

SouthernSkylands^{FUND}

**AGENDA
JANUARY 14, 2025
10:30 AM**

**SOMERSET COUNTY
20 GROVE ST - 2ND FLOOR
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, Member Municipalities and School Boards.**
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**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
AGENDA
OPEN PUBLIC MEETING:
JANUARY 14, 2025
10:30 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, Executive Committee Member
 Dan Hayes, Executive Committee Member
 Anthony Ferrera, Executive Committee Member

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

SINE DIE

ROLL CALL OF COMMISSIONERS OF SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

MEMBER	COMMISSIONER	ALTERNATE
Somerset County	Colleen Mahr	Sara Sooy
Somerset County Library	Brian Auger	Deanna Rivera
Somerset County Parks Commission	Dan Hayes	Janine Erickson
Somerset County VoTech	Adam Beder	Raelene Sipple
Somerville Borough	Kevin Sluka	
Borough of Peapack and Gladstone	Nancy Bretzger	
Hillsborough Township	Anthony Ferrera	
Raritan Township	Karen Gilbert	Carol Barbati
Borough of Manville		

ELECTION OF OFFICERS

OATH - Appendix III

ROLL CALL OF THE 2025 EXECUTIVE COMMITTEE

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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 Resolution 1-25: Medical Advantage Contract..... Page 12

RE-ORGANIZATION RESOLUTIONS:

Resolution 2-25: Professional Contracts Page 14
 Resolution 3-25: Designation of Regular Meeting Times and Place..... Page 17

Resolution 4-25: Designation of Bank Depositories & CMP Page 18
 Resolution 5-25: Approval of 2025 Risk Management Plan..... Page 22
 Resolution 6-25: Approval of Broker Contracts Page 33
 Resolution 7-25: Authorizing Treasurer to Process Contracted Expenses Page 34
 Resolution 8-25: Designation of Secretary as Custodian of Records Page 35
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PROGRAM MANAGERS REPORT

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TREASURER - (Yvonne Childress)

December 2024 and January 2025 Voucher List.....Page 42
 Resolution 11-25: Bills List.....Page 51
 Confirmation of Claims Paid/Certification of Transfers
 Ratification of Treasurers Report

ATTORNEY - (Joel Shain)

PARTNERSHIP HEALTH CENTER - (Integrity Health)

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NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)

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PRESCRIPTION ADMINISTRATOR - (Express Scripts)

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OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

SCHEDULED NEXT MEETING -March 18, 2025 at 9:30 AM

MEETING ADJOURNMENT

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
EXECUTIVE COMMITTEE MEETING
JANUARY 14, 2025
10:30 AM**

FINANCIAL REPORTS

- 1. Skylands Fund Financial Fast Track** – as of November 30, 2024 (page 8)
- 2. Ratios Report** – as of November 30, 2024 (page 9)

MEDICARE ADVANTAGE RFP

The Medicare Advantage RFP responses were received and reviewed by the contracts committee. The recommendation is to renew both United Health Care and Aetna Medicare Advantage plans for their existing populations.

Resolution 1-25 is in the agenda for approval.

2025 ORGANIZATION RESOLUTIONS (Page 10)

Resolutions are as follows:

Resolution 2-25 awards the professional contracts and compensation, as per the approved budget and RFQ responses. This resolution will be advertised as per the public contracts law.

Resolution 2-25 sets meeting dates and times which will be posted on each entity's public bulletin board. Please note, March and September meeting date is scheduled for the third Tuesday of the month.

Resolution 3-25 sets for the Cash Management Plan and bank depositories for 2025. 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.

Resolution 4-25 is the 2025 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, and other policies that can be changed outside the bylaws. There are no changes from 2024.

Resolution 5-25 adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the Commission. Each entity's rates reflect its arrangement only.

Resolution 6-25 authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

Resolution 7-25 designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator’s office and handle all OPRA request on behalf of the Secretary.

Resolution 8-25 Designates the Courier News as the Official Fund Newspaper. As per recent legislation, public notices may be print or online through 3/31/25. If there are changes, we can revise this resolution.

Resolution 9-25 changes can be made in light of the election.

2025 COMMITTEE APPOINTMENTS

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

Finance & Contracts Committee (allow 2-3 Commissioners)

Anthony Ferrera
Janine Erickson

Operations and Claims Committee (allow 2-3 Commissioners)

Dan Hayes
Brian Auger

WELLNESS

As in previous years, the Aetna contract includes a \$50,000 wellness credit. Below is the allocation by member share for 2025:

Wellness	January Census		\$50,000
Hillsborough	147	\$	3,893.01
Manville	44	\$	1,165.25
Peapack and Gladstone	26	\$	688.56
Raritan	109	\$	2,886.65
Somerset County	1,132	\$	29,978.81
Somerset County Librai	116	\$	3,072.03
Somerset County Parks	168	\$	4,449.15
Somerset County Vo Te	96	\$	2,542.37
Somerville	50	\$	1,324.15

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 HIFadmin@permainc.com by 12/31/2025.

AETNA NATIONAL ADVANTAGE PROGRAM (NAP)

The Health Insurance Funds within their contract with Aetna have the inclusion of the National Advantage Program (NAP). Aetna's NAP helps the Funds manage out of network claims spend by 1) accessing a "wrap" network of providers beyond the traditional Aetna network and 2) negotiating one-off discounts with out of network providers off billed charges.

As we saw in 2024, the Funds have experienced an uptick in out of network claims exposure for which the NAP program offers some protection and assistance. When Aetna is successful in negotiating a discount on behalf of the Funds, there is a shared savings. The Fund receives 60% and Aetna, 40%.

To assist the Funds financially in 2025, PERMA was successful in negotiating improved terms on the NAP shared savings fee beginning on January 1, 2025. The value of the NAP program cannot be understated, but with out of network use on the rise, improving the shared savings terms will result in reduced spend statewide.

Agreement Terms:

- 1) *Aetna has offered to provide a one-time fee reduction to the Funds \$360,000 statewide for higher-than-average NAP collections in 2024. Funds will be distributed on a prorated basis based on the NAP Collections of each Fund. We will provide updated figures by Fund in the upcoming meetings.*
- 2) *Aetna is reducing the per claim fee cap to \$50,000 from \$100,000*
- 3) *Aetna will implement a \$20 per enrollee per month cap to be reconciled at the end of each Calendar Year.*

Improved NAP Fee Agreement		
Term	2024 Agreement	2025 Amended Agreement
Shared Savings Fee	40%	40%
Per Claim Fee Cap	\$100,000	\$50,000
Per Enrollee Per Month Cap	N/A	\$20

WEX 2025 COUPON UPDATE

In December, all Direct Bill members received a letter from WEX stating their coupons may be delayed. WEX confirmed they began processing the 2025 coupons last week to be sent out. Based on the timeline provided, we are expecting the coupons to be sent out by the end of the month.

2025 PERMA MANAGEMENT TEAM UPDATES

We are pleased to announce that following the retirement of Diane Peterson, who dedicated over 30 years to the HIFs, John Lajewski has been appointed as the HIF Consulting Business Leader. John brings 18 years of invaluable experience in shaping HIF strategic goals and guidelines.

Additionally, Matt Rudman, a seasoned actuary with significant experience in the public entity benefits arena, will take on an expanded role as the internal HIF Chief Data Leader. In this role, Matt will drive enhancements to HIF programs through the development and implementation of strategic data analytics.

We look forward to the contributions John and Matt will bring to the HIF team in their new roles.

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

		AS OF			November 30, 2024	
		THIS	YTD	PRIOR	FUND	
		MONTH	CHANGE	YEAR END	BALANCE	
1.	UNDERWRITING INCOME	4,619,852	50,720,656	262,252,633	312,973,289	
2.	CLAIM EXPENSES					
	Paid Claims	4,522,357	42,538,403	214,781,777	257,320,180	
	IBNR	(2,517)	665,864	3,103,390	3,769,254	
	Less Specific Excess	(53,772)	(365,031)	(3,839,101)	(4,204,133)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL CLAIMS	4,466,068	42,839,236	214,046,065	256,885,301	
3.	EXPENSES					
	MA & HMO Premiums	230,127	2,431,024	8,118,576	10,549,599	
	Excess Premiums	157,575	1,642,991	12,134,440	13,777,430	
	Administrative	453,422	5,252,680	22,866,871	28,119,551	
	TOTAL EXPENSES	841,124	9,326,694	43,119,886	52,446,580	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(687,340)	(1,445,274)	5,086,681	3,641,408	
5.	INVESTMENT INCOME	7,653	190,572	358,463	549,035	
6.	DIVIDEND INCOME	-	-	-	-	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	(679,687)	(1,254,702)	5,445,144	4,190,442	
8.	DIVIDEND	-	-	-	-	
9.	Transferred Surplus IN	-	-	-	-	
10.	Transferred Surplus OUT	-	-	-	-	
STATUTORY SURPLUS (7-8+9)		(679,687)	(1,254,702)	5,445,144	4,190,442	
SURPLUS (DEFICITS) BY FUND YEAR						
Closed	Surplus	3,795	(57,912)	4,595,485	4,537,573	
	Cash	3,795	(30,140)	4,527,710	4,497,570	
2023	Surplus	(45,458)	(277,827)	849,659	571,832	
	Cash	(65,630)	(2,098,328)	2,770,761	672,434	
2024	Surplus	(638,024)	(918,962)		(918,962)	
	Cash	66,471	(198,533)		(198,533)	
TOTAL SURPLUS (DEFICITS)		(679,687)	(1,254,702)	5,445,144	4,190,442	
TOTAL CASH		4,636	(2,327,000)	7,298,472	4,971,471	
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		205	33,690	179,897,251	179,930,941	
FUND YEAR 2023						
	Paid Claims	67,112	3,681,088	31,045,424	34,726,512	
	IBNR	(20,172)	(3,089,425)	3,103,390	13,965	
	Less Specific Excess	-	(233,358)	-	(233,358)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL FY 2023 CLAIMS	46,940	358,305	34,148,814	34,507,119	
FUND YEAR 2024						
	Paid Claims	4,455,040	38,818,337		38,818,337	
	IBNR	17,655	3,755,289		3,755,289	
	Less Specific Excess	(53,772)	(126,386)		(126,386)	
	Less Aggregate Excess	-	-		-	
	TOTAL FY 2024 CLAIMS	4,418,923	42,447,241		42,447,241	
COMBINED TOTAL CLAIMS		4,466,068	42,839,236	214,046,065	256,885,301	

