



AGENDA AND REPORTS
OCTOBER 16, 2024
1:30 PM

ZOOM

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STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

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: OCTOBER 16, 2024
1:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2024 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
Angela Morin, Executive Committee – Aberdeen
James Gant, Executive Committee Alternate – Red Bank
Loring Dunton, Executive Committee Alternative – Toms River

APPROVAL OF MINUTES: September 18, 2024 Open: Appendix I

CORRESPONDENCE – None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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PROGRAM MANAGER– (Conner Strong & Buckelew)

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TREASURER – (Stephen Mayer)

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Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY – (John C. Sahradnik, Esq.)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

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NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

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PRESCRIPTION ADMINISTRATOR – (Express Scripts)

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DENTAL ADMINISTRATOR – (Delta Dental)
Monthly Report Page 29

CONSENT AGENDA.....Page 31

Resolution 30-24: 2025 Budget Adoption.....Page 32
Resolution 31-24: Offering New MembershipPage 33
Resolution 32-24: Appointing QPAPage 34
Resolution 33-24: Approving October 2024 Bills.....Page 35

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
October 16, 2024

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of July 31, 2024 (page 4)

2025 CJHIF BUDGET – ADOPTION

The 2025 Central Jersey HIF budget is included in the agenda with a minor change to the MRHIF and contingency lines:

The MRHIF renewal is coming in higher than expected, as we are recommending the CJHIF's deductible stay at the same as 2024 due to the membership loss. We were able to make an adjustment to contingency to cover the differential with no impact to member assessments.

The Committee may hold a public hearing to adopt.

Resolution 30-24 is in the Consent Agenda

Draft rates that were sent in September are now considered final.

Motion: *Motion to open the Public Hearing on the 2025 Budget*

Discussion of Budget and Assessments

Motion: *Motion to close the Public Hearing*

Motion: *Motion to adopt resolution 30-24 and approve the 2025 Central Jersey Health Insurance Fund Budget in the amount of \$64,152,504*

NEW MEMBERS –BAYSHORE REGIONAL & LAKEWOOD MUA

There is one new Sewer Authority in the CJHIF footprint that is requesting membership effective 1/1/2025. Details of this group are below. The Fund Actuary has reviewed the experience and has provided a projection for a one-year term.

New Member Overview	
Fund	Central Jersey Health Insurance Fund
Entity	Bayshore Regional Seweage Authority
County	Monmouth County
Effective Date	1/1/2025 - 12/31/2025
Lines of Coverage	Medical and Prescription
Eligible Employees	32
Retiree Coverage	Under 65 and Medicare Advantage Retiree Coverage
Current Arrangement	State Health Benefits
Actuary Certification	Yes: Standard Underwriting Methodolgy
Broker	Conner Strong and Buckelew
Broker Fee	3%
Run Out Claims	State Health Benefits
Member approval?	All required resolutions passed
Special Requests	N/A

Lakewood MUA joined the Fund on 5/1/2023 and through the end of this year had been combined in the Lakewood Township arrangement and separate stop loss policy. The MUA has requested to become a full CJHIF member under the MRHIF arrangement effective 1/1/2025. The Actuary reviewed the data in the same underwriting process as a new member and their experience was favorable. We are recommending transitioning Lakewood MUA as a traditional CJHIF member.

New Member Overview	
Fund	Central Jersey Health Insurance Fund
Entity	Lakewood MUA
County	Ocean County
Effective Date	1/1/2025 - 12/31/2025
Lines of Coverage	Medical and Prescription
Eligible Employees	35
Retiree Coverage	Under 65 retirees only
Current Arrangement	Current Member; Updated Underwriting
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	State Health Benefits
Member approval?	All required resolutions passed
Special Requests	Group requested to become traditional member fo the CJHIF. The actuary reviewed data through June 30, 2024 and undewrote as a new member.

QPA APPROVAL

At the last meeting, the Executive Committee authorized the Fund to receive quotes for QPA services for contract procurement work through the end of 2024. The Fund released the request to 5 QPAs around the State and received one response from The Canning Group. The cost proposal is \$2,000 for facilitating the professional RFPs scheduled to be released.

The Contracts Committee is reviewing and if approval is recommended, Resolution 32-24 is included for action.

SPLIT BILLS AND DECEMBER BILLS

For the upcoming 2025 renewal updates, we request that each entity with retirees contributing a percentage provide any changes to the contribution rate by November 1, 2024 to the enrollment team ensuring accurate coupons are issued.

Due to the timeline of the 2025 budget, should there be a delay in the January 2025 bills, we are asking members to pay the December bill twice, with the February 2025 bill being updated with the new rates and any adjustments for the January bill.

SUB COMMITTEE UPDATE

The Fund's sub committees had some openings, PERMA recently solicited for volunteers and the following Committees are being recommended by our Chair. There are still open slots for interested Commissioners. You do not need to be an Executive Committee member to volunteer.

<u>Finance And Contracts Committee</u>	<u>Wellness Committee</u>	<u>Operations and Claims Committee</u>	<u>Nominating Committee</u>
Tom Nolan	Diane Lapp	Diane Lapp	Brian Brach
Angela Morin	Angela Morin	Brian Brach	Jeanne Smith
Brian Brach	Jim Gant	OPEN	Open

INDEMNITY AND TRUST AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements have expired. Please reach out to hifadmin@permainc.com for a blank form to be executed. The list was last updated on October 7, 2024.

Member	I&T end date
Shrewsbury Township	12/31/2021
Keyport	12/31/2022
Borough of Sayreville	12/31/2023
Spring Lake	12/31/2023
Highland Elementary School	12/31/2023
Matawan	12/31/2023
Bedminster Township	12/31/2023
Plumsted MUA	5/31/2024

CENTRAL JERSEY HEALTH INSURANCE FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	July 31, 2024			
		THIS MONTH	YTD CHANGE		PRIOR YEAR END	FUND BALANCE
UNDERWRITING INCOME		5,785,290	39,310,879		905,698,054	
CLAIM EXPENSES						
	Paid Claims	4,686,853	35,236,494		739,807,037	775,043,531
	IBNR	31,088	(91,629)		5,115,122	5,023,493
	Less Specific Excess	-	181,014		(20,773,569)	(20,592,555)
	Less Aggregate Excess	-	-		(1,000,000)	(1,000,000)
TOTAL CLAIMS		4,717,941	35,325,879		723,148,590	758,474,469
EXPENSES						
	MA & HMO Premiums	344,327	2,371,802		28,314,822	
	Excess Premiums	210,247	1,447,702		41,013,751	
	Administrative	354,166	2,369,306		52,865,142	55,234,447
TOTAL EXPENSES		908,740	6,188,809		122,193,715	128,382,524
UNDERWRITING PROFIT/(LOSS) (1-2-3)		158,609	(2,203,809)		60,355,749	58,151,941
INVESTMENT INCOME		22,339	178,001		4,062,357	4,240,358
DIVIDEND INCOME		0	0		8,232,890	8,232,890
STATUTORY PROFIT/(LOSS) (4+5+6)		180,948	(2,025,808)		72,650,997	70,625,189
DIVIDEND		0	11,309		60,992,652	61,003,962
Transferred Surplus		0	0			0
STATUTORY SURPLUS (7-8+9)		180,948	(2,037,117)		11,658,344	9,621,227
SURPLUS (DEFICITS) BY FUND YEAR						
Closed	Surplus	20,948	37,616		10,019,178	10,056,794
	Cash	31,594	130,513		9,708,304	9,838,817
2023	Surplus	(23,353)	(210,667)		(2,005,117)	(2,215,785)
	Cash	(87,433)	(827,803)		(2,273,292)	(3,101,096)
LAKEWOOD	Surplus	168,625	1,140,786		3,644,283	4,785,069
	Cash	5,647,141	2,725,965		2,921,176	5,647,141
2024	Surplus	14,728	(3,004,852)			(3,004,852)
	Cash	3,531,912	519,251			519,251
TAL SURPLUS (DEFICITS)		180,948	(2,037,117)		11,658,344	9,621,227
TAL CASH		9,123,214	2,547,925		10,356,188	12,904,114
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		(6,951)	46,627		601,858,674	601,905,301
FUND YEAR 2023						
	Paid Claims	80,332	3,597,325		36,837,212	
	IBNR	(52,316)	(3,574,288)		3,736,839	
	Less Specific Excess	0	228,433		(1,076,325)	(847,892)
	Less Aggregate Excess	0	0		0	0
TOTAL FY 2023 CLAIMS		28,016	251,470		39,497,726	39,749,195
LAKEWOOD						
	Paid Claims	1,208,111	8,519,574		83,685,305	92,204,878
	IBNR	5,190	54,262		1,378,283	1,432,545
	Less Specific Excess	0	(49,485)		(3,271,400)	(3,320,884)
	Less Aggregate Excess	0	0		0	0
TOTAL LAKEWOOD CLAIMS		1,213,301	8,524,350		81,792,188	90,316,539
FUND YEAR 2024						
	Paid Claims	3,405,362	23,075,035			23,075,035
	IBNR	78,214	3,428,397			3,428,397
	Less Specific Excess	0	0			0
	Less Aggregate Excess	0	0			0
TOTAL FY 2024 CLAIMS		3,483,575	26,503,432			26,503,432
MBINED TOTAL CLAIMS		4,717,941	35,325,879		723,148,589	758,474,467

