



AGENDA AND REPORTS

March 15, 2023

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: MARCH 15, 2023
1:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2023 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 Amoroso, Executive Committee – Toms River
Angela Morin, Executive Committee Alternate - Aberdeen

APPROVAL OF MINUTES: JANAURY 18, 2023 Open: Appendix I

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER– (Conner Strong & Buckelew)

Monthly Report.....Page 9

TREASURER – (Stephen Mayer)

January, February and March 2023 Voucher List.....Page 16

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 25

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

Monthly Report.....Page 32

PRESCRIPTION ADMINISTRATOR – (Express Scripts)

Monthly Report..... Page 38

DENTAL ADMINISTRATOR – (Delta Dental)
Monthly Report Page 40

CONSENT AGENDA.....Page 42

Resolution 6-23: Designation of Bank Depositories & CMPPage 43
Resolution 15-23: New Member Approval.....Page 47
Resolution 16-23: Shared Services with MRHIFPage 49
Resolution 17-23: RFP Competitive ContractingPage 50
Resolution 18-23: Authorizing the use of E-ProcurementPage 52
Resolution 19-23: Adopting 2023 Wellness Grant ProgramsPage 53
Resolution 20-23: Approval of the January, February and March 2023 Bills Lists Page54

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
March 15, 2023

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of December 31, 2022 (page 4)

REVISED CASH MANAGEMENT PLAN

Included in the agenda is Revised Resolution 6-23 which includes a name change from Investors Bank to Citizens Bank which is a Fund investment account.

NEW MEMBERS

The Fund has received numerous applications for membership since the State's renewal was announced. Below is a list of groups that could be competitive and could be considered for membership.

In the meantime, there are two groups that have passed resolutions and Indemnity and Trust agreements that have been reviewed by the operations committee who are recommending membership.

<u>Group</u>	<u>Current/Previous Carrier</u>	<u>Proposal Effective Date</u>	<u>Status</u>
Lakewood MUA	SHBP	5/1/2023	Confirmed to join; Resolutions received
Interlaken Twp	SHBP	5/1/2023	Confirmed to join; Resolutions received
Bayshore Regional Outfall SA	SHBP	6/1/2023	In discussion with broker and group
Western Monmouth Regional SA	SHBP	6/1/2023	In discussion with broker and group
Two River Water RUS	SHBP	6/1/2023	In discussion with broker and group
Spring Lake	SHBP	6/1/2023	In discussion with broker and group
South Monmouth Regional SA	SHBP	6/1/2023	In discussion with broker and group
Matawan Borough	SHBP	6/1/2023	In discussion with broker and group

New Member Overview	
Fund	Central Jersey Health Insurance Fund
Entity	Interlaken Twp
County	Monmouth County
Effective Date	5/1/2023 - 12/31/2023
Lines of Coverage	Medical and Prescription
Eligible Employees	5
Retiree Coverage	None
Current Arrangement	State Health Benefits
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	State Health Benefits
Member approval?	All required resolutions passed
Special Requests	No outside broker

New Member Overview	
Fund	Central Jersey Health Insurance Fund
Entity	Lakewood MUA
County	Ocean County
Effective Date	5/1/2023 - 12/31/2023
Lines of Coverage	Medical and Prescription
Eligible Employees	35
Retiree Coverage	Under 65 retirees only
Current Arrangement	State Health Benefits
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	State Health Benefits
Member approval?	All required resolutions passed
Special Requests	Lakewood MUA has been underwritten individually but will renew with Lakewood Township. This group will not be an MRHIF member and will be included in the Township's Stop Loss arrangement. Surplus/deficits will be owned by Lakewood Twp and MUA.

Resolution 15-23 offers membership to Lakewood MUA and Interlaken Twp.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on February 9 to reorganize for 2023.

In addition, three major RFPs were approved at the guidance of the Fund's QPA – Medical and Dental TPA and Enrollment system.

COMPETITIVE CONTRACTING

The MRHIF hired a QPA to handle the contract procurements for the Funds across the State. It is his recommendation to change the Fund's process to Competitive Contracting under the Local public

contract laws. The MRHIF will release these services under a shared service agreement through Resolution 16-23

The Fund does not have any RFPs to release at this time but would like to have the appropriate resolutions moved for when the Fund is in need.

Resolution 17-23 allows for the competitive contracting and releases the RFPs for the positions listed above. Resolution 18-23 allows for our QPA to use E-bidding.

All resolutions are included in consent.

2023 WELLNESS GRANT APPLICATIONS

Applications for a 2023 wellness grant were emailed to the membership last month. The total budget is \$125,000 for all medical members.

Lakewood and Atlantic Highlands have requested grants for 2023. Their grant request summaries are in the Resolution. The total additional request is \$16,700.

Resolution 19-23 approves these grants.

The **due date is June 30, 2023** for all members that are interested. Wellness Grant Applications are in the Appendix.

GASB 75 REPORTS

The Fund contracts with an Actuary to provide GASB 75 reports on behalf of its medical members. Please reach out to Jordyn DeLorenzo if your audit requires a full report or update to last year's report. During its 'busy' season, reports can take up to 4 weeks to turn around.

2023 MEL, MR HIF & NJCE JIF Educational Seminar:

The 12th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 21st and Friday April 28th from 9AM to 12PM.

The seminar qualifies for Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees, insurance producers, as well as personnel who work for services companies associated with the Municipal Excess Liability Joint Insurance Fund (MEL JIF), Municipal Reinsurance Health Insurance Fund (MR HIF) and New Jersey Counties Excess Joint Insurance Fund (NJCE JIF). We are in the process of preparing to distribute this notice to all members and risk managers.

Enclosed in Appendix IV is the latest in a series of Power of Collaboration advertisement to be published in the League of Municipalities magazine which highlights the educational seminar.

FINANCIAL FAST TRACK REPORT

December 31, 2022

COMBINED TOTAL CLAIMS	4,017,135	46,546,727	623,659,097	670,205,824
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This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

CENTRAL JERSEY REGIONAL EMPLOYEE BENEFITS FUND RATIOS

Central Jersey Health Insurance Fund													
RATIOS													
INDICES	2021	FY2022											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	16,362,469	\$ 13,664,487	\$ 12,439,444	\$ 15,509,519	\$ 16,911,809	\$ 14,084,633	\$ 12,574,671	\$ 13,089,488	\$ 12,391,370	\$ 13,814,483	\$ 12,214,139	\$ 11,775,810	\$ 11,585,071
IBNR	3,008,029	\$ 3,126,142	\$ 4,060,595	\$ 4,341,516	\$ 4,466,160	\$ 4,415,475	\$ 3,852,357	\$ 4,214,931	\$ 4,204,996	\$ 4,207,438	\$ 4,250,062	\$ 4,234,943	\$ 4,166,211
Assets	20,000,252	\$ 20,559,268	\$ 20,958,736	\$ 21,340,307	\$ 20,198,377	\$ 18,413,286	\$ 18,375,714	\$ 18,978,738	\$ 19,211,487	\$ 18,380,120	\$ 18,286,765	\$ 18,769,166	\$ 18,799,786
Liabilities	4,465,332	\$ 4,592,681	\$ 5,540,627	\$ 5,809,765	\$ 4,668,032	\$ 4,622,945	\$ 4,062,836	\$ 4,433,561	\$ 4,420,142	\$ 5,430,973	\$ 4,876,592	\$ 4,759,255	\$ 4,598,848
Surplus	15,534,920	\$ 15,966,587	\$ 15,418,109	\$ 15,530,542	\$ 15,530,345	\$ 13,790,341	\$ 14,312,879	\$ 14,545,178	\$ 14,791,344	\$ 12,949,147	\$ 13,410,173	\$ 14,009,911	\$ 14,200,937
Claims Paid -- Month	3,420,707	\$ 3,636,789	\$ 3,787,821	\$ 4,387,116	\$ 3,892,667	\$ 3,135,540	\$ 4,126,939	\$ 3,291,483	\$ 3,675,029	\$ 5,116,991	\$ 3,558,058	\$ 3,580,206	\$ 3,133,724
Claims Budget -- Month	3,093,328	\$ 4,181,175	\$ 4,183,693	\$ 4,176,567	\$ 4,180,248	\$ 4,130,574	\$ 4,143,455	\$ 4,025,507	\$ 4,016,538	\$ 4,015,732	\$ 4,019,019	\$ 4,015,787	\$ 4,011,475
Claims Paid -- YTD	35,783,579	\$ 3,636,789	\$ 7,424,610	\$ 11,811,726	\$ 15,704,393	\$ 18,839,933	\$ 22,966,872	\$ 26,258,356	\$ 29,933,384	\$ 35,050,375	\$ 38,608,433	\$ 42,188,639	\$ 45,322,363
Claims Budget -- YTD	37,503,547	\$ 4,181,175	\$ 8,364,868	\$ 12,541,435	\$ 16,721,683	\$ 20,852,257	\$ 25,033,825	\$ 28,413,047	\$ 32,429,585	\$ 36,448,440	\$ 40,466,296	\$ 44,482,083	\$ 48,493,558
RATIOS													
Cash Position to Claims Paid	4.78	3.76	3.28	3.54	4.34	4.49	3.05	3.98	3.37	2.7	3.43	3.29	3.70
Claims Paid to Claims Budget -- Month	1.11	0.87	0.91	1.05	0.93	0.76	1.00	0.82	0.91	1.27	0.89	0.89	0.78
Claims Paid to Claims Budget -- YTD	0.95	0.87	0.89	0.94	0.94	0.9	0.92	0.92	0.92	0.96	0.95	0.95	0.93
Cash Position to IBNR	5.44	4.37	3.06	3.57	3.79	3.19	3.26	3.11	2.95	3.28	2.87	2.78	2.78
Assets to Liabilities	4.48	4.48	3.78	3.67	4.33	3.98	4.52	4.28	4.35	3.38	3.75	3.94	4.09
Surplus as Months of Claims	5.02	3.82	3.69	3.72	3.72	3.34	3.45	3.61	3.68	3.22	3.34	3.49	3.54
IBNR to Claims Budget -- Month	0.97	0.75	0.97	1.04	1.07	1.07	0.93	1.05	1.05	1.05	1.06	1.05	1.04

