

SouthernSkylands^{FUND}

**AGENDA
SEPTEMBER 12, 2023
9:30 AM**

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

OPEN PUBLIC MEETINGS ACT - STATEMENT OF COMPLIANCE

In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I. Advertising the notice in the Courier News;**
 - II. Filing advance written notice of this meeting with the Commissioners of the Southern Skyland Regional Health Insurance Fund; and**
 - III. Posting notice on the Public Bulletin Board of the Office of the County Clerk**
-

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
AGENDA
OPEN PUBLIC MEETING:
September 12, 2023
9:30 AM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

ROLL CALL OF THE 2023 EXECUTIVE COMMITTEE

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

APPROVAL OF MINUTES – May 9, 2023 Open Public Meeting (*Appendix I*)

Welcome New Members: Peapack-Gladstone & Somerville

Correspondence: None.

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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RESOLUTIONS

Resolution 19-23: 2024 Budget Introduction Page 10

Resolution 20-23: Integrity Contract Extension Page 11

PROGRAM MANAGERS REPORT

Monthly Report..... Page 13

New Business Report..... Page 15

TREASURER – (Yvonne Childress)

June, July, August, September 2023 Voucher List.....Page 16

Resolution 21-23: June, July, August, September 2023 Bills List.....Page 29

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 -October 10, 2023
MEETING ADJOURNMENT

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
SEPTEMBER 12, 2023
9:30 AM**

FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND

1. **Skylands Fund Financial Fast Track** - as of June 30, 2023 (page 5)
2. **Ratios Report** - as of June 30, 2023 (page 9)

BUDGET INTRODUCTION

A power point presentation has been included with the agenda for review.

If the Committee agrees, the HIF can introduce the budget and move Resolution 19-23 and advertise a public hearing for October 10, 2023 at 9:30.

Motion: *Motion to approve Resolution 19-23 introducing the 2024 Southern Skyland Regional Health Insurance Fund in the amount of \$46,923,585.*

REQUEST FOR PROPOSALS

Below is our contract compliance checklist:

| Professional | | Contract Received | Contract Term | Last RFP | Notes |
|---------------|------------------|-------------------|----------------------|-----------|---------------------|
| Actuary | John Vataha | 7/18/2023 | 1/1/2023-12/31/2023 | 8/11/2022 | RFP 2023 |
| Auditor | Mercadien | 6/28/2023 | 1/1/2023-12/31/2023 | 8/11/2022 | RFP 2023 |
| Attorney | Frank Whittlesey | 7/6/2023 | 1/1/2023-12/31/2023 | 8/11/2022 | RFP 2023 |
| Aetna | | 8/19/2020 | 1/1/2019-12/31/2023 | 7/15/2018 | In attorney Review |
| ESI | Throught MRHIF | 2/1/2021 | 11/1/2021-12/31/2025 | 6/30/2021 | |
| Health Center | Integrity | 7/9/2021 | 4/1/2021-12/31/2023 | 8/1/2020 | Extension requested |
| Executive | PERMA | 5/1/2023 | 1/1/2023-12/31/2025 | 8/11/2022 | |

The Fund has a few contracts that expire at the end of 2023 and need authorization to RFP:

1. Attorney
2. Auditor
3. Actuary

We ask for a motion to allow the Fund to release a professional service RFP for the above positions.

Motion: *Motion to allow PERMA to release a professional services RFP for Attorney, Auditor and Actuary effective January 1, 2024 through December 31, 2024.*

As for the Medical TPA contract, the Fund Attorney has recommended that the Fund enter a new, one year contract with Aetna.

Motion: *Motion to release an EUS RFP for medical TPA for one year, starting January 1, 2024.*

STOP LOSS

The Stop Loss renewal is typically delivered after September claims are finalized, which is in mid October. The Fund has not performed a formal RFP for Stop Loss in three years. It is our recommendation to go out to RFP for Stop Loss.

Motion: *Motion to release an RFP for medical and prescription Stop Loss insurance*

INTEGRITY CONTRACT

The Fund's contract with Integrity Health for the management of the Health Center term extends to 12/31/2023, but there are two, one year optional extension. The County is requesting to use one of these extension through 12/31/2024.

Motion: *Motion to approve resolution 20-23 extending the Integrity Health contract one additional year, ending December 31, 2024.*

NEW MEMBER STATUS REPORT

A report of the marketing consultant is included on page 15. There are a few groups that are considering membership but have not committed at this time.

Somerville and Peapack – Gladstone's implementations are complete.

INDEMNITY AND TRUST AGREEMENTS

Somerset County – expired 12/31/2022

Somerset Library – expired 12/31/2022

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
FINANCIAL FAST TRACK REPORT

| | | AS OF | | | | |
|--|---|------------------|--------------------|--------------------|--------------------|--------------------|
| | | June 30, 2023 | | | | |
| | | THIS | YTD | PRIOR | FUND | |
| | | MONTH | CHANGE | YEAR END | BALANCE | |
| 1. | UNDERWRITING INCOME | 3,572,837 | 20,922,450 | 219,232,282 | 240,154,731 | |
| 2. | CLAIM EXPENSES | | | | | |
| | Paid Claims | 2,569,390 | 15,810,520 | 180,881,948 | 196,692,469 | |
| | IBNR | 15,711 | 989,295 | 1,762,266 | 2,751,561 | |
| | Less Specific Excess | 23,810 | 23,810 | (3,859,666) | (3,835,857) | |
| | Less Aggregate Excess | - | - | - | - | |
| | TOTAL CLAIMS | 2,608,910 | 16,823,625 | 178,784,548 | 195,608,173 | |
| 3. | EXPENSES | | | | | |
| | MA & HMO Premiums | 156,961 | 704,591 | 6,326,099 | 7,030,690 | |
| | Excess Premiums | 129,417 | 878,609 | 10,579,920 | 11,458,529 | |
| | Administrative | 365,235 | 2,297,311 | 18,119,479 | 20,416,789 | |
| | TOTAL EXPENSES | 651,613 | 3,880,510 | 35,025,498 | 38,906,008 | |
| 4. | UNDERWRITING PROFIT/(LOSS) (1-2-3) | 312,313 | 218,314 | 5,422,236 | 5,640,551 | |
| 5. | INVESTMENT INCOME | 11,457 | 66,116 | 185,696 | 251,812 | |
| 6. | DIVIDEND INCOME | 0 | 0 | 0 | 0 | |
| 7. | STATUTORY PROFIT/(LOSS) (4+5+6) | 323,771 | 284,430 | 5,607,932 | 5,892,362 | |
| 8. | DIVIDEND | 0 | 0 | 0 | 0 | |
| 9. | Transferred Surplus | 0 | 0 | 0 | 0 | |
| | STATUTORY SURPLUS (7-8+9) | 323,771 | 284,430 | 5,607,932 | 5,892,362 | |
| SURPLUS (DEFICITS) BY FUND YEAR | | | | | | |
| | Closed | Surplus | (23,842) | (252,720) | (136,719) | (389,439) |
| | | Cash | (32) | (1,891,328) | 1,501,889 | (389,439) |
| | 2022 | Surplus | (25,898) | (435,356) | 5,744,651 | 5,309,295 |
| | | Cash | (69,954) | 647,831 | 4,277,530 | 4,925,361 |
| | 2023 | Surplus | 373,511 | 972,506 | | 972,506 |
| | | Cash | 467,164 | (103,779) | | (103,779) |
| | TOTAL SURPLUS (DEFICITS) | 323,771 | 284,430 | 5,607,932 | | 5,892,362 |
| | TOTAL CASH | 397,178 | (1,347,276) | 5,779,419 | | 4,432,142 |
| CLAIM ANALYSIS BY FUND YEAR | | | | | | |
| | TOTAL CLOSED YEAR CLAIMS | 26,879 | 164,412 | 150,611,665 | | 150,776,078 |
| | FUND YEAR 2022 | | | | | |
| | Paid Claims | 77,042 | 2,299,497 | 26,410,616 | | 28,710,114 |
| | IBNR | (44,056) | (1,762,266) | 1,762,266 | | - |
| | Less Specific Excess | 0 | 0 | 0 | 0 | 0 |
| | Less Aggregate Excess | 0 | 0 | 0 | 0 | 0 |
| | TOTAL FY 2022 CLAIMS | 32,986 | 537,231 | 28,172,882 | | 28,710,114 |
| | FUND YEAR 2023 | | | | | |
| | Paid Claims | 2,489,278 | 13,370,420 | | | 13,370,420 |
| | IBNR | 59,767 | 2,751,561 | | | 2,751,561 |
| | Less Specific Excess | 0 | 0 | | | 0 |
| | Less Aggregate Excess | 0 | 0 | | | 0 |
| | TOTAL FY 2023 CLAIMS | 2,549,045 | 16,121,981 | | | 16,121,981 |
| | COMBINED TOTAL CLAIMS | 2,608,910 | 16,823,625 | 178,784,548 | | 195,608,173 |

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

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

| | | AS OF | | July 31, 2023 | | |
|--|---|------------------|------------------|----------------------|--------------------|--------------------|
| | | THIS | | YTD | | FUND |
| | | MONTH | | CHANGE | PRIOR | BALANCE |
| | | | | | YEAR END | |
| 1. | UNDERWRITING INCOME | 3,665,090 | | 24,587,539 | 219,232,282 | 243,819,821 |
| 2. | CLAIM EXPENSES | | | | | |
| | Paid Claims | 2,475,786 | | 18,286,307 | 180,881,948 | 199,168,255 |
| | IBNR | 62,226 | | 1,051,521 | 1,762,266 | 2,813,787 |
| | Less Specific Excess | - | | 23,810 | (3,859,666) | (3,835,857) |
| | Less Aggregate Excess | - | | - | - | - |
| | TOTAL CLAIMS | 2,538,012 | | 19,361,637 | 178,784,548 | 198,146,185 |
| 3. | EXPENSES | | | | | |
| | MA & HMO Premiums | 201,261 | | 905,852 | 6,326,099 | 7,231,951 |
| | Excess Premiums | 130,409 | | 1,009,018 | 10,579,920 | 11,588,938 |
| | Administrative | 379,501 | | 2,676,811 | 18,119,479 | 20,796,290 |
| | TOTAL EXPENSES | 711,171 | | 4,591,681 | 35,025,498 | 39,617,179 |
| 4. | UNDERWRITING PROFIT/(LOSS) (1-2-3) | 415,907 | | 634,221 | 5,422,236 | 6,056,457 |
| 5. | INVESTMENT INCOME | 12,862 | | 78,977 | 185,696 | 264,673 |
| 6. | DIVIDEND INCOME | 0 | | 0 | 0 | 0 |
| 7. | STATUTORY PROFIT/(LOSS) (4+5+6) | 428,768 | | 713,198 | 5,607,932 | 6,321,130 |
| 8. | DIVIDEND | 0 | | 0 | 0 | 0 |
| 9. | Transferred Surplus | 0 | | 0 | 0 | 0 |
| STATUTORY SURPLUS (7-8+9) | | 428,768 | | 713,198 | 5,607,932 | 6,321,130 |
| SURPLUS (DEFICITS) BY FUND YEAR | | | | | | |
| | Closed | Surplus | 4,638 | (248,083) | (136,719) | (384,802) |
| | | Cash | 4,638 | (200,030) | (184,772) | (384,802) |
| | 2022 | Surplus | (104,703) | (540,060) | 5,744,651 | 5,204,592 |
| | | Cash | (121,063) | 526,767 | 4,277,530 | 4,804,297 |
| | 2023 | Surplus | 528,834 | 1,501,340 | | 1,501,340 |
| | | Cash | (161,100) | (264,879) | | (264,879) |
| TOTAL SURPLUS (DEFICITS) | | | 428,768 | 713,198 | 5,607,932 | 6,321,130 |
| TOTAL CASH | | | (277,526) | 61,859 | 4,092,758 | 4,154,617 |
| CLAIM ANALYSIS BY FUND YEAR | | | | | | |
| TOTAL CLOSED YEAR CLAIMS | | | (4,638) | 159,774 | 150,611,665 | 150,771,440 |
| FUND YEAR 2022 | | | | | | |
| | Paid Claims | 112,579 | | 2,412,076 | 26,410,616 | 28,822,692 |
| | IBNR | 0 | | (1,762,266) | 1,762,266 | - |
| | Less Specific Excess | 0 | | 0 | 0 | 0 |
| | Less Aggregate Excess | 0 | | 0 | 0 | 0 |
| | TOTAL FY 2022 CLAIMS | 112,579 | | 649,810 | 28,172,882 | 28,822,692 |
| FUND YEAR 2023 | | | | | | |
| | Paid Claims | 2,367,845 | | 15,738,266 | | 15,738,266 |
| | IBNR | 62,226 | | 2,813,787 | | 2,813,787 |
| | Less Specific Excess | 0 | | 0 | | 0 |
| | Less Aggregate Excess | 0 | | 0 | | 0 |
| | TOTAL FY 2023 CLAIMS | 2,430,071 | | 18,552,053 | | 18,552,053 |
| COMBINED TOTAL CLAIMS | | 2,538,012 | | 19,361,637 | 178,784,548 | 198,146,185 |

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, 2023
BY FUND YEAR

| | SSRHIF 2023 | SSRHIF 2022 | SSRHIF Closed Year | FUND BALANCE |
|---------------------------------------|------------------|------------------|-----------------------|------------------|
| ASSETS | | | | |
| Cash & Cash Equivalents | (264,879) | 4,804,297 | (384,802) | 4,154,617 |
| Assesmtments Receivable (Prepaid) | 3,500,043 | - | - | 3,500,043 |
| Interest Receivable | - | - | - | - |
| Specific Excess Receivable | - | - | - | - |
| Aggregate Excess Receivable | - | - | - | - |
| Dividend Receivable | - | - | - | - |
| Prepaid Admin Fees | 1,394 | - | - | 1,394 |
| Other Assets | 1,360,725 | 400,295 | - | 1,761,020 |
| Total Assets | 4,597,283 | 5,204,592 | (384,802) | 9,417,074 |
| LIABILITIES | | | | |
| Accounts Payable | - | - | - | - |
| IBNR Reserve | 2,813,787 | - | - | 2,813,787 |
| A4 Retiree Surcharge | 6,709 | - | - | 6,709 |
| Dividends Payable | - | - | - | - |
| Accrued/Other Liabilities | 275,447 | - | - | 275,447 |
| Total Liabilities | 3,095,943 | - | - | 3,095,943 |
| EQUITY | | | | |
| Surplus / (Deficit) | 1,501,340 | 5,204,592 | (384,802) | 6,321,130 |
| Total Equity | 1,501,340 | 5,204,592 | (384,802) | 6,321,130 |
| Total Liabilities & Equity | 4,597,283 | 5,204,592 | (384,802) | 9,417,074 |
| 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.