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

SOUTHERN SKYLAND REGIONAL HIF
CONSOLIDATED BALANCE SHEET
AS OF NOVEMBER 30, 2024
BY FUND YEAR

	SSRHIF 2024	SSRHIF 2023	SSRHIF Closed Year	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	(198,533)	672,434	4,497,570	4,971,471
Assesments Receivable (Prepaid)	4,016,284	-	-	4,016,284
Interest Receivable	-	-	-	-
Specific Excess Receivable	-	-	-	-
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,208	-	-	1,208
Other Assets	1,518,292	(43,637)	40,003	1,514,658
Total Assets	5,337,251	628,797	4,537,573	10,503,621
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	3,755,289	13,965	-	3,769,254
A4 Retiree Surcharge	14,927	-	-	14,927
Dividends Payable	-	-	-	-
Accrued/Other Liabilities	2,485,998	43,000	-	2,528,998
Total Liabilities	6,256,214	56,965	-	6,313,179
EQUITY				
Surplus / (Deficit)	(918,962)	571,832	4,537,573	4,190,442
Total Equity	(918,962)	571,832	4,537,573	4,190,442
Total Liabilities & Equity	5,337,251	628,797	4,537,573	10,503,621
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	FY2024										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	7,298,472	\$ 4,767,153	\$ 4,979,609	\$ 5,527,786	\$ 5,084,246	\$ 5,002,291	\$ 4,782,124	\$ 4,974,218	\$ 5,050,647	\$ 4,815,823	\$ 4,966,835	\$ 4,971,471
IBNR	3,103,390	\$ 3,248,924	\$ 3,478,206	\$ 3,594,507	\$ 3,715,009	\$ 3,728,982	\$ 3,749,145	\$ 3,742,190	\$ 3,746,167	\$ 3,763,625	\$ 3,771,771	\$ 3,769,254
Assets	8,835,598	\$ 10,088,683	\$ 9,526,540	\$ 10,412,913	\$ 9,917,133	\$ 10,409,395	\$ 10,565,265	\$ 10,503,021	\$ 10,024,031	\$ 9,904,412	\$ 10,546,085	\$ 10,503,621
Liabilities	3,390,454	\$ 3,917,867	\$ 3,653,220	\$ 3,780,192	\$ 4,137,709	\$ 4,938,871	\$ 5,360,399	\$ 5,387,878	\$ 4,979,959	\$ 4,536,213	\$ 5,675,956	\$ 6,313,179
Surplus	5,445,144	\$ 6,170,815	\$ 5,873,320	\$ 6,632,721	\$ 5,779,424	\$ 5,470,523	\$ 5,204,866	\$ 5,115,143	\$ 5,044,072	\$ 5,368,199	\$ 4,870,129	\$ 4,190,442
Claims Paid -- Month	2,444,346	\$ 2,871,259	\$ 3,896,394	\$ 3,234,147	\$ 4,438,381	\$ 4,080,292	\$ 3,906,902	\$ 3,909,570	\$ 3,857,913	\$ 3,524,444	\$ 4,296,743	\$ 4,522,357
Claims Budget -- Month	2,957,373	\$ 3,786,339	\$ 3,775,514	\$ 3,679,158	\$ 3,759,185	\$ 3,733,152	\$ 3,732,579	\$ 3,739,233	\$ 3,750,654	\$ 3,733,946	\$ 3,750,191	\$ 3,743,161
Claims Paid -- YTD	33,876,852	\$ 2,871,259	\$ 6,767,653	\$ 10,001,800	\$ 14,440,181	\$ 18,520,474	\$ 22,427,376	\$ 26,336,946	\$ 30,194,859	\$ 33,719,303	\$ 38,016,046	\$ 42,538,403
Claims Budget -- YTD	34,654,637	\$ 3,786,339	\$ 7,561,853	\$ 11,241,011	\$ 15,000,196	\$ 18,733,349	\$ 22,465,928	\$ 26,205,161	\$ 29,955,815	\$ 33,689,761	\$ 37,439,952	\$ 41,183,113
RATIOS												
Cash Position to Claims Paid	2.99	1.66	1.28	1.71	1.15	1.23	1.22	1.27	1.31	1.37	1.16	1.1
Claims Paid to Claims Budget -- Month	0.83	0.76	1.03	0.88	1.18	1.09	1.05	1.05	1.03	0.94	1.15	1.21
Claims Paid to Claims Budget -- YTD	0.98	0.76	0.89	0.9	1.0	1.0	1.0	1.01	1.01	1	1.02	1.03
Cash Position to IBNR	2.35	1.47	1.43	1.54	1.37	1.34	1.28	1.33	1.35	1.28	1.32	1.32
Assets to Liabilities	2.61	2.58	2.61	2.75	2.4	2.11	1.97	1.95	2.01	2.18	1.86	1.66
Surplus as Months of Claims	1.84	1.63	1.56	1.8	1.54	1.47	1.39	1.37	1.34	1.44	1.3	1.12
IBNR to Claims Budget -- Month	1.05	0.86	0.92	0.98	0.99	1	1	1.00	1.00	1.01	1.01	1.01

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

2024 Budget Status Report

as of November 30, 2024

				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims (Aetna)	32,264,182	35,197,926	26,160,618	32,910,515	(646,333)	-2%
Prescription Claims (Express Scripts)	11,761,319	12,828,297	10,511,270			
Prescription Rebates (Express Scripts)	(2,842,388)	(3,100,787)	(3,100,787)			
Subtotal Prescription	8,918,931	9,727,510	7,410,483	9,536,726	(617,794)	-7%
Subtotal Claims	41,183,113	44,925,436	33,571,101	42,447,241	(1,264,128)	-3%
Medicare Advantage- AETNA-MA	394,910	436,770	0			
Medicare Advantage - UHC-MA	702,163	767,591	648,715			
Subtotal Insured Programs	1,097,073	1,204,361	648,715	1,099,770	(2,697)	0%
Horizon Dental	1,113,843	1,215,591	1,206,406	1,331,254	(217,411)	-20%
Partnership Health Center - Integrity Management	671,275	732,453	607,740	558,028	113,247	17%
Partnership Health Center - Rent	179,667	196,000	196,000	217,217	(37,550)	-21%
Partnership Health Center - Facility Expenses	2,636,634	2,876,328	2,312,314	2,507,576	129,058	5%
Subtotal PHC	3,487,576	3,804,781	3,116,054	3,282,821	204,755	6%
Reinsurance						
Specific	1,712,553	1,869,132	1,518,982	1,642,991	69,563	4%
Total Loss Fund	48,594,158	53,019,301	40,061,258	49,804,076	(1,209,918)	-2%
Contingency	111,580	121,724	444,012	-	111,580	100%
Expenses						
Legal	9,167	10,000	10,000	9,167	(0)	0%
Executive Director/Program Manager	508,313	555,120	428,743	617,889	(1,020)	0%
Enrollment Vendor	108,556	118,552	93,408	Included Above in Executive Director Fee		
TPA - Aetna	761,905	831,376	662,085	762,615	(709)	0%
Actuary	13,292	14,500	8,364	13,292	(0)	0%
Auditor	14,080	15,360	15,667	14,080	-	0%
Consulting	264,850	289,512	127,723	264,850	1	0%
Marketing	68,750	75,000	75,000	68,750	-	0%
Subtotal Expenses	1,748,913	1,909,420	1,420,990	1,750,643	(1,729)	0%
Miscellaneous and Contingency	9,540	10,407	10,407	26,917	(17,377)	-182%
Claims Auditor	36,667	40,000	40,000	36,667	(0)	0%
GASB 75 Reporting	2,750	3,000	3,000	2,750	-	0%
A4 Surcharge	28,889	31,539	31,634	28,889	(0)	0%
ACA Taxes	10,083	11,000	11,000	10,083	0	0%
Subtotal Miscellaneous Expenses	87,929	95,946	96,041	105,306	(17,377)	-20%
Total Expenses	1,836,842	2,005,367	1,517,031	1,855,948	(19,107)	-1%
Total Budget	50,542,580	55,146,392	42,022,301	51,660,024	(1,117,444)	-2%

RESOLUTION NO. 1-25

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
CONTRACT AWARD FOR MEDICARE ADVANTAGE PROVIDER SERVICES FOR THREE
YEARS WITH TWO ONE YEAR OPTIONAL EXTENSIONS**

WHEREAS, an appropriation will be included in the 2025 Budget which will make available Medicare Advantage Provider Services

WHEREAS, the Southern Skylands Regional Health Insurance Fund advertised for said services on the Fund Website, www.skylandshif.com, and in the Courier News on October 16, 2024; and

WHEREAS, five (5) sealed proposals were received from Aetna and United Healthcare and read in public on November 5, 2024, at 3:00 P.M prevailing time; and

WHEREAS, the proposals were reviewed by the Fund professionals and Committee members and it was determined that the incumbent responders for the Medicare Advantage coverage by Aetna and United Healthcare were compliant and meets the needs of the Fund;

WHEREAS, the Medicare Advantage rates are effective January 1, 2025 as follows:

RFP #	Respondents	Fees
25-02	United HealthCare	County MA \$159.97 Library MAPD \$410.49 Parks MAPD \$139.82
25-03	Aetna	MAPDP \$485.33

NOW, THEREFORE, BE IT RESOLVED by the Executive Committee of the Fund that Southern Skyland Regional Health Insurance Fund is hereby authorized to enter into a contract with Aetna and United Healthcare to perform the aforesaid services contract for a period of three years, effective January 1, 2025, and in accordance with the contract on file with the Secretary of the Fund, and, further, that the engagement of the above named is made as an Extraordinary Unspecifiable Services procurement in accordance with N.J.S.A. 40A:11-5.1 and Local Public Contract Law.