Central Jersey Health Insurance Fund

2022 Budget Report

AS OF DECEMBER 31, 2022

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims AmeriHealth 12/31 Renewal	23,176	23,176	34,607			
Medical Claims AmeriHealth 6/30 Renewal	305,101	305,101	320,509			
Medical Claims Aetna 12/31 Renewal	29,023,510	29,023,510	18,101,481			
Medical Claims Aetna 6/30 Renewal	446,766	446,766	404,913			
Subtotal Medical Claims	29,798,553	29,798,553	18,861,510	27,502,812	2,321,747	8%
Prescription Claims 12/31 Renewal	6,877,862	6,877,862	6,938,420			
Prescription Claims 6/30 Renewal	201,691	201,691	191,761			
Less Rx Rebates	(2,123,866)	(2,123,866)	(3,075,321)			
Subtotal Prescription Claims	4,955,687	4,955,687	4,054,860	5,245,624	(289,937)	-6%
Dental Claims 12/31 Renewal	1,726,191	1,726,191	1,732,189			
Dental Claims 6/30 Renewal	21,506	21,506	22,513			
Subtotal Dental Claims	1,747,697	1,747,697	1,754,702	1,486,468	261,229	15%
Vision Claims	26,006	26,006	25,222	Included in Medical Claims		
Lakewood SIR Claims						
Medical	8,855,745	8,855,745	8,897,203	9,242,731	(386,986)	-4%
Prescription	3,109,870	3,109,870	3,120,890	1,111,220	1,998,650	64%
Subtotal Claims	48,493,558	48,493,558	36,714,387	44,588,855	3,904,703	8%
Medicare Advantage / EGWP	3,127,854	3,127,854	1,651,748	3,715,591	-	0%
Medicare Advantage - Rx	587,737	587,737	555,576	Included in Medicare Advantage / EGWP		
DMO Premiums	38,358	38,358	39,375	36,532	1,827	5%
Reinsurance						
Specific	1,053,738	1,053,738	708,768			
Lakewood - ICH	989,779	989,779	1,172,999			
Subtotal Reinsurance	2,043,517	2,043,517	1,881,767	2,043,517	(0)	0%
Loss Fund Contingency	381,943	381,943	381,943	0	381,943	100%
Total Loss Fund	54,672,968	54,672,968	41,224,796	50,384,495	4,288,473	8%
Expenses						
Legal	36,430	36,430	36,430	36,432	(2)	0%
Treasurer	12,500	12,500	12,500	12,500	-	0%
Administrator	515,868	515,868	406,453	515,868	(0)	0%
Program Manager	1,898,378	1,898,378	1,329,542	1,950,043	(36,665)	-2%
Actuary	16,300	16,300	16,300	16,300	(0)	0%
Auditor	20,000	20,000	20,000	20,000	0	0%
TPA - Aetna	1,029,934	1,029,934	762,307	1,039,056	0	0%
TPA - AmeriHealth	9,122	9,122	10,403	Included above in TPA - Aetna		
Plan Documents	15,000	15,000	15,000	Included in Program Manager		
Dental TPA	78,914	78,914	78,250	78,914	-	0%
Wellness	125,000	125,000	125,000	125,000	-	0%
Affordable Care Act	12,677	12,677	9,427	10,480	2,197	17%
A4 Retiree Surcharge	16,781	16,781	15,592	16,781	0	0%
Misc/Cont	21,185	21,185	21,185	12,582	8,603	41%
Total Expenses	3,808,090	3,808,090	2,858,389	3,833,956	(25,867)	-1%
Total Budget	58,481,057	58,481,057	44,083,185	54,218,451	4,262,606	7%

Central Jersey Health Insurance Fund

CONSOLIDATED BALANCE SHEET

AS OF DECEMBER 31, 2022

BY FUND YEAR

	CJ HIF 2022	CJ HIF 2021	CLOSED YEAR	LAKEWOOD	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	858,649	(115,023)	7,834,702	3,006,744	11,585,071
Assessments Receivable (Prepaid)	2,387,335	1,983	-	997,378	3,386,695
Interest Receivable	1,535	1,499	4,761	3,024	10,818
Specific Excess Receivable	148,454	36,121	-	-	184,575
Aggregate Excess Receivable	-	-	-	39,975	39,975
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	2,380,253	-	-	1,212,397	3,592,650
Total Assets	5,776,225	(75,420)	7,839,463	5,259,518	18,799,786
LIABILITIES					
Accounts Payable	6,998	-	-	-	6,998
IBNR Reserve	3,163,814	(0)	-	1,002,397	4,166,211
A4 Retiree Surcharge	6,570	-	-	-	6,570
Dividends Payable	-	-	280,597	-	280,597
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	138,473	-	-	-	138,473
Total Liabilities	3,315,854	(0)	280,597	1,002,397	4,598,848
EQUITY					
Surplus / (Deficit)	2,460,371	(75,420)	7,558,866	4,257,121	14,200,937
Total Equity	2,460,371	(75,420)	7,558,866	4,257,121	14,200,937
Total Liabilities & Equity	5,776,225	(75,420)	7,839,463	5,259,518	18,799,786
BALANCE	-	-	-	-	-

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

Fund Year allocation of claims have been estimated.

REGULATORY
CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2023

<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	Filed
Annual Audit	12/31/2021 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	Filed
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND

Program Manager

March 2023

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

Due to the frequency in which plans and benefits can change, effective April 1, 2023, ESI will no longer issue physical ID cards. Digital ID cards are available with the most up to date information. This will eliminate the need to reissue ID cards each time plan and/or benefit information has changed on a member's ID card.

- New members, members without an email address on file or members that do not respond to the email sent by ESI, will be contacted via direct mail with instructions. The instructions will explain how to register and access their digital ID card online or request a printed card if necessary.
- If members are set up in ESI's portal with an email address, they will receive a welcome kit that explains their pharmacy benefit and how to print their digital ID card.
- Members who do not have access to the internet, do not have a smartphone, or who prefer not to register on express-scripts.com can request a physical ID card by calling Express Scripts Customer Service at the number on their onboarding communications.
- Due to HIPAA, digital ID cards cannot be emailed to members, they must be accessed from the member's personal registered account with ESI.

Please note there is not an option to request a group have the option for their employees to continue to receive physical ID cards in lieu of digital ID cards. The above information was shared with brokers on February 10, 2023.

2022 SaveOn Savings – In the 2022 plan year CJHIF saved \$341,921 for members enrolled in SaveOn. There were 34 participants in the program, for an average savings per prescription of \$838.

AETNA UPDATE

Aetna/Virtua Negotiations – Aetna and Virtua Health have come to an agreement. The contract is in place for 4 years (actual agreement is 3 years and 11 months), effective 2/1/23. There have been no interruption to member access as an agreement was reached prior to the contracts extension termination date of March 31, 2023. Aetna sent retraction letters on 2/15/23.

End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2022.
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022, through**

October 31, 2022

- Reports were sent to group billing contacts the week of January 2nd.
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022, through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received.
 - **Final reports were sent to the group billing contacts the week of January 30th**
- All eligible employees, spouses, and dependents (those over age 18) who received a reimbursement will be included in the report separately.
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting.

Please note there is not an option to receive the latter report sooner than late January as the data is not available.

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through May 11, 2023. 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 - COVID-19 at home tests kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>

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 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

2022 Filings – Deadline for carriers to submit the filings for 2022 plan year is June 1, 2023. Aetna, AHA and ESI will submit on behalf of the HIFs. The Program Manager will provide carriers all information needed for submission. Groups do not need to file on an individual basis.

2020 & 2021 Filings - Federal Extension Granted – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

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

2023 Specialized Audits

As approved through an RFP through the Program Manager's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Central New Jersey Health Insurance Fund (CJHIF). AIM will begin with completing medical claims audits for claims administered by Aetna.

