



# Southern Skyland Regional

## HEALTH INSURANCE FUND

**MEETING AGENDA**  
**MARCH 10, 2020**

**20 GROVE STREET - 2<sup>ND</sup> FLOOR**  
**ENGINEERING ROOM**  
**SOMERVILLE, NJ 08876**  
**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:**

**MARCH 10, 2020**

**20 GROVE STREET - 2<sup>ND</sup> FLOOR**

**ENGINEERING ROOM**

**SOMERVILLE, NJ 08876**

**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 -**

**January 14, 2020 - Somerset County Insurance Commission Open Public Meeting (*Appendix I*)**

**January 14, 2020 - Southern Skyland Regional Health Insurance Fund Open Public Meeting (*Appendix II*)**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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**PROGRAM MANAGERS REPORT**

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**TREASURER - (Yvonne Childress)**

February 2020 Bills List SCIC.....Page 9

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Resolution 11-20: February 2020 Bills List/Supplemental Bills List.....Page 17

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

**ATTORNEY - (Frank Whittlesey, Esq.)**

**PARTNERSHIP HEALTH CENTER - (Integrity Health)**

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**NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)**

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**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

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**OLD BUSINESS**  
**NEW BUSINESS**  
**PUBLIC COMMENT**  
**SCHEDULE NEXT MEETING -March 10, 2020**  
**MEETING ADJOURNMENT**

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**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
EXECUTIVE DIRECTOR'S REPORT  
MARCH 10, 2020**

**FINANCIAL REPORTS - SOMERSET COUNTY INSURANCE COMMISSION**

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

**BYLAW AMENDMENT - PUBLIC HEARING**

At the previous meeting, the proposed amendment to the bylaws was introduced. Since then, all Commissioners and members were notified and asked to approve at their local board meetings. One resolution has been received. A sample resolution is included in Appendix III.

Today will serve as a public hearing for any questions or comments. Once the approved resolutions are received from  $\frac{3}{4}$  of them members and the DCA approval has been received, members will be notified and revised bylaws will be distributed.

**Motion:**        *Motion to open the Public Hearing on the Bylaw Amendment.*

**Discussion of Amendment**

**Motion:**        *Motion to close the Public Hearing*

**HEALTH CENTER ADMINISTRATOR - RFP**

Integrity Health's contract with the Fund ends December 31, 2020. Due to the complexity of the services being requested, the Fund should release an RFP for these services now.

**Motion:** *Motion to release a Request for Proposals for a Health Center Administrator for a 3 year contract effective January 1, 2021.*

**DIRECT RETIREE BILLS**

Some groups may have experienced an outreach from retirees regarding their 2020 direct bill coupons and/or had received a letter regarding their ACH payments. In an attempt to streamline the rate data process, a slightly different process was used in transferring the new rates to the Benefits Express system, but an error occurred that was caught about 2 weeks into the already tight timeline. After the error was corrected and the benefits system was updated, an error had persisted with the dental rates for the County and Library members that also had to be corrected.

The direct bill coupons take a few weeks to create and mail, so the process was very much delayed. Because of this, if a member used ACH for monthly payments, an automatic letter may have been sent which could have caused concern for these members.

We apologize for the delay, the lack of communication and any disruption it may have caused your retirees. The Fund has identified the errors and is putting multiple audit process in place to avoid this problem in the future.

## **FINANCIAL DISCLOSURE STATEMENTS**

The State's Financial Disclosure Statement online system will be open the first week of April for filing. Please look out for an email from PERMA regarding your filing for the HIF. Commissioners of the Commission were NOT required to file, but HIFs are required to file all Commissioner's financial disclosures. PERMA is available to help facilitate this process, if needed.

## **MAY MEETING TIME CHANGE**

It has been requested to change the May Fund Meeting from 12:00 p.m. to 10:00 a.m.

**Motion:** *Motion to change and advertise the May 12, 2020 meeting from 12:00 p.m. to 10:00 a.m.*

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

**AS OF January 31, 2020**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>0</b>	<b>0</b>	<b>99,169,455</b>	<b>99,169,455</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	1,824,035	1,824,035	86,551,797	88,375,832
IBNR	(1,594,544)	(1,594,544)	2,236,549	642,006
Less Specific Excess	52,535	52,535	(2,290,841)	(2,238,306)
Less Aggregate Excess	-	-	-	-
<b>TOTAL CLAIMS</b>	<b>282,026</b>	<b>282,026</b>	<b>86,497,505</b>	<b>86,779,531</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	0	0	595,967	595,967
Excess Premiums	0	0	6,359,446	6,359,446
Administrative	0	0	4,047,169	4,047,169
<b>TOTAL EXPENSES</b>	<b>0</b>	<b>0</b>	<b>11,002,582</b>	<b>11,002,582</b>
4. <b>UNDERWRITING PROFIT (1-2-3)</b>	(282,026)	(282,026)	1,669,368	1,387,342
5. <b>INVESTMENT INCOME</b>	4,101	4,101	122,710	126,811
6. <b>DIVIDEND INCOME</b>	0	0	0	0
7. <b>STATUTORY PROFIT (4+5+6)</b>	<b>(277,925)</b>	<b>(277,925)</b>	<b>1,792,078</b>	<b>1,514,153</b>
8. <b>DIVIDEND</b>	0	0	0	0
<b>9. STATUTORY SURPLUS (7-8)</b>	<b>(277,925)</b>	<b>(277,925)</b>	<b>1,792,078</b>	<b>1,514,153</b>

**SURPLUS (DEFICITS) BY FUND YEAR**

<b>2017</b>	<b>Surplus</b>	2,205	2,205	2,499,529	2,501,735
	<b>Cash</b>	1,981	1,981	2,447,955	2,449,936
<b>2018</b>	<b>Surplus</b>	(43,500)	(43,500)	427,590	384,090
	<b>Cash</b>	(740,855)	(3,081)	264,310	261,229
<b>2019</b>	<b>Surplus</b>	(236,631)	(236,631)	(1,135,042)	(1,371,672)
	<b>Cash</b>	(921,598)	(151,968)	(769,630)	(921,598)
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(277,925)</b>	<b>(277,925)</b>	<b>1,792,078</b>	<b>1,514,153</b>
<b>TOTAL CASH</b>		<b>(1,660,473)</b>	<b>(153,069)</b>	<b>1,942,635</b>	<b>1,789,566</b>

