



**AGENDA AND REPORTS**  
**MAY 20, 2020**  
**1:30 PM**

**Join Zoom Meeting**

<https://zoom.us/j/5455080980>

**Meeting ID: 545 508 0980**

**Dial by your location**  
**1- 949-205-6099**

**PUBLIC MEETINGS ACT** - In accordance with the Open Public Meetings Act, notice of this meeting was provided by:

- I.** sending sufficient notice to the Asbury Park Press
- II.** filing advance written notice of this meeting with each member municipalities and,
- III.** posting this notice on the Public Bulletin Board of all member municipalities

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**AGENDA MEETING: MAY 20, 2020**  
**CONFERENCE CALL/ZOOM MEETING**  
**1:30 PM**

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

**FLAG SALUTE**

**ROLL CALL OF 2020 EXECUTIVE COMMITTEE**

**APPROVAL OF MINUTES: JANUARY 15, 2020 Open:** Appendix I

**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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**PROGRAM MANAGER- (Conner Strong & Buckelew)**

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**TREASURER - (Stephen Mayer)**

February 2020 Bills List (Confirmation of Payment).....Page 13

March 2020 Bills List (Confirmation of Payment) .....Page 15

April 2020 Bills List (Confirmation of Payment).....Page 16

May 2020 Bills List (Resolution 19-20).....Page 18

Confirmation of Claims Paid/ Certification of Transfers

Ratification of Treasurers Report

**ATTORNEY - (John C. Sahradek, Esq.)**

Monthly Report

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

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

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**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

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**DENTAL ADMINISTRATOR - (Delta Dental)**

Monthly Report

**CONSENT AGENDA**

Resolution 16-20: 2019 Audit Approval ..... Page 32

Resolution 17-20: Risk Management Plan Amendment ..... Page 34

Resolution 18-20: Lakewood Wellness Grant Approval ..... Page 35

Resolution 19-20: February, March, April and May 2020 Bills List ..... Page 45

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES**

**PERSONNEL - CLAIMS - LITIGATION**

**MEETING ADJOURNED**

**Central Jersey Health Insurance Fund**  
Executive Director's Report  
May 20, 2020

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

➤ **Fast Track Financial Report – as of March 31, 2020 (page 4)**

- Since the onset of the Covid-19 crisis, medical procedures have been deferred resulting in reduced claims for the HIF.
- The Aetna report now includes a report on Covid-19 related expenses by week for the HIF.

**AUDITOR AND ACTUARY YEAR-END REPORTS**

We expect to have the final Fund Year 2019 audit to the Finance Committee before the meeting. Lauren Holman from the Holman & Frenia will be in attendance to present their findings. Should there be any comments, PERMA will be prepared to answer. Resolution 16-20 approving and authorization to file with the state is included in the consent agenda, along with the affidavit to be signed by all present Commissioners.

**IBNR - ACTUARY CERTIFICATION**

At the end of each Fund year, the Actuary must certify that the Fund is reserving enough funds for incurred but not reported (IBNR) claims. The Actuary has reviewed the claims and financial fast track through the end of the year and has determined a range for which he believes will be a conservative reserve. Enclosed on page 7 is his certification and range development. This will be filed with the annual audit in June.

**REQUESTS FOR PROPOSALS**

Under the Local Public Contracts law, the following positions need to go out for RFP for a one-year term starting January 1, 2021: Actuary, Auditor, Attorney, Treasurer.

**MOTION:** *Motion to issue and advertise Requests for Proposals for professional services contracts on behalf of the Fund for Actuary, Auditor, Attorney, Treasurer.*

**OPERATIONS**

**RISK MANAGEMENT PLAN - AMENDMENT**

An internal review of the enrollment process was performed and found that the process of partial month transactions was not consistent across all of our Funds. In order to synchronize enrollments with accounts payable, we are recommending the following standard 'rule' for rate charging for enrollments during any given month:

## **24.) PARTIAL MONTH ENROLLMENTS**

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

Resolution 17-20 is included in the consent agenda and amends the Risk management to include this additional item.

## **MRHIF ACTION ON PHARMACY CONSULTANT AND ESI CONTRACT**

MRHIF has awarded a contract to ELMC, Inc., the incumbent consultant, to assist the MRHIF in negotiating a contract renewal with ESI for the period 1/1/2021 to 6/30/2021. MRHIF will also be issuing an RFP later this year for a consultant to assist with issuing and RFP for a new multi-year contract with ESI or another provider effective 7/1/2021.

## **MRHIF AUDIT OF AMERIHEALTH**

MRHIF commissioned an audit of AHA for our HIF, the Schools HIF, the Coastal HIF, and the Central Jersey HIF. The report was completed with favorable results for AHA in terms of processing accuracy but with some observations and recommendations regarding service metrics. AHA is preparing a response to the recommendations that we hope to have for our next meeting.

## **FINANCIAL DISCLOSURE STATEMENTS**

As is done on the local level and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. To date there are only 2 Commissioners that have not filed and they have been notified to complete.

## WELLNESS

### **LAKEWOOD TOWNSHIP WELLNESS GRANT**

The Township of Lakewood submitted a wellness grant request in the amount of \$17,000 for a program with all approved expenses. There is only \$5,500 remaining in the 2020 wellness budget. We are requesting the remaining funds be designated to Lakewood and at the end of the year if there are unused funds, consider transferring to the balance of their wellness account.

Resolution 18-20 approves their wellness grant in the amount of \$17,000 of which \$5,500 will come from the wellness budget and the remaining \$11,500 will be paid from the positive fund balance in the Lakewood account. The grant application is included in Appendix II and the resolution is in consent.

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**FINANCIAL FAST TRACK REPORT**  
**AS OF March 31, 2020**

|                                       | <i>THIS<br/>MONTH</i> | <i>YTD<br/>CHANGE</i> | <i>PRIOR<br/>YEAR END</i> | <i>FUND<br/>BALANCE</i> |
|---------------------------------------|-----------------------|-----------------------|---------------------------|-------------------------|
| 1. <b>UNDERWRITING INCOME</b>         | <b>3,830,754</b>      | <b>11,450,642</b>     | <b>695,564,256</b>        | <b>707,014,898</b>      |
| 2. <b>CLAIM EXPENSES</b>              |                       |                       |                           |                         |
| Paid Claims                           | 2,736,615             | 8,454,019             | 571,937,112               | 580,391,131             |
| IBNR                                  | (365,256)             | 15,179                | 2,011,000                 | 2,026,179               |
| Less Specific Excess                  | (63,021)              | (62,751)              | (16,195,232)              | (16,257,983)            |
| Less Aggregate Excess                 | 0                     | 0                     | (1,000,000)               | (1,000,000)             |
| <b>TOTAL CLAIMS</b>                   | <b>2,308,339</b>      | <b>8,406,447</b>      | <b>556,752,880</b>        | <b>565,159,327</b>      |
| 3. <b>EXPENSES</b>                    |                       |                       |                           |                         |
| MA & HMO Premiums                     | 191,026               | 570,444               | 16,066,100                | 16,636,544              |
| Excess Premiums                       | 157,996               | 472,735               | 33,089,412                | 33,562,147              |
| Administrative                        | 259,583               | 727,413               | 39,687,626                | 40,415,038              |
| <b>TOTAL EXPENSES</b>                 | <b>608,605</b>        | <b>1,770,591</b>      | <b>88,843,138</b>         | <b>90,613,729</b>       |
| 4. <b>UNDERWRITING PROFIT (1-2-3)</b> | <b>913,811</b>        | <b>1,273,603</b>      | <b>49,968,239</b>         | <b>51,241,842</b>       |
| 5. <b>INVESTMENT INCOME</b>           | <b>47,277</b>         | <b>96,409</b>         | <b>3,596,342</b>          | <b>3,692,751</b>        |
| 6. <b>DIVIDEND INCOME</b>             | <b>0</b>              | <b>0</b>              | <b>6,550,471</b>          | <b>6,550,471</b>        |
| 7. <b>STATUTORY PROFIT (4+5+6)</b>    | <b>961,088</b>        | <b>1,370,012</b>      | <b>60,115,051</b>         | <b>61,485,063</b>       |
| 8. <b>DIVIDEND</b>                    | <b>0</b>              | <b>0</b>              | <b>38,150,258</b>         | <b>38,150,258</b>       |
| 9. <b>STATUTORY SURPLUS (7-8)</b>     | <b>961,088</b>        | <b>1,370,012</b>      | <b>21,964,793</b>         | <b>23,334,805</b>       |

**SURPLUS (DEFICITS) BY FUND YEAR**

|                                 |         |                |                    |                   |                   |
|---------------------------------|---------|----------------|--------------------|-------------------|-------------------|
| Closed                          | Surplus | 16,797         | 34,974             | 6,250,858         | 6,285,832         |
|                                 | Cash    | 21,824         | 37,869             | 7,537,967         | 7,575,836         |
| 2018                            | Surplus | 4,619          | 86,638             | 3,698,480         | 3,785,118         |
|                                 | Cash    | 11,385         | (14,480)           | 3,254,933         | 3,240,453         |
| 2019                            | Surplus | 415,948        | 602,686            | 3,776,418         | 4,379,103         |
|                                 | Cash    | 455,871        | 893,328            | 3,246,782         | 4,140,110         |
| LAKEWOOD                        | Surplus | (736,090)      | (259,837)          | 8,239,037         | 7,979,200         |
|                                 | Cash    | (834,954)      | (1,225,010)        | 7,345,281         | 6,120,271         |
| 2020                            | Surplus | 1,259,812      | 905,552            |                   | 905,552           |
|                                 | Cash    | 753,803        | (1,707,143)        |                   | (1,707,143)       |
| <b>TOTAL SURPLUS (DEFICITS)</b> |         | <b>961,088</b> | <b>1,370,012</b>   | <b>21,964,793</b> | <b>23,334,805</b> |
| <b>TOTAL CASH</b>               |         | <b>407,930</b> | <b>(2,015,436)</b> | <b>21,384,964</b> | <b>19,369,527</b> |

**CLAIM ANALYSIS BY FUND YEAR**

|                                   |                  |                  |                    |                    |
|-----------------------------------|------------------|------------------|--------------------|--------------------|
| <b>TOTAL CLOSED YEAR CLAIMS</b>   | <b>(773)</b>     | <b>(2,757)</b>   | <b>481,334,512</b> | <b>481,331,755</b> |
| <b>FUND YEAR 2018</b>             |                  |                  |                    |                    |
| Paid Claims                       | 3,064            | 35,729           | 18,486,136         | 18,521,865         |
| IBNR                              | 0                | (107,131)        | 107,131            | 0                  |
| Less Specific Excess              | 0                | 279              | (18,469)           | (18,190)           |
| Less Aggregate Excess             | 0                | 0                | 0                  | 0                  |
| <b>TOTAL FY 2018 CLAIMS</b>       | <b>3,064</b>     | <b>(71,123)</b>  | <b>18,574,799</b>  | <b>18,503,676</b>  |
| <b>FUND YEAR 2019</b>             |                  |                  |                    |                    |
| Paid Claims                       | (460,169)        | 694,461          | 17,685,051         | 18,379,511         |
| IBNR                              | 100,000          | (1,233,330)      | 1,335,869          | 102,539            |
| Less Specific Excess              | (49,721)         | (49,730)         | (2,724)            | (52,454)           |
| Less Aggregate Excess             | 0                | 0                | 0                  | 0                  |
| <b>TOTAL FY 2019 CLAIMS</b>       | <b>(409,890)</b> | <b>(588,599)</b> | <b>19,018,196</b>  | <b>18,429,596</b>  |
| <b>LAKEWOOD</b>                   |                  |                  |                    |                    |
| Paid Claims                       | 1,865,832        | 3,281,466        | 38,707,584         | 41,989,051         |
| IBNR                              | (95,279)         | 40,379           | 568,000            | 608,379            |
| Less Specific Excess              | (13,300)         | (13,300)         | (1,450,212)        | (1,463,512)        |
| Less Aggregate Excess             | 0                | 0                | 0                  | 0                  |
| <b>TOTAL LAKEWOOD 2020 CLAIMS</b> | <b>1,757,253</b> | <b>3,308,545</b> | <b>37,825,373</b>  | <b>41,133,918</b>  |
| <b>FUND YEAR 2020</b>             |                  |                  |                    |                    |
| Paid Claims                       | 1,328,661        | 4,445,120        |                    | 4,445,120          |
| IBNR                              | (369,977)        | 1,315,261        |                    | 1,315,261          |
| Less Specific Excess              | 0                | 0                |                    | 0                  |
| Less Aggregate Excess             | 0                | 0                |                    | 0                  |
| <b>TOTAL FY 2020 CLAIMS</b>       | <b>958,684</b>   | <b>5,760,381</b> |                    | <b>5,760,381</b>   |
| <b>COMBINED TOTAL CLAIMS</b>      | <b>2,308,339</b> | <b>8,406,447</b> | <b>556,752,879</b> | <b>565,159,326</b> |

