



AGENDA AND REPORTS
SEPTEMBER 7, 2022
1:30 PM

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STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Governor Murphy declared both a Public Health Emergency and State of Emergency in New Jersey by Executive Order Number 103 dated March 9, 2020. On June 4, 2021 by Executive Order Number 244, the Public Health Emergency was terminated but the State of Emergency continues in force. During a period declared as a State of Emergency local public bodies may conduct Remote Public Meetings by use of electronic communications technology

Adequate Notice and Electronic Notice of this meeting was given by:

1. Sending advance written notice to The Asbury Park Press
2. Filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality.
3. Sending advance electronic mail notice of this meeting to the Clerk/ Administrator of each member municipality.
4. Posting electronic notice of this meeting on the Fund's website which notice provided the time, date and instructions for: (i) access to the Remote Public Meeting, (ii) how to provide public comment and (iii) how to access the agenda.
5. Posting a copy of the meeting notice on the public bulletin board of all member municipalities.
6. During the business session portion of this Remote Public Meeting the audio of all members of the public attending the meeting will be muted. At the end of the business session of the meeting, a time for public comment will be available. Members of the public who desire to provide comment shall raise their virtual hand in the Zoom application and/or submit a written comment via the text message section of the application. The meeting moderator will queue the members of the public that wish to provide comment and the Chairperson will recognize them in order. Public comment shall be concise and to the point and shall not contain abusive, defamatory, or obscene language.

CENTRAL JERSEY HEALTH INSURANCE FUND
AGENDA MEETING: SEPTEMBER 7, 2022
1:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2022 EXECUTIVE COMMITTEE

Thomas Nolan , Chair – Borough of Brielle
Brian Brach, Secretary– Manasquan RRSA
Diane Lapp, Executive Committee – Township of Manchester
Brian Valentino, Executive Committee– Western Monmouth MUA
Brian Dempsey, Executive Committee – Spring Lake Borough
Peter O'Reilly, Executive Committee – Borough of Lakewood
Louis Amoruso, Executive Committee Alternate – Toms River
Angela Morin, Executive Committee Alternate - Aberdeen

APPROVAL OF MINUTES: July 20, 2022 Open: Appendix I

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER– (Conner Strong & Buckelew)

Monthly Report.....Page 11

TREASURER – (Stephen Mayer)

August and September 2022 (attachment) Voucher List (Confirmation of Payment)Page 15
Confirmation of Claims Paid/Certification of Transfers
Ratification of Treasurers Report

ATTORNEY – (John C. Sahradnik, Esq.)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

Monthly Report.....Page 19

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

Monthly Report.....Page 24

PRESCRIPTION ADMINISTRATOR – (Express Scripts)

Monthly Report..... Page 32

DENTAL ADMINISTRATOR – (Delta Dental)

Monthly ReportPage n/a

CONSENT AGENDA.....	Page 34
Resolution 22-22: 2023 Budget Introduction	Page 35
Resolution 23-22: Professional Services Contract Award	Page 36
Resolution 24-22: EUS Service Contract Award	Page 38
Resolution 25-22: Authorizing Refund from Closed Year Account.....	Page 41
Resolution 26-22: Approval of the August and September 2022 Bills Lists	Page 43

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

September 7, 2022

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of June 30, 2022 (page 3)

2023 CJHIF BUDGET - INTRODUCTION

A 2023 budget presentation is included as an attachment to the agenda which will be reviewed at the meeting.

The Finance Committee will also be reviewing the budget presentation prior to the Executive Committee meeting. If deemed appropriate, the Committee can introduce the budget and adopt on October 19, 2022, allowing for Open Enrollment to occur anytime thereafter.

Resolution: 22-22 is in the Consent Agenda or can be moved separately.

Motion: *Motion to introduce the 2023 Central Jersey Health Insurance Fund Budget in the amount of \$60,211,488 and to advertise a public hearing of the budget adoption on October 19, 2022, via zoom.*

REQUEST FOR PROPOSALS/CONTRACTS

1. **Professional Services RFPs** – At the last meeting, the Committee agreed to extend the CJHIF professional services for one additional year. This is the last extension for these contracts. The Professionals that included 2023 fees in their original RFPs are included in the agenda, otherwise, fees were left flat.

Resolution 23-22 approves these professional service contract awards.

2. **EUS Contracts** - the Aetna contracts were negotiated last year to include flat fees for 2023. The Fund will need to pass Resolution 24-22 to approve the EUS contracts and the certification to be filed with the State.

DIVIDEND

The Finance Committee reviewed the enclosed dividend analysis and are recommending a \$1,000,000 dividend.

Resolution 25-22 includes a blank amount in case the Committee decides on a different amount.

INDEMNITY AND TRUST AGREEMENTS

The following member's Fund agreements have expired or are expiring at the end of this year. Please include the Resolution to renew on your next local meeting.

Member	I&T end date
Brick Twp Housing Authority	12/31/2021
South River	12/31/2021
Oceanport	12/31/2021
Eatontown Sewerage Authority	12/31/2021
Englishtown	12/31/2021
Jackson Township	12/31/2021
Plumsted Township	12/31/2021
Shrewsbury Township	12/31/2021
Western Monmouth Utilities Authority	12/31/2022
Keyport	12/31/2022
Asbury Park City	12/31/2022
Seaside Heights BOE	12/31/2022
Harvey Cedars	12/31/2022

EXECUTIVE COMMITTEE

With Commissioner Nieman's retirement, the Fund will need to an elect a replacement in January.

CENTRAL JERSEY HEALTH INSURANCE FUND							
FINANCIAL FAST TRACK REPORT							
			AS OF	June 30, 2022			
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE	
1.	UNDERWRITING INCOME		4,828,250	29,372,129	785,787,690	815,159,819	
2.	CLAIM EXPENSES						
		Paid Claims	4,125,720	22,959,613	639,763,444	662,723,057	
		IBNR	(563,118)	844,328	3,008,029	3,852,357	
		Less Specific Excess	(80,827)	(753,975)	(18,112,375)	(18,866,349)	
		Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)	
	TOTAL CLAIMS		3,481,775	23,049,966	623,659,098	646,709,064	
3.	EXPENSES						
		MA & HMO Premiums	315,883	1,681,379	20,626,983	22,308,361	
		Excess Premiums	167,778	1,023,309	36,745,239	37,768,547	
		Administrative	314,871	1,897,869	45,561,334	47,459,203	
	TOTAL EXPENSES		798,532	4,602,556	102,933,556	107,536,112	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		547,943	1,719,606	59,195,036	60,914,642	
5.	INVESTMENT INCOME		(25,404)	(136,311)	3,742,437	3,606,126	
6.	DIVIDEND INCOME		0	0	7,899,929	7,899,929	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		522,538	1,583,295	70,837,402	72,420,697	
8.	DIVIDEND		1	2,805,336	55,302,477	58,107,813	
9.	Transferred Surplus		0	0	0	0	
STATUTORY SURPLUS (7-8+9)			522,538	(1,222,041)	15,534,925	14,312,884	
SURPLUS (DEFICITS) BY FUND YEAR							
	Closed	Surplus	61,887	(91,051)	8,517,840	8,426,789	
		Cash	7,424	(901,034)	9,273,859	8,372,824	
	2021	Surplus	12,779	(1,302,047)	1,704,080	402,033	
		Cash	(58,418)	(1,213,040)	1,984,695	771,655	
	LAKEWOOD	Surplus	(497,556)	(1,676,920)	5,313,006	3,636,086	
		Cash	(1,508,431)	(2,841,187)	5,103,915	2,262,728	
	2022	Surplus	945,428	1,847,976		1,847,976	
		Cash	49,463	1,167,464		1,167,464	
TOTAL SURPLUS (DEFICITS)			522,538	(1,222,041)	15,534,925	14,312,884	
TOTAL CASH			(1,509,962)	(3,787,797)	16,362,469	12,574,671	
CLAIM ANALYSIS BY FUND YEAR							
	TOTAL CLOSED YEAR CLAIMS		(73,429)	10,994	541,569,127	541,580,121	
	FUND YEAR 2021						
		Paid Claims	45,089	2,980,045	22,407,794	25,387,840	
		IBNR	(31,993)	(1,571,549)	1,747,542	175,993	
		Less Specific Excess	(28,608)	(94,422)	0	(94,422)	
		Less Aggregate Excess	0	0	0	0	
	TOTAL FY 2021 CLAIMS		(15,512)	1,314,074	24,155,336	25,469,411	
	LAKEWOOD						
		Paid Claims	1,500,795	6,049,338	59,285,578	65,334,916	
		IBNR	1,083	(519,181)	1,260,486	741,306	
		Less Specific Excess	0	(607,335)	(2,611,431)	(3,218,766)	
		Less Aggregate Excess	0	0	0	0	
	TOTAL LAKEWOOD CLAIMS		1,501,878	4,922,822	57,934,634	62,857,456	
	FUND YEAR 2022						
		Paid Claims	2,601,047	13,867,017		13,867,017	
		IBNR	(532,208)	2,935,058		2,935,058	
		Less Specific Excess	0	0		0	
		Less Aggregate Excess	0	0		0	
	TOTAL FY 2022 CLAIMS		2,068,838	16,802,076		16,802,076	
COMBINED TOTAL CLAIMS			3,481,775	23,049,966	623,659,097	646,709,064	
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.							

