



Southern Skyland Regional

HEALTH INSURANCE FUND

MEETING AGENDA JULY 14, 2020

Join Zoom Meeting
<https://zoom.us/j/5455080980>

Meeting ID: 545 508 0980

1- 929-205-6099

12:00 PM

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:
JULY 14, 2020
12:00 PM**

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

ROLL CALL OF COMMISSIONERS OF SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

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

APPROVAL OF MINUTES - May 12, 2020 Open Public Meeting - Appendix I

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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PROGRAM MANAGERS REPORT

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TREASURER - (Yvonne Childress)

June 2020 Bills List SSRHIFPage 15

June 2020 Supplemental Bills List SSRHIFPage 16

July 2020 Bills List SSRHIFPage 17

May 2020 Treasurers ReportPage 19

Resolution 16-20: June and July 2020 Bills List/Supplemental Bills List.....Page 22

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 - September 8, 2020 12:00 PM

MEETING ADJOURNMENT

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
JULY 14, 2020**

FINANCIAL REPORTS - SOMERSET COUNTY INSURANCE COMMISSION

- 1. Somerset Commission Financial Fast Track** - as of May 31, 2020 (page 3)
- 2. Skyland Fund Financial Fast Track** - as of May 31, 2020 (page 4)
- 3. Ratios Report** - as of May 2020 (page 5)
- 4. 2020 Cumulative Budget** - as of June 2020 (page 6)

CLAIM FUND STATUS

Claims are higher than budget, even with elective services being postponed during the COVID - 19 shut down. With the Fund in early years and uncertainty of this unusual situation in 2020, we are watching the cash flow on a weekly basis. We have started digging into the increase in claims and summarized the current status below:

- The 2020 claim fund was established by the actuary based upon claims experience through 6/30/2019. However, a retrospective review of claims experience indicates that claims began to rise after the period of claims that were used to project the current budget. See attachment on Page 7.
- Please note that the reduction in the claims budget in January of 2020 was caused by the establishment of the Medicare Advantage program. That is, Medicare retirees were placed in a fully insured plan and are no longer part of the self-insured claims program.
- Claims dropped in May of 2020, ostensibly because of service deferrals associated with the Covid-19 crisis.
- Due to the higher claims experience through April of 2020, we are taking the following steps:
 1. Cash flow tracking reports for 2019 and 2020 will be included in agendas as part of the financial fast track reporting process. These charts compare estimated claims paid and estimated cash balances to actuals on a monthly basis. See attachments on pages 8 and 9.
 2. We have constructed cash flow models through the end of 2020 using three assumptions regarding claims spend:
 - Claims spend will match the budget - illustrates that cash balances would be adequate.
 - Claims spend will match the average of the past 7 months - illustrates possible cash flow challenges until 2021 rates are established

- Claims spend will match the average of the past 5 months - illustrates possible cash flow challenges until 2021 rates are established. See Page 10
- 3. Cash flow projections are complicated by the Covid-19 crisis which can lead to lower claims in the short run, but higher claims in the future.
- 4. This projection will also be provided until further notice in the agendas.
- 5. We have asked the actuary to begin the process of projecting 2021 claims. This process will include has analysis of the adequacy of 2020 rates.
- 6. Consider transferring surplus from the Commission to HIF to allow for additional cushion.

AUGUST SUB-COMMITTEE MEETING

The next public meeting is scheduled for September 8. Prior to that, there are a few topics that we would like to discuss in further detail with a subcommittee:

1. Health Center Reciprocity - Integrity Health is requesting an option to allow access to all eligible members to any of the Partnership Health Centers in the state - Toms River, Long Branch, Brick & Somerville. We would like to review the financial and logistical feasibility provided by Integrity.
2. Health Center RFP Update - The RFP for the Health Center administrator is due at the end of July. We should have at least some preliminary results or a possible recommendation to present.
3. Professional Service RFPs - RFPs have just been received and there are competing responses for Actuary, Auditor and Attorney. We will provide the responses and review with the committee.
4. Claims and Finance update through 7/31
5. Preliminary 2021 Budget Review - we should have projections back from the actuary for the 2021 medical and prescription claims.

We ask for volunteers to join this committee that are available mid-August.

BYLAW AMENDMENT

The Fund has received resolutions from 75% of our membership to approve the bylaw amendment. Appendix II includes the final approval submission that was sent to the State. Resolution 15-20 approves the amendment and is included on page 11.

**SOMERSET COUNTY INSURANCE COMMISSION-HIF
FINANCIAL FAST TRACK REPORT
AS OF May 31, 2020**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	0	0	99,167,959	99,167,959
2. CLAIM EXPENSES				
Paid Claims	77,176	2,199,021	86,548,143	88,747,164
IBNR	(98,169)	(2,539,843)	2,677,429	137,586
Less Specific Excess	(201,443)	(148,960)	(2,290,841)	(2,439,801)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	(222,436)	(489,781)	86,934,731	86,444,950
3. EXPENSES				
MA & HMO Premiums	0	0	595,967	595,967
Excess Premiums	0	1,111	6,359,446	6,360,557
Administrative	0	15	4,048,754	4,048,769
TOTAL EXPENSES	0	1,126	11,004,167	11,005,293
4. UNDERWRITING PROFIT (1-2-3)	222,436	488,655	1,229,061	1,717,716
5. INVESTMENT INCOME	62	6,856	122,710	129,566
6. DIVIDEND INCOME	0	0	0	0
7. STATUTORY PROFIT (4+5+6)	222,498	495,511	1,351,771	1,847,282
8. DIVIDEND	0	0	0	0
9. STATUTORY SURPLUS (7-8)	222,498	495,511	1,351,771	1,847,282

SURPLUS (DEFICITS) BY FUND YEAR

Year	Category	2017	2018	2019	2020
2017	Surplus	26	3,405	2,499,529	2,502,934
	Cash	26	3,180	2,449,451	2,452,631
2018	Surplus	74,264	50,115	427,590	477,706
	Cash	22	119,794	264,310	384,104
2019	Surplus	148,208	441,991	(1,575,349)	(1,133,358)
	Cash	(82,162)	(511,897)	(771,126)	(1,283,023)
TOTAL SURPLUS (DEFICITS)		222,498	495,511	1,351,771	1,847,282
TOTAL CASH		(82,114)	(388,922)	1,942,635	1,553,712

CLAIM ANALYSIS BY FUND YEAR

Fund Year	Category	2017	2018	2019	2020
FUND YEAR 2017	Paid Claims	-	0	26,651,438	26,651,438
	IBNR	-	0	(0)	(0)
	Less Specific Excess	-	(225)	(697,587)	(697,812)
	Less Aggregate Excess	-	0	0	0
	TOTAL FY 2017 CLAIMS	-	(225)	25,953,850	25,953,626
FUND YEAR 2018	Paid Claims	-	35,924	30,543,024	30,578,948
	IBNR	-	(62,341)	62,341	0
	Less Specific Excess	(74,242)	(21,483)	(1,330,317)	(1,351,800)
	Less Aggregate Excess	-	0	0	0
	TOTAL FY 2018 CLAIMS	(74,242)	(47,900)	29,275,047	29,227,148
FUND YEAR 2019	Paid Claims	77,176	2,163,097	29,353,682	31,516,779
	IBNR	(98,169)	(2,477,502)	2,615,088	137,586
	Less Specific Excess	(127,201)	(127,252)	(262,937)	(390,189)
	Less Aggregate Excess	0	0	0	0
	TOTAL FY 2019 CLAIMS	(148,193)	(441,657)	31,705,833	31,264,176
COMBINED TOTAL CLAIMS		(222,436)	(489,781)	86,934,731	86,444,950

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 May 31, 2020

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	3,079,012	15,168,499	0	15,168,499
2. CLAIM EXPENSES				
Paid Claims	1,110,701	10,893,122	-	10,893,122
IBNR	89,274	2,613,690	-	2,613,690
Less Specific Excess	(274,502)	(274,502)	-	(274,502)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	925,473	13,232,310	0	13,232,310
3. EXPENSES				
MA & HMO Premiums	131,474	681,395	0	681,395
Excess Premiums	113,764	568,248	0	568,248
Administrative	350,904	1,774,369	0	1,774,369
TOTAL EXPENSES	596,142	3,024,012	0	3,024,012
4. UNDERWRITING PROFIT (1-2-3)	1,557,397	(1,087,822)	0	(1,087,822)
5. INVESTMENT INCOME	1,013	2,841	0	2,841
6. DIVIDEND INCOME	0	0	0	0
7. STATUTORY PROFIT (4+5+6)	1,558,410	(1,084,981)	0	(1,084,981)
8. DIVIDEND	0	0	0	0
9. STATUTORY SURPLUS (7-8)	1,558,410	(1,084,981)	0	(1,084,981)

