



Southern Skyland Regional

HEALTH INSURANCE FUND

MEETING AGENDA MAY 12, 2020

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

Meeting ID: 545 508 0980

1- 929-205-6099

10:00 AM

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:
MAY 12, 2020
10:00 AM**

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 – March 10, 2020 Open Public Meeting – Appendix I

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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PROGRAM MANAGERS REPORT

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TREASURER – (Yvonne Childress)

April 2020 Bills List SCIC.....Page 24

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March 2020 Treasurers Report.....Page 28

Resolution 14-20: March and April 2020 Bills List/Supplemental Bills List.....Page 31

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY – (Frank Whittlesey, Esq.)

PARTNERSHIP HEALTH CENTER – (Integrity Health)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

Monthly Report.....Page 32

PRESCRIPTION ADMINISTRATOR – (Express Scripts)

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OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

SCHEDULE NEXT MEETING – July 14, 2020 12:00 PM

MEETING ADJOURNMENT

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
MAY 12, 2020**

FINANCIAL REPORTS – SOMERSET COUNTY INSURANCE COMMISSION

1. **Somerset Commission Financial Fast Track** – as of February 28, 2020 (page 3)
2. **Skyland Fund Financial Fast Track** – as of February 28, 2020 (page 4)
2. **Ratios Report** – as of February 2020 (page 5)
3. **2020 Cumulative Budget** – as of April 2020 (page 6)

2019 SOMERSET COUNTY INSURANCE COMMISSION AUDIT

The Fund Auditor, Mercadian has completed the 2019 internal audit of the Somerset County Insurance Commission. The full audit is included, along with a summary presentation. Matt and Digesh from Mercadian will be on the call to present their findings. There are no comments or recommendations. We ask for a motion to accept the Audit on behalf of the Commission and file with the State. Resolution 12-20 is included on page 8.

***MOTION:** Motion to approve Resolution 12-20 accepting the 2019 Audit on behalf of the Somerset County Insurance Commission and File with the State.*

WELLNESS GRANTS

As a reminder, the Fund has secured \$50,000 in Wellness credits. Below is the allocation by member, based on lives

<u>Wellness Allocation</u>	<u>Lives</u>	<u>Wellness Dollars</u>	<u>Spent</u>	<u>Available</u>
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

Wellness Expense approvals and reimbursements requests may be made through the Fund by sending to emilyk@permianc.com

REQUESTS FOR PROPOSALS

Under the Local Public Contracts law, the following positions need to go out for RFP for a one year term starting January 1, 2021: Actuary, Auditor and Attorney.

***MOTION:** Motion to issue and advertise Requests for Proposals for professional services contracts on behalf of the Fund for Actuary, Auditor and Attorney.*

RISK MANAGEMENT PLAN - AMENDMENT

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.

Resolution 13-20 (page 11) amends the Risk management to include this additional item.

Motion: *Motion to approve Resolution 13- 20 amending the risk management plan to establish a standard partial month enrollment rate charge rule.*

FINANCIAL DISCLOSURE STATEMENTS

As is done on the local level and required by State law, 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

To date, we have received 2 bylaw amendment resolutions from the members. We are in need of one more by July 9. A sample resolution is included in Appendix II. Please send to Karen Kamprath as soon as it has been approved (kkamprath@permainc.com)

**SOMERSET COUNTY INSURANCE COMMISSION-HIF
FINANCIAL FAST TRACK REPORT
AS OF February 28, 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	14,328	1,838,363	86,548,143	88,386,506
IBNR	(368,437)	(1,962,981)	2,677,429	714,449
Less Specific Excess	-	52,535	(2,290,841)	(2,238,306)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	(354,109)	(72,083)	86,934,731	86,862,648
3. EXPENSES				
MA & HMO Premiums	0	0	595,967	595,967
Excess Premiums	0	0	6,359,446	6,359,446
Administrative	0	0	4,048,754	4,048,754
TOTAL EXPENSES	0	0	11,004,167	11,004,167
4. UNDERWRITING PROFIT (1-2-3)	354,109	72,083	1,229,061	1,301,144
5. INVESTMENT INCOME	1,682	5,783	122,710	128,493
6. DIVIDEND INCOME	0	0	0	0
7. STATUTORY PROFIT (4+5+6)	355,791	77,866	1,351,771	1,429,637
8. DIVIDEND	0	0	0	0
9. STATUTORY SURPLUS (7-8)	355,791	77,866	1,351,771	1,429,637

SURPLUS (DEFICITS) BY FUND YEAR

<u>2017</u>	Surplus	732	2,937	2,499,529	2,502,466
	Cash	732	2,712	2,449,451	2,452,163
2018	Surplus	19,836	(23,664)	427,590	403,927
	Cash	86,610	83,529	264,310	347,839
2019	Surplus	335,224	98,593	(1,575,349)	(1,476,756)
	Cash	(306,295)	(458,264)	(771,126)	(1,229,390)
TOTAL SURPLUS (DEFICITS)		355,791	77,866	1,351,771	1,429,637
TOTAL CASH		(218,953)	(372,022)	1,942,635	1,570,613

CLAIM ANALYSIS BY FUND YEAR

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	30,785	35,063	30,543,024	30,578,087
	IBNR	(50,000)	(62,341)	62,341	0
	Less Specific Excess	-	52,760	(1,330,317)	(1,277,557)
	Less Aggregate Excess	-	0	0	0
	TOTAL FY 2018 CLAIMS	(19,215)	25,482	29,275,047	29,300,529
FUND YEAR 2019					
	Paid Claims	(16,458)	1,803,299	29,353,682	31,156,981
	IBNR	(318,437)	(1,900,640)	2,615,088	714,449
	Less Specific Excess	0	0	(262,937)	(262,937)
	Less Aggregate Excess	0	0	0	0
	TOTAL FY 2019 CLAIMS	(334,895)	(97,340)	31,705,833	31,608,493
COMBINED TOTAL CLAIMS		(354,109)	(72,083)	86,934,731	86,862,648

