



AGENDA AND REPORTS
FEBRUARY 28, 2023
FRANKLIN LAKES BOROUGH HALL
12:00 PM

Zoom

<https://permainc.zoom.us/j/7737417209>

Meeting ID: 773 741 7209

One tap mobile

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OPEN PUBLIC MEETINGS ACT - In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I. sending sufficient notice to **The Record**, Hackensack, NJ
- II. filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality and,
- III. posting notice on the Public Bulletin Board of all member municipalities.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
AGENDA MEETING: FEBRUARY 28, 2023
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2023 EXECUTIVE COMMITTEE

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

CORRESPONDENCE - None

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair
Minutes: Appendix II

FINANCE COMMITTEE - Rich Kunze, Chair
Minutes: Appendix II

WELLNESS COMMITTEE - Robert Kakoleski, Chair
Minutes: Appendix II

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE - Joseph Catenaro, Chair

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics
Executive Director's ReportPage 1

BENEFITS CONSULTANT REPORT - Crystal Bailey
Conner Strong & Buckelew.....Page 10

ATTORNEY - Russell Huntington, Esq.

TREASURER - Joseph Iannaconi

Voucher List January 2023 (Resolution 18-23).....Page 16
Treasurers Report December 2022.....Page 20
Confirmation of Claims Paid/Certification of Transfers

WELLNESS COORDINATOR - Marianne EskilsonPage 23

BOARD ADVISOR - Clark LaMendola

THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein
Monthly ReportPage 25

PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk
Monthly Report.....Page 34

DENTAL ADMINISTRATOR - Delta Dental - Brian Remlinger

CONSENT AGENDAPage 36
Revised Resolution 6-23: Designation of Bank Depositories & CMPPage 37
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Resolution 17-23: Authorizing the use of E-ProcurementPage 43
Resolution 18-23: January 2023 Bills Lists.....Page

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
February 28, 2023**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of December 31, 2022 (page 3)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

NEW MEMBERS

The Metro Fund has 3 Medicare Advantage only members requesting membership to the Metro subgroup. These membership offers have been recommended by the Finance Committee:

1. Union Twp – March 1, 2023
2. Passaic Valley Water Commission – May 1, 2023
3. Linden Twp – June 1, 2023

MOTION: *Motion to Approve Resolution 15-23 Offering membership to the fully insured Medicare Advantage only members for Union and Linden Townships and Passaic Valley Water Commission.*

The New Business Status report is included on page 9.

REVISED CASH MANAGEMENT PLAN

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

BMED QUALIFIED PURCHASING AGENT

The MRHIF hired a QPA to represent all Funds across the State to handle RFPs. The Finance Committee will be meeting with him in March to discuss the possibility of changing the professional RFPs to competitive contracting.

In the meantime, a shared services resolution (16-23) and an E-Bid procurement authorization resolution (17-23) is included in the consent agenda for approval for any future RFPs. The Committee will make a recommendation on the process of procurement at the April meeting.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

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

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

GASB 75 REPORTS

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

2023 MEL, MR HIF & NJCE JIF Educational Seminar:

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

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

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	December 31, 2022			
		THIS	YTD	PRIOR	FUND	
		MONTH	CHANGE	YEAR END	BALANCE	
1.	UNDERWRITING INCOME	7,300,349	82,253,671	680,700,052	762,953,722	
2.	CLAIM EXPENSES					
	Paid Claims	4,940,703	66,503,391	553,734,658	620,238,049	
	IBNR	10,597	545,043	6,730,761	7,275,803	
	Less Specific Excess	(475,937)	(2,301,067)	(13,445,211)	(15,746,278)	
	Less Aggregate Excess	-	-	(602,911)	(602,911)	
	TOTAL CLAIMS	4,475,362	64,747,367	546,417,296	611,164,663	
3.	EXPENSES					
	MA & HMO Premiums	586,605	6,449,843	20,899,144	27,348,987	
	Excess Premiums	175,652	2,041,747	31,377,814	33,419,561	
	Administrative	541,814	5,693,633	49,935,482	55,629,115	
	TOTAL EXPENSES	1,304,071	14,185,224	102,212,440	116,397,664	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	1,520,916	3,321,080	32,070,316	35,391,395	
5.	INVESTMENT INCOME	28,386	(102,800)	3,317,030	3,214,230	
6.	DIVIDEND INCOME	0	155,455	7,077,243	7,232,698	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	1,549,302	3,373,735	42,464,589	45,838,323	
8.	DIVIDEND	0	1,942,065	25,147,933	27,089,998	
9.	Transferred Surplus	0	0	0	0	
	STATUTORY SURPLUS (7-8+9)	1,549,302	1,431,670	17,316,656	18,748,326	
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	4,698	(2,018,044)	13,107,552	11,089,508
		Cash	(158,783)	(1,872,624)	13,784,452	11,911,828
	2021	Surplus	(59,350)	(156,357)	1,851,451	1,695,093
		Cash	(9,153)	(2,101,246)	2,619,779	518,532
	METRO HIF 2021	Surplus	57,647	(618,542)	2,357,653	1,739,112
		Cash	(4,833)	(3,208,067)	4,946,029	1,737,962
	2022	Surplus	420,790	(1,311,373)		(1,311,373)
		Cash	(1,983,606)	(2,911,760)		(2,911,760)
	METRO HIF 2022	Surplus	1,125,517	5,535,985		5,535,985
		Cash	(1,972,120)	4,134,787		4,134,787
	TOTAL SURPLUS (DEFICITS)	1,549,302	1,431,670	17,316,656	18,748,326	
	TOTAL CASH	(4,128,495)	(5,958,911)	21,350,260	15,391,349	
CLAIM ANALYSIS BY FUND YEAR						
	TOTAL CLOSED YEAR CLAIMS	7,035	145,970	498,406,670	498,552,641	
	FUND YEAR 2021					
	Paid Claims	12,523	4,290,940	26,100,384	30,391,324	
	IBNR	(27,757)	(3,088,000)	3,088,000	-	
	Less Specific Excess	78,134	(905,770)	(535,529)	(1,441,299)	
	Less Aggregate Excess	0	0	0	0	
	TOTAL FY 2021 CLAIMS	62,900	297,170	28,652,855	28,950,025	
	METRO HIF 2021					
	Paid Claims	7,292	4,244,247	15,715,010	19,959,256	
	IBNR	(62,349)	(3,642,761)	3,642,761	0	
	Less Specific Excess	0	0	0	0	
	Less Aggregate Excess	0	0	0	0	
	TOTAL METRO HIF 2021 CLAIMS	(55,057)	601,486	19,357,770	19,959,256	
	FUND YEAR 2022					
	Paid Claims	2,708,983	30,222,311		30,222,311	
	IBNR	25,052	3,317,475		3,317,475	
	Less Specific Excess	(554,071)	(1,395,297)		(1,395,297)	
	Less Aggregate Excess	0	0		0	
	TOTAL FY 2022 CLAIMS	2,179,964	32,144,489		32,144,489	
	METRO HIF 2022					
	Paid Claims	2,204,870	27,599,923		27,599,923	
	IBNR	75,650	3,958,328		3,958,328	
	Less Specific Excess	0	0		0	
	Less Aggregate Excess	0	0		0	
	TOTAL METRO HIF 2022 CLAIMS	2,280,520	31,558,251		31,558,251	
	COMBINED TOTAL CLAIMS	4,475,362	64,747,367	546,417,296	611,164,662	