CENTRAL JERSEY HEALTH INSURANCE FUND									
RATIOS									
		FY2024							
INDICES	2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	
Cash Position	10,356,188	\$ 10,516,008	\$ 7,679,861	\$ 8,917,778	\$ 9,965,914	\$ 10,065,211	\$ 7,978,471	\$ 12,904,114	
IBNR	5,115,122	\$ 5,140,768	\$ 4,859,277	\$ 4,857,216	\$ 4,836,541	\$ 4,960,927	\$ 4,992,405	\$ 5,023,493	
Assets	17,211,717	\$ 17,268,892	\$ 16,497,944	\$ 16,371,132	\$ 15,267,869	\$ 15,193,582	\$ 14,746,376	\$ 14,953,023	
Liabilities	5,553,378	\$ 5,443,977	\$ 5,114,472	\$ 5,132,672	\$ 5,116,262	\$ 5,260,981	\$ 5,306,102	\$ 5,331,801	
Surplus	11,658,339	\$ 11,824,915	\$ 11,383,472	\$ 11,238,460	\$ 10,151,607	\$ 9,932,601	\$ 9,440,274	\$ 9,621,222	
Claims Paid -- Month	3,380,832	\$ 4,487,765	\$ 5,424,875	\$ 4,678,869	\$ 5,734,313	\$ 4,902,011	\$ 5,329,394	\$ 4,685,414	
Claims Budget -- Month	4,316,828	\$ 4,633,764	\$ 4,647,161	\$ 4,635,484	\$ 4,631,773	\$ 4,812,753	\$ 4,812,956	\$ 4,805,907	
Claims Paid -- YTD	54,737,597	\$ 4,487,765	\$ 9,912,641	\$ 14,591,509	\$ 20,325,822	\$ 25,227,833	\$ 30,557,227	\$ 35,242,642	
Claims Budget -- YTD	51,088,206	\$ 4,633,764	\$ 9,280,925	\$ 13,916,409	\$ 18,548,182	\$ 23,360,935	\$ 28,173,891	\$ 32,958,864	
RATIOS									
Cash Position to Claims Paid	3.06	2.34	1.42	1.91	1.74	2.05	1.5	2.75	
Claims Paid to Claims Budget -- Month	0.78	0.97	1.17	1.01	1.24	1.02	1.11	0.97	
Claims Paid to Claims Budget -- YTD	1.07	0.97	1.07	1.1	1.1	1.1	1.1	1.07	
Cash Position to IBNR	2.02	2.05	1.58	1.84	2.06	2.03	1.6	2.57	
Assets to Liabilities	3.10	3.17	3.23	3.19	2.98	2.89	2.78	2.80	
Surplus as Months of Claims	2.70	2.55	2.45	2.42	2.19	2.06	1.96	2.00	
IBNR to Claims Budget -- Month	1.18	1.11	1.05	1.05	1.04	1.03	1.04	1.05	

Central Jersey Health Insurance Fund

2024 Budget Report

AS OF JULY 31, 2024

				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Claims AmeriHealth 12/31 Renewal	12,089	20,724	10,548			
Medical Claims AmeriHealth 6/30 Renewal	214,991	383,266	364,772			
Medical Claims Aetna 12/31 Renewal	18,821,484	32,617,513	31,197,461			
Medical Claims Aetna 6/30 Renewal	230,142	412,908	391,193			
Subtotal Medical Claims	19,278,706	33,434,411	31,963,974	21,663,750	(2,364,413)	-12%
Prescription Claims 12/31 Renewal	3,845,188	6,656,311	6,384,135			
Prescription Claims 6/30 Renewal	86,543	155,607	158,420			
Less Rx Rebates	(1,179,520)	(2,043,575)	(1,962,767)			
Subtotal Prescription Claims	2,752,211	4,768,343	4,579,788	3,871,774	(1,119,563)	-41%
Dental Claims 12/31 Renewal	1,096,841	1,881,302	1,823,910			
Dental Claims 6/30 Renewal	0	0	19,042			
Subtotal Dental Claims	1,096,841	1,881,302	1,842,952	967,907	128,934	12%
Vision Claims	20,631	36,072	28,659	Included in Medical Claims		
Lakewood SIR Claims						
Medical	7,403,404	12,776,969	11,637,090	6,925,208	478,196	6%
Prescription	2,407,071	4,157,793	3,875,960	1,599,142	807,929	34%
Subtotal Claims	32,958,864	57,054,890	53,928,423	35,027,782	(2,068,918)	-6%
Medicare Advantage / EGWP	1,991,817	3,473,031	3,388,905	2,368,857	(2,006)	0%
Medicare Advantage - Rx	375,034	643,992	648,588	Included in Medicare Advantage / EGWP		
DMO Premiums	2,897	4,685	6,749	2,945	(48)	-2%
Reinsurance						
Specific	679,109	1,178,645	1,130,121			
Lakewood - ICH	767,976	1,325,751	1,415,697			
Subtotal Reinsurance	1,447,084	2,504,396	2,545,818	1,447,702	(618)	0%
Loss Fund Contingency	167,680	287,451	287,451	0	167,680	100%
Total Loss Fund	36,943,375	63,968,444	60,805,934	38,847,286	(1,903,911)	-5%
Expenses						
Legal	21,252	36,432	36,432	21,252	-	0%
Treasurer	7,583	13,000	13,000	7,581	2	0%
Administrator	313,512	541,063	530,150	314,229	(717)	0%
Program Manager	1,186,854	2,056,873	1,976,094	1,197,604	(2,000)	0%
Actuary	9,858	16,900	16,900	9,859	(1)	0%
Auditor	12,250	21,000	21,000	12,250	-	0%
TPA - Aetna	619,583	1,074,044	1,082,664	625,730	(756)	0%
TPA - AmeriHealth	5,391	9,315	9,989	Included above in TPA - Aetna		
Plan Documents	8,750	15,000	15,000	Included in Program Manager		
Dental TPA	48,794	83,737	82,725	48,978	(184)	0%
Wellness	87,500	150,000	150,000	87,500	-	0%
Affordable Care Act	7,809	13,536	13,015	17,417	(9,608)	-123%
A4 Retiree Surcharge	8,916	15,951	15,699	8,917	(1)	0%
Claims Audit	23,333	40,000	40,000	23,332	1	0%
Misc/Cont	12,358	21,185	21,185	6,111	6,247	51%
Total Expenses	2,373,744	4,108,036	4,023,853	2,380,760	(7,015)	0%
Total Budget	39,317,119	68,076,480	64,829,787	41,228,046	(1,910,927)	-5%

Central Jersey Health Insurance Fund
CONSOLIDATED BALANCE SHEET
AS OF JULY 31, 2024

BY FUND YEAR

	CJ HIF 2024	CJ HIF 2023	CLOSED YEAR	LAKEWOOD	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	519,251	(3,101,096)	9,838,817	5,647,141	12,904,114
Assessments Receivable (Prepaid)	(1,036,650)	102,372	390,834	3,527	(539,917)
Interest Receivable	76	223	1,169	575	2,042
Specific Excess Receivable	-	847,892	(2,066)	108,456	954,282
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	2,816	-	-	-	2,816
Other Assets	1,064,396	107,376	-	457,914	1,629,686
Total Assets	549,889	(2,043,234)	10,228,754	6,217,614	14,953,023
LIABILITIES					
Accounts Payable	-	0	-	-	0
IBNR Reserve	3,428,397	162,551	-	1,432,545	5,023,493
A4 Retiree Surcharge	3,265	-	-	-	3,265
Dividends Payable	-	-	(0)	-	(0)
Retained Dividends	-	-	171,965	-	171,965
Accrued/Other Liabilities	123,079	10,000	-	-	133,079
Total Liabilities	3,554,741	172,551	171,965	1,432,545	5,331,801
EQUITY					
Surplus / (Deficit)	(3,004,852)	(2,215,785)	10,056,790	4,785,069	9,621,222
Total Equity	(3,004,852)	(2,215,785)	10,056,790	4,785,069	9,621,222
Total Liabilities & Equity	549,889	(2,043,234)	10,228,754	6,217,614	14,953,023
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.

