

# Gateway

BMED FUND



GATEWAY REGIONAL HEALTH INSURANCE FUND

**AGENDA AND REPORTS**

**JUNE 28, 2022**

**FRANKLIN LAKES BOROUGH HALL**

**12:00 PM**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**  
**AGENDA MEETING: JUNE 28, 2022**  
**FRANKLIN LAKES BOROUGH HALL**  
**12:00 PM**

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**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:** April 26, 2022 Open ..... Appendix I

**CORRESPONDENCE - None**

**MONTHLY COMMITTEE REPORTS**

**STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair**

**WELLNESS COMMITTEE - Robert Kakoleski, Chair**

**SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair**

**NOMINATION COMMITTEE - Joeseph Catenaro, Chair**

**EXECUTIVE DIRECTOR - PERMA - Brandon Lodics**

Executive Director's Report .....**Page 4**

**BENEFITS CONSULTANT REPORT - Crystal Bailey**

Conner Strong & Buckelew.....**Page 12**

**ATTORNEY - Russell Huntington, Esq.**

**TREASURER - Joseph Iannaconi**

Voucher List May and June 2022 .....**Page 17**

Treasurers Report April 2022.....**Page 21**

Confirmation of Claims Paid/Certification of Transfers

**WELLNESS COORDINATOR - Marianne Eskilson .....Page 23**

**BOARD ADVISOR - Clark LaMendola**

**THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein  
Monthly Report .....Page 25**

**PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk  
Monthly Report.....Page 35**

**DENTAL ADMINISTRATOR - Delta Dental - Brian Remlinger .....Page 37**

**CONSENT AGENDA .....Page 44**  
Resolution 18-22: Approving the 2021 Audit .....Page 45  
Resolution 19-22: Offering New Membership - West Caldwell.....Page47  
Resolution 20-22: May and June 2022 Bills Lists.....Page 48

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**MEETING ADJOURNED**

**Bergen Municipal Employee Benefits Fund  
Executive Director's Report  
June 28, 2022**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** as of April 30, 2022 (page 6)
  - **Historical Income Statement**
  - **Ratios and Indices Report**

**AUDITOR AND ACTUARY YEAR-END REPORTS (TBD)**

A copy of the Annual Financial Audit for the period ending December 31, 2021 is included with the agenda. A representative from Bowman and Company is expected to present the report, as they will for the Finance Committee prior to the meeting. Once approved, we will make a filing with the Departments of Insurance and Community Affairs to meet their deadline. The Affidavit of Certification is included on page 10 and Resolution 18-22 approving the 2021 Audit is included in consent.

**NEW MEMBER - WEST CALDWELL**

The Strategic Planning Committee has reviewed the new member details for West Caldwell and is recommending membership offering. West Caldwell will be a Metro member effective August 1, 2022. Resolution 19-22 approves membership.

**DENTAL ELIGIBILITY UPDATE- FAIRFIELD BOARD OF EDUCATION (BOE)**

As part of their new collective bargaining agreement, on March 1, 2022, Full Time employees are eligible for dental coverage following 60 days of employment (matching medical and prescription). Prior to the new agreement full time employees were eligible for dental after 3 years of employment.

As the 2022 SPDs are being worked on, we've supplied the BOE with a letter confirming the update has been made in our eligibility system.

**MRHIF MEETING**

The MRHIF met on June 9 primarily to approve the 2021 Fund Audit. There were no findings or recommendations, and the audit will be filed with the State on time. In addition, the Committee approved a contract to Northshore for the Excess Claims Management and a random claim sampling of our Delta Dental experience. We expect this audit to be complete by the end of the year.

Lastly, RFPs were released for a QPA to handle Requests for Proposals for all Funds, a data warehouse provider, and the Fund Professional Service Contracts. A report will be provided after the results are reviewed in September.

## **RETAINED DIVIDENDS**

A few members retain past dividends with Fund for future release. The list is included in Appendix II. These dividends are available to the members at any time via a retained dividend form.

## **NO SURPRISES ACT (NSA)**

The No Surprises Act requires certain involuntary out of network providers/claims be processed and paid at a “qualified payment amount” (QPA). The QPA is the average in network contracted amount for the provided service(s) in the provider’s geographical region. Aetna has provided an impact report showing the BMED/Gateway’s last 3 years of NSA eligible Out of Network claims.

Included in the analysis is a \$50 per claim processing charge for Aetna. Overall, if the QPA amount is accepted by the out of network providers, the Fund would be saving money.

The analysis is included on page 9 of the agenda and was reviewed with the Strategic Planning Committee.

## **REQUEST FOR PROPOSALS**

At the previous meeting, the Executive Committee requested RFPs for the Metro sales lead/retention manager, which also impacted the services and fees for the Benefits Consultant. The Strategic Planning Committee reviewed and approved the RFPs, which are attached. These 3 RFPs will be released right after the meeting for a July 13<sup>th</sup> deadline.

In addition, the Fund Professional Service contracts expire at the end of the year and will need to be RFP’d. The following services will be RFP’d for a 1 year contract, with 2 year optional extensions: Actuary, Auditor, Attorney, Treasurer and Board Advisor. The deadline for these proposals will be early August for the budget development.

**MOTION:** *Motion to released RFPs for Fund Professional Services*

## **PCORI FEE**

The Fund will continue to pay this fee on behalf of the members in July.

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

		AS OF	April 30, 2022		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	<b>UNDERWRITING INCOME</b>	<b>6,887,231</b>	<b>26,432,365</b>	<b>680,700,052</b>	<b>707,132,416</b>
2.	<b>CLAIM EXPENSES</b>				
	Paid Claims	5,797,585	22,111,336	553,734,658	575,845,994
	IBNR	112,544	1,073,718	6,730,761	7,804,479
	Less Specific Excess	-	(217,989)	(13,445,211)	(13,663,200)
	Less Aggregate Excess	-	-	(602,911)	(602,911)
	<b>TOTAL CLAIMS</b>	<b>5,910,129</b>	<b>22,967,065</b>	<b>546,417,296</b>	<b>569,384,362</b>
3.	<b>EXPENSES</b>				
	MA & HMO Premiums	490,887	1,904,364	20,899,144	22,803,507
	Excess Premiums	167,082	665,846	31,377,814	32,043,660
	Administrative	479,986	1,819,682	49,935,482	51,755,164
	<b>TOTAL EXPENSES</b>	<b>1,137,956</b>	<b>4,389,892</b>	<b>102,212,440</b>	<b>106,602,331</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	(160,854)	(924,592)	32,070,316	31,145,724
5.	<b>INVESTMENT INCOME</b>	(41,262)	(154,065)	3,317,030	3,162,965
6.	<b>DIVIDEND INCOME</b>	0	0	7,077,243	7,077,243
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(202,115)</b>	<b>(1,078,657)</b>	<b>42,464,589</b>	<b>41,385,932</b>
8.	<b>DIVIDEND</b>	0	0	25,147,933	25,147,933
9.	<b>Transferred Surplus</b>	0	0	0	0
	<b>STATUTORY SURPLUS (7-8+9)</b>	<b>(202,115)</b>	<b>(1,078,657)</b>	<b>17,316,656</b>	<b>16,237,999</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
	<b>Closed</b>				
	Surplus	(18,421)	(71,281)	9,210,734	9,139,453
	Cash	(32,657)	(443,950)	9,922,382	9,478,432
	<b>2020</b>				
	Surplus	(18,831)	(125,763)	3,896,818	3,771,055
	Cash	(19,007)	(84,723)	3,862,071	3,777,347
	<b>2021</b>				
	Surplus	(21,949)	(772,275)	1,851,451	1,079,175
	Cash	(131,374)	(2,031,454)	2,619,779	588,324
	<b>METRO HIF 2021</b>				
	Surplus	(5,324)	(224,228)	2,357,653	2,133,425
	Cash	(209,790)	(2,466,506)	4,946,029	2,479,523
	<b>2022</b>				
	Surplus	(256,959)	(931,881)		(931,881)
	Cash	(466,146)	(420,734)		(420,734)
	<b>METRO HIF 2022</b>				
	Surplus	119,369	1,046,771		1,046,771
	Cash	866,827	3,785,619		3,785,619
	<b>TOTAL SURPLUS (DEFICITS)</b>	<b>(202,115)</b>	<b>(1,078,657)</b>	<b>17,316,656</b>	<b>16,237,999</b>
	<b>TOTAL CASH</b>	<b>7,852</b>	<b>(1,661,747)</b>	<b>21,350,260</b>	<b>19,688,513</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>					
	<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>3,534</b>	<b>10,394</b>	<b>474,681,392</b>	<b>474,691,786</b>
	<b>FUND YEAR 2020</b>				
	Paid Claims	(2,712)	79,699	23,823,234	23,902,933
	IBNR	-	0	0	0
	Less Specific Excess	-	0	(97,956)	(97,956)
	Less Aggregate Excess	-	0	0	0
	<b>TOTAL FY 2020 CLAIMS</b>	<b>(2,712)</b>	<b>79,699</b>	<b>23,725,278</b>	<b>23,804,977</b>
	<b>FUND YEAR 2021</b>				
	Paid Claims	183,826	3,653,390	26,100,384	29,753,775
	IBNR	(167,905)	(2,636,371)	3,088,000	451,629
	Less Specific Excess	0	(217,989)	(535,529)	(753,518)
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL FY 2021 CLAIMS</b>	<b>15,921</b>	<b>799,031</b>	<b>28,652,855</b>	<b>29,451,886</b>
	<b>METRO HIF 2021</b>				
	Paid Claims	205,490	3,498,320	15,715,010	19,213,330
	IBNR	(204,375)	(3,296,159)	3,642,761	346,602
	Less Specific Excess	0	0	0	0
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL METRO HIF 2021 CLAIMS</b>	<b>1,115</b>	<b>202,161</b>	<b>19,357,770</b>	<b>19,559,931</b>
	<b>FUND YEAR 2022</b>				
	Paid Claims	2,866,052	8,163,299		8,163,299
	IBNR	204,615	3,211,722		3,211,722
	Less Specific Excess	0	0		0
	Less Aggregate Excess	0	0		0
	<b>TOTAL FY 2022 CLAIMS</b>	<b>3,070,667</b>	<b>11,375,021</b>		<b>11,375,021</b>
	<b>METRO HIF 2022</b>				
	Paid Claims	2,541,395	6,706,234		6,706,234
	IBNR	280,209	3,794,526		3,794,526
	Less Specific Excess	0	0		0
	Less Aggregate Excess	0	0		0
	<b>TOTAL METRO HIF 2022 CLAIMS</b>	<b>2,821,604</b>	<b>10,500,760</b>		<b>10,500,760</b>
	<b>COMBINED TOTAL CLAIMS</b>	<b>5,910,129</b>	<b>22,967,065</b>	<b>546,417,296</b>	<b>569,384,361</b>

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.

