

# SouthernSkylands<sup>FUND</sup>

**REORGANIZATION AGENDA  
JANUARY 9, 2024  
9:30 AM**

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

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## **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**
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**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
AGENDA  
OPEN PUBLIC MEETING:  
JANUARY 9, 2024  
9:30 AM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**

**ROLL CALL OF THE 2023 FUND COMMISSIONERS**

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

**APPROVAL OF MINUTES - December 5, 2023 Open Public Meeting (Appendix I)**

**SINE DIE**

**ROLL CALL OF COMMISSIONERS OF SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

MEMBER	COMMISSIONER	ALTERNATE
Somerset County	Colleen Mahr, Chair	Sara Sooy
Somerset County Library	Brian Auger, Secretary	Deanna Rivera
Somerset County Parks Commission	Geoffrey Soriano	Janine Erickson
Somerset County VoTech	Adam Beder	Raelene Sipple
Somerville Borough	Kevin Sluka	
Borough of Peapack and Gladstone		
Hillsborough Township	Anthony Ferrera	
Raritan Township	Karen Gilbert	

**ELECTION OF OFFICERS**

**OATH - Appendix III**

**ROLL CALL OF THE 2024 EXECUTIVE COMMITTEE**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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**RESOLUTIONS**

Resolution 1-24: Professional Contracts .....Page 7  
 Resolution 2-24: Designation of Regular Meeting Times and Place..... Page 10  
 Resolution 3-24: Designation of Bank Depositories & CMP..... Page 11

Resolution 4-24: Approval of 2024 Risk Management Plan..... Page 15  
Resolution 5-24: Approval of Broker Contracts ..... Page 26  
Resolution 6-24: Authorizing Treasurer to Process Contracted Expenses ..... Page 27  
Resolution 7-24: Designation of Secretary as Custodian of Records ..... Page 28  
Resolution 8-24: Designation of Official Newspaper ..... Page 29  
Resolution 9-24: Designation of Authorized Signatories ..... Page 30

**PROGRAM MANAGERS REPORT**

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**TREASURER - (Yvonne Childress)**

December 2023 Voucher List.....Page 35  
Resolution 10-24: December 2023 Bills List.....Page 40  
Resolution 11-24: Amending Banking Earnings Rate.....Page 41  
Confirmation of Claims Paid/Certification of Transfers  
Ratification of Treasurers Report

**ATTORNEY - (Shain Schaffer)**

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

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

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**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

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**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**SCHEDULE NEXT MEETING -March 12, 2024**

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**MEETING ADJOURNMENT**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
EXECUTIVE COMMITTEE MEETING  
JANUARY REORGANIZATION MEETING  
JANUARY 9, 2024  
9:30 AM**

**FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND**

1. **Skylands Fund Financial Fast Track** - as of October 31, 2023 (page 3)
2. **Ratios Report** - as of October 31, 2023 (page 4)

**2024 ORGANIZATION RESOLUTIONS (Page 7)**

Resolutions are as follows:

**Resolution 1-24** awards the professional contracts and compensation, as per the approved budget and RFQ responses. This resolution will be advertised as per the public contracts law.

**Resolution 2-24** sets meeting dates and times which will be posted on each entity's public bulletin board.

**Resolution 3-24** sets for the Cash Management Plan and bank depositories for 2024. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds administered by PERMA. This plan has been reviewed by the Treasurer. There is an additional Resolution this year to allow the banking manager to invest some available Fund money in a sweep account to earn interest.

**Resolution 4-24** is the 2024 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc. There are no changes from 2023.

**Resolution 5-24** adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the Commission. Each entity's rates reflect its arrangement only.

**Resolution 6-24** authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

**Resolution 7-24** designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handle all OPRA request on behalf of the Secretary.

**Resolution 8-24** Designates the Courier News as the Official Fund Newspaper.

**Resolution 9-24** changes can be made in light of the election.

**2024 COMMITTEE APPOINTMENTS**

If a Commissioner is interested in joining a committee, please reach out to Emily Koval or Chair Mahr. Chair Mahr will sit ex officio to all subcommittees.

Finance & Contracts Committee (allow 2-3 Commissioners)

Operations and Claims Committee (allow 2-3 Commissioners)

## **WELLNESS**

As in previous years, the Aetna contract includes a \$50,000 wellness credit. We will have an accurate allocation of this credit when the member census is received for January.

The Fund will reimburse groups for all expenses and receive reimbursement from Aetna at the end of each year. Vouchers with approved wellness expenses can be submitted to Jordyn DeLorenzo by 12/31/2024.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**FINANCIAL FAST TRACK REPORT**

		<b>AS OF</b>	<b>October 31, 2023</b>		
		<b>THIS</b>	<b>YTD</b>	<b>PRIOR</b>	<b>FUND</b>
		<b>MONTH</b>	<b>CHANGE</b>	<b>YEAR END</b>	<b>BALANCE</b>
1.	<b>UNDERWRITING INCOME</b>	<b>3,701,013</b>	<b>35,644,809</b>	<b>219,232,282</b>	<b>254,877,091</b>
2.	<b>CLAIM EXPENSES</b>				
	Paid Claims	3,305,579	27,816,565	180,881,948	208,698,513
	IBNR	24,130	1,164,923	1,762,266	2,927,189
	Less Specific Excess	-	20,565	(3,859,666)	(3,839,101)
	Less Aggregate Excess	-	-	-	-
	<b>TOTAL CLAIMS</b>	<b>3,329,709</b>	<b>29,002,053</b>	<b>178,784,548</b>	<b>207,786,600</b>
3.	<b>EXPENSES</b>				
	MA & HMO Premiums	157,441	1,400,151	6,326,099	7,726,250
	Excess Premiums	134,449	1,412,435	10,579,920	11,992,355
	Administrative	409,714	3,934,776	18,119,479	22,054,254
	<b>TOTAL EXPENSES</b>	<b>701,604</b>	<b>6,747,362</b>	<b>35,025,498</b>	<b>41,772,859</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	(330,299)	(104,605)	5,422,236	5,317,631
5.	<b>INVESTMENT INCOME</b>	20,698	137,992	185,696	323,688
6.	<b>DIVIDEND INCOME</b>	0	0	0	0
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(309,601)</b>	<b>33,387</b>	<b>5,607,932</b>	<b>5,641,319</b>
8.	<b>DIVIDEND</b>	0	0	0	0
9.	<b>Transferred Surplus</b>	0	0	0	0
<b>STATUTORY SURPLUS (7-8+9)</b>		<b>(309,601)</b>	<b>33,387</b>	<b>5,607,932</b>	<b>5,641,319</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
	<b>Closed</b>				
	<b>Surplus</b>	36,107	(252,232)	(136,719)	(388,951)
	<b>Cash</b>	36,107	(204,179)	(184,772)	(388,951)
	<b>2022</b>				
	<b>Surplus</b>	(140,247)	(781,588)	5,744,651	4,963,063
	<b>Cash</b>	(140,247)	617,759	4,277,530	4,895,289
	<b>2023</b>				
	<b>Surplus</b>	(205,462)	1,067,207		1,067,207
	<b>Cash</b>	759,407	827,673		827,673
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(309,601)</b>	<b>33,387</b>	<b>5,607,932</b>	<b>5,641,319</b>
<b>TOTAL CASH</b>		<b>655,268</b>	<b>1,241,253</b>	<b>4,092,758</b>	<b>5,334,011</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>					
<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>(36,107)</b>	<b>163,923</b>	<b>150,611,665</b>	<b>150,775,589</b>
<b>FUND YEAR 2022</b>					
	Paid Claims	157,937	2,704,381	26,410,616	29,114,997
	IBNR	0	(1,762,266)	1,762,266	-
	Less Specific Excess	0	0	0	0
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL FY 2022 CLAIMS</b>	<b>157,937</b>	<b>942,115</b>	<b>28,172,882</b>	<b>29,114,997</b>
<b>FUND YEAR 2023</b>					
	Paid Claims	3,183,749	24,968,826		24,968,826
	IBNR	24,130	2,927,189		2,927,189
	Less Specific Excess	0	0		0
	Less Aggregate Excess	0	0		0
	<b>TOTAL FY 2023 CLAIMS</b>	<b>3,207,879</b>	<b>27,896,015</b>		<b>27,896,015</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>3,329,709</b>	<b>29,002,053</b>	<b>178,784,548</b>	<b>207,786,601</b>