Central Jersey Municipal Employee Benefits Fund
2025 Proposed Budget

Print date 07-Oct-24

Census:

	Census All Members		Census Excl Lakewood/Lakewood MUA	
	Monthly	Annual	Monthly	Annual
Medical AmeriHealth	19	228	\$ 19.00	228
Medical Aetna	1,778	21,336	\$ 1,244.00	14,928
Rx	1,827	21,924	\$ 1,294.00	15,528
Dental	2,092	25,104	\$ 1,430.00	17,160
Vision Aetna	198	2,376	\$ 198.00	2,376
Medicare Advantage - Medical	914	10,968	\$ 777.00	9,324
Medicare Advantage - Rx Only (Brick)	292	3,504	\$ 292.00	3,504
Rx No Medical (Incl in Rx above)	489	5,868	\$ 489.00	5,868
Dental No Med No Rx (Incl in Dental above)	1035	12,420	\$ 868.00	10,416
DMO Only	1	12	\$ 1.00	12
Medicare Advantage Only	695	8,340	\$ 665.00	7,980

	LINE ITEMS	2024 Annualized Budget	2025 Proposed Budget	\$ Change	% Change	2025 Certified Budget
1	Medical Claims AmeriHealth 12/31 Renewal	\$ 20,724	\$ 20,595	\$ (129.00)	-0.62%	\$ 20,595
2	Medical Claims AmeriHealth 6/30 Renewal	\$ 383,796	\$ 381,389	\$ (2,407.00)	-0.63%	\$ 382,593
3	Medical Claims Aetna 12/31 Renewal	\$ 21,244,408	\$ 25,708,509	\$ 4,464,101.00	21.01%	\$ 25,708,509
4	Medical Claims Aetna 6/30 Renewal	\$ 416,495	\$ 504,115	\$ 87,620.00	21.04%	\$ 460,305
5	Subtotal Medical Claims	\$ 22,065,423	\$ 26,614,608	\$ 4,549,185.00	20.62%	\$ 26,572,002
6	Prescription Claims 12/31 Renewal	\$ 6,753,061	\$ 7,981,434	\$ 1,228,373.00	18.19%	\$ 7,981,434
7	Prescription Claims 6/30 Renewal	\$ 156,968	\$ 184,591	\$ 27,623.00	17.60%	\$ 170,780
8	Subtotal Prescription Claims	\$ 6,910,029	\$ 8,166,025	\$ 1,255,996.00	18.18%	\$ 8,152,214
9						
10	Lakewood/Lakewood MUA Claims					
11	Medical	\$ 12,782,143	\$ 13,740,924	\$ 958,781.00	7.50%	\$ 13,740,924
12	Prescription	\$ 4,163,044	\$ 4,623,988	\$ 460,944.00	11.07%	\$ 4,623,988
13						
14	Less Rx Rebates	\$ (2,073,009)	\$ (2,449,808)	\$ (376,799.00)	18.18%	\$ (2,445,664)
15						
16	Dental Claims 12/31 Renewal	\$ 1,880,963	\$ 1,868,108	\$ (12,855.00)	-0.68%	\$ 1,868,108
18	Subtotal Dental Claims	\$ 1,880,963	\$ 1,868,108	\$ (12,855.00)	-0.68%	\$ 1,868,108
19	Vision Claims	\$ 37,407	\$ 37,407	\$ -	0.00%	\$ 37,407
20						
21	Subtotal Claims	\$ 45,766,000	\$ 52,601,252	\$ 6,835,252.00	14.94%	\$ 52,548,979
22						
23	Medicare Advantage / EGWP	\$ 3,562,638	\$ 4,453,224	\$ 890,585.88	25.00%	\$ 4,453,224
24	Medicare Advantage - Rx	\$ 644,175	\$ 805,219	\$ 161,043.84	25.00%	\$ 805,219
25	DMO Premiums	\$ 4,292	\$ 3,867	\$ (425.04)	-9.90%	\$ 3,867
26						
27	Reinsurance					
28	Specific	\$ 853,164	\$ 1,023,757	\$ 170,593.55	20.00%	\$ 1,023,757
29	Lakewood/Lakewood MUA - ICH	\$ 1,325,751	\$ 1,498,099	\$ 172,347.65	13.00%	\$ 1,498,099
30	Subtotal Reinsurance	\$ 2,178,915	\$ 2,521,856	\$ 342,941.20	15.74%	\$ 2,521,856
31						
32	Loss Fund Contingency	\$ 287,451	\$ 132,134	\$ (155,317.07)	-54.03%	\$ 132,134
33						
34	Total Loss Fund	\$ 52,443,471	\$ 60,517,552	\$ 8,074,080.81	15.40%	\$ 60,465,279
35						
36						
37	Expenses					
38	Legal	\$ 36,432	\$ 37,161	\$ 728.64	2.00%	\$ 37,161
39	Treasurer	\$ 13,000	\$ 13,260	\$ 260.00	2.00%	\$ 13,260
40	Administrator	\$ 488,124	\$ 497,886	\$ 9,762.47	2.00%	\$ 497,886
41	Program Manager	\$ 1,778,347	\$ 1,810,853	\$ 32,506.37	1.83%	\$ 1,810,853
42	Actuary	\$ 16,900	\$ 17,238	\$ 338.00	2.00%	\$ 17,238
43	Auditor	\$ 21,000	\$ 21,420	\$ 420.00	2.00%	\$ 21,420
44	TPA - AmeriHealth	\$ 9,038	\$ 9,504	\$ 466.15	5.16%	\$ 9,504
45	TPA - Aetna	\$ 845,788	\$ 888,077	\$ 42,289.38	5.00%	\$ 888,077
46	Plan Documents	\$ 15,000	\$ 15,300	\$ 300.00	2.00%	\$ 15,300
47	Dental TPA	\$ 83,847	\$ 88,040	\$ 4,192.37	5.00%	\$ 88,040
48	Wellness	\$ 150,000	\$ 150,000	\$ -	0.00%	\$ 150,000
49	Affordable Care Act	\$ 10,674	\$ 10,674	\$ -	0.00%	\$ 10,674
50	A4 Retiree Surcharge	\$ 15,958	\$ 14,354	\$ (1,604.23)	-10.05%	\$ 14,354
51	Claims Audit	\$ 40,000	\$ 40,000	\$ -	0.00%	\$ 40,000
52	Misc/Cont	\$ 21,185	\$ 21,185	\$ -	0.00%	\$ 21,185
53						
54	Total Expenses	\$ 3,545,292	\$ 3,634,951	\$ 89,659.15	2.53%	\$ 3,634,951
55						
56	Total Budget	\$ 55,988,764	\$ 64,152,504	\$ 8,163,739.96	14.58%	\$ 64,100,231

CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2024

<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	12/31/2022 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

October 2024

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.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

In the subject line of the email, please include *Training – Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

OPERATIONAL UPDATES:

Open Enrollment – 1/1/25 (Passive)

- CJHIF OE will be held October 28th through November 8th
- All OE updates should be completed in WEX by November 15th to allow time for ID cards to be delivered to members by 1/1/25
- 2025 Qualified HDHP Minimums will be updated as follows:
 - Deductible - \$1,650 single/ \$3,300 family
 - Maximum Out of Pocket (MOOP) - \$3,300 single/ \$6,600
- OE guides are currently being updated and will be sent once finalized

**** Subject to change pending approval of the 2025 Budget****

Direct Bill Enrollees: Dependent to 31, COBRA and Retirees:

On behalf of the Fund, WEX will be sending out notices to self-pay enrollees notifying them that their 2025 coupons will likely be received after January 1st. For your reference those notices are included in Appendix II of your agenda.

COVERAGE UPDATES:

Onsite Flu Vaccine Clinic Vendor List

Approved onsite flu vaccine clinic vendors list are included in Appendix III to this agenda. CJHIF does not coordinate onsite flu vaccine clinics, groups can reach out to the vendors directly to schedule.

Aetna UPDATES:

CVS Health Virtual Care – Effective 1/1/25 – Aetna covered members

Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included as an attachment to this agenda for additional information including instructions for to activate the benefit and create an account.

****Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc**

EXPRESS SCRIPTS UPDATE:

Mail Order – Less than 35-day supply

Beginning October 22, 2024, ESI will no longer dispense prescriptions written for less than 35-day supply for most medications at their mail order facilities. Members who want or need to continue filling prescriptions written for less than a 35-day supply, rather than moving to an extended day supply will be required to fill at one of ESI retail participating pharmacies.

There will be a limited number of drug categories where ESI will continue to dispense less than a 35-day supply. These drug categories are limited to drug classes where consolidation or a longer supply is not appropriate, such as the following:

- State and federally controlled drugs
- Over-the-counter medications
- Diabetic supplies
- Some maintenance medications
 - Mood altering medications
 - Sublingual nitroglycerin
 - Warfarin

Members currently receiving less than a 35-day supply from ESI were notified the week of October 8th. The communication will inform the member to contact their physician to confirm if a longer day supply is appropriate, and if not, advise them they will need to transfer their existing prescription to a participating retail pharmacy.

Notice of Creditable Coverage (NOCC)

CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. To meet the CMS requirement, Express Scripts mailed the NOCC letters the week of September 16th to those age 65 and older enrolled in ESI coverage through the HIFs.

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
 - BMI ≥ 32 OR
 - BMI between $27 \leq 32$ WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval
- PA renewals will need to include documentation to support the above BMI requirements for all members, regardless of members have been approved in the past.

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

LEGISLATIVE REVIEW

Medical and Rx Reporting: None

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.

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
8/5/2024	Aetna/Medical	CJ 2024-09-01	Surgical Services	Upheld	8/14/2024

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
9/5/2024	Aetna/Medical	CJ 2024-09-01	Surgical Services	Overtured	9/10/2024

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Resolution No.

