



AGENDA AND REPORTS

April 23, 2024

FRANKLIN LAKES BOROUGH HALL

12:00 PM

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 and The Star Ledger**
- 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: APRIL 23, 2024
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

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 Gasparini, Executive Committee Alternate
Thomas Padilla, Executive Committee Alternate
Joe Voytus, Executive Committee Alternate

APPROVAL OF MINUTES: February 27, 2024 Open..... Appendix I

CORRESPONDENCE - None

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair
- *February 27 Meeting Minutes in Appendix II*

FINANCE COMMITTEE - Rich Kunze, Chair
- *April 18 Meeting Minutes in Appendix III*

WELLNESS COMMITTEE - Robert Kakoleski, Chair

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE - Robert Kakoleski, Chair

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

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

ATTORNEY - Russell Huntington, Esq.

TREASURER - Joseph Iannaconi

Voucher List March & April 2024 **Page 14**
Treasurers Report February 2024
Confirmation of Claims Paid/Certification of Transfers

WELLNESS COORDINATOR - Marianne Eskilson

BOARD ADVISOR - Clark LaMendola

THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein

Monthly Report **Page 21**

PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk

Monthly Report **Page 26**

DENTAL ADMINISTRATOR - Delta Dental - Kim White

CONSENT AGENDA **Page 30**

Revised Resolution 8-24: Risk Management Plan **Page 31**

Resolution 20-24: Releasing Competitive Contract RFPs **Page 41**

Resolution 21-24: March & April 2024 Bills Lists **Page 42**

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
April 23, 2024**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of January 31, 2024 (page 4)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

FINANCIAL DISCLOSURES

All Fund Commissioners should have received their financial disclosure statements the first week of April. As a reminder, the role of Fund Commissioner is a separate filing from that of your municipality obligation. A report of filings through 4/15/204 is included in the agenda.

Disclosures are due April 30, unless otherwise advised.

COMPETITIVE CONTRACTING - CONSULTANTS AND PROFESSIONALS

Last year, the Executive Committee approved the Fund QPA to issue competitive contracting RFPs for expiring contracts. The following contracts expire at the end of the year, but some have optional extensions.

Contract	Professional	Current Contract Term	Last RFP
Administration	PERMA	1/1/2022-12/31/2024	July-21
Attorney	Huntington Bailey	1/1/2024-12/31/2024 *	July-22
Treasurer	Joseph Iannaconi	1/1/2024-12/31/2024 *	July-22
Auditor	Lerch Vinci Higgins	1/1/2024-12/31/2024 *	July-22
Benefits Consultant	Conner Strong & Buckelew	1/1/2022-12/31/2024	July-21
Actuary	Actuarial Solutions	1/1/2024-12/31/2024 *	July-22

Administration and Benefits Consultant are on their final year and must RFP. Resolution 19-24 is included in consent approving the release of the RFP through Competitive Contracting.

The Professionals - Attorney, Treasurer, Auditor and Actuary have one additional extension through 12/31/2025. The Administration Committee is recommending the Fund extend their contracts. An extension resolution will be included at the same time as the RFP results.

WEX (BENEFITS EXPRESS) BENEFITS ADMINISTRATION - MANDATORY USE

Beginning in 2011 on behalf of the Local Funds the Executive Director of the MRHIF entered into a subcontract agreement with WEX (formerly Benefits Express) to provide Benefits Administration services. These services included: enrollment, billing, COBRA, and other administrative services.

The intent of the transition was to support the rapid growth of the Funds by introducing automation into an analog and manual process. It was approved by vote that Fund entities would take over the function of entering employee, retiree and dependent enrollments utilizing the Web based WEX system. This transition of duties was agreed to be mandatory for all Fund participants.

We do not have 100% compliance in this requirement by our HIF members. As a reminder, eligibility, and enrollment the requirement of the entities, though PERMA has in place support to assist members in troubleshooting the system, the team is multifaceted with other roles and responsibilities dedicated to servicing our members. To assure our resources are properly aligned with their intended scope of services, the mandatory requirement will be reinforced.

Beginning on June 1, 2024, the enrollment/billing team members have been instructed that they are no longer able to process enrollments on behalf of entities.

As a reminder regular live video system training is available every 3rd Wednesday of the month at 10:00.

BILLING ISSUES AND CONCERNS

- 1) At multiple meetings, the Committee has reviewed a Billing Policy and Procedure. The policy has been inserted into the Risk Management Plan for formal re-adoption and included in consent.
- 2) As a follow up to some of the comments made at the February meeting, the Chair organized a virtual meeting with the BMED billing/enrollment professionals and some of the more impacted entities. A verbal report will be provided at the meeting summarizing the discussion and action items.
- 3) Direct Member Billing - We are aware that some of our entities, their risk managers and the Program Manager's Office have been contacted by direct bill enrollees regarding delays and incorrect 2024 rates they're being billed. 2024 coupon payment information were sent the first week of March.

On behalf of our office and WEX (HIF Benefits Administrator), we apologize for any concerns or challenges this may have created for you and your members. Most importantly, please be assured that no member coverage was impacted by these delays/errors.

PERMA is working with WEX to take the following corrective steps to improve this experience going forward:

- 1) Senior leadership meeting with PERMA and WEX.
 - a. Customer Service
 - b. Resources
 - c. Project plan tool
 - d. Suppressing automated communications
- 2) Evaluation of current process for improvement.
- 3) Creation of additional tools to streamline process and eliminate manual intervention.

- 4) Proactive HIF outreach to membership in Executive Committee meetings and direct to membership.
- 5) Suppressed Communication

HIF COOPERATIVE PURCHASING SYSTEM

All MRHIF Funds have passed resolutions and setup/joiner agreements to develop the HIF Cooperative Purchasing System. The MRHIF Attorney has filed the application, which is in review by the State. The MRHIF QPA has developed draft RFPs for Medical TPA and Medicare Advantage with Prescription coverage, which will be ready for OSC review.

SUB COMMITTEES

At the last Strategic Planning Meeting, there was much discussion about the current sub committee structure and redesign. Page 10 includes the listing of Committees, description and openings available.

Chair Hart will be reaching out for volunteers.

2024 MEL, MR HIF & NJCE JIF Educational Seminar:

The 14th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 19th and Friday April 26th 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 the Appendix 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 January 31, 2024

		<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>	
1.	UNDERWRITING INCOME	3,892,849	3,892,849	747,914,728	751,807,577	
2.	CLAIM EXPENSES					
	Paid Claims	3,485,651	3,485,651	611,374,596	614,860,247	
	IBNR	(380,003)	(380,003)	4,336,450	3,956,447	
	Less Specific Excess	(62,556)	(62,556)	(16,263,655)	(16,326,211)	
	Less Aggregate Excess	-	-	(602,911)	(602,911)	
	TOTAL CLAIMS	3,043,093	3,043,093	598,844,480	601,887,573	
3.	EXPENSES					
	MA & HMO Premiums	215,594	215,594	29,364,075	29,579,669	
	Excess Premiums	102,030	102,030	34,417,793	34,519,823	
	Administrative	224,550	224,550	57,893,549	58,118,099	
	TOTAL EXPENSES	542,173	542,173	121,675,417	122,217,590	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	307,583	307,583	27,394,831	27,702,414	
5.	INVESTMENT INCOME	28,581	28,581	3,686,363	3,714,944	
6.	DIVIDEND INCOME	-	-	7,518,953	7,518,953	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	336,165	336,165	38,600,147	38,936,312	
8.	DIVIDEND	-	-	29,523,154	29,523,154	
	STATUTORY SURPLUS (7-8+9)	336,165	336,165	9,076,993	9,413,158	
	SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	Surplus	25,249	25,249	9,751,092	9,776,341
		Cash	221,597	221,598	9,906,511	10,128,109
	2022	Surplus	(93,816)	(93,816)	(400,939)	(494,755)
		Cash	318,336	318,336	(2,033,580)	(1,715,244)
	2023	Surplus	(701,574)	(701,574)	(273,160)	(974,734)
		Cash	(2,034,625)	(2,034,625)	2,488,509	453,884
	2024	Surplus	1,106,305	1,106,305		1,106,305
		Cash	1,888,868	1,888,868		1,888,868
	TOTAL SURPLUS (DEFICITS)	336,165	336,165	9,076,993	9,413,158	
	TOTAL CASH	394,176	394,177	10,361,440	10,755,617	
	CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS	(7,220)	(7,220)	528,711,299	528,704,079	
	FUND YEAR 2022					
	Paid Claims	95,789	95,789	34,296,620	34,392,409	
	IBNR	-	-	-	-	
	Less Specific Excess	-	-	(2,676,967)	(2,676,967)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL FY 2022 CLAIMS	95,789	95,789	31,619,653	31,715,442	
	FUND YEAR 2023					
	Paid Claims	2,984,914	2,984,914	34,177,078	37,161,992	
	IBNR	(2,211,589)	(2,211,589)	4,336,450	2,124,861	
	Less Specific Excess	(62,556)	(62,556)	-	(62,556)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL FY 2023 CLAIMS	710,770	710,770	38,513,528	39,224,297	
	FUND YEAR 2024					
	Paid Claims	412,168	412,168	-	412,168	
	IBNR	1,831,586	1,831,586	-	1,831,586	
	Less Specific Excess	-	-	-	-	
	Less Aggregate Excess	-	-	-	-	
	TOTAL FY 2024 CLAIMS	2,243,754	2,243,754	-	2,243,754	
	COMBINED TOTAL CLAIMS	3,043,093	3,043,093	598,844,480	601,887,572	

