

MEETING AGENDA OCTOBER 20, 2020

Join Zoom Meeting https://permainc.zoom.us/j/5455080980?pwd=c3VQUEs0eGRoc3h3eWdHV0lSRFpuZz09

Meeting ID: 545 508 0980 Passcode for Video: Oct2020#

Dial by your location +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York)

Meeting ID: 545 508 0980 Passcode for Audio: 04061767

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: OCTOBER 20, 2020 12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

ROLL CALL OF COMMISSIONERS OF SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

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

APPROVAL OF MINUTES - July 14, 2020 Open Public Meeting - Appendix I October 5, 2020 Open Public Meeting - Appendix II October 5, 2020 Closed Minutes - TBD

REPORTS:

EXECUTI	IVE DIRECTOR (PERMA)	
	Monthly Report	Page 1
TREASII	RER - (Yvonne Childress)	
TREATO .	August 2020 Bills List (Confirmation of Payment)	Раде 8
	September 2020 Bills List (Confirmation of Payment)	
	October 2020 Bills List: Resolution (20-20)	_
	Confirmation of Claims Paid/Certification of Transfers	,.1 age 12
	Ratification of Treasurers Report	
	Tuthicutor of Treasurers report	
ATTORN	NEY – (Frank Whittlesey, Esq.)	
PARTNE	RSHIP HEALTH CENTER - (Integrity Health)	
	Monthly Report August 2020	. Page 16
	DIV (CTITIED DARTY ADMINISTRATION (A.C.)	
NEIWOI	RK & THIRD PARTY ADMINISTRATOR - (Aetna)	D 45
	Monthly Report	Page 17
PRFSCRI	IPTION ADMINISTRATOR - (Express Scripts)	
INLOCIN	Monthly Report	Page 21
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CONSEN	NT AGENDA	. Page 23
	Resolution 17-20: 2021 Budget Introduction	. Page 24
	Resolution 18-20: Professional Service Contract Award	
	Resolution 19-20: Transfer of Surplus	_
	Resolution 20-20: August, September and October Bills List	_

OLD BUSINESS NEW BUSINESS PUBLIC COMMENT SCHEDULE NEXT MEETING - November 20, 2020 10:00 am

MEETING ADJOURNMENT

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND EXECUTIVE DIRECTOR'S REPORT OCTOBER 21, 2020

FINANCIAL REPORTS - COMMISSIONER AND HEALTH INSURANCE FUND

- 1. Somerset Commission Financial Fast Track as of September 30, 2020 (page 3)
- 2. Skyland Fund Financial Fast Track as of September 30, 2020 (page 4)
- **3. Ratios Report -** as of September 30, 2020 (page 5)

2021 BUDGET PRESENTATION

The Fund 2021 Budget has been prepared for introduction and currently being reviewed by the Commissioners. The budget will be presented at the meeting.

RFP - ONSITE HEALTH CENTER

Earlier this month, a subcommittee met with the professionals to review the qualifications and interview both respondents. The Committee asked for a "best and final' pricing offer, of which the Fund received this week. We will be going into closed session to discuss the results of the RFP for the onsite health center at the conclusion of the meeting. A separate zoom number has been sent to the Executive Committee.

RFPs - PROFESSIONAL SERVICES

Requests for Proposals for the Attorney, Actuary and Auditor positions were issued in June with responses received on July 6th. Competing responses were received for all positions. The sub committee also reviewed these responses and are recommending Scholl, Whittlesey & Gruenberg LLC for Attorney and Actuarial Solutions LLC for Actuary.

The committee requested "best and final pricing" from both of the Auditors which has been included in the summary on page 6. Our recommendation is to stay with the incumbent, which is only \$360 more than the competing proposal. Resolution 18-20 appoints the Attorney, Actuary and Auditor, if the Committee approves this recommendation and is included in the consent agenda.

SURPLUS TRANSFER - COMMISSION TO FUND

Through September 30, 2020, the Somerset County Commission holds a surplus of \$1,820,890; of that there is a cash balance of \$1,485,752. Since the IBNR has run out and Commission Year 2019 has been audited, it is our recommendation to begin to transfer surpluses to the Fund over the next year. Resolution 19-20 approves a transfer of \$700,000 from the Somerset County Insurance Fund to the Southern Skylands Health Insurance Fund.

BENEFITS UPDATE

The program manager will present benefit updates at the meeting.