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 February 28, 2020

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	3,046,290	6,055,962	0	6,055,962
2. CLAIM EXPENSES				
Paid Claims	2,444,876	3,747,025	-	3,747,025
IBNR	567,003	2,090,544	-	2,090,544
Less Specific Excess	-	-	-	-
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	3,011,879	5,837,569	0	5,837,569
3. EXPENSES				
MA & HMO Premiums	181,679	333,386	0	333,386
Excess Premiums	113,334	226,884	0	226,884
Administrative	323,298	628,113	0	628,113
TOTAL EXPENSES	618,312	1,188,383	0	1,188,383
4. UNDERWRITING PROFIT (1-2-3)	(583,901)	(969,990)	0	(969,990)
5. INVESTMENT INCOME	59	59	0	59
6. DIVIDEND INCOME	0	0	0	0
7. STATUTORY PROFIT (4+5+6)	(583,842)	(969,931)	0	(969,931)
8. DIVIDEND	0	0	0	0
9. STATUTORY SURPLUS (7-8)	(583,842)	(969,931)	0	(969,931)

SURPLUS (DEFICITS) BY FUND YEAR

2020	Surplus			
	(583,842)	(969,931)		(969,931)
	Cash	(757,463)	96,495	96,495
TOTAL SURPLUS (DEFICITS)	(583,842)	(969,931)	0	(969,931)
TOTAL CASH	(757,463)	96,495	0	96,495

CLAIM ANALYSIS BY FUND YEAR

FUND YEAR 2020				
Paid Claims	2,444,876	3,747,025		3,747,025
IBNR	567,003	2,090,544		2,090,544
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
TOTAL FY 2020 CLAIMS	3,011,879	5,837,569		5,837,569
COMBINED TOTAL CLAIMS	3,011,879	5,837,569	0	5,837,569

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	JAN	FEB
Cash Position	\$ 853,958	\$ 96,495
IBNR	\$ 1,523,540	\$ 2,090,544
Assets	\$ 1,476,261	\$ 1,322,260
Liabilities	\$ 1,862,350	\$ 2,292,191
Surplus	\$ (386,089)	\$ (969,931)
Claims Paid -- Month	\$ 1,302,149	\$ 2,444,876
Claims Budget -- Month	\$ 2,483,848	\$ 2,483,848
Claims Paid -- YTD	\$ 1,302,149	\$ 3,747,025
Claims Budget -- YTD	\$ 2,483,848	\$ 4,967,695
RATIOS		
Cash Position to Claims Paid	0.66	0.04
Claims Paid to Claims Budget -- Month	0.52	0.98
Claims Paid to Claims Budget -- YTD	0.52	0.75
Cash Position to IBNR	0.56	0.05
Assets to Liabilities	0.79	0.58
Surplus as Months of Claims	-0.16	-0.39
IBNR to Claims Budget -- Month	0.61	0.84

**Southern Skyland Regional Health Insurance Fund
2020 Certified Budget**

Census:					
	Medical Aetna	1,579	6,309		
	Medical Coresource	8	99		
	Rx ESI	1,779	7,116		
	Rx Coresource	8	35		
	Medicare Advantage - Medical	355	1,376		
	Rx No Medical (Incl in Rx above)	3	9		
	Medicare Advantage - Only (Incl above)	31	124		
	LINE ITEMS	April	2020 Cumulative Budget	2020 CERTIFIED	% Change
1	Medical Claims (Aetna)	\$ 1,875,517	\$ 7,511,985	\$ 22,400,829	-3.25%
2	Medical Claims (Coresource)	\$ 7,515	\$ 32,300	\$ 1,205,357	-92.33%
	Subtotal Medical Claims	\$ 1,883,032	\$ 7,544,285	\$ 23,606,186	-7.80%
3	Prescription Claims (Express Scripts)	\$ 715,368	\$ 2,851,557	\$ 8,511,600	-1.69%
4	Prescription Rebates (Express Scripts)	\$ (114,459)	\$ (457,838)	\$ (1,373,513)	0.00%
5	Prescription Claims (Coresource)	\$ 1,653	\$ 7,161	\$ 281,695	-92.76%
	Prescription Claims Subtotal	\$ 602,562	\$ 2,400,880	\$ 8,793,295	-20.22%
6	Subtotal	2,485,594	9,945,165	31,025,968	-7.24%
7					
8	Medicare Advantage- AETNA-MA	\$ 20,256	\$ 79,125	\$ 228,060	5.75%
9	Medicare Advantage - UHC-MA	\$ 34,674	\$ 134,295		0.00%
10					
11	Horizon Dental	100,101	\$ 398,596	1,150,204	4.38%
12					
13	Partnership Health Center - Integrity Management	59,197	\$ 236,664	\$ 782,532	-11.84%
14	Partnership Health Center - Expenses	\$ 189,982.52	\$ 759,930	\$ 2,279,790	0.00%
15	Partnership Health Center - County 2018 Funding	\$ -	\$ -	\$ -	0.00%
16					
17	Reinsurance				
18	Specific	\$ 113,692.68	\$ 454,484	\$ 1,531,090	-13.99%
19	Aggregate*	\$ -	\$ -	\$ -	0.00%
20	Subtotal Reinsurance	\$ 113,692.68	\$ 454,484	\$ 1,531,090	-13.99%
21					
22	Total Loss Fund	3,003,497	12,008,259	\$ 36,997,645	-5.61%
23					
24	Contingency	\$ 5,064	\$ 20,255	\$ 60,766	0.00%
25					
26	Expenses				
27	Legal	\$ 833	\$ 3,333	\$ 10,000	0.00%
28	Executive Director/Program Manager	29,178	\$ 116,586	\$ 391,392	-13.43%
29	Enrollment Vendor	6,484	\$ 25,908	\$ 86,976	-13.43%
30	TPA - Aetna	62,639	\$ 250,278	\$ 819,341	-11.47%
31	TPA - Coresource	248	\$ 1,085	\$ 18,228	-83.16%
32	Actuary	\$ 1,667	\$ 6,667	\$ 20,000	0.00%
33	Auditor	\$ 1,360	\$ 5,440	\$ 16,320	0.00%
34	Consulting	\$ 10,859	\$ 43,327	\$ 105,963	5.89%
35					
36	Subtotal Expenses	113,268	452,624	\$ 1,468,220	-11.39%
37					
38	Miscellaneous				
39	Miscellaneous and Contingency	\$ 1,378	\$ 5,511	\$ 16,533	0.00%
40	Claims Auditor	\$ -	\$ -	\$ -	0.00%
41	GASB 75 Reporting	\$ 625	\$ 2,500	\$ 7,500	0.00%
42	A4 Surcharge	\$ 2,682	\$ 10,697	\$ 32,731	-50.93%
43	ACA Taxes	\$ 917	\$ 3,667	\$ 11,000	0.00%
44	Subtotal Miscellaneous	5,601	22,375	\$ 67,764	-24.60%
45					
46	Total Expenses	118,870	474,999	\$ 1,535,983	-11.97%
47					
48	Total Budget	3,127,430	12,503,514	\$ 38,594,394	-5.86%
49					
50	Total Billing	3,057,931	12,226,222	\$ 38,594,394	