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

# CENTRAL JERSEY HEALTH INSURANCE FUND RATIOS

FY 2020

| INDICES                               | 2019       | JAN        | FEB        | MAR        |
|---------------------------------------|------------|------------|------------|------------|
| Cash Position                         | 21,384,964 | 20,922,967 | 18,961,597 | 19,369,527 |
| IBNR                                  | 2,011,000  | 2,300,835  | 2,391,435  | 2,026,179  |
| Assets                                | 25,501,413 | 25,747,051 | 26,342,114 | 26,928,341 |
| Liabilities                           | 3,536,625  | 3,809,523  | 3,968,402  | 3,593,541  |
| Surplus                               | 21,964,788 | 21,937,528 | 22,373,713 | 23,334,800 |
| Claims Paid -- Month                  | 2,046,195  | 2,781,482  | 2,939,994  | 2,738,681  |
| Claims Budget -- Month                | 2,886,174  | 3,242,663  | 3,242,663  | 3,242,663  |
| Claims Paid -- YTD                    | 29,337,408 | 2,781,482  | 5,721,477  | 8,460,157  |
| Claims Budget -- YTD                  | 34,271,231 | 3,242,663  | 6,485,326  | 9,727,989  |
|                                       |            |            |            |            |
|                                       |            |            |            |            |
| <b>RATIOS</b>                         |            |            |            |            |
| Cash Position to Claims Paid          | 10.45      | 7.52       | 6.45       | 7.07       |
| Claims Paid to Claims Budget -- Month | 0.71       | 0.86       | 0.91       | 0.84       |
| Claims Paid to Claims Budget -- YTD   | 0.86       | 0.86       | 0.88       | 0.87       |
| Cash Position to IBNR                 | 10.63      | 9.09       | 7.93       | 9.56       |
| Assets to Liabilities                 | 7.21       | 6.76       | 6.64       | 7.49       |
| Surplus as Months of Claims           | 7.61       | 6.77       | 6.9        | 7.2        |
| IBNR to Claims Budget -- Month        | 0.70       | 0.71       | 0.74       | 0.62       |



**GROUP AFFIDAVIT FORM**  
**CERTIFICATION OF FUND COMMISSIONERS**  
**Of the**  
**CENTRAL JERSEY HEALTH INSURANCE FUND**

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

1.) We are duly elected members Fund Commissioners of the Central Jersey Health Insurance Fund.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2019.

3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

**GENERAL COMMENTS - RECOMMENDATIONS**

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

\_\_\_\_\_(L.S.)

Attest:

\_\_\_\_\_  
Secretary to the Fund

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

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

# ACTUARIAL SOLUTIONS, LLC

## STATEMENT OF ACTUARIAL OPINION

March 16, 2020

Executive Committee  
Central Jersey Health Insurance Fund

I, John Vataha, am a member of the American Academy of Actuaries ("the Academy"), and a consulting health care actuary. I have been retained by Central Jersey Health Insurance Fund (CJHIF) to issue this opinion. I meet the Academy qualification standards for issuing this opinion, and I am familiar with the valuation requirements applicable to the Company.

I have reviewed the actuarial assumptions and actuarial methods used in determining the reserves and related actuarial items listed below, as prepared by the management of CJHIF, for filing with the Company's December 31, 2019 report to New Jersey Department of Banking and Insurance. My responsibility is to express an opinion on these reserves and related actuarial items based on my review. The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Actuarial Standards of Practice and Actuarial Compliance Guidelines as promulgated by the Actuarial Standards Board, and form the basis of this statement of opinion.

| <u>Item</u>   | <u>Amount</u> |
|---------------|---------------|
| Claims unpaid | \$2,011,000   |

The reserves and related actuarial items listed above represent the estimates made by management of CJHIF for all unpaid claims as of December 31, 2019. Considerable uncertainty and variability are inherent in such estimates, and, accordingly, the subsequent development of the unpaid claims liability may not conform to the assumptions used in the determination of the unpaid claims liability and therefore may vary from the amounts in the foregoing table.

I have relied on Paul Laracy, Executive Director, for the listings and summaries of claims and other relevant data, and for the accuracy of that data, as expressed in the attached statement.

My examination included a review of the actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

In my opinion, the reserves and related actuarial items identified above:

- (a) Are computed in accordance with presently accepted actuarial standards consistently applied, and are fairly stated in accordance with sound actuarial principles except that consideration of the adequacy of the Company's reserves and related actuarial items in conjunction with the assets which support them has not been performed;
- (b) Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the unpaid claims liability was prepared, and provide for all reasonably anticipated unpaid claims under the contracts;
- (c) Are computed on the basis of assumptions consistent with those used in computing the corresponding items of the preceding year;
- (d) Include provision for all actuarial reserves and related actuarial items which ought to be established.

My review did not include asset adequacy analysis, as such analysis is not in the scope of my assignment. I have not reviewed any of CJHIF's assets and I have not formed any opinion as to their validity or value. My opinion rests on the assumption that CJHIF's December 31, 2019 unpaid claims liability is funded by valid assets that have suitably scheduled maturities and/or adequate liquidity to meet future cash flow requirements.

My review relates only to those reserves and related actuarial items identified herein, and I do not express an opinion on the Company's financial statements taken as a whole.

This opinion has been prepared solely for the Executive Committee and the management of CJHIF and for filing with the New Jersey Department of Banking and Insurance, and is not intended for any other purpose.



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John Vataha, ASA, MAAA, FCA

John Vataha, ASA, MAAA, FCA  
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Tel: 215-833-4692 E-Mail: [jvataha@gmail.com](mailto:jvataha@gmail.com)

**REGULATORY**  
**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**YEAR: 2020 AS OF MAY 14, 2020**

| <b><u>Monthly Items</u></b>      | <b><u>Filing Status</u></b> |
|----------------------------------|-----------------------------|
| Budget                           | Filed                       |
| Assessments                      | Filed                       |
| Actuarial Certification          | Filed                       |
| Reinsurance Policies             | Filed                       |
| Fund Commissioners               | Filed                       |
| Fund Officers                    | Filed                       |
| Renewal Resolutions              | Filed                       |
| Indemnity and Trust              | In Progress                 |
| New Members                      | N/A                         |
| Withdrawals                      | N/A                         |
| Risk Management Plan and By Laws | Filed                       |
| Cash Management Plan             | Filed                       |
| Unaudited Financials             | 9/30/2019 Filed             |
| Annual Audit                     | 12/31/2018 filed            |
| Budget Changes                   | N/A                         |
| Transfers                        | N/A                         |
| Additional Assessments           | N/A                         |
| Professional Changes             | N/A                         |
| Officer Changes                  | N/A                         |
| RMP Changes                      | N/A                         |
| Bylaw Amendments                 | N/A                         |
| Contracts                        | In Progress                 |
| Benefit Changes                  | N/A                         |

**Central Jersey Health Insurance Fund  
Program Manager's Report**

May 20, 2020

Program Manager: Conner Strong & Buckelew

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

Enrollments/Eligibility/Billing: [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com)

Brokers: [brokerservice@permainc.com](mailto:brokerservice@permainc.com)

**ELIGIBILITY/ENROLLMENT:**

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. The team can be reached by email at [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com) or by fax at 856-552-2175.

**MONTHLY BILLING**

As a reminder, please be sure to check your monthly invoice for accuracy. *Please confirm the invoice detail as retro adjustments are limited to two months by Fund policy.* If you find a discrepancy, please report it to the CJHIF eligibility/enrollment team [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com) or by fax at 856-552-2175.

**BROKER CONTACT INFORMATION**

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated CJHIF Client Servicing Team. The team can be reached by email at [brokerservices@permainc.com](mailto:brokerservices@permainc.com).

**AETNA UPDATE**

**COVID-19 Update** – The Fund has agreed to the following Aetna COVID-19 coverage updates.

- Member cost-share waived for diagnostic testing and treatment
- Antibody testing covered with no cost-share
- Relaxed in-patient precertification requirement

Please visit this webpage for more information on how Aetna is handling COVID-19 related benefit developments:

<https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.

**EXPRESS SCRIPTS UPDATE**

**National Preferred Formulary (NPF) Update** – The Fund utilizes Express Script's National Preferred Formulary (NPF). Every 6 months, Express Scripts reviews the NPF for new additions/exclusions. Beginning July 1, 2020, 47 products will be excluded from the NPF. Members prescribed these medications on or after July 1, 2020 should discuss possible alternatives with their prescribing physicians. **Due to the COVID-19 pandemic, current users of these medications will be granted an extension and can continue to fill these prescriptions until January 2021.**

**Ranitidine (Zantac) Withdrawal** - The US Food and Drug Administration has announced they have requested manufacturers withdraw all prescriptions and over-the-counter (OTC) drugs containing ranitidine from the market. This is the latest step in an ongoing investigation of a contaminant known as N-Nitrosodimethylamine (NDMA) in ranitidine medications. ESI identified 5 Fund members who are impacted by this withdrawal. These individuals have been sent direct communications and are recommended to discuss alternative drugs with their health care provider.

#### **DELTA DENTAL UPDATE**

Effective immediately, due to COVID-19, Delta Dental has advised that they will not be printing member ID cards. The attached flyer provides more information for members.

#### **LEGISLATIVE UPDATE**

**New COBRA Regulations** - Due to the COVID-19 pandemic, the Department of Labor (DOL) and the Internal Revenue Service (IRS) recently issued guidance for group health plan sponsors regarding deadline extensions for COBRA, Flexible Spending Accounts (FSAs), and Health Reimbursement Arrangements (HRAs). The extended timeframes are intended to assist employers, employees and dependents who may have difficulty meeting standard timeframes associated with COBRA. The new ruling establishes an "Outbreak Period" defined as beginning with the declaration of a National State of Emergency on March 1, 2020 running through the duration of the Emergency plus a 60-day period following the date the National State of Emergency ends. At this time, an end date has not been specified for the National State of Emergency so the "Outbreak Period" cannot yet be determined.

The DOL guidance provides the below timeframe extensions derived by disregarding the Outbreak Period:

- Extension of the 30-day and 60-day special enrollment timeframes
- Extension of the 60-day COBRA election period
- Extension of the 45-day initial premium payment timeframe
- Extension of the 30-day grace period for subsequent premium payments
- Extension of the 60-day COBRA notification timeframe

The chart below compares the current time-frames with the new guidelines.

| <b>COBRA NOTICE/EVENT</b>      | <b>PRE-PANDEMIC</b>                     | <b>CHANGE</b>                                  |
|--------------------------------|---|--|
| Initial Notice of COBRA Rights | Within first 90 days                    | Clarification required                         |
| Election Notice                | Within 14 days of Qualifying Life Event | Clarification required                         |
| Election Period                | Within 60 days                          | 60 days after the end of the "outbreak period" |

|                              |                |   |
|------------------------------|----------------|---|
| Initial Payment              | Within 45 days | Within 45 days after the end of the “outbreak period” |
| Grace period for non-payment | 30 days        | 30 days after “outbreak period”                       |

We are working with Benefit Express, the Fund’s COBRA administrator to ensure they are taking the necessary measures to comply with and administer the new timeframes for eligible lines of coverage administered by the Fund. We will provide updated information and correspondence when they are available.