SOMERSET COUNTY INSURANCE COMMISSION-HIF FINANCIAL FAST TRACK REPORT

AS OF September 30, 2020

		115 01 50	-		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
UNDERWRITING INCO	ME	0	0	99,167,959	99,167,959
. CLAIM EXPENSES					
Paid Claims		65,109	2,379,515	86,548,143	88,927,658
IBNR		-	(2,677,429)	2,677,429	-
Less Specific Excess	i	(31,060)	(180,020)	(2,290,841)	(2,470,86
Less Aggregate Exce	ess	<u> </u>	-	-	-
TOTAL CLAIMS		34,048	(477,934)	86,934,731	86,456,797
. EXPENSES					
MA & HMO Premiun	ns	0	0	595,967	595,96
Excess Premiums		0	1,111	6,359,446	6,360,55
Administrative	_	14,414	14,785	4,048,754	4,063,53
TOTAL EXPENSES		14,414	15,897	11,004,167	11,020,063
. UNDERWRITING PROFIT (1	1-2-3) <u> </u>	(48,462)	462,038	1,229,061	1,691,09
. INVESTMENT INCOME		40	7,082	122,710	129,79
. DIVIDEND INCOME		0	0	0	
STATUTORY PROFIT (4+5	5+6)	(48,422)	469,119	1,351,771	1,820,890
DIVIDEND	_	0	0	0	
STATUTORY SURPLUS	(7-8)	(48,422)	469,119	1,351,771	1,820,890
		CLIDDLLIC (DEEL	CITS) BY FUND YEAR		
2017	Surplus	17	3,498	2,499,529	2,503,02
	Cash	17	3,274	2,449,451	2,452,72
	Surplus	(14,399)	35,781	427,590	463,37
	Cash	(14,399)	124,819	264,310	389,12
2019	Surplus	(34,039)	429,840	(1,575,349)	(1,145,50
	Cash	50,675	(584,976)	(771,126)	(1,356,10
OTAL SURPLUS (DEFICITS	S)	(48,422)	469,119	1,351,771	1,820,890
OTAL CASH	•	36,292	(456,883)	1,942,635	1,485,75
		CLAIM ANALY	SIS BY FUND YEAR	· · ·	
FUND YEAR 2017					
Paid Claims		_	0	26,651,438	26,651,43
IBNR		_	0	(0)	20,032,40
Less Specific Excess		-	(225)	(697,587)	(697,81
Less Aggregate Exce		-	0	0	(433,723
00 -0	_	<u> </u>	(225)	25,953,850	25,953,62
TOTAL FY 2017 CLAIMS					-,,-
TOTAL FY 2017 CLAIMS FUND YEAR 2018			(===)	23,333,030	
FUND YEAR 2018		_			30 578 94
FUND YEAR 2018 Paid Claims		- -	35,924	30,543,024	30,578,94
FUND YEAR 2018 Paid Claims IBNR		- - -	35,924 (62,341)	30,543,024 62,341	
FUND YEAR 2018 Paid Claims IBNR Less Specific Excess		- - -	35,924 (62,341) (21,483)	30,543,024 62,341 (1,330,317)	
FUND YEAR 2018 Paid Claims IBNR Less Specific Excess Less Aggregate Exce		- - - - 0	35,924 (62,341) (21,483) 0	30,543,024 62,341 (1,330,317) 0	(1,351,80
Paid Claims IBNR Less Specific Excess Less Aggregate Exce TOTAL FY 2018 CLAIMS		0	35,924 (62,341) (21,483)	30,543,024 62,341 (1,330,317)	(1,351,80
Paid Claims IBNR Less Specific Excess Less Aggregate Exce TOTAL FY 2018 CLAIMS FUND YEAR 2019		-	35,924 (62,341) (21,483) 0 (47,900)	30,543,024 62,341 (1,330,317) 0 29,275,047	(1,351,80 29,227,14
Paid Claims IBNR Less Specific Excess Less Aggregate Exce TOTAL FY 2018 CLAIMS FUND YEAR 2019 Paid Claims		65,109	35,924 (62,341) (21,483) 0 (47,900)	30,543,024 62,341 (1,330,317) 0 29,275,047	(1,351,80 29,227,14
Paid Claims IBNR Less Specific Excess Less Aggregate Exce TOTAL FY 2018 CLAIMS FUND YEAR 2019 Paid Claims IBNR	<u> </u>	65,109 0	35,924 (62,341) (21,483) 0 (47,900) 2,343,591 (2,615,088)	30,543,024 62,341 (1,330,317) 0 29,275,047 29,353,682 2,615,088	(1,351,80 29,227,14 31,697,27 -
Paid Claims IBNR Less Specific Excess Less Aggregate Exce TOTAL FY 2018 CLAIMS FUND YEAR 2019 Paid Claims IBNR Less Specific Excess	<u> </u>	65,109 0 (31,060)	35,924 (62,341) (21,483) 0 (47,900) 2,343,591 (2,615,088) (158,312)	30,543,024 62,341 (1,330,317) 0 29,275,047 29,353,682 2,615,088 (262,937)	(1,351,80 29,227,14 31,697,27 -
FUND YEAR 2018 Paid Claims IBNR Less Specific Excess Less Aggregate Exce TOTAL FY 2018 CLAIMS FUND YEAR 2019 Paid Claims IBNR	<u> </u>	65,109 0	35,924 (62,341) (21,483) 0 (47,900) 2,343,591 (2,615,088)	30,543,024 62,341 (1,330,317) 0 29,275,047 29,353,682 2,615,088	30,578,94 (1,351,80 29,227,14 31,697,27 - (421,24 31,276,02

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND FINANCIAL FAST TRACK REPORT

AS OF September 30, 2020

		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
, 1.	UNDERWRITING INCOME	4,176,627	28,811,643	0	28,811,643
2.	CLAIM EXPENSES	4,170,027	20,011,043	U	20,011,043
۷.	Paid Claims	2,578,741	20,708,704		20,708,704
	IBNR	17,169	2,802,606	_	2,802,606
	Less Specific Excess	(2,050)	(329,793)	_	(329,793)
	Less Aggregate Excess	-	(023),33)	_	(020)/00)
	TOTAL CLAIMS	2,593,860	23,181,516	0	23,181,516
3.	EXPENSES	2,555,666	23,101,310	· ·	23,101,310
٥.	MA & HMO Premiums	170,683	1,413,692	0	1,413,692
	Excess Premiums	112,403	1,021,371	0	1,021,371
	Administrative	416,042	3,232,279	0	3,232,279
	TOTAL EXPENSES	699,128	5,667,343	0	5,667,343
4.	UNDERWRITING PROFIT (1-2-3)	883,639	(37,216)	0	(37,216)
5.	INVESTMENT INCOME	680	6,865	0	6,865
6.	DIVIDEND INCOME	0	0	0	0
7.	STATUTORY PROFIT (4+5+6)	884,320	(30,351)	0	(30,351)
8.	DIVIDEND	0	0	0	0
9.	STATUTORY SURPLUS (7-8)	884,320	(30,351)	0	(30,351)
		SURPLUS (DEFI	CITS) BY FUND YEAR		_
	2020 Surplus	884,320	(30,351)		(30,351)
	Cash	(703,817)	(136,519)		(136,519)
TC	OTAL SURPLUS (DEFICITS)	884,320	(30,351)	0	(30,351)
TC	OTAL CASH	(703,817)	(136,519)	0	(136,519)
		CLAIM ANALY	SIS BY FUND YEAR		
	FUND YEAR 2020				
	Paid Claims	2,578,741	20,708,704		20,708,704
	IBNR	17,169	2,802,606		2,802,606
	Less Specific Excess	(2,050)	(329,793)		(329,793)
	Less Aggregate Excess	0	0		0
	TOTAL FY 2020 CLAIMS	2,593,860	23,181,516		23,181,516
CC	OMBINED TOTAL CLAIMS	2,593,860	23,181,516	0	23,181,516

