# SouthernSkylands

AGENDA MARCH 12, 2024 9:30 AM

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

#### OPEN PUBLIC MEETINGS ACT - STATEMENT OF COMPLIANCE

In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I. Advertising the notice in the Courier News;
- II. Filing advance written notice of this meeting with the Commissioners of the Southern Skyland Regional Health Insurance Fund; and
- III. Posting notice on the Public Bulletin Board of the Office of the County Clerk

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND AGENDA OPEN PUBLIC MEETING:

#### March 12, 2024 9:30 AM

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

#### ROLL CALL OF THE 2024 EXECUTIVE COMMITTEE

#### APPROVAL OF MINUTES - January 9, 2024 Open Public Meeting (Appendix I)

#### **REPORTS:**

EXECUTIVE DIRECTOR (PERMA)
Monthly ReportPage 1
PROGRAM MANAGERS REPORT
Monthly Report
Marketing Report
TREASURER - (Yvonne Childress)
January, February and March 2024 Voucher ListPage 14
Resolution 12-24: Bills ListPage 26
Confirmation of Claims Paid/Certification of Transfers
Ratification of Treasurers Report
ATTORNEY - (Shain Schaffer)
PARTNERSHIP HEALTH CENTER - (Integrity Health)
Monthly Report
NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)
Monthly Report Page 28
PRESCRIPTION ADMINISTRATOR - (Express Scripts)
Monthly Report Page 33
OLD BUSINESS
NEW BUSINESS
PUBLIC COMMENT
SCHEDULE NEXT MEETING -May 14, 2024

**MEETING ADJOURNMENT** 

#### SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND EXECUTIVE COMMITTEE MEETING MARCH 12, 2024 9:30 AM

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

- 1. Skylands Fund Financial Fast Track as of December 31, 2023 (page 2)
- **2. Ratios Report –** as of December 31, 2023 (page 3)
- **3. Skylands Fund Financial Fast Track –** as of January 31, 2024 (page 6)
- **4. Ratios Report -** as of January 31, 2024 (page 8)

#### **MANVILLE BOROUGH**

The Borough of Manville was approved at the last meeting but had to adjust its membership date to April 1, 2024. Implementation has begun and we anticipate Commissioner attendance at the next meeting.

#### **2024 COMMITTEE APPOINTMENTS**

We are still looking for Commissioners to be on our sub committees. Please reach out to Chair Mahr or Emily Koval.

<u>Finance & Contracts Committee</u> (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. Below is the allocation of this credit for each member.

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 HIFfinance@permainc.com by 12/31/2024.

Wellness	January Census	\$50,000
Hillsborough	138	\$ 3,683.93
Peapack and Gladstone	26	\$ 694.07
Raritan	134	\$ 3,577.15
Somerset County	1,143	\$ 30,512.55
Somerset County Librar	118	\$ 3,150.03
Somerset County Parks	163	\$ 4,351.31
Somerset County Vo Te	99	\$ 2,642.82
Somerville	52	\$ 1,388.15

		FINANCIAL FA	AST TRACK REPORT	•	)
			ecember 31, 2023		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
UNDERWRITING IN	COME	3,761,320	43,020,351	219,232,282	262,252,63
CLAIM EXPENSES					
Paid Claims		2,512,706	33,968,188	180,881,948	214,850,1
IBNR		152,810	1,341,124	1,762,266	3,103,3
Less Specific Exc		-	20,565	(3,859,666)	(3,839,1
Less Aggregate	Excess	-	-	-	•
TOTAL CLAIMS		2,665,516	35,329,877	178,784,548	214,114,42
EXPENSES					
MA & HMO Prer		196,201	1,791,986	6,326,099	8,118,0
Excess Premium	S	10,966	1,554,520	10,579,920	12,134,4
Administrative		396,377	4,742,203	18,119,479	22,861,6
TOTAL EXPENSES		603,545	8,088,708	35,025,498	43,114,2
UNDERWRITING PROF	IT/(LOSS) (1-2-3)	492,260	(398,234)	5,422,236	5,024,0
INVESTMENT INCOME		21,283	172,767	185,696	358,4
DIVIDEND INCOME		0	0	0	
STATUTORY PROFIT/(L	.OSS) (4+5+6)	513,543	(225,468)	5,607,932	5,382,4
DIVIDEND		0	0	0	
Transferred Surplus		0	0	0	
STATUTORY SURPL	.US (7-8+9)	513,543	(225,468)	5,607,932	5,382,40
		SURPLUS (DEFICIT	S) BY FLIND VFAR		
Closed	Surplus	(484)	(257,569)	(136,719)	(394,2
Closed	Cash	(484)	(209,516)	(184,772)	(394,2
2022	Surplus	39,793	(754,878)	5,744,651	4,989,7
	Cash	39,793	644,469	4,277,530	4,921,9
2023	Surplus	474,234	786,980	4,277,330	786,9
2023	Cash	3,207,925	2,770,761		2,770,:
OTAL SURPLUS (DEFI			(225,468)	5,607,932	
JIAL SURPLUS (DEFI	C113)	513,543	• • •		5,382,4
•		3,247,234	3,205,714	4,092,758	7,298,4
OTAL CASH					
•		CLAIM ANALYSIS	BY FUND YEAR		
•	LAIMS		169,261	150,611,665	150,780,9
OTAL CASH	:LAIMS	CLAIM ANALYSIS		150,611,665	150,780,
TOTAL CLOSED YEAR O	LAIMS	CLAIM ANALYSIS 484			
TOTAL CLOSED YEAR OF FUND YEAR 2022	LAIMS	CLAIM ANALYSIS	169,261	26,410,616 1,762,266	
TOTAL CLOSED YEAR OF FUND YEAR 2022 Paid Claims		CLAIM ANALYSIS 484 (22,174)	<b>169,261</b> 2,705,709	26,410,616	
TOTAL CLOSED YEAR OF FUND YEAR 2022 Paid Claims IBNR	cess	(22,174) 0	2,705,709 (1,762,266)	26,410,616 1,762,266	
TOTAL CLOSED YEAR OF FUND YEAR 2022 Paid Claims IBNR Less Specific Exc	cess	(22,174) 0 0	2,705,709 (1,762,266) 0	26,410,616 1,762,266 0	29,116,
TOTAL CLOSED YEAR OF FUND YEAR 2022  Paid Claims IBNR Less Specific Exc	cess	(22,174) 0 0 0	2,705,709 (1,762,266) 0	26,410,616 1,762,266 0	29,116,
TOTAL CLOSED YEAR OF FUND YEAR 2022  Paid Claims IBNR Less Specific Exc Less Aggregate  TOTAL FY 2022 CLAIMS	cess	(22,174) 0 0 0	2,705,709 (1,762,266) 0	26,410,616 1,762,266 0	29,116,
TOTAL CLOSED YEAR OF TOTAL CLOSED YEAR OF TOTAL CLOSED YEAR OF TOTAL CLOSED YEAR OF TOTAL PROPERTY OF TOTAL FY 2022 CLAIMS FUND YEAR 2023	cess	(22,174) 0 0 0 (22,174)	2,705,709 (1,762,266) 0 0 943,443	26,410,616 1,762,266 0	29,116, 29,116, 31,113,
TOTAL CLOSED YEAR OF FUND YEAR 2022 Paid Claims IBNR Less Specific Exc Less Aggregate TOTAL FY 2022 CLAIMS FUND YEAR 2023 Paid Claims	Excess S	CLAIM ANALYSIS  484  (22,174)  0 0 0 (22,174)  2,534,395	2,705,709 (1,762,266) 0 0 943,443	26,410,616 1,762,266 0	29,116, 29,116, 31,113,
TOTAL CLOSED YEAR OF FUND YEAR 2022 Paid Claims IBNR Less Specific Exc Less Aggregate TOTAL FY 2022 CLAIMS FUND YEAR 2023 Paid Claims IBNR	cess Excess S Cess	CLAIM ANALYSIS  484  (22,174)  0 0 0 (22,174)  2,534,395 152,810	2,705,709 (1,762,266) 0 0 943,443 31,113,783 3,103,390	26,410,616 1,762,266 0	29,116, 29,116, 31,113,
Paid Claims Less Specific Exc Less Aggregate TOTAL FY 2022 CLAIMS FUND YEAR 2023 Paid Claims Less Specific Exc Less Aggregate TOTAL FY 2022 CLAIMS FUND YEAR 2023 Paid Claims LESS Specific Exc	cess Excess S cess Excess	CLAIM ANALYSIS  484  (22,174)  0 0 0 (22,174)  2,534,395 152,810 0	2,705,709 (1,762,266) 0 0 943,443 31,113,783 3,103,390 0	26,410,616 1,762,266 0	29,116,3 29,116,3 31,113,3 3,103,3