SURPLUS (DEFICITS) BY FUND YEAR

2020	Surplus			
		1,558,410	(1,084,981)	(1,084,981)
	Cash	474,986	119,763	119,763
TOTAL SURPLUS (DEFICITS)		1,558,410	(1,084,981)	0
TOTAL CASH		474,986	119,763	0

CLAIM ANALYSIS BY FUND YEAR

FUND YEAR 2020				
	Paid Claims	1,110,701	10,893,122	10,893,122
	IBNR	89,274	2,613,690	2,613,690
	Less Specific Excess	(274,502)	(274,502)	(274,502)
	Less Aggregate Excess	0	0	0
TOTAL FY 2020 CLAIMS		925,473	13,232,310	13,232,310
COMBINED TOTAL CLAIMS		925,473	13,232,310	0

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

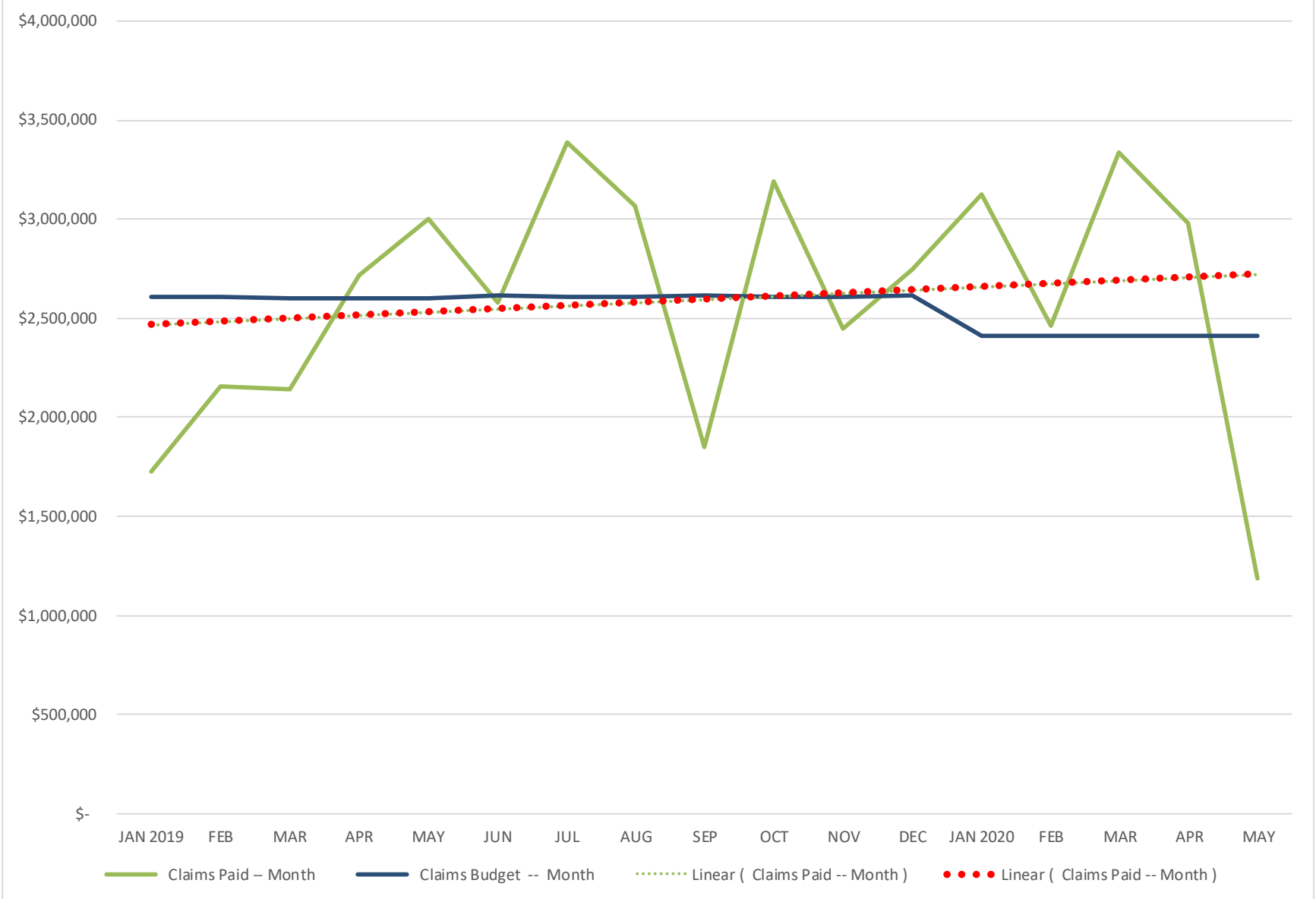
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

RATIOS

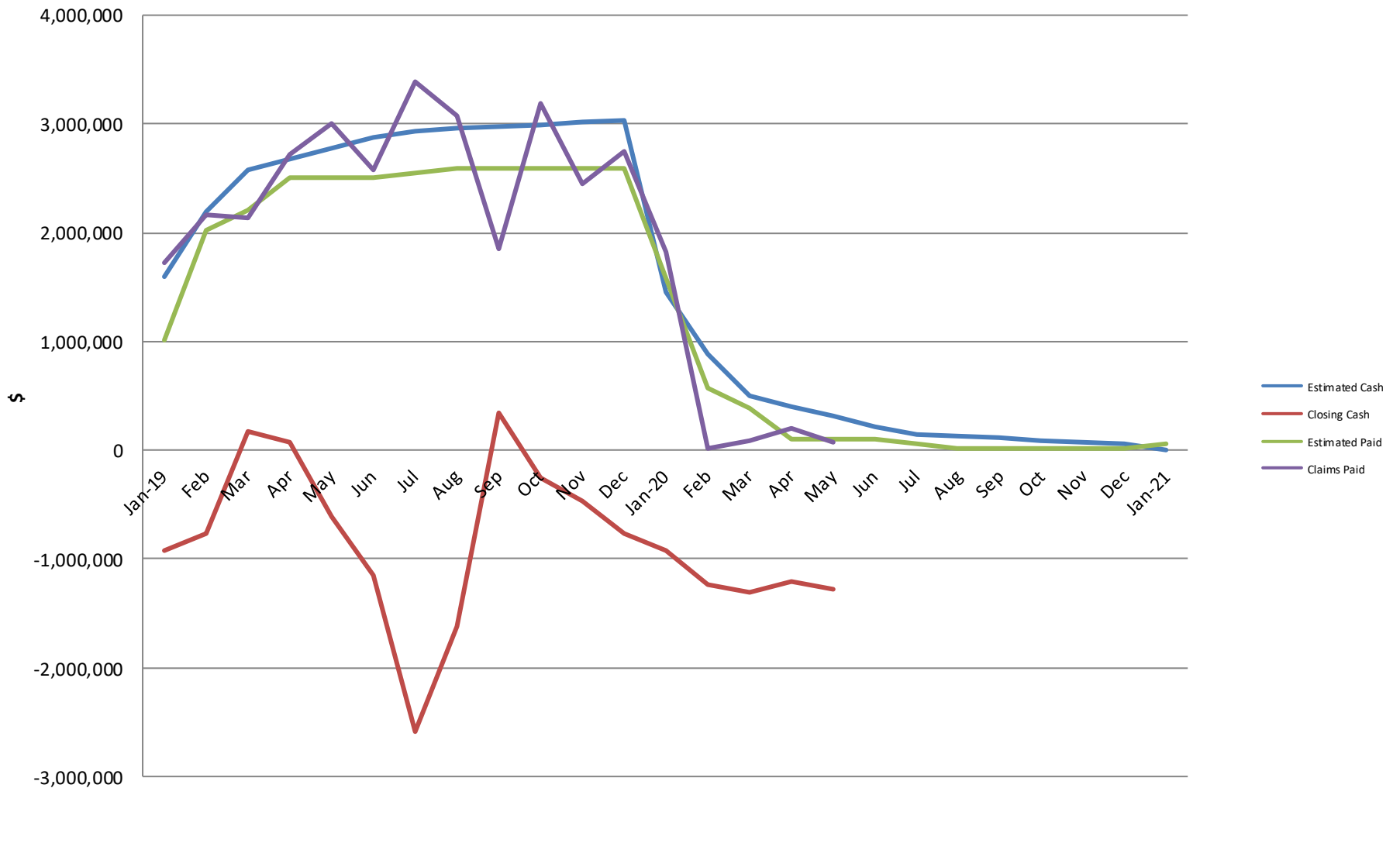
INDICES	FY2020				
	JAN	FEB	MAR	APR	MAY
Cash Position	\$ 853,958	\$ 96,495	\$ 88,316	\$ (355,223)	\$ 119,763
IBNR	\$ 1,523,540	\$ 2,090,544	\$ 2,471,147	\$ 2,524,416	\$ 2,613,690
Assets	\$ 1,476,261	\$ 1,322,260	\$ 512,402	\$ 78,871	\$ 1,697,910
Liabilities	\$ 1,862,350	\$ 2,292,191	\$ 2,684,917	\$ 2,722,261	\$ 2,782,891
Surplus	\$ (386,089)	\$ (969,931)	\$ (2,172,515)	\$ (2,643,391)	\$ (1,084,981)
Claims Paid -- Month	\$ 1,302,149	\$ 2,444,876	\$ 3,253,485	\$ 2,781,910	\$ 1,110,701
Claims Budget -- Month	\$ 2,414,123	\$ 2,414,123	\$ 2,414,123	\$ 2,414,123	\$ 2,414,123
Claims Paid -- YTD	\$ 1,302,149	\$ 3,747,025	\$ 7,000,511	\$ 9,782,421	\$ 10,893,122
Claims Budget -- YTD	\$ 2,414,123	\$ 4,828,245	\$ 7,242,368	\$ 9,656,490	\$ 12,070,613
RATIOS					
Cash Position to Claims Paid	0.66	0.04	0.03	-0.13	0.11
Claims Paid to Claims Budget -- Month	0.54	1.01	1.35	1.15	0.46
Claims Paid to Claims Budget -- YTD	0.54	0.78	0.97	1.01	0.9
Cash Position to IBNR	0.56	0.05	0.04	-0.14	0.05
Assets to Liabilities	0.79	0.58	0.19	0.03	0.61
Surplus as Months of Claims	-0.16	-0.4	-0.9	-1.09	-0.45
IBNR to Claims Budget -- Month	0.63	0.87	1.02	1.05	1.08