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		
		FY2024
INDICES	2023	JAN
Cash Position	10,361,441	\$ 10,755,617
IBNR	4,336,450	\$ 3,956,447
Assets	13,995,967	\$ 13,804,164
Liabilities	4,918,973	\$ 4,391,005
Surplus	9,076,994	\$ 9,413,159
Claims Paid -- Month	3,980,289	\$ 3,485,651
Claims Budget -- Month	3,160,967	\$ 3,381,974
Claims Paid -- YTD	38,689,524	\$ 3,485,651
Claims Budget -- YTD	37,095,915	\$ 3,381,974
RATIOS		
Cash Position to Claims Paid	2.60	3.09
Claims Paid to Claims Budget -- Month	1.26	1.03
Claims Paid to Claims Budget -- YTD	1.04	1.03
Cash Position to IBNR	2.39	2.72
Assets to Liabilities	2.85	3.14
Surplus as Months of Claims	2.87	2.78
IBNR to Claims Budget -- Month	1.37	1.17

Bergen Municipal Employee Benefits Fund
2024 Budget Report
as of January 31, 2024

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	2,881,688	42,807,172	32,881,902	1,489,066	1,392,621	48%
Prescription Claims	465,733	5,564,016	5,957,942	526,737	(200,725)	-62%
Prescription Formulary Rebates	(139,720)	(1,669,201)	(1,787,383)	Included Above in Prescription Claims		
Dental Claims	174,274	2,101,668	2,090,604	227,950	(53,677)	-31%
Subtotal	3,381,974	48,803,655	39,143,065	2,243,754	1,138,220	34%
HMO/DMO Premiums	2,622	31,465	46,598	2,088	534	20%
Medicare Advantage / EGWP	213,340	2,579,911	2,162,509	213,506	(166)	0%
Reinsurance						
Specific	101,672	1,442,096	1,195,147	102,030	(358)	0%
Total Loss Fund	3,699,608	52,857,127	42,547,319	2,561,378	1,138,230	31%
Loss Fund Contingency	10,745	128,942	128,942	0	10,745	0%
Expenses						
Legal	2,167	26,000	26,000	2,167	(0)	0%
Treasurer	1,791	21,488	21,488	1,790	1	0%
Administrator	37,820	461,385	448,496	38,065	(245)	-1%
Risk Management Consultants	67,380	1,335,495	900,459	74,601	(7,221)	-11%
TPA - Claims Agent Aetna	56,147	796,375	693,002	59,162	(3,015)	-5%
Dental TPA	7,902	95,390	95,190	7,949	(47)	-1%
Actuary	1,575	18,900	18,900	1,575	-	0%
Auditor	1,600	19,200	19,200	1,600	-	0%
Benefits Consultant	31,247	423,777	363,502	31,339	449	1%
Board Advisor	1,592	19,102	19,102	0	1,592	100%
Subtotal Expenses	209,220	3,217,114	2,605,339	218,248	(8,486)	-4%
Miscellaneous and Special Services						
Misc/Cont	1,583	19,000	19,000	863	720	46%
Wellness, Disease, Case Management	10,417	125,000	125,000	2,083	8,333	80%
Affordable Care Act Taxes	764	10,831	8,976	764	(0)	0%
A4 Surcharge	2,666	31,462	34,542	2,666	(0)	0%
Plan Documents	542	6,500	6,500	542		
Claims Audit	3,333	40,000	40,000	0	3,333	100%
Subtotal Misc/Sp Svcs	19,304	232,793	234,018	6,918	12,387	64%
Total Expenses	228,525	3,449,906	2,839,357	225,166	3,900	2%
Total Budget	3,938,878	56,435,975	45,515,618	2,786,544	1,152,875	29%

Bergen Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET

AS OF JANUARY 31, 2024

BY FUND YEAR

	BMED 2024	BMED 2023	BMED 2022	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	1,888,868	453,884	(1,715,244)	10,128,109	10,755,617
Assesments Receivable (Prepaid)	895,018	80,999	(2)	0	976,015
Interest Receivable	-	10,898	1,590	20,251	32,739
Specific Excess Receivable	-	62,556	1,218,902	3,585	1,285,043
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	3,150	-	-	-	3,150
Other Assets	155,885	595,715	-	-	751,600
Total Assets	2,942,922	1,204,052	(494,754)	10,151,945	13,804,164
LIABILITIES					
Accounts Payable	-	448	-	-	448
IBNR Reserve	1,831,586	2,124,861	-	-	3,956,447
A4 Retiree Surcharge	2,666	30,714	-	-	33,380
Dividends Payable	-	-	-	307,336	307,336
Retained Dividends	-	-	-	68,266	68,266
Accrued/Other Liabilities	2,364	22,763	-	-	25,127
Total Liabilities	1,836,616	2,178,786	-	375,602	4,391,005
EQUITY					
Surplus / (Deficit)	1,106,305	(974,734)	(494,754)	9,776,342	9,413,159
Total Equity	1,106,305	(974,734)	(494,754)	9,776,342	9,413,159
Total Liabilities & Equity	2,942,922	1,204,052	(494,754)	10,151,945	13,804,164
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.

2024 Local Government Officer - Roster

Entity Name: Bergen Municipal Employee Benefits Fund

Last Name	First Name	Middle Name	Status	Updated ON	Filed	Pin	Registered Login (If Registered)
Ayer	Durene		ACTIVE	03/21/2022	Yes	98345	dayer@westwoodnj.gov
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Azzolini	Dominick		ACTIVE	03/21/2022	Yes	717390	dtazzo@aol.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Bailey	William		ACTIVE	04/09/2024	No	72191	
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Attorney					
Ciannanmea	Anthony		ACTIVE	03/21/2022	No	66770	tciannamea@moonachie.us
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Covelli	Frank		ACTIVE	03/21/2022	No	73010	fcovelli@pianj.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Crifasi	Joseph		ACTIVE	03/29/2021	No	71698	jcrafasi@verizon.net
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
D'Arco	Joseph		ACTIVE	03/21/2024	No	64709	
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Delaney	Erin		ACTIVE	03/21/2022	Yes	35820	Delaney4@yahoo.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
DeRosa	Jesse		ACTIVE	03/21/2024	No	90581	
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Febre	Adrian		ACTIVE	03/21/2024	Yes	43617	afebre@maywoodboro.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Franz	Gregory		ACTIVE	03/28/2017	Yes	24736	gfranz@edgewaternj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Gambutti	Donna		ACTIVE	03/21/2022	Yes	98346	donnagambutti@gambutti.net
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Gasparini	James		ACTIVE	03/30/2023	Yes	42587	jgasparini@fairfieldnj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Giandomenico	Magdalena		ACTIVE	03/30/2023	No	67724	clerk@parkridgeboro.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Haroldson	Katelyn		ACTIVE	04/09/2024	Yes	86379	Kate@minehill.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Hart	Gregory	Chapman	ACTIVE	03/21/2022	Yes	35278	GHart@franklinlakes.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Hermansen	Robert		ACTIVE	03/21/2022	Yes	83716	Rhermansen@emersonnj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Huehn	Colleen		ACTIVE	03/30/2023	Yes	31471	chuehn@fanwoodnj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					

2024 Local Government Officer - Roster

Entity Name: Bergen Municipal Employee Benefits Fund							
Last Name	First Name	Middle Name	Status	Updated ON	Filed	Pin	Registered Login (If Registered)
Iannaconi	Joseph		ACTIVE	06/18/2020	No	47510	taxcollector@fortleenj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Treasurer					
Kakoleski	Robert		ACTIVE	03/19/2019	No	72533	rkakoleski@rutherfordboronj.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Kunze	Richard		ACTIVE	03/21/2022	No	15570	rkunze@ptd.net
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Lane	Timothy		ACTIVE	03/21/2022	No	44550	tlane@montvaleboro.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Lodics	Brandon		ACTIVE	03/21/2022	Yes	14905	blodics@permainc.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Executive Director					
Loiacono	Steve		ACTIVE	03/30/2023	Yes	52692	sloiacono@aol.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Macneill	Adam		ACTIVE	03/29/2021	No	64841	amacneill@ridgefieldpark.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Marano	Kathleen		ACTIVE	04/18/2023	Yes	22863	maranok@fpsk6.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Molinari	Richard		ACTIVE	03/21/2022	Yes	14216	rmolinari@saddleriver.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Olmo	Hector		ACTIVE	03/21/2024	No	12622	
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Padilla	Thomas		ACTIVE	03/29/2021	Yes	83655	tjpadilla17@gmail.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Pinto	Dean		ACTIVE	03/21/2024	Yes	79686	DPINTO@ROCHELLEPARKPD.ORG
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Puglisi	Donna		ACTIVE	03/29/2021	Yes	71668	dpuglisi13@optonline.net
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Restaino	Alfred		ACTIVE	03/21/2022	Yes	50469	alrestainojr@gmail.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Schrieks	Marc	Nicholas	ACTIVE	04/09/2024	Yes	58116	marcsc70@gmail.com
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Tietjen	Christopher		ACTIVE	03/25/2020	No	45391	ctietjen@hillsdalenj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Tomasko	Paul		ACTIVE	03/21/2022	Yes	72965	ptomasko@alpinenj.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Verace	Alessandro		ACTIVE	03/22/2024	Yes	53318	averace@erboe.net
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					
Voytus	Joe		ACTIVE	03/30/2023	Yes	84201	jvoytus@montvaleboro.org
Agency/Board		Position		Effective From			Effective To
Bergen Municipal Employee Benefits Fund		Fund Commissioner					