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND													
RATIOS													
INDICES	2021	FY2022											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	16,404,231	\$ 14,670,994	\$ 14,074,960	\$ 14,072,555	\$ 13,423,370	\$ 15,093,647	\$ 13,370,735	\$ 12,702,491	\$ 13,145,185	\$ 12,407,164	\$ 11,342,452	\$ 11,670,142	\$ 9,518,600
IBNR	3,088,000	\$ 3,360,289	\$ 3,549,081	\$ 3,626,641	\$ 3,663,351	\$ 3,673,144	\$ 3,550,548	\$ 3,577,508	\$ 3,538,029	\$ 3,327,045	\$ 3,289,744	\$ 3,320,180	\$ 3,317,475
Assets	19,120,978	\$ 18,892,004	\$ 18,629,342	\$ 17,702,429	\$ 17,404,265	\$ 17,324,279	\$ 17,235,291	\$ 17,390,008	\$ 17,457,558	\$ 16,627,668	\$ 15,420,333	\$ 15,701,197	\$ 15,953,809
Liabilities	4,161,974	\$ 4,328,777	\$ 4,291,833	\$ 4,328,465	\$ 4,346,462	\$ 4,101,606	\$ 3,962,767	\$ 3,998,898	\$ 5,919,535	\$ 5,738,850	\$ 4,700,226	\$ 4,594,104	\$ 4,480,579
Surplus	14,959,004	\$ 14,563,226	\$ 14,337,508	\$ 13,373,964	\$ 13,057,804	\$ 13,222,672	\$ 13,272,524	\$ 13,391,110	\$ 11,538,023	\$ 10,888,818	\$ 10,720,107	\$ 11,107,092	\$ 11,473,230
Claims Paid -- Month	3,290,768	\$ 2,760,526	\$ 2,638,028	\$ 3,457,529	\$ 3,050,700	\$ 2,447,238	\$ 4,083,004	\$ 2,379,033	\$ 2,405,319	\$ 3,590,106	\$ 2,772,382	\$ 2,346,816	\$ 2,728,541
Claims Budget -- Month	5,322,309	\$ 2,761,232	\$ 2,764,809	\$ 2,765,170	\$ 2,766,213	\$ 2,760,027	\$ 2,758,975	\$ 2,716,615	\$ 2,717,241	\$ 2,719,377	\$ 2,730,126	\$ 2,731,370	\$ 2,729,274
Claims Paid -- YTD	28,867,485	\$ 2,760,526	\$ 5,398,553	\$ 8,856,082	\$ 11,906,782	\$ 14,354,020	\$ 18,437,024	\$ 20,816,057	\$ 23,221,376	\$ 26,811,482	\$ 29,583,864	\$ 31,930,680	\$ 34,659,221
Claims Budget -- YTD	34,682,113	\$ 2,761,232	\$ 5,526,042	\$ 8,291,212	\$ 11,057,425	\$ 13,813,357	\$ 16,572,550	\$ 19,101,769	\$ 21,816,683	\$ 24,535,287	\$ 27,259,789	\$ 29,991,159	\$ 32,737,587
RATIOS													
Cash Position to Claims Paid	4.98	5.31	5.34	4.07	4.4	6.17	3.27	5.34	5.47	3.46	4.09	4.97	3.49
Claims Paid to Claims Budget -- Month	0.62	1.00	0.95	1.25	1.1	0.89	1.48	0.88	0.89	1.32	1.02	0.86	1.00
Claims Paid to Claims Budget -- YTD	0.83	1.00	0.98	1.07	1.08	1.04	1.11	1.09	1.06	1.09	1.09	1.06	1.06
Cash Position to IBNR	5.31	4.37	3.97	3.88	3.66	4.11	3.77	3.55	3.72	3.73	3.45	3.51	2.87
Assets to Liabilities	4.59	4.36	4.34	4.09	4	4.22	4.35	4.35	2.95	2.9	3.28	3.42	3.56
Surplus as Months of Claims	2.81	5.27	5.19	4.84	4.72	4.79	4.81	4.93	4.25	4	3.93	4.07	4.20
IBNR to Claims Budget -- Month	0.58	1.22	1.28	1.31	1.32	1.33	1.29	1.32	1.30	1.22	1.20	1.22	1.22

METRO HEALTH INSURANCE FUND													
RATIOS													
INDICES	2021	FY2022											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	4,946,029	\$ 5,654,019	\$ 3,354,080	\$ 5,608,106	\$ 6,265,143	\$ 5,946,710	\$ 5,574,098	\$ 4,961,849	\$ 4,366,780	\$ 6,815,851	\$ 5,368,865	\$ 7,849,702	\$ 5,872,749
IBNR	3,642,761	\$ 3,865,130	\$ 3,996,348	\$ 4,065,294	\$ 4,141,128	\$ 4,180,589	\$ 3,371,883	\$ 3,833,813	\$ 4,192,032	\$ 3,693,869	\$ 3,839,444	\$ 3,945,027	\$ 3,958,328
Assets	6,000,414	\$ 6,758,845	\$ 7,227,586	\$ 7,131,446	\$ 7,321,325	\$ 7,246,290	\$ 7,807,533	\$ 8,259,102	\$ 8,022,971	\$ 8,635,176	\$ 9,295,217	\$ 10,036,960	\$ 11,233,425
Liabilities	3,642,761	\$ 3,865,130	\$ 3,996,348	\$ 4,065,294	\$ 4,141,128	\$ 4,180,589	\$ 3,371,883	\$ 3,833,813	\$ 4,192,032	\$ 3,693,869	\$ 3,839,444	\$ 3,945,027	\$ 3,958,328
Surplus	2,357,653	\$ 2,893,715	\$ 3,231,237	\$ 3,066,152	\$ 3,180,197	\$ 3,065,701	\$ 4,435,650	\$ 4,425,289	\$ 3,830,939	\$ 4,941,307	\$ 5,455,773	\$ 6,091,933	\$ 7,275,097
Claims Paid -- Month	2,797,425	\$ 2,072,729	\$ 2,413,711	\$ 2,971,229	\$ 2,746,885	\$ 2,955,409	\$ 2,388,528	\$ 2,632,530	\$ 3,505,757	\$ 2,676,381	\$ 2,516,284	\$ 2,752,564	\$ 2,212,162
Claims Budget -- Month	2,571,826	\$ 2,775,649	\$ 2,780,300	\$ 2,792,570	\$ 2,822,697	\$ 2,816,778	\$ 2,818,783	\$ 2,898,060	\$ 3,059,529	\$ 3,068,615	\$ 3,169,368	\$ 3,200,870	\$ 3,207,286
Claims Paid -- YTD	15,715,010	\$ 2,072,729	\$ 4,486,440	\$ 7,457,669	\$ 10,204,554	\$ 13,159,963	\$ 15,548,492	\$ 18,181,021	\$ 21,686,778	\$ 24,363,160	\$ 26,879,444	\$ 29,632,008	\$ 31,844,170
Claims Budget -- YTD	15,715,010	\$ 2,775,649	\$ 5,555,949	\$ 8,348,519	\$ 11,171,576	\$ 13,982,108	\$ 16,800,993	\$ 19,489,267	\$ 22,541,664	\$ 25,624,133	\$ 28,787,530	\$ 31,988,400	\$ 35,217,325
RATIOS													
Cash Position to Claims Paid	1.77	2.73	1.39	1.89	2.28	2.01	2.33	1.88	1.25	2.55	2.13	2.85	2.65
Claims Paid to Claims Budget -- Month	1.09	0.75	0.87	1.06	0.97	1.05	0.85	0.91	1.15	0.87	0.79	0.86	0.69
Claims Paid to Claims Budget -- YTD	1.00	0.75	0.81	0.89	0.91	0.94	0.93	0.93	0.96	0.95	0.93	0.93	0.90
Cash Position to IBNR	1.36	1.46	0.84	1.38	1.51	1.42	1.65	1.29	1.04	1.85	1.40	1.99	1.48
Assets to Liabilities	1.65	1.75	1.81	1.75	1.77	1.73	2.32	2.15	1.91	2.34	2.42	2.54	2.84
Surplus as Months of Claims	0.92	1.04	1.16	1.1	1.13	1.09	1.57	1.53	1.25	1.61	1.72	1.9	2.27
IBNR to Claims Budget -- Month	1.42	1.39	1.44	1.46	1.47	1.48	1.2	1.32	1.37	1.2	1.21	1.23	1.23