GROUP AFFIDAVIT FORM
CERTIFICATION OF FUND COMMISSIONERS
Of the
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
On Behalf of
SOMERSET COUNTY INSURANCE COMMISISON

We the Fund Commissioners of the Southern Skyland Regional Health Insurance Fund , of full age, being duly sworn according to law, upon our oath depose and say:

1.) We are duly elected members Fund Commissioners of the Southern Skyland Regional Health Insurance Fund.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2019.

3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS - RECOMMENDATIONS

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

Attest:

Secretary to the Fund

The Secretary of the Fund shall set forth the reason for the absence of signature of any members of the Executive Committee.

Important: This certificate must be sent to the Division of Local Government Services, CN 803, Trenton, NJ 08625.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
ON BEHALF OF
SOMERSET COUNTY INSURANCE COMMISSION
CERTIFICATION OF ANNUAL AUDIT REPORT FOR
PERIOD ENDING DECEMBER 31, 2019**

WHEREAS, N.J.S.A. 40A:5-4 requires the governing body of every local unit to have made an annual audit of its books, accounts and financial transactions, and

WHEREAS, the Annual Report of Audit for the year 2019 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

WHEREAS, the Local Finance Board of the State of New Jersey is authorized to prescribe reports pertaining to the local fiscal affairs, as per by N.J.S.A 52:27B-34, and

WHEREAS, the Local Finance Board has promulgated a regulation requiring that the Fund Commissioners of the Fund shall, by resolution, certify to the Local Finance Board of the State of New Jersey that all Fund Commissioners have reviewed, as a minimum, the sections of the annual audit entitled:

General Comments
Recommendations
Auditor's Opinion
And
Single Audit Findings

as evidenced by the group affidavit form of the Fund Commissioners.

WHEREAS, such resolution of certification shall be adopted by the Fund Commissioners no later than forty-five days after the receipt of the annual audit, as per the regulations of the Local Finance Board, and

WHEREAS, all Fund Commissioners have received and have familiarized themselves with, at least, the minimum requirements of the Local Finance Board of the State of New Jersey, as stated aforesaid and have subscribed to the affidavit, as provided by the Local Finance Board, and

WHEREAS, failure to comply with the promulgations of the Local Finance Board of the State of New Jersey may subject the Fund Commissioners to the penalty provisions of R.S. 52:27BB-52 - to wit:

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of

this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

NOW, THEREFORE, BE IT RESOLVED, that the Executive Committee hereby states that they have complied with the promulgation of N.J.A.C 5:30-6.5, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

ADOPTED: May 12, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

HEALTH BENEFITS RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2020

Adopted: JANUARY 14, 2020

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

2020 HEALTH BENEFITS RISK MANAGEMENT PLAN

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2020 Fund year for health benefits:

1.) COVERAGE OFFERED

- Medical

The Fund offers a "point of service" and "open access" plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. The Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. The Fund also offers Medicare Advantage programs and/or Medicare Supplement programs for retirees.

- Dental

The Fund plans to offer customized dental plans as required by the members but does not do so at the current time. The Fund allows for members to pass fully insured dental products through the budget.

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options.

- Vision

The Fund plans to offer customized vision plans as required by the members but does not do so at this time.

2.) LIMITS OF COVERAGE

Limits of coverage vary by member and plan design.

3.) RISK RETAINED BY THE FUND

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$300,000 per person, per agreement year and obtains reinsurance through HCC Life Insurance Company.
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Specific Limit Unlimited
- Aggregate Limit Not applicable.
- Basis: Incurred in 12 months paid anytime thereafter

Dental Aggregate Retention: None – Self-insured with all risk retained by Fund

Vision Aggregate Retention: None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

4.) **ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

Generally, the Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs as of the end of each Fund year. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund year. This accrual is then adjusted at the end of the year in accordance with the actuary's projections.

5.) **METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per employee rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption and rate certification process. These rates are used to compute the members' monthly assessment based on the updated census, and are provided to the members approximately 15 days before the beginning of the month. The billing also includes the member's updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 60 days. Former participants (COBRA, Conversion, Dependents to Age 31 and some retirees) are billed directly by the Fund's enrollment vendor.

6.) **COVERAGE PURCHASED FROM INSURERS**

The Fund provides medical and Rx coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per enrolled covered person per policy year) retention.

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the Fund, the prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- a.) age/sex factor as compared to the average for the existing Fund membership;
- b.) the plan of benefits for the prospective member; and
- c.) loss data if available.