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

RATIOS																		
									F	Y2020								
INDICES	JAN			FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP
Cash Position	\$ 853	,958	Ś	96,495	Ś	88,316	Ś	(355,223)	Ś	119,763	Ś	300,155	Ś	757,127	Ś	567,298	Ś	(136,519)
IBNR	\$ 1,523			2,090,544	-	2,471,147	-	2,524,416	-			2,706,007	-	2,768,434	-	2,785,436		2,802,606
Assets	\$ 1,476		-	1,322,260	-	512,402		78,871		1,697,910	-	2,145,271	-	2,251,870		2,059,401	-	2,963,657
Liabilities	\$ 1,862			2,292,191		2,684,917		2,722,261		2,782,891		2,882,159	\$	2,949,994		2,974,072		2,994,008
Surplus		,089)		(969,931)		(2,172,515)	\$	(2,643,391)		(1,084,981)		(736,888)	\$	(698,124)		(914,671)		(30,351)
Claims Paid Month	\$ 1,302	,149	\$	2,444,876	\$	3,253,485	\$	2,781,910	\$	1,110,701	\$	2,135,049	\$	2,390,394	\$	2,711,398	\$	2,578,741
Claims Budget Month	\$ 2,421	,242	\$	2,421,242	\$	2,421,242	\$	2,421,242	\$	2,421,242	\$	2,421,242	\$	2,421,242	\$	2,421,242	\$	2,421,242
Claims Paid YTD	\$ 1,302	,149	\$	3,747,025	\$	7,000,511	\$	9,782,421	\$	10,893,122	\$	13,028,171	\$	15,418,564	\$	18,129,962	\$	20,708,704
Claims Budget YTD	\$ 2,421	,242	\$	4,842,483	\$	7,263,725	\$	9,684,966	\$	12,106,208	\$	14,527,450	\$	16,948,691	\$	19,369,933	\$	21,791,174
RATIOS																		
Cash Position to Claims Paid		0.66		0.04		0.03		-0.13		0.11		0.14		0.32		0.21		-0.05
Claims Paid to Claims Budget Month		0.54		1.01		1.34		1.15		0.46		0.88		0.99		1.12		1.07
Claims Paid to Claims Budget YTD		0.54		0.77		0.96		1.01		0.9		0.9		0.91		0.94		0.95
Cash Position to IBNR		0.56		0.05		0.04		-0.14		0.05		0.11		0.27		0.20		-0.05
Assets to Liabilities		0.79		0.58		0.19		0.03		0.61		0.74		0.76		0.69		0.99
Surplus as Months of Claims		-0.16		-0.4		-0.9		-1.09		-0.45		-0.3		-0.29		-0.38		-0.01
IBNR to Claims Budget Month		0.63		0.86		1.02		1.04		1.08		1.12		1.14		1.15		1.16

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND 2021 RFP RESPONSES

Responses Deadline 3pm, July 6, 2020

Position	Vendor	Proposed Fees	Notes
Attorney	Scholl, Whittlesey & Gruenberg, LLC	2021 - \$150/Hour	-Incumbent -Complete Proposal -History with the Commission and Fund -In the middle of litigation
Attorney	Brown & Connery, LLP	\$180/Hour; \$95/ hour for law clerks and paralegals	-Not currently an attorney in any Health Insurance Funds -Complete Proposal
Actuary	Aquarius Capital	2021 - \$12,000 for Health Plan Review (Annual Budget Protection and Annual IBNP Reserve Review) New Member Reviews and ad hoc projects - \$250/ Hour	-Incumbent
Actuary	Actuarial Solutions LLC	2021 - \$8,000. All inclusive	Prior Actuary (2017-2019) Actuary on all PERMA-run HIFs Complete Proposal
Auditor	Holman Frenia & Allison, P.C.	2021 - \$15,000 BEST AND FINAL: \$15,000	-Experience with HIFs in other parts of the State
Auditor	Mercadien, P.C.	2021 - \$16,348 BEST AND FINAL: \$15,360	-Incumbent

Comn	nittee Rating and Points Assignment - Attorney		
		Scholl, Whittlsey & Gruenberg	Brown & Connery, LLP
a.	Organizational Management, Stability and Ownership (10%)	10	10
b.	Expertise as an Attorney (25%)	25	25
C.	Experience in health joint insurance funds with similar services (10%)	10	10
d.	Ability to comply with the required standards of the RFP (15%)	15	15
e.	Results collected from provided references (10%)	10	10
f.	Fee Proposal (30%)	30	20
g.	Total	100	90
Comn	nittee Rating and Points Assignment - Actuary		
		Actuarial Solutions	Aquarius Capital
a.	Organizational Management, Stability and Ownership (10%)	10	10
b.	Expertise as an Auditor (25%)	25	25
c.	Experience in health joint insurance funds with similar services (10%)	10	10
d.	Ability to comply with the required standards of the RFP (15%)	15	15
e.	Results collected from provided references (10%)	10	10
f.	Fee Proposal (30%)	30	20
g.	Total	100	90
Comn	nittee Rating and Points Assignment - Auditor		
		Holman Frenia & Allison P.C.	Mercadien PC
a.	Organizational Management, Stability and Ownership (10%)	10	10
b.	Expertise as an Auditor (25%)	25	25
c.	Experience in health joint insurance funds with similar services (10%)	5	10
d.	Ability to comply with the required standards of the RFP (15%)	15	15
e.	Results collected from provided references (10%)	10	10
f.	Fee Proposal (30%)	30	30
g.	Total	95	100

SOMERSET COUNTY INSURANCE COMMISSION BILLS LIST

Confirmation of Payment AUGUST 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.

<u>VendorName</u>	Comment	InvoiceAmount
LAW OFFICES OF SCHOLL & WHITTLESEY, LLC	SPECIAL LITIGATION 8/20	14,413.55 14,413.55
	Total Payments FY 2018	14,413.55
<u>VendorName</u>	Comment	InvoiceAmount
ASCENSION FITNESS AND WELLNESS, LLC	VOID	-100.00
ASCENSION FITNESS AND WELLNESS, LLC	BREATHING FITNESS TO MUSIC 4.25.19	- 100.00 100.00 100.00
	Total Payments FY 2019	0.00
	TOTAL PAYMENTS ALL FUND YEARS	\$14,413.55
Chairperson		
Attest:	Dated	
ereby certify the availability of sufficient unencumbered fund		
	Trasurer	
	LAW OFFICES OF SCHOLL & WHITTLESEY, LLC VendorName ASCENSION FITNESS AND WELLNESS, LLC ASCENSION FITNESS AND WELLNESS, LLC Chairperson Attest:	LAW OFFICES OF SCHOLL & WHITTLESEY, LLC Total Payments FY 2018 VendorName Comment ASCENSION FITNESS AND WELLNESS, LLC VOID ASCENSION FITNESS AND WELLNESS, LLC BREATHING FITNESS TO MUSIC 4.25.19 Total Payments FY 2019 TOTAL PAYMENTS ALL FUND YEARS Chairperson