OCTOBER 2024

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 2024

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 10/24	349,125.25
		349,125.25
FLAGSHIP DENTAL PLANS	PLUMSTEAD- GROUP 1526 INV 152974 10/24	89.96
FLAGSHIP DENTAL PLANS	MONTGOM. 10/24 GROUP 1343 INV 152974	264.20
		354.16
AETNA LIFE INSURANCE COMPANY	VISION TPA 10/24	178.36
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 10/24	90,230.28
		90,408.64
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 10/24	-26.25
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 10/24	858.69
		832.44
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 09/24 143010-2005592	117.00
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA FEE 09/24 142292-2005590	18.00
		135.00
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 10/24	6,947.20
		6,947.20
PERMA RISK MANAGEMENT SERVICES	POSTAGE 09/24	58.57
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 10/24	45,321.44
		45,380.01
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 10/24	3,036.00
		3,036.00
STEPHEN MAYER	TREASURER FEES 10/24	1,083.00
		1,083.00
CONNER STRONG & BUCKELEW	PLAN DOCS 10/24	1,250.00
CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 10/24	76,068.30
CONNER STRONG & BUCKELEW	PROGRAM MANAGER 10/24	89,735.43
CONNER STRONG & BUCKELEW	DENTAL COMMISSION 10/24	370.87
CONNER STRONG & BUCKELEW	FUND COORDINATOR 10/24	5,540.90
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 10/24	2,210.88
		175,176.38
ACCESS	INV 11082341 DEPT 420 8/31/24	104.14
		104.14
GANNETT NEW YORK-NJ LOCALIQ	A# 1120753 INV 6672446-10589348 9/22/24	60.52
		60.52

MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 10/24	98,905.32
		98,905.32
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-SINGLE 10/24	35,730.19
SYMETRA FINANCIAL	AGGREGATE 10/24	3,974.88
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-FAMILY 10/24	73,256.87
		112,961.94
	Total Payments FY 2024	884,510.00
	TOTAL PAYMENTS ALL FUND YEARS	884,510.00

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: 2024 Month Ending: July										
	Medical	Dental	Rx	Vision	Reinsurance	DMO Premiums	Dividend Reserve	Admin	0	TOTAL
OPEN BALANCE	3,686,210.73	413,129.45	3,261,195.83	42,155.97	(312,919.40)	1,772.16	171,503.86	715,422.73	0.00	7,978,471.33
RECEIPTS										
Assessments	7,709,261.17	279,390.06	1,368,291.11	5,415.37	381,694.91	700.19	0.00	694,132.41	0.00	10,438,885.22
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	23,679.39	1,175.40	12,342.47	129.00	0.00	4.48	437.80	1,937.71	0.00	39,706.25
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	23,679.39	1,175.40	12,342.47	129.00	0.00	4.48	437.80	1,937.71	0.00	39,706.25
Other *	88,357.22	0.00	397,871.40	0.00	0.00	0.00	0.00	0.00	0.00	486,228.62
TOTAL	7,821,297.78	280,565.46	1,778,504.98	5,544.37	381,694.91	704.67	437.80	696,070.12	0.00	10,964,820.09
EXPENSES										
Claims Transfers	3,818,165.00	118,838.15	1,184,980.92	0.00	0.00	0.00	0.00	0.00	0.00	5,121,984.07
Expenses	360,162.72	421.95	0.00	0.00	210,247.27	0.00	0.00	346,361.74	0.00	917,193.68
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	4,178,327.72	119,260.10	1,184,980.92	0.00	210,247.27	0.00	0.00	346,361.74	0.00	6,039,177.75
END BALANCE	7,329,180.79	574,434.81	3,854,719.89	47,700.34	(141,471.76)	2,476.83	171,941.66	1,065,131.11	0.00	12,904,113.67

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Central Jersey Municipal Employee Benefits Fund									
Month		July							
Current Fund Year		2024							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid July	Monthly Recoveries July	Calc. Net Paid Thru July	TPA Net Paid Thru July	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2024	Medical	15,844,947.11	2,702,744.59	0.00	18,547,691.70	0.00	18,547,691.70	15,844,947.11	2,702,744.59
	Dental	740,188.06	117,180.21	0.00	857,368.27	0.00	857,368.27	740,188.06	117,180.21
	Rx	4,700,854.95	889,800.85	0.00	5,590,655.80	0.00	5,590,655.80	4,700,854.95	889,800.85
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	21,285,990.12	3,709,725.65	0.00	24,995,715.77	0.00	24,995,715.77	21,285,990.12	3,709,725.65
2023	Medical	3,207,756.57	78,673.92	0.00	3,286,430.49	0.00	3,286,430.49	3,207,756.57	78,673.92
	Dental	72,097.80	1,657.94	0.00	73,755.74	0.00	73,755.74	72,097.80	1,657.94
	Rx	237,138.56	0.00	0.00	237,138.56	0.00	237,138.56	237,138.56	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	3,516,992.93	80,331.86	0.00	3,597,324.79	0.00	3,597,324.79	3,516,992.93	80,331.86
2022	Medical	59,627.40	0.00	0.00	59,627.40	0.00	59,627.40	59,627.40	0.00
	Dental	596.80	0.00	0.00	596.80	0.00	596.80	596.80	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	60,224.20	0.00	0.00	60,224.20	0.00	60,224.20	60,224.20	0.00
2021	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Closed Year	Medical	0.00	(6,951.15)	0.00	(6,951.15)	0.00	(6,951.15)	0.00	(6,951.15)
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	(6,951.15)	0.00	(6,951.15)	0.00	(6,951.15)	0.00	(6,951.15)
Lakewood	Medical	0.00	1,043,697.64	0.00	1,043,697.64	0.00	1,043,697.64	0.00	1,043,697.64
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	295,180.07	0.00	295,180.07	0.00	295,180.07	0.00	295,180.07
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	1,338,877.71	0.00	1,338,877.71	0.00	1,338,877.71	0.00	1,338,877.71
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	17 0.00	0.00	0.00	0.00	0.00
	TOTAL	24,863,207.25	5,121,984.07	0.00	29,985,191.32	0.00	29,985,191.32	24,863,207.25	5,121,984.07

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS					
Central Jersey Municipal Employee Benefits Fund					
ALL FUND YEARS COMBINED					
CURRENT MONTH	July				
CURRENT FUND YEAR	2024				
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	\$7,978,471.57	0	3968589.34	4,009,882.23	
Opening Interest Accrual Balance	\$19,159.94	0	19159.94	0	
1	Interest Accrued and/or Interest Cost	-\$2,935.01	\$0.00	-\$2,935.01	\$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	\$22,501.18	\$0.00	\$6,253.92	\$16,247.26
6	Interest Paid - Term Instr.s	\$14,182.80	\$0.00	\$14,182.80	\$0.00
7	Realized Gain (Loss)	\$3,022.27	\$0.00	\$3,022.27	\$0.00
8	Net Investment Income	\$22,588.44	\$0.00	\$6,341.18	\$16,247.26
9	Deposits - Purchases	\$14,917,162.17	\$0.00	\$0.00	\$14,917,162.17
10	(Withdrawals - Sales)	-\$10,031,226.08	\$0.00	-\$3,992,048.33	-\$6,039,177.75
Ending Cash & Investment Balance		\$12,904,113.91	\$0.00	\$0.00	\$12,904,113.91
Ending Interest Accrual Balance		\$2,042.13	\$0.00	\$2,042.13	\$0.00
Plus Outstanding Checks		\$904,928.10	\$0.00	\$0.00	\$904,928.10
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$13,809,042.01	\$0.00	\$0.00	\$13,809,042.01



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

October 16, 2024



CENTRAL JERSEY HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2023	# OF EES	PER EE	MEDICAL CLAIMS PAID 2024	# OF EES	PER EE
JANUARY	\$3,609,993	2,143	\$ 1,685	\$4,175,822	2,205	\$ 1,894
FEBRUARY	\$2,923,452	2,138	\$ 1,367	\$3,968,434	2,198	\$ 1,805
MARCH	\$3,416,354	2,127	\$ 1,606	\$3,663,556	2,193	\$ 1,671
APRIL	\$3,334,315	2,129	\$ 1,566	\$5,029,716	2,191	\$ 2,296
MAY	\$4,258,066	2,161	\$ 1,970	\$3,785,711	2,305	\$ 1,642
JUNE	\$3,874,228	2,164	\$ 1,790	\$4,376,641	2,301	\$ 1,902
JULY	\$3,060,025	2,181	\$ 1,403	\$4,393,165	2,303	\$ 1,908
AUGUST	\$4,296,915	2,175	\$ 1,976	\$4,600,973	2,297	\$ 2,003
SEPTEMBER	\$4,522,360	2,167	\$ 2,087			
OCTOBER	\$3,976,935	2,173	\$ 1,830			
NOVEMBER	\$4,299,056	2,170	\$ 1,981			
DECEMBER	\$3,644,271	2,180	\$ 1,672			
TOTALS	\$45,215,972			\$33,994,019		
				2024 Average	2,249	\$ 1,890
				2023 Average	2,159	\$ 1,744

Large Claimant Report (Drilldown) - Claims Over \$100000

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

Paid Dates: 08/01/2024 - 08/31/2024
Service Dates: 01/01/2011 - 08/31/2024
Line of Business: All

	Paid Amt
	\$295,643.77
	\$256,753.22
	\$184,107.79
	\$118,256.61
Total:	\$854,761.39



Central Jersey Health Insurance Fund
9/1/2023 through 8/31/2024 (Unless otherwise noted)

Dashboard

**Medical Claims Paid :
January 2024 - August 2024**

Total Medical Paid per EE: **\$1,890**

Network Discounts

Inpatient: **62.2%**
Ambulatory: **65.7%**
Physician/Other: **67.8%**
TOTAL: 65.8%