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CENTRAL JERSEY REGIONAL EMPLOYEE BENEFITS FUND RATIOS

Central Jersey Health Insurance Fund								
RATIOS								
		FY2022						
INDICES	2021	JAN	FEB	MAR	APR	MAY	JUN	JUL
Cash Position	16,362,469	\$ 13,664,487	\$ 12,439,444	\$ 15,509,519	\$ 16,911,809	\$ 14,084,633	\$ 12,574,671	
IBNR	3,008,029	\$ 3,126,142	\$ 4,060,595	\$ 4,341,516	\$ 4,466,160	\$ 4,415,475	\$ 3,852,357	
Assets	20,000,252	\$ 20,559,268	\$ 20,958,736	\$ 21,340,307	\$ 20,198,377	\$ 18,413,286	\$ 18,375,714	
Liabilities	4,465,332	\$ 4,592,681	\$ 5,540,627	\$ 5,809,765	\$ 4,668,032	\$ 4,622,945	\$ 4,062,836	
Surplus	15,534,920	\$ 15,966,587	\$ 15,418,109	\$ 15,530,542	\$ 15,530,345	\$ 13,790,341	\$ 14,312,879	
Claims Paid -- Month	3,420,707	\$ 3,636,789	\$ 3,787,821	\$ 4,387,116	\$ 3,892,667	\$ 3,135,540	\$ 4,126,939	
Claims Budget -- Month	3,093,328	\$ 4,181,175	\$ 4,183,693	\$ 4,176,567	\$ 4,180,248	\$ 4,130,574	\$ 4,143,455	
Claims Paid -- YTD	35,783,579	\$ 3,636,789	\$ 7,424,610	\$ 11,811,726	\$ 15,704,393	\$ 18,839,933	\$ 22,966,872	
Claims Budget -- YTD	37,503,547	\$ 4,181,175	\$ 8,364,868	\$ 12,541,435	\$ 16,721,683	\$ 20,852,257	\$ 25,033,825	
RATIOS								
Cash Position to Claims Paid	4.78	3.76	3.28	3.54	4.34	4.49	3.05	
Claims Paid to Claims Budget -- Month	1.11	0.87	0.91	1.05	0.93	0.76	1.00	
Claims Paid to Claims Budget -- YTD	0.95	0.87	0.89	0.94	0.94	0.9	0.92	
Cash Position to IBNR	5.44	4.37	3.06	3.57	3.79	3.19	3.26	
Assets to Liabilities	4.48	4.48	3.78	3.67	4.33	3.98	4.52	
Surplus as Months of Claims	5.02	3.82	3.69	3.72	3.72	3.34	3.45	
IBNR to Claims Budget -- Month	0.97	0.75	0.97	1.04	1.07	1.07	0.93	

Central Jersey Health Insurance Fund
2022 Budget Report
as of June 30, 2022

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims AmeriHealth 12/31 Renewal	18,294	24,062	34,607			
Medical Claims AmeriHealth 6/30 Renewal	159,686	316,754	320,509			
Medical Claims Aetna 12/31 Renewal	15,278,039	30,364,859	18,101,481			
Medical Claims Aetna 6/30 Renewal	236,156	473,264	404,913			
Subtotal Medical Claims	15,692,175	31,178,939	18,861,510	13,428,086	2,276,990	14%
Prescription Claims 12/31 Renewal	3,463,085	6,905,212	6,938,420			
Prescription Claims 6/30 Renewal	102,953	204,443	191,761			
Less Rx Rebates	(1,069,811)	(2,132,895)	(3,075,321)			
Subtotal Prescription Claims	2,496,227	4,976,760	4,054,860	2,583,214	(86,987)	-3%
Dental Claims 12/31 Renewal	865,055	1,727,901	1,732,189			
Dental Claims 6/30 Renewal	10,772	20,978	22,513			
Subtotal Dental Claims	875,827	1,748,879	1,754,702	790,776	85,051	10%
Vision Claims	12,901	25,955	25,222	Included in Medical Claims		
Lakewood SIR Claims						
Medical	4,407,823	8,828,324	8,897,203	3,551,849	855,974	19%
Prescription	1,548,872	3,100,573	3,120,890	1,370,973	177,899	11%
Subtotal Claims	25,033,825	49,859,430	36,714,387	21,724,898	3,308,927	13%
Medicare Advantage / EGWP	1,526,395	3,115,013	1,651,748	1,664,045	150,211	8%
Medicare Advantage - Rx	287,861	587,384	555,576	Included in Medicare Advantage / EGWP		
DMO Premiums	19,557	38,341	39,375	17,334	2,223	11%
Reinsurance						
Specific	532,155	1,058,682	708,768			
Lakewood - ICH	491,667	985,289	1,172,999			
Subtotal Reinsurance	1,023,822	2,043,971	1,881,767	1,023,309	513	0%
Loss Fund Contingency	190,971	381,943	381,943	0	190,971	100%
Total Loss Fund	28,082,431	56,026,082	41,224,796	24,429,585	3,652,846	13%
Expenses						
Legal	18,215	36,430	36,430	18,216	(1)	0%
Treasurer	6,250	12,500	12,500	6,250	-	0%
Administrator	253,752	508,947	406,453	253,961	(209)	0%
Program Manager	944,246	1,895,156	1,329,542	982,043	(30,296)	-3%
Actuary	8,150	16,300	16,300	8,150	(0)	0%
Auditor	10,000	20,000	20,000	10,001	(1)	0%
TPA - Aetna	518,300	1,032,962	762,307	522,895	155	0%
TPA - AmeriHealth	4,749	9,122	10,403	Included above in TPA - Aetna		
Plan Documents	7,500	15,000	15,000	Included in Program Manager		
Dental TPA	39,474	78,920	78,250	39,534	(59)	0%
Wellness	62,500	125,000	125,000	62,501	(1)	0%
Affordable Care Act	6,382	12,715	9,427	6,384	(2)	0%
A4 Retiree Surcharge	8,510	16,984	15,592	7,259	1,250	15%
Misc/Cont	10,593	21,185	21,185	4,104	6,489	61%
Total Expenses	1,898,622	3,801,220	2,858,389	1,921,297	(22,675)	-1%
Total Budget	29,981,053	59,827,302	44,083,185	26,350,883	3,630,170	12%

REGULATORY
CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2022 AS OF September 1, 2022

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	12/31/2021 Filed
Annual Audit	12/31/2021 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	Filed
Benefit Changes	N/A

Central Jersey Municipal Employee Benefits Fund
2023 Certified Budget Print date 06-Sep-22 Census:

	Census All Members		Census Excl Lakewood	
Medical AmeriHealth	20	240	20	240
Medical Aetna	2,116	25,392	1,658	19,896
Rx	1,639	19,668	1,182	14,184
Dental	2,105	25,260	1,490	17,880
Vision Aetna	138	1,656	138	1,656
Medicare Advantage - Medical	1,138	13,656	1,009	12,108
Medicare Advantage - Rx Only (Brick)	280	3,360	280	3,360

Rx No Medical (Incl in Rx above)	494	5,928	494	5,928
Dental No Med No Rx (Incl in Dental above)	1130	13,560	964	11,568
DMO Only	1	12	1	12
Medicare Advantage Only	647	7,764	620	7,440
Medicare Advantage METRO Only	0			