Southern Skyland Regional Health Insurance Fund							
2020 Certified Budget							
	Census:						
	Medical Aetna	1,580	9,463	18,930			
	Medical Coresource	8	99	99			
	Rx ESI	1,778	10,668	21,336			
	Rx Coresource	8	51	99			
	Medicare Advantage - Medical	361	2,094	4,260			
	Rx No Medical (Incl in Rx above)	1	3	9			
	Medicare Advantage - Only (Incl above)	31	186	372			
LINE ITEMS	June	2020 Cumulative Budget	2020 Annualized Budget	2020 CERTIFIED	\$ Change	% Change	
1	Medical Claims (Aetna)	\$ 1,858,881	\$ 11,131,396	\$ 22,316,158	\$ 22,400,829	(84,671)	-0.38%
2	Medical Claims (Coresource)	\$ 7,422	\$ 46,744	\$ 91,276	\$ 1,205,357	(1,114,081)	-92.43%
	Subtotal Medical Claims	\$ 1,866,303	\$ 11,178,140	\$ 22,407,434	\$ 23,606,186	(1,198,752)	-5.08%
3	Prescription Claims (Express Scripts)	\$ 673,232	\$ 4,014,077	\$ 8,054,858	\$ 8,511,600	(456,742)	-5.37%
4	Prescription Rebates (Express Scripts)	\$ (114,459)	\$ (686,756)	\$ (1,373,513)	\$ (1,373,513)	0	0.00%
5	Prescription Claims (Coresource)	\$ 1,547	\$ 9,796	\$ 19,078	\$ 281,695	(262,617)	-93.23%
	Prescription Claims Subtotal	\$ 560,320	\$ 3,337,117	\$ 6,700,423	\$ 8,793,295	(2,092,872)	-23.80%
6	Subtotal	2,426,623	14,515,257	29,107,857	31,025,968	(1,918,111)	-6.18%
7							
8	Medicare Advantage- AETNA-MA	\$ 20,256	\$ 119,637	\$ 241,173	\$ 228,060	13,113	5.75%
9	Medicare Advantage - UHC-MA	\$ 35,318	\$ 204,502	\$ 416,411		416,411	0.00%
10							
11	Horizon Dental	100,532	\$ 599,297	\$ 1,203,998	1,150,204	53,794	4.68%
12							
13	Partnership Health Center - Integrity Management	59,228	\$ 354,934	\$ 709,899	\$ 782,532	(72,633)	-9.28%
14	Partnership Health Center - Expenses	\$ 189,982.52	\$ 1,139,895	\$ 2,279,790	\$ 2,279,790	-	0.00%
15	Partnership Health Center - County 2018 Funding	\$ -	\$ -	\$ -	\$ -	-	0.00%
16							
17	Reinsurance						
18	Specific	\$ 113,764.32	\$ 681,583	\$ 1,363,238	\$ 1,531,090	(167,853)	-10.96%
19	Aggregate*	\$ -	\$ -	\$ -	\$ -	0	0.00%
20	Subtotal Reinsurance	\$ 113,764.32	\$ 681,583	\$ 1,363,238	\$ 1,531,090	(167,853)	-10.96%
21							
22	Total Loss Fund	2,945,704	17,615,104	35,322,366	\$ 36,997,645	(1,675,279)	-4.53%
23							
24	Contingency	\$ 5,064	\$ 30,383	\$ 60,766	\$ 60,766	0	0.00%
25							
26	Expenses						
27	Legal	\$ 833	\$ 5,000	\$ 10,000	\$ 10,000	0	0.00%
28	Executive Director/Program Manager	29,160	\$ 174,654	\$ 349,380	\$ 391,392	(42,012)	-10.73%
29	Enrollment Vendor	6,480	\$ 38,812	\$ 77,640	\$ 86,976	(9,336)	-10.73%
30	TPA - Aetna	62,679	\$ 375,397	\$ 750,953	\$ 819,341	(68,388)	-8.35%
31	TPA - Coresource	248	\$ 1,581	\$ 3,069	\$ 18,228	(15,159)	-83.16%
32	Actuary	\$ 1,667	\$ 10,000	\$ 20,000	\$ 20,000	0	0.00%
33	Auditor	\$ 1,360	\$ 8,160	\$ 16,320	\$ 16,320	0	0.00%
34	Consulting	\$ 10,780	\$ 64,824	\$ 129,504	\$ 105,963	23,542	22.22%
35							
36	Subtotal Expenses	113,207	678,428	1,356,866	\$ 1,468,220	(111,353)	-7.58%
37							
38	Miscellaneous						
39	Miscellaneous and Contingency	\$ 1,378	\$ 8,267	\$ 16,533	\$ 16,533	0	0.00%
40	Claims Auditor	\$ -	\$ -	\$ -	\$ -	0	0.00%
41	GASB 75 Reporting	\$ 625	\$ 3,750	\$ 7,500	\$ 7,500	0	0.00%
42	A4 Surcharge	\$ 2,382	\$ 14,232	\$ 29,465	\$ 32,731	(3,266)	-9.98%
43	ACA Taxes	\$ 917	\$ 5,500	\$ 11,000	\$ 11,000	0	0.00%
44	Subtotal Miscellaneous	5,301	31,748	64,498	\$ 67,764	(3,266)	-4.82%
45							
46	Total Expenses	118,508	710,177	1,421,364	\$ 1,535,983	(114,619)	-7.46%
47							
48	Total Budget	3,069,276	18,355,664	36,804,496	\$ 38,594,394	(1,789,898)	-4.64%