BE IT FURTHER RESOLVED a notice of this award shall be published in the Courier News as required by law within twenty (20) days of its passage.

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-25

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

(Hereinafter referred to as the "FUND")

**APPOINTING CERTAIN PROFESSIONALS AND SERVICE ORGANIZATIONS
FOR FUND YEAR 2025**

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

WHEREAS, the Fund found it necessary and appropriate to obtain certain professional services and other extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2025 Fund year; and,

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

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

WHEREAS, responses were received from professional service providers and service organizations as listed below were received at the Fund office by October 23, 2024 and;

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

WHEREAS, the Fund resolves to appoint the Professionals - noted below -commencing on January 1, 2025 and ending on December 31, 2025 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Actuarial Solutions LLC** is hereby appointed as **Actuary**. \$14,800 is the annual amount that will be expended in connection with the Actuary for 2025.
- II. **Shain Schaffer** is hereby appointed as **Attorney** to the Fund. The per hour fee is \$175 at a limit not to exceed \$10,000 for 2025. The annual amount has been appropriated in the Attorney Line Item of the 2025 budget.
- III. **Mercadien, P.C.** hereby is appointed to serve as the Fund's **Auditor**. \$20,766 has been appropriated in the Auditor Line Item of the 2025 budget.

WHEREAS, responses were received from extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2025 Fund year; and, as listed below were received at the Fund office by September 27, 2024 and;

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

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Aetna** hereby is appointed to serve as Fund's Medical Third Party Administrator at an administrative fee of \$37.33, per medical employee, per month, for all three years. The annual amount of \$833,206 has been appropriated in the Medical TPA Line Item of the 2025 budget.

WHEREAS, responses were received from extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2025 Fund year; and, as listed below were received at the Fund office by October 22, 2024 and;

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

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

- I. **PERMA Risk Management Services as Executive Director and Program Manager** is hereby appointed as **agents for process of service**. \$574,284 is the estimated dollars that will be expended in connection with this contract for 2025. The per employee, per month fee for 2025 is \$19.10 for administration and \$4.00 per employee per month for enrollment vendor. In addition, \$40,000 will be paid for special claim and operation audits upon completion.
- II. **Integrity Health** hereby is appointed to serve as the Partnership Health Center administrator at an amount of \$27.50 per employee, per month. The annual amount of \$733,800 has been appropriated for this Line Item of the 2025 budget.

All other center expenses are a pass through as incurred. The annual amount of \$2,876,325 has been appropriated for this Line Item of the 2025 budget.

Somerville Urban Renewal, LLC is hereby paid \$19,747 a month for rental space for the Partnership Health Center. The County procures this contract, the term may have additional years past December 31, 2025.

III. **Conner Strong & Bucklew** hereby is appointed to serve as the Fund's **Marketing Director**. \$75,000 has been appropriated in the Marketing Line Item of the 2025 budget.

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

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

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-25

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2025**

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

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Southern Skyland Regional Health Insurance Fund shall hold public meetings during the year 2025 at the following location:

*March 18, 2025	Somerset County	9:30am
May 13, 2025	Somerset County	9:30am
July 8, 2025	Somerset County	9:30am
*September 16, 2025	Somerset County	9:30am
October 7, 2025	Somerset County	9:30am
January 13, 2026	Somerset County	9:30am

**Third Tuesday of the month*

Somerset County
20 Grove St - 2nd Floor
Somerville, NJ 08876

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

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-25

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

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

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
2025 CASH MANAGEMENT AND INVESTMENT POLICY**

1.) *Cash Management and Investment Objectives*

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

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

2.) *Permissible Investments*

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.

- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

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

3.) *Authorized Depositories*

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

Citizens Bank

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

4.) *Authority for Investment Management*

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

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

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

5.) *Preservation of Capital*

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

6.) *Safekeeping*

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

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

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

8.) *Reporting*

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

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

9.) *Audit*

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

10.) *Cash Flow Projections*

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

11.) *Cash Management*

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

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

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

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

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

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

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

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

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-25

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

HEALTH BENEFITS RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2025

Adopted: JANUARY 14, 2025

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

2025 HEALTH BENEFITS RISK MANAGEMENT PLAN

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2024 Fund year for health benefits:

1.) **COVERAGE OFFERED**

- Medical

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

- Dental

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

- Prescription

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

- Vision

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

2.) **LIMITS OF COVERAGE**

Limits of coverage vary by member and plan design.

3.) **RISK RETAINED BY THE FUND**

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

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

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$325,000 per person, per agreement year and obtains reinsurance through HCC Life Insurance Company.
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Aggregate Limit Not applicable.
- Basis: Incurred in 12 months, paid 36 months thereafter

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

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

Extra contractual claims are excluded from reinsurance coverage.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

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

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

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

6.) COVERAGE PURCHASED FROM INSURERS

The Fund provides medical and Rx coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per enrolled covered person per policy year) retention. The Fund also purchases Medicare Advantage, Employer Group Waiver Programs from the commercial market for Medicare retirees and dental coverage.

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

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

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

8.) PARTNERSHIP HEALTH CENTER

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

New members within a reasonable geographic area of Somerville, NJ will have access to the Partnership Health Center and be charged on a 3 year phase in scale as utilization grows.

Members outside of this geographic region will have access to the Health Center's satellite service center at a management fee only.

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

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

10.) PROVISION FOR PLAN DESIGN OPTIONS

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

11.) OPEN ENROLLMENT PROCEDURES

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

12.) COBRA AND CONVERSION OPTIONS

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

13.) DISCLOSURE OF BENEFIT LIMITS

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

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

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e.

COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

15.) RETIREES

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

16.) NEWBORN CHILDREN

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

17.) PLAN DOCUMENT

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

A.) General Information

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

B.) Benefits

- Definitions.
- Description of benefits.

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

C.) Claims Procedures

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

D.) Cost Containment Programs

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

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

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

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

from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal.

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

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

20) CLAIMS AND OPERATIONS AUDITS

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

21.) CLAIM APPEAL PROCESS

- The Third Party Administrator (TPA) shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Executive Director (or his or her designee) and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
- The TPA, Executive Director (or his or her designee) and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal has been reviewed and recommended for approval by an independent, third party medical review consultant..
- If the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Fund shall formally confirm the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Fund.
 - If the decision of the TPA, Executive Director (or his or her designee) and Fund Attorney is to deny the claim, the appeal shall be subject to the "adverse benefit determination" appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as "claimant") shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization ("IRO").

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

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

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

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

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

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

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

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

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

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

(iii) reference to the documentation/information considered;

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

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

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

22.) 15th OF THE MONTH ENROLLMENT CHARGE

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

ADOPTED: JANUARY 14, 2025

BY: _____

CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 6-25

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

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

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

NOW THEREFORE BE IT RESOLVED, that the Southern Skyland Regional Health Insurance Fund establishes the following producer plan for 2025;

1. The Fund will include producer compensation in each entity’s assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall contract with the Fund.
3. The following sub-producers with the designated compensation levels are approved for 2025:

Group Name	Broker Firm	PEPM Rate	Annual Fee
Somerset County Library	Conner Strong & Buckelew	\$36.46	\$76,000
Somerset County Vo Tech	Fairview	\$28.57	\$33,000
Township of Raritan	Assured Partners	\$27.93	\$54,000
Peapack Gladstone	RSC insurance Brokerage	\$55.46	\$28,000
Somerville	Capital Benefits	\$81.69	\$50,000
Manville	Reliance	\$34.97	\$30,000

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

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-25

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

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

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

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

BE IT RESOLVED by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2025 and allow for the Treasurer to pay expenses due to Integrity Health prior to the bill list approval.

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

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-25

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

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

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-25

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
DESIGNATING
THE COURIER NEWS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2025**

BE IT RESOLVED by the Executive Committee of the Southern Skyland Regional Health Insurance Fund that the Courier News is hereby designated as the official newspaper for the Southern Skyland Regional Health Insurance Fund for the year 2025 and that all official notices required to be published shall be published in this paper and on the Fund website (www.southernkylandhif.com)

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

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-25

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

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

Colleen Mahr - Chair

Yvonne Childress - Treasurer

ADOPTED: January 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**Southern Skyland Regional HIF
Program Manager**

January 2025

Program Manager: PERMA Risk Management Services LLC

Enrollments: somersetcountyinscom@permainc.com

Fax: 856-266-9469

Operational Updates

Eligibility/Enrollment

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

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

End of Year/Wellness Incentive Program Reporting

End of Year Reporting was sent to all Skylands' group billing contacts the week of December 30th.

