

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

# AGENDA & REPORTS JUNE 28, 2021 CONFERENCE CALL 6:00 PM

Join Zoom Meeting

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Meeting ID: 959 3468 9266

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Meeting ID: 959 3468 9266

# STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

Adequate Notice and Electronic Notice of this meeting was given by:

1. Sending advance written notice to The Courier Post and the Burlington County Times

2. Filing advance written notice of this meeting with the Clerk/Administrator of each member.

3. Sending advance electronic mail notice of this meeting to the Clerk/Administrator of each member.

4. Posting electronic notice of this meeting on the Fund's website which notice provided the time, date and instructions for: (i) access to the Remote Public Meeting, (ii) how to provide public comment and (iii) how to access the agenda.

5. Posting a copy of the meeting notice on the public bulletin board of all members.

6. During the business session portion of this Remote Public Meeting the audio of all members of the public attending the meeting will be muted. At the end of the business session of the meeting, a time for public comment will be available. Members of the public who desire to provide comment shall raise their virtual hand in the Zoom application and/or submit a written comment via the text message section of the application. The meeting moderator will queue the members of the public that wish to provide comment and the Chairperson will recognize them in order. Public comment shall be concise and to the point and shall not contain abusive, defamatory, or obscene language.

# SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND AGENDA MEETING: JUNE 28, 2021 CONFERENCE CALL 6:00 PM

# MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

# FLAG SALUTE - MOMENT OF SILENCE

# **ROLL CALL OF 2021 EXECUTIVE COMMITTEE**

Michael Mevoli, Chairman Joseph Wolk, Secretary Louis DiAngelo, Executive Committee Member Terry Shannon, Executive Committee Member Neal Rochford, Executive Committee Member Edward Hill, Executive Committee Member Robert Maybury, Executive Committee Member Gary Passanante, Executive Committee Alternate

APPROVAL OF MINUTES: May 24, 2021	Open (Appendix I)
CORRESPONDENCE - None	
<u>REPORTS:</u>	
EXECUTIVE DIRECTOR (PERMA)	
Monthly Report	Page 1
PROGRAM MANAGER- (Conner Strong & Buckelew)	
Monthly Report	Page 13
TREASURER - (Michael Zambito/Verrill & Verrill) June 2021 Voucher List (Resolution 19-21) Treasurers Report Resolution 19-21: June 2021 Bills List Confirmation of Claims Paid/Certification of Tra Ratification of Treasurers Report ATTORNEY - (J. Kenneth Harris)	Page 17 Page 20
Monthly Report	
NETWORK & THIRD PARTY ADMINISTRATOR - (Ae Monthly Report	
NETWORK & THIRD PARTY ADMINISTRATOR - (An Monthly Report	

PRESCRIPTION ADMINISTRATOR - (Express Scripts)	
Monthly Report	. Page 34

# DENTAL ADMINISTRATOR - (Delta Dental)

Monthly Report

### **OLD BUSINESS**

### NEW BUSINESS

### PUBLIC COMMENT

### RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES PERSONNEL - CLAIMS - LITIGATION

MEETING ADJOURNED

# Southern New Jersey Regional Employee Benefits Fund Executive Director's Report June 28, 2021

# FINANCE AND CONTRACTS

# PRO FORMA REPORTS

**Fast Track Financial Report** – as of April 30, 2021 (page 2)

# AUDITOR AND ACTUARY YEAR-END REPORTS

A copy of the Annual Financial Audit for the period ending December 31, 2020 is included with the agenda. The Finance committee met prior to this meeting to review the Draft Audit and are recommending approval of the audit. A representative from Bowman & Company LLP is expected to present the report. Once approved, we will make a filing with the Departments of Insurance and Community Affairs to meet their deadline. The Affidavit of Certification is attached on page 8 and Resolution 18-21 is included on page 9.

# PHARMACY BENEFIT MANAGER RFP

The MRHIF Contract Committee met last week to interview PBM finalist based off the review of the RFP results by the PBM Consultant. The MRHIF is expected to meet the second week of July to take action. All Funds will be notified of the action at that time.