SOUTHERN SKYLAND REGIONAL H	HEALTH INSURANCE	E FUND																
RATIOS																		
										FY20	23							
INDICES	2022	JAN		FEB	MAR		APR	MAY		JUN	JUL	AUG		SEP	OCT	NOV	$\blacksquare$	DEC
Cash Position	4,092,758	\$ 3,753,	729 5	\$ 3,734,665	\$ 4,432,29	1 \$	6,768,495	\$ 4,034,964	\$	4,432,142	\$ 4,154,617	\$ 4,701,892	\$	4,678,743	\$ 5,334,011	\$ 4,051,238	\$	7,298,472
IBNR	1,762,266	\$ 2,401,	953	\$ 2,541,598	\$ 2,632,77	9 \$	2,708,658	\$ 2,735,850	\$	2,751,561	\$ 2,813,787	\$ 2,870,166	\$	2,903,059	\$ 2,927,189	\$ 2,950,580	\$	3,103,390
Assets	7,675,776	\$ 8,040,	089	\$ 8,290,668	\$ 8,297,43	7 \$	8,454,490	\$ 8,403,761	\$	8,753,033	\$ 9,417,074	\$ 9,018,820	\$	9,173,963	\$ 8,902,703	\$ 8,164,785	\$	8,767,239
Liabilities	2,067,844	\$ 2,696,	530 \$	\$ 2,883,647	\$ 3,037,55	8 \$	2,807,855	\$ 2,835,169	\$	2,860,671	\$ 3,095,943	\$ 3,225,380	\$	3,223,042	\$ 3,261,384	\$ 3,295,863	\$	3,384,774
Surplus	5,607,932	\$ 5,343,	559 \$	\$ 5,407,021	\$ 5,259,87	8 \$	5,646,635	\$ 5,568,592	\$	5,892,362	\$ 6,321,130	\$ 5,793,439	\$	5,950,920	\$ 5,641,319	\$ 4,868,922	\$	5,382,465
Claims Paid Month	2,631,216	\$ 2,458,	823	\$ 2,626,944	\$ 2,832,24	3 \$	2,475,652	\$ 2,847,469	\$	2,569,390	\$ 2,475,786	\$ 3,382,514	\$	2,842,165	\$ 3,305,579	\$ 3,638,918	\$	2,512,706
Claims Budget Month	2,867,273	\$ 2,813,	257 \$	\$ 2,815,460	\$ 2,816,46	3 \$	2,827,630	\$ 2,853,983	\$	2,863,137	\$ 2,894,836	\$ 2,968,517	\$	2,959,617	\$ 2,940,155	\$ 2,944,208	\$	2,957,373
Claims Paid YTD	29,478,453	\$ 2,458,	823	\$ 5,085,767	\$ 7,918,01	.0 \$	10,393,662	\$ 13,241,131	\$	15,810,520	\$ 18,286,307	\$ 21,668,821	\$	24,510,986	\$ 27,816,565	\$ 31,455,483	\$	33,968,188
Claims Budget YTD	34,445,079	\$ 2,813,	257 \$	\$ 5,628,717	\$ 8,445,18	0 \$	11,272,810	\$ 14,126,794	\$	16,989,931	\$ 19,884,767	\$ 22,853,284	\$	25,812,901	\$ 28,753,056	\$ 31,697,264	\$	34,654,637
RATIOS																	E	
Cash Position to Claims Paid	1.56	1	53	1.42	1.5	56	2.73	1.42	2	1.72	1.68	1.39	9	1.65	1.61	1.11	-	2.9
Claims Paid to Claims Budget Month	0.92	(	.87	0.93	1.0	01	0.88	1	L	0.9	0.86	1.1	1	0.96	1.12	1.24		0.8
Claims Paid to Claims Budget YTD	0.86	(	0.87	0.90	0	).9	0.9	0.9	9	0.9	0.92	0.9	5	0.95	0.97	0.99		0.9
Cash Position to IBNR	2.32	:	56	1.47	1.6	68	2.5	1.47	7	1.61	1.48	1.6	1	1.61	1.82	1.37	_	2.3
Assets to Liabilities	3.71	2	.98	2.88	2.7	73	3.01	2.96	5	3.06	3.04	2.80	)	2.85	2.73	2.48	1	2.59
Surplus as Months of Claims	1.96	:	.90	1.92	1.8	87	2	1.95	5	2.06	2.18	1.9	5	2.01	1.92	1.65	,	1.8
IBNR to Claims Budget Month	0.61	(	.85	0.90	0.9	93	0.96	0.96	5	0.96	0.97	0.9	7	0.98	1	1		1.0

#### SOUTHERN SKYLAND REGIONAL HIF

#### CONSOLIDATED BALANCE SHEET

#### AS OF DECEMBER 31, 2023

#### BY FUND YEAR

	SSRHIF 2023	SSRHIF 2022	SSRHIF Closed Year	FUND BALANCE
A CONTINU	2023	2022	Closed Year	DALANCE
ASSETS				
Cash & Cash Equivalents	2,770,761	4,921,999	(394,288)	7,298,472
Assesstments Reœivable (Prepaid)	112,692	-	-	112,692
Interest Receivable	-	-	-	-
Specific Excess Receivable	-	-	-	-
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	1,288,301	67,775	-	1,356,075
Total Assets	4,171,754	4,989,773	(394,288)	8,767,239
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	3,103,390	-	-	3,103,390
A4 Retiree Surcharge	20,003	-	-	20,003
Dividends Payable	-	-	-	-
Acrued/Other Liabilities	261,381	-	-	261,381
Total Liabilities	3,384,774	-	-	3,384,774
EQUITY				
Surplus / (Defiat)	786,980	4,989,773	(394,288)	5,382,465
Total Equity	786,980	4,989,773	(394,288)	5,382,465
Total Liabilities & Equity	4,171,754	4,989,773	(394,288)	8,767,239
BALANCE	-	-	-	-

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 December 31, 2023

				X 7000	A <b>T</b> 7	0/ 77
Ermanta d I annon	VTD D-dee4s d	A	I ataut Ellad	YTD	\$ Variance	% Varaiance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed	(2(0.252)	10/
Medical Claims (Aetna)	26,990,600	26,990,600	26,160,618	27,350,952	(360,352)	-1%
Prescription Claims (Express Scripts)	10,764,824	10,764,824	10,511,270			
Prescription Rebates (Express Scripts)	(3,100,787)	(3,100,787)	(3,100,787)	( 9(( 221	707.017	100/
Subtotal Prescription	7,664,037	7,664,037	7,410,483	6,866,221	797,816	10%
Subtotal Claims	34,654,637	34,654,637	33,571,101	34,217,173	437,464	1%
Medicare Advantage- AETNA-MA	26,715	26,715	0			
Medicare Advantage - UHC-MA	677,035	677,035	648,715			
Subtotal Insured Programs	703,749	703,749	648,715	702,695	1,055	0%
Horizon Dental	1,166,562	1,166,562	1,206,406	1,089,291	77,271	7%
Partnership Health Center - Integrity Management	622,480	622,480	607,740	558,573	63,907	10%
Partnership Health Center - Rent	196,000	196,000	196,000	219,896	(23,896)	-12%
Partnership Health Center - Facility Expenses	2,739,360	2,739,360	2,312,314	2,396,264	343,096	13%
Subtotal PHC	3,557,840	3,557,840	3,116,054	3,174,733	383,107	11%
Daingunga						
Reinsurance Specific	1,444,120	1,444,120	1,518,982	1,444,120		0%
Specific	1,444,120	1,444,120	1,310,902	1,444,120	-	0 / 0
Total Loss Fund	41,526,908	41,526,908	40,061,258	40,628,012	898,896	2%
Expenses						
Legal	10,000	10,000	10,000	10,000	(0)	0%
Executive Director/Program Manager	444,092	444,092	428,743	540,844	-	0%
Enrollment Vendor	96,752	96,752	93,408	Included Above	in Executive Dir	ector Fee
TPA - Aetna	682,094	682,094	662,085	682,094	-	0%
Actuary	8,364	8,364	8,364	8,364	-	0%
Auditor	20,370	20,370	15,667	20,370	-	0%
Consulting	168,086	168,086	127,723	165,315	2,771	2%
Marketing	75,000	75,000	75,000	75,000	-	0%
Subtotal Expenses	1,504,758	1,504,758	1,420,990	1,501,986	2,771	0%
Miscellaneous and Contingency	10,407	10,407	10,407	37,891	(27,484)	-264%
Claims Auditor	40,000	40,000	40,000	40,000	(0)	0%
GASB 75 Reporting	3,000	3,000	3,000	3,000	-	0%
A4 Surcharge	32,464	32,464	31,634	32,464	0	0%
ACA Taxes	11,000	11,000	11,000	11,000	-	0%
Subtotal Miscellaneous Expenses	96,871	96,871	96,041	124,355	(27,484)	-28%
Total Expenses	1,601,629	1,601,629	1,517,031	1,626,341	(24,712)	-2%
Total Budget	43,128,537	43,128,537	41,578,289	42,254,353	874,184	2%