Wellness Incentive Program reports reflecting employees who received a gym reimbursement in 2024 were sent to all groups. 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 2024
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2024 through November 30, 2024**
 - Reports were sent to group billing contacts the week of January 6th
- An additional report will be provided in late January/early February 2025 for reimbursements issued for submissions in **December 2024**.
 - 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.

Coverage Updates:

Aetna: None

Express Scripts:

2025 Formulary and SaveOn Listing

Brokers were sent the 2025 Formulary and SaveOn listings on November 11th. Please reference the appendix for the listings. Please note the following:

SaveOn Listing:

- Green highlighted drugs – newly added effective 1/1/25
 - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs – being removed effective 1/1/25
 - There were no MRHIF members impacted by the drugs that were removed from the listing

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 Southern Skyland Regional HIF participants who are approved for weight loss medications using the following criteria:

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

Effective 1/1/25:

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 of the 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 in order 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.

2025 LEGISLATIVE REVIEW:

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 attachment sent out with agenda.

Appeals:

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
12/23/2024	Medical/ Aetna	SSRHIF-2024-12-01	Medical Necessity	Under Review	

IRO Submissions: None

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

Resolution No. _____

DECEMBER 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

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/24	41,070.64 41,070.64
HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-A# 731345395-305495235 11/1/24	98,004.57
HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY-488920617 INV 305495080 11/1/24	546.08
HORIZON BLUE CROSS BLUE SHIELD OF NJ	BOSS- 271255463 INV 305658545 11/14/24	14,034.18
HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY 27354962 INV 305494929 11/1/24	9,146.62
		121,731.45
PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/24	59.46
PERMA RISK MANAGEMENT SERVICES	ENROLLMENT FEES 12/24	9,844.00
PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER FEES 12/24	28,178.45
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 12/24	17,916.08
		55,997.99
SHAIN SCHAFFER, PC	LEGAL FEES INV 11466 10/24	1,137.50
SHAIN SCHAFFER, PC	LEGAL FEES INV 11541 11/24	175.00
		1,312.50
ASSUREDPARTNERS CAPITAL, INC	CONSULTANT FEE 12/24	4,440.87 4,440.87
ACRISURE NJ PARTNERS INS. SERVICES LLC	CONSULTANT FEES 12/24	2,517.84 2,517.84
RSC INSURANCE BROKERAGE INC	CONSULTANT FEE 12/24	2,329.32 2,329.32
FAIRVIEW INSURANCE AGENCY ASSOCIATES INC	CONSULTANT FEE 12/24	2,685.58 2,685.58
GANNETT NEW YORK NJ LOCALIQ	A#1122084 INV 6730271-10662120 10/11/24	48.64 48.64
ACCESS	INV 11186080 DEPT 002 10/31/24	10.62 10.62
INTEGRITY HEALTH, LLC	BEBETTER W/O COACH 11.2024	850.00
INTEGRITY HEALTH, LLC	BEBETTER W/O COACH 10.2024	850.00
		1,700.00
SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 12/24	19,747.00 19,747.00
	CHECK TOTAL	253,592.45
UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 12/24	63,520.69 63,520.69
CAPITAL BENEFITS LLC	CONSULTANT FEES 12/24	4,166.19 4,166.19

AETNA	TPA FEES 12/24	68,761.86 68,761.86
CONNER STRONG & BUCKELEW	CONSULTING FEES 12/24	8,522.45 8,522.45
CONNER STRONG & BUCKELEW	MARKETING MGR FEE 12/24	6,250.00 6,250.00
HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 12/24	155,085.20 155,085.20
INTEGRITY HEALTH, LLC	HEALTH MGMT FEE 11/24	51,480.88 51,480.88
	ACH/WIRE TOTAL	357,787.27
	Total Payments FY 2024	611,379.72
	TOTAL PAYMENTS ALL FUND YEARS	611,379.72

Chairperson

Attest:

Dated: _____

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

Treasurer

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

Resolution No. _____

DECEMBER 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

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INTEGRITY HEALTH, LLC	HEALTH CARE EXPENSE- FACILITY 11/24	210,554.59
		210,554.59
	Total Payments FY 2024	210,554.59
	TOTAL PAYMENTS ALL FUND YEARS	210,554.59

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

Resolution No. _____

JANUARY 2025

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

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
HORIZON BLUE CROSS BLUE SHIELD OF NJ	BOSS- 271255463 INV 305892912 12/16/24	14,340.59
HORIZON BLUE CROSS BLUE SHIELD OF NJ	COUNTY-A# 731345395-305701892 12/2/24	99,067.02
HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY 27354962 INV 305701580 12/2/24	9,236.86
HORIZON BLUE CROSS BLUE SHIELD OF NJ	LIBRARY 488920617 INV 305701728 12/2/24	506.16
		123,150.63
PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/24	68.14
		68.14
FINAL TOUCH PLANTSCAPING, LLC	12/06/24 EMPLOYEE WINTER WELL DAY	500.00
		500.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 11/06/24	1,040.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 11/26/24	520.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 11/21/24	1,040.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 11/19/24	520.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 12/17/24-12/18/24	910.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE/ PARAFIN/WI FIT 12/6/24	3,975.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE/EFLEXOLOGY/REIKI 12/4/24	4,275.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 11/08/24	520.00
HEALTH FAIRS DIRECT OF NJ	MASSAGE THERAPY 11/15/24	1,040.00
		13,840.00
ACCESS	INV 11289471 DEPT 002 11/30/24	10.69
		10.69
INTEGRITY HEALTH, LLC	HEALTH MGMT FEE 12/24	51,700.87
		51,700.87
	Total Payments FY 2024	189,270.33

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 01/25	52,324.78
		52,324.78
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 01/25	18,396.56
PERMA RISK MANAGEMENT SERVICES	ENROLLMENT FEES 01/25	10,108.00
PERMA RISK MANAGEMENT SERVICES	PROGRAM MANAGER 01/25	28,934.15
		57,438.71
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q1 2025	3,700.00
		3,700.00
ASSUREDPARTNERS CAPITAL, INC	CONSULTANT FEE 01/25	4,524.66
		4,524.66
ACRISURE NJ PARTNERS INS. SERVICES LLC	CONSULTANT FEE 01/25	2,447.90
		2,447.90

RSC INSURANCE BROKERAGE INC	CONSULTANT FEE 01/25	2,329.32 2,329.32
FAIRVIEW INSURANCE AGENCY ASSOCIATES INC	CONSULTANT FEE 01/25	2,742.72 2,742.72
SOMERVILLE URBAN RENEWAL LLC	MONTHLY RENT 01/25	19,747.00 19,747.00
	TOTAL CHECKS 24-25	334,525.42
UNITED (MEDICARE ADVANTAGE)	MEDICARE ADVANTAGE 01/25	98,924.56 98,924.56
AETNA	TPA FEES 01/25	70,479.04 70,479.04
CONNER STRONG & BUCKELEW	CONSULTING FEES 01/25	8,706.67 8,706.67
CONNER STRONG & BUCKELEW	MARKETING MANAGER FEES 01/25	6,250.00 6,250.00
CAPITAL BENEFITS LLC	CONSULTANT FEES 01/25	4,084.50 4,084.50
HCC LIFE INSURANCE COMPANY	SPECIFIC REINSURANCE 01/25	174,251.88 174,251.88
	TOTAL WIRES	362,696.65
	Total Payments FY 2025	507,951.74
	TOTAL PAYMENTS ALL FUND YEARS	697,222.07

Chairperson

Attest:

Dated: _____

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

Treasurer

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

Resolution No. _____

JANUARY 2025

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

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INTEGRITY HEALTH, LLC	HEALTH CARE EXPENSE- FACILITY 12/24	231,391.56
		231,391.56
	Total Payments FY 2025	231,391.56
	TOTAL PAYMENTS ALL FUND YEARS	231,391.56

Chairperson

Attest:

Dated: _____

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

Treasurer

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

Current Fund Year: 2024									
Month Ending: November									
	Medical	PHC	Rx	Reinsurance	Dental	Cont.	Admin	Closed Year	TOTAL
OPEN BALANCE	(940,337.03)	134,075.34	(2,169,068.43)	(151,962.09)	24,484.12	103,477.42	3,472,390.68	4,493,774.65	4,966,834.66
RECEIPTS									
Assessments	2,957,673.23	312,058.39	776,014.89	144,933.43	0.00	9,983.41	248,925.07	0.00	4,449,588.42
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	0.00	274.36	153.85	0.00	41.16	92.12	3,091.07	4,000.30	7,652.86
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	0.00	274.36	153.85	0.00	41.16	92.12	3,091.07	4,000.30	7,652.86
Other *	167,120.50	0.00	489,726.57	0.00	48,093.88	0.00	383,782.24	0.00	1,088,723.19
TOTAL	3,124,793.73	312,332.75	1,265,895.31	144,933.43	48,135.04	10,075.53	635,798.38	4,000.30	5,545,964.47
EXPENSES									
Claims Transfers	3,682,647.72	0.00	1,272,101.10	0.00	0.00	0.00	0.00	204.84	4,954,953.66
Expenses	108,395.71	19,747.00	0.00	157,575.10	135,341.99	0.00	165,314.63	0.00	586,374.43
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	3,791,043.43	19,747.00	1,272,101.10	157,575.10	135,341.99	0.00	165,314.63	204.84	5,541,328.09
END BALANCE	(1,606,586.73)	426,661.09	(2,175,274.22)	(164,603.76)	(62,722.83)	113,552.95	3,942,874.43	4,497,570.11	4,971,471.04

