SouthernSkylands

AGENDA MAY 14, 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: May 14, 2024

9:30 AM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

ROLL CALL OF THE 2024 EXECUTIVE COMMITTEE

Colleen Mahr, Chair Brian Auger, Secretary Adam Beder, Commissioner Dan Hayes, Commissioner Anthony Ferrera, Commissioner

APPROVAL OF MINUTES - March 12, 2024 Open Public Meeting (Appendix I)

REPORTS:

EXECU'	TIVE DIRECTOR (PERMA)	
	Monthly Report	Page 1
DDOCI	DAMMANIA CERC REPORT	
PROGI	RAM MANAGERS REPORT	
	Monthly Report	
	Marketing Report	Page 21
TREAS	URER - (Yvonne Childress)	
	April & May 2024 Voucher List	Page 22
	Resolution 18-24: Bills List	Page 30
	Confirmation of Claims Paid/Certification of Transfers	age 30
	·	
	Ratification of Treasurers Report	
ATTOR	RNEY - (Joel Shain)	
PARTN	IERSHIP HEALTH CENTER - (Integrity Health)	
	Monthly Report	Page 31
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NETWO	ORK & THIRD PARTY ADMINISTRATOR - (Aetna)	
	Monthly Report	Page 32
PRESCI	RIPTION ADMINISTRATOR - (Express Scripts)	
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OLD BU	USINESS	
NEW B	USINESS	
PUBLIC	COMMENT	
	OULE NEXT MEETING -July 9, 2024	
	-	

MEETING ADJOURNMENT

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND EXECUTIVE COMMITTEE MEETING MAY 14, 2024 9:30 AM

FINANCIAL REPORTS - COMMISSION AND HEALTH INSURANCE FUND

- **1. Skylands Fund Financial Fast Track –** as of February 29, 2024 (page 4)
- **2. Ratios Report -** as of February 29, 2024 (page 5)

2023 SOUTHERN SKYLANDS REGIONAL HEALTH INSURANCE FUND AUDIT

The Fund Auditor, Mercadian has completed the 2023 internal audit of the Southern Skylands Regional Health Insurance Fund. The full audit will be distributed prior to the meeting, along with a summary presentation. Matt and Digesh from Mercadian will be on the call to present their findings. There are no comments or recommendations. We ask for a motion to accept the Audit and file with the State. Resolution 13-24 is included on page 9 and affidavit should be signed by all present commissioners for State filing.

MOTION: *Motion to approve Resolution 13-24 accepting the 2023 Audit and File with the State.*

Once this audit is filed, PERMA recommends the closure of Fund Year 2022. All IBNR has been expensed and there are no outstanding accounts receivable or payable.

MOTION: *Motion to approve Resolution 14-24 closing Fund Year 2022.*

PAYMENT OF PERFORMANCE GUARENTEE

As part of the Health Center administrator's contract, Integrity Health has submitted Performance Guarantee payments for 2021 and 2022 contracts. Details of the metrics, which are calculated from the 2019 Fund Year performance are included on page 12 with the resolution. The results are as follows:

2021: 60% Performance Reached = \$72,000 2022: 68% Performance Reached = \$81,600

Resolution 15-24 approves payments from closed year for 2021 and Fund Year 2022.

PERMA will work with the treasurer to initiate payment after this approval.

HEATLH CENTER RFP

The Health Center contract with Integrity ends 12/31/2024. An RFP will need to be released soon to accommodate a 1/1/2025 contract start date. We will discuss further at the meeting, but a resolution is included if the Fund deems it necessary to act at the meeting.

MEDICAL CLAIMS RFP/CO-OPERATIVE

The Medical TPA contract through Aetna and the Medicare Advantage contracts through Aetna and United terminate at the end of this year. The Fund has the option to join a cooperative pricing system with other PERMA administered Funds in the State, while also releasing an RFP direct from the Fund. A discussion of both RFP options will occur at the meeting. There are resolutions prepared in the agenda for action, should the Committee see fit.

2024 COMMITTEE APPOINTMENTS

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

Finance & Contracts Committee (allow 2-3 Commissioners)

1. Dan Hayes

2.

Operations and Claims Committee (allow 2-3 Commissioners)

1. Anthony Ferrera

2.