Fund Executive Committee		Wednesday, April 17, 2024			
Gregory Hart	Fund Chair	Borough Administrator <ghart@franklinlakes.org>			
Richard Kunze	Fund Secretary	Richard Kunze <boroadmin@oakland-nj.org>			
Gregory Franz	Executive Committee	Greg Franz <gfranz@edgewater.nj.org>			
Donna Gambutti	Executive Committee	municipalclerk@southhackensacknj.org			
Bob Kakoleski	Executive Committee	rkakoleski@rutherfordboronj.com			
Anthony Ciannanea	Executive Committee	tciannanea@moonachie.us			
James Gasparini	Executive Committee				
Erin Delaney	Executive Committee Alternate	edelaney@garfieldnj.org			
Thomas Padilla	Executive Committee Alternate				
Joe Voytus	Executive Committee Alternate				
<u>Claims Committee</u>	<u>Wellness Committee</u>	<u>Strategic Planning Committee</u>	<u>Nominations Committee</u>	<u>Administration & Finance Committee</u>	<u>New Member Committee</u>
Donna Gambutti	Bob Kakoleski, Chair	Rich Kunze, Chair	Bob Kakoleski	Rich Kunze, Chair	OPEN
Bob Kakoleski	Erin Delaney	Greg Franz	Greg Franz	Greg Hart	OPEN
OPEN	Tom Padilla	Durene Ayer	Anthony Cinnamea	Bob Kakoleski	OPEN
	Greg Hart	Greg Hart			
<u>Claims Committee</u>	Reviews and makes recommendations to member small claims appeals should Level 1 appeal be challenged. Reviews and makes recommendations to enrollment exceptions outside PERMA's approval window.				
<u>Wellness Committee</u>	Develops and enhances the BMED Wellness Program. Committee will recommend wellness vendors, review applications, approve entity reimbursement and set for policies and procedures to the program.				
<u>Strategic Planning Committee</u>	With the assistance of the Fund Professionals, the Committee meets to review the strengths and weakness of the Fund and develop strategies to enhance the member's experience in the Fund				
<u>Nominations Committee</u>	Solicits and recommends new Executive Committee members to the Board				
<u>Administration & Finance Committee</u>	With the guidance of the Fund Administrator and Treasurer, this Committee reviews monthly financials, annual budget review, contract review and recommendation and will review any changes within the Fund that will impact the financial landscape				
<u>New Member Committee</u>	Provided by the Fund Administrator, this Committee reviews Underwriting overviews of new members applications and recommends memberships. This Committee can be involved in marketing strategies				

REGULATORY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
YEAR: 2024**

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2024 Filed
<input type="checkbox"/> Assessments	2024 Filed
<input type="checkbox"/> Actuarial Certification	2024 Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	Filed at Reorg
<input type="checkbox"/> Fund Officers	Filed at Reorg
<input type="checkbox"/> Renewal Resolutions	Filed at 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	Filed at Reorg
<input type="checkbox"/> Cash Management Plan	Filed at Reorg
<input type="checkbox"/> Unaudited Financials	9/30/2023 Filed
<input type="checkbox"/> Annual Audit	2022 Filed
<input type="checkbox"/> Budget Changes	N/A
<input type="checkbox"/> Transfers	N/A
<input type="checkbox"/> Additional Assessments	N/A
<input type="checkbox"/> Professional Changes	N/A
<input type="checkbox"/> Officer Changes	N/A
<input type="checkbox"/> Risk Management Plan Changes	N/A
<input type="checkbox"/> Bylaw Amendments	N/A
<input type="checkbox"/> Benefit Changes (list)	N/A
<input type="checkbox"/> Other	N/A

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

April 2024

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 (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE: None

OPERATIONAL UPDATES: None

2024 LEGISLATIVE REVIEW:

FREE COVID-19 At-Home Test – Effective March 8, 2024, the free COVID test program has been suspended. All orders placed on or before March 8th were shipped and delivered.

Medical and Rx Reporting: None

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 BMED Fund. 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 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. **BMED audit began April 22, 2024. See Appendix.**

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

Appeals

Carrier Appeals: None

IRO Submissions: None

BMED Small Claims Committee Appeals: None

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
BILLS LIST**

Resolution No. _____

MARCH 2024

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 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004508	FRANKLIN LAKES BOROUGH	REIMB. FOR 2023 WELLNESS GRANT	10,000.00
			10,000.00
004509	BOROUGH OF MONTVALE	REIMB-. FOR 2023 WELLNESS GRANT	2,512.81
			2,512.81
004510	BOROUGH OF RUTHERFORD	REIMB.- 2023 WELLNESS GRANT	750.00
			750.00
004527			
004527	PERMA	2023 AATRIX 1099 FILING	23.40
			23.40

Total Payments FY 2023 13,286.21

FUND YEAR 2024

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004511			
004511	PERMA	POSTAGE 02/24	72.89
004511	PERMA	ADMIN FEES 03/24	38,288.18
			38,361.07
004512			
004512	HUNTINGTON BAILEY, LLP	ATTORNEY FEES 03/24	2,083.33
			2,083.33
004513			
004513	JOSEPH IANNAconi JR.	TREASURER FEE 03/24	1,790.00
			1,790.00
004514			
004514	GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 6239880-9885722 2/2/24	66.96
			66.96
004515			
004515	LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR RETAINER 02/24	1,500.00
			1,500.00
004516			
004516	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 03/24	2,083.33
			2,083.33
004517			
004517	ACCESS	INV 10752130 DEPT 418 2/29/24	174.28
004517	ACCESS	INV 10700968 DEPT 418 1/31/23	160.25
			334.53
004518			
004518	VALLEY PHYSICIAN SERVICES PC	2024 CORP. WELLNESS WEBINAR PKG-1/24	2,000.00
			2,000.00
004519			
004519	Acrisure NJ Partners Insurance Services, LLC	BROKER FEES- POLARIS 03/24	1,068.72
			1,068.72
004520			
004520	Acrisure NJ Partners Ins. Services, LLC dba	BROKER FEES-IMAC 03/24	14,530.06
			14,530.06
004521			
004521	Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- RELIANCE 03/24	13,403.74
			13,403.74
004522			
004522	SADDLE RIVER DELI	LUNCH FOR MEETING 2/24	509.70
			509.70
004523			
004523	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 03/24	5,997.54
			5,997.54
004524			
004524	COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 03/24	3,646.50
			3,646.50
004525			
004525	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 03/24	6,809.03
			6,809.03
004526			
004526	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 03/24	121,791.60
			121,791.60

W03240			216,478.55
W03240	AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 03/24	216,478.55
W03241			1,456.78
W03241	FLAGSHIP DENTAL PLANS	E. RUTHERFORD DENTAL PREMIUM 03/24	1,165.32
W03241	FLAGSHIP DENTAL PLANS	BOR. OF RUTHERFORD DENTAL PREMIUM 03/24	2,622.10
W03242			35,697.20
W03242	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 03/24	541.67
W03242	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 03/24	36,238.87
W03243			4,403.49
W03243	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 03/24	4,403.49
W03244			7,626.81
W03244	THE VOZZA AGENCY	BROKER FEES 03/24	7,626.81
W03245			9,599.58
W03245	ALLEN ASSOCIATES	BROKER FEES 03/24	9,599.58
W03246			3.00
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 03/24	3.00
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 02/24	71.07
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA FEES-BOR WALLINGTON 03/24	105.00
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 03/24	105.00
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 02/24	71.01
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA- BOR. WALLINGTON 02/24	15.00
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA- S HACKENSACK 02/24	15.00
W03246	INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA FEE- S HACKENSACK 03/24	388.08
W03247			67,257.54
W03247	AETNA	MEDICAL TPA FEES 03/24	67,257.54
W03248			7,919.14
W03248	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 03/24	7,919.14
W03249			2,183.00
W03249	CONNER STRONG & BUCKELEW	SELECTIVE INS- SURETY PUBLIC OFF. 2024	2,183.00
		ACH/WIRE TOTALS	354,717.16
		Total Payments FY 2024	570,693.27
		TOTAL PAYMENTS ALL FUND YEARS	583,979.48

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

APRIL 2024

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>
004529			
004529	ACCESS	INV 9367777 DEPT 418 4/30/2022	10.95
004529	ACCESS	INV 9367776 DEPT 418 04/30/22	125.73
004529	ACCESS	INV 9317238 DEPT 418 3/31/2022	121.82
004529	ACCESS	INV 9317239 DEPT 418 3/31/2022	10.74
			269.24
		Total Payments FY 2022	269.24

FUND YEAR 2024

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004530			
004530	PERMA	POSTAGE 03/24	78.52
004530	PERMA	ADMIN FEES 04/24	38,834.04
			38,912.56
004531			
004531	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q2 2024	4,725.00
			4,725.00
004532			
004532	HUNTINGTON BAILEY, LLP	DIFF IN MARCH ATTORNEY FEES 03/24	83.67
004532	HUNTINGTON BAILEY, LLP	ATTORNEY FEES 04/24	2,167.00
			2,250.67
004533			
004533	JOSEPH IANNAONI JR.	TREASURER FEE 04/24	1,790.00
			1,790.00
004534			
004534	GANNETT NEW YORK NJ LOCALIQ	A# 11184295 INV 6305390-9967086 3/20/24	96.88
			96.88
004535			
004535	LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR RETAINER 03/24	1,500.00
			1,500.00
004536			
004536	Acrisure NJ Partners Ins. Services, LLC	BROKER FEES-IMAC 04/24	14,972.30
			14,972.30
004537			
004537	Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 04/24	72,215.37
			72,215.37
004538			
004538	GJEM INSURANCE AGENCY INC	BROKER FEES 04/24	5,997.53
			5,997.53
004539			
004539	COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 04/24	3,534.30
			3,534.30