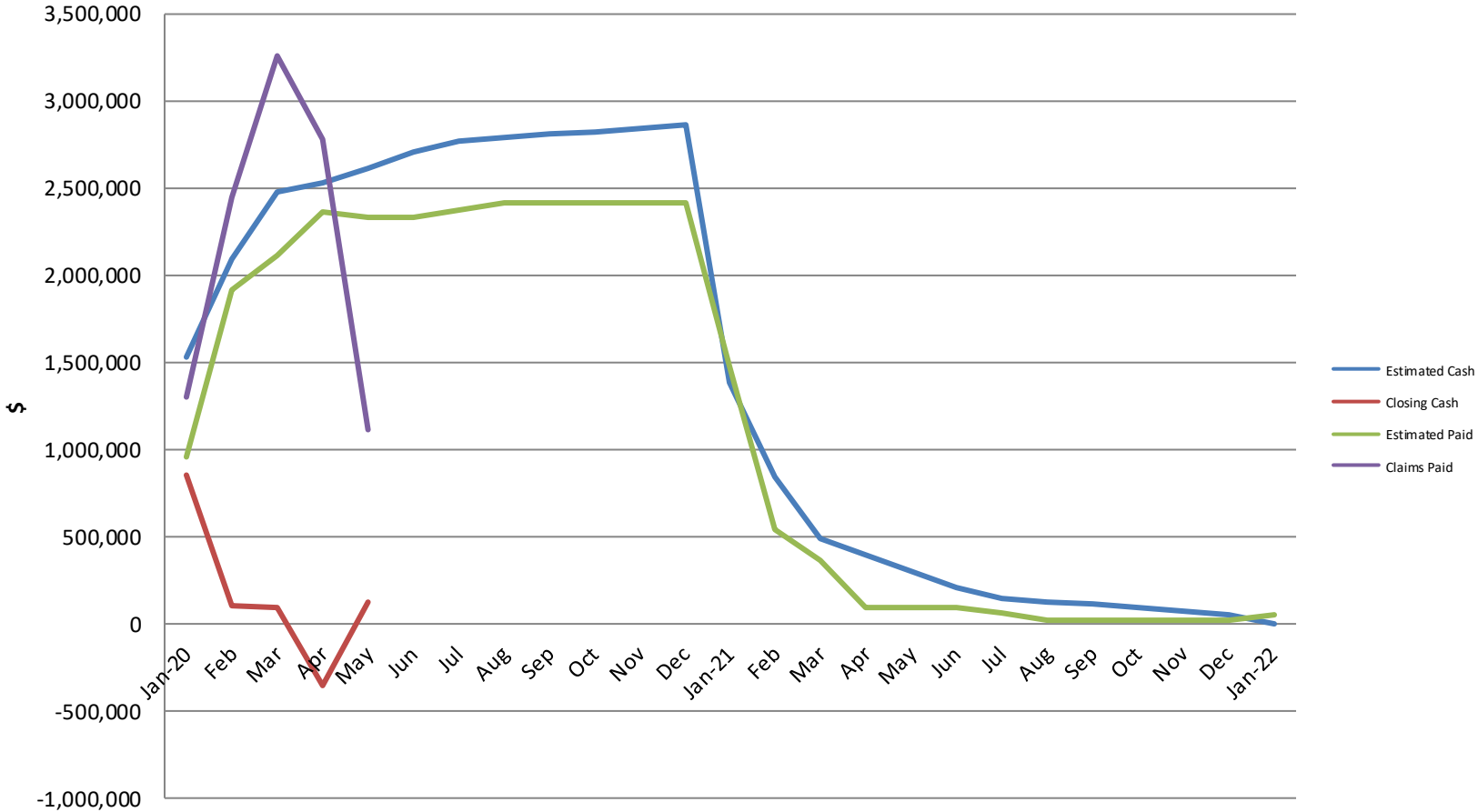
SCIC - SSHIF CLAIMS PAID TO CLAIMS BUDGETED CHART



Somerset County Insurance Commission 2019 Cash Flow Tracking Report



Southern Skyland Regional HIF 2020 Cash Flow Tracking Report



Please note that the Cash Flow Projection has combined both Somerset and Skyland								
Cash Flow Projection May - Dec								
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Starting Cash	1,673,475.04	1,724,387.03	1,705,529.31	1,696,574.15	1,687,618.99	1,678,663.82	1,669,708.66	
Assessments	3,014,591.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	
Stop Loss(Reinsurer)	113,764.32	113,907.60	113,549.40	113,549.40	113,549.40	113,549.40	113,549.40	
Expenses	174,081.93	174,362.35	174,054.00	174,054.00	174,054.00	174,054.00	174,054.00	
Health Center	249,210.52	249,272.52	249,117.52	249,117.52	249,117.52	249,117.52	249,117.52	
Claims(Budget)	2,426,622.61	2,439,667.61	2,430,586.61	2,430,586.61	2,430,586.61	2,430,586.61	2,430,586.61	
Ending Cash	1,724,387.03	1,705,529.31	1,696,574.15	1,687,618.99	1,678,663.82	1,669,708.66	1,660,753.50	
Cash Flow Projection								
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Starting Cash	1,673,475.04	1,477,340.45	1,224,481.16	972,443.41	720,405.67	468,367.93	216,330.19	
Assessments	3,014,591.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	
Stop Loss(Reinsurer)	113,764.32	113,907.60	113,549.40	113,549.40	113,549.40	113,549.40	113,549.40	
Expenses	174,081.93	174,362.35	174,054.00	174,054.00	174,054.00	174,054.00	174,054.00	
Health Center	249,210.52	249,272.52	249,117.52	249,117.52	249,117.52	249,117.52	249,117.52	
Claims(Average Past 7mths)	2,673,669.19	2,673,669.19	2,673,669.19	2,673,669.19	2,673,669.19	2,673,669.19	2,673,669.19	
Ending Cash	1,477,340.45	1,224,481.16	972,443.41	720,405.67	468,367.93	216,330.19	(35,707.55)	
Cash Flow Projection								
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Starting Cash	1,673,475.04	1,472,927.41	1,215,655.08	959,204.30	702,753.51	446,302.73	189,851.95	
Assessments	3,014,591.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	2,958,352.36	
Stop Loss(Reinsurer)	113,764.32	113,907.60	113,549.40	113,549.40	113,549.40	113,549.40	113,549.40	
Expenses	174,081.93	174,362.35	174,054.00	174,054.00	174,054.00	174,054.00	174,054.00	
Health Center	249,210.52	249,272.52	249,117.52	249,117.52	249,117.52	249,117.52	249,117.52	
Claims(Average Past 5mths)	2,678,082.23	2,678,082.23	2,678,082.23	2,678,082.23	2,678,082.23	2,678,082.23	2,678,082.23	
Ending Cash	1,472,927.41	1,215,655.08	959,204.30	702,753.51	446,302.73	189,851.95	(66,598.83)	

RESOLUTION 15-20

**FOR
APPROVAL OF A BYLAW AMENDMENT
FOR THE
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

WHEREAS, the Southern Skyland Regional Health Insurance Fund approved its bylaws on July 9, 2019 and was approved by the Department of Banking and Insurance on December 3, 2019; and

WHEREAS, an Amendment to the Bylaws of the Southern Skyland Regional Health Insurance Fund has been approved by the Executive Committee following a public hearing on March 10, 2020; and

WHEREAS, pursuant to NJS 40A:10-43, the Amendment was approved by the Governing Body of 75% of the participating members

NOW THEREFORE BE IT RESOLVED by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Bylaw Amendment previously approved by the Executive Committee of the Southern Skyland Regional Health Insurance Fund contingent upon final approval by the Department of Banking Insurance, and annexed hereto as Appendix II be and the same are hereby approved.

ADOPTED: July 14, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

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

July 2020

Program Manager: PERMA Risk Management Services LLC

Online Enrollment Training: kkidd@permainc.com

Enrollments: somersetcountyinscom@permainc.com

Fax: 856-685-2258

ELIGIBILITY/ENROLLMENT

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

MONTHLY BILLING

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

EXPRESS SCRIPTS UPDATE

Pharmacy Network Update- Effective August 16, 2020, Sam's Club Pharmacies will no longer be part of the standard networks of pharmacies ESI offers to our clients. Based on claim data from the past year, there were no impacted Fund members.

LEGISLATIVE UPDATES

"Back to Work" COVID-19 Tests - Insurers are not required to cover COVID-19 tests that employers may mandate as they bring employees back to work. The Families First Coronavirus Response Act (FFCRA) requires insurers to cover COVID-19 tests without patient cost-sharing, but guidance clarified that the law only applies to tests that are deemed "*medically appropriate*" by a healthcare provider. This latest guidance suggests that if an employer does mandate employees be COVID-19 tested as a requirement of return to work, it is not required to be covered by insurance. The attached flyer was recently distributed to Fund members.

PCORI Fee Update - As previously reported, the PCORI fee has been extended for another 10 years through September 30th, 2029. As a courtesy, the SSRHIF pays the PCORI fee on behalf of Fund members.

NJ Senate Bill 2273/A20 - Educator's Health Benefit Fairness Act - Passed by Assembly on July 1, 2020. The Executive Director and Program Manager offices have been closely following the legislation and preparing for implementation on January 1, 2021. We will be working with the Vocational School's Risk Manager and leadership to assure compliance with all components.

Key Legislative Components:

- Requires SEHBP and eligible employers that do not participate in the SEHBP to provide certain plans for public education employees and certain public education retirees.
- Requires these plans be offered to public education employees at a salary-based contribution schedule, which will be an alternative to Chapter 78.
- The first plan, *NJ Educator's Health Plan* must be offered on January 1, 2021
 - A special open enrollment will be held for School Boards in the fall
 - All new employees hired after July 1, 2020 will be required to enroll in the *Educators Plan* on January 1, 2021.

ADMINISTRATIVE AUTHORIZATIONS

There are no appeals or authorizations to report.



Southern Skyland Regional

HEALTH INSURANCE FUND

July 2, 2020

Dear SSRHIF Committee Members & Member Entities:

As employers begin to establish return to work protocols, we are receiving questions concerning the Fund's coverage of employer-mandated COVID-19 testing. Based on recent guidance issued by Federal Administrative Offices (Health & Human Services, Department of Labor and Department of Treasury) COVID-19 testing required by employers as they bring employees back to the workplace, is not mandated to be covered by health insurance plans.