	300111211		GIONAL HEALTH IN FAST TRACK REPORT)
		AS OF	February 29, 2024		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
UNDERWRITIN	IG INCOME	4,688,661	9,216,281	262,252,633	271,468,9
CLAIM EXPENSES	;	, ,	, ,		, ,
Paid Claim	S	3,896,394	6,767,653	214,781,777	221,549,4
IBNR		229,282	374,816	3,103,390	3,478,
Less Specif		-	-	(3,839,101)	(3,839,
	gate Excess	-	-	-	
TOTAL CLAIMS	5	4,125,676	7,142,469	214,046,065	221,188,5
EXPENSES					
) Premiums	197,179	383,006	8,118,576	8,501,
Excess Pre		171,049	342,409	12,134,440	12,476,
Administra	_	514,229	962,950	22,866,871	23,829,
TOTAL EXPENS		882,457	1,688,365	43,119,886	44,808,2
	PROFIT/(LOSS) (1-2-3)	(319,472)	385,446	5,086,681	5,472,
INVESTMENT INC		21,977	42,730	358,463	401,
DIVIDEND INCOM		- (00= 45=)		-	
STATUTORY PRO	FIT/(LOSS) (4+5+6)	(297,495)	428,176	5,445,144	5,873,3
DIVIDEND		-		-	
Transferred Surp	dus IN	_			
		-	-		
Transferred Surp		-	-	-	
STATUTORYS	JRPLUS (7-8+9)	(297,495)	428,176	5,445,144	5,873,3
		SURPLUS (DEFI	CITS) BY FUND YEAR		
Closed	Surplus	2,205	1,911	(394,288)	(392,
	Cash	2,205	1,911	(394,288)	(392,
2022	Surplus	14,589	27,945	4,989,773	5,017,
	Cash	14,589	27,945	4,921,999	4,949,
2023	Surplus	297,481	(230,089)	849,659	619,
2024	Cash	254,787	(1,843,481)	2,770,761	927,
2024	Surplus Cash	(611,771)	628,410		628,
		(59,126)	(505,237)	E 445 444	(505,
			428,176	5,445,144	5,873,3
TAL SURPLUS ((297,495)	•		
TAL SURPLUS (212,456	(2,318,863)	7,298,472	4,979,6
TAL SURPLUS (212,456	•	7,298,472	4,979,6
TAL SURPLUS (DEFICITS)	212,456	(2,318,863)	7,298,472 150,780,926	
TAL SURPLUS (DTAL CASH TOTAL CLOSED Y FUND YEAR 2022	DEFICITS) EAR CLAIMS	212,456 CLAIM ANALY (2,205)	(2,318,863) 'SIS BY FUND YEAR (1,911)	150,780,926	150,779,
TAL SURPLUS (TAL CASH TOTAL CLOSED Y FUND YEAR 2022 Paid Claim	DEFICITS) EAR CLAIMS	212,456 CLAIM ANALY (2,205)	(2,318,863) SIS BY FUND YEAR (1,911) 902		150,779,
TAL SURPLUS (TAL CASH TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR	EAR CLAIMS	212,456 CLAIM ANALY (2,205) 1,155	(2,318,863) SIS BY FUND YEAR (1,911) 902 -	150,780,926 29,116,325	150,779,
TAL SURPLUS (TAL CASH TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif	EAR CLAIMS s fic Excess	212,456 CLAIM ANALY (2,205)	(2,318,863) SIS BY FUND YEAR (1,911) 902	150,780,926	150,779,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre	EAR CLAIMS s fic Excess gate Excess	212,456 CLAIM ANALY (2,205) 1,155	(2,318,863) (SIS BY FUND YEAR (1,911) 902	150,780,926 29,116,325 - -	150,779, 29,117,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 C	EAR CLAIMS s fic Excess gate Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155	(2,318,863) SIS BY FUND YEAR (1,911) 902 -	150,780,926 29,116,325	150,779, 29,117,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023	EAR CLAIMS s fic Excess gate Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155 1,155	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902	29,116,325 - - 29,116,325	150,779, 29,117, 29,117,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim:	EAR CLAIMS s fic Excess gate Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682	29,116,325 - - 29,116,325 31,045,424	150,779, 29,117, 29,117, 33,740,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim: IBNR	EAR CLAIMS s fic Excess gate Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712)	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902	29,116,325 - - 29,116,325	150,779, 29,117, 29,117, 33,740,
TAL SURPLUS (TAL CASH TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim IBNR Less Specif	EAR CLAIMS s fic Excess gate Excess LAIMS s	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712) -	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682	29,116,325 - - 29,116,325 31,045,424	150,779, 29,117, 29,117, 33,740,
TAL SURPLUS (TAL CASH TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim IBNR Less Specif Less Aggre Less Aggre	EAR CLAIMS s fic Excess gate Excess LAIMS s fic Excess gate Excess gate Excess	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712)	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678)	29,116,325 - 29,116,325 29,116,325 31,045,424 3,103,390 - -	150,779, 29,117, 29,117, 33,740, 651,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim: IBNR Less Specif Less Aggre TOTAL FY 2022 CFUND YEAR 2023 Paid Claim: IBNR Less Specif Less Aggre TOTAL FY 2023 CFUND YEAR 2023	EAR CLAIMS s fit Excess gate Excess LAIMS s fit Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712) -	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678) -	29,116,325 29,116,325 29,116,325 31,045,424 3,103,390	150,779, 29,117, 29,117, 33,740, 651,
TAL SURPLUS (TAL CASH TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim IBNR Less Specif Less Aggre Less Aggre	EAR CLAIMS s fic Excess gate Excess LAIMS s fic Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712)	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678) 243,004	29,116,325 - 29,116,325 29,116,325 31,045,424 3,103,390 - -	150,779, 29,117, 29,117, 33,740, 651,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 C FUND YEAR 2023 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2023 CI FUND YEAR 2023 CI FUND YEAR 2024	EAR CLAIMS s fic Excess gate Excess LAIMS s fic Excess LAIMS	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712) (292,217)	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678)	29,116,325 - 29,116,325 29,116,325 31,045,424 3,103,390 - -	150,779, 29,117, 29,117, 33,740, 651, 34,391,
TOTAL CLOSED Y FUND YEAR 2022 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim IBNR Less Specif Less Aggre TOTAL FY 2023 CI FUND YEAR 2024 Paid Claim:	EAR CLAIMS s fit Excess gate Excess LAIMS s fit Excess LAIMS s s s s s s s s s s s s s s s s s s	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712) - (292,217) 3,537,950	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678) 243,004 4,073,980	29,116,325 - 29,116,325 29,116,325 31,045,424 3,103,390 - -	150,779, 29,117, 29,117, 33,740, 651, 34,391, 4,073,
TAL SURPLUS (DTAL CASH TOTAL CLOSED YI FUND YEAR 2022 Paid Claim: IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim: IBNR Less Specif Less Aggre TOTAL FY 2023 CI FUND YEAR 2024 Paid Claim: IBNR Less Specif UND YEAR 2024 Paid Claim: IBNR Less Specif	EAR CLAIMS s fit Excess gate Excess LAIMS s fit Excess LAIMS s s s s s s s s s s s s s s s s s s	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712) - (292,217) 3,537,950	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678) 243,004 4,073,980	29,116,325 - 29,116,325 29,116,325 31,045,424 3,103,390 - -	150,779, 29,117, 29,117, 33,740, 651, 34,391, 4,073,
TAL SURPLUS (DTAL CASH TOTAL CLOSED YI FUND YEAR 2022 Paid Claim: IBNR Less Specif Less Aggre TOTAL FY 2022 CI FUND YEAR 2023 Paid Claim: IBNR Less Specif Less Aggre TOTAL FY 2023 CI FUND YEAR 2024 Paid Claim: IBNR Less Specif UND YEAR 2024 Paid Claim: IBNR Less Specif	EAR CLAIMS s fic Excess gate Excess LAIMS s fic Excess gate Excess gate Excess gate Excess gate Excess gate Excess gate Excess	212,456 CLAIM ANALY (2,205) 1,155 1,155 359,495 (651,712) - (292,217) 3,537,950 880,994 -	(2,318,863) (SIS BY FUND YEAR (1,911) 902 902 2,694,682 (2,451,678) 243,004 4,073,980	29,116,325 - 29,116,325 29,116,325 31,045,424 3,103,390 - -	4,979,6 150,779, 29,117, 33,740, 651, 34,391, 4,073, 2,826,

SOUTHERN SKYLAND REGIONAL HIF

CONSOLIDATED BALANCE SHEET

AS OF FEBRUARY 29, 2024

BY FUND YEAR

•	SSRHIF 2024	SSRHIF 2023	SSRHIF 2022	SSRHIF Closed Year	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	(505,237)	927,280	4,949,944	(392,378)	4,979,609
Assesstments Receivable (Prepaid)	3,048,748	112,692	-	-	3,161,440
Interest Receivable	-	-	-	-	-
Specific Excess Receivable	-	-	-	-	-
Aggregate Excess Receivable	-	-	-	-	-
Dividend Reœivable	-	-	-	-	-
Prepaid Admin Fees	1,208	-	-	-	1,208
Other Assets	985,368	331,141	67,775	-	1,384,283
Total Assets	3,530,086	1,371,113	5,017,718	(392,378)	9,526,540
LIABILITIES					
Accounts Payable	-	-	_	-	_
IBNR Reserve	2,826,494	651,712	-	_	3,478,206
A4 Retiree Surcharge	5,230	20,003	_	_	25,233
Dividends Payable	-	-	-	-	_
Acrued/Other Liabilities	69,953	79,828	-	-	149,781
Total Liabilities	2,901,677	751,543	-	-	3,653,220
EQUITY					
Surplus / (Defiat)	628,410	619,569	5,017,718	(392,378)	5,873,320
Total Equity	628,410	619,569	5,017,718	(392,378)	5,873,320
Total Liabilities & Equity	3,530,086	1,371,113	5,017,718	(392,378)	9,526,540
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					
			FY	2024	
INDICES	2023		JAN		FEB
Cash Position	7,298,472	\$	4,767,153	\$	4,979,609
IBNR	3,103,390	\$	3,248,924	\$	3,478,206
Assets	8,835,598	\$	10,088,683	\$	9,526,540
Liabilities	3,390,454	\$	3,623,069	\$	3,653,220
Surplus	5,445,144	\$	6,465,614	\$	5,873,320
Claims Paid Month	2,444,346	\$	2,871,259	\$	3,896,394
Claims Budget Month	2,957,373	\$	3,772,074	\$	3,762,645
Claims Paid YTD	33,899,829	\$	2,871,259	\$	6,767,653
Claims Budget YTD	34,654,637	\$	3,772,074	\$	7,534,719
RATIOS					
Cash Position to Claims Paid	2.99		1.66		1.28
Claims Paid to Claims Budget Month	0.83		0.76		1.04
Claims Paid to Claims Budget YTD	0.98		0.76		0.90
Cash Position to IBNR	2.35		1.47		1.43
Assets to Liabilities	2.61		2.78		2.61
Surplus as Months of Claims	1.84		1.71		1.56
IBNR to Claims Budget Month	1.05		0.86		0.92