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

2023 Budget Status Report

as of July 31, 2023

| | | | | YTD | \$ Variance | % Variance |
|--|--------------|-------------|--------------|--|-------------|------------|
| Expected Losses | YTD Budgeted | Annual | Latest Filed | Expensed | | |
| Medical Claims (Aetna) | 15,431,681 | 27,036,654 | 26,160,618 | 15,118,835 | 312,846 | 2% |
| Prescription Claims (Express Scripts) | 6,227,963 | 10,807,157 | 10,511,270 | | | |
| Prescription Rebates (Express Scripts) | (1,808,792) | (3,100,787) | (3,100,787) | | | |
| Subtotal Prescription | 4,419,171 | 7,706,370 | 7,410,483 | 3,433,217 | 985,953 | 22% |
| Subtotal Claims | 19,850,852 | 34,743,024 | 33,571,101 | 18,552,053 | 1,298,799 | 7% |
| Medicare Advantage- AETNA-MA | 0 | 25,166 | 0 | | | |
| Medicare Advantage - UHC-MA | 389,026 | 675,535 | 648,715 | | | |
| Subtotal Insured Programs | 389,026 | 700,701 | 648,715 | 389,140 | (114) | 0% |
| Horizon Dental | 680,568 | 1,171,897 | 1,206,406 | 516,712 | 163,856 | 24% |
| Partnership Health Center - Integrity Management | 357,788 | 624,185 | 607,740 | 324,308 | 33,480 | 9% |
| Partnership Health Center - Rent | 114,333 | 196,000 | 196,000 | 114,333 | 0 | 0% |
| Partnership Health Center - Facility Expenses | 1,597,960 | 2,739,360 | 2,312,314 | 1,385,123 | 212,837 | 13% |
| Subtotal PHC | 2,070,081 | 3,559,545 | 3,116,054 | 1,823,764 | 246,317 | 12% |
| Reinsurance | | | | | | |
| Specific | 898,476 | 1,572,067 | 1,518,982 | 898,618 | (142) | 0% |
| Total Loss Fund | 23,889,003 | 41,747,235 | 40,061,258 | 22,180,287 | 1,708,716 | 7% |
| Expenses | | | | | | |
| Legal | 5,833 | 10,000 | 10,000 | 5,833 | 0 | 0% |
| Executive Director/Program Manager | 254,121 | 445,322 | 428,743 | 309,552 | (67) | 0% |
| Enrollment Vendor | 55,364 | 97,020 | 93,408 | Included Above in Executive Director Fee | | |
| TPA - Aetna | 390,658 | 684,408 | 662,085 | 390,770 | (112) | 0% |
| Actuary | 4,879 | 8,364 | 8,364 | 4,879 | - | 0% |
| Auditor | 11,883 | 20,370 | 15,667 | 11,886 | (4) | 0% |
| Consulting | 78,452 | 168,004 | 127,723 | 78,452 | - | 0% |
| Marketing | 43,750 | 75,000 | 75,000 | 43,750 | - | 0% |
| Subtotal Expenses | 844,940 | 1,508,488 | 1,420,990 | 845,122 | (182) | 0% |
| Miscellaneous and Contingency | 6,071 | 10,407 | 10,407 | 16,399 | (10,328) | -170% |
| Claims Auditor | 23,333 | 40,000 | 40,000 | 23,333 | (0) | 0% |
| GASB 75 Reporting | 1,750 | 3,000 | 3,000 | 1,750 | - | 0% |
| A4 Surcharge | 19,170 | 32,472 | 31,634 | 19,170 | (0) | 0% |
| ACA Taxes | 6,417 | 11,000 | 11,000 | 6,419 | (2) | 0% |
| Subtotal Miscellaneous Expenses | 56,740 | 96,879 | 96,041 | 67,071 | (10,331) | -18% |
| Total Expenses | 901,681 | 1,605,367 | 1,517,031 | 912,193 | (10,513) | -1% |
| Total Budget | 24,790,683 | 43,352,601 | 41,578,289 | 23,092,480 | 1,698,203 | 7% |

| SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND | | | | | | | | | |
|--|-------------|---------------|--------------|--------------|---------------|---------------|---------------|---------------|------------|
| RATIOS | | | | | | | | | |
| INDICES | 2022 | FY2023 | | | | | | | |
| | | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
| Cash Position | 4,092,758 | \$ 3,753,729 | \$ 3,734,665 | \$ 4,432,291 | \$ 6,768,495 | \$ 4,034,964 | \$ 4,432,142 | \$ 4,154,617 | |
| IBNR | 1,762,266 | \$ 2,401,953 | \$ 2,541,598 | \$ 2,632,779 | \$ 2,708,658 | \$ 2,735,850 | \$ 2,751,561 | \$ 2,813,787 | |
| Assets | 7,675,776 | \$ 8,040,089 | \$ 8,290,668 | \$ 8,297,437 | \$ 8,454,490 | \$ 8,403,761 | \$ 8,753,033 | \$ 9,417,074 | |
| Liabilities | 2,067,844 | \$ 2,696,530 | \$ 2,883,647 | \$ 3,037,558 | \$ 2,807,855 | \$ 2,835,169 | \$ 2,860,671 | \$ 3,095,943 | |
| Surplus | 5,607,932 | \$ 5,343,559 | \$ 5,407,021 | \$ 5,259,878 | \$ 5,646,635 | \$ 5,568,592 | \$ 5,892,362 | \$ 6,321,130 | |
| Claims Paid -- Month | 2,631,216 | \$ 2,458,823 | \$ 2,626,944 | \$ 2,832,243 | \$ 2,475,652 | \$ 2,847,469 | \$ 2,569,390 | \$ 2,475,786 | |
| Claims Budget -- Month | 2,867,273 | \$ 2,807,837 | \$ 2,810,037 | \$ 2,811,042 | \$ 2,822,456 | \$ 2,849,668 | \$ 2,858,805 | \$ 2,891,006 | |
| Claims Paid -- YTD | 29,478,453 | \$ 2,458,823 | \$ 5,085,767 | \$ 7,918,010 | \$ 10,393,662 | \$ 13,241,131 | \$ 15,810,520 | \$ 18,286,307 | |
| Claims Budget -- YTD | 34,445,079 | \$ 2,807,837 | \$ 5,617,874 | \$ 8,428,916 | \$ 11,251,372 | \$ 14,101,041 | \$ 16,959,846 | \$ 19,850,852 | |
| RATIOS | | | | | | | | | |
| Cash Position to Claims Paid | 1.56 | 1.53 | 1.42 | 1.56 | 2.73 | 1.42 | 1.72 | 1.68 | |
| Claims Paid to Claims Budget -- Month | 0.92 | 0.88 | 0.93 | 1.01 | 0.88 | 1 | 0.9 | 0.86 | |
| Claims Paid to Claims Budget -- YTD | 0.86 | 0.88 | 0.91 | 0.9 | 0.9 | 0.9 | 0.9 | 0.92 | |
| Cash Position to IBNR | 2.32 | 1.56 | 1.47 | 1.68 | 2.5 | 1.47 | 1.61 | 1.48 | |
| Assets to Liabilities | 3.71 | 2.98 | 2.88 | 2.73 | 3.01 | 2.96 | 3.06 | 3.04 | |
| Surplus as Months of Claims | 1.96 | 1.90 | 1.92 | 1.87 | 2 | 1.95 | 2.06 | 2.19 | |
| IBNR to Claims Budget -- Month | 0.61 | 0.86 | 0.90 | 0.94 | 0.96 | 0.96 | 0.96 | 0.97 | |

RESOLUTION NO. 19-23

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
INTRODUCTION OF THE 2024 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 September 12, 2023 in Public Session to introduce the proposed budget for the 2024 Fund Year; and

WHEREAS, a budget of \$46,923,585 was reviewed by the Southern Skyland Regional Health Insurance Fund and deemed appropriate for the 2024 Fund year;

BE IT FURTHER RESOLVED that a hearing on the 2024 budget shall be held October 10, 2023 at 12:00 pm. The 2023 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: September 12, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 20-23

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
APPOINTING INTEGRITY HEALTH AS THE ADMINISTRATOR OF THE FUND HEALTH
CENTER**

**FOR FUND YEAR 2024 AS AN OPTION TO EXTEND THE CONTRACT FOR ONE OF TWO-YEAR
PERIODS**

WHEREAS, the Southern Skyland Regional Health Insurance Fund places the public trust above all else and remains steadfast in its commitment to the highest ethical standards in the conduct of its business on behalf of the taxpayers of Somerset County; and

WHEREAS, the Executive Committee adopted Bylaws which establish the procedures for obtaining qualifications and/or proposals for professional services contracts; and

WHEREAS, said Bylaws further provide that, the Commissioners shall meet and select persons to serve in certain professional positions, including an Administrator for the health center facility and

WHEREAS, Request for Qualifications/Request for Proposals from qualified firms were solicited and received and reviewed as provided for by statute; and

WHEREAS, the Fund desires to retain the services and enter into a second year option of an agreement attached hereto for the respective services and the amounts as designated for the year 2024. There is one option to extend the agreement for a one-year period remaining.

| <u>Name</u> | <u>Services</u> | <u>Amount</u> |
|------------------|-----------------------------|--------------------------------|
| Integrity Health | Health Center Administrator | \$27.50 per employee per month |

WHEREAS, all facility expenses will be reimbursed through the Fund to Integrity Health, which varies on a monthly basis;

WHEREAS, the designated professional has offered to provide the needed specialized services, which constitute “professional services” as defined in the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq. (the “Law”) for amount as set forth above; and

WHEREAS, funds are anticipated to be available in the 2024 temporary and permanent budgets and these contracts are further subject to certification of funds; and

WHEREAS, the proper accounts will be charged and funds encumbered prior to services being provided, contingent upon appropriation of sufficient funds for this purpose; now, therefore, be it

RESOLVED, by the Southern Skyland Regional Health Insurance Fund that the attached Agreement with the Health Center Administrator is hereby authorized for the period January 1, 2024 through December 31, 2024; with an option to extend for another one year period and, be it

FURTHER RESOLVED, that all Agreements approved hereunder have been awarded pursuant to a fair and open process and as professional services under N.J.S.A. 40A:11-5(1) (a); and, be it

FURTHER RESOLVED, that the Chairperson is hereby authorized to execute and deliver the attached Agreements in accordance with the Rules and Regulations of the Southern Skyland Regional Health Insurance Fund; and, be it

FURTHER RESOLVED, that a copy of this action shall be printed once in the designated newspaper within ten (10) days of its passage as required by law.

ADOPTED: September 12, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**Southern Skyland Regional HIF
Program Manager**

September 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:

Aetna Medicare Advantage - Effective January 1, 2024, Aetna Medicare Advantage PPO plans will transition to a new CMS contract. Retirees will automatically be moved to the new contract, there is nothing employers needs to do for the transition. As a result, retirees will receive new ID cards prior to January 1, 2024. **Aetna ID numbers and the service center information currently listed on retiree ID cards will not change.** The only change to the ID card will be the contract number, located under the ID number. All age ins for December 2023 will receive the new ID card. Aetna will send notification to retirees the 1st week of December 2023. The Program Manager sent all brokers information which included the letter that will be sent to all retirees enrolled in the Medicare Advantage PPO plan on August 18th.

EXPRESS SCRIPTS UPDATE

CMS Annual Open Enrollment period for the 2024 plan year is October 15 - December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2024 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 18th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

2Q2023 SaveOn Savings - To date (1/1/2023 - 6/18/2023), Southern Skyland Regional Health Insurance Fund has saved \$236,556 for members enrolled in SaveOn, additional \$109,791 savings in 2Q2023. There are currently 53 participants in the program since January 2023, adding an additional 13 participants in 2Q2023. The average savings per prescription to date is \$962. This average is down by \$121 versus 1Q2023.

OPERATIONAL UPDATES: None

2023 LEGISLATIVE REVIEW: None

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act- Continued Delays

The Health Insurance Funds, including Southern Skyland Regional HIF 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 Southern Skyland Regional 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 Program Manager’s contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Southern Skyland Regional HIF. AIM will complete medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna’s claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix.**

Carrier Appeals:

| Submission Date | Appeal Type/Carrier | Appeal Number | Reason | Determination | Determination Date |
|-----------------|---------------------|-------------------|-------------------------|---------------|--------------------|
| 08/15/2023 | Medical/Aetna | SSRHIF-2023-08-01 | Provider Network Status | Under Review | N/A |

IRO Submissions: None



TO: Executive Committee –Southern Skyland Regional Health Insurance Fund

DATE: August 23, 2023

Re: SSRHIF 2023/2024 Prospect Report

New Members:

- **Peapack Gladstone** – Joined the Fund for 7/1 effective date.

Potential New Members:

- **Somerville** – Joined the Fund for August 1 Effective date.

In Process:

- **Hackettstown** – Proposal issued to broker; Broker asked for a 1/1 effective date, need updated claims; claims are through 10/22.
- **Bridgewater Twp** - Proposal issued to Broker, targeting a 1/1 effective date.
- **Manville** – Proposal issued to Broker, targeting a 12/1 or 1/1 effective date.
- **Hillsborough** – Already approved by Fund in May 2023; received updated data and is in new review.