	500	JINERN	NEW JERSI	EY REGIONAL E		rs fund
				ICIAL FAST TRACK	REPORT	
			AS OF	April 30, 2021		
			THIS	YTD	PRIOR	FUND
			MONTH	CHANGE	YEAR END	BALANCE
UND	DERWRITING INC	ΟΜΕ	3,636,239	14,573,788	1,273,942,755	1,288,516,544
CLAIN	M EXPENSES					
	Paid Claims		3,348,146	12,297,008	1,034,181,010	1,046,478,018
	IBNR		10,485	259,276	2,490,000	2,749,276
	Less Specific Exces	s	-	(68,626)	(19,184,698)	(19,253,324
	Less Aggregate Exe	cess	-	-	(1,807,360)	(1,807,360
TOT	AL CLAIMS		3,358,631	12,487,658	1,015,678,952	1,028,166,611
EXPEN	NSES					
	MA & HMO Premiu	ums	340,962	1,349,353	27,777,460	29,126,81
	Excess Premiums		59,683	240,084	47,663,208	47,903,292
	Administrative		219,682	865,978	115,823,339	116,689,31
TOT	AL EXPENSES		620,327	2,455,415	191,264,007	193,719,422
-	ERWRITING PROFIT	(1 2 2)	(342,719)	(369,285)	66,999,796	66,630,51
	STMENT INCOME	(1-2-3)	7,624	30,439	3,368,595	3,399,03
	DEND INCOME		7,024		11,184,436	11,184,43
			-	(220.046)		
SIAI	UTORY PROFIT (4-	+5+6)	(335,095)	(338,846)	81,552,827	81,213,981
DIVID	DEND		-	-	69,789,455	69,789,45
	sferred Surplus		-	-	-	-
STA	TUTORY SURPLUS	S (7-8+9)	(335,095)	(338,846)	11,763,371	11,424,525
			SURPLUS (	DEFICITS) BY FUND Y	EAR	
Close	ed	Surplus	738	(95,955)	5,815,138	5,719,18
		Cash	496,373	(1,038,752)	11,275,670	10,236,91
2019		Surplus	3,572	6,902	4,270,513	4,277,41
		Cash	3,572	5,354	4,270,273	4,275,62
2020		Surplus	62,551	48,919	1,677,720	1,726,63
		Cash	(67,001)	(1,999,914)	3,131,888	1,131,97
2021		Surplus	(401,955)	(298,713)		(298,71
		Cash	3,138	1,700,518		1,700,51
		TS)	(335,095)	(338,846)	11,763,371	11,424,525
TAL S	SURPLUS (DEFICI					
	SURPLUS (DEFICI <sup>-</sup> CASH	,	436,082	(1,332,794)	18,677,832	17,345,037
DTAL 9	-		436,082 CLAIM AN	(1,332,794) ALYSIS BY FUND YEA	18,677,832	17,345,037
DTAL (	CASH		CLAIM AN	IALYSIS BY FUND YEA	AR .	
TAL (	CASH					
TAL (	CASH AL CLOSED YEAR CLA D YEAR 2019		CLAIM AN 2,092	IALYSIS BY FUND YEA	950,769,554	950,878,12
TAL (	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims		CLAIM AN	IALYSIS BY FUND YEA	AR .	950,878,12
TAL (	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR		CLAIM AN 2,092	IALYSIS BY FUND YEA 108,567 6,638 -	AR 950,769,554 32,736,244	950,878,12 32,742,88 -
TAL (	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces	AIMS	CLAIM AN 2,092	IALYSIS BY FUND YEA	950,769,554	950,878,12 32,742,88
TOTA FUND	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc	AIMS	CLAIM AN 2,092 (278) - - -	IALYSIS BY FUND YEA 108,567 6,638 - (485) -	AR 950,769,554 32,736,244 - (691,587) -	950,878,12 32,742,88 - (692,07 -
TOTA FUND	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces	AIMS	CLAIM AN 2,092 (278)	IALYSIS BY FUND YEA 108,567 6,638 -	AR 950,769,554 32,736,244	950,878,12 32,742,88 - (692,07 -
TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc	AIMS	CLAIM AN 2,092 (278) - - -	IALYSIS BY FUND YEA 108,567 6,638 - (485) -	AR 950,769,554 32,736,244 - (691,587) -	950,878,12 32,742,88 - (692,07 -
TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS	AIMS	CLAIM AN 2,092 (278) - - -	IALYSIS BY FUND YEA 108,567 6,638 - (485) -	AR 950,769,554 32,736,244 - (691,587) -	950,878,12 32,742,88 - (692,07 - 32,050,81
TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020	AIMS	CLAIM AN 2,092 (278) - - - (278)	ALYSIS BY FUND YEA 108,567 4 6,638 4 - 4 (485) 5 - 6,153 4 4 6,153 4 6	AR 950,769,554 32,736,244 - (691,587) - 32,044,657	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91
TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims	NIMS	CLAIM AN 2,092 (278) - - - (278) 67,621	ALYSIS BY FUND YEA	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 30,805,796	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60
TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR	AIMS 55 Cess 6	CLAIM AN 2,092 (278) - - - (278) 67,621	ALYSIS BY FUND YEA 108,567 4 6,638 4 - 485 4 - 485 4 - 6,153 4 2,452,116 4 (2,429,394) 4	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60
TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces	AIMS 55 Cess 6	CLAIM AN 2,092 (278) - - - (278) 67,621	ALYSIS BY FUND YEA 108,567 4 6,638 4 - 485 4 - 485 4 - 6,153 4 2,452,116 4 (2,429,394) 4	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60 (499,19 -
TOTA FUNC TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces Less Aggregate Exc	AIMS 55 Cess 6	CLAIM AN 2,092 (278) - - - (278) (278) 67,621 (129,552) - - -	ALYSIS BY FUND YEA 108,567 6,638 - (485) - 6,153 2,452,116 (2,429,394) (68,140) - -	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000 (431,054) -	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60 (499,19 -
TOTA FUNC TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2020 CLAIMS	AIMS 55 Cess 6	CLAIM AN 2,092 (278) - - - (278) (278) 67,621 (129,552) - - -	ALYSIS BY FUND YEA 108,567 6,638 - (485) - 6,153 2,452,116 (2,429,394) (68,140) - -	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000 (431,054) -	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60 (499,19 - 32,819,32
TOTA FUNC TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2020 CLAIMS D YEAR 2021	AIMS 55 Cess 6	CLAIM AN 2,092 (278) - - - (278) 67,621 (129,552) - - - (61,931)	IO8,567       IO8,567         6,638       IO8,567         -       IO8,638         -       IO8,638         -       IO8,567         -       IO8,567         IO8,638       IO8,567         -       IO8,638         -       IO8,567         IO8,567       IO8,567         IO9,638       IO8,567         IO9,638       IO8,567         IO9,638       IO9,638         IO9,6353       IO9,6353	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000 (431,054) -	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60 (499,19 - 32,819,32 9,729,68
TOTA FUNC TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2020 CLAIMS D YEAR 2021 Paid Claims IBNR	Image: Signature of the second sec	CLAIM AN 2,092 (278) - - - (278) - - (278) - - - - (278) - - - - - - - - - - - - - - - - - - -	IOB,567       IOB,567         108,567       IOB,567         6,638       IOB,567         -       IOB,6138         -       IOB,6138         -       IOB,567         6,153       IOB,567         100,6153       IOB,567	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000 (431,054) -	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60 (499,19 - 32,819,32 9,729,68
TOTA FUNC TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2020 CLAIMS D YEAR 2021 Paid Claims IBNR Less Specific Exces	Image: Signature     Image: Signature	CLAIM AN 2,092 (278) - - - (278) - - (278) - - - - (278) - - - - - - - - - - - - - - - - - - -	IOB,567       IOB,567         108,567       IOB,567         6,638       IOB,567         -       IOB,6138         -       IOB,6138         -       IOB,567         6,153       IOB,567         100,6153       IOB,567	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000 (431,054) -	950,878,12 32,742,88 - (692,07 - 32,050,81 33,257,91 60,60 (499,19 - 32,819,32 9,729,68
TOTA FUNC TOTA FUNC	CASH AL CLOSED YEAR CLA D YEAR 2019 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2019 CLAIMS D YEAR 2020 Paid Claims IBNR Less Specific Exces Less Aggregate Exc AL FY 2020 CLAIMS D YEAR 2021 Paid Claims IBNR	Image: Signature     Image: Signature	CLAIM AN 2,092 (278) - - - (278) - - (278) - - - - (278) - - - - - - - - - - - - - - - - - - -	IOB,567       IOB,567         108,567       IOB,567         6,638       IOB,567         -       IOB,6138         -       IOB,6138         -       IOB,567         6,153       IOB,567         100,6153       IOB,567	AR 950,769,554 32,736,244 - (691,587) - 32,044,657 - 30,805,796 2,490,000 (431,054) -	17,345,037 950,878,12 32,742,88 (692,07) - 32,050,810 33,257,91 60,60 (499,19) - 32,819,32 9,729,68 2,688,670 - - 12,418,35