Provider Network

% Admissions In-Network: **97.4%**
% Physician Office: **90.8%**

Aetna Book of Business:
Admissions 98.8%; Physician 90.5%

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

- Jersey Shore Medical
- Community Medical Center
- Ocean University Medical Center
- RWJUH New Brunswick
- Monmouth Medical Center

**Catastrophic Claim Impact
January 2024 – August 2024**

Number of Claims Over \$50,000: **97**
Claimants per 1000 members: **17.8**
Avg. Paid per Claimant: **\$116,121**
Percent of Total Paid: **35.8%**
• Aetna BOB- HCC account for an average of 43.4% of total Medical Cost

**Aetna One Flex Member Outreach:
Through August 2024**

Total Members Identified: **1,341**
Members Targeted for 1:1 Nurse Support : **381**
Members Targeted for Digital Activity: **960**
Member 1:1 outreach completed: **353**
Member 1:1 Outreach in Progress: **56**

**Teladoc Activity:
January 2024–August 204**

Total Registrations:**87**
Total Online Visits: **272**
Total Net Claims Savings: **\$131,438**
Total Visits w/ Rx: **200**
Mental Health Visits: **41**
Dermatology Visits: **13**

**Service Center Performance Goal
Metrics YTD 2024**

Customer Service Performance

1st Call Resolution: **94.02%**
Abandonment Rate: **0.73%**
Avg. Speed of Answer: **25.1 sec**

Claims Performance

Financial Accuracy: **98.84%***
*Q2 2024

90% processed w/in: **6.2 days**
95% processed w/in: **10.8 days**

**Claims Performance (Monthly)
(August 2024)**

90% processed w/in: **5.4 days**
95% processed w/in: **11.2 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





																
2024 Central HIF						2023 Central HIF										
		MEDICAL CLAIMS PAID 2024	TOTAL	# OF EES	PER EE				MEDICAL CLAIMS PAID 2023		TOTAL		# OF EES		PER EE	
JANUARY		\$11,473.96	\$11,473.96	21	\$546.37		JANUARY		\$18,830.18		\$18,830.18		19		\$991.05	
FEBRUARY		\$17,614.16	\$17,614.16	20	\$880.70		FEBRUARY		\$36,311.57		\$36,311.57		19		\$1,911.13	
MARCH		\$17,270.46	\$17,270.46	20	\$863.52		MARCH		\$53,195.75		\$53,195.75		20		\$2,659.78	
APRIL		\$13,834.99	\$13,834.99	19	\$728.15		APRIL		\$43,552.88		\$43,552.88		20		\$2,177.64	
MAY		\$12,505.16	\$12,505.16	19	\$658.16		MAY		\$25,227.03		\$25,227.03		20		\$1,261.35	
JUNE		\$16,428.54	\$16,428.54	18	\$912.69		JUNE		\$42,298.41		\$42,298.41		20		\$2,114.92	
JULY		\$14,764.78	\$14,764.78	19	\$777.25		JULY		\$27,313.74		\$27,313.74		22		\$1,241.53	
AUGUST		\$23,088.14	\$23,088.14	19	\$1,215.16		AUGUST		\$21,973.90		\$21,973.90		21		\$1,046.38	
SEPTEMBER		\$31,629.86	\$31,629.86	20	\$1,581.49		SEPTEMBER		\$10,677.28		\$10,677.28		21		\$508.44	
OCTOBER							OCTOBER		\$17,067.79		\$17,067.79		20		\$853.38	
NOVEMBER							NOVEMBER		\$17,991.29		\$17,991.29		20		\$899.56	
DECEMBER							DECEMBER		\$17,885.50		\$17,885.50		21		\$851.69	
TOTALS		\$158,610.05					TOTALS		\$332,325.32				20.25		\$1,376.40	
			2024 Average	19	\$907.05											



EXPRESS SCRIPTS®

Central Jersey Health Insurance Fund

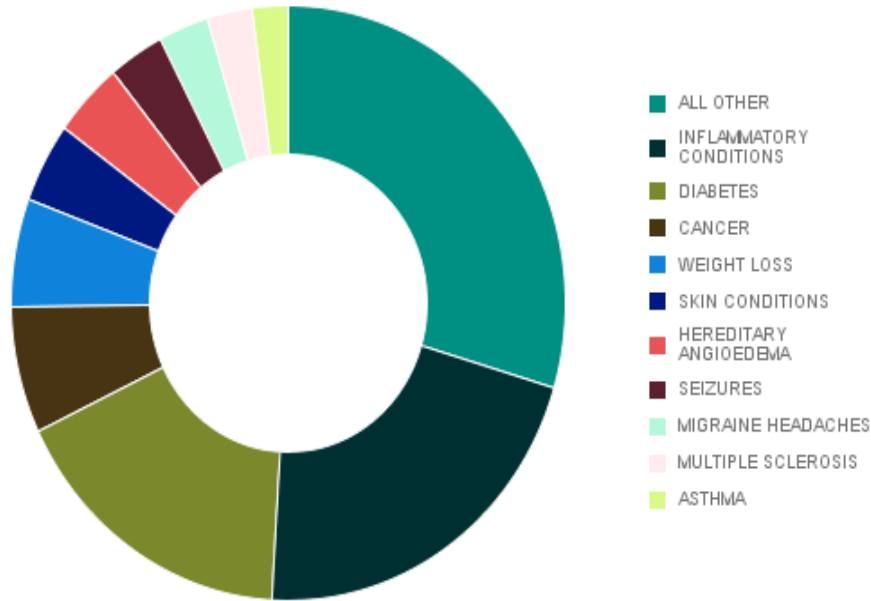
Total Component/ Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4
Membership	2,984	2,990	2,993	2,989	2,993	3,001	2,999	2,998	3,014	3,020	3,012	3,015	3,015	3,015	3,030	3,020
Total Days	127,961	112,223	118,710	358,894	119,821	122,117	116,188	358,126	119,316	126,752	113,534	359,602	122,815	119,802	114,322	356,939
Total Patients	1,213	1,149	1,180	1,809	1,114	1,168	1,120	1,746	1,126	1,118	1,102	1,743	1,240	1,213	1,223	1,875
Total Plan Cost	\$627,286	\$520,265	\$572,443	\$1,719,993	\$675,806	\$641,844	\$699,647	\$2,017,298	\$663,079	\$722,742	\$651,629	\$2,037,450	\$775,505	\$729,104	\$739,631	\$2,244,240
Generic Fill Rate (GFR) - Total	83.5%	84.7%	84.5%	84.2%	85.2%	86.4%	85.2%	85.6%	86.8%	86.1%	83.4%	85.5%	84.1%	85.4%	85.6%	85.0%
Plan Cost PMPM	\$210.22	\$174.00	\$191.26	\$191.81	\$225.80	\$213.88	\$233.29	\$224.32	\$220.00	\$239.32	\$216.34	\$225.23	\$257.22	\$241.83	\$244.10	\$247.71
Total Specialty Plan Cost	\$240,775	\$223,675	\$228,988	\$693,438	\$308,751	\$273,943	\$361,613	\$944,307	\$300,422	\$354,660	\$279,421	\$934,504	\$397,773	\$330,448	\$390,625	\$1,118,846
Specialty %of Total Specialty Plan Cost	38.4%	43.0%	40.0%	40.3%	45.7%	42.7%	51.7%	46.8%	45.3%	49.1%	42.9%	45.9%	51.3%	45.3%	52.8%	49.9%

Total Component/ Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4
Membership	3,045	3,020	3,029	3,031	3,021	3,271	3,272	3,188	3,275	3,248						
Total Days	129,293	124,083	116,824	370,200	124,405	133,054	123,809	381,268	135,988	132,193						
Total Patients	1,228	1,225	1,207	1,882	1,175	1,244	1,208	1,891	1,239	1,238						
Total Plan Cost	\$755,850	\$735,690	\$757,826	\$2,249,366	\$728,367	\$887,209	\$894,099	\$2,509,674	\$963,904	\$890,159						
Generic Fill Rate (GFR) - Total	86.5%	86.0%	87.5%	86.6%	86.0%	86.4%	85.4%	85.9%	85.9%	85.4%						
Plan Cost PMPM	\$248.23	\$243.61	\$250.19	\$247.35	\$241.10	\$271.23	\$273.26	\$262.41	\$294.32	\$274.06						
%Change Plan Cost PMPM	18.1%	40.0%	30.8%	29.0%	6.8%	26.8%	17.1%	17.0%	33.8%	14.5%						
Total Specialty Plan Cost	\$369,803	\$324,198	\$395,648	\$1,089,649	\$318,327	\$419,220	\$425,545	\$1,163,091	\$490,408	\$423,791						
Specialty %of Total Specialty Plan Cost	48.9%	44.1%	52.2%	48.4%	43.7%	47.3%	47.6%	46.3%	50.9%	47.6%						