<b>BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND</b>						
<b>RATIOS</b>						
<b>INDICES</b>	<b>2021</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>
Cash Position	16,404,231	\$ 14,670,994	\$ 14,074,960	\$ 14,072,555	\$ 13,423,370	
IBNR	3,088,000	\$ 3,360,289	\$ 3,549,081	\$ 3,626,641	\$ 3,663,351	
Assets	19,120,978	\$ 18,892,004	\$ 18,629,342	\$ 17,702,429	\$ 17,404,265	
Liabilities	4,161,974	\$ 4,328,777	\$ 4,291,833	\$ 4,328,465	\$ 4,346,462	
Surplus	14,959,004	\$ 14,563,226	\$ 14,337,508	\$ 13,373,964	\$ 13,057,804	
Claims Paid -- Month	3,290,768	\$ 2,760,526	\$ 2,638,028	\$ 3,457,529	\$ 3,050,700	
Claims Budget -- Month	5,322,309	\$ 2,761,232	\$ 2,764,809	\$ 2,765,170	\$ 2,766,213	
Claims Paid -- YTD	28,867,485	\$ 2,760,526	\$ 5,398,553	\$ 8,856,082	\$ 11,906,782	
Claims Budget -- YTD	34,682,113	\$ 2,761,232	\$ 5,526,042	\$ 8,291,212	\$ 11,057,425	
<b>RATIOS</b>						
Cash Position to Claims Paid	4.98	5.31	5.34	4.07	4.4	
Claims Paid to Claims Budget -- Month	0.62	1.00	0.95	1.25	1.1	
Claims Paid to Claims Budget -- YTD	0.83	1.00	0.98	1.07	1.08	
Cash Position to IBNR	5.31	4.37	3.97	3.88	3.66	
Assets to Liabilities	4.59	4.36	4.34	4.09	4	
Surplus as Months of Claims	2.81	5.27	5.19	4.84	4.72	
IBNR to Claims Budget -- Month	0.58	1.22	1.28	1.31	1.32	

Metro

<b>METRO HEALTH INSURANCE FUND</b>						
<b>RATIOS</b>						
<b>INDICES</b>	<b>2021</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>
Cash Position	4,946,029	\$ 5,654,019	\$ 3,354,080	\$ 5,608,106	\$ 6,265,143	
IBNR	3,642,761	\$ 3,865,130	\$ 3,996,348	\$ 4,065,294	\$ 4,141,128	
Assets	6,000,414	\$ 6,758,845	\$ 7,227,586	\$ 7,131,446	\$ 7,321,325	
Liabilities	3,642,761	\$ 3,865,130	\$ 3,996,348	\$ 4,065,294	\$ 4,141,128	
Surplus	2,357,653	\$ 2,893,715	\$ 3,231,237	\$ 3,066,152	\$ 3,180,197	
Claims Paid -- Month	2,797,425	\$ 2,072,729	\$ 2,413,711	\$ 2,971,229	\$ 2,746,885	
Claims Budget -- Month	2,571,826	\$ 2,775,649	\$ 2,780,300	\$ 2,792,570	\$ 2,822,697	
Claims Paid -- YTD	15,715,010	\$ 2,072,729	\$ 4,486,440	\$ 7,457,669	\$ 10,204,554	
Claims Budget -- YTD	15,715,010	\$ 2,775,649	\$ 5,555,949	\$ 8,348,519	\$ 11,171,576	
<b>RATIOS</b>						
Cash Position to Claims Paid	1.77	2.73	1.39	1.89	2.28	
Claims Paid to Claims Budget -- Month	1.09	0.75	0.87	1.06	0.97	
Claims Paid to Claims Budget -- YTD	1.00	0.75	0.81	0.89	0.91	
Cash Position to IBNR	1.36	1.46	0.84	1.38	1.51	
Assets to Liabilities	1.65	1.75	1.81	1.75	1.77	
Surplus as Months of Claims	0.92	1.04	1.16	1.1	1.13	
IBNR to Claims Budget -- Month	1.42	1.39	1.44	1.46	1.47	

**Bergen Municipal Employee Benefits Fund  
2021 Budget Report  
as of April 30, 2022**

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
<b>Expected Losses</b>				<b>Expensed</b>		
Medical Claims Aetna	20,382,675	48,765,797	60,240,520	19,914,261	468,415	2%
Prescription Claims	1,545,500	4,082,094	3,802,286	1,248,626	(166,777)	-15%
Prescription Formulary Rebates	(463,651)	(1,224,631)	(1,140,686)	Included Above in Prescription Claims		
Dental Claims	764,477	2,262,706	2,274,112	712,895	51,583	7%
Subtotal	22,229,001	53,885,966	65,176,232	21,875,781	353,221	2%
HMO/DMO Premiums	16,304	48,676	55,137	11,295	5,009	31%
Medicare Advantage / EGWP	1,933,777	5,725,500	5,778,254	1,893,069	40,708	2%
Reinsurance						
Specific	665,314	1,599,840	1,983,709	665,846	(532)	0%
Total Loss Fund	24,844,397	61,259,981	72,993,332	24,445,991	398,406	2%
Loss Fund Contingency	0	0	0	0	0	0%
Expenses						
Legal	8,333	25,000	25,000	8,333	-	0%
Treasurer	6,887	20,662	20,662	6,752	135	2%
Administrator	235,148	630,391	1,025,923	235,276	(129)	0%
Risk Management Consultants	570,967	1,480,006	1,692,104	570,681	285	0%
Fund CoOrdinator METRO	153,139	352,033	455,004	153,467	(328)	0%
TPA - Claims Agent Aetna	456,359	1,097,377	1,360,685	457,101	(742)	0%
Dental TPA	33,918	100,389	99,478	33,880	37	0%
Actuary	4,080	12,240	12,240	3,060	1,020	25%
Auditor	6,290	18,870	18,870	6,291	(1)	0%
Benefits Consultant	172,299	455,580	597,221	174,246	(280)	0%
Board Advisor	6,120	18,360	18,360	6,120	-	0%
Subtotal Expenses	1,653,539	4,210,909	5,325,547	1,655,208	(2)	0%
Miscellaneous and Special Services						
Misc/Cont	3,588	10,765	10,765	18,972	(15,384)	-429%
Wellness, Disease, Case Management	33,333	100,000	100,000	35,667	(2,334)	-7%
Affordable Care Act Taxes	6,053	14,556	18,049	6,053	0	0%
A4 Surcharge	147,574	222,754	448,059	139,375	8,198	6%
Plan Documents	1,667	5,000	5,000	Included above in Benefits Consultant		
Subtotal Misc/Sp Svcs	192,216	353,075	581,873	200,068	(9,519)	-5%
Total Expenses	1,845,755	4,563,984	5,907,420	1,855,276	(9,521)	-1%
Total Budget	26,690,151	65,823,965	78,900,751	26,301,267	388,884	1%



**BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND**  
 PSU ID (11320671)

**Out of Network (OON) No Surprises Act Savings Estimates**

*Savings are shown on an Allowed claim basis\**

Date of Service Period	2019	2020	2021
Average Monthly Employees	1,051	1,054	2,240
Average Monthly Members	2,609	2,611	5,218
<b>Total Allowed Claims (In and Out of Network)</b>	<b>\$19,275,206</b>	<b>\$18,833,719</b>	<b>\$48,006,438</b>
<b>Total OON Allowed Claims</b>	<b>\$4,417,565</b>	<b>\$4,379,111</b>	<b>\$10,947,876</b>
<b>Claim Impacts:</b>			
Estimated Claim Change from NSA**	(\$80,000)	(\$157,000)	\$73,000
NSA Eligible Claim Counts	400	200	500
Estimated Percent Change on OON Claims	-1.8%	-3.6%	0.7%
Estimated Percent Change on Total Allowed Claims	-0.4%	-0.8%	0.2%
<b>Fee Impacts:</b>			
NAP Fee Change***	(\$9,000)	(\$37,000)	(\$57,000)
NSA Per Claim Fees****	\$20,000	\$10,000	\$25,000
Net Fee Impact	\$11,000	(\$27,000)	(\$32,000)
<b>Net Combined Impact</b>	<b>(\$69,000)</b>	<b>(\$184,000)</b>	<b>\$41,000</b>

\* Estimated savings are based on Allowed claims, which reflect Member + Employer combined costs.

\*\* All of the estimates provided in this document are illustrative only and subject to change based on changes in law and the results of the independent dispute resolution process.

The estimates are no guarantees of actual results.

\*\*\* Estimates are gross and do not reflect a NAP Cap

\*\*\*\* Based on a per claim fee of \$50

Allowed claims incurred 01/01/2019 - 12/31/2021, paid through 3/31/2022.

Average monthly enrollment for the time period 01/01/2019 - 12/31/2021.

Estimated savings are rounded to the nearest \$1,000.

**GROUP AFFIDAVIT FORM**  
**CERTIFICATION OF FUND COMMISSIONERS**  
**Of the**  
**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

We the Fund Commissioners of the Bergen Municipal Employee Benefits Fund, of full age, being duly sworn according to law, upon our oath depose and say:

1.) We are duly elected members Fund Commissioners of the Bergen Municipal Employee Benefits Fund.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2021.

3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

**GENERAL COMMENTS - RECOMMENDATIONS**

- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)
- \_\_\_\_\_ (L.S.)

Attest:

\_\_\_\_\_  
Secretary to the Fund

The Secretary of the Fund shall set forth the reason for the absence of signature of any members of the Executive Committee.

Important: This certificate must be sent to the Division of Local Government Services, CN 803, Trenton, NJ 08625.

REGULATORY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
YEAR: 2022, AS OF JUNE 1, 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

June 2022

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: [aflinn@permainc.com](mailto:aflinn@permainc.com)

Enrollments/Eligibility/Billing: [bmedenrollments@permainc.com](mailto:bmedenrollments@permainc.com)

Brokers: [brokerservice@permainc.com](mailto: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

### Covid-19 Oral Prescriptions UPDATE:

Funding from the government for COVID-19 oral medications may end in July. ESI plans to provide groups with a 30-day notice when they receive notice of the funding ending. Currently, members who fill one of the prescriptions through ESI are charged a copay. The HIFs has not opted in to change the member cost share to \$0 as there is minimal overall usage of the drug. Since January 2022 when the drugs became available, BMED had no members fill a script.