		SOUTHER	FINANCIAL	GIONAL HEALTH IN L FAST TRACK REPORT		<u> </u>
			AS OF	January 31, 2024		
			THIS	YTD	PRIOR	FUND
			MONTH	CHANGE	YEAR END	BALANCE
UND	ERWRITING INC	OME	4,527,620	4,527,620	262,252,633	266,780,2
	И EXPENSES		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_00,200,_
	Paid Claims		2,871,259	2,871,259	214,850,136	217,721,
	IBNR		145,534	145,534	3,103,390	3,248,
	Less Specific Exces	SS	-	-	(3,839,101)	(3,839,
	Less Aggregate Ex		-	-	-	, , ,
TOTA	AL CLAIMS		3,016,793	3,016,793	214,114,425	217,131,2
EXPEN			7,020,700	2,023,000		,
	MA & HMO Premiu	ums	185,827	185,827	8,118,085	8,303,
	Excess Premiums		171,360	171,360	12,134,440	12,305,
	Administrative		448,721	448,721	22,861,681	23,310,
TOTA	AL EXPENSES		805,908	805,908	43,114,206	43,920,1
		//LOSS\				
	RWRITING PROFIT	/ (LU33) (1-2-3)	704,918	704,918	5,024,002	5,728,
	STMENT INCOME		20,753	20,753	358,463	379,
	END INCOME	00) (0 = 5)	705 671			6 4 6 6 7
STATI	UTORY PROFIT/(LO	SS) (4+5+6)	725,671	725,671	5,382,464	6,108,1
DIVID	END		-	-	-	
Trans	ferred Surplus			_	_	
	TUTORY SURPLU	S /7 0 i 0\	725 671	725 671	E 202 464	6 100 1
JIAI	IOTORT SURPLU	3 (7-0+9)	725,671	725,671	5,382,464	6,108,1
			SURPLUS (DEF	TICITS) BY FUND YEAR		
Close	d	Surplus	(295)	(295)	(394,288)	(394,
		Cash	(295)	(295)	(394,288)	(394,
2022		Surplus	13,356	13,356	4,989,773	5,003,
		Cash	13,356	13,356	4,921,999	4,935,
2023	-	Surplus	(527,571)	(527,571)	786,980	259,
		Cash	(2,098,268)	(2,098,268)	2,770,761	672,
2024	•	Surplus	1,240,181	1,240,181		1,240,
		Cash	(446,111)	(446,111)		(446,
OTAL S	SURPLUS (DEFICI	TS)	725,671	725,671	5,382,464	6,108,1
OTAL (	•	,	(2,531,318)	(2,531,318)	7,298,472	4,767,1
OIAL	CASII				7,230,472	4,707,1
			CLAIIVI AIVAL	YSIS BY FUND YEAR		
						150 701
тота	L CLOSED YEAR CLA	AIMS	295	295	150,780,926	130,761,
	L CLOSED YEAR CLA YEAR 2022	AIMS	295	295	150,780,926	150,761,
		AIMS	(253)	(253)	<b>150,780,926</b> 29,116,325	
	YEAR 2022	AIMS				
	Paid Claims		(253)			
	Paid Claims IBNR	SS	(253)	(253)	29,116,325	
FUND	Paid Claims IBNR Less Specific Exces	SS	(253)	(253)	29,116,325	29,116,
FUND	Paid Claims IBNR Less Specific Exceedures Less Aggregate Ex	SS	(253)	(253)	29,116,325	29,116,
FUND	Paid Claims IBNR Less Specific Excee Less Aggregate Ex LFY 2022 CLAIMS	SS	(253)	(253)	29,116,325	29,116,
FUND	Paid Claims IBNR Less Specific Exces Less Aggregate Ex LFY 2022 CLAIMS OYEAR 2023	SS	(253) - - - - (253)	(253) - - - - (253) 2,335,187	29,116,325 - - - - 29,116,325	29,116, 29,116, 33,448,
FUND	Paid Claims IBNR Less Specific Exces Less Aggregate Ex LFY 2022 CLAIMS Paid Claims	cess	(253) - - - (253) 2,335,187	(253) - - - - (253)	29,116,325 - - - 29,116,325 31,113,783	29,116, 29,116, 33,448,
FUND	Paid Claims IBNR Less Specific Excest Less Aggregate Excl. FY 2022 CLAIMS Paid Claims IBNR	cess	(253) (253)  2,335,187 (1,799,966)	(253) - - - - (253) 2,335,187	29,116,325 - - - 29,116,325 31,113,783	29,116, 29,116, 33,448,
TOTA	Paid Claims  IBNR  Less Specific Excest Less Aggregate Ex  L FY 2022 CLAIMS  Paid Claims  IBNR  Less Specific Excest  LESS Specific Excest	cess	(253) (253)  2,335,187 (1,799,966) -	(253) - - - - (253) 2,335,187	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390 -	29,116, 29,116, 33,448, 1,303,
TOTA	Paid Claims IBNR Less Specific Excest Less Aggregate Ex. LFY 2022 CLAIMS Paid Claims IBNR Less Specific Excest Less Aggregate Ex. LESS Aggregate Ex. LESS Specific Excest Less Aggregate Ex.	cess	(253) (253) (253)  2,335,187 (1,799,966)	(253) (253)  2,335,187 (1,799,966)	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	29,116, 29,116, 33,448, 1,303,
TOTA	Paid Claims IBNR Less Specific Excest Less Aggregate Ex. LFY 2022 CLAIMS Paid Claims IBNR Less Specific Excest IBNR Less Specific Excest Less Aggregate Ex. LFY 2023 CLAIMS	cess	(253) (253) (253)  2,335,187 (1,799,966)	(253) (253)  2,335,187 (1,799,966)	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	29,116, 29,116, 33,448, 1,303, 34,752,
TOTA	Paid Claims IBNR Less Specific Excest Less Aggregate Excl. FY 2022 CLAIMS Paid Claims IBNR Less Specific Excest IBNR Less Specific Excest Less Aggregate Excl. FY 2023 CLAIMS VEAR 2023 CLAIMS VEAR 2024	cess	(253) (253)  2,335,187 (1,799,966) 535,221	(253) (253)  2,335,187 (1,799,966) 535,221	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	29,116, 29,116, 33,448, 1,303, 34,752, 536,
TOTA	Paid Claims IBNR Less Specific Excest Less Aggregate Excl. FY 2022 CLAIMS Paid Claims IBNR Less Specific Excest IBNR Less Specific Excest Less Aggregate Excl. FY 2023 CLAIMS Paid Claims PYEAR 2024 Paid Claims	SS Cess Cess	(253) (253)  2,335,187 (1,799,966) 535,221	(253) (253)  2,335,187 (1,799,966) 535,221	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	29,116, 29,116, 33,448, 1,303, 34,752, 536,
TOTA	Paid Claims IBNR Less Specific Excee Less Aggregate Ex L FY 2022 CLAIMS Paid Claims IBNR Less Specific Excee Less Aggregate Ex LFY 2023 CLAIMS VEAR 2023 Paid Claims Less Aggregate Ex LFY 2023 CLAIMS VEAR 2024 Paid Claims IBNR Less Specific Excee Less Specific Excee	SS Cess Cess	(253) (253)  2,335,187 (1,799,966) 535,221	(253) (253)  2,335,187 (1,799,966) 535,221	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	29,116, 29,116, 33,448, 1,303, 34,752, 536,
TOTA FUND TOTA FUND	Paid Claims IBNR Less Specific Excest Less Aggregate Excl. FY 2022 CLAIMS Paid Claims IBNR Less Specific Excest IBNR Less Specific Excest Less Aggregate Excl. FY 2023 CLAIMS PAID CLAIMS PEAR 2024 Paid Claims IBNR	SS Cess Cess	(253) (253)  2,335,187 (1,799,966) 535,221  536,030 1,945,500 -	(253) (253)  2,335,187 (1,799,966) 535,221  536,030 1,945,500 -	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	29,116, 29,116, 33,448, 1,303, 34,752, 536, 1,945,
TOTA FUND TOTA FUND	Paid Claims IBNR Less Specific Excee Less Aggregate Ex L FY 2022 CLAIMS Paid Claims IBNR Less Specific Excee Less Aggregate Ex L FY 2023 CLAIMS VEAR 2023 Paid Claims IBNR Less Aggregate Ex L FY 2023 CLAIMS VEAR 2024 Paid Claims IBNR Less Specific Excee Less Aggregate Ex Less Aggregate Ex Less Aggregate Ex	cess  cess  cess  cess  cess	(253) (253)  2,335,187 (1,799,966) 535,221  536,030 1,945,500	(253) (253)  2,335,187 (1,799,966) 535,221  536,030 1,945,500	29,116,325  29,116,325  29,116,325  31,113,783 3,103,390	150,781, 29,116, 29,116, 33,448, 1,303, 34,752, 536, 1,945, 2,481, 217,131,2

#### SOUTHERN SKYLAND REGIONAL HIF

#### CONSOLIDATED BALANCE SHEET

AS OF JANUARY 31, 2024

#### BY FUND YEAR

ASSETS	(446,111)				
	(446,111)				
Cash & Cash Equivalents		672,493	4,935,354	(394,583)	4,767,153
Assesstments Receivable (Prepaid)	3,721,440	112,692	-	-	3,834,132
Interest Receivable	-	-	-	-	-
Specific Excess Receivable	-	-	-	-	-
Aggregate Excess Receivable	-	-	-	-	-
Dividend Reœivable	-	-	-	-	-
Prepaid Admin Fees	7,185	-	-	-	7,185
Other Assets	467,090	876,989	67,775	-	1,411,853
Total Assets	3,749,603	1,662,174	5,003,129	(394,583)	10,020,323
LIABILITIES					
Accounts Payable	_	-	-	-	-
IBNR Reserve	1,945,500	1,303,424	-	-	3,248,924
A4 Retiree Surcharge	2,646	20,003	-	-	22,649
Dividends Payable	-	-	-	-	-
Accrued/Other Liabilities	561,276	79,338	-	-	640,614
Total Liabilities	2,509,422	1,402,765	-	-	3,912,187
EQUITY					
Surplus / (Defiat)	1,240,181	259,409	5,003,129	(394,583)	6,108,136
Total Equity	1,240,181	259,409	5,003,129	(394,583)	6,108,136
Total Liabilities & Equity	3,749,603	1,662,174	5,003,129	(394,583)	10,020,323
BALANCE	-	-	-	-	-

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								
RATIOS								
INDICES	2023		JAN	FEB				
INDICES	2023		JAN	ГСВ				
Cash Position	7,298,472	\$	4,767,153					
IBNR	3,103,390	\$	3,248,924					
Assets	8,767,239	\$	10,020,323					
Liabilities	3,384,774	\$	3,912,187					
Surplus	5,382,465	\$	6,108,136					
Claims Paid Month	2,512,706	\$	2,871,259					
Claims Budget Month	2,957,373	\$	3,772,822					
Claims Paid YTD	33,945,211	\$	2,871,259					
Claims Budget YTD	34,654,637	\$	3,772,822					
RATIOS								
Cash Position to Claims Paid	2.90		1.66					
Claims Paid to Claims Budget Month	0.85		0.76					
Claims Paid to Claims Budget YTD	0.98		0.76					
Cash Position to IBNR	2.35		1.47					
Assets to Liabilities	2.59		2.56					
Surplus as Months of Claims	1.82		1.62					
IBNR to Claims Budget Month	1.05		0.86					

#### SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

#### 2024 Budget Status Report

as of January 31, 2024

	as of Janua	ary 51, 2024				
				YTD	\$ Variance	% Varaiance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed	ф типинее	70 varanance
Medical Claims (Aetna)	2,954,464	35,333,063	26,160,618	1,789,639	1,164,825	39%
Prescription Claims (Express Scripts)	1,076,757	12,897,670	10,511,270	2,101,001		2,,,
Prescription Rebates (Express Scripts)	(258,399)	(3,100,787)	(3,100,787)			
Subtotal Prescription	818,358	9,796,883	7,410,483	691,891	126,467	15%
Subtotal Claims	3,772,822	45,129,946	33,571,101	2,481,530	1,291,292	34%
Medicare Advantage- AETNA-MA	11,452	141,773	0			
Medicare Advantage - UHC-MA	61,242	738,187	648,715			
Subtotal Insured Programs	72,694	879,960	648,715	67,560	5,134	7%
Horizon Dental	101,577	1,219,628	1,206,406	118,267	(16,690)	-16%
Partnership Health Center - Integrity Management	61,343	734,955	607,740	50,070	11,273	18%
Partnership Health Center - Rent	16,333	196,000	196,000	19,747	(3,414)	-21%
Partnership Health Center - Facility Expenses	239,694	2,876,328	2,312,314	209,343	30,351	13%
Subtotal PHC	317,370	3,807,283	3,116,054	279,160	38,210	12%
Reinsurance						
Specific	170,971	2,047,515	1,518,982	171,360	(390)	0%
Total Loss Fund	4,435,433	53,084,331	40,061,258	3,117,878	1,317,556	30%
Contingency	10,144	121,724	444,012	-	10,144	100%
Expenses						
Legal	833	10,000	10,000	833	0	0%
Executive Director/Program Manager	44,915	538,974	428,743	54,325	182	0%
Enrollment Vendor	9,592	115,104	93,408	Included Above	in Executive Dir	ector Fee
TPA - Aetna	69,695	834,773	662,085	73,376	(3,681)	-5%
Actuary	711	8,531	8,364	1,209	(498)	-70%
Auditor	1,731	20,777	15,667	1,731	0	0%
Consulting	21,623	258,963	127,723	21,184	439	2%
Marketing	6,250	75,000	75,000	6,250	-	0%
Subtotal Expenses	155,351	1,862,123	1,420,990	158,908	(3,557)	-2%
Miscellaneous and Contingency	867	10,407	10,407	3,507	(2,640)	-304%
Claims Auditor	3,333	40,000	40,000	3,333	(0)	0%
GASB 75 Reporting	250	3,000	3,000	250	-	0%
A4 Surcharge	2,646	30,786	31,634	2,646	0	0%
ACA Taxes	917	11,000	11,000	917	(0)	
Subtotal Miscellaneous Expenses	8,014	95,193	96,041	10,653	(2,640)	-33%
Total Expenses	163,364	1,957,316	1,517,031	169,561	(6,197)	-4%
T-4al Dudas4						2007
Total Budget	4,608,941	55,163,371	42,022,301	3,287,439	1,321,503	29%