The claim audit being performed will determine Aetna's claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix.**

2023 IRMAA Charge

The standard Part B premium amount in 2023 is \$164.90 (reduced from 2022 premium of \$170.10). Most participants pay the standard Part B premium amount. If the participants modified adjusted gross income as reported on their IRS tax return from 2 years ago is above a certain amount, they will pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$97,000	Less than or equal to \$194,000	\$0.00	\$164.90
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	65.90	230.80
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	164.80	329.70
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	263.70	428.60
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	362.60	527.50
Greater than or equal to \$500,000	Greater than or equal to \$750,000	395.60	560.50

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
02/02/2023	Medical/Aetna	CJ-2023-02-01	Benefit Application	Upheld	02/06/2023

IRO Submissions: None

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

JANUARY 2023

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 2022

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002072			
002072	Flagship Health System	VOID AND RE-ISSUE	-741.13
002072	Flagship Health System		-462.98
			-1,204.11
002198			
002198	Flagship Health System	MONTGOMERY 7/22	741.13
002198	Flagship Health System	CITY OF ASBURY 7/22	462.98
			1,204.11
002199			
002199	PAYFLEX	OCEANPORT 12/22	111.00
002199	PAYFLEX	MRRSA 12/22	18.00
			129.00
002200			
002200	PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/22	53.49
002200	PERMA RISK MANAGEMENT SERVICES	AATRIX 1099 FILING 2022	47.50
			100.99
002201			
002201	MONTGOMERY TOWNSHIP	EMPLOYEE WELLNESS PROG 2022	5,829.51
			5,829.51
002202			
002202	MEDICAL EVALUATION SPECIALISTS	MES CASE# 1909683 12/22	245.00
002202	MEDICAL EVALUATION SPECIALISTS	MES CASE# 1899678 12/22	551.25
			796.25
002203			
002203	ACCESS	DEPT 420 ARC/STORE CUST 224 12/31/22	71.02
002203	ACCESS	DEPT 420 ARC/STORE CUST 224 11/30/22	71.02
			142.04
Total Payments FY 2022			6,997.79

FUND YEAR 2023

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002204			
002204	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 01/23	323,883.45
			323,883.45
002205			
002205	Flagship Health System	MONTGOMERY 01/23	313.12
002205	Flagship Health System	CITY OF ASBURY 01/23	440.63
			753.75
002206			
002206	DELTACARE USA	ASBURY PARK ACCT F1-7871700002 01/23	1,779.31
			1,779.31
002207			
002207	AETNA LIFE INSURANCE COMPANY	VISION TPA 01/23	124.67
002207	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 01/23	84,378.36
			84,503.03
002208			
002208	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 01/23	-23.75
002208	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 1/23	739.90
			716.15
002209			
002209	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/23	6,823.06
			6,823.06

002210			
002210	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 01/23	44,372.25
			44,372.25
002211			
002211	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 1ST QTR 2023	4,150.00
			4,150.00
002212			
002212	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 01/23	3,096.58
			3,096.58
002213			
002213	STEPHEN MAYER	TREASURER FEE 01/23	1,062.50
			1,062.50
002214			
002214	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 1/23	1,250.00
002214	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 1/23	68,628.26
002214	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 1/23	85,368.46
002214	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 1/23	593.57
002214	CONNER STRONG & BUCKELEW	FUND COORDINATOR 1/23	5,261.04
002214	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 1/23	2,023.82
			163,125.15
002215			
002215	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 01/23	90,958.59
			90,958.59
002216			
002216	WESTPORT INSURANCE CORP	SPECIFIC_SINGLE 01/23	14,283.54
002216	WESTPORT INSURANCE CORP	AGGREGATE 01/23	3,465.28
002216	WESTPORT INSURANCE CORP	SPECIFIC_FAMILY 01/23	71,607.70
			89,356.52
		Total Payments FY 2023	814,580.34
		TOTAL PAYMENTS ALL FUND YEARS	821,578.13

Chairperson

Attest:

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

Dated: _____

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND

DIVIDEND BILLS LIST

Confirmation of Payment

FEBRUARY 2023

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 2023

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002189			
002189	EA TONTOWN SEWERAGE AUTHORITY	DIVIDEND 01/23	4,934.00
			4,934.00
002190			
002190	INTERLAKEN BOROUGH	DIVIDEND 01/23	471.00
			471.00
002191			
002191	KEYPORT BOROUGH	DIVIDEND 01/23	1,257.00
			1,257.00
002192			
002192	WEST LONG BRANCH BOROUGH	DIVIDEND 01/23	49,653.00
			49,653.00
002193			
002193	LAKEWOOD TWP FIRE DEPT	DIVIDEND 01/23	1,520.00
			1,520.00
002194			
002194	TUCKERTON BOROUGH SCHOOL DISTRICT	DIVIDEND 01/23	29,801.00
			29,801.00
002195			
002195	BRICK TOWNSHIP HOUSING AUTHORITY	DIVIDEND 01/23	1,950.00
			1,950.00
002196			
002196	HIGHLAND ELEMENTARY SCHOOL	DIVIDEND 01/23	20,191.00
			20,191.00
002197			
002197	BOROUGH OF SAYREVILLE	DIVIDEND 01/23	65,914.91
			65,914.91
		Total Payments FY 2023	175,691.91
		TOTAL PAYMENTS ALL FUND YEARS	175,691.91

Chairperson

Attest:

Dated:

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

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

FEBRUARY 2023

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 2023

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002217			
002217	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 02/23	324,905.00
			324,905.00
002218			
002218	Flagship Health System	MONTGOMERY 02/23	538.66
002218	Flagship Health System	CITY OF ASBURY 02/23	546.07
			1,084.73
002219			
002219	DELTACARE USA	ASBURY PARK ACCT F1-7871700002 02/23	1,923.13
			1,923.13
002220			
002220	AETNA LIFE INSURANCE COMPANY	VISION TPA 02/23	127.40
002220	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 02/23	84,378.36
			84,505.76
002221			
002221	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 02/23	-22.50
002221	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 2/23	700.96
			678.46
002222			
002222	PAYFLEX	OCEANPORT 02/23	111.00
002222	PAYFLEX	OCEANPORT 01/23	111.00
002222	PAYFLEX	MANASQUAN 01/23	18.00
002222	PAYFLEX	MANASQUAN 02/23	18.00
			258.00
002223			
002223	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 02/23	6,819.89
			6,819.89
002224			
002224	PERMA RISK MANAGEMENT SERVICES	POSTAGE 01/23	44.76
002224	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 2/23 LESS AATRIX 1099 OVERPAY	44,284.20
			44,328.96
002225			
002225	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 02/23	3,096.58
			3,096.58
002226			
002226	STEPHEN MAYER	TREASURER FEE 02/23	1,062.50
			1,062.50
002227			
002227	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 2/23	1,250.00
002227	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 2/23	68,537.96
002227	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 2/23	85,355.71
002227	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 2/23	592.25
002227	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 2/23	5,261.04
002227	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 2/23	2,022.88
			163,019.84

002228			
002228	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 2/23	90,904.38
			90,904.38
002229			
002229	WESTPORT INSURANCE CORP	SPECIFIC_SINGLE 02/23	14,283.54
002229	WESTPORT INSURANCE CORP	AGGREGATE 02/23	3,465.28
002229	WESTPORT INSURANCE CORP	SPECIFIC-FAMILY 02/23	71,607.70
			89,356.52
		Total Payments FY 2023	811,943.75
		TOTAL PAYMENTS ALL FUND YEARS	811,943.75

Chairperson

Attest:

Dated: _____

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

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Resolution

MARCH 2023

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 2023

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002230			
002230	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 03/23	326,609.65
			326,609.65
002231			
002231	Flagship Health System	MONTGOMERY 03/23	538.39
002231	Flagship Health System	CITY OF ASBURY 03/23	269.61
			808.00
002232			
002232	DELTACARE USA	ASBURY PARK ACCT F1-7871700002 03/23	1,747.84
			1,747.84
002233			
002233	AETNA LIFE INSURANCE COMPANY	VISION TPA 03/23	128.31
002233	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 03/23	84,141.12
			84,269.43
002234			
002234	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 03/23	-23.75
002234	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 03/23	739.92
			716.17
002235			
002235	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 03/23	6,858.10
			6,858.10
002236			
002236	PERMA RISK MANAGEMENT SERVICES	POSTAGE 02/23	50.37
002236	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 03/23	44,381.50
			44,431.87
002237			
002237	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 03/23	3,096.58
			3,096.58
002238			
002238	STEPHEN MAYER	TREASURER FEE 03/23	1,062.50
			1,062.50
002239			
002239	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 03/23	1,250.00
002239	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 03/23	68,414.11
002239	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 03/23	85,404.61
002239	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 03/23	593.56
002239	CONNER STRONG & BUCKELEW	FUND COORDINATOR 03/23	5,261.03
002239	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 03/23	2,018.18
			162,941.49

002240			
002240	ACCESS	DEPT 420 CUST 224 STORE/ 01/23 FOR FEB	64.60
			64.60
002241			
002241	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 03/23	90,578.92
			90,578.92
002242			
002242	WESTPORT INSURANCE CORP	SPECIFIC_SINGLE FEES 03/23	14,195.37
002242	WESTPORT INSURANCE CORP	AGGREGATE 03/23	3,472.56
002242	WESTPORT INSURANCE CORP	SPECIFIC-FAMILY FEES 03/23	72,063.80
			89,731.73
		Total Payments FY 2023	812,916.88
		TOTAL PAYMENTS ALL FUND YEARS	812,916.88