004540			
004540	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 04/24	6,872.08
			6,872.08
004541			
004541	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 04/24	126,016.00
			126,016.00
		CHECK TOTALS	279,151.93
W04230			
W04230	AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 04/24	213,633.48
			213,633.48
W04231			
W04231	FLAGSHIP DENTAL PLANS	RUTHERFORD DENTAL PREMIUM 4/1/24-149952	984.26
			984.26
W04232			
W04232	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 04/24	36,575.00
W04232	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 04/24	541.67
			37,116.67
W04233			
W04233	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 04/24	4,390.17
			4,390.17
W04234			
W04234	THE VOZZA AGENCY	BROKER FEES 04/24	7,270.37
			7,270.37
W04235			
W04235	ALLEN ASSOCIATES	BROKER FEES 04/24	9,599.58
			9,599.58
W04236			
W04236	AETNA	MEDICAL TPA 04/24	69,590.40
			69,590.40
W04237			
W04237	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 04/24	7,992.62
			7,992.62
		ACH/WIRES TOTAL	350,577.55
		Total Payments FY 2024	629,460.24
		TOTAL PAYMENTS ALL FUND YEARS	629,729.48

Chairperson

Attest:

Dated: _____

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

Treasurer

Bergen Municipal Employee Benefits Fund

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024											
Month Ending: February											
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Retained	Metro Interfund	TOTAL
OPEN BALANCE	9,593,448.18	202,858.25	(3,181,797.31)	0.00	0.00	(20,505.54)	42,999.83	6,870,142.58	68,176.05	(4,403,182.46)	9,172,139.58
RECEIPTS											
Assessments	3,771,578.65	180,337.23	349,066.67	0.00	0.00	108,775.87	11,685.21	234,611.88	0.00	0.00	4,656,055.51
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	22,032.46	1,299.85	0.00	0.00	0.00	(45.01)	12.34	4,769.53	29.26	0.00	28,098.43
Invest Adj	455.29	24.34	0.00	0.00	0.00	0.71	1.06	171.71	1.69	0.00	654.80
Subtotal Invest	22,487.75	1,324.19	0.00	0.00	0.00	(44.30)	13.40	4,941.24	30.95	0.00	28,753.23
Other *	1,850,967.55	2,382.85	196,632.67	0.00	0.00	0.00	0.00	(1,468,822.82)	0.00	1,500,000.00	2,081,160.25
TOTAL	5,645,033.95	184,044.27	545,699.34	0.00	0.00	108,731.57	11,698.61	(1,229,269.70)	30.95	1,500,000.00	6,765,968.99
EXPENSES											
Claims Transfers	5,798,752.30	161,702.26	647,505.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,607,959.98
Expenses	213,262.50	2,622.10	0.00	0.00	0.00	101,314.00	0.00	205,917.28	0.00	0.00	523,115.88
Other *	15,941.08	0.00	0.00	0.00	0.00	0.00	0.00	1,299.27	0.00	0.00	17,240.35
TOTAL	6,027,955.88	164,324.36	647,505.42	0.00	0.00	101,314.00	0.00	207,216.55	0.00	0.00	7,148,316.21
END BALANCE	9,210,526.25	222,578.16	(3,283,603.39)	0.00	0.00	(13,087.97)	54,698.44	5,433,656.33	68,207.00	(2,903,182.46)	8,789,792.36

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS									
Bergen Municipal Employee Benefits Fund									
ALL FUND YEARS COMBINED									
CURRENT MONTH		February							
CURRENT FUND YEAR		2024							
Description:		CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	Investors	Citizens Metro - 3616	
ID Number:									
Maturity (Yrs)									
Purchase Yield:		0.8							
TOTAL for All Accts & instruments									
Opening Cash & Investment Balance		\$9,172,139.64	1,744,102.10	2,892,954.70	-	-	4,461,040.21	74,042.63	-
Opening Interest Accrual Balance		\$44,546.55	-	-	-	-	44,546.55	-	-
1	Interest Accrued and/or Interest C	\$57,190.15	\$0.00	\$0.00	\$0.00	\$0.00	\$57,190.15	\$0.00	\$0.00
2	Interest Accrued - discounted Inst	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	mortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$654.82	\$0.00	\$654.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$14,037.31	\$3,229.50	\$5,127.09	\$0.00	\$0.00	\$5,420.58	\$260.14	\$0.00
6	Interest Paid - Term Instr.s	\$77,462.00	\$0.00	\$0.00	\$0.00	\$0.00	\$77,462.00	\$0.00	\$0.00
7	Realized Gain (Loss)	-\$63,400.89	\$0.00	-\$16,107.68	\$0.00	\$0.00	-\$47,293.21	\$0.00	\$0.00
8	Net Investment Income	\$8,481.39	\$3,229.50	-\$10,325.77	\$0.00	\$0.00	\$15,317.52	\$260.14	\$0.00
9	Deposits - Purchases	\$6,721,274.68	\$6,721,274.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$7,132,375.13	-\$7,131,075.86	-\$1,299.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ending Cash & Investment Balance		\$8,789,792.43	\$1,337,530.42	\$2,881,329.66	\$0.00	\$0.00	\$4,496,629.58	\$74,302.77	\$0.00
Ending Interest Accrual Balance		\$24,274.70	\$0.00	\$0.00	\$0.00	\$0.00	\$24,274.70	\$0.00	\$0.00
Plus Outstanding Checks		\$0.00	\$0.00	\$0.00	\$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	\$0.00
Balance per Bank		\$8,789,792.43	\$1,337,530.42	\$2,881,329.66	\$0.00	\$0.00	\$4,496,629.58	\$74,302.77	\$0.00

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

Bergen Municipal Employee Benefits Fund

Month		February							
Current Fund Year		2024							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid February	Monthly Recoveries February	Calc. Net Paid Thru February	TPA Net Paid Thru February	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2024	Medical	(95,862.01)	3,078,128.72	0.00	2,982,266.71	0.00	2,982,266.71	(95,862.01)	3,078,128.72
	Dental	144,298.89	141,285.54	0.00	285,584.43	0.00	285,584.43	144,298.89	141,285.54
	Rx	519,615.78	609,932.42	0.00	1,129,548.20	0.00	1,129,548.20	519,615.78	609,932.42
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	568,052.66	3,829,346.68	0.00	4,397,399.34	0.00	4,397,399.34	568,052.66	3,829,346.68



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

April 23, 2024



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS PAID 2023	# OF EES	PER EE	MEDICAL CLAIMS PAID 2024	# OF EES	PER EE
JANUARY	\$ 2,471,010	1,287	\$ 1,920	\$ 3,482,808	1,435	\$ 2,427
FEBRUARY	\$ 1,815,151	1,338	\$ 1,357	\$ 2,807,632	1,438	\$ 1,952
MARCH	\$ 2,146,796	1,317	\$ 1,630			
APRIL	\$ 1,983,801	1,313	\$ 1,511			
MAY	\$ 2,885,649	1,346	\$ 2,144			
JUNE	\$ 2,581,178	1,339	\$ 1,928			
JULY	\$ 2,438,426	1,398	\$ 1,744			
AUGUST	\$ 3,262,140	1,383	\$ 2,359			
SEPTEMBER	\$ 2,276,634	1,382	\$ 1,647			
OCTOBER	\$ 3,163,584	1,382	\$ 2,289			
NOVEMBER	\$ 2,649,809	1,381	\$ 1,919			
DECEMBER	\$ 3,149,926	1,389	\$ 2,268			
TOTALS	\$30,824,102					
				2024 Average	1,437	\$ 2,190
				2023 Average	1,355	\$ 1,893

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

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

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

Paid Amt

\$143,182.71

\$141,102.18

\$130,538.85

\$106,897.59

\$100,074.42

Total: **\$621,795.75**

Large Claimant R (Total Paid Down) - Claims Over \$100000

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

Paid Dates: 02/01/2024 - 02/29/2024
Service Dates: 01/01/2011 - 02/29/2024
Line of Business: All

	Paid Amt
	\$164,241.77
	\$104,705.97
Total:	\$268,947.74



Medical Claims Paid:
January 2024 – February 2024
Total Medical Paid per EE: **\$2,190**

*NOTE: **Report no longer includes Metro unless otherwise noted***

Network Discounts

Inpatient:	54.0%
Ambulatory:	65.5%
Physician/Other:	66.3%
TOTAL:	64.0%

Provider Network

% Admissions In-Network:	97.4%
% Physician Office:	87.8%

Aetna Book of Business:
Admissions 98.1%; Physician 90.9%

- Top Facilities Utilized (by total Medical Spend)**
- Hackensack University
 - Valley Hospital
 - Englewood Hospital
 - Morristown Medical Center
 - Holly Name Medical Center

Catastrophic Claim Impact
January 2024- February 2024

Number of Claims Over \$50,000: **17**
Claimants per 1000 members: **4.9**
Avg. Paid per Claimant: **\$101,430**
Percent of Total Paid: **31.4%**

- Aetna BOB- HCC account for an average of 45.2% of total Medical Cost

Aetna One Flex Member Outreach:
Through February 2024

Total Members Identified: **945**
Members Targeted for 1:1 Nurse Support : **222**
Members Targeted for Digital Activity: **723**
Member 1:1 outreach completed: **210**
Member 1:1 Outreach in Progress: **12**

Teladoc Activity
January 2024 – February 2024
(*BMED/Metro)

Total Registrations: **48**
Total Online Visits: **73**
Total Net Claims Savings: **\$35,326**
Total Visits w/ Rx: **61**

Mental Health Visits: **11**
Dermatology Visits: **4**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1 st Call Resolution:	93.9%
Abandonment Rate:	0.57%
Avg. Speed of Answer:	17.1 sec