	LINE ITEMS	2022 Annualized Budget	2023 Proposed Budget	\$ Change	% Change
1	Medical Claims AmeriHealth 12/31 Renewal	\$ 16,647	\$ 14,976	\$ (1,671)	-10.04%
2	Medical Claims AmeriHealth 6/30 Renewal	\$ 302,213	\$ 267,750	\$ (34,463)	-11.40%
3	Medical Claims Aetna 12/31 Renewal	\$ 29,020,021	\$ 30,386,516	\$ 1,366,495	4.71%
4	Medical Claims Aetna 6/30 Renewal	\$ 450,167	\$ 474,704	\$ 24,537	5.45%
5	Subtotal Medical Claims	\$ 29,789,048	\$ 31,143,946	\$ 1,354,898	4.55%
6	Prescription Claims 12/31 Renewal	\$ 6,670,141	\$ 6,063,440	\$ (606,701)	-9.10%
7	Prescription Claims 6/30 Renewal	\$ 195,913	\$ 177,111	\$ (18,802)	-9.60%
8	Subtotal Prescription Claims	\$ 6,866,054	\$ 6,240,551	\$ (625,503)	-9.11%
9					
10	Lakewood SIR Claims				
11	Medical	\$ 8,868,805	\$ 9,417,439	\$ 548,634	6.19%
12	Prescription	\$ 3,097,302	\$ 3,214,522	\$ 117,220	3.78%
13					
14	Less Rx Rebates	\$ (2,059,816)	\$ (1,872,165)	\$ 187,651	-9.11%
15					
16	Dental Claims 12/31 Renewal	\$ 1,739,837	\$ 1,648,979	\$ (90,858)	-5.22%
17	Dental Claims 6/30 Renewal	\$ 21,308	\$ 20,196	\$ (1,112)	-5.22%
18	Subtotal Dental Claims	\$ 1,761,145	\$ 1,669,175	\$ (91,970)	-5.22%
19	Vision Claims	\$ 25,212	\$ 26,456	\$ 1,244	4.93%
20					
21	Subtotal Claims	\$ 48,347,750	\$ 49,839,924	\$ 1,492,174	3.09%
22					
23	Medicare Advantage / EGWP	\$ 3,206,487	\$ 3,270,620	\$ 64,133.28	2.00%
24	Medicare Advantage - Rx	\$ 593,746	\$ 605,606	\$ 11,860.80	2.00%
25	DMO Premiums	\$ 37,569	\$ 37,962	\$ 393.36	1.05%
26					
27	Reinsurance				
28	Specific	\$ 1,059,050	\$ 1,092,154	\$ 33,104	3.13%
29	Lakewood - ICH	\$ 973,452	\$ 1,119,469	\$ 146,018	15.00%
30	Subtotal Reinsurance	\$ 2,032,502	\$ 2,211,623	\$ 179,122	8.81%
31					
32	Loss Fund Contingency	\$ 381,943	\$ 364,269	\$ (17,674)	-4.63%
33					
34	Total Loss Fund	\$ 54,599,996	\$ 56,330,005	\$ 1,730,009	3.17%
35					
37	Expenses				
38	Legal	\$ 36,430	\$ 37,159	\$ 729	2.00%
39	Treasurer	\$ 12,500	\$ 12,750	\$ 250	2.00%
40	Administrator	\$ 510,298	\$ 520,368	\$ 10,070	1.97%
41	Program Manager	\$ 1,903,197	\$ 1,923,903	\$ 20,706	1.09%
42	Actuary	\$ 16,300	\$ 16,600	\$ 300	1.84%
43	Auditor	\$ 20,000	\$ 20,500	\$ 500	2.50%
44	TPA - AmeriHealth	\$ 9,046	\$ 9,046	\$ -	0.00%
45	TPA - Aetna	\$ 1,030,899	\$ 1,030,899	\$ -	0.00%
46	Plan Documents	\$ 15,000	\$ 15,000	\$ -	0.00%
47	Dental TPA	\$ 78,811	\$ 80,387	\$ 1,576	2.00%
48	Wellness	\$ 125,000	\$ 125,000	\$ -	0.00%
49	Affordable Care Act	\$ 12,688	\$ 12,688	\$ -	0.00%
50	A4 Retiree Surcharge	\$ 16,813	\$ 15,998	\$ (815)	-4.85%
51	Claims Audit	\$ -	\$ 40,000	\$ 40,000	0.00%
52	Misc/Cont	\$ 29,688	\$ 21,185	\$ (8,503)	-28.64%
53					
54	Total Expenses	\$ 3,816,670	\$ 3,881,483	\$ 64,812	1.70%
55					
56	Total Budget	\$ 58,416,666	\$ 60,211,488	\$ 1,794,821	3.07%

Central Jersey Municipal Employee Benefits Fund				
2023 ASSESSMENTS ANNUALIZED vs PROPOSED				
	Annualized Assessments FY2022	Proposed Assessments FY2023	Difference \$	Difference %
Group Name	Total	Total	Total	Total
Aberdeen	3,346,116	3,337,044	(9,072)	-0.27%
Allentown	229,992	230,832	840	0.37%
Asbury Park City	98,148	101,244	3,096	3.15%
Atlantic Highlands Borough	1,055,400	1,066,332	10,932	1.04%
Barnegat Light	15,168	15,168	-	0.00%
Bedminster Township	806,016	850,908	44,892	5.57%
Brick Township	3,790,428	3,548,148	(242,280)	-6.39%
Brick Twp Housing Authority	55,572	50,580	(4,992)	-8.98%
Brielle Borough	885,108	893,664	8,556	0.97%
Eatontown Sewerage Authority	151,272	159,372	8,100	5.35%
Englishtown	9,972	9,972	-	0.00%
Hamilton Township	1,772,136	1,810,188	38,052	2.15%
Harvey Cedars	26,196	26,196	-	0.00%
Highland Elementary School	23,676	23,676	-	0.00%
Jackson Township	62,688	62,688	-	0.00%
Keyport	29,592	29,592	-	0.00%
Lakewood Township	13,685,172	14,321,892	636,720	4.65%
Manasquan	48,252	48,252	-	0.00%
Manasquan River Regional Sewer	379,560	386,004	6,444	1.70%
Manchester Township	254,160	254,160	-	0.00%
Matawan	74,892	74,892	-	0.00%
Montgomery Township	2,413,824	2,416,752	2,928	0.12%
Oceanport	884,364	923,580	39,216	4.43%
Plumsted Township	328,416	334,800	6,384	1.94%
Red Bank	3,741,924	3,874,272	132,348	3.54%
Sayreville Borough	5,620,344	5,808,276	187,932	3.34%
Seaside Heights BOE	36,144	36,144	-	0.00%
Ship Bottom Borough	31,716	31,716	-	0.00%
Shrewsbury Township	42,204	42,624	420	1.00%
South River	2,094,372	2,147,904	53,532	2.56%
Spring Lake	55,692	55,692	-	0.00%
Toms River MUA	1,115,832	1,167,864	52,032	4.66%
Toms River Township	12,901,164	13,675,884	774,720	6.01%
Tuckerton Borough School District	1,032,720	1,063,572	30,852	2.99%
West Long Branch	1,250,676	1,266,288	15,612	1.25%
Western Monmouth Utilities Aut	65,316	65,316	-	0.00%
Totals:	58,414,224	60,211,488	1,797,264	3.08%

Central Jersey Health Insurance Fund (Excludes Lakewood)	
Surplus Objective	As of 6/30/2022
1. Annual Claims Budget	\$37,930,533
2. Trended for Growth @ 5%	\$39,827,060
3. Surplus Target @ 2.5 Months of Claims	\$8,297,304
4. Surplus as of 6/30/2022	\$10,676,798
Available for Dividend	\$2,379,494
Dividend Illustrated at 1/4 of Available	\$594,873
Dividend Illustrated at 1/3 of Available	\$793,165
Dividend Illustrated at 1/2 of Available	\$1,189,747

CJHIF Dividend Illustration as of 6/30/2022	
Available for Dividend	
	\$ 1,000,000.00
Aberdeen	\$ 121,974.00
Allentown	\$ 5,751.00
Atlantic Highlands Borough	\$ 45,166.00
Bedminster Township	\$ 28,248.00
Brick Township	\$ 143,214.00
Brielle Borough	\$ 31,763.00
Eatontown Sewerage Authority	\$ 4,934.00
Englishtown Borough	\$ 640.00
Harvey Cedars	\$ 822.00
Housing Authority of Brick Township	\$ 1,950.00
Interlaken	\$ 471.00
Jackson Township	\$ 2,011.00
Keyport	\$ 1,257.00
Lakewood Twp Fire Dept	\$ 1,520.00
Manasquan	\$ 2,547.00
Manasquan River Regional Sewerage Authority	\$ 14,156.00
Manchester Township	\$ 8,644.00
Matawan	\$ 2,644.00
Montgomery Township	\$ 104,086.00
Oceanport	\$ 29,694.00
Plumsted Township	\$ 13,628.00
Red Bank	\$ 133,484.00
Seaside Heights BOE	\$ 1,345.00
Ship Bottom Borough	\$ 1,760.00
Shrewsbury Township	\$ 1,661.00
South River	\$ 85,180.00
Spring Lake	\$ 1,863.00
Toms River MUA	\$ 38,422.00
Tuckerton Borough School District	\$ 29,801.00
West Long Branch	\$ 49,653.00
Western Monmouth Utilities Authority	\$ 2,646.00
Highland Elementary School	\$ 20,191.00
City of Asbury Park	\$ 2,459.00
Borough of Barnegat Light	\$ 503.00
Sayreville Borough	\$ 65,914.91

CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND

Program Manager

September 2022

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: cjhifenrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. To contact the team, email cjhifenrollments@permainc.com or fax to 856-552-2175.