For more information, please click on this link to the DOL’s COVID-19 FAQ:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/covid-19.pdf>

#### **ADMINISTRATIVE AUTHORIZATIONS**

There are no appeals or administrative authorizations needed.

# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

Confirmation of Payment

FEBRUARY 2020

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

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, 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 2019

| <u>Check Number</u>           | <u>Vendor Name</u> | <u>Comment</u>                            | <u>Invoice Amount</u> |
|-------------------------------|--------------------|---|-----------------------|
| 001500                        |                    |   |                       |
| 001500                        | TAVI HEALTH        | WELLNESS 2/20                             | 500.00                |
|                               |                    |   | <b>500.00</b>         |
| 001501                        |                    |   |                       |
| 001501                        | SaveonSP LLC       | CLAIMS ADMIN FEE - ESI - 12/19            | 9,716.50              |
| 001501                        | SaveonSP LLC       | CLAIMS ADMIN FEE - ESI - 12/19 - LAKEWOOD | 5,746.50              |
|                               |                    |   | <b>15,463.00</b>      |
| <b>Total Payments FY 2019</b> |                    |   | <b>15,963.00</b>      |

### FUND YEAR 2020

| <u>Check Number</u> | <u>Vendor Name</u>             | <u>Comment</u>                           | <u>Invoice Amount</u> |
|---------------------|--------------------------------|--|-----------------------|
| 001502              |                                |  |                       |
| 001502              | AETNA HEALTH MANAGEMENT LLC    | MEDICARE ADVTG 2/20                      | 187,926.43            |
|                     |                                |  | <b>187,926.43</b>     |
| 001503              |                                |  |                       |
| 001503              | Flagship Health System         | DENTAL 2/20                              | 1,052.91              |
|                     |                                |  | <b>1,052.91</b>       |
| 001504              |                                |  |                       |
| 001504              | DELTACARE USA                  | DELTACARE USA DMO 2/20                   | 2,046.31              |
|                     |                                |  | <b>2,046.31</b>       |
| 001505              |                                |  |                       |
| 001505              | SaveonSP LLC                   | CLAIMS ADMIN FEE - ESI - 1/20 - LAKEWOOD | 5,079.00              |
| 001505              | SaveonSP LLC                   | CLAIMS ADMIN - ESI - 1/20                | 10,520.75             |
|                     |                                |  | <b>15,599.75</b>      |
| 001506              |                                |  |                       |
| 001506              | AMERIHEALTH ADMINISTRATORS     | WELLNESS/MARKETING 2/20                  | -23.75                |
| 001506              | AMERIHEALTH ADMINISTRATORS     | MEDICAL TPA 2/20                         | 798.00                |
|                     |                                |  | <b>774.25</b>         |
| 001507              |                                |  |                       |
| 001507              | PAYFLEX                        | OCEANPORT & MANASQUAN 2/20               | 108.00                |
|                     |                                |  | <b>108.00</b>         |
| 001508              |                                |  |                       |
| 001508              | DELTA DENTAL OF NEW JERSEY INC | DENTAL 2/20                              | 6,321.12              |
|                     |                                |  | <b>6,321.12</b>       |
| 001509              |                                |  |                       |
| 001509              | PERMA RISK MANAGEMENT SERVICES | ADMIN FEES 2/20                          | 31,569.69             |
|                     |                                |  | <b>31,569.69</b>      |
| 001510              |                                |  |                       |
| 001510              | BERRY,SAHRADNIK,KOTZAS& BENSON | ATTORNEY FEE 2/20                        | 2,976.00              |
|                     |                                |  | <b>2,976.00</b>       |
| 001511              |                                |  |                       |
| 001511              | HOLMAN, FRENIA, ALLISON, P.C.  | PROFESSIONAL SERVICES 1/20               | 1,908.33              |
|                     |                                |  | <b>1,908.33</b>       |
| 001512              |                                |  |                       |
| 001512              | STEPHEN MAYER                  | TREASURER FEE 2/20                       | 1,000.00              |
|                     |                                |  | <b>1,000.00</b>       |
| 001513              |                                |  |                       |
| 001513              | ASBURY PARK PRESS              | ACCT:ASB-128965 - AD - 1.31.20           | 103.85                |
|                     |                                |  | <b>103.85</b>         |
| 001514              |                                |  |                       |
| 001514              | ALLSTATE INFORMATION MANAGEMNT | ACCT#420 - ARC & STOR - 1.31.20          | 75.77                 |
|                     |                                |  | <b>75.77</b>          |
| 001515              |                                |  |                       |
| 001515              | CONNER STRONG & BUCKELEW       | PLAN DOCUMENTS 2/20                      | 1,250.00              |
| 001515              | CONNER STRONG & BUCKELEW       | NEW MEMBER COMM 2/20                     | 35,087.59             |
| 001515              | CONNER STRONG & BUCKELEW       | PROGRAM MGR FEES 2/20                    | 56,207.03             |
| 001515              | CONNER STRONG & BUCKELEW       | DENTAL 2/20                              | 585.63                |
| 001515              | CONNER STRONG & BUCKELEW       | FUND COORD 2/20                          | 5,020.54              |
| 001515              | CONNER STRONG & BUCKELEW       | HEALTH CARE REFORM 2/20                  | 1,384.00              |
|                     |                                |  | <b>99,534.79</b>      |



|        |                              |                                      |                     |
|--------|------------------------------|--------------------------------------|---------------------|
| 001516 |                              |                                      |                     |
| 001516 | MUNICIPAL REINSURANCE H.I.F. | SPECIFIC REINSURANCE 2/20            | 88,147.23           |
|        |                              |                                      | <b>88,147.23</b>    |
| 001517 |                              |                                      |                     |
| 001517 | WESTPORT INSURANCE CORP      | SPECIFIC - SINGLE 2/20               | 8,622.42            |
| 001517 | WESTPORT INSURANCE CORP      | AGGREGATE 2/20                       | 4,483.60            |
| 001517 | WESTPORT INSURANCE CORP      | SPECIFIC - FAMILY 2/20               | 53,608.41           |
|        |                              |                                      | <b>66,714.43</b>    |
|        |                              | <b>Total Payments FY 2020</b>        | <b>505,858.86</b>   |
|        |                              | <b>TOTAL PAYMENTS ALL FUND YEARS</b> | <b>\$521,821.86</b> |

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer

# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

Confirmation of Payment

MARCH 2020

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

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, 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 2019

| <u>Check Number</u>           | <u>Vendor Name</u>            | <u>Comment</u>               | <u>Invoice Amount</u> |
|-------------------------------|-------------------------------|------------------------------|-----------------------|
| 001518                        |                               |                              |                       |
| 001518                        | HOLMAN, FRENIA, ALLISON, P.C. | PROFESSIONAL SERVICES 8/19   | 1,908.33              |
|                               |                               |                              | <b>1,908.33</b>       |
| 001519                        |                               |                              |                       |
| 001519                        | LAKEWOOD TOWNSHIP             | HEALTH & WELLNESS GRANT 2019 | 16,657.06             |
|                               |                               |                              | <b>16,657.06</b>      |
| <b>Total Payments FY 2019</b> |                               |                              | <b>18,565.39</b>      |

### FUND YEAR 2020

| <u>Check Number</u>           | <u>Vendor Name</u>             | <u>Comment</u>                           | <u>Invoice Amount</u> |
|-------------------------------|--------------------------------|--|-----------------------|
| 001520                        |                                |  |                       |
| 001520                        | AETNA HEALTH MANAGEMENT LLC    | MEDICARE ADVTG 3/20                      | 187,926.43            |
|                               |                                |  | <b>187,926.43</b>     |
| 001521                        |                                |  |                       |
| 001521                        | Flagship Health System         | DENTAL DMO 3/20                          | 1,052.91              |
|                               |                                |  | <b>1,052.91</b>       |
| 001522                        |                                |  |                       |
| 001522                        | DELTACARE USA                  | DMO 3/20                                 | 2,046.31              |
|                               |                                |  | <b>2,046.31</b>       |
| 001523                        |                                |  |                       |
| 001523                        | SaveonSP LLC                   | CLAIMS ADMIN FEE - ESI - 2/20 - LAKEWOOD | 9,752.00              |
| 001523                        | SaveonSP LLC                   | CLAIMS ADMIN - ESI - 2/20                | 6,685.00              |
|                               |                                |  | <b>16,437.00</b>      |
| 001524                        |                                |  |                       |
| 001524                        | AETNA LIFE INSURANCE COMPANY   | VISION 3/20                              | 117.39                |
| 001524                        | AETNA LIFE INSURANCE COMPANY   | MEDICAL TPA 3/20                         | 77,385.12             |
|                               |                                |  | <b>77,502.51</b>      |
| 001525                        |                                |  |                       |
| 001525                        | AMERIHEALTH ADMINISTRATORS     | WELLNESS/MARKETING 3/20                  | -23.75                |
| 001525                        | AMERIHEALTH ADMINISTRATORS     | MEDICAL TPA 3/20                         | 798.00                |
|                               |                                |  | <b>774.25</b>         |
| 001526                        |                                |  |                       |
| 001526                        | DELTA DENTAL OF NEW JERSEY INC | DELTA DENTAL 3/20                        | 6,374.16              |
|                               |                                |  | <b>6,374.16</b>       |
| 001527                        |                                |  |                       |
| 001527                        | PERMA RISK MANAGEMENT SERVICES | POSTAGE 2/20                             | 1.15                  |
| 001527                        | PERMA RISK MANAGEMENT SERVICES | ADMIN FEES 3/20                          | 31,927.15             |
|                               |                                |  | <b>31,928.30</b>      |
| 001528                        |                                |  |                       |
| 001528                        | BERRY,SAHRADNIK,KOTZAS& BENSON | ATTORNEY FEE 3/20                        | 2,976.00              |
|                               |                                |  | <b>2,976.00</b>       |
| 001529                        |                                |  |                       |
| 001529                        | STEPHEN MAYER                  | TREASURER FEE 3/20                       | 1,000.00              |
|                               |                                |  | <b>1,000.00</b>       |
| 001530                        |                                |  |                       |
| 001530                        | TAVI HEALTH                    | MAINT FEE 3/20                           | 1,150.00              |
| 001530                        | TAVI HEALTH                    | MAINT FEE 2/20                           | 1,750.00              |
|                               |                                |  | <b>2,900.00</b>       |
| 001531                        |                                |  |                       |
| 001531                        | ASBURY PARK PRESS              | ACCT:ASB-128965 - AD - 2.24.20           | 51.20                 |
|                               |                                |  | <b>51.20</b>          |
| 001532                        |                                |  |                       |
| 001532                        | ALLSTATE INFORMATION MANAGEMNT | ACCT#420 - ARC & STOR - 2.29.20          | 60.44                 |
|                               |                                |  | <b>60.44</b>          |
| 001533                        |                                |  |                       |
| 001533                        | CONNER STRONG & BUCKELEW       | PLAN DOCUMENTS 3/20                      | 1,250.00              |
| 001533                        | CONNER STRONG & BUCKELEW       | NEW MEMBER COMMISSION 3/20               | 58,401.66             |
| 001533                        | CONNER STRONG & BUCKELEW       | PROGRAM MGR FEES 3/20                    | 56,886.19             |
| 001533                        | CONNER STRONG & BUCKELEW       | DENTAL 3/20                              | 582.72                |
| 001533                        | CONNER STRONG & BUCKELEW       | FUND COORD 3/20                          | 5,081.58              |
| 001533                        | CONNER STRONG & BUCKELEW       | HEALTH CARE REFORM 3/20                  | 1,412.28              |
|                               |                                |  | <b>123,614.43</b>     |
| 001534                        |                                |  |                       |
| 001534                        | MUNICIPAL REINSURANCE H.I.F.   | SPECIFIC REINSURANCE 3/20                | 90,027.68             |
|                               |                                |  | <b>90,027.68</b>      |
| 001535                        |                                |  |                       |
| 001535                        | WESTPORT INSURANCE CORP        | SPECIFIC - SINGLE 3/20                   | 8,754.06              |
| 001535                        | WESTPORT INSURANCE CORP        | AGGREGATE 3/20                           | 4,565.12              |
| 001535                        | WESTPORT INSURANCE CORP        | SPECIFIC - FAMILY 3/20                   | 54,649.35             |
|                               |                                |  | <b>67,968.53</b>      |
| <b>Total Payments FY 2020</b> |                                |  | <b>612,640.15</b>     |