**CLAIM ANALYSIS BY FUND YEAR**

<b>FUND YEAR 2017</b>					
	Paid Claims	-	0	26,651,438	26,651,438
	IBNR	-	0	(0)	(0)
	Less Specific Excess	(225)	(225)	(697,587)	(697,812)
	Less Aggregate Excess	-	0	0	0
	<b>TOTAL FY 2017 CLAIMS</b>	<b>(224.68)</b>	<b>(225)</b>	<b>25,953,850</b>	<b>25,953,626</b>
<b>FUND YEAR 2018</b>					
	Paid Claims	4,278	4,278	30,543,024	30,547,302
	IBNR	(12,341)	(12,341)	62,341	50,000
	Less Specific Excess	52,760	52,760	(1,330,317)	(1,277,557)
	Less Aggregate Excess	-	0	0	0
	<b>TOTAL FY 2018 CLAIMS</b>	<b>44,697</b>	<b>44,697</b>	<b>29,275,047</b>	<b>29,319,744</b>
<b>FUND YEAR 2019</b>					
	Paid Claims	1,819,757	1,819,757	29,357,336	31,177,093
	IBNR	(1,582,203)	(1,582,203)	2,174,209	592,006
	Less Specific Excess	0	0	(262,937)	(262,937)
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL FY 2019 CLAIMS</b>	<b>237,554</b>	<b>237,554</b>	<b>31,268,607</b>	<b>31,506,161</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>282,026</b>	<b>282,026</b>	<b>86,497,505</b>	<b>86,779,531</b>

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

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**  
**FINANCIAL FAST TRACK REPORT**  
**AS OF January 31, 2020**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>3,009,671</b>	<b>3,009,671</b>	<b>0</b>	<b>3,009,671</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	1,302,149	1,302,149	-	1,302,149
IBNR	1,523,540	1,523,540	-	1,523,540
Less Specific Excess	-	-	-	-
Less Aggregate Excess	-	-	-	-
<b>TOTAL CLAIMS</b>	<b>2,825,690</b>	<b>2,825,690</b>	<b>0</b>	<b>2,825,690</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	151,706	151,706	0	151,706
Excess Premiums	113,549	113,549	0	113,549
Administrative	304,815	304,815	0	304,815
<b>TOTAL EXPENSES</b>	<b>570,071</b>	<b>570,071</b>	<b>0</b>	<b>570,071</b>
4. <b>UNDERWRITING PROFIT (1-2-3)</b>	<b>(386,089)</b>	<b>(386,089)</b>	<b>0</b>	<b>(386,089)</b>
5. <b>INVESTMENT INCOME</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
6. <b>DIVIDEND INCOME</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
7. <b>STATUTORY PROFIT (4+5+6)</b>	<b>(386,089)</b>	<b>(386,089)</b>	<b>0</b>	<b>(386,089)</b>
8. <b>DIVIDEND</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>9. STATUTORY SURPLUS (7-8)</b>	<b>(386,089)</b>	<b>(386,089)</b>	<b>0</b>	<b>(386,089)</b>

**SURPLUS (DEFICITS) BY FUND YEAR**

2020	Surplus	(386,089)	(386,089)	(386,089)
	Cash	853,958	853,958	853,958
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(386,089)</b>	<b>(386,089)</b>	<b>0</b>
<b>TOTAL CASH</b>		<b>853,958</b>	<b>853,958</b>	<b>0</b>

**CLAIM ANALYSIS BY FUND YEAR**

<b>FUND YEAR 2020</b>				
	Paid Claims	1,302,149	1,302,149	1,302,149
	IBNR	1,523,540	1,523,540	1,523,540
	Less Specific Excess	0	0	0
	Less Aggregate Excess	0	0	0
<b>TOTAL FY 2020 CLAIMS</b>		<b>2,825,690</b>	<b>2,825,690</b>	<b>2,825,690</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>2,825,690</b>	<b>2,825,690</b>	<b>0</b>
				<b>2,825,690</b>

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

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND RATIOS

### FY2020

INDICES	JAN
Cash Position	\$ 853,958
IBNR	\$ 1,523,540
Assets	\$ 1,476,261
Liabilities	\$ 1,862,350
Surplus	\$ (386,089)
Claims Paid -- Month	\$ 1,302,149
Claims Budget -- Month	\$ 2,483,848
Claims Paid -- YTD	\$ 1,302,149
Claims Budget -- YTD	\$ 2,483,848
<b>RATIOS</b>	
Cash Position to Claims Paid	0.66
Claims Paid to Claims Budget -- Month	0.52
Claims Paid to Claims Budget -- YTD	0.52
Cash Position to IBNR	0.56
Assets to Liabilities	0.79
Surplus as Months of Claims	-0.16
IBNR to Claims Budget -- Month	0.61