Month		November							
Current Fund Year		2024							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid November	Monthly Recoveries November	Calc. Net Paid Thru November	TPA Net Paid Thru November	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2024	Medical	11,454,152.26	3,621,925.03	0.00	15,076,077.29	0.00	15,076,077.29	11,454,152.26	3,621,925.03
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	5,708,930.46	1,265,711.90	0.00	6,974,642.36	0.00	6,974,642.36	5,708,930.46	1,265,711.90
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	17,163,082.72	4,887,636.93	0.00	22,050,719.65	0.00	22,050,719.65	17,163,082.72	4,887,636.93
2023	Medical	262,242.91	60,722.69	0.00	322,965.60	0.00	322,965.60	262,242.91	60,722.69
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	6,389.20	0.00	6,389.20	0.00	6,389.20	0.00	6,389.20
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	262,242.91	67,111.89	0.00	329,354.80	0.00	329,354.80	262,242.91	67,111.89
2022	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Closed Year	Closed Year	(9,510.60)	204.84	0.00	(9,305.76)	0.00	(9,305.76)	(9,510.60)	204.84
	Total	(9,510.60)	204.84	0.00	(9,305.76)	0.00	(9,305.76)	(9,510.60)	204.84
	TOTAL	17,415,815.03	4,954,953.66	0.00	22,370,768.69	0.00	22,370,768.69	17,415,815.03	4,954,953.66

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS			
SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND			
ALL FUND YEARS COMBINED			
CURRENT MONTH	November		
CURRENT FUND YEAR	2024		
	Description:	Investors Bank	
	ID Number:		
	Maturity (Yrs)		
	Purchase Yield:		
	TO TAL for All		
	Accts & instruments		
Opening Cash & Investment Balance	\$4,966,834.66	4,966,834.66	
Opening 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	\$7,652.86	\$7,652.86
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$7,652.86	\$7,652.86
9	Deposits - Purchases	\$9,175,475.35	\$9,175,475.35
10	(Withdrawals - Sales)	-\$9,178,491.83	-\$9,178,491.83
	Ending Cash & Investment Balance	\$4,971,471.04	\$4,971,471.04
	Ending Interest Accrual Balance	\$0.00	\$0.00
	Plus Outstanding Checks	\$28,528.96	\$28,528.96
	(Less Deposits in Transit)	-\$2,038,444.05	-\$2,038,444.05
	Balance per Bank	\$2,961,555.95	\$2,961,555.95

RESOLUTION NO. 11-25

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
APPROVAL OF THE DECEMBER 2024 AND JANUARY 2025 BILLS LIST**

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

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the month of December 2024 and January 2025 for consideration and approval of the Executive Committee and

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

NOW THEREFORE BE IT RESOLVED the of the Southern Skyland Regional Health Insurance Fund hereby approve the Bills List for December 2024 and January 2025 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Insurance Funds.

ADOPTED: JANUARY 14, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY



**Somerset County Partnership Health Center
January 2025 Updates**

SCPHC Utilization Overview

December 2024 SCPHC Utilization Report Overview:

- Increases in services utilized at Partnership Health Center continue to show healthy growth in key areas. The increase in cold/flu in the fall/winter has given way to more members using PHC as a resource, while overall numbers (as seen below) reflect ongoing interest among members.
 - The overall monthly increases remain encouraging:
 - ❖ Medications Dispensed increased 27%
 - ❖ Member count increased 7%
 - ❖ Services increased 18%
 - Specific services that showed increases over December include:
 - ❖ Member Advocacy **increased by 250%**
 - ❖ Behavioral Health services increased 27%
 - ❖ Physician/Nurse visits increased 17%
- **Member Advocacy** at SCPHC has seen nearly exponential growth since August, jumping from 4 to 179 services. In fact, only November showed any drop in Member Service engagement, which is in large part due to the Thanksgiving holiday.

Member Engagement

In a continued effort to increase utilization of services at SCPHC, the following events occurred in Q4:

- *Winter Wellness Day* – PHC staff participated in the Somerset County Winter Wellness Day event to provide blood pressure screenings and flu shots. SCPHC Nurse Manager (Lisa Rose, RN) and Member Advocate (Lisa Cusumano) were on site to provide information regarding available services & answer member questions.
- *Ongoing Email Campaign* – Weekly emails sent to PHC members to increase awareness and visibility of available services, events and other pertinent Partnership Health Center information. To more effectively gauge editorial interest among members, PHC would like to work with HIF contacts to allow access to membership work email contact lists. This provides quantifiable evidence about topics that draw readers’ attention.

Operational Updates

- *2025 Member Outreach Plan* – To more efficiently increase utilization for all HIF members, PHC believes it is necessary to setup on-site employee presentations for all eligible members. To that end, PHC must establish points of contact for each entity - please send contact information to Lily Lazroe, Director of Client Relations: lily.lazroe@integrityhealth.com.
- *Omada Program Discussion (GLP1 management)* - Continued discussion between PHC clinical team and PERMA regarding the Jan. 1st implementation of the Omada program are underway. Members on weight loss drugs under care at SCPHC are currently enrolled in the physician led, on-site Care Coordination program available at PHC. All patients prescribed a GLP1 by a PHC provider are entered into the Care Coordination program and are closely monitored by Medical Director, Dr. Elisabeth Spector. Additional information is requested pertaining to the patient metrics obtained via the Omada program, to determine the best path forward for program integration.

Member Feedback

Patient satisfaction surveys are sent out following each member's appointment and reported to PHC on a monthly basis. They are asked 10 questions on a scale of 1-5 (Not at all satisfied to Very satisfied) about their experience ranging from intake/appointment, to visit with providers, to overall experience.

In December, **91.89% of the "Overall Satisfaction" feedback was Very Satisfied** with 8.11% of the remaining feedback being Satisfied. No other survey participants reported any lower scores for the month. This is the **fourth time this year** that membership shared such satisfactory results (**90% or higher**) with their PHC visit.

Examples of member feedback comments/anecdotes from December 2024 may be found below:

- *"All staff at the Somerset location [are] very helpful. Dr Spector is the best by far true professional."*
- *"I have been seen, heard and believed. Wonderful staff and very responsive when needing medical appointments."*
- *"I've used the physical therapy service in the past, but this was my first time using the facility for medical purposes. Service was great and I will definitely be using them again."*
- *"Dr Spector and NP Cammacho are excellent clinicians. I am so very grateful to have them."*
- *"The doctors and the staff are very helpful and kind."*

Southern Skylands Regional Partnership Health Centers Utilization Report

Date

12-Dec'24

PHC Services

Category	01_Subscriber		02_Dependent		Total	
	M	YTD (CY)	M	YTD (CY)	M	YTD (CY)
Borough of Manville	2	7			2	7
Borough of Peapack and Gladstone	5	22	2	16	7	38
Borough of Somerville	7	111	6	64	13	175
County of Somerset	912	10,461	305	3,847	1,217	14,308
Somerset County Library	66	858	61	448	127	1,306
Somerset County Park Commission	81	1,366	32	303	113	1,669
Somerset County Vocational & Technical School	37	447	29	253	66	700
Township of Hillsborough	20	120	6	68	26	188
Total	1,130	13,392	441	4,999	1,571	18,391

PHC Patients

Category	01_Subscriber		02_Dependent		Total	
	M	YTD (CY)	M	YTD (CY)	M	YTD (CY)
Borough of Manville	1	1			1	1
Borough of Peapack and Gladstone	3	3	1	1	4	4
Borough of Somerville	3	11	4	7	7	18
County of Somerset	299	706	128	361	427	1,063
Somerset County Library	27	75	17	38	44	111
Somerset County Park Commission	34	94	13	52	47	145
Somerset County Vocational & Technical School	18	39	12	26	30	65
Township of Hillsborough	5	12	3	11	8	23
Total	390	930	178	494	568	1,417

Medications Dispensed

Category	01_Subscriber		02_Dependent		Total	
	M	YTD (CY)	M	YTD (CY)	M	YTD (CY)
Borough of Manville	1	5			1	5
Borough of Peapack and Gladstone	2	11	2	18	4	29
Borough of Somerville	2	56	3	23	5	79
County of Somerset	568	6,562	230	2,771	798	9,333
Somerset County Library	45	575	30	260	75	835
Somerset County Park Commission	84	970	27	197	111	1,167
Somerset County Vocational & Technical School	19	217	18	167	37	384
Township of Hillsborough		42	4	39	4	81
Total	721	8,438	314	3,475	1,035	11,913

Specialized Service

Service	01_Subscriber		02_Dependent		Total	
	M	YTD (CY)	M	YTD (CY)	M	YTD (CY)
Behavioral Health	21	229	12	112	33	341
Care Coordination	140	1,624	26	497	166	2,121
Chiropractic	19	367	2	41	21	408
COVID19 Test	10	159	5	60	15	219
COVID19 Vaccine			6	1		7
Flu Shot	8	171	9	70	17	241
Lab	63	816	24	278	87	1,094
Member Services	166	787	13	127	179	914
Pharmacy	474	5,827	205	2,476	679	8,303
Physical Therapy	23	704	37	220	60	924
Physician or Nurse	195	2,522	99	1,021	294	3,543
Physician or Nurse Telemedicine	4	13		7	4	20
Telemedicine BH	2	35	4	40	6	75
Telephone	1	57	2	23	3	80
Xray	4	75	3	26	7	101
Total	1,130	13,392	441	4,999	1,571	18,391