**TOTAL PAYMENTS ALL FUND YEARS \$631,205.54**

\_\_\_\_\_  
Chairperson

Attest: \_\_\_\_\_

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

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

\_\_\_\_\_  
Treasurer

# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

### Confirmation of Payment

APRIL 2020

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

**BE IT RESOLVED** that the Central Jersey Health Insurance Fund's Executive Board, 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 2019

| <u>Check Number</u>           | <u>Vendor Name</u>             | <u>Comment</u>    | <u>Invoice Amount</u> |
|-------------------------------|--------------------------------|-------------------|-----------------------|
| 001536                        |                                |                   |                       |
| 001536                        | STATE OF NJ HEALTH BENEFITS FU | 2019 A4 SURCHARGE | 11,791.00             |
|                               |                                |                   | <b>11,791.00</b>      |
| 001537                        |                                |                   |                       |
| 001537                        | PERMA RISK MANAGEMENT SERVICES | 1099 AATRIX 2019  | 14.95                 |
|                               |                                |                   | <b>14.95</b>          |
| <b>Total Payments FY 2019</b> |                                |                   | <b>11,805.95</b>      |

#### FUND YEAR 2020

| <u>Check Number</u> | <u>Vendor Name</u>             | <u>Comment</u>                  | <u>Invoice Amount</u> |
|---------------------|--------------------------------|---------------------------------|-----------------------|
| 001538              |                                |                                 |                       |
| 001538              | STATE OF NJ HEALTH BENEFITS FU | 2020 A4 SURCHARGE               | 8,181.00              |
|                     |                                |                                 | <b>8,181.00</b>       |
| 001539              |                                |                                 |                       |
| 001539              | AETNA HEALTH MANAGEMENT LLC    | MEDICARE ADVTG 4/20             | 195,025.54            |
|                     |                                |                                 | <b>195,025.54</b>     |
| 001540              |                                |                                 |                       |
| 001540              | Flagship Health System         | DENTAL DMO 4/20                 | 960.91                |
|                     |                                |                                 | <b>960.91</b>         |
| 001541              |                                |                                 |                       |
| 001541              | DELTACARE USA                  | DMO 4/20                        | 1,994.48              |
|                     |                                |                                 | <b>1,994.48</b>       |
| 001542              |                                |                                 |                       |
| 001542              | QUALCARE, INC.                 | COST CONTAINMENT - 1ST QTR 2020 | 1,343.48              |
|                     |                                |                                 | <b>1,343.48</b>       |
| 001543              |                                |                                 |                       |
| 001543              | AETNA LIFE INSURANCE COMPANY   | TPA - ADMIN 4/20                | 80,496.68             |
|                     |                                |                                 | <b>80,496.68</b>      |
| 001544              |                                |                                 |                       |
| 001544              | AMERIHEALTH ADMINISTRATORS     | TPA - ADMIN 4/20                | 774.25                |
|                     |                                |                                 | <b>774.25</b>         |
| 001545              |                                |                                 |                       |
| 001545              | PAYFLEX                        | OCEANPORT & MRRSA 3/20          | 108.00                |
|                     |                                |                                 | <b>108.00</b>         |
| 001546              |                                |                                 |                       |
| 001546              | DELTA DENTAL OF NEW JERSEY INC | DELTA DENTAL 4/20               | 6,517.68              |
|                     |                                |                                 | <b>6,517.68</b>       |
| 001547              |                                |                                 |                       |
| 001547              | PERMA RISK MANAGEMENT SERVICES | POSTAGE 1/20                    | 5.00                  |
| 001547              | PERMA RISK MANAGEMENT SERVICES | ADMIN FEE 4/20                  | 32,947.21             |
|                     |                                |                                 | <b>32,952.21</b>      |
| 001548              |                                |                                 |                       |
| 001548              | ACTUARIAL SOLUTIONS, LLC       | ACTUARY FEE - 2ND QTR 2020      | 10,325.00             |
|                     |                                |                                 | <b>10,325.00</b>      |
| 001549              |                                |                                 |                       |
| 001549              | BERRY,SAHRADNIK,KOTZAS& BENSON | ATTORNEY FEE 4/20               | 2,976.00              |
|                     |                                |                                 | <b>2,976.00</b>       |
| 001550              |                                |                                 |                       |
| 001550              | STEPHEN MAYER                  | TREASURER FEE 4/20              | 1,000.00              |
|                     |                                |                                 | <b>1,000.00</b>       |
| 001551              |                                |                                 |                       |
| 001551              | ASBURY PARK PRESS              | ACCT:ASB-128965 - AD            | 45.80                 |
|                     |                                |                                 | <b>45.80</b>          |
| 001552              |                                |                                 |                       |
| 001552              | CONNER STRONG & BUCKELEW       | PLAN DOC 4/20                   | 1,250.00              |
| 001552              | CONNER STRONG & BUCKELEW       | NEW MEMBER COMM 4/20            | 44,726.34             |
| 001552              | CONNER STRONG & BUCKELEW       | PROGRAM MANAGER FEE 4/20        | 58,698.98             |
| 001552              | CONNER STRONG & BUCKELEW       | SELECTIVE BOND RENEWAL 4/20     | 1,940.00              |
| 001552              | CONNER STRONG & BUCKELEW       | DENTAL 4/20                     | 588.22                |
| 001552              | CONNER STRONG & BUCKELEW       | HEALTH CARE REFORM 4/20         | 1,466.22              |
| 001552              | CONNER STRONG & BUCKELEW       | FUND COORDINATOR 4/20           | 5,142.62              |
|                     |                                |                                 | <b>113,812.38</b>     |

001553  
001553

MUNICIPAL REINSURANCE H.I.F.

REINSURANCE 4/20

93,396.86  
**93,396.86**

001554  
001554

WESTPORT INSURANCE CORP

REINSURANCE 4/20

61,440.35  
**61,440.35**

**Total Payments FY 2020**

**611,350.62**

**TOTAL PAYMENTS ALL FUND YEARS**

**\$623,156.57**

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer

# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

Resolution No. 19-20

MAY 2020

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

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, 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 2019

| <u>Check Number</u> | <u>Vendor Name</u>            | <u>Comment</u>                | <u>Invoice Amount</u> |
|---------------------|-------------------------------|-------------------------------|-----------------------|
| 001555              |                               |                               |                       |
| 001555              | HOLMAN, FRENIA, ALLISON, P.C. | PROGRESS BILL 3/12 2019 AUDIT | 1,908.33              |
|                     |                               |                               | <b>1,908.33</b>       |
|                     |                               | <b>Total Payments FY 2019</b> | <b>1,908.33</b>       |

### FUND YEAR 2020

| <u>Check Number</u> | <u>Vendor Name</u>             | <u>Comment</u>                           | <u>Invoice Amount</u> |
|---------------------|--------------------------------|--|-----------------------|
| 001556              |                                |  |                       |
| 001556              | AETNA HEALTH MANAGEMENT LLC    | MEDI ADVTG 5/20                          | 191,529.98            |
|                     |                                |  | <b>191,529.98</b>     |
| 001557              |                                |  |                       |
| 001557              | Flagship Health System         | DMO 5/20                                 | 1,029.91              |
|                     |                                |  | <b>1,029.91</b>       |
| 001558              |                                |  |                       |
| 001558              | DELTACARE USA                  | DMO 5/20                                 | 1,946.81              |
|                     |                                |  | <b>1,946.81</b>       |
| 001559              |                                |  |                       |
| 001559              | SaveonSP LLC                   | CLAIMS ADMIN FEE - ESI - 3/20 - LAKEWOOD | 4,818.25              |
| 001559              | SaveonSP LLC                   | CLAIMS ADMIN - ESI - 3/20                | 7,511.75              |
|                     |                                |  | <b>12,330.00</b>      |
| 001560              |                                |  |                       |
| 001560              | AETNA LIFE INSURANCE COMPANY   | TPA 5/20                                 | 78,289.59             |
|                     |                                |  | <b>78,289.59</b>      |
| 001561              |                                |  |                       |
| 001561              | AMERIHEALTH ADMINISTRATORS     | TPA 5/20                                 | 774.25                |
|                     |                                |  | <b>774.25</b>         |
| 001562              |                                |  |                       |
| 001562              | PAYFLEX                        | OCEANPORT 4/20                           | 99.00                 |
| 001562              | PAYFLEX                        | MRRSA - 4/20                             | 9.00                  |
|                     |                                |  | <b>108.00</b>         |
| 001563              |                                |  |                       |
| 001563              | DELTA DENTAL OF NEW JERSEY INC | DELTA 5/20                               | 6,402.24              |
|                     |                                |  | <b>6,402.24</b>       |
| 001564              |                                |  |                       |
| 001564              | PERMA RISK MANAGEMENT SERVICES | POSTAGE 3/20                             | 16.50                 |
| 001564              | PERMA RISK MANAGEMENT SERVICES | ADMIN FEE 5/20                           | 32,162.55             |
|                     |                                |  | <b>32,179.05</b>      |
| 001565              |                                |  |                       |
| 001565              | BERRY,SAHRADNIK,KOTZAS& BENSON | ATTORNEY FEE 5/20                        | 2,976.00              |
|                     |                                |  | <b>2,976.00</b>       |
| 001566              |                                |  |                       |
| 001566              | STEPHEN MAYER                  | TREASURER FEE 5/20                       | 1,000.00              |
|                     |                                |  | <b>1,000.00</b>       |
| 001567              |                                |  |                       |
| 001567              | CONNER STRONG & BUCKELEW       | PROGRAM MANAGER 5/20                     | 109,092.11            |
|                     |                                |  | <b>109,092.11</b>     |
| 001568              |                                |  |                       |
| 001568              | MUNICIPAL REINSURANCE H.I.F.   | REINSURANCE 5/20                         | 90,341.13             |
|                     |                                |  | <b>90,341.13</b>      |
| 001569              |                                |  |                       |
| 001569              | WESTPORT INSURANCE CORP        | REINSURANCE 5/20                         | 65,632.65             |
|                     |                                |  | <b>65,632.65</b>      |
|                     |                                | <b>Total Payments FY 2020</b>            | <b>593,631.72</b>     |
|                     |                                | <b>TOTAL PAYMENTS ALL FUND YEARS</b>     | <b>\$595,540.05</b>   |

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer

| CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES |          |              |              |            |              |           |              |               |              |
|--|----------|--------------|--------------|------------|--------------|-----------|--------------|---------------|--------------|
| Central Jersey Health Insurance Fund                               |          |              |              |            |              |           |              |               |              |
| Month  |          | March        |              |            |              |           |              |               |              |
| Current Fund Year  |          | 2020         |              |            |              |           |              |               |              |
|  |          |              |              |            |              |           |              |               |              |
|  |          | 1.           | 2.           | 3.         | 4.           | 5.        | 6.           | 7.            | 8.           |
|  |          | Calc. Net    | Monthly      | Monthly    | Calc. Net    | TPA Net   | Variance     | Delinquent    | Change       |
| Policy   |          | Paid Thru    | Net Paid     | Recoveries | Paid Thru    | Paid Thru | To Be        | Unreconciled  | This         |
| Year   | Coverage | Last Month   | March        | March      | March        | March     | Reconciled   | Variance From | Month        |
| 2020   | Med      | 3,754,661.96 | 2,059,223.74 | 2,594.71   | 5,811,290.99 |           | 5,811,290.99 | 3,754,661.96  | 2,056,629.03 |
|  | Dental   | 288,561.49   | 130,177.91   |            | 418,739.40   |           | 418,739.40   | 288,561.49    | 130,177.91   |
|  | Rx       | 1,142,155.18 | 585,242.10   |            | 1,727,397.28 |           | 1,727,397.28 | 1,142,155.18  | 585,242.10   |
|  | Vision   |              |              |            |              |           |              |               |              |
|  | Total    | 5,185,378.63 | 2,774,643.75 | 2,594.71   | 7,957,427.67 |           | 7,957,427.67 | 5,185,378.63  | 2,772,049.04 |