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

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	62,182,011	62,182,011	60,240,520	57,902,563	4,279,448	7%
Prescription Claims	4,613,444	4,613,444	3,802,286	3,606,192	(376,781)	-12%
Prescription Formulary Rebates	(1,384,033)	(1,384,033)	(1,140,686)	Included Above in Prescription Claims		
Dental Claims	2,543,491	2,543,491	2,274,112	2,193,986	349,505	14%
Subtotal	67,954,912	67,954,912	65,176,232	63,702,740	4,252,172	6%
HMO/DMO Premiums	62,517	62,517	55,137	61,508	1,009	2%
Medicare Advantage / EGWP	6,388,336	6,388,336	5,778,254	6,388,336	-	0%
Reinsurance						
Specific	2,041,747	2,041,747	1,983,709	2,041,747	0	0%
Total Loss Fund	76,447,512	76,447,512	72,993,332	72,194,331	4,253,181	6%
Loss Fund Contingency	0	0	0	0	0	0%
Expenses						
Legal	25,000	25,000	25,000	25,000	(0)	0%
Treasurer	20,662	20,662	20,662	20,257	405	2%
Administrator	743,403	743,403	1,025,923	743,403	0	0%
Risk Management Consultants	1,796,086	1,796,086	1,692,104	1,796,444	(358)	0%
Fund CoOrdinator METRO	507,460	507,460	455,004	507,460	-	0%
TPA - Claims Agent Aetna	1,400,495	1,400,495	1,360,685	1,402,890	(2,395)	0%
Dental TPA	114,463	114,463	99,478	114,463	-	0%
Actuary	12,240	12,240	12,240	12,240	-	0%
Auditor	18,870	18,870	18,870	18,870	-	0%
Benefits Consultant	538,143	538,143	597,221	543,143	(0)	0%
Board Advisor	18,360	18,360	18,360	18,330	30	0%
Subtotal Expenses	5,195,182	5,195,182	5,325,547	5,202,500	(2,318)	0%
Miscellaneous and Special Services						
Misc/Cont	10,765	10,765	10,765	45,417	(34,652)	-322%
Wellness, Disease, Case Management	100,000	100,000	100,000	106,044	(6,044)	-6%
Affordable Care Act Taxes	18,577	18,577	18,049	17,279	1,298	7%
A4 Surcharge	461,630	461,630	448,059	461,630	(0)	0%
Plan Documents	5,000	5,000	5,000	Included above in Benefits Consultant		
Subtotal Misc/Sp Svcs	595,972	595,972	581,873	630,371	(39,399)	-7%
Total Expenses	5,791,154	5,791,154	5,907,420	5,832,871	(41,717)	-1%
Total Budget	82,238,666	82,238,666	78,900,751	78,027,202	4,211,464	5%

Bergen Municipal Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF DECEMBER 31, 2022

BY FUND YEAR

	BMED 2022	BMED 2021	CLOSED YEAR	METRO 2021	METRO 2022	FUND BALANCE
ASSETS						
Cash & Cash Equivalents	(2,911,760)	518,532	11,911,828	1,737,962	4,134,787	15,391,349
Assessments Receivable (Prepaid)	1,791,598	136,507	(7,070)	0	5,358,074	7,279,110
Interest Receivable	1,499	1,491	5,238	1,150	1,453	10,831
Specific Excess Receivable	1,395,297	1,038,562	-	-	-	2,433,859
Aggregate Excess Receivable	-	-	-	-	-	-
Dividend Receivable	-	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-	-
Other Assets	2,072,087	0	-	-	-	2,072,087
Total Assets	2,348,720	1,695,093	11,909,997	1,739,112	9,494,314	27,187,235
LIABILITIES						
Accounts Payable	9,306	-	-	-	-	9,306
IBNR Reserve	3,317,475	(0)	-	(0)	3,958,328	7,275,803
A4 Retiree Surcharge	307,465	-	-	-	-	307,465
Dividends Payable	-	-	820,487	-	-	820,487
Retained Dividends	-	-	-	-	-	-
Accrued/Other Liabilities	25,846	-	-	-	-	25,846
Total Liabilities	3,660,092	(0)	820,487	(0)	3,958,328	8,438,908
EQUITY						
Surplus / (Deficit)	(1,311,373)	1,695,093	11,089,509	1,739,112	5,535,985	18,748,327
Total Equity	(1,311,373)	1,695,093	11,089,509	1,739,112	5,535,985	18,748,327
Total Liabilities & Equity	2,348,720	1,695,093	11,909,997	1,739,112	9,494,314	27,187,235
BALANCE	-	-	-	-	-	-

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

REGULATORY

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
YEAR: 2023

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2023 Filed
<input type="checkbox"/> Assessments	2023 Filed
<input type="checkbox"/> Actuarial Certification	2023 Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	To be filed pending reorg
<input type="checkbox"/> Fund Officers	To be filed pending reorg
<input type="checkbox"/> Renewal Resolutions	To be filed pending reorg
<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	To be filed pending reorg
<input type="checkbox"/> Cash Management Plan	To be filed pending reorg
<input type="checkbox"/> Unaudited Financials	9/30/2021 Filed
<input type="checkbox"/> Annual Audit	2021 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

NEW BUSINESS UPDATE

New Member Review – Prospects reviewed since July 2022

Group	BMED/METRO	Status
Woodcliff Lake	BMED	Quote released and being reviewed
Little Falls	BMED	Needs Further Review
Waldwick	BMED	Needs Further Review
Little Ferry	BMED	Uncompetative above over 2023 SHBP
Fanwood	BMED	Joining 2/1
Garwood	BMED	Competitive quote released
Wycoff	BMED	Quote released; above 2023 SHBP. Being reviewed by Town
Maplewood	BMED	Additional information needed
Mountainside	BMED	Additional information needed
Teaneck	BMED	Additional information needed
Millburn	BMED	Quote released; over 2023 SHBP. Being reviewed by Town
Lodi	BMED	Needs Further Review
Irvington	Metro	Needs more information
Bloomfield/Bloomfield Lib	Metro	Joined 1/1/23; current MA only member
Hillside BOE	Metro	Competitive Medical quote released; being reviewed
Livingston BOE	Metro	Quote released; over 2023 SHBP
Montclair	Metro	Competitive quote released; being reviewed for 6/1
Scotch Plains	Metro	Joined 1/1/23
Union Twp	Metro	MA Only joining 3/1
Linden Twp	Metro	MA likely to join 6/1
Passaic Valley Water Commi	Metro	MA Only likely to join 5/1
South Brunswick Township	Metro	Pending review by management; unlikely
Mercer County	Metro	MA Only pending review by management

**Gateway-BMED Health Insurance Fund
Benefits Consultant Report**

February 2023

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email BMEDenrollments@permainc.com or fax to 856-685-2248.

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

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

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

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

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

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

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

EXPRESS-SCRIPTS UPDATE

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

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

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

2022 SaveOn Savings – In the 2022 plan year BMED saved \$162,923 for members enrolled in SaveOn. There were 28 participants in the program, for an average savings per prescription of \$1,031.

AETNA UPDATE

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

OPERATIONAL UPDATES:

End of Year/Wellness Incentive Program Reporting

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

Please note the following:

- The report includes the participant's full name and total amount received in 2022
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022, through October 31, 2022**
 - Reports were sent to group billing contacts the week of January 2nd
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022, through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received
 - **Final reports were sent to the group billing contacts the week of January 30th**

- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

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

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through May 11, 2023. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period.
2. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

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

FREE Tests from the Government – COVID-19 at home tests kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>.

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.
- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

3. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees.
 - The Mandate is not in effect as it has gone through multiple State and Federal Court appeals. Most

recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

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

Medical and Rx Reporting

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

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

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

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

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

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

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

Mental Health Parity and Addiction Equity Act (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.

No Surprise Billing and Transparency Act– Continued Delays

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

2023 Specialized Audits

As approved through an RFP through the Executive Director’s contract, the HIFs has acquired the services of AIM to conduct specialized audits for Southern Skylands Regional Fund (SSRF). AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna’s NQTL analysis performed for the (SSRF) to determine compliance with the MHPAEA. Aim will review SSRF claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act.