Claims Performance

Financial Accuracy:	98.25%
90% processed w/in:	7.9 days
95% processed w/in:	14.0 days

Claims Performance (Monthly)
(February 2024)

90% processed w/in:	7.9 days
95% processed w/in:	12.3 days

(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy: **99%**

Turnaround Time

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



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

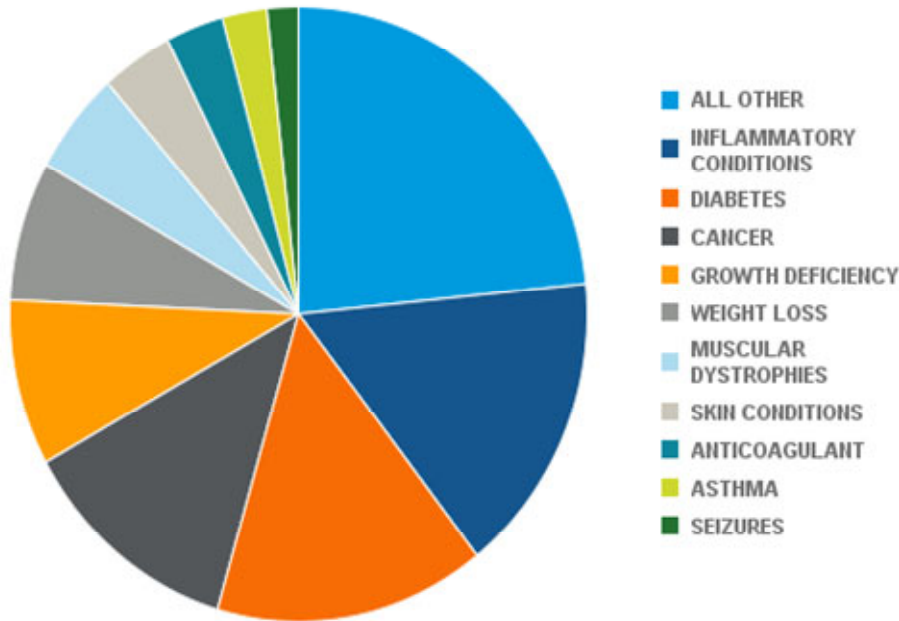
Total Component/ Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	2,899	2,996	2,995	2,963	2,989	3,101	3,350	3,147	3,499	3,483	3,487	3,490	3,463	3,451	3,459	3,458	3,264
Total Days	119,700	118,151	129,496	367,347	123,253	134,202	132,963	390,418	136,929	134,887	125,048	396,864	138,050	132,455	133,680	404,185	1,558,814
Total Patients	1,213	1,227	1,318	1,879	1,262	1,314	1,284	1,952	1,347	1,341	1,315	2,057	1,389	1,417	1,416	2,134	2,782
Total Plan Cost	\$564,288	\$481,739	\$600,198	\$1,646,225	\$632,375	\$629,648	\$569,637	\$1,831,659	\$760,914	\$747,948	\$702,026	\$2,210,889	\$842,205	\$659,151	\$746,328	\$2,247,683	\$7,936,456
Generic Fill Rate (GFR) - Total	83.4%	84.9%	84.3%	84.2%	86.5%	85.6%	85.8%	86.0%	86.3%	85.6%	82.3%	84.8%	80.2%	84.4%	84.1%	82.9%	84.4%
Plan Cost PMPM	\$194.65	\$160.79	\$200.40	\$185.18	\$211.57	\$203.05	\$170.04	\$194.03	\$217.47	\$214.74	\$201.33	\$211.18	\$243.20	\$191.00	\$215.76	\$216.69	\$202.61
Total Specialty Plan Cost	\$275,695	\$186,987	\$248,667	\$711,349	\$336,037	\$269,636	\$196,609	\$802,282	\$425,645	\$372,854	\$327,019	\$1,125,518	\$442,447	\$284,828	\$341,545	\$1,068,820	\$3,707,969
Specialty %of Total Specialty Plan Cost	48.9%	38.8%	41.4%	43.2%	53.1%	42.8%	34.5%	43.8%	55.9%	49.9%	46.6%	50.9%	52.5%	43.2%	45.8%	47.6%	46.7%

Total Component/ Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836															
Total Days	116,437	100,827															
Total Patients	1,201	1,157															
Total Plan Cost	\$625,290	\$656,422															
Generic Fill Rate (GFR) - Total	86.7%	85.8%															
Plan Cost PMPM	\$220.02	\$231.46															
% Change Plan Cost PMPM	13.0%	43.9%															
Total Specialty Plan Cost	\$325,080	\$342,746															
Specialty %of Total Specialty Plan Cost	52.0%	52.2%															

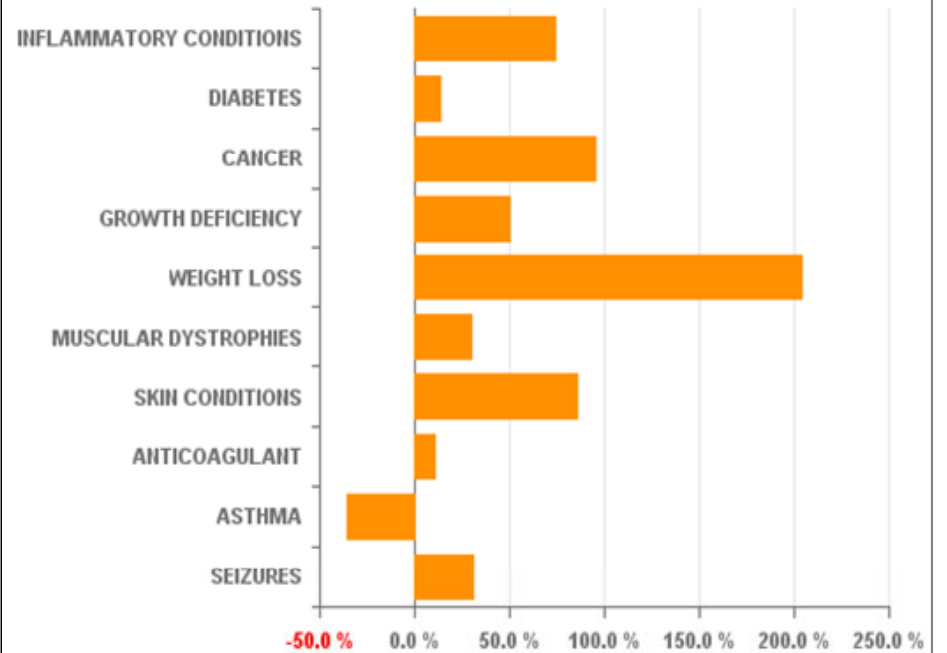
Top Indications

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 02/2024 vs. Previous Period 01/2023 - 02/2023) Peer = Government - National Preferred Formular

Top Indications by Plan Cost



Plan Cost PMPM % Change (Trend)



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	20.87%	64	\$204,896	\$36.09	43.8%	36.4%	17.77%	63	\$121,973	\$20.69	65.1%	40.4%	74.4%
2	1	DIABETES	19.75%	618	\$193,851	\$34.14	35.0%	26.4%	25.82%	603	\$177,233	\$30.06	35.8%	29.8%	13.6%
3	3	CANCER	16.24%	51	\$159,402	\$28.07	80.4%	77.0%	12.34%	45	\$84,687	\$14.37	84.4%	78.6%	95.4%
4	9	GROWTH DEFICIENCY	11.45%	16	\$112,406	\$19.80	0.0%	0.0%	11.32%	13	\$77,708	\$13.18	0.0%	0.0%	50.2%
5	5	WEIGHT LOSS	9.58%	91	\$94,056	\$16.57	4.4%	5.8%	4.68%	33	\$32,112	\$5.45	15.2%	14.3%	204.1%
6	10	MUSCULAR DYSTROPHIES	7.08%	4	\$69,540	\$12.25	0.0%	0.0%	8.12%	3	\$55,702	\$9.45	0.0%	0.0%	29.6%
7	4	SKIN CONDITIONS	5.22%	115	\$51,268	\$9.03	82.6%	86.8%	4.19%	100	\$28,727	\$4.87	81.0%	88.0%	85.3%
8	7	ANTICOAGULANT	4.24%	97	\$41,584	\$7.32	13.4%	19.5%	5.70%	95	\$39,107	\$6.63	16.8%	22.5%	10.4%
9	6	ASTHMA	3.26%	274	\$31,954	\$5.63	74.5%	88.1%	7.46%	350	\$51,188	\$8.68	76.3%	78.8%	-35.2%
10	8	SEIZURES	2.31%	99	\$22,640	\$3.99	82.8%	96.8%	2.62%	129	\$17,958	\$3.05	86.0%	96.8%	30.9%
Total Top 10				1,429	\$981,598	\$172.88	47.8%	52.0%		1,434	\$686,395	\$116.44	54.0%	53.7%	48.5%

Top Drugs

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 02/2024 vs. Previous Period 01/2023 - 02/2023) Peer = Government - National Preferred Formu