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.

### Southern New Jersey Regional Employee Benefits Fund CONSOLIDATED BALANCE SHEET AS OF APRIL 30, 2021

### BY FUND YEAR

	•	SNJREBF 2021		SNJREBF 2020	•	SNJREBF 2019	CLOSED YEAR	FUND BALANCE
ASSETS								
Cash & Cash Equivalents		1,700,		1,131,97	74	4,275,627	10,236,918	17,345,037
Assesstments Receivable (Prepaid)		130,5	567	(55,1	56)	9,381	119,957	204,749
Interest Receivable			-	(	50	(26)	(34)	0
Specific Excess Receivable			-	499,19	94	(72)	-	499,123
Aggregate Excess Receivable			-	-		-	-	-
Dividend Reœivable			-	-		-	-	-
Prepaid Admin Fees			333	-		-	-	1,833
Other Assets		571,2	282	247,65	54	-	-	818,936
Total Assets		2,404,2	200	1,823,72	27	4,284,911	10,356,840	18,869,678
LIABILITIES								
					71			21
Accounts Payable IBNR Reserve		2,688,0	-	60,60	31 Y	-	-	31
A4 Retiree Surcharge		2,088,0	570	00,00	0	-	-	2,749,276
Dividends Payable			-	-		-	- 4,637,664	4,637,664
Aœrued/Other Liabilities		14,2	243	36,45	50	7,495	-	58,188
Total Liabilities		2,702,	913	97,08	88	7,495	4,637,664	7,445,160
EQUITY								
Surplus / (Defiat)		(298,	713)	1,726,63	39	4,277,415	5,719,176	11,424,518
Total Equity		(298,	713)	1,726,63	39	4,277,415	5,719,176	11,424,518
Total Liabilities & Equity		2,404,2	200	1,823,72	27	4,284,911	10,356,840	18,869,678
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.

20-Jun-21

RATIOS						
INDICES	2020	JAN		FEB	MAR	APR
Cash Position	18,677,832	\$ 15,178,801	\$	14,514,393	\$ 16,908,955	\$ 17,345,037
IBNR	2,850,521	\$ 2,990,203	\$	3,060,316	\$ 3,099,312	\$ 3,109,797
Assets	20,687,548	\$ 20,241,581	\$	19,303,223	\$ 19,216,272	\$ 18,869,678
Liabilities	8,924,184	\$ 8,405,504	\$	7,786,506	\$ 7,456,660	\$ 7,445,160
Surplus	11,763,364	\$ 11,836,077	\$	11,516,717	\$ 11,759,612	\$ 11,424,518
Claims Paid Month	2,209,786	\$ 3,041,585	\$	3,068,516	\$ 2,838,761	\$ 3,348,146
Claims Budget Month	2,870,280	\$ 3,025,918	\$	3,025,918	\$ 3,025,918	\$ 3,025,918
Claims Paid YTD	32,769,858	\$ 3,041,585	\$	6,110,101	\$ 8,948,862	\$ 12,297,008
Claims Budget YTD	34,443,363	\$ 3,025,918	\$	6,051,836	\$ 9,077,753	\$ 12,103,671
RATIOS						
Cash Position to Claims Paid	8.45	4.99		4.73	5.96	5.1
Claims Paid to Claims Budget Month	0.77	1.01		1.01	 0.94	 1.1
Claims Paid to Claims Budget YTD	0.95	1.01		1.01	0.99	1.0
Cash Position to IBNR	6.55	5.08		4.74	 5.46	5.5
Assets to Liabilities	2.32	2.41		2.48	2.58	2.5
Surplus as Months of Claims	4.10	3.91		3.81	3.89	3.7
BNR to Claims Budget Month	0.99	 0.99	-	1.01	 1.02	 1.0