Southern Skyland Regional Health Insurance Fund						
2020 Certified Budget		Print date				
Census:						
	Medical Aetna	1,576	1,576	18,880		
	Medical Coresource	10	99	99		
	Rx ESI	1,779	1,779	21,348		
	Rx Coresource	10	10	99		
	Medicare Advantage - Medical	335	335	4,145		
	Rx No Medical (Incl in Rx above)	2	2	24		
	Medicare Advantage - Only (Incl above)	31	31	372		
	LINE ITEMS	January	2020 Cumulative Budget	2020 Annualized Budget	2020 CERTIFIED	% Change
1	Medical Claims (Aetna)	\$ 1,877,181	\$ 1,877,181	\$ 22,522,749	\$ 22,400,829	0.54%
2	Medical Claims (Coresource)	\$ 9,008	\$ 9,008	\$ 92,420	\$ 1,205,357	-92.33%
	<b>Subtotal Medical Claims</b>	<b>\$ 1,886,189</b>	<b>\$ 1,886,189</b>	<b>\$ 22,615,169</b>	<b>\$ 23,606,186</b>	<b>-4.20%</b>
3	Prescription Claims (Express Scripts)	\$ 710,099	\$ 710,099	\$ 8,541,586	\$ 8,511,600	0.35%
4	Prescription Rebates (Express Scripts)	\$ (114,459)	\$ (114,459)	\$ (1,373,513)	\$ (1,373,513)	0.00%
5	Prescription Claims (Coresource)	\$ 2,019	\$ 2,019	\$ 20,385	\$ 281,695	-92.76%
	<b>Prescription Claims Subtotal</b>	<b>\$ 597,659</b>	<b>\$ 597,659</b>	<b>\$ 7,188,458</b>	<b>\$ 8,793,295</b>	<b>-18.25%</b>
6	<b>Subtotal</b>	<b>2,483,848</b>	<b>2,483,848</b>	<b>29,803,627</b>	<b>31,025,968</b>	<b>-3.94%</b>
7						
8	Medicare Advantage- AETNA-MA	\$ 19,623	\$ 19,623	\$ 235,476	\$ 228,060	3.25%
9	Medicare Advantage - UHC-MA	\$ 32,634	\$ 32,634	\$ 405,032		0.00%
10						
11	Horizon Dental	99,449	\$ 99,449	\$ 1,197,221	1,150,204	4.09%
12						
13	Partnership Health Center - Integrity Management	59,166	\$ 59,166	\$ 708,349	\$ 782,532	-9.48%
14	Partnership Health Center - Expenses	\$ 189,982.52	\$ 189,983	\$ 2,279,790	\$ 2,279,790	0.00%
15	Partnership Health Center - County 2018 Funding	\$ -	\$ -	\$ -	\$ -	0.00%
16						
17	Reinsurance					
18	Specific	\$ 113,621.04	\$ 113,621	\$ 1,359,656	\$ 1,531,090	-11.20%
19	Aggregate*	\$ -	\$ -	\$ -	\$ -	0.00%
20	<b>Subtotal Reinsurance</b>	<b>\$ 113,621.04</b>	<b>\$ 113,621</b>	<b>\$ 1,359,656</b>	<b>\$ 1,531,090</b>	<b>-11.20%</b>
21						
22	<b>Total Loss Fund</b>	<b>2,998,323</b>	<b>2,998,323</b>	<b>35,989,151</b>	<b>\$ 36,997,645</b>	<b>-2.73%</b>
23						
24	Contingency	\$ 5,064	\$ 5,064	\$ 60,766	\$ 60,766	0.00%
25						
26	Expenses					
27	Legal	\$ 833	\$ 833	\$ 10,000	\$ 10,000	0.00%
28	Executive Director/Program Manager	29,142	\$ 29,142	\$ 348,750	\$ 391,392	-10.89%
29	Enrollment Vendor	6,476	\$ 6,476	\$ 77,500	\$ 86,976	-10.89%
30	TPA - Aetna	62,520	\$ 62,520	\$ 748,970	\$ 819,341	-8.59%
31	TPA - Coresource	310	\$ 310	\$ 3,069	\$ 18,228	-83.16%
32	Actuary	\$ 1,667	\$ 1,667	\$ 20,000	\$ 20,000	0.00%
33	Auditor	\$ 1,360	\$ 1,360	\$ 16,320	\$ 16,320	0.00%
34	Consulting	\$ 10,793	\$ 10,793	\$ 129,295	\$ 105,963	22.02%
35						
36	<b>Subtotal Expenses</b>	<b>113,101</b>	<b>113,101</b>	<b>1,353,904</b>	<b>\$ 1,468,220</b>	<b>-7.79%</b>
37						
38	Miscellaneous					
39	Miscellaneous and Contingency	\$ 1,378	\$ 1,378	\$ 16,533	\$ 16,533	0.00%
40	Claims Auditor	\$ -	\$ -	\$ -	\$ -	0.00%
41	GASB 75 Reporting	\$ 625	\$ 625	\$ 7,500	\$ 7,500	0.00%
42	A4 Surcharge	\$ 2,675	\$ 2,675	\$ 32,153	\$ 32,731	-1.76%
43	ACA Taxes	\$ 917	\$ 917	\$ 11,000	\$ 11,000	0.00%
44	Subtotal Miscellaneous	5,594	5,594	67,186	\$ 67,764	-0.85%
45						
46	Total Expenses	118,695	118,695	1,421,090	\$ 1,535,983	-7.48%
47						
48	<b>Total Budget</b>	<b>3,122,083</b>	<b>3,122,083</b>	<b>37,471,007</b>	<b>\$ 38,594,394</b>	<b>-2.91%</b>
49						
50	<b>Total Billing</b>	<b>3,052,409</b>	<b>3,052,409</b>	<b>36,644,580</b>	<b>\$ 38,594,394</b>	

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

March 10, 2020

Program Manager: PERMA Risk Management Services LLC

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

Enrollments: [somersetcountyinscom@permainc.com](mailto:somersetcountyinscom@permainc.com)

Fax: 856-685-2258

**ELIGIBILITY/ENROLLMENT**

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

**EXPRESS SCRIPTS UPDATE**

**THREE PRODUCTS SWITCHED TO NON-PRESCRIPTION STATUS** - On February 14, 2020 the U.S. Food and Drug Administration (FDA) granted the manufacturers of three prescription drug products permission to sell the below 3 drugs as over-the-counter medications (OTC). Plan members using these products may want to discuss possible changes in therapy with their physicians as the below medications will no longer be available through their prescription drug plan. We identified 120 members in the SSRHIF who filled prescriptions for one or more of the generic forms of these medications in the past 12 months and may be impacted by the new classification. *Please note that only the branded products will initially be moving to the OTC classification and there is only one SSRHIF member who filled a prescription for one of the branded products in the past year. However, ESI advised that the generic versions will likely be undergoing a status change in the near future.*