Accordingly, the Fund will continue to cover COVID-19 testing that is deemed medically appropriate by a healthcare provider following CDC guidelines but, *will not* be covering COVID-19 employer-mandated testing required for returning to the workplace.

Sincerely,

Conner, Strong, and Buckelew
Office of the Program Manager, SSRHIF

cc: PERMA Executive Director

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

Confirmation of Payment

JUNE 2020

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

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

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

FUND YEAR 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001058			
001058	CONNER STRONG & BUCKELEW	POSITION BOND # B6024985	1,746.00
			1,746.00
		Total Payments FY 2020	1,746.00
		TOTAL PAYMENTS FUND YEAR 2020	\$1,746.00

Chairperson

Attest:

Dated: _____

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

Treasurer

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

Confirmation of Payment

JUNE 2020

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

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

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

<u>FUND YEAR 2020</u>			
<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001059		VOID	
001060		VOID	
001061			
001061	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 273954962	8,661.10
001061	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 271255463	14,159.15
001061	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 488920617	917.32
001061	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 731345395	92,309.77
			116,047.34
001062			
001062	AETNA LIFE INSURANCE COMPANY	PROFESSIONAL FEES 6/20	62,797.61
			62,797.61
001063			
001063	PERMA RISK MANAGEMENT SERVICES	POSTAGE 5/20	10.90
001063	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 6/20	6,468.00
001063	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER 6/20	17,787.00
001063	PERMA RISK MANAGEMENT SERVICES	PROG MGR FEB/MAR VARIANCE 6/20	294.00
001063	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 6/20	11,319.00
			35,878.90
001064			
001064	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTING FEES 6/20	7,859.59
			7,859.59
001065			
001065	ALLSTATE INFORMATION MANAGEMNT	ACCT#002 - ARC & STOR - 4/20	4.44
			4.44
001066			
001066	CONNER STRONG & BUCKELEW	CONSULTING FEES 6/20	2,999.85
			2,999.85
001067			
001067	JANINE TARLECKI	PAYMENT 1/2 1ST MONTH FEES 6/20	400.00
001067	JANINE TARLECKI	MONTHLY ADMIN & MAINT 6/20	125.00
001067	JANINE TARLECKI	VIRTUAL FITNESS CLASS 4/20	800.00
			1,325.00
001068			
001068	HCC LIFE INSURANCE COMPANY	REINSURANCE 6/20	113,979.24
			113,979.24
001069			
001069	INTEGRITY HEALTH	REIM FUNDING REQUEST 6/20	208,153.51
			208,153.51
001070			
001070	SOMERVILLE URBAN RENEWAL, LLC	RENT 6/20	16,228.10
			16,228.10
001071			
001071	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 6/20	19,144.64
			19,144.64
001072			
001072	UNITED HEALTHCARE INS. CO.	MEDICAR ADVTG 6/20	34,996.10
			34,996.10
		Total Payments FY 2020	619,414.32
		TOTAL PAYMENTS FUND YEAR 2020	\$619,414.32

Chairperson

Attest:

Dated:

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

Treasurer

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

Resolution No. 16-20

JULY 2020

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

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

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

FUND YEAR 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001073			
001073	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 7/20	19,081.61
			19,081.61
001074			
001074	UNITED HEALTHCARE INS. CO.	MEDICARE ADVTG 7/20	35,747.55
			35,747.55
001075			
001075	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 731345395	92,728.70
001075	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 488920617	899.84
001075	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 271255463	7,252.15
001075	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCOUNT 273954962	8,661.10
			109,541.79
001076			
001076	AETNA LIFE INSURANCE COMPANY	PROFESSIONAL FEES 7/20	62,400.91
			62,400.91
001077			
001077	TRUSTMARK HEALTH BENEFITS, INC	SERVICES 7/20	1,395.00
			1,395.00
001078			
001078	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 7/20	17,699.00
001078	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 7/20	11,263.00
001078	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 7/20	6,436.00
			35,398.00
001079			
001079	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTING FEES 7/20	7,815.07
			7,815.07
001080			
001080	AQUARIUS CAPITAL	ACTUARY FEE - 5/20 6/20 7/20	2,499.99
			2,499.99
001081			
001081	CONNER STRONG & BUCKELEW	CONSULTING FEES 7/20	2,742.72
			2,742.72
001082			
001082	COURIER NEWS	ACCT:ASB-1489 - AD - 7/20	58.22
001082	COURIER NEWS	ACCT:ASB-1489 - AD - 7/20	40.16
			98.38
001083			
001083	IMEDECS	CASE#CRS02761-20 7/20	425.00
			425.00
001084			
001084	SOMERSET COUNTY LIBRARY SYSTEM OF NJ	5 PILLARS OF WELLNESS 3/4/5	1,000.00
001084	SOMERSET COUNTY LIBRARY SYSTEM OF NJ	5 PILLARS OF WELLNESS 1/2	666.00
001084	SOMERSET COUNTY LIBRARY SYSTEM OF NJ	MINDFULLNESS JOURNAL 7/20	129.99
001084	SOMERSET COUNTY LIBRARY SYSTEM OF NJ	WELLNESS TSHIRTS 7/20	325.00
			2,120.99

001085			
001085	JANINE TARLECKI	SETUP FEE 6/20	125.00
001085	JANINE TARLECKI	FIVE FLOW SESSIONS 6/20	250.00
			375.00
001086			
001086	HCC LIFE INSURANCE COMPANY	REINSURANCE 7/20	113,262.84
			113,262.84
001087			
001087	INTEGRITY HEALTH	REIM FUNDING REQUEST 7/20	219,619.35
			219,619.35
001088			
001088	SOMERVILLE URBAN RENEWAL, LLC	RENT 7/20	16,228.10
			16,228.10
		Total Payments FY 2020	628,752.30
		TOTAL PAYMENTS FUND YEAR 2020	\$628,752.30

Chairperson

Attest: _____

Dated: _____

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

Treasurer

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

Current Fund Year: 2020										
Month Ending: May										
	Medical	PHC	Rx	Vision	Med.Adv	Reinsurance	Dental	Cont.	Admin	TOTAL
OPEN BALANCE	107,718.44	955,064.80	(553,639.57)	0.00	173,836.34	(30,606.87)	126,781.77	19,413.30	(1,153,791.28)	(355,223.07)
RECEIPTS										
Assessments	1,787,951.10	241,116.62	532,447.82	0.00	45,384.06	107,032.99	0.00	4,899.98	209,228.82	2,928,061.39
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	78.91	699.64	0.00	0.00	127.34	0.00	92.87	14.22	0.00	1,012.98
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	78.91	699.64	0.00	0.00	127.34	0.00	92.87	14.22	0.00	1,012.98
Other *	78,552.14	0.00	0.00	0.00	0.00	0.00	23,980.56	0.00	0.00	102,532.70
TOTAL	1,866,582.15	241,816.26	532,447.82	0.00	45,511.40	107,032.99	24,073.43	4,914.20	209,228.82	3,031,607.07
EXPENSES										
Claims Transfers	1,247,605.74	0.00	684,228.78	0.00	0.00	0.00	0.00	0.00	0.00	1,931,834.52
Expenses	0.00	0.00	0.00	0.00	0.00	113,764.32	0.00	0.00	511,022.42	624,786.74
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	1,247,605.74	0.00	684,228.78	0.00	0.00	113,764.32	0.00	0.00	511,022.42	2,556,621.26
END BALANCE	726,694.85	1,196,881.06	(705,420.53)	0.00	219,347.74	(37,338.20)	150,855.20	24,327.50	(1,455,584.88)	119,762.74

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS		
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND		
ALL FUND YEARS COMBINED		
CURRENT MONTH	May	
CURRENT FUND YEAR	2020	
	Description:	Investors Bank
	ID Number:	
	Maturity (Yrs)	
	Purchase Yield:	
	TOTAL for All Accts & instruments	
Opening Cash & Investment Balance	-\$355,223.09	-355223.09
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	\$1,012.99	\$1,012.99
6 Interest Paid - Term Instr.s	\$0.00	\$0.00
7 Realized Gain (Loss)	\$0.00	\$0.00
8 Net Investment Income	\$1,012.99	\$1,012.99
9 Deposits - Purchases	\$3,030,594.09	\$3,030,594.09
10 (Withdrawals - Sales)	-\$2,556,621.26	-\$2,556,621.26
Ending Cash & Investment Balance	\$119,762.73	\$119,762.73
Ending Interest Accrual Balance	\$0.00	\$0.00
Plus Outstanding Checks	\$225,774.33	\$225,774.33
(Less Deposits in Transit)	\$0.00	\$0.00
Balance per Bank	\$345,537.06	\$345,537.06