So	outhern NJ Munici	ipal Employe	e Benefits Fu	ınd		!
	2021 Bud	get Status R	eport			
	as of	f April 30, 2021				1
				VED	<b>Φ</b> . <b>Σ</b> 7. •	0/ 37
		A 1		YTD	\$ Variance	% Varaiance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other Medical Claims AmeriHealth - All Other	6,027,818	18,076,573	18,047,505			
Medical Claims - CCBOSS	662,647	1,982,714	2,053,426			
Subtotal Medical	2,714,271	8,152,491	8,701,317	0.065.074	(5(1 229)	60
	9,404,736	28,211,778	28,802,249	9,965,974	(561,238)	-6%
Prescription Claims - All Other Prescription Claims - CCBOSS	1,970,444 853,345	5,926,468 2,566,758	5,623,611 2,872,216			
Subtotal Prescription	2,252,396	2,500,758 6,774,618	6,776,697	2,064,955	187,441	8%
Rx Rebates	(571,393)	(1,718,608)	(1,719,131)	2,004,955	10/,441	07
Dental Claims - All Other	365,446	1,097,813	1,073,682			
Dental Claims - CCBOSS						
Subtotal Dental	57,183 422,629	172,284 1,270,097	163,464 1,237,146	387,427	35,202	8%
Subtotal Dental Subtotal Claims	12,079,761	36,256,493	36,816,091	387,427 12,418,357	(338,596)	
Subtotal Claims	12,079,701	30,230,493	30,810,091	12,418,557	(338,390)	-3%
Loss Fund Contingency						
Loss Fund Contingency	-	-	-			
DMO Premiums	1.026	2.078	3,078	1 727	(701)	680/
Medicare Advantage - All Other	1,026	3,078	,	1,727	(701)	-68%
	649,498	2,120,472	1,119,982			
Medicare Advantage - CCBOSS	679,633	1,934,435	1,842,089	1 247 (2)	(10.405)	10/
Subtotal Insured Programs	1,330,157	4,057,985	2,965,149	1,347,626	(18,495)	-1%
Reinsurance						
Specific	228,886	720,750	727,725	240,084	(11,198)	-5%
Total Loss Fund	13,638,804	41,035,227	40,508,966	14,007,794	(368,990)	-3%
Expenses						
Legal	7,243	21,728	21,728	7,243	-	0%
Treasurer	5,104	15,312	15,312	5,104	-	0%
Administrator	120,081	361,041	303,643	120,161	(80)	
Program Manager	281,020	844,885	787,661	375,074	(5)	
Brokerage	94,048	281,415	273,628	Included above		
TPA - Med Aetna	295,033	886,383	899,207	311,789	5,046	2%
TPA - Med AmeriHealth Admin	21,801	65,485	67,617	Included above in		
TPA - Dental	22,960	69,005	67,167	22,976	(16)	0%
Actuary	3,667	11,000	11,000	3,667	(10)	
Auditor	6,333	19,000	19,000	6,332	1	0%
Subtotal Expenses	857,291	2,575,254	2,465,963	852,345	4,946	1%
Misc/Cont	5,350	16,049	16,049	5,023	326	6%
Data Analysis System	-	-	-	-	-	#DIV/0!
Affordable Care Act Taxes	3,337	10,025	10,122	3,338	(1)	
Plan Documents	5,000	15,000	15,000	5,100	(100)	
		,		,		
Total Expenses	870,977	2,616,328	2,507,134	865,806	5,171	1%
Total Budget	14,509,781	43,651,555	43,016,100	14,873,600	(363,818)	-3%

# ACTUARIAL SOLUTIONS, LLC

### STATEMENT OF ACTUARIAL OPINION

March 23, 2021

Executive Committee Southern Jersey Regional Employee Benefits Fund

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

I have reviewed the actuarial assumptions and actuarial methods used in determining the reserves and related actuarial items listed below, as prepared by the management of SJ, for filing with the Company's December 31, 2020 report to New Jersey Department of Banking and Insurance. My responsibility is to express an opinion on these reserves and related actuarial items based on my review. The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Actuarial Standards of Practice and Actuarial Compliance Guidelines as promulgated by the Actuarial Standards Board, and form the basis of this statement of opinion.