**SOUTHERN SKYLANDS
EMPLOYEE BENEFITS FUND**

Monthly Claim Activity Report

JANUARY 14, 2024



Southern Skyland Regional Health Insurance Fund

	MEDICAL CLAIMS PAID 2023			MEDICAL CLAIMS PAID 2024		
	# OF EES	PER EE	# OF EES	PER 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	\$3,949,236	1,879	\$ 2,102
MAY	\$2,621,911	1,498	\$ 1,750	\$2,808,627	1,854	\$ 1,515
JUNE	\$2,201,035	1,499	\$ 1,468	\$3,085,127	1,852	\$ 1,666
JULY	\$1,978,342	1,534	\$ 1,290	\$3,228,815	1,859	\$ 1,737
AUGUST	\$2,896,771	1,566	\$ 1,850	\$2,683,408	1,862	\$ 1,441
SEPTEMBER	\$2,150,117	1,562	\$ 1,377	\$2,649,294	1,857	\$ 1,427
OCTOBER	\$3,009,861	1,556	\$ 1,934	\$3,297,128	1,858	\$ 1,775
NOVEMBER	\$2,582,222	1,563	\$ 1,652	\$3,589,088	1,857	\$ 1,933
DECEMBER	\$1,947,928	1,574	\$ 1,238			
TOTALS	\$27,722,673			\$32,989,768		
				2024 Average	1,860	\$1,612
				2023 Average	1,526	\$1,513

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

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

Paid Dates: 10/01/2024 - 10/31/2024
Service Dates: 01/01/2011 - 10/31/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$102,353.03	Low back pain, unspecified
Total:	\$102,953.03	

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

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

Paid Dates: 11/01/2024 - 11/30/2024
Service Dates: 01/01/2011 - 11/30/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$123,304.84	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	\$121,428.27	SEPSIS, UNSPECIFIED ORGANISM
Total:	\$244,733.11	



Medical Claims Paid Per Member:
January 2024 – November 2024
 Total Medical Paid per EE: **\$1,612**

Network Discounts

Inpatient:	63.8%
Ambulatory:	66.9%
Physician/Other:	63.6%
TOTAL:	64.9%

Provider Network

% Admissions In-Network:	99.1%
% Physician Office:	96.2%

Aetna Book of Business:
 Admissions 97.5%; Physician 91.9%

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 November 2024)

Number of Claims Over \$50,000: **119**
 Claimants per 1000 members: **28.8**
 Avg. Paid per Claimant: **\$113,076**
 Percent of Total Paid: **42.1%**

- Aetna BOB- HCC account for an average of 45.1% of total Medical Cost

Aetna One Choice Member Outreach:
 Thru November 2024

Total Members Identified: **1,132**
 Members Targeted for 1:1 Nurse Support : **333**
 Members Targeted for Digital Activity: **578**
 Members Targeted for Group Coaching: **221**
 Member 1:1 outreach completed: **324**
 Member 1:1 Outreach in Progress: **9**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1 st Call Resolution:	93.68%
Abandonment Rate:	0.80%
Avg. Speed of Answer:	26.1 sec

Claims Performance

Financial Accuracy:	98.68%*
<small>*Q2 2024</small>	
-	
90% processed w/in:	6.3 days
95% processed w/in:	11.7 days

Claims Performance (Monthly)
 (November 2024)

90% processed w/in:	6.2 days
95% processed w/in:	10.8 days

(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy:	99%
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Turnaround Time

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



EXPRESS SCRIPTS®

Southern Skylands Regional Health Insurance Fund

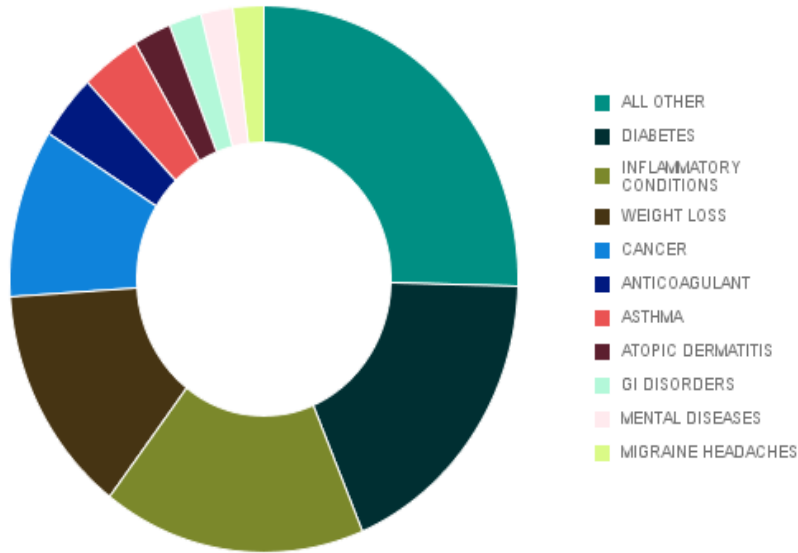
Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	3,752	3,732	3,744	3,743	3,761	3,782	3,793	3,779	3,855	3,968	3,947	3,923	3,922	3,923	3,928	3,924	3,842
Total Days	209,145	187,059	222,952	619,156	197,620	212,028	217,802	627,450	201,983	221,486	207,096	630,565	222,483	209,476	213,464	645,423	2,522,594
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	\$910,806	\$956,827	\$1,045,360	\$2,912,994	\$10,797,238
Generic Fill Rate (GFR) - Total	80.7%	81.5%	81.9%	81.4%	82.8%	82.9%	82.8%	82.8%	82.6%	83.1%	79.1%	81.6%	78.4%	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	\$245.16	\$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	4,602	4,552	4,594	4,671	4,623	4,615	4,636	4,632	4,641	4,633	4,635	4,629	4,627			
Total Days	263,550	239,696	244,751	747,997	250,088	250,554	235,458	736,100	257,418	256,502	238,872	752,792	259,360	232,956			
Total Patients	2,093	1,990	1,994	3,019	2,034	2,100	1,962	2,982	2,055	2,064	1,978	2,960	2,154	2,074			
Total Plan Cost	\$1,064,432	\$1,147,232	\$1,133,373	\$3,345,036	\$1,154,291	\$1,274,869	\$1,316,657	\$3,745,818	\$1,305,271	\$1,386,678	\$1,334,150	\$4,026,100	\$1,342,449	\$1,268,128			
Generic Fill Rate (GFR) - Total	83.9%	83.1%	83.1%	83.4%	83.1%	82.8%	81.5%	82.5%	82.4%	81.6%	77.6%	80.6%	78.8%	79.5%			
Plan Cost PMPM	\$230.00	\$249.29	\$248.98	\$242.71	\$247.12	\$275.77	\$285.30	\$269.31	\$281.79	\$298.79	\$287.97	\$289.52	\$290.01	\$274.07			
% Change Plan Cost PMPM	14.9%	25.6%	-0.3%	12.3%	22.3%	19.3%	15.3%	18.7%	23.0%	22.6%	9.7%	18.0%	24.5%	12.2%			
Total Specialty Plan Cost	\$351,753	\$422,926	\$396,265	\$1,170,944	\$431,411	\$453,792	\$540,424	\$1,425,627	\$431,106	\$527,436	\$504,615	\$1,463,157	\$494,942	\$482,138			
Specialty % of Total Specialty Plan Cost	33.0%	36.9%	35.0%	35.0%	37.4%	35.6%	41.0%	38.1%	33.0%	38.0%	37.8%	36.3%	36.9%	38.0%			

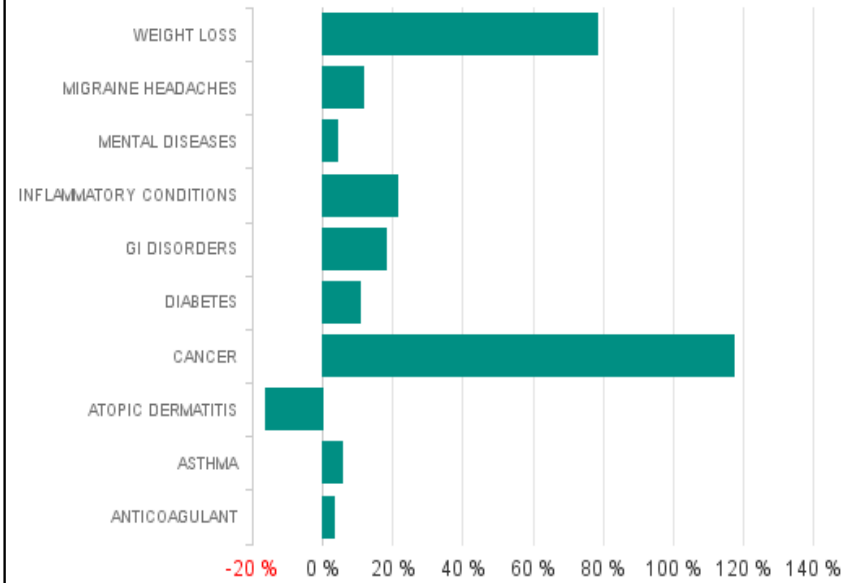
Top Indications

Southern Skyland Regional Hlth (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	1	DIABETES	24.5 %	9,009	\$2,505,528	\$49.27	34.0 %	25.6 %	28.4 %	7,664	\$1,877,037	\$44.50	36.4 %	28.0 %	10.7 %
2	2	INFLAMMATORY CONDITIONS	22.4 %	811	\$2,294,537	\$45.12	47.8 %	32.8 %	23.7 %	658	\$1,571,424	\$37.26	57.0 %	38.9 %	21.1 %
3	4	WEIGHT LOSS	18.2 %	1,754	\$1,866,195	\$36.70	3.1 %	4.9 %	13.1 %	766	\$868,312	\$20.59	3.7 %	11.0 %	78.3 %
4	3	CANCER	13.4 %	421	\$1,368,152	\$26.90	74.8 %	75.8 %	7.9 %	318	\$522,179	\$12.38	89.3 %	77.6 %	117.3 %
5	7	ANTICOAGULANT	5.2 %	1,290	\$528,648	\$10.40	19.1 %	18.8 %	6.4 %	1,135	\$425,037	\$10.08	23.6 %	21.5 %	3.2 %
6	6	ASTHMA	5.1 %	3,257	\$518,215	\$10.19	74.9 %	88.0 %	6.2 %	2,936	\$407,440	\$9.66	68.5 %	79.4 %	5.5 %
7		ATOPIC DERMATITIS	3.2 %	926	\$328,045	\$6.45	87.7 %	NA	4.9 %	687	\$325,513	\$7.72	81.4 %	NA	-16.4 %
8	8	GI DISORDERS	2.8 %	551	\$283,142	\$5.57	52.1 %	56.8 %	3.0 %	443	\$198,776	\$4.71	47.0 %	58.8 %	18.1 %
9	9	MENTAL DISEASES	2.7 %	847	\$279,178	\$5.49	76.6 %	84.2 %	3.4 %	622	\$222,856	\$5.28	72.3 %	85.6 %	3.9 %
10	5	MIGRAINE HEADACHES	2.6 %	465	\$269,868	\$5.31	38.3 %	52.6 %	3.0 %	344	\$200,962	\$4.76	38.1 %	55.1 %	11.4 %
Total Top 10				19,331	\$10,241,506	\$201.39	43.6 %	44.5 %		15,573	\$6,619,536	\$156.94	45.6 %	46.2 %	28.3 %