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: December										
	Medical	Dental	Rx	Vision	Iedicare Advantag	Reinsurance	DMO Premiums	Future	Admin	TOTAL
OPEN BALANCE	4,441,733.38	412,621.26	2,288,270.53	46,264.28	5,205,747.03	(41,645.83)	32,039.54	0.00	(609,225.16)	11,775,805.03
RECEIPTS										
Assessments	3,492,441.63	157,060.22	732,405.72	2,321.52	347,043.37	185,855.05	3,138.92	0.00	377,777.07	5,298,043.50
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	12,712.92	615.95	5,710.74	68.95	7,748.51	39.94	47.56	0.00	1.71	26,946.28
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	12,712.92	615.95	5,710.74	68.95	7,748.51	39.94	47.56	0.00	1.71	26,946.28
Other *	32,478.47	0.00	698,240.19	0.00	0.00	0.00	0.00	0.00	0.00	730,718.66
TOTAL	3,537,633.02	157,676.17	1,436,356.65	2,390.47	354,791.88	185,894.99	3,186.48	0.00	377,778.78	6,055,708.44
EXPENSES										
Claims Transfers	3,739,237.56	120,810.49	884,524.72	0.00	0.00	0.00	0.00	0.00	0.00	4,744,572.77
Expenses	322,040.20	3,014.48	0.00	0.00	0.00	171,523.20	0.00	0.00	308,181.47	804,759.35
Other *	0.00	0.00	697,115.19	0.00	0.00	0.00	0.00	0.00	0.00	697,115.19
TOTAL	4,061,277.76	123,824.97	1,581,639.91	0.00	0.00	171,523.20	0.00	0.00	308,181.47	6,246,447.31
END BALANCE	3,918,088.64	446,472.46	2,142,987.27	48,654.75	5,560,538.91	(27,274.04)	35,226.02	0.00	(539,627.85)	11,585,066.16

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Central Jersey Municipal Employee Benefits Fund									
Month		December							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid December	Monthly Recoveries December	Calc. Net Paid Thru December	TPA Net Paid Thru December	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022	Medical	21,911,101.05	2,912,213.68	0.00	24,823,314.73	0.00	24,823,314.73	21,911,101.05	2,912,213.68
	Dental	1,235,047.49	120,385.69	0.00	1,355,433.18	0.00	1,355,433.18	1,235,047.49	120,385.69
	Rx	6,759,070.83	634,290.49	0.00	7,393,361.32	0.00	7,393,361.32	6,759,070.83	634,290.49
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	29,905,219.37	3,666,889.86	0.00	33,572,109.23	0.00	33,572,109.23	29,905,219.37	3,666,889.86

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS					
Central Jersey Municipal Employee Benefits Fund					
ALL FUND YEARS COMBINED					
CURRENT MONTH	December				
CURRENT FUND YEAR	2022				
Description:			N.J.C.M.F.	Investments	Ocean First Admin.
ID Number:					
Maturity (Yrs)					
Purchase Yield:					
TOTAL for All Accts & instruments					
Opening Cash & Investment Balance		\$11,775,804.62	0	7589079.67	4186724.953
Opening Interest Accrual Balance		\$9,261.60	0	9261.603	0
1	Interest Accrued and/or Interest Cost	\$1,761.74	\$0.00	\$1,761.74	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$9,190.03	\$0.00	\$6,205.79	\$2,984.24
6	Interest Paid - Term Instr.s	\$468.75	\$0.00	\$468.75	\$0.00
7	Realized Gain (Loss)	\$17,287.50	\$0.00	\$17,287.50	\$0.00
8	Net Investment Income	\$28,239.27	\$0.00	\$25,255.03	\$2,984.24
9	Deposits - Purchases	\$5,331,646.96	\$0.00	\$0.00	\$5,331,646.96
10	(Withdrawals - Sales)	-\$5,549,332.12	\$0.00	\$0.00	-\$5,549,332.12
Ending Cash & Investment Balance		\$11,585,065.74	\$0.00	\$7,613,041.71	\$3,972,024.03
Ending Interest Accrual Balance		\$10,554.59	\$0.00	\$10,554.59	\$0.00
Plus Outstanding Checks		\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$11,585,065.74	\$0.00	\$7,613,041.71	\$3,972,024.03



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

March 15, 2023



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	2,158	\$ 1,335
FEBRUARY	\$1,782,274	1,595	\$ 1,117	\$2,916,816	2,143	\$ 1,361
MARCH	\$2,242,793	1,600	\$ 1,402	\$3,647,050	2,139	\$ 1,705
APRIL	\$1,950,954	1,603	\$ 1,217	\$3,059,121	2,140	\$ 1,429
MAY	\$2,074,353	1598	\$ 1,298	\$3,475,512	2,123	\$ 1,637
JUNE	\$2,464,841	1,595	\$ 1,545	\$2,787,005	2,124	\$ 1,312
JULY	\$1,842,582	1,573	\$ 1,171	\$2,546,763	2,135	\$ 1,193
AUGUST	\$2,337,237	1,564	\$ 1,494	\$3,260,485	2,105	\$ 1,549
SEPTEMBER	\$1,997,210	1,565	\$ 1,276	\$3,692,857	2,100	\$ 1,759
OCTOBER	\$2,228,242	1,565	\$ 1,424	\$2,622,624	2,102	\$ 1,248
NOVEMBER	\$2,237,858	1,567	\$ 1,428	\$3,070,780	2,106	\$ 1,458
DECEMBER	\$2,368,687	1,558	\$ 1,520	\$3,329,912	2,117	\$ 1,573
TOTALS	\$26,052,753			\$37,289,841		
				2022 Average	2,124	\$ 1,463
				2021 Average	1,582	\$ 1,373



CENTRAL JERSEY HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE	MEDICAL CLAIMS PAID 2023	# OF EES	PER EE
JANUARY	\$2,880,916	2,158	\$ 1,335	\$3,609,993	2,143	\$ 1,685
FEBRUARY	\$2,916,816	2,143	\$ 1,361			
MARCH	\$3,647,050	2,139	\$ 1,705			
APRIL	\$3,059,121	2,140	\$ 1,429			
MAY	\$3,475,512	2123	\$ 1,637			
JUNE	\$2,787,005	2,124	\$ 1,312			
JULY	\$2,546,763	2,135	\$ 1,193			
AUGUST	\$3,260,485	2,105	\$ 1,549			
SEPTEMBER	\$3,692,857	2,100	\$ 1,759			
OCTOBER	\$2,622,624	2,102	\$ 1,248			
NOVEMBER	\$3,070,780	2,106	\$ 1,458			
DECEMBER	\$3,329,912	2,117	\$ 1,573			
TOTALS	\$37,289,841			\$3,609,993		
				2023 Average	2,143	\$ 1,685
				2022 Average	2,124	\$ 1,463

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: 12/01/2022 - 12/31/2022
Service Dates: 01/01/2011 - 12/31/2022
Line of Business: All

	Billed Amt	Paid Amt
	\$474,279.69	\$301,483.75
	\$155,970.85	\$154,296.10
	\$167,885.98	\$78,888.79
	\$110,995.70	\$67,261.21
Total:	\$909,132.22	\$601,929.85

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: 01/01/2023 - 01/31/2023
Service Dates: 01/01/2011 - 01/31/2023
Line of Business: All

	Billed Amt	Paid Amt
	\$267,125.59	\$183,070.15
	\$100,413.68	\$81,104.47
	\$114,077.50	\$75,778.74
	\$142,316.51	\$61,877.67
	\$273,216.03	\$58,290.81
Total:	\$897,149.31	\$460,121.84



**Medical Claims Paid Per Member:
January 2022- December 2022**

Total Medical Paid per EE: **\$1,463**

Network Discounts

Inpatient: **62.9%**
Ambulatory: **66.2%**
Physician/Other: **66.5%**
TOTAL: 65.6%

Provider Network

% Admissions In-Network: **98.1%**
% Physician Office: **90.2%**

Aetna Book of Business:
Admissions 98.6%; Physician 90.4%

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

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

**Catastrophic Claim Impact
(January 2022 – December 2022)**

Number of Claims Over \$50,000: **88**
Claimants per 1000 members: **16.8**
Avg. Paid per Claimant: **\$132,426**
Percent of Total Paid: **33.6%**
• Aetna BOB- HCC account for an average of 42.1% of total Medical Cost

**Aetna One Flex Member Outreach:
Through December 2022**

Total Members Identified: **917**
Members Targeted for 1:1 Nurse Support : **188**
Members Targeted for Digital Activity: **729**
Member 1:1 outreach completed: **184**
Member 1:1 Outreach in Progress: **4**

**Teladoc Activity:
January 2022– December 2022**

Total Registrations: **178**
Total Online Visits: **398**
Total Net Claims Savings: **\$191,066**
Total Visits w/ Rx: **301**
Mental Health Visits: **15**
Dermatology Visits: **15**

**Allentown Service Center
Performance Goal Metrics YTD 2022**

Customer Service Performance

1st Call Resolution: **93.38%**
Abandonment Rate: **1.06%**
Avg. Speed of Answer: **20.8 sec**

Claims Performance

Financial Accuracy: **99.66%**
-
90% processed w/in: **9.8 days**
95% processed w/in: **18.9 days**

**Claims Performance (Monthly)
(December 2022)**

90% processed w/in: **5.8 days**
95% processed w/in: **10.0 days**
(Note: This is not a PG metric)

Performance Goals

1st 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**

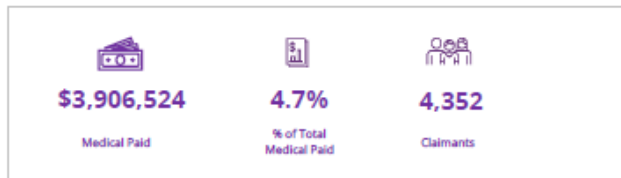
At a glance

COVID-19 All-time experience

Average Members: 4,590

Time period: Jan 2020 - Jan 2023, paid through January 2023

Key Statistics (Medical Claims Only)



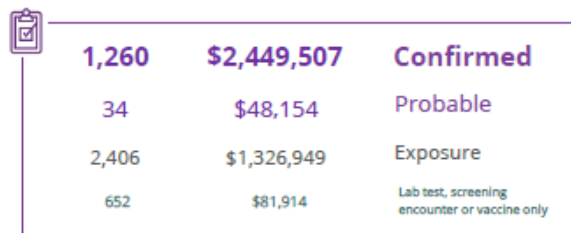
More detailed information is found on the next page to help you answer critical questions:

- 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 2023 compared to 2022?