Central Jersey Health Insurance Fund

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

| Current Fund Year: 2020<br>Month Ending: March |               |            |              |           |                    |              |              |        |              |               |
|--|---------------|------------|--------------|-----------|--------------------|--------------|--------------|--------|--------------|---------------|
|  | Med           | Dental     | Rx           | Vision    | Medicare Advantage | Reinsurance  | DMO Premiums | Future | Admin        | TOTAL         |
| OPEN BALANCE                                   | 9,817,054.90  | 238,802.30 | 2,389,012.43 | 36,559.88 | 6,848,064.75       | (196,325.00) | 3,313.43     | 22.50  | (174,913.99) | 18,961,591.20 |
| RECEIPTS                                       |               |            |              |           |                    |              |              |        |              |               |
| Assessments                                    | 2,269,355.94  | 143,147.83 | 718,867.71   | 1,818.37  | 177,532.32         | 149,907.27   | 2,889.51     |        | 232,634.46   | 3,696,153.41  |
| Refunds  | 2,594.71      |            |              |           |                    |              |              |        |              | 2,594.71      |
| Invest Pymnts                                  | 32,355.59     | 1,041.78   | 8,288.28     | 79.63     | 14,842.04          |              | 5.27         | 0.90   | 651.20       | 57,264.69     |
| Invest Adj                                     |               |            |              |           |                    |              |              |        |              |               |
| Subtotal Invest                                | 32,355.59     | 1,041.78   | 8,288.28     | 79.63     | 14,842.04          |              | 5.27         | 0.90   | 651.20       | 57,264.69     |
| Other *  |               |            | 305,679.03   |           |                    | 5,896.39     |              |        |              | 311,575.42    |
| TOTAL  | 2,304,306.24  | 144,189.61 | 1,032,835.02 | 1,898.00  | 192,374.36         | 155,803.66   | 2,894.78     | 0.90   | 233,285.66   | 4,067,588.23  |
| EXPENSES                                       |               |            |              |           |                    |              |              |        |              |               |
| Claims Transfers                               | 2,059,223.74  | 130,177.91 | 585,242.10   |           |                    |              |              |        |              | 2,774,643.75  |
| Expenses                                       |               |            | 253,808.42   |           | 187,926.43         | 157,996.21   |              |        | 285,282.93   | 885,013.99    |
| Other *  |               |            |              |           |                    |              |              |        |              |               |
| TOTAL  | 2,059,223.74  | 130,177.91 | 839,050.52   |           | 187,926.43         | 157,996.21   |              |        | 285,282.93   | 3,659,657.74  |
| END BALANCE                                    | 10,062,137.40 | 252,814.00 | 2,582,796.93 | 38,457.88 | 6,852,512.68       | (198,517.55) | 6,208.21     | 23.40  | (226,911.26) | 19,369,521.69 |

| SUMMARY OF CASH AND INVESTMENT INSTRUMENTS |                 |                |            |          |                |                    |  |
|--|-----------------|----------------|------------|----------|----------------|--------------------|--|
| Central Jersey Health Insurance Fund       |                 |                |            |          |                |                    |  |
| ALL FUND YEARS COMBINED                    |                 |                |            |          |                |                    |  |
| CURRENT MONTH                              | March           |                |            |          |                |                    |  |
| CURRENT FUND YEAR                          | 2020            |                |            |          |                |                    |  |
| Description: Instrument #1                 |                 | Instr #2       | Instr #3   | Instr #4 | Instr #5       | Instr #6           |  |
| ID Number:                                 |                 | N.J.C.M.F.     | Bank of NY | TD Bank  | Investments    | Ocean First Admin. |  |
| Maturity (Yrs)                             |                 |                |            | Admin    |                |                    |  |
| Purchase Yield:                            |                 |                | Old        |          |                |                    |  |
| TOTAL for All                              |                 |                |            |          |                |                    |  |
| Accts & instruments                        |                 |                |            |          |                |                    |  |
| Opening Cash & Investment Balance          | \$18,961,591.15 | \$3,645,887.79 |            |          | \$8,933,474.51 | \$6,382,228.85     |  |
| Opening Interest Accrual Balance           | \$21,964.68     |                |            |          | \$21,964.68    |                    |  |
| 1 Interest Accrued and/or Interest C       | \$8,762.42      |                |            |          | \$8,762.42     |                    |  |
| 2 Interest Accrued - discounted Instr      |                 |                |            |          |                |                    |  |
| 3 Amortization and/or Interest Cost)       |                 |                |            |          |                |                    |  |
| 4 Accretion                                |                 |                |            |          |                |                    |  |
| 5 Interest Paid - Cash Instr.s             | \$9,369.72      | \$4,330.51     |            |          | \$490.52       | \$4,548.69         |  |
| 6 Interest Paid - Term Instr.s             | \$18,750.00     |                |            |          | \$18,750.00    |                    |  |
| 7 Realized Gain (Loss)                     | \$29,145.00     |                |            |          | \$29,145.00    |                    |  |
| 8 Net Investment Income                    | \$47,277.14     | \$4,330.51     |            |          | \$38,397.94    | \$4,548.69         |  |
| 9 Deposits - Purchases                     | \$4,010,323.45  |                |            |          |                | \$4,010,323.45     |  |
| # (Withdrawals - Sales)                    | -\$3,659,657.71 |                |            |          |                | -\$3,659,657.71    |  |
| Ending Cash & Investment Balance           | \$19,369,521.61 | \$3,650,218.30 |            |          | \$8,981,860.03 | \$6,737,443.28     |  |
| Ending Interest Accrual Balance            | \$11,977.10     |                |            |          | \$11,977.10    |                    |  |
| Plus Outstanding Checks                    | \$28,672.47     |                |            |          |                | \$28,672.47        |  |
| (Less Deposits in Transit)                 |                 |                |            |          |                |                    |  |
| Balance per Bank                           | \$19,398,194.08 | \$3,650,218.30 |            |          | \$8,981,860.03 | \$6,766,115.75     |  |
| Annualized Rate of Return This Mor         | 2.96%           | 1.42%          |            |          | 5.14%          | 0.83%              |  |





**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

***May 20, 2020***



## CENTRAL JERSEY HEALTH INSURANCE FUND

|              |  | <u>MEDICAL CLAIMS PAID 2020</u> | <u># OF EES</u> | <u>PER EE</u>   |  |
|--------------|--|---------------------------------|-----------------|-----------------|--|
| JANUARY      |  | \$1,267,894                     | 1613            | 786             |  |
| FEBRUARY     |  | \$1,760,412                     | 1591            | 1,106           |  |
| MARCH        |  | \$2,343,550                     | 1590            | 1,474           |  |
| APRIL        |  |                                 |                 |                 |  |
| MAY          |  |                                 |                 |                 |  |
| JUNE         |  |                                 |                 |                 |  |
| JULY         |  |                                 |                 |                 |  |
| AUGUST       |  |                                 |                 |                 |  |
| SEPTEMBER    |  |                                 |                 |                 |  |
| OCTOBER      |  |                                 |                 |                 |  |
| NOVEMBER     |  |                                 |                 |                 |  |
| DECEMBER     |  |                                 |                 |                 |  |
| <b>TOTAL</b> |  | <b>\$5,371,856</b>              |                 |                 |  |
|              |  | <b>2020 Average</b>             | <b>1598</b>     | <b>\$ 1,122</b> |  |
|              |  | <b>2019 Average</b>             | <b>1082</b>     | <b>\$ 1,294</b> |  |



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

**Plan Sponsor Unique ID :** All  
**Customer:** CENTRAL JERSEY HEALTH INSURANCE FUND  
**Group / Control:** 00143735,00285786,00659552,00737415,00866354,SI362223  
**Subgroup / Suffix:** All

**Paid Dates:** 02/01/2020 - 02/29/2020  
**Service Dates:** 01/01/1900 - 02/29/2020  
**Line of Business:** All  
**Funding Category:** All

|               | <b>Billed Amt</b>   | <b>Paid Amt</b>     |
|---------------|---------------------|---------------------|
|               | \$102,956.54        | \$62,520.28         |
|               | \$210,408.39        | \$57,044.79         |
| <b>TOTAL:</b> | <b>\$313,364.93</b> | <b>\$119,565.07</b> |

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

Plan Sponsor Unique ID : All  
Customer: CENTRAL JERSEY HEALTH INSURANCE FUND  
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223  
Subgroup / Suffix: All

Paid Dates: 03/01/2020 - 03/31/2020  
Service Dates: 01/01/1900 - 03/31/2020  
Line of Business: All  
Funding Category: All

|               | Billed Amt          | Paid Amt            |
|---------------|---------------------|---------------------|
|               | \$182,351.51        | \$78,703.79         |
|               | \$65,813.37         | \$60,087.07         |
|               | \$96,944.15         | \$58,609.57         |
|               | \$143,605.17        | \$55,125.39         |
|               | \$118,495.39        | \$52,950.68         |
| <b>TOTAL:</b> | <b>\$607,209.59</b> | <b>\$305,476.50</b> |

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**Central Jersey Health Insurance Fund**  
1/1/2020 through 3/31/20 (Unless otherwise noted)

**Medical Claims Paid Per Member:  
Jan 2020-March 31, 2020**

Total Medical Paid per EE: **\$1,122**

**Network Discounts**

Inpatient: **64.6%**  
Ambulatory: **67.0%**  
Physician/Other: **62.7%**  
**TOTAL: 64.6%**

**Provider Network**

% Admissions In-Network: **100%**  
% Physician Office: **89.2%**

Aetna Book of Business:  
Admissions 98.0%; Physician 90.3%

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

- Jersey Shore Medical
- Ocean Medical Center
- Community Medical Center
- Riverview Medical Center
- Southern Ocean Medical Center

**Catastrophic Claim Impact**

Number of Claims Over \$50,000: **9**  
Claimants per 1000 members: **2.3**  
Avg. Paid per Claimant: **\$80,822**  
Percent of Total Paid: **14.1%**  
• Aetna BOB- HCC account for an  
average of **41.5%** of total Medical Cost

**Nurse Case Member Outreach:  
Through Q4 2019**

Unique Members Identified: **101**  
Outreach Opportunities Identified: **140**  
Outreach in Progress: **7**  
Completed Outreach: **133**

Closed with Engagement: **52 (39.1%)**  
Unable to Reach: **80 (60.2%)**  
Member Declined: **1**

**Teladoc Activity: Jan – March 2020**

Total Registrations: **232**  
Total Online Visits: **40**  
Total Net Claims Savings: **\$14,431**  
Total Visits w/ Rx: **62**  
Member Satisfaction Rating / Avg.  
**100% Outstanding**  
Member Rating of Provider:  
**71% Outstanding 29% Good**

**Allentown Service Center  
Performance: Q1 2020 Metrics**

**Customer Service Performance**

Call Quality: **98.6%**  
1<sup>st</sup> Call Resolution: **94.5%**  
Abandonment Rate: **1.3%**  
Avg. Speed of Answer: **28.7 sec**

**Claims Performance**

Financial Accuracy: **99.5% (Q3)**  
Turnaround w/in 15 days: **8.1 days**  
Turnaround w/in 31 days: **6.1 days**

\*\*\*\*\*

**Performance Goals**

Call Quality: **94%**  
1<sup>st</sup> Call Resolution: **89%**  
Abandonment Rate less than: **3.5%**  
Average Speed of Answer: **31 sec**