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

Month		May								
Current Fund Year		2020								
Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.	
		Calc. Net Paid Thru Last Month	Monthly Net Paid May	Monthly Recoveries May	Calc. Net Paid Thru May	TPA Net Paid Thru May	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month	
2020	Medical	7,014,577.37	1,247,605.74	0.00	8,262,183.11	0.00	8,262,183.11	7,014,577.37	1,247,605.74	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	2,768,480.45	684,228.78	0.00	3,452,709.23	0.00	3,452,709.23	2,768,480.45	684,228.78	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	9,783,057.82	1,931,834.52	0.00	11,714,892.34	0.00	11,714,892.34	9,783,057.82	1,931,834.52	

RESOLUTION NO. 16-20

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
APPROVAL OF THE JUNE AND JULY 2020 BILLS LIST AND SUPPLEMENTAL BILL LISTS**

WHEREAS, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting on **July 14, 2020** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists and supplemental bills list to satisfy outstanding costs incurred for operating the Fund during the month of June and July 2020 for consideration and approval of the Executive Committee and

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

NOW THEREFORE BE IT RESOLVED the of the Southern Skyland Regional Health Insurance Fund hereby approve the Bills List and Supplemental Bills List for June and July 2020 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: July 14, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY



Somerset County

Apr 2020

Partnership Health Center Utilization Report

PHC Visits

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	374	7,090	218	3,670	592	10,760
Somerset County Library	39	839	21	328	60	1,167
Somerset County Park Commission	51	902	17	417	68	1,319
Somerset County Vocational & Technical S...	16	298	7	114	23	412
Total	480	9,129	263	4,529	743	13,658

PHC Patients

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	213	743	116	463	329	1,206
Somerset County Library	22	82	9	36	31	118
Somerset County Park Commission	25	98	10	70	35	168
Somerset County Vocational & Technical Sc...	8	49	4	27	12	76
Total	268	972	139	596	407	1,568

Specialized Service

Subscriber/Dependent Service	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
Rx	280	4,064	154	2,200	434	6,264
PhyNrs	22	2,401	13	1,238	35	3,639
PT	2	906	17	314	19	1,220
CC	57	452	27	225	84	677
Lab	18	457	2	143	20	600
FluShot	1	436	1	132	2	568
BH	3	244	5	193	8	437
Telephonic	39	74	20	45	59	119
Telemedicine	55	55	20	22	75	77
CS		27		11		38
XRay		7		1		8
TeleBH	3	3	4	4	7	7
Pain		2		1		3
Chiro		1				1
Total	480	9,129	263	4,529	743	13,658

Rx Drugs Dispensed

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	360	5,081	170	2,838	530	7,919
Somerset County Library	40	560	23	234	63	794
Somerset County Park Commission	59	728	20	254	79	982
Somerset County Vocational & Technical Sch...	6	130	5	60	11	190
Total	465	6,499	218	3,386	683	9,885

Care Coordination Patients

Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	46	178	28	102	74	280
Somerset County Library	3	13	1	6	4	19
Somerset County Park Commission	4	24	1	16	5	40
Somerset County Vocational & Technical Sch...	5	10	1	7	6	17
Total	58	225	31	131	89	356



Southern Skyland Regional Health Insurance Fund

Monthly Claim Activity Report



Southern Skylands Regional Health Insurance Fund

	<u>Medical CLAIMS PAID 2020</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$589,935	1,734	\$340
FEBRUARY	\$1,892,430	1,586	\$1,193
MARCH	\$2,679,727	1,591	\$1,684
APRIL	\$1,569,496	1,591	\$986
MAY	\$1,341,451	1,591	\$843
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL	\$8,073,039		
Average PEPM YTD 2020			\$1,009

Skyland - Large claimants over \$50K for the month of April 2020

\$79,026.49 Complications of Stem Cell Transplant



Southern Skyland Regional Health Insurance Fund

6/1/2019 through 5/31/2020 (unless otherwise noted)

Medical Claims Paid Per Member: January 2020 – May 2020

Total Medical Paid per EE: \$1,009

Network Discounts

Inpatient:	67.3%
Ambulatory:	60.7%
Physician/Other:	65.3%
TOTAL:	64.4%

Provider Network

% Admissions In-Network:	98.3%
% Physician Office:	95.9%

Aetna Book of Business:
Admissions 97%; Physician 91.2%

Top Facilities Utilized (by total Medical Spend)

- RWJUH Somerset
- Hunterdon Medical Center
- Morristown Medical
- Hackensack University Med Cntr

Catastrophic Claim Impact

(Jan 2020 thru May 2020)

Number of Claims Over \$50,000: 29
 Claimants per 1000 members: 8.1
 Avg. Paid per Claimant: \$122,408
 Percent of Total Paid: 38%

- Aetna BOB- HCC account for an average of 43.2% of total Medical Cost

Aetna In Touch Care Nurse Case Member Outreach: Rolling 12 Months

Participating in 1:1 Support (includes outreach in process) : 201
 Participating in Digital Support: 1,145
 Total Participation: 1,346

Avg Age of High Risk: 49.4
 Avg Age of Moderate Risk: 50.2
 Avg Age of Low Risk: 52.2

Southern Skyland Regional HIF Plan Performance:

YTD 2020 thru May 2020 (unless otherwise stated)

Customer Service Performance

Abandonment Rate:	1.1%
Avg. Speed of Answer:	25.1 sec

Claims Performance

Financial Accuracy:	98.1%
Total Claim Accuracy:	97.2%
Turnaround w/in 15 days:	5.1 days

Performance Goals

Abandonment Rate less than:	2.5%
Average Speed of Answer:	30 sec

Financial Accuracy:	99%
Total Claim Accuracy:	95%

Turnaround Time

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

Proprietary



EXPRESS SCRIPTS®

Southern Skyland Regional Health Insurance Fund

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

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Average Member Age - 40.3																	
Membership	3,854	3,858	3,877	3,863	3,886	3,891											
Total Days	186,192	178,307	218,948	583,447	173,201	182,249											
Total Patients	1,698	1,667	1,649	2,507	1,460	1,414											
Total Plan Cost	\$808,472	\$645,630	\$870,664	\$2,324,766	\$770,427	\$757,398											
Generic Fill Rate (GFR) - Total	82.8%	83.4%	81.3%	82.4%	81.2%	82.6%											
Plan Cost PMPM	\$209.77	\$167.35	\$224.57	\$200.60	\$198.26	\$194.65											
% Change Plan Cost PMPM	20.7%	3.4%	33.4%	19.4%	8.8%	15.7%											
Total Specialty Plan Cost	\$357,756	\$225,524	\$323,865	\$907,145	\$276,080	\$274,370											
Specialty % of Total Specialty Plan Cost	44.3%	34.9%	37.2%	39.0%	35.8%	36.2%											

PMPM	
Jan - May 2019	\$170.87
Jan - May 2020	\$198.94
Trend - Jan - May 2020	16.4%

Key Performance Indicator YTD by Population

Southern Skyland Regional Hlth

Prescription Service Dates: 01/2020 - 06/2020

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	YTD
Members	3,854	3,858	3,877	3,886	3,891	3,902	3,878
Patients	1,663	1,637	1,626	1,431	1,383	1,522	2,706
Rx Count	4,057	3,823	4,263	3,366	3,428	3,808	22,745
Rxs PMPM	1.05	0.99	1.10	0.87	0.88	0.98	0.98
AWP	\$1,594,735.43	\$1,396,244.10	\$1,799,835.23	\$1,514,947.05	\$1,523,747.35	\$1,665,931.61	\$9,495,441
Ingredient Cost	\$856,178.31	\$691,293.33	\$924,460.93	\$813,042.38	\$799,214.07	\$849,263.70	\$4,933,453
Plan Cost	\$808,471.76	\$645,630.02	\$870,663.78	\$770,426.58	\$757,432.05	\$804,880.75	\$4,657,505
Dispensing Fee	\$1,741.64	\$1,683.52	\$1,809.87	\$1,435.69	\$1,485.66	\$1,642.82	\$9,799
Sales Tax	\$3.73	\$3.73	\$0.00	\$0.00	\$0.00	\$0.00	\$7
Deductible	\$1,399.37	\$1,073.64	\$825.33	\$280.28	\$222.27	\$160.52	\$3,961
Copay	\$48,402.55	\$46,446.92	\$54,911.69	\$43,831.21	\$43,105.41	\$45,945.25	\$282,643
Plan Cost/Rx	\$199.28	\$168.88	\$204.24	\$228.88	\$220.95	\$211.37	\$204.77
Disp Fee/Rx	\$0.43	\$0.44	\$0.42	\$0.43	\$0.43	\$0.43	\$0.43
Copay/Rx	\$11.93	\$12.15	\$12.88	\$13.02	\$12.57	\$12.07	\$12.43
Plan Cost PMPM	\$209.72	\$167.31	\$224.51	\$198.21	\$194.61	\$206.22	\$200.12
Days PMPM	48.31	46.22	56.47	44.57	46.86	51.05	48.92
Preferred Drug Compliance %	94.0 %	94.1 %	93.3 %	92.8 %	93.6 %	94.4 %	93.7 %
Generic Conversion %	98.0 %	97.9 %	97.5 %	97.4 %	97.4 %	97.6 %	97.6 %
Rx % - SSB	15.5 %	14.9 %	16.6 %	16.7 %	15.2 %	15.3 %	15.7 %
Rx % - MSB	1.7 %	1.8 %	2.1 %	2.2 %	2.2 %	2.0 %	2.0 %