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND 2024 Budget Status Report as of February 29, 2024 YTD \$ Variance % Varaiance Expected Losses YTD Budgeted Annual Latest Filed Expensed Medical Claims (Aetna) 5,901,271 35,505,303 26,160,618 5,431,528 469,743 8% Prescription Claims (Express Scripts) 2,150,246 12,919,713 10,511,270 Prescription Rebates (Express Scripts) (516,798)(3,100,787)(3,100,787)**Subtotal Prescription** 1,633,448 9,818,926 7,410,483 1,468,946 164,502 10% **Subtotal Claims** 7,534,719 45,324,229 33,571,101 6,900,474 634,245 8% Medicare Advantage- AETNA-MA 23,300 439,140 0 Medicare Advantage - UHC-MA 122,378 738,928 648,715 **Subtotal Insured Programs** 145,678 1,178,068 648,715 146,390 (713)0% Horizon Dental 203,060 1,226,194 1,206,406 236,616 (33,556) -17% 122,768 743,315 607,740 100,688 Partnership Health Center - Integrity Management 22,080 18% Partnership Health Center - Rent 32,667 196,000 196,000 39,494 (6,827)-21% Partnership Health Center - Facility Expenses 479,388 2,876,328 2,312,314 479,098 0% Subtotal PHC 634,822 3,815,643 3,116,054 619,280 15,542 2% Reinsurance 342,097 2,074,334 1,518,982 342,409 (312)0% **Specific Total Loss Fund** 8,860,376 53,618,468 40,061,258 8,245,170 615,206 7% 20,287 121,724 444,012 20,287 100% Contingency Expenses 1,667 10,000 10,000 1,666 0% Legal Executive Director/Program Manager 89,923 559,128 428,743 109,240 (114)0% **Enrollment Vendor** 19,204 119,408 93,408 **Included Above in Executive Director Fee** TPA - Aetna 139,502 846,122 662,085 146,595 (7.093)-5% Actuary 2,417 14,500 8,364 2,417 0% Auditor 2,560 15,360 15,667 3,011 (451) -18% Consulting 43,389 293,167 127,723 43,389 0% -Marketing 12,500 75,000 75,000 12,500 0% Subtotal Expenses 311,161 1,932,684 1,420,990 318,818 (7,657 -2% Miscellaneous and Contingency 1,735 10,407 10,407 10,622 (8,887)-512% Claims Auditor 6,667 40,000 40,000 6,667 (0)0% GASB 75 Reporting 500 3,000 3,000 500 0% 5,230 30,786 31,634 5,230 0% A4 Surcharge (0)**ACA Taxes** 1,833 11,000 11,000 1,834 0% (1)**Subtotal Miscellaneous Expenses** 15,964 95,193 96,041 24,852 (8,888) -56%

327,125

9,207,788

Total Expenses

Total Budget

2,027,877

55,768,069

1,517,031

42,022,301

343,670

8,588,840

(16,545)

618,948

-5%

7%

GROUP AFFIDAVIT FORM <u>CERTIFICATION OF FUND COMMISSIONERS</u> Of the

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

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

- 1.) We are duly elected members Fund Commissioners of the Southern Skyland Regional Health Insurance Fund.
- 2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2023.
- 3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS - RECOMMENDATIONS

	(L.S.)
	(L.S.)
	(L.S.)
	(L.S.)
Attest:	
Secretary to the Fund	

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

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

RESOLUTION NO. 13-24

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND CERTIFICATION OF ANNUAL AUDIT REPORT FOR PERIOD ENDING DECEMBER 31, 2023

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

WHEREAS, the Annual Report of Audit for the year 2023 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

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

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

General Comments
Recommendations
Auditor's Opinion
And
Single Audit Findings

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

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

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

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

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

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

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FO ADOPTED: MAY 9, 2023	JND
BY:	
CHAIRPERSON	
ATTECT.	
ATTEST:	
SECRETARY	

RESOLUTION NO. 14-24

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND APPROVAL TO CLOSE FUND YEAR 2022

WHEREAS, the Southern Skyland Regional Health Insurance Fund held a Public Meeting on May 14, 2024 for the purposes of conducting the official business of the Fund; and

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

WHEREAS, the Annual Report of Audit for the year 2022 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

WHEREAS, the Fund Treasurer confirmed that the Fund outstanding receivables and payables of Fund Year 2022 have been satisfied;

NOW THEREFORE BE IT RESOLVED the of the Southern Skyland Regional Health Insurance Fund hereby close Fund Year 2022 into its Closed Year Accounting.

ADOPTED: May 14, 2024	
BY:	
CHAIRPERSON	
ATTEST:	
SECRETARY	

RESOLUTION NO. 15-24

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND RESOLUTION AUTHORIZING PAYOUT OF THE PERFORMANCE GUARENTEE FOR INTEGRITY HEALTH FOR CONTRACT YEAR 2021 and 2022:

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

WHEREAS, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

WHEREAS, the Executive Committee resolved to award a contract for certain health center management in accordance with N.J.S.A 40A:11-5(l)(m), of which Performance guarantee metrics were included using the Contract Year 2019 as a benchmark;

WHEREAS, the Executive Committee and has received an analysis from the Program Manager and Fund Actuary to verify the metrics were met;

WHEREAS, the results were as follows for 2021:

Somerset Incentive Metrics								
	2019 PT Ma	y 2020	2021 PT Ma	ay 2022		Earned		
Metric	Actual	Per K	Actual	Per K	Change			
Member Months	47,269		46,925					
Admits	220	55.9	208	53.2	-4.8%	8%		
ER Visits	822	208.7	608	155.5	-25.5%	20%		
ER Visits (Low)	53	13.5	37	9.5	-29.7%	-		
Office Visits	17,622	4,473.6	16,071	4,109.8	-8.1%	8%		
Radiology Visits	6,627	1,682.4	5,796	1,482.2	-11.9%	12%		
Laboratory Visits	29,354	7,452.0	26,422	6,756.8	-9.3%	12%		
Contract Earnings					\$120,000.00	60%		
	\$ 72,000							
Green Circle	Green Circle \$ -							
Total						\$ 72,000		

WHEREAS, the results were as follows for 2022:

Somerset Incentive Metrics						
2019 PT May 2020 2022 PT May 2023				Earned		
Metric	Actual	Per K	Actual	Per K	Change	
Member Months	47,269		45,673			
Admits	220	55.9	178	46.8	-16.3%	20%
ER Visits	822	208.7	582	152.9	-26.7%	20%
ER Visits (Low)	53	13.5	48	12.6	-6.3%	-
Office Visits	17,622	4,473.6	15,623	4,104.7	-8.2%	8%
Radiology Visits	6,627	1,682.4	5,251	1,379.6	-18.0%	20%
Laboratory Visits	29,354	7,452.0	34,510	9,067.1	21.7%	0%
Contract Earnings					\$120,000.00	68%
\$						
Green Circle						\$ -
Total	-		-	-	-	\$ 81,600