					Current Period				Previous Period				Change
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	224	EMFLAZA	MUSCULAR DYSTROPHIES	Y	4	1	\$69,540	\$12.25	3	1	\$55,702	\$9.45	29.6 %
2	3	OZEMPIC	DIABETES	N	78	35	\$68,077	\$11.99	46	22	\$39,067	\$6.63	80.9 %
3	98	POMALYST	CANCER	Y	3	1	\$67,076	\$1181	1	1	\$20,578	\$3.49	238.4 %
4	16	WEGOVY	WEIGHT LOSS	N	45	23	\$55,722	\$9.81	22	12	\$26,757	\$4.54	116.2 %
5	6	STELARA	INFLAMMATORY CONDITION	Y	4	2	\$46,718	\$8.23	2	1	\$18,321	\$3.11	164.7 %
6	1	MOUNJARO	DIABETES	N	46	20	\$41,448	\$7.30	10	5	\$8,651	\$1.47	397.4 %
7	166	OMNITROPE	GROWTH DEFICIENCY	Y	6	3	\$41,339	\$7.28		NA			NA
8	18	ZEPBOUND	WEIGHT LOSS	N	41	20	\$37,820	\$6.66		NA			NA
9	25	ENBREL SURECLICK	INFLAMMATORY CONDITION	Y	7	3	\$35,518	\$6.26	4	2	\$18,680	\$3.17	97.4 %
10	81	GENOTROPIN	GROWTH DEFICIENCY	Y	6	3	\$35,290	\$6.22	8	3	\$45,243	\$7.67	-19.0 %
11	14	DUPIXENT PEN	SKIN CONDITIONS	Y	10	4	\$33,183	\$5.84	6	2	\$14,512	\$2.46	137.4 %
12	204	MEKINIST	CANCER	Y	3	1	\$32,383	\$5.70	3	1	\$29,985	\$5.09	12.1 %
13	230	TAFINLAR	CANCER	Y	3	1	\$29,826	\$5.25	3	1	\$27,617	\$4.68	12.1 %
14	26	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITION	Y	6	2	\$28,668	\$5.05	2	1	\$9,101	\$1.54	227.0 %
15	15	TREMFYA	INFLAMMATORY CONDITION	Y	6	3	\$27,841	\$4.90		NA			NA
16	154	NGENLA	GROWTH DEFICIENCY	Y	3	1	\$26,978	\$4.75		NA			NA
17	21	ELIQUIS	ANTICOAGULANT	N	45	19	\$21,987	\$3.87	37	16	\$17,995	\$3.05	26.8 %
18	41	XARELTO	ANTICOAGULANT	N	39	13	\$19,128	\$3.37	42	15	\$19,988	\$3.39	-0.6 %
19	10	JARDIANCE	DIABETES	N	34	13	\$18,586	\$3.27	27	10	\$14,506	\$2.46	33.0 %
20	57	SKYRIZI	INFLAMMATORY CONDITION	Y	3	1	\$14,521	\$2.56		NA			NA
21	61	HUMIRA(CF)	INFLAMMATORY CONDITION	Y	3	1	\$14,000	\$2.47	3	1	\$14,000	\$2.37	3.8 %
21	4	HUMIRA(CF) PEN	INFLAMMATORY CONDITION	Y	3	1	\$14,000	\$2.47	4	2	\$18,943	\$3.21	-23.3 %
23	13	SKYRIZI PEN	INFLAMMATORY CONDITION	Y	3	1	\$13,635	\$2.40		NA			NA
24	17	FARXIGA	DIABETES	N	25	9	\$12,613	\$2.22	32	11	\$15,550	\$2.64	-15.8 %
25	344	TEM OZOLOMIDE	CANCER	Y	2	1	\$11,982	\$2.11		NA			NA
Total Top 25					428		\$817,879	\$144.04	255		\$415,196	\$70.43	104.5 %

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
FEBRUARY 27, 2024**

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

Resolutions

Subject Matter

Revised Resolution 8-24: Risk Management Plan.....Page 31
Resolution 20-24: Releasing Competitive Contract RFPsPage 41
Resolution 21-24: March & April 2024 Bills ListsPage 42

Motion_____

Second_____

BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND

RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2024

Adopted: JANUARY 23, 2024

Revised: APRIL 22, 2024

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND
2024 RISK MANAGEMENT PLAN**

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2024 Fund year:

1.) COVERAGE OFFERED

- Medical

The Fund offers a “point of services” and “open access” plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offered “low cost plans” to allow members options to comply with contribution requirements under Chapter 78 and for those covered under Chapter 44. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, an HMO plan and the plans for those covered under Chapter 44. The Fund also offers Medicare Advantage plans for Medicare eligible retirees.

- Dental

The Fund offers customized dental plans as required by the members.

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options. The Fund also offers “Employer Group Waiver Plans” for Medicare eligible retirees.

- Vision

The Fund offers customized vision plans as required by the members.

2.) LIMITS OF COVERAGE

Limits of coverage vary by member plan design.

3.) RISK RETAINED BY THE FUND

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$400,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).

- Specific Limit Unlimited

- Basis: Incurred 12 months, paid 24 months.

Extra contractual claims are excluded from reinsurance coverage.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at conclusion. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund year. This accrual is the adjusted at the end of each quarter in accordance with the actuary’s projections.

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per employee rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption and rate certification process. These rates are used to compute the members’ monthly assessment based on the updated census, and are mailed to the members approximately 15 days before the beginning of the month. The billing also includes the member’s updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former participants (COBRA, Conversion and some retirees) and, in some cases, Dependents under age 31, are billed directly by the Fund.

6.) COVERAGE PURCHASED FROM INSURERS AND PARTICIPATION IN THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)

The Fund provides coverage on a self-insured basis, and secures excess insurance to cap the Funds’ specific (i.e. per covered person per policy year) retention. The Fund is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the Fund’s local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations.

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the Fund, the prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- a.) age/sex factor as compared to the average for the existing Fund membership;
- b.) the plan of benefits for the prospective member; and
- c.) loss data if available.

The actuary then recommends a relativity factor to the Fund's base rates. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the remaining lines of coverage may be adjusted and the entity shall not be eligible for membership in the dropped line of coverage for a three year period.

Loss experience used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. For entities with loss ratios of 100% or greater, rate adjustments of up to +2.5% may be considered. For entities with loss ratios below 100%, rate reductions of up to -2.5%. Additional adjustments can be considered for plans lacking standard utilization management features.

"Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self-insured retention. Requests for additional claims data can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs.

8.) RATING PERIODS

All rating periods for municipal members coincide with the Fund year while rating periods for school members can coincide with their fiscal year (July 1 to June 30).

9.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget.

10.) PROVISION FOR PPOs, etc.

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional

material to assist members in employee communication programs concerning optional plan designs.

11.) OPEN ENROLLMENT PROCEDURES

Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations that may take place.

12.) COBRA AND CONVERSION OPTIONS

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

13.) DISCLOSURE OF BENEFIT LIMITS

The Fund discloses benefit limits in plan booklets provided to all covered employees.

14.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

15.) RETIREES

The Fund duplicates coverage for eligible retirees. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund, or otherwise ceases to be a member of the Fund.

16.) NEWBORN CHILDREN

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding

change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for sixty (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

17.) PLAN DOCUMENT

The Fund prepares a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.
Deductibles and co-payments.
Examples as needed.
Exclusions.
Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately every six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely.

Fully insured plans are not considered in surplus retention. Entities with only Medicare Advantage/Employer Group Waiver Programs are not included in closed year balance shares.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed fund Year/Contingency Account six years after the date of its withdrawal.

19.) "RUN-IN" or "RUN-OUT" LIABILITY

The Fund covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

20.) CLAIMS AND OPERATIONS AUDITS

The Fund retains a claim auditory experienced in auditing self-insured claims and operations. Annual claims and/or operational audits will be performed annually specific to the needs of the Fund and other variables impacting the health insurance market.

21.) CLAIM APPEALS

Claim appeals shall be processed in accordance with the Fund by-laws. In addition, there is hereby established a Small Claims Committee that shall handle claims where the dollar amount is not greater than \$1,000.00 or likely not to exceed a total of \$2,500 in one rolling 12 month cycle, where the treatment or therapy in question is of a continuing nature. This responsibility will extend to out of network payments, within the above thresholds, that may be above standard schedules that may be justified or appealed due to continuity of care considerations.

The Small Claims Committee shall consist of the following persons:

- A. Representative from the T.P.A.
- B. Three fund commissioners as designated by the Fund chairman.

The Small Claims Committee shall report on all claims approved, in accordance with a reporting form approved by Resolution of the Executive Committee, at the first meeting following any such determination unless made within ten (10) days of a scheduled meeting in which case it will be the subsequent meeting. No person whose claim has been reviewed by the Small Claims Committee will be deprived of their opportunity to have their claim appeal adjudicated by the entire Executive Committee if they choose to do so.

All Small Claims Committee decisions to pay claims shall be unanimous (except in the case of unavailability of a member of the Committee) in which case it will be required that the remaining members be unanimous and that no less than 3 people on the Committee have reviewed the claim.

Claims appealed beyond the executive committee shall be processed by Independent Appeal organizations designated by the Fund.

22.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

23.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the

member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

24.) **MEDICARE ADVANTAGE/EGWP ONLY**

The Fund may offer retiree coverage with a fully insured Medicare Advantage and/or Employer Group Waiver Program membership to an entity that does not have its active members in the Fund. The carrier will provide the Fund with a per employee, per month cost for a plan that matches equal to, or better to the current retiree plan. The Fund may add additional expenses to the price per employee. The entity would be required to sign an Indemnity and Trust agreement.

25.) **MEMBER MONTHLY BILLING POLICY**

30th of the month - PERMA's Operations team will run and review all pre-bill audits.

1st of the month - PERMA's Operations team will generate all invoices and associated billing reports.

Please note, all changes must be entered in the system by the last day of the month to reflect on the bill.

2nd of the month -PERMA's Operations team will review all invoices by the enrollment team and any corrections made by 6th of the month.

6th of the month - PERMA Operations team will notify PERMA's accounting team to review and audit the invoices.

9th of the month - PERMA's accounting will provide approval of the invoices so they can be distributed.

