

Gateway

BMED FUND



GATEWAY REGIONAL HEALTH INSURANCE FUND

AGENDA AND REPORTS

APRIL 26, 2022

FRANKLIN LAKES BOROUGH HALL

12:00 PM

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
AGENDA MEETING: APRIL 26, 2022
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2022 EXECUTIVE COMMITTEE

Gregory Hart, Chair
Richard Kunze, Secretary
Joseph Catenaro, Executive Committee
Gregory Franz, Executive Committee
Donna Gambutti, Executive Committee
Bob Kakoleski, Executive Committee
Richard Molinari, Executive Committee
Anthony Ciannamea, Executive Committee Alternate
Erin Delaney, Executive Committee Alternate

APPROVAL OF MINUTES: February 22, 2022 Open..... Appendix I

CORRESPONDENCE - None

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics
Executive Director's Report **Page 1**

BENEFITS CONSULTANT REPORT - Crystal Bailey
Conner Strong & Buckelew **Page 12**

ATTORNEY - Russell Huntington, Esq.

TREASURER - Joseph Iannaconi
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Treasurers Report February 2022..... **Page**
Confirmation of Claims Paid/Certification of Transfers

WELLNESS COORDINATOR - Marianne Eskilson **Page**

BOARD ADVISOR - Clark LaMendola

THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein
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PRESCRIPTION PROVIDER - Express Scripts - Mike Stahl

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Resolution 17-22: February, March and April 2022 Bills ListsPage 42

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
April 26, 2022**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of January 31, 2022 (page 6)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

NEW METRO MEMBERS - BLOOMFIELD AND MORRISTOWN

There are two new Medicare Advantage/EGWP members that are interested in joining the Metro subgroup of the Fund. Since both groups are fully insured through Aetna, there is no risk to the Fund. The MA expenses to the Fund are included in the sold rates.

Bloomfield - Effective 6/1/2022
Morristown - Effective 8/1/2022

The strategic planning committee has reviewed these new members and is recommending membership.

Resolution 15-22 approves membership.

METRO SUBGROUP FUND COORDINATOR CONTRACTS

The Strategic Planning Committee had a status discussion regarding the Metro subgroup. The Subgroup is unlikely to become an independent Fund in 2023, rather more likely in more than a year.

The Committee reviewed updated proposals from the Fund Coordinator of the Metro Fund and the Benefits Consultant to reflect services and fees going forward until the subgroup disbands. The Committee recommended an RFP be released for both positions. Resolution 16-22 approves an RFP release.

Minutes from this meeting are available in Appendix III.

IBNR CERTIFICATION

Enclosed is the Fund Actuary's IBNR certification, which reflects the changes to the IBNR that had been discussed at the previous meetings.

2020 MRHIF CLAIMS

In February, the MRHIF has paid the majority of its 2020 high claimant reimbursements in the amount of \$6,181,742.18, of which the BMED received \$39,139.19. The MRHIF expects to close this year in June with no outstanding liabilities to the Fund.

2022 BMED COMMITTEES

The Fund Chair has assigned the following subcommittees to the Fund for 2022:

<u>Claims Committee</u>	<u>Wellness Committee</u>	<u>Strategic Planning Committee</u>	<u>Nominations Committee</u>
Donna Gambutti	Bob Kakoleski, Chair	Rich Kunze, Chair	Joseph Catenaro
Vincent Caruso	Erin Delaney	Greg Franz	Bob Kakoleski
Bob Kakoleski	Michael Carelli	Durene Ayer	Open
	Tom Padilla	Greg Hart	
	Greg Hart	Anthony Cinnamea	

FINANCIAL DISCLOSURE STATEMENTS

The Financial Disclosure notices have been sent. Appendix II includes the status of filings through April 22, 2022. Please file before April 30 to avoid a fine.

2022 MEL/MRHIF EDUCATIONAL SEMINAR

The 11th annual seminar will be conducted virtually on 2 half day sessions: Friday, April 29th and Friday, May 6th from 9 am to 12 noon. There is no fee for employees and insurance producers associated with MEL and Municipal Reinsurance Health Insurance Fund (MR HIF) members as well as personnel who work for service companies that are engaged by MEL member JIFs and MR HIF member HIFs. Attached a copy of the ad which will appear in the League of Municipalities “Power of Collaboration”. The seminar qualifies for Continuing Educational Credits for designated positions as outlined within the ad. Registration will be posted to the MEL website at www.njmel.org.

GASB 75 REPORTS

GASB 75 reports are available through the Fund. Most members will either need a full report or an update this year. The turn around time is a few weeks – please reach out to Emily Koval at PERMA to start the process

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
FINANCIAL FAST TRACK REPORT**

		AS OF	January 31, 2022		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INCOME	6,529,876	6,529,876	680,700,052	687,229,928
2.	CLAIM EXPENSES				
	Paid Claims	4,833,255	4,833,255	553,967,674	558,800,928
	IBNR	494,659	494,659	6,590,644	7,085,303
	Less Specific Excess	-	-	(13,445,211)	(13,445,211)
	Less Aggregate Excess	-	-	(602,911)	(602,911)
	TOTAL CLAIMS	5,327,913	5,327,913	546,510,196	551,838,109
3.	EXPENSES				
	MA & HMO Premiums	439,519	439,519	20,899,144	21,338,662
	Excess Premiums	165,900	165,900	31,377,814	31,543,714
	Administrative	423,876	423,876	49,935,482	50,359,358
	TOTAL EXPENSES	1,029,295	1,029,295	102,212,440	103,241,734
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	172,668	172,668	31,977,416	32,150,084
5.	INVESTMENT INCOME	(32,384)	(32,384)	3,317,030	3,284,646
6.	DIVIDEND INCOME	0	0	7,077,243	7,077,243
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	140,284	140,284	42,371,689	42,511,974
8.	DIVIDEND	0	0	25,147,933	25,147,933
9.	Transferred Surplus	0	0	0	0
	STATUTORY SURPLUS (7-8+9)	140,284	140,284	17,223,757	17,364,041
SURPLUS (DEFICITS) BY FUND YEAR					
	Closed				
	Surplus	(10,122)	(10,122)	9,210,734	9,200,612
	Cash	(22,366)	(22,366)	9,922,382	9,900,016
	2020				
	Surplus	(10,313)	(10,313)	3,896,818	3,886,505
	Cash	(8,310)	(8,310)	3,862,071	3,853,760
	2021				
	Surplus	(597,683)	(597,683)	1,758,551	1,160,869
	Cash	(1,139,996)	(1,139,996)	2,619,779	1,479,783
	METRO HIF 2021				
	Surplus	(153,377)	(153,377)	2,357,653	2,204,276
	Cash	(786,491)	(786,491)	4,946,029	4,159,538
	2022				
	Surplus	222,341	222,341		222,341
	Cash	(562,565)	(562,565)		(562,565)
	METRO HIF 2022				
	Surplus	689,439	689,439		689,439
	Cash	1,494,481	1,494,481		1,494,481
	TOTAL SURPLUS (DEFICITS)	140,284	140,284	17,223,757	17,364,041
	TOTAL CASH	(1,025,247)	(1,025,247)	21,350,260	20,325,013
CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS	(3,274)	(3,274)	474,681,392	474,678,118
	FUND YEAR 2020				
	Paid Claims	3,291	3,291	23,823,234	23,826,525
	IBNR	-	0	0	0
	Less Specific Excess	-	0	(97,956)	(97,956)
	Less Aggregate Excess	-	0	0	0
	TOTAL FY 2020 CLAIMS	3,291	3,291	23,725,278	23,728,569
	FUND YEAR 2021				
	Paid Claims	2,022,896	2,022,896	26,333,400	28,356,296
	IBNR	(1,417,044)	(1,417,044)	2,947,884	1,530,840
	Less Specific Excess	0	0	(535,529)	(535,529)
	Less Aggregate Excess	0	0	0	0
	TOTAL FY 2021 CLAIMS	605,852	605,852	28,745,754	29,351,607
	METRO HIF 2021				
	Paid Claims	1,796,171	1,796,171	15,715,010	17,511,180
	IBNR	(1,649,471)	(1,649,471)	3,642,761	1,993,290
	Less Specific Excess	0	0	0	0
	Less Aggregate Excess	0	0	0	0
	TOTAL METRO HIF 2021 CLAIMS	146,700	146,700	19,357,770	19,504,470
	FUND YEAR 2022				
	Paid Claims	737,613	737,613		737,613
	IBNR	1,689,333	1,689,333		1,689,333
	Less Specific Excess	0	0		0
	Less Aggregate Excess	0	0		0
	TOTAL FY 2022 CLAIMS	2,426,946	2,426,946		2,426,946
	METRO HIF 2022				
	Paid Claims	276,558	276,558		276,558
	IBNR	1,871,840	1,871,840		1,871,840
	Less Specific Excess	0	0		0
	Less Aggregate Excess	0	0		0
	TOTAL METRO HIF 2022 CLAIMS	2,148,399	2,148,399		2,148,399
	COMBINED TOTAL CLAIMS	5,327,913	5,327,913	546,510,195	551,838,109

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.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND			
RATIOS			
INDICES	2021	JAN	FEB
Cash Position	16,404,231	\$ 14,670,994	
IBNR	2,947,884	\$ 3,220,173	
Assets	18,887,963	\$ 18,658,988	
Liabilities	4,021,858	\$ 4,188,661	
Surplus	14,866,105	\$ 14,470,327	
Claims Paid -- Month	3,523,783	\$ 2,760,526	
Claims Budget -- Month	5,322,309	\$ 2,761,004	
Claims Paid -- YTD	29,100,500	\$ 2,760,526	
Claims Budget -- YTD	34,682,113	\$ 2,761,004	
RATIOS			
Cash Position to Claims Paid	4.66	5.31	
Claims Paid to Claims Budget -- Month	0.66	1.00	
Claims Paid to Claims Budget -- YTD	0.84	1.00	
Cash Position to IBNR	5.56	4.56	
Assets to Liabilities	4.70	4.45	
Surplus as Months of Claims	2.79	5.24	
IBNR to Claims Budget -- Month	0.55	1.17	