Later in 2023 Aim will review Gene Therapy cost for Southern Skylands Regional Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

2023 IRMAA Charge

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

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

Appeals

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
02/06/2023	Medical	BMED-2023-02-01	Benefit Application	Reconsidered *	Under Review
02/02/2023	Medical	BMED-2023-02-02	Medical Necessity	Under Review	Under Review
02/09/2023	Medical	BMED-2023-02-03	Medical Necessity	Upheld	02/22/2023

***Aetna confirmed member no longer had a balance with provider, billed amount was written-off by provider.**

IRO Submissions: None

BMED Small Claims Committee Appeals: None

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
DIVIDEND BILLS LIST**

Confirmation of Payment

JANUARY 2023

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

BE IT RESOLVED that the 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>
004220			
004220	HILLSDALE BOROUGH	DIVIDEND 1/23	3,697.00
			3,697.00
004221			
004221	NORTH ARLINGTON BOROUGH	DIVIDEND 1/23	5,644.00
			5,644.00
004222			
004222	WESTWOOD BOROUGH	DIVIDEND 1/23	110,517.00
			110,517.00
004223			
004223	WANAQUE VALLEY REGIONAL S.A.	DIVIDEND 1/23	1,481.00
			1,481.00
004224			
004224	ROCHELLE PARK TOWNSHIP	DIVIDEND 1/23	2,489.00
			2,489.00
004225			
004225	CARLSTADT BOARD OF ED	DIVIDEND 1/23	4,106.00
			4,106.00
004226			
004226	FORT LEE BOROUGH	DIVIDEND 1/23	17,045.00
			17,045.00
004227			
004227	SOUTH HACKENSACK TOWNSHIP	DIVIDEND 1/23	54,000.00
			54,000.00
004228			
004228	MINE HILL TOWNSHIP	DIVIDEND 1/23	349.00
			349.00
004229			
004229	VERONA TOWNSHIP	DIVIDEND 1/23	105,888.00
			105,888.00
		Total Payments FY CLOSED	305,216.00

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

JANUARY 2023

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>
004084			
004084	PAYFLEX	VOID AND REISSUE	-215.16
			-215.16
004201			
004201	PAYFLEX	HSA FEE BORO OF WALLINGTON 12/22	74.16
004201	PAYFLEX	HSA FEE BORO MONTVALE 12/22	123.00
004201	PAYFLEX	HSA ACCOUNT FEES THRU 9/22	215.16
004201	PAYFLEX	HSA FEE BOROUGH OF OAKLAND 12/22	6.00
004201	PAYFLEX	HSA FEE SOUTH HACKENSACK 12/22	15.00
			433.32
004202			
004202	PERMA	POSTAGE 12/22	75.94
			75.94
004203			
004203	LAMENDOLA ASSOCIATES, INC.	RETAINER 12/22	1,530.00
			1,530.00
004204			
004204	WELLNESS COACHES	WELLNESS COACHING PLAINFIELD BOE 12/22	7,482.00
			7,482.00
WIRE/ACH			
WIRE/ACH	FLAGSHIP DENTAL PLANS	BORO OF EAST RUTHERFORD 12/22	1,976.12
			1,976.12
		Total Payments FY 2022	11,282.22

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004205			
004205	AETNA MEDICARE ADVANTAGE	MEDICARE ADVANTAGE PREM. 01/23	503,884.14
			503,884.14
004206			
004206	DELTACARE DMO	CITY OF ORANGE 01/23	222.50
004206	DELTACARE DMO	PLAINFIELD BOE 01/23	3,882.27
			4,104.77
004207			
004207	AETNA	TPA FEES 01/23	140,999.64
			140,999.64
004208			
004208	PAYFLEX	HSA FEE BOROUGH OF OAKLAND 01/23	6.00
004208	PAYFLEX	HSA FEE BORO OF MONTVALE 01/23	126.00
004208	PAYFLEX	HSA FEE SOUTH HACKENSACK 01/23	15.00
004208	PAYFLEX	HSA FEE BORO OF WALLINGTON 01/23	74.16
			221.16
004209			
004209	PERMA	ADMIN FEES 01/23	74,028.89
			74,028.89
004210			
004210	ACTUARIAL SOLUTIONS, LLC	ACTUARY Q1 2023	4,625.00
			4,625.00

004211				
004211	HUNTINGTON BAILEY, LLP	ATTORNEY 1/23	2,125.00	2,125.00
004212				
004212	JOSEPH IANNAONI JR.	TREASURER 01/23	1,755.58	1,755.58
004213				
004213	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 01/23	2,083.33	2,083.33
004214				
004214	ACCESS	CUST 224 DEPT 418 STORE 12/31/22 FOR JAN	139.89	139.89
004215				
004215	ACRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEE 01/23	31,376.49	31,376.49
004216				
004216	ACRISURE	BROKER FEE 01/23	7,892.81	7,892.81
004217				
004217	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 01/23	5,963.34	5,963.34
004218				
004218	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEE 01/23	19,778.01	19,778.01
004219				
004219	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINS 01/23	219,558.18	219,558.18
WIRE/ACH				
WIRE/ACH	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR FEES 01/23	59,269.00	59,269.00
WIRE/ACH				
WIRE/ACH	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/23	12,000.83	12,000.83
WIRE/ACH				
WIRE/ACH	CONNER STRONG & BUCKELEW	BENEFITS CONSULTING FEE 01/23	52,372.93	
WIRE/ACH	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 01/23	416.67	52,789.60
WIRE/ACH				
WIRE/ACH	RELIANCE INSURANCE GROUP, LLC	BROKER FEES EDGEWATER 01/23	7,289.41	
WIRE/ACH	RELIANCE INSURANCE GROUP, LLC	BROKER FEES PLAINFIELD BOE 01/23	30,055.24	37,344.65
WIRE/ACH				
WIRE/ACH	ALLEN ASSOCIATES	BROKER FEES 01/23	9,638.69	9,638.69
WIRE/ACH				
WIRE/ACH	FLAGSHIP DENTAL PLANS	DENTAL EAST RUTHERFORD 01/23	1,362.53	
WIRE/ACH	FLAGSHIP DENTAL PLANS	DENTAL EAST RUTHERFORD 02/23	1,617.55	
WIRE/ACH	FLAGSHIP DENTAL PLANS	DENTAL RUTHERFORD 02/23	1,493.39	
WIRE/ACH	FLAGSHIP DENTAL PLANS	DENTAL RUTHERFORD 01/23	1,305.80	5,779.27

WIRE/ACH			
WIRE/ACH	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 01/23	51,737.72
			51,737.72
WIRE/ACH			
WIRE/ACH	THE VOZZA AGENCY	BROKER FEES OAKLAND 01/23	6,389.57
WIRE/ACH	THE VOZZA AGENCY	BROKER FEES PARK RIDGE 01/23	5,555.03
WIRE/ACH	THE VOZZA AGENCY	BROKER FEES FORT LEE 01/23	1,594.01
			13,538.61
		Total Payments FY 2023	1,260,634.60
		TOTAL PAYMENTS ALL FUND YEARS	1,271,916.82

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		December							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid December	Monthly Recoveries December	Calc. Net Paid Thru December	TPA Net Paid Thru December	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022	Medical	22,251,014.88	2,853,805.05	0.00	25,104,819.93	0.00	25,104,819.93	22,251,014.88	2,853,805.05
	Dental	1,521,457.72	124,144.99	0.00	1,645,602.71	0.00	1,645,602.71	1,521,457.72	124,144.99
	Rx	5,010,492.15	541,729.86	0.00	5,552,222.01	0.00	5,552,222.01	5,010,492.15	541,729.86
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	28,782,964.75	3,519,679.90	0.00	32,302,644.65	0.00	32,302,644.65	28,782,964.75	3,519,679.90

Bergen Municipal Employee Benefits Fund

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2022										
Month Ending: December										
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	Medicare Advantage	RSR	Admin	TOTAL
OPEN BALANCE	14,097,470.50	559,170.47	(2,243,009.52)	0.00	0.00	(92,747.08)	9,038,083.90	125,458.76	(1,964,584.29)	19,519,842.74
RECEIPTS										
Assessments	2,205,468.93	103,286.51	108,073.35	0.00	0.00	71,938.25	194,551.81	0.00	244,744.11	2,928,062.96
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	16,312.65	1,447.39	0.00	0.00	0.00	0.00	8,384.00	116.38	829.68	27,090.10
Invest Adj	(87.72)	(7.78)	0.00	0.00	0.00	0.00	(45.08)	(0.63)	(4.46)	(145.67)
Subtotal Invest	16,224.93	1,439.61	0.00	0.00	0.00	0.00	8,338.92	115.75	825.22	26,944.43
Other *	68,048.86	0.00	13,719.32	0.00	0.00	0.00	0.00	0.00	52.03	81,820.21
TOTAL	2,289,742.72	104,726.12	121,792.67	0.00	0.00	71,938.25	202,890.73	115.75	245,621.36	3,036,827.60
EXPENSES										
Claims Transfers	5,004,209.63	205,460.28	541,729.86	0.00	0.00	0.00	0.00	0.00	0.00	5,751,399.77
Expenses	148,977.00	0.00	0.00	0.00	0.00	175,651.96	0.00	0.00	1,075,068.33	1,399,697.29
Other *	13,908.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	317.56	14,225.56
TOTAL	5,167,094.63	205,460.28	541,729.86	0.00	0.00	175,651.96	0.00	0.00	1,075,385.89	7,165,322.62
END BALANCE	11,220,118.59	458,436.31	(2,662,946.71)	0.00	0.00	(196,460.79)	9,240,974.63	125,574.51	(2,794,348.82)	15,391,347.72

