilization Report

#### PHC Visits

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	752	7,692	345	3,889	<b>1,097</b>	<b>11,581</b>
Somerset County Library	105	841	21	253	<b>126</b>	<b>1,094</b>
Somerset County Park Commission	87	1,066	32	400	<b>119</b>	<b>1,466</b>
Somerset County Vocational & Technical School	18	317	13	237	<b>31</b>	<b>554</b>
<b>Total</b>	<b>962</b>	<b>9,916</b>	<b>411</b>	<b>4,779</b>	<b>1,373</b>	<b>14,695</b>

#### PHC Patients

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	318	765	158	463	<b>476</b>	<b>1,228</b>
Somerset County Library	34	67	13	34	<b>47</b>	<b>101</b>
Somerset County Park Commission	40	108	16	55	<b>56</b>	<b>163</b>
Somerset County Vocational & Technical School	12	52	7	30	<b>19</b>	<b>82</b>
<b>Total</b>	<b>404</b>	<b>991</b>	<b>194</b>	<b>582</b>	<b>598</b>	<b>1,573</b>

#### Rx Drugs Dispensed

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	464	5,303	220	2,699	<b>684</b>	<b>8,002</b>
Somerset County Library	64	556	17	222	<b>81</b>	<b>778</b>
Somerset County Park Commission	65	819	22	222	<b>87</b>	<b>1,041</b>
Somerset County Vocational & Technical School	11	135	9	119	<b>20</b>	<b>254</b>
<b>Total</b>	<b>604</b>	<b>6,813</b>	<b>268</b>	<b>3,262</b>	<b>872</b>	<b>10,075</b>

#### Specialized Service

Subscriber/Dependent Service	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
Rx	405	4,333	197	2,152	<b>602</b>	<b>6,485</b>
PhyNrs	164	1,573	64	728	<b>228</b>	<b>2,301</b>
PT	96	963	29	395	<b>125</b>	<b>1,358</b>
CC	72	777	37	561	<b>109</b>	<b>1,338</b>
Lab	48	651	21	257	<b>69</b>	<b>908</b>
CovidTest	96	473	29	236	<b>125</b>	<b>709</b>
FluShot		402		132		<b>534</b>
Telemedicine	11	148	5	67	<b>16</b>	<b>215</b>
TeleBH	1	137		63	<b>1</b>	<b>200</b>
Telephonic	2	123	3	58	<b>5</b>	<b>181</b>
BH	7	126	2	46	<b>9</b>	<b>172</b>
XRay	8	102	5	48	<b>13</b>	<b>150</b>
CS	52	108	16	30	<b>68</b>	<b>138</b>
Ped			3	6	<b>3</b>	<b>6</b>
<b>Total</b>	<b>962</b>	<b>9,916</b>	<b>411</b>	<b>4,779</b>	<b>1,373</b>	<b>14,695</b>



**Southern Skyland Regional Health Insurance Fund**

**Monthly Claim Activity Report**

***October 5, 2021***



**Southern Skyland Regional Health Insurance Fund**

	<u>MEDICAL CLAIMS PAID 2020</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2021</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$2,158,977	1,589	\$ 1,359	\$1,741,555	1,579	\$ 1,103
FEBRUARY	\$1,892,430	1,586	\$ 1,193	\$1,530,684	1,583	\$ 967
MARCH	\$2,679,727	1,591	\$ 1,684	\$2,519,533	1,567	\$ 1,608
APRIL	\$1,569,496	1,591	\$ 986	\$2,416,495	1,566	\$ 1,543
MAY	\$1,341,451	1,591	\$ 843	\$2,269,061	1,564	\$ 1,451
JUNE	\$1,515,686	1,593	\$ 951	\$2,757,243	1,560	\$ 1,767
JULY	\$1,530,592	1,591	\$ 962	\$2,212,921	1,566	\$ 1,413
AUGUST	\$2,162,585	1,573	\$ 1,375			▲ #DIV/0!
SEPTEMBER	\$2,243,931	1,571	\$ 1,428			▲ #DIV/0!
OCTOBER	\$2,049,990	1,575	\$ 1,302			▲ #DIV/0!
NOVEMBER	\$1,745,855	1,574	\$ 1,109			▲ #DIV/0!
DECEMBER	\$2,569,893	1,566	\$ 1,641			▲ #DIV/0!
<b>TOTALS</b>	<b>\$23,460,613</b>			<b>\$15,447,492</b>		
				<b>2021 Average</b>	1,569	<b>\$1,407</b>
				<b>2020 Average</b>	1,583	<b>\$1,236</b>