Metro

RATIOS				
INDICES	2021	JAN	FEB	MAR
Cash Position	4,946,029	\$ 5,654,019		
IBNR	3,642,761	\$ 3,865,130		
Assets	6,000,414	\$ 6,758,845		
Liabilities	3,642,761	\$ 3,865,130		
Surplus	2,357,653	\$ 2,893,715		
Claims Paid -- Month	2,797,425	\$ 2,072,729		
Claims Budget -- Month	2,571,826	\$ 2,775,649		
Claims Paid -- YTD	15,715,010	\$ 2,072,729		
Claims Budget -- YTD	15,715,010	\$ 2,775,649		
RATIOS				
Cash Position to Claims Paid	1.77	2.73		
Claims Paid to Claims Budget -- Month	1.09	0.75		
Claims Paid to Claims Budget -- YTD	1.00	0.75		
Cash Position to IBNR	1.36	1.46		
Assets to Liabilities	1.65	1.75		
Surplus as Months of Claims	0.92	1.04		
IBNR to Claims Budget -- Month	1.42	1.39		

Bergen Municipal Employee Benefits Fund
2021 Budget Report
as of January 31, 2022

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	5,074,752	61,383,974	60,240,520	4,078,697	996,055	20%
Prescription Claims	387,815	4,628,967	3,802,286	294,197	(22,727)	-8%
Prescription Formulary Rebates	(116,345)	(1,388,689)	(1,140,686)	Included Above in Prescription Claims		
Dental Claims	190,431	2,298,677	2,274,112	202,451	(12,020)	-6%
Subtotal	5,536,653	66,922,929	65,176,232	4,575,345	961,308	17%
HMO/DMO Premiums	4,023	48,461	55,137	2,769	1,254	31%
Medicare Advantage / EGWP	481,967	5,857,470	5,778,254	436,749	45,218	9%
Reinsurance Specific	165,782	2,002,976	1,983,709	165,900	(118)	0%
Total Loss Fund	6,188,425	74,831,837	72,993,332	5,180,764	1,007,661	16%
Loss Fund Contingency	0	0	0	0	0	0%
Expenses						
Legal	2,083	25,000	25,000	2,083	-	0%
Treasurer	1,722	20,662	20,662	1,688	34	2%
Administrator	58,564	707,908	1,025,923	58,575	(11)	0%
Risk Management Consultants	142,155	1,718,142	1,692,104	109,180	32,975	23%
Fund CoOrdinator METRO	38,167	462,115	455,004	38,188	(21)	0%
TPA - Claims Agent Aetna	113,715	1,373,901	1,360,685	113,796	(81)	0%
Dental TPA	8,433	101,996	99,478	6,998	1,435	17%
Actuary	1,020	12,240	12,240	1,020	-	0%
Auditor	1,573	18,870	18,870	1,573	(1)	0%
Benefits Consultant	42,942	519,480	597,221	43,462	(103)	0%
Board Advisor	1,530	18,360	18,360	1,530	-	0%
Subtotal Expenses	411,904	4,978,674	5,325,547	378,093	34,228	8%
Miscellaneous and Special Services						
Misc/Cont	897	10,765	10,765	14,459	(13,561)	-1512%
Wellness, Disease, Case Management	8,333	100,000	100,000	8,333	0	0%
Affordable Care Act Taxes	1,508	18,224	18,049	1,508	0	0%
A4 Surcharge	36,553	446,973	448,059	34,522	2,031	6%
Plan Documents	417	5,000	5,000	Included above in Benefits Consultant		
Subtotal Misc/Sp Svcs	47,708	580,962	581,873	58,821	(11,530)	-24%
Total Expenses	459,612	5,559,637	5,907,420	436,915	22,697	5%
Total Budget	6,648,038	80,391,474	78,900,751	5,617,679	1,030,359	15%

ACTUARIAL SOLUTIONS, LLC

STATEMENT OF ACTUARIAL OPINION

March 30, 2022

Executive Committee
Bergen Municipal Employees Benefits Fund

I, John Vataha, am a member of the American Academy of Actuaries ("the Academy"), and a consulting health care actuary. I have been retained by Bergen Municipal Employees Benefits Fund (BMED) to issue this opinion. I meet the Academy qualification standards for issuing this opinion, and I am familiar with the valuation requirements applicable to the Company.

I have reviewed the actuarial assumptions and actuarial methods used in determining the reserves and related actuarial items listed below, as prepared by the management of BMED, for filing with the Company's December 31, 2021 report to New Jersey Department of Banking and Insurance. My responsibility is to express an opinion on these reserves and related actuarial items based on my review. The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Actuarial Standards of Practice and Actuarial Compliance Guidelines as promulgated by the Actuarial Standards Board, and form the basis of this statement of opinion.

<u>Item</u>	<u>Amount</u>
Claims unpaid	\$6,590,644

The reserves and related actuarial items listed above represent the estimates made by management of BMED for all unpaid claims as of December 31, 2021. Considerable uncertainty and variability are inherent in such estimates, and, accordingly, the subsequent development of the unpaid claims liability may not conform to the assumptions used in the determination of the unpaid claims liability and therefore may vary from the amounts in the foregoing table.

I have relied on Brandon Lodics, Executive Director, for the listings and summaries of claims and other relevant data, and for the accuracy of that data, as expressed in the attached statement.

My examination included a review of the actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

In my opinion, the reserves and related actuarial items identified above:

- (a) Are computed in accordance with presently accepted actuarial standards consistently applied, and are fairly stated in accordance with sound actuarial principles except that consideration of the adequacy of the Company's reserves and related actuarial items in conjunction with the assets which support them has not been performed;
- (b) Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the unpaid claims liability was prepared, and provide for all reasonably anticipated unpaid claims under the contracts;
- (c) Are computed on the basis of assumptions consistent with those used in computing the corresponding items of the preceding year;
- (d) Include provision for all actuarial reserves and related actuarial items which ought to be established.

My review did not include asset adequacy analysis, as such analysis is not in the scope of my assignment. I have not reviewed any of BMED's assets and I have not formed any opinion as to their validity or value. My opinion rests on the assumption that BMED's December 31, 2021 unpaid claims liability is funded by valid assets that have suitably scheduled maturities and/or adequate liquidity to meet future cash flow requirements.

My review relates only to those reserves and related actuarial items identified herein, and I do not express an opinion on the Company's financial statements taken as a whole.

This opinion has been prepared solely for the Executive Committee and the management of BMED and for filing with the New Jersey Department of Banking and Insurance, and is not intended for any other purpose.



John Vataha, ASA, MAAA, FCA

REGULATORY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
YEAR: 2022, AS OF FEBRUARY 17, 2022**

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	Filed
<input type="checkbox"/> Assessments	Filed
<input type="checkbox"/> Actuarial Certification	Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	Filed
<input type="checkbox"/> Fund Officers	Filed
<input type="checkbox"/> Renewal Resolutions	Filed
<input type="checkbox"/> Indemnity and Trust	In process
<input type="checkbox"/> New Members (list)	N/A
<input type="checkbox"/> Withdrawals	N/A
<input type="checkbox"/> Risk Management Plan and By Laws	Filed
<input type="checkbox"/> Cash Management Plan	Filed
<input type="checkbox"/> Unaudited Financials	9/30/2021 Filed
<input type="checkbox"/> Annual Audit	2020 Filed
<input type="checkbox"/> Budget Changes	N/A
<input type="checkbox"/> Transfers	N/A
<input type="checkbox"/> Additional Assessments	N/A
<input type="checkbox"/> Professional Changes	N/A
<input type="checkbox"/> Officer Changes	N/A
<input type="checkbox"/> Risk Management Plan Changes	N/A
<input type="checkbox"/> Bylaw Amendments	N/A
<input type="checkbox"/> Benefit Changes (list)	N/A
<input type="checkbox"/> Other	N/A

Gateway-BMED Health Insurance Fund

Benefits Consultant Report

April 2022

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: brokerservice@permainc.com

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

Express Scripts

National Preferred Formulary Update (NPF) - ESI announced their formulary changes effective July 1, 2022. There are 3 BMED members impacted by the changes. Impacted members will receive notification from ESI in early June that include equivalent alternatives and are encouraged to discuss them with their physician. Prior authorization approval will be needed in order to remain on the excluded covered drug after July 1, 2022. Please reference Formulary Changes List and updated National Preferred Formulary that will take effect July 1, 2022, provided with PM report. Email notification was sent to brokers on April 14th.

OPERATIONAL UPDATES:

School Board Participant Open Enrollment – 7/1/22 (Passive)

1. OE will be held April 25th through May 13th

2. All OE updates should be completed in Benefit Express by May 20th to allow time for ID cards to be delivered to members by 7/1/22
3. Garden State Plan will be added to all groups that did not add the plan in January
4. OE guide will be sent from the Program Manager's team for distribution
5. Notification of OE was sent to brokers on April 11th OE guide and Formulary Changes List were included.
6. Notification of OE was sent to groups on April 15th. OE guide and Formulary Changes List were included.

Delta Dental

We are recommending HIF groups with Delta Dental PPO plans with preventative exams frequencies other than 2 times per calendar year change the frequency to 2 times per calendar year. This will avoid claims being denied when a visit is made within the same calendar year sooner than six months from the last exam. Please note this does not apply to groups with Flagship DHMO and/or DeltaCare USA plans as they are state filed plans and cannot be altered. Currently Gateway-BMED has 12 groups that have a preventive exam frequency other than 2 times per calendar year under their PPO dental plan. The change is effective 7/1/22.