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Bergen Municipal Employee Benefits Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH	December						
CURRENT FUND YEAR	2022						
Description:	CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	Investors	
ID Number:							
Maturity (Yrs)							
Purchase Yield:							
TOTAL for All Accts & instruments							
Opening Cash & Investment Balance	\$19,519,842.71	6242816.96	2746260.63	0	0	4269775.61	6260989.51
Opening Interest Accrual Balance	\$9,389.16	0	0	0	0	9389.16	0
1 Interest Accrued and/or Interest Cost	\$1,441.66	\$0.00	\$0.00	\$0.00	\$0.00	\$1,441.66	\$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	-\$145.68	\$0.00	-\$145.68	\$0.00	\$0.00	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$26,292.37	\$922.20	\$4,004.73	\$0.00	\$0.00	\$9,389.84	\$11,975.60
6 Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 Realized Gain (Loss)	\$797.73	\$0.00	\$797.73	\$0.00	\$0.00	\$0.00	\$0.00
8 Net Investment Income	\$28,386.08	\$922.20	\$4,656.78	\$0.00	\$0.00	\$10,831.50	\$11,975.60
9 Deposits - Purchases	\$2,995,975.17	\$2,995,975.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$7,151,414.62	-\$7,151,097.06	-\$317.56	\$0.00	\$0.00	\$0.00	\$0.00
Ending Cash & Investment Balance	\$15,391,347.68	\$2,088,617.27	\$2,750,599.85	\$0.00	\$0.00	\$4,279,165.45	\$6,272,965.11
Ending Interest Accrual Balance	\$10,830.82	\$0.00	\$0.00	\$0.00	\$0.00	\$10,830.82	\$0.00
Plus Outstanding Checks	\$866,718.42	\$866,718.42	\$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	\$16,258,066.10	\$2,955,335.69	\$2,750,599.85	\$0.00	\$0.00	\$4,279,165.45	\$6,272,965.11



CIVITAS

COMMUNITY • WELLNESS • LIFE-COACHING • COLLABORATION

NEW JERSEY

TO: Gateway-BMED Fund Executive Committee and Commissioners

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

DATE: February 28, 2023

RE: Report of Activity and Progress

STATUS UPDATE

1. **Education:** At the recent Fund Wellness Committee meeting, the performance of the contract for services with Valley Health Services associated with health and wellness education was considered. The Committee discussed the renewal of our contract for services in 2023. It was unanimously noted that the webinar content has consistently been relevant and professionally delivered. While the viewing in 2022 was robust, it is anticipated that with additional promotion and the possibility of more agencies joining the program, there will be more viewership in 2023. The Committee agreed that the contract should be renewed in 2023. Attached are a catalog of webinars planned for 2023, flyers for March webinars and a flyer outlining how to access webinars already aired live in January and February.
2. **Newsletter:** The renewal contract offered by EBIX, our newsletter content and delivery partner, was reviewed by the Fund's Wellness Committee. They found that it would be advantageous to continue our relationship with EBIX and renew the contract for services in 2023. This partnership allows the newsletter to be branded with the Fund's logo and provides a space and mechanism to provide personalized articles associated with key Fund information in each issue, which are prepared each month by Civitas NJ. The contract provides for enough licenses for distribution to all insured employee members of the Gateway-BMED Fund, not just those of wellness program participating towns.
3. **Surveys:** Civitas NJ can deploy surveys through SurveyMonkey and has created a draft survey for wellness program participants. The survey content and form have been reviewed by the Wellness Committee and have been found to be satisfactory. Final technological preparations are being made to enable the deployment of the surveys to participating towns. The Wellness Committee has determined that the completion of the survey will be a mandatory component for wellness program participants moving

forward, so that the Fund can glean insight into the perceptions of participating employees that can help with future planning, design and marketing efforts.

4. **Grant Applications and Review of Reimbursement Requests:** 2023 grant applications have been drafted. The Fund's Wellness Committee reviewed the grant criteria and has determined that 2 changes should be made to the eligibility criteria as follows:
 - a. **Current Minimum Participant Eligibility Requirements:**
 - i. Annual Physical
 - ii. 2 Dental Cleanings
 - iii. Participation in 4 Educational Webinars
 - iv. Participation in 1 locally (employer sponsored) health and wellness activities/challenges (as defined by the local program)
 - b. **2023 Participant Eligibility Requirements:**
 - i. Annual Physical
 - ii. 2 Dental Cleanings
 - iii. Participation in 4 Educational Webinars
 - iv. Participation in 2 locally (employer sponsored) health and wellness activities/challenges (as defined by the local program)
 - v. Completion of the Fund-generated health and wellness program evaluation survey
5. **Partnerships:**
 - a. **NY/NJ Trails Conference:** A partnership has been established with the NY/NJ Trails Conference enabling health and wellness program participants to register for the Conference's annual Trail-A-Thon. Additionally, the Conference can provide local ambassadors with additional local programming support. We are working with the Conference to highlight the opportunity for local agencies to include the Trail-A-Thon component into their local programming options earlier in the year. The goal for Trail-A-Thon participants is to walk an equivalent of 103 miles between September 12 and October 31.
 - b. **Atlantic Health:** We have been engaging regularly with Atlantic Health to consider ways to incorporate partnership opportunities into the Fund's 2023 program.
 - c. **Valley Health Services:** The educational program is on-going and continues to be highly successful. Our office coordinates weekly with Valley's staff regarding various issues associated with education and our partnership.
6. **Grant Application Forms and 2022 Participation/Reimbursement Forms:** 2023 grant application forms have been provided to Fund agencies who have expressed an interest in participating in the 2023 program this week, together with forms to seek reimbursement through their 2022 grants for their 2022 expenses. Outreach to non-participating towns is also underway to see if any other agencies would like to pursue becoming part of the program in 2023.
7. **Support for Local Programming:** We continue to support local programming through communication and outreach to ambassadors. Efforts are being made to work directly with ambassadors for 2023 local programming brainstorming and implementation.



COMBINED BMED & METRO CLAIMS

Monthly Claim Activity Report

February 28, 2023



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	\$5,562,448	2,825	\$ 1,969
JUNE	\$3,386,738	1,877	\$ 1,804	\$5,349,272	2,823	\$ 1,895
JULY	\$2,346,596	2,810	\$ 835	\$4,530,835	2,830	\$ 1,601
AUGUST	\$3,900,320	2,791	\$ 1,397	\$6,034,516	2,965	\$ 2,035
SEPTEMBER	\$4,723,951	2,743	\$ 1,722	\$5,190,025	2,930	\$ 1,771
OCTOBER	\$4,341,944	2,775	\$ 1,565	\$4,485,728	2,979	\$ 1,506
NOVEMBER	\$4,578,836	2,790	\$ 1,641	\$5,216,216	2,985	\$ 1,747
DECEMBER	\$5,375,389	2,795	\$ 1,923	\$4,265,827	3,009	\$ 1,418
TOTALS	\$39,645,470			\$60,647,513		
				2022 Average	2,883	\$ 1,755
				2021 Average	2,248	\$ 1,451



Medical Claims Paid:
January 2022 – December 2022

Total Medical Paid per EE: **\$1,755**

Catastrophic Claim Impact
January 2022- December 2022

Number of Claims Over \$50,000: **177**
 Claimants per 1000 members: **26.7**
 Avg. Paid per Claimant: **\$132,309**
 Percent of Total Paid: **40.7%**

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

Allentown Service Center
Performance Goal Metrics YTD 2022

Customer Service Performance

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

Claims Performance

Financial Accuracy: **99.66%**

90% processed w/in: **9.0 days**
 95% processed w/in: **18.1 days**

Claims Performance (Monthly)
(December 2022)

90% processed w/in: **5.1 days**
 95% processed w/in: **8.1 days**
 (Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy: **99%**

Turnaround Time

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

Network Discounts

Inpatient: **57.5%**
 Ambulatory: **67.9%**
 Physician/Other: **64.1%**
TOTAL: 64.0%

Aetna One Flex Member Outreach:
Through December 2022

Total Members Identified: **1,961**
 Members Targeted for 1:1 Nurse Support : **479**
 Members Targeted for Digital Activity: **1,482**
 Member 1:1 outreach completed: **452**
 Member 1:1 Outreach in Progress: **27**