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

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND												
RATIOS												
INDICES	2022	FY2023										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	
Cash Position	4,092,758	\$ 3,753,729	\$ 3,734,665	\$ 4,432,291	\$ 6,768,495	\$ 4,034,964	\$ 4,432,142	\$ 4,154,617	\$ 4,701,892	\$ 4,678,743	\$ 5,334,011	
IBNR	1,762,266	\$ 2,401,953	\$ 2,541,598	\$ 2,632,779	\$ 2,708,658	\$ 2,735,850	\$ 2,751,561	\$ 2,813,787	\$ 2,870,166	\$ 2,903,059	\$ 2,927,189	
Assets	7,675,776	\$ 8,040,089	\$ 8,290,668	\$ 8,297,437	\$ 8,454,490	\$ 8,403,761	\$ 8,753,033	\$ 9,417,074	\$ 9,018,820	\$ 9,173,963	\$ 8,902,703	
Liabilities	2,067,844	\$ 2,696,530	\$ 2,883,647	\$ 3,037,558	\$ 2,807,855	\$ 2,835,169	\$ 2,860,671	\$ 3,095,943	\$ 3,225,380	\$ 3,223,042	\$ 3,261,384	
Surplus	5,607,932	\$ 5,343,559	\$ 5,407,021	\$ 5,259,878	\$ 5,646,635	\$ 5,568,592	\$ 5,892,362	\$ 6,321,130	\$ 5,793,439	\$ 5,950,920	\$ 5,641,319	
Claims Paid -- Month	2,631,216	\$ 2,458,823	\$ 2,626,944	\$ 2,832,243	\$ 2,475,652	\$ 2,847,469	\$ 2,569,390	\$ 2,475,786	\$ 3,382,514	\$ 2,842,165	\$ 3,305,579	
Claims Budget -- Month	2,867,273	\$ 2,814,015	\$ 2,816,218	\$ 2,817,221	\$ 2,828,391	\$ 2,854,751	\$ 2,863,907	\$ 2,895,614	\$ 2,969,319	\$ 2,960,417	\$ 2,940,949	
Claims Paid -- YTD	29,478,453	\$ 2,458,823	\$ 5,085,767	\$ 7,918,010	\$ 10,393,662	\$ 13,241,131	\$ 15,810,520	\$ 18,286,307	\$ 21,668,821	\$ 24,510,986	\$ 27,816,565	
Claims Budget -- YTD	34,445,079	\$ 2,814,015	\$ 5,630,233	\$ 8,447,454	\$ 11,275,845	\$ 14,130,597	\$ 16,994,504	\$ 19,890,118	\$ 22,859,437	\$ 25,819,854	\$ 28,760,803	
<b>RATIOS</b>												
Cash Position to Claims Paid	1.56	1.53	1.42	1.56	2.73	1.42	1.72	1.68	1.39	1.65	1.61	
Claims Paid to Claims Budget -- Month	0.92	0.87	0.93	1.01	0.88	1	0.9	0.86	1.14	0.96	1.12	
Claims Paid to Claims Budget -- YTD	0.86	0.87	0.90	0.9	0.9	0.9	0.9	0.92	0.95	0.95	0.97	
Cash Position to IBNR	2.32	1.56	1.47	1.68	2.5	1.47	1.61	1.48	1.64	1.61	1.82	
Assets to Liabilities	3.71	2.98	2.88	2.73	3.01	2.96	3.06	3.04	2.80	2.85	2.73	
Surplus as Months of Claims	1.96	1.90	1.92	1.87	2	1.95	2.06	2.18	1.95	2.01	1.92	
IBNR to Claims Budget -- Month	0.61	0.85	0.90	0.93	0.96	0.96	0.96	0.97	0.97	0.98	1	

**SOUTHERN SKYLAND REGIONAL HIF**  
**CONSOLIDATED BALANCE SHEET**

AS OF OCTOBER 31, 2023

BY FUND YEAR

	SSRHIF 2023	SSRHIF 2022	SSRHIF Closed Year	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	827,673	4,895,289	(388,951)	5,334,011
Assesments Receivable (Prepaid)	2,473,523	-	-	2,473,523
Interest Receivable	-	-	-	-
Specific Excess Receivable	-	-	-	-
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,394	-	-	1,394
Other Assets	1,026,001	67,775	-	1,093,775
<b>Total Assets</b>	<b>4,328,591</b>	<b>4,963,063</b>	<b>(388,951)</b>	<b>8,902,703</b>
<b>LIABILITIES</b>				
Accounts Payable	-	-	-	-
IBNR Reserve	2,927,189	-	-	2,927,189
A4 Retiree Surcharge	14,737	-	-	14,737
Dividends Payable	-	-	-	-
Accrued/Other Liabilities	319,458	-	-	319,458
<b>Total Liabilities</b>	<b>3,261,384</b>	<b>-</b>	<b>-</b>	<b>3,261,384</b>
<b>EQUITY</b>				
Surplus / (Deficit)	1,067,207	4,963,063	(388,951)	5,641,319
<b>Total Equity</b>	<b>1,067,207</b>	<b>4,963,063</b>	<b>(388,951)</b>	<b>5,641,319</b>
<b>Total Liabilities &amp; Equity</b>	<b>4,328,591</b>	<b>4,963,063</b>	<b>(388,951)</b>	<b>8,902,703</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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



**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**2023 Budget Status Report**

as of October 31, 2023

				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims (Aetna)	22,395,497	26,999,940	26,160,618	22,668,780	(273,283)	-1%
Prescription Claims (Express Scripts)	8,949,295	10,764,824	10,511,270			
Prescription Rebates (Express Scripts)	(2,583,989)	(3,100,787)	(3,100,787)			
Subtotal Prescription	6,365,306	7,664,037	7,410,483	5,227,234	1,138,072	18%
Subtotal Claims	28,760,803	34,663,977	33,571,101	27,896,015	864,788	3%
Medicare Advantage- AETNA-MA	15,100	26,715	0			
Medicare Advantage - UHC-MA	561,296	677,035	648,715			
Subtotal Insured Programs	576,396	703,749	648,715	560,932	15,464	3%
Horizon Dental	971,965	1,166,562	1,206,406	839,219	132,746	14%
Partnership Health Center - Integrity Management	516,515	622,480	607,740	464,332	52,183	10%
Partnership Health Center - Rent	163,333	196,000	196,000	163,333	0	0%
Partnership Health Center - Facility Expenses	2,282,800	2,739,360	2,312,314	2,029,164	253,636	11%
Subtotal PHC	2,962,648	3,557,840	3,116,054	2,656,830	305,819	10%
Reinsurance						
Specific	1,197,434	1,444,120	1,518,982	1,302,035	(104,602)	-9%
Total Loss Fund	34,469,246	41,536,248	40,061,258	33,255,031	1,214,215	4%
Expenses						
Legal	8,333	10,000	10,000	8,333	0	0%
Executive Director/Program Manager	367,934	444,092	428,743	449,011	(917)	0%
Enrollment Vendor	80,160	96,752	93,408	Included Above in Executive Director Fee		
TPA - Aetna	565,400	682,094	662,085	566,595	(1,195)	0%
Actuary	6,970	8,364	8,364	6,970	-	0%
Auditor	16,975	20,370	15,667	16,976	(1)	0%
Consulting	132,235	168,086	127,723	132,235	-	0%
Marketing	62,500	75,000	75,000	62,500	-	0%
Subtotal Expenses	1,240,508	1,504,758	1,420,990	1,242,620	(2,112)	0%
Miscellaneous and Contingency	8,673	10,407	10,407	22,274	(13,601)	-157%
Claims Auditor	33,333	40,000	40,000	33,333	(0)	0%
GASB 75 Reporting	2,500	3,000	3,000	2,500	-	0%
A4 Surcharge	27,198	32,476	31,634	27,198	(0)	0%
ACA Taxes	9,167	11,000	11,000	9,167	(0)	0%
Subtotal Miscellaneous Expenses	80,870	96,883	96,041	94,472	(13,602)	-17%
Total Expenses	1,321,378	1,601,640	1,517,031	1,337,092	(15,714)	-1%
Total Budget	35,790,624	43,137,888	41,578,289	34,592,123	1,198,501	3%

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**  
(Hereinafter referred to as the “FUND”)

**APPOINTING CERTAIN PROFESSIONALS AND SERVICE ORGANIZATIONS  
FOR FUND YEAR 2024**

**WHEREAS**, the Southern Skyland Regional Health Insurance Fund is duly constituted as a Health Benefits Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

**WHEREAS**, the Fund found it necessary and appropriate to obtain certain professional services and other extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2024 Fund year; and,

**WHEREAS**, the Fund resolved to award Professional Service Agreements in accordance with a fair and open process pursuant to NJSA 19:44A-20.4 et. seq.; and,

**WHEREAS**, a notice soliciting proposals was published on the Fund’s website; and,

**WHEREAS**, responses were received from professional service providers and service organizations as listed below were received at the Fund office by October 12, 2023 and;

**WHEREAS**, the Fund recommended the award of contracts to the below listed Professional Service Providers and service organizations based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

**WHEREAS**, the Fund resolves to appoint the Professionals – noted below –commencing on January 1, 2024 and ending on December 31, 2024 (unless otherwise noted) at its January 2024 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Actuarial Solutions LLC** is hereby appointed as **Actuary**. \$14,500 is the annual amount that will be expended in connection with the Actuary for 2024.
- II. **Shain Schaffer** is hereby appointed as **Attorney** to the Fund. The per hour fee is \$175 at a limit not to exceed \$10,000 for 2024. The annual amount has been appropriated in the Attorney Line Item of the 2024 budget.
- III. **Mercadien, P.C.** hereby is appointed to serve as the Fund’s **Auditor**. \$15,360 has been appropriated in the Auditor Line Item of the 2024 budget.