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration- Extended through April 15, 2022
 - 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
 - Under special transition rule- certain premium payments are not required to be made before 11/1/21.
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 the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

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 test
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll free number available to requests tests, 800-232-0233 (TTY 888-720-

7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

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.

Mental Health Parity and Addiction Equity Act (MHPAEA)

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>

Surprise Billing and Transparency – Continued Delays

The Health Insurance Funds, including Central 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 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

UPDATE

Aetna is providing the HIF with a unique URL, or hyperlink to post to the Fund’s public website. The URL/hyperlink will need to be posted to the site by July 1, 2022, or upon the group’s renewal date, whichever comes first. The link will automatically refresh each month with any updated information.

BMED Small Claims Committee Appeals

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
3/20/2022	Medical/Aetna	CRS01257-22	Continued Physical Therapy Care	Denial upheld	04/06/2022

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

FEBRUARY 2022

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2021

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003892			
003892	PERMA	1099 FILINGS 2021	24.95
			24.95
003893			
003893	OAKLAND BOROUGH	FY 2021 WELLNESS REIMBURSEMENT	4,533.99
			4,533.99
		Total Payments FY 2021	4,558.94

FUND YEAR 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003894			
003894	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADV 2/22	485,299.75
			485,299.75
003895			
003895	FLAGSHIP HEALTH SYSTEMS	EAST RUTHERFORD 2/22	1,959.78
003895	FLAGSHIP HEALTH SYSTEMS	RUTHERFORD 2/22	1,877.80
			3,837.58
003896			
003896	Deltacare DMO	CITY OF ORANGE 2/22	252.68
			252.68
003897			
003897	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 2/22	9,793.68
			9,793.68
003898			
003898	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 2/22	113,755.24
			113,755.24
003899			
003899	PAYFLEX	FEES 2/22	126.00
003899	PAYFLEX	FEES 1/22	126.00
			252.00
003900			
003900	PERMA	POSTAGE 1/22	52.65
003900	PERMA	ADMIN FEES 2/22	58,542.97
			58,595.62
003901			
003901	HUNTINGTON BAILEY, LLP	ATTORNEY 2/22	2,083.33
			2,083.33
003902			
003902	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR FEES 2/22	38,185.00
			38,185.00

003903			
003903	JOSEPH IANNACONI, JR.	TREASURER 2/22	1,688.08
			1,688.08
003904			
003904	LaMendola Associates, Inc.	RETAINER 2/22	1,530.00
			1,530.00
003905			
003905	WELLNESS COACHES	PLAINFIELD BOE 1/22	8,816.00
			8,816.00
003906			
003906	CIVITAS NEW JERSEY LLC	WELLNESS CONSULTANT 2/22	2,083.33
			2,083.33
003907			
003907	ACCESS	ARC SERVICE & STORAGE 1.31322	120.00
			120.00
003908			
003908	FAIRVIEW INSURANCE	BROKER FEES 2/22	47,482.19
			47,482.19
003909			
003909	ACRISURE LLC d/b/a IMAC INS AGENCY	BROKER FEES 2/22	14,271.56
			14,271.56
003910			
003910	THE VOZZA AGENCY	BROKER FEES 2/22	13,068.98
			13,068.98
003911			
003911	RELIANCE INSURANCE GROUP LLC	WELLNESS PROGRAM 1/22	635.70
003911	RELIANCE INSURANCE GROUP LLC	BROKER FEES 1/22	31,779.93
003911	RELIANCE INSURANCE GROUP LLC	BROKER FEES 2/22	31,806.23
			64,221.86
003912			
003912	ACRISURE LLC DBA SCIROCCO GROUP	BROKER FEES 2/22	974.53
			974.53
003913			
003913	ALLEN ASSOCIATES	BROKER FEES 2/22	9,627.99
			9,627.99
003914			
003914	BURTON AGENCY INC.	BROKER FEES 2/22	894.97
			894.97
003915			
003915	CONNER STRONG & BUCKELEW	BENEFITS CONSULTING 2/22	43,447.04
			43,447.04
003916			
003916	SADDLE RIVER DELI	LUNCH FOR FEB 2022 MEETING	339.80
			339.80
003917			
003917	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 2/22	5,682.87
			5,682.87
003918			
003918	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 2/22	17,064.26
			17,064.26
003919			
003919	MUNICIPAL REINSURANCE H.I.F.	SPEC. REINS. 2/22	165,841.01
			165,841.01
		Total Payments FY 2022	1,109,209.35
		TOTAL PAYMENTS ALL FUND YEARS	1,113,768.29

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

MARCH 2022

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Bergen Municipal Employee Benefit 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>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003920			
003920	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADV 3/22	484,314.99
			484,314.99
003921			
003921	Deltacare DMO	CITY OF ORANGE 3/22	252.68
			252.68
003922			
003922	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 3/22	8,464.56
			8,464.56
003923			
003923	AETNA LIFE INSURANCE COMPANY	TPA - MEDICAL 3/22	114,566.04
			114,566.04
003924			
003924	PAYFLEX	HSA FEES 3/22	125.50
			125.50
003925			
003925	PERMA	POSTAGE 2/22	28.46
003925	PERMA	ADMIN FEES 3/22	58,789.59
			58,818.05
003926			
003926	HUNTINGTON BAILEY, LLP	ATTORNEY 3/22	2,083.33
			2,083.33
003927			
003927	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 3/22	38,454.00
			38,454.00
003928			
003928	JOSEPH IANNACONI, JR.	TREASURER 3/22	1,688.08
			1,688.08
003929			
003929	LaMendola Associates, Inc.	RETAINER 3/22	1,500.00
			1,500.00
003930			
003930	NORTH JERSEY MEDIA GROUP	AD 2.27.22	126.25
			126.25
003931			
003931	CIVITAS NEW JERSEY LLC	WELLNESS CONSULTANT 3/22	2,083.00
			2,083.00
003932			
003932	FAIRVIEW INSURANCE	BROKER FEES 3/22	47,393.49
			47,393.49
003933			
003933	ACRISURE LLC d/b/a IMAC INS AGENCY	BROKER FEES 3/22	14,331.22
			14,331.22
003934			
003934	THE VOZZA AGENCY	BROKER FEES 3/22	13,105.74
			13,105.74

003935			
003935	RELIANCE INSURANCE GROUP LLC	BROKER FEES 3/22	32,329.92
			32,329.92
003936			
003936	ACRISURE LLC DBA SCIROCCO GROUP	BROKER FEES 3/22	1,027.21
			1,027.21
003937			
003937	ALLEN ASSOCIATES	BROKER FEES 3/22	9,494.26
			9,494.26
003938			
003938	BURTON AGENCY INC.	BROKER FEES 3/22	882.19
			882.19
003939			
003939	CONNER STRONG & BUCKELEW	EB CONSULTANT 3/22	43,646.45
			43,646.45
003940			
003940	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 3/22	5,764.65
			5,764.65
003941			
003941	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 3/22	21,153.67
			21,153.67
003942			
003942	MUNICIPAL REINSURANCE H.I.F.	SPEC REINS 3/22	167,023.03
			167,023.03
		Total Payments FY 2022	1,068,628.31
		TOTAL PAYMENTS ALL FUND YEARS	1,068,628.31

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No.16-22

APRIL 2022

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Bergen Municipal Employee Benefit 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 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003349			
003349	ACRISURE LLC d/b/a IMAC INS AGENCY	VOID AND REISSUE	(13,437.63)
003943			
003943	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD TWP BOE - RMC FEE 6/20	4,244.52
003943	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD TWP - RMC FEE 6/20	9,193.11
			13,437.63
		Total Payments FY 2020	0.00

FUND YEAR 2021

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003944			
003944	STATE OF NJ HEALTH BENFTS FUND	STATE SURCHARGE ACTUAL 2021	24,036.00
			24,036.00
003945			
003945	PAYFLEX	DECEMBER 2021 BALANCES	123.00
			123.00
		Total Payments FY 2021	24,159.00

FUND YEAR 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003946			
003946	STATE OF NJ HEALTH BENFTS FUND	STATE SURCHARGE ESTIMATE 2022	19,703.00
			19,703.00
003947			
003947	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADV 4/22	486,705.14
			486,705.14
003948			
003948	FLAGSHIP HEALTH SYSTEMS	RUTHERFORD 4/22	1,919.53
003948	FLAGSHIP HEALTH SYSTEMS	EAST RUTHERFORD 4/22	1,959.78
			3,879.31
003949			
003949	Deltacare DMO	CITY OF ORANGE 4/22	302.87
			302.87
003950			
003950	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 4/22	8,623.68
			8,623.68