Provider Network

% Admissions In-Network: **93.7%**
 % Physician Office: **88.2%**

Aetna Book of Business:
 Admissions 97.6%; Physician 91.1%

Teladoc Activity:
January 2022 – December 2022

Total Registrations: **167**
 Total Online Visits: **390**
 Total Net Claims Savings: **\$201,276**
 Total Visits w/ Rx: **325**

Mental Health Visits: **136**
 Dermatology Visits: **32**

Top Facilities Utilized (by total Medical Spend)

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



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

February 28, 2023

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

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

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

	Billed Amt	Paid Amt
	\$476,867.89	\$235,475.18
	\$93,811.90	\$100,688.78
	\$370,424.13	\$83,495.63
	\$89,040.16	\$53,017.47
Total:	\$1,030,144.08	\$472,677.06



METRO MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

February 28, 2023

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

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

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

	Billed Amt	Paid Amt
	\$80,108.11	\$69,410.36
	\$429,882.00	\$54,005.41
Total:	\$509,990.11	\$123,415.77



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%
Plan Cost PMPM	\$152.58	\$141.43	\$191.97	\$161.95	\$142.25	\$171.14	\$188.60	\$167.33	\$158.03	\$184.04	\$147.30	\$163.09	\$154.92	\$176.94	\$152.95	\$161.63	\$163.49
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	2,536	2,531	2,533	2,534	2,541	2,545	2,540	2,563	2,560	2,572	2,565	2,539
Total Days	102,796	94,485	106,472	303,753	103,831	105,901	106,363	316,095	105,040	106,090	104,425	315,555	102,642	107,763	110,270	320,810	1,257,113
Total Patients	994	943	1,023	1,449	1,038	1,051	1,014	1,527	1,034	1,032	996	1,518	1,091	1,119	1,118	1,663	2,089
Total Plan Cost	\$397,226	\$400,750	\$439,519	\$1,237,496	\$441,324	\$398,692	\$521,683	\$1,361,699	\$504,418	\$440,690	\$459,415	\$1,404,523	\$533,965	\$466,038	\$437,946	\$1,478,209	\$5,481,965
Generic Fill Rate (GFR) - Total	86.1%	84.5%	85.9%	85.6%	86.6%	85.2%	83.8%	85.2%	84.4%	84.4%	84.1%	84.3%	78.3%	81.4%	82.7%	80.7%	83.9%
Plan Cost PMPM	\$157.69	\$159.47	\$174.62	\$163.93	\$174.37	\$157.21	\$206.12	\$179.22	\$199.06	\$173.43	\$180.52	\$184.32	\$208.34	\$182.05	\$170.27	\$192.10	\$179.96
% Change Plan Cost PMPM	3.4%	12.7%	-9.0%	1.2%	22.6%	-8.1%	9.3%	7.1%	26.0%	-5.8%	22.5%	13.0%	34.5%	2.9%	11.3%	18.9%	10.1%
Total Specialty Plan Cost	\$169,658	\$189,993	\$134,131	\$493,782	\$198,287	\$133,936	\$217,540	\$549,762	\$233,034	\$158,007	\$176,221	\$567,262	\$280,566	\$173,046	\$150,526	\$642,303	\$2,253,109
Specialty % of Total Specialty Plan Cost	42.7%	47.4%	30.5%	39.9%	44.9%	33.6%	41.7%	40.4%	46.2%	35.9%	38.4%	40.4%	52.5%	37.1%	34.4%	43.5%	41.1%

PMPM	
October-December 2021	\$161.63
October-December 2022	\$192.10
Trend	18.9%
October-December 2022	18.9%

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
FEBRAURY 28, 2023**

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

Resolutions

Subject Matter

Revised Resolution 6-23: Designation of Bank Depositories & CMPPage 37
Resolution 15-23: New Membership OfferPage 41
Resolution 16-23: Shared Services with MRHIFPage 42
Resolution 17-23: Authorizing the use of E-ProcurementPage 43
Resolution 18-23: January 2023 Bills Lists.....Page 44

Motion _____

Second _____

REVISED RESOLUTION NO. 6-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2023**

1.) *Cash Management and Investment Objectives*

The Bergen Municipal Employee Benefits Fund (hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.

2.) *Permissible Investments*

Investments shall be limited to the following:

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

- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than ten (10) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent with the Division's own investment guidelines, and providing that the investment is a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions established by the N.J. Department of Community Affairs.

3.) *Authorized Depositories*

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

TD Bank
Citizens Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) *Authority for Investment Management*

The Treasurer is authorized and directed to manage the FUND's cash and investments in a manner consistent with this plan and all appropriate regulatory constraints. The Treasurer is also authorized to invest in fixed income securities through the asset management department of Wilmington Trust.

5.) *Preservation of Capital*

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

6.) *Safekeeping*

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

7.) *Selection of Custodial and Operating Banks*

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

8.) **Reporting**

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

9.) **Audit**

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

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors prepared by the FUND's Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours.

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

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

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

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

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

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such

procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

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

ADOPTED: January 24, 2023

BY: _____
CHAIRPERSON

ATTEST:

RESOLUTION NO. 15-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION TO OFFER MEMBERSHIP
UNION TOWNSHIP, LINDEN TOWNSHIP
AND PASSAIC VALLEY WATER COMMISSION**

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 **February 28, 2023** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Executive Director, Benefits Consultant and the 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 Finance Committee has reviewed a submission from the Townships of Union (3/1/2023) and Linden (6/1/2023) and the Passaic Valley Water Commission (5/1/2023) for Medicare Advantage/EGWP fully insured coverage and recommended approval to join the Metro subgroup effective the dates specified above;

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 Townships of Union (3/1/2023) and Linden (6/1/2023) and the Passaic Valley Water Commission (5/1/2023) for Medicare Advantage/EGWP fully insured coverage Metro Subgroup contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

ADOPTED: February 28, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 16-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION AUTHORIZING SHARED SERVICES AGREEMENT WITH THE MUNICIPAL
REINSURANCE HEALTH INSURANCE FUND FOR QPA SERVICES**

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

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

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

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

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

ADOPTED: February 28, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 17-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
AUTHORIZING THE QUALIFIED PURCHASING AGENT TO RECEIVE CERTAIN BIDS IN
ACCORD WITH N.J.A.C.5:34-5.1,
E- PROCUREMENT**

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED by the Bergen Municipal Employee Benefits Fund as follows:

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

ADOPTED: FEBRUARY 28, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 18-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE JANUARY 2023 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **February 28, 2023** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of January 2023 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 January 2023 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: February 28, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
OPEN MEETING: JANUARY 24, 2023
FRANKLIN LAKES BOROUGH
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	Present
Gregory Franz, Executive Committee	Present
Donna Gambutti, Executive Committee	Present
Bob Kakoleski, Executive Committee	Present
Richard Molinari, Executive Committee	Absent
Anthony Ciannamea, Executive Committee Alternate	Present
Erin Delaney, Executive Committee Alternate	Absent

APPOINTED OFFICIALS PRESENT:

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

OTHERS PRESENT:

**Mark Ferrara
Gary Vinci
Tom Ucko
Mathew McArow
Brittany Vozza**

Dave Vozza
Renee Gear
Maureen Fennel

APPROVAL OF MINUTES:

MOTION TO APPROVE THE PRESENTED OPEN MINUTES OF January 24, 2023:

MOTION: Commissioner Kunze
SECOND: Commissioner Kunze
ROLL CALL VOTE: 5 Ayes, 0 Nays

SINE DIE MEETING

ROLL CALL OF THE 2023 FUND COMMISSIONER LISTING

Member	Fund Commissioner	Attendance
Alpine	Paul Tomasko	Absent
Bloomfield Twp	Kimberly Duva	Present
Carlstadt	Joseph Crifasi	Present
Carlstadt Board of Education		Absent
City of East Orange		Absent
City of Orange	Christopher Hartwyk	Present
East Rutherford		Absent
East Rutherford Board of Education		Absent
Edgewater	Gregory Franz	Present
Emerson	Robert Hermansen	Present
Fairfield	James Gasparini	Present
Fairfield BOE	Kathy Morano	Present
Franklin Lakes	Gregory Hart	Present
Ft. Lee	Alfred Restaino	Absent
Garfield City	Erin Delaney	Absent
Hillsdale	Christopher Tietjen	Absent
Irvington	Musa Mallik	Absent
Lodi		Absent
Maywood Borough		Absent
Mine Hill	Katelyn Wild	Absent
Montvale	Joe Voytus	Present
Moonachie	Anthony Ciannamea	Present
Morristown	Jillian Barrick	Absent
North Arlington	Steve Loicano	Absent
Oakland	Richard Kunze	Present
Park Ridge	Julie Falkenstern	Absent
Plainfield BOE	Evadene Weithe	Absent
Ridgefield Park	Adam Macneill	Absent
Rochelle Park	Dean Pinto	Present
Rutherford	Robert Kakoleski	Present