**WHEREAS**, responses were received from extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2024 Fund year; and, as listed below were received at the Fund office by August 11, 2022 and;

**WHEREAS**, the Fund recommended the award of contracts to the below firms and service organization based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

**WHEREAS**, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2023 and ending on December 31, 2025 (unless otherwise noted) at its January 2024 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **PERMA Risk Management Services as Executive Director and Program Manager** is hereby appointed as **agents for process of service**. \$467,880 is the estimated dollars that will be expended in connection with this contract for 2024. The per employee, per month fee for 2024 is \$18.73 for administration and \$4.00 per employee per month for enrollment vendor. In addition, \$40,000 will be paid for special claim and operation audits.
- II. **Aetna** hereby is appointed to serve as Fund’s Medical Third Party Administrator at an administrative fee of \$37.33, per medical employee, per month. The annual amount of \$739,873 has been appropriated in the Medical TPA Line Item of the 2024 budget.
- III. **United Healthcare Medicare Advantage** hereby is appointed to serve as Fund’s Medicare Advantage provider for the following members:

<b>MA Premiums</b>		
<b>Plan Name</b>	<b>Carrier</b>	<b>Renewal Premium</b>
UHC Medicare Advantage PPO w/Rx (Somerset County Library)	UNITED MAPDP	273.86
Medicare Advantage (County of Somerset)	UNITED - MA	105.94
UHC Medicare Advantage (Somerset County Park Commission)	UNITED - MA	93.21

The annual amount of \$664,401 has been appropriated in the Medical Medicare Advantage Line Item of the 2024 budget.

- IV. **Aetna Medicare Advantage** hereby is appointed to serve as Fund’s Medicare Advantage provider for the Peapack Gladstone, Hillsborough Township and Raritan Township in the amount of \$387.17 per Medicare Advantage Member, per month;
- IV. **Integrity Health** hereby is appointed to serve as the Partnership Health Center administrator at an amount of \$27.50 per employee, per month. The annual amount of \$639,090 has been appropriated for this Line Item of the 2024 budget.

All other center expenses are a pass through as incurred. The annual amount of \$2,876,325 has been appropriated for this Line Item of the 2024 budget.

**Somerville Urban Renewal, LLC** is hereby paid \$19,747 a month for rental space for the Partnership Health Center.

- V. **Conner Strong & Buckelew** hereby is appointed to serve as the Fund’s **Marketing Director**. \$75,000 has been appropriated in the Marketing Line Item of the 2024 budget.

**BE IT FURTHER RESOLVED**, all Professional Service Providers and Service Organizations appointed pursuant to this Resolution shall service the Fund in accordance with the terms and conditions of the Professional Service Agreements

**BE IT FURTHER RESOLVED**, that in accordance with NJSA 19:44A-20.7, the decision of the Fund’s Executive Committee that the procurement process utilized constitutes a fair and open process, shall be final.

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 2-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2024**

**WHEREAS**, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

**NOW THEREFORE BE IT RESOLVED**, by the Executive Committee of the Southern Skyland Regional Health Insurance Fund shall hold public meetings during the year 2024 at the following location:

March 12, 2024	Somerset County	9:30am
May 14, 2024	Somerset County	9:30am
July 9, 2024	Somerset County	9:30am
September 10, 2024	Somerset County	9:30am
October 8, 2024	Somerset County	9:30am
January 14, 2025	Somerset County	9:30am

Somerset County  
20 Grove St - 2<sup>nd</sup> Floor  
Engineering Room  
Somerville, NJ 08876

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Courier News and post on the Fund website.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 3-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN**

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**2024 CASH MANAGEMENT AND INVESTMENT POLICY**

1.) *Cash Management and Investment Objectives*

The Southern Skyland Regional Health Insurance Fund (hereinafter referred to as the Fund) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the Fund portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal County entities, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the FUND economic surplus.

2.) *Permissible Investments*

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.

- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) **Authorized Depositories**

In addition to the above, the FUND is authorized to deposit Funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 18:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

Citizens Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through asset managers that may be selected by the FUND. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the FUND asset managers.

5.) **Preservation of Capital**

Securities shall be purchased with the ability to hold until maturity.

6.) **Safekeeping**

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.

7.) **Selection of Asset Managers, Custodial Banks and Operating Banks**

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the FUND's portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the FUND at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the FUND Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:



- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Committee by the Treasurer at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to Fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

**ADOPTED: January 9, 2024**

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

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

**RESOLUTION NO. 4-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**HEALTH BENEFITS RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2024**

**Adopted: JANUARY 9, 2024**

# SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

## 2024 HEALTH BENEFITS RISK MANAGEMENT PLAN

**NOW, THEREFORE, BE IT RESOLVED** that the following shall be the Fund's Risk Management Plan for the 2024 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 \$325,000 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.
- Aggregate Limit                      Not applicable.
- Basis:                                      Incurred in 12 months, paid 36 months 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. The Fund also purchases Medicare Advantage, Employer Group Waiver Programs from the commercial market for Medicare retirees and dental coverage.

## **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.

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.

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.) PARTNERSHIP HEALTH CENTER**

The Fund has created a Patient Centered Health Center for its employees. The financial impact of this service model can 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.

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.

**9.) 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) CLAIMS AND OPERATIONS AUDITS**

The Fund retains a claim auditory experienced in auditing self-insured claims and operations. Annual claims and/or operational audits will be performed annually specific to the needs of the Fund and other variables impacting the health insurance market.

**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 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/](mailto:ombudsman@dobi.state.nj.us/)

## **22.) 15<sup>th</sup> OF THE MONTH ENROLLMENT CHARGE**

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1<sup>st</sup> and the 15<sup>th</sup> of the month, but will charge the member in the following month if an enrollment occurred between the 16<sup>th</sup> and the 31<sup>st</sup> of the month. If a member should term between the 1<sup>st</sup> and the 15<sup>th</sup> 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 16<sup>th</sup> and the 31<sup>st</sup> of the month.

**ADOPTED: JANUARY 9, 2024**

**BY:** \_\_\_\_\_  
**CHAIR**

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

**RESOLUTION NO. 5-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 18:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS**, The Southern Skyland Regional Health Insurance Fund permits member entities that designate a producer or risk manager to represent them in dealings through the Fund; and

**WHEREAS**, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

**NOW THEREFORE BE IT RESOLVED**, that the Southern Skyland Regional Health Insurance Fund establishes the following producer plan for 2024;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall contract with the Fund.
3. The following sub-producers with the designated compensation levels are approved for 2024:

<b>Group Name</b>	<b>Broker Firm</b>	<b>PEPM Rate</b>	<b>Annual Fee</b>
Somerset County Library	Conner Strong & Buckelew	\$36.46	\$70,000
Somerset County Vo Tech	Fairview	\$28.57	\$39,000
Township of Raritan	Assured Partners	\$31.57	\$50,000

4. This schedule may be amended upon written notification of each listed member entity.

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND**

**ADOPTED: January 9, 2024**

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

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

**RESOLUTION NO. 6-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
AUTHORIZING FUND TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

**WHEREAS**, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Fund does not meet; and

**WHEREAS**, payment by the Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

**WHEREAS**, payment for the contracted health center administrator, Integrity Health may be made prior to bills list approval. Should the whole expense or a portion of the expense not be approved at the next Fund meeting, the fee will be reduced on the next invoice.

**BE IT RESOLVED** by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2024 and allow for the Treasurer to pay expenses due to Integrity Health prior to the bill list approval.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Southern Skyland Regional Health Insurance Fund shall ratify the contracted payments and Fund expenses so paid by the Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 7-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that Brian Auger, the Secretary of the Southern Skyland Regional Health Insurance Fund is hereby designated as the custodian of the Fund records, which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054.