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment AUGUST 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 CheckNumber	<u>VendorName</u>	Comment	InvoiceAmount
001089 001089	AETNA HEALTH MANAGEMENT LLC	AE466551-0001 & AE430471-0001	19,081.61
001090 001090	UNITED HEALTHCARE INS. CO.	MEDICARE ADVTG 8/20	19,081.61 35,854.90
001090	UNITED HEALTHCARE INS. CO.	PREMIUM CREDIT 8/20	-13,880.00 21,974.90
001091 001091	HORIZON BLUE CROSS BLUE SHIELD OF NJ	ACCT ENDING: 5463,0617,0417,5395	185,999.57 185,999.57
001092 001092	AETNA LIFE INSURANCE COMPANY	TPA FEES 8/20	62,519.92
001093			62,519.92
001093	TRUSTMARK HEALTH BENEFITS, INC	SERVICES 8/20	1,395.00 1,395.00
001094 001094	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 8/20	17,776.00
001094	PERMA RISK MANAGEMENT SERVICES	POSTAGE 7/20	27.20
001094	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 8/20	11,312.00
001094 001095	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 8/20	6,464.00 35,579.20
001095	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT 8/20	7,726.51 7,726.51
001096			
001096	SCHOLL, WHITTLESEY, & GRUENBERG, LLC	FUND LEGAL WORK 8/20	4,080.00 4,080.00
001097 001097	ALLSTATE INFORMATION MANAGEMNT	ACCT#002 - ARC & STOR - 6.30.20	5.45 5.45
001098			
001098	CONNER STRONG & BUCKELEW	CONSULTANT FEE 8/20	2,942.71 2,942.71
001099 001099	COURIER NEWS	ACCT# ASB-1489 - AD - 7.9.20	40.59 40.59
001100			
001100	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 8/20	113,477.76 113,477.76
001101 001101	INTEGRITY HEALTH	REIMBURSEMENT 8/20	206,572.09 206,572.09
		Total Payments FY 2020	661,395.31
		TOTAL PAYMENTS FUND YEAR 2020	\$661,395.31
	Chairperson		
	Attest:	Dated:	
I h	ereby certify the availability of sufficient unencumbered fur		

Treasurer

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment SEPTEMBER 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 CheckNumber	<u>VendorName</u>	Comment	<u>InvoiceAmount</u>
001102 001102	AETNA HEALTH MANAGEMENT LLC	AE430471 & AE466551 9/20	19,081.61
001103 001103	UNITED HEALTHCARE INS. CO.	MEDICARE ADVTG 9/20	19,081.61 35,103.45
	UNITED HEALTHCARE INS. CO.	MEDICARE ADVIG 9/20	35,103.45 35,103.45
001104 001104	HORIZON BLUE CROSS BLUE SHIELD OF NJ	DENTAL 9/20	116,497.53 116,497.53
001105 001105	AETNA LIFE INSURANCE COMPANY	TPA 9/20	61,924.87
001106			61,924.87
001106	TRUSTMARK HEALTH BENEFITS, INC	INVOICE# 0000589506	1,395.00 1,395.00
001107 001107	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 9/20	17,611.00
001107	PERMA RISK MANAGEMENT SERVICES	POSTAGE 8/20	26.80
001107	PERMA RISK MANAGEMENT SERVICES	ADM IN FEE 9/20	11,207.00
001107	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT 9/20	6,404.00
001107	PERMA RISK MANAGEMENT SERVICES	POSTAGE 7/20	8.00
001108			35,256.80
001108	ACTUARIAL SOLUTIONS, LLC	PROJECTION OF 2021 COSTS	3,500.00 3,500.00
001109 001109	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT 9/20	7,726.51 7,726.51
001110			7,720.51
001110	MEDICAL EVALUATION SPECIALISTS	MES CASE # 1199588	225.00 225.00
001111	11 ALLSTATE INFORMATION MANAGEMNT	ACCT#002 - ARC & STOR - 7.31.20	5.45 5.45
001112			3.43
001112	CONNER STRONG & BUCKELEW	CONSULTANT FEES 9/20	2,942.71 2,942.71
001113	COLUMN NEWS	1 GGT 1 GD 1 1 GG 1 D 1 G 2 T 2	
001113	COURIER NEWS	ACCT:ASB-1489 - AD - 8.25.20	44.03 44.03
001114 001114	CYNTHIA TUVERA	VIRTUAL POUND & ZUMBA 8/20 & 9/20	720.00
	CINTINA TO YEAR	TIKT OTHER OUTD & ZUNIDA 0/20 & 7/20	720.00 720.00
001115			
001115	PRINCETON STRATEGIC COMMUNICATIONS	WEBSITE MAINTENANCE 9/20	860.00 860.00
001116			
001116	JANINE TARLECKI	WELLNESS 9/20	620.00 620.00

		Treasurer	
	I hereby certify the availability of sufficient unencum	bered funds in the proper accounts to fully pay the above claims	5.
	Attest:	Dated:	
	Chairperson		
		TOTAL PAYMENTS FUND YEAR 2020	\$709,939.93
		Total Payments FY 2020	709,939.93
001119 001119	SOMERVILLE URBAN RENEWAL, LLC	46 EAST MAIN STREET RENT 9/20	16,228.10 16,228.10
001118 001118	INTEGRITY HEALTH	REIMBURSEMENT 9/20	295,405.71 295,405.71
001117	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 9/20	112,403.16 112,403.16

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Resolution No. 20-20 OCTOBER 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 CheckNumber	VendorName	Comment	<u>InvoiceAmount</u>
001120 001120	AETNA HEALTH MANAGEMENT LLC	AE430471 & AE466551 10/20	19,081.61 19,081.61
001121 001121	UNITED HEALTHCARE INS. CO.	MEDICARE ADVTG 10/20	35,747.55 35,747.5 5
001122 001122	HORIZON BLUE CROSS BLUE SHIELD OF NJ	DENTAL 10/20	117,187.13 117,187.13
001123 001123	AETNA LIFE INSURANCE COMPANY	TPA FEES 10/20	63,075.30 63,075.30
001124 001124	TRUSTMARK HEALTH BENEFITS, INC	INVOICE# 0000596133	1,395.00 1,395.00
001125 001125 001125 001125	PERMA RISK MANAGEMENT SERVICES PERMA RISK MANAGEMENT SERVICES PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 10/20 ADMINISTRATION FEES 10/20 ENROLLMENT 10/20	17,952.00 11,424.00 6,528.00 35,904.00
001126 001126	ASSURED PARTNERS OF NEW JERSEY, LLC	CONSULTANT FEES 10/20	7,829.75 7,829.75
001127 001127	SCHOLL & WHITTLESEY, LLC	STATEMENT 73703 - 10.7.2020	3,525.00 3,525.00
001128 001128	CONNER STRONG & BUCKELEW	CONSULTANT FEES 10/20	2,999.85 2,999.85
001129 001129	INTEGRITY HEALTH	PREPA YMENTS/EXPENSES 10/20	240,673.83 240,673.83
		Total Payments FY 2020	527,419.02
	Chairperson	TOTAL PAYMENTS ALL FUND YEARS	527,419.02
	Champerson		
	Attest:	Dotad	
11	nereby certify the availability of sufficient unencumbered f	Dated: Funds in the proper accounts to fully pay the above claims.	
		Treasurer	