No Longer Opportunities:

- **Lopatcong**- SSRHIF released a competitive proposal, entity opted to remain in the State plan.
- **Lambertville** – SSRHIF released a competitive proposal, entity opted to remain in the State plan.
- **Hunterdon County**- SSRHIF released a competitive proposal, entity opted to remain in the State.
- **Phillipsburg** – Claims experience was not favorable.
- **Bernards** – Claims experience was not favorable.
- **Bernards Sewage Authority** – Claims experience was not favorable.
- **Bound Brook** – Claims experience not favorable.
- **Warren Twp** – Claims experience was not favorable.
- **Warren County Vocational School**- Claims experience was not favorable.
- **Liberty** – Below proposal eligibility threshold – 4 employees
- **Hope**- Below proposal eligibility threshold – 2 employees
- **Oxford** – Below proposal eligibility threshold – 5 employees
- **Franklin**- Below proposal eligibility threshold – 3 employees
- **Washington (Warren)** – Broker no longer pursuing, needed invoice to complete review

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
LIST**

BILLS

Confirmation of Payment

JUNE 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> |
|--------------------|--------------------------------------|---|----------------------|
| 001482 | | | |
| 001482 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT # 488920617 5/1/23-6/1/23 | 1,639.84 |
| 001482 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT# 273954962 5/1/23 6/1/23 | 17,065.21 |
| 001482 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | COUNTY-ACCT 731345395 5/1/23 6/1/23 | 55,079.20 |
| 001482 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | DENT BOSS # 271255463 4/14/23 - 5/14/23 | 26,551.60 |
| | | | 100,335.85 |
| 001483 | | | |
| 001483 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 04/23 | 82.48 |
| 001483 | PERMA RISK MANAGEMENT SERVICES | ENROLLMENT 6/23 | 7,980.00 |
| 001483 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 05/23 | 38.26 |
| 001483 | PERMA RISK MANAGEMENT SERVICES | PROGRAM MANAGER FEES 6/23 | 22,383.90 |
| 001483 | PERMA RISK MANAGEMENT SERVICES | ADMINISTRATION FEES 6/23 | 14,244.30 |
| | | | 44,728.94 |
| 001484 | | | |
| 001484 | COUNTY OF SOMERSET | REIMBURSE FOR ALPINE FITNESS SET 05/23 | 2,484.68 |
| | | | 2,484.68 |
| 001485 | | | |
| 001485 | ACCESS | DEPT 002 INV # 10205214 4/30/23 FOR MAY | 5.98 |
| | | | 5.98 |
| 001486 | | | |
| 001486 | SOMERVILLE URBAN RENEWAL LLC | RENT 06/23 | 16,333.33 |
| | | | 16,333.33 |
| | | CHECK TOTAL | 163,888.78 |
| W6230 | | | |
| W6230 | UNITED (MEDICARE ADVANTAGE) | MEDICARE ADVANTAGE 6/23 | 56,625.32 |
| | | | 56,625.32 |
| W6231 | | | |
| W6231 | AETNA | TPA FEES 6/23 | 56,069.66 |
| | | | 56,069.66 |
| W6232 | | | |
| W6232 | CONNER STRONG & BUCKELEW | CSB CONSULTING FEES 6/23 | 11,111.52 |
| | | | 11,111.52 |
| W6233 | | | |
| W6233 | CONNER STRONG & BUCKELEW | CSB MARKETING FEE 6/23 | 6,250.00 |
| | | | 6,250.00 |
| W6234 | | | |
| W6234 | INTEGRITY HEALTH, LLC | BEBETTER SYSTEM (W/O COACHING) 6/23 | 850.00 |
| | | | 850.00 |
| W6235 | | | |
| W6235 | HCC LIFE INSURANCE COMPANY | SPECIFIC REINSURANCE 6/23 | 129,416.83 |
| | | | 129,416.83 |
| W6236 | | | |
| W6236 | INTEGRITY HEALTH, LLC | HEALTH MGMT FEE 5/23 | 46,585.00 |
| | | | 46,585.00 |
| | | WIRE/ACH TOTAL | 306,908.33 |
| | | Total Payments FY 2023 | 470,797.11 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 470,797.11 |

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
SUPPLEMENTAL BILLS LIST**

Confirmation of Payment

JUNE 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> |
|--------------------|-----------------------|--------------------------------------|----------------------|
| W6237 | INTEGRITY HEALTH, LLC | HEALTHCARE EXPENSE 06/23 | 170,329.01 |
| | | | 170,329.01 |
| | | Total Payments FY 2023 | 170,329.01 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 170,329.01 |

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
LIST**

BILLS

Confirmation of Payment

JULY 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> |
|--------------------|-------------------|-------------------------------|----------------------|
| W7230 | | | |
| W7230 | MERCADIEN | 2022 Y/E FINANCIAL STMT AUDIT | 10,370.00 |
| | | | 10,370.00 |
| | | Total Payments FY 2022 | 10,370.00 |

FUND YEAR 2023

| <u>CheckNumber</u> | <u>VendorName</u> | <u>Comment</u> | <u>InvoiceAmount</u> |
|--------------------|--------------------------------------|--------------------------------------|----------------------|
| 001487 | | | |
| 001487 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT # 488920617 STMT 7/3/23 | 561.17 |
| 001487 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT# 273954962 STMT 6/14/23 | 8,762.87 |
| 001487 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | COUNTY-ACCT 731345395 STMT 7/3/23 | 96,474.18 |
| 001487 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | DENT BOSS # 271255463 STMT 6/14/23 | 39,688.89 |
| | | | 145,487.11 |
| 001488 | | | |
| 001488 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 06/23 | 40.82 |
| 001488 | PERMA RISK MANAGEMENT SERVICES | ENROLLMENT 7/23 | 8,028.00 |
| 001488 | PERMA RISK MANAGEMENT SERVICES | PROGRAM MANAGER FEES 7/23 | 22,518.54 |
| 001488 | PERMA RISK MANAGEMENT SERVICES | ADMINISTRATION FEES 7/23 | 14,329.98 |
| | | | 44,917.34 |
| 001489 | | | |
| 001489 | RISK STRATEGIES COMPANY | CONSULTANT FEES 7/23 | 1,441.96 |
| | | | 1,441.96 |
| 001490 | | | |
| 001490 | INSPIRE TO MOVE FITNESS LLC | WELLMESS- ZUMBA IN THE PARK 6/17/23 | 120.00 |
| | | | 120.00 |
| 001491 | | | |
| 001491 | CONRAD COLON | WELLNESS- BALLOONS IN PARK 6/17/23 | 425.00 |
| | | | 425.00 |
| 001492 | | | |
| 001492 | THE JERSEY JUGGLERS | WELLNESS- JUGGLING IN THE PARK 7/23 | 300.00 |
| | | | 300.00 |
| 001493 | | | |
| 001493 | SOMERVILLE URBAN RENEWAL LLC | RENT 07/23 | 16,333.33 |
| | | | 16,333.33 |
| | | TOTAL CHECKS | 209,024.74 |
| W7231 | | | |
| W7231 | DEPARTMENT OF TREASURY | 2023 PCORI FEES | 9,813.00 |
| | | | 9,813.00 |
| W7232 | | | |
| W7232 | UNITED (MEDICARE ADVANTAGE) | MEDICARE ADVANTAGE 7/23 | 55,773.69 |
| | | | 55,773.69 |

| | | | |
|-------|----------------------------|---------------------------------------|-------------------|
| W7233 | HCC LIFE INSURANCE COMPANY | SPECIFIC REINSURANCE 7/23 | 130,409.11 |
| W7233 | | | 130,409.11 |
| W7234 | AETNA | TPA FEES 7/23 | 56,890.92 |
| W7234 | | | 56,890.92 |
| W7235 | CONNER STRONG & BUCKELEW | CSB CONSULTING FEES 7/23 | 11,295.91 |
| W7235 | | | 11,295.91 |
| W7236 | CONNER STRONG & BUCKELEW | CSB MARKETING FEE 7/23 | 6,250.00 |
| W7236 | | | 6,250.00 |
| W7237 | ACTUARIAL SOLUTIONS, LLC | ACTUARY FEES 3RD QTR 2023 | 2,091.00 |
| W7237 | | | 2,091.00 |
| W7238 | INTEGRITY HEALTH, LLC | HEALTH MGMT FEE 6/23 | 46,750.00 |
| W7238 | | | 46,750.00 |
| W7239 | INTEGRITY HEALTH, LLC | BEBETTER (W/O COACH) INV DATE 5/31/23 | 850.00 |
| W7239 | | | 850.00 |
| | | Total Payments FY 2023 | 529,148.37 |
| | | TOTAL WIRES | 330,493.63 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 539,518.37 |

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
LIST**

BILLS

Confirmation of Payment

AUGUST 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> |
|--------------------|-----------------------|--------------------------------------|----------------------|
| W8230 | INTEGRITY HEALTH, LLC | HEALTHCARE EXPENSE 7/23 | 179,586.03 |
| W8230 | | | 179,586.03 |
| | | Total Payments FY 2023 | 179,586.03 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 179,586.03 |

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

AUGUST 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> |
|--------------------|--------------------------------------|--|----------------------|
| 001494 | | | |
| 001494 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT # 488920617 STMT 8/1/23 | 662.64 |
| 001494 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT# 273954962 STMT 8/1/23 | 8,690.26 |
| 001494 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | COUNTY-ACCT 731345395 STMT 8/1/23 | 95,766.47 |
| 001494 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | DENT BOSS # 271255463 STMT 7/14/23 | 13,057.47 |
| | | | 118,176.84 |
| 001495 | | | |
| 001495 | PERMA RISK MANAGEMENT SERVICES | ENROLLMENT 8/23 | 8,304.00 |
| 001495 | PERMA RISK MANAGEMENT SERVICES | ADMINISTRATION FEES 8/23 | 14,822.64 |
| 001495 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 07/23 | 54.85 |
| 001495 | PERMA RISK MANAGEMENT SERVICES | PROGRAM MANAGER FEE 8/23 | 23,292.72 |
| | | | 46,474.21 |
| 001496 | | | |
| 001496 | RISK STRATEGIES COMPANY | CONSULTANT FEE 8/23 | 2,606.62 |
| | | | 2,606.62 |
| 001497 | | | |
| 001497 | COURIER NEWS | ACCT-ASB-0000001489 RUN DATE 7/9/23 | 46.70 |
| | | | 46.70 |
| 001498 | | | |
| 001498 | ACCESS | DEPT 002 INV 10382764 7/31/23 FOR AUG | 7.07 |
| 001498 | ACCESS | DEPT 002 INV 10312819 6/30/23 FOR JULY | 7.07 |
| | | | 14.14 |
| 001499 | | | |
| 001499 | CAPITAL BENEFITS LLC | CONSULTANT FEES 8/23 | 4,411.80 |
| | | | 4,411.80 |
| 001500 | | | |
| 001500 | SOMERVILLE URBAN RENEWAL LLC | RENT 08/23 | 16,333.33 |
| | | | 16,333.33 |
| | | CHECK TOTALS | 188,063.64 |
| W8231 | | | |
| W8231 | UNITED (MEDICARE ADVANTAGE) | MEDICARE ADVANTAGE 8/23 | 56,154.77 |
| | | | 56,154.77 |
| W8232 | | | |
| W8232 | HCC LIFE INSURANCE COMPANY | SPECIFIC REINSURANCE 8/23 | 134,448.90 |
| | | | 134,448.90 |

| | | | |
|-------|--------------------------|---------------------------------------|-------------------|
| W8233 | | | |
| W8233 | INTEGRITY HEALTH, LLC | HEALTH MGMT FEE 7/23 | 46,640.00 |
| | | | 46,640.00 |
| W8234 | | | |
| W8234 | AETNA | TPA FEES 8/23 | 58,832.08 |
| | | | 58,832.08 |
| W8235 | | | |
| W8235 | CONNER STRONG & BUCKELEW | CSB CONSULTING FEES 8/23 | 11,032.38 |
| | | | 11,032.38 |
| W8236 | | | |
| W8236 | CONNER STRONG & BUCKELEW | CSB MARKETNG FEE 8/23 | 6,250.00 |
| | | | 6,250.00 |
| W8237 | | | |
| W8237 | INTEGRITY HEALTH, LLC | BEBETTER (W/O COACH) INV DATE 6/30/23 | 850.00 |
| | | | 850.00 |
| | | WIRE/ACH TOTALS | 314,208.13 |
| | | Total Payments FY 2023 | 502,271.77 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 502,271.77 |

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

SEPTEMBER 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> |
|--------------------|--------------------------------------|--------------------------------------|----------------------|
| 001501 | | | |
| 001501 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT # 488920617 STMT 9/1/23 | 662.64 |
| 001501 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | COUNTY-ACCT 731345395 STMT 9/1/23 | 94,695.38 |
| 001501 | HORIZON BLUE CROSS BLUE SHIELD OF NJ | LIBRARY ACCT# 273954962 STMT 9/1/23 | 8,832.51 |
| | | | 104,190.53 |
| 001502 | | | |
| 001502 | PERMA RISK MANAGEMENT SERVICES | POSTAGE 08/23 | 68.55 |
| 001502 | PERMA RISK MANAGEMENT SERVICES | ENROLLMENT 9/23 | 8,328.00 |
| 001502 | PERMA RISK MANAGEMENT SERVICES | PROGRAM MANAGER FEES 9/23 | 23,360.04 |
| 001502 | PERMA RISK MANAGEMENT SERVICES | ADMINISTRATION FEES 9/23 | 14,865.48 |
| | | | 46,622.07 |
| 001503 | | | |
| 001503 | RISK STRATEGIES COMPANY | CONSULTANT FEE 9/23 | 2,440.24 |
| | | | 2,440.24 |
| 001504 | | | |
| 001504 | CAPITAL BENEFITS LLC | CONSULTANT FEES 9/23 | 4,411.80 |
| | | | 4,411.80 |
| 001505 | | | |
| 001505 | SOMERVILLE URBAN RENEWAL LLC | RENT 09/23 | 16,333.33 |
| | | | 16,333.33 |
| | | TOTAL CHECKS | 173,997.97 |
| W9231 | | | |
| W9231 | UNITED (MEDICARE ADVANTAGE) | MEDICARE ADVANTAGE 09/23 | 58,335.23 |
| | | | 58,335.23 |
| W9232 | | | |
| W9232 | AETNA | TPA FEES 09/23 | 58,384.12 |
| | | | 58,384.12 |

| | | | |
|-------|----------------------------|--|-------------------|
| W9233 | | | |
| W9233 | CONNER STRONG & BUCKELEW | CSB CONSULTING FEES 9/23 | 10,995.75 |
| | | | 10,995.75 |
| W9234 | | | |
| W9234 | CONNER STRONG & BUCKELEW | CSB MARKETNG FEE 9/23 | 6,250.00 |
| | | | 6,250.00 |
| W9235 | | | |
| W9235 | INTEGRITY HEALTH, LLC | HEALTH MGMT 8/23 | 46,420.00 |
| | | | 46,420.00 |
| W9236 | | | |
| W9236 | INTEGRITY HEALTH, LLC | BE BETTER (W/O COACH) INV DATE 7/31/23 | 850.00 |
| | | | 850.00 |
| W9237 | | | |
| W9237 | HCC LIFE INSURANCE COMPANY | SPECIFIC REINSURANCE 9/23 | 134,519.82 |
| | | | 134,519.82 |
| | | TOTAL ACH/WIRES | 315,754.92 |
| | | Total Payments FY 2023 | 489,752.89 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 489,752.89 |

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

SEPTEMBER 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> |
|--------------------|-----------------------|--------------------------------------|----------------------|
| W9230 | INTEGRITY HEALTH, LLC | HEALTH CENTER EXPENSE 8/23 | 243,244.63 |
| | | | 243,244.63 |
| | | Total Payments FY 2023 | 243,244.63 |
| | | TOTAL PAYMENTS ALL FUND YEARS | 243,244.63 |

Chairperson

Attest:

Dated: _____

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

Treasurer

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

| Current Fund Year: 2023 | | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------|---------------------|---------------------|
| Month Ending: June | | | | | | | | |
| | Medical | PHC | Rx | Reinsurance | Dental | Cont. | Admin | TOTAL |
| OPEN BALANCE | 5,100,978.84 | (1,454,546.86) | (1,139,470.08) | (343,022.44) | 35,430.53 | 4,167.23 | 1,831,427.20 | 4,034,964.42 |
| RECEIPTS | | | | | | | | |
| Assessments | 1,993,222.66 | 263,444.97 | 553,451.42 | 108,915.38 | 0.00 | 910.16 | 204,061.75 | 3,124,006.34 |
| Refunds | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Invest Pymnts | 8,153.57 | 0.00 | 777.96 | 0.00 | 237.74 | 5.19 | 2,282.59 | 11,457.05 |
| Invest Adj | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Subtotal Invest | 8,153.57 | 0.00 | 777.96 | 0.00 | 237.74 | 5.19 | 2,282.59 | 11,457.05 |
| Other * | 52,897.45 | 0.00 | 1,256,037.86 | 0.00 | 39,912.30 | 0.00 | 0.00 | 1,348,847.61 |
| TOTAL | 2,054,273.68 | 263,444.97 | 1,810,267.24 | 108,915.38 | 40,150.04 | 915.35 | 206,344.34 | 4,484,311.00 |
| EXPENSES | | | | | | | | |
| Claims Transfers | 2,664,468.59 | 0.00 | 781,538.32 | 0.00 | 0.00 | 0.00 | 0.00 | 3,446,006.91 |
| Expenses | 56,625.32 | 233,247.34 | 0.00 | 129,416.83 | 100,335.85 | 0.00 | 121,500.78 | 641,126.12 |
| Other * | 361,995.11 | (895,478.23) | (389,164.57) | (100,344.54) | 190,990.41 | 0.00 | 832,001.82 | 0.00 |
| TOTAL | 3,083,089.02 | (662,230.89) | 392,373.75 | 29,072.29 | 291,326.26 | 0.00 | 953,502.60 | 4,087,133.03 |
| END BALANCE | 4,072,163.50 | (528,871.00) | 278,423.41 | (263,179.35) | (215,745.69) | 5,082.58 | 1,084,268.94 | 4,432,142.39 |