Financial Accuracy: **98%**

**Turnaround Time**

90% processed w/in: **15 days**  
95% processed w/in: **31 days**

Proprietary



**AmeriHealth**®  
ADMINISTRATORS



## 2020 Central HIF

|           |  |  | MEDICAL CLAIMS<br>PAID 2020 | TOTAL        | # OF EES |  | PER EE     |  |  |
|-----------|--|--|-----------------------------|--------------|----------|--|------------|--|--|
| JANUARY   |  |  | \$10,516.00                 | \$10,516.00  | 19       |  | \$553.47   |  |  |
| FEBRUARY  |  |  | \$10,869.00                 | \$10,869.00  | 19       |  | \$572.05   |  |  |
| MARCH     |  |  | \$26,204.71                 | \$26,204.71  | 19       |  | \$1,379.19 |  |  |
| APRIL     |  |  | \$15,189.60                 | \$15,189.60  | 19       |  | \$799.45   |  |  |
| MAY       |  |  |                             |              |          |  |            |  |  |
| JUNE      |  |  |                             |              |          |  |            |  |  |
| JULY      |  |  |                             |              |          |  |            |  |  |
| AUGUST    |  |  |                             |              |          |  |            |  |  |
| SEPTEMBER |  |  |                             |              |          |  |            |  |  |
| OCTOBER   |  |  |                             |              |          |  |            |  |  |
| NOVEMBER  |  |  |                             |              |          |  |            |  |  |
| DECEMBER  |  |  |                             |              |          |  |            |  |  |
| TOTALS    |  |  | \$62,779.31                 | \$62,779.31  |          |  |            |  |  |
|           |  |  |                             |              |          |  |            |  |  |
|           |  |  |                             | 2020 Average | 19       |  | \$826.04   |  |  |



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**Central Jersey Health Insurance Fund**

| Total Component/Date of Service (Month)  | 201901    | 201902    | 201903    | 2019Q1      | 201904    | 201905    | 201906    | 2019Q2      | 201907    | 201908    | 201909    | 2019Q3      | 201910    | 201911    | 201912    | 2019Q4      | 2019YTD     |
|--|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|-------------|
| Membership                               | 3,178     | 3,170     | 3,175     | 3,174       | 3,167     | 3,178     | 3,214     | 3,186       | 3,221     | 3,225     | 3,216     | 3,221       | 3,218     | 3,216     | 3,219     | 3,218       | 3,200       |
| Total Days                               | 128,496   | 117,292   | 119,574   | 365,362     | 123,916   | 127,483   | 114,309   | 365,708     | 125,703   | 124,143   | 118,332   | 368,178     | 131,990   | 116,474   | 128,971   | 377,435     | 1,476,683   |
| Total Patients                           | 1,298     | 1,263     | 1,270     | 1,980       | 1,234     | 1,239     | 1,161     | 1,875       | 1,181     | 1,201     | 1,169     | 1,836       | 1,278     | 1,236     | 1,314     | 1,979       | 2,661       |
| Total Plan Cost                          | \$536,010 | \$492,303 | \$557,118 | \$1,585,432 | \$495,133 | \$572,789 | \$505,287 | \$1,573,209 | \$519,167 | \$499,749 | \$572,514 | \$1,591,430 | \$630,039 | \$499,213 | \$614,634 | \$1,743,886 | \$6,493,956 |
| Generic Fill Rate (GFR) - Total          | 82.7%     | 81.9%     | 81.6%     | 82.1%       | 81.8%     | 81.3%     | 81.5%     | 81.5%       | 81.3%     | 79.9%     | 80.9%     | 80.7%       | 80.2%     | 81.6%     | 82.8%     | 81.5%       | 81.5%       |
| Plan Cost PMPM                           | \$168.66  | \$155.30  | \$175.47  | \$166.48    | \$156.34  | \$180.24  | \$157.21  | \$164.58    | \$161.18  | \$154.96  | \$178.02  | \$164.71    | \$195.79  | \$155.23  | \$190.94  | \$180.66    | \$169.13    |
| Total Specialty Plan Cost                | \$142,908 | \$120,463 | \$142,181 | \$405,552   | \$101,574 | \$153,367 | \$123,406 | \$378,347   | \$130,103 | \$95,810  | \$171,362 | \$397,275   | \$204,364 | \$138,833 | \$196,912 | \$540,109   | \$1,721,284 |
| Specialty % of Total Specialty Plan Cost | 26.7%     | 24.5%     | 25.5%     | 25.6%       | 20.5%     | 26.8%     | 24.4%     | 24.0%       | 25.1%     | 19.2%     | 29.9%     | 25.0%       | 32.4%     | 27.8%     | 32.0%     | 31.0%       | 26.5%       |

| Total Component/Date of Service (Month)  | 202001    | 202002    | 202003    | 2020Q1      | 202004    | 202005 | 202006 | 2020Q2 | 202007 | 202008 | 202009 | 2020Q3 | 202010 | 202011 | 202012 | 2020Q4 | 2020YTD |
|--|-----------|-----------|-----------|-------------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Membership                               | 3,185     | 3,175     | 3,175     | 3,178       | 3,190     |        |        |        |        |        |        |        |        |        |        |        |         |
| Total Days                               | 134,092   | 121,682   | 143,026   | 398,800     | 126,040   |        |        |        |        |        |        |        |        |        |        |        |         |
| Total Patients                           | 1,329     | 1,266     | 1,280     | 1,975       | 1,075     |        |        |        |        |        |        |        |        |        |        |        |         |
| Total Plan Cost                          | \$538,858 | \$593,799 | \$613,013 | \$1,745,670 | \$518,109 |        |        |        |        |        |        |        |        |        |        |        |         |
| Generic Fill Rate (GFR) - Total          | 83.3%     | 82.6%     | 81.4%     | 82.4%       | 82.1%     |        |        |        |        |        |        |        |        |        |        |        |         |
| Plan Cost PMPM                           | \$169.19  | \$187.02  | \$193.07  | \$183.08    | \$162.42  |        |        |        |        |        |        |        |        |        |        |        |         |
| % Change Plan Cost PMPM                  | 0.3%      | 20.4%     | 10.0%     | 10.0%       | 3.9%      |        |        |        |        |        |        |        |        |        |        |        |         |
| Total Specialty Plan Cost                | \$153,988 | \$160,142 | \$179,998 | \$494,129   | \$136,915 |        |        |        |        |        |        |        |        |        |        |        |         |
| Specialty % of Total Specialty Plan Cost | 28.6%     | 27.0%     | 29.4%     | 28.3%       | 26.4%     |        |        |        |        |        |        |        |        |        |        |        |         |

| PMPM                   |          |
|------------------------|----------|
| Jan - Apr 2019         | \$163.95 |
| Jan - Apr 2020         | \$177.90 |
| Trend - Jan - Apr 2020 | 8.5%     |

**CENTRAL JERSEY HEALTH INSURANCE FUND  
CONSENT AGENDA  
MAY 20, 2020**

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

**RESOLUTIONS**

**SUBJECT MATTER**

**16-20**

**2019 Audit Approval**

**17-20**

**Risk Management Plan Amendment**

**18-20**

**Lakewood Wellness Grant Approval**

**19-20**

**February, March, April and May 2020 bills list**

**Motion**\_\_\_\_\_

**Second**\_\_\_\_\_

**RESOLUTION NO. 16-20**

**CENTRAL JERSEY EMPLOYEE BENEFITS FUND  
CERTIFICATION OF ANNUAL AUDIT REPORT FOR  
PERIOD ENDING DECEMBER 31, 2019**

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

**WHEREAS**, the Annual Report of Audit for the year 2019 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

**WHEREAS**, the Local Finance Board of the State of New Jersey is authorized to prescribe reports pertaining to the local fiscal affairs, as per R.S. 52:27BB-34, and

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

General Comments  
and  
Recommendations  
  
and

**WHEREAS**, the Fund Commissioners have personally reviewed, as a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments  
and  
Recommendations

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

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

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

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

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

**NOW, THEREFORE, BE IT RESOLVED**, that the Executive Committee hereby states that they have complied with the promulgation of the Local Finance Board of the State of New Jersey, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

**BE IT FURTHER RESOLVED** that the 2017 fund year be and is hereby closed.

**ADOPTED: May 20, 2020**

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

**ATTEST:**

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

**RESOLUTION NO. 17-20**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2020 WELLNESS GRANT PROGRAM AND APPROVING A CLOSED YEAR  
BALANCE TRANSFER FOR LAKEWOOD TOWNSHIP**

**WHEREAS**, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee set forth a budget for the Fund year of January 1, 2020 through December 31, 2020. This budget includes \$50,000 for individual member wellness grants;

**WHEREAS**, Lakewood Township submitted an application for a wellness grant through the Central Jersey Health Insurance Fund which was presented to the Executive Committee at its meeting on May 20, 2020; and

**WHEREAS**, Lakewood Township requested funds in the amount of \$17,000 which has been approved by the wellness committee;

**WHEREAS**, the remaining wellness balance as of May 20, 2020 is \$5,452.05 and is deemed as an appropriate wellness grant for Lakewood Township ;

**WHEREAS**, the remaining Lakewood Wellness Grant balance of \$11,547.95 will be paid from the balance in Lakewood's surplus retention account; and

**NOW, THEREFORE, BE IT RESOLVED** on May 20, 2020 the Executive Committee of the Central Jersey Health Insurance Fund approved a Wellness Grant Program for Lakewood Township in the amount of \$5,452.05 and the release a surplus from Lakewood's surplus in the amount of \$11,547.95 to supplement the wellness grant:

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: May 20, 2020**

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

**ATTEST:**

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

**CENTRAL JERSEY HEALTH INSURANCE FUND  
2020 RISK MANAGEMENT PLAN**

**BE IT RESOLVED** that the following shall be the Fund's Risk Management Plan for the 2020 Fund year:

**1.) COVERAGE OFFERED**

- Medical

The Fund offers a "point of services" 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. Starting in 2012, the Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and an HMO plan. For Medicare aged retirees, the Fund also offers fully insured "Medicare Advantage" plans.

- Dental

The Fund offers customized dental plans as required by the members.

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options. For Medicare retirees, "Employer Group Waiver Plans" are also offered.

- Vision

The Fund offers customized vision plans as required by the members.

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member 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.



**5.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at conclusion. 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 the adjusted at the end of the year in accordance with the actuary's projections.

**6.) 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 covered person 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 mailed to the members approximately 15 days before the beginning of the month. Rates may include loss ratio adjustments of up to  $\pm 2.5\%$  depending upon member loss ratios over the past 2.5 years prior to the renewal. 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 2 months. Former employees (COBRA, Conversion and some retirees) and, in some cases, Dependent Age 31 participants, are billed directly by the Fund.

Given its large size and its preference to be individually rated, medical and Rx rates for Lakewood are based upon their own claims experience and stop loss arrangements. As such, the Lakewood is solely responsible for funding its claims, owns all surplus, and would be responsible for its own deficits.

**7.) COVERAGE PURCHASED FROM INSURERS AND PARTICIPATION IN THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)**

The Fund provides coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per covered person per policy year) retention and aggregate retention. The Fund is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the Fund's local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

**8.) 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 the Fund's base rates. 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. 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. Loss experience 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 can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, an increase may be applied to remaining lines of coverage, and it shall not be eligible for membership in the dropped line of coverage for a three year period.

**9.) RATING PERIODS**

All rating periods for municipal members coincide with the Fund year while rating periods for school members coincide with their fiscal year (July 1 to June 30).

**10.) 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.

**11.) PROVISION FOR PPOs, etc.**

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.

**12.) 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 that may take place.

**13.) 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. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund.

Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

**14.) DISCLOSURE OF BENEFIT LIMITS**

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

**15.) 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.

**16.) RETIREES**

The Fund duplicates coverage for eligible retirees and provides "Medicare Advantage" plans for Medicare aged retirees. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund, or otherwise ceases to be a member of the Fund.

**17.) NEWBORN CHILDREN**

All plan documents will have the following language:

"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 (60) 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). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

**18.) PLAN DOCUMENT**

The Fund prepares 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 within thirty (30) days of coverage being effective.

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.

## **19.) PROCEDURES FOR THE CLOSURE OF FUND YEARS**

Approximately every 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.

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.

## **20.) "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 of the Executive Committee, the Fund may also cover the run-in liability of a perspective 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 Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

## **21.) CLAIM AUDIT**

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

## **22.) CLAIM APPEALS AND INDEPENDENT REVIEW ORGANIZATIONS**

If an appeal to the Executive Committee results in a decision is to deny a 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 Program Manager.