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications is to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

- 1- *Pfizer- Paxlovid*
- 2- *Merck- Molnupiravir*

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - Member - \$0 copay
 - Program Fee- \$2.50 per prescription
 - Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - Addition of medications to covered Formulary
 - Member educational pieces (included in agenda)
 - Quantity Limit – 1 course of treatment every 180 days

EXPRESS-SCRIPTS UPDATE

CMS Annual Open Enrollment period for the 2023 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2023 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 19th and September 26th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program

Manager team has provided ESI with an updated letter template for the new plan year for each HIF in preparation of the mailing.

OPERATIONAL UPDATES: None

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through July 15, 2022. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
2. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution. Reporting has been requested for those groups that have ESI pharmacy through the HIF, updates will be shared at the next meeting.

Coverage Highlights:

- Date- Starting on January 15, 2022, going forward
- Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per taste
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

The 3rd round of free at-home tests are now available, each household is eligible to receive 8 tests which will come in 2 separate packages (4 tests in each package).

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.

ESI Highlights (cont'd):

- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.

- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

3. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Medical and Rx Reporting

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022.**

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

Mental Health Parity and Addiction Equity Act (MHPAE)

In December of 2020 Congress passed in to Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund’s next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

No Surprise Billing and Transparency – Continued Delays

The Health Insurance Funds, including Central Jersey protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Central Jersey HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
07/12/2022	Medical/Aetna	CJ-2022-07-01	Benefit Application	Overturned	07/12/2022
07/25/2022	Medical/Aetna	CJ-2022-07-02	Medical Necessity	Upheld	08/22/2022
07/21/2022	Medical/Aetna	CJ-2022-07-03	Benefit Application	Upheld	07/28/2022
07/27/2022	Medical/Aetna	CJ-2022-07-04	Benefit Application	Upheld	07/28/2022
07/31/2022	Medical/Aetna	CJ-2022-07-05	Benefit Application	Upheld	08/04/2022
07/28/2022	Medical/Aetna	CJ-2022-08-01	Benefit Application	Upheld	08/18/2022
08/16/2022	Medical/Aetna	CJ-2022-08-02	Benefit Application	Upheld	08/18/2022

IRO Submissions: None

07/25/2022	Medical/Aetna	CJ-2022-07-02	Medical Necessity	Upheld	08/22/2022
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CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

AUGUST 2022

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 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002084			
002084	ABERDEEN TOWNSHIP	OVERPAYMENT 8/22	274,946.00
			274,946.00
002085			
002085	BRICK TOWNSHIP	OVERPAYMENT 8/22	2,334.00
			2,334.00
002086			
002086	SOUTH RIVER TOWNSHIP	OVERPAYMENT 8/22	1,000.00
			1,000.00
002087			
002087	STATE OF NJ HEALTH BENEFITS FUND	STATE SURCHARGE - 7/20-6/21	8,559.00
			8,559.00
		Total Payments FY 2021	286,839.00

FUND YEAR 2022

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002088			
002088	STATE OF NJ HEALTH BENEFITS FUND	STATE SURCHARGE - 7/21-6/22	10,211.00
			10,211.00
002089			
002089	AETNA HEALTH MANAGEMENT LLC	UNDERPAYMENT 1/22	157,301.32
002089	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 8/22	299,691.16
			456,992.48
002090			
002090	Flagship Health System	MONTGOMERY 8/22	763.66
002090	Flagship Health System	CITY OF ASBURY 8/22	462.98
			1,226.64
002091			
002091	DELTACARE USA	CITY OF ASBURY PARK 8/22	1,860.56
			1,860.56
002092			
002092	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 8/22	117.39
002092	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 8/22	85,742.10
			85,859.49
002093			
002093	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 8/22	-25.00
002093	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 8/22	778.85
			753.85

002094			
002094	PAYFLEX	OCEANPORT UNDERPAYMENT 8/22	-45.00
002094	PAYFLEX	MRRSA 7/22	18.00
002094	PAYFLEX	OCEANPORT 7/22	111.00
			84.00
002095			
002095	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 8/22	6,533.28
			6,533.28
002096			
002096	PERMA RISK MANAGEMENT SERVICES	POSTAGE 7/22	616.72
002096	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 8/22	42,252.72
			42,869.44
002097			
002097	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 8/22	3,036.00
			3,036.00
002098			
002098	STEPHEN MAYER	TREASURER FEE 8/22	1,041.67
			1,041.67
002099			
002099	ASBURY PARK PRESS	ACCT #128965 - PUBLIC NOTICE - 7.13.22	167.30
			167.30
002100			
002100	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 8/22	1,250.00
002100	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 8/22	67,787.58
002100	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 8/22	81,671.28
002100	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 8/22	596.48
002100	CONNER STRONG & BUCKELEW	FUND COORDINATOR 8/22	5,292.17
002100	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 8/22	1,970.64
			158,568.15
002101			
002101	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 8/22	87,780.83
			87,780.83
002102			
002102	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - SINGLE 8/22	12,882.48
002102	WESTPORT INSURANCE CORP	AGGREGATE REINSURANCE 8/22	3,243.36
002102	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - FAMILY 8/22	66,774.00
			82,899.84
		Total Payments FY 2022	939,884.53
		TOTAL PAYMENTS ALL FUND YEARS	1,226,723.53

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 Municipal Employee Benefits Fund											
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED											
Current Fund Year: 2022 Month Ending: June											
	Medical	Dental	Rx	Vision	edicare Advanta	Reinsurance	DMO Premiums	Future	Admin	TOTAL	NEGATIVE AMOUNT
OPEN BALANCE	4,002,261.38	775,628.92	4,550,894.86	56,995.81	4,976,789.44	3,307.00	15,314.65	0.00	(296,564.09)	14,084,627.97	(4,3
RECEIPTS											
Assessments	2,439,508.89	105,414.55	492,815.62	1,599.55	224,482.50	124,424.36	2,239.39	0.00	188,272.99	3,578,757.85	
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Invest Pymnts	(9,898.69)	(1,091.03)	(7,257.82)	(80.43)	(7,033.68)	(118.46)	(21.91)	0.00	(358.48)	(25,860.50)	
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Subtotal Invest	(9,898.69)	(1,091.03)	(7,257.82)	(80.43)	(7,033.68)	(118.46)	(21.91)	0.00	(358.48)	(25,860.50)	
Other *	37,550.94	0.00	3,180.00	0.00	0.00	0.00	0.00	0.00	126.70	40,857.64	
TOTAL	2,467,161.14	104,323.52	488,737.80	1,519.12	217,448.82	124,305.90	2,217.48	0.00	188,041.21	3,593,754.99	
EXPENSES											
Claims Transfers	3,288,255.72	118,267.87	897,467.56	0.00	0.00	0.00	0.00	0.00	0.00	4,303,991.15	
Expenses	312,772.88	3,109.73	0.00	0.00	0.00	167,777.67	0.00	0.00	313,960.19	797,620.47	
Other *	2,105.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,105.00	
TOTAL	3,603,133.60	121,377.60	897,467.56	0.00	0.00	167,777.67	0.00	0.00	313,960.19	5,103,716.62	
END BALANCE	2,866,288.92	758,574.84	4,142,165.10	58,514.93	5,194,238.26	(40,164.77)	17,532.13	0.00	(422,483.07)	12,574,666.34	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Central Jersey Municipal Employee Benefits Fund									
Month		June							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid June	Monthly Recoveries June	Calc. Net Paid Thru June	TPA Net Paid Thru June	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022	Medical	8,764,346.72	2,010,577.15	0.00	10,774,923.87	0.00	10,774,923.87	8,764,346.72	2,010,577.15
	Dental	574,100.40	115,197.76	0.00	689,298.16	0.00	689,298.16	574,100.40	115,197.76
	Rx	2,819,030.19	653,542.94	0.00	3,472,573.13	0.00	3,472,573.13	2,819,030.19	653,542.94
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	12,157,477.31	2,779,317.85	0.00	14,936,795.16	0.00	14,936,795.16	12,157,477.31	2,779,317.85