003951				114,606.58
003951	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 4/22		114,606.58
003952				
003952	PERMA	POSTAGE 3/22		67.23
003952	PERMA	ADMIN FEES 4/22		59,368.46
				59,435.69
003953				
003953	HUNTINGTON BAILEY, LLP	ATTORNEY 4/22		2,083.33
				2,083.33
003954				
003954	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 4/22		38,640.00
				38,640.00
003955				
003955	JOSEPH IANNACONI, JR.	TREASURER 4/22		1,688.08
				1,688.08
003956				
003956	LaMendola Associates, Inc.	RETAINER 4/22		1,530.00
				1,530.00
003957				
003957	NJ ADVANCE MEDIA	AD BALANCE 2/22		360.90
				360.90
003958				
003958	WELLNESS COACHES	PLAINFIELD BOE 2/22		8,584.00
				8,584.00
003959				
003959	CIVITAS NEW JERSEY LLC	WELLNESS CONSULTANT 4/22		2,083.33
				2,083.33
003960				
003960	FAIRVIEW INSURANCE	BROKER FEE 4/22		47,683.62
				47,683.62
003961				
003961	ACRISURE LLC d/b/a IMAC INS AGENCY	BROKER FEES 4/22		14,569.93
				14,569.93
003962				
003962	THE VOZZA AGENCY	BROKER FEES 4/22		13,110.81
				13,110.81
003963				
003963	RELIANCE INSURANCE GROUP LLC	BROKER FEES 4/22		32,291.49
				32,291.49
003964				
003964	ACRISURE LLC DBA SCIROCCO GROUP	BROKER FEES 4/21		921.86
				921.86
003965				
003965	ALLEN ASSOCIATES	BROKER FEES 4/22		9,627.98
				9,627.98
003966				
003966	BURTON AGENCY INC.	BROKER FEES 4/22		920.54
				920.54
003967				
003967	CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT 4/22		43,690.64
003967	CONNER STRONG & BUCKELEW	SELECTIVE INS- SURETY BOND 2022		1,961.00
				45,651.64
003968				
003968	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 4/22		5,723.76
				5,723.76
003969				
003969	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 4/22		18,515.49
				18,515.49
003970				
003970	MUNICIPAL REINSURANCE H.I.F.	SPEC REINSURANCE 4/22		167,082.16
				167,082.16
		Total Payments FY 2022		1,104,325.19
		TOTAL PAYMENTS ALL FUND YEARS		1,128,484.19

Chairperson

Attest:

Dated: _____

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

Month		February							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid February	Monthly Recoveries February	Calc. Net Paid Thru February	TPA Net Paid Thru February	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022	Medical	475,865.64	4,598,538.29	0.00	5,074,403.93	0.00	5,074,403.93	475,865.64	4,598,538.29
	Dental	103,284.97	151,948.81	0.00	255,233.78	0.00	255,233.78	103,284.97	151,948.81
	Rx	274,807.40	417,414.55	0.00	692,221.95	0.00	692,221.95	274,807.40	417,414.55
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	853,958.01	5,167,901.65	0.00	6,021,859.66	0.00	6,021,859.66	853,958.01	5,167,901.65

SUMMARY OF CASH TRANSACTIONS										
FUND YEAR 2022										
Month Ending:	February									
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	Medicare Advantage	RSR	Admin	TOTAL
OPEN BALANCE	301,347.75	(75,352.61)	(149,838.76)	0.00	0.00	(88,745.12)	57,216.92	0.00	(607,193.42)	(562,565.24)
RECEIPTS										
Assessments	2,180,021.72	79,768.31	118,441.88	0.00	0.00	73,704.63	162,664.01	0.00	216,353.18	2,830,953.73
Refunds	0.00	0.00	0.00	0.00			0.00			0.00
Invest Pymnts	(177.43)	0.00	0.00	0.00	0.00	0.00	(33.69)	0.00	0.00	(211.12)
Invest Adj	(1.59)	0.00	0.00	0.00	0.00	0.00	(0.30)	0.00	0.00	(1.89)
Subtotal Invest	(179.02)	0.00	0.00	0.00	0.00	0.00	(33.99)	0.00	0.00	(213.01)
Other *	50,837.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50,837.45
TOTAL	2,230,680.15	79,768.31	118,441.88	0.00	0.00	73,704.63	162,630.02	0.00	216,353.18	2,881,578.17
EXPENSES										0.00
Claims Transfers	4,598,538.29	151,948.81	417,414.55	0.00	0.00	0.00	0.00	0.00	0.00	5,167,901.65
Expenses	0.00	0.00	0.00	0.00	0.00	165,841.01	0.00	0.00	943,368.34	1,109,209.35
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,782.89	3,782.89
TOTAL	4,598,538.29	151,948.81	417,414.55	0.00	0.00	165,841.01	0.00	0.00	947,151.23	6,280,893.89
END BALANCE	(2,066,510.39)	(147,533.11)	(448,811.43)	0.00	0.00	(180,881.50)	219,846.94	0.00	(1,337,991.47)	(3,961,880.96)

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS									
Bergen Municipal Employee Benefits Fund									
ALL FUND YEARS COMBINED									
CURRENT MONTH		February							
CURRENT FUND YEAR		2022							
	Description:	CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	Investors		
	ID Number:								
	Maturity (Yrs)								
	Purchase Yield:								0.8
	TO TAL for All Accts & instruments								
	Opening Cash & Investment Balance	\$20,325,011.81	6,930,267.35	2,931,856.05	-	-	4,249,820.58	6,213,067.83	
	Opening Interest Accrual Balance	\$2,634.99	-	-	-	-	2,634.99	-	
1	Interest Accrued and/or Interest Cost	\$848.43	\$0.00	\$0.00	\$0.00	\$0.00	\$848.43	\$0.00	
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4	Accretion	-\$131.42	\$0.00	-\$131.42	\$0.00	\$0.00	\$0.00	\$0.00	
5	Interest Paid - Cash Instr.s	\$4,862.58	\$273.59	\$2,597.46	\$0.00	\$0.00	\$84.76	\$1,906.77	
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7	Realized Gain (Loss)	-\$19,522.16	\$0.00	-\$18,494.16	\$0.00	\$0.00	-\$1,028.00	\$0.00	
8	Net Investment Income	-\$13,942.57	\$273.59	-\$16,028.12	\$0.00	\$0.00	-\$94.81	\$1,906.77	
9	Deposits - Purchases	\$3,404,270.92	\$3,404,270.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10	(Withdrawals - Sales)	-\$6,285,452.83	-\$6,285,136.94	-\$315.89	\$0.00	\$0.00	\$0.00	\$0.00	
	Ending Cash & Investment Balance	\$17,429,038.90	\$4,049,674.92	\$2,915,512.04	\$0.00	\$0.00	\$4,248,877.34	\$6,214,974.60	
	Ending Interest Accrual Balance	\$3,483.42	\$0.00	\$0.00	\$0.00	\$0.00	\$3,483.42	\$0.00	
	Plus Outstanding Checks	\$1,158,602.38	\$1,158,602.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Balance per Bank	\$18,587,641.28	\$5,208,277.30	\$2,915,512.04	\$0.00	\$0.00	\$4,248,877.34	\$6,214,974.60	



CIVITAS

COMMUNITY • WELLNESS • LIFE-COACHING • COLLABORATION

NEW JERSEY

TO: BMED Executive Committee and Commissioners

FROM: Marianne Eskilson, VP Civitas New Jersey; NJMEBF Wellness Consultant

DATE: April 20, 2022

RE: Report of Activity and Progress

STATUS UPDATE

- 1. Education:** Inter-agency communication, collaboration and momentum have been the resounding theme relating to our unique partnership with Valley Health Systems. The monthly live webinar program officially rolled out in March and three seminars have been presented. Attendance has been robust and remarkable. To give Valley Health System executive leadership members a good understanding of our NJ self-insurance fund model and update them on the broad reach of the program and our impressions so far, a memo was prepared, which is attached. The memo refers to both the Gateway-BMED and North Funds who are the primary clients of the program. The information is also useful for Gateway-BMED commissioners to review relative to the program's progress. Additionally, Lori Ruschman, Valley Health Systems Account Executive, and I have been working in tandem to create the attached schedule of live webinar offerings for the balance of the year. A flyer outlining the calendar for the balance of the year, with brief descriptions of each webinar is also attached. Minor technological challenges have been resolved and efforts are being made to further streamline process and communications. Reviews from webinar participants have been 100% positive and very complementary.
- 2. Newsletter:** The 5th issue of the Gateway-BMED's health and wellness newsletter will be distributed in the first week of May. A copy of the PDF version is attached. This newsletter is designed to be available to all Gateway-BMED agencies. Earlier editions have been distributed monthly to all health and wellness program participating agencies through their ambassadors. All agencies who are not currently participating in the health and wellness program should provide me with a contact person within your agency to whom I should send a link for each month's edition to so that it can be shared with your full-time employee base as soon as possible. It is intended that this person would also receive information on a regular basis associated with the Valley Health Systems

education program, since that program is also designed to to accommodate and be available to all Gateway-BMED agencies.

3. **Participation Agreements:** Rosters from each participating agency have been received. A total of 6 fully insured agencies and 1 dental only agency are participating in the program. We welcome Park Ridge to the program, who recently joined. A total of over 250 employees are currently enrolled in the program.
4. **Wellness Committee 2022:** Several new members were added to the Gateway-BMED's Wellness Committee, which had their first meeting earlier this month. The primary focus of the meeting agenda was to formally create the Committee's mission, vision, goals, objectives and function. A detailed summary of the meeting is attached. The enthusiasm and cohesion of the group are both notable and exciting considering the opportunities that lie ahead.
5. **AbleTo:** A new and innovative approach to managing chronic disease (diabetes, asthma, IBS, etc.) and/or behavioral health diagnoses, such as depression and anxiety is now being offered by Aetna through its traditional basket of services offered to fund participants. The program is offered through Aetna's vendor, AbleTo, who provides a comprehensive 8-week program of telehealth or video conferenced therapy and life/behavioral coaching sessions to participants. This approach can be cathartic to habit modification, increasing awareness of health and wellness concepts and helping members to make lasting changes in how they live and approach challenges. A strong campaign of marketing to target audiences has been made by Aetna through direct mail and telephonic outreach. Through our communication channels of the newsletter and word of mouth, local efforts are also being made to share information about the availability of the program. This program targets those who have presented with over a dozen diagnoses encompassing both physical and mental health challenges, as highlighted within the attached brochures. There is no cost to the participant who elects take part in the program. Members who have not specifically received a flyer can also be considered for inclusion into the program.
6. **Thinking About Joining the Program in 2023? Let's Talk Soon:** For budgetary purposes, it will be important for towns who may have an interest in joining the program in 2023 to express their intentions by the end of August, so that adequate budgetary accommodations can be incorporated into Fund budget planning for 2023. I will be contacting everyone within the next month; however, please feel free to beat me to the punch and give me a call with any questions, concerns or interest you may have so that I can provide you and your staff with support to ensure a smooth and easy roll-out in 2023. I can be reached at 973-944-8693 or via email at msmith@civitasnj.net
7. **Looking Ahead:** A meeting of ambassadors will be scheduled at a date to be announced in late June to collaborate and provide a vehicle for information exchange and support. Similarly, Lori Ruschman, from Valley Health Services and I will be planning to make in person visits together for brief on-site meet and greets with health and wellness program participants and ambassadors in late June to gauge interest, gather information about programming and be available for questions.