The actuary then recommends a relativity factor to either the Fund's base rates or to the rates being paid by the entity. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

New members within a reasonable geographic area of Somerville, NJ will have access to the Partnership Health Center and be charged on a 3 year phase in scale as utilization grows. Members outside of this geographic region will have access to the Health Center's satellite service center at a management fee only.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. However, entities operating on a fiscal year basis (July 1 to June 30) have the option to receive rates that are certified for a period corresponding to their fiscal year. Rates reflect the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for up to three years.

The County of Somerset has created a Patient Centered Health Center for its employees. The financial impact of this service model will be evaluated by the Fund actuary and prospective rates and assessments may be modified to reflect savings. To the extent that there are measurable savings or other impacts that can be attributed to Health Center's impact on the population, such savings/impact shall be attributed the member's claims.

Loss experience data used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self insured retention. Requests for additional claims data from Fund members will be considered based upon the availability of data, the feasibility of extracting the data, and

conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

8.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget.

10.) PROVISION FOR PLAN DESIGN OPTIONS

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

11.) OPEN ENROLLMENT PROCEDURES

Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations.

12.) COBRA AND CONVERSION OPTIONS

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. The Fund's coverage for individuals covered under COBRA shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

13.) DISCLOSURE OF BENEFIT LIMITS

The Fund discloses benefit limits in plan booklets provided to all covered employees.

14.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

15.) RETIREES

The Fund duplicates coverage for eligible retirees not eligible or enrolled in a Medicare Advantage Plan. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund for a specific line of coverage, or otherwise ceases to be a member of the Fund.

16.) NEWBORN CHILDREN

You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for thirty-one (31) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable).

17.) PLAN DOCUMENT

The Fund contracts for the preparation of a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees.

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.
Deductibles and co-payments.
Examples as needed.
Exclusions.
Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed Fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal.

19.) "RUN-IN" or "RUN-OUT" LIABILITY

The Fund covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval by the Commissioners, the Fund may also cover the run-in liability of a prospective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Commissioners.

20.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years.

21.) CLAIM APPEAL PROCESS

- The Third Party Administrator (TPA) shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Executive Director (or his or her designee) and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
- The TPA, Executive Director (or his or her designee) and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
 - (a) In an amount not greater than \$5,000.00 and/or
 - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant..
- If the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Fund shall formally confirm the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Fund.
 - If the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney is to deny the claim, the appeal shall be subject to the "adverse benefit determination" appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as "claimant") shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization ("IRO").

The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Executive Director (or his or her designee).

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Executive Director (or his or her designee) to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request shall be accompanied by a copy of the determination letter issued by the TPA.

1. The Executive Director (or his or her designee) will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Executive Director (or his or her designee) shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Executive Director (or his or her designee) shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Executive Director (or his or her designee) who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Executive Director (or his or her designee) shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Executive Director (or his or her designee), within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit

determination if the Executive Director (or his or her designee) does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Executive Director (or his or her designee) of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Executive Director (or his or her designee) within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Executive Director (or his or her designee) for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

(ii) the date the IRO was assigned and date of the IRO's decision;

(iii) reference to the documentation/information considered;

(iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

(v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: ombudsman@dobi.state.nj.us/

22.) PARTIAL MONTH ENROLLMENT

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.

AMENDED: MAY 12, 2020

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

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

May 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 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

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 - The Fund has agreed to the following Aetna COVID-19 coverage updates.

- Member cost-share waived for diagnostic testing and treatment
- Antibody testing covered with no cost-share
- Relaxed in-patient precertification requirement

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.

**SOMERSET COUNTY INSURANCE COMMISSION
BILLS LIST**

Confirmation of Payment

APRIL 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>
001394			
001394	STATE OF NJ HEALTH BENE FUND	2019 SCIC RETIREE SURCHARGE	22,863.00
			22,863.00
001395			
001395	PERMA RISK MANAGEMENT SERVICES	2019 1099 AATRIX	14.95
			14.95
		Total Payments FY 2019	22,877.95
		TOTAL PAYMENTS ALL FUND YEARS	\$22,877.95

Chairperson

Attest: _____

Dated: _____

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

Treasurer

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

Confirmation of Payment

APRIL 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>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
<u>CheckNumber</u>			
001018			
001018	STATE OF NJ HEALTH BENE FUND	2020 SSRFHI RETIREE SURCHARGE	16,942.00
			16,942.00
001019			
001019	AETNA HEALTH MANAGEMENT LLC	PROFESSIONAL FEES 4/20	17,471.65
			17,471.65
001020			
001020	UNITED HEALTHCARE INS. CO.	MEDI ADVTG FEES 4/20	34,781.40
			34,781.40
001021			
001021	AETNA LIFE INSURANCE COMPANY	TPA 4/20	62,916.62
			62,916.62
001022			
001022	TRUSTMARK HEALTH BENEFITS, INC	MEDICAL ADMIN 4/20	1,395.00
			1,395.00
001023			
001023	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 4/20	35,794.00
			35,794.00
001024			
001024	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTING FEES 4/20	7,992.67
			7,992.67
001025			
001025	SCHOLL, WHITTLESEY, & GRUENBERG, LLC	ATTORNEY FEE - 1ST QTR 2020	6,555.00
			6,555.00
001026			
001026	AQUARIUS CAPITAL	ACTUARY FEE - FEB, MAR, APRIL 2020	2,499.99
			2,499.99
001027			
001027	CONNER STRONG & BUCKELEW	CONSULTING FEES 4/20	2,999.85
			2,999.85
001028			
001028	ASCENSION FITNESS AND WELLNESS, LLC	MAINT FEE - 1/2 4/20	400.00
001028	ASCENSION FITNESS AND WELLNESS, LLC	MAINT FEE - 1/2 4/20	525.00
			925.00
001029			
001029	CYNTHIA TUVERA	POUND/ZUMBA CLASS 4/20	120.00
			120.00
001030			
001030	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 4/20	114,194.16
			114,194.16
001031			
001031	INTEGRITY HEALTH	REIMB FUNDING REQUEST 4/20	268,290.35
			268,290.35
001032			
001032	SOMERVILLE URBAN RENEWAL, LLC	46 EAST MAIN STREET RENT 4/20	16,228.10
			16,228.10
		Total Payments FY 2020	589,105.79
		TOTAL PAYMENTS FUND YEAR 2020	\$589,105.79