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

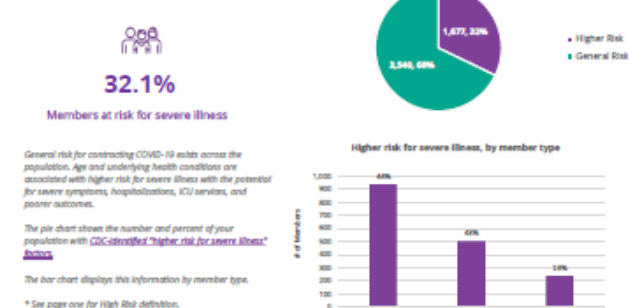
Claimant Distribution*

How your total claimants break down based on diagnosis code information



*refer to Report terms on page 1

COVID-19 population risk*



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



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CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Incurred between 3/1/2020 and 3/8/2023 and Paid between 3/1/2020 and 3/8/2023

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	5	\$1,078.52	\$215.70	\$67.41
1-5	5	16	\$1,886.28	\$117.89	\$13.87
6-18	13	56	\$6,125.72	\$109.39	\$11.78
19-25	4	15	\$1,641.03	\$109.40	\$9.83
26-39	9	40	\$6,138.50	\$153.46	\$19.87
40-64	27	128	\$18,658.43	\$145.77	\$19.83
65+	1	7	\$656.00	\$93.71	\$19.29
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	21	119	\$15,474.83	\$130.04	\$19.79
Spouse	14	55	\$9,978.10	\$181.42	\$20.12
Dependent	25	93	\$10,731.55	\$115.39	\$12.70

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Female	31	175	\$24,589.65	\$140.51	\$21.84
Male	29	92	\$11,594.83	\$126.03	\$11.63
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	60	267	\$36,184.48	\$135.52	\$17.04

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	4	6	\$8,066.51	\$1,344.42	\$3.80
Emergency Room With Observation Bed	2	2	\$0.00	\$0.00	\$0.00
Office Physician Visit	6	7	\$918.86	\$131.27	\$0.43
Other Physician Visit	3	4	\$345.72	\$86.43	\$0.16
Pathology (Laboratory)	54	164	\$15,844.16	\$96.61	\$7.46
Urgent Care	28	60	\$9,666.10	\$161.10	\$4.55

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	18	29	\$6,712.16	\$231.45	\$3.16
Labcorp Raritan	33	49	\$4,515.59	\$92.15	\$2.13
GENESIS LABORATORY MANAGEMENT	8	16	\$4,306.50	\$269.16	\$2.03
AtlantiCare Physician Group PA	12	26	\$3,949.23	\$151.89	\$1.86
Summit Medical Group	7	12	\$2,132.08	\$177.67	\$1.00
EMEDICAL OFFICES	4	9	\$1,998.00	\$222.00	\$0.94
Atlanticare Regional Medical Center	2	2	\$1,700.01	\$850.00	\$0.80
Pediatric Affiliates PA	6	23	\$1,142.02	\$49.65	\$0.54
Quest Diagnostics Inc	10	11	\$1,042.13	\$94.74	\$0.49
MVP Medical Associates	4	7	\$850.00	\$121.43	\$0.40
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$0.40
Bio Reference Laboratory Inc	3	4	\$670.00	\$167.50	\$0.32
Marlboro Medical Center LLC	2	3	\$636.59	\$212.20	\$0.30
Jersey Irish Medical	2	3	\$450.00	\$150.00	\$0.21
ATLANTICARE CLINICAL LABORATOR	3	4	\$436.00	\$109.00	\$0.21
Minute Clinic Dgnstc Of New Jersey L	13	24	\$427.77	\$17.82	\$0.20
THERANOSTIX INC	1	2	\$400.00	\$200.00	\$0.19
CentraState Family Medicine Residency Practice	1	1	\$326.04	\$326.04	\$0.15
Atlantic Emergency Assoc Pa	1	1	\$324.20	\$324.20	\$0.15
TEMPUS LABS INC.	3	3	\$300.00	\$100.00	\$0.14
Urgent Care Physicians of New Jersey Llc	1	4	\$280.00	\$70.00	\$0.13
Rwj Medical Associates At Hamilton Pa	1	2	\$247.55	\$123.78	\$0.12
	3	3	\$223.87	\$74.62	\$0.11
Community Medical Center	2	2	\$208.26	\$104.13	\$0.10
Accu Reference Medical Lab	1	1	\$200.00	\$200.00	\$0.09

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A 0064A 0071A 0072A 91300 91301 91303 91304 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	COST PER CLAIMANT
<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	\$46.41
19-25	0	1	0	0	0	\$94.38	\$94.38
26-39	0	1	0	0	0	\$94.34	\$94.34
40-64	0	7	1	0	0	\$355.94	\$44.49
65+	0	1	0	0	0	\$39.00	\$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	9	\$1,659.35	\$276.56
19-25	2	6	\$904.52	\$452.26
26-39	6	11	\$2,132.00	\$355.33
40-64	12	29	\$4,115.75	\$342.98
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



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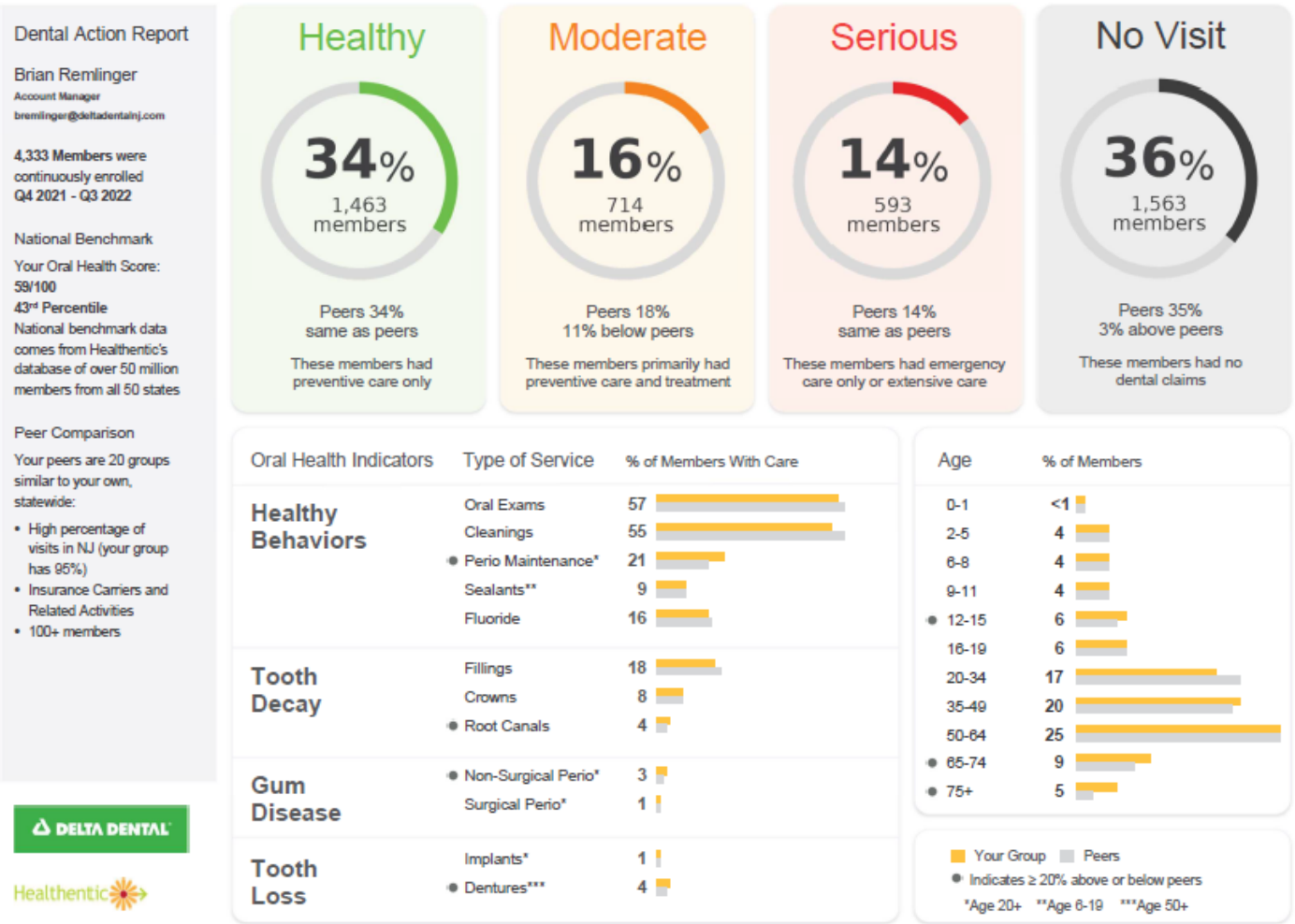
Central Jersey Health Insurance Fund