10th of the month -PERMA's enrollment team will send out the bills electronically.

If there is a delay on one client's bill, this will not hold up the distribution of any other of the Fund's bills.

All clients should review their bills immediately and report any discrepancies so they can be addressed before the next invoice is generated.

The Fund's policy is to pay as billed.

Payments are due upon receipt of the bill and payments are accepted by check or ACH.

The client will receive a delinquent notice via email if payment is not made within a

reasonable amount of time.

If any of the dates outlined above fall on a weekend or holiday, the due date will be the next business day.

ADOPTED: April 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 18-24

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION AUTHORIZING THE HIRING
OF PROFESSIONAL SERVICES/ CONSULTANTS THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Bergen Municipal Employee Benefits Fund (Hereinafter the “Fund”) has a need for the following services to be provided for the efficient operation of the Fund;

Executive Director
Program Manager

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

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

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

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

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

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

Executive Director
Program Manager

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: April 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 19-24

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE MARCH AND APRIL 2024 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **April 23, 2024** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of March and April 2024 for consideration and approval of the Executive Committee; and

WHEREAS, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

NOW THEREFORE BE IT RESOLVED the Commissioners of the Executive Committee of the **Bergen Municipal Employee Benefits Fund** hereby approve the Bills List for March and April 2024 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: April 23, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
OPEN MEETING: FEBRUARY 27, 2024
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 2024 EXECUTIVE COMMITTEE

Gregory Hart	Chair	Present
Richard Kunze	Secretary	Present
Gregory Franz	Executive Committee	Present
Donna Gambutti	Executive Committee	Present
Bob Kakoleski	Executive Committee	Present
Anthony Ciannamea	Executive Committee	Present
Erin Delaney	Executive Committee Alternate	Absent
James Gasparini	Executive Committee Alternate	Present
Thomas Padilla	Executive Committee Alternate	Present
Joseph Voytus	Executive Committee Alternate	Present

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval
Attorney	Huntington Bailey, LLP	Bill Bailey
Treasurer	Joseph Iannaconi	Absent
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Kim White Christa O'Donnell
Auditor	Lerch, Vinci & Higgins	Absent
Actuary	John Vataha	Absent
Independent Consultant	LaMendola Associates	Clark LaMendola
Benefits Consultant	Conner Strong	Crystal Bailey
RX Administrator	Express Scripts	Charles Yuk
Wellness Coordinator	Civitas	Marianne Eskilson - present via phone

OTHERS PRESENT:

Matt McArow, Otterstedt Agency	Laurie O'Hanlon, Midland Park
Frank Covelli, World Insurance	Dave Vozza, Vozza Agency
Anders Masseler, Garfield	Kathleen Marano, Fairfield
Kevin O'Sullivan, Verona	Rich Molinari, Saddle River

APPROVAL OF MINUTES: January 23, 2024

MOTION: Commissioner Franz
SECOND: Commissioner Gasparini
ROLL CALL VOTE: All in Favor

CORRESPONDENCE - None

COMMITTEE REPORTS:

Strategic Planning - Commissioner Kunze said that the Committee will be meeting after this meeting to discuss the SWOT analysis and the next steps. This will be simply a procedural meeting.

Finance Committee - No Report

Wellness Committee - Mr. Kakoleski stated that the Wellness Committee is still pursuing a Wellness Coordinator. He said he is anticipating having a meeting to discuss multiple concepts.

Small Claims Committee - No Report

Nominations Committee - No Report.

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT - Executive Director reviewed the Financial Fast Track which showed a loss through the end of December for both medical and prescription. He said that the prescription is running very high because of some specialty cancer medications and the new weight loss medications. This was captured in the 2023 data and the renewal for 2024 should cover for this ongoing trend. Overall, the year made about \$180,000 prior to the release of the dividend. There is an additional \$80,000 in specific claim reimbursements due to the Fund.

In response to Chair Hart, Executive Director said that the increase in claims was not a result of high claimants, so we will run the data through the end of the year and make sure nothing unusual is trending.

REVISED RESOLUTION - BROKER RESOLUTION - At the Reorganization meeting, Resolution 9-24 reflected the incorrect broker name for Verona. This has been corrected in the revised version in the consent agenda. No other changes have been made.

COOPERATIVE PRICING SYSTEM - JOINING MEMBER - In 2023, the MRHIF and its affiliates sought approval from the NJ Office of the Comptroller to issue an RFP for TPA Services for the local Funds. Approval was not given, as the Comptroller's office felt that MRHIF did not have the authority to procure a claims agent being utilized by the local Funds. To secure TPA services for PY 2024, the local Funds each performed a 1-year contract for TPA services in the hopes that group purchasing would be permitted for a longer contract starting in 2025.

We have reviewed with the MRHIF QPA and Attorney who agree that the Funds may enter into a Cooperative Pricing Agreement with a lead agent. We are recommending the SNJREBF be the lead agent as they currently have existing contracts with both HIF TPAs and Medicare Advantage providers.

The concept of the HIF Cooperative Pricing System was presented to the MRHIF Commissioners by the MRHIF Attorney and received full support.

Two entities are needed to form – along with SNJHIF, we are recommending BMED to be an initial member. All other Funds will be approving Resolutions to Join by end of March.

The Fund Attorney and BMED Strategic Planning Committee have reviewed the concept and are in full support. Mr. Bailey said he attended the MRHFI meeting where this was introduced and reviewed the concept. He said there will only be a benefit for the Fund on the mass marketing efforts.

Executive Director said that each local Fund will have the option to select any contract that the Cooperative system awards. He said there is no downside to becoming a member.

In response to Commissioner Kakoleski, Executive Director said all other Funds will likely be joining and taking action in March. BMED and SNJHIF just happened to have the first meetings since this was introduced.

FEBRUARY MRHIF MEETING - The MRHIF had their reorganization meeting on February 15, 2024. Commissioner Kunze was present to represent the Fund and said that the Fund Attorney explained the Coop system appropriately.

Below are some of the key highlights:

1. The Fund Attorney provided an overview of the **Cooperative Pricing System Initiative**.
2. Approval was granted for the Fund Attorney to manage the **Cooperative Pricing System filing**.
3. Approval to go out to **RFP for a Data Warehouse system** was approved.
4. Approval to go out to **RFP for Reinsurer** for multi-year contract was approved.

In response to Chair Hart, Executive Director said that the data warehouse budget has been included in the MRHIF for many years. The intent of the system is to give the Funds predictive modelling, rather than be reactive. Therefore, our data warehouse might be able to tell us shortly after it happens rather than after financials are done. It is a small number on the MRFHIF budget. Conner Strong will be investing in staff to work this warehouse and take it to the next level.

FORT LEE - NEW MEMBERSHIP - The Borough of Fort Lee was approved and expected to join the Fund on February 1, 2024. A few days before the impending date, the Borough requested an additional 30 days to start. Luckily, although implementation to the Fund had begun, the group's contract was still with Aetna and little disturbance occurred.

The Fund received a signed Indemnity and Trust agreement for March 1, 2024.

STRATEGIC PLANNING COMMITTEE - The Committee will be having a brief discussion after the meeting to review two items:

1. Follow ups to the SWOT analysis presented last month
2. An Out of Network Provider issue that occurred with the Metro Fund that, due to proximity, the Committee should discuss.

WELLNESS COMMITTEE - The Wellness Committee will be meeting early March to discuss a new wellness concept and continue efforts for a new coordinator.

2024 MEL, MR HIF & NJCE JIF EDUCATIONAL SEMINAR:

The 14th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 19st and Friday April 26th 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.

INDEMNITY AND TRUST AGREEMENTS

Below is a list of members who have renewing agreements due by December 31, 2021 and older. Please reach out to PERMA (jdelorenzo@permainc.com) for a blank form to be executed. The list was last updated on February 22, 2024.

Member	I&T end date
BOROUGH OF HILLSDALE	12/31/2021
BOROUGH OF WALLINGTON	12/31/2022

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 (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE: 4Q2023 SaveOn Savings – In 2023, the Gateway Bergen Municipal Health Insurance Fund has saved \$242,168 for members enrolled in SaveOn, an additional \$35,445 in savings from 3Q2023. There are currently 37 participants in the program since January 2023, adding an additional 5 participants in 4Q2023. In 2023, BMED members who used SaveOn saved a total of \$11,706 in copays. The average savings per prescription to date is \$1,170. The therapeutic drug categories remained the same in 2023, with no additional classes being added. Drugs for the treatment of inflammatory conditions remain the top drugs used by BMED members in 2023 with 20 participants, an increase of 2 participants and \$21,469 in savings from 3Q2023. Please reference the 4Q2023 SaveOn report in the appendix of the agenda for additional information relating to the specific drugs being used and the associated savings for each drug in the SaveOn program.

Also included in the appendix is the 2024 SaveOn Drug listing. Please note the following effective 1/1/24:

- Drugs highlighted in green were added to the drug list, total of 28 new drugs
- Drugs highlighted in red were removed from the drug list, total of 7 drugs
 - BMED had no members impacted by the drugs being removed

In response to Commissioner Franz, Ms. Bailey said we could re-communicate the Saveon program to encourage more utilization. Commissioner Franz said he did not believe many people understood the program and how it works. Ms. Bailey said that when there is a new specialty fill, the member is automatically sent to Saveon directly. Mr. Yuk said that it is optional but the Fund does have 99% enrollment for the eligible drugs.

OPERATIONAL UPDATES:

WEX Training Update

With the growth of the HIFs, we are currently reviewing our internal processes and how to make them the most efficient for our mutual clients. We have reviewed our current training workflow process and have made some minor adjustments to our WEX training sign up process, effective immediately.