Top Drugs

Southern Skyland Regional Hlth (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	11	WEGOVY	WEIGHT LOSS	N	904	141	\$1,123,287	\$22.09	612	101	\$765,724	\$18.15	21.7 %
2	13	ZEPBOUND	WEIGHT LOSS	N	747	127	\$723,996	\$14.24	NA	NA	NA	NA	NA
3	3	OZEMPIC	DIABETES	N	765	87	\$666,879	\$13.11	479	63	\$400,209	\$9.49	38.2 %
4	52	REVLIMID	CANCER	Y	33	5	\$483,898	\$9.52	1	1	\$11,942	\$0.28	3260.8 %
5	1	MOUNJARO	DIABETES	N	468	58	\$457,739	\$9.00	170	26	\$160,081	\$3.80	137.2 %
6	6	STELARA	INFLAMMATORY CONDITIONS	Y	51	6	\$406,717	\$8.00	23	3	\$206,763	\$4.90	63.2 %
7	24	ELIQUIS	ANTICOAGULANT	N	773	97	\$392,244	\$7.71	612	76	\$287,954	\$6.83	13.0 %
8	109	POMALYST	CANCER	Y	14	2	\$309,414	\$6.08	NA	NA	NA	NA	NA
9	4	HUMIRA (CF) PEN	INFLAMMATORY CONDITIONS	Y	39	6	\$298,659	\$5.87	27	3	\$217,333	\$5.15	14.0 %
10	20	RINVOQ	INFLAMMATORY CONDITIONS	Y	45	5	\$257,411	\$5.06	23	2	\$123,779	\$2.93	72.5 %
11	10	JARDIANCE	DIABETES	N	386	45	\$210,961	\$4.15	284	34	\$150,425	\$3.57	16.3 %
12	26	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	39	6	\$210,918	\$4.15	33	4	\$171,628	\$4.07	1.9 %
13	22	FARXIGA	DIABETES	N	381	51	\$197,818	\$3.89	391	41	\$197,499	\$4.68	-16.9 %
14	21	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	33	4	\$191,964	\$3.77	27	4	\$142,235	\$3.37	11.9 %
15		DUPIXENT PEN	ATOPIC DERMATITIS	Y	48	7	\$169,573	\$3.33	43	7	\$120,593	\$2.86	16.6 %
16	15	TREMFYA	INFLAMMATORY CONDITIONS	Y	30	3	\$167,961	\$3.30	24	2	\$121,279	\$2.88	14.9 %
17	62	XOLAIR	ASTHMA	Y	93	5	\$157,285	\$3.09	96	6	\$142,137	\$3.37	-8.2 %
18	1406	ABIRATERONE ACETATE	CANCER	Y	18	2	\$141,466	\$2.78	14	2	\$109,954	\$2.61	6.7 %
19	127	NUCALA	ASTHMA	Y	20	2	\$129,305	\$2.54	10	1	\$72,428	\$1.72	48.1 %
20	41	XARELTO	ANTICOAGULANT	N	253	29	\$125,366	\$2.47	245	29	\$117,427	\$2.78	-11.4 %
21	84	REXULTI	MENTAL DISEASES	N	89	11	\$120,877	\$2.38	88	13	\$112,029	\$2.66	-10.5 %
22	81	XTANDI	CANCER	Y	10	1	\$118,780	\$2.34	NA	NA	NA	NA	NA
23	75	XIFAXAN	GI DISORDERS	N	46	21	\$115,828	\$2.28	26	15	\$63,547	\$1.51	51.2 %
24	51	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	12	2	\$112,018	\$2.20	NA	NA	NA	NA	NA
25	44	JANUVIA	DIABETES	N	219	28	\$110,381	\$2.17	231	27	\$112,037	\$2.66	-18.3 %
Total Top 25					5,516		\$7,400,744	\$145.53	3,459		\$3,807,002	\$90.26	61.2 %

Reject Subsequent Fill Activity **Coverage Review Activity**

Reject Activity	Rejects	YTD Reject Patients	Omada Rule Rejects	YTD Omada Rule Reject Patients	PA Rule Rejects	YTD PA Rule Reject Patients	Reviews	
	377.0	106.0	0.00%	0	100.00%	106.0	123	
Post Reject Sub Fill Activity	Subfills	YTD Subfill Patients	Omada Subfills	YTD Omada Subfill Patients	Subfills PA Rule	YTD PA Rule Subfill Patients	Approvals	Denials
	62.60%	70.00		0	62.60%	70.00	56.10%	43.90%
Post Reject No Fill Activity	No Fills	YTD No Fill Patients	Omada No Fills	YTD Omada No Fill Patients	No Fills PA Rule	YTD PA Rule No Fill Patients		
	37.40%	36.00		0	37.40%	36.00		

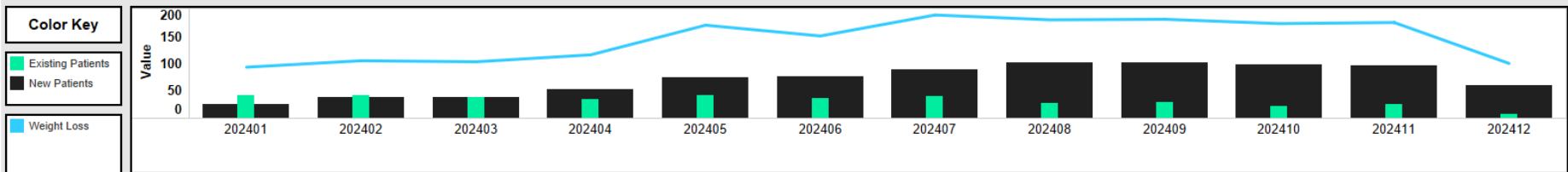
Omada Activity **Savings Activity**

Omada Members Engaged	YTD Members Engaged	Omada Members Not Engaged	YTD Members Not Engaged	PMPM Plancost Savings	
	0		0	\$4.22	

Color Key	Diabetes	Weight Loss	Grand Total
	\$15,504.08	\$43,117.12	\$58,621.20

Utilization Activity

YTD Total Patients	YTD New Patients	YTD Existing Patients	YTD Total Claims
441	73.24%	26.76%	1,766



APPENDIX I

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND
 OPEN PUBLIC MEETING
 NOVEMBER 12, 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	Present
Anthony Ferrera	Hillsborough	Executive Committee Member	Present

FUND PROFESSIONALS PRESENT:

Executive Director	PERMA Risk Management Services Emily Koval Caitlin Perkins
Program Manager	Conner Strong & Buckelew Crystal Bailey
Fund Attorney	Shain Schaffer Joel Shain
Fund Treasurer	Yvonne Childress
Aetna	Jason Silverstein
Express Scripts	Hiteksha Patel
Fund Actuary	
Integrity Health	Lily Lazroe Dr. Elisabeth Spector
Fund Auditor	

ALSO PRESENT:

John Lajewski, Conner Strong & Buckelew
 Joseph Graham, Fairview
 Theresa Rippalege, Somerset County
 Arge Mardakis, Somerset County
 Janine Erickson, Somerset County Parks
 Karen Gilbert, Raritan Twp
 Lindsay Klein, Acrisure

MOTION TO APPROVE THE OPEN MINUTES OF OCTOBER 8, 2024

MOTION: Commissioner Beder
SECOND: Commissioner Auger
VOTE: All in favor

CORRESPONDENCE: None.

EXECUTIVE DIRECTOR'S REPORT

FINANCIAL REPORTS - Ms. Koval reviewed the financials through September, noting the month earned a decent amount of surplus. It was highlighted that there is a very small deficit for the year but overall, each of the closed years are ending in surplus. She noted there is 1.5 months of claims in the retention which is a positive spot to be in and slowly increasing. Additionally, she stated there were five Tuesday's in the month of October so the finances may be a tad overstated for that month.

2025 STOP LOSS RENEWAL - Ms. Koval referred to the budget on page ten, highlighting the specific reinsurance details on line twenty-two. Initially, the HIF Underwriter had included a conservative 12% placeholder. However, the actual rate came in slightly below 10%, which is exceptional given the current market conditions. The Executive Director further noted that the current low ratio is approximately 16.5%, meaning only 16.5% of the reinsurance allocation for 2023 has been utilized so far. Based on the renewal, the HIF Underwriter is recommending finalize this offer with HCC, noting there is a long partnership with HCC as well. The Executive Director highlighted that the specific excess retention level will be staying the same at \$325,000.