NOW, THEREFORE, BE IT RESOLVED that the Fund will pay \$72,000 to Integrity Health from the Closed Year for guarantees met in 2021 and \$81,600 from Fund Year 2022 as per the performance guarantee metrics listed in the signed contract;

BE IT FURTHER RESOLVED that the payment will be issued by the Fund Treasurer in the next available Fund bills list;

ADOPTED: May 14, 2024	
BY:	
CHAIRPERSON	-
ATTEST:	
SECRETARY	

RESOLUTION NO. 15-24

SOUTHERN SKYLANDS REGIONAL HEATLH INSRUANCE FUND RESOLUTION FOR MEMBER PARTICIPATION IN THE HEALTH INSURANCE COOPERATIVE PRICING SYSTEM A RESOLUTION AUTHORIZING THE SOUTHERN SKYLANDS REGIONAL HEATLH INSRUANCE FUND TO ENTER INTO A COOPERATIVE PRICING AGREEMENT

WHEREAS, N.J.S.A. 40A:11-11(5), N.J.S.A. 18A:18A-11 and N.J.A.C. 5:34-7.3 authorizes contracting units to establish a Cooperative Pricing System and to enter into Cooperative Pricing Agreements for its administration; and

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund, hereinafter referred to as the "Lead Agency" has offered voluntary participation in a Cooperative Pricing System for the purchase of third-party claim administration services;

WHEREAS, on May 14, 2024 the Executive Committee of the Southern Skylands Health Insurance Fund duly considered participation in the Health Insurance Cooperative Pricing System for the provision and performance of goods and services;

NOW, THEREFORE BE IT RESOLVED as follows:

TITLE

This RESOLUTION shall be known and may be cited as the Cooperative Pricing Resolution of the Health Insurance Cooperative Pricing System

AUTHORITY

Pursuant to the provisions of N.J.S.A.40A: 11-11(5), N.J.S.A. 18A:18A-11and N.J.A.C. 5:34-7.3 the Chairman is hereby authorized to enter into a Cooperative Pricing Agreement with the Lead Agency and to execute and deliver a Joinder Agreement and such other documents as are necessary to confirm membership and participation in the Cooperative Pricing System.

CONTRACTING UNIT

The Lead Agency shall be responsible for complying with the provisions of the local Public Contracts Law (N.J.S.A. 40A:11-1 et seq.) and all other provisions of the revised statutes of the State of New Jersey.

EFFECTIVE DATE

This resolution shall take effect immediately upon passage.

CERTIFICATION

I hereby certify the foregoing to be an original resolution adopted by the Executive Committee of the Southern Skylands Health Insurance Fund at a meeting held on May 14, 2024.

BY:			
C	HAIRPERSON		
ATTEST	·		
SI	ECRETARY		

ADOPTED: May 14, 2024

RESOLUTION NO.16-24

SOUTHERN SKYLANDS REGIONAL HEATLH INSURANCE FUND RESOLUTION AUTHORIZING THE RELEASE REQUEST FOR PROPOSALS FOR EXTRAORDINARY UNEXPLAINABLE SERVICES

WHEREAS, the Southern Skylands Regional Health Insurance (Hereinafter the "Fund") has a need for the following services to be provided for the efficient operation of the Fund;

Medical TPA Medicare Advantage Provider Health Center

WHEREAS, such desired services are currently available to be provided through the fair and open process under the New Jersey Local Publics Contract Law, (N.J.S.A. 40A: 11-4.1 et. Seq.), and WHEREAS, the Fund desires to evaluate such service offerings from Vendors within the procedures as set forth in the New Jersey Local Publics Contract Law, (N.J.S.A. 40A: 11-4.1 et. Seq.), and

WHEREAS, the Fund desires to enter into a contract that will satisfy the needs of the Fund; and

WHEREAS, as per statute the process will be administered by the Fund Administrator (N.J.S.A. 40A: 11-4.1 et. Seq.),

OW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Southern Skylands Regional Health Insurance resolve to authorize the PERMA to procure the Professional Services, Consulting, and other services through the fair and open process in accord with (N.J.S.A. 40A: 11-4.1 et. Seq)as follows:

Medical TPA Medicare Advantage Provider Health Center

SOUTHERN SKYLANDS REGIONAL HEATLH INSURANCE FUND

ADOF	PTED: May 15, 2024	
BY:		
	CHAIRPERSON	
ATTES	ST·	
	SECRETARY	

Southern Skyland Regional HIF Program Manager

May 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**rd **Wednesday at 10AM (except June's training will be held Tuesday June 18**th). 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:

GLP-1 Weight Loss Program (Encircle) Recommendation Effective 9/1/24

The Program Manager has consulted with the MRHIF Pharmacy Benefit Manager (PBM) Express Scripts (ESI) in determining a program to assist with the increasing cost of GLP-1 medications being used for weight loss. The Encircle Program encompasses the criteria recommended for the drugs intended use; lifestyle modification, member engagement, overall adherence. As a result, the Program Manager is recommending the Encircle Program for Skylands participants who are approved for weight loss medications using the following criteria:

- BMI \geq 32 **OR**
- BMI between $27 \le 32$ WITH 2 or more documented comorbidities

In addition to receiving an approved prior authorization (PA), below are the mandatory guidelines of the program:

Members will receive a welcome kit from Omada free of charge. The kit includes a digital
scale and information on downloading the mobile app and/or using the web browser. The
scale is programmed to the member's ESI active account prior to delivery. The scale will
record each weigh-in and will update the member's file automatically. Members must
weigh-in a minimum of 4 times a month

• Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both mandatory requirements the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement to refill their prescription.

Members who have a current PA on file will be grandfathered until their PA on file has expired with ESI. Upon renewal of their PA they will be need to meet the above BMI requirements to be considered for approval. If approved, they will receive the Omada welcome kit and will need to adhere to the Encircle program requirements as outlined.

Communications will be sent to all impacted members with registration information. Once registered members will receive an access code to sign up for the Omada welcome kit.

PLEASE NOTE: Only those who are due to renew their PA or have recently been approved for a weight loss medication will receive a communication in the mail.

New groups joining 9/1/24 and after will be implemented with the Encircle Program

Resolution 17-24 is included, if the Executive Committee deems appropriate to take action.

OPERATIONAL UPDATES: None

2024 LEGISLATIVE REVIEW:

FREE COVID-19 At-HomeTest – Effective March 8, 2024, the free COVID test program has been suspended. All orders placed on or before March 8th were shipped and delivered.

Medical and Rx Reporting: The required RxDC reporting for the 2023 plan year has been submitted to all carriers on behalf of the Southern Skylands Regional Health Insurance Fund. The reporting was submitted for all groups that have pharmacy in the Fund.