Key Performance Indicator YTD by Carrier

Southern Skyland Regional Hlth

Prescription Service Dates: 01/2020 - 06/2020

SOU SKYLAND RGNL INS FUND (8967)

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	YTD
Members	3,854	3,858	3,877	3,888	3,891	3,902	3,878
Patients	1,863	1,637	1,626	1,431	1,383	1,522	2,708
Rx Count	4,057	3,823	4,283	3,368	3,428	3,808	22,745
Rxs PMPM	1.05	0.99	1.10	0.87	0.88	0.98	0.98
AWP	\$1,594,735.43	\$1,398,244.10	\$1,799,835.23	\$1,514,947.05	\$1,523,747.35	\$1,665,931.81	\$9,495,441
Ingredient Cost	\$856,178.31	\$691,293.33	\$924,460.93	\$813,042.38	\$799,214.07	\$849,263.70	\$4,933,453
Plan Cost	\$808,471.76	\$645,630.02	\$870,663.78	\$770,426.58	\$757,432.05	\$804,880.75	\$4,657,505
Dispensing Fee	\$1,741.64	\$1,683.52	\$1,809.87	\$1,435.69	\$1,485.66	\$1,642.82	\$9,799
Sales Tax	\$3.73	\$3.73	\$0.00	\$0.00	\$0.00	\$0.00	\$7
Deductible	\$1,399.37	\$1,073.64	\$825.33	\$280.28	\$222.27	\$160.52	\$3,961
Copay	\$48,402.55	\$46,446.92	\$54,911.69	\$43,831.21	\$43,105.41	\$45,945.25	\$282,643
Plan Cost/Rx	\$199.28	\$168.88	\$204.24	\$228.88	\$220.95	\$211.37	\$204.77
Disp Fee/Rx	\$0.43	\$0.44	\$0.42	\$0.43	\$0.43	\$0.43	\$0.43
Copay/Rx	\$11.93	\$12.15	\$12.88	\$13.02	\$12.57	\$12.07	\$12.43
Plan Cost PMPM	\$209.77	\$167.35	\$224.57	\$198.26	\$194.66	\$206.27	\$200.17
Days PMPM	48.31	46.22	56.47	44.57	46.86	51.05	48.92
Preferred Drug Compliance %	94.0 %	94.1 %	93.3 %	92.8 %	93.6 %	94.4 %	93.7 %
Generic Conversion %	98.0 %	97.9 %	97.5 %	97.4 %	97.4 %	97.6 %	97.6 %
Rx % - SSB	15.5 %	14.9 %	16.6 %	16.7 %	15.2 %	15.3 %	15.7 %
Rx % - MSB	1.7 %	1.8 %	2.1 %	2.2 %	2.2 %	2.0 %	2.0 %



Source:	Trend Central
Report	
Category:	Key Performance Metrics
Name:	KP120 Key Performance Indicator YTD by Population
Type:	Standard
Settings	
Population:	Southern Skyland Regional Hlth
Date Type:	Service Date
YTD Reporting Year:	2020
Filters	
Mail / Retail Selection:	Both
Brand / Generic Selection:	Both
InHouse Pharmacy Claims Selection:	All Claims
Specialty Drug Selection:	All Claims - Specialty & Non-Specialty
Hierarchy Level Selection:	Carrier
Member Count Method:	PMPM
Delivery	
Run Date:	7/9/20 9:14:27 AM GMT-04:00

APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
OPEN PUBLIC ORGANIZATION MEETING
MAY 12, 2020
10:00 AM**

Meeting called to order by Executive Director. The Open Public Meeting Notice was read into record.

ROLL CALL OF 2020 FUND COMMISSIONERS:

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

FUND PROFESSIONALS PRESENT:

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

ALSO PRESENT:

Karen Kamprath, PERMA
Sam Zabawa, Somerset County
Greg D’Orazio, Assured Partners
Raelene Sipple, SCVTS
Donna Mozet, County of Somerset
Paul Malarcher, County of Somerset
Diane Peterson, Conner Strong & Buckelew
Marybeth Visconti, Conner Strong & Buckelew

MOTION TO APPROVE THE OPEN SSRHIF MINUTES OF MARCH 10, 2020:

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

EXECUTIVE DIRECTORS REPORT

FINANCIAL FAST TRACK as of February 28, 2020 – Executive Director reviewed the financial fast tract for the SCIC and SSRHIF. She said through 2019 the Commission stayed above the IBNR budget with a gain of about \$350,000. She said there is current a deficit for the HIF of about \$583,000, however if this was a typical Fund with all fund years combine it would be only a loss of about \$230,000. She said claims are running just about on budget, and the IBNR is still slightly overstated. She said March still looks slightly higher but April looks to be below budget as are most HIF’s across the state.

Executive Director said there was a Covid report distributed from Aetna and Mr. Silverstein will review during his report.

2019 SOMERSET COUNTY INUSRANCE COMMISSION AUDIT – Executive Director said Mr. Patel and Mr. Daly from Mercadien are on the call to present the 2019 Audit. Mr. Patel provided an overview of the 2019 Audit. He said there are no comments or recommendations and has an unmodified opinion. Mr. Daly said the net position is down slightly when compared to the prior year. He said there was an operating loss of \$760,000. He said however there was nothing out of the ordinary for the current year.

MOTION TO APPROVE RESOLUTION 12-20 ACCEPTING THE 2019 AUDIT ON BEHALF OF THE SOMERSET COUNTY INSURANCE COMMISSION AND FILE WITH THE STATE.

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

WELLNESS GRANTS – Executive Director said as a reminder, the Fund has secured \$50,000 in Wellness credits. Below is the allocation by member, based on lives. Wellness Expense approvals and reimbursements requests may be made through the Fund by sending to emilyk@permianc.com

Wellness Allocation	Lives	Wellness Dollars	Spent	Available
Somerset County	16,212	\$37,928.13	2205	\$35,723.13
Somerset County Library	1,428	\$3,340.82	0	\$3,340.82
Somerset County Parks	2,484	\$5,811.34	0	\$5,811.34
Somerset County Vo Tech	1,248	\$2,919.71	0	\$2,919.71

REQUESTS FOR PROPOSALS - Executive Director said that under the Local Public Contracts law the Actuary, Auditor and Attorney contracts need to go out for RFP.

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

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

RISK MANAGEMENT PLAN - AMENDMENT - Executive Director said an internal review of the enrollment process was performed and found that the process of partial month transactions was not consistent across all of our Funds. In order to synchronize enrollments with accounts payable, we are recommending the following standard 'rule' for rate charging for enrollments during any given month:

22.) PARTIAL MONTH ENROLLMENTS

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

MOTION TO APPROVE RESOLUTION 13- 20 AMENDING THE RISK MANAGEMENT PLAN TO ESTABLISH A STANDARD PARTIAL MONTH ENROLLMENT RATE CHARGE RULE.

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

In response to Chair Hyncik, Executive Director said the Run in/ Run out as noted in the risk management plan relates to the IBNR and is included in the rates. She said she can provide additional information on the Run in after the meeting.

FINANCIAL DISCLOSURE STATEMENTS - Executive Director said each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. The deadline to file is April 30, 2020. Fines will be issued for noncompliance. In light of the circumstances surrounding COVID-19, the Local Finance Board, at its meeting of April 22, 2020, voted to extend the date at which the Board would take enforcement action against non-fillers of the 2020 FDS until **July 31, 2020** from the statutory deadline of April 30, 2020.

A listing of compliance is included below. This list was updated as of May 7, 2020.

William Hyncik - Filed
Geoffrey Soriano - Filed
Sara Sooy - Not Filed
Brian Auger - Not Filed

BYLAW AMENDMENT - Executive Director said as of today we have received 2 bylaw amendment resolutions from the members. We are in need of one more by July 9.