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	3,036	3,005	3,037	3,012	3,022	3,020	3,018	3,045
Total Days	122,231	107,143	123,032	352,406	109,613	115,997	117,017	342,627	111,640	122,724	102,934	337,298	118,760	117,313	108,796	345,012	1,377,343
Total Patients	1,137	1,062	1,188	1,748	1,101	1,136	1,130	1,743	1,118	1,143	1,073	1,734	1,183	1,190	1,202	1,862	2,517
Total Plan Cost	\$562,553	\$566,723	\$679,414	\$1,808,690	\$530,168	\$608,968	\$663,919	\$1,803,055	\$621,206	\$693,630	\$544,098	\$1,858,934	\$668,018	\$591,460	\$536,992	\$1,799,100	\$7,269,779
Generic Fill Rate (GFR) - Total	85.7%	84.9%	86.7%	85.9%	86.4%	85.9%	84.9%	85.7%	86.1%	83.9%	84.3%	84.8%	81.3%	83.8%	84.0%	83.0%	84.8%
Plan Cost PMPM	\$183.54	\$185.08	\$222.25	\$196.94	\$173.26	\$198.75	\$216.19	\$196.09	\$202.41	\$228.47	\$181.06	\$204.05	\$221.79	\$195.72	\$177.81	\$198.71	198.94
Total Specialty Plan Cost	\$188,196	\$264,065	\$337,295	\$789,556	\$225,808	\$288,971	\$342,244	\$857,023	\$298,438	\$324,540	\$219,068	\$842,045	\$341,596	\$243,333	\$224,717	\$809,647	\$3,298,271
Specialty % of Total Specialty Plan Cost	33.5%	46.6%	49.6%	43.7%	42.6%	47.5%	51.5%	47.5%	48.0%	46.8%	40.3%	45.3%	51.1%	41.1%	41.8%	45.0%	45.4%

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,984																
Total Days	128,194																
Total Patients	1,209																
Total Plan Cost	\$609,075																
Generic Fill Rate (GFR) - Total	83.6%																
Plan Cost PMPM	\$204.11																
% Change Plan Cost PMPM	11.2%																
Total Specialty Plan Cost	\$222,454																
Specialty % of Total Specialty Plan Cost	36.5%																

PMPM	
Jan-22	\$183.54
Jan-23	\$204.11
Trend - 2023	11.2%





**CENTRAL JERSEY HEALTH INSURANCE FUND
 CONSENT AGENDA
 MARCH 15, 2023**

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 6-23: Designation of Bank Depositories & CMP	Page 43
Resolution 15-23: New Member Approval.....	Page 47
Resolution 16-23: Shared Services with MRHIF	Page 49
Resolution 17-23: RFP Competitive Contracting.....	Page 50
Resolution 18-23: Authorizing the use of E-Procurement	Page 52
Resolution 19-23: Adopting 2023 Wellness Grant Programs	Page 53
Resolution 20-23: Approval of the January, February and March 2023 Bills Lists	Page 54

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2023**

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

1.) **Cash Management and Investment Objectives**

The CENTRAL JERSEY HEALTH INSURANCE FUND (hereinafter referred to as the FUND) objectives in this area are:

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

2.) **Permissible Investments**

Investments shall be limited to the following:

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

- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

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

3.) **Authorized Depositories**

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 17:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

TD Bank
Ocean First
New Jersey Cash Management
Citizens Bank
Wilmington Trust

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

ADOPTED: March 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 15-23

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION TO OFFER MEMBERSHIP**

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 Fund held a Public Meeting on **March 15, 2023** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the Interlaken Township and the Lakewood Township Municipal Utilities Authority commend offers of membership; and

WHEREAS, the Operations Committee has reviewed the following new member submission and has approved membership to the entity contingent upon a fully executed Indemnity and Trust agreement to join the Fund

1. Interlaken Township – Effective 5/1/2023
2. Lakewood MUA – Effective 5/1/2023

WHEREAS, the Lakewood Township MUA (“MUA”) will differ from other Fund members with the following requirements:

1. Future renewals for the MUA will be reviewed independently, along with Lakewood Township’s experience
2. The MUA will enter the Stop Loss arrangement through Westport in the policy held by Lakewood and paid by the Fund
3. Surplus/deficits will be determined by Lakewood Township and the MUA’s combined loss ratio.

BE IT RESOLVED, it has been determined that the admission to membership in the Fund of the above mentioned municipalities would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund’s By-laws;

BE IT RESOLVED, that the Central Jersey Health Insurance Fund hereby offers membership to the above mentioned entity’s for medical and prescription coverage, contingent upon receipt acceptance of the conditions stated above.

ADOPTED: March 15, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 16-23

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION AUTHORIZING SHARED SERVICES AGREEMENT WITH THE MUNICIPAL
REINSURANCE HEALTH INSURANCE FUND FOR QPA SERVICES**

WHEREAS the “Uniform Shared Services and Consolidation Act” N.J.S.A. 40A:11-4.1 et seq authorizes local units of this State to enter into a contract with any other local unit or units for the joint provision within their several jurisdictions of any service which any party to the agreement is empowered to render within its own jurisdiction; and

WHEREAS, the Parties have identified an area where working together through shared services will result in positive outcomes for both joint insurance Funds; and

WHEREAS, the Parties wish to enter into a Shared Services Agreement (“Agreement”) for Qualified Purchasing Agent (“QPA”) related services,

WHEREAS, the Municipal Reinsurance Health Insurance Fund has agreed to provide the Central Jersey Health Insurance Fund with the services of its QPA pursuant to the terms and conditions set forth in a Shared Services Agreement between the Parties.

NOW, THEREFORE, BE IT RESOLVED by the Executive Committee of the Central Jersey Health Insurance Fund that it hereby authorizes and directs the Fund Administrator to execute a Shared Services Agreement in a form substantially similar to the Agreement attached hereto and made part hereof with the Municipal Reinsurance Health Insurance Fund QPA services for a fee of \$12,500 annually,

ADOPTED: March 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 17-23

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION AUTHORIZING THE HIRING
OF PROFESSIONAL SERVICES/ CONSULTANTS THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Central Jersey Health Insurance Fund (Hereinafter the “Fund”) has a need for the following services to be provided for the efficient operation of the Fund;

Auditor

Actuary

Attorney

Treasurer

WHEREAS, such desired services are currently available to be provided through the competitive contracting process under the New Jersey Local Publics Contract Law, (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to evaluate such service offerings from Vendors within the procedures as set forth in the New Jersey Local Publics Contract Law, (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the competitive contracting process satisfies the fair and open requirement as established under (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to enter into a contract that will satisfy the needs of the Fund; and

WHEREAS, as per statute the process will be administered by the Qualified Purchasing Agent (N.J.S.A. 19:44A-20.5 et. Seq.),

OW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Municipal Reinsurance Health Insurance Fund resolve to authorize the Qualified Purchasing Agent to procure the Professional Services, Consulting, and other services through the competitive contacting process in accord with (N.J.S.A. 19:44A-20.5 et. Seq.), as follows:

Auditor

Actuary

Attorney

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: March 15, 2023

BY:_____

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 18-23

**CENTRAL JERSEY HEALTH INSURANCE FUND
AUTHORIZING THE QUALIFIED PURCHASING AGENT TO RECEIVE CERTAIN BIDS IN
ACCORD WITH N.J.A.C.5:34-5.1,
E- PROCUREMENT**

WHEREAS, the Municipal Reinsurance Health Insurance Fund (FUND) has appointed a Qualified Purchasing Agent in accord with N.J.S.A. 40A:11-9; and

WHEREAS, the State of New Jersey in Administrative Code in response to the Covid 19 crisis has promulgated rules to allow for electronic receipt of bids with the rules at N.J.A.C. 5:34-1 et. Seq. and

WHEREAS, Sean P. Canning, QPA has recommended the use of Bidnet Direct software which complies with all the administrative rule as required by the New Jersey Administrative Rules; and

WHEREAS, the electronic procurement platform is available to other officials as required to virtually observe bid openings in a transparent manner and provide for bids available for public inspection; and

WHEREAS, the cost to the FUND and to the Vendors wishing to conduct business with the FUND is a zero cost.

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

1. That Sean P. Canning QPA of The Canning Group LLC is hereby authorized to conduct bid openings and procurement in accord with N.J.S.A.40A:11-9 through E-Procurement in accord with N.J.A.C. 5:34-1 et. Seq., through Bidnet Direct at a zero cost to the FUND and to vendors for bid response.

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: March 15, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 19-23

**CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTING 2023 WELLNESS GRANT PROGRAMS**

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

WHEREAS, the Commissioners set forth a budget for the Central Jersey Health Insurance Fund members for the year of January 1, 2023 through December 31, 2023. This budget includes \$125,000 for individual member wellness grants;

WHEREAS, the Central Jersey Health Insurance Fund Executive Committee requested grant applications from Fund members which were received and reviewed by the Committee and deemed appropriate and within budget;

Group Name	Biometric Screenings (option 1)	Option 2 (Wellness Days)	Option 3 (Build Own)	Amount Requested	Wellness Champion Stipend	Total	Notes
Oceanport			X	\$3,780.00		\$3,780.00	Preferred Behavior EHP plan for all employees;
Aberdeen					\$700.00	\$25,585.00	farm fresh program, health fair, biometric screening
Bedminster			X			\$7,500.00	Kickball tournament with healthy lunch; step challenge; free membership for winner;
Atlantic Highlands			X			\$9,700.00	Medication Review by local pharmacy; blood glucose and A1C checks; Bone density checks; Gym memberships
Lakewood Twp			X		\$1,500.00	\$17,000.00	Health Challenges; Wellness Workshops; Wellness Fair; Office Wellbeing Initiatives; CPR Courses
Totals						\$63,565.00	
Remainder available for Grants						\$61,435.00	

WHEREAS, on March 15, 2023, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling \$16,700:

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: MARCH 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 20-23