### 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: 05/01/2021 - 05/31/2021  
 Service Dates: 01/01/2011 - 05/31/2021  
 Line of Business: All  
 Funding Category: All

	Billed Amt	Paid Amt
	\$694,433.29	\$145,931.38
	\$156,956.46	\$131,879.54
	\$218,568.33	\$102,979.68
	\$676,784.41	\$98,246.01
	\$108,134.32	\$88,743.48
	\$141,077.00	\$85,884.09
	\$79,816.41	\$53,030.84
	\$128,540.35	\$52,685.73
<b>TOTAL:</b>	<b>\$2,204,310.57</b>	<b>\$759,380.75</b>

### 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: 06/01/2021 - 06/30/2021  
 Service Dates: 01/01/2011 - 06/30/2021  
 Line of Business: All  
 Funding Category: All

	Billed Amt	Paid Amt
	\$93,057.03	\$191,897.40
	\$297,280.43	\$151,321.75
	\$335,204.68	\$128,187.31
	\$450,647.43	\$87,275.71
	\$150,374.25	\$72,984.87
	\$222,500.93	\$69,049.80
	\$394,091.96	\$62,869.36
	\$61,511.41	\$57,704.43
<b>Total:</b>	<b>\$2,004,668.12</b>	<b>\$821,290.63</b>

## 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:** 07/01/2021 - 07/31/2021  
**Service Dates:** 01/01/2011 - 07/31/2021  
**Line of Business:** All  
**Funding Category:** All

	Billed Amt	Paid Amt
	\$177,664.66	\$178,860.98
	\$181,916.10	\$107,526.14
	\$139,580.81	\$54,187.02
<b>Total:</b>	<b>\$499,161.57</b>	<b>\$340,574.14</b>



**Medical Claims Paid Per Member:  
January 2021 – July 2021**

Total Medical Paid per EE: **\$1,407**

**Network Discounts**

Inpatient:	<b>65.0%</b>
Ambulatory:	<b>67.6%</b>
Physician/Other:	<b>65.7%</b>
<b>TOTAL:</b>	<b>66.1%</b>

**Provider Network**

% Admissions In-Network:	<b>95.5%</b>
% Physician Office:	<b>94.9%</b>

Aetna Book of Business:  
Admissions 97.3%; Physician 92.1%

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

- RWJUH Somerset
- Morristown Medical
- Hunterdon Medical Center
- RWJUH New Brunswick
- Overlook

**Catastrophic Claim Impact**

(Jan 2021 thru July 2021)

Number of Claims Over \$50,000: **53**  
 Claimants per 1000 members: **15.1**  
 Avg. Paid per Claimant: **\$120,852**  
 Percent of Total Paid: **42%**

- Aetna BOB- HCC account for an average of 43.4% of total Medical Cost

**Aetna In Touch Care Nurse Case  
Member Outreach:**

**Rolling 12 Months (thru July, 2021)**

Participating in 1:1 Support (includes  
outreach in process) : **274**  
 Participating in Digital Support: **1,091**  
 Total Participation: **1,365**

Avg Age of High Risk: **51.7**  
 Avg Age of Moderate Risk: **51.7**  
 Avg Age of Low Risk: **48.4**

**Southern Skyland Regional HIF  
Plan Performance:**

January 2021 thru July 2021  
(unless otherwise stated)

**Customer Service Performance**

Abandonment Rate:	<b>4.1%</b>
Avg. Speed of Answer:	<b>97.5 sec</b>

**Claims Performance**

Financial Accuracy:	<b>99.07%</b>
Total Claim Accuracy:	<b>98.56%</b>
90% of claims processed in:	<b>3.8 days</b>