Once the government funding has ended the plan cost will apply when a prescription is filled:

- Up to \$12 dispensing fee per prescription; plan pays the balance after member's responsibility
- If member is in a Long-Term Care (LTC) facility, plan pays \$2.40 (\$12 dispensing fee/5 days) per day

per prescription.

## **EXPRESS-SCRIPTS UPDATE**

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

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

## **OPERATIONAL UPDATES:**

### **2021 PCORI Fees – Due August 1, 2022**

**Form 720 Reporting** – Plan sponsors of applicable self-insured health plans are responsible for reporting and paying the PCORI annual fee by filing Form 720, Quarterly Federal Excise Tax Return. The Form 720 will be due on July 31 of the year following the last day of the plan year.

The HIFs will handle the submission of the form and payment for all groups with medical coverage in the HIFs.

## **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 10<sup>th</sup>, 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

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

#### FREE Tests from the Government

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

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

#### ESI Highlights:

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

#### ESI Highlights (cont'd):

- 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>

### **No Surprise Billing and Transparency Act– Continued Delays**

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

**Aetna:**

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

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

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

The Health Insurance Funds, including Gateway-BMED 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 Gateway-BMED HIF remains compliant.

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

**Appeals**

**Carrier Appeals:**

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
05/26/2022	Medical/Aetna	BMED-2022-05-01	Benefit Application	Denial Upheld	06/13/2022
05/27/2022	Medical/Aetna	BMED-2022-05-02	Medical Necessity	Denial Upheld	06/13/2022

**IRO Submissions:**

<b>Submission Date</b>	<b>Appeal Type /Carrier</b>	<b>Appeal Number</b>	<b>Reason</b>	<b>Determination</b>	<b>Determination Date</b>
05/27/2022	Medical/Aetna	BMED-2022-05-02	Medical Necessity	Denial Upheld	06/13/2022

**BMED Small Claims Committee Appeals:**

<b>Submission Date</b>	<b>Appeal Type /Carrier</b>	<b>Appeal Number</b>	<b>Reason</b>	<b>Determination</b>	<b>Determination Date</b>
02/01/2021	Medical/Aetna	BMED-2021-02-01	Medical Necessity	Overtured	06/15/2022



# BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

## BILLS LIST

Confirmation of Payment

MAY 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 CLOSED**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003971			
003971	HILLSDALE BOROUGH	DIVIDEND 5/22	6,403.00
			<b>6,403.00</b>
003972			
003972	ALPINE BOROUGH	DIVIDEND 5/22	3,941.00
			<b>3,941.00</b>
003973			
003973	MINE HILL TOWNSHIP	DIVIDEND 5/22	293.00
			<b>293.00</b>
		<b>Total Payments FY CLOSED</b>	<b>10,637.00</b>

**FUND YEAR 2021**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003974			
003974	STATE OF NJ HEALTH BENFTS FUND	ADJ STATE SURCHARGE ACTUAL 2021	134,462.00
			<b>134,462.00</b>
		<b>Total Payments FY 2021</b>	<b>134,462.00</b>

**FUND YEAR 2022**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003975			
003975	STATE OF NJ HEALTH BENFTS FUND	STATE SURCHARGE 2022 ESTIMATE ADJ	134,462.00
			<b>134,462.00</b>
003976			
003976	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADV 5/22	487,959.60
			<b>487,959.60</b>
003977			
003977	FLAGSHIP HEALTH SYSTEMS	RUTHERFORD 5/22	1,850.59
003977	FLAGSHIP HEALTH SYSTEMS	EAST RUTHERFORD 5/22	2,043.66
			<b>3,894.25</b>
003978			
003978	Deltacare DMO	CITY OF ORANGE 5/22	269.41
			<b>269.41</b>
003979			
003979	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 5/22	8,595.60
			<b>8,595.60</b>
003980			
003980	AETNA LIFE INSURANCE COMPANY	TPA - MEDICAL 5/22	114,160.64
			<b>114,160.64</b>
003981			
003981	PAYFLEX	FEES OUTSTANDING AS OF 5/22	314.00
			<b>314.00</b>
003982			
003982	PERMA	POSTAGE 4/22	472.39
003982	PERMA	ADMIN FEES 5/22	59,175.51
			<b>59,647.90</b>
003983			
003983	ACTUARIAL SOLUTIONS, LLC	ACTUARY Q2 2022	3,060.00
			<b>3,060.00</b>
003984			
003984	HUNTINGTON BAILEY, LLP	ATTORNEY 5/22	2,083.33
			<b>2,083.33</b>

003985	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 5/22	38,286.00
003985			<b>38,286.00</b>
003986	JOSEPH IANNAONI, JR.	TREASURER 5/22	1,688.08
003986			<b>1,688.08</b>
003987	LaMendola Associates, Inc.	RETAINER 4/22	1,530.00
003987			<b>1,530.00</b>
003988	NJ ADVANCE MEDIA	BALANCE AS OF 4/22	360.90
003988			<b>360.90</b>
003989	WELLNESS COACHES	WELLNESS PLAINFIELD BOE 4/22	6,032.00
003989			<b>6,032.00</b>
003990	CIVITAS NEW JERSEY LLC	BENEFITS CONSULTANT 5/22	2,083.33
003990			<b>2,083.33</b>
003991	ACCESS	UNPAID INVOICES 2020-APRIL 2022	1,285.80
003991			<b>1,285.80</b>
003992	FAIRVIEW INSURANCE	BROKER FEES 5/22	47,685.75
003992			<b>47,685.75</b>
003993	ACRISURE LLC d/b/a IMAC INS AGENCY	BROKER FEES 5/22	14,320.22
003993			<b>14,320.22</b>
003994	THE VOZZA AGENCY	BROKER FEES 5/22	13,168.81
003994			<b>13,168.81</b>
003995	RELIANCE INSURANCE GROUP LLC	BROKER FEES 5/22	31,959.91
003995			<b>31,959.91</b>
003996	ALLEN ASSOCIATES	BROKER FEES 5/22	9,538.84
003996			<b>9,538.84</b>
003997	BURTON AGENCY INC.	BROKER FEES 5/22	946.11
003997			<b>946.11</b>
003998	CONNER STRONG & BUCKELEW	EB CONSULTANT 5/22	43,646.67
003998			<b>43,646.67</b>
003999	SADDLE RIVER DELI	MEETING LUNCH 4/22	424.75
003999			<b>424.75</b>
004000	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 5/22	5,641.99
004000			<b>5,641.99</b>
004001	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 5/22	19,311.28
004001			<b>19,311.28</b>
004002	MUNICIPAL REINSURANCE H.I.F.	SPEC REINS 5/22	166,432.03
004002			<b>166,432.03</b>
		<b>Total Payments FY 2022</b>	<b>1,218,789.20</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,363,888.20</b>

-----  
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. 20-22

JUNE 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>
004003			
004003	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADV 6/22	479,007.05
			<b>479,007.05</b>
004004			
004004	FLAGSHIP HEALTH SYSTEMS	RUTHERFORD 6/22	1,850.59
004004	FLAGSHIP HEALTH SYSTEMS	EAST RUTHERFORD 6/22	2,065.14
			<b>3,915.73</b>
004005			
004005	Deltacare DMO	CITY OF ORANGE 6/22	269.41
			<b>269.41</b>
004006			
004006	DELTA DENTAL OF NEW JERSEY INC	TPA - DENTAL 6/22	8,473.92
			<b>8,473.92</b>
004007			
004007	AETNA LIFE INSURANCE COMPANY	TPA - MEDICAL 6/22	114,930.90
			<b>114,930.90</b>
004008			
004008	PERMA	POSTAGE 5/22	285.78
004008	PERMA	AMIN FEES 6/22	58,843.15
			<b>59,128.93</b>
004009			
004009	HUNTINGTON BAILEY, LLP	ATTORNEY 6/22	2,083.33
			<b>2,083.33</b>
004010			
004010	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 6/22	38,594.00
			<b>38,594.00</b>
004011			
004011	JOSEPH IANNAONI, JR.	TREASURER 6/22	1,688.08
			<b>1,688.08</b>
004012			
004012	MEDICAL EVALUATION SPECIALISTS	INVOICE 1621653	225.00
			<b>225.00</b>
004013			
004013	CIVITAS NEW JERSEY LLC	WELLNESS CONSULTANT 6/22	2,083.33
			<b>2,083.33</b>
004014			
004014	FAIRVIEW INSURANCE	BROKER FEES 6/22	47,882.47
			<b>47,882.47</b>
004015			
004015	ACRISURE LLC d/b/a IMAC INS AGENCY	BROKER FEE 6/22	14,446.91
			<b>14,446.91</b>

004016			
004016	THE VOZZA AGENCY	BROKER FEES 6/22	12,969.06
			<b>12,969.06</b>
004017			
004017	RELIANCE INSURANCE GROUP LLC	BROKER FEES 6/22	32,477.51
			<b>32,477.51</b>
004018			
004018	ALLEN ASSOCIATES	BROKER FEE 6/22	9,761.71
			<b>9,761.71</b>
004019			
004019	BURTON AGENCY INC.	BROKER FEE 6/22	920.54
			<b>920.54</b>
004020			
004020	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT 6/22	43,520.47
			<b>43,520.47</b>
004021			
004021	OTTERSTEDT INSURANCE AGENCY	BROKER FEE 6/22	5,437.57
			<b>5,437.57</b>
004022			
004022	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEE 6/22	18,618.50
			<b>18,618.50</b>
004023			
004023	MUNICIPAL REINSURANCE H.I.F.	SPEC REINS. 6/22	167,554.95
			<b>167,554.95</b>

**Total Payments FY 2022** **1,063,989.37**

**TOTAL PAYMENTS ALL FUND YEARS** **1.063.989.37**

\_\_\_\_\_

Chairperson

Attest:

\_\_\_\_\_

Dated: \_\_\_\_\_

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

\_\_\_\_\_

Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Bergen Municipal Employee Benefits Fund									
Month		April							
Current Fund Year		2022							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid April	3. Monthly Recoveries April	4. Calc. Net Paid Thru April	5. TPA Net Paid Thru April	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2022	Medical	4,160,770.40	2,337,944.02	0.00	6,498,714.42	0.00	6,498,714.42	4,160,770.40	2,337,944.02
	Dental	399,717.93	151,149.74	0.00	550,867.67	0.00	550,867.67	399,717.93	151,149.74
	Rx	1,084,772.13	492,595.66	0.00	1,577,367.79	0.00	1,577,367.79	1,084,772.13	492,595.66
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>5,645,260.46</b>	<b>2,981,689.42</b>	<b>0.00</b>	<b>8,626,949.88</b>	<b>0.00</b>	<b>8,626,949.88</b>	<b>5,645,260.46</b>	<b>2,981,689.42</b>