Chairperson

Attest:

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

Dated: _____

Treasurer

**SOMERSET COUNTY INSURANCE COMMISSION
BILLS LIST**

Resolution No. 14-20

MAY 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>
001396	MERCADIEN	SERVICES 5/20	5,000.00
001396			5,000.00
		Total Payments FY 2019	5,000.00
		TOTAL PAYMENTS ALL FUND YEARS	\$5,000.00

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
BILLS LIST**

Resolution No. 14-20

MAY 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>
001033			
001033	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 5/20	19,081.61
			19,081.61
001034			
001034	UNITED HEALTHCARE INS. CO.	MEDICARE ADVTG 5/20	34,566.70
			34,566.70
001035			
001035	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCT# 731345395	63,823.80
001035	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCT# 271255463	14,001.71
			77,825.51
1036-1046		VOID	
001047			
001047	AETNA LIFE INSURANCE COMPANY	PROFESSIONAL FEES 5/20	62,678.60
			62,678.60
001048			
001048	TRUSTMARK HEALTH BENEFITS, INC	SERVICES 5/20	1,395.00
			1,395.00
001049			
001049	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER 5/20	17,853.00
001049	PERMA RISK MANAGEMENT SERVICES	POSTAGE 3/20	13.25
001049	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 5/20	11,361.00
001049	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 5/20	6,492.00
001049	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER 2/3 2020	35,236.00
			70,955.25
001050			
001050	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTING FEES 5/20	7,837.33
			7,837.33
001051			
001051	CONNER STRONG & BUCKELEW	CONSULTING FEES 5/20	2,999.85
			2,999.85
001052			
001052	COURIER NEWS	BALANCE FORWARD 5/20	82.47
			82.47
001053			
001053	ASCENSION FITNESS AND WELLNESS, LLC	VIRTUAL FITNESS CLASS 5/20	800.00
			800.00
001054			
001054	HCC LIFE INSURANCE COMPANY	REINSURANCE 5/20	113,764.32
			113,764.32
001055			
001055	SOMERVILLE URBAN RENEWAL, LLC	RENT 5/20	16,228.10
			16,228.10
001056			
001056	CYNTHIA TUVERA	APRIL POUND/ZUMBA VIRTUAL 5/20	360.00
			360.00
		Total Payments FY 2020	408,574.74
		TOTAL PAYMENTS FUND YEAR 2020	\$408,574.74

Chairperson

Attest:

Dated: _____

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

Treasurer

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

Month		March								
Current Fund Year		2020								
		1.	2.	3.	4.	5.	6.	7.	8.	
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid March	Monthly Recoveries March	Calc. Net Paid Thru March	TPA Net Paid Thru March	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month	
2020	Medical	2,642,877.83	2,530,972.82	0.00	5,173,850.65		0.00	2,642,877.83	2,530,972.82	
	Dental	0.00	0.00	0.00	0.00		0.00	0.00	0.00	
	Rx	1,104,271.57	722,512.53	0.00	1,826,784.10		0.00	1,104,271.57	722,512.53	
	Vision	0.00	0.00	0.00	0.00		0.00	0.00	0.00	
	Total	3,747,149.40	3,253,485.35	0.00	7,000,634.75		0.00	3,747,149.40	3,253,485.35	

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

Current Fund Year: 2020 Month Ending: March										
	Medical	PHC	Rx	Vision	Med.Adv	Reinsurance	Dental	Cont.	Admin	TOTAL
OPEN BALANCE	417,371.98	413,943.31	(131,939.74)	0.00	74,143.26	(42,674.04)	0.00	8,415.39	(642,765.34)	96,494.82
RECEIPTS										
Assessments	2,244,899.13	298,666.19	710,888.68	0.00	54,261.99	132,579.57	0.00	6,069.50	176,170.58	3,623,535.64
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	378.37	375.27	0.00	0.00	67.22	0.00	0.00	7.63	0.00	828.49
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	378.37	375.27	0.00	0.00	67.22	0.00	0.00	7.63	0.00	828.49
Other *	28,639.86	0.00	0.00	0.00	0.00	0.00	126,677.48	0.00	0.00	155,317.34
TOTAL	2,273,917.36	299,041.46	710,888.68	0.00	54,329.21	132,579.57	126,677.48	6,077.13	176,170.58	3,779,681.47
EXPENSES										
Claims Transfers	2,530,972.82	0.00	722,512.53	0.00	0.00	0.00	0.00	0.00	0.00	3,253,485.35
Expenses	0.00	0.00	0.00	0.00	0.00	113,406.12	0.00	0.00	420,968.61	534,374.73
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2,530,972.82	0.00	722,512.53	0.00	0.00	113,406.12	0.00	0.00	420,968.61	3,787,860.08
END BALANCE	160,316.52	712,984.77	(143,563.59)	0.00	128,472.47	(23,500.59)	126,677.48	14,492.52	(887,563.37)	88,316.21