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

April 26, 2022



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS PAID 2021	# OF EES	PER EE	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE
JANUARY	\$1,416,393	1,078	\$ 1,314	\$4,213,352	2,808	\$ 1,500
FEBRUARY	\$1,703,277	1,669	\$ 1,021	\$4,762,650	2,818	\$ 1,690
MARCH	\$2,706,809	1,879	\$ 1,441			
APRIL	\$2,299,418	1,888	\$ 1,218			
MAY	\$2,865,797	1,876	\$ 1,528			
JUNE	\$3,386,738	1,877	\$ 1,804			
JULY	\$2,346,596	2,810	\$ 835			
AUGUST	\$3,900,320	2,791	\$ 1,397			
SEPTEMBER	\$4,723,951	2,743	\$ 1,722			
OCTOBER	\$4,341,944	2,775	\$ 1,565			
NOVEMBER	\$4,578,836	2,790	\$ 1,641			
DECEMBER	\$5,375,389	2,795	\$ 1,923			
TOTALS	\$39,645,470			\$8,976,002		
				2022 Average	2,813	\$ 1,595
				2021 Average	1,056	\$ 1,473

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

Plan Sponsor Unique ID : All
Customer: BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND
Group / Control: 00169469,00866353,00880725,SI283129

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

	Billed Amt	Paid Amt
	\$1,283,169.01	\$481,671.05
	\$107,947.00	\$83,583.88
	\$183,437.36	\$57,634.77
Total:	\$1,574,553.37	\$622,889.70

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

Plan Sponsor Unique ID : All
Customer: BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND
Group / Control: 00169469,00866353,00880725,SI283129

Paid Dates: 02/01/2022 - 02/28/2022
Service Dates: 01/01/2011 - 02/28/2022
Line of Business: All

	Billed Amt	Paid Amt
	\$203,903.82	\$186,636.20
	\$252,139.00	\$92,420.76
	\$105,705.98	\$90,523.36
	\$95,350.72	\$79,836.37
	\$606,224.92	\$57,893.69
	\$92,347.00	\$57,692.07
	\$114,230.70	\$52,300.65
	\$118,500.49	\$50,473.57
Total:	\$1,588,402.63	\$667,776.67



Medical Claims Paid:
January 2022 – February 2022

Total Medical Paid per EE: **\$1,595**

Network Discounts

Inpatient:	63.4%
Ambulatory:	65.5%
Physician/Other:	64.4%
TOTAL:	64.4%

Provider Network

% Admissions In-Network:	93.7%
% Physician Office:	87.4%

Aetna Book of Business:
Admissions 97.8%; Physician 91.2%

Top Facilities Utilized (by total Medical Spend)

- Hackensack University
- Cooperman Baribas
- Morristown Medical Center
- Valley Hospital
- Holy Name

Catastrophic Claim Impact
January 2022- February 2022

Number of Claims Over \$50,000: **20**
Claimants per 1000 members: **3.1**
Avg. Paid per Claimant: **\$95,758**
Percent of Total Paid: **22.3%**

- Aetna BOB- HCC account for an average of 42.9% of total Medical Cost

Aetna One Flex Member Outreach:
Through February 2022

Total Members Identified: **1,689**
Members Targeted for 1:1 Nurse Support : **216**
Members Targeted for Digital Activity: **1,473**
Member 1:1 outreach completed: **196**
Member 1:1 Outreach in Progress: **20**

Teladoc Activity:
January 2022 – February 2022

Total Registrations: **51**
Total Online Visits: **113**
Total Net Claims Savings: **\$53,346**
Total Visits w/ Rx: **96**

Mental Health Visits: **34**
Dermatology Visits: **9**

Allentown Service Center
Performance Goal Metrics YTD 2022

Customer Service Performance
(Q1 2022)

1 st Call Resolution:	94.2%
Abandonment Rate:	2.6%
Avg. Speed of Answer:	56.2 sec

Claims Performance
(Q4 2021)

Financial Accuracy:	98.78%
---------------------	---------------

(Q1 2022)

90% processed w/in:	20.3 days
95% processed w/in:	45.0 days

Claims Performance (Monthly)
(March 2022)

90% processed w/in:	14.2 days
95% processed w/in:	24.5 days

(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy: 99%

Turnaround Time

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

COVID-19 population alerts

Hot Spots in the United States - Map (to the right)

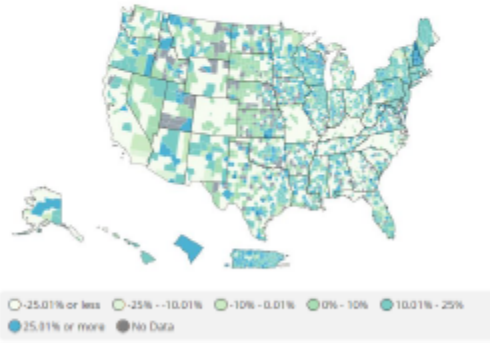
The map shows how the number of new cases have CHANGED in the last two weeks across the U.S. (not plan sponsor-specific). This provides an indication of which direction the level of new cases is trending.

County Alerts (below)

The tables below show the average daily new cases per 100,000 individuals by county over the past 7 days. These rates are reflective of the overall population of the county, not of your specific membership. We are providing this information to inform you where you have membership in counties that are experiencing a high or emerging rate of new cases.

The CDC collects new case counts at the county level. We are using this information to calculate a '7 day average new case count.' This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information below is for your top 25 counties (by membership) which have been identified as having either a high (>25) or emerging (10-24) average daily case rate. Note: There could be less than 25 counties in the tables or none at all if the alert criteria is not met in counties where you have membership.



Heat map of recent growth by county: This map shows the percentage change in cases between the last seven days and the previous seven days. Darker colors indicate an increasing trend while lighter colors indicate a decreasing trend. Last Updated: 04/12/2022 | Source: CDC

High risk counties (red) had greater than 25 daily new cases per 100,000 people last week
Emerging risk counties (orange) had between 10 and 25 daily new cases per 100,000 people last week

Scroll to the end of this report for a list of the top 50 counties with the highest average daily new case counts where you have membership

High Risk (>=25 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Bergen	932,202	1,733	26.1
NY, Warren	63,944	4	25.9
VA, Arlington	236,842	2	35.0
FL, Miami-Dade	2,716,940	2	29.1
AZ, Pinal	462,789	1	30.4

Emerging Risk (10-24 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Essex	798,975	1,088	19.1
NJ, Union	556,341	1,005	15.3
NJ, Middlesex	825,062	703	20.6
NJ, Morris	491,845	440	20.7
NJ, Passaic	501,826	351	15.9
NJ, Somerset	328,934	245	19.2
NJ, Monmouth	618,795	127	21.7
NJ, Sussex	140,488	122	15.7
NJ, Ocean	607,186	97	15.4
NJ, Warren	105,267	85	13.6
NJ, Hudson	672,391	59	19.5
NJ, Hunterdon	124,371	47	18.5
NJ, Burlington	445,349	25	14.9
NY, Rockland	325,789	17	18.5
NY, Orange	384,940	15	20.5
AZ, Maricopa	4,485,414	12	15.0
FL, Palm Beach	1,496,770	10	18.6
FL, Lee	770,577	9	12.6
FL, Sarasota	433,742	8	16.4
FL, Charlotte	188,910	8	12.9
FL, Pasco	553,947	7	10.0
NJ, Mercer	367,430	7	19.4
FL, Collier	384,902	7	13.7
VT, Caledonia	29,993	6	17.6
PA, Pike	55,809	5	19.2

* Counties with less than 20 new cases in the prior week will not appear in this report. New case data is not available for approximately thirty counties. County population is based on 2010 Census data. *Your members* represents your total Aetna self-insured membership.



Actual paid claim amounts may vary from this report once claims are finalized.
 The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results.
 Data in this report is from March 1, 2020 to current (excluding graphs)

COVID-19 Claims Activity

What claims have been adjudicated for COVID-19 related diagnoses and/or testing?

Use these insights to:

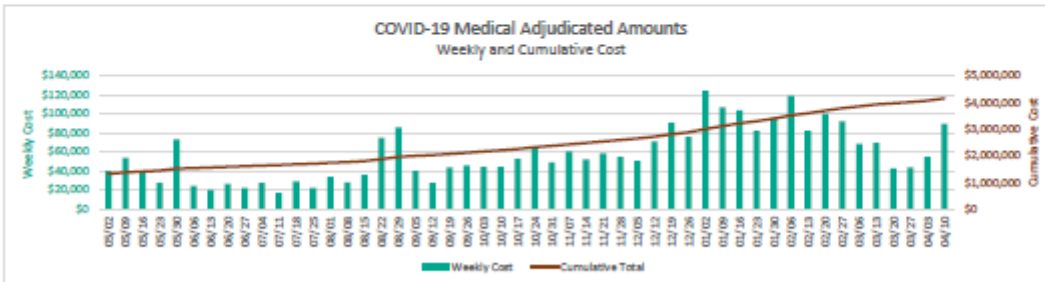
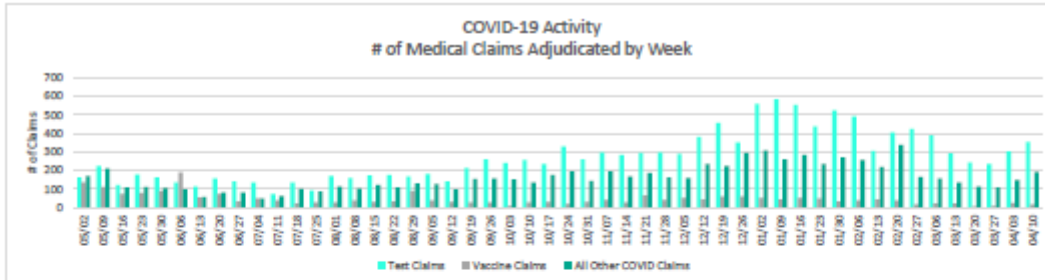
- ✓ Monitor estimated weekly plan expenses associated with COVID-19
- ✓ Understand the relative impact on overall claim spend

At a glance

	COVID-19 paid	Number of Claims		Unique Claimants (claimants may be counted in each category)		
		Tests	Vaccine	Tests	Vaccine Administration*	All Other
Current Week	\$89,288	353	18	286	18	163
3/01/20 - 4/10/22	\$4,146,892	19,290	3,590	4,634	1,888	3,620

*Vaccine data includes medical and pharmacy for Aetna administered plans

How does this week compare to previous weeks?