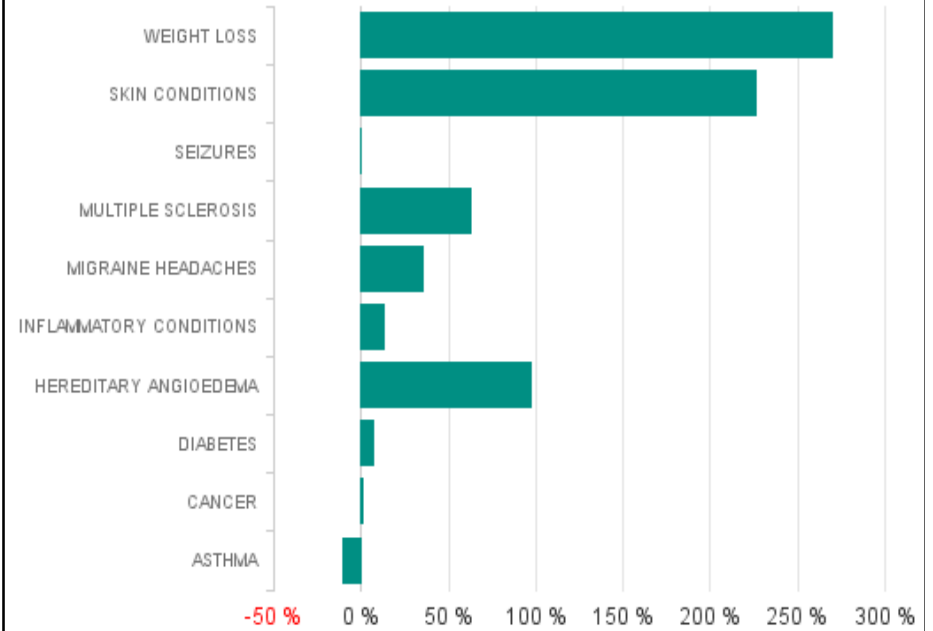
Top Indications

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2024 - 08/2024 vs. Previous Period 01/2023 - 08/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rx	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rx	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	30.3 %	328	\$1,415,925	\$56.23	42.7 %	33.8 %	33.7 %	258	\$1,193,478	\$49.74	41.9 %	39.3 %	13.0 %
2	1	DIABETES	24.1 %	3,315	\$1,124,835	\$44.67	28.4 %	25.8 %	28.4 %	3,332	\$1,004,695	\$41.87	29.4 %	28.5 %	6.7 %
3	3	CANCER	9.8 %	156	\$456,586	\$18.13	82.7 %	76.0 %	12.2 %	155	\$432,124	\$18.01	76.8 %	77.8 %	0.7 %
4	4	WEIGHT LOSS	8.3 %	376	\$389,788	\$15.48	3.2 %	5.1 %	2.8 %	98	\$100,516	\$4.19	7.1 %	10.5 %	269.5 %
5	5	SKIN CONDITIONS	6.2 %	502	\$288,189	\$11.44	78.9 %	85.5 %	2.4 %	405	\$84,336	\$3.51	88.4 %	88.1 %	225.6 %
6	10	HEREDITARY ANGIOEDEMA	5.8 %	9	\$271,902	\$10.80	0.0 %	14.9 %	3.7 %	9	\$131,572	\$5.48	0.0 %	9.9 %	96.9 %
7	9	SEIZURES	4.6 %	769	\$214,987	\$8.54	89.5 %	96.8 %	5.8 %	758	\$205,375	\$8.56	85.0 %	96.7 %	-0.3 %
8	6	MIGRAINE HEADACHES	4.1 %	267	\$193,530	\$7.69	36.3 %	52.4 %	3.9 %	201	\$136,305	\$5.68	35.8 %	55.5 %	35.3 %
9	8	MULTIPLE SCLEROSIS	3.7 %	30	\$174,523	\$6.93	30.0 %	47.4 %	2.9 %	20	\$102,409	\$4.27	45.0 %	46.1 %	62.4 %
10	7	ASTHMA	3.0 %	1,507	\$139,522	\$5.54	85.5 %	87.9 %	4.2 %	1,590	\$148,705	\$6.20	77.5 %	79.1 %	-10.6 %
Total Top 10				7,259	\$4,669,787	\$185.45	51.0 %	51.7 %		6,826	\$3,539,515	\$147.52	51.7 %	53.4 %	25.7 %

Top Drugs

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2024 - 08/2024 vs. Previous Period 01/2023 - 08/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	6	STELARA	INFLAMMATORY CONDITIONS	Y	31	5	\$448,855	\$17.83	42	7	\$519,419	\$21.65	-17.7 %
2	2	OZEMPIC	DIABETES	N	462	69	\$396,638	\$15.75	273	49	\$231,968	\$9.67	62.9 %
3	4	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	51	6	\$379,989	\$15.09	41	5	\$332,633	\$13.86	8.9 %
4	11	WEGOVY	WEIGHT LOSS	N	166	41	\$200,478	\$7.96	60	15	\$73,887	\$3.08	158.5 %
5	52	HUMIRA PEN	INFLAMMATORY CONDITIONS	Y	16	3	\$191,995	\$7.62	14	2	\$147,329	\$6.14	24.2 %
6	180	HAEGARDA	HEREDITARY ANGIOEDEMA	Y	7	1	\$183,949	\$7.31	9	1	\$131,572	\$5.48	33.2 %
7	15	ZEPBOUND	WEIGHT LOSS	N	182	37	\$177,038	\$7.03	NA	NA	NA	NA	NA
8	165	LENVIMA	CANCER	Y	8	1	\$175,000	\$6.95	9	1	\$136,875	\$5.70	21.8 %
9	12	DUPIXENT PEN	SKIN CONDITIONS	Y	53	10	\$170,527	\$6.77	9	5	\$21,768	\$0.91	646.5 %
10	14	SKY RIZI PEN	INFLAMMATORY CONDITIONS	Y	22	3	\$134,837	\$5.35	NA	NA	NA	NA	NA
11	64	SPRYCEL	CANCER	Y	8	1	\$126,557	\$5.03	8	2	\$82,837	\$3.45	45.6 %
12	48	REVLIMID	CANCER	Y	7	1	\$110,380	\$4.38	4	1	\$63,123	\$2.63	66.6 %
13	1	MOUNJARO	DIABETES	N	110	17	\$108,230	\$4.30	25	4	\$23,407	\$0.98	340.6 %
14	20	FARXIGA	DIABETES	N	205	26	\$107,733	\$4.28	196	31	\$99,399	\$4.14	3.3 %
15	469	ORLADEYO	HEREDITARY ANGIOEDEMA	Y	2	1	\$87,953	\$3.49	NA	NA	NA	NA	NA
16	10	JARDIANCE	DIABETES	N	151	21	\$82,213	\$3.26	166	22	\$88,712	\$3.70	-11.7 %
17	24	RINVOQ	INFLAMMATORY CONDITIONS	Y	15	2	\$79,927	\$3.17	8	1	\$36,513	\$1.52	108.6 %
18	29	NURTEC ODT	MIGRAINE HEADACHES	N	57	13	\$77,537	\$3.08	23	7	\$32,201	\$1.34	129.4 %
19	33	DUPIXENT SYRINGE	SKIN CONDITIONS	Y	25	4	\$64,093	\$2.55	13	2	\$31,442	\$1.31	94.2 %
20	150	ZEPOSIA	MULTIPLE SCLEROSIS	Y	8	1	\$58,385	\$2.32	5	1	\$29,225	\$1.22	90.4 %
21	233	TROKENDI XR	SEIZURES	N	22	2	\$53,668	\$2.13	36	4	\$47,701	\$1.99	7.2 %
22	47	QULIPTA	MIGRAINE HEADACHES	N	50	10	\$51,040	\$2.03	45	8	\$43,825	\$1.83	11.0 %
23	351	AVONEX	MULTIPLE SCLEROSIS	Y	9	1	\$50,148	\$1.99	6	1	\$31,909	\$1.33	49.8 %
24	42	JANUVIA	DIABETES	N	92	14	\$47,179	\$1.87	131	19	\$63,716	\$2.66	-29.4 %
25	656	RUFINAMIDE	SEIZURES	N	6	1	\$46,540	\$1.85	6	1	\$48,817	\$2.03	-9.2 %
Total Top 25					1,765		\$3,610,886	\$143.40	1,129		\$2,318,277	\$96.62	48.4 %



An additional benefit
when you need it:

The Special Health Care Needs Benefit from Delta Dental



For 6.5 million people in the U.S. with intellectual or developmental disabilities, oral health care can be inaccessible or overwhelming. Delta Dental is changing that.

Who qualifies for this benefit?

Effective January 1, 2024, your Delta Dental of New Jersey and Connecticut group benefits plan* will include an enhanced benefit for covered members (children and adults) with a qualifying special health care need.

What is included?

- Additional dental examinations and/or consultations that can be beneficial prior to treatment to help patients learn what to expect and what is needed for a successful dental appointment.
- Up to four total dental cleanings in a benefit year.
- Treatment delivery modifications (including anesthesia) necessary for dental staff to provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety, or other barriers to treatment.

How do I/my spouse/my dependent use this benefit?

- Members with a qualifying special health care need should let their dentist know that their group Delta Dental plan includes the Special Health Care Needs Benefit and that they have a qualifying special health care need.
- To help your dentist better understand the benefit and how to bill Delta Dental for services provided, we suggest you or your provider download (or scan the below QR code) the **Provider Focused Special Health Care Needs** flyer.



Download the [Provider Focused Special Health Care Needs flyer](#) or scan this QR code.

Questions?