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

| Month | | June | | | | | | | |
|-------------------|--------------|--------------------------------|-----------------------|-------------------------|--------------------------|------------------------|---------------------------|---------------------------------------|---------------------|
| Current Fund Year | | 2023 | | | | | | | |
| | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
| Policy Year | Coverage | Calc. Net Paid Thru Last Month | Monthly Net Paid June | Monthly Recoveries June | Calc. Net Paid Thru June | TPA Net Paid Thru June | Variance To Be Reconciled | Delinquent Unreconciled Variance From | Change This Month |
| 2023 | Medical | 8,175,360.79 | 2,584,357.34 | 0.00 | 10,759,718.13 | 0.00 | 10,759,718.13 | 8,175,360.79 | 2,584,357.34 |
| | Dental | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Rx | 3,865,401.82 | 781,538.32 | 0.00 | 4,646,940.14 | 0.00 | 4,646,940.14 | 3,865,401.82 | 781,538.32 |
| | Vision | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Total | 12,040,762.61 | 3,365,895.66 | 0.00 | 15,406,658.27 | 0.00 | 15,406,658.27 | 12,040,762.61 | 3,365,895.66 |

| SUMMARY OF CASH AND INVESTMENT INSTRUMENTS | | | |
|--|---------------------------------------|-----------------------|-----------------|
| SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND | | | |
| ALL FUND YEARS COMBINED | | | |
| CURRENT MONTH | June | | |
| CURRENT FUND YEAR | 2023 | | |
| | Description: | Investors Bank | |
| | ID Number: | | |
| | Maturity (Yrs) | | |
| | Purchase Yield: | | |
| | TOTAL for All | | |
| | Accts & instruments | | |
| Opening Cash & Investment Balance | \$4,034,964.44 | 4034964.44 | |
| 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 | \$11,457.07 | \$11,457.07 |
| 6 | Interest Paid - Term Instr.s | \$0.00 | \$0.00 |
| 7 | Realized Gain (Loss) | \$0.00 | \$0.00 |
| 8 | Net Investment Income | \$11,457.07 | \$11,457.07 |
| 9 | Deposits - Purchases | \$4,472,853.95 | \$4,472,853.95 |
| 10 | (Withdrawals - Sales) | -\$4,087,133.03 | -\$4,087,133.03 |
| | Ending Cash & Investment Balance | \$4,432,142.43 | \$4,432,142.43 |
| | Ending Interest Accrual Balance | \$0.00 | \$0.00 |
| | Plus Outstanding Checks | \$170,329.01 | \$170,329.01 |
| | (Less Deposits in Transit) | \$0.00 | \$0.00 |
| | Balance per Bank | \$4,602,471.44 | \$4,602,471.44 |
| | | | \$0.00 |

RESOLUTION NO. 21-23

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
APPROVAL OF THE JUNE, JULY, AUGUST AND SEPTEMBER 2023 BILLS LIST**

WHEREAS, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting September 12, 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 June 2023 for consideration and approval of the Executive Committee and

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

NOW THEREFORE BE IT RESOLVED the of the Southern Skyland Regional Health Insurance Fund hereby approve the Bills Lists for June, July, August and September 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: September 12, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

Southern Skylands Regional Partnership Health Centers Utilization Report

Date

07-Jul '23

PHC Services

| Category | 01_Subscriber | | 02_Dependent | | Total | |
|---|---------------|--------------|--------------|--------------|--------------|--------------|
| | M | YTD | M | YTD | M | YTD |
| Borough of Peapack and Gladstone | 2 | 2 | 1 | 1 | 3 | 3 |
| County of Somerset | 674 | 5,233 | 271 | 2,042 | 945 | 7,275 |
| Somerset County Library | 78 | 435 | 29 | 183 | 107 | 618 |
| Somerset County Park Commission | 95 | 709 | 20 | 235 | 115 | 944 |
| Somerset County Vocational & Technical School | 34 | 237 | 22 | 227 | 56 | 464 |
| Total | 883 | 6,616 | 343 | 2,688 | 1,226 | 9,304 |

PHC Patients

| Category | 01_Subscriber | | 02_Dependent | | Total | |
|---|---------------|------------|--------------|------------|------------|--------------|
| | M | YTD | M | YTD | M | YTD |
| Borough of Peapack and Gladstone | 1 | 1 | 1 | 1 | 2 | 2 |
| County of Somerset | 275 | 588 | 130 | 323 | 405 | 906 |
| Somerset County Library | 31 | 58 | 13 | 31 | 44 | 89 |
| Somerset County Park Commission | 36 | 76 | 11 | 41 | 47 | 117 |
| Somerset County Vocational & Technical School | 14 | 35 | 9 | 34 | 23 | 68 |
| Total | 357 | 758 | 164 | 430 | 521 | 1,182 |

Rx Drugs Dispensed

| Category | 01_Subscriber | | 02_Dependent | | Total | |
|---|---------------|--------------|--------------|--------------|------------|--------------|
| | M | YTD | M | YTD | M | YTD |
| Borough of Peapack and Gladstone | 1 | 1 | | | 1 | 1 |
| County of Somerset | 472 | 3,670 | 188 | 1,545 | 660 | 5,215 |
| Somerset County Library | 46 | 348 | 17 | 120 | 63 | 468 |
| Somerset County Park Commission | 70 | 605 | 15 | 157 | 85 | 762 |
| Somerset County Vocational & Technical School | 20 | 114 | 11 | 117 | 31 | 231 |
| Total | 609 | 4,738 | 231 | 1,939 | 840 | 6,677 |

Specialized Service

| Service | 01_Subscriber | | 02_Dependent | | Total | |
|--------------------|---------------|--------------|--------------|--------------|--------------|--------------|
| | M | YTD | M | YTD | M | YTD |
| Behavioral Health | | 31 | | 8 | | 39 |
| Care Coordination | 121 | 719 | 44 | 283 | 165 | 1,002 |
| Chiropractic | | 69 | | 8 | | 77 |
| COVID19 Test | 12 | 294 | 13 | 163 | 25 | 457 |
| COVID19 Vaccine | | 14 | | 4 | | 18 |
| Flu Shot | | 3 | | 1 | | 4 |
| Lab | 36 | 290 | 7 | 112 | 43 | 402 |
| Member Services | 40 | 162 | 16 | 52 | 56 | 214 |
| Pharmacy | 438 | 3,158 | 174 | 1,347 | 612 | 4,505 |
| Physical Therapy | 57 | 478 | 8 | 80 | 65 | 558 |
| Physician or Nurse | 173 | 1,296 | 78 | 584 | 251 | 1,880 |
| Telemedicine | | 16 | | 7 | | 23 |
| Telemedicine BH | | 37 | | 12 | | 49 |
| Telephone | 6 | 38 | 3 | 19 | 9 | 57 |
| Xray | | 11 | | 8 | | 19 |
| Total | 883 | 6,616 | 343 | 2,688 | 1,226 | 9,304 |



**SOUTHERN SKYLANDS
EMPLOYEE BENEFITS FUND**

Monthly Claim Activity Report

September 12, 2023



Southern Skyland Regional Health Insurance Fund

| | MEDICAL CLAIMS PAID 2022 | | | MEDICAL CLAIMS PAID 2023 | | |
|---------------|-------------------------------------|---------------|-----------------|-------------------------------------|--------------|----------------|
| | <u># OF EES</u> | <u>PER EE</u> | <u># OF EES</u> | <u>PER EE</u> | | |
| JANUARY | \$2,173,282 | 1,532 | \$ 1,419 | \$2,157,934 | 1,483 | \$ 1,455 |
| FEBRUARY | \$1,741,256 | 1,521 | \$ 1,145 | \$2,068,209 | 1,490 | \$ 1,388 |
| MARCH | \$2,371,067 | 1,496 | \$ 1,585 | \$2,019,589 | 1,488 | \$ 1,357 |
| APRIL | \$1,719,709 | 1,482 | \$ 1,160 | \$2,088,755 | 1,494 | \$ 1,398 |
| MAY | \$2,182,352 | 1,480 | \$ 1,475 | \$2,621,911 | 1,498 | \$ 1,750 |
| JUNE | \$1,685,575 | 1,476 | \$ 1,142 | \$2,201,035 | 1,499 | \$ 1,468 |
| JULY | \$1,748,691 | 1,469 | \$ 1,190 | \$1,978,342 | 1,534 | \$ 1,290 |
| 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 | | | \$15,135,774 | | |
| | | | | 2023 Average | 1,498 | \$1,444 |
| | | | | 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: 06/01/2023 - 06/30/2023
Service Dates: 01/01/2011 - 06/30/2023
Line of Business: All

| | Billed Amt | Paid Amt |
|---------------|---------------------|---------------------|
| | \$245,318.74 | \$124,299.38 |
| | \$137,635.24 | \$83,006.67 |
| | \$134,431.04 | \$65,221.04 |
| | \$129,668.65 | \$59,763.98 |
| | \$70,622.04 | \$58,926.54 |
| | \$139,110.86 | \$55,947.54 |
| Total: | \$856,786.57 | \$447,165.15 |

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

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

Paid Dates: 07/01/2023 - 07/31/2023
Service Dates: 01/01/2011 - 07/31/2023
Line of Business: All

| | Billed Amt | Paid Amt |
|---------------|---------------------|---------------------|
| | \$519,783.38 | \$117,749.79 |
| | \$152,626.04 | \$100,356.80 |
| | \$149,966.59 | \$64,806.95 |
| Total: | \$822,376.01 | \$282,913.54 |



Medical Claims Paid Per Member:
January 2023 – July 2023
 Total Medical Paid per EE: **\$1,444**

Network Discounts

| | |
|------------------|--------------|
| Inpatient: | 66.1% |
| Ambulatory: | 66.5% |
| Physician/Other: | 65.3% |
| TOTAL: | 65.9% |

Provider Network

| | |
|--------------------------|--------------|
| % Admissions In-Network: | 96.3% |
| % Physician Office: | 94.7% |

Aetna Book of Business:
 Admissions 97.3%; Physician 91.7%

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 2023 thru July 2023)

| | |
|---------------------------------|--------------|
| Number of Claims Over \$50,000: | 52 |
| Claimants per 1000 members: | 15.6 |
| Avg. Paid per Claimant: | \$96,495 |
| Percent of Total Paid: | 34.0% |

- Aetna BOB- HCC account for an average of 43.0% of total Medical Cost

Aetna One Choice Member Outreach:
 Thru July 2023

| | |
|--|------------|
| Total Members Identified: | 853 |
| Members Targeted for 1:1 Nurse Support : | 261 |
| Members Targeted for Digital Activity: | 447 |
| Members Targeted for Group Coaching: | 145 |
| Member 1:1 outreach completed: | 247 |
| Member 1:1 Outreach in Progress: | 14 |

Allentown Service Center
Performance Goal Metrics YTD 2022

Customer Service Performance

| | |
|----------------------------------|-----------------|
| 1 st Call Resolution: | 94.05% |
| Abandonment Rate: | 0.62% |
| Avg. Speed of Answer: | 17.1 sec |

Claims Performance

| | |
|-----------------------------|------------------|
| Financial Accuracy: (Q1 23) | 97.71% |
| 90% processed w/in: | 9.5 days |
| 95% processed w/in: | 19.5 days |

Claims Performance (Monthly)
 (June 2023)

| | |
|---------------------|------------------|
| 90% processed w/in: | 13.1 days |
| 95% processed w/in: | 19.5 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 |



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 | 3,732 | 3,744 | 3,743 | 3,761 | 3,782 | 3,793 | 3,779 | 3,855 | | | | | | | | |
| Total Days | 209,174 | 187,059 | 223,010 | 619,244 | 197,620 | 212,028 | 217,802 | 627,450 | 205,106 | | | | | | | | |
| Total Patients | 1,718 | 1,650 | 1,786 | 2,523 | 1,673 | 1,718 | 1,695 | 2,472 | 1,700 | | | | | | | | |
| Total Plan Cost | \$756,054 | \$740,468 | \$935,198 | \$2,431,728 | \$759,726 | \$874,280 | \$938,186 | \$2,572,193 | \$867,665 | | | | | | | | |
| Generic Fill Rate (GFR) - Total | 80.7% | 81.5% | 81.9% | 81.4% | 82.8% | 82.9% | 82.8% | 82.8% | 82.7% | | | | | | | | |
| Plan Cost PMPM | \$201.51 | \$198.41 | \$249.79 | \$216.58 | \$202.00 | \$231.17 | \$247.35 | \$226.90 | \$225.08 | | | | | | | | |
| % Change Plan Cost PMPM | -1.4% | 12.6% | 21.5% | 10.8% | 7.9% | 16.4% | 30.3% | 18.2% | 11.5% | | | | | | | | |
| Total Specialty Plan Cost | \$259,959 | \$244,917 | \$334,103 | \$838,978 | \$268,950 | \$307,689 | \$307,741 | \$884,380 | \$313,564 | | | | | | | | |
| Specialty % of Total Specialty Plan Cost | 34.4% | 33.1% | 35.7% | 34.5% | 35.4% | 35.2% | 32.8% | 34.4% | 36.1% | | | | | | | | |

| PMPM | |
|------------------|----------|
| 2Q-22 | \$191.93 |
| 2Q23 | \$226.90 |
| Trend - 2023 YTD | 18.2% |

APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
OPEN PUBLIC MEETING
MAY 9, 2023
9:30 AM
SOMERSET COUNTY**

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

ROLL CALL OF 2023 EXECUTIVE COMMITTEE:

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

FUND PROFESSIONALS PRESENT:

| | |
|--------------------|---|
| Executive Director | PERMA Risk Management Services Emily Koval 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 | Hiteksha Patel |
| Fund Actuary | John Vataha - Absent |
| Integrity Health | Douglas Forrester |
| Fund Auditor | Mercadien, P.C. - Jack Hammell |

ALSO PRESENT:

Theresa Tiedge
John Lajewski
Arge Mardakis
Janine Erickson
Raelene Sipple

MOTION TO APPROVE THE OPEN MINUTES OF MARCH 14, 2023:

| | |
|----------------|--------------------|
| MOTION: | Commissioner Auger |
| SECOND: | Commissioner Beder |
| VOTE: | 1 Abstention |

MOTION TO APPROVE THE OPEN MINUTES OF THE MARCH 14, 2023 CLOSED SESSION:

MOTION: Commissioner Auger
SECOND: Commissioner Beder
VOTE: All In Favor

CORRESPONDENCE: None.