1. We now have a new training mailbox, HIFtraining@permainc.com. All groups who need assistance with training should send the request to the HIF Training mailbox, **regardless of the HIF**. They should no longer send request for training to their assigned HIF mailbox
2. We will be using a SurveyMonkey link for users to sign up located in the directions (link and QR code) of the attached training schedule. While we understand there maybe exceptions, please encourage new HR admins/groups to use the Survey Monkey. (link: <https://www.surveymonkey.com/r/WEXtrainingHIF>)
3. The training schedule will continue to be the 3rd Wednesday of every month at 10AM, with the exception of the June 2024 training, will be held on **Tuesday June 18th at 10AM**

PLEASE NOTE: Any issues relating to logging into WEX or specific questions relating to the group should be sent to the group's current assigned HIF mailbox. Only training requests should be sent to the HIF Training mailbox.

WEX training updates were sent to all brokers on February 20th to share with their groups.

2024 LEGISLATIVE REVIEW:

FREE COVID-19 At-Home Test – Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests.

<https://www.covid.gov/tests>

Medical and Rx Reporting: None

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 BMED Fund. 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 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 the BMED Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

Appeals

Carrier Appeals: None

IRO Submissions: None

BMED Small Claims Committee Appeals: None

FUND ATTORNEY – Fund Attorney stated no report.

TREASURER – Fund Treasurer was not in attendance. Ms. Koval reviewed the report.

WELLNESS COORDINATOR – Ms. Eskilson attended by phone and reviewed the report included in the agenda. She said she is trying to get as much done and sent to the Wellness Committee prior to retirement.

BOARD ADVISOR- No report

AETNA – Jason Silverstien reviewed the claims through January and the dashboard metrics. Mr. Silverstein said the high claimant report that had some times where there was a billing vs. paid discrepancy so took that out of the reporting entirely. Chair Hart said the Performance Guarantees appear to be in line.

In response to Commissioner Gambutti, Mr. Silverstien said that the contract is still in negotiations but at a good impasse. Unfortunately, the Medicare letters have left because its law to send 30 days prior. He believes they could negotiate up to the day before termination. In response to Commissioner Gambutti, Mr. Silverstein said Teladoc should not have fees and to send the information to Ms Bailey to review.

In addition, Mr. Silverstien said that Hackensack Meridian is also facing negotiations for July 1.

EXPRESS SCRIPTS – Charles Yuk reviewed the report included in the agenda. He said the trend is up 12%. Specialty plans is making up about 47% of plan cost. The overall top 10 drugs were also reviewed. HE said that there is a drug called Xolair which is approved for allergic asthma for children. Recently, it was approved for additional indications and for severe allergic food allergies. This is an injectable and it is about \$800 an injection. This will not replace EpiPen.

DELTA DENTAL – Ms. White introduced Ms. O'Donnell

CONSENT AGENDA:

MOTION TO APPROVE CONSENT AGENDA, AS AMENDED, INCLUDING THE FOLLOWING RESOLUTIONS:

Revised Resolution 9-24: Compensating Producers
Resolution 18-24: Forming HIF Cooperative Pricing System
Resolution 19-24: February 2024 Bills Lists

MOTION:	Commissioner Franz
SECOND:	Commissioner Gasparini
VOTE:	9 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: Chair Hart said he wanted to briefly discuss billing issues and a process has been put in place, yet there are continuous issues. The policy is asking to have these members pay in a timely manner, yet they can't if there are so many billing issues. He said this doesn't make us look very good when trying to bring in new membership. Executive Director said that we are aware that January

and February were not up to policy. It has been brought to leadership at PERMA and Wex, although no excuse for the policy not to be followed. Although there is nothing for our team to bring to the table now, but we are making this priority. Commissioner Gambutti said that we have to pay incorrect bills. Executive Director said he understood, but cash is important in a self insured program. Enrollment issues may occur, and bills should be paid.

MOTION TO ENTER PUBLIC COMMENT:

MOTION:	Commissioner Gasparini
SECOND:	Commissioner Gambutti
VOTE:	Unanimous

Mr. Covelli said there is no longer an operations committee, although he believes this is a good committee structure to handle the billing issues. He said he would like to serve.

MOTION TO ADJOURN:

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Ciannamea
VOTE:	Unanimous

MEETING ADJOURNED: 12:55 pm

NEXT MEETING: APRIL 23, 2024

Emily Koval, Associate Executive Director

APPENDIX II

**Bergen Municipal Employee Benefits Fund
Strategic Planning Committee Minutes
February 27, 2024
Franklin Lakes Borough**

Attendance:

Richard Kunze, Committee Chair
Greg Hart, Committee member
Greg Franz, Committee member
Clark LaMendola, Board Advisor
Crystal Bailey, Benefits Consultant
Brandon Lodics, Executive Director
Emily Koval, Associate Executive Director

Mr. Kunze opened the meeting discussion by reviewing the SWOT analysis in more detail and determine next steps for process by the committee/vendor involved.

- 1. Strengthening Communications** - Mr. Kunze said this would primarily be designated to PERMA as the Professional that releases most communications to the Fund members. Mr. Lodics said it depends on the level of what the communication is, for instance, communication can be sent to the Risk Manager that is then responsible for releasing to the member

Chair Hart said he believes it is important to include the risk managers in Committee work sessions, but need to determine when it is most beneficial. The Committees are constrained with the quorum issue, so not all Executive Committee members can be in attendance . Discussion ensued about the reason for a Strategic Planning Committee, and why it was built out of an existing committee. Mr. LaMendola said this committee should only be meeting to make sure the structure is doing well. It was decided to rename the Finance Committee to Administration and Finance Committee.

Discussion about billing from the meeting about errors in billing that were pervasive. The Committee agreed this is a finance/admin committee topic. Mr. Franz said he believes there should be more Fund Commissioner/Executive Committee interest in sub committees.

- 2. Simplify Rx approval process and formulary review** – Mr. Lodics said that, as stipulated in one of the discussions, creating our own Formulary for the Fund is possible will hurt our rebates, which could have financial impact. Mr. LaMendola said the prior authorization process is complicated for members. Ms. Bailey said that the provider’s office is typically the ones that slow the process. Member communication of the prior authorization process could be distributed.
- 3. Address Carrier related improvements** – Mr. Lodics said it is difficult to be able to control these items. They are at the carrier level which are controlled by legislation or reform, but not much else that can be done to assist. Mr. Kunze said there could be individual follow up with Ms. Bailey. The Wellness Committee will need to assess the program as a whole.
- 4. High Deductible plan** – The main discussion is to add additional funds in another budget for adding incentive to these plans. This topic will continue to stay within the Strategic Planning Committee and discussed prior to next year’s budget.
- 5. New Members** – It was discussed to possibly develop a new member committee and pull it from the Finance/Administration Committee.

6. **Additional TPAs** – Mr. Lodics said this could come out of the cooperative process and the BMED will be able to choose from multiple vendors at the State level. This process will be in late spring. Strategic Planning Committee to handle the service additions.

Mr. Kunze requested a revised list of the new committees and the items on each item. Mr. Hart will determine the sub committees

Metro Out of Network Provider (OON) Issue - Mr. Lodics said there is a provider in Essex County that was going to members with certain OON levels encouraging services. In one City, there were 13 members totaling \$3 million in a matter of 6 months. There is one BMED member using this service, but they were on 150% of Medicare OON payment schedule, so the cost was much less. There are new State members that have a higher OON reimbursement schedule that may start using it. Aetna is currently reviewing for fraud. Metro has capped these services for CPT codes at the in network rate. Mr. Lodics reviewed the procedure, which is somewhat unclear of what the original diagnosis was. The entity was not aware of the impact. He said it is important to advise the BMED in case this comes up in one of our members. .

APPENDIX III

BMED Administration Committee Minutes

April 18, 2024

Microsoft Teams

11:00am

Richard Kunze, Committee Chair

Greg Hart, Fund Chair

Robert Kakoleski, Executive Committee Member

Emily Koval, Associate Executive Director

The Committee met to discuss the Fund contracts for next year. Ms. Koval said that the Executive Director and Benefits Consultant contracts must RFP because they are out of their 3rd year. The Professionals have one last extension for 2025. These contracts are the Auditor, Actuary, Treasurer and Attorney.

All Commissioners agreed that they are satisfied with the services of the Professionals and agree to extend one additional year in 2025. Ms Koval said a resolution to RFP will be included in Tuesday's meeting, but will hold for the extension resolution to next month.

The Committee discussed having a Wellness Committee meeting before the Tuesday meeting to discuss the program's entire scope now that the Coordinator has retired. Ms. Koval will reach out of the Committee members.

Mr. Hart discussed the sub Committee structure and will be suggesting changes and soliciting Fund Commissioners to these committees in a similar way that his Mayor and Council nominate members to Committees.

APPENDIX IV

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

APPENDIX IV



AVAILABLE ONLINE AT NO COST TO MEMBERS

SAVE THE DATES

14th Annual MEL, MRHIF & NJCE Educational Seminar

FRIDAY, APRIL 19 ▶ 9:00 AM – NOON

FRIDAY, APRIL 26 ▶ 9:00 AM – NOON

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

The seminar is expected to be eligible for the following continuing education credits:

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

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**NEW JERSEY COUNTIES
EXCESS JOINT INSURANCE FUND**

AGENDA

FRIDAY, APRIL 19

- Keynote Address
- Ethics
- Benefits Issues

FRIDAY, APRIL 26

- JIF Governance
- Status of Insurance Markets
- Legislative Issues
- Coverage Overview
- Claims Concerns
- Risk Control Update
- Cyber Update

THE POWER OF COLLABORATION

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