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS						
Central Jersey Municipal Employee Benefits Fund						
ALL FUND YEARS COMBINED						
CURRENT MONTH	June					
CURRENT FUND YEAR	2022					
<div> <div>Description:</div> <div>N.J.C.M.F.</div> <div>Investments</div> <div>Ocean First Admin.</div> <div>0</div> </div> <div> <div>ID Number:</div> <div>Maturity (Yrs)</div> <div>Purchase Yield:</div> </div> <div>TOTAL for All Accts & instruments</div>						
Opening Cash & Investment Balance	\$14,084,627.59	0	7625373.98	6,459,253.61	0	0
Opening Interest Accrual Balance	\$3,053.02	0	3,053.02	0	0	0
1	Interest Accrued and/or Interest Cost	\$1,393.75	\$0.00	\$1,393.75	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$1,539.50	\$0.00	-\$241.23	\$1,780.73	\$0.00
6	Interest Paid - Term Instr.s	\$937.50	\$0.00	\$937.50	\$0.00	\$0.00
7	Realized Gain (Loss)	-\$28,337.50	\$0.00	-\$28,337.50	\$0.00	\$0.00
8	Net Investment Income	-\$25,404.25	\$0.00	-\$27,184.98	\$1,780.73	\$0.00
9	Deposits - Purchases	\$3,617,510.49	\$0.00	\$0.00	\$3,617,510.49	\$0.00
10	(Withdrawals - Sales)	-\$5,101,611.62	\$0.00	\$0.00	-\$5,101,611.62	\$0.00
Ending Cash & Investment Balance	\$12,574,665.96	\$0.00	\$7,597,732.75	\$4,976,933.21	\$0.00	\$0.00
Ending Interest Accrual Balance	\$3,509.27	\$0.00	\$3,509.27	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$525,327.04	\$0.00	\$0.00	\$525,327.04	\$0.00	\$0.00
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$13,099,993.00	\$0.00	\$7,597,732.75	\$5,502,260.25	\$0.00	\$0.00



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

September 7, 2022



CENTRAL JERSEY HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2021	# OF EES	PER EE	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE
JANUARY	\$2,525,722	1,600	\$ 1,579	\$2,880,916	2158	\$1,335
FEBRUARY	\$1,782,274	1,595	\$ 1,117	\$2,916,816	2143	\$1,361
MARCH	\$2,242,793	1,600	\$ 1,402	\$3,647,050	2139	\$1,705
APRIL	\$1,950,954	1,603	\$ 1,217	\$3,059,121	2140	\$1,429
MAY	\$2,074,353	1598	\$ 1,298	\$3,475,512	2123	\$1,637
JUNE	\$2,464,841	1,595	\$ 1,545	\$2,787,005	2124	\$1,312
JULY	\$1,842,582	1,573	\$ 1,171	\$2,546,763	2135	\$1,193
AUGUST	\$2,337,237	1,564	\$ 1,494			
SEPTEMBER	\$1,997,210	1,565	\$ 1,276			
OCTOBER	\$2,228,242	1,565	\$ 1,424			
NOVEMBER	\$2,237,858	1,567	\$ 1,428			
DECEMBER	\$2,368,687	1,558	\$ 1,520			
TOTALS	\$26,052,753			\$21,313,183		
				2022 Average	2,137	\$ 1,425
				2021 Average	1,582	\$ 1,373

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

Plan Sponsor Unique ID : All
 Customer: Central New Jersey Health Insurance Fund
 Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

Paid Dates: 06/01/2022 - 06/30/2022
 Service Dates: 01/01/2011 - 06/30/2022
 Line of Business: All

	Billed Amt	Paid Amt
	\$136,784.78	\$50,650.68
Total:	\$136,784.78	\$50,650.68

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

Plan Sponsor Unique ID : All
 Customer: Central New Jersey Health Insurance Fund
 Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

Paid Dates: 07/01/2022 - 07/31/2022
 Service Dates: 01/01/2011 - 07/31/2022
 Line of Business: All

	Billed Amt	Paid Amt
	\$97,997.60	\$98,930.63
	\$1,177,585.06	\$76,720.65
	\$67,408.49	\$66,098.41
	\$134,244.37	\$52,079.43
Subtotal:	\$1,477,235.52	\$293,829.12



Central Jersey Health Insurance Fund
8/1/2021 through 7/31/2022 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Member: January 2022- July 2022

Total Medical Paid per EE: \$1,425

Network Discounts

Inpatient:	65.8%
Ambulatory:	64.6%
Physician/Other:	65.5%
TOTAL:	65.3%

Provider Network

% Admissions In-Network:	98.3%
% Physician Office:	89.6%

Aetna Book of Business:
Admissions 98.4%; Physician 89.9%

Top Facilities Utilized (by total Medical Spend)

- Monmouth Medical Center
- Community Medical Center
- Jersey Shore Medical
- Riverview Medical Center
- RWJUH New Brunswick

Catastrophic Claim Impact (January 2022 – July 2022)

Number of Claims Over \$50,000: 49
Claimants per 1000 members: 9.3
Avg. Paid per Claimant: \$112,562
Percent of Total Paid: 27.9%
• Aetna BOB- HCC account for an average of 41.0% of total Medical Cost

Aetna One Flex Member Outreach: Through July 2022

Total Members Identified: 814
Members Targeted for 1:1 Nurse Support : 142
Members Targeted for Digital Activity: 672
Member 1:1 outreach completed: 129
Member 1:1 Outreach in Progress: 13

Teladoc Activity: January 2022– July 2022

Total Registrations: 117
Total Online Visits: 234
Total Net Claims Savings: \$111,751
Total Visits w/ Rx: 184
Mental Health Visits: 5
Dermatology Visits: 7

Allentown Service Center Performance Goal Metrics YTD 2022

Customer Service Performance

1 st Call Resolution:	93.5%
Abandonment Rate:	1.48%
Avg. Speed of Answer:	29.8 sec

Claims Performance

Financial Accuracy:	99.96%
---------------------	--------

90% processed w/in:	13.1 days
95% processed w/in:	26.3 days

Claims Performance (Monthly) (July 2022)

90% processed w/in:	7.1 days
95% processed w/in:	12.9 days

(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy:	99%
---------------------	-----

Turnaround Time

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

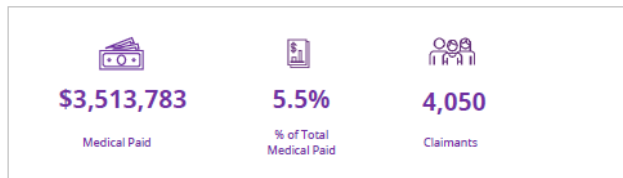
At a glance

COVID-19 All-time experience

Average Members: 4,223

Time period: Jan 2020 - Jul 2022, paid through July 2022

Key Statistics (Medical Claims Only)



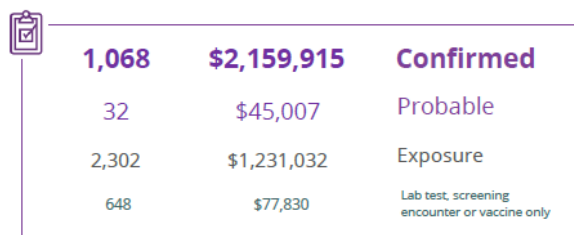
More detailed information is found on the next page to help you answer critical questions:

- ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
- ✓ How many members are affected?
- ✓ How many claims-based tests have been conducted for the virus and antibodies?
- ✓ How many individuals have received vaccinations?
- ✓ How is COVID spend trending in 2021 compared to 2020?

Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

Claimant Distribution*

how your total claimants break down based on diagnosis code information



*refer to Report terms on page 1

COVID-19 population risk*

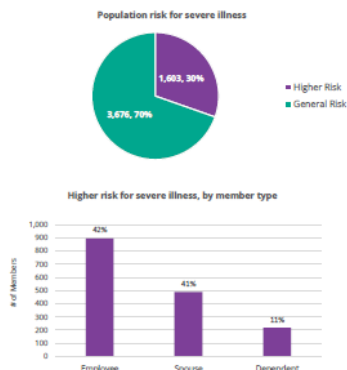


General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

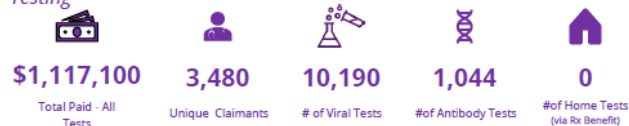
The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" factors.

The bar chart displays this information by member type.

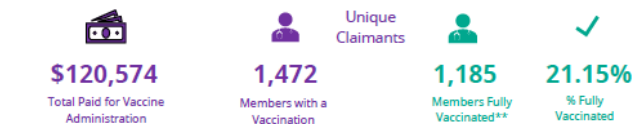
* See page one for High Risk definition.



Testing



Vaccine Administration (Medical & Pharmacy)*



*Includes claims paid under the Aetna Pharmacy benefit plan if applicable

**The unique count of members <= 5 years of age who have received all of the required doses based on claims received



AmeriHealth®
ADMINISTRATORS

[illegible]



PLAN SPONSOR INFORMATION SERVICES
Large Claimant Report- Claims Over \$50,000.00

Group:	Central New Jersey HIF	Service Dates:	-
Paid Dates:	7/1/2022-7/31/2022	Line of Business:	All
Network Service	ALL	Product Line:	All

Member	Condition	Paid Amount
Subscriber		

CONFIDENTIALITY NOTICE: This Report is intended only for the use of the entity indicated above and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this document in error, please do not distribute. Please destroy the original document and notify the AmeriHealth Administrators at AHAReporting@ahatpa.com. Thank you for your compliance.



CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Incurred between 3/1/2020 and 8/30/2022 and Paid between 3/1/2020 and 8/30/2022

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, J0248, M0201, M0220, M0221, M0222, M0223,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	3	3	\$195.84	\$65.28	\$16.32
1-5	5	16	\$1,886.28	\$117.89	\$16.55
6-18	13	51	\$5,849.30	\$114.69	\$13.48
19-25	3	12	\$1,221.03	\$101.75	\$9.47
26-39	9	38	\$5,958.50	\$156.80	\$23.46
40-64	25	108	\$16,882.00	\$156.31	\$21.56
65+	1	7	\$656.00	\$93.71	\$24.30
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	20	105	\$14,106.78	\$134.35	\$21.67
Spouse	13	47	\$9,389.72	\$199.78	\$23.07
Dependent	24	83	\$9,152.45	\$110.27	\$13.17

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	30	158	\$22,934.43	\$145.15	\$24.37
Male	27	77	\$9,714.52	\$126.16	\$11.96
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	57	235	\$32,648.95	\$138.93	\$18.62

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	3	5	\$7,203.83	\$1,440.77	\$4.11
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	6	7	\$918.86	\$131.27	\$0.52
Other Physician Visit	3	4	\$345.72	\$86.43	\$0.20
Pathology (Laboratory)	51	146	\$14,564.71	\$99.76	\$8.31
Urgent Care	23	50	\$8,447.30	\$168.95	\$4.82

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	16	27	\$5,849.48	\$216.65	\$3.34
GENESIS LABORATORY MANAGEMENT	8	16	\$4,306.50	\$269.16	\$2.46
Labcorp Raritan	32	46	\$4,215.59	\$91.64	\$2.40
AtlantiCare Physician Group	10	21	\$3,590.43	\$170.97	\$2.05
EMEDICAL OFFICES	4	9	\$1,998.00	\$222.00	\$1.14
Atlanticare Regional Medical Center	1	1	\$1,638.78	\$1,638.78	\$0.93
City Medical Of New Jersey PC Summit Medical Group	6	10	\$1,607.08	\$160.71	\$0.92
Pediatric Affiliates PA	6	20	\$988.09	\$49.40	\$0.56
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$0.48
Quest Diagnostics Inc	7	8	\$742.13	\$92.77	\$0.42
Bio Reference Laboratory Inc	3	4	\$670.00	\$167.50	\$0.38
Marlboro Medical Center LLC	2	3	\$636.59	\$212.20	\$0.36
MVP Medical Associates	2	4	\$530.00	\$132.50	\$0.30
Jersey Irish Medical	2	3	\$435.00	\$145.00	\$0.25
Minute Clinic Dgnstc Of New Jersey L	13	23	\$412.94	\$17.95	\$0.24
THERANOSTIX INC	1	2	\$400.00	\$200.00	\$0.23
CentraState Family Medicine Residency Practice	1	1	\$326.04	\$326.04	\$0.19
Atlantic Emergency Assoc Pa	1	1	\$324.20	\$324.20	\$0.18
TEMPUS LABS INC.	3	3	\$300.00	\$100.00	\$0.17
Urgent Care Physicians of New Jersey Llc	1	4	\$280.00	\$70.00	\$0.16
Barnabas Health Medical Group PC	1	2	\$247.55	\$123.78	\$0.14
	3	3	\$223.87	\$74.62	\$0.13
ATLANTICARE CLINICAL LABORATOR	2	2	\$218.00	\$109.00	\$0.12
Accu Reference Medical Lab	1	1	\$200.00	\$200.00	\$0.11
AEGIS SCIENCES CORPORATION	2	2	\$200.00	\$100.00	\$0.11

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91305, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	3rd Dose Vaccine CLAIMANT COUNT	Booster Vaccine CLAIMANT COUNT	NET PAY
<1	0	0	0	0	0	\$0.00
1-5	0	0	0	0	0	\$0.00
6-18	0	2	0	0	1	\$139.24
19-25	0	1	0	0	0	\$94.38
26-39	0	1	0	0	0	\$94.34
40-64	0	7	1	0	0	\$355.94
65+	0	1	0	0	0	\$39.00
Unknown	0	0	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	2	2	\$444.00	\$222.00
6-18	6	8	\$1,625.00	\$270.83
19-25	1	4	\$584.52	\$584.52
26-39	4	9	\$1,952.00	\$488.00
40-64	10	24	\$3,431.30	\$343.13
65+	1	3	\$410.48	\$410.48
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



EXPRESS SCRIPTS®

Central Jersey Health Insurance Fund

Total Component/ Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
Membership	3,126	3,118	3,129	3,124	3,133	3,130	3,120	3,128	3,127	3,071	3,091	3,096	3,080	3,089	3,087	3,085	3,108
Total Days	118,409	109,552	127,836	355,797	120,113	135,386	117,483	372,982	111,788	123,980	119,494	355,262	111,939	118,519	116,928	347,386	1,431,427
Total Patients	1,072	999	1,130	1,670	1,090	1,176	1,119	1,714	1,119	1,125	1,115	1,733	1,119	1,139	1,166	1,740	2,418
Total Plan Cost	\$493,344	\$604,746	\$621,560	\$1,719,649	\$580,492	\$695,641	\$557,038	\$1,833,171	\$534,820	\$635,822	\$608,084	\$1,778,725	\$598,566	\$484,145	\$627,854	\$1,710,565	\$7,042,110
Generic Fill Rate (GFR) - Total	84.9%	84.1%	82.8%	83.9%	84.1%	85.3%	84.1%	84.6%	85.6%	85.1%	85.0%	85.2%	84.3%	86.1%	86.2%	85.6%	84.8%
Plan Cost PMPM	\$157.82	\$193.95	\$198.64	\$183.47	\$185.28	\$222.25	\$178.54	\$195.37	\$171.03	\$207.04	\$196.73	\$191.49	\$194.34	\$156.73	\$203.39	\$184.81	\$188.79
Total Specialty Plan Cost	\$187,077	\$274,690	\$244,301	\$706,068	\$228,316	\$327,857	\$223,147	\$779,320	\$204,468	\$264,380	\$270,664	\$739,512	\$236,264	\$181,447	\$280,003	\$697,713	\$2,922,613
Specialty %of Total Specialty Plan Cost	37.9%	45.4%	39.3%	41.1%	39.3%	47.1%	40.1%	42.5%	38.2%	41.6%	44.5%	41.6%	39.5%	37.5%	44.6%	40.8%	41.5%

Total Component/ Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	3,065	3,062	3,057	3,061	3,060	3,064	3,071	3,065	3,069								
Total Days	122,232	107,144	123,032	352,408	109,612	115,962	117,028	342,602	111,851								
Total Patients	1,137	1,062	1,188	1,748	1,100	1,135	1,130	1,742	1,116								
Total Plan Cost	\$562,573	\$566,743	\$679,414	\$1,808,730	\$530,148	\$608,948	\$663,919	\$1,803,015	\$620,867								
Generic Fill Rate (GFR) - Total	85.7%	84.9%	86.7%	85.8%	86.4%	85.9%	84.9%	85.8%	86.0%								
Plan Cost PMPM	\$183.55	\$185.09	\$222.25	\$196.94	\$173.25	\$198.74	\$216.19	\$196.09	\$202.30								
%Change Plan Cost PMPM	16.3%	-4.6%	11.9%	7.3%	-6.5%	-10.6%	21.1%	0.4%	18.3%								
Total Specialty Plan Cost	\$188,196	\$264,065	\$337,295	\$789,556	\$225,808	\$288,971	\$342,244	\$857,023	\$298,438								
Specialty %of Total Specialty Plan Cost	33.5%	46.6%	49.6%	43.7%	42.6%	47.5%	51.5%	47.5%	48.1%								

PMPM	
Q2 2021	\$195.37
Q2 2022	\$196.09
Trend - 2022 YTD	0.4%

CENTRAL JERSEY HEALTH INSURANCE FUND
CONSENT AGENDA
September 7, 2022

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

Motion_____ **Second**_____

Resolution 22-22: 2023 Budget Introduction	Page 35
Resolution 23-22: Professional Services Contract Award	Page 36
Resolution 24-22: EUS Service Contract Award	Page 38
Resolution 25-22: Authorizing Refund from Closed Year Account.....	Page 41
Resolution 26-22: Approval of the August and September 2022 Bills Lists	Page 43

RESOLUTION NO. 22-22

**CENTRAL JERSEY HEALTH INSURANCE FUND
INTRODUCTION OF THE 2023 PROPOSED BUDGET**

WHEREAS, The Central Jersey Health Insurance Fund is required under State regulation to adopt an annual budget in accordance with the Fiscal Affairs Law; and

WHEREAS, a quorum of the Executive Committee met on September 7, 2022 in Public Session to introduce the proposed budget for the 2023 Fund Year; and

BE IT FURTHER RESOLVED that a hearing on the 2023 budget in the amount of \$60,211,488 shall be held at the Fund's regularly scheduled and advertised meeting of October 19, 2022 to be held via Zoom Meeting. The 2023 budget shall be considered for adoption at a second reading at that time and after the completion of a public hearing.