Saddle River	Richard Molinari	Absent
Scotch Plains	Margaret Heisey	Present
South Hackensack	Donna Gambutti	Present
Verona	Joseph D'Arco	Absent
Wallington	Hector Olmo	Absent
Wanaque Valley Regional S.A.	Frank Covelli	Present
Westwood	Daurene Ayer	Absent
West Orange	Jack Sayres	Absent
Woodcliff Lake	Tom Padilla	Present
Wood-Ridge	Dominick Azzolini	Absent
West Caldwell	Nikole H. Baltycki	Present

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

Recommended Slate

- Gregory Hart, Chair
- Richard Kunze, Secretary
- Gregory Franz, Executive Committee
- Donna Gambutti, Executive Committee
- Bob Kakoleski, Executive Committee
- Anthony Ciannamea, Executive Committee
- Erin Delaney, Executive Committee Alternate
- James Gaspirini, Executive Committee Alternate

OATH OF OFFICE

Executive Director asks for Nominations. Attorney swears in officers and Executive Committee.

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2023 EXECUTIVE COMMITTEE

CORRESPONDENCE - None.

COMMITTEE REPORTS:

Strategic Planning - Commissioner Kunze said that he and Mr. LaMendola have been working on a follow up meeting to further the scope of strategic planning for the Fund.

Finance Committee - Commissioner Kunze said the adoption of the budget is being presented today. He said the Committee discussed the budget and the resulting savings from the MRHIF renewal, which will be included in contingency. The overall decrease would have impacted the assessments very little.

Wellness Committee - No Report

Small Claims Committee - No Report

Nominations Committee - No Report

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE – Rich Kunze, Chair

Mr. Kunze stated that there will be a meeting February 8th via zoom.

FINANCE COMMITTEE – Rich Kunze, Chair

Mr. Kunze welcomed the new members who were approved at the finance committee.

WELLNESS COMMITTEE – Robert Kakoleski, Chair

Mr. Kakolski stated the the wellness coordinator is working with the members and sent out a survey for the participating towns to complete.

SMALL CLAIMS COMMITTEE – Donna Gambutti, Chair

NOMINATION COMMITTEE - Joseph Catenaro, Chair

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT – As of November 30, 2023 – Mrs. Koval stated that November was a very strong month making about a little over \$ Million. She stated that this was due to a large rebate payout the fund received from Express Scripts on claims through September 2022. She stated that the rebates that the fund received was a big higher than what was budgeted so there was the opportunity to add to surplus. Overall, operationally the fund is running well. She stated that surplus looks large but some of it belongs to the Metro HIF.

2023 REORGANIZATION – Mrs. Koval reviewed the reorganization resolutions included in the agenda. Mrs. Koval noted that Resolution 5-23 sets the meeting dates for 2023. A physical location and zoom is included. She stated that Resolution 7-23 is a listing of the Current Signatories that will continue to be Greg Hart, Greg Franz, Richard Kunze and Treasurer. Resolution 8-23 RMP, Mrs. Koval stated the changes have been highlighted in the agenda including the stop loss amount and the claims and operational audit. Mrs. Koval stopped at Resolution 10-23 to ask the committee whether they wanted to keep the MRHIF representatives the same or elect others to take the position. The Executive Committee decided to keep Richard Kunze and Greg Hart as the representatives.

BENEFITS CONSULTANT CONTRACT AMENDMENT – CLAIMS AND OPERATIONAL

AUDIT – Mrs. Koval stated that as approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits. She stated that the Program Manager will be subcontracting with AIM, a subsidiary of Conner Strong and Buckelew, to perform the annual specialized audits. AIM is a boutique employee benefits, audit and compliance firm that specializes in self-insured claims, compliance, and operational audits to assure self-inured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures. She stated that Resolution 12-23 is in consent agenda which amends the Program Manager contract to include AIM.

NEW MEMBER STATUS/METRO BREAKOUT – Mrs. Koval stated that as per the request of the Finance Committee, a new business update is included on Page 10. The Committee had reviewed 4 new members, 3 for the Metro subgroup and 1 for the BMED. A status update of all new member prospects since the SHBP released its renewal is also included. PERMA will be updating the Committee and the underwriting summaries in further detail on an ongoing basis. Resolution 13-23 ratifies the decision of the Committee to approve membership for Township of Scotch Plains, Bloomfield Township, Bloomfield Township Library, and Fanwood Township. In addition, the Committee discussed the Metro breakout for 1/1/2024. The filing process will begin shortly and the Metro representatives will begin to meet independently.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 14. The 2023 budget and assessments were adopted without amendment. The assessment included in the Fund 2023 budget was unchanged.

The data warehouse RFP is being reviewed and a recommendation for contract will be awarded at the next meeting. A Medicare Advantage implementation and advocacy company was hired which the cost will be associated with new groups only.

JANUARY MEMBER BILLS

Due to the rate update and audit process with the 1/1 renewal, the January bills were delayed. February bills should be back to the normal schedule.

2023 COMMITTEE APPOINTMENTS

Mrs. Koval reviewed the information below stating if any commissioners are interested in joining a 2023 Subcommittee to please reach out to Emily Koval or Chairman Hart and they will assist.

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

PROGRAM MANAGER REPORT: Ms. Bailey reviewed the following report items covered in the agenda.

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email BMEDenrollments@permainc.com or fax to 856-685-2248.

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

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

COVERAGE UPDATES: 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 UPDATE- ESI's 2023 Exclusions List has been released. The Benefits Consultant sent the Exclusions List to all brokers with BMED's specific aggregate impact information on November 14th. Impacted members, physicians, and pharmacists were notified about the 2023 medication exclusions. The 2023 SaveOn Drug lists were sent to brokers on September 8th, 2022. BMED had 9 members impacted by the NPF Exclusions and no members impacted by the SaveOn Exclusions.

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

Please note the following:

- The report includes the participant's full name and total amount received in 2022
 - o Aetna - up to \$240 per eligible participant

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

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

2022 LEGISLATIVE REVIEW - COVID -19 COVID -19

1. National Emergency Declaration- Extended through March 2023. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period.
1. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

- 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 – **No longer available** effective September 2, 2022, due to lack of funding.

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.
2. 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.

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

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

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

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

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

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

Mental Health Parity and Addiction Equity Act (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

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

2023 Specialized Audits

As approved through an RFP through the Benefits Consultant contract, the HIFs has acquired the services of AIM to conduct specialized audits for Gateway Regional Health Insurance Fund (BMED). AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the BMED Fund to determine compliance with the MHPAEA. Aim will review BMED claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act.

Later in 2023 Aim will review Gene Therapy cost for BMED, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

Appeals

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
12/9/2022	Medical	BMED – 2022-12-01	Benefit Application	Upheld	12/28/2022
1/6/2022	Medical	BMED-2023-01-01	Benefit Application	Upheld	1/9/2023

IRO Submissions: None

BMED Small Claims Committee Appeals: None

ATTORNEY – No report.

TREASURER – Fund Treasurer absent. Reports are in the agenda.

WELLNESS COORDINATOR – Mrs. Eskilson reviewed her report that was included in the agenda. She stated that she is happy to report that there was a lot of participation in the web based educational piece of the wellness program. She also touched on the newsletter, survey that were sent out to the participating towns, grant applications and partnerships she is working with. All of the details are in the agenda.

BOARD ADVISOR- The Board Advisor did not have any report other than the Strategic planning meeting is set for February 8th via zoom.

AETNA – Mr. Silverstien reviewed the reports included in the agenda which included BMED only members as well as METRO only reports. He said that the Performance Guarantees are showing improvement. He stated that for BMED only members, there were 2 high-cost claimants for the month of October over the threshold of \$50,000 and 3 for the month of November. He also stated that for Metro only members, there were 3 high cost claimants for the month of October over the threshold of \$50,000 and 5 for the month of November.

He reviewed the Covid 19 Report for the month of January 2023.