- Voltaren Arthritis Pain (diclofenac) gel 1% (NSAID)
- Pataday Twice Daily Relief (olopatadine ophthalmic solution, 0.1%)
- Pataday Once Daily Relief (olopatadine ophthalmic solution, 0.2%)

**SSRHIF ONLINE ENROLLMENT SYSTEM UPDATE**

In order to bring you the latest in benefits system technology, the SSRHIF online enrollment system underwent a mandatory system update. The update included an improved HR Dashboard, increased site security and technical support. The underlying database architecture has not changed and the upgrade was seamless, with no re-implementation of existing groups required. *Please note, user IDs and passwords have not changed.*

If you are interested in training or would like to join us for an overview, please feel free to email [somersetcountyinscom@permainc.com](mailto:somersetcountyinscom@permainc.com) indicating the session you would like to attend:

- 3/18/2020; 2:00 pm – 3:00 pm

- 3/19/2020; 10:00 am – 11:00 am

## **LEGISLATIVE UPDATES**

As we have previously reported, the state of New Jersey (NJ) adopted an “individual” health insurance mandate. As of January 1, 2019 NJ residents are required to have health insurance and to provide proof of coverage with their 2019 State Income Tax filing. Accordingly, insurers, employers, government agencies, multiemployer plans and other entities (regardless of size) that provide health insurance to NJ residents must submit required health insurance coverage information electronically to the State (there is no paper filing option) for those employees/retirees. Reporting requirements are not limited to businesses that withhold NJ payroll taxes. The mandate applies to both part-year and full-year NJ residents.

To help employers comply, NJ has launched an official website (see link: <https://nj.gov/treasury/njhealthinsurancemandate/employers.shtml>) which addresses the reporting requirement, as well as the application of the rules to out-of-state employers of NJ residents, employers with fewer than 50 employees, insured versus self-insured employers, and adult children. Under the law, reporting entities are required to send a return to the NJ State Treasurer. The website reflects updated guidance (posted on January 21, 2020) on NJ health coverage filings.

## **ADMINISTRATIVE AUTHORIZATIONS**

There are no administrative authorizations at this time.

**SOMERSET COUNTY INSURANCE COMMISSION  
BILLS LIST**

**Confirmation of Payment**

**FEBRUARY 2020**

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

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

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

**FUND YEAR 2019**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001377			
001377	PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/19	1,218.48
			<b>1,218.48</b>
001378			
001378	SCHOLL, WHITTLESEY, & GRUENBERG, LLC	ATTORNEY FEE 10/19	2,650.00
001378	SCHOLL, WHITTLESEY, & GRUENBERG, LLC	ATTORNEY FEE 12/19	5,397.00
			<b>8,047.00</b>
001379			
001379	ALLSTATE INFORMATION MANAGEMNT	ACCT#002 - ARC & STOR - 12.31.19	4.44
			<b>4.44</b>
001380			
001380	HEALTH FAIRS DIRECT	HEALTH SERVICES 12/19	11,980.00
001380	HEALTH FAIRS DIRECT	HEALTH SERVICES 12/19	3,715.00
			<b>15,695.00</b>
		<b>Total Payments FY 2019</b>	<b>24,964.92</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$24,964.92</b>

\_\_\_\_\_  
Chairperson

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

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

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

\_\_\_\_\_  
Treasurer

**SOMERSET COUNTY INSURANCE COMMISSION  
SUPPLEMENTAL BILLS LIST**

Confirmation of Payment

FEBRUARY 2020

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

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

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

**FUND YEAR 2019**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001378			
001378	SCHOLL, WHITTLESEY, & GRUENBERG, LLC	VOID	-2650.00
001378	SCHOLL, WHITTLESEY, & GRUENBERG, LLC	VOID	-5397.00
			<b>-8047.00</b>
001391			
001391	MERCADIEN	2019 AUDIT PROGRESS PAYMENT	3,000.00
			<b>3,000.00</b>
001392			
001392	HEALTH FAIRS DIRECT	MASSAGES 9/19; 10/19; 11/19	9,030.00
			<b>9,030.00</b>
		<b>Total Payments FY 2019</b>	<b>3,983.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$3,983.00</b>

\_\_\_\_\_

Chairperson

Attest:

\_\_\_\_\_

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

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

\_\_\_\_\_

Treasurer

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

Confirmation of Payment

FEBRUARY 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>
001381			
001381	AETNA HEALTH MANAGEMENT LLC	PROFESSIONAL FEES 2/20	1,546.96
			<b>1,546.96</b>
001382			
001382	HORIZON BLUE CROSS BLUE SHIELD OF NJ	DENTAL 2/20	318,702.14
			<b>318,702.14</b>
001383			
001383	TRUSTMARK HEALTH BENEFITS, INC	MEDICAL ADMIN 2/20	1,000.00
			<b>1,000.00</b>
001384			
001384	PERMA RISK MANAGEMENT SERVICES	POSTAGE 1/20	17.95
001384	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 1/20	29,142.00
001384	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 1/20	6,476.00
			<b>35,635.95</b>
001385			
001385	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 1/20	7,793.29
			<b>7,793.29</b>
001386			
001386	CONNER STRONG & BUCKELEW	CONSULTANT FEES 1/20	2,999.85
			<b>2,999.85</b>
001387			
001387	COURIER NEWS	ACCT:ASB-1489 - MTG - 1.31.20	118.85
			<b>118.85</b>
001388			
001388	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 1/20	113,621.04
			<b>113,621.04</b>
001389			
001389	INTEGRITY HEALTH	REIMBURSEMENT 2/20	222,605.38
			<b>222,605.38</b>
		<b>Total Payments FY 2020</b>	<b>704,023.46</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$704,023.46</b>

-----  
Chairperson

Attest:

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

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

-----  
Treasurer

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

**Confirmation of Payment**

**FEBRUARY 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>
001390	UNITED HEALTHCARE INS. CO.	MEDICARE ADVTG 1/20	65,968.00
001390			<b>65,968.00</b>
		<b>Total Payments FY 2020</b>	<b>65,968.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$65,968.00</b>

-----  
Chairperson

Attest:  
-----

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

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

-----  
Treasurer

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

**Confirmation of Payment**

**FEBRUARY 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>
001000			
001000	AETNA LIFE INSURANCE COMPANY	TPA FEES 2/20	62,792.24
			<b>62,792.24</b>
001001			
001001	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 2/20	6,456.00
001001	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 2/20	11,298.00
			<b>17,754.00</b>
001002			
001002	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 2/20	7,793.29
			<b>7,793.29</b>
001003			
001003	ALLSTATE INFORMATION MANAGEMNT	ACCT#002 - ARC & STOR - 1.31.20	19.77
			<b>19.77</b>
001004			
001004	CONNER STRONG & BUCKELEW	CSB CONSULTANT FEES 2/20	2,999.85
			<b>2,999.85</b>
001005			
001005	GANNETT NJ NEWSPAPERS	ACCT# 242771 - AD - 1.31.20	118.85
			<b>118.85</b>
001006			
001006	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 2/20	113,262.84
			<b>113,262.84</b>
		<b>Total Payments FY 2020</b>	<b>204,740.84</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$204,740.84</b>

-----  
Chairperson

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

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

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

-----  
Treasurer



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

<b>Current Fund Year: 2020</b>										
<b>Month Ending: January</b>										
	<b>Medical</b>	<b>PHC</b>	<b>Rx</b>	<b>Vision</b>	<b>Med.Adv</b>	<b>Reinsurance</b>	<b>Dental</b>	<b>Cont.</b>	<b>Admin</b>	<b>TOTAL</b>
OPEN BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RECEIPTS										
Assessments	1,421,946.85	189,366.69	447,943.22	0.00	33,515.28	84,081.84	0.00	3,849.27	107,216.17	2,287,919.32
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1,421,946.85</b>	<b>189,366.69</b>	<b>447,943.22</b>	<b>0.00</b>	<b>33,515.28</b>	<b>84,081.84</b>	<b>0.00</b>	<b>3,849.27</b>	<b>107,216.17</b>	<b>2,287,919.32</b>
EXPENSES										
Claims Transfers	855,202.34	0.00	446,947.02	0.00	0.00	0.00	0.00	0.00	0.00	1,302,149.36
Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131,811.89	131,811.89
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>855,202.34</b>	<b>0.00</b>	<b>446,947.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>131,811.89</b>	<b>1,433,961.25</b>
<b>END BALANCE</b>	<b>566,744.51</b>	<b>189,366.69</b>	<b>996.20</b>	<b>0.00</b>	<b>33,515.28</b>	<b>84,081.84</b>	<b>0.00</b>	<b>3,849.27</b>	<b>(24,595.72)</b>	<b>853,958.07</b>

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

Month	January								
Current Fund Year	2020								
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid January	Monthly Recoveries January	Calc. Net Paid Thru January	TPA Net Paid Thru January	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2020	Medical	0.00	855,202.34	0.00	855,202.34	0.00	855,202.34	0.00	855,202.34
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	446,947.02	0.00	446,947.02	0.00	446,947.02	0.00	446,947.02
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>1,302,149.36</b>	<b>0.00</b>	<b>1,302,149.36</b>	<b>0.00</b>	<b>1,302,149.36</b>	<b>0.00</b>	<b>1,302,149.36</b>

<b>SUMMARY OF CASH AND INVESTMENT INSTRUMENTS</b>		
<b>SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND</b>		
<b>ALL FUND YEARS COMBINED</b>		
<b>CURRENT MONTH</b>	<b>January</b>	
<b>CURRENT FUND YEAR</b>	<b>2020</b>	
	<b>Description:</b>	<b>Investors Bank</b>
	<b>ID Number:</b>	
	<b>Maturity (Yrs)</b>	
	<b>Purchase Yield:</b>	
	<b>TOTAL for All</b>	
	<b>Accts &amp; instruments</b>	
<b>Opening Cash &amp; Investment Balance</b>	<b>\$0.00</b>	<b>-</b>
<b>Opening Interest Accrual Balance</b>	<b>\$0.00</b>	<b>-</b>
1 Interest Accrued and/or Interest Cost	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$0.00	\$0.00
6 Interest Paid - Term Instr.s	\$0.00	\$0.00
7 Realized Gain (Loss)	\$0.00	\$0.00
8 Net Investment Income	\$0.00	\$0.00
9 Deposits - Purchases	\$2,287,919.32	\$2,287,919.32
10 (Withdrawals - Sales)	-\$1,433,961.25	-\$1,433,961.25
Ending Cash & Investment Balance	\$853,958.07	\$853,958.07
Ending Interest Accrual Balance	\$0.00	\$0.00
Plus Outstanding Checks	\$16,228.10	\$16,228.10
(Less Deposits in Transit)	\$0.00	\$0.00
Balance per Bank	\$870,186.17	<b>\$870,186.17</b>

**RESOLUTION NO. 11-20**

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

**WHEREAS**, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting on **March 10, 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 February 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 February 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: March 10, 2020**

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

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



## Somerset County

Jan 2020

### Partnership Health Center Utilization Report

PHC Visits						PHC Patients							
Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total		Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M		Month	L12M	Month	L12M	Month	L12M
County of Somerset	668	6,791	356	3,600	1,024	10,391	County of Somerset	292	743	166	478	458	1,221
Somerset County Library	89	727	30	319	119	1,046	Somerset County Library	34	72	15	40	49	112
Somerset County Park Commission	87	863	42	409	129	1,272	Somerset County Park Commission	39	100	22	70	61	170
Somerset County Vocational & Technical S...	34	267	11	116	45	383	Somerset County Vocational & Technical School	13	50	8	28	21	78
<b>Total</b>	<b>878</b>	<b>8,648</b>	<b>439</b>	<b>4,444</b>	<b>1,317</b>	<b>13,092</b>	<b>Total</b>	<b>378</b>	<b>965</b>	<b>211</b>	<b>616</b>	<b>589</b>	<b>1,581</b>