#### Southern Skyland Regional HIF Program Manager

March 2024

Program Manager: PERMA Risk Management Services LLC Online Enrollment Training: kkidd@permainc.com Enrollments: somersetcountyinscom@permainc.com Fax: 856-266-9469

#### **ELIGIBILTY/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 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 (except June's training will be held Tuesday June 18<sup>th</sup>). Please contact <u>HIFtraining@permainc.com</u> 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:**

**4Q2023 SaveOn Savings -** In 2023, the Southern Skylands Regional Health Insurance Fund has saved \$375,191 for members enrolled in SaveOn, an additional \$50,584 in savings from 3Q2023. There are currently 64 participants in the program since January 2023, adding an additional 4 participants in 4Q2023. In 2023, Southern Skylands members who used SaveOn saved a total of \$24,053 in copays. The average savings per prescription to date is \$740. Drugs for the treatment of inflammatory conditions remain the top drugs used by Southern Skylands members in 2023 with 30 participants, an increase of 2 participants and \$25,680 in savings from 3Q2023. Please reference the 4Q2023 SaveOn report in the appendix of the agenda for additional information relating to the specific drugs being used and the associated savings for each drug in the SaveOn program.

Also included in the appendix is the 2024 SaveOn Drug listing. Please note the following effective 1/1/24:

- Drugs highlighted in green were added to the drug list, total of 28 new drugs
- Drugs highlighted in red were removed from the drug list, total of 7 drugs
  - Southern Skylands had 2 members impacted by the drugs Gilenya and Aubagio being removed. Both drugs are used to treat Multiple Sclerosis. Impacted members received notification via U.S. mail as well as an outreach from SaveOn

#### **OPERATIONAL UPDATES:**

#### **WEX Training Update**

With the growth of the HIFs, we are currently reviewing our internal processes and how to make them the most efficient for our mutual clients. We have reviewed our current training workflow process and have made some minor adjustments to our WEX training sign up process, effective immediately.

- 1. We now have a new training mailbox, <a href="https://example.com"><u>HIFtraining@permainc.com</u></a>. All groups who need assistance with training should send the request to the HIF Training mailbox, regardless of the HIF. They should no longer send request for training to their assigned HIF mailbox
- 2. We will be using a SurveyMonkey link for users to sign up located in the directions (link and QR code) of the attached training schedule. While we understand there maybe exceptions, please encourage new HR admins/groups to use the Survey Monkey. (link: <a href="https://www.surveymonkey.com/r/WEXtrainingHIF">https://www.surveymonkey.com/r/WEXtrainingHIF</a>)
- 3. The training schedule will continue to be the 3<sup>rd</sup> Wednesday of every month at 10AM, with the exception of the June 2024 training, will be held on **Tuesday June 18<sup>th</sup> at 10AM**

PLEASE NOTE: Any issues relating to logging into WEX or specific questions relating to the group should be sent to the Southern Skylands enrollment team mailbox. Only training requests should be sent to the HIF Training mailbox.

WEX training updates were sent to all brokers on February 20th to share with their groups.

#### **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. <a href="https://www.covid.gov/tests">https://www.covid.gov/tests</a>

#### 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	Appeal	Appeal	Reason	Determination	Determination
Date	Type/Carrier	Number			Date
02/16/2024	Aetna/Medical	SSRHIF 2024-	Reimbursement	Under Review	N/A
		02-01	on surgical		
			services		
02/23/2024	Aetna/Medical	SSRHIF 2024-	Reimbursement	Under Review	N/A
		02-02	on surgical		
			services		

**IRO Submissions**: None



TO: Executive Committee –Southern Skyland Regional Health Insurance Fund

**DATE:** March 7, 2024

Re: SSRHIF 2024 Prospect Report

#### **New Members:**

• Manville-Passed resolution to join April 1, 2024; had a Broker change which pushed effective date from 2/1 to 4/1.

#### **Potential Opportunities:**

- Hackettstown Broker working with Town to request claims from the State.
- Hunterdon County Considering looking for 1/1.
- Bridgewater Twp Considering looking for 1/1.

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

ELINID MEVID 2022

**JANUARY 2024** 

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

		Total Payments FY 2023	9,685.60
		TOTAL ACH-2023	1,700.00
W01242	INTEGRITY HEALTH, LLC	BEBETTER W/O COACH. INV 0980939-IN 12/23	850.00 <b>850.00</b>
W01242			850.00
W01241 W01241	INTEGRITY HEALTH, LLC	BEBETTER W/O COACH. INV 0977643-IN 11/23	850.00
		TOTAL CHECKS-2023	7,985.60
001533	HEALTH FAIRS DIRECT OF NJ	WELLNESS- MASSAGE THERAPY 12/14/23	1,040.00 <b>4,990.00</b>
001533 001533 001533	HEALTH FAIRS DIRECT OF NJ	MASSAGE/WII FIT/PARAFIN 12/1/23	3,950.00
001532 001532	FINAL TOUCH PLANTSCAPING LLC	WINTER WELLNESS DAY 2023	<b>2,074.04</b> 500.00 <b>500.00</b>
001531 001531	SOMERSET COUNTY VOCATIONAL & TECHNICAL SCHOOLS	WELLNESS- 11/26/23 12/1/23	2,074.04 2,074.04
001530 001530	SCHOLL & WHITTLESEY, LLC	LEGAL FEES 11/23	<b>76.56</b> 345.00
001529 001529	PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/23	76.56
<u>FUND YEAR 2023</u> <u>CheckNumber</u>	VendorName	Comment	<u>InvoiceAmount</u>

#### FUND YEAR 2024 CheckNumber VendorName Comment InvoiceAmount 001534 001534 MEDICARE ADVANTAGE 01/24 6,318.56 AETNA HEALTH MANAGEMENT, LLC 6,318.56 001535 001535 HORIZON BLUE CROSS BLUE SHIELD OF NJ COUNTY-ACCT 731345395 01/01/24 94,922.36 001535 HORIZON BLUE CROSS BLUE SHIELD OF NJ LIBRARY- ACCT # 488920617 STMT 1/1/24 546.08 001535 HORIZON BLUE CROSS BLUE SHIELD OF NJ 271255463-BOSS- INV 303521911 1/15/24 27.052.61 001535 HORIZON BLUE CROSS BLUE SHIELD OF NJ LIBRARY ACCT# 273954962 STMT 1/1/24 9,200.20 131,721.25 001536 001536 PERMA RISK MANAGEMENT SERVICES ADMIN FEES 01/24 17,399.20 001536 PERMA RISK MANAGEMENT SERVICES ENROLLMENT FEE 01/24 9,560.00 001536 PERMA RISK MANAGEMENT SERVICES PROGRAM MANAGER 01/24 27,365.50 54,324.70 001537 001537 CONSULTANT FEES 01/24 ASSUREDPARTNERS CAPITAL, INC 3,630.90 3,630.90 001538 001538 RISK STRATEGIES COMPANY CONSULTANT FEES 01/24 2,329.32 2,329.32 001539 EBIX INC CALENDAR FOR 2024- CUST 74566 001539 3.507.00 3,507.00 001540 001540 CAPITAL BENEFITS LLC CONSULTANT FEES 01/24 4,329.57 4,329.57 001541 001541 SOMERVILLE URBAN RENEWAL LLC MONTHLY RENT 01/24 19,747.00 19,747.00 **TOTAL CHECKS-2024** 225,908,30 W01243 W01243 UNITED (MEDICARE ADVANTAGE) MEDICARE ADVANTAGE 01/24 61,241.89 61,241.89 W01244 W01244 ACTUARIAL SOLUTIONS, LLC ACTUARY FEES Q1 2024 3,625.00 3,625.00 W01245 AETNA TPA FEES 01/24 73,375.84 W01245 73,375.84 W01246 W01246 CONNER STRONG & BUCKELEW CSB CONSULTING FEES 01/24 15,663.18 15,663.18 W01247 W01247 CONNER STRONG & BUCKELEW CSB MARKETNG FEE 01/24 6,250.00 6,250.00 W01248 HCC LIFE INSURANCE COMPANY SPECIFIC REINSURANCE 01/24 W01248 171,360.35 171,360.35 331,516,26 TOTAL ACH-2024 Total Payments FY 2024 557,424.56 TOTAL PAYMENTS ALL FUND YEARS 567,110.16 Chairperson Attest:

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

Dated: \_

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

**JANUARY 2024** 

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

FUND YEAR 202	<u>3</u>		
<u>CheckNumber</u> W01240	<u>VendorName</u>	<u>Comment</u>	InvoiceAmount
W01240	INTEGRITY HEALTH, LLC	HEALTH CENTER EXPENSES FOR 12/23	158,902.87 <b>158,902.87</b>
		<b>Total Payments FY 2023</b>	158,902.87
		TOTAL PAYMENTS ALL FUND YEARS	158,902.87
	Chairperson	<del></del>	
	Attest:		
	I hereby certify the availability of sufficient un	nencumbered funds in the proper accounts to fully pay the above clair	ms.
		Троосиров	

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

FEBRUARY 2024

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

FUND YEAR 2024			
<u>CheckNumber</u> W02240	<u>VendorName</u>	Comment	<u>InvoiceAmount</u>
W02240	INTEGRITY HEALTH, LLC	HEALTHCARE EXPENSE 01/24	209,342.91 209,342.91
		Total Payments FY 2024	209,342.91
		TOTAL PAYMENTS ALL FUND YEARS	209,342.91
	Chairperson		
	Attest:		
		Dated:	
I ho	ereby certify the availability of sufficient unencumbered fund	ds in the proper accounts to fully pay the above claims.	
		Trocamon	