BE IT FURTHER RESOLVED that copies of this resolution shall be sent to each Commissioner, Risk Manager, and Governing Body, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

ADOPTED: September 7, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 23-22

**RESOLUTION AUTHORIZING PROFESSIONAL SERVICES FOR ACTUARY, AUDITOR,
ATTORNEY, AND TREASURER**

WHEREAS, the Central Jersey Health Insurance Fund (hereinafter the Fund) is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Board of Fund Commissioners has deemed it necessary and appropriate to obtain professional Actuary, Auditor, Attorney, and Treasurer services; and

WHEREAS, on July 11, 2019 the Fund released RFPs for the above mentioned professional services for a one year contract with two optional, one year contract extensions.

WHEREAS, the Fund received Requests for Proposal responses on August 20, 2019 which were publicly opened at PERMA Risk Management Services, 9 Campus Drive, Suite 216, Parsippany, NJ;

WHEREAS, on September 11, 2019, the Executive Committee resolved to extend the current contracts with Actuarial Solutions (Actuary), Berry, Sahradnik, Kotzas & Benson (Attorney), Mercadien, PC (auditor), Steven Mayer (Treasurer) for 1 contract terms commencing January 1, 2023 to December 31, 2023 with 2 additional one year extensions; and

WHEREAS, on July 20, 2022, the Fund resolved to extend the above mentioned professional service contracts for Fund Year 2023 , as follows:

WHEREAS, Actuarial Solutions is willing and able to provide said services for a term of one year at the annual rate of \$16,600 for 2023; and

WHEREAS, Steven Mayer is willing and able to provide said services for a term of one year at the annual rate of \$12,750 for 2023; and

WHEREAS, Mercadien, is willing and able to provide said services for a term of one year at the annual rate of \$20,500 for 2023; and

WHEREAS, Berry, Sahradnik, Kotzas & Benson is willing and able to provide said services for a term of one year at the annual rate of \$37,159 for 2023; and

WHEREAS, funding for this purpose will be made available and within future budgets established by the Fund for this purpose; and

WHEREAS, these professional services are authorized pursuant to the Local Public Contracts Law, N.J.S.A. 40A:11-5(1)(a)(i); now, therefore

BE IT RESOLVED by the Central Jersey Health Insurance Fund that, contingent upon the funding as described herein, the proper Fund officials be and are hereby authorized to execute all documents necessary to affect an agreement with the above mentioned professionals.

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund's official newspapers in accordance with law and that notice of this action along with a completed contract shall be filed with the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs.

ADOPTED: September 7, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 24-22

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION AWARD OF CONTRACT
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

WHEREAS, the Central Jersey Regional Employee Benefits Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

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

WHEREAS, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

NOW, THEREFORE, BE IT RESOLVED that the following insurance contracts be awarded for the periods of January 1, 2023 through December 31, 2023:

- Medical Third Party Administrator – Aetna (\$40.54 PEPM - \$1,030,899 Annual)
- Medical Third Party Administrator – AmeriHealth (\$38.94 PEPM - \$9,046 Annual)
- Dental Third Party Administrator – Delta Dental (\$3.18 PEPM – \$80,387 Annual)
- Medicare Advantage and Employer Group Waiver Program Provider – Aetna (\$3,876,226 Annually)

BE IT FURTHER RESOLVED that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

ADOPTED: September 7, 2022

BY: _____
CHAIR

ATTEST:

SECRETARY

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the CENTRAL JERSEY HEALTH INSURANCE FUND
FROM: Brandon Lodics, PERMA Risk Management Services
DATE: September 7, 2022
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firms: Aetna Medicare Advantage, Aetna, AmeriHealth, Delta Dental
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical and Prescription Medicare provider services for the CENTRAL JERSEY HEALTH INSURANCE FUND

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

For Aetna, AmeriHealth and Delta Dental:

The contractor will provide the day-to-day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

For Medicare Advantage for Aetna and United Healthcare

The contractor will provide the day-to-day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. **I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name _____

(Signature)

Title_____

RESOLUTION NO. 25-22

**RESOLUTION AUTHORIZING REFUND FROM
CLOSED YEARS ACCOUNT**

WHEREAS, N.J.A.C. 11:15-2.21 provides that a FUND may seek approval from the Commissioner of Insurance for a refund of excess monies from any FUND year upon compliance with certain requirements; and

WHEREAS, the FUND has obtained a calculation from its Actuary and Executive Director as to the amount of money which is available for distribution consistent with the aforementioned regulations, and the financial integrity of the FUND; and

WHEREAS, the Fund Commissioners have determined that it would be in the best interest of the FUND and its member municipalities and school boards to make certain refunds to be used towards the Fund Year 2023 Budget;

NOW, THEREFORE, BE IT RESOLVED by the Fund Commissioners of the Central Jersey Health Insurance Fund, as follows:

1. The Fund Commissioners have balanced the interests of the member municipalities/school boards in obtaining the benefit of such monies as are available for refund against the need for the FUND to protect and preserve its financial integrity.
2. As of June 30, 2022 all years combined, the Fund has a surplus balance of \$10,676,798. Of that, the Fund Commissioners declare a dividend of \$_____ to members included in the Fund at that time.
3. The dividend will be released as an option to the Fund members as a check, invoice credit or retain with the Fund for future distribution.
4. The Executive Director is, therefore, authorized and directed to submit such documents as the regulations require to the Department of Insurance and the Department of Community Affairs.
5. The FUND Treasurer is authorized to prepare and execute checks for the pro-rated amount of the aforementioned refunds due to each former member municipality and school board for the year in question, provided, however, the FUND Treasurer shall deduct any outstanding assessment receivable balances without regard for Fund year, upon receipt of written documentation of approval or acquiescence of these refunds from the Department of Insurance and the Department of Community Affairs. Said refunds shall be made to the municipalities/school boards which were members of the FUND for the years in question in the same ratio as said municipalities/school boards were assessed for the years in question.

NOW, THEREFORE, BE IT RESOLVED, that the Executive Committee hereby states that they have complied with N.J.A.C. 11:15-2.21 and does hereby submit a certified copy of this resolution to said Board to show evidence of said compliance.

ADOPTED: SEPTEMBER 7, 2022

BY:_____
Chairperson

ATTEST:_____
Secretary

RESOLUTION NO. 26-22

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE AUGUST AND SEPTEMBER BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **September 7, 2022** 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 July 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 June 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 August and September 2022 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: September 7, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
JULY 20, 2022
ZOOM MEETING
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 2022 EXECUTIVE COMMITTEE

Thomas Nolan	Chair – Borough of Brielle	Present
Brian Brach	Secretary– Manasquan RRSA	Present
Diane Lapp	Executive Committee – Township of Manchester	Present
Brian Valentino	Executive Committee– Western Monmouth MUA	Absent
Brian Dempsey	Executive Committee – Spring Lake Borough	Present
Peter O'Reilly	Executive Committee – Borough of Lakewood	Present
Louis Amoruso	Executive Committee Alternate – Toms River	Absent
Angela Morin	Executive Committee Alternate – Aberdeen	Present

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval Jordyn DeLorenzo	Present Present Present
Program Manager	Conner Strong & Buckelew	Crystal Bailey Lane Hindman	Present Present
Attorney	Berry, Sahradnik, Kotzas & Benson	Jack Sahradnik	Present
Treasurer		Stephen Mayer	Present
Network & Medical Claims Service	Aetna	Jason Silverstein	Present
Network & Medical Claims Service	AmeriHealth	Kristina Strain	Absent
Dental Claims Service	Delta Dental	Brian Remlinger	Present
Rx Administrator	Express Scripts	Charles Yuk	Present
Auditor	Mercadien	Matthew Daly	Absent

OTHERS PRESENT:

Anthony Tonzini
 Beata Roefaro
 Cindy Toye
 Danskin Agency
 Jim Diaz
 John Lajewski

Kenneth Duffy
Robin Ray
Sarah Zimmer-Scarpelli
Scott Davenport
Tom Flarity
T. Novak

APPROVAL OF MINUTES: MAY 18, 2022 OPEN:

MOTION TO APPROVE OPEN MINUTES OF MAY 28, 2022

MOTION:	Commissioner Brach
SECOND:	Commissioner Dempsey
VOTE:	All in Favor

CORRESPONDENCE: None

EXECUTIVE DIRECTOR'S REPORT

Mrs. Koval stated that Commissioner Niemann retired from Montgomery on June 1, 2022. He did express his interests in staying as a commissioner but unfortunately our bylaws require that a commissioner must be an elected official or an employee, so he was not able to stay on. We appreciate him and thank him for his dedication to the fund over the years that he was on the board. We wish him a wonderful retirement.