Specialized Service						Rx Drugs Dispensed							
Subscriber/Dependent Service	01_Subscriber		02_Dependent		Total		Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M		Month	L12M	Month	L12M	Month	L12M
Rx	405	3,940	218	2,140	623	6,080	County of Somerset	499	4,980	290	2,808	789	7,788
PhyNrs	253	2,541	128	1,386	381	3,927	Somerset County Library	47	513	23	205	70	718
PT	89	902	37	335	126	1,237	Somerset County Park Commission	76	677	23	243	99	920
Lab	49	473	8	157	57	630	Somerset County Vocational & Technical School	15	132	5	58	20	190
CC	43	372	33	218	76	590	<b>Total</b>	<b>637</b>	<b>6,302</b>	<b>341</b>	<b>3,314</b>	<b>978</b>	<b>9,616</b>
BH	32	203	13	162	45	365							
FluShot	3	194	2	39	5	233							
XRay	2	13		3	2	16							
CS	2	9		3	2	12							
Pain		1		1		2							
<b>Total</b>	<b>878</b>	<b>8,648</b>	<b>439</b>	<b>4,444</b>	<b>1,317</b>	<b>13,092</b>							

Care Coordination Patients						
Subscriber/Dependent Category	01_Subscriber		02_Dependent		Total	
	Month	L12M	Month	L12M	Month	L12M
County of Somerset	43	213	31	121	74	334
Somerset County Library	4	11	1	9	5	20
Somerset County Park Commission	6	27	2	17	8	44
Somerset County Vocational & Technical School		11	3	11	3	22
<b>Total</b>	<b>53</b>	<b>262</b>	<b>37</b>	<b>158</b>	<b>90</b>	<b>420</b>



**Somerset County Insurance Commission/Southern Skyland  
Regional Health Insurance Fund**

**Monthly Claim Activity Report**

***March 10, 2020***



**Somerset County Insurance Commission**

	<u>Medical CLAIMS PAID 2019</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$589,935	1,734	\$340
FEBRUARY	\$1,321,343	1,734	\$762
MARCH	\$1,314,432	1,729	\$760
APRIL	\$1,885,477	1,729	\$1,091
MAY	\$2,079,319	1,727	\$1,204
JUNE	\$1,872,521	1,738	\$1,077
JULY	\$2,434,427	1,726	\$1,410
AUGUST	\$2,184,932	1,730	\$1,263
SEPTEMBER	\$1,871,236	1,733	\$1,080
OCTOBER	\$2,110,813	1,729	\$1,221
NOVEMBER	\$1,983,714	1,728	\$1,148
DECEMBER	\$2,072,493	1,729	\$1,199
<b>TOTAL</b>	<b>\$21,720,642</b>		
	<b>2019 Average</b>		<b>\$1,046</b>



## Southern Skyland Regional Health Insurance Fund

	<u>Medical CLAIMS PAID 2020</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$2,158,977	1,589	\$1,359
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
<b>TOTAL</b>	<b>\$2,158,977</b>		
	<b>2020 Average</b>		<b>\$1,359</b>





# Southern Skyland Regional Health Insurance Fund

1/1/2019 through 12/31/2019

### Medical Claims Paid Per Member: January 19 – December 19

Total Medical Paid per EE: **\$1199**

### Network Discounts

Inpatient:	<b>62.8%</b>
Ambulatory:	<b>62.7%</b>
Physician/Other:	<b>64.7%</b>
<b>TOTAL:</b>	<b>63.6%</b>

### Provider Network

% Admissions In-Network:	<b>97.4%</b>
% Physician Office:	<b>96.0%</b>

**Aetna Book of Business:**  
Admissions 96.9%; Physician 90.7%

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

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

### Catastrophic Claim Impact

Number of Claims Over \$50,000: **84**  
 Claimants per 1000 members: **22**  
 Avg. Paid per Claimant:  
 \$9,470,006  
 Percent of Total Paid: **40.7%**  
 • **Aetna BOB- HCC account for an  
 average of 44.1% of total Medical Cost**

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

January – December 2019

Participating in 1:1 Support (includes  
 outreach in process) : **176**  
 Participating in Digital Support: **1023**  
 Total Participation: **1199**

Avg Age of High Risk: **51.6**  
 Avg Age of Moderate Risk: **54.8**  
 Avg Age of Low Risk: **55.3**

### Somerset County Insurance Commission Plan Performance: Q4 2019 Metrics

#### Customer Service

Abandonment Rate:	<b>1.32%</b>
Avg. Speed of Answer:	<b>33.36 sec</b>

#### Claims Performance

Financial Accuracy:	<b>99.46%</b>
Total Claim Accuracy:	<b>99.96%</b>
Turnaround w/in 15 days:	<b>3.2 days</b>

#### Performance Goals

Abandonment Rate less than:	<b>3.5%</b>
Average Speed of Answer:	<b>31sec</b>

Financial Accuracy:	<b>98%</b>
Total Claim Accuracy:	<b>94%</b>

#### Turnaround Time

90% processed w/in:	<b>15 days</b>
---------------------	----------------

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																
Total Days	186,163																
Total Patients	1,698																
Total Plan Cost	\$805,144																
Generic Fill Rate (GFR) - Total	82.9%																
Plan Cost PMPM	\$208.91																
% Change Plan Cost PMPM	20.2%																
Total Specialty Plan Cost	\$354,413																
Specialty % of Total Specialty Plan Cost	44.0%																

PMPM	
Jan-19	\$173.74
Jan-20	\$208.91
<b>Trend</b>	
Jan 2020	20.2%

# APPENDIX I

**SOMERSET COUNTY INSURANCE COMMISSION  
OPEN PUBLIC MEETING  
JANUARY 14, 2020  
3:45 PM**

Meeting called to order by Chairman Hyncik. The Open Public Meeting Notice was read into record.