Telemedicine Monitor

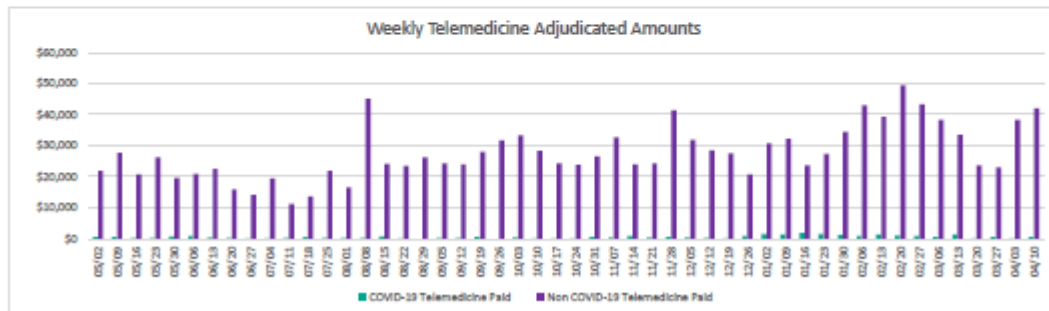
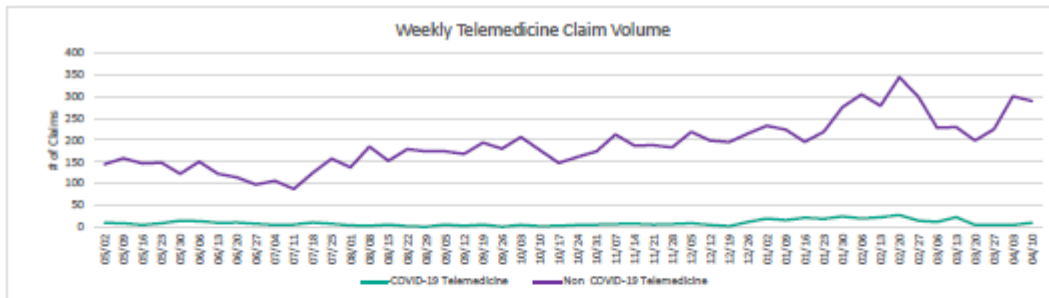
What is the recent Telemedicine claims activity?

- Use these insights to:
- ✓ Review monthly growth of both Teledoc and community based providers providing approved telemedicine services
 - ✓ Understand trends driven by COVID-19 related claims versus overall utilization for non-virus related conditions

At a glance

	 COVID-19 telemedicine paid	 Non COVID-19 telemedicine paid	 COVID-19 telemedicine claims	 Non COVID-19 telemedicine claims
Current Week	\$641	\$41,959	9	290
3/01/20 - 4/10/22	\$67,760	\$2,229,469	891	15,754

How is Telemedicine changing over time?





Actual paid claim amounts may vary from this report once claims are finalized.
 The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results.
 Data in this report is from March 1, 2020 to current (excluding graphs)

Total Weekly Adjudicated Medical Claims

What is the overall adjudicated claim activity on a weekly basis?

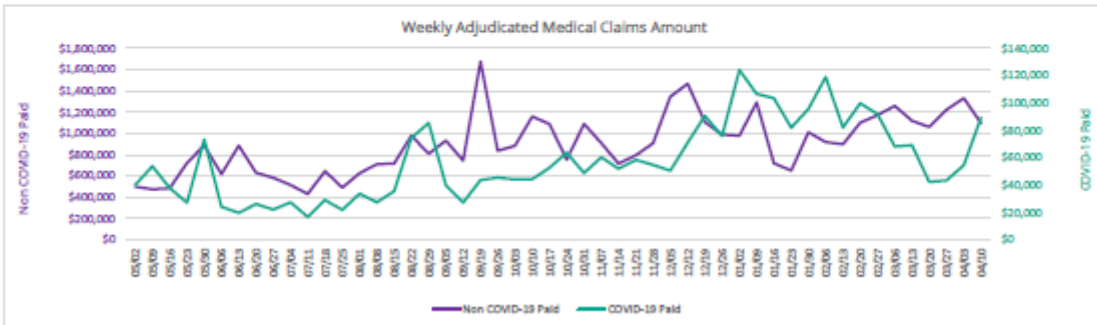
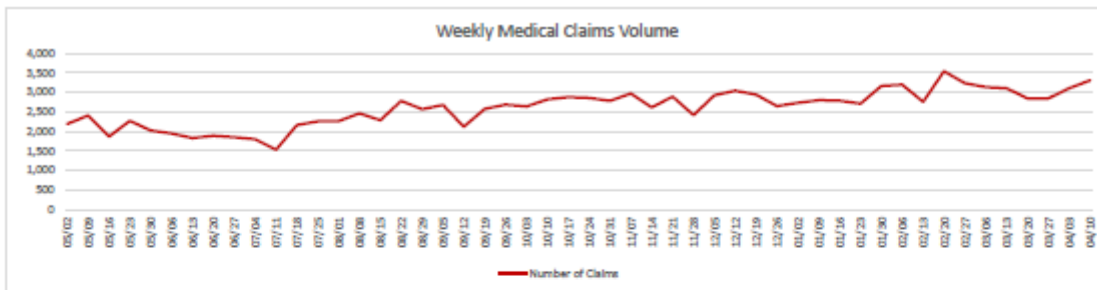
Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

At a glance

 Total medical paid (current week) \$1,184,021	 Total medical claims (current week) 3,305	 Current week paid (change from last week) -14.5%	 COVID-19 % of total medical paid (3/1/20 - 4/10/22) 5.9%
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How does this week compare to previous weeks?

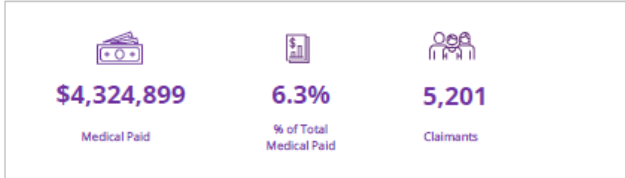


At a glance
COVID-19 All-time experience

Time period: Jan 2020 - Mar 2022, paid through March 2022

Average Members: 4,199

Key Statistics (Medical Claims Only)



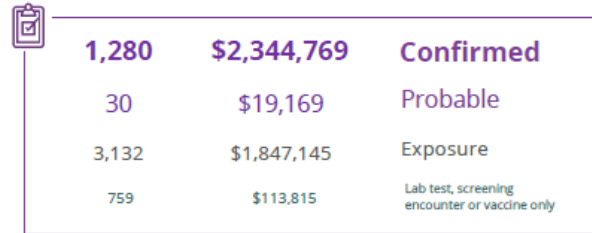
More detailed information is found on the next page to help you answer critical questions:

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

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

*Claimant Distribution**

how your total claimants break down based on diagnosis code information



*refer to Report terms on page 1

*COVID-19 population risk**



36.0%

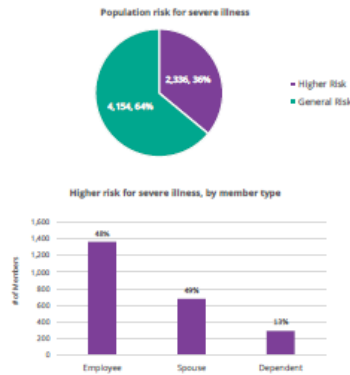
Members at risk for severe illness

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

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

The bar chart displays this information by member type.

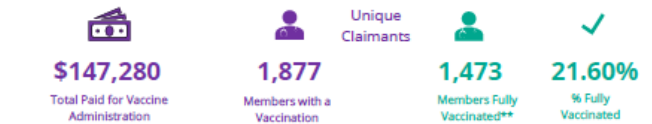
* See page one for High Risk definition.