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

ETIND MEAD 2022

FEBRUARY 2024

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

FUND YEAR 2023 CheckNumber	VendorName	Comment	InvoiceAmount
001542			
001542	PERMA RISK MANAGEMENT SERVICES	2023 AATRIX 1099 FILING	29.90
_			29.90
001543			
001543	DONNA M UMGELTER	REIMB FOR WELLNESS FAIR PRIZES 12/23	423.11
001544			423.11
001544	HEALTH FAIRS DIRECT OF NJ	WELL, FAIR SERVICES 12/6/23 3282-SCPC	4,730.00
001544	TIE/LETTI TAIKS DIRECT OF INS	WELL, I MIK SEK VICES 12/0/23 3202-SCI C	4,730.00
001545			-,,,,-
001545	ACCESS	INV 10628537 DEPT 002 11/30/23 FOR DEC	6.85
			6.85
		Total Payments FY 2023	5,189.86
FT. D. V. E. A. O.			
FUND YEAR 2024	W 1 W		Ŧ
<u>CheckNumber</u> 001546	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001546	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 02/24	17,376.04
001310	ABIMI IIBIBII MAMAGEMENI, EEC	HEBICINE IB VINTINGE 02/21	17,376.04
001547			27,670101
001547	HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-A# 731345395 -303632739 2/1/24	95,698.38
001547	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY-488920617 -303832580 2/1/24	546.08
001547	HORIZON BLUE CROSS BLUE SHIELD OF NJ	271255463-BOSS- INV 303800756 2/14/24	13,149.14
001547	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY ACCT# 273954962 STMT 2/2/24	8,955.89
			118,349.49
001548 001548	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT FEE 02/24	0.664.00
001548	PERMA RISK MANAGEMENT SERVICES PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 02/24	9,664.00 17,588.48
001548	PERMA RISK MANAGEMENT SERVICES PERMA RISK MANAGEMENT SERVICES	POSTAGE 01/24	117.77
001548	PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEE 02/24	27,663.20
001010		THOUSEN MAIN WIGHT ED V22	55,033.45
001549			,
001549	ASSUREDPARTNERS CAPITAL, INC	CONSULTANT FEES 02/24	3,854.34
_			3,854.34
001550			
001550	RISK STRATEGIES COMPANY	CONSULTANT FEES 02/24	2,329.32
			2,329.32

001551 001551	ACCESS	inv 10647875 DEPT 002 12/31/23 FOR JAN	6.85
001552 001552	SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 02/24	<b>6.85</b> 19,747.00 <b>19,747.00</b>
		TOTAL CHECKS	221,886.35
W02241 W02241	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 02/24	61,453.77 <b>61,453.77</b>
W02242 W02242	CAPITAL BENEFITS LLC	CONSULTANT FEES 02/24	4,247.88 <b>4,247.88</b>
W02243 W02243	AETNA	TPA FEES 02/24	73,219.06 <b>73,219.06</b>
W02244 W02244	CONNER STRONG & BUCKELEW	CONSULTING FEES 2/24 LESS JANUARY CREDIT	1,347.18 <b>1,347.18</b>
W02245 W02245	CONNER STRONG & BUCKELEW	MARKETING MGR FEE 02/24	6,250.00 <b>6,250.00</b>
W02246 W02246	INTEGRITY HEALTH, LLC	BEBETTER W/O COACH. INV 0985214-IN 01/24	850.00 <b>850.00</b>
W02247 W02247	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 02/24	171,048.53 <b>171,048.53</b>
W02248 W02248	INTEGRITY HEALTH, LLC	HEALTH MGMT 01/24	50,070.00 <b>50,070.00</b>
		TOTAL ACH	368,486.42
		<b>Total Payments FY 2024</b>	585,182.91
		TOTAL PAYMENTS ALL FUND YEARS	590,372.77
	Chairperson		
	Attest:		
	I hereby certify the availability of sufficient unencumb	Dated:ered funds in the proper accounts to fully pay the above claims.	
		Treasurer	

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

FEBRUARY 2024

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

FUND YEAR 2024			
<u>CheckNumber</u> W02249	<u>VendorName</u>	Comment	InvoiceAmount
W02249	INTEGRITY HEALTH, LLC	HEALTH CARE EXPENSE 02/24	269,755.26 <b>269,755.26</b>
		Total Payments FY 2024	269,755.26
		TOTAL PAYMENTS ALL FUND YEARS	269,755.26
	Chairperson		
	Attest:		
		Dated:	
I	hereby certify the availability of sufficient unencum	bered funds in the proper accounts to fully pay the above claims	
		<del></del>	
		Trescurer	

## SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

**MARCH 2024** 

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

FUND YEAR 2023			
<u>CheckNumber</u> W0324A	<u>VendorName</u>	<u>Comment</u>	InvoiceAmount
W0324A	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADV. 2023 DISCREPANCIES	490.41 <b>490.41</b>
		<b>Total Payments FY 2023</b>	490.41
FUND YEAR 2024			
<u>CheckNumber</u> 001553	<u>VendorName</u>	Comment	InvoiceAmount
001553	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 03/24	11,452.39 <b>11,452.39</b>
001554			11,432.37
001554	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY-488920617-303841838 3/1/24	604.36
001554	HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-A# 731345395-303841990 3/1/24	96,025.95
001554	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY# 273954962-303841668 3/1/24	8,955.89
-			105,586.20
001555	DEDMA DIGWANA GENTENE GEDVIGEG	ADDI DOGELGEOLOL	0.22
001555 001555	PERMA RISK MANAGEMENT SERVICES	ADDL POSTAGE 01/24	8.32
001555	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT FEE 03/24	9,552.00
001555	PERMA RISK MANAGEMENT SERVICES	POSTAGE 02/24	65.22
001555	PERMA RISK MANAGEMENT SERVICES PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEE 03/24 ADMIN FEES 03/24	27,342.60 17,384.64
001333	PERMA RISK WANAGEWENT SERVICES	ADMIN FEES 03/24	54,352.78
001556			ŕ
001556	ASSUREDPARTNERS CAPITAL, INC	CONSULTANT FEES 03/24	3,882.27
			3,882.27
001557			
001557	RISK STRATEGIES COMPANY	CONSULTANT FEES 03/24	2,329.32
001558			2,329.32
001558	PREPAID-USA	PREPAID VISA CARDS-INV 7617436 02/24	6,140.01
001338	I KLI AID-USA	1 KLI AID VISA CARDS-IIV /01/450 02/24	6,140.01
001559			0,210102
001559	ACCESS	inv 10700980 DEPT 002 1/31/24 FOR FEB	6.75
			6.75
001560			
001560	SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 03/24	19,747.00
			19,747.00
		TOTAL CHECKS	203,496.72
			· · · · · · · · · · · · · · · · · · ·

		Treasurer	
	I hereby certify the availability of sufficient unencum	bered funds in the proper accounts to fully pay the above claims.	
		Dated:	
	Attest:		
	Chairperson		
		TOTAL PAYMENTS ALL FUND YEARS	567,114.68
		Total Payments FY 2024	566,624.27
		TOTAL ACH/WIRES	363,617.96
W03246 W03246	CAPITAL BENEFITS LLC	CONSULTANT FEES 03/24	4,166.19 <b>4,166.19</b>
W03245 W03245	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 03/24	169,879.09 <b>169,879.0</b> 9
W03244 W03244	INTEGRITY HEALTH, LLC	HEALTH MGMT 02/24 WITH 01/24 ADJ.	50,618.00 <b>50,618.0</b> 0
W03243	CONNER STRONG & BUCKELEW	MARKETING MGR FEE 03/24	6,250.00 <b>6,250.00</b>
W03242 W03242 W03243	CONNER STRONG & BUCKELEW	CSB CONSULTING FEES 03/24	8,494.05 <b>8,494.0</b> 5
W03241 W03241	AETNA	TPA FEES 03/24	62,266.45 <b>62,266.45</b>
W03240	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 03/24	61,453.77 <b>61,453.7</b> 7
W03240			

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

Current Fund Year: 2	2023							
Month Ending: I	December							
	Medical	PHC	Rx	Reinsurance	Dental	Cont.	Admin	TOTAL
OPEN BALANCE	2,910,892.07	(195,577.80)	178,209.14	(326,288.32)	(112,347.56)	10,228.66	1,586,121.55	4,051,237.74
RECEIPTS								
Assessments	4,060,035.44	518,586.26	1,104,490.22	203,590.10	0.00	1,780.68	409,515.85	6,297,998.55
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	12,561.51	857.84	2,047.83	0.00	644.43	33.14	5,138.34	21,283.09
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	12,561.51	857.84	2,047.83	0.00	644.43	33.14	5,138.34	21,283.09
Other *	62,088.93	0.00	393,025.00	0.00	39,688.89	0.00	0.00	494,802.82
TOTAL	4,134,685.88	519,444.10	1,499,563.05	203,590.10	40,333.32	1,813.82	414,654.19	6,814,084.46
EXPENSES								
Claims Transfers	1,958,977.67	0.00	941,126.22	0.00	0.00	0.00	0.00	2,900,103.89
Expenses	63,434.61	342,667.25	0.00	10,966.39	119,311.59	0.00	130,366.97	666,746.81
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2,022,412.28	342,667.25	941,126.22	10,966.39	119,311.59	0.00	130,366.97	3,566,850.70
END BALANCE	5,023,165.67	(18,800.95)	736,645.97	(133,664.61)	(191,325.83)	12,042.48	1,870,408.77	7,298,471.50

		CERTI	FICATION AND	RECONCILIA	ATION OF CLAIMS	S PAYMENTS	AND	REC O VERIES		
			SOUTHER	N SKYLAND R	EGIONAL HEALT	H INSURANC	CEFU	ND		
Month		December								
Current	Fund Year	2023								
		1.	2.	3.	4.	5.		6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net		Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru		То Ве	Unreconciled	This
Year	Coverage	Last Month	December	December	December	December		Reconciled	Variance From	Month
2023	Medical	12,166,227.88	1,964,831.15	0.00	14,131,059.03	(	0.00	14,131,059.03	12,166,227.88	1,964,831.15
	Dental	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Rx	5,072,679.88	956,961.96	0.00	6,029,641.84	(	0.00	6,029,641.84	5,072,679.88	956,961.96
	Vision	0.00	0.00	0.00	0.00	(	0.00	0.00	0.00	0.00
	Total	17,238,907.76	2,921,793.11	0.00	20,160,700.87		0.00	20,160,700.87	17,238,907.76	2,921,793.11

-	MMARY OF CASH AND INVESTMI UTHERN SKYLAND REGIONAL H		LELINID
		EALTH INSURANCE	FUND
	L FUND YEARS COMBINED	_	
-	JRRENT MONTH	December	
CU	JRRENT FUND YEAR	2023	
		•	Investors Bank
		ID Number:	
		Maturity (Yrs)	
		Purchase Yield:	
		TO TAL for All	
	A	ccts & instruments	
or	ening Cash & Investment Balance	\$4,051,237.74	4051237.74
o r	ening Interest Accrual Balance	\$0.00	
1	Interest Accrued and/or Interest Cost	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$21,283.08	\$21,283.08
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$21,283.08	\$21,283.08
9	Deposits - Purchases	\$6,792,801.37	\$6,792,801.3
10	(Withdrawals - Sales)	-\$3,566,850.70	-\$3,566,850.70
	ding Cash & Investment Balance	\$7,298,471.49	\$7,298,471.49
En	ding Interest Accrual Balance	\$0.00	\$0.0
Plι	s Outstanding Checks	\$3,640.00	\$3,640.0
(Le	ess Deposits in Transit)	\$0.00	\$0.0
Bal	ance per Bank	\$7,302,111.49	\$7,302,111.4

#### **RESOLUTION NO. 12-24**

#### SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND APPROVAL OF THE JANUARY, FEBRUARY AND MARCH 2024 BILLS LIST

WHEREAS, the Southern Skyland Regional Health Insurance Fund held a Public Meeting on March 12, 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 January, February and March 2024 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 January, February and March 2024 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.