PRO FORMA REPORTS

Mrs. Koval reviewed the Financial Fast Track Report for April and May 2022. She stated that April broke even but at that time there was a deficit for the year as reported in prior months we believe this has to do with the slowdown in claims processing from Aetna. Many of the Claims being paid out through April are from the 2021 claims. All of the funds are seeing this across the state. She said that when you look at the May financials the claims are well below budget. The fund is now running at an operational profit of a little over a million. When the June data is received, we will start the budget process. The actuary will start reviewing the IBNR and may have some recommendations to adjust it. Mrs. Koval said that the State Health Benefits Plan is expected to have a very high renewal and we anticipate to see new membership prospects for the fund in the future. All Applications will be reviewed with the finance committee as they come in.

NO SURPRISES ACT (NSA)

Mrs. Koval stated that Legislation had passed for NSA which will protect consumers from being overbilled in situations where there is involuntary emergency situations, most common is when there is an emergency surgery in an in network hospital but they bring in an out of network anesthesiologist and the member has no choice. She said with this law, the consumer will be protected from being balance billed. She discussed the illustration in the agenda that shows the impact to the Fund. Aetna looked at the past 3 years of possible NSA claims. They will now be reprocessing these through a qualified payment amount which is an average fee for service for the same in network. The provider has the right to deny or accept. Should the provider deny, the claim

will go to arbitration. She said the illustration does not consider arbitration costs, but Aetna says that these NSA claims amount to 1-5% of our overall claims, and arbitrated claims are about 1% of those claims, so it is minimal.

Mrs. Koval stated that there is a fee associated with Aetna reprocessing these claims which is \$50 per claim. There will be a contract amendment to reflect this. Although, these claims are no longer in the NAP (national advantage program which Aetna negotiates savings from out of network claims.) Aetna will no longer get their shared savings percentage for these claims so this new fee will make up for that loss.

Mrs. Koval stated that this is a law and the Fund employees will truly benefit from this law but there is no action required as we do not have a choice and this went into effect on June 1.

MRHIF MEETING

Mrs. Koval stated that the MRHIF met on June 9 primarily to approve the 2021 Fund Audit. There were no findings or recommendations, and the audit will be filed with the State on time. In addition, the Committee approved a contract to Northshore for the Excess Claims Management and a random claim sampling of our Delta Dental experience. We expect this audit to be complete by the end of the year. She said that the MRHIF also released an RFP for a QPA to handle Requests for Proposals for all Funds, a data warehouse provider, and the Fund Professional Service Contracts. A report will be provided after the results are reviewed in September.

Mr. Brach asked if the MRHIF is determining a dividend as to which Mrs. Koval stated that they will be reviewing that soon and making recommendations for the local funds.

PCORI FEE

Mrs. Koval stated that the Fund will continue to pay this fee on behalf of the members in July.

Program Manager's Report

Program Manager Crystal Bailey reviewed the agenda reports.

COVERAGE UPDATES:

Ms. Bailey stated that there are no new updated and just as a reminder, she mentioned in the last meeting there that the FDA has approved 2 oral antiviral medications for Emergency Use Authorizations and the information on those are included in the agenda. She said Funding from the government for COVID-19 oral medications may end in July. ESI plans to provide groups with a 30-day notice when they receive notice of the funding ending. Currently, members who fill one of the prescriptions through ESI are charged a copay. The HIFs has not opted in to change the member cost share to \$0 as there is minimal overall usage of the drug. Since January 2022 when the drugs became available, Central Jersey HIF had 7 members fill a script, totaling \$72.20 in member cost and \$11.80 in plan costs.

Ms. Bailey stated that once the government funding has ended the plan cost will apply when a prescription is filled:

- Up to \$12 dispensing fee per prescription; plan pays the balance after member's responsibility

- If member is in a Long-Term Care (LTC) facility, plan pays \$2.40 (\$12 dispensing fee/5 days) per day per prescription.
- \$2.50 per prescription Program Fee

EXPRESS-SCRIPTS UPDATE

Effective July 1, 2022, ESI will begin to cover Dengvaxia vaccine for children ages 9-17 years of age. The vaccine is to prevent Dengue (virus transmitted through the bite of infected mosquitoes). The cost is \$0 to members. The vaccine cannot be administered at a provider's office, it must be administered at a participating pharmacy. The vaccine is not covered through the HIFs medical plans. ESI did make it clear that this virus is contracted from tropical areas and there is not a threat to our area for this virus.

Ms. Bailey stated that the CMS Annual Open Enrollment period for the 2023 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2023 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 19th and September 26th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year for each HIF in preparation of the mailing.

2022 LEGISLATIVE REVIEW

Program Manager Bailey Reviewed the COVID 19 updates that are listed in detail in the agenda.

COVID -19

4. National Emergency Declaration - Extended through July 15, 2022. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
5. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Reporting has been requested for those groups that have ESI pharmacy through the HIF, updates will be shared at the next meeting.

Coverage Highlights:

- Date- Starting on January 15, 2022, going forward
- Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per taste
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

The 3rd round of free at-home tests are now available, each household is eligible to receive 8 tests which will come in 2 separate packages (4 tests in each package).

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.

ESI Highlights (cont'd):

- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

6. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Mental Health Parity and Addiction Equality Act (MHPAE)

Ms. Bailey stated that nothing has changed since the last meeting but they are watching this very closely so as soon as they receive additional information, they will let everyone know.

Surprise Billing and Transparency – Continued Delays

Ms. Bailey stated that there has been an update from Aetna and Amerihealth.

UPDATE

Medical carriers will provide the HIF with a unique URL/hyperlink to post to the HIF's main public website. The URL/hyperlink is required to be posted by July 1, 2022. The link will automatically refresh each month with any updated information. The Program Manager recommends all groups link their website to the HIF's public website, <https://hifundnj.com/>, there will not be a link sent to the groups. By doing so, this will satisfy the group's obligation for this requirement. The Program Manager sent communication on June 14th to all brokers to share with their groups.

Aetna:

To comply with the No Surprise Billing and Transparency Act requirement as it relates to carrier ID cards. Aetna ID cards are being updated for the HIFs and notices are beginning to go out to members advising them they can get a new digital ID card with the updated information. This does not impact their current card and/or their ID number, current plan, or benefits. There will not be a mass release of new ID cards. Once a group is updated any new members and/or members with changes that warrant a new ID card; adding of spouse/dependent etc., will receive a new ID card with the updated required information sent to their home.

Aetna is expected to have all HIF groups completed by the end of June. Once a group has been updated in Aetna's system the below notification will be sent to members. The Program Manager team sent notifications to broker to share with their groups on June 3, 2022, including a sample email to members.

*****Please note this requirement only applies to Commercial medical plans not Medicare Advantage.***

The Health Insurance Funds, including Central Jersey protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Central Jersey HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
05/02/22	Medical/Aetna	CJ-2022-05-01	Experimental	Overtured	5/18/22

6/30/22	Medical/Aetna	CJ-2022-06-01	Medical Necessity	Denied	3/18/22
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IRO Submissions: None

6/30/22	Medical/Aetna	CJ-2022-06-01	Medical Necessity	Pending	Pending
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TREASURER – Fund Treasurer Steve Mayer reviewed the two bills lists for June and July 2022. He stated that approval is in the consent agenda.

ATTORNEY: Mr. Sahradnik stated he has nothing to report.

AETNA: Mr. Silverstein reviewed the claims for April and May 2022. Mr. Silverstein stated there were 6 high cost claimants for April over the threshold of \$50,000 and 6 for May 2022. He also reviewed the dashboard report stating that all metrics continue to perform well with exception to average speed to answer. He stated that Aetna is now meeting the metric for claims turnaround time. June is coming in below the metric which is what we promised to the fund. He reviewed the weekly and monthly covid reporting included with the agenda.

AMERIHEALTH: Kristina Strain Absent. Report included in the agenda.

EXPRESS SCRIPTS: Charles Yuk reviewed the claims for May 2022. The trend is continuing to run well. He reviewed the utilization in specialty drug plans as compared to the previous year. Mr. Yuk also stated that ESI is complying with state guidelines when it comes to the Roe V. Wade overturn. There are no changes yet but if there are, ESI will keep the members updated.

DELTA DENTAL: Mr. Remlinger stated there is nothing to report this month.

MOTION TO APPROVE THE CONSENT AGENDA WHICH INCLUDES THE FOLLOWING:

Resolution 21-22: Approval of the June and July 2022 Bills Lists

MOTION:	Commissioner Brach
SECOND:	Commissioner Lapp
ROLL CALL:	6 Ays, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJOURN MEETING:

MOTION:	Commissioner Lapp
SECOND:	Commissioner Dempsey
VOTE:	All in Favor

MEETING ADJOURNED: 2:20 pm

Minutes Prepared by: Jordyn DeLorenzo , Assisting Secretary

Next Meeting: September 7, 2022 1:30 pm, Zoom Meeting