Testing



*Vaccine Administration (Medical & Pharmacy)**



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

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



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

Total Component/ Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
Membership	2,178	2,162	2,158	2,166	2,149	2,152	2,150	2,150	2,149	2,152	2,169	2,157	2,174	2,180	2,164	2,173	2,161
Total Days	80,355	82,800	74,981	238,136	85,385	77,741	86,351	249,477	77,658	85,376	85,768	248,802	82,722	87,200	81,317	251,239	987,654
Total Patients	821	792	774	1,210	812	813	821	1,224	822	829	838	1,249	840	853	856	1,284	1,685
Total Plan Cost	\$303,599	\$364,965	\$349,463	\$1,018,027	\$334,703	\$275,313	\$490,519	\$1,100,536	\$315,683	\$372,585	\$370,036	\$1,058,305	\$366,329	\$353,834	\$337,158	\$1,057,322	\$4,234,189
Generic Fill Rate (GFR) - Total	84.1%	84.6%	83.7%	84.1%	85.0%	85.5%	85.2%	85.2%	85.4%	86.2%	85.8%	85.8%	84.1%	84.7%	84.8%	84.5%	84.9%
Plan Cost PMPM	\$139.39	\$168.81	\$161.94	\$156.67	\$155.75	\$127.93	\$228.15	\$170.60	\$146.90	\$173.13	\$170.60	\$163.57	\$168.50	\$162.31	\$155.80	\$162.22	\$163.25
Total Specialty Plan Cost	\$88,809	\$180,476	\$175,645	\$444,930	\$130,401	\$99,882	\$286,465	\$516,748	\$124,286	\$171,111	\$162,929	\$458,326	\$145,141	\$158,530	\$121,792	\$425,464	\$1,845,468
Specialty % of Total Specialty Plan Cost	29.3%	49.5%	50.3%	43.7%	39.0%	36.3%	58.4%	47.0%	39.4%	45.9%	44.0%	43.3%	39.6%	44.8%	36.1%	40.2%	43.6%

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	2,519	2,513	2,517	2,516													
Total Days	94,711	104,420	94,916	294,047													
Total Patients	951	1,011	968	1,444													
Total Plan Cost	\$375,434	\$401,376	\$406,542	\$1,183,352													
Generic Fill Rate (GFR) - Total	86.2%	85.0%	85.6%	85.6%													
Plan Cost PMPM	\$149.04	\$159.72	\$161.52	\$156.76													
% Change Plan Cost PMPM	6.9%	-5.4%	-0.3%	0.1%													
Total Specialty Plan Cost	\$133,200	\$176,083	\$158,293	\$467,577													
Specialty % of Total Specialty Plan Cost	35.5%	43.9%	38.9%	39.5%													

PMPM	
Jan-March 2021	\$156.67
Jan-March 2022	\$156.76
Trend 2022	0.1%



Paid Claims by Procedure Category

Procedure Category	2019	2020	2021	Book of Business
Diagnostic	23,1%	23,9%	24,7%	24,4%
Preventive	21,4%	20,7%	21,8%	21,1%
Restorative	13,7%	13,4%	13,4%	12,6%
Crowns/Inlays	15,3%	15,4%	15,3%	12,1%
Endodontic	6,8%	8,2%	6,6%	5,9%
Periodontal	3,2%	2,9%	4,0%	4,4%
Prostodontics (removable)	0,9%	0,8%	0,6%	1,1%
Prostodontics (fixed)	3,5%	3,1%	2,7%	3,7%
Oral Surgery	5,5%	5,0%	4,6%	6,0%
Orthodontic	3,9%	4,4%	4,3%	6,2%
Miscellaneous	2,8%	2,2%	2,1%	2,4%

Definitions for each 'Procedure Category' are in the Glossary.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
April 26, 2022

The following Resolutions listed on the Consent Agenda will be enacted in one motion. Copies of all Resolutions are available to any person upon request. Any Commissioner wishing to remove any Resolution(s) to be voted upon, may do so at this time, and said Resolution(s) will be moved and voted separately.

Resolutions

Subject Matter

Motion _____ **Second** _____

Resolution 15-22: Offer MembershipPage 40
Resolution 16-22: Releasing RFP to the Metro SubgroupPage 41
Resolution 17-22: February, March and April 2022 Bills ListsPage 42

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION TO OFFER MEMBERSHIP
BLOOMFIELD TOWNSHIP AND CITY OF MORRISTOWN**

WHEREAS, a number of municipalities in the state of New Jersey have joined together to form a Joint Insurance Fund, under the name of the Bergen Municipal Employee Benefits Fund (the "Fund"), as permitted by law; and

WHEREAS, the Fund held a Public Meeting on **April 25, 2022** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Executive Director, Benefits Consultant and Aetna Medicare Advantage has reviewed the risk, underwriting detail and expenses to the Fund and recommends an annual total assessment as presented in detail; and

WHEREAS, the Operations Committee has reviewed a submission from the Township of Bloomfield and City of Morristown for retiree medical and prescription coverage and recommended approval;

WHEREAS, the Township of Bloomfield and City of Morristown will be prospectively rated in 2022 as part of the overall renewal of the "Metro" subgroup; and

BE IT RESOLVED, it has been determined that the admission to membership in the Fund of the above mentioned entity 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 Bergen Municipal Employee Benefits Fund hereby offers membership to the Township of Bloomfield and City of Morristown for retiree medical and prescription coverage on July 1, 2021 contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

ADOPTED: April 25, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 16-22

RESOLUTION FOR REQUEST FOR PROPOSALS FOR METRO SUBGROUP

WHEREAS, the Bergen Municipal Employee Benefits 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, at its April 26, 2022, the Fund was advised that the Metro Subgroup will continue to exist within the Fund structure;

WHEREAS, the Fund Coordinator and Benefits Consultant services will change and fees may adjust;

WHEREAS, the Executive Committee has determined it necessary to release a request for proposals for the Metro Subgroup Fund Coordinator position effective July 1, 2022.

WHEREAS, this Extraordinary Unspecified Service contract RFPs will be authorized pursuant to the Local Public Contracts Law, N.J.S.A. 40A:11-5(1)(a)(i); now, therefore

BE IT RESOLVED by the Bergen Municipal Employee Benefits Fund that, contingent upon the funding as described herein, the Strategic Planning Committee will review all responses to the RFP for recommendation to the Executive Committee.

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

ADOPTED: April 26, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 17-22

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE FEBRUARY, MARCH AND APRIL 2022 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **April 26, 2022** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of February, March and April 2022 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 **Bergen Municipal Employee Benefits Fund** hereby approve the Bills List for March 2022 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: April 26, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
OPEN MEETING: February 22, 2022
ZOOM MEETING
12:00 P.M.

Meeting called to order by Chairman Hart. The Open Public Meeting Notice was read into the record.

ROLL CALL OF 2022 EXECUTIVE COMMITTEE:

Gregory Hart, Chair	Present
Richard Kunze, Secretary	Present
Joseph Catenaro, Executive Committee	Absent
Gregory Franz, Executive Committee	Present
Donna Gambutti, Executive Committee	Present
Bob Kakoleski, Executive Committee	Present
Richard Molinari, Executive Committee	Absent
Anthony Ciannamea, Executive Committee Alternate	Present
Erin Delaney, Executive Committee Alternate	Absent

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics, Executive Director Emily Koval, Account Manager
Attorney	Huntington Bailey, LLP	Russ Huntington Bill Bailey
Treasurer	Joseph Iannaconi	Joseph Iannaconi
Third Party Administrator	Aetna	Absent
Dental Claims Administrator	Delta Dental of NJ, Inc.	Kim White
Auditor	Lerch, Vinci & Higgins	Absent
Actuary	John Vataha	Absent
Independent Consultant	LaMendola Associates	Clark LaMendola
Benefits Consultant	Conner Strong	Crystal Bailey Sam DiMarini
RX Administrator	Express Scripts	Mike Stahl
Wellness Coordinator	Civitas	Marianne Eskilson

OTHERS PRESENT:

Matt McArow, Otterstedt
Frank Covelli, PIA
Brittany Vozza, Vozza Agency
Dave Vozza, Vozza Agency

APPROVAL OF MINUTES:

MOTION TO APPROVE THE PRESENTED OPEN MINUTES OF JANUARY 2022:

MOTION:	Commissioner Franz
SECOND:	Commissioner Kakoleski
ROLL CALL VOTE:	6 Ayes, 0 Nays

CORRESPONDENCE - None.

EXECUTIVE DIRECTORS REPORT

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of December 31, 2021 (page 7)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

Executive Director reviewed the Financial Fast Track through December 31, 2021. He said that financials continue to stay strong with a very health surplus.

AETNA CLAIMS PROCESSING SLOW DOWN -Executive Director said that during the Schools HIF Budget development process, the Fund Actuary discovered that Aetna's claim turnaround time is slower than what the Fund had experienced historically but still within industry standards and within the commitments of their contractual performance guarantees. Aetna has advised that the claims processing slowdown began in July 1, 2021.

Executive Director explained what IBNR is. He said that the Fund holds this reserve for claims that are happening, just haven't hit the Fund bank account. The liability is required by statute. He said that because of this slow down, the monthly IBNR amount reserved was understated. Although, luckily, the BMED had recently become more conservative with the growth that we had recently with Metro. Therefore, a small change was made in December for the months from July to December. In the amount of \$12,000. Executive Director said that PERMA is a little disappointed that this was not notified earlier. Aetna advised that it is a staffing issue and are addressing it with the Fund accounts. Unfortunately, this is an issue across all self insured groups. Aetna is staying with the performance guarantee standards set in the fund contract. In comparison to previous years, claim processing turn around times were much faster, of which the Fund depended on for the monthly IBNR reserve. The SHIF actuary will be doing quarterly reviews to make sure we catch up. Aetna is adding resources.

Executive Director said the 2022 BMED/Gateway HIF Budget was generated utilizing claims data through June 30, 2021, prior to the claims delay. The adopted medical claims budget for January 1, 2022- December 31, 2022 would not be impacted.

Key Items:

- **Financial Reporting:**

- The Fund's Financial Fast Track represents the paid claims at any given month and include the accrual of an assumed liability for Incurred but Not Reported Claims (IBNR).
 - IBNR is developed by the Fund and certified by independent workup by Actuary utilizing each Carrier's historical performance.
 - IBNR for 7/1/2021-12/31/2021 was slightly understated
 - The December 2021 Fast Track includes a corrective accrual.