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

Current Fund Year:	2020									
Month Ending: September										
	Medical	PHC	Rx	Vision	Med.Adv	Reinsurance	Dental	Cont.	Admin	TO TAL
OPEN BALANCE	1,549,839.49	1,930,661.05	(1,007,094.60)	0.00	358,961.47	(53,745.38)	(569,903.95)	39,243.07	(1,666,249.12)	581,712.03
RECEIPTS										
Assessments	1,610,687.14	216,862.61	484,821.95	0.00	41,124.73	95,764.94	0.00	4,409.84	188,776.75	2,642,447.96
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	271.88	338.69	0.00	0.00	62.97	0.00	0.00	6.88	0.00	680.42
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	271.88	338.69	0.00	0.00	62.97	0.00	0.00	6.88	0.00	680.42
Other *	41,892.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,892.64
TOTAL	1,652,851.66	217,201.30	484,821.95	0.00	41,187.70	95,764.94	0.00	4,416.72	188,776.75	2,685,021.02
EXPENSES										
Claims Transfers	1,815,073.54	0.00	878,238.52	0.00	0.00	0.00	0.00	0.00	0.00	2,693,312.06
Expenses	0.00	0.00	0.00	0.00	0.00	112,403.16	116,497.53	0.00	481,039.24	709,939.93
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	1,815,073.54	0.00	878,238.52	0.00	0.00	112,403.16	116,497.53	0.00	481,039.24	3,403,251.99
END BALANCE	1,387,617.61	2,147,862.35	(1,400,511.17)	0.00	400,149.17	(70,383.60)	(686,401.48)	43,659.79	(1,958,511.61)	(136,518.94)

SU	MMARY OF CASH AND INVESTM	ENT INSTRUMENTS	
SO	UTHERN SKYLAND REGIONAL H	EALTH INSURANC	E FUND
ΑL	L FUND YEARS COMBINED		
ct	JRRENT MONTH	September	
cι	JRRENT FUND YEAR	2020	
		Description:	Investors Bank
		ID Number:	
		Maturity (Yrs)	
		Purchase Yield:	
		TO TAL for All	
	Ac	cts & instruments	
Or	ening Cash & Investment Balance	\$581,712.02	581,712.02
Or	pening Interest Accrual Balance	\$0.00	•
_			
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	\$680.43	\$680.43
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$680.43	\$680.43
9	Deposits - Purchases	\$2,684,340.60	\$2,684,340.60
10	(Withdrawals - Sales)	-\$3,403,251.99	-\$3,403,251.99
En	ding Cash & Investment Balance	-\$136,518.94	-\$136,518.94
En	ding Interest Accrual Balance	\$0.00	\$0.00
Plu	s Outstanding Checks	\$131,139.15	\$131,139.15
(Le	ess Deposits in Transit)	\$0.00	\$0.00
Bal	lance per Bank	-\$5,379.79	-5,379.79
			1,480,472.59
			1,480,472.59

		CER	TIFICATION AND	RECONCILIA	TION OF CLAIMS	S PAYMENTS ANI	O RECO VERIES		
			SOUTHER	N SKYLAND R	EGIONAL HEALT	H INSURANCE FU	JND		
Month		September							
Current	Fund Year	2020							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
Year	Coverage	Last Month	September	September	September	September	Reconciled	Variance From	Month
2020	Medical	3,774,871.72	1,815,073.54	0.00	5,589,945.26	0.00	5,589,945.26	3,774,871.72	1,815,073.54
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	1,581,894.74	878,238.52	0.00	2,460,133.26	0.00	2,460,133.26	1,581,894.74	878,238.52
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	5,356,766,46	2,693,312.06	0.00	8,050,078,52	0.00	8,050,078,52	5,356,766.46	2.693,312.06



Somerset County Insurance Commission Partnership Health Center Utilization Report

Aug 2020

Current Subscribers	1,945
Current Members	3,917
Visits PEPY CM	6.81
Visits PEPY L12M	6.83

PHC Visits							
Subscriber./Dependent	01_Sub	scriber	02_Dep	endent	Total		
Category	Month	L12M	Month	L12M	Month	L12M	
County of Somerset	549	7,206	340	3,821	889	11,027	
Somerset County Library	54	917	24	312	78	1,229	
Somerset County Park Commission	78	998	35	413	113	1,411	
Somerset County Vocational & Technical	15	292	9	110	24	402	
Total	696	9,413	408	4,656	1,104	14,069	

PHC Patients						
Subscriber/Dependent	01_Sub	scriber	02_Dep	endent	Tot	al
Category	Month	L12M	Month	L12M	Month	L12M
County of Somerset	245	737	148	470	393	1,207
Somerset County Library	27	80	12	32	39	112
Somerset County Park Commission	37	103	15	66	52	169
Somerset County Vocational & Technical School	11	49	5	25	16	74
Total	320	969	180	593	500	1,562

Specialized Service						
Subscriber/Dependent	01_Sub	scriber	02_Dep	endent	Tot	tal
Service	Month	L12M	Month	L12M	Month	L12M ▼
Rx	374	4,114	199	2,185	573	6,299
PhyNrs	115	2,213	70	1,100	185	3,313
PT	59	788	43	299	102	1,087
CC	68	713	47	347	115	1,060
Lab	46	654	30	249	76	903
FluShot	1	347	1	108	2	455
BH	4	207	5	150	9	357
Telephonic	7	117	1	64	8	181
XRay	7	102	4	62	11	164
Telemedicine	8	82	5	40	13	122
TeleBH	7	49	3	41	10	90
CS		26		11		37
Pain		1				1
Total	696	9,413	408	4,656	1,104	14,069