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
02/20/2024	Aetna/Medical	SSRHIF 04-	Home	Upheld	02/29/2024
		01-2024	nursing care		

IRO Submissions:

Submission	Appeal	Appeal	Reason	Determination	Determination
Date	Type/Carrier	Number			Date
04/03/2024	Aetna/Medical	SSRHIF 04-	Home	Upheld	04/29/2024
		01-2024	nursing care		

RESOLUTION NO. 17-24

SOUTHERN SKYLANDS REGIONAL HEALTH INSURANCE FUND RESOLUTION TO AUTHORIZE EXPRESS SCRIPTS TO IMPLEMENT GLP-1 PRESCRIPTION PROGRAM FOR ALL PRESCRIPTION MEMBERS EFFECTIVE SEPTEMBER 1, 2024

WHEREAS, the Southern Skylands Regional Health Insurance Fund (hereinafter the Fund) is duly constituted as a joint insurance fund;

WHEREAS, the Fund held a Public Meeting on **May 14**, **2024** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Program Manager of the Fund made a recommendation to the Contracts Committee to adopt a GLP-1 prescription drug management program through Express Scripts;

WHEREAS, effective September 1, 2024, members that are prescribed a GLP – 1 prescription but not diagnosed with diabetes will participate in the program established by the Fund;

WHEREAS, the members currently with a Prior Authorization for a GLP -1 will not be required to join the program until the Prior Authorization expiration;

BE IT RESOLVED, that the Executive Committee of the Southern Skylands Regional Health Insurance Fund hereby approves the implementation of the GLP – 1 management program through Express Scripts effective September 1, 2024 for all new Prior Authorizations for the above mentioned prescription drug classification.

ADOPTED: May 14, 2024



TO: Executive Committee –Southern Skyland Regional Health Insurance Fund

DATE: May 14, 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.
- <u>Bridgewater Twp Considering looking for 1/1.</u>

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

Resolution No. _____ 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

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

FUND YEAR 2024

CheckNumber
W0324BVendorNameCommentInvoiceAmountW0324BINTEGRITY HEALTH, LLCHEALTH CARE EXPENSE- FACILITY 03/24196,919.85

Total Payments FY 2024 196,919.85

196,919.85

TOTAL PAYMENTS ALL FUND YEARS 196,919.85

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Resolution No. _____ APRIL2024

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.

FIND	VEAD.	2022

FUND YEAR 2023			
<u>CheckNumber</u> 001561	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001561	ACCESS	INV 10261379 DEPT 002 5/31/2023	6.21
			6.21
		Total Payments FY 2023	6.21
FUND YEAR 2024			
CheckNumber	<u>VendorName</u>	Comment	<u>InvoiceAmount</u>
001562			
001562	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 04/24	62,790.69 62,790.69
001563			02,790.09
001563	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY-488920617-304051006 4/1/24	604.36
001563	HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-A# 731345395-304051171 4/1/24	90,889.55
001563	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY# 273954962-304050846 4/1/24	8,551.57
001564			100,045.48
001564	PERMA RISK MANAGEMENT SERVICES	ENROLLMENT FEE 04/24	10,184.00
001564	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 04/24	18,534.88
001564	PERM A RISK MANAGEMENT SERVICES	POSTAGE 03/24	156.26
001564	PERMA RISK MANAGEMENT SERVICES	PROGRAM MGR FEE 04/24	29,151.70
			58,026.84
001565 001565	ACTUARIAL SOLUTIONS, LLC	ACTUADVEEES OF 2024	3,625.00
001303	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q2 2024	3,625.00
001566			5,025.00
001566	ASSUREDPARTNERS CAPITAL, INC	CONSULTANT FEES 04/24	5,083.26
			5,083.26
001567	A CONCLINE ALL DA DENIEDO DIO CEDITORO LA C	CONCLUTANT FFFG 04/04	2 402 07
001567	ACRISURE NJ PARTNERS INS. SERVICES LLC	CONSULTANT FEES 04/24	2,482.87 2,482.87
001568			2,102.07
001568	RISK STRATEGIES COMPANY	CONSULTANT FEES 04/24	2,329.32
			2,329.32
001569	FAIRWEN, DAGURANGE A GENERAL AGGO CAA TEG DAG	CONSTRUCTION OF THE CONSTR	2 020 42
001569 001569	FAIRVIEW INSURANCE AGENCY ASSOCIATES INC FAIRVIEW INSURANCE AGENCY ASSOCIATES INC	CONSULTANT FEES 02/24 CONSULTANT FEES 03/24	2,828.43 2,685.58
001569	FAIRVIEW INSURANCE AGENCY ASSOCIATES INC	CONSULTANT FEES 03/24 CONSULTANT FEES 04/24	2,063.38
00130)	TARCIEW INSORANCE AGENCY ASSOCIATES INC	CONSOLITANT TELS 04/24	8,256.73
001570			
001570	GANNETT NEW YORK NJ LOCALIQ	A#01122084 INV 6307360-9973341 3/21/24	108.16
001571			108.16
001571 001571	FINAL TOUCH PLANTSCAPING, LLC	WELL HORTICULTURAL THERAPY 3/24	325.00
001571	TIME TOTCH TEANTSCALING, ELC	WEEL HORTICOETORAL THERAIT 1 3/24	325.00
001572			
001572	ACCESS	INV 10812542 DEPT 002 3/31/24	7.02
001572	ACCESS	INV 10752142 DEPT 002 02/29/24	7.07
001572			14.09
001573 001573	SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 04/24	19,747.00
001070	SOMEWIELD ORDIN REALINE ELO	A. C. HILLI KENI VIZI	19,747.00
			,

23 CHECK TOTALS

262,840.65

W04230 W04230	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 04/24	61,453.77
W04231 W04231	AETNA	TPA FEES 04/24	61,453.77 70,143.07
W04232 W04232	CONNER STRONG & BUCKELEW	CSB CONSULTING FEES 04/24	70,143.07 8,471.79
W04233 W04233	CONNER STRONG & BUCKELEW	MARKETING MGR FEE 04/24	8,471.79 6,250.00
W04234 W04234	CAPITAL BENEFITS LLC	CONSULTANT FEES 04/24	6,250.00 4,247.88 4,247.88
W04235 W04235	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 04/24	172,451.84 172,451.84
W04236 W04236	INTEGRITY HEALTH, LLC	BEBETTER W/O COACH. 3.204 BEBETTER 3/31/	850.00 850.00
W04237 W04237	INTEGRITY HEALTH, LLC	HEALTH MGMT 03/24	50,338.50 50,338.50
		ACH TOTALS	374,206.85
		Total Payments FY 2024	637,041.29
		TOTAL PAYMENTS ALL FUND YEARS	637,047.50
	Chairperson		
	Attest:		
	I hereby certify the availability of sufficient unencu	Dated: mbered funds in the proper accounts to fully pay the above claims.	
		Tre as ure r	