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 Program Manager 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 TPA.

1. The Program Manager 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 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. The Program Manager 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 Program Manager 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 Program Manager 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 Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Program Manager, 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 Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager 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 Program Manager 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 Program Manager 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) references to the documentation/information considered;

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

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

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

## **23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS**

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

#### **24.) PARTIAL MONTH ENROLLMENTS**

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

**ADOPTED: May 20, 2020**

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

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

**RESOLUTION NO. 19-20**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE FEBRUARY, MARCH, APRIL AND MAY 2020 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **May 20, 2020** 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 months of February, March, April and May 2020 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of March for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for February, March, April and May 2020 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: May 2020, 2020**

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

**ATTEST:**

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



# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND  
OPEN MINUTES  
JANUARY 15, 2020  
BRIELLE BOROUGH MUNICIPAL BUILDING  
1:30 PM**

Meeting called to order by Chairman Thomas Nolan. The Open Public Meeting notice read into record.

**PLEDGE OF ALLEGIANCE**

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2019 EXECUTIVE COMMITTEE:**

|                    |                               |         |
|--------------------|-------------------------------|---------|
| <b>CHAIRPERSON</b> |                               |         |
| Thomas Nolan       | Borough of Brielle            | Present |
| <b>SECRETARY</b>   |                               |         |
| William Rieker     | Township of Lakewood          | Present |
| <b>EXECUTIVE</b>   | <b>COMMITTEE</b>              |         |
| Joseph Gilsenan    | Township of Brick             | Present |
| Diane Lapp         | Township of Manchester        | Present |
| Adam Hubeny        | Borough of Atlantic Highlands | Present |
| Donato Nieman      | Township of Montgomery        | Present |
| Brian Valentino    | Western Monmouth MUA          | Present |
| <b>ALTERNATES:</b> |                               |         |
| Brian Dempsey      | Spring Lake                   | Present |
| Brian Brach        | Manasquan RRSA                | Present |

**APPOINTED OFFICIALS PRESENT:**

|                                     |                                      |   |                               |
|-------------------------------------|--------------------------------------|---|-------------------------------|
| Executive<br>Director/Administrator | PERMA Risk Management<br>Services    | <b>Paul Laracy</b><br><b>Emily Koval</b><br><b>Karen Kamprath</b> | Present<br>Present<br>Present |
| Program Manager                     | Conner Strong & Buckelew             | <b>Brandon Lodics</b><br><b>Marybeth Visconti</b>                 | Present<br>Present            |
| Attorney                            | Berry, Sahradnik, Kotzas &<br>Benson | <b>Jack Sahradnik</b>   | Present                       |
| Treasurer                           |                                      | <b>Stephen Mayer</b>  | Present                       |
| Network & Medical Claims<br>Service | Aetna                                | <b>George Doyle</b>   | Present                       |
| Network & Medical Claims<br>Service | AmeriHealth                          | <b>Lane Hindman</b>   | Present                       |
| Dental Claims Service               | Delta Dental                         |   | Absent                        |
| Rx Administrator                    | Express Scripts                      | <b>Kyle Colalillo</b><br><b>Ken Rostkowski</b>                    | Present<br>Present            |

|         |                 |  |        |
|---------|-----------------|--|--------|
| Auditor | Holman & Frenia |  | Absent |
|---------|-----------------|--|--------|

**OTHERS PRESENT:**

Cindy Teye, Toms River MUA  
Chris Mullins, Highlands BOE  
Toms Fletcher, Acrisure  
Joseph Zanga, South River  
Ted Lewis, Eatontown Sewer Authority  
John Casagrande, Danskin Agency  
Anthony Tonzini, Integrity

**CORRESPONDENCE:** None

**APPROVAL OF MINUTES: OCTOBER 16, 2019 OPEN:**

**MOTION TO APPROVE OPEN MINUTES OF OCTOBER 16, 2019**

|                |                    |
|----------------|--------------------|
| <b>MOTION:</b> | Commissioner Brach |
| <b>SECOND:</b> | Commissioner Lapp  |
| <b>VOTE:</b>   | Unanimous          |

**ADJOURN SINE DINE MEETING** - Chairs vacated – Chairman Nolan asks Executive Director to run meeting.

**MOTION TO ADJOURN SINE DIE MEETING:**

|                |                       |
|----------------|-----------------------|
| <b>MOTION:</b> | Commissioner Gilsenan |
| <b>SECOND:</b> | Commissioner Lapp     |
| <b>VOTE:</b>   | Unanimous             |

**ROLL CALL OF 2020 FUND COMMISSIONERS:**

| CJHIF 2020 FUND COMMISSIONERS       |                      |                  |                             |
|-------------------------------------|----------------------|------------------|-----------------------------|
| MEMBER                              | COMMISSIONER/CONTACT | ALTERNATE        | ATTENDANCE                  |
| ATLANTIC HIGHLANDS BOROUGH          | Adam Hubeny          | Beth Merkel      | Present                     |
| BOROUGH OF ALLENTOWN                | Laurie Roth          |                  | Present via Conference Call |
| BOROUGH OF RED BANK                 | Peter O'Reilly       | Ziad Shehady     | Present via Conference Call |
| BRIELLE BOROUGH                     | Tom Nolan            |                  | Present                     |
| ENGLISHTOWN BOROUGH                 | Peter Gorbaturk      |                  | Absent                      |
| LAKEWOOD TOWNSHIP                   | William Rieker       |                  | Present                     |
| MANASQUAN RIVER REG'L SEWERAGE AUTH | Brian Brach          |                  | Present                     |
| MANCHESTER TOWNSHIP                 | Dianne Lapp          |                  | Present                     |
| PLUMSTED TOWNSHIP                   | Eric Sorchik         | Joe Pryzwara     | Absent                      |
| SHIP BOTTOM BOROUGH                 | Kathleen Flanagan    |                  | Absent                      |
| TOWNSHIP OF SHREWSBURY              | Thomas Seaman        |                  | Absent                      |
| BRICK TOWNSHIP                      | Joseph Gilsenen      |                  | Present                     |
| BOROUGH OF MANASQUAN                | Open                 |                  |                             |
| BOROUGH OF SPRING LAKE              | Bryan Dempsey        |                  | Present                     |
| TOWNSHIP OF ABERDEEN                | Angela Morin         |                  | Present via Conference Call |
| BOROUGH OF MATAWAN                  | Louis Ferrara        |                  | Absent                      |
| EATONTOWN SEWERAGE AUTHORITY        | ted lewis            |                  | Present                     |
| TOWNSHIP OF MONTGOMERY              | Donato Nieman        | Tami Novak       | Present                     |
| TOWNSHIP OF BEDMINSTER              | Judith Sullivan      |                  | Absent                      |
| WEST LONG BRANCH TOWNSHIP           | Lori Cole            |                  | Present via Conference Call |
| KEYPORT BOROUGH                     | Open                 |                  |                             |
| TOMS RIVER MUA                      | Robert DiBiase       | Cindy Toye**     | Present                     |
| SEASIDE HEIGHTS BOE                 | Kevin O'Shea         |                  | Absent                      |
| WESTERN MOUNMOUTH MUA               | Brian Valentino      |                  | Present                     |
| Harvey Cedars                       | Daina Dale           |                  | Present                     |
| Jackson MUA                         | james diaz           |                  | Present via Conference Call |
| Brick Housing Authority             | Open                 |                  |                             |
| Borough of Oceanport                | Open                 |                  |                             |
| South River                         | Joseph Zanga         | Arthur Londensky | Present via Conference Call |
| Tuckerton Borough School District   | Janet Gangemi        |                  | Absent                      |
| Highlands Elementary School         | Christopher Mullins  |                  | Present via Conference Call |
| Borough of Barnegat Light           | Brenda Kuhn          |                  | Absent                      |
| City of AsburyPark                  | Open                 |                  |                             |
| ** Alternate Present                |                      |                  |                             |

A quorum of Fund Commissioners was achieved.

# **MOTION TO OPEN THE FLOOR FOR NOMINATIONS FOR THE 2020 EXECUTIVE COMMITTEE:**

**MOTION:**

Commissioner Brach

**SECOND:**

Commissioner Hubeny

**VOTE:**

Unanimous

Ms. Kamprath read the proposed 2020 Executive Committee Slate.

**Nomination of Chairperson:** Thomas Nolan

**Nomination of Secretary:** William Rieker

**Nomination of Executive Committee:** Joseph Gilsenan  
Diane Lapp  
Adam Hubeny  
Donato Nieman  
Brian Valentino

**Nomination of Alternates:** Brian Brach  
Brian Dempsey

**MOTION TO APPROVE NOMINATION OF 2020 EXECUTIVE COMMITTEE, AS READ**

**MOTION:** Commissioner Hubeny  
**SECOND:** Commissioner Gilsenan  
**VOTE:** 17 Ayes, 0 Nays

Oaths of Office distributed, and Fund Attorney swore in the 2020 Executive Committee.

**ROLL CALL OF 2020 EXECUTIVE COMMITTEE**

|                    |                               |         |
|--------------------|-------------------------------|---------|
| <b>CHAIRPERSON</b> |                               |         |
| Thomas Nolan       | Borough of Brielle            | Present |
| <b>SECRETARY</b>   |                               |         |
| William Rieker     | Township of Lakewood          | Present |
| <b>EXECUTIVE</b>   | <b>COMMITTEE</b>              |         |
| Joseph Gilsenan    | Township of Brick             | Present |
| Diane Lapp         | Township of Manchester        | Present |
| Adam Hubeny        | Borough of Atlantic Highlands | Present |
| Donato Nieman      | Township of Montgomery        | Present |
| Brian Valentino    | Western Monmouth MUA          | Present |
| <b>ALTERNATES:</b> |                               |         |
| Brian Brach        | Manasquan River Regional SA   | Present |
| Brian Dempsey      | Spring Lake Borough           | Present |
|                    |                               |         |

**EXECUTIVE DIRECTOR'S REPORT**

**FINANCIAL FAST TRACK** – Executive Director said the Financial Fast track shows a year to date deficit due to the dividend release. She said operationally the Fund is performing well with \$18 million in surplus.

**2020 REORGANIZATION** – Executive Director reviewed the reorg resolutions nothing that 7-20 sets the meeting dates with the September meeting falling on the 2<sup>nd</sup> Wednesday. 9-20 confirms the signatories as Tom Nolan, William Rieker and Steve Mayer. 10-20 is the 2020 Risk Management plan and 11-20 appoints the MRHIF representatives. Commissioner Hubeny will remain as the Commissioner and Commissioner Lapp as the alternate.

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND** - Executive Director said the MRHIF met twice in December and the major action item was to adopt the 2020 budget which has an overall decrease of 7.18%. She said we will be working with the Fund Lobbyist on legislation to require the commercial marketplace to release claims experience. She said RFP's were also released for a PBM consultant and Marketing Consultant which will be approved at the February 12<sup>th</sup> meeting. Executive Director also noted the Reinsurance Contract has been approved and filed with the state.

**INDEMNITY AND TRUST AGREEMENTS** – Executive Director said Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years were distributed in October to members who have renewing agreements due by December 31, 2019 and older. Please reach out to [kkamprath@permainc.com](mailto:kkamprath@permainc.com) for a blank form to be executed.