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE JANUARY, FEBRUARY AND MARCH 2023 BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **March 15, 2023** 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 January, February and March 2023 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 December 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 January, February and March 2023 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: March 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
JANUARY 18, 2023
ZOOM MEETING
1:30 PM**

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

SINE DIE MEETING

PLEDGE OF ALLEGIANCE

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2022 EXECUTIVE COMMITTEE

CHAIRPERSON		
Thomas Nolan	Borough of Brielle	Present
SECRETARY		
Brian Brach	Manasquan RRSA	Present
EXECUTIVE	COMMITTEE	
Diane Lapp	Township of Manchester	Present
Brian Valentino	Western Monmouth MUA	Present
Brian Dempsey	Spring Lake Borough	Absent
Peter O'Reilly	Borough of Lakewood	Present
ALTERNATES:		
Louis Amoruso	Toms River	Present
Angela Morin	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 Julia Camoratto	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	Present
Dental Claims Service	Delta Dental	Brian Remlinger	Present
Rx Administrator	Express Scripts	Charles Yuk	Present
Auditor	Mercadien	Digesh Patel	Absent

OTHERS PRESENT:

Anthony Tonzini
 Beata Roefaro
 Anna Grimste
 Brooke Frapwell
 Danskin Agency
 Diane Peterson
 Jacque Maddren
 John Casagrande
 John Lajewski
 Lisa Narcise
 Lori Savron
 Scott Davenport
 Tom Fletcher

APPROVAL OF MINUTES: October 19, 2022 OPEN:**MOTION TO APPROVE OPEN MINUTES OF October 19, 2022**

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

MOTION TO ADJOURN SINE DIE MEETING:

MOTION: Commissioner Valentino
SECOND: Commissioner Amoruso
ROLL CALL VOTE: All in Favor

Chair Nolan stepped down from Chair and turned the meeting to Ms. Koval. Ms. Koval requested a roll call of all Fund Commissioners to determine quorum.

ROLL CALL OF 2023 FUND COMMISSIONERS

ATLANTIC HIGHLANDS	ROBERT FERRAGINA	Absent
BOROUGH OF ALLENTOWN	LAURIE ROTH	Absent
BOROUGH OF BARNEGAT LIGHT	BRENDA KUHN	Absent
BOROUGH OF MANASQUAN	TOM FLARITY	Present
BOROUGH OF MATAWAN	SCOTT CAREW	Absent
BOROUGH OF OCEANPORT	JEANNE SMITH	Absent
BOROUGH OF RED BANK	CILFFORD KEEN	Absent
BOROUGH OF SAYREVILLE	OPEN	Absent
BOROUGH OF SPRING LAKE	BRYAN DEMPSEY	Absent
BRICK HOUSING AUTHORITY	RHODA LI	Absent
BRICK TOWNSHIP	SARAH ZIMMER SCARPELLI	Present
BRIELLE BOROUGH	TOM NOLAN	Present

CITY OF ASBURY PARK	DENISE CALLERY	Present
EATONTOWN SEWERAGE AUTHORITY	TED LEWIS	Absent
ENGLISHTOWN BOROUGH	PETER GORBATUK	Absent
HAMILTON TOWNSHIP	OPEN	Absent
HARVEY CEDARS	DAINA DALE	Absent
HIGHLANDS ELEMENTARY SCHOOL	CHRISTOPHER MULLENS	Absent
JACKSON TOWNSHIP	JAMES DIAZ	Present
KEYPORT BOROUGH	MICHELE CLARK	Absent
LAKEWOOD TOWNSHIP	PETER O'REILLY	Present
MANASQUAN RIVER REG'L SEWERAGE AUTH	BRIAN BRACH	Present
MANCHESTER TOWNSHIP	DIANE LAPP	Present
PLUMSTED TOWNSHIP	ERIC SORCHIK	Absent
SEASIDE HEIGHTS BOE	KEVIN O'SHEA	Present
SHIP BOTTOM BOROUGH	KATHLEEN FLANAGAN	Absent
SOUTH RIVER	JOSEPH ZANGA	Present
TOMS RIVER	LOUIS AMORUSO	Present
TOMS RIVER MUA	ROBERT DIBIASE	Absent
TOWNSHIP OF ABERDEEN	ANGELA MORIN	Present
TOWNSHIP OF BEDMINSTER	ROBIN RAY	Absent
TOWNSHIP OF MONTGOMERY	TAMI NOVAK	Present
TOWNSHIP OF SHREWSBURY	LESTER JENNINGS	Absent
TUCKERTON BOROUGH SCHOOL DISTRICT	JANET GANGEMI	Absent
WEST LONG BRANCH TOWNSHIP	LORI COLE	Absent
WESTERN MOUNMOUTH MUA	BRIAN VALENTINO	Present
Alternates Present		
Toms River MUA	Cindy Toye	Present

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

NOMINATING COMMITTEE RECOMMENDATION

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

Ms. Koval said that Commissioner Brach represents the Fund's nominating committee and presented the recommendation on his behalf. PERMA's Account Manager Emily Koval opened the floor to any other nominations for the 2023 Executive Committee. No other recommendation was given.

MOTION TO APPROVE THE RECCOMENDED SLATE:

MOTION: Commissioner Brach
SECOND: Commissioner Valentino
Vote: 15 Ayes, 0 Nays

MOTION TO CLOSE THE FLOOR FOR NOMINATIONS:

MOTION: Commissioner Brach
SECOND: Commissioner Valentino
Vote: 15 Ayes, 0 Nays

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

OATH OF OFFICE

ROLL CALL OF 2023 EXECUTIVE COMMITTEE

CHAIRPERSON		
Thomas Nolan	Borough of Brielle	Present
SECRETARY		
Brian Brach	Manasquan RRSA	Present
EXECUTIVE	COMMITTEE	
Diane Lapp	Township of Manchester	Present
Brian Valentino	Western Monmouth MUA	Present
Brian Dempsey	Spring Lake Borough	Absent
Peter O'Reilly	Borough of Lakewood	Present
ALTERNATES:		
Louis Amoruso	Toms River	Present
Angela Morin	Aberdeen	Present

CORRESPONDENCE: None

EXECUTIVE DIRECTOR'S REPORT

Emily Koval reviewed the Financials through November 2022. The financials showing a strong month with almost \$600,000 gained. Operationally, the fund is running in the green at about \$2.2 Million. Mrs. Koval stated that December was also a very positive month and that Fast track will be presented at the March meeting.

2023 REORGANIZATION RESOLUTIONS

Mrs. Koval reviewed the reorganization resolutions included in the agenda. Ms. Koval noted that Resolution 5-23 sets the meeting dates for 2023. A physical location and zoom is included, but can be amended if the Committee decides to remove the virtual option. Ms. Koval noted that Resolution 7-23 names will stay the same since it has not changed from last year. She stated that the Risk Management Plan (8-23) changes have been highlighted to reflect an additional audit and the specific coverage has gone up. Ms. Koval stopped at Resolution 9-23 to ask the committee whether they wanted to keep the MRHIF representatives the same or elect others to take the position. The Executive Committee

decided to appoint Brian Brach as Committee Member and Brian Valentino as Alternate as it was the previous year.

PROGRAM MANAGER CONTRACT AMENDMENT - CLAIMS AND OPERATIONAL AUDIT

As approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits.

The Program Manager will be subcontracting with AIM, a subsidiary of Conner Strong and Buckelew, to perform the annual specialized audits. AIM is a boutique employee benefits, audit and compliance firm that specializes in self-insured claims, compliance, and operational audits to assure self-insured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures.

AIM will cater the scope of the audits to the needs of the CJHIF and market observations present at the time of each audit. The Program Manager's report includes suggested audit scope for 2023.

<https://www.aim-benefits.com/>

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 8.

The 2023 budget and assessments were adopted without amendment. The assessment included in the CJHIF 2023 budget was unchanged.

The data warehouse RFP is being reviewed and a recommendation for contract will be awarded at the next meeting.

A Medicare Advantage implementation and advocacy company was hired which the cost will be associated with new groups only.

2023 COMMITTEE APPOINTMENTS -Mrs. Koval stated that if anyone is interested in joining a subcommittee to please reach out to herself or Chair Nolan.

2023 WELLNESS GRANT APPLICATIONS - Mrs. Koval stated that Wellness Applications for a 2023 wellness grant were emailed to the membership last month. The total budget is \$125,000 for all medical members. Oceanport submitted an application for the continuance of its EAP program at a cost not to exceed \$3,780. The Wellness Committee has reviewed and recommended for approval. She stated that this has also been approved by the Committee. Resolution 12-23 approves these grants.

PROGRAM MANAGER'S REPORT

Program Manager Crystal Bailey reviewed the agenda reports.

COVERAGE UPDATES:

Ms. Bailey stated that the FDA has approved 2 oral antiviral medications for Emergency Use Authorizations and plan sponsors are expected to cover the medications with a \$0 copay. She also reviewed the additional costs that are listed in the agenda. Please note, there is a quantity limit on these medications.

EXPRESS-SCRIPTS UPDATE – Mrs. Bailey stated that ESI’s 2023 Exclusion List has been released. The Program Manager sent the Exclusion List to all brokers with CJHIF’s specific aggregate impact information on September 8th. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions. The 2023 National Preferred Formulary (NPF), NPF Exclusions and SaveOn Drug lists were sent to brokers on November 14, 2022. CJHIF had 8 members impacted by the NPF Exclusions and no members impacted by the SaveOn Exclusions.