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS			
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND			
ALL FUND YEARS COMBINED			
CURRENT MONTH	March		
CURRENT FUND YEAR	2020		
		Description:	Investors Bank
		ID Number:	
		Maturity (Yrs)	
		Purchase Yield:	
		TOTAL for All	
		Accts & instruments	
Opening Cash & Investment Balance	\$	96,494.82	\$ 96,494.82
Opening Interest Accrual Balance	\$	-	\$ -
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	\$828.49	\$828.49
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$828.49	\$828.49
9	Deposits - Purchases	\$3,778,852.98	\$3,778,852.98
10	(Withdrawals - Sales)	-\$3,787,860.08	-\$3,787,860.08
	Ending Cash & Investment Balance	\$88,316.21	\$88,316.21
	Ending Interest Accrual Balance	\$0.00	\$0.00
	Plus Outstanding Checks	\$0.00	\$0.00
	(Less Deposits in Transit)	\$0.00	\$0.00
	Balance per Bank	\$88,316.21	\$88,316.21

RESOLUTION NO. 14-20

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

WHEREAS, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting on **May 12, 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 March and April 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 March and April 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: May 12, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY



Southern Skyland Regional Health Insurance Fund

Monthly Claim Activity Report



Southern Skyland Regional Health Fund

	<u>Medical CLAIMS PAID 2020</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$2,158,977	1,589	\$1,359
FEBRUARY	\$1,892,430	1,586	\$1,193
MARCH	\$2,679,727	1,591	\$1,684
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL	\$6,731,134		
	2020 Average		\$1,412



Southern Skyland Regional Health Fund

Large Claims over \$50,000 for February 2020

None

Large Claims over \$50,000 for March 2020

\$59,960.68

Other Dermatomyositis with respiratory

\$55,321.79

Malignant Neoplasm of Prostate



Southern Skyland Regional Health Insurance Fund

1/1/2020 through 3/31/2020 (unless otherwise noted)

Medical Claims Paid Per Member: January 2020 – March 2020

Total Medical Paid per EE: **\$1,412**

Network Discounts

Inpatient:	71.4%
Ambulatory:	61.7%
Physician/Other:	65.3%
TOTAL:	66.1%

Provider Network

% Admissions In-Network:	97.3%
% Physician Office:	95.0%

Aetna Book of Business:
Admissions 97%; Physician 91%

Top Facilities Utilized (by total Medical Spend)

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

Catastrophic Claim Impact

Number of Claims Over \$50,000: **19**
 Claimants per 1000 members: **5.3**
 Avg. Paid per Claimant: **\$108,701**
 Percent of Total Paid: **30.7%**
 • Aetna BOB- HCC account for an average of 43.1% of total Medical Cost

Aetna In Touch Care Nurse Case Member Outreach:

Rolling 12 Months (April 2019- March 2020)

Participating in 1:1 Support (includes outreach in process) : **191**
 Participating in Digital Support: **1,106**
 Total Participation: **1,297**

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: Q12020 Metrics (unless otherwise stated)

Customer Service Performance

Abandonment Rate:	1.4%
Avg. Speed of Answer:	30.5 sec

Claims Performance (Q4 2019)

Financial Accuracy:	99.46%
Total Claim Accuracy:	99.96%
Turnaround w/in 15 days:	3.2 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
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Proprietary



EXPRESS SCRIPTS®

Southern Skyland Regional Health Insurance Fund

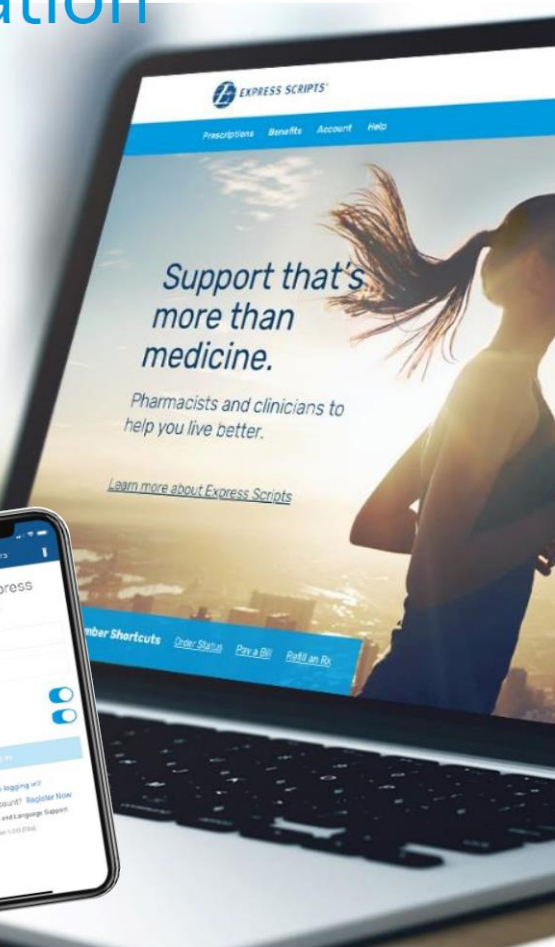
Total Component/Date of Service (Month)	201901	201902	201903	2019Q1	201904	201905	201906	2019Q2	201907	201908	201909	2019Q3	201910	201911	201912	2019Q4	2019YTD
Average Member Age - 40.3																	
Membership	3,841	3,843	3,852	3,845	3,846	3,843	3,854	3,848	3,832	3,839	3,847	3,839	3,838	3,843	3,831	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													
Total Days	186,192	178,292	219,631	584,115													
Total Patients	1,698	1,667	1,649	2,507													
Total Plan Cost	\$808,472	\$645,630	\$875,457	\$2,329,559													
Generic Fill Rate (GFR) - Total	82.8%	83.4%	81.1%	82.4%													
Plan Cost PMPM	\$209.77	\$167.35	\$225.81	\$201.01													
% Change Plan Cost PMPM	20.7%	3.4%	34.2%	19.7%													
Total Specialty Plan Cost	\$357,756	\$225,524	\$325,161	\$908,441													
Specialty % of Total Specialty Plan Cost	44.3%	34.9%	37.1%	39.0%													

PMPM	
1Q 2019	\$167.98
1Q 2020	\$201.01
Trend 1Q 2020	19.7%

Express Scripts Member Web-Site and Mobile APP-Making information available wherever and whenever