\*\*\*\*\*

**Performance Goals**

Abandonment Rate less than:	<b>2.5%</b>
Average Speed of Answer:	<b>30 sec</b>

Financial Accuracy:	<b>99%</b>
Total Claim Accuracy:	<b>95%</b>

**Turnaround Time**

90% processed w/in: **14 days**



**EXPRESS SCRIPTS®**

**Southern Skylands Regional Health Insurance Fund**

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	20212	202Q4	2020YTD
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	3,886	3,888	3,885
Total Days	186,072	178,037	218,348	582,457	172,632	181,677	196,330	550,639	177,697	194,572	191,242	563,781	184,988	188,202	207,358	580,548	2,277,425
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	1,592	1,532	1,567	2,335	3,075
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	\$741,913	\$877,849	\$2,394,078	\$9,343,518
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%	82.6%	81.9%	82.2%
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	\$190.00	\$225.90	\$205.27	\$200.42
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	\$372,547	\$986,620	\$3,647,142
Specialty % of Total Specialty Plan Cost	44.7%	25.7%	38.7%	40.0%	37.5%	38.5%	35.7%	37.2%	42.0%	36.8%	33.6%	37.7%	41.8%	39.1%	42.4%	41.2%	39.0%

Total Component/Date of Service (Month)	202101	202102	202103	2021Q1	202104	202105	202106	2021Q2	202107	202108	202109	2021Q3	202110	202111	202112	2021Q4	2021YTD
Membership	3,879	3,896	3,869	3,881	3,854	3,831	3,806	3,830	3,794	3,810							3,842
Total Days	181,121	175,400	219,370	575,891	187,689	189,336	204,889	581,914	190,362	199,334							1,547,501
Total Patients	1,490	1,466	1,638	2,309	1,595	1,606	1,601	2,404	1,576	1,595							2,885
Total Plan Cost	\$806,345	\$797,387	\$863,713	\$2,467,445	\$953,227	\$842,852	\$807,271	\$2,603,351	\$779,056	\$802,379							6,652,231
Generic Fill Rate (GFR) - Total	82.7%	82.0%	81.4%	82.0%	79.2%	81.4%	81.9%	80.9%	83.3%	81.5%							81.7%
Plan Cost PMPM	\$207.87	\$204.67	\$223.24	\$211.91	\$247.33	\$220.01	\$212.10	\$226.56	\$205.34	\$210.60							216.41
% Change Plan Cost PMPM	0.2%	25.1%	3.5%	8.3%	30.5%	20.2%	9.9%	20.2%	-10.1%	0.3%							8.3%
Total Specialty Plan Cost	\$339,323	\$359,460	\$334,261	\$1,033,044	\$471,529	\$370,377	\$330,961	\$1,172,866	\$299,326	\$300,481							\$2,805,717
Specialty % of Total Specialty Plan Cost	42.1%	45.1%	38.7%	41.9%	49.5%	43.9%	41.0%	45.1%	38.4%	37.4%							42.2%

PMPM	
Jan-Aug 2020	\$198.91
Jan-Aug 2021	\$216.41
Trend - 2021 YTD	8.8%

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
CONSENT AGENDA  
October 5, 2021**

The following Resolutions listed on the Consent Agenda will be enacted in one motion. Copies of all Resolutions are available to any person upon request. Any Commissioner wishing to remove any Resolution(s) to be voted upon, may do so at this time, and said Resolution(s) will be moved and voted separately.

**Resolutions**

**Subject Matter**

**Motion** \_\_\_\_\_ **Second** \_\_\_\_\_

Resolution 18-21: 2022 Budget Introduction..... **Page 27**  
Resolution 19-21: Professional Service Contract Award ..... **Page 28**  
Resolution 20-21: Award of Contract for Extraordinary, Unspecified Services..... **Page 30**  
Resolution 21-21: August, September and October Bills List ..... **Page 33**

**RESOLUTION NO. 18-21**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
INTRODUCTION OF THE 2022 PROPOSED BUDGET**

**WHEREAS**, The Southern Skyland Regional Health Insurance Fund is required under State regulation to adopt an annual budget in accordance with the Fiscal Affairs Law; and

**WHEREAS**, a quorum of the Executive Committee of the Southern Skyland Regional Health Insurance Fund, on met on October 5, 2021 in Public Session to introduce the proposed budget for the 2022 Fund Year; and

**WHEREAS**, a budget of \$43,119,184 was reviewed by the Southern Skyland Regional Health Insurance Fund and deemed appropriate for the 2022 Fund year;

**BE IT FURTHER RESOLVED** that a hearing on the 2022 budget shall be held November 9, 2021 at 10:30 am. The 2022 budget shall be considered for adoption at a second reading at that time and after the completion of a public hearing.