Item	Amount
Claims unpaid	\$2,490,000

The reserves and related actuarial items listed above represent the estimates made by management of SJ for all unpaid claims as of December 31, 2020. Considerable uncertainty and variability are inherent in such estimates, and, accordingly, the subsequent development of the unpaid claims liability may not conform to the assumptions used in the determination of the unpaid claims liability and therefore may vary from the amounts in the foregoing table.

I have relied on Paul Laracy, Executive Director, for the listings and summaries of claims and other relevant data, and for the accuracy of that data, as expressed in the attached statement. My examination included a review of the actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

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

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

My review did not include asset adequacy analysis, as such analysis is not in the scope of my assignment. I have not reviewed any of SJ's assets and I have not formed any opinion as to their validity or value. My opinion rests on the assumption that SJ's December 31, 2020 unpaid claims liability is funded by valid assets that have suitably scheduled maturities and/or adequate liquidity to meet future cash flow requirements.

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

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

John Votata

John Vataha, ASA, MAAA, FCA

John Vataha, ASA, MAAA, FCA 96 Willowbrook Drive, Doylestown, PA 18901 Tel: 215-833-4692 E-Mail: jvataha@gmail.com

# GROUP AFFIDAVIT FORM <u>CERTIFICATION OF FUND COMMISSIONERS</u> Of the SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

We the Fund Commissioners of the Southern New Jersey Regional Employee Benefits Fund, of full age, being duly sworn according to law, upon our oath depose and say:

1.) We are duly elected members Fund Commissioners of the Southern New Jersey Regional Employee Benefits Fund.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2020.

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

 (L.S.)
 (L.S.)
 (L.S.)
 (L.S.)
 (L.S.)
(L.S.)
 (L.S.)
 (L.S.)

# **GENERAL COMMENTS - RECOMMENDATIONS**

Attest:

Secretary to the Fund

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

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

### **RESOLUTION NO. 18-21**

# SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND CERTIFICATION OF ANNUAL AUDIT REPORT FOR PERIOD ENDING DECEMBER 31, 2020

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

**WHEREAS**, the Annual Report of Audit for the year 2020 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

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

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

General Comments Recommendations Auditor's Opinion And Single Audit Findings

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

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

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

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

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

**NOW, THEREFORE, BE IT RESOLVED,** that the Executive Committee hereby states that they have complied with the promulgation of N.J.A.C 5:30-6.5, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

ADOPTED: JUNE 28, 2021

BY:\_\_\_

CHAIRPERSON

ATTEST:

SECRETARY

# **REGULATORY**

Monthly Items	Filing Status
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Compliance List included on page 12
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	12/31/2020 Filed
Annual Audit	12/31/2019 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	File
Benefit Changes	N/A

Professional	Contract Received	Insurance Received	Contract Term
Executive Director	Yes	Yes	1/1/2019 - 12/31/2021
Program Manager	Yes	Yes	1/1/2019 - 12/31/2021
Attorney	Yes	Yes	1/1/2021-12/31/2022
Treasurer	Yes	Yes	1/1/2021-12/31/2022
Auditor	Yes	Yes	1/1/2021-12/31/2022
Deputy Treasurer	Yes	Yes	1/1/2021-12/31/2022
Actuary	Yes	Yes	1/1/2021-12/31/2022
Aetna	Yes	in progress	*1 year renewal negotiated
AmeriHealth	Yes	in progress	*1 year renewal negotiated
Delta Dental	Yes		*1 year renewal negotiated
United Healthcare	Yes	in progress	1/1/2020-12/31/2021

# **INDEMNITY & TRUST AGREEMET COMPLIANCE**

Member	I&T end date
TOWNSHIP OF WILLINGBORO	email sent 1/19/2021
HADDONFIELD BOROUGH	12/31/2021
BOROUGH OF SOMERDALE	12/31/2021
BOROUGH OF BROOKLAWN	12/31/2021
BOROUGH OF MAGNOLIA	12/31/2021
BOROUGH OF MERCHANTVILLE	12/31/2021
BOROUGH OF LINDENWOLD	12/31/2021
BOROUGH OF MOUNT EPHRAIM	12/31/2021
BOROUGH OF WENONAH	12/31/2021
NORTH HANOVER TWP	12/31/2021
WINSLOW TWP FIRE DISTRICT #1	12/31/2021
PINE HILL BOROUGH	12/31/2021
MT. HOLLY MUNICIPAL UTILITIES AUTHO	12/31/2021
LUMBERTON TOWNSHIP	12/31/2021
BOROUGH OF RUNNEMEDE	12/31/2021
CAMDEN COUNTY BOARD OF SOCIAL SERVICES	12/31/2021
Township of Winslow	12/31/2021
WINSLOW TOWNSHIP	12/31/2021
PALMYRA	12/31/2021

# SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND PROGRAM MANAGERS REPORT June 2021 Program Manager: Conner Strong & Buckelew Online Enrollment Training: kkidd@permainc.com Enrollments/Eligibility/Billing: southernnj\_enrollments@permainc.com Brokers: brokerservice@permainc.com

# ONLINE ENROLLMENT SYSTEM TRAINING

PERMA offers a virtual training and a refresher class on the online enrollment system the third Wednesday of each month. The sessions provide an overview of the Fund's enrollment system and shows users how perform tasks in the system. To use the enrollment system, each HR user must complete a system access form. Please email Austin Flinn at aflinn@permainc.com and indicate which of the sessions below you would like to attend. Please include this information in the subject line: Training - Fund Name and Client Name.

- Wednesday, July 14th 10:00 am 11:00 am
- Wednesday, August 18th 10:00 am 11:00 am
- Wednesday, September 15th 10:00 am 11:00 am
- Wednesday, October 20th 10:00 am 11:00 am
- Wednesday, November 17th 10:00 am 11:00 am

# **ENROLLMENT & ELIGIBILITY CONTACT**

Please continue to direct any eligibility, enrollment, billing or system related questions to our dedicated Southern NJ Enrollment Team. The team can be reached by email at <a href="mailto:southernnj\_enrollments@permainc.com">southernnj\_enrollments@permainc.com</a>. Attached please find an updated SNJREBF Enrollment Contact Information sheet.

# MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the SNJREBF enrollment team. The Fund's policy is to limit retro corrections, *including terminations*, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60 day time frame. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to the enrollment team's attention.

# **BROKER CONTACT INFORMATION**

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated SNJREBF Client Servicing Team. The team can be reached by email at <u>brokerservices@permainc.com</u>.

# **New Group Implementations**

Effective for implementations beginning on September 1<sup>st</sup>, all new business implementations coming from a non-fund carrier or claims administrator will require the completion of a "New Group Benefit Intake" Form. This is a process improvement to ensure 100% benefit accuracy and ensure benefits not accurately represented in SBCs, Benefit Summaries, or Plan documents are implemented as per the current plan design.

# CONNER STRONG COVID-19 RESOURCES

- Conner Strong & Buckelew has compiled a database of COVID-19 resources available to Fund members: https://www.connerstrong.com/insights/covid-19-resource-center/
- The State of NJ has a helpful COVID-19 website with up to date information including vaccine rollout: www.Covid19.nj.gov

# COMPLIANCE UPDATE

# **PCORI Fee Update**

As you know, last year the PCORI fee was extended for another 10 years through September 30th, 2029. All applicable plans with plan years ending within the 2020 calendar year will be subject to pay the PCORI fee. The fee for plans ending September 30th, 2020 or before is \$2.54 per member, per year. The fee for plans ending after September 30th, 2020 is \$2.66 per member, per year. As in previous years, these fees are built into the rates and the fund pays on behalf of