PROGRAM MANAGER'S REPORT

ELIGIBILITY/ENROLLMENT

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

MONTHLY BILLING

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

OPEN ENROLLMENT UPDATE - VOTECH - Program Manager said the Somerset County VoTech's annual open enrollment period is currently underway having opened to members on April 27th and closing on May 15th. All changes and updates must be entered into Benefit Express by May 22nd. Open enrollment is passive, which means that the current benefit elections will "roll over" to the next plan year (July 1, 2020 until June 30, 2021) unless a member requests a change.

AETNA UPDATE

COVID-19 Update - Program Manager said in regards to the antibody testing, in accordance with the CDC regulations the antibody testing would be covered with no cost share.

Please visit this webpage for more information on how Aetna is handling COVID-19 related benefit developments:

<https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.

EXPRESS SCRIPTS UPDATE

Formulary Update - ESI has advised that there will not be any changes on July 1 to the Basic Formulary.

Ranitidine (Zantac) Withdrawal- The US Food and Drug Administration has announced they have requested manufacturers withdraw all prescriptions and over-the-counter (OTC) drugs containing ranitidine from the market. This is the latest step in an ongoing investigation of a contaminant known

as N-Nitrosodimethylamine (NDMA) in ranitidine medications. ESI identified 3 SSRHIF members who are impacted by this withdrawal. These individuals have been sent direct communications and are recommended to discuss alternative drugs with their health care provider.

STOP LOSS COVID-19 UPDATE

Tokio Marine HCC has stated that they will accept coverage changes such as: waivers of deductibles, copays and member cost-sharing on COVID-19 related testing and treatment, as covered expenses under the Stop Loss policy with no further action required by the plan sponsor.

Regarding eligibility, HCC will accept the employer’s determination of who is actively at-work and are eligible for plan coverage, including employees who have been furloughed or have reduced hours.

LEGISLATIVE UPDATE

New COBRA Regulations - Due to the COVID-19 pandemic, the Department of Labor (DOL) and the Internal Revenue Service (IRS) recently issued guidance for group health plan sponsors regarding deadline extensions for COBRA, Flexible Spending Accounts (FSAs), and Health Reimbursement Arrangements (HRAs). The extended timeframes are intended to assist employers, employees and dependents who may have difficulty meeting standard timeframes associated with COBRA. The new ruling establishes an “Outbreak Period” defined as beginning with the declaration of a National State of Emergency on March 1, 2020 running through the duration of the Emergency plus a 60-day period following the date the National State of Emergency ends. At this time, an end date has not been specified for the National State of Emergency so the "Outbreak Period" cannot yet be determined.

The DOL guidance provides the below timeframe extensions derived by disregarding the Outbreak Period:

- Extension of the 30-day and 60-day special enrollment timeframes
- Extension of the 60-day COBRA election period
- Extension of the 45-day initial premium payment timeframe
- Extension of the 30-day grace period for subsequent premium payments
- Extension of the 60-day COBRA notification timeframe

The chart below compares the current time-frames with the new guidelines.

COBRA NOTICE/EVENT	PRE-PANDEMIC	CHANGE
Initial Notice of COBRA Rights	Within first 90 days	Clarification required
Election Notice	Within 14 days of Qualifying Life Event	Clarification required
Election Period	Within 60 days	60 days after the end of the “outbreak period”
Initial Payment	Within 45 days	Within 45 days after the end of the “outbreak period”
Grace period for non-payment	30 days	30 days after “outbreak period”

We are working with the Fund’s COBRA administrator, Benefit Express to ensure they are taking the necessary measures to comply with and administer the new timeframes for eligible lines of coverage administered by the Fund. We will provide updated information and correspondence when they are available.

For more information, please click on this link to the DOL’s COVID-19 FAQ:
<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/covid-19.pdf>

ADMINISTRATIVE AUTHORIZATIONS

There are no appeals or authorizations to report.

TREASURER – Fund treasurer said the report is included in the agenda.

SCIC APRIL 2020 BILLS LIST - CONFIRMATION OF PAYMENT

FY2019	\$22,877.95
Total	\$22,877.95

SSRHIF APRIL 2020 BILLS LIST - CONFIRMATION OF PAYMENT

FY2020	\$589,105.79
Total	\$589,105.79

SCIC MAY 2020 BILLS LIST - RESOLUTION 14-20

FY2019	\$5,000
Total	\$5,000

SSRHIF MAY 2020 BILLS LIST - RESOLUTION 14-20

FY2020	\$408,574.74
Total	\$408,574.74

MOTION TO APPROVE THE APRIL AND MAY 2020 BILLS LISTS FOR SCIC AND SSRHIF.

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

ATTORNEY – Fund Attorney said there was an issue with a disgruntled member in the Health Center that is hopefully resolved. He also noted the bylaw issue that is outstanding needs to be wrapped up and sent down to Trenton for approval.

INTEGRITY HEALTH – None

AETNA – Mr. Silverstein reviewed the claims for February and March 2020. He also provided an update on the Covid 19 related claims. In response to Chair Hyncik, Mr. Silverstein said they are receiving very positive feedback regarding telemedicine.

EXPRESS SCRIPTS – Mr. Colalillo said the trend is at 19% for January – March which is primarily being driven by an increase in total days of medication. He said there is also additional information attached on the ESI website as well as a report on the Covid impact.

OLD BUSINESS - None

NEW BUSINESS - None

PUBLIC COMMENT - None

MOTION TO ADJOURN:

MOVED:	Commissioner Soriano
SECOND:	Commissioner Auger
VOTE:	Unanimous

MEETING ADJOURNED: NEXT MEETING July 14, 2020

Minutes prepared by:
Karen Kamprath, Assisting Secretary

APPENDIX II

LAW OFFICES OF
SCHOLL & WHITTLESEY, LLC
361 Route 31 North
Building C, Suite 801
Flemington, New Jersey 08822

DONALD F. SCHOLL, JR.
MEMBER OF NJ AND PA BAR

FRANKLIN G. WHITTLESEY

TELEPHONE (908) 788-9000
TELEFAX (908) 788-7030

E-Mail: FWESQ1@AOL.COM

June 4, 2020

New Jersey Department of Banking & Insurance
Division of Life and Health
Attn: Municipal health JIF Admissions
20 West State Street
PO Box 325
Trenton, NJ 08625-0325

RE: Southern Skyland Regional Health Insurance Fund

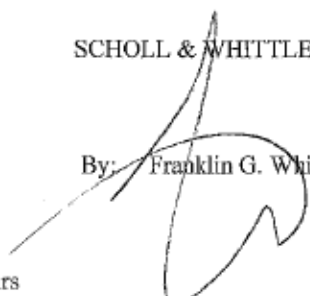
Dear Ms. Kartes:

I represent the Southern Skyland Regional Health Insurance Fund.

In accordance with N.J.A.C. 11:15-3.5 the Fund has amended its by-laws and received approval from its members.

I am providing you with a copy of the proposed amendment for your review and approval.

SCHOLL & WHITTLESEY, LLC

By:  Franklin G. Whittlesey, Esq.

cc: Emily Koval, PERMA

NJ Dept. of Community Affairs
Division of Local Govt. Services
101 South Broad St.
PO Box 803
Trenton, NJ 08625-0803

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
9 Campus Drive, Suite 216
Parsippany, NJ 07054
Tel: (201) 881-7632

Memo to: Southern Skyland Regional Health Insurance Fund Commissioners
From: PERMA
Re: Bylaw Amendment

The Southern Skyland Regional Health Insurance Fund held a Public Hearing on March 10, 2020 on a proposed bylaw amendment. Following the public hearing, the Executive Committee approved the proposed wording.

PROPOSED AMENDMENT

ARTICLE I - DEFINITIONS to be amended as follows:

"PROGRAM MANAGER" means an individual, partnership, association or corporation, that has contracted with the Fund to provide, on the Fund's behalf, those functions designated by the Fund Commissioners to include the day to day client service, claims resolution, collective bargaining assistance with the individual entities; assistance with member communication and education, new applicant data collection and implementation assistance with new entrants to the Fund and such other duties as shall be designated by the Fund's Commissioners.

ARTICLE III - ORGANIZATION to be amended as follows:

D. Fund Professionals

As soon as possible after the beginning of each year, the Executive Committee shall meet and select persons to serve in the following professional positions. No professional nor any employee, officer or director, or beneficial owner thereof, shall be a Commissioner of the Fund. All professionals shall be retained pursuant to the "Local Public Contracts Law." Nothing in this section shall prohibit the positions of Executive Director and Program Manager from being administered by one individual or business entity, so long as the specified qualifications for each position is met.

The Executive Committee is asking members to adopt a resolution (sample enclosed) and return to the Fund office as soon as possible. Members have six months to return the adopted resolution or retain the right to withdraw from the Fund if the bylaw change is unacceptable.

If you have any questions regarding this matter, please don't hesitate to contact the Fund office.

cc: Fund Attorney
Insurance Producers