End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report will be provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer’s responsibility to report any wellness incentive as income on the employee’s W-2 and withhold all appropriate income tax.

Please note the following:

- The report will include the participant’s full name and total amount received in 2022
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022 through October 31, 2022**
 - Report will be sent with End of Year Report in late December
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022, through December 31, 2022**
 - Employers are responsible for updating an employee’s W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee’s reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available.

2022 LEGISLATIVE REVIEW

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:

- o Date- Starting on January 15, 2022, going forward
- o 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
- o Dollar Limit- Up to \$12 per taste
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government - **No longer available** effective September 2, 2022, due to lack of funding.

ESI Highlights:

- o Point of service option is now available for members to get tests at the pharmacy counter.
- o Mail order options is also available through ESI.
 - o Ordering for more than one participant must be done separately.
- o ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- o 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.

Medical and Rx Reporting

Federal Extension Granted – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

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

2023 Specialized Audits

As approved through an RFP through the Program Manager's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Central New Jersey Health Insurance Fund (CJHIF). AIM will begin with completing medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna's claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix.**

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
4/15/2022	Medical/ Aetna	CJ-2022-10-01	Medical Necessity	Upheld	5/6/2022
11/16/2022	Medical/ Aetna	CJ-2022-12-01	Medical Necessity	Upheld	11/29/2022

IRO Submissions:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
10/24/2022	Medical/ Aetna	CJ-2022-10-01	Medical Necessity	Upheld	11/14/2022
12/13/2022	Medical/ Aetna	CJ-2022-12-01	Medical Necessity	Overtaken	12/20/2022

Mrs. Bailey introduced Julia Camoratto who will be presenting the CJHIF Program Manage report going forward.

TREASURER – Fund Treasurer Steve Mayer was absent. Chair Nolan reviewed the bills list included in the agenda. The resolution is included in consent.

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

AETNA: Mr. Silverstein reviewed the claims for September, October and November 2022. Mr. Silverstein stated there were 7 high cost claimants for September over the threshold of \$50,000, 4 for October and 2 for November. He also reviewed the dashboard report and the weekly covid reporting included with the agenda.

AMERIHEALTH: Kristina Strain reviewed the claims for December 2022. There were no high claimants for the month of December. She reviewed the covid reporting included in agenda.

EXPRESS SCRIPTS: Charles Yuk stated that there is a formulary update on Humira. He stated that the FDA has approved 10 new biosimilars for the drug Humira. At this time ESI has decided to keep Humira as a preferred drug so that there will be no disruption in their treatments. Mr. Yuk stated that they are letting biosimilars to be prescribed as they become available on the market. This will cause no member disruption.

Charles Yuk reviewed the claims for November 2022.

DELTA DENTAL: Brian Remlinger stated there was nothing to report.

MOTION TO APPROVE THE CONSENT AGENDA WHICH INCLUDES THE FOLLOWING:

- Resolution 1-23: Awarding Professional Fees & Contracts
- Resolution 2-23: Designation of Process of Service
- Resolution 3-23: Designation of Secretary as Custodian of Records
- Resolution 4-23: Designation of Official Newspaper
- Resolution 5-23: Designation of Regular Meeting Times and Place
- Resolution 6-23: Designation of Bank Depositories & CMP
- Resolution 7-23: Designation of Authorized Signatories
- Resolution 8-23: Approval of Risk Management Plan
- Resolution 9-23: Appointment of MRHIF Fund Commissioners
- Resolution 10-23: Broker Contract Approval
- Resolution 11-23: Authorizing Treasurer to Process Contracted Payments and Expenses
- Resolution 12-23: Adopting 2023 Wellness Grant Programs
- Resolution 13-23: Amending the Program Manager Contract
- Resolution 14-23: Approval of the November and December 2022 Bills Lists

MOTION:	Commissioner Brach
SECOND:	Commissioner Lapp
ROLL CALL:	7 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: Commissioner Valentino asked how many new members have submitted applications for the CJHIF. Mrs. Koval stated that there has been about 10 or 15 applications since hearing the information about the state. She stated that there is only about 3 or 4 towns who have quotes out. She stated that there are none within at least the next 90 days that will be joining but if an agency shows interest it goes to the committee for approval.

PUBLIC COMMENT: None.

MOTION TO ADJOURN MEETING:

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

MEETING ADJOURNED: 2:30 pm

Minutes Prepared by: Jordyn DeLorenzo , Assisting Secretary

Next Meeting: March 15, 2023 1:30 pm, Zoom Meeting

APPENDIX II

Central Jersey Health Insurance Fund 2023 Operations Review and Medical Claims Audit

A health care claims audit is designed to assess whether claims are being adjudicated correctly, in accordance with the provisions of the plan of benefits, and paid only on behalf of eligible participants as determined by the provisions of the plan. Best practice is to look beyond just the claims and to identify operational or administrative issues that may lead to broader claims processing and service issues, allowing for real-world recommendations for resolution.

AIM will perform an Operations Review of Aetna, which is an in-depth evaluation of the controls employed by the administrator to ensure quality administration.

- In an Operations Review (OR), a comprehensive Request for Information (RFI) is prepared and sent to Aetna in advance of the scheduled OR meeting.
- During the OR, interviews are conducted with key management and operations personnel to review Aetna's responses, procedures and methodologies.
- The OR encompasses such areas as system capabilities, staffing levels and turnover, performance standards, quality assurance for claim processing and customer service, Aetna's actual performance vs. client-specific and/or industry standards for accuracy, timeliness of claims adjudication, reporting capabilities, coordination with other administrative areas/vendors, and cost-management activities such as overpayment recovery, pricing controls and TPL investigations.
- Findings are compared to industry best practices.
- An OR can identify weaknesses in administrative controls that lead to poor performance.

In conjunction with the Operations Review, a medical claims audit will also be conducted on the administration by Aetna for the HIF employee medical plan. The medical claims audit will be conducted on a sample of claims finalized during the identified audit period. The audit will assess whether claims are being adjudicated correctly, in accordance with the provisions of the HIF plan of benefits and paid on behalf of eligible participants as determined by the provisions of the plan.

The purpose of the audit is to provide an assessment of Aetna's overall claims processing and financial accuracy performance during the audit period versus industry standards and applicable contractual standards.

Claim Audit Methodology - The principal objective of the claims audit will be to determine Aetna's claim processing accuracy and financial accuracy on medical claims. The financial accuracy calculation will identify the financial impact (and potential recoveries) for payment errors. In addition, a critical component of the audit process will be to identify the causes of errors. AIM's audit findings and recommendations will specifically identify these causes and recommend solutions that can help Aetna improve its claims administration and eliminate the kinds of errors identified through the audit process.

APPENDIX III



AVAILABLE ONLINE AT NO COST ...

12th Annual MEL, MRHIF & NJCE Educational Seminar

FRIDAY APRIL 21 ▶ 9:00 A.M. – NOON

FRIDAY, APRIL 28 ▶ 9:00 A.M. – NOON

Designed specifically for elected officials, commissioners, municipal, county and authority personnel, risk managers and related professionals

The seminar is eligible for the following continuing education credits:

- CFO/CMFO Public Works and Clerks
- Insurance Producers and Purchasing Agents
- Accountants (CPA) and Lawyers (CLE)
- Water Supply and Wastewater Licensed Operators (Total Contact Hours)
- Registered Public Purchasing Official (RPPO)
- Qualified Purchasing Agent (QPA)

TO REGISTER

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EXCESS JOINT INSURANCE FUND**

AGENDA

FRIDAY, APRIL 21

KEYNOTE

Legislative and
Regulatory Impacts
on Local Government
Budgets

CYBER ISSUES

The New Jersey Cyber
Risk Management Fund

BENEFITS ISSUES

Controlling Benefits Costs

FRIDAY, APRIL 28

ETHICS

Insurance Transactions
Involving Local
Government

INSURANCE ISSUES

Public Officials and
Employment Practices
Liability Trends

SAFETY

Risk Control in the
Post Covid Era

THE POWER OF COLLABORATION

njmel.org

APPENDIX IV



Date: January 1, 2023

To: CJHIF Fund Commissioners

Re: 2023 Wellness Grant Program

For the seventh year in a row, The Central Jersey Health Insurance Fund is excited to offer an opportunity for member entities to apply for a health and wellness grant for eligible employees. The Fund has budgeted \$125,000 for such projects.

To allocate the funds appropriately, each entity must select the grant level that will best meet their needs and which will also allow them to develop and sustain an employee wellness program OR opt out of the program entirely.

The following programs are available:

Option 1	Comprehensive Biometric Screenings – onsite finger stick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting if stated minimum participation is met.
Option 2	Comprehensive Biometric Screenings - onsite finger stick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting if stated minimum participation is met. Wellness Days – 2-3 times a year, the district may offer educational seminars, healthy cooking instructions or light fitness classes to employees.
Option 3	Design Your Own Program – This option will allow the member to continue with an existing program or design a new wellness plan for this Fund Year. Please include a detailed description of the plan, timeframes and associated costs that the district will be responsible for and total grant money requested by the Fund. Complete the attached form.

Each option must include a Wellness Champion/Leader to encourage engagement and facilitate the program. Please submit who this representative and an optional stipend for this position.



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

OR

The _____ Municipality opts out of the Central Jersey Health Insurance Fund Wellness Grant Program entirely.

Applications will be accepted through June 30, 2023. Please send all completed and signed applications to: HIFAdmin@permainc.com

Agreed to and authorized by:

Name:	
Title:	
Date:	