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 8-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
DESIGNATING  
THE COURIER NEWS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2024**

**BE IT RESOLVED** by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Courier News is hereby designated as the official newspaper for the Southern Skyland Regional Health Insurance Fund for the year 2024 and that all official notices required to be published shall be published in this paper and on the Fund website ([www.southernkylandhif.com](http://www.southernkylandhif.com))

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Southern Skyland Regional Health Insurance fund shall give notice of said meetings to the **Courier News** and Fund website ([www.southernkylandhif.com](http://www.southernkylandhif.com))

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 9-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
RESOLUTION DESIGNATING  
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

**BE IT RESOLVED** by the Southern Skyland Regional Health Insurance Fund that all funds of the Southern Skyland Regional Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

Colleen Mahr - Chair

Yvonne Childress - Treasurer

**ADOPTED: January 9, 2024**

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

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

**Southern Skyland Regional HIF  
Program Manager**

January 2024

Program Manager: PERMA Risk Management Services LLC

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

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

Fax: 856-266-9469

**ELIGIBILITY/ENROLLMENT**

Please direct any eligibility, enrollment, or system related questions to our dedicated Southern Skyland Regional HIF team. To contact the team, email [somersetcountyinscom@permainc.com](mailto:somersetcountyinscom@permainc.com) or fax to 856-266-9469

System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@permainc.com) for additional information or to request an invite.

In the subject line of the email, please include: *Training - Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

**COVERAGE UPDATES: None**

**EXPRESS SCRIPTS UPDATE: None**

**OPERATIONAL UPDATES:**

**End of Year/Wellness Incentive Program Reporting**

End of Year Reporting was sent to all Skylands' group billing contacts on December 18<sup>th</sup>.

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2023, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2023
  - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2023 through November 30, 2023**
  - Reports were sent to group billing contacts the week of January 1<sup>st</sup>
- An additional report will be provided in late January 2024 for reimbursements issued for submissions in **December 2023**.
  - Employers are responsible for updating an employee's W-2 withholdings once received

- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
  - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee’s reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available.

**2024 LEGISLATIVE REVIEW:**

**FREE COVID-19 At-HomeTest** – Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>

**Medical and Rx Reporting: None**

**No Surprise Billing and Transparency Act- Continued Delays**

The Health Insurance Funds, including Southern Skyland Regional HIF protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Southern Skyland Regional HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

**2023 Specialized Audits**

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

**Carrier Appeals:**

Submission Date	Appeal Type/Carrier	Appeal Number	Reason	Determination	Determination Date
08/07/2023	Aetna/Medical	SSRHIF 2023-	Radiology	Upheld	08/16/2023

		12-01	Services		
12/15/2023	Aetna/Medical	SSRHIF 2023-12-02	Lab Testing	Upheld	12/15/2023

**IRO Submissions:**

Submission Date	Appeal Type/Carrier	Appeal Number	Reason	Determination	Determination Date
12/11/2023	Aetna/Medical	SSRHIF 2023-12-01	Radiology Services	Overtured	12/19/2023



**TO: Executive Committee –Southern Skyland Regional Health Insurance Fund**

**DATE: January 9, 2024**

**Re: SSRHIF 2024 Prospect Report**

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**New Members:**

- **Peapack Gladstone** – Joined the Fund for 7/1 effective date.
- **Somerville** – Joined the Fund for 8/1 effective date.
- **Hillsboro** – Joined January 1, 2024; implementation in process.
- **Raritan**– Joined January 1, 2024; Carrier put on notice.

**New Members Awaiting Fund Approval:**

- **Manville**- Passed resolution to join February 1, 2024

**No Longer Opportunities:**

- **Hackettstown** – May be future opportunity, will need updated claims for underwriting.
- **Hopatcong**- SSRHIF released a competitive proposal, entity opted to remain in the State plan.
- **Lambertville** – SSRHIF released a competitive proposal, entity opted to remain in the State plan.

# SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

**DECEMBER 2023**

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

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

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

**FUND YEAR 2023**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001521			
001521	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/23	6,194.72
			<b>6,194.72</b>
001522			
001522	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY ACCT# 273954962 STMT 12/1/23	9,073.81
001522	HORIZON BLUE CROSS BLUE SHIELD OF NJ	271255463-BOSS- INV 303161684 11/14/23	13,073.32
001522	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY ACCT # 488920617 STMT 12/1/23	546.08
001522	HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-ACCT 731345395 12/1/23	96,618.38
			<b>119,311.59</b>
001523			
001523	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 12/23	14,794.08
001523	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT FEE 12/23	8,288.00
001523	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/23	46.53
001523	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEE 12/23	23,247.84
			<b>46,376.45</b>
001524			
001524	RISK STRATEGIES COMPANY	CONSULTANT FEE 12/23	2,384.78
			<b>2,384.78</b>
001525			
001525	HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY SOMERSET 10/23-11/23	3,640.00
			<b>3,640.00</b>
001526			
001526	ACCESS	DEPT 002 INV 10543140 10/31/23 FOR NOV	6.80
			<b>6.80</b>
001527			
001527	CAPITAL BENEFITS LLC	CONSULTANT FEE 12/23	4,248.40
			<b>4,248.40</b>
001528			
001528	SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 12/23	40,229.02
			<b>40,229.02</b>
		<b>CHECK TOTAL</b>	<b>222,391.76</b>
W12230			
W12230	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 12/23	58,294.48
W12230	UNITED (MEDICARE ADVANTAGE)	DISCREPANCIES THROUGH 10/23	-1,054.59
			<b>57,239.89</b>

W12231				
W12231	AETNA	TPA FEES 12/23	58,197.47	<b>58,197.47</b>
W12232				
W12232	CONNER STRONG & BUCKELEW	CSB CONSULTING FEES 12/23	8,413.07	<b>8,413.07</b>
W12233				
W12233	CONNER STRONG & BUCKELEW	CSB MARKETING FEE 12/23	6,250.00	<b>6,250.00</b>
W12234				
W12234	INTEGRITY HEALTH, LLC	BEBETTER (W/O COACH) INV DATE 10/23	850.00	<b>850.00</b>
W12235				
W12235	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 12/23	10,966.39	<b>10,966.39</b>
W12236				
W12236	INTEGRITY HEALTH, LLC	HEALTH CENTER EXPENSES 11/23	208,197.23	
W12236	INTEGRITY HEALTH, LLC	HEALTH MGMT 11/23	47,056.50	
W12236	INTEGRITY HEALTH, LLC	HEALTH MGMT 12/23	47,184.50	<b>302,438.23</b>
		ACH/WIRE TOTAL		<b>444,355.05</b>
		Total Payments FY 2023		<b>666,746.81</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>		<b>666,746.81</b>

\_\_\_\_\_  
**Chairperson**

Attest:

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

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

\_\_\_\_\_  
**Treasurer**

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

<b>Current Fund Year: 2023</b>								
<b>Month Ending: October</b>								
	<b>Medical</b>	<b>PHC</b>	<b>Rx</b>	<b>Reinsurance</b>	<b>Dental</b>	<b>Cont.</b>	<b>Admin</b>	<b>TOTAL</b>
OPEN BALANCE	3,729,445.97	(278,419.02)	158,134.05	(298,487.27)	(10,549.00)	8,092.30	1,370,525.97	4,678,743.00
RECEIPTS								
Assessments	2,795,368.21	358,802.25	759,796.35	139,992.61	0.00	1,233.42	281,227.31	4,336,420.15
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	13,142.31	575.61	1,993.00	0.00	626.07	25.60	4,335.50	20,698.09
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	13,142.31	575.61	1,993.00	0.00	626.07	25.60	4,335.50	20,698.09
Other *	57,630.05	0.00	384,565.00	0.00	114,631.48	0.00	0.00	556,826.53
<b>TOTAL</b>	<b>2,866,140.57</b>	<b>359,377.86</b>	<b>1,146,354.35</b>	<b>139,992.61</b>	<b>115,257.55</b>	<b>1,259.02</b>	<b>285,562.81</b>	<b>4,913,944.77</b>
EXPENSES								
Claims Transfers	2,688,851.05	0.00	881,038.86	0.00	0.00	0.00	0.00	3,569,889.91
Expenses	57,301.77	261,585.66	0.00	134,448.92	100,139.54	0.00	135,310.89	688,786.78
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2,746,152.82</b>	<b>261,585.66</b>	<b>881,038.86</b>	<b>134,448.92</b>	<b>100,139.54</b>	<b>0.00</b>	<b>135,310.89</b>	<b>4,258,676.69</b>
<b>END BALANCE</b>	<b>3,849,433.72</b>	<b>(180,626.82)</b>	<b>423,449.54</b>	<b>(292,943.58)</b>	<b>4,569.01</b>	<b>9,351.32</b>	<b>1,520,777.89</b>	<b>5,334,011.08</b>