- Offers the services members expect right up front
 - Order status
 - Pharmacy look-up
 - Formulary look-up
 - Price a medication
 - Refilling a prescription
 - Visibility to pharmacy options and savings
 - Transferring prescriptions to home delivery



**EASY TO USE
SELF-SERVICE TOOLS**

- EASY RX REFILL OR RENEWAL
- PRINT FORMS, ID CARDS
- SUBMIT REIMBURSEMENT CLAIMS ONLINE

Long-term maintenance medications

- Leveraging Home Delivery today to get your long-term medicine – through the Express Scripts PharmacySM
 - www.Express-Scripts.com for all pharmacy information
 - Drug coverage and pricing
 - Pharmacy look-up
 - Home delivery
 - Tracking orders



Impact of COVID-19

Express Scripts Book of Business Insights | April 17, 2020

As the Pharmacy Benefit Manager for more than 100 million Americans, Express Scripts has a unique vantage point on the current drug landscape. As expected, COVID-19 caused a significant increase in overall claims volume and utilization in March, which also drove an increase in cost. While we cannot release actual results before publicly disclosing, the samples below provide general guidance for comparison purposes.

CLAIMS VOLUME, UTILIZATION AND COST

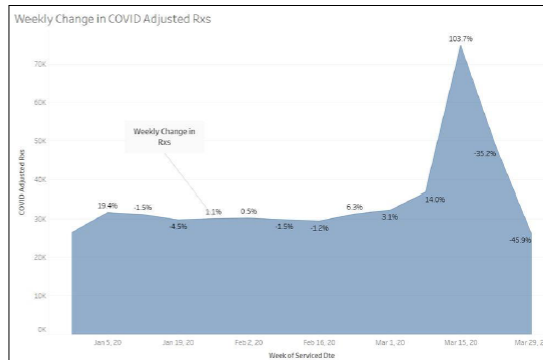
Book-of-Business Sample	Claims Volume (adjusted Rx)			Utilization (days/member)			Gross Cost (net of rebates)		
	March (vs. Feb 2020)	March (vs. March 2019)	YTD 2020 (vs. 2019)	March (vs. Feb 2020)	March (vs. March 2019)	YTD 2020 (vs. 2019)	March (vs. Feb 2020)	March (vs. March 2019)	YTD 2020 (vs. 2019)
Commercial	+16.2%	+12.7%	+7.1%	+18.5%	+15.1%	+7.9%	+19.1%	+20.6%	+12.0%
Health Plan	+17.0%	+13.4%	+7.3%	+19.4%	+15.5%	+8.0%	+20.6%	+21.4%	+12.6%

Results versus equivalent time period in 2019 | YTD = through 3/31/2020

DRUGS WE ARE MONITORING (COMMERCIAL SAMPLE)

- Claims increased 175% from Feb. to March 2020 for potential COVID therapies (Hydroxychloroquine, Chloroquine). While these medications represent a small portion (0.2%) of all claims and are relatively inexpensive (2019 cost of coverage \$1.03 PMPY; 2020 initial projection range is \$1.07 - \$1.17 PMPY), they are important for members being treated for evidence-based use, including lupus and rheumatoid arthritis.

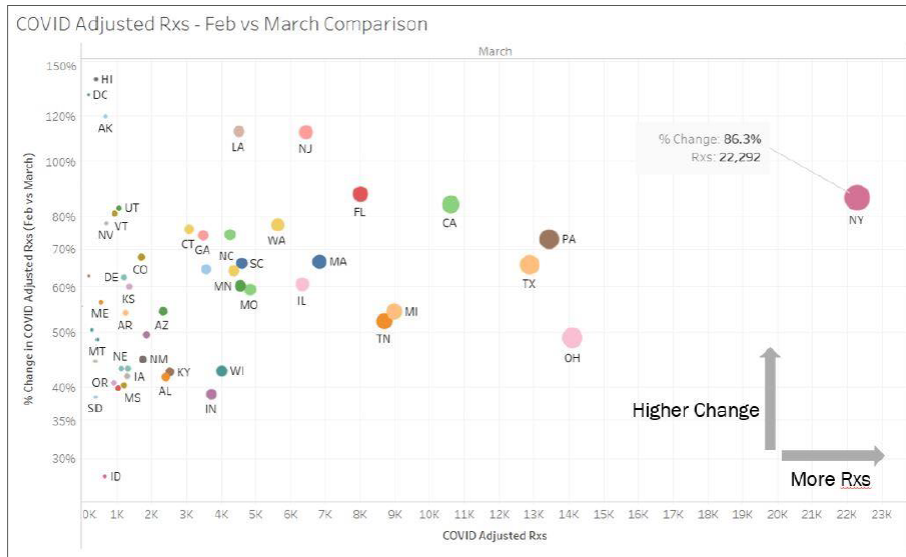
- In response, Express Scripts PBM created optional anti-stockpiling quantity limits to help protect the supply of five COVID-related therapies. We implemented new Concurrent Drug Utilization Review (CDUR) alerts to ensure consistency and clarity for pharmacists/pharmacies, encouraged pharmacy partners to not participate in stockpiling activities and put policies in place at our own home delivery pharmacy.
- Future utilization may be affected by state actions, including some imposing restrictions specifically for prescribing of Hydroxychloroquine and Chloroquine*
 - Quantity limits
 - Prescriber limitations, including scope of practice
 - Positive COVID test result documentation required



Dramatic increase in COVID-associated drugs the week of March 15

*Anti-stockpiling medications include: Hydroxychloroquine, chloroquine, azithromycin, Kaletra, and albuterol inhalers

- Claims for asthma inhalers increased 69.6% in March, +25.2% year-to-date. Some is seasonal effect, but published data suggests physicians may be treating COVID symptoms, especially in the hospital setting where inhalers are replacing nebulizers.** This led us to include albuterol inhalers to our anti-stockpiling limits.
- **Mental health claims spiked in March (vs. Feb.)**, particularly for those that treat Anxiety (+13%), Depression (+8%) and Sleep Disorders (+6%). For more on this finding, see Express Scripts' [America's State of Mind Report](#). In response to this alarming trend, Express Scripts [partnered with SilverCloud Health](#) to make its digital mental health platform available to clients and their members at no cost.