- **Aetna Performance Guarantees**
 - As part of their contract, Aetna has financial risk associated with claim turnaround times.
 - 90% of Claims Must Be Processed within 14 days of receipt (2% of Administrative Fees)
 - 95% of Claims Must Be Processed within 30 days of receipt (2% of Administrative Fees)
 - Aetna's self-reported metrics as of November 30th:
 - 90% of claims are being processed in the first 10.6 days
 - 95% of claims are being processed in the first 23.3 days

- **Aetna's Corrective Actions:**
 - Staffing Shortage
 - Increased referral bonus
 - Addition of a retention bonus
 - Increased wages for new and tenured employees
 - Turnaround Time Recovery
 - Reallocation of resources – 3 claims processors have been moved to the HIFs
 - Overtime commitment by 2 processors
 - Reporting
 - Aetna will provide the HIFs with monthly turnaround time reports, starting at the end of February
 - ETA
 - Aetna cannot commit to a timeframe but will continue to push to return to a speed more in line with what the Funds are used to by the beginning of the next Fund Year, 7/1/2022.

To confirm, Chair Hart said IBNR is an actuary calculation which is based on history, so when it slows down, our numbers are off. Executive Director said that historically the Fund has used Aetna's performance, which was much faster than IBNR. SHIF had a larger impact, this Fund not as bad.

RESOLUTION 9-22 REVISION – Ms Koval said that there were minor updates have been made to the broker resolution that was resolved at the last meeting to match the agreements brokers have direct with their towns. Revised Resolution 9-22 is included in consent.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND -Ms. Koval said that the MRHIF executive committee met on February 9 to reorganize for 2022. Besides reorg, there was no major

action items. The Fund will continue its 3 year TPA audit cycle which this year will focus on Delta Dental.

GASB 75 REPORTS – Ms Koval said the Fund contracts with an Actuary to provide GASB 75 reports on behalf of its medical members. Please reach out to Emily Koval 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.

Benefits Consultant Report

Ms. Bailey reviewed the following items.

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

2021 LEGISLATIVE REVIEW

End of Year ACA Reporting - To assist our Fund members in annually required filings, the Fund has distributed W2 and enrollment information to each entity’s designated enrollment/eligibility

manager. The reports were sent from Somerset Enrollment Box and would have been received towards the end of December.

COVID -19

1. National Emergency Declaration- Extended through April 15, 2022
 - 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
 - Under special transition rule- certain premium payments are not required to be made before 11/1/21.
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 the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

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 test
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government

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

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.

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.

Mental Health Parity and Addition Equality 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>

Surprise Billing and Transparency – Continued Delays

The Health Insurance Funds, including Central 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 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

ATTORNEY – None

TREASURER – Fund Treasurer said the report is included in the agenda.

WELLNESS COORDINATOR – Ms. Eskelson said that the 2021 reimbursements are being processed and up to date. She reviewed the newsletters; there will be additional reach out to non participating

members to access this newsletter. Education through Valley starting March 1. All offerings are very interesting. Financial wellness will also be included. Also, possibly coordinate the group's EAP into the wellness program. Will be adding members to the subcommittee and setting goals. Chair Hart encouraged all groups to have a conversation with Marianne and join the program and use this recourse available to all members. She said there is a clerk's association webinar that she will presenting.

Chairman Hart thanked Marianne for all of her efforts with the wellness program.

BOARD ADVISOR - Board Advisor resonated the comments from Chair Hart about the wellness committee and praised Ms. Eskelson on her work with the committee. He also said that there is concern about a spike in claims because of deferred services and the Fund could see a financial impact.

Mr. Hart said that the claims pick up is evident. The large claims and per employee, per month rate is climbing. He said he is not sure how that is impacted by the metro group or is this COVID. Executive Director agreed that the data does explain this. There is a deferral of care from COVID that lead to complex, larger claims because of a lack of care. There are longer hospital stays and larger total cost of high claimants. Meeting with Aetna next month to dig deeper. There is a nurse advocacy company that other funds have that we may want to look at deeper for the BMED. ROI is hard to develop, though.

AETNA - Aetna was not present. The report was in the agenda.

PHARMACY NETWORK (Express Scripts) - Mike Stahl reviewed the ESI report. He said the trend is down -2.7% from last year at this time.

DELTA DENTAL - Ms. White reviewed the delta dental report that was distributed at the meeting.

CONSENT AGENDA: In response to Commissioner Franz, Ms. Koval said that the broker fees listed on Resolution 9-22 that are approved at the local level and the BMED pays after collecting that from the member rates. Commissioner Franz said that there is discrepancy between members. Ms Koval said that some are dental only members that would be much less.

**MOTION TO APPROVE THE CONSENT AGENDA: REVISED RESOLUTION 9-22:
COMPENSATING PRODUCERS AND RESOLUTION 14-22: JANUARY 2022 BILLS
LISTS**

MOTION:	Commissioner Kunze
SECOND:	Commissioner Kakoleski
VOTE:	9 Ayes, 0 Nays

OLD BUSINESS: none

NEW BUSINESS: none

PUBLIC COMMENT: None

MOTION TO ADJOURN:

MOTION:

Commissioner Gambutti

SECOND:

Commissioner Kakoleski

VOTE:

Unanimous

MEETING ADJOURNED: 1:30 pm

NEXT MEETING: April 26, 2022 12:00 PM

Emily Koval, Account Manager

APPENDIX II

FDS Filing Status - 2022					
Last_Nam	First_Nam	StatusDes	Filed	Agency_Board3	Position3
Ayer	Durene	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Azzolini	Dominick	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Catenaro	Joseph	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Ciannam	Anthony	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Covelli	Frank	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Crifasi	Joseph	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Davidson	Robert	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Delaney	Erin	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Falkenste	Julie	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Franz	Gregory	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Gambutti	Donna	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Hansen	John	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Hart	Gregory	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Hartwyk	Christoph	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Hermanse	Robert	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Huntingto	Russell	ACTIVE	Yes	Huntington Baily, LLC	Fund Attorney
Iannaconi	Joseph	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Treasurer
Kakoleski	Robert	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Kunze	Richard	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Lane	Timothy	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Lodics	Brandon	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Executive Director
Macneill	Adam	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Malik	Musa	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Molinari	Richard	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Padilla	Thomas	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Puglisi	Donna	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Restaino	Alfred	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Rios	Lyanna	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Slamb	Megan	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Tietjen	Christoph	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Tomasko	Paul	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Weithe	Evadene	ACTIVE	No	Bergen Municipal Employee Benefits Fund	Fund Commissioner
Wild	Katelyn	ACTIVE	Yes	Bergen Municipal Employee Benefits Fund	Fund Commissioner

APPENDIX III

BMED Strategic Planning Meeting
April 22, 2022
10:30am
Zoom

Greg Franz, Edgewater
Rich Kunze, Oakland
Greg Hart, Franklin Lakes
Brandon Lodics, PERMA
Emily Koval, PERMA
Russ Huntington, Huntington & Bailey

Mr. Huntington opened the meeting stating that a discussion should take place regarding the future of the Metro Subgroup. He said that all successful Funds have all be incubated within a healthy Fund prior to its independence. Mr. Lodics reviewed the overall status of the Metro Fund. As of March 31, 2021, the Subgroup has 1500 lives, which more than the required critical mass to start a Fund, but the age of the two self insured groups are still pretty immature. He said in speaking with the Fund actuary, a group with less than 24 months of data would be underwritten with additional margin which would make an independent Fund uncompetitive compared to staying within the BMED.

Mr. Lodics said that the Subgroup is performing very well. Although, the surplus is unincumbered at about 1 months of claim reserve. There is no requirement of claim reserves, but the standard HIF 2.5 months is ideal. IBNR is included in that surplus. The subgroup would likely need at least one more year of incubation. Mr. Lodics said that if the Subgroup should have a claim spike, the BMED's cash and surplus would be utilized. Ms. Koval said that should this happen, the BMED not only can but is required to issue supplemental assessments to the subgroup to pay back the BMED in whole; essentially the cash would be a loan to pay the needed claims.

Mr. Lodics said there are two new prospects that will help grow the subgroup – Morristown and West Caldwell. Mr. Hart said the explanation is acceptable and the Fund did agree to this incubation and he felt comfortable. The Committee agreed. Mr. Huntington said it would be helpful to have the Actuary agree to this position.

CONTRACTS – As part of the development for recommendation to delay the Metro subgroup spin off, Mr. Lodics said that after the last Committee meeting, the Fund Coordinator met with PERMA and submitted a proposal splitting the Fund Coordinator's scope of services in to two separate contracts, sales and retention. He reviewed the fees for each position provided by the firms, as presented in the agenda. The new separation of duties and fees would be on a prospective basis, existing Metro clients would remain the same.

Also, in conjunction with the recommendation for the Metro HIF to remain a subgroup of BMED, the Benefits Consultant requested an update to their 2022 RFP response to their fees associated with prospective Metro groups as well. Current Metro groups which will be grandfathered with the current arrangement. In response to Mr. Hart, Mr. Lodics said the reasoning for this fee update is that the original intent of the reduction of the Benefits Consultant fee for Metro cases was to have the Fund Coordinator handle benefit consultant duties, once Metro was formed. Conner Strong has been handling these duties as part of the BMED subgroup relationship and will continue now that the subgroup is not disbanding on January 1, 2023. U
Mr. Kunze said he is comfortable with the request of the Benefits Consultant, since the duties and fees match that of the original BMED members. He would recommend a contract amendment for the Benefits Consultant. He questioned why the fees of the Fund Coordinator are not being reduced since services are not being provided.

In response to Mr. Franz, Mr. Lodics said that Oxford and Eagle Rock firms have the same managing partner, as per the proposals. He said that additional information and specifics can be obtained through an RFP or we can move forward with non fair contract procurement. Mr. Kunze said that for best practice and transparency purposes, the Fund should RFP the newly separated positions, sales and retention managers. He said the process should be competitive. He said he would support a resolution in the agenda for the release of the RFP for these positions with results reviewed in the June meeting.