EXECUTIVE DIRECTOR'S REPORT

FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND - Mrs. Koval reviewed the financial fast track through February shows a slight gain to the overall surplus position. Then in March it is showing a loss of about \$147,000 which is a trend throughout the state. Year to date there is a loss of about \$348,054. She stated that this isn't a concern, and the financials are stable. The overall statutory surplus is a little over 5 million which is just about 2 months' worth of claims.

2022 SOUTHERN SKYLANDS REGIONAL HEALTH INSURANCE FUND AUDIT - Fund Auditor Jack Hammell from Mercadian completed the 2022 internal audit of the Southern Skylands Regional Health Insurance Fund. The full audit will be distributed prior to the meeting, along with a summary presentation. Jack presented the finding from the audit stating that there are no comments or recommendations.

MOTION TO APPROVE RESOLUTION 13-23 ACCEPTING THE 2022 AUDIT AND FILE WITH THE STATE:

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

Once this audit is filed, PERMA recommends the closure of Fund Year 2021. All IBNR has been expensed and there are no outstanding accounts receivable or payable.

MOTION TO APPROVE RESOLUTION 14-23 CLOSING FUND YEAR 2021:

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

PAYMENT OF PERFORMANCE GUARANTEE - At the last meeting during closed session, the Executive Committee approved a Performance Guarantee payout to Integrity Health per the 2020 contract in the amount of \$110,400. Resolution 15-23 includes this payment. PERMA will ask the treasurer to initiate payment after this approval.

MOTION TO APPROVE RESOLUTION 15-23:

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

REQUEST FOR PROPOSALS - Over the course of the next few months, the Fund will need to release RFPs. For discussion at the meeting:

1. Shared Services Agreement with the Municipal Reinsurance Health Insurance Fund (MRHIF) - the MRHIF is the reinsurance Fund for most health insurance funds in the State administered by PERMA. The Skylands HIF has looked at the MRHIF for reinsurance to replace the stop loss contract, but pricing had not been competitive.

Although, due to the size and scale of the MRHIF, the Fund is able to leverage preferred pricing on certain contracts rather than at the local HIF level. It is the recommendation of PERMA to have the Skylands HIF enter a shared services agreement with the MRHIF for the following RFPs that expires 12/31:

- A. Health Center
- B. Medical TPA
- C. Dental TPA

Chair Mahr stated that she does not feel comfortable moving forward with this as they have not had a relationship in the MRHIF. Mrs. Koval stated that allowing the MRHIF to go out for RFP would allow the Funds across the state to get the contract under the MRHIF level. Mrs. Mahr asked if we could table this until having a separate conversation.

2. QPA Services through The Canning Group - The MRHIF also has a contract with a QPA to facilitate contract procurements for the local Funds. The QPA is recommending that the above mentioned services and all Professional Services use competitive contracting to give the option for longer contract terms and a more transparent evaluation process. The cost for his services is \$2,500. The HIF can absorb this cost from the contingency line in the 2023 budget. The Health Center RFP will need to be reviewed by a committee of the Executive Committee. We ask for volunteers to meet virtually next week. Mrs. Koval stated that we do not have a QPA on staff at PERMA and having this additional service for the large proposals will allow us to stay compliant and simplify the process. Mrs. Mahr asked if this service is new for all funds in which Mrs. Koval stated that it is new as of 1/1/23. Mrs. Mahr would also like to hold this conversation until there is a discussion. Mr. Graham, a representative from Fairview asked about what the impact on the numbers would be if they were to join with the MRHIF or not. Mrs. Koval along with Jason Silverstein from Aetna stated that admin fees would be the most effected. Mrs. Koval stated going out to RFP allows the fund to see what services are available and pricing on the large scale if that is what is decided.

Mr. Forrester asked if the Fund has decided to not extend the Health Center Contract. Mrs. Mahr stated that they will discuss the extension at a later time. Mrs. Mahr asked if herself and Adam can set up a meeting to discuss these topics.

NEW MEMBER OFFERINGS -PEAPACK - GLADSTONE, SOMERVILLE, & HILLSBOROUGH -

Mrs. Koval stated that our Program Manager will include a full new business report later in the agenda, yet there are 3 possible new members for the Fund to make an offer of membership. Underwriting details are included in the agenda. Mr. Forrester stated that in the Health Center Contracts there is a phasing in the new member fees as Emily mentioned. Mr. Forrester asked about data keeping and if the members who are not paying for the health center are reaping benefits from

the health center. Mrs. Koval stated that if they are not paying health center fees, they are separated out.

MOTION TO APPROVE RESOLUTION 16-23:

| | |
|----------------|----------------------|
| MOTION: | Commissioner Auger |
| SECOND: | Commissioner Soriano |
| VOTE: | All In Favor |

PROGRAM MANAGERS REPORT:

Mrs. Crystal Bailey reviewed the informational report in the agenda.

ELIGIBILITY/ENROLLMENT

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.

COVERAGE UPDATES: None

EXPRESS SCRIPTS UPDATE

Due to the recent fraud and abuse issue identified for the drug Ozempic, ESI has changed their requirements for members prescribed the drug. The drug is only FDA approved for patients with Type 2 diabetes, however, it has been prescribed for weight loss which is not approved by the FDA. Weight loss drugs are not covered by the Fund. Effective 4/1/23 those who were given a new script for Ozempic will be required to go through the prior authorization process to confirm they have met the criteria to be prescribed the drug. Those who were taking the drug prior to 4/1/23 will be grandfathered, prior authorization will not be required unless the member's script for the drug has changed.

1Q2023 SaveOn Savings - In the 1Q2023 (1/1/2023 - 3/19/2023), Southern Skylands Regional HIF saved \$126,765 for members enrolled in SaveOn. There were 46 participants in the program, for an average savings per prescription of \$1,083.

The following member communications are included in the Appendix of the agenda

- 2023 Basic Formulary
- 2023 SaveOn List
 - Drugs highlighted in red are excluded effective January 1, 2023
- SaveOn member communication

OPERATIONAL UPDATES:

COVID National Emergency - On April 10, 2023, President Biden signed legislation to end the COVID National Emergency immediately. As a result, the outbreak period for extended COBRA/HIPAA Special Enrollment Period deadlines will end July 10, 2023.

2023 LEGISLATIVE REVIEW: COVID -19

1. **National Emergency Declaration** - On January 30, 2023, the federal government announced the two national emergencies addressing COVID-19, the public health emergency (PHE) and the national emergency will end May 11, 2023. As a result, the Program Manager recommends the

following effective July 1, 2023:

- COVID-19 vaccines, including boosters – cover at \$0 copay at in network locations only. (Previously covered at any location).
- COVID-19 At Home Testing Kits – no longer covered by the plan at any retail location or mail order through ESI. Members would be responsible for the full costs of the kit.
- Diagnostic testing and providers – covered at member cost share.

2. **At Home COVID-19 Testing - Covered through June 30, 2023.** 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. In 2022 Southern Skyland Regional HIF paid \$5,133.60 in total plan costs for At Home Covid-19 test kits; \$3,583.60 in retail costs and \$1,550 in mail order costs.

FREE Tests from the Government – COVID-19 at home test 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>

3. **Vaccine Mandates – Covered at \$0 at in network location.** 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 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 ESI will submit filings to the government on behalf of the HIFs using information in their system.

No Surprise Billing and Transparency Act – Continued Delays

The Health Insurance Funds, including Southern Skyland Regional HIF 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 Southern Skyland Regional 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 Program Manager’s contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Southern Skyland Regional HIF. AIM will complete medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna’s claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix.**

Carrier Appeals:

| Submission Date | Appeal Type /Carrier | Appeal Number | Reason | Determination | Determination Date |
|------------------------|-----------------------------|----------------------|---------------------------------|----------------------|---------------------------|
| 3/22/2023 | Medical/Aetna | SSRHIF-2023-03-01 | Out-of-Network Provider Billing | Upheld | 4/14/2023 |

IRO Submissions: None

MOTION TO APPROVE RESOLUTION 17-23:

MOTION: Commissioner Auger
SECOND: Commissioner Soriano

VOTE:

All In Favor

TREASURER – Fund Treasurer reviewed the Bills Lists and Treasurer’s report through December 2022 is included in the Agenda.

MOTION TO APPROVE RESOLUTION 18-23 APPROVING THE TREASURERS REPORT AND BILLS LISTS FOR APRIL AND MAY 2023:

| | |
|----------------|--------------------|
| MOTION: | Commissioner Auger |
| SECOND: | Commissioner Beder |
| VOTE: | Unanimous |

ATTORNEY – Fund Attorney no report.

INTEGRITY – Mr. Forrester reviewed the report for the month of March 2023. He stated that the numbers continue to remain strong as well as utilization numbers. He stated that chiropractic and mental health services are increasing in utilization. He stated that he is pleased with the turnout and its important that mental health is just as important as other primary care services. Mrs. Bailey asked the difference between telemedicine and telephone. He stated that one option has with or without video.

AETNA: Jason Silverstein reviewed the paid claims for the month of February and March 2023. He stated there were 6 high claimants for the month of February and 3 for March. He reviewed the dashboard report and noted all metrics continue to perform well. He stated that the top 25 conditions were sent to the County HR and Broker as a request from the last meeting.

EXPRESS SCRIPTS: Mrs. Patel reviewed the report included in the agenda through the first quarter of 2023. She stated that the total plan costs per member per month is \$211.63. The generic fill rate total is 81.6%. Compared to this month last year the Change in Plan costs PMPM is up 8.3%. She stated this is typical year over year as prices change. Mrs. Koval stated that these numbers are net of rebates.

OLD BUSINESS - None.

NEW BUSINESS – Chair Mahr inquired on new members who are interested in joining the Fund. Mrs. Koval stated that there are a few perspectives who are potentially going to join sometime this year. Mrs. Koval stated that once the town wants to join and takes action, there will be a committee meeting that reviews the entity and the data that will be implemented. It will have to be approved at the Executive Committee Level at the meetings.

PUBLIC COMMENT - None.

MOTION TO ADJOURN:

| | |
|----------------|----------------------|
| MOVED: | Commissioner Auger |
| SECOND: | Commissioner Soriano |
| VOTE: | Unanimous |

MEETING ADJOURNED: 11:00am

NEXT MEETING: September 12 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.



Vital Statistics Executive Summary

Claims Incurred and Paid 1/1/2020 - 12/31/2022

Southern Skyland Regional Health Insurance Fund 2022 Vital Statistics Executive Summary

The Self-Funded medical plan is administered by Aetna. Compared to the 2021 plan year, there was a 5% decrease in employee membership, 1,556 to 1,478. As a result, the average monthly claim count decreased by 10% in 2022 versus the 2021 plan year, 5,577 in 2021 compared to 5,024 in 2022.

Express Scripts serves as the Pharmacy Benefit Manager for the prescription drug program. Prescription spending decreased in 2022 compared to the 2021 plan year, the average claim cost per member was \$162.60 in 2022 versus \$192.48 in 2021. Some of the plan decrease in cost is attributed to the Fund having SaveOn in place. The average number of prescription claim cost slightly increased, 2.38 in 2022 versus 2.15 in 2021.

Retirees meeting the qualifications of their employer and are Medicare eligible are enrolled in a fully insured Aetna Medicare Advantage Plan. This plan provides all Medicare coverages with value added programs focused on population health and quality of recovery.

There was one high level claimant whose claims exceeded more than the \$325,000 individual specific limit in 2022. The highest claimant had paid claims totaling \$325,320, resulting in stop loss reimbursement of \$320.

Medical Plan Observation

- Loss ratio for 4Q2022 decreased by 19% from Q42021, 105% to 85%
- Office Visits
 - PCP – 1,966 in 2022 versus 1,967 in 2021, -0.1% decrease
 - Specialist – 3,217 in 2022 versus 3,135 in 2021, +2.6% increase
- Top Provider Facilities
 - RWJUH - \$2,078,185 – 9.9% of claim spend
 - Hunterdon Medical Center - \$1,162,156 – 5.5% of claim spend
 - Morristown Medical Center - \$944,338 – 4.5% of claim spend
- The number of inpatient days decreased from 65 in 2021 to 57 in 2022, resulting in a decrease in claim spend of -11.3%.
- Inpatient surgeries
- Ambulatory visits decreased from 969 in 2021 to 993 in 2022, -2.3% decrease in claim spend.
- Emergency room visits increased from 201 in 2021 to 219 in 2022, +8.6% increase in claim spend.
- Top 5 Conditions in 2022
 - Hypertension – 454 members – totaling \$6,837,585 paid claims
 - Hyperlipidemia – 471 members - totaling \$5,973,497 paid claims
 - Obesity – 474 members - totaling \$5,703,809 paid claims
 - Low Back Pain – 269 members - totaling \$4,786,978 paid claims
 - Anxiety – 321 members – totaling \$3,857,296 paid claims

RX Plan Observation

- Loss ratio for 2022 decreased by 13% from 2021, 77% in 2021 to 67% in 2022
- Average enrollment count for 2022 slightly decreased by 2% , from 1786 in 2021 to 1747 in 2022
- Cost PEPM has decreased by 9%, \$365 in 2021 to \$323 in 2022
- Average monthly claim increased by 5%, 4133 in 2021 to 4345 in 2022
- Average net paid per claim decreased by 16%, \$154 in 2021 to \$130 in 2022
- Retail generic utilization increased by 39%.7%; 35,076 in 2021 to 37,210 in 2022
- All tiers of mail order drugs utilization increased
 - Generic - 6.8%
 - Brand single-source - 25.4%
 - Brand multi-source – 2.2%

APPENDIX II

Extraordinary Unspecifiable Services Procurement

PURSUANT TO N.J.S.A.40A:11-5(1)(a)(ii), and 40A:1-5(1)(m)

In a non-fair and open manner

Pursuant to

N.J.S.A. 19:44A-1 et. seq.,

Request For Proposals

RFP #23-08

Southern Skyland

Regional

Health Insurance Fund

MEDICAL CLAIMS THIRD PARTY ADMINISTRATOR (TPA)

AND

PROVIDER NETWORK SERVICES

FOR

Southern Skyland Regional

Health Insurance Fund

Due by

August 8, 2023, at 9:00A.M.

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Executive Director: Brandon

Lodics

1.0 PURPOSE AND INTENT

The Southern Skyland Regional Health Insurance Fund (Fund) is seeking quotes for various categories of insurance through the Extraordinary Unspecifiable Services provision of the New Jersey Local Publics Contract Law, N.J.S.A. 40A:11-5(1)(a)(ii). This procurement is also subject to the required disclosure provisions of the New Jersey Pay to Play laws, at N.J.S.A. 19:44A-1 et. seq.

Specifically, the FUND is seeking quotes for insurance coverage in the below categories:

Third party Administrator.