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

		October							
Month		October							
Current Fund Year		2023							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid October	Monthly Recoveries October	Calc. Net Paid Thru October	TPA Net Paid Thru October	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2023	Medical	6,738,044.15	2,567,021.10	0.00	9,305,065.25	0.00	9,305,065.25	6,738,044.15	2,567,021.10
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	3,025,336.73	881,038.86	0.00	3,906,375.59	0.00	3,906,375.59	3,025,336.73	881,038.86
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>9,763,380.88</b>	<b>3,448,059.96</b>	<b>0.00</b>	<b>13,211,440.84</b>	<b>0.00</b>	<b>13,211,440.84</b>	<b>9,763,380.88</b>	<b>3,448,059.96</b>

<b>SUMMARY OF CASH AND INVESTMENT INSTRUMENTS</b>			
<b>SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND</b>			
<b>ALL FUND YEARS COMBINED</b>			
<b>CURRENT MONTH</b>	<b>October</b>		
<b>CURRENT FUND YEAR</b>	<b>2023</b>		
	<b>Description:</b>	<b>Investors Bank</b>	
	<b>ID Number:</b>		
	<b>Maturity (Yrs)</b>		
	<b>Purchase Yield:</b>		
	<b>TOTAL for All</b>		
	<b>Accts &amp; instruments</b>		
<b>Opening Cash &amp; Investment Balance</b>	<b>\$4,678,743.04</b>	<b>4,678,743.04</b>	
<b>Opening Interest Accrual Balance</b>	<b>\$0.00</b>	<b>-</b>	
1	Interest Accrued and/or Interest Cost	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$20,698.09	\$20,698.09
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$20,698.09	\$20,698.09
9	Deposits - Purchases	\$4,893,246.68	\$4,893,246.68
10	(Withdrawals - Sales)	-\$4,258,676.69	-\$4,258,676.69
	Ending Cash & Investment Balance	\$5,334,011.12	\$5,334,011.12
	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	\$5,334,011.12	\$5,334,011.12
			\$0.00

**RESOLUTION NO. 10-24**

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
APPROVAL OF THE DECEMBER 2023 BILLS LIST**

**WHEREAS**, the **Southern Skyland Regional Health Insurance Fund** held a Public Meeting on **January 9, 2024** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the month of December 2023 for consideration and approval of the Executive Committee and

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

**NOW THEREFORE BE IT RESOLVED** the of the Southern Skyland Regional Health Insurance Fund hereby approve the Bills List for December 2023 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Insurance Funds.

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 11-24**

**SOUTHERN SKYLANDS REGIONAL HEALTH INSURANCE FUND  
AMENDING BANKING EARNINGS BASE RATE**

**WHEREAS**, the Southern Skylands Regional Health Insurance Fund (hereinafter the Fund), finds it necessary for the proper conduct and order of business that official depositories for the Fund be designated and named; and

**WHEREAS** Citizens Bank (formerly Investors Bank) for Banking services - at an earnings rate based on a combined average balance of \$20,000,000 of participating joint insurance funds which will earn base of 4.20% as of 7/1/2023 plus 80% beta on Federal Fund Target Rate increase / decrease when utilizing the fully (FDIC) insured sweep product for the funds - is hereby proposed by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f)

**NOW, THEREFORE, BE IT RESOLVED**, by the \_\_\_\_\_ Joint Insurance Fund, that Citizens Bank (formerly Investors Bank) for Banking services - at an earnings rate based on a combined average balance of \$20,000,000 of participating joint insurance funds which will earn base of 4.20% as of 7/1/2023 plus 80% beta on Federal Fund Target Rate increase / decrease when utilizing the fully (FDIC) insured sweep product for the funds-is hereby approved by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f) and that sums so deposited may be withdrawn upon a check, draft or order of the Board of Fund Commissioners; and

**BE IT FURTHER RESOLVED** that a certified copy of this Resolution, duly executed, be delivered to the proper officers of Citizens Bank.

**ADOPTED: January 9, 2024**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

## Southern Skylands Regional Partnership Health Centers Utilization Report

Date

11-Nov '23

PHC Services						
Category	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
Borough of Peapack and Gladstone		9	3	16	3	25
Borough of Somerville	9	31	1	14	10	45
County of Somerset	836	8,625	278	3,321	1,114	11,946
Somerset County Library	73	728	22	293	95	1,021
Somerset County Park Commission	125	1,174	36	389	161	1,563
Somerset County Vocational & Technical School	29	361	35	337	64	698
<b>Total</b>	<b>1,072</b>	<b>10,928</b>	<b>375</b>	<b>4,370</b>	<b>1,447</b>	<b>15,298</b>

Specialized Service						
Service	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
Behavioral Health	28	139	3	28	31	167
Care Coordination	137	1,222	29	437	166	1,659
Chiropractic	7	87	5	17	12	104
COVID19 Test	44	466	23	254	67	720
COVID19 Vaccine		14		4		18
Flu Shot	27	129	8	45	35	174
Lab	62	479	22	168	84	647
Member Services	58	413	10	121	68	534
Pharmacy	410	5,001	180	2,163	590	7,164
Physical Therapy	64	713	16	147	80	860
Physician or Nurse	218	2,107	76	924	294	3,031
Telemedicine	2	27		7	2	34
Telemedicine BH	1	39		15	1	54
Telephone	4	68		29	4	97
Xray	10	24	3	11	13	35
<b>Total</b>	<b>1,072</b>	<b>10,928</b>	<b>375</b>	<b>4,370</b>	<b>1,447</b>	<b>15,298</b>

PHC Patients						
Category	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
Borough of Peapack and Gladstone		5	2	2	2	7
Borough of Somerville	1	2	1	3	2	5
County of Somerset	298	697	111	375	409	1,064
Somerset County Library	30	72	11	34	41	106
Somerset County Park Commission	43	88	16	50	59	138
Somerset County Vocational & Technical School	13	41	16	37	29	77
<b>Total</b>	<b>385</b>	<b>904</b>	<b>157</b>	<b>501</b>	<b>542</b>	<b>1,396</b>

Rx Drugs Dispensed						
Category	01_Subscriber		02_Dependent		Total	
	M	YTD	M	YTD	M	YTD
Borough of Peapack and Gladstone		8	8	14	8	22
Borough of Somerville	1	5		7	1	12
County of Somerset	497	5,863	192	2,448	689	8,311
Somerset County Library	47	536	15	187	62	723
Somerset County Park Commission	84	957	15	239	99	1,196
Somerset County Vocational & Technical School	15	171	19	178	34	349
<b>Total</b>	<b>644</b>	<b>7,540</b>	<b>249</b>	<b>3,073</b>	<b>893</b>	<b>10,613</b>



**SOUTHERN SKYLANDS  
EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

*January 9, 2024*



## Southern Skyland Regional Health Insurance Fund

	<b>MEDICAL CLAIMS PAID 2022</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2023</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$2,173,282	1,532	\$ 1,419	\$2,157,934	1,483	\$ 1,455
FEBRUARY	\$1,741,256	1,521	\$ 1,145	\$2,068,209	1,490	\$ 1,388
MARCH	\$2,371,067	1,496	\$ 1,585	\$2,019,589	1,488	\$ 1,357
APRIL	\$1,719,709	1,482	\$ 1,160	\$2,088,755	1,494	\$ 1,398
MAY	\$2,182,352	1,480	\$ 1,475	\$2,621,911	1,498	\$ 1,750
JUNE	\$1,685,575	1,476	\$ 1,142	\$2,201,035	1,499	\$ 1,468
JULY	\$1,748,691	1,469	\$ 1,190	\$1,978,342	1,534	\$ 1,290
AUGUST	\$2,320,216	1,465	\$ 1,584	\$2,896,771	1,566	\$ 1,850
SEPTEMBER	\$1,558,216	1,453	\$ 1,072	\$2,150,117	1,562	\$ 1,377
OCTOBER	\$1,962,921	1,453	\$ 1,351	\$3,009,861	1,556	\$ 1,934
NOVEMBER	\$2,473,041	1,464	\$ 1,689	\$2,582,222	1,563	\$ 1,652
DECEMBER	\$1,761,513	1,461	\$ 1,206			
<b>TOTALS</b>	<b>\$23,697,839</b>			<b>\$25,774,745</b>		
				<b>2023 Average</b>	<b>1,521</b>	<b>\$1,538</b>
				<b>2022 Average</b>	<b>1,479</b>	<b>\$1,335</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** All  
**Group / Control:** 00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE

**Paid Dates:** 11/01/2023 - 11/30/2023  
**Service Dates:** 01/01/2011 - 11/30/2023  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$241,336.03	\$181,392.96
	\$69,506.10	\$96,465.72
	\$63,955.48	\$94,194.61
<b>Total:</b>	<b>\$374,797.61</b>	<b>\$372,053.29</b>





**Medical Claims Paid Per Member:**  
**January 2023 – November 2023**  
 Total Medical Paid per EE: **\$1,538**

**Network Discounts**

Inpatient:	<b>64.5%</b>
Ambulatory:	<b>65.8%</b>
Physician/Other:	<b>65.8%</b>
<b>TOTAL:</b>	<b>65.6%</b>

**Provider Network**

% Admissions In-Network:	<b>94.5%</b>
% Physician Office:	<b>95.1%</b>

**Aetna Book of Business:**  
 Admissions 97.4%; Physician 91.7%

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

- RWJUH Somerset
- Hunterdon Medical Center
- Morristown Medical
- RWJUH New Brunswick
- St. Peters University Hospital

**Catastrophic Claim Impact**  
 (Jan 2023 thru November 2023)

Number of Claims Over \$50,000:	<b>97</b>
Claimants per 1000 members:	<b>28.7</b>
Avg. Paid per Claimant:	<b>\$108,316</b>
Percent of Total Paid:	<b>42.6%</b>

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

**Aetna One Choice Member Outreach:**  
**Thru November 2023**

Total Members Identified:	<b>893</b>
Members Targeted for 1:1 Nurse Support :	<b>263</b>
Members Targeted for Digital Activity:	<b>472</b>
Members Targeted for Group Coaching:	<b>158</b>
Member 1:1 outreach completed:	<b>252</b>
Member 1:1 Outreach in Progress:	<b>11</b>

**Allentown Service Center Performance Goal Metrics YTD 2023**

**Customer Service Performance**

1 <sup>st</sup> Call Resolution:	<b>94.03%</b>
Abandonment Rate:	<b>0.61%</b>
Avg. Speed of Answer:	<b>18.0 sec</b>

**Claims Performance**

Financial Accuracy:	<b>98.25%</b>
90% processed w/in:	<b>7.8 days</b>
95% processed w/in:	<b>15.1 days</b>

\*\*\*\*\*

**Claims Performance (Monthly)**  
 (November 2023)

90% processed w/in:	<b>5.8 days</b>
95% processed w/in:	<b>10.5 days</b>

(Note: This is not a PG metric)

\*\*\*\*\*

**Performance Goals**

1 <sup>st</sup> Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec

Financial Accuracy: 99%

**Turnaround Time**

90% processed w/in:	14 days
95% processed w/in:	30 days



**EXPRESS SCRIPTS®**

Southern Skylands Regional Health Insurance Fund

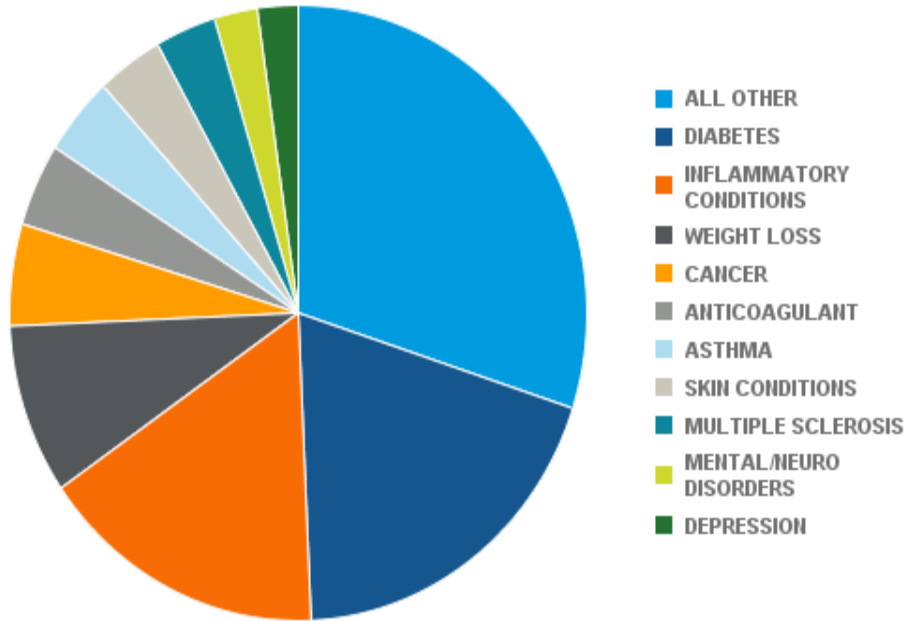
Total Component/ Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	3,777	3,753	3,762	3,764	3,752	3,730	3,734	3,739	3,711	3,700	3,687	3,699	3,682	3,698	3,712	3,697	3,725
Total Days	198,139	187,439	213,152	598,730	193,346	199,733	205,729	598,808	191,391	208,597	199,420	599,408	195,267	202,653	217,846	615,766	2,412,712
Total Patients	1,652	1,586	1,660	2,425	1,646	1,671	1,632	2,431	1,618	1,675	1,625	2,404	1,743	1,780	1,775	2,553	3,269
Total Plan Cost	\$771,990	\$661,499	\$773,313	\$2,206,802	\$702,740	\$741,060	\$708,887	\$2,152,687	\$749,247	\$817,086	\$721,956	\$2,288,289	\$666,455	\$760,384	\$830,608	\$2,257,447	\$8,905,226
Generic Fill Rate (GFR) - Total	81.5%	82.2%	83.3%	82.4%	83.0%	82.3%	84.0%	83.1%	80.5%	81.7%	79.5%	80.6%	77.6%	79.9%	80.1%	79.2%	81.3%
Plan Cost PMPM	\$204.39	\$176.26	\$205.56	\$195.43	\$187.30	\$198.68	\$189.85	\$191.93	\$201.90	\$220.83	\$195.81	\$206.19	\$181.00	\$205.62	\$223.76	\$203.52	\$199.23
Total Specialty Plan Cost	\$329,011	\$199,966	\$240,119	\$769,096	\$254,966	\$238,961	\$245,662	\$739,588	\$313,058	\$285,351	\$256,812	\$855,221	\$242,606	\$228,371	\$310,456	\$781,434	\$3,145,339
Specialty %of Total Specialty Plan Cost	42.6%	30.2%	31.1%	34.9%	36.3%	32.2%	34.7%	34.4%	41.8%	34.9%	35.6%	37.4%	36.4%	30.0%	37.4%	34.6%	35.3%

Total Component/ Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	3,752	3,732	3,744	3,743	3,761	3,782	3,793	3,779	3,855	3,968	3,947	3,923	3,922	3,923			
Total Days	209,174	187,059	223,010	619,244	197,620	212,028	217,802	627,450	201,982	221,486	206,961	630,430	222,328	212,810			
Total Patients	1,718	1,650	1,786	2,523	1,673	1,718	1,695	2,472	1,701	1,767	1,742	2,584	1,819	1,782			
Total Plan Cost	\$756,054	\$740,468	\$935,198	\$2,431,728	\$759,726	\$874,280	\$938,186	\$2,572,193	\$883,039	\$967,155	\$1,035,390	\$2,885,583	\$910,714	\$924,280			
Generic Fill Rate (GFR) - Total	80.7%	81.5%	81.9%	81.4%	82.8%	82.9%	82.8%	82.8%	82.6%	83.1%	79.1%	81.6%	78.4%	81.0%			
Plan Cost PMPM	\$201.51	\$198.41	\$249.79	\$216.58	\$202.00	\$231.17	\$247.35	\$226.90	\$229.06	\$243.74	\$262.32	\$245.16	\$232.21	\$235.61			
%Change Plan Cost PMPM	-1.4%	12.6%	21.5%	10.8%	7.9%	16.4%	30.3%	18.2%	13.5%	10.4%	34.0%	18.9%	29.3%	15.4%			
Total Specialty Plan Cost	\$259,959	\$244,917	\$334,103	\$838,978	\$268,950	\$307,689	\$307,741	\$884,380	\$333,419	\$357,771	\$400,490	\$1,091,679	\$296,377	\$306,835			
Specialty %of Total Specialty Plan Cost	34.4%	33.1%	35.7%	34.5%	35.4%	35.2%	32.8%	34.4%	37.8%	37.0%	38.7%	37.8%	32.5%	33.2%			