MOTION TO APPROVE RESOLUTION 27-24 RENEWING AND PURCHASE OF STOP LOSS COVERAGE

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

2025 SKYLANDS BUDGET - ADOPTION - Ms. Koval commented there were no changes to the final line of the budget, noting that the Medical TPA administrative costs stayed flat based on the resolution passed at the last meeting and with the stop loss renewal coming in lower than expected, the savings was moved to the surplus generation. Ms. Koval stated the draft assessments that were previously sent out are considered final, noting groups can request a new final rate sheet if desired.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2025 BUDGET

MOTION: Commissioner Hayes
SECOND: Commissioner Beder
VOTE: All in favor

MOTION TO CLOSE THE PUBLIC HEARING ON THE 2025 BUDGET

MOTION: Commissioner Beder
SECOND: Commissioner Auger
VOTE: All in favor

MOTION TO APPROVE RESOLUTION 28-24 ADOPTING THE 2025 BUDGET

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

FUND RFPs – Ms. Koval reviewed the status of the current Fund RFPs, noting that the Medical TPA contract was awarded to Aetna at the last meeting. For the professional contracts, the Actuary, Auditor, and Attorney incumbents were the sole respondents. She mentioned that the Actuary is missing a required document, as per the QPA, which must be submitted before the contract begins on January 1, 2025. It was recommended to proceed with the award since there is no scheduled meeting before year-end. If the document is not received, an RFP will be reissued.

SPLIT BILLS AND DECEMBER BILLS – Ms. Koval shared that groups who have split bill arrangements to provide any changes to the enrollment team to provide accurate coupons. Additionally, if the January bills are delayed, members may be paying the December amount twice to ensure cash flow. Ms. Koval noted that the February bills will have the 2025 rates and any adjustments from the January bill and that updates will be provided.

Chair Mahr requested to move Resolution 29-24, noting if the Actuary does not provide the necessary paperwork within the next 30 days, the offer will be rescinded.

MOTION TO APPROVE RESOLUTION 29-24 AUTHORIZING PROFESSIONAL SERVICES FOR AUDITOR, ACTUARY, AND ATTORNEY

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

Ms. Koval noted the Medicare Advantage responses were received by both Aetna and United Healthcare but still under review. She stated that Aetna did provide plan designs and rates for the United population but would not be able to be effective until April 1, 2025. Unfortunately, the responses were not as we hoped for but due to the legislation, there is not much room for them to make adjustments. A further review will be completed by the committee and County and a recommendation will be made at the next meeting.

2025 RENEWAL SUMMARY MEMBER COMMUNICATION – Ms. Koval noted there is a member communication that was requested at the last meeting in Appendix II. She apologized the communication was provided later than anticipated, noting that the members can utilize this with their members. Ms. Koval also stated that groups can reach out if any customization is needed to this communication.

PROGRAM MANAGERS REPORT

Ms. Bailey reviewed the informational report in the agenda.

Operational Updates:

ELIGIBILITY/ENROLLMENT

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

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

Open Enrollment - 1/1/25 (Passive)

- Skyland Regional HIF OE was held on October 21st through November 1st
- All OE updates should be completed in WEX by November 8th to allow time for ID cards to be delivered to members by 1/1/24
- 2025 Qualified HDHP Minimums will be updated as follows:
 - Deductible - \$1,650 single/ \$3,300 family
 - Maximum Out of Pocket (MOOP) - \$3,300 single/ \$6,600
- OE guides are currently being updated and will be sent once finalized

**** Subject to change pending approval of the 2025 Budget****

COVERAGE UPDATES:

Onsite Flu Vaccine Clinic Vendor List

Approved onsite flu vaccine clinic vendors list are included in the Appendix. Skyland Regional HIF does not coordinate onsite flu vaccine clinics, groups can reach out to the vendors directly to schedule.

Express Scripts Update:

3Q2024 SaveOn Savings (1/1/2024 through 9/30/24)

In 3Q2024, the Skyland Regional Health Insurance Fund has saved \$370,313 for members enrolled in SaveOn, an additional \$81,460 in savings from 2Q2024. There are currently 81 participants in the program, an increase of 12 members compared to 2Q2024. In 2024, Skyland members who used SaveOn saved a total of \$20,035 in copays. The average savings per prescription to date is \$754.

Top 5 Therapeutic Categories:

- Inflammatory Conditions
 - 40 members, totaling \$159,763 in savings
- Asthma & Allergy
 - 19 members, totaling \$57,814 in savings

- Cancer
 - 12 members, totaling \$92,948 in savings
- Multiple Sclerosis
 - 4 members, totaling \$25,979 in savings
- Endocrine Disorders
 - 1 member, totaling \$10,014 in savings

In response to Chair Mahr, Ms. Bailey noted that the increase of members using this program is positive, stating that these drugs are only for specialized drugs.

Notice of Creditable Coverage (NOCC)

CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2025 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 16th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

GLP-1 Weight Loss Medication – Encircle Program

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
 - BMI \geq 32 OR
 - BMI between $27 \leq$ 32 WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- 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 of the requirements outlined above, 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 in order to refill their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

Ms. Bailey noted there was a call with Integrity Health Center in regards to the Omada program and discuss more ways to integrate together. Ms. Bailey stated she is waiting on sample reporting from ESI to share with Dr. Spector to review with members that are adhering to the program and how she can assist.

Chair Mahr requested a combined report for Integrity and ESI, so this data and information can be clearly communicated with the members.

Ms. Bailey reviewed the non-preferred formulary, which offers greater savings. She shared that a report for the entire Fund indicated minimal disruption, and groups can request this report for their specific data. She emphasized that switching to this formulary does not eliminate drug availability but instead includes biosimilars and prior authorizations for members. Ms. Bailey recommended March 1, 2025, as an ideal start date for groups considering the change, allowing sufficient time to communicate with members.

Chair Mahr noted that the County held a stand-alone discussion to better understand the potential impact of switching formularies. She highlighted that each group could make an independent decision based on their specific data. In response to Mr. Sluka, Ms. Bailey confirmed that doctors could submit proof of medical necessity for certain drugs.

Ms. Bailey added that ESI will provide communications at least 60 days before the start date, including a list of alternative medications. Chair Mahr encouraged all groups to request the report, and Ms. Bailey agreed to send an email to facilitate requests for data on distribution and savings. Additionally, the Integrity Health Center requested that specific language be included in the notifications and formulary materials for member access and Chair Mahr agreed, to ensure that Integrity is included in communications.

Ms. Patel commented that ESI has a rapid response team for those members who may not have read the communications that will reach out when a member tries to fill a prescription that is no longer on the formulary and Ms. Bailey discussed the possibility of courtesy fills for the first time.

2024 Legislative Review: None

Gag Clause Prohibition Compliance Attestation - Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a “contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to

another party.” The CAA 2021 prohibits “gag clauses” under group health plan (GHP) agreements. The attestation is due annually by December 31st. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern Skylands Health Insurance Fund.

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.

Carrier Appeals: None

IRO Submissions: None

TREASURER – Fund Treasurer reviewed the November Bills Lists and Treasurer’s report through August 2024 which is included in the Agenda.

MOTION TO APPROVE RESOLUTION 31-24 APPROVING THE TREASURERS REPORT AND BILLS LISTS FOR NOVEMBER 2024:

MOTION:	Commissioner Beder
SECOND:	Commissioner Auger
VOTE:	Unanimous

INTEGRITY HEALTH - Ms. Lazroe reviewed the report that is include in the agenda, highlighting member engagement activities that they have been participating and the flu shot clinic data. She provided additional details on the increase in member engagement with the member advocacy program, noting that many members have been reaching out with questions about their benefits and the services available to them.

AETNA - Mr. Silverstein reviewed the reports in the agenda for the paid claims for the month of September. He noted there are no high claimants for the month of September and the dashboard metrics continue to run well. He thanked the Fund for the contract award for the next three years, that was awarded at the last meeting.

EXPRESS SCRIPTS - Ms. Patel reviewed the reports in the agenda, noting that weight loss continues to trend at the number one indication for the Fund, which is also reflected on the top four drugs. She noted that at the last meeting, Humira has biosimilar that is less expensive, but this only applies if the formulary is the national preferred formulary. In response to Chair Mahr, Ms. Patel clarified that Zepbound was launched in November 2023 so there is no utilization for this current period in 2023. Commissioner Beder observed that the peer rank for Wegovy and Zepbound is lower than their own, questioning whether this is because other entities do not cover these medications. Ms. Patel explained that the peer rank reflects all government entities, and the lack of coverage could contribute to the lower ranking. Ms. Bailey added that more groups are shifting toward not covering these types of medications.

OLD BUSINESS - None.

NEW BUSINESS - None.

PUBLIC COMMENT - None

Chair Mahr thanked everyone for a good year and welcomed their new members that joined in 2024. She commented that we will continue to work together to see where we can drive down our costs moving into the new year.

MOTION TO ADJOURN:

MOVED:	Commissioner Auger
SECOND:	Commissioner Ferrera
VOTE:	Unanimous

MEETING ADJOURNED: 10:15 am

NEXT MEETING: January 14, 2025 at 9:30 am

Minutes prepared by:

Caitlin Perkins, Account Manager

APPENDIX II

OATH OF OFFICE

State of New Jersey

County of Somerset

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

Sworn and subscribed to

before me this (14th day of January 2025)

_____, **Esquire**

Attorney-at-law of New Jersey