Rx Drugs Dispensed							
Subscriber/Dependent	01_Sub	scriber	02_Dep	endent	Total		
Category	Month	L12M	Month	L12M	Month	L12M	
County of Somerset	447	5,097	230	2,783	677	7,880	
Somerset County Library	35	567	19	237	54	804	
Somerset County Park Commission	85	808	24	247	109	1,055	
Somerset County Vocational & Technical School	6	110	4	55	10	165	
Total	573	6,582	277	3,322	850	9,904	

Care Coordination Patients							
Subscriber/Dependent	01_Sub	scriber	02_Dep	endent	Total		
Category	Month	L12M	Month	L12M	Month	L12M	
County of Somerset	54	204	38	120	92	324	
Somerset County Library	5	17	4	7	9	24	
Somerset County Park Commission	10	30	4	18	14	48	
Somerset County Vocational & Technical School	5	12	1	7	6	19	
Total	74	263	47	152	121	415	



Southern Skyland Regional Health Insurance Fund

Monthly Claim Activity Report



Southern Skyland Regional Health Insurance Fund

	MEDICAL CLAIMS			MEDICAL CLAIMS		
	PAID 2019	# OF EES	PER EE	PAID 2020	# OF EES	PER EE
JANUARY	\$589,935	1,734	\$340	\$2,158,977	1,589	\$1,359
	, ,	,				. ,
FEBRUARY	\$1,321,343	1,734	\$762	\$1,892,430	1,586	\$1,193
MARCH	\$1,314,432	1,729	\$760	\$2,679,727	1,591	\$1,684
APRIL	\$1,885,477	1,729	\$1,091	\$1,569,496	1,591	\$986
MAY	\$2,079,319	1,727	\$1,204	\$1,341,451	1,591	\$843
JUNE	\$1,872,521	1,738	\$1,077	\$1,515,686	1,593	\$951
JULY	\$2,434,427	1,726	\$1,410	\$1,530,592	1,591	\$962
AUGUST	\$2,184,932	1,730	\$1,263	\$2,162,585	1,573	\$1,375
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			
TOTALS	\$21,720,642			\$14,850,944		
				2020 Average	1,588	\$1,169
				2019 Average	1,731	\$1,046



Group / Control:

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

Plan Sponsor Unique ID: All Customer: All

00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURAN

Subgroup / Suffix: All

 Paid Dates:
 08/01/2020 - 08/31/2020

 Service Dates:
 01/01/1900 - 08/31/2020

Line of Business: All Funding Category: All

Billed Amt	Paid Amt	Diagnosis/Treatment
\$170,559.00	\$92,061.94	OTHER ACUTE
\$218,841.66	\$82,622.17	PANCREATITIS SEPSIS FOLLOWING A
		PROCEDURE, INITIAL
\$245,737.82	\$75,333.94	UNSPECIFIED FRACTURE OF THE LOWER END OF
\$56,022.18	\$67,928.95	GASTROSTOMY
		MALFUNCTION
\$138,270.64	\$59,651.64	INFECTION AND
		INFLAMMATORY

TOTAL: \$829,431.30 \$377,598.64



Southern Skyland Regional Health Insurance Fund

9/1/19 through 8/31/2020 (unless otherwise noted)

Medical Claims Paid Per Member: January 2020 – August 2020

Total Medical Paid per EE: \$1,169

Network Discounts

Inpatient: 69.2% Ambulatory: 61.8% Physician/Other: 64.4% TOTAL: 64.9%

Provider Network

% Admissions In-Network: 98.1% % Physician Office: 95.7%

Aetna Book of Business: Admissions 97%; Physician 91.6%

Top Facilities Utilized (by total Medical Spend)

- RWJUH Somerset
- · Hackensack University Med Center
- · Hunterdon Medical Center
- · Morristown Medical
- · RWJUH New Brunswick

Catastrophic Claim Impact

(Jan 2020 thru August 2020) Number of Claims Over \$50,000: 45

Claimants per 1000 members: 12.6 Avg. Paid per Claimant: \$129,987 39.4% Percent of Total Paid:

Aetna BOB- HCC account for an average of 44.0% of total Medical Cost

Aetna In Touch Care Nurse Case Member Outreach:

Rolling 12 Months (thru July 2020)

Participating in 1:1 Support (includes

outreach in process): 212

Participating in Digital Support: 1,185 Total Participation: 1,397

Avg Age of High Risk: 52.3 Avg Age of Moderate Risk: 54.2 Avg Age of Low Risk: 54.5

Southern Skyland Regional HIF Plan Performance:

YTD 2020 thru Q2 2020 (unless otherwise stated)

Customer Service Performance

Abandonment Rate: 1.1% 26.3 sec Avg. Speed of Answer:

Claims Performance

Financial Accuracy: 96.35% Total Claim Accuracy: 97.27% Turnaround w/in 14 days: 4.6 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



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 - 41.3																	
Membership	3,854	3,858	3,877	3,863	3,886	3,891	3,902	3,893	3,913	3,895							
Total Days	186,192	178,307	218,948	583,447	173,201	182,337	196,990	552,528	177,967	194,931							
Total Patients	1,698	1,667	1,649	2,507	1,460	1,415	1,546	2,228	1,521	1,552							
Total Plan Cost	\$808,472	\$645,630	\$870,664	\$2,324,766	\$770,427	\$758,065	\$799,011	\$2,327,503	\$894,029	\$819,616							
Generic Fill Rate (GFR) - Total	82.8%	83.4%	81.3%	82.4%	81.2%	82.6%	82.7%	82.2%	81.5%	82.7%							
Plan Cost PMPM	\$209.77	\$167.35	\$224.57	\$200.60	\$198.26	\$194.83	\$204.77	\$199.29	\$228.48	\$210.43							
% Change Plan Cost PMPM	20.7%	3.4%	33.4%	19.4%	8.8%	15.8%	7.4%	10.5%	27.0%	11.9%							
Total Specialty Plan Cost	\$357,756	\$225,524	\$323,865	\$907,145	\$276,080	\$274,370	\$269,020	\$819,471	\$375,178	\$300,704							
Specialty % of Total Specialty Plan Cost	44.3%	34.9%	37.2%	39.0%	35.8%	36.2%	33.7%	35.2%	42.0%	36.7%							

	<u>PMPM</u>
Jan - Aug 2019	\$176.64
Jan - Aug 2020	\$204.85
<u>Trend</u> - Jan - Aug 2020	16.0%

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND CONSENT AGENDA October 20, 2020

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

Resolutions	Subject Matter	
Motion	Second	
Resolution 17-20: 2021 Budget Introduction Resolution 18-20: Professional Service Control Resolution 19-20: Transfer of Surplus	ontract Award	Page 26
Resolution 20-20: August, September and		_

RESOLUTION NO. 17-20

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND INTRODUCTION OF THE 2021 PROPOSED BUDGET

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

WHEREAS, a quorum of the Executive Committee of the Southern Skyland Regional Health Insurance Fund, on met on October 20, 2020 in Public Session to introduce the proposed budget for the 2021 Fund Year; and

WHEREAS, a budget of \$40,829,594 was reviewed by the Southern Skyland Regional Health Insurance Fund and deemed appropriate for the 2021 Fund year;

BE IT FURTHER RESOLVED that a hearing on the 2021 budget shall be held November 20, 2020 at 10:00 am. The 2021 budget shall be considered for adoption at a second reading at that time and after the completion of a public hearing.