**ROLL CALL OF 2019 COMMISSIONERS:**

William Hyncik, Chairman	Present
Donald Rica, Vice Chairman	Present ** Via Conference Call
Brian Gallagher, Commissioner	Absent

**FUND PROFESSIONALS PRESENT:**

Executive Director/Program Manager	PERMA Risk Management Services <b>Emily Koval</b> <b>Brandon Lodics</b>
Fund Attorney	Scholl, Whittlesey & Gruenberg, LLC <b>Frank Whittlesey</b>
Fund Treasurer	<b>Yvonne Childress</b>
Aetna	<b>George Doyle</b> <b>Jessica Ortiz</b>
Express Scripts	<b>Kyle Colalillo</b> <b>Ken Rostkowski</b>
Fund Actuary	<b>Michael Frank</b>
Integrity Health	<b>Angela Goldberg</b>

**ALSO PRESENT:**

Brian Auger, Somerset County Library  
John Lajewski, Conner Strong & Buckelew  
Karen Kamprath, PERMA  
Raelene Sipple, SCVTS  
Arge Mardakis, Somerset County  
Donna Mozet, County of Somerset  
Paul Malarcher, County of Somerset  
Diane Peterson, Conner Strong & Buckelew

**MOTION TO APPROVE THE OPEN MINUTES OF NOVEMBER 1, 2019**

Motion: Commissioner Rica  
Second: Chair Hyncik  
Vote: All in favor

**MOTION TO APPROVE RESOLUTION 22-19 DELEGATING SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND AS CUSTODIAN OF FINANCIALS**

Motion: Commissioner Rica  
Second: Chair Hyncik  
Vote: All in favor

**MOTION TO APPROVE RESOLUTION 23-19 APPROVING THE NOVEMBER 2019 AND DECEMBER 2019 BILLS LIST**

Motion: Commissioner Rica  
Second: Chair Hyncik  
Vote: All in favor

**PUBLIC COMMENT - None**

**OLD BUSINESS - None**

**NEW BUSINESS - None**

**MOTION TO ADJOUR**

Motion: Commissioner Rica  
Second: Chair Hyncik  
Vote: All in favor

**MEETING ADJOURNED:**

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Minutes prepared by:  
Karen Kamprath, Assisting Secretary

# APPENDIX II

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
OPEN PUBLIC ORGANIZATION MEETING  
JANUARY 14, 2020  
3:45 PM**

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	Present

**FUND PROFESSIONALS PRESENT:**

Executive Director/Program Manager	PERMA Risk Management Services <b>Emily Koval</b> <b>Brandon Lodics</b>
Fund Attorney	Scholl, Whittlesey & Gruenberg, LLC <b>Frank Whittlesey</b>
Fund Treasurer	<b>Yvonne Childress</b>
Aetna	<b>George Doyle</b> <b>Jessica Ortiz</b>
Express Scripts	<b>Ken Rostkowski</b>
Fund Actuary	<b>Michael Frank</b>
Integrity Health	<b>Angela Goldberg</b>

**ALSO PRESENT:**

Brian Auger, Somerset County Library  
John Lajewski, Conner Strong & Buckelew  
Karen Kamprath, PERMA  
Raelene Sipple, SCVTS  
Arge Mardakis, Somerset County  
Donna Mozet, County of Somerset  
Paul Malarcher, County of Somerset  
Diane Peterson, Conner Strong & Buckelew

Executive Director said a quorum of Fund Commissioner is present. She said an election of the executive committee will take place.



**MOTION TO NOMINATE WILLIAM HYNCHIK AS CHAIR OF THE SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND:**

**MOTION:** Commissioner Hyncik  
**SECOND:** Commissioner Soriano  
**VOTE:** All in Favor

**MOTION TO NOMINATE BRIAN AUGER AS SECRETARY OF THE SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND:**

**MOTION:** Commissioner Hyncik  
**SECOND:** Commissioner Soriano  
**VOTE:** All in Favor

Executive Director asked for a roll call of the 2020 Commissioners approving the slate of officers as presented: William Hyncik Chair, Brian Auger Secretary, Geoffrey Soriano Executive Committee and Sara Sooy Executive Committee

**ROLL CALL OF 2020 EXECUTIVE COMMITTEE**

William Hyncik, Fund Chair	Present
Brian Auger, Fund Secretary	Present
Geoffrey Soriano, Executive Committee	Present
Sara Sooy, Executive Committee	Present

**EXECUTIVE DIRECTORS REPORT**

**FINANCIAL FAST TRACK as of November 30, 2019** – Executive Director said the Fast Track for the Commission will be included in the next few agendas. She said there was a slight deficit year to date however the Fund basically broke even for November mainly due to the ESI rebates. She said there is still another quarter of rebates due to the Fund. She said once the Audit is complete funds can start to be transferred from the Commission to the Fund.

**2020 ORGANIZATION RESOLUTIONS** – Executive Director said the major action items for today are the organization resolutions. She noted Resolution 1-20 awards the professional contracts and compensation, Resolution 2-20 sets meeting dates and times, the Committee members discussed and agreed to change the meeting time to 12:00 pm, Resolution 3-20 sets for the Cash Management Plan and bank depositories for 2020, Resolution 4-20 is the 2020 Risk Management Plan which outlines the Commission’s stop loss limits, underwriting procedures, claim appeal processes, Resolution 5-20 adopts the broker fees for each entity, Resolution 6-20 authorizes the Treasurer to pay contract fees and expenses during the months that the Commission does not meet, Resolution 7-20 Designates the elected Secretary as the Custodian of Fund Records, Resolution 8-20 Designates the Courier News as the Official Fund Newspaper and Resolution 9-20 Designates the Authorized Signatories. This resolution is necessary for the bank account to be opened. William Hyncik, Nick Trasente and Yvonne Childress are recommended to be authorized signers. The Commission bank account will remain open until it is entirely closed and all surpluses have been transferred to the new HIF account.