Please call the Delta Dental Customer Service Department at **800-452-9310**.

*Does not apply to Flagship, DeltaCare® USA, or Individual and Family Plans.

What are special health care needs?

As defined by the American Academy of Pediatric Dentistry, special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may impact people of any age, may be congenital, developmental, or acquired through disease, trauma or environmental cause, and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.



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Delta Dental of New Jersey
Delta Dental of Connecticut
7-2023

**CENTRAL JERSEY HEALTH INSURANCE FUND
CONSENT AGENDA
OCTOBER 16, 2024**

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 30-24: 2025 Budget Adoption.....Page 32
Resolution 31-24: Offering New MembershipPage 33
Resolution 32-24: Appointing QPAPage 34
Resolution 33-24: Approving October 2024 Bills.....Page 35

RESOLUTION NO. 30-24

**CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTION OF THE 2025 INTRODUCED BUDGET**

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

WHEREAS, the Executive Committee met on September 18, 2024 in Public Session to introduce the proposed budget and for the 2025 Fund Year; and

WHEREAS, the Executive Committee met on October 16, 2024 in Public Session to adopt the proposed budget and for the 2025 Fund Year; and

WHEREAS, that a public hearing to adopt the 2025 budget was held on October 16, 2024 at 1:30 pm.

NOW THEREFORE BE IT RESOLVED that the Executive Committee of the Central Jersey Health Insurance Fund hereby adopt the 2025 budget in the amount of \$64,152,504.

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

ADOPTED: OCTOBER 16, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 31-24

**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 **October 16, 2024** 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 Bayshore Regional Sewage Authority and 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

Bayshore Regional Sewage Authority– Effective 1/1/2025

WHEREAS, the Lakewood Township MUA (“MUA”) is a current member within the Fund but differed from other Fund members in that it was combined with the experience rating and stop loss policy with the Lakewood Township;

WHEREAS, effective January 1, 2025 the MUA has requested the following:

1. Become a standard member of the Fund
2. Experience rated with all other members of the Fund except Lakewood Township
3. Terminate coverage under the stop loss policy with Lakewood and become an MRHIF member of the Central Jersey Health Insurance Fund

BE IT RESOLVED, it has been determined that the admission to membership in the Fund of Bayshore Regional Sewerage Authority and accept Lakewood MUA as a standard member which would be in the best interests of the Fund and the inclusion of the entities 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: October 16, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 32-24

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION APPOINTING A QUALIFIED PURCHASING AGENT FOR CONTRACT
PROCUREMENT FOR THE BALANCE OF FUND YEAR 2024**

WHEREAS the Central Jersey Health Insurance Fund ("Fund") has determined that there exists a need to contract with a Qualified Purchasing Agent ("QPA") as a non-fair and open contract pursuant to the provisions of NJSA 19:44A-20.4-20.5; and

WHEREAS the QPA position will not exceed the bidding threshold of \$17,500; and

WHEREAS the anticipated term of this contract will terminate on December 31, 2024;

WHEREAS requests for quotes were sent to multiple known QPAs and one response was received;

WHEREAS The Canning Group has completed and submitted a Business Entity Disclosure Certification which certifies The Canning Group has not made any reportable contributions to a political or candidate committee in the previous one year, and that the contract will prohibit The Canning Group from making any reportable contributions through the term of the contract; and

WHEREAS the Fund Treasurer hereby certifies that funds are available in the amount of \$2,000 for the QPA services in the Fund's 2024 Budget;

NOW THEREFORE BE IT RESOLVED that the Central Jersey Health Insurance Fund hereby appoints The Canning Group, 45 S Park Place 183 Morristown, NJ 07960 as Qualified Purchasing Agent for the balance of Fund Year 2024; and

BE IT FURTHER RESOLVED that the Business Entity Disclosure Certification and the Determination of Value be placed on file with this resolution; and

BE IT FURTHER RESOLVED that notification of this contract award shall be published in the Asbury Park Press, as required by law.

ADOPTED: OCTOBER 16, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 33-24

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE OCTOBER 2024 BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **OCTOBER 16, 2024** 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 month of October 2024 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 July 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 October 2024 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: OCTOBER 16, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
September 18, 2024
ZOOM MEETING
1:30 PM

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

PLEDGE OF ALLEGIANCE

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

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

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval Caitlin Perkins	Present Present
Program Manager	Conner Strong & Buckelew	Crystal Bailey	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	Crista O'Donnell	Present
Rx Administrator	Express Scripts	Hiteksha Patel	Absent

OTHERS PRESENT:

Jim Diaz	Tyler Jackson
Steve Mayer	Lisa Narcise
Anthony Tonzini	Cindy Tote
David Balken	Catherine LaPorta
Charles Casagrande	Lisa Narcise
Lori Savron	Roberto Farragina
Diane Peterson	Thomas Flarity
Sarah Scarpelli	Teri Jover
John Lajewski	Caleb Roca
Lindsay Klein	Lisa Hardman
Tom Fletcher	Beata Roefaro
Lindsey Becker	Wayne Dougal
Jack Sahradnik	Barbara
Brian Kiely	

APPROVAL OF MINUTES: July 17, 2024 OPEN:

MOTION TO APPROVE OPEN MINUTES OF July 17, 2024

MOTION:	Commissioner Brach
SECOND:	Commissioner O'Reilly
VOTE:	All in Favor

EXECUTIVE DIRECTOR REPORT

PRO FORMA REPORTS - Executive Director reviewed the June fast track, noting there is another loss for this month which can be correlated with the increase of utilization and high claims. He noted that majority of the surplus is from Lakewood, who has a separate agreement, but stated there is no concern with the finances at this time due to the current strong cash position.

2025 CJHIF BUDGET - INTRODUCTION - Executive Director stated that this is a higher budget increase than we have seen previously with some external factors that have been discussed with the Financial Committee. He stated there have been communications this with the risk managers and Executive Committee members prior to the meeting today to provide notice of this budget renewal. He commented it is the hope that it is a one-time correction, and the entire industry is seeing this underwriting cycle based on continuous conversations with the HIF underwriter and Fund Actuary. Executive Director thanked the finance committee with their time and in-depth conversation for this 2025 budget adoption.

Chair Nolan reminded everyone to take in consideration of the current market and noted that there has not been a dramatic increase in the past years of the Fund. Commissioner Brach also noted that claims are 90% of the budget which corresponds with the monthly fast track financials that PERMA reviews, noting the claims spend exceeded expectations this year. He stated that he also believes this is a one-time course correction and out of our control.

Executive Director noted the three main driver factors for this renewal, to be transparent of the challenges that was faced during the budget development. The first factor is the higher than anticipated claims utilization. He noted the spike in high-cost services, but these services still are under the reinsurance threshold, thus not receiving the reimbursements from MRHIF and the Fund is absorbing that. The second factor is that the Toms River entity is leaving the Fund., who was a large member and well performed member of the Fund. He noted this budget excludes them. The third factor is the Medicare Advantage legislation, Inflation Reduction Act (IRA), which causes the costs to shift from the employee to the plan sponsor.

Executive Director reviewed the line coverages percentage increases on the presentation that was distributed as an attachment, highlighting the decrease in the loss fund contingency and the MRHIF projection that based on the performance of individual entities. He noted this Fund has been operating well so this projection may be less for the budget introduction. Additionally, he provided insight that the Medical TPA is also a projected increase at 5% which will be finalized once the RFP is received.

Executive Director reviewed the assessment change by line of coverage which is the action rate change. He stated that variance depends on the lines of coverage for each entity. Executive Director noted the importance of showing globalization with this Fund and the Finance Committee agreed to keep this a globalized budget. He noted the remainder of the presentation provides more informational for you to review at your discretion.

Executive Director appreciates the support for the finance committee with the challenges that was experienced year. We have an exhibit we are getting ready to release that provides a comparison between the State and the Fund. We will stay in touch with the finance committee throughout the end of this year to ensure that we are not in any concerning position.

MOTION TO APPROVE THE INTRODUCTION OF THE 2025 BUDGET

MOTION:	Commissioner Brach
SECOND:	Commissioner O'Reilly
ROLL CALL:	All in favor

DIVIDEND - Executive Director highlighted that the Finance Committee agreed to not recommend a Fund dividend, noting this can be reevaluated at any time.

2025 PROFESSIONAL/CONSULTANT RFPs - Executive Director stated after discussions with the MRHIF Attorney, it would be best practice for each individual entity to have their own QPA versus a shared services agreement. He stated this would result in the Fund issuing competitive quotes for bids for QPA services under the contracts committee. He noted there is an immediate need to release some 2024 RFP's as soon as possible. He noted if there are any Executive Committee members who know a QPA that provide third party services that would be interested, please let PERMA know.

MOTION TO APPROVE THE CONTRACTS COMMITTEE TO ISSUE A BID REQUEST FOR QUALIFIED PURCHASING AGENDA FOR CJHIF

MOTION:	Commissioner Brach
SECOND:	Commissioner Morin
ROLL CALL:	4 Ayes, 0 Nays

MEDICARE ADVANTAGE – RFP – Executive Director stated that an RFP was previously approved at the co-op level, but recommending the RFP will be released at a Fund level. He mentioned there may not be dramatic changes but hopes through competitive process there will be a better opportunity for the renewal.