Geographic impact of COVID-adjusted prescriptions

REFILL TOO SOON

The Refill Too Soon (RTS) edit is a point-of-sale alert aimed at preventing patients from obtaining medication too early. With COVID-19, the industry saw a rise in the volume for these edits, primarily driven by quarantine orders and shelter-in-place directives across the country. RTS claims are overridden under normal circumstances for reasons such as lost medication, vacation supply or changes in dosing. However, the March 2020 RTS override rate was significantly higher than normal across the board.

- The March 2020 RTS override rate for Commercial clients peaked at **6.2% the week of March 15**, compared to an average 1.4%. It has been trending downward since then, but continues to pace higher than the normal rate.
- The March 2020 RTS override rate for Health Plan/Medicare/Medicaid clients **peaked at 9.6% the week of March 22**, compared to an average 2.7%. It also has been trending downward since then, but continues pace higher than the normal rate.
- The medications most frequently overridden include chronic medications. The top five categories include: Hypertension, Diabetes, Depression, High Cholesterol and Thyroid Disorders.

** American College of Allergy, Asthma and Immunology. "A message to asthma sufferers about a shortage of albuterol metered dose inhalers." 9 April 2020.



Confidential Information

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Buoy for Express Scripts COVID-19 tool

Member communication draft

Please **copy and paste** the information below to promote the Buoy for Express Scripts COVID-19 symptom checker tool with your members. Please double check that hyperlinks transfer when copied to new format.

We're closely monitoring coronavirus (COVID-19) so we can best support you and your family's health and safety. To accelerate our support for you, we wanted to share an easy-to-use online information tool and symptom checker. If you would like to learn more about symptoms and information about COVID-19, please click on the link below.

[Visit Buoy Health for Express Scripts symptom checker](#)

Your health, wellness and peace of mind are our primary concerns during this time.

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APPENDIX I

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

FUND PROFESSIONALS PRESENT:

Executive Director/Program Manager	PERMA Risk Management Services Emily Koval Brandon Lodics
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Fund Attorney	Scholl, Whittlesey & Gruenberg, LLC Frank Whittlesey
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Fund Treasurer	Yvonne Childress
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Aetna	Jason Silverstein
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Express Scripts	Absent
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Fund Actuary	Absent
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Integrity Health	Doug Forrester Sharon Vaughn
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ALSO PRESENT:

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
Marybeth Visconti, Conner Strong & Buckelew

MOTION TO APPROVE THE SCIC AND SSRHIF MINUTES OF JANUARY 14, 2020:

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

EXECUTIVE DIRECTORS REPORT

FINANCIAL FAST TRACK as of January 31, 2020 - Executive Director reviewed the Financial Fast Track for the Commission and the HIF. She said the Commission Fast Track shows a small loss, however there is no income and claims are being paid out so we should continue to see a reduction. She said the HIF Fast Track shows a loss of \$386,000 for January. She said January is difficult because the IBNR is a moving target and difficult to predict.

BYLAW AMENDMENT - PUBLIC HEARING - Executive Director said the proposed amendment to the bylaws was introduced at the last meeting. All Commissioners and members were notified and asked to approve at their local board meetings. One resolution has been received. A sample resolution was included in the Agenda. 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. Executive Director provided an overview of the proposed amendment.

MOTION TO OPEN THE PUBLIC HEARING ON THE BYLAW AMENDMENT:

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

MOTION TO CLOSE THE PUBLIC HEARING:

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

HEALTH CENTER ADMINISTRATOR - RFP - Executive Director said 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 TO RELEASE A REQUEST FOR PROPOSALS FOR A HEALTH CENTER ADMINISTRATOR FOR A 3 YEAR CONTRACT EFFECTIVE JANUARY 1, 2021:

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

DIRECT RETIREE BILLS - Executive Director said 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 - Executive Director said 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 - Executive Director said it has been requested to change the May Fund Meeting from 12:00 p.m. to 10:00 a.m.

MOTION TO CHANGE AND ADVERTISE THE MAY 12, 2020 MEETING FROM 12:00 TO 10:00 AM:

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

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.

EXPRESS SCRIPTS UPDATE - Program Manager said 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 - Program Manager said 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 somersetctyinscom@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.

TREASURER - Fund treasurer said the report is included in the agenda. she said the new bank account has been opened for the ssrhif. The march bills list was distributed.

MOTION TO APPROVE THE FEBRUARY AND MARCH 2020 BILLS LISTS.

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

INTEGRITY HEALTH – Mr. Forrester introduced Sharon Vaughn who is the member services director at the health center. He said they are very pleased with the relationship they have seen develop with Aetna. He said when an issue does arise with the carrier he said it is important to have a liaison to run interference with any issues in this case that is Sharon. He said the utilization report is encouraging as the numbers continue to rise. He said the numbers are ahead of where they expect them to be.

AETNA – Mr. Silverstein reviewed the December 2019 and January 2020 claims as well as the dashboard report. He also noted a case management success story.

EXPRESS SCRIPTS – Report included in Agenda.

ATTORNEY – None

OLD BUSINESS - None

NEW BUSINESS – None

PUBLIC COMMENT - None

MOTION TO ADJOURN:

MOVED:	Commissioner Soriano
SECOND:	Commissioner Auger
VOTE:	Unanimous

MEETING ADJOURNED: NEXT MEETING May 12, 2020

Minutes prepared by:

Karen Kamprath, Assisting Secretary

APPENDIX II

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