EXPRESS SCRIPTS – Charles Yuk reviewed the report included in the agenda. He reviewed the claims in November stating that overall it is running well and costs are staying down. Mr. Yuk stated that there is a formulary update on Humira. He stated that the FDA has approved 10 new biosimilars for the drug Humira. At this time ESI has decided to keep Humira as a preferred drug so that there will be no disruption in their treatments. Mr. Yuk stated that they are letting biosimilars to be

prescribed as they become available on the market. My. Yuk stated that they are unsure at this time if it will be mandatory in 2024.

DELTA DENTAL – Ms. White said the program is running well.

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

MOTION TO APPROVE CONSENT AGENDA:

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Kakolseki
VOTE:	17 Ayes, 0 Nays

OLD BUSINESS: none.

NEW BUSINESS: none.

PUBLIC COMMENT: none

MOTION TO ADJOURN:

MOTION:	Commissioner Franz
SECOND:	Commissioner Kunze
VOTE:	Unanimous

MEETING ADJOURNED: 1:00 pm

NEXT MEETING: February 28, 2023

Jordyn DeLorenzo, Assistant Account Manager

APPENDIX II

**Strategic Planning Meeting
BMED**

2/8/20223

Rich Kunze

Darene Ayer

Greg Hart

Greg Franz

Anthony Ciannamea

Brandon Lodics

Emily Koval

Clark LaMendola

Mr. LaMendola started the discussion for the strategic planning meeting with the objections of the meeting. The desire is to survey the Fund to see what the needs are by the members. He reviewed the timetable of the analysis.

Seek Input -- Target dates

- Risk Managers March
- Member Survey April-May
- Service Providers April
- Executive Committee May

2. Review input May-June

3. Develop draft recommendations June

4. Seek Executive Committee approval July-August

5. Develop implementation plan September

6. Publicize results October

Review Sessions May, July, August, September

At the end, Mr. LaMendola said that the opportunities that will be identified can be focused on by the Committee. He said a separate session will be set up with the administration, which is separate from the service providers. In response to Mr. Cinnamea, Mr. LaMendola said the member is defined by

the Fund Commissioner. There may be more than one meeting because of the size of the Fund. As for Risk Managers, it should include all.

Mr. LaMendola said he has an opinion of the objection, but would like to hear from the group, at first. He said although he understands the need and preference for zoom, he would prefer in person. But, will set up zooms as he has done in the past 3 years. The surveys will be anonymous. Mr. Lodics said that the survey should be sent to medical members only and anonymous. The risk management pool will be reduced if dental only members are removed. Mr. LaMendola asked if the dental only members have a desire to include medical and rx in the future. He said he could send a dental only survey to the those members.

Mr. LaMendola said the information must be gathered in a certain time period for the information to be relevant. This is designed to look out over a 2-3 year period. Mr. LaMendola said he left the requested services blank at this time. Mr. Kunze said to leave this question open ended. Mr. LaMendola said it is important to include the service satisfaction questions and intends to include all service providers.

In response to Mr. Kunze, Mr. LaMendola said he can add a question about wellness and plan design flexibility and telehealth. Mr. Hart said this is the opportunity to gain marketing suggestions to get members or add medical to dental only members.

Mr. LaMendola said that question #7 should be revised to make sure the risk management service provider should be focused on the carrier customer service at Aetna, Delta, etc. The intent is to not survey service satisfaction for the brokers because that is a local decision.

The Committee was in agreement with the proposed survey and timeline, as discussed

BMED Finance Committee Minutes
February 14, 2023 – 3:30pm – ZOOM

Richard Kunze

Robert Kakoleski

Gregory Hart

Emily Koval

Jordyn DeLorenzo

Mrs. Koval started the meeting off by updating the committee on new member opportunities. She stated that Woodcliff Lake is still in the works. The quote has been released and is still being reviewed. Mr. Kunze asked if they gave them a timeline on when they will have a decision. Mrs. Koval stated that she does not have a date on when they will be joining if they decide to do so. She stated that Garwood's quote was also released but still have not heard anything about a start date. She said Montclair's competitive quote was released and is also being reviewed by them and their counsel. They would be joining the METRO Subgroup. She also stated that there are three coming in with Medicare Advantage only groups; Union starting 3/1, Linden Twp possibly starting 5/1 or 6/1 and Passaic Valley Water Commission possibly starting 5/1 or later.

She asked the committee to formalize the offer to the three Medicare Advantage only groups at the next meeting. They agreed to offer membership to Union Twp, Linden Twp and Passaic Valley Water Commission.

Mrs. Koval reviewed the Competitive contracting resolution that was recommended by the QPA for our professional RFPs. She opened the floor to the committee to discuss this and if they would like to do this.

Mr. Hart had a few concerns with one being that it is a very complex process although this was is more defensible. He said he liked the structure of competitive contracting, that is was transparent and public but doesn't want to do something that is unnecessary and costing us – Mrs. Koval stated that it is pennies to each budget and that the MRHIF pays for the QPAs services.

Mr. Kunze stated that he has never had to use competitive contracting but the Fund may benefit from it because it gives the Fund more flexibility and the ability to judge responses on more than just cost.

Mr. Kunze stated that he does not see a problem with doing it and Mr. Hart agreed.

Mr. Kakolski stated his concern for the time-consuming aspect and does not see the reason to make more work for the committee.

Mrs. Koval stated that it could be more work for the contracts and finance committees to evaluate.

The Commissioners asked to discuss with the QPA and possibly decide the process on case by case basis.

BMED Wellness Committee

2/16/2023

2:00pm Zoom

Bob Kakoleski

Greg Hart

Rich Kunze

Tom Padilla

Erin Delaney

Marianne Eskilson

Crystal Bailey

Jordyn DeLorenzo

Mr. Kakoleski started the meeting off the meeting by allowing Marianne Eskilson to go over the agenda and documents that she prepared for the meeting. She touched on the following items:

Participation Year-to-Date – The committee stated that a good idea is would be to get people together to do the educational videos together and incentivize them with lunch. Mr. Kakolski stated that to increase participation he offers the employees who complete the minimum requirements one day off to use the next year. This will allow the member to take the time for their doctors appointment.

Feedback – The committee stated that they have not heard any bad feedback and they are pleased with the programing available.

Valley Health Services –Mrs. Eskilson recommended that we approve the contract renewal for Valley Health Services including the additional \$2,000 for the additional services. She also stated that she has been looking into Atlantic Health Systems as a new opportunity to take the place of the Skin Cancer Screenings that had dissolved in November 2022. She mentioned the NY/NJ Trails Conference is coming up and she has been promoting this Partnership Opportunities Early in 2023.

End of the Year Stats – Mrs. Eskilson stated that she would like to get everyone’s end of year reports so that she is able to see the program as a whole. This way we can adjust the program the way that works for most. She is very interested in seeing everyone’s challenges and how they engage with their members.

Where We Are Going in 2023

Mrs. Eskilson reviewed the program eligibility criteria and 2022 grant requirement criteria for incentive eligibility. The committee agreed to update the 2023 requirements to the following:

1. Annual Physical
2. 2 Dental Cleanings per year

3. 4 Educational Webinars
 4. 2 Local Program Challenges
 5. Completion of the Survey
-
- b. SurveyMonkey initiative to gauge program participant's opinions and interest (Civitas owns a subscription to SurveyMonkey and can initiate survey deployment and access higher level data analysis within the service) - authorization to initiate survey process
 - c. Potential New Towns Joining the Program
 - d. Standardized Local Reporting Forms for Year-End Reporting to the Fund
 - i. New forms developed that will assist with across-the-board analysis of program implementation, participation, local programming content and costs
 - e. State Health Benefits Wellness Program Wellness Program analysis+ for equal to or better consideration relative to marketing to potential new agency members the committee a draft to approve prior.

APPENDIX III

Gateway Fund - Bergen and Metro 2023 Operations Review and Medical Claims Audit

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

AIM will perform an Operations Review of Aetna, which is an in-depth evaluation of the controls employed by the administrator to ensure quality administration. In conjunction with the Operations Review, a medical claims audit will also be conducted on the administration by Aetna for the HIF employee medical plan. The 2023 audits will include claims adjudication for both Bergen and Metro as claims are being processed under the same HIF but under different funding. A division of the two funds will occur January 1, 2024.

For the Operations Review (OR), a comprehensive Request for Information (RFI) is prepared and sent to Aetna in advance of the scheduled OR meeting.

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

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

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

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