AD	OPTED: Miarch 12, 202	<u>24</u>	
BY:			
_	CHAIRPERSON		
AT'	TEST:		
	SECRETARY		 



Somerset County Park Commission

Total

Somerset County Vocational & Technical School

355 1,224 1,224

#### Southern Skylands Regional Partnership Health Centers Utilization Report

Date	
01-Jan '24	V

Join as in good health."	Par	tner	sni	р не	aitn	Le	enters	Utilization Ke	port			01.7011		
PHC Services								Specialized Ser	vice					
Category		01_Subscriber 02_Dependent Total				ıl		Service	01 Subscriber		02 Dependent		Total	
	M	YTD	M	YTD	M	YT	D		M	YTD	M YTD		M	YTD
		120	2000				-	0.1	- 18					30.00
Borough of Peapack and Gladstone	1	- 1	-	3		4	4	Behavioral Health	19	19				
Borough of Somerville	10			2000			11	Care Coordination	128	128	40		168	
County of Somerset	957	957		376		-		Chiropractic	29	29			32	
Somerset County Library	70	- 100	7.3	37			107	COVID19 Test	38	38	17			
Somerset County Park Commission	125	125		27		70	152	COVID19 Vaccine	-6	6	1	1	7	7
Somerset County Vocational & Technical School	57	57	25	25			82	Flu Shot	4	4	5	5		
Total	1,220	1,220	469	469	1,68	9 1,6	89	Lab	83	83	29	29	112	112
PHC Patients								Member Services	48	48	21	21	69	69
HEADERS SEED FOR SEED	01.6.6	and the same	02 De		T-4-1			Pharmacy	554	554	228	228	782	782
Category	686		RYSE CO	pendent		/==		Physical Therapy	39	39	11	11	50	50
	M YT	D	M Y	/TD	M	YTD		Physician or Nurse	248	248	94	94	342	342
Borough of Peapack and Gladstone	1	1	1	1	2	2		Telemedicine	4	4	1	1	5	5
Borough of Somerville	1	1	1	1	2	2		Telemedicine BH	2	2			2	2
County of Somerset	335	335	146	146	481	481		Telephone	13	13	6	6	19	19
Somerset County Library	30	30	14	14	44	44		Xray	5	5	4	4	9	9
Somerset County Park Commission	47	47	12	12	59	59		Total	1,220	1,220	469	469	1,689	1,689
Somerset County Vocational & Technical School	16	16	11	11	27	27								
Total	430	430	185	185	615	615								
Rx Drugs Dispensed							- 22							
Category	01_Sub	scriber	02_	Depender	nt Tot	al								
	M	YTD	M	YTD	M	Y1	TD							
Borough of Peapack and Gladstone				4	4	4	4							
Borough of Somerville	4	10	4			4	4							
County of Somerset	690	69	0 2	84 28	4 9	74	974							
Somerset County Library	44	4	4	28 2	28	72	72							
	100000													



#### SOUTHERN SKYLANDS EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

March 12, 2024



### Southern Skyland Regional Health Insurance Fund

	MEDICAL CLAIMS		_		MEDICAL CLAIMS			
	PAID 2022	# OF EES	P	ER EE	PAID 2023	# OF EES	P	ER EE
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	\$1,947,928	1,574	\$	1,238
TOTALS	\$23,697,839				\$27,722,673			
					2023 Average	1,526		\$1,513
					2022 Average	1,479		\$1,335



## Southern Skyland Regional Health Insurance Fund

	MEDICAL CLAIMS				MEDICAL CLAIMS			
	PAID 2023	# OF EES	P	ER EE	PAID 2024	# OF EES	PI	ER EE
JANUARY	\$2,157,934	1,483	\$	1,455	\$2,556,321	1,875	\$	1,363
FEBRUARY	\$2,068,209	1,490	\$	1,388				
MARCH	\$2,019,589	1,488	\$	1,357				
APRIL	\$2,088,755	1,494	\$	1,398				
MAY	\$2,621,911	1,498	\$	1,750				
JUNE	\$2,201,035	1,499	\$	1,468				
JULY	\$1,978,342	1,534	\$	1,290				
AUGUST	\$2,896,771	1,566	\$	1,850				
SEPTEMBER	\$2,150,117	1,562	\$	1,377				
OCTOBER	\$3,009,861	1,556	\$	1,934				
NOVEMBER	\$2,582,222	1,563	\$	1,652				
DECEMBER	\$1,947,928	1,574	\$	1,238				
TOTALS	\$27,722,673				\$2,556,321			
					2024 Average	1,875		\$1,363
					2023 Average	1,526		\$1,513

#### Large Claimant Report (Drilldown) - Claims Over \$100000

Plan Sponsor Unique ID: All Customer: All

Group / Control: 00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE

Paid Dates: 01/01/2024 - 01/31/2024 Service Dates: 01/01/2011 - 01/31/2024

Line of Business: All

Paid Amt

\$301,298.21

\$114,115.56

Total: \$415,413.77





Medical Claims Paid Per Member: January 2024 - January 2024

Total Medical Paid per EE: \$1,363

#### **Network Discounts**

Inpatient: 63.8% Ambulatory: 65.5% Physician/Other: 65.7% TOTAL: 65.3%

#### Provider Network

% Admissions In-Network: 94.8% % Physician Office: 95.1%

#### Aetna Book of Business:

Admissions 97.4%; Physician 91.6%

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 2024 thru January 2024)

Number of Claims Over \$50,000: 3 Claimants per 1000 members: 0.7 Avg. Paid per Claimant: \$158,177 Percent of Total Paid: 18.6%

Aetna BOB- HCC account for an average of 44.8% of total Medical Cost

#### Aetna One Choice Member Outreach:

Thru January 2024

Total Members Identified: 893 Members Targeted for 1:1 Nurse

Support : 263

Members Targeted for Digital Activity: 472

Members Targeted for Group

Coaching: 158

Member 1:1 outreach completed:

Member 1:1 Outreach in Progress: 11

#### Allentown Service Center Performance Goal Metrics YTD 2024

#### **Customer Service Performance**

1st Call Resolution: 93.9% Abandonment Rate: 0.57% Avg. Speed of Answer: 17.1 sec

Claims Performance

Financial Accuracy: 98.25%

90% processed w/in: 7.9 days 95% processed w/in: 14.0 days

#### Claims Performance (Monthly)

(February 2024)

90% processed w/in: 7.9 days 95% processed w/in: 12.3 days (Note: This is not a PG metric)

#### **Performance Goals**

1st 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



#### Southern Skylands Regional Health Insurance Fund

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	3,928	3,924	3,842
Total Days	209,145	187,059	222,952	619,156	197,620	212,028	217,802	627,450	201,983	221,486	207,096	630,565	222,482	209,476	213,462	645,420	2,522,591
Total Patients	1,718	1,650	1,786	2,523	1,673	1,718	1,695	2,472	1,701	1,767	1,743	2,584	1,821	1,788	1,832	2,660	3,430
Total Plan Cost	\$750,784	\$740,468	\$935,196	\$2,426,448	\$759,726	\$874,280	\$938,186	\$2,572,193	\$883,039	\$967,155	\$1,035,410	\$2,885,603	\$910,804	\$956,827	\$1,045,357	\$2,912,989	\$10,797,233
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%	78.5%	80.7%	81.5%	80.2%	81.5%
Plan Cost PMPM	\$200.10	\$198.41	\$249.79	\$216.11	\$202.00	\$231.17	\$247.35	\$226.90	\$229.06	\$243.74	\$262.33	\$245.17	\$232.23	\$243.90	\$266.13	\$247.43	\$234.18
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	\$347,845	\$402,106	\$1,046,328	\$3,861,366
Specialty %of Total Specialty Plan Cost	34.6%	33.1%	35.7%	34.6%	35.4%	35.2%	32.8%	34.4%	37.8%	37.0%	38.7%	37.8%	32.5%	36.4%	38.5%	35.9%	35.8%
Total Component/ Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	4,628								i								
Total Days	263,695																
Total Patients	2,093																
Total Plan Cost	\$1,050,870																
Generic Fill Rate (GFR) - Total	83.9%					'	'										
Plan Cost PMPM	\$227.07																
%Change Plan Cost PMPM	13.5%																
Total Specialty Plan Cost	\$337,232																
Specialty %of Total Specialty Plan Cost	32.1%																

2023 Plan Performance

SouthernSkylands

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Express Scripts
By EVERNORTH