**BE IT FURTHER RESOLVED** that copies of this resolution shall be sent to each Commissioner, Risk Manager, and Governing Body, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

**ADOPTED: OCTOBER 5, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION 19-21**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
RESOLUTION AUTHORIZING PROFESSIONAL SERVICES FOR AUDITOR, ACTUARY AND  
ATTORNEY**

**WHEREAS**, the Southern Skyland Regional Health Insurance Fund (hereinafter the Fund) is duly constituted as a Health Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Board of Fund Commissioners has deemed it necessary and appropriate to obtain professional Auditor, Attorney and Actuary services and issued a publicly advertised Request for Proposals for this purpose; and

**WHEREAS**, three proposals were received: Mercadien PC (Auditor), Actuarial Solutions (Actuary) and Scholl, Whittlesey & Gruenberg, LLC (Attorney),

**WHEREAS**, the Executive Committee has reviewed the submissions in accordance with the advertised evaluation criteria and has determined that Mercadien PC, Actuarial Solutions and Scholl, Whittlesey & Gruenberg, LLC best meet the advertised criteria and have the requisite experience and qualifications required by the Fund and recommends an award of contract be made to these professionals for a term of one year commencing January 1, 2022 to December 31, 2022; and

**WHEREAS**, Actuarial Solutions is willing and able to provide said services for a term of one year at the annual rate of \$8,200 for 2022; and

**WHEREAS**, Scholl, Whittlesey & Gruenberg, LLC is willing and able to provide said services for a term of one year at the rate of \$150.00/hourly, not to exceed \$10,000 without Executive Committee approval for 2022; and

**WHEREAS**, Mercadien PC is willing and able to provide said services for a term of one year at the annual rate of \$15,360 for 2022; and

**WHEREAS**, funding for this purpose will be made available and within future budgets established by the Fund for this purpose; and

**WHEREAS**, these professional services are authorized pursuant to the Local Public Contracts Law, N.J.S.A. 40A:11-5(1)(a)(i); now, therefore

**BE IT RESOLVED** by the Southern Skyland Regional Health Insurance Fund that, contingent upon the funding as described herein, the proper Fund officials be and are hereby authorized to execute all documents necessary to affect an agreement with Mercadien PC, Actuarial Solutions, Scholl, Whittlesey & Gruenberg, LLC ;and



**BE IT FURTHER RESOLVED** that notice of this action shall be advertised in the Commission's official newspapers in accordance with law and that notice of this action along with a completed contract shall be filed with the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs.

**ADOPTED: OCTOBER 5, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 20-21**

**SOUTHERN SKYLAND REGIONAL EMPLOYEE BENEFITS FUND  
RESOLUTION AWARD OF CONTRACT  
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

**WHEREAS**, the Southern Skyland Regional Employee Benefits Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

**WHEREAS**, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

**NOW, THEREFORE, BE IT RESOLVED** that the following insurance contracts be awarded for the periods of January 1, 2022 through December 31, 2022:

- Medical Third Party Administrator – Aetna
- Medicare Advantage and Employer Group Waiver Program Provider – Aetna
- Medicare Advantage and Employer Group Waiver Program Provider – United Healthcare

**BE IT FURTHER RESOLVED** that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

**BE IT FURTHER RESOLVED** that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

**ADOPTED: October 5, 2021**

**BY:** \_\_\_\_\_  
**CHAIR**

**ATTEST:**  
  
\_\_\_\_\_  
**SECRETARY**

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Skyland Regional Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: October 5, 2021  
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firms: Aetna Medicare Advantage, Aetna, United Healthcare  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical and Prescription Medicare provider services for the Southern Skyland Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

For Aetna:

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

For Medicare Advantage for Aetna and United Healthcare

The contractor will provide the day to day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. **I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**RESOLUTION NO. 21-21**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
APPROVAL OF THE JULY, AUGUST, SEPTEMBER AND OCTOBER 2021 BILLS LIST**

**WHEREAS**, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting on **October 5, 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 July, August, September and October 2021 for consideration and approval of the Executive Committee and

**WHEREAS**, a quorum of 7the 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 July, August, Septmber and October 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: October 5, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

# APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
OPEN PUBLIC MEETING  
JUNE 8, 2021  
10:30 AM**

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

**ROLL CALL OF 2021 EXECUTIVE COMMITTEE:**

William Hyncik, Fund Chair, Somerset County VoTech	Present
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/Program Manager	PERMA Risk Management Services <b>Emily Koval</b> <b>Marybeth Visconti</b>
Fund Attorney	Scholl, Whittlesey & Gruenberg, LLC <b>Frank Whittlesey</b>
Fund Treasurer	<b>Yvonne Childress</b>
Aetna	<b>Jason Silverstein</b>
Express Scripts	<b>Kyle Colalillo</b>
Fund Actuary	<b>Absent</b>
Integrity Health	<b>Doug Forrester</b>
Fund Auditor	<b>Matt Daly</b> <b>Digesh Patel</b>