The purpose of this Bid Solicitation is to solicit Quotes from qualified Bidders to provide Claims administration, care management, and other services as specified in this Solicitation for the medical plans of the Fund for the following plan types:

- Preferred Provider Organizations (PPO),
- Health Maintenance Organizations (HMO),
- Tiered Network Plans,
- High-Deductible Health Plans (HDHP),
- Medicare Supplement PPO and HMO Plans.

It is the intent of the Fund to award one (1) Contract to that/those proposers whose submittals, conforming to this solicitation is (are) most advantageous to the Fund, price and other factors considered. The Fund may award any or all price lines. The Fund, however, reserves the right to separately procure individual requirements that are the subject of the Contract during the Contract term, when deemed by the Fund Board of Commissioners to be in the Funds best interest.

NOTE: Awarded Contractors will be required to work with any Third-Party Vendor conducting work related to this Contract as selected by the Fund and implement any necessary data sharing or integration with point solutions offered and any designated third-party vendor(s) designated by the Fund.

Response Requirements:

- The contract shall be a one to three-year contract, and subject to the availability and appropriation of sufficient funds.
- We request prospective responders to provide information as to ability as well as the required documentation attached.
- All Vendor(s) are required to comply with the requirements of N.J.S.A. 10:5-31 et seq., Affirmative Action Against Discrimination (N.J.A.C. 17:27-1 et seq.) (III. Requirement Notifications).
- Business entities submitting proposals are required by law N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)) to submit a list of names and addresses of all interest holders owning 10% or more of their interest, or the interest of any parent company (see Ownership Disclosure Form).
- Vendor Documentation Retention is required in accordance with N.J.A.C. 17:44-2.2 (III. Requirement Notifications).
- Compliance with the NEW JERSEY ANTI-DISCRIMINATION PROVISIONS (N.J.S.A. 10:2-1 ET SEQ.) (III. Requirement Notifications is required).
- A copy of your New Jersey Business Registration Certificate (III. Requirement Notifications) shall be provided prior to award.
- Disclosure of Investment Activities in Russia/ Belarus/ Iran (attachment shall be provided prior to award).
- Mandatory Equal Employment Opportunity Language (attachment) shall be an essential term of the contract.

- Political Contribution Disclosure Form (attachment) shall be provided prior to award.

Failure to comply with instructions and to complete and submit all required forms may be cause for disqualification of the Vendor and rejection of the proposal.

2.0 SELECTION PROCESS AND CRITERIA

Selection will be based upon the most advantageous quotation, price and other factors considered.

The FUND will rate and evaluate proposals based on an analysis of the material submitted. The FUND, in its sole discretion, will make the final determination and award any contract. The following items shall be the primary criteria used for vendor selection:

- **Financial Capability** – Respondents shall provide evidence of successful claims processing commensurate with the claims demands as evidenced by the FUND’s claims and loss experience as documented within appendices. The review by the FUND shall ensure that all respondents possess the financial capability ensuring adequate coverage of anticipated losses given the experience provided in Appendices.
- **Technical Ability** – Respondents shall provide evidence of claims processing systems and expertise in the industry. The FUND review shall ensure that all respondents possess a documented history of expertise in the industry, the technical capability to swiftly process claims, and other financial obligations related to coverage.
- **Managerial Ability** – Respondents shall provide evidence of management teams and personnel who will ensure that all respondents possess the documented managerial ability to provide evidence of superior track record in the industry and a successful experience record of providing for excess coverage in the industry.
- **Cost** – Respondents shall provide rates pertinent to the insurance coverage as provided.

The FUND is requiring respondents to be established Third Party Administrators with proven experience and reputation in the field.

3.0 REQUIREMENT NOTIFICATIONS

VENDOR DOCUMENTATION RETENTION

N.J.A.C. 17:44-2.2

THE VENDOR SHALL MAINTAIN ALL DOCUMENTATION RELATED TO PRODUCTS, TRANSACTION OR SERVICES UNDER THIS CONTRACT FOR A PERIOD OF FIVE YEARS FROM THE DATE OF FINAL PAYMENT. SUCH RECORDS SHALL BE MADE AVAILABLE TO THE NEW JERSEY OFFICE OF THE STATE COMPTROLLER UPON REQUEST.

DISCLOSURE OF CONTRIBUTIONS TO NJ ELECTION LAW ENFORCEMENT COMMISSION (ELEC)

Starting in January 2007, all business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC) pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of \$50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888- 313-3532 or at www.elec.state.nj.us.

NEW JERSEY ANTI-DISCRIMINATION PROVISIONS (N.J.S.A. 10:2-1 ET SEQ.)

Pursuant to N.J.S.A. 10:2-1, if awarded a contract, the contractor agrees that:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this

contract, a penalty of \$50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Pursuant to N.J.S.A. 52:32-44, The FUND ("Contracting Agency") is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/ contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Contracting Agency with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the bidder, who in turn, shall provide it to the Contracting Agency prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

1. the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
2. the contractor shall maintain and submit to the Contracting Agency a list of subcontractors and their addresses that may be updated from time to time; and
3. the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Taxation at (609)292- 6400. Form NJ-REG can be filed online at <http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

Before final payment is made under the contract, the contractor shall submit to the Contracting Agency a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

4.0 REQUIREMENT NOTIFICATIONS

- Proposers will submit written proposals which present their qualifications and understanding of the work to be performed. The proposal should be prepared simply and should provide all the information which it considers pertinent to its qualifications. Emphasis should be placed on completeness of services offered and clarity of content.

5.0 NONDISCRIMINATION CLAUSE:

- The Proposer who is selected, as required by law, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, sexual preference, disability, height, weight or marital status.
- The Proposer shall adhere to all applicable Federal, State and local laws, ordinances, rules, and regulations prohibiting discrimination.

6.0 INDEMNIFICATION AND HOLD HARMLESS:

The Proposer who is selected shall, at its own expense, protect, defend, indemnify, save and hold harmless the FUND, their Board of FUND commissioners, employees and agents with which it contracts from all claims, demands, losses, liabilities, costs, damages, and expenses including, but not limited to all costs from administrative proceedings, court costs, and attorney fees that the FUND, Executive Committee, employees, and agents may incur as a result of the acts, omissions, or negligence of the Proposer or its employees, agents, or subcontractors that may arise out of the agreement.

The Proposer's indemnification responsibility under this section shall include the sum of damages, cost and expenses which are in excess of the sum of damages, costs and expenses which are paid out in behalf of or reimbursed to the FUND, their Executive Committee, employees, and agents by the insurance coverage obtained and / or maintained by the Proposer.

7.0 INSURANCE:

The Proposer shall purchase and maintain insurance not less than the limits set forth below. All coverage shall be with insurance companies licensed and admitted doing business in the State of New Jersey who have a minimum A.M. Best Company's Insurance Reports rating of A or A- (Excellent)

- Comprehensive General Liability Insurance Coverage - written on an occurrence basis and must not be altered by any endorsement limiting coverage. Limits of liability shall not be less than the following:
 - \$2,000,000 General Aggregate per location/per job
 - \$2,000,000 Products/Completed Operations
 - \$1,000,000 Personal Injury & Advertising Injury
 - \$1,000,000 Each Occurrence Combined Single Limit for Bodily Injury and Property Damage
- The coverage shall include:
 - Premises / Operations.
 - Independent Contractors/contingent liability for the operations of subcontractors involved in the performance of work.
 - Contractual liability.
 - Personal injury coverage, including coverage of liability arising from false arrest, malicious prosecution, willful detention, libel, slander, defamation of character, invasion of privacy and wrongful egress or entry, products and complete operations.
 - Comprehensive Automobile Liability Insurance – covering use of all owned, non- owned, hired or leased automobiles with limits of liability not less than \$1,000,000 combined single limit for bodily injury and property damage. Coverage should include uninsured/underinsured motorists at limits of \$1,000,000.
 - Workers' Compensation Insurance – in accordance with the laws of the State of New Jersey as well as Employers Liability Insurance with limits not less than \$500,000/\$500,000/\$500,000.
 - Umbrella Liability Insurance Policy – written on an occurrence basis with a minimum Combined single limit of \$4,000,000 as "follow form" excess of the Employers Liability, Commercial General Liability, Comprehensive Automobile Liability.

- Professional Liability/Errors & Omissions – covering the professional services to be rendered and suits relating to provider network with minimum limits of \$5,000,000 per occurrence/aggregate.
- Fidelity & Crime Insurance – covering employee dishonesty including but not limited to dishonest acts of vendor and its employees, agents, subcontractors and anyone under the vendor supervision or control. Vendor shall be liable for money, securities or other property of Vendor and shall include a client coverage endorsement written for limits of at least \$10,000,000 which shall include the FUND as loss payee.
- Cyber Liability – The Proposer shall maintain insurance in the amount of \$10,000,000 for all claims, suits, actions, liabilities, damages, losses, costs and expenses (including attorney’s fees) of any nature to which the FUND may be subjected as a result from the Third Party Claims Administrators use, handling, storage, transmission or disposal of any data/information (including paper records) regardless of whether or not expected and intended and shall include but not limited to: 1) Losses resulting from a data breach (as an intentional or unintentional release of secure information to an untrusted environment; 2) Response costs associated with post-data breach remediation including notification requirements, credit monitoring, call centers, public relations efforts, forensics and crisis management; 3) Regulatory investigations, fines and penalties; 4) Losses resulting from misappropriation of intellectual property or confidential business information; 5) Costs to restore or recover data that is lost or damaged and 6) Extortion demand from cyber attackers who have the data breach data.
- Performance Bond: Valued at twenty-five percent (25%) of the estimated value of the annual contract, with a minimum limit of \$50,000.
- The FUND, their officers, officials, agents, employees and consultants shall be named as an additional insured for the work to be performed and the contractual obligations contained herein under the contract on policies listed above.
- The FUND reserves the right to negotiate the insurance requirements above for those entities, such as insurance companies, who may self-insure certain coverages and provide satisfactory evidence to the FUND of its financial capabilities.

8.0 STANDARDS FORMS:

- Any preprinted contract forms that the Proposer proposes to include as part of the contract resulting from this proposal must be submitted as part of the proposal. Any standard contract provisions not submitted as part of the proposal and subsequently presented for inclusion will be rejected if there is any material deviation from the RFP.

9.0 COST OF PREPARATION:

- The FUND shall not pay any costs incurred in the proposal preparation, printing or demonstration process. All costs shall be borne by the Proposer.

10.0 NOTIFICATION OF WITHDRAWAL OF PROPOSAL:

- Proposals may be withdrawn prior to the date and time specified for proposal submission with formal written notice by an authorized representative of the Proposer. Proposals submitted will become the property of the FUND after the proposal submission deadline.

11.0 RIGHTS TO PERTINENT MATERIALS:

- All responses, inquires and correspondence relating to this RFP and all reports, charts, displays,

schedules, exhibits, and other documentation produced by the Proposer that are submitted as part of the proposal shall become the property of the FUND after the proposal submission deadline.

12.0

FURTHER INFORMATION:

- Questions about the proposal process should be directed in writing only to Jordyn DeLorenzo, jdelorenzo@permainc.com

13.0 OVERVIEW OF REQUEST FOR MEDICAL CLAIMS THIRD PARTY ADMINSTRATOR

- The FUND is formed under NJSA 40A:10-6 et seq., which allows two or more units of government, (as defined), hereinafter referred to as the “FUND”, to form a joint insurance fund for the purpose of providing group purchase / self- insured medical, prescription and dental programs to local government units.
- The FUND is seeking proposals for a Medical Claims Third Party Administrator (TPA) and Provider Network to provide cost efficient claims processing, aggressive network access and discounts, exceptional customer service, timely and accurate reporting, and other associated administrative functions.
- The FUND members consist of New Jersey public entities, mostly municipalities and school boards, which pool the employee benefit risk. The Funds offer medical, prescription, dental and vision plans.
- Below list the demographics of the Fund

| <u>Fund Name</u> | <u>Entities</u> | <u>Employees</u> | <u>Members</u> | <u>Number of Benefit Plans</u> |
|---|-----------------|------------------|----------------|--------------------------------|
| Southern Skyland Regional Health Insurance Fund | 6 | 1,900 | 5,100 | 21 |

- The Funds use the following carrier networks: Aetna, Express Scripts and Delta Dental.. Plans renew on January 1 and July 1 and open enrollments typically occur – in October for January 1 renewals and in April for July renewals.
- Enrollment is entered by a benefits administrator at the local entity. The plan designs include Traditional / Indemnity plans, PPO plans, POS plans, HMO plans, and HDHPs.
- It is the intent of the FUND to actively pursue and establish Third Party Claims
- The Fun offers all employees, retirees and dependents enrolled under the employer sponsor health plan access to the Somerset County Partnership Health Center – Integrity Health. The Center offers primary care services, x-ray, physical therapy and pharmacy services. The Health Center offers services at \$0 copay. The Center is a medicare approved provider and will submit Medicare claims direct. Third Party Administrator should be able to accept \$0 claim files from Center.
- The Fund utilizes a Benefit Administration system (Benefit Express) and houses the Fund eligibility for all members. The proposer must be able to accept weekly files via secure site and provide appropriate reports such as “add/change/deletes” as well as urgent enrollments/updates.
- Administrative services including regional and national provider network(s) with strong network discounts, aggressive cost containment services and exceptional customer services to perform the Claims Administrative services for the employee lives currently enrolled.

13.0 Questions:

- Proposers may submit questions in writing via email until July 20, 2023 at 5:00 p.m. No questions will be accepted after that time, nor will questions be submitted by email to jdelorenzo@permainc.com to the FUND. Written responses to all questions will be provided by

FUND to all invited Proposers, Proposers submitting questions, and Proposers requesting a copy of responses, **by July 25, 2023, at 3:00 p.m.**

14.0 Sealed Response format and contents

- Four (4) hard copies (one shall be marked original) and one (1) electronic copy of the Proposer’s proposal must be received by July 25, 2023, at 9:00 A.M. Proposals received after the designated time will not be opened or considered.
- Proposal text should be in Microsoft Word format and written in Times New Roman 12 – point font.
- All proposed fees and cost must be disclosed in the proposal for each year of the contract:
 - January 1, 2024 – December 31, 2024
 - January 1, 2025 – December 31, 2025
 - January 1, 2026 – December 31, 2026

15.0 RFP REVIEW AND PROPOSER SELECTION TIMELINE

- Upon receipt and evaluation of the responses, the Proposer may be required to make an in-person presentation, or virtual meeting platform to the TPA Selection Committee.
- The TPA Selection Committee reserves the right to reject any or all proposals., based upon the New Jersey Local Public Contracts Law (N.J.S.A. 40A:11-1 et seq.,) if it is deemed in the best interests of the Southern Skyland Regional Health Insurance Fund and its members and is not bound to recommend a proposal on the basis of lowest quoted price alone.
- Award shall be made to vendor(s) after committee review to the vendor(s)’ whose response is deemed to be the most advantageous to the Fund and its members, based upon price and other factors.
- The following milestones and dates will be adhered to during the selection and implementation process.

| Milestone | Date Due |
|---|-------------------------|
| Release RFP | July 12, 2023 |
| Questions Due by 5:00 p.m. | July 20, 2023 |
| Written Response to Proposer Questions by 5:00 p.m. | July 25, 2023 |
| Proposals Due | August 8, 2023 9:00A.M. |
| Notice of Recommendation | September 14, 2023 |
| Contracts Developed with FUND | September 30, 2023 |
| Implementation | November 30, 2023 |
| Start-up | January 1, 2024 |

16.0 CONTRACT TERM

- The FUND may make an award for one (1) to three (3) years per N.J.S.A. 40A:11-15(6), commencing on January 1, 2024, and ending on December 31, 2026.
- During the term of the contract, the Fund is not prohibited from providing membership offerings to entities directly contracted with the successful Proposer(s)

17.0 TECHNICAL PROPOSAL / QUESTIONNAIRE

Proposers' responses to each requirement should be formatted using each section, number and heading (section number, title, followed by response). Be as specific as possible in addressing all of the elements described in this section of the RFP.