Bergen Municipal Employee Benefits Fund											
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED											
Current Fund Year: 2022 Month Ending: April		Medical	Dental	Rx	Vision	Run-In	Reinsurance	Medicare Advantag	RSR	Admin	TOTAL
OPEN BALANCE		10,084,748.90	694,947.38	(378,257.65)	0.00	0.00	(118,297.00)	8,514,522.82	252,733.84	630,261.38	19,680,659.67
RECEIPTS											
Assessments		5,384,649.23	195,622.14	280,147.35	0.00	0.00	175,935.41	401,217.18	0.00	515,162.81	6,952,734.12
Refunds		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts		(21,684.13)	(2,139.66)	(801.62)	0.00	0.00	0.00	(13,577.90)	(403.03)	(3,401.08)	(42,007.42)
Invest Adj		(61.19)	(6.04)	(2.26)	0.00	0.00	0.00	(38.32)	(1.14)	(9.59)	(118.54)
Subtotal Invest		(21,745.32)	(2,145.70)	(803.88)	0.00	0.00	0.00	(13,616.22)	(404.17)	(3,410.67)	(42,125.96)
Other *		84,491.15	0.00	82,643.99	0.00	0.00	0.00	0.00	0.00	0.00	167,135.14
TOTAL		5,447,395.06	193,476.44	361,987.46	0.00	0.00	175,935.41	387,600.96	(404.17)	511,752.14	7,077,743.30
EXPENSES											
Claims Transfers		5,242,628.50	177,858.72	492,734.94	0.00	0.00	0.00	0.00	0.00	0.00	5,913,222.16
Expenses		0.00	0.00	0.00	0.00	0.00	167,082.16	0.00	0.00	974,839.66	1,141,921.82
Other *		13,914.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	833.19	14,747.19
TOTAL		5,256,542.50	177,858.72	492,734.94	0.00	0.00	167,082.16	0.00	0.00	975,672.85	7,069,891.17
END BALANCE		10,275,601.46	710,565.10	(509,005.13)	0.00	0.00	(109,443.75)	8,902,123.78	252,329.67	166,340.67	19,688,511.80

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
Bergen Municipal Employee Benefits Fund								
ALL FUND YEARS COMBINED								
CURRENT MONTH		April						
CURRENT FUND YEAR		2022						
Description:		CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	Investors	
ID Number:								
Maturity (Yrs)								
Purchase Yield:		0.7						0.8
TOTAL for All Accts & instruments								
Opening Cash & Investment Balance		\$19,680,659.64	6367281.13 \$	2,846,413.89 \$	- \$	- \$	4,249,878.27 \$	6,217,086.35 \$
Opening Interest Accrual Balance		\$2,558.19	0 \$	- \$	- \$	- \$	2,558.19 \$	- \$
1	Interest Accrued and/or Interest Cost	\$894.26	\$0.00	\$0.00	\$0.00	\$0.00	\$894.26	\$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	-\$118.54	\$0.00	-\$118.54	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$4,960.83	\$169.45	\$2,653.53	\$0.00	\$0.00	\$93.54	\$2,044.31
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	-\$46,968.23	\$0.00	-\$46,114.23	\$0.00	\$0.00	-\$854.00	\$0.00
8	Net Investment Income	-\$41,231.68	\$169.45	-\$43,579.24	\$0.00	\$0.00	\$133.80	\$2,044.31
9	Deposits - Purchases	\$7,105,955.27	\$7,105,955.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$7,055,977.17	-\$7,055,143.98	-\$303.64	\$0.00	\$0.00	-\$529.55	\$0.00
			ok	ok	ok	ok	ok	ok
	Ending Cash & Investment Balance	\$19,688,511.80	\$6,418,261.87	\$2,802,531.01	\$0.00	\$0.00	\$4,248,588.26	\$6,219,130.66
	Ending Interest Accrual Balance	\$3,452.45	\$0.00	\$0.00	\$0.00	\$0.00	\$3,452.45	\$0.00
	Plus Outstanding Checks	\$1,162,959.15	\$1,162,959.15	\$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	\$20,851,470.95	\$7,581,221.02	\$2,802,531.01	\$0.00	\$0.00	\$4,248,588.26	\$6,219,130.66



## **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: June 22, 2022**

**RE: Report of Activity and Progress**

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I am very excited to share with you that I will be attending the meeting in person this month and look forward to meeting you all and having the opportunity to give you a more detailed overview of program status live during the presentation of my report.

### **STATUS UPDATE**

1. **Education:** The educational component of the Fund's program has continued to advance at several levels.
  - a. Collaboration of ideas for webinar development has been robust, incorporating the expertise of Valley Health Systems staff, identification of timely topics and development of marketing materials and distribution has been ongoing between our office and the Valley Health Systems staff. Lori Ruschman of Valley Health Systems will be present at the meeting, as well and it is our intention to share updates with the Fund relative to survey results received from participants, future topics and future planning recommendations.
2. **Newsletter:** Newsletter deployment and distribution has continued to the ambassadors of participating towns. Continued outreach to non-participating towns continues to identify who the appropriate person to send the newsletter link in each case should be. We have used the availability of our personalized column this month to spotlight the importance of an annual physical and standard screenings together with marketing educational opportunities in June.
3. **Member Agency Participation:** Outreach to non-participating agencies continues and presently 2 additional agencies are giving serious consideration the possibility of joining

the program. Continued outreach will be a priority in July to ascertain the potential growth of the program for 2023 for pre-budget development purposes.

4. **NY/NJ Trails Conference Partnership Opportunity:** We have met with and developed an exciting opportunity for participating agencies to consider including in their local programming relating to the Conference's annual Trail-A-Thon that occurs between September 14- October 31. More details about the opportunity will be presented at the meeting.
5. **Collaboration with HI Fund Market Campaign Consultant:** An effort is underway to showcase the 30-year anniversary of the self-insurance model by the HI Fund through comprehensive marketing. We participated in a comprehensive interview with their marketing consulting firm to provide information and perspective for potential inclusion in their marketing development to highlight the unique opportunity the Fund offers to its members that supports health and wellness associated with workplace wellness, insured member health awareness and financial, professional and educational health/wellness resource opportunities.
6. **Ambassador Collaboration Meeting:** An in-person meeting of ambassadors is scheduled to take immediately following the Gateway-BMED Fund meeting on June 28, 2022. Both Lori Ruschman and I will be present to facilitate the meeting. The purpose of the meeting is to give ambassadors an opportunity to meet each other, share their programming ideas, strengths and challenges, discuss ideas for the future of the program, what is working, what isn't, collaborate around future planning ideas, how we can best serve them as a resource and establish a schedule for future meetings, that would ideally be held either quarterly or bi-annually.
7. **Goals and Objectives:** In an effort to keep our goals front and center, I will just close each report this year with a recital of our 2022 goals, which are as follows:
  - a. **2022 Goals and Objectives**
    - i. Continue outreach to non-participating dental only agencies within the Fund to broaden agency participation
    - ii. Manage and enhance newly created partnerships with local hospitals and non-profits to grow and enhance Fund and local programming collaboration
    - iii. Continue to engage with the broader local health and wellness community to expand and collaborate meaningful and viable partnerships
    - iv. Create and manage local content component for monthly newsletter
    - v. Develop and strengthen the local wellness committee base
    - vi. Assist local agencies in their efforts to broaden local programming efforts and participation, with a focus on targeting non-participating employee populations
    - vii. Consider how to effectively track preventable disease claims to create a long-term tool to analysis program impact
    - viii. Establish a benchmark for measurement of participation and outcomes for 2022





**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

*June 28, 2022*



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

	<u>MEDICAL CLAIMS PAID 2021</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2022</u>	<u># OF EES</u>	<u>PER EE</u>
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	\$5,875,114	2,812	\$ 2,089
APRIL	\$2,299,418	1,888	\$ 1,218	\$5,161,530	2,813	\$ 1,835
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			
<b>TOTALS</b>	<b>\$39,645,470</b>			<b>\$20,012,646</b>		
				<b>2022 Average</b>	<b>2,813</b>	<b>\$ 1,779</b>
				<b>2021 Average</b>	<b>1,056</b>	<b>\$ 1,473</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** Bergen Municipal Employee Benefits Fund  
**Group / Control:** 00169469,00866353,00880725,SI283129

**Paid Dates:** 03/01/2022 - 03/31/2022  
**Service Dates:** 01/01/2011 - 03/31/2022  
**Line of Business:** All

	Billed Amt	Paid Amt
	\$542,247.77	\$209,174.58
	\$680,854.27	\$122,941.04
	\$210,545.69	\$102,906.82
	\$134,594.07	\$96,822.90
	\$161,429.20	\$96,402.90
	\$177,035.80	\$92,512.31
	\$215,808.43	\$81,487.63
	\$123,484.00	\$77,205.13
	\$134,959.98	\$71,643.97
	\$151,157.00	\$68,125.06
	\$119,788.34	\$59,478.29
	\$140,675.75	\$59,341.99
	\$133,872.43	\$54,095.85
	\$95,957.75	\$53,499.13
	\$103,189.27	\$50,808.53
<b>Subtotal:</b>	<b>\$3,125,599.75</b>	<b>\$1,296,446.13</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** Bergen Municipal Employees Benefits Fund  
**Group / Control:** 00866353,00880725,SI283129  
**Subgroup / Suffix:** All  
**Account:** All  
**Network Service Area:** All  
**Financial Liability:** All  
**Behavioral Health Product Configuration :** All

**Paid Dates:** 04/01/2022 - 04/30/2022  
**Service Dates:** 01/01/2011 - 04/30/2022  
**Line of Business:** All  
**Funding Category:** All  
**Product Line:** All

	Billed Amt	Paid Amt
	\$386,960.96	\$235,533.63
	\$313,695.20	\$171,492.66
	\$125,979.31	\$59,621.37
	\$570,568.59	\$51,537.63
<b>Total:</b>	<b>\$1,397,204.06</b>	<b>\$518,185.29</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** BERGEN METRO  
**Group / Control:** 00169469 - BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND  
**Subgroup / Suffix:** All

**Paid Dates:** 04/01/2022 - 04/30/2022  
**Service Dates:** 01/01/2011 - 04/30/2022  
**Line of Business:** All  
**Funding Category:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$236,691.00	\$187,301.57
	\$483,433.36	\$153,367.06
	\$162,051.00	\$125,053.95
	\$100,079.00	\$96,264.00
	\$97,401.59	\$63,923.89
<b>Total:</b>	<b>\$1,079,655.95</b>	<b>\$625,910.47</b>