**ALSO PRESENT:**

**MOTION TO APPROVE THE OPEN MINUTES OF APRIL 13, 2021:**

<b>MOTION:</b>	Commissioner Auger
<b>SECOND:</b>	Commissioner Soriano
<b>VOTE:</b>	All in Favor

**EXECUTIVE DIRECTORS REPORT**

**FINANCIAL FAST TRACK - SCIC and SSRHIF as of March 31, 2021** – Executive Director said this was basically a break even month for the SSRHIF, she said we did receive some surplus transferred from the SCIC. She said the HIF has received \$241,000 from the Commission this year. She said April does appear to be a higher month.

**SOMERSET COMMISSION CLOSURE** – Executive Director said over the past few months, the Somerset Commission has transferred all assets to the Skylands Fund. Most, if not, all claims have been paid, yet any residual claims will be paid through the Skylands Fund operating account. It is our recommendation to close the Somerset County Insurance Commission as of June 30, 2021. Surplus from the years the Commission was in existence would be allocated to the membership based on the shares development process stipulated in the Fund Risk Management Plan.

**MOTION TO APPROVE RESOLUTION 15 -21 TO AUTHORIZE PERMA TO CLOSE THE SOMERSET COUNTY INSURANCE COMMISSION ON JUNE 30, 2021.**

<b>MOTION:</b>	Commissioner Auger
<b>SECOND:</b>	Commissioner Soriano
<b>VOTE:</b>	4 Ayes, 0 Nays

**2020 SOUTHERN SKYLANDS REGIONAL HEALTH INSURANCE FUND AUDIT**

Mr. Patel from Mercadien was in attendance to present the 2020 Audit. He reviewed the scope of services, process and results. He said the audit has an unmodified clean opinion. He said there were also no findings or recommendations. Mr. Daly said there were no changes in the audit plan or scope. He said there were no new accounting standards adopted.

**MOTION TO APPROVE RESOLUTION 16-21 ACCEPTING THE 2020 AUDIT AND FILE WITH THE STATE.**

<b>MOTION:</b>	Commissioner Sooy
<b>SECOND:</b>	Commissioner Soriano
<b>VOTE:</b>	4 Ayes, 0 Nays

**REQUESTS FOR PROPOSALS** – Executive Director said under the Local Public Contracts law, the following positions need to go out for RFP for a one-year term starting January 1, 2022: Actuary, Auditor and Attorney.

**MOTION TO ISSUE AND ADVERTISE REQUESTS FOR PROPOSALS FOR PROFESSIONAL SERVICES CONTRACTS ON BEHALF OF THE FUND FOR ACTUARY, AUDITOR AND ATTORNEY.**

<b>MOTION:</b>	Commissioner Sooy
<b>SECOND:</b>	Commissioner Soriano
<b>VOTE:</b>	All in Favor



**WELLNESS GRANTS** – Executive Director said as a reminder each group has wellness money allocated to them for 2021. Please see below grant balances. *(balance as of 5/30/21)*

<u>Wellness Grant Allotment</u>	<u>Lives</u>	<u>Total</u>	<u>Total Spend</u>	<u>Remaining Balance</u>
Somerset County	16,836	\$ 38,375.27	\$11,939.86	\$ 26,435.41
Somerset County Library	1,428	\$ 3,254.92		\$ 3,254.92
Somerset County Parks	2,436	\$ 5,552.52		\$ 5,552.52
Somerset County Vo Tech	1,236	\$ 2,817.29	\$2,672.99	\$ 144.30

**PROGRAM MANAGERS REPORT**

**BENEFIT EXPRESS (BE) UPDATE**

**Benefit Express-WEX Acquisition** – A leading financial technology service provider, WEX, recently announced that it is acquiring Benefit-Express. BE is a preferred partner of Conner Strong and provides the benefit administration system utilized by the HIFs. The two companies have worked together for many years and we do not anticipate any changes in our day-to-day operations or system functionality. We have been advised that the BE team will continue as is and, are confident that the services provided by BE including Benefit Administration, COBRA, Direct-billing, will continue with no interruption.