INDEMNITY AND TRUST AGREEMENTS – Executive Director noted the list of agreements that are out of date and need some assistance in receiving these agreements since this is part of the annual audit filing.

Executive Director surveyed the Executive Committee to gauge if there is an interest in having an executive session with the October meeting to provide further updates regarding the OSC procurement approval process. Commissioner Brach In response to Commissioner Brach’s question regarding any upcoming action items that may be needed at the following meetings to discuss, the Executive Director answered there is no current actions needed but would be notified with any updates or action items. Commissioner Brach stated if there is no action needed, he does not believe an executive session would be necessary. Chair Nolan commented that it will be significant enough to keep the financial committee involved with any updates. Executive Director stated any updates will be provided.

PROGRAM MANAGER’S REPORT – Ms. Bailey reviewed the following items:

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.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

In the subject line of the email, please include *Training – Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

COVERAGE UPDATES:

Onsite Flu Vaccine Clinic Vendor List

Approved onsite flu vaccine clinic vendors list were sent out as supplement attachments with the agenda. CJHIF does not coordinate onsite flu vaccine clinics, groups can reach out to the vendors directly to schedule.

EXPRESS-SCRIPTS UPDATE:

2Q2024 SaveOn Savings (1/1/2024 through 6/22/24)

In 2Q2024, the Central Jersey Health Insurance Fund has saved \$228,943 for members enrolled in SaveOn, an additional \$76,239 in savings from 1Q2024. There are currently 52 participants in the program, an increase of 11 members compared to 1Q2024. In 2024, CJHIF members who used SaveOn saved a total of \$2,070 in copays. The average savings per prescription to date is \$1,316. The full report was sent out as a supplement attachment with the agenda.

Top 5 Therapeutic Categories:

- Inflammatory Conditions
 - 24 members, totaling \$24,693 in savings
- Asthma & Allergy
 - 14 members, totaling \$49,728 in savings
- Cancer
 - 5 members, totaling \$29,899 in savings
- Multiple Sclerosis
 - 4 members, totaling \$18,755
- Hereditary Angiodema
 - 1 member

Mail Order Drug Removal

Effective August 19th, 2024, ESI will no longer dispense the drugs on the attached list at their mail order facilities. Member communications have been sent to impacted members.

Please note the following:

- If a patient sends in a new prescription or requests a refill or renewal for a medication that is no longer stocked, the order will not be processed and the patient will receive a cancellation communication via their existing communication preference, to do one of the following:
 - Consult with their provider on whether an alternative medication available at home delivery is appropriate
 - Fill their prescription from an alternative pharmacy, such as a retail location in their community
- Only the drugs with the specific NDC noted on the attached are impacted
- ESI will continue to fill the drugs on the list through mail order until they no longer have the stock

Please note the impacted members at the MRHIF level is very small and should have little to no impact to members if following the above guidelines.

Notice of Creditable Coverage (NOCC)

CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2025 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 16th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
 - BMI \geq 32 OR
 - BMI between $27 \leq 32$ WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

OPERATIONAL UPDATES:

Open Enrollment - 1/1/25 (Passive)

- CJHIF OE will be held October 28th through November 8th
- All OE updates should be completed in WEX by November 15th to allow time for ID cards to be delivered to members by 1/1/24
- 2025 Qualified HDHP Minimums will be updated as follows:

- Deductible - \$1,650 single/ \$3,300 family
- Maximum Out of Pocket (MOOP) - \$3,300 single/ \$6,600
- OE guides are currently being updated and will be sent once finalized

**** Subject to change pending approval of the 2025 Budget****

2024 LEGISLATIVE REVIEW: None

Medical and Rx Reporting: None

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.

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
04/30/2024	Medical/ Aetna	CJ 2024 07 01	Surgical Services	Upheld	05/13/2024
04/17/2024	Medical/ Aetna	CJ 2024 08 01	Lab Services	Upheld	05/07/2024

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
06/27/2024	Medical/Aetna	CJ 2024 07 01	Surgical Services	Upheld	07/03/2024
08/13/2024	Medical/Aetna	CJ 2024 08 01	Lab services	Upheld	08/22/2024

TREASURER – Fund Treasurer Steve Mayer reviewed the August and September bills list in the agenda. Fund Treasurer continued to review the summary of the cash transactions.

MOTION TO APPROVE THE AUGUST AND SEPTEMBER 2024 BILLS LIST.

MOTION: Commissioner Brach
SECOND: Commissioner Morin
ROLL CALL: 4 Ayes, 0 Nays

ATTORNEY: Fund Attorney had nothing to report.

AETNA: Mr. Silverstein reviewed the claims for the months of June and July 2024. The High claimant report showed four claims for June above \$100,000 and none for July. Mr. Silverstein happily reported that the dashboard metrics through the month of July continue to perform well.

AMERIHEALTH: Ms. Strain reviewed the claims for the month of July and August 2024. There were no high claimants for August.

EXPRESS SCRIPTS: Ms. Patel reviewed the monthly utilization report for July 2024. Ms. Patel reviewed the top 10 indications for 2024 and commented that weight loss and skin condition trend has increased by more than 200%. In Additionally, the usage of Dupixent and Dupixent Syringe has increased which reflected the increase in skin conditions.

DELTA DENTAL: Ms. O'Donnell reviewed the new hearing savings programs that provides discounts for hearing exams and hearing aids. This is a value-added benefit which is no additional cost to the HIF. Members can receive discounts through virtual or in person visits. She reviewed the five different levels that are available for the members.

OLD BUSINESS: None

NEW BUSINESS: None.

PUBLIC COMMENT: None.

MOTION TO ADJOURN MEETING:

MOTION: Commissioner Brach

SECOND:
VOTE:

Commissioner Morin
All in Favor

MEETING ADJOURNED: 2:07 pm

Next Meeting: October 16, 2024 at 1:30 pm, Zoom Meeting

Minutes Prepared by: Caitlin Perkins, Assisting Secretary

APPENDIX II



IMPORTANT!
Your 2025 Benefit
Payment Coupons Are
Delayed

RE: 2025 WEX Payment Coupon Book

Please be aware your 2025 payment coupon book will be delayed and will arrive after your January payment is due.

In order to maintain your coverage, you and your eligible dependents should continue to pay the 2024 payment for all applicable lines of coverage you receive through the Health Insurance Fund each month until your 2025 payment coupons arrive.

Shortly after you receive the 2025 payment coupon book, you will receive a reconciliation of your 2025 premium balance/credit. Upon receipt, please update your future payment amounts and include any owed balance.

If your monthly benefits are paid automatically (ACH), the 2024 payment may be deducted until the 2025 rate is available. When the new rate is available, the next ACH debit will include the new 2025 rate and the under/over payment from the prior month(s).

For Example: The 2024 Medical rate is \$50; the 2025, Medical rate is \$60

January Payment: \$50

February Payment: \$60 + \$10 = \$70

March Payment: \$60

NOTE: Your coverage will not be impacted!

If you have any questions about your 2025 payment coupons, please reach out to WEX at 877-837-5017.

Sincerely,

The Executive Director's Office



IMPORTANT!
Your 2025 Benefit
Payment Coupons Are
Delayed

**RE: Medicare Advantage Prescription Drug (MAPD) Plan Updates
2025 Inflation Reduction Act (IRA) Update**

Effective January 1, 2025, the Centers for Medicare & Medicaid Services (CMS) has approved changes to the Inflation Reduction Act (IRA), including enhancements and changes to Part D plans. Increases to benefits and member protections represent the largest changes in the Part D program since its inception. In addition, reductions in funding from CMS may result in premium increases to your Medicare Advantage Prescription Drug (MAPD) plan effective January 1, 2025. The change in the IRA reduces your member cost share, shifting more claim liability to the plan.

You will receive an annual notice relating to your MAPD plan from your carrier. The information will include your Summary of Benefits. Please review and contact your carrier with any benefit questions, using the telephone number on your ID card.

Note: There will not be a change to the benefits included in your current MAPD plan

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Sincerely,
The Executive Director's Office

APPENDIX III



Your care. Your way.

Convenient and affordable virtual care wherever you need it*

From your therapy appointments to quick care, we've got you covered. You can use CVS Health Virtual Care™ in addition to your traditional network of providers. Access is included as part of your medical plan from Aetna®, a CVS Health® company because **healthier happens together™**.



On-demand care

Access 24/7 quick care for minor illnesses and injuries



Mental health services

Get counseling for things like anxiety and stress, plus psychiatry services for medication management

Extend to in-person care when needed, at nearby MinuteClinic® locations or in-network provider clinics.**

Get started today with CVS Health Virtual Care

- 1 Activate your virtual care benefit by visiting CVS.com/virtual-care or scan the QR code below
- 2 Create an account and confirm your details
- 3 Schedule a mental health appointment, or request on-demand care 24/7/365



Genevieve Locke
Licensed mental health provider

Schedule a visit

Select date

Today



Available visits:

[See all](#)

8:00 AM

8:15 AM

9:15 AM

9:30 >



Register today at CVS.com/virtual-care

*Age restrictions do apply. Mental Health services coverage varies by employer. Make sure to check specific plan benefits to better understand covered mental health services.

**MinuteClinic® in-person services are not included with this product and are subject to plan benefit.

Aetna® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. Limitations may apply based on services and location.

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