



2020 Central HIF

2021 Central HIF

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		MEDICAL CLAIMS PAID 2020	TOTAL	# OF EES	PER EE		MEDICAL CLAIMS PAID 2021	TOTAL	# OF EES	PER EE	
JANUARY		\$10,516.00	\$10,516.00	19	\$553.47	JANUARY	\$14,028.00	\$14,028.00	23	\$609.91	
FEBRUARY		\$10,869.00	\$10,869.00	19	\$572.05	FEBRUARY	\$9,664.00	\$9,664.00	23	\$420.17	
MARCH		\$26,204.71	\$26,204.71	19	\$1,379.19	MARCH	\$17,132.08	\$17,132.08	23	\$744.87	
APRIL		\$15,189.60	\$15,189.60	19	\$799.45	APRIL	\$16,600.48	\$16,600.48	23	\$721.76	
MAY		\$7,611.95	\$7,611.95	19	\$400.63	MAY					
JUNE		\$47,480.76	\$47,480.76	19	\$2,498.97	JUNE					
JULY		\$24,806.65	\$24,806.65	20	\$1,240.33	JULY					
AUGUST		\$20,738.50	\$20,738.50	20	\$1,036.92	AUGUST					
SEPTEMBER		\$24,811.89	\$24,811.89	20	\$1,240.59	SEPTEMBER					
OCTOBER		\$19,372.83	\$19,372.83	21	\$922.51	OCTOBER					
NOVEMBER		\$43,247.91	\$43,247.91	21	\$2,059.42	NOVEMBER					
DECEMBER		\$17,966.15	\$17,966.15	22	\$855.53	DECEMBER					
TOTALS		\$268,815.95	\$268,815.95			TOTALS					
			2020 Average	20	\$1,129.92			2021 Average	23	\$624.18	



CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Incurred between 3/1/2020 and 5/14/2021 and Paid between 3/1/2020 and 5/14/2021

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0011A, 0012A, 0031A , 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, C9803, G2023, G2024, M0239, M0243, M0245, Q0239, Q0243, Q0245, U0001, U0002, U0003, U0004 or a Dx Code of B34.2, B97.29, U07.1, Z11.52, Z20.822

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	\$87.75	\$87.75	\$1.76
6-18	8	16	\$1,672.15	\$104.51	\$7.74
19-25	3	5	\$777.26	\$155.45	\$11.60
26-39	4	11	\$1,292.22	\$117.47	\$12.31
40-64	17	46	\$8,249.37	\$179.33	\$20.68
65+	1	2	\$122.02	\$61.01	\$10.17
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	12	35	\$4,652.81	\$132.94	\$14.77
Spouse	8	23	\$5,010.80	\$217.86	\$25.70
Dependent	13	23	\$2,537.16	\$110.31	\$7.48

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	18	57	\$10,380.37	\$182.11	\$22.62
Male	15	24	\$1,820.40	\$75.85	\$4.67
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	33	81	\$12,200.77	\$150.63	\$14.37

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, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	2	4	\$5,291.94	\$1,322.98	\$6.23
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	3	3	\$335.80	\$111.93	\$0.40
Pathology (Laboratory)	29	53	\$4,697.34	\$88.63	\$5.53
Telemedicine	1	1	\$30.29	\$30.29	\$0.04
Urgent Care	8	11	\$1,521.05	\$138.28	\$1.79

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	0.00	\$0.00	\$0.00	0.00
1-5	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
6-18	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
19-25	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
26-39	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
40-64	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
65+	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Southern Ocean Medical Center	7	10	\$3,279.70	\$327.97	\$3.86
Atlanticare Regional Medical Center	1	1	\$1,638.78	\$1,638.78	\$1.93
AtlantiCare Physician Group	7	9	\$1,464.26	\$162.70	\$1.72
Labcorp Raritan	12	17	\$1,332.83	\$78.40	\$1.57
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$1.00
Bio Reference Laboratory Inc	3	4	\$620.00	\$155.00	\$0.73
GENESIS LABORATORY MANAGEMENT	1	2	\$556.50	\$278.25	\$0.66
Atlantic Emergency Assoc Pa	1	1	\$324.20	\$324.20	\$0.38
TEMPUS LABS INC.	3	3	\$300.00	\$100.00	\$0.35
Quest Diagnostics Inc	3	3	\$242.13	\$80.71	\$0.29
Minute Clinic Diagnostic of New Jersey LLC	7	12	\$206.47	\$17.21	\$0.24
THERANOSTIX INC	1	1	\$200.00	\$200.00	\$0.24
City Medical of New Jersey PC	1	1	\$180.00	\$180.00	\$0.21
CLARITY LABORATORIES LLC	1	1	\$150.00	\$150.00	\$0.18
Accu Reference Medical Lab	1	1	\$150.00	\$150.00	\$0.18
Urgent Care Physicians of New Jersey Llc	1	3	\$140.00	\$46.67	\$0.16
COMMUNITY MEDICAL CENTER	1	1	\$139.62	\$139.62	\$0.16
ACUTIS DIAGNOSTICS INC	1	1	\$125.00	\$125.00	\$0.15
Robert Wood Johnson Univ Hosp	1	1	\$58.44	\$58.44	\$0.07
Cedar Bridge Pediatrics	1	1	\$52.88	\$52.88	\$0.06
MVP Medical Associates	1	1	\$50.00	\$50.00	\$0.06
RITEAID Corporation	1	2	\$47.03	\$23.52	\$0.06
Pediatric Affiliates PA	1	1	\$33.36	\$33.36	\$0.04
Meridian Lab Physicians	1	1	\$26.50	\$26.50	\$0.03
Red Bank Primary Care Center	1	1	\$19.53	\$19.53	\$0.02

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0011A, 0012A, 0031A , 91300, 91301, 91303

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	\$0.00	
1-5	0	0	0	\$0.00	
6-18	0	0	0	\$0.00	
19-25	0	0	0	\$0.00	
26-39	0	0	0	\$0.00	
40-64	0	5	0	\$138.32	\$27.66
65+	0	0	0	\$0.00	
Unknown	0	0	0	\$0.00	

COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	1	1	\$180.00	\$180.00
19-25	1	2	\$477.26	\$477.26
26-39	1	1	\$315.00	\$315.00
40-64	4	6	\$514.52	\$128.63
65+	1	1	\$34.27	\$34.27
Unknown	0	0	\$0.00	\$0.00

Retail Clinic

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