**2020 WELLNESS GRANT APPLICATIONS** – Executive Director said wellness grant applications were distributed at the end of November with responses included below. She said there is one additional request from Lakewood that is still under review.

| Group Name                | Total Census | Biometric Screenings (option 1) | Option 2 (Tavi Challenges) | Option 3 (Wellness Days) | Option 4 (EAP) | Option 5 - Build own | Wellness Champion Stipend | Total              | Notes   |
|---------------------------|--------------|---------------------------------|----------------------------|--------------------------|----------------|----------------------|---------------------------|--------------------|---|
| Atlantic Highlands        | 47           | \$2,585.00                      |                            |                          |                |                      | \$0.00                    | \$2,585.00         | Biometric Screenings  |
| Bedminster                | 40           |                                 | \$5,000.00                 |                          |                |                      | \$0.00                    | \$5,000.00         | Tavi Challenges   |
| Aberdeen                  | 162          |                                 |                            |                          |                | \$15,775.00          | \$700.00                  | \$16,475.00        | kick off, hypertension screenings, 5k run, softball, healthy cooking, 3 tavi challenges, stand up desk, health coordinators |
| Tuckerton School District | 37           |                                 |                            |                          |                | \$2,500.00           |                           | \$2,500.00         | Yoga and chair massage  |
| Montgomery                | 140          |                                 |                            |                          |                | \$16,987.95          | \$1,000.00                | \$17,987.95        | Biometric screenings, Wellness Days, Nutrition initiatives, DPW centered health class                                       |
| <b>Totals</b>             | <b>426</b>   | <b>\$2,585.00</b>               |                            | <b>\$0.00</b>            |                | <b>\$0.00</b>        | <b>\$1,700.00</b>         | <b>\$44,547.95</b> |   |

#### MOTION TO APPROVE RESOLUTIONS 14-20 AND 15-20:

|                |                     |
|----------------|---------------------|
| <b>MOTION:</b> | Commissioner Hubeny |
| <b>SECOND:</b> | Commissioner Brach  |
| <b>VOTE:</b>   | 9 Ayes, 0 Nays      |

**2020 COMMITTEE APPOINTMENTS** – Executive Director reviewed the standing committees from 2019. She said Commissioner Mullins has requested to join the Finance and Contracts Committee.

Finance & Contracts Committee  
Tom Nolan, Chair  
William Ricker  
Christopher Mullins

Wellness Committee  
Diane Lapp, Chair  
Joseph Gilsenan  
OPEN

## Operations and Claims Committee

William Rieker, Chair

Joseph Gilsenan

Diane Lapp

## Nominating Committee

Adam Hubeny, Chair

Joseph Gilsenan

## PROGRAM MANAGER'S REPORT

### **ELIGIBILITY/ENROLLMENT:**

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. The team can be reached by email at [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com) or by fax at 856-552-2175.

### **MONTHLY BILLING**

As a reminder, please be sure to check your monthly invoice for accuracy. *Please confirm the invoice detail as retro adjustments are limited to two months by Fund policy.* If you find a discrepancy, please report it to the CJHIF eligibility/enrollment team [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com) or by fax at 856-552-2175.

### **BROKER CONTACT INFORMATION**

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated CJHIF Client Servicing Team. The team can be reached by email at [brokerservices@permainc.com](mailto:brokerservices@permainc.com).

### **ID CARD UPDATE**

Program Manager said Aetna has advised that to be compliant with the new law, they will be sending new ID cards to HIF members in mid-February. However, members who recently transitioned from Qualcare to Aetna, as well as any member who made an Open Enrollment change effective 1/1/2020 will NOT be receiving new ID cards because their current cards contain the updated information. AmeriHealth advised that ID cards were mailed to members the week of 12/23/2019.

### **QUALCARE TRANSITION UPDATE**

Program Manager said the transition of QualCare members to equivalent Aetna plans has been completed. She said they believe the transition went smoothly and impacted members received Aetna Medical and Vision ID cards prior to January 1<sup>st</sup>. We are continuing to work with QualCare on 2019 claim issues and are in the process of having Summary Plan Documents drafted for the new Aetna plans.

### **2020 SUMMARY PLAN DOCUMENT (SPD) RESTATEMENTS**

Program Manager said the SPDs will be restated for 2020 with the following updates:

- **Newborn Coverage** – updated to comply with the NJ State legislation requiring newborns to be automatically enrolled for 60 days
- **Sex Changes (Gender Re-assignment)**– exclusion removed
- **Donated Breast Milk** – coverage included to comply with NJ Mandate
- **Non-Network and In-Network** language was updated throughout the document for transparency and clarity to more clearly reflect the Funds' administration of benefits
- **Infertility Mandates** – updated to comply with NJ State Mandate

Draft restated documents will be delivered to risk managers to review with their groups. As a reminder, the finalization of a document requires approval and signature of the group or their Risk Manager. The final document is issued upon receipt of the executed signature page.

## **LEGISLATIVE UPDATES**

Program Manager reviewed the following legislative updates:

**Cadillac Tax**-The Cadillac Tax, a tax on high-cost health care plans, was originally set to take effect in 2018 but was delayed twice until 2022. The Tax is now permanently repealed and will never go into effect. It was originally passed as an ACA provision to finance health care expansion and control the cost of health care. It's estimated that the repeal of the Cadillac Tax will cost \$200 billion over 10 years.

**Health Insurance Tax (HIT)**-The HIT tax has gone into effect and been delayed several times. It was originally effective beginning in 2015 but was under a moratorium for 2017 and 2019. Although the HIT is levied on insurers, the tax is passed through to employers and employees in the form of increased health insurance costs. The HIT is now permanently repealed as of January 1, 2021, however, the HIT will remain in effect for the 2020 plan year. It's estimated that the repeal of the HIT will cost almost \$151 billion over ten years.

**PCORI**-The Patient-Centered Outcomes Research Institute (PCORI) fee was established as a part of the ACA to fund medical research. Insurers and employers with self-insured plans are subject to the fee. The last PCORI fee payment was expected to occur on July 31, 2019 (or July 31, 2020 for non-calendar year plans). The PCORI fee is now extended for another 10 years, which means employers with self-insured plans must continue paying the administratively burdensome PCORI fee.

**Mandate Compliance**-effective January 1, 2020 the Fund comply with the following mandates:

- Donated Breast Milk- allows the coverage of donated breast milk for infants who are unable to receive their mother's breast milk due to specific conditions outlined in the legislation
- Infertility- it was discovered that some historical groups were never updated to comply

Commissioner Hubeny said his town had to switch from Qualcare to Aetna and in the end everything worked out well. Program Manager said Qualcare was accommodating with the transition.

**TREASURER** - Fund Treasurer said the bills list is included in the agenda.

### **November 2019 - Confirmation of Payment**

|                             |                     |
|-----------------------------|---------------------|
| <b>FUND YEAR 2019</b>       | <b>\$609,107.16</b> |
| <b>TOTAL ALL FUND YEARS</b> | <b>\$609,107.16</b> |

### **December 2019 - Confirmation of Payment**



|                             |                     |
|-----------------------------|---------------------|
| <b>FUND YEAR 2019</b>       | <b>\$628,078.33</b> |
| <b>TOTAL ALL FUND YEARS</b> | <b>\$628,078.33</b> |

**January 2020 – Resolution 15-20**

|                             |                    |
|-----------------------------|--------------------|
| <b>FUND YEAR 2019</b>       | <b>\$26,746.77</b> |
| <b>FUND YEAR 2020</b>       | <b>\$14,509.00</b> |
| <b>TOTAL ALL FUND YEARS</b> | <b>\$41,255.77</b> |

**ATTORNEY:** Fund Attorney thanked the committee for his reappointment

**AETNA:** Mr. Doyle reviewed the November 2019 claims. He said the average pepm was \$1,120. He reviewed the performance guarantees and noted that the average speed of answer is 36 seconds compared to the goal of 31 seconds. He said that was driven by several factors and it did improve throughout the year.

**AMERIHEALTH:** Ms. Hindman reviewed the claims through December 2019. She said the average pepm was \$687.00. She said there were no high claims for this reporting period.

**EXPRESS SCRIPTS:** Mr. Colalillo said the January – November 2019 trend is at 5.6%. He said the total specialty for October was \$204,000 which was one of the higher months.

**DELTA DENTAL:** No report.

**NEW BUSINESS:** None

**OLD BUSINESS:** None

**PUBLIC COMMENT:** None

**MOTION TO APPROVE THE CONSENT AGENDA WHICH INCLUDES RESOLUTIONS 1-20 THROUGH 13-20, AS DISCUSSED:**

|                |                     |
|----------------|---------------------|
| <b>MOTION:</b> | Commissioner Hubeny |
| <b>SECOND:</b> | Commissioner Lapp   |
| <b>VOTE:</b>   | 8 Ayes, 0 Nays      |

**MOTION TO ADJOURN MEETING:**

|                |                     |
|----------------|---------------------|
| <b>MOTION:</b> | Commissioner Hubeny |
| <b>SECOND:</b> | Commissioner Lapp   |
| <b>VOTE:</b>   | Unanimous           |

**MEETING ADJOURNED: 2:00 pm**

**Minutes Prepared by: Karen Kamprath , Assisting Secretary**

**Next Meeting: March 18, 2020 1:30 pm, Brielle Borough**

# APPENDIX II



The Township/Borough of Lakewood selects Option

5 and is willing to commit to management resources and will be financially responsible for any wellness expenses outside of the program, including employee incentives. The municipality will also form a Committee that must meet at least twice a year, lead by a Wellness Champion/Leader that has the ability to lead and sustain the program after the grant is expended. The Municipality elects

Susie Beck to be its Wellness Champion/Leader who will be paid


\$ 1,500 for the year.

OR

The \_\_\_\_\_ Municipality Opts out of the Central Jersey Health Insurance Fund Wellness Grant Program entirely.

Applications are due by December 31, 2019. Please send all completed and signed applications to: Emily Koval at PERMA Risk Management Services | 9 Campus Drive, Suite 216 | Parsippany, NJ 07054 or email to [emilyk@permainc.com](mailto:emilyk@permainc.com)

Agreed to and authorized by:

|        |   |
|--------|---|
| Name:  |  |
| Title: | Director of Human Resources   |
| Date:  | 1/13/2020   |




Municipality name: Township of Lakewood

**Option 5: Build your own** – Please describe below or attach your desired program.

|  |                                     |
|--|-------------------------------------|
| Detailed description of program        | attached                            |
| Location(s) where program will be held | Municipal Building and Public Works |
| Implementation timeline                | January 1 to December 31, 2020      |
| Other requirements                     |                                     |
| Cost                                   | \$17,000                            |

Agreed to and authorized by:

|        |   |
|--------|---|
| Name:  |  |
| Title: | Director of Human Resources   |
| Date:  | 1/13/2020   |

**Central Jersey Health Insurance Fund  
Wellness Grant Program**

**1. General Information**

Township of Lakewood  
231 Third Street, Lakewood, New Jersey 08701

Patricia Komsa, Director of Human Resources  
732-364-2500 extension 5257  
pkomsa@lakewoodnj.gov

Grant amount requested: \$17,000

**2. Organizational History**

The Township of Lakewood created the Department of Human Resources in 2017 to better manage and engage its over 500 employees. This department has been working to take on the role of an advocate for employee health and wellness. This grant will provide the ability to fund and deploy desired wellness programs.

**3. Project Activity**

Lakewood has selected Option 5 – Design Your Own Program. The program has several components that will be deployed throughout 2020.

- Health-Wellness Challenge. We plan to encourage participation by employees in a physical wellness challenge that will allow teams to motivate members to stay active in order to complete the challenge. We will provide participants with a "gift with participation" incentive to help stimulate participation as well as have prizes for top performing groups and/or individuals.
- Wellness Workshops/Training. We propose to offer employees a menu of health and wellness related workshops on site with topics including nutrition, stress management, benefits of exercise to name a few. Workshops will also introduce employees to healthy food options.
- Wellness Fair. Our intention is to host a Wellness Fair during the open enrollment period. The fair will include Comprehensive Biometric Screenings as well chair massages, vendors and professionals representing various health and wellness services.
- Office Wellbeing Initiatives. The Wellness Committee will be looking at opportunities to make small but important improvements and/or upgrades to employee spaces in order to create healthier workplace environments.

All activities will be hosted in the municipal building or public works facility. We would implement this grant upon award.

We would also like to note that we leverage the grant with our municipal funding in order to provide an Employee Assistance Program (EAP) as a means of providing better service to our employees.

#### **4. Budget**

|                                     |    |              |
|-------------------------------------|----|--------------|
| Wellness Workshops/Initiatives/Fair | \$ | 13,000       |
| Health -Wellness Challenge          | \$ | 2,500        |
| Wellness Leader Stipend             | \$ | <u>1,500</u> |
|                                     | \$ | 17,000       |