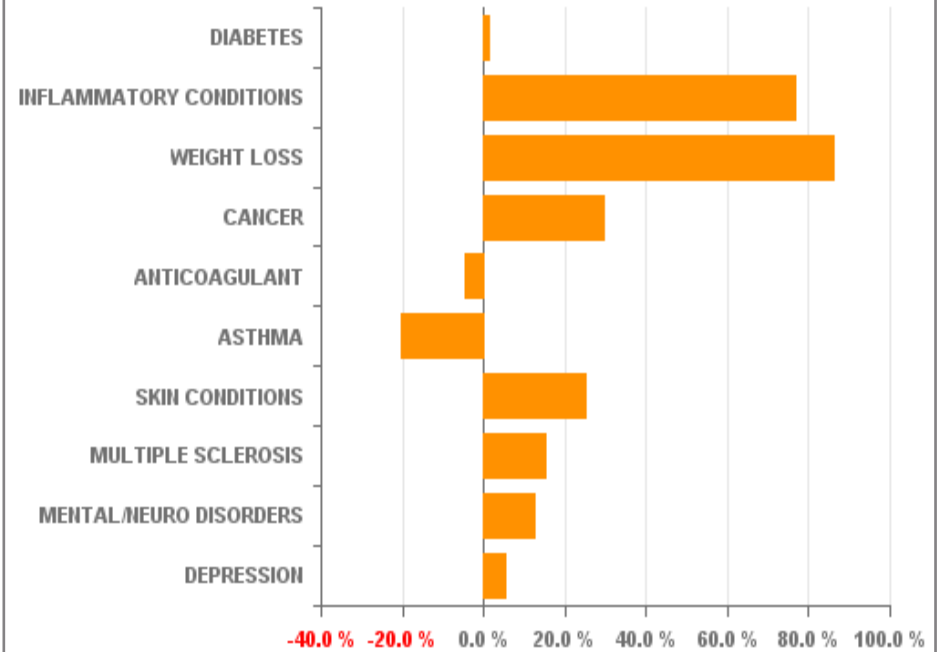
# Top Indications

Southern Skyland Regional Hlth (Current Period 01/2023 - 11/2023 vs. Previous Period 11/2022 - 11/2022) Peer = Commercial

Top Indications by Plan Cost



Plan Cost PMPM % Change (Trend)



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	DIABETES	27.50%	7,668	\$1,878,879	\$44.55	36.4%	34.8%	33.28%	707	\$162,623	\$43.98	38.5%	37.5%	13%
2	1	INFLAMMATORY CONDITIONS	23.00%	658	\$1,571,424	\$37.26	57.0%	40.1%	15.96%	53	\$77,987	\$2109	75.5%	40.8%	76.7%
3	4	WEIGHT LOSS	12.78%	770	\$873,367	\$20.71	3.6%	9.5%	8.43%	37	\$41,188	\$114	2.7%	22.1%	85.9%
4	3	CANCER	7.64%	318	\$522,179	\$12.38	89.3%	75.1%	7.24%	13	\$35,380	\$9.57	84.6%	75.0%	29.4%
5	6	ANTICOAGULANT	6.22%	1,135	\$425,037	\$10.08	23.6%	20.1%	8.00%	97	\$39,100	\$10.57	15.5%	217%	-4.7%
6	7	ASTHMA	5.97%	2,940	\$407,602	\$9.66	68.4%	77.0%	9.15%	314	\$44,713	\$12.09	61.8%	77.3%	-20.1%
7	5	SKIN CONDITIONS	5.28%	854	\$360,744	\$8.55	80.8%	88.4%	5.18%	62	\$25,299	\$6.84	80.6%	88.4%	25.0%
8	8	MULTIPLE SCLEROSIS	4.89%	75	\$334,069	\$7.92	48.0%	42.1%	5.21%	5	\$25,452	\$6.88	60.0%	37.9%	15.1%
9	9	MENTAL/NEURO DISORDERS	3.45%	679	\$235,482	\$5.58	72.6%	88.1%	3.75%	51	\$18,344	\$4.96	72.5%	85.5%	12.5%
10	10	DEPRESSION	3.27%	5,848	\$223,384	\$5.30	95.6%	98.8%	3.80%	505	\$18,568	\$5.02	96.2%	98.6%	5.5%
<b>Total Top 10</b>				<b>20,945</b>	<b>\$6,832,167</b>	<b>\$161.98</b>	<b>60.0%</b>	<b>68.2%</b>		<b>1,844</b>	<b>\$488,653</b>	<b>\$132.14</b>	<b>60.1%</b>	<b>70.4%</b>	<b>22.6%</b>

# APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
OPEN PUBLIC MEETING  
DECEMBER 5, 2023  
9:30 AM  
SOMERSET COUNTY**

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

**ROLL CALL OF 2023 EXECUTIVE COMMITTEE:**

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

**FUND PROFESSIONALS PRESENT:**

Executive Director	PERMA Risk Management Services <b>Brandon Lodics</b> <b>Emily Koval</b> <b>Jordyn DeLorenzo</b>
Program Manager	Conner Strong & Buckelew <b>Crystal Bailey</b>
Fund Attorney	Scholl, Whittlesey & Gruenberg, LLC <b>Frank Whittlesey - Absent</b>
Fund Treasurer	<b>Yvonne Childress</b>
Aetna	<b>Jason Silverstein</b>
Express Scripts	<b>Hiteksha Patel</b>
Fund Actuary	<b>John Vataha - Absent</b>
Integrity Health	<b>Doug Forrester</b>
Fund Auditor	<b>Mercadien, P.C. - Jack Hammell - Absent</b>

**ALSO PRESENT:**

Raymond Burke  
Janine Erickson  
Mike Atkinson  
Joe Ablahani  
John Lajewski  
Lily Lazroe  
Judy Lagaua  
Elizabeth Spector  
Colleen Woods

**MOTION TO APPROVE THE OPEN MINUTES OF OCTOBER 10, 2023:**

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

**CORRESPONDENCE:** None.

**EXECUTIVE DIRECTOR’S REPORT**

**FINANCIAL REPORTS – COMMISSION AND HEALTH INSURANCE FUND -** Mrs. Koval reviewed the financial fast track for September. She stated that there was an earning this month added to the surplus. She stated that there is about \$6 Million in statutory surplus which is 2 months of claims retention. Mrs. Koval stated that if the growth continues, next year there could be a discussion on declaring a dividend if the committee is comfortable and decides on that.

**RFP RESULTS -** Mrs. Koval reviewed the following information:

**Professional RFPs –** As summary of the RFP results below. Resolution 24-23 awarding the contracts is also included in the agenda. The contract will be awarded to the highlighted below:

<b>Position</b>	<b>Vendor</b>	<b>Proposed Fees</b>	<b>Notes</b>
<b>Auditor</b>	<b>Mercadien</b>	<b>2024: \$15,360</b>	Incumbent, 2% increase
<b>Actuary</b>	<b>Actuarial Solutions</b>	<b>2024: \$14,500</b>	Incumbent, 2% increase
<b>Attorney</b>	<b>Law Offices of Scholl, Whittlesey &amp; Gruenberg, LLC Franklin Whittlesey, Esq</b>	<b>2024: \$ 150.00 per hour; capped at \$10,000</b>	Incumbent, flat
<b>Attorney</b>	<b>Shain Schaffer</b>	<b>2024: \$10,000 annually \$175 an hour</b>	New
<b>Attorney</b>	<b>Florio, Kenny, Raval</b>	<b>2024: \$175 an hour for all attorneys</b>	New

**MOTION TO APPROVE RESOLUTION 24-23 AUTHORIZING PROFESSIONAL SERVICES FOR AUDITOR, ACTUARY AND ATTORNEY**

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

**MEDICAL TPA –** Responses were due on 10/12/2023. The RFP was for a 1-year contract, January 1, 2024-December 31, 2024.

**Responders:** Aetna & AmeriHealth

RFP on Current Aetna Population	2023 PEPM	Population (October 2023)	2024 PEPM Proposal	Equal to Or Better Than	Wellness Credits	Total estimated contract value
Aetna (incumbent)	\$37.33	1,576	37.3	Incumbent	\$50,000	\$ 649,265.56
AmeriHealth Administrators	N/A	0	37.1	Letter provided	\$1.25 pepm (equates to \$20,891)	\$ 674,253.52

The variance between the contracts is about \$25,000 annually, in favor of the incumbent. The process to make a change by 1/1/24 would be very difficult and there is the potential for significant employee and early retiree disruption between the carriers. As per our Attorney, our goal with this RFP is to be compliant with the law and then go out for RFP in early spring with a much more detailed review of our current contract and include the Health Center needs and make sure there is no duplicative spend between Aetna and Integrity.