## **Top Line Performance Metrics**

South	hern Skylands						
Description	2023	2022	Change				
Avg Subscribers per Month	1,817	1,748	3.9%				
Avg Members per Month	3,842	3,725	3.1%				
Number of Unique Patients	3,430	3,269	4.9%				
Pct Members Utilizing Benefit	89.3%	87.8%	1.5				
Total Plan Cost Net	\$6,424,266	\$5,695,962	12.8%	Page	-1	Pee	
Total Days	2,522,616	2,412,532	4.6%	Peer 1		reel.	
Total Adjusted Rxs	93,900	90,022	4.3%	2023	Change	2023	
Average Member Age	42.8	42.6	0.4%	37.5		37.1	
Plan Cost Net PMPM	\$139.34	\$127.43	9.4%	\$115.03	11.0%	\$132.31	
Plan Cost Net/Day	\$2.55	\$2.36	7.9%	\$2.74	7.7%	\$3.12	
Plan Cost Net per Adjusted Rx	\$68.42	\$63.27	8.1%	\$72.74	7.7%	\$82.37	
Nbr Adjusted Rxs PMPM	2.04	2.01	1.1%	1.58	3.1%	1.61	
Generic Fill Rate	83.5%	83.3%	0.1	86.1%	0.3	86.9%	
90 Day Utilization	72.8%	72.5%	0.4	67.3%	-0.5	63.8%	
Retail - Maintenance 90 Utilization	48.9%	47.8%	1.1	30.3%	1.3	45.6%	
Home Delivery Utilization	23.9%	24.7%	-0.8	37.0%	-1.8	18.3%	
Member Cost Net %	17.4%	17.6%	-0.2	17.1%	-1.1	12.8%	
Specialty Percent of Plan Cost Net	25.7%	28.4%	-2.7	42.3%	-0.9	58.1%	
Specialty Plan Cost Net PMPM	\$35.87	\$36.23	-1.0%	\$48.70	8.7%	\$76.92	
Formulary Compliance Rate	95.7%	95.2%	0.4	97.8%	0.5	99.0%	

Peer 1 = 'Coalition - Level Care LLC' market segment

Peer 2 = 'Government - NPF Formulary' market segment

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### Key Statistics: Specialty Detailed

			Southern S	Skylands					
	No	n-Specialty		:	Specialty				
Description	2023	2022	Change	2023	2022	Change			
Avg Subscribers per Month	1,817	1,748	3.9%	1,817	1,748	3.9%			
Avg Members per Month	3,842	3,725	3.1%	3,842	3,725	3.1%			
Number of Unique Patients	3,425	3,268	4.8%	138	130	6.2%			
Pct Members Utilizing Benefit	89.1%	87.7%	1.4	3.6%	3.5%	0.1			
Total Plan Cost Net	\$4,770,295	\$4,076,313	17.0%	\$1,653,971	\$1,619,649	2.1%			
Percent of Total Plan Cost Net	74.3%	71.6%	2.7	25.7%	28.4%	-2.7			
Total Days	2,490,662	2,384,598	4.4%	31,954	27,934	14.4%	Speci	alty	Spe
Total Adjusted Rxs	92,666	88,981	4.1%	1,234	1,041	18.5%	Peer	1	Pe
Percent of Total Adjusted Rxs	98.69%	98.84%	-0.2	1.31%	1.16%	0.2	2023	Change	2023
Plan Cost Net PMPM	\$103.47	\$91.19	13.5%	\$35.87	\$36.23	-1.0%	\$48.70	8.7%	\$76.9
Plan Cost Net/Day	\$1.92	\$1.71	12.0%	\$51.76	\$57.98	-10.7%	\$87.16	-2.9%	\$135.8
Plan Cost Net per Adjusted Rx	\$51.48	\$45.81	12.4%	\$1,340.33	\$1,555.86	-13.9%	\$2,380.79	-3.8%	\$3,842.5
Nbr Adjusted Rxs PMPM	2.01	1.99	1.0%	0.03	0.02	14.9%	0.02	12.9%	0.0
Generic Fill Rate	84.3%	84.0%	0.3	21.2%	21.7%	-0.5	23.6%	2.3	21.5
Member Cost Net %	10.3%	11.5%	-1.2	32.8%	29.6%	3.1	24.3%	-1.1	6.9

Specialty Peer 1 = 'Coalition - Level Care LLC' market segment

Specialty Peer 2 = 'Government - NPF Formulary' market segment

Express Scripts

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.92

.87

Change

12.2%

4.4% 4.1% 7.7% -0.3 -0.4

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DRTH

Top 10 Indications

				To	op Indica	tions b	y Plan	Cost N	let						
				2023								2022			% Change
	Peer		Adjusted		Plan Cost	Generic		Plan Cost Net		Adjusted		Plan Cost	Generic	Plan Cost Net	Plan Cost Net
Rank	Rank	Indication	Rxs	Patients	Net	Fill Rate	Fill Rate	PMPM	Rank	Rxs	Patients	Net	Fill Rate	PMPM	PMPM
1	2	DIABETES	8,360	396	\$1,045,772	36.0%	36.3%	\$22.68	1	7,941	360	\$744,408	39.7%	\$16.65	36.2%
2	1	INFLAMMATORY CONDITIONS	717	79	\$1,031,619	56.2%	51.1%	\$22.38	2	678	74	\$694,156	65.2%	\$15.53	44.1%
3	4	WEIGHT LOSS	858	135	\$676,866	3.8%	6.0%	\$14.68	6	368	60	\$273,627	8.7%	\$6.12	139.8%
4	3	CANCER	349	41	\$563,947	88.3%	80.7%	\$12.23	3	326	40	\$511,916	88.0%	\$11.45	6.8%
5	7	ASTHMA	3,226	589	\$347,081	67.8%	76.1%	\$7.53	4	3,207	572	\$330,730	63.7%	\$7.40	1.7%
6	5	MULTIPLE SCLEROSIS	79	8	\$343,263	49.4%	60.1%	\$7.45	5	65	6	\$306,006	35.4%	\$6.85	8.8%
7	8	ANTICOAGULANT	1,228	134	\$318,776	23.0%	21.2%	\$6.91	8	1,031	114	\$247,614	22.7%	\$5.54	24.8%
8	6	SKIN CONDITIONS	930	475	\$317,329	80.4%	85.5%	\$6.88	7	869	441	\$250,133	83.0%	\$5.60	23.0%
9	17	DEPRESSION	6,374	635	\$222,239	95.7%	97.8%	\$4.82	12	6,211	622	\$153,998	96.2%	\$3.45	39.9%
10	11	MENTAL DISEASES	697	90	\$221,189	72.3%	83.0%	\$4.80	11	482	71	\$163,716	69.5%	\$3.66	31.0%
		Total Top 10:	22,818		\$5,088,082	59.7%		\$110.36		21,178		\$3,676,305	62.6%	\$82.24	34.2%
		Differences Between Periods:	1,640		\$1,411,777	-2.9%		\$28.12							

The largest financially impactful change was in Weight Loss, driving \$0.4M in increased net cost

Weight Loss trend increased 139.8%, contributing an additional \$8.56 to Net PMPM

Represents 65.7% of your total Plan Cost Net

Peer - 'Coalition - Level Care LLC' market segment

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Express Scripts

Top 25 Drugs

				Top Dr	ugs by	Plan Cos	t Net								
						2023					2022			% C	ange
Rank	Peer Rank	Brand Name	Indication	Adj. Rxs	Pts.	Plan Cost Net	Plan Cost Net PMPM	Peer Plan Cost Net PMPM	Rank	Adj. Rxs	Pts.	Plan Cost Net	Plan Cost Net	Plan Cost Net	Peer Plan Cost N PMPN
1	1	WEGOVY	WEIGHTLOSS	676	106	\$587,939		\$5.75	2	197	26	\$167,377		240.6%	339.4
2	2	OZEMPIC	DIABETES	529	67	\$248,848	\$5.40	\$4.04	8	298	39	\$114,694		110.4%	88.6
3	5	ELIQUIS	ANTICOAGULANT	662	80	\$210,961	\$4.58	\$2.09	3	510	60	\$147,625	-		19.7
4	3	HUMRA(CF) PEN*	INFLAMMATORY CONDITIONS	30	3	\$149,886	\$3.25	\$3.29	22	18	3	\$59,625		143.7%	1.7
5	25	XDLAR*	ASTHMA	103	6	\$142,094	\$3.08	\$1.00	- 5	105	7	\$126,166			-19.0
6	41	VERZENIO*	CANCER	14	1	\$135,775	\$2.94	\$0.77	26	7	1	\$57,017		130.9%	27.0
7	40	ABIRATERONE ACETATE*	CANCER	16	2	\$125,670	\$2.73	\$0.79	13	11	1	\$86,373	\$1.93	41,1%	-22
8	49	SPRAVATO*	DEPRESSION	110	2	\$124,914	\$2.71	\$0.69	72	22	1	\$22,792	\$0.51	431.4%	283.
9	18	LENALIDOMIDE*	CANCER	8	1	\$119,127	\$2.58	\$1.17	102	1	1	\$14,891	\$0.33	675.6%	1845.
10	4	STELARA*	INFLAMMATORY CONDITIONS	28	3	\$117,643	\$2.55	\$2.95	36	17	2	\$44,963	\$1.01	153.7%	-16.
11	6	MOUNJARO	DIABETES	198	29	\$111,930	\$2.43	\$2.05	196	11	4	\$5,806	\$0.13	1769.1%	1373.6
12	22	REXULTI	MENTAL DISEASES	99	13	\$111,368	\$2.42	\$1.08	14	71	8	\$82,124	\$1.84	31.5%	17.1
13	11	DUPDENT SYRINGE*	SKIN CONDITIONS	58	5	\$110,894	\$2.41	\$1.61	11	43	6	\$92,326	\$2.07	16.5%	-8.1
14	57	SIMPONE	INFLAMMATORY CONDITIONS	19	2	\$109,372	\$2.37	\$0.56	6	23	2	\$125,392	\$2.81	-15.4%	9.1
15	12	DUPDENT PEN*	SKIN CONDITIONS	47	7	\$105,319	\$2.28	\$1.49	15	38	4	\$81,394	\$1.82	25.5%	23.6
16	16	COPAXONE*	MULTIPLE SCLEROSIS	22	2	\$100,561	\$2.18	\$1.31	7	23	2	\$117,898	\$2.64	-17.3%	-10.5
17	34	RINVOQ*	INFLAMMATORY CONDITIONS	25	2	\$93,825	\$2.04	\$0.82	75	4	2	\$21,982	\$0.49	313.8%	369.8
18	21	XARELTO	ANTICOAGULANT	270	31	\$86,550	\$1.88	\$1.12	20	241	26	\$71,201	\$1.59	17.9%	14.5
19	33	ENBREL SURECLICK*	INFLAMMATORY CONDITIONS	29	4	\$81,568	\$1.77	\$0.83	16	32	4	\$78,783	\$1.76	0.4%	-1.3
20	9	TRULICITY	DIABETES	182	18	\$79,050	\$1.71	\$1.76	17	188	21	\$77,453	\$1.73	-1.0%	0.4
21	38	ENTRESTO	HEART DISEASE	149	15	\$78,072	\$1.69	\$0.81	25	122	14	\$57,996	\$1.30	30.5%	27.
22	50	MESALAMINE	INFLAMMATORY CONDITIONS	133	14	\$73,270	\$1.59	\$0.68	9	137	20	\$98,871	\$2.21	-28.2%	-32
23	31	FARMGA	DIABETES	433	46	\$71,826	\$1.56	\$0.90	40	249	29	\$39,211	\$0.88	77.6%	32
24	32	8AXENDA	WEIGHT LOSS	93	31	\$68,033	\$1.48	\$0.89	10	103	32	\$96,283	\$2.15	-31.5%	-41.3
25	27	JARDIANCE	DIABETES	322	37	\$67,851	\$1.47	\$0.94	27	299	31	\$56,388	\$1.26	16.7%	0.
			Total Top 25:	4,255		\$3,312,345	\$71.85	\$39.36		2,770		\$1,944,631	\$43.50	65.1%	33.
			Differences Between Periods:	1,485		\$1,367,714	\$28.34	\$9.81							