**Medical Claims Paid:**  
**January 2022 – April 2022**

Total Medical Paid per EE: **\$1,779**

**Network Discounts**

Inpatient:	<b>62.3%</b>
Ambulatory:	<b>65.8%</b>
Physician/Other:	<b>64.2%</b>
<b>TOTAL:</b>	<b>64.3%</b>

**Provider Network**

% Admissions In-Network:	<b>94.2%</b>
% Physician Office:	<b>87.5%</b>

**Aetna Book of Business:**  
 Admissions 97.8%; Physician 91.1%

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

- Hackensack University
- Cooperman Baribas
- Morristown Medical Center
- Valley Hospital
- Overlook Medical Center

**Catastrophic Claim Impact**  
**January 2022- April 2022**

Number of Claims Over \$50,000: **55**  
 Claimants per 1000 members: **8.5**  
 Avg. Paid per Claimant: **\$110,805**  
 Percent of Total Paid: **31.8%**

- Aetna BOB- HCC account for an average of **42.7%** of total Medical Cost

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

Total Members Identified: **1,787**  
 Members Targeted for 1:1 Nurse Support : **265**  
 Members Targeted for Digital Activity: **1,522**  
 Member 1:1 outreach completed: **243**  
 Member 1:1 Outreach in Progress: **22**

**Teladoc Activity:**  
**January 2022 – May 2022**

Total Registrations: **72**  
 Total Online Visits: **184**  
 Total Net Claims Savings: **\$86,865**  
 Total Visits w/ Rx: **159**

Mental Health Visits: **64**  
 Dermatology Visits: **17**

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

**Customer Service Performance**

1 <sup>st</sup> Call Resolution:	<b>93.7%</b>
Abandonment Rate:	<b>1.84%</b>
Avg. Speed of Answer:	<b>37.8 sec</b>

**Claims Performance**

Financial Accuracy:	<b>99.96%</b>
---------------------	---------------

**(YTD 2022)**

(90% processed w/in:	<b>14.3 days</b>
95% processed w/in:	<b>34.2 days</b>

\*\*\*\*\*

**Claims Performance (Monthly)**  
**(MAY 2022)**

90% processed w/in:	<b>7.5 days</b>
95% processed w/in:	<b>13.0 days</b>

(Note: This is not a PG metric)

\*\*\*\*\*

**Performance Goals**

1 <sup>st</sup> Call Resolution:	<b>90%</b>
Abandonment Rate less than:	<b>3.0%</b>
Average Speed of Answer:	<b>30 sec</b>

**Financial Accuracy:** **99%**

**Turnaround Time**

90% processed w/in:	<b>14 days</b>
95% processed w/in:	<b>30 days</b>

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)

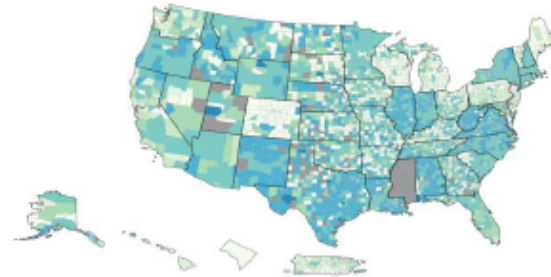
**COVID-19 population alerts**

**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: 06/06/2022 | 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	1,727	48.4
NJ, Essex	798,975	1,072	42.0
NJ, Union	556,341	1,008	39.7
NJ, Middlesex	825,062	713	46.0
NJ, Morris	491,845	427	45.8
NJ, Passaic	501,826	352	41.3
NJ, Somerset	328,934	243	41.8
NJ, Monmouth	618,795	129	46.8
NJ, Sussex	140,488	123	28.1
NJ, Ocean	607,186	97	40.0
NJ, Warren	105,267	85	39.1
NJ, Hudson	672,391	58	49.0
NJ, Hunterdon	124,371	44	39.4
PA, Northampton	305,285	30	26.6
NJ, Burlington	445,349	25	40.7
SC, Horry	354,081	23	34.8
PA, Monroe	170,271	19	34.2
NY, Rockland	325,789	17	33.5
NY, Orange	384,940	15	35.6
AZ, Maricopa	4,485,414	12	28.2
FL, Palm Beach	1,496,770	10	94.3
FL, Lee	770,577	9	69.5
FL, St. Lucie	328,297	8	61.9
NJ, Mercer	367,430	8	45.0
FL, Charlotte	188,910	8	68.5

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

State, County	County population	Your members	Avg daily new cases per 100K
GA, Gwinnett	936,250	8	20.8
PA, Bucks	628,270	7	24.9
VT, Caledonia	29,993	6	22.9
SC, Greenville	523,542	6	18.0
PA, Pike	55,809	5	20.7
SC, Newberry	38,440	4	19.7
PA, Wayne	51,361	4	21.7
SC, Beaufort	192,122	3	18.3
TX, Guadalupe	166,847	2	17.0
VA, Franklin	56,042	2	20.9
SC, Georgetown	62,680	2	20.5
TX, Johnson	175,817	2	11.6
AL, Lauderdale	92,729	1	11.6
CT, New Haven	854,757	1	19.6
VA, Norfolk city	242,742	1	22.2
ME, Penobscot	152,148	1	19.5
GA, Chatham	289,430	1	21.8
GA, Clayton	292,256	1	18.9
SC, Jasper	30,073	1	15.2
AZ, Pinal	462,789	1	23.1
ME, Cumberland	295,003	1	20.6
VA, Orange	37,051	1	24.3

\* 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:

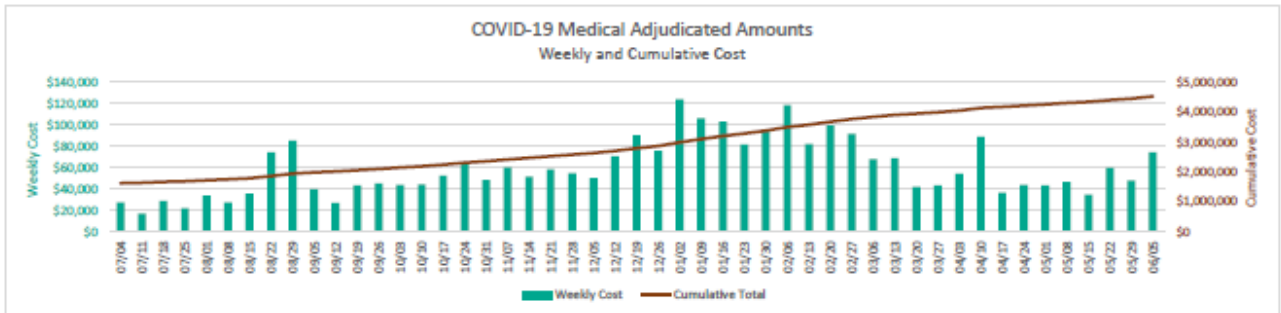
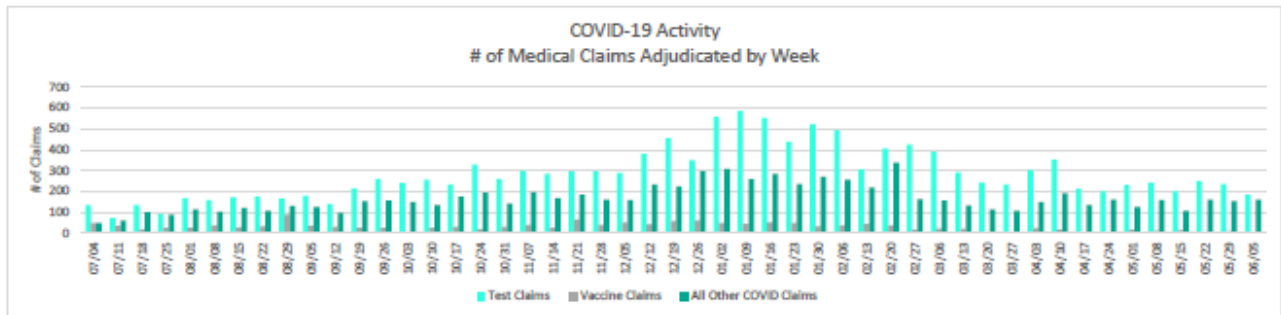
- ✓ Monitor estimated weekly plan expenses associated with COVID-19
- ✓ Understand the relative impact on overall claim spend

#### At a glance

	Number of Claims			Unique Claimants (claimants may be counted in each category)		
	COVID-19 paid	Tests	Vaccine	Tests	Vaccine Administration*	All Other Claims
<b>Current Week</b>	\$74,349	186	7	164	7	129
<b>3/01/20 - 6/05/22</b>	\$4,535,791	21,050	3,675	4,796	1,928	3,809

\*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?

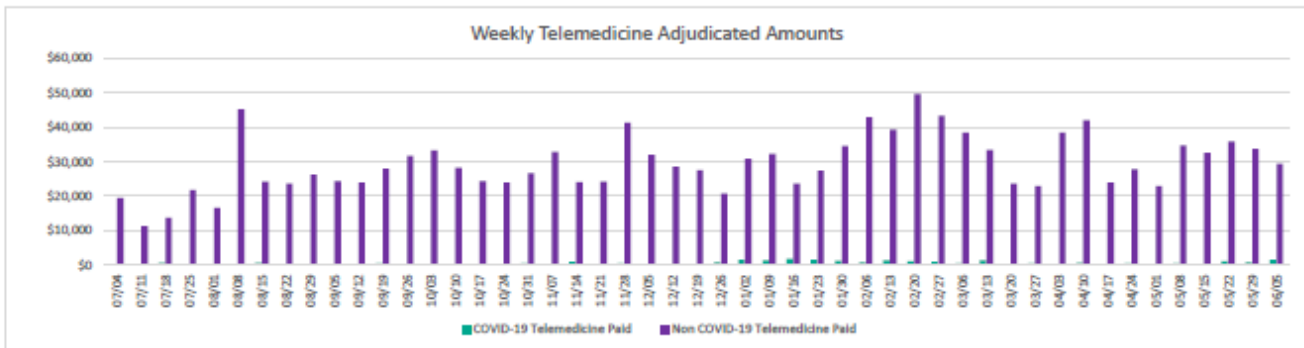
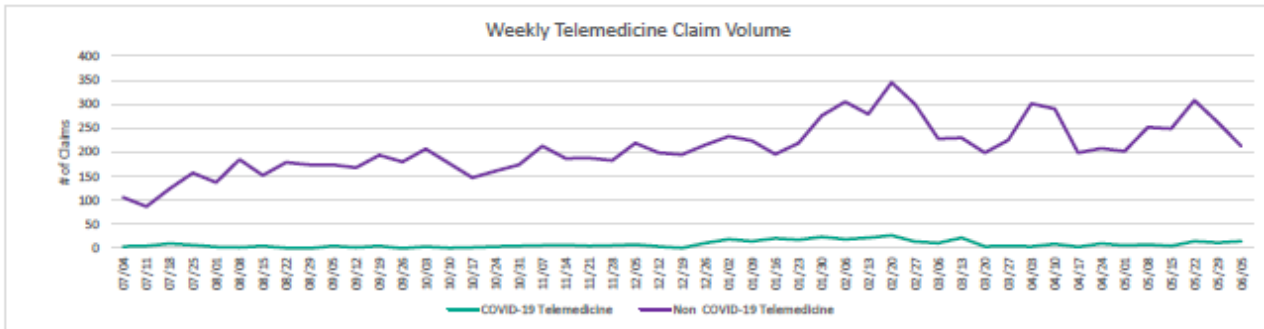
Use these insights to:

- ✓ Review monthly growth of both Teladoc 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
<b>Current Week</b>	\$1,495	\$29,322	15	213
<b>3/01/20 - 6/05/22</b>	\$73,250	\$2,469,957	965	17,647

### How is Telemedicine changing over time?





### Total Weekly Adjudicated Medical Claims

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

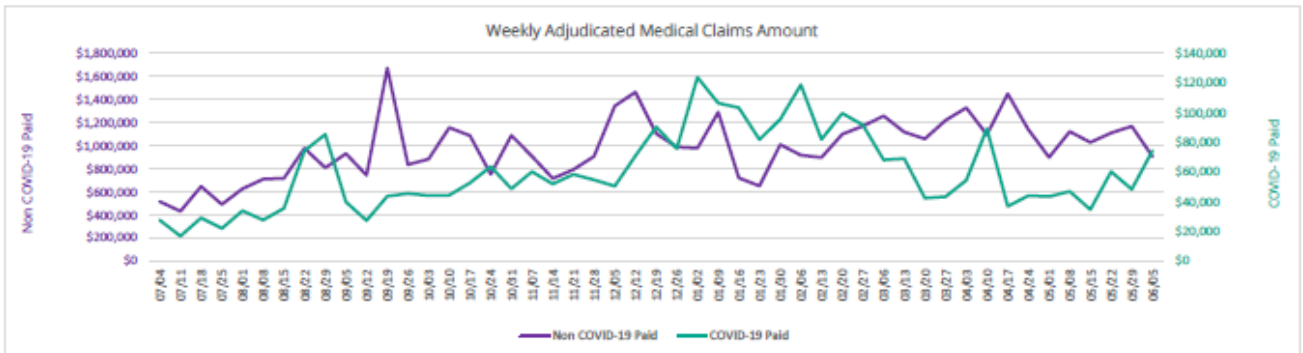
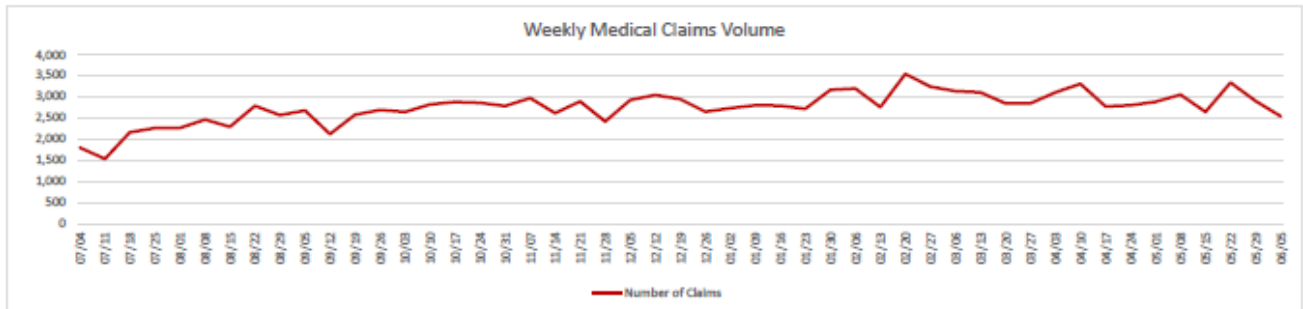
Use these insights to:

- ✓ 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



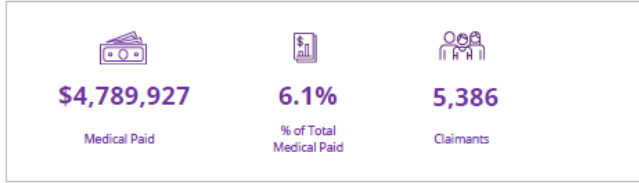
How does this week compare to previous weeks?



## At a glance COVID-19 All-time experience

Average Members: 4,356

### Key Statistics (Medical Claims Only)



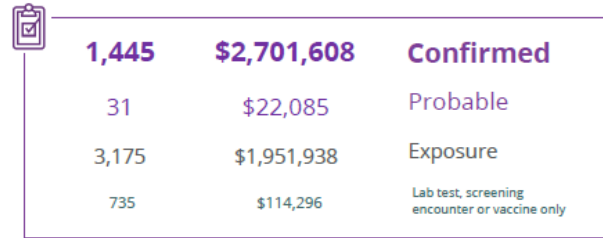
More detailed information is found on the next page to help you answer critical questions:

- ✓ 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\*



**37.2%**

Members at risk for severe illness

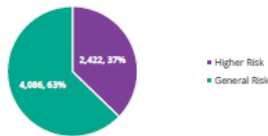
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

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

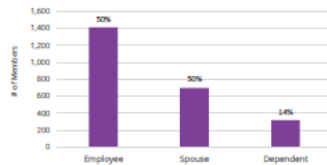
The bar chart displays this information by member type.

\* See page one for High Risk definition.

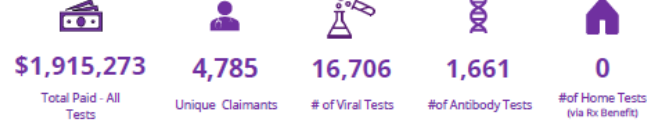
Population risk for severe illness



Higher risk for severe illness, by member type



### 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	81,343	74,534	86,661	242,538	81,517	77,431	85,721	244,669	81,769	84,858	83,470	250,097	83,991	83,108	84,712	251,811	989,115
Total Patients	810	740	823	1,209	805	790	811	1,219	809	827	823	1,238	825	840	837	1,274	1,685
Total Plan Cost	\$332,309	\$305,763	\$414,268	\$1,052,341	\$305,693	\$368,290	\$405,488	\$1,079,470	\$339,614	\$396,053	\$319,497	\$1,055,164	\$336,788	\$385,728	\$330,977	\$1,053,493	\$4,240,468
Generic Fill Rate (GFR) - Total	84.5%	84.7%	83.6%	84.3%	84.9%	85.8%	84.8%	85.1%	86.1%	85.9%	85.7%	85.9%	84.0%	84.2%	85.4%	84.6%	85.0%
<b>Plan Cost PMPM</b>	<b>\$152.58</b>	<b>\$141.43</b>	<b>\$191.97</b>	<b>\$161.95</b>	<b>\$142.25</b>	<b>\$171.14</b>	<b>\$188.60</b>	<b>\$167.33</b>	<b>\$158.03</b>	<b>\$184.04</b>	<b>\$147.30</b>	<b>\$163.09</b>	<b>\$154.92</b>	<b>\$176.94</b>	<b>\$152.95</b>	<b>\$161.63</b>	<b>\$163.49</b>
Total Specialty Plan Cost	\$145,510	\$133,012	\$205,490	\$484,011	\$112,198	\$198,434	\$185,670	\$496,302	\$151,544	\$196,435	\$121,095	\$469,074	\$109,649	\$191,459	\$93,225	\$394,334	\$1,843,720
Specialty % of Total Specialty Plan Cost	43.8%	43.5%	49.6%	46.0%	36.7%	53.9%	45.8%	46.0%	44.6%	49.6%	37.9%	44.5%	32.6%	49.6%	28.2%	37.4%	43.5%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	2,519	2,513	2,517	2,516	2,531												
Total Days	102,797	94,485	106,472	303,754	103,733												
Total Patients	992	943	1,023	1,448	1,037												
Total Plan Cost	\$397,189	\$400,725	\$439,519	\$1,237,434	\$442,337												
Generic Fill Rate (GFR) - Total	86.1%	84.5%	85.9%	85.6%	86.7%												
<b>Plan Cost PMPM</b>	<b>\$157.68</b>	<b>\$159.46</b>	<b>\$174.62</b>	<b>\$163.92</b>	<b>\$174.77</b>												
<b>% Change Plan Cost PMPM</b>	<b>3.3%</b>	<b>12.8%</b>	<b>-9.0%</b>	<b>1.2%</b>	<b>22.9%</b>												
Total Specialty Plan Cost	\$169,658	\$189,993	\$134,131	\$493,782	\$198,287												
Specialty % of Total Specialty Plan Cost	42.7%	47.4%	30.5%	39.9%	44.8%												

PMPM	
Jan-March 2021	\$161.95
Jan-March 2022	\$163.92
<b>Trend Jan-March 2022</b>	<b>1.2%</b>



## Claims Summary

### Cost Containment

Claims	Dollars	Definition
<b>Submitted Claims</b>	<b>\$5,294,975</b>	Claims submitted by participating and non-participating dentists
<b>(-) Savings</b>		
(-)Network Discount	\$1,285,651	Savings from network participating dentist discounts
(-)Administrative	\$791,617	Contract limits, non-covered, non-billable services, optional services
(-)Dental Consultant	\$50,603	Clinical claim review by dental consultants
(-)Eligibility Verification	\$42,651	Claims for in-eligible members
(-)COB	\$172,111	Coordination of benefits
(-)Other	\$1,022,086	Deductibles, non-covered services, patient copay
<b>(=)Total Savings</b>	<b>\$3,364,719</b>	
<b>Delta Dental Paid</b>	<b>\$1,930,255</b>	Amount paid by Delta Dental