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND BILLS LIST

Resolution No. ______ MAY 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

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

FUND YEAR 2023			
CheckNumber 001574	VendorName	<u>Comment</u>	<u>InvoiceAmount</u>
001574	MERCADIEN	PROGRESS BILL- AUDIT 12/31/23 FIN STMT	15,000.00 15,000.00
		Total Payments FY 2023	15,000.00
FUND YEAR 2024			
<u>CheckNumber</u> 001575	VendorName	Comment	InvoiceAmount
001575	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 05/24	45,019.74 45,019.74
001576			,
001576	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY-488920617-304256932 5/1/24	604.36
001576	HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY# 273954962-304256771 5/1/24	10,594.26
001576	HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-A# 731345395-304257092 5/1/24	108,828.13
001576	HORIZON BLUE CROSS BLUE SHIELD OF NJ	271255463-BOSS- INV 304010047 3/14/24	13,682.19
001576	HORIZON BLUE CROSS BLUE SHIELD OF NJ	271255463-BOSS- INV 304217663 4/15/24	14,705.12
.			148,414.06
001577	DEDICA DISTANCE OF A STATE OF DATE OF THE OFFICE OFFICE OF THE OFFICE OF	DO 077 4 077 05/04	22.54
001577 001577	PERMA RISK MANAGEMENT SERVICES	POSTAGE 05/24	33.74
001577	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 05/24	9,992.00
001577	PERMA RISK MANAGEMENT SERVICES	PROGRAM MGR FEE 05/24	28,602.10
0015//	PERMA RISK MANAGEMENT SERVICES	ADM IN FEES 05/24	18,185.44 56,813.28
001578			50,813.28
001578	ASSUREDPARTNERS CAPITAL, INC	CONSULTANT FEES 05/24	4,636.38
001570	ABBORED FARTIVERS OF TIME, INC	CONSCETANT FEED 03/21	4,636.38
001579			-,
001579	ACRISURE NJ PARTNERS INS. SERVICES LLC	CONSULTANT FEES 05/24	2,482.87
			2,482.87
001580			
001580	RSC INSURANCE BROKERAGE INC	CONSULTANT FEE 05/24	2,329.32
			2,329.32
001581			
001581	FAIRVIEW INSURANCE AGENCY ASSOCIATES INC	CONSULTANT FEES 01/24	2,828.43
001581	FAIRVIEW INSURANCE AGENCY ASSOCIATES INC	CONSULTANT FEES 05/24	2,857.00
_			5,685.43

001582 001582	HEALTH FAIRS DIRECT OF NJ	MASSAGE/ GOLF/SALT SCRUB INV 4/24	3,480.00
001583 001583	SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 05/24	3,480.00 19,747.00
		CHECK TOTALS	19,747.00 303,608.08
			,
W05240 W05240	UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 05/24	63,060.89 63,060.89
W05241			ŕ
W05241	AETNA	TPA FEES 05/24	69,881.76 69,881.76
W05242			03,001.70
W05242	CONNER STRONG & BUCKELEW	CSB CONSULTING FEES 05/24	8,322.88 8,322.88
W05243 W05243	CONNER STRONG & BUCKELEW	MARKETING MGR FEE 05/24	6,250.00
	CONNER STRONG & BUCKELEW	MARKETING MORT EE 05/21	6,250.00
W05244			
W05244	CAPITAL BENEFITS LLC	CONSULTANT FEES 05/24	3,757.74 3,757.74
W05245			3,737.74
W05245	HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 05/24	171,204.43
W05246			171,204.43
W05246 W05246	INTEGRITY HEALTH, LLC	HEALTH MGMT 04/24	51,252.56 51,252.56
W05247			
W05247	INTEGRITY HEALTH, LLC	HEALTH CARE EXPENSE- FACILITY 04/24	232,411.56 232,411.56
		ACH/WIRE TOTALS	606,141.82
		Total Payments FY 2024	894,749.90
		TOTAL PAYMENTS ALL FUND YEARS	909,749.90
	Chairperson		
	Attests		
	Attest:		
		Dated:	
	I hereby certify the availability of sufficient unencum	nbered funds in the proper accounts to fully pay the above claims.	
		T.,,	
		Treasurer	

SO UTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED Current Fund Year: 2024 Month Ending: February Medical PHC Reinsurance Dental Cont. Admin Closed Year TO TAL Rx OPEN BALANCE 4,455,695.25 (601,959.87)(267,967.54)13,705.39 (394,583.05)4,767,153.02 (129,069.47) (322,569.80)2,013,902.11 RECEIPTS 3,376,860.41 359,029.77 901,427.75 183,575.76 0.00 11,472.20 285,194.69 0.00 5,117,560.58 Assessments Refunds 0.000.000.000.000.000.000.000.00 0.00Invest Pymnts 12,773.08 949.76 1,867.84 0.00573.47 39.29 5,773.23 0.0021,976.67 0.000.000.000.00 0.00 Invest Adj 0.000.000.000.0012,773.08 949.76 1,867.84 0.00 573.47 39.29 5,773.23 0.00 21,976.67 Subtotal Invest Other * 59,112.55 0.00326,575.00 0.00287,632.70 0.005,308.75 0.00678,629.00 TOTAL 3,448,746.04 359,979.53 1,229,870.59 183,575.76 288,206.17 11,511.49 296,276.67 0.00 5,818,166.25

0.00

0.00

171,048.53

171,048.53

(255,440.31)

0.00

0.00

118,349.49

118,349.49

(152,713.12)

0.00

0.00

0.00

0.00

25,216.88

0.00

152,327.94

306,247.66

458,575.60

1,851,603.18

(2,205.42)

(2,205.42)

(392,377.63)

0.00

0.00

4,229,991.88

1,069,470.94

5,605,710.48

4,979,608.79

306,247.66

1,111,993.22

1,111,993.22

(484,082.50)

0.00

0.00

0.00

0.00

548,915.17

548,915.17

(318,005.11)

EXPENSES

Expenses

TOTAL

END BALANCE

Other *

Claims Transfers

3,120,204.08

3,199,033.89

4,705,407.40

78,829.81

0.00

		CERTI	FICATION AN	D RECONCILI	ATION OF CLAIM	IS PAYMENT	IS ANI	D RECO VERIES		
			SOUTHE	RN SKYLAND	REGIO NAL HEAL	TH INSURAN	NCEF	UND		
Month		February								
Current	t Fund Year	2024								
		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	February	February	February	February		Reconciled	Variance From	Month
2024	Medical	253,318.04	2,759,449.14	0.00	3,012,767.18		0.00	3,012,767.18	253,318.04	2,759,449.14
	Dental	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Rx	642,696.94	1,112,098.82	0.00	1,754,795.76		0.00	1,754,795.76	642,696.94	1,112,098.82
	Vision	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Total	896,014.98	3,871,547.96	0.00	4,767,562.94		0.00	4,767,562.94	896,014.98	3,871,547.96
2023	Medical	1,777,935.17	359,600.23	0.00	2,137,535.40		0.00	2,137,535.40	1,777,935.17	359,600.23
	Dental	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Rx	557,252.01	(105.60)	0.00	557,146.41		0.00	557,146.41	557,252.01	(105.60)
	Vision	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Total	2,335,187.18	359,494.63	0.00	2,694,681.81		0.00	2,694,681.81	2,335,187.18	359,494.63
2022	Medical	(252.95)		0.00	901.76		0.00	901.76	(252.95)	1,154.71
	Dental	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
	Total	(252.95)	1,154.71	0.00	901.76		0.00	901.76	(252.95)	1,154.71
Closed Y	ear Closed Year	294.77	(2,205.42)	0.00	(1,910.65)		0.00	(1,910.65)		(2,205.42)
	Total	294.77	(2,205.42)	0.00	(1,910.65)		0.00	(1,910.65)	294.77	(2,205.42)
	TOTAL	3,231,243.98	4,229,991.88	0.00	7,461,235.86		0.00	7,461,235.86	3,231,243.98	4,229,991.88

SU	MMARY OF CASH AND INVESTM	ENT INSTRUMENTS	
SO	UTHERN SKYLAND REGIONAL H	EALTH INSURANC	E FUND
ΑL	L FUND YEARS COMBINED		
CU	URRENT MO NTH	February	
CU	JRRENT FUND YEAR	2024	
		Description:	Investors Bank
		ID Number:	
		Maturity (Yrs)	
		Purchase Yield:	
		TO TAL for All	
	Ac	ects & instruments	
_	ening Cash & Investment Balance	\$4,767,153.02	4,767,153.02
Op	ening Interest Accrual Balance	\$0.00	-
	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	\$21,976.69	\$21,976.69
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$21,976.69	\$21,976.69
9	Deposits - Purchases	\$5,796,189.58	\$5,796,189.58
10	(Withdrawals - Sales)	-\$5,605,710.48	-\$5,605,710.48
En	ding Cash & Investment Balance	\$4,979,608.81	\$4,979,608.81
En	ding Interest Accrual Balance	\$0.00	\$0.00
Plu	s Outstanding Checks	\$221,886.35	\$221,886.35
(Le	ess Deposits in Transit)	\$0.00	\$0.00
Bal	ance per Bank	\$5,201,495.16	\$5,201,495.16

RESOLUTION NO. 18-24

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND APPROVAL OF THE MARCH, APRIL AND MAY 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 March, April and May 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 March, April and May 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.