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

BY:______CHAIRPERSON

ATTEST:

SECRETARY

ADOPTED: OCTOBER 20, 2020

RESOLUTION 18-20

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

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

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

WHEREAS, six proposals were received: Mercadien PC (Auditor), Holman, Frenia Allison, P.C. (Auditor), Actuarial Solutions (Actuary), Aquarius Capital (Actuary), Brown & Connery, LLP (Attorney) and Scholl, Whittlesey & Gruenberg, LLC (Attorney),

WHEREAS, the Executive Committee has reviewed the submissions in accordance with the advertised evaluation criteria and has determined that Mercadien PC, Actuarial Solutions and Scholl, Whittlesey & Gruenberg, LLC best meet the advertised criteria and have the requisite experience and qualifications required by the Fund and recommends an award of contract be made to these professionals for a term of one year commencing January 1, 2021 to December 31, 2021; and

WHEREAS, Actuarial Solutions is willing and able to provide said services for a term of one year at the annual rate of \$8,000 for 2021; and

WHEREAS, Scholl, Whittlesey & Gruenberg, LLC is willing and able to provide said services for a term of one year at the rate of \$150.00/hourly, not to exceed \$10,000 without Executive Committee approval for 2021; and

WHEREAS, Mercadien PC is willing and able to provide said services for a term of one year at the annual rate of \$15,360 for 2021; and

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

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

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

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

ADOPTED: OCTOBER 20, 2020		
BY:		
CHAIRPERSON		
ATTEST:		
SECRETARY	_	

RESOLUTION NO. 19-20

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND FINANCIAL TRANSFERS RESOLUTION

WHEREAS, the Somerset County Insurance Commission filed with the State of New Jersey to become a Health Insurance Fund on January 1, 2020 with the same 4 members; and

WHEREAS, on January 9, 2020, the Executive Committee of the Southern Skyland Health Insurance Fund was authorized to make financial decisions on behalf of the Commission;

WHEREAS, the Somerset County Insurance Commission Fund years were audited by an independent auditor which confirmed a surplus due back to its members;

WHEREAS, Subsequent to the transfers made in Fund Year 2019 some adjustments to surplus were made as part of the year end accounting closing process;

NOW, THEREFORE BE IT RESOLVED that:

- 1. The Fund Treasurer and Deputy Treasurer be and are hereby authorized to transfer to the accounts of the newly formed Funds the corresponding closed year balances from the 2017, 2018 and 2019;
- 2. That these payments are to be confirmed on the bills list for the Fund for November 2020 and that these confirmations are to be recorded in the minutes of this Fund;
- 3. That these payments be subject to subsequent audit, reconciliation, and adjustment to reflect any contingent and unknown liabilities that impact the respective closed year.

SOUTHERN SKYLANDS REGIONAL HEALTH INSURANCE FUND

ADO	PTED: OCTOBER 20, A	2020	
BY:	CVI A INDEDICAN		
	CHAIRPERSON		
ATTI	EST:		
	SECRETARY		

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RESOLUTION NO. 20-20

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND APPROVAL OF THE AUGUST, SEPTEMBER AND OCTOBER 2020 BILLS LIST AND SUPPLEMENTAL BILL LISTS

WHEREAS, the Southern Skyland Regional Health Insurance Fund held a Public Meeting on October 20, 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 August, September and October 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 August, September and October 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.

ADOPT	D: OCTOBER 20, 2020	
BY:		
	IAIRPERSON	
ATTEST		
S1	CRETARY	

APPENDIX I

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND OPEN PUBLIC MEETING JULY 14, 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 Shanel Robinson, County of Somerset (alternate) Present

FUND PROFESSIONALS PRESENT:

Executive Director/Program Manager PERMA Risk Management Services

Emily Koval Brandon Lodics

Fund Attorney Scholl, Whittlesey & Gruenberg, LLC

Frank Whittlesey

Fund Treasurer Yvonne Childress

Aetna Jason Silverstein

Express Scripts Kyle Colalillo

Fund Actuary Absent

Integrity Health Doug Forrester

Fund Auditor Absent

ALSO PRESENT:

Karen Kamprath, PERMA
Sam Zabawa, Somerset County
Greg D'Orazio, Assured Partners
Donna Mozet, County of Somerset
Paul Malarcher, County of Somerset
Diane Peterson, Conner Strong & Buckelew
Marybeth Visconti, Conner Strong & Buckelew
Paul Laracy, PERMA
Judy Lagana, Integrity Health
Sharon Vaughn, Integrity Health
Arge Mardakis, Somerset County

MOTION TO APPROVE THE OPEN SSRHIF MINUTES OF MAY 12, 2020:

MOTION: Commissioner Soriano SECOND: Commissioner Robinson

VOTE: All in Favor

EXECUTIVE DIRECTORS REPORT

FINANCIAL FAST TRACK as of May 31, 2020 – Executive Director reviewed the financial fast track for the SCIC and SSRHIF. She noted that as of today the cash in the Commission is \$112,000. She said the SSRHIF has over \$1 million as of today. She said in addition we are accruing the ESI rebates that come in on a quarterly basis and have received almost \$600,00 as of yesterday.

CLAIM FUND STATUS

Executive Director said over the past few months we have noticed that claims are running higher than budget, even with elective services being postponed during the COVID shut down. She said with the Fund in early years and uncertainty of this unusual situation in 2020, we are watching the cash flow on a weekly basis. She said we have started digging into the increase in claims along with Aetna. She said one thing that was found was an increase in inpatient utilization and almost twice as many high claimants reaching the spec level for our stop loss.