### Network Discount

Network	Submitted Claims	Paid Claims	Network Discount	Network Discount / Submitted Claims	Contribution To Network Savings = Network Discount/Total In-Network Savings
Delta Dental Premier	\$1,689,952	\$752,577	\$416,934	24.67%	32.43%
Delta Dental PPO	\$2,822,793	\$913,718	\$789,846	27.98%	61.44%
Delta Dental Advantage	\$282,433	\$126,910	\$78,871	27.93%	6.13%
<b>Total Network Discount</b>	<b>\$4,795,177</b>	<b>\$1,793,205</b>	<b>\$1,285,651</b>	<b>26.81%</b>	<b>100.00%</b>
Out of Network	\$499,797	\$137,050		0%	0%
<b>Total</b>	<b>\$5,294,975</b>	<b>\$1,930,255</b>	<b>\$1,285,651</b>	<b>24.28%</b>	

## Member Summary

Enrollment Summary	2020	2021	Percent Change	Book of Business
Average Number of Members	5,104	6,101	19.5%	
Average Number of Subscribers	2,162	2,645	22.3%	
Ratio of Members to Subscribers	2.4	2.3	-4.2%	2.1
Incurred Claims per Member by Class Of Service	2020	2021	Percent Change	Book of Business
Preventive and Diagnostic Services	\$132	\$144	9.3%	\$147
Basic Services	\$92	\$93	1.2%	\$98
Major Services	\$56	\$55	-1.8%	\$52
Orthodontic Services	\$13	\$12	-3.1%	\$19
Total Services	\$293	\$305	4.1%	\$316
Incurred Procedures per Member by Class of Service	2020	2021	Percent Change	Book of Business
Preventive and Diagnostic Procedures	3.4	3.6	0.1%	3.6
Basic Procedures	0.8	0.9	0.1%	0.9
Major Procedures	0.2	0.2	0.0%	0.2
Orthodontic Procedures	0.0	0.0	0.3%	0.1
Total Procedures	4.4	4.7	27.1%	4.7

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## Plan Maximum Utilization

### All Networks

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$1,000</b>	0%	41	2.7%
	1-20%	554	36.0%
	21-40%	511	33.2%
	41-60%	169	11.0%
	61-80%	67	4.4%
	81-99%	47	3.1%
	100%	149	9.7%
	<b>Members with paid claims:</b>		<b>1,538</b>
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$1,100</b>	1-20%	7	53.8%
	21-40%	5	38.5%
	41-60%	1	7.7%
	<b>Members with paid claims:</b>		<b>13</b>
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$1,500</b>	0%	20	1.5%
	1-20%	618	47.7%
	21-40%	351	27.1%
	41-60%	130	10.0%
	61-80%	53	4.1%
	81-99%	40	3.1%
	100%	83	6.4%
	<b>Members with paid claims:</b>		<b>1,295</b>

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## Member Benefits Summary

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND - 03604

January 2021 - December 2021

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$1,600</b>	0%	1	0,9%
	1-20%	56	52,3%
	21-40%	30	28,0%
	41-60%	8	7,5%
	61-80%	7	6,5%
	81-99%	2	1,9%
	100%	3	2,8%
	<b>Members with paid claims:</b>		<b>107</b>
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$1,750</b>	1-20%	3	75,0%
	21-40%	1	25,0%
	<b>Members with paid claims:</b>	<b>4</b>	<b>100,0%</b>
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$2,000</b>	0%	7	1,4%
	1-20%	335	65,0%
	21-40%	83	16,1%
	41-60%	34	6,6%
	61-80%	17	3,3%
	81-99%	16	3,1%
	100%	23	4,5%
	<b>Members with paid claims:</b>		<b>515</b>

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Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$2,500</b>	0%	3	3.9%
	1-20%	53	68.8%
	21-40%	14	18.2%
	41-60%	2	2.6%
	61-80%	3	3.9%
	81-99%	2	2.6%
	<b>Members with paid claims:</b>		<b>77</b>
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$3,000</b>	1-20%	24	77.4%
	21-40%	4	12.9%
	41-60%	3	9.7%
	<b>Members with paid claims:</b>	<b>31</b>	<b>100.0%</b>
		<b>3,580</b>	<b>100.0%</b>

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

### FFS + ADV + Out of Network

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
<b>\$1,000</b>	0%	5	9.6%
	1-20%	6	11.5%
	21-40%	22	42.3%
	41-60%	10	19.2%
	61-80%	2	3.8%
	81-99%	2	3.8%
	100%	5	9.6%
<b>Members with paid claims:</b>		<b>52</b>	<b>100.0%</b>
		<b>52</b>	<b>100.0%</b>

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## Member Benefits Summary

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND - 03604

January 2021 - December 2021

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

### PPO + Out of Service

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,500	1-20%	10	40.0%
	21-40%	6	24.0%
	41-60%	5	20.0%
	61-80%	2	8.0%
	81-99%	1	4.0%
	100%	1	4.0%
	<b>Members with paid claims:</b>		<b>25</b>
		<b>25</b>	<b>100.0%</b>

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

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**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
CONSENT AGENDA  
June 28, 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 18-22: Approving 2021 Audit .....Page 45  
Resolution 19-22: Offering New Membership - West Caldwell.....Page 47  
Resolution 20-22: May and June 2022 Bills Lists.....Page 48

**RESOLUTION NO. 18-22**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
CERTIFICATION OF ANNUAL AUDIT REPORT FOR  
PERIOD ENDING DECEMBER 31, 2021**

**WHEREAS**, N.J.S.A. 40A:5-4 requires the governing body of every local unit to have made an annual audit of its books, accounts and financial transactions, and

**WHEREAS**, the Annual Report of Audit for the year 2021 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

**WHEREAS**, the Local Finance Board of the State of New Jersey is authorized to prescribe reports pertaining to the local fiscal affairs, as per R.S. 52:27BB-34, and

**WHEREAS**, the Local Finance Board has promulgated a regulation requiring that the Fund Commissioners of the Fund shall, by resolution, certify to the Local Finance Board of the State of New Jersey that all Fund Commissioners have reviewed, as a minimum, the sections of the annual audit entitled:

General Comments  
and  
Recommendations  
  
and

**WHEREAS**, the Fund Commissioners have personally reviewed, as a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments  
and  
Recommendations

as evidenced by the group affidavit form of the Fund Commissioners.

**WHEREAS**, such resolution of certification shall be adopted by the Fund Commissioners no later than forty-five days after the receipt of the annual audit, as per the regulations of the Local Finance Board, and

**WHEREAS**, all Fund Commissioners have received and have familiarized themselves with, at least, the minimum requirements of the Local Finance Board of the State of New Jersey, as stated aforesaid and have subscribed to the affidavit, as provided by the Local Finance Board, and

**WHEREAS**, failure to comply with the promulgations of the Local Finance Board of the State of New Jersey may subject the Fund Commissioners to the penalty provisions of R.S. 52:27BB-52 - to wit:

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

**NOW, THEREFORE, BE IT RESOLVED**, that the Executive Committee hereby states that they have complied with the promulgation of the Local Finance Board of the State of New Jersey, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

**ADOPTED: JUNE 28, 2022**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
RESOLUTION TO OFFER MEMBERSHIP  
WEST CALDWELL**

**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 **June 28, 2022** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director, Benefits Consultant and Fund Actuary 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 West Caldwell for medical and prescription coverage and recommended approval;

**WHEREAS**, the Township West Caldwell 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 West Caldwell for medical and prescription coverage on August 1, 2021 contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

**ADOPTED: June 28, 2022**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 20-22**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE MAY AND JUNE 2022 BILLS LISTS**

**WHEREAS**, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **June 28, 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 May and June 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 April 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: June 28, 2022**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**



# APPENDIX I

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**OPEN MEETING: April 26, 2022**

**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	Present
Anthony Ciannamea, Executive Committee Alternate	Present
Erin Delaney, Executive Committee Alternate	Absent

**APPOINTED OFFICIALS PRESENT:**

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

**OTHERS PRESENT:**

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

*\*Telephonic*

**APPROVAL OF MINUTES:**

**MOTION TO APPROVE THE PRESENTED OPEN MINUTES OF JANUARY 2022:**

<b>MOTION:</b>	Commissioner Kunze
<b>SECOND:</b>	Commissioner Kakoleski
<b>ROLL CALL VOTE:</b>	7 Ayes, 0 Nays

**CORRESPONDENCE** - None.

**EXECUTIVE DIRECTORS REPORT**

**PRO FORMA REPORTS**

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

Executive Director reviewed the financial fast track through January 31, 2022. He said there was an additional \$140,000 that was added to the surplus this month. Overall, the Fund has \$1.7 million in statutory surplus, inclusive of the Metro Fund surplus. Metro has about 1 month of its claims in surplus. We are working with Aetna to get a rescheduled Fund review meeting.

Chair Hart said that he is less concerned about the risk of the Metro to the Fund as the Fund has the power to issue supplemental assessments should the Metro subgroup collapse.

Ms. Koval said that the Strategic Planning Committee discussed the Metro subgroup risks and benefits at length. The subgroup is likely not to become independent until additional surplus is made.

**NEW METRO MEMBERS - BLOOMFIELD AND MORRISTOWN** - Ms. Koval said there are two new Medicare Advantage/EGWP members that are interested in joining the Metro subgroup of the Fund that were reviewed at the Strategic Planning Committee. 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 and is included in consent.

**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.

Ms. Koval said that legal will review the documents prior to the Committee review.

**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. Commissioner Molinari volunteered for the Nominations Committee opening.

<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](http://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

# 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.

3- *Pfizer- Paxlovid*

4- *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 14<sup>th</sup>.

## OPERATIONAL UPDATES:

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

1. OE will be held April 25<sup>th</sup> through May 13<sup>th</sup>
2. All OE updates should be completed in Benefit Express by May 20<sup>th</sup> 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 11<sup>th</sup> OE guide and Formulary Changes List were included.
6. Notification of OE was sent to groups on April 15<sup>th</sup>. 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.

In response to the Committee, Ms. Bailey said that the Fund had many exceptions for members going to the dentist too close to the full year. This will avoid making these exceptions.

## 2022 LEGISLATIVE REVIEW

### COVID -19 -

4. 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.
5. At Home COVID-19 Testing- On January 10<sup>th</sup>, 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

- Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per test
- Quantity Limit- Up to 8 tests per individual per 30 days

#### FREE Tests from the Government

Starting Tuesday, January 19<sup>th</sup>, 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:

- 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.

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

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

**Mental Health Parity and Addiction 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

In response to Chair Hart, Executive Director said that this law is getting rid fo the hidden expenses, yet there is a hold harmless provision. He said the carriers will be doing the heavy lfiting and the discounts will be listed on the website. Providers will also be held responsible to not charge expeditially. The arbitration costs are unknown. There will be a link on the website for employees to review. If the provider pays less than the billed amount, there will be 3<sup>rd</sup> party billing, which is when an arbitrator will get involved. Board Advisor said that regardless, there will be balance billing.