**MOTION TO APPROVE RESOLUTION 25-23 AWARDING THE MEDICAL TPA CONTRACT**

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

**STOP LOSS**

At the last meeting, the Committee agreed to release of an RFP should the HCC/Tokyo Marine (current stop loss carrier) come in higher than the budget placeholder of 10%. The renewal came in +0.58% over current due to a very low loss ratio for the past 2 years. It is our recommendation to award the Stop Loss arrangement to HCC for 2024.

**Note:** All terms and conditions, including a specific limit of \$325,000 per individual, will remain the same for 2024.

**MOTION TO APPROVE RESOLUTION 26-23 AWARDING THE MEDICAL TPA CONTRACT**

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

**NEW MEMBERS**

**Hillsborough** - Hillsborough was approved in May by the Executive Committee and required documents were received. Implementation has begun.



The following members are interested in membership on/around 1/1/2024. The Fund Underwriter will be in attendance to review the demographics and risk of each member.

**Township of Raritan (1/1/2024)** – The Township of Raritan is currently self insured and will obtain some savings by joining the Fund

**Borough of Manville (2/1/2024)** – the Borough of Manville has requested a quote from the Fund which showed some savings over the State. The underwriting details are listed below.

The Chief Underwriter Raymond Burke was present at the meeting and discussed the underwriting process for the new groups joining.

#### **MOTION TO APPROVE RESOLUTION 27-23 OFFERING MEMEBERSHIP**

<b>MOTION:</b>	Commissioner Auger
<b>SECOND:</b>	Commissioner Soriano
<b>VOTE:</b>	<b>3 Ayes, 0 Nays</b>

#### **LEVEL Rx MARKET CHECK**

On behalf of the Local Funds, and the result of an RFP, the Fund entered the Level Rx coalition, administered by Express Scripts, at the end of 2021. As of November 2023, Level Rx represents 800,000 prescription lives (subscribers + dependents).

One of the contract terms requires an annual Market Check, in which the Coalition on behalf of its members negotiates with Express Scripts to get the best in market pricing available or will be required to go out to RFP for administrator. The 2024 market check has just completed, and the Coalition was successful in improving pricing for its membership. The Level Rx program continues to perform very well and continues to delivery year over year improved pricing and increased dividends.

Milliman, Level Rx's Actuary estimates the overall contract improvement to be -2.4%. This is made up of increased prescription discount costs and increased rebates.

#### **NDEMUNITY AND TRUST AGREEMENTS**

Mrs. Koval stated that there are two I&T agreements that have expired. Please get them on the next local agenda.

Somerset County – expired 12/31/2022

Somerset Library – expired 12/31/2022

#### **PROGRAM MAMAGERS REPORT:**

Mrs. Bailey reviewed the informational report in the agenda.

## ELIGIBILITY/ENROLLMENT

System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@permainc.com) for additional information or to request an invite.

## COVERAGE UPDATES:

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

## EXPRESS SCRIPTS UPDATE

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

**OPERATIONAL UPDATES: None**

## 2023 LEGISLATIVE REVIEW:

**FREE COVID-19 At-HomeTest** – Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>

**Gag Clause Prohibition Compliance Attestation** – Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a “contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party.” The CAA 2021 prohibits “gag clauses” under group health plan (GHP) agreements. The first attestation is due by December 31, 2023. The submission covers the period beginning December 27, 2020 through the date of the attestation, September 21, 2023. Subsequent attestations are due each December 31. The attestation was submitted by the Program Manager on September 21, 2023, for all groups with medical and/or prescription coverage in the Southern Skyland Regional HIF. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern Skyland Regional HIF.

**Medical and Rx Reporting: None**

**No Surprise Billing and Transparency Act- Continued Delays  
2023 Specialized Audits – no updates.**

**Carrier Appeals:**

Submission Date	Appeal Type/Carrier	Appeal Number	Reason	Determination	Determination Date
10/25/2023	Medical/Aetna	SSRHIF-2023-10-01	Surgical Services	Upheld	10/27/2023

**IRO Submissions: None**

**TREASURER** – Fund Treasurer reviewed the Bills Lists and Treasurer’s report through October 2023 is included in the Agenda. Mrs. Childress stated that there was an increase in rent for the Health Center building. She stated that this increase took place in June 2023. We will approve the pay that we owe along with starting the increase going forward.

**MOTION TO PASS RESOLUTION 29-23 THE TREASURER TO PAY SOMERVILLE URBAN RENEWAL AN ADDITIONAL \$20,484 GOING BACK TO JUNE 2023:**

**MOTION:** Commissioner Mahr  
**SECOND:** Commissioner Auger  
**VOTE:** 1 Abstention

**MOTION TO APPROVE RESOLUTION 28-23 APPROVING THE TREASURERS REPORT AND BILLS LISTS FOR NOVEMBER 2023:**

**MOTION:** Commissioner Auger  
**SECOND:** Commissioner Soriano  
**VOTE:** Unanimous

**ATTORNEY** – Fund Attorney was absent.

**AETNA:** Jason Silverstein reviewed the medical claims through the month of September 2023. He stated that there were 7 high cost claimants for the month of September over the threshold of \$50,000 and 4 for the month of October. He reviewed the dashboard report stating that all metrics continue to preform well.

**EXPRESS SCRIPTS:** Mrs. Patel reviewed the report included in the agenda through October 2023. She stated that the total plan costs per member per month is \$232.23 showing an increase in trend. The generic fill rate total is 78.4%. Mrs. Patel reviewed the Top indications and Top drug report included in the agenda.

**OLD BUSINESS - None.**

**NEW BUSINESS - None**

**PUBLIC COMMENT - None**

**EXECUTIVE SESSION:**

**MOTION TO OPEN:**

MOVED:	Commissioner Auger
SECOND:	Commissioner Soriano
VOTE:	Unanimous

An executive session was held with the Integrity Health Center to discuss Care Coordination. They presented utilization reports and experiences at the Health Center.

**MOTION TO CLOSE:**

MOVED:	Commissioner Auger
SECOND:	Commissioner Soriano
VOTE:	Unanimous

**MOTION TO ADJOURN:**

MOVED:	Commissioner Auger
SECOND:	Commissioner Soriano
VOTE:	Unanimous

**MEETING ADJOURNED: 11:30am**

**NEXT MEETING: January 9, 2024 at 9:30am**

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Minutes prepared by:

Jordyn DeLorenzo, Assistant Account Manager

# APPENDIX II

## **Southern Skylands Regional Fund 2023 Specialized Audits**

### Mental Health Parity Act

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prohibits group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less-favorable benefit limitations on those benefits than on medical/surgical benefits. Benefit treatment limitations include quantitative treatment limits (QTLs), which are expressed numerically (such as a certain number of outpatient visit limits), and non-quantitative treatment limits (NQTLs), which otherwise limit the scope or duration of benefits for treatment under a plan or coverage.

Group health plans are required to perform and document comparative analyses of the design and application of NQTLs on MH/SUD benefits in order to demonstrate compliance with the MHPAEA. Under the Consolidated Appropriations Act (CAA), plans are required to have an NQTL comparative analyses and supporting information demonstrating such compliance with MHPAEA and its requirements.

AIM will review the plan language and Aetna's NQTL analysis performed for the HIF to determine compliance with the MHPAEA. AIM will assess the HIF benefit plan designs for QTL compliance and determine if the plan design contains any red flags (e.g., PCP vs Specialist; nutritional counseling; autism limits) and provide recommendations for remediation.

### No Surprises Act

The No Surprises Act (NSA) protects people covered under group health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.

AIM will review HIF claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the NSA. AIM will identify any changes in prices paid to out-of-network providers such as anesthesiologists at in-network facilities and to in-network anesthesiologists before and after surprise-billing legislation.

### Gene Therapy

Later in the year or as cases come to light, AIM will review Gene Therapy costs under the HIF. AIM will confirm the claims administrator is administering the necessary care management programs associated with the advances in science and medicine, specifically this new type of disease mediation: Gene Therapy.

# APPENDIX III

## OATH OF OFFICE

**State of New Jersey**

**County of Somerset**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the state of New Jersey; that I will bear true faith and allegiance to the same and to the governments established in the United States and in this state, under the authority of the people and that I will faithfully, impartially, and justly perform all the duties as a member of the Executive Committee of the Southern Skyland Regional Health Insurance Fund, according to the best of my ability. (so help me God).

---

**Sworn and subscribed to**

**before me this ( 9th day of January 2024)**

\_\_\_\_\_, **Esquire**

**Attorney-at-law of New Jersey**