ADOPTED: May 14, 2	:024	
BY:CHAIRPERSC	N	
ATTEST:		
SECRETARY		





Southern Skylands Regional Partnership Health Centers Utilization Report

YTD (CY)

4,524

2,158

PHC Services							Specialized Service						
Category	01_Sub	scriber	02_De	ependent	Total		Service	01_Sub	oscriber	02_Dep	endent	Tota	ī
	M	YTD (CY)	M	YTD (CY)	M	YTD (CY)		М	YTD (CY)		YTD (CY)	М	
Borough of Peapack and Gladstone	1	7	2		3	12	Behavioral Health	17	55	10	30	2	7
Borough of Somerville	4	23	6	9	10	32	Care Coordination	70	300	24	106		
County of Somerset	758	2,514	334		1,092	3,525		36		5	100		
Somerset County Library	71	198	38	110	109	308	Chiropractic		94				
Somerset County Park Commission	109	332	19	73	128	405	COVID19 Test	9	64	_	36	18	3
Somerset County Vocational & Technical School	45	145	27	71	72	216	COVID19 Vaccine		6		1		
Township of Hillsborough	13	20	3	6	16	26	Flu Shot		6		5		
Total	1,001	3,239	429	1,285	1,430	4,524	Lab	64	218	23	76	8	7
							Member Services	43	156	15	46	5	8
PHC Patients							Pharmacy	483	1,493	236	665	71	9
Category	01_Sul	bscriber	02_De	pendent T	otal		Physical Therapy	55	133	9	26	6	4
	M	YTD (CY)	M '	YTD (CY) N	Λ Y	TD (CY)	Physician or Nurse	208	662	92	259	30	0
Borough of Peapack and Gladstone	1	2	1	1	2	3	Physician or Nurse Telemedicine	1	6	1	2		2
Borough of Somerville	1	3	2	2	3	5	Telemedicine BH	4	6	3	7		7
County of Somerset	291	510	142	230	433	739	Telephone	3	21	2	9		5
Somerset County Library	22	48	18	24	40	72	Xray	8	19		7		8
Somerset County Park Commission	44	67	13	27	57	94	Total	1,001	3,239	429	1,285	1,43	0
Somerset County Vocational & Technical School	18	25	14	17	32	42					-		
Township of Hillsborough	4	5	2	4	6	9							
Total	380	659		304	572	962							
Medications Dispensed													
Category	01_Sub	scriber	02_De	ependent	Total		_						
	M	YTD (CY)	М	YTD (CY)	M	YTD (CY)							
Borough of Peapack and Gladstone		1	3	7	3	8							
Borough of Somerville	7	14	2	4	9	18							
County of Somerset	553	1,769	280	789	833	2,558							
Somerset County Library	58	159	25	74	83	233							
Somerset County Park Commission	98	289	18	62	116	351							
Somerset County Vocational & Technical School	22	72	21	49	43	121							
Township of Hillsborough	3	5	2	5	5	10							
Total	741	2,309	351	990		3,299							



SOUTHERN SKYLANDS EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

May 14, 2024

	Southorn Slad				tha Inquirence Fund			
	Southern Sky	and Re	gion	іаі неа	Ilth Insurance Fu	na		
	MEDICAL CLAIMS				MEDICAL CLAIMS			
	PAID 2023	# OF EES	PE	R EE	PAID 2024	# OF EES	P	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	\$2,630,046	1,871	\$	1,406
MARCH	\$2,019,589	1,488	\$	1,357	\$2,512,679	1,840	\$	1,366
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				\$7,699,045			
					2024 Average	1,862		\$1,378

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

Plan Sponsor Unique ID: All
Customer: All

Group / Control: 00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE

 Paid Dates:
 02/01/2024 - 02/29/2024

 Service Dates:
 01/01/2011 - 02/29/2024

Line of Business: All

Paid Amt \$127,720.22

\$112,303.05

Total: \$240,023.27

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

 Plan Sponsor Unique ID:
 All
 Paid Dates:
 03/01/2024 - 03/31/2024

 Customer:
 All
 Service Dates:
 01/01/2011 - 03/31/2024

Group / Control: 00115332 - SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE Line of Business: All

Paid Amt

\$166,481.71

Total: \$166,481.71



™ Southern Skyland Regional Health Insurance Fund

4/1/23 through 3/31/24 (unless otherwise noted)



Medical Claims Paid Per Member: January 2024 – March 2024

Total Medical Paid per EE: \$1,378

Network Discounts

Inpatient: 61.7%

Ambulatory: 67.0%

Physician/Other: 64.9%

TOTAL: 65.0%

Provider Network

% Admissions In-Network: 95.0% % Physician Office: 95.3%

Aetna Book of Business:

Admissions 97.5%; Physician 91.6%

Top Facilities Utilized (by total Medical Spend)

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

Catastrophic Claim Impact (Jan 2024 thru March 2024)

Number of Claims Over \$50,000: 26
Claimants per 1000 members: 6.3
Avg. Paid per Claimant: \$89,386
Percent of Total Paid: 29.6%
• Aetna BOB- HCC account for an average of 45.1% of total Medical Cost

Aetna One Choice Member Outreach: Thru March 2024

Total Members Identified: 911

Members Targeted for 1:1 Nurse

Support : 272

Members Targeted for Digital Activity:

468

Members Targeted for Group

Coaching: 171

Member 1:1 outreach completed:

260

Member 1:1 Outreach in Progress: 12

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution:94.03%Abandonment Rate:0.80%Avg. Speed of Answer:27.2 sec

Claims Performance

Financial Accuracy: 98.25%*

*Q4 2023

90% processed w/in: **6.9 days** 95% processed w/in: **12.5 days**

Claims Performance (Monthly)

(March 2024)