"Specialty Drugs

Represents 51.6% of your total Plan Cost Net and comprises 11 indications

13 of your top 25 are specialty drugs, making up 45.8% of your Top 25 spend

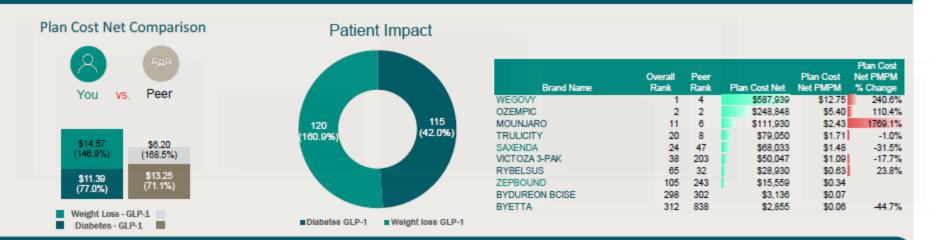
Peer - 'Coalition - Level Care LLC' market segment

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Express Scripts
By EVERNORTH

### GLP-1s

The FDA has approved the use of GLP-1s for weight loss among individuals who have a BMI of at least 30, or BMI of 27 with one other risk factor. This is approximately half of the adult population in the U.S., and very likely half of your patient population. For those on GLP-1s for weight loss, the likelihood of staying on the drug long-term varies.





GLP-1 drugs were responsible for \$1.2M, which is 15.4% of your overall cost



Double digit trend growth is expected the next few years as more GLP-1 drugs come to market.

GLP-1 = Glucagon-like Peptide-1 Receptor Agonist
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## **APPENDIX I**

#### SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND OPEN PUBLIC MEETING JANUARY 9, 2024 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, ChairPresentBrian Auger, SecretaryPresentGeoffrey Soriano, CommissionerAbsentAdam Beder, CommissionerPresent

**FUND PROFESSIONALS PRESENT:** 

Executive Director PERMA Risk Management Services

Emily Koval

Jordyn DeLorenzo

Program Manager Conner Strong & Buckelew

**Crystal Bailey** 

Fund Attorney Shain Schaffer

Joel Schaffer

Fund Treasurer Yvonne Childress

Aetna Jason Silverstein

Express Scripts Charles Yuk

Fund Actuary John Vataha - Absent

Integrity Health Lily Lazroe

Fund Auditor Mercadien, P.C. – Jack Hammell – Absent

#### **ALSO PRESENT:**

Joe Graham

Arge Mardakis

John Lajewski

Diane Peterson

Janine Erickson

Bonnie Lacamera

Frank Covelli

#### MOTION TO APPROVE THE OPEN MINUTES OF DECEMBER 5, 2023:

MOTION: Commissioner Auger SECOND: Commissioner Mahr

**VOTE:** All in Favor

#### **CORRESPONDENCE:** None.

#### SINE DIE

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

MEMBER	COMMISSIONER	PRESENT/ABSENT
Somerset County	Colleen Mahr, Chair	Present
Somerset County Library	Brian Auger, Secretary	Present
Somerset County Parks Commission	Dan Hayes	Present
Somerset County VoTech	Adam Beder	Present
Somerville Borough	Kevin Sluka	Absent
Borough of Peapack and Gladstone	Nancy Bretzger	Absent
Hillsborough Township	Anthony Ferrera	Present
Raritan Township	Karen Gilbert	Absent

#### **ELECTION OF OFFICERS**

Colleen Mahr, Chair
Brian Auger, Secretary
Dan Hayes, Executive Committee Member
Adam Beder, Executive Committee Member
Anthony Ferrera, Executive Committee Member

#### MOTION TO APPROVE THE ELECTION OF THE CHAIR AND SECRETARY:

MOTION: Commissioner Beder SECOND: Commissioner Auger VOTE: 5 Ayes, 0 Nays

#### MOTION TO APPROVE THE SLATE AS PRESENTED:

MOTION: Commissioner Mahr SECOND: Commissioner Auger VOTE: 5 Ayes, 0 Nays

#### OATH - ATTORNEY SWEARS IN EXECUTIVE COMMITTEE

#### **ROLL CALL OF THE 2024 EXECUTIVE COMMITTEE**

Colleen Mahr, Chair Brian Auger, Secretary Dan Hayes, Executive Committee Member Adam Beder, Executive Committee Member Anthony Ferrera, Executive Committee Member

#### EXECUTIVE DIRECTOR'S REPORT

**FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND -** Mrs. Koval reviewed the financial fast track for October. She stated that there was a reduction in surplus but still are at 2 months' worth of claims in retention of surplus. This could lead to a future dividend discussion. She stated that November and December's financials are looking good and will report on that at the next meeting.

**2024 ORGANIZATION RESOLUTIONS** - Mrs. Koval reviewed the below resolutions 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.

**MOTION TO APPROVE:** 

MOTION: Commissioner Ferrera SECOND: Commissioner Auger VOTE: 5 Ayes, 0 Nays

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

**MOTION TO APPROVE:** 

MOTION: Commissioner Beder SECOND: Commissioner Auger

VOTE: All in Favor

**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.

MOTION TO APPROVE:

MOTION: Commissioner Beder SECOND: Commissioner Auger

VOTE: All in Favor

**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.

MOTION TO APPROVE:

MOTION: Commissioner Ferrera SECOND: Commissioner Auger

VOTE: All in Favor

**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.

MOTION TO APPROVE:

MOTION: Commissioner Mahr SECOND: Commissioner Beder VOTE: 5 Ayes, 0 Nays

**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.

**MOTION TO APPROVE:** 

MOTION: Commissioner Mahr SECOND: Commissioner Auger VOTE: 5 Ayes, 0 Nays

**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.

MOTION TO APPROVE:

MOTION: Commissioner Mahr SECOND: Commissioner Ferrera

VOTE: All in Favor

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

MOTION TO APPROVE:

MOTION: Commissioner Auger SECOND: Commissioner Beder

VOTE: All in Favor

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

MOTION TO APPROVE:

MOTION: Commissioner Auger SECOND: Commissioner Ferrera

VOTE: 5 Ayes, 0 Nays

**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. <u>Finance & Contracts Committee</u> (allow 2-3 Commissioners)

Operations and Claims Committee (allow 2-3 Commissioners)

**WELLNESS -** Mrs. Koval stated that 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.

#### PROGRAM MAMAGERS REPORT:

Mrs. Bailey reviewed the informational report in the agenda.

#### **ELIGIBILTY/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, <u>aflinn@permainc.com</u> for additional information or to request an invite.

**COVERAGE UPDATES:** 

**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 18th.

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
  - o 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** 
  - o Reports were sent to group billing contacts the week of January 1st
- 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. <a href="https://www.covid.gov/tests">https://www.covid.gov/tests</a>

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act- Continued Delays

2023 Specialized Audits - No updates

#### **Carrier Appeals:**

Submission	Appeal	Appeal	Reason	Determination	Determination
Date	Type/Carrier	Number			Date
08/07/2023	Aetna/Medical	SSRHIF 2023-	Radiology	Upheld	08/16/2023
		12-01	Services		
12/15/2023	Aetna/Medical	SSRHIF 2023-	Lab Testing	Upheld	12/15/2023
		12-02			

#### **IRO Submissions:**

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

**TREASURER** – Fund Treasurer reviewed the Bills Lists and Treasurer's report through December 2023 is included in the Agenda.

MOTION TO APPROVE RESOLUTION 10-24 APPROVING THE TREASURERS REPORT AND BILLS LISTS FOR DECEMBER 2023:

MOTION: Commissioner Auger SECOND: Commissioner Beder VOTE: 5 Ayes, 0 Nays

MOTION TO APPROVE RESOLUTION 11-24 AMENDING BANK EARNINGS RATE THROUGH CITIZENS BANK:

MOTION: Commissioner Ferrera
SECOND: Commissioner Hays
VOTE: 5 Ayes, 0 Nays

**ATTORNEY -** Fund Attorney stated no report.

**INTEGRITY HEALTH -** Lily Lazaro reviewed the utilization report through November 2023.

**AETNA:** Jason Silverstein was absent. Mrs. Koval stated that if there are any questions on the report in the agenda she will pass it along.

**EXPRESS SCRIPTS:** Mr. Yuk reviewed the report included in the agenda through November 2023. He stated that the total plan costs per member per month is \$235.61 showing an increase in trend. The generic fill rate total is 81.%. Mr. Yuk reviewed the Top indications and Top drug report included in the agenda.

Commissioner Beder expressed his concerns with the weight loss drug usage if the pill form of this becomes popular and available to all. Mr. Yuk stated that there are still ways to contain the usage including the patient being monitored and having strict prequalification's. Mr. Beder stated that the usage and cost will become overwhelming before the fund or anyone sees a health cost savings. Mr.

Yuk stated that with more competitors coming to the market, it will drive the cost of the medications down. Ms. Lazaro stated that weight loss treatments are paired with lifestyle changes as well. That is the goal of the Health center is to help these individuals build healthy habits along with the medications. It is a requirement. If they are taking the weight loss drugs they are held accountable to attend meetings and get regular monitoring. Chair Mahr stated that this could be something that Care coordination can focus on.

#### OLD BUSINESS - None.

#### **NEW BUSINESS - None**

#### MOTION TO OPEN PUBLIC COMMENT:

MOVED: Commissioner Auger SECOND: Commissioner Ferrera

VOTE: Unanimous

#### **PUBLIC COMMENT - None**

#### MOTION TO CLOSE PUBLIC COMMENT:

MOVED: Commissioner Auger SECOND: Commissioner Ferrera

VOTE: Unanimous

MOTION TO ADJOURN:

MOVED: Commissioner Auger SECOND: Commissioner Ferrera

VOTE: Unanimous

**MEETING ADJOURNED: 11:30am** 

NEXT MEETING: March 12, 2024 at 9:30am

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 innetwork 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.