**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

**UPDATE** - In response to Commissioner Gambutti, Program Manager said that COVID tests should not require a script and should not be denied. She said this could be an issue with the CVS pharmacy. Program Manager will follow up. Commissioner Kunze asked for a report from Esi on



the amount of test purchased through the Fund at this point.

**ATTORNEY** – Fund Attorney said that the Fund should maintain a healthy skepticism of the Metro Fund. The risk to the Fund could be substantial if the subrough should fail and there is no direct benefit to the Fund. Although, all Funds have started within another Fund.

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

**WELLNESS COORDINATOR** – Ms. Eskelson reviewed the report included in the agenda. She said the education has had a lot of participation and good feedback and the relationship with Valley health is positive. She is currently working with them to develop additional content for the education. She asked for someone from non-participating members an email to send the newsletters as it is available to all members. In addition, the dental change taken today is good for the wellness program as dental cleanings are part of the requirements. Meeting minutes were included in the email. In addition, Ms. Eskelson reviewed a program called Ableto included in report.

**BOARD ADVISOR** – Board Advisor said the documents in the email were very good and both committees are set to meet soon.

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** – Mr. Silverstien said that the Ableto program is very successful, but the members would either need to qualify from certain conditions or self refer.

Mr. Silverstien reviewed the report included in the report. The Committee requested to see the high claimants separated by Metro and BMED. Executive Director said that the claims processing is catching up on large claimants first which may be impacting this report.

**PHARMACY NETWORK (Express Scripts)** – Absent.

**DELTA DENTAL** – Mr. Remingler reviewed the report included in the agenda and introduced Ms. Leher who reviewed her position with the Funds. She said that the larger claims may be treatments that were deferred during COVID.

**CONSENT AGENDA:** The Committee approved the consent agenda, as presented.

**MOTION TO APPROVE THE CONSENT AGENDA:** Resolution 15-22: Offer Membership; Resolution 16-22: Releasing RFP to the Metro Subgroup; Resolution 17-22: February, March and April 2022 Bills Lists

**MOTION:**

Commissioner Molinari

**SECOND:  
VOTE:**

Commissioner Kakoleski  
7 Ayes, 0 Nays

**OLD BUSINESS:** none

**NEW BUSINESS:** none

**PUBLIC COMMENT:** None

**MOTION TO ADJOURN:**

**MOTION:  
SECOND:  
VOTE:**

Commissioner Franz  
Commissioner Kakoleski  
Unanimous

**MEETING ADJOURNED:** 12:49 pm

**NEXT MEETING:** June 28, 2022 12:00 PM

Emily Koval, Account Manager

# **APPENDIX II**

Retained Dividends as of 0422

Members	Amount
Carlstadt	\$31,549
South Hackensack	\$54,000
Wanaque Valley Reg S.A	\$812



**RETAINED DIVIDEND RELEASE FORM**

The Bergan Municipal Employee Benefits Fund allows for members to retain released dividends on Fund books to be requested at a future date. These funds are held in an interest baring account.

The \_\_\_\_\_ requests the release of  
\$\_\_\_\_\_ of its retained dividend balance.

Please select

- Check in the amount of \_\_\_\_\_
- Reduce one month bill by \$\_\_\_\_\_ Please select month/year  
\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Date:

# APPENDIX III

**Bergen Municipal Employee Benefits Fund**

**BMED/Gateway Fund**

9 Campus Drive, Suite 16

Parsippany, N.J. 07054

(856) 552-4628

blodics@permainc.com

June 21, 2022

Lyanna Rios  
School Business Administrator  
Fairfield Township Board of Education  
15 Knoll Road  
Fairfield, NJ 07044

**Re: Dental Eligibility Update**

Dear Ms. Rios,

Please take this notice as confirmation that the BMED/Gateway Health Insurance Fund has updated Fairfield Board of Education's dental eligibility for Full Time Active to match medical and prescription, allowing enrollment following 60 days of employment. All other definitions and eligibility rules remain unchanged.

This update took effect on March 1, 2022, as requested in your notice to us on February 17, 2022. We appreciate your patience as we work on the 2022 Summary Plan Descriptions for all coverages in the Fund, which will reflect this eligibility update for dental.

Sincerely,



Brandon Lodics  
Executive Director

Cc: Thomas Ucko, IMAC Agency

**FAIRFIELD TOWNSHIP BOARD OF EDUCATION**  
**15 Knoll Road**  
**Fairfield, New Jersey 07004**

Lyanna Rios  
School Business Administrator

973-227-1340 Phone  
973-227-4303 Fax

February 17, 2022

Karen Kidd  
Vice President, Director of Benefit Operations  
PERMA Risk Management Services  
TRIAD1828 Centre  
2 Cooper Street  
Camden, NJ 08102

Dear Karen:

At our February 15, 2022 Board of Education Meeting, our board approved a change in the eligibility for the dental and vision plans effective March 1, 2022, so that current and future employees will become eligible for those plans at the same time they become eligible for medical and prescription drug plan, i.e., from the first day they are considered a Full-Time, Active Employee as defined in our plan document, rather than waiting for dental and vision coverage until their fourth year of employment.

Any current Full-Time, Active employee that has not yet reached their fourth year of employment will be eligible to enroll in the dental and prescription drug coverage starting March 1, 2022. We request the Gateway BMED HIF allow us a special open enrollment to allow those employees to complete an enrollment form by February 23, 2022 in order for these changes to be effective March 1, 2022.

Let us know if you have any questions. Thank you.

Sincerely,



Lyanna Rios  
Business Administrator/Board Secretary

cc: Brandon Lodics, Executive Director, Gateway BMED HIF



# APPENDIX IV

BMED Strategic Planning Meeting

June 20, 2022

10:30am

Zoom

Greg Franz, Edgewater  
Rich Kunze, Oakland  
Greg Hart, Franklin Lakes  
Durene Ayer, Westwood  
Anthony Ciannamae, Moonachie  
Clark LaMendola, Board Advisor  
Bill Bailey, Huntington Bailey  
Liz Shick, Huntington Bailey  
Brandon Lodics, PERMA  
Emily Koval, PERMA  
Jordyn DeLorenzo, PERMA

**AUDIT:** Mrs. Shick opened the meeting by reviewing the 2021 Audit. She stated that the combined balance sheet looks a little different than last year because the Metro Subgroup joined the BMED. The comparison between 2020 and 2021 is a little distorted for that reason. Mr. LaMendola asked if Liz could put together a chart showing what 2021 would have been without the metro subgroup. Mrs. Shick stated that in the Audit it shows all members including the metro subgroup combined but she can provide Clark with a separate spreadsheet with just the Metro Subgroup as per his request. The committee agreed they want to have the charts show the numbers with and without the Metro Subgroup.

Mrs. Shick reviewed the statement of Revenues, Expenses and Changes in Net position. She stated that she can separate the Metro Subgroup for this category as well if the Committee would like it.

Mr. Ciannamae pointed out a minor typo on page 12, Mrs. Shick will edit before sending final Audit report.

Mrs. Schick stated that there were no recommendations or findings. She stated that the BMED is healthy and everything is positive. She stated that the Dental Claims was in the negative but that is also from the numbers being distorted with the Metro Subgroup.

The Committee verbally approved the 2021 Audit.

**New Member – Twp of West Caldwell:** Mrs. Koval stated that this group is currently self-insured through IDA. After the underwriting process they applied a 7.5 trend with an additional 3% for Risk Manager Fee. The member is looking to come in for medical only on 8/1/2022 and will end on 6/30/2023. They will run on a fiscal year as most of the BOE's do so that will not be a problem. Mrs. Koval stated that all of the Metro Subgroup fees were placed in the rates when sold to this group. Mr. Kunze ask why they were put in the metro subgroup and not the BMED. Mrs. Koval explained that it comes down to a territorial reasoning and the broker that brought them on. This is specific to broker who brought on this group. This will be addressed in the RFP which is part of the next discussion. The committee can make the decision on how they want to move forward. The committee members discussed the reasoning that West Caldwell was automatically put into the metro subgroup rates instead of the BMED. Mrs. Koval stated that this broker went out specifically to get members into the metro subgroup. Mr. Kunze stated that the metro subgroup began because of the size of the groups entering and West Caldwell does not necessarily fit the criteria of the metro subgroup and Essex is in the territory of the BMED. Mr. LaMendola stated that we should have a future discussion about the implication of this moving forward and to be specific on our operational marketing and strategic planning.

**RFPS for Metro:** Mrs. Koval stated that there are two RFPs being sent out specifically for the Metro Subgroup: 1. Sales and Distribution 2. Relationship and Retention Manager. There is also a Benefits Consultant RFP going out to revisit the fee structure. Mrs. Koval stated that after the meeting on June 28<sup>th</sup> she would like to have the RFP's out immediately after. Mr. Hart stated that we can have a further discussion after the RFPs come back about the relationship between the BMED and Metro Subgroup. West Caldwell does raise some issues that the Committee has never seen before. He stated that after this conversation he would like to see if West Caldwell will ever be considered a possible BMED member in the future.

**NSA Impact:** Mr. Lodics reviewed the No Surprises Act that went into effect on June 1, 2022. He stated that the NSA is targeted at out of network claims that are called involuntary hidden providers. He gave an example stating, you go to an in-network surgery center and they bring in an out of network anesthesiologist. This leaves the member stuck with a large balance bill so this act is to protect the individual user. Aetna has provided an impact report showing the BMED's last 3 years of NSA eligible Out of Network claims. He stated that 2021 takes a big jump but this is also a result of adding the Metro Subgroup. Of the OON spend in 2020 of \$4.3 Million, 200 of those claims would have qualified for a Qualified purchase agreement payment. Aetna is estimating that with the claim change from NSA they could have saved about \$157,000. Included in the analysis is a \$50 per claim processing charge for Aetna. Overall, if the QPA amount is accepted by the out of network providers, the Fund would be saving money. Mr. Lodics stated that they are working with Aetna continuously.

Mr. LaMendola asked if the NAP fee is negotiable with Aetna. Mr. Lodics stated that there is a percentage that Aetna gets and he will get the exact percentage for him. Mr. LaMendola asked if they were getting rid of the OON to do the negotiation. Mr. Lodics stated that NAP is still in place for claims that are not NSA qualified.

Mr. Kunze stated that he sees a lot of value in this implementation. Mrs. Lodic's stated that the arbitration process should protect the plan sponsor and with this in place the providers who are continuously billing members a large amount for hidden providers will be exposed.