**COMPLIANCE UPDATES**

**COBRA Subsidy Compliance** – Ms. Visonti said PERMA is working with Benefit Express to identify members who had their health benefits terminated during the National COVID-19 Health Emergency. PERMA will work with the group enrollment contacts to determine who was involuntarily terminated due to a lay-off or reduction in hours. Notices required by the recent legislation concerning the availability of COBRA premium subsidies from 4/1/2021 through 9/30/2021, will be mailed those members. A new field has been added to Benefit Express to track members who involuntarily lose their health benefits (due to lay-off or reduction in hours) through 9/30/2021.

**PCORI (Patient-Centered Research Institute Fee)** – Ms. Visconti said the ACA required PCORI fee was extended last year for another 10 years through 9/30/2029. Plans with plan years ending in the 2020 calendar year are subject to the PCORI fee. The fee for plans ending on or before 9/30/2020 is \$2.54 per member, per year. The fee for plans ending after 9/30/2020 is \$2.66 per member, per year. As in the past, the PCORI fee will be paid by the fund on behalf of member entities.

**Updated HDHP/HSA Limits** – Ms. Visconti said Federal Agencies recently released the 2022 indexed dollar limits for qualified High Deductible Health Plans (HDHPs) and Health Savings Accounts (HSAs). The minimum annual deductible will remain the same for 2022; \$1,400/individual and \$2,800/family. The chart below indicates the limits that are changing effective 1/1/2022:

	<b>2021</b>	<b>2022</b>
HDHP Out-of-pocket Maximum - Individual	\$7,000	\$7,050
HDHP Out-of-pocket Maximum	\$14,000	\$14,100

Family		
HSA Contribution Limit - Individual	\$3,600	\$3,650
HSA Contribution Limit - Family	\$7,200	\$7,300

**Annual Notices Of Creditable Coverage (NOCC)** - Ms. Visconti said the Fund is working with Express Scripts to generate and mail annual NOCC letters for 2022. As you may recall, these are annual notices required by Medicare to be sent to all plan participants who are age 65 and older, or members who will be reaching age 65 in 2022. The notices must be mailed by September 15<sup>th</sup>. A sample of this year's NOCC is included with your agenda.

**TREASURER** - Fund Treasurer said the bills list and treasurer's report is included in the Agenda.

**SSRHIF MAY 2021 - Confirmation of Payment**

<b>FY2020</b>	<b>\$5,000.00</b>
<b>FY2021</b>	<b>\$1,081,096.72</b>
<b>Total</b>	<b>\$1,086,096.22</b>

**SSRHIF JUNE 2021 - Resolution 17-21**

<b>FY2021</b>	<b>\$328,160.03</b>
<b>Total</b>	<b>\$328,160.03</b>

**MOTION TO APPROVE RESOLUTION 17-21:**

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

**ATTORNEY** - Fund Attorney said there are currently no open litigation matters.

**INTEGRITY HEALTH** - Mr. Forrester introduced Billy Branxton their new member advocate at the center, she replaces Sharon Vaughan. He said the utilization for April indicates about 1,044 patient visits. He said one issue he wants to touch on is care coordination. He said they have changed their formatting and are finalizing a robust care coordination reporting. This helps them deploy information for use and allows for them to monitor the development of engagement.

**AETNA** - Mr. Silverstein reviewed the claims for March and April 2021. March had a pepm of \$1,608 and April \$1,543. He said there were 10 high claims for March and 3 for April. He reviewed the dashboard metrics and Covid reporting.

**EXPRESS SCRIPTS** - Mr. Colalillo said the Fund had some of their highest utilization with a 13.4% increase for the year. He said almost 50% of the plan cost is on specialty medication.

**OLD BUSINESS** - None

**NEW BUSINESS** - None

**PUBLIC COMMENT** - In response to Mr. Malarcher, Ms. Visconti said she believes the NOCC has been sent to all county employees in the past but will confirm after the call. Mr. Malarcher said it was previously recommended to send to all employees.

Mr. Forrester said they continue to assist the county with important public health matters that extend beyond the HIF.

**MOTION TO ADJOURN:**

MOVED:	Commissioner Auger
SECOND:	Commissioner Sooy
VOTE:	Unanimous

**MEETING ADJOURNED:**

**NEXT MEETING: August 10, 2021 10:30 am**

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Minutes prepared by:

Karen Kamprath, Assisting Secretary