**MOTION TO APPROVE RESOLUTIONS 1-20 THROUGH 9-20 AS DISCUSSED:**

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

**BYLAW AMENDMENT** - Executive Director said submitted bylaws for the Southern Skyland Fund were approved by the State. A template previously approved by the State, the slate of Fund Professionals included an Executive Director and Program Manager, although these positions were under one contract in the Commission and remain the same in the Fund. To maintain the structure established by the Commission, we recommend a bylaw amendment to memorialize the intent of the structure. The proposed amendment wording and a sample resolution that each member will need to include on their next board meeting for approval was included in the Agenda. Executive Director said we seek approval from the Commissioners to introduce the amendment today, advertise and hold a hearing within 45 days to approve. She said 75% of the membership will need to approve in order to amend. Executive Director said a meeting can be held by phone in February once the resolutions are passed.

**MOTION TO INTRODUCE THE BYLAW AMENDMENT AS DISCUSSED:**

**MOTION:** Chair Hyncik  
**SECOND:** Commissioner Soriano  
**VOTE:** All in Favor

**WEBSITE** - Executive Director said the Southern Skyland Regional Health Insurance Fund regulatory website has been developed - [www.southernskylandhif.com](http://www.southernskylandhif.com). Meeting dates and Fund documents will be included. There is a tab that will have all Somerset County Insurance Commission minutes and financial documents for regulatory purposes.

**JANUARY INVOICES** - Executive Director said the January invoices are in progress and all groups should receive them by mid-January.

**CONTRACT AMENDMENTS** - Executive Director said the Express Scripts and Coresource contracts have name change amendments to be signed at today's meeting. The Aetna contract will be forthcoming.

**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](mailto: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](mailto:somersetctyinscom@permainc.com) or by fax at 856-552-2175.

### **SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND UPDATE**

Program Manager said effective January 1, 2020 the Somerset County Insurance Commission became the Southern Skyland Regional Health Insurance Fund. He said his team is actively working with The County and Integrity Health to develop a marketing strategy to introduce the new Fund to Risk Managers and eligible entities in the footprint. This plan will be outlined at future meetings.

Program Manager said there were no changes to member benefits or ID numbers but as a result of the new Fund name, members received new Aetna ID cards. He said they are currently working with Express Scripts to determine when new ID cards will be sent to prescription drug plan members.

Program Manager said they are working on operational updates including updating the PERMA enrollment team email address. Until the address is updated please continue to use [somersetctyinscom@permainc.com](mailto:somersetctyinscom@permainc.com).

### **MEDICARE ADVANTAGE UPDATES**

Program manager said effective January 1<sup>st</sup>, Medicare eligible Somerset County retirees, spouses and dependents were transitioned into a United HealthCare Medicare Advantage plan. He said in the budget this reflected about \$900,000 in savings. He thanked the County Employees and Ms. Peterson for their help with as successful transition. To date, approximately 95% of the eligible retirees have been moved into the new plan.

### **CADILLAC TAX**

Program Manager said The Cadillac Tax is now permanently repealed and will never go into effect. It was originally passed as an ACA provision to finance health care expansion and control the cost of health care. It's estimated that the repeal of the Cadillac Tax will cost \$200 billion over 10 years.

### **HEALTH INSURANCE TAX (HIT)**

Program Manager said the HIT tax was originally effective beginning in 2015 but was under a moratorium for 2017 and 2019. Although the HIT is levied on insurers, the tax is passed through to employers and employees in the form of increased health insurance costs. The HIT is now permanently repealed as of January 1, 2021, however, the HIT will remain in effect for the 2020 plan year. It's estimated that the repeal of the HIT will cost almost \$151 billion over ten years.

### **PCORI**

Program manager said the Patient-Centered Outcomes Research Institute (PCORI) fee was established as a part of the ACA to fund medical research. Insurers and employers with self-insured plans are subject to the fee. The last PCORI fee payment was expected to occur on July 31, 2019 (or July 31, 2020 for non-calendar year plans). The PCORI fee is not extended for another 10 years, which means employers with self-insured plans must continue paying the administratively burdensome PCORI fee. He said the cost to the Fund is approximately \$10,000.

**TREASURER** – The Bills List was included in the Agenda.

**INTEGRITY HEALTH** – Ms. Goldberg said the November 2019 utilization report is included in the Agenda. She said they are also extending their marketing efforts as discussed by the Program Manager.

**AETNA** – Mr. Doyle reviewed the claims for November. He also reviewed the dashboard and noted that the average speed of answer metric was not met for 2019. He said this number has improved month by month from the beginning of 2019. Ms. Ortiz shared a success story from the Aetna in touch care program.

**EXPRESS SCRIPTS** - Mr. Rostkowski said utilization has stabilized throughout 2019. He said the Fund did pick up a new specialty patient in November.

**ATTORNEY** – Fund Attorney swore in the Executive Committee and Officers

**OLD BUSINESS** - None

**NEW BUSINESS** – Michael Frank from Aquarius Capital introduced himself as the new Fund Actuary.

**PUBLIC COMMENT** - None

**MOTION TO ADJOURN:**

MOVED:	Commissioner Soriano
SECOND:	Commissioner Auger
VOTE:	Unanimous

**MEETING ADJOURNED: NEXT MEETING March 10, 2020**

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Minutes prepared by:  
Karen Kamprath, Assisting Secretary

# APPENDIX III

**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

**SAMPLE RESOLUTION FOR LOCAL UNITS**

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

**WHEREAS**, the \_\_\_\_\_ is a member of the Southern Skyland Regional Health Insurance Fund; 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 \_\_\_\_\_; and

**WHEREAS**, pursuant to NJSA 40A:10-43, the Amendment must be approved by the Governing Body of 75% of the participating members

**NOW THEREFORE BE IT RESOLVED** by the Governing Body 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, and annexed hereto as Schedule "A" be and the same are hereby approved.

**ADOPTED:** \_\_\_\_\_

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

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