90% processed w/in: 5.8 days
95% processed w/in: 8.5 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
	0,.02	0,. 02	٥,	0,0	0,.0.	0,1 02	0,. 00	0,	0,000	0,000	0,0	0,020	0,022	0,020	0,020	0,021	0,012
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	213,464	645,422	2,522,593
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	\$1,045,360	\$2 912 991	\$10,797,236
lotal Fian coot	ψ100,104	ψ1 40,400	φοσο,1σο	Ψ2,120,110	Ψ1 00,1 20	φ01-1,200	φοσο, του	Ψ2,072,100	ψ000,000	φοσι,1οσ	ψ1,000,410	Ψ2,000,000	ψο το,οο-ι	φ000,027	ψ1,040,000	Ψ2,012,001	ψ10,101,200
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	*****	0.100.11	00.40.70	201011	****	****	0047.05	****	****	*****	****	001515	****	****	*****	00.17.10	****
	\$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
Total openiary Fian coor	Ψ200,000	Ψ244,017	ψου-1,1ου	ψοσο,στο	Ψ200,000	φοση,σοσ	φοσι,ι -ι ι	Ψ004,000	ψ000,110	φοσι, τι τ	ψ-100,100	Ψ1,001,010	Ψ200,011	φοτι,στο	Ψ102,100	ψ1,040,020	ψ0,001,000
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	4,602	4,552	4,594					,								
Total Days	263.550	239,666	244,123	747,339													
lotal Days	203,330	239,000	244,123	141,339					i								
Total Patients	2,093	1,989	1,992	3,019													
Total Plan Cost	\$1,063,843	\$1,146,459	\$1,131,335	\$3,341,636													
0 : 5115 + (055) T + 1	00.00/	00.40/	00.40/	00.40/													
Generic Fill Rate (GFR) - Total	83.9%	83.1%	83.1%	83.4%													
St. O. J. SMSM																	
Plan Cost PMPM	\$229.87	\$249.12	\$248.54	\$242.46													
%Change Plan Cost PMPM	14.9%	25.6%	-0.5%	12.2%													
Total Specialty Plan Cost	\$351,753	\$422,926	\$396,073	\$1,170,752													
Specialty %of Total Specialty Plan Cost	33.1%	36.9%	35.0%	35.0%													
opecially 7001 local opecially Fidit Cost	33.1%	30.9%	35.0%	35.0%													

APPENDIX I

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND OPEN PUBLIC MEETING MARCH 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 2024 EXECUTIVE COMMITTEE:

Colleen Mahr	Somerset County	Fund Chair	Present
Brian Auger	Somerset Library	Fund Sectary	Present
Dan Hayes	Somerset Parks	Executive Committee Member	Present
Adam Beder	Somerset Vo Tech	Executive Committee Member	Absent
Anthony Ferrera	Hillsborough	Executive Committee Member	Present

FUND PROFESSIONALS PRESENT:

Executive Director PERMA Risk Management Services

Emily Koval

Program Manager Conner Strong & Buckelew

Crystal Bailey Peter Mina

Fund Attorney Shain Schaffer

Joel Shain

Fund Treasurer Yvonne Childress

Aetna Jessica Davis

Express Scripts Hiteksha Patel

Fund Actuary

Integrity Health Lily Lazroe

Fund Auditor

ALSO PRESENT:

Frank Covelli, World Insurance
Diane Peterson, Conner Strong & Buckelew
John Lajewski, Conner Strong & Buckelew
Raelene Sipple, Somerset Vo Tech
Joseph Graham, Fairview
Deanna Rivera, Library
Theresa Rippalege, Somerset County
Arge Mardakis, Somerset County
Bonnie Lacamera, Somerset County

Janine Erickson, Somerset County Parks Karen Gilbert, Raritan Twp Kevin Sulka, Somerville

MOTION TO APPROVE THE OPEN MINUTES OF JANUARY 9, 2024:

MOTION: Commissioner Auger SECOND: Commissioner Ferrera

VOTE: All in Favor

CORRESPONDENCE: None.

EXECUTIVE DIRECTOR'S REPORT

FINANCIAL REPORTS - Executive Director reviewed the Financial Fast track for Year End 2023 and January 2024. She said that the IBNR is always higher in the beginning of the year and lowers as the prior year claim expenses complete. In response to Commissioner Hayes, Executive Director said that there were 1.62 months of claims in reserve which decreased slightly due to new members and a higher claims budget. A nice position of claim retention would be 2-2.5 months of claims.

MANVILLE BOROUGH - Executive Director said that 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. Madam Chair said she will be reaching out to members for volunteers for sub Committees. She said the contracts committee will be needed shortly.

<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.

In response to Mr. Sluka, Executive Director said the members may spend on any wellness approved expense, send in a voucher and the Fund will reimburse on the next bills list.

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

PROGRAM MAMAGERS REPORT:

Mrs. Bailey introduced herself to the new members in the meeting and reviewed the informational report in the agenda.

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**rd **Wednesday at 10AM (except June's training will be held Tuesday June 18**th). 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, <u>HIFtraining@permainc.com</u>. 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: https://www.surveymonkey.com/r/WEXtrainingHIF)
- 3. The training schedule will continue to be the 3rd Wednesday of every month at 10AM, with the exception of the June 2024 training, will be held on **Tuesday June 18th 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.

In response to Madame Chair, Program Manager said that this training is for anyone that is currently or would be expected to use the enrollment system.

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:

Program Manager reviewed the IRO process, stating that the claims that are sent to an Independent Review Organization have been claims that already was sent to Aetna and denied. The determination of the IRO is the final decision.

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

TREASURER - Fund Treasurer reviewed the Bills Lists and Treasurer's report through January and March 2024 is included in the Agenda.

MOTION TO APPROVE RESOLUTION 12-24 APPROVING THE TREASURERS REPORT AND BILLS LISTS FOR MARCH 2024:

MOTION: Commissioner Auger

SECOND: Commissioner Hayes VOTE: Unanimous

ATTORNEY - Fund Attorney stated no report.

INTEGRITY HEALTH - Lily Lazaro reviewed the utilization report through December 2024.

Ms. Lazaro said there was a 60% increase in chiropractor visits. For Wellness, she said that she is doing meet and greets with different members. In the County, she recently held a heart health event which allowed for members to learn about the facility and was very well received. In addition, Ms. Lazaro said she has a lunch and learn scheduled with the Parks next week and recently just visited Hillsborough.

Madam Chair asked for comments and thoughts about the center. She said it is very important for our members to go there to have it begin to save money. Commissioner Ferrara said Hillsborough is new, but happy about the walk in ability. He will continue to market and gain interest. Madam Chair said that it is very important to keep the walk in ability. Lily said that when there are chronic diseases which tend to take longer which allows for less time for unscheduled visits. We would prefer call ahead and will always be able to fill in 24 hours. Ms. Gilbert asked Ms. Lazaro to reach out for visit, although her location is much further than the other members.

Commissioner Sluka said that Somerville already had two visits.

Commissioner Ferrara said that the chiropractic services or PT is a good way to capture them, but the time is better for later in the evening after work hours. In response to Madam Chair, are the 32 visits for chiro this month, although not specific to individuals.

PROSPECT REPORT – Executive Director reviewed the report included n the agenda stating that there are no 'hot' prospects at this point to request authorization to offer membership but is important to build the operations committee so they can review before the meeting.

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: Ms. Patel reviewed the reports included in the agenda. She also reviewed the top indications by drug. She said 45% of the spend is by the top 25 specialty drugs.

OLD BUSINESS - None.

NEW BUSINESS - In response to Madame Chair who asked if there were any implementation issues, Commissioner Gilbert said that tehre were a few pharmacy issues where tehre were scripts that were not written out to be filled DAW. Some employees had to go back to their provider to get a new script to avoid being charged the brand copay. She said it was more of a learning curve than an issue.

Commissioner Ferrera said that there were some ID cards that do not have the correct ID number and had to go back to Aetna. He said Crystal is reviewing a few other issues and working to get them corrected.

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: 10:26am

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

Minutes prepared by:

Emily Koval, Associate Executive Director

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.