



2020 Central HIF

		MEDICAL CLAIMS 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		\$7,611.95	\$7,611.95	19	\$400.63
JUNE		\$47,480.76	\$47,480.76	19	\$2,498.97
JULY		\$24,806.65	\$24,806.65	20	\$1,240.33
AUGUST		\$20,738.50	\$20,738.50	20	\$1,036.92
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS		\$163,417.17	\$163,417.17		
			2020 Average	19	\$1,060.13

2019 Central HIF

		ADMINISTRATION		MEDICAL CLAIMS PAID 2019		TOTAL		# OF EES		PER EE
JANUARY		\$714.00		\$14,638.71		\$15,352.71		17		\$903.10
FEBRUARY		\$714.00		\$57,236.00		\$57,950.00		17		\$3,048.00
MARCH		\$714.00		\$12,414.00		\$13,128.00		17		\$772.00
APRIL		\$714.00		\$25,643.00		\$26,357.00		17		\$1,550.00
MAY		\$714.00		\$17,976.00		\$18,690.00		17		\$1,099.41
JUNE		\$714.00		\$49,655.00		\$50,369.00		17		\$2,962.00
JULY		\$714.00		\$13,514.00		\$14,228.00		17		\$836.94
AUGUST		\$714.00		\$32,460.00		\$33,174.00		17		\$1,951.41
SEPTEMBER		\$714.00		\$10,039.00		\$10,753.00		19		\$565.94
OCTOBER		\$714.00		\$14,741.00		\$15,455.00		19		\$813.43
NOVEMBER		\$714.00		\$13,323.00		\$14,037.00		19		\$738.79
DECEMBER		\$714.00		\$12,339.00		\$13,053.00		19		\$687.00
TOTALS				\$273,978.71		\$282,546.71				
						2019 Average		18		\$1,327.34



CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Paid between 3/1/2020 and 9/1/2020

COVID19 Claims currently are consider to be claims with Procedure codes

'U0001','U0002','G2023','G2024','87635','86328','86769','U0003','U0004','C9803','G2025','0202U','E0445','87426','0223U','0224U','86408','86409','0225U','0226U' or a Dx Code of 'U07.1','B34.2','B97.29','Z20.828'

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	0	0	\$0.00	\$0.00	\$0.00
1-5	1	1	\$53.00	\$53.00	\$1.77
6-18	1	1	\$140.00	\$140.00	\$1.46
19-25	0	0	\$0.00	\$0.00	\$0.00
26-39	1	2	\$388.00	\$194.00	\$8.26
40-64	5	12	\$4,272.70	\$356.06	\$23.74
65+	0	0	\$0.00	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	1	1	\$42.13	\$42.13	\$0.31
Spouse	4	12	\$4,618.57	\$384.88	\$50.75
Dependent	3	3	\$193.00	\$64.33	\$1.17

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	4	12	\$4,434.08	\$369.51	\$21.52
Male	4	4	\$419.62	\$104.90	\$2.26
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	8	16	\$4,853.70	\$303.36	\$12.38

Summary by Service Type - Outpatient and Professional Claims

Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, and Other Physician Visit

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	1	2	\$3,328.96	\$1,664.48	\$8.49
Office Physician Visit	1	1	\$98.52	\$98.52	\$0.25
Pathology (Laboratory)	4	5	\$601.49	\$120.30	\$1.53
Telemedicine	2	3	\$108.53	\$36.18	\$0.28
Urgent Care	3	3	\$568.00	\$189.33	\$1.45

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	0	0	0	\$0.00	0	\$0.00	\$0.00	0
1-5	0	0	0	\$0.00	0	\$0.00	\$0.00	0
6-18	0	0	0	\$0.00	0	\$0.00	\$0.00	0
19-25	0	0	0	\$0.00	0	\$0.00	\$0.00	0
26-39	0	0	0	\$0.00	0	\$0.00	\$0.00	0
40-64	0	0	0	\$0.00	0	\$0.00	\$0.00	0
65+	0	0	0	\$0.00	0	\$0.00	\$0.00	0
Unknown	0	0	0	\$0.00	0	\$0.00	\$0.00	0

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Southern Ocean Medical Center	2	3	\$2,906.86	\$968.95	\$7.42
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$2.17
Atlanticare Physician Group PA	2	4	\$442.05	\$110.51	\$1.13
The Urgent Care Group PA	2	2	\$280.00	\$140.00	\$0.71
COMMUNITY MEDICAL CENTER	1	1	\$139.62	\$139.62	\$0.36
Labcorp Raritan	1	1	\$100.00	\$100.00	\$0.26
Pediatric Affiliates PA	1	1	\$53.00	\$53.00	\$0.14
Quest Diagnostics Inc	1	1	\$42.13	\$42.13	\$0.11
Meridian Lab Physicians	1	1	\$26.50	\$26.50	\$0.07
Coastal Imaging	1	1	\$14.15	\$14.15	\$0.04