Executive Director said the 2020 claim fund was established by the actuary based upon claims experience through 6/30/2019. However, a retrospective review of claims experience indicates that claims began to rise after the period of claims that were used to project the current budget. She said to note that the reduction in the claims budget in January of 2020 was caused by the establishment of the Medicare Advantage program. That is, Medicare retirees were placed in a fully insured plan and are no longer part of the self-insured claims program. Executive Director said claims dropped in May of 2020, ostensibly because of service deferrals associated with the Covid-19 crisis.

Executive Director reviewed the following steps that will be taken due to the higher claims experience through April 2020:

- Cash flow tracking reports for 2019 and 2020 will be included in agendas as part of the financial fast track reporting process. These charts compare estimated claims paid and estimated cash balances to actuals on a monthly basis. See attachments on pages 8 and 9.
- We have constructed cash flow models through the end of 2020 using three assumptions regarding claims spend:
- Claims spend will match the budget illustrates that cash balances would be adequate.
- Claims spend will match the average of the past 7 months illustrates possible cash flow challenges until 2021 rates are established
- Claims spend will match the average of the past 5 months illustrates possible cash flow challenges until 2021 rates are established. See Page 10
- Cash flow projections are complicated by the Covid-19 crisis which can lead to lower claims in the short run, but higher claims in the future.
- This projection will also be provided until further notice in the agendas.

- We have asked the actuary to begin the process of projecting 2021 claims. This process will include has analysis of the adequacy of 2020 rates.
- Consider transferring surplus from the Commission to HIF to allow for additional cushion.

AUGUST SUB-COMMITTEE MEETING

Executive Director said the next public meeting is scheduled for September 8 however there are a few items that we would like to discuss with a subcommittee prior to that meeting which include Health Center Reciprocity, Health Center RFP update, Professional Service RFPs, claims and finance update and preliminary 2021 budget review. She said any committee member that would like to join should reach out.

BYLAW AMENDMENT

Executive Director said the Fund has received resolutions from 75% of our membership to approve the bylaw amendment. She said the final approval submission is included in the agenda and Resolution 15-20 is included for approval.

MOTION TO APPROVE RESOLUTION 15-20 APPROVING THE BYLAW AMENDMENT FOR THE SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND.

MOTION: Commissioner Soriano SECOND: Commissioner Robinson

VOTE: All in Favor

PROGRAM MANAGER'S REPORT

ELIGIBILTY/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

PHARMACY NETWORK UPDATE

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

LEGISLATIVE UPDATES

"BACK TO WORK" COVID-19 TESTS

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

PCORI FEE UPDATE

Program Manager said the PCORI fee has been extended for another 10 years through September 30th, 2029. As a courtesy, the SSRHIF pays the PCORI fee on behalf of Fund members.

NJ Senate Bill 2273/A20 - Educator's Health Benefit Fairness Act

Program Manager said this legislation really only impacts the Vo-tech. He said Passed by Assembly on July 1, 2020. The Executive Director and Program Manager offices have been closely following the legislation and preparing for implementation on January 1, 2021. We will be working with the Vocational School's Risk Manager and leadership to assure compliance with all components. Key Legislative Components:

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

ADMINISTRATIVE AUTHORIZATIONS

There are no appeals or authorizations to report.

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

SSRHIF JUNE 2020 - CONFIRMATION OF PAYMENT

FY2020	\$1,746.00
Total	\$1,746.00

SSRHIF IUNE 2020- CONFIRMATION OF PAYMENT - SUPPLEMENTAL

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FY2020	\$619,414.32
Total	\$619,414.32

SSRHIF JULY 2020- RESOLUTION 16-20

FY2020	\$628,752.30
Total	\$628,752.30

MOTION TO APPROVE RESOLUTION 16-20 APPROVING THE JUNE AND JULY BILLS LISTS AND SUPPLEMENTAL BILLS LISTS.

MOTION: Commissioner Soriano SECOND: Commissioner Auger

VOTE: All in Favor

ATTORNEY - Fund Attorney said the Fund is still awaiting State approval on the Bylaw amendment. He said there is ongoing litigation for a relatively large claim and that will be discussed in executive session.

INTEGRITY HEALTH – Mr. Forrester the April report included in the Agenda indicates the impact of the pandemic on health center utilization. He said the May and June updates were received which indicate things are returning to normal. He said prior the pandemic the center was seeing robust growth in visits. In response to Chair Hyncik, Mr. Forrester said TeleBH has to do with mental health engagement on a remote basis. He said they are expecting to see a log of activity in regards to that.

AETNA – Mr. Silverstein reviewed the claims for April with an average pepm of \$986.00. He said for the month of May the pepm was \$843.00. He said there was 1 high claim for April and none for May. He reviewed the dashboard and noted the metrics continue to fun well. He reviewed the weekly Covid report included with the Agenda. He also provided a success story from the in touch care management team.

EXPRESS SCRIPTS - Mr. Colalillo said the January - May 2020 is 16.4%. He said the highest pepm for the year was in March mostly due to an increase in 90 day medication fills. He reviewed the Covid-19 issues document included with the agenda which includes a summary of different treatments and vaccines that are out there and what phase of testing they are in.

OLD BUSINESS - None

NEW BUSINESS - None

PUBLIC COMMENT - None

MOTION TO ADJOURN:

MOVED: Commissioner Auger SECOND: Commissioner Soriano

VOTE: Unanimous

MEETING ADJOURNED: NEXT MEETING September 8, 2020

Minutes prepared by:

Karen Kamprath, Assisting Secretary

APPENDIX II

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND OPEN PUBLIC MEETING OCTOBER 5, 2020 9:30 AM

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

ROLL CALL OF 2020 FUND COMMISSIONERS:

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

FUND PROFESSIONALS PRESENT:

Brandon Lodics, Conner Strong & Buckelew Diane Peterson, Conner Strong & Buckelew John Bruno, Somerset County Joseph DiBella, Conner Strong & Buckelew

MOTION TO OPEN THE MEETING FOR PUBLIC COMMENT:

MOTION: Chair Hyncik

SECOND: Commissioner Soriano

VOTE: All in Favor

MOTION TO CLOSE THE MEETING FOR PUBLIC COMMENT:

MOTION: Chair Hyncik

SECOND: Commissioner Soriano

VOTE: All in Favor

MOTION TO ENTER EXECUTIVE SESSION FOR DISCUSSION OF CONTRACTUAL MATTERS:

MOTION: Chair Hyncik

SECOND: Commissioner Soriano

VOTE: All in Favor