A. Description of Organization Submitting Response to the RFP

- 1) State the full name and address of the Proposer/TPA and, if applicable, the branch office, subcontractor, or other subordinate elements that shall perform, or assist in performing, the work hereunder.
- 2) Provide an organizational chart including the names and titles of key personnel related to this proposal.
- 3) Indicate whether the Proposer/TPA operates as an individual, partnership or corporation; if as a corporation, include the state in which it is incorporated.
- 4) State whether the Proposer is licensed to operate in the State of New Jersey as a TPA. If licensed, submit a copy of the State of NJ TPA license.
- 5) Provide the organization's Equal Opportunity Employment and Nondiscrimination Policy. Disclose any conclusive findings of violations of Federal, State or Local equal opportunity statutes, ordinances, rules/regulations, or policies within the past three (3) years.
- 6) Indicate if the Proposer has been cited and/or fined within the last five (5) years by any Federal, State or Local regulatory agency. If so, provide the following information:
 - Date of citation/fine
 - Identity of the agency issuing the citation or fine
 - Description of the violation
 - Final rulings of agency
- 7) Provide annual audited financial reports for the most recent fiscal year available including the most recent SSAE 16 report.
- 8) Provide a SOC 2 Report
- 9) Indicate, by complete address, the site or sites from which the Proposer shall perform the relevant tasks embodied in this proposal. Specifically identify the location where the following activities will take place:
 - Systems activities
 - Claims Processing
 - Customer Service
- 10) List all subcontractors and a complete description of work to be subcontracted and explain how the Proposer can assure that these relationships will not create a conflict of interest with the FUND.
- 11) Briefly describe policies and procedures concerning the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology and Clinical Health Act (HITECH) procedures.
- 12) Indicate that the Proposer understands that gratuities and kickbacks are prohibited.

- 13) Proposer must comply with State and Federal Laws, including but not limited to: Affirmative Action, New Jersey Pay to Play Laws, HIPAA and HITECH.
- 14) List (if any) security breaches and/HIFAA violations in the last 3 years and what corrective action was put in place.
- 15) Proposers must be able the ability to provide banking functions to include ability for ACH claim payments.

B. Staffing

FUND will expect the selected Proposer to participate in face-to-face meetings as needed, conference calls, and email communication with the FUND or its designees, for purposes of exploring claim processing issues and problem solving.

- 1) Describe the organization's capacity to meet the above-mentioned expectations.
- 2) Identify and provide a brief biography of key staff that will represent the Proposer during the development, implementation, and operational phases of the contract.
- 3) Identify by name and title the person that will have authority for day-to-day decision making regarding this contract.
- 4) Provide an organizational chart of the branch operations and resumes of the staff who will provide claim and customer service activities for the FUND.
- 5) Selected vendor shall be expected to attend all Fund meeting in person in addition to committee meetings when requested. The bidder shall be expected to meet with the office of the Administrator and Program Manager on a semi-annual basis to provide performance reviews.
- 6) The bidder must state the assigned offices for both customer service and claims processing. What percentage of these teams are remote and are they full remote or is there a % of time required in the office.

C R e f e r e n c e s

- 1) Provide a list of all municipal, school district, and county clients within New Jersey that the Proposer currently has, and describe the services provided for these clients. Include number of covered lives, services provided, and duration of the relationship. Provide the name, address, and phone number of the responsible official of the client organization who may be contacted.
- 2) Provide a list of two (2) major accounts that have terminated your services in the last five (5) years and a brief explanation of the reason for the termination. Provide the name, address, and phone number of the responsible official of the client organization who may be contacted. If no accounts have terminated your services in the last five (5) years, please indicate that as well.

D. Benefit Plan Design

The FUND offers over 20+ benefit plan designs although many are very similar with minor differences such as copays, MOOP, eligibility requirements, etc. These benefits typically include primary care, specialty care, outpatient laboratory, outpatient radiology, mental health services, inpatient / outpatient services and other specific services that are listed in a benefit design for each plan. **Since union agreements require equal to or better than benefits, the Proposer must indicate if there are any plans of coverage for which they would not be able to administer.** The Proposer must be able to manage additional plan designs at no additional cost to the FUND. An exhibit including the Fund's various plan designs is included in **Exhibit A**

The selected Proposer must provide benefits exactly as they currently exist. Local Government Units or Members of the FUND may periodically re-evaluate its medical benefit plan(s) and when appropriate, make changes to the current level of benefits as needed to comply with changes as negotiated through union contracts. The Proposer must be able to accommodate these change requests.

Describe the following:

- 1) The time frame benefit changes typically can be implemented. Include any restrictions (i.e., changes requiring claim to be manually processed). Ability to update and maintain new modifiers, CPT codes, HCPCS codes, revenue codes, etc. when recognized by the State of New Jersey, CMS and industry, as appropriate.

E. Claims Processing

The selected Proposer shall be responsible for processing medical claims for the FUND members consistent with defined medical benefit plans. Industry standards dictate that TAT (Turn Around Time), should average 14 calendar or 10 business days.

Proposer must complete the following table illustrating claims processing capacity based on its 2023 book of business excluding internal clients.

| ITEM TAT | PERFORMANCE METRICS |
|---|---------------------|
| # claims processed in 2022 | |
| % of claims paid | |
| % of claims denied | |
| Standard claims processing turnaround time from date received to date paid/rejected | |
| % of claims paid/rejected within 30 days from date of receipt | |

Internal Processor Performance Metrics: Proposer must meet Industry Standard performance metrics for Financial Accuracy (measurement of dollars paid incorrectly versus total dollars paid) and Procedural Accuracy (measurement of number of claims correctly handled without a financial or procedural error).

Proposer must meet the industry standards for internal processor metrics as follows:

- 1) Financial Accuracy 99.00%
- 2) Processing Accuracy 97.00%

| ITEM FINANCIAL / PROCEDURAL ACCURACY | PERFORMANCE METRICS |
|--|---------------------|
| Financial Accuracy for # claims processed in 2022 | |
| Procedural Accuracy for # claims proceeded in 2022 | |

Describe the following:

- 1) Ability to receive electronic and paper claims such as a UB-04 and CMS-1500 form.
- 2) Ability for each member of the FUND to have a unique electronic payer identification number.
- 3) Ability to adjudicate clean claims automatically. Include percentage of fully automated, semi-automated and manually adjudicated claims.
- 4) Provide claims processing software currently used. Include names and versions of the software.

- 5) Ability to process clean claims according to restrictions in age, diagnosis, procedure code and modifier, revenue code, place of service codes, provider classification and provider network restriction(s) and / or any other automated clinical edits to identify incidental procedures, etc.
- 6) Ability to process clean claims according to member eligibility.
- 7) Ability to reject/limit claims based on service frequency or monetary maximums.
- 8) Ability to administer plans on both a grandfathered and non-grandfathered basis.
- 9) Provide an algorithm or chart documenting the Proposers claim processing flow.
- 10) Ability to integrate systems with Prescription Benefit Manager(s) to capture and update out of pocket accumulators. File exchanges should be sent on a daily basis at no additional cost.
- 11) Describe the ability / process for handling Level I and / or II appeals, Medical Director / Medical Necessity Reviews and fees associated with these services.
- 12) Confirm upon termination of the contract that all run-out claims be processed for a period of 24 months and this service is included in the Administrative Fee.

F. Project Implementation

Proposer must submit a proposed work plan and implementation timeline to meet the expected January 1, 2024, effective date (start-up). The work plan must address all transition activities and the extent that FUND staff will be required to assist.

Describe the Proposer's ability to produce/provide Summary Plan Documents, Summary of Benefits (SOB's) and Summaries of Benefits Coverage (SBC's) and fees for such services.

G. Eligibility/System Access

The selected Proposer will be expected to accept eligibility files weekly from the FUND, which will have multiple groups of members. Proposers' eligibility file must be able to identify current status of member re: active, retired, Cobra and Dependent Age 31. Describe the time-of-day files can be sent in order to update the eligibility file prior to the next day.

Indicate timeframe for updating records when eligibility information is received. Describe how the Proposer will provide notification that an eligibility file is not loaded by the designated time or if any enrollment file errors exist.

Proposer must provide an eligibility file layout for eligibility file transfers.

Describe how each FUND account will be identified and distinguished in the Proposers claim payment system. Confirm ability to sub-account each municipality or entity within the FUND account.

Describe how different benefit designs within each Municipality will be identified and distinguished within the Proposer's system.

Confirm the proposer can accept PCP, COB, emails and phone numbers on eligibility files.

H. Analysis and Reporting

The Fund has a wide variety of reporting and data needs. Describe the following:

FUND expects the Proposer to generate and provide a set of standard claim reports (monthly and quarterly/yearly) for each plan. Provide a sample package of monthly, quarterly, and annual utilization and financial reports.

Ad hoc reporting capabilities and turnaround times. Reports should reflect overall utilization re: total dollars spent for inpatient facility, outpatient facility, Emergency Room, Surgery, Radiology, Lab services, Behavioral Health, gaps in care, average network

discounts (facility vs providers), INN utilization, OON utilization, claim dollars spent for top disease states and claims exceeding \$50,000.00 in a plan year.

Please provide sample reports and availability of FUND staff to directly access web – reporting tool(s).

Ability to provide Monthly Detailed claims data files including credit and voids via electronic or FTP site and delivery and must include the following data fields:

- Location – Member Name
- Coverage Type – Medical, Prescription, etc
- Benefit Plan Name – Open Access, Traditional, HMO, etc
- Claim Number
- Participant Name
- Participant ID
- Participant Date of Birth
- Dependent Status – Employee, Spouse, Dependent
- Date Incurred – From
- Date Incurred – To
- Date Paid
- Provider Identification Number – Tax Identification Number
- Provider Name
- Provider Type
- Network Name
- CPT Code
- CPT Description
- Diagnosis Code
- Diagnosis Code Description
- Place of Service Code
- Place of Service Code Description
- Inpatient Days
- Amount of Charge
- Ineligible or Not Covered Charge
- Allowed Amount
- Discount
- Ineligible Charges
- Co-Insurance / Deductible
- COB Savings
- Net Paid

The Proposer shall also describe the claims imprest account process and the monthly reports of claims payments that will be provided to the FUND's finance and accounting office. At a minimum, the following financial reports shall be provided monthly in electronic format:

- Checks issued, cleared, voided.
- Reconciliation of imprest transfers to monthly claims totals.
- Monthly claims totals.
- Claims incurred and paid triangles on a 36 running month basis.
- Claims at 50% of SIR paid for the month and year to date.

The Proposer understands that the FUND will be analyzing the claim data and requires that all available fields be included in the data to perform an analysis of claims. Data fields typical of standard analysis include (but not limited to): claim detail, employee / dependent detail, ICD10 coding, procedure/CPT code, detail, hospital, physician, lab detail, payment detail, municipality / member ID and / or any other detail used to classify line-item claims.

Reinsurance Reporting:

The Proposer will be required to describe how it plans to comply with the requirement of complying with all necessary reporting requirements of the reinsurer for all lines of coverage on a monthly basis by plan year. The Proposer will demonstrate the ability to provide stop loss detail reports on a 12/24 basis with stop loss retention levels varying from year to year. 50% of SIR reporting will also be required as well as any large case notification(s) by diagnosis as required by the reinsurer. The Proposer provide for past successful experience in working directly with reinsurance carriers and auditor and provide past successful evidence of documentation supporting the audit and review of any stop loss claims.

- 1) Can the Proposer accept Prescription files to integrate claims for Self-Insured Retention Reporting
- 2) Confirm the Proposer can report on large claims in excess of the Self-Insured Retention prior to payment for the Funds to file for Advance Reimbursement.
3. Confirm the bidder will work with a third party stop loss carrier at no additional costs.

I. Provider Network(s)

Describe the following:

- 1) The Proposer's capability to provide access to Regional / National Provider Network for Network Facilities, Primary Care Physicians, Specialists, Ancillary Service Providers, etc. primarily in the Somerset County Region. Network discounts should be available to Traditional / Indemnity Plans as well as those enrolled in an Open Access, PPO, POS and HDHP's. A national network should be available for members traveling outside of the service area and for retirees who reside outside the primary counties.
- 2) Provide a network disruption analysis based on the provider listing.
- 3) The Proposer should have the capability to provide access to providers on a capitated basis for POS and HMO plans where applicable.
- 4) Specify the types of standardized fee schedules utilized by your claim processing system re: HIAA, MDR, R&C, percentage of CMS etc. and the update frequency.
- 5) Describe any secondary networks utilized for OON providers and their cost, if any, or the ability to negotiate directly with providers.
- 6) Describe Proposers' ability to limit a group's access to a specific provider network.
- 7) Provide Self-Reported Discounts on Exhibit B.

I. Customer Service and Support

Describe the following:

- 1) Capabilities to provide a dedicated toll-free customer service number and customer service representatives to the FUND enrollees.
- 2) Advise the number of customer service representatives to be assigned to the FUND, along with years of experience for handling calls for local government entities and various self – funded medical plans. Customer service representatives should possess the following skills:
 - Strong Customer Focus
 - Ability to Resolve Customer Related Issues and Concerns
 - Strong Listening and Communication Skills

- 3) Provide customer service > claims workflow for customer issue / complaint resolution.
- 4) Provide performance metrics for customer service. Proposer must meet or exceed industry standards as follows:
 - Speed of Answer – 85 percent within 60 seconds
 - Queue Wait Time – 97 percent answered within 120 seconds.
 - Abandonment Rate – Less than 5 percent
 - Average Talk Time – 3 to 7 minutes

Proposer must complete the following table illustrating customer service calls based on its 2017 book of business excluding internal clients.

| ITEM CUSTOMER SERVICE | PERFORMANCE METRICS |
|---------------------------|---------------------|
| Speed to answer | |
| Queue Wait Time – seconds | |
| Abandonment Rate | |
| Average Talk Time | |

- 5) Describe member access to website, claim information access, repricing tools, etc.
- 6) Describe the size of each division and the ability to consolidate reporting across divisions.

J. Prior Authorization and Medical Review Programs

Describe in detail the Proposer’s ability to provide the following Utilization Management programs:

- 1. Inpatient and Outpatient Pre-certification
- 2. Concurrent Review
- 3. Discharge Planning
- 4. Retrospective Review
- 5. Clinical Review Programs
- 6. Itemized Bill Review

K. Implementation

Confirm the following:

- 1. The Proposer must include a post implementation report and audit of new groups.
- 2. Large Case Management
- 3. Disease Management
- 4. Medical Management re: Behavioral Health Services, Physical Therapy and Chiropractic Services

Can the Proposer provide ROI on Disease Management Programs?

Provide a listing of any additional fees associated with the implementation of any of these programs.

K. Overpayment, Subrogation and Coordination of Benefits Describe

the following:

- 1) Overpayment identification and recovery process.
- 2) Describe ability to provide overpayment reporting as well as the process for refunding the FUND for recoveries.
- 3) Subrogation – identification of claims which may be subject to third party liability and recovery efforts.
- 4) Describe ability to provide subrogation reporting as well as the process for refunding the FUND for recoveries.
- 5) Proposers must aggressively pursue coordination of benefits. Coordination of Benefits verifications should be done on an annual basis.
- 6) Describe current procedures for identifying other coverage such as pending claims until verification has been received and processing as secondary payor.

Please advise any recovery fees associated with these services and / or if TPA has contracted with an outside vendor to provide services.

L. Auditing

The Proposer shall allow the FUND, office of the Executive Director/Program Manager, Auditors or any other designated person to periodically review / audit claims and / or operations to assure quality control.

Describe the following:

- 1) Describe internal auditing / quality controls for claims processing.
- 2) The FUND will have the authority to perform independent claim audit(s) performed by a vendor that is knowledgeable in healthcare insurance programs and claims administration of self – funded plans. Objectives of the audit include evaluation of Administrator against industry standards for accuracy, timeliness and quality of operations and services, to identify claim errors in a plan year and / or other performance related issues. Some of the types of claims audits the FUND may perform the following:
 - Random Stratified Audit
 - Focused Sample Claim Audit
 - Large Claim Focused Audit
 - Targeted Issue Claim Audit
- 3) The FUND also has an independent annual audit of its finances and reporting. As part of this audit, the FUND's auditor shall have the authority to audit claims and reports in sufficient detail to allow for the certification of the FUND's financial statements.
- 4) Please provide a copy of TPA's most recent SSAE16 report.

M. System Recovery

Describe the following:

- 1) Backup process and storage policy related to the claims system/database.
- 2) Proposers' disaster recovery plan.

N. Fee's and Other "Value Added" Services

Fees should be quoted at a per covered employee per month fee. Fees quoted must be guaranteed for at three (3) years and include complete claims administration, access to provider network(s), printing/mailing of member ID cards, attendance at meetings, monthly reporting and any other required service work. Describe any other value-added service that the Proposer can recommend, implement or provide in the context of this RFP.

Any applicable fees for services provided to the FUND should be clearly identified when responding to this proposal. NO Commissions will be considered.

Include Wellness Credits by Fund.

Include Performance Guarantees on Implementation and current membership.

CONSENT OF SURETY

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of \$1.00, lawful money of the United States of America, the receipt whereof is hereby acknowledged, paid the undersigned corporation, and for other valuable consideration, the SURETY COMPANY _____ organized and existing under the laws of the State of _____ and licensed to do business in the State of _____ New Jersey _____ certifies and agrees, that if the contract for the _____ is awarded to _____ the undersigned corporation will execute the bond or bonds as required of the contract documents and will become Surety in the full amount set forth in the contract documents for the faithful performance of all obligations of the Contractor.

Signed and sealed this _____ day _____ of 20 _____

SURETY COMPANY

Name

Attorney in fact

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions. The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan

Approval; Certificate of Employee Information

Report; or

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: [http:// www.state.nj.us/treasury/contract_compliance](http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq

**NEW JERSEY ANTI-DISCRIMINATION PROVISIONS
N.J.S.A. 10:2-1 ET SEQ.**

Pursuant to N.J.S.A. 10:2-1, if awarded a contract, the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/bd/aa302ins.pdf

SECTION A- COMPANY IDENTIFICATION

| | | |
|--|---|--|
| 1. FID. NO. OR SOCIAL SECURITY | 2. TYPE OF BUSINESS <input type="radio"/> 1. MFG <input type="radio"/> 2. SERVICE <input type="radio"/> 3. WHOLESALE <input type="radio"/> 4. RETAIL <input type="radio"/> 5. OTHER | 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY |
| 4. COMPANY NAME | | |
| 5. STREET | CITY | COUNTY |
| | STATE | ZIP CODE |
| 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) | | CITY |
| | STATE | ZIP CODE |
| 7. CHECK ONE: IS THE COMPANY: <input type="radio"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="radio"/> MULTI-ESTABLISHMENT EMPLOYER | | |
| IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ 9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 10. PUBLIC AGENCY AWARDED CONTRACT | | |
| | CITY | COUNTY |
| | STATE | ZIP CODE |
| Official Use Only | DATE RECEIVED | ASSIGNED CERTIFICATION NUMBER |

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories. In columns 1, 2, & 3. **DONOT SUBMIT AN EEO-1 REPORT.**

| JOB CATEGORIES | ALL EMPLOYEES | | | -MINORITY caaD1nvcc | | | | | | | | | | |
|--|---|----------------|------------------|---------------------|----------|-------------|-------|----------|--------|----------|--------------|-------|----------|--|
| | COL. 1 TOTAL (Cols. 2 & 3) | COL. 2 MALE | COL. 3 FEMALE | MALE | | | | | FEMALE | | | | | |
| | | | | BLACK | HISPANIC | AMER. INDIA | ASIAN | NON MIN. | BLACK | HISPANIC | AMER. INDIAN | ASIAN | NON MIN. | |
| Officials/ Managers | | | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | | | |
| Sales Workers | | | | | | | | | | | | | | |
| Office & Clerical | | | | | | | | | | | | | | |
| Craftworkers (Skilled) | | | | | | | | | | | | | | |
| Operatives (Semi-skilled) | | | | | | | | | | | | | | |
| Laborers (Unskilled) | | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | |
| Total employment From previous Report (If any) | | | | | | | | | | | | | | |
| Temporary & Part-Time Employees | The data below shall NOT be included in the figures for the appropriate categories above. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | | |
|--|---|---|
| 12. HOW WAS INFORMATION OBTAINED <input type="checkbox"/> 1. Visual Survey <input checked="" type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify) | 14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES! 2. NO! | 15. IF NO, DATE LAST REPORT SUBMITTED MO IDAYIYEAR |
| 13. DATES OF PAYROLL PERIOD USED From: _____ To: _____ | | |

SECTION C-SIGNATURE AND IDENTIFICATION

| 17. ADDRESS NO. & STREET | CITY | COUNTY | STATE | ZIP CODE | PHONE (AREA CODE, NO.,EXTENSION) | | |
|--|------|--------|-------|-----------|----------------------------------|-----|------|
| 16. NAME OF PERSON COMPLETING FORM (Print or Type) | | | | SIGNATURE | TITLE | | |
| | | | | | DATE | | |
| | | | | | MO | DAY | YEAR |

SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT

Certification 111XX

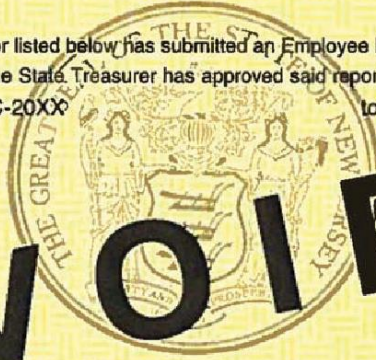
CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-20XX to 15-DEC-20XX

**SAMPLE COMPANY, INC.
33 WEST STATE STREET
TRENTON, NJ 08625**

VOID



State Treasurer

New Jersey Business Registration Certification

Pursuant to N.J.S.A. 52:32-44, **The FUND** (“Contracting Agency”) is prohibited from entering into a contract with an entity unless the Proposer/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Contracting Agency with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the Proposer, who in turn, shall provide it to the Contracting Agency prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

- (1) the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
- (2) the contractor shall maintain and submit to the Contracting Agency a list of subcontractors and their addresses that may be updated from time to time.
- (3) the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Taxation at (609)292-6400. Form NJ-REG can be filed online at <http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

Before final payment is made under the contract, the contractor shall submit to the Contracting Agency a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

Emergency Purchases or Contracts

For purchases of an emergent nature, the contractor shall provide its Business Registration Certificate within two weeks from the date of purchase or execution of the contract or prior to payment for goods or services, whichever is earlier.

SAMPLE BUSINESS REGISTRATION CERTIFICATE

| STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS | | DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, N.J. 08646-0252 |
|---|--|---|
| TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT | TRADE NAME: CLIENT REGISTRATION | |
| TAXPAYER IDENTIFICATION#: 970-097-382/500 | SEQUENCE NUMBER: 0107330 | |
| ADDRESS: 847 ROEBLING AVE TRENTON NJ 08611 | ISSUANCE DATE: 07/14/04 | |
| EFFECTIVE DATE: 01/01/01 | <i>John S. Tully</i> Acting Director | |
| FORM-BRC(08-01) | This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address. | |

| STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE | |
|--|---------------------------------------|
| Taxpayer Name: | TAX REG TEST ACCOUNT |
| Trade Name: | |
| Address: | 847 ROEBLING AVE TRENTON, NJ 08611 |
| Certificate Number: | 1095907 |
| Date of Issuance: | October 14, 2004 |
| For Office Use Only: | |
| | 20041014112823533 |

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: _____

Organization Address: _____

Part I Check the box that represents the type of business organization:

- Sole Proprietorship
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type) Limited Liability Company (LLC)
- Partnership Limited Partnership Limited Liability Partnership (LLP)
- Other (be specific): _____

Part II

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

| Name of Individual or Business Entity | Address |
|---------------------------------------|---------|
| | |
| | |
| | |
| | |

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a Proposer has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

| Website (URL) containing the last annual SEC (or foreign equivalent) filing | Page #'s |
|---|----------|
| | |
| | |
| | |

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above.** The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

| Stockholder/Partner/Member and Corresponding Entity Listed in Part II | Address |
|---|---------|
| | |
| | |
| | |

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the Proposer/proposer; that the **Fund** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **Fund to** notify the **Fund** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **Fund** to declare any contract(s) resulting from this certification void and unenforceable.

| | | | |
|--------------------|--|--------|--|
| Full Name (Print): | | Title: | |
| Signature: | | Date: | |

Americans with Disabilities Act of 1990

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C~ S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with frill and complete particulars of the claim. if any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Business Name (Print):

Representative's Name (Print):

Representative's Title:

Representative's Signature:

Phone:

Date:

Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>
www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be provided by law, rule, or contract, including but not limited to imposing sanctions, seeking compliance, recovering damages, declaring the party in default, and seeking debarment or suspension of the party.

CONTRACT AWARDS AND RENEWALS

I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)

CONTRACT AMENDMENTS AND EXTENSIONS

| | |
|---|--|
| □ | <p><i>I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)</i></p> |
|---|--|

IF UNABLE TO CERTIFY

| | |
|---|--|
| □ | <p><i>I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. <u>Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.</u></i></p> |
|---|--|

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the Contracting Unit is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Contracting Unit to notify the Contracting Unit in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Contracting Unit and that the Contracting Unit at its option may declare any contract(s) resulting from this certification void and unenforceable.

| | | | |
|--------------------------|--|--------------|--|
| Full Name (Print) | | Title | |
|--------------------------|--|--------------|--|

| | | | |
|------------------|--|-------------|--|
| Signature | | Date | |
|------------------|--|-------------|--|

Experience & Qualifications Questionnaire

This questionnaire must be filled out and submitted as a part of the Proposal. Failure to complete this form or to provide any of the requested information will be grounds for the rejection of the bid proposal. If additional space is required, the respondent shall add additional sheets, which identify the question being answered.

Number of years in business under present name & address: _____

If less than 5 years, list previous names and address:

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: . If yes, provide the details in on a separate page.

Have any liens and lawsuits been filed against the company in the past 5 years: _____

If yes, please provide details:

List similar services you are now providing for which you have signed contract, but not yet started work:

List all major subcontractors to be used to complete the service and the area of their responsibility:

Experience & Qualifications Questionnaire

Please provide at least 3 references below:

Name: _____ **Phone:** _____

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

Name: _____ **Phone:** _____

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

Name: _____ **Phone:** _____

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

Name: _____ **Phone:** _____

Experience & Qualifications Questionnaire

Address: _____

Equipment/Service Provided: _____

Contract Amount: _____

PAY TO PLAY ADVISORY
Disclosure Requirement
P.L. 2005, Chapter 271, Section 3 Reporting
(N.J.S.A. 19:44A – 20.27)

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please contact ELEC at:
1-888-313-ELEC (toll free in NJ) or
609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Non-Collusion Affidavit

STATE OF NEW JERSEY

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

I certify that I am

of the firm of

the Respondent making this Proposal for the bid or proposal for the above named project, that I executed the said proposal with full authority to do so; that said Proposer has not, directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and this affidavit are true, correct, and made with full knowledge that the **Fund** relies upon the truth of the statements contained in said Proposals and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies.

Signature of Representative:

Subscribed and sworn to before me this _____ day of _____, 20____

Print Name of

Affiant: _____

Notary Public of _____ My commission expires _____

This form MUST be completed, notarized and submitted with the bid document

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - of that county in which that public entity is located
 - of another public entity within that county
 - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

* N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the

Part I – Vendor Information

| | | | |
|---------------------|--|---------------|-------------|
| Vendor Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

| | | |
|------------------|---------------------|--------------|
| <u>Signature</u> | <u>Printed Name</u> | <u>Title</u> |
|------------------|---------------------|--------------|

Part II - Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

| Contributor Name | Recipient Name | Date | Dollar Amount |
|------------------|----------------|------|---------------|
| | | | \$ |
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Check here if the information is continued on subsequent page(s)

List of Agencies with Elected Officials Required for Political Contribution Disclosure
N.J.S.A. 19:44A-20.26

County Name
State: Governor, and Legislative Leadership Committees
Legislative District #: all
State Senator and two members of the General Assembly per district.

County:
Freeholders County Clerk Sheriff
{ County Executive } Surrogate

Municipalities (Mayor and members of governing body, regardless of title):

**USERS SHOULD CREATE THEIR OWN FORM, OR DOWNLOAD
FROM the Pay to Play section OF THE DLGS WEBSITE A
COUNTY-BASED, CUSTOMIZABLE FORM.**

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

Partnership Corporation Sole

Proprietorship

Limited Partnership Limited Liability Corporation

Limited Liability Partnership

Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

| | |
|---------------|---------------|
| Name: | Name: |
| Home Address: | Home Address: |
| Name: | Name: |
| Home Address: | Home Address: |
| Name: | Name: |
| Home Address: | Home Address: |

| | | | |
|--|-----|-----|------------------------|
| Subscribed and sworn before me this | day | , 2 | _____ |
| (Notary | | | (Affiant) |
| My Commission | | | (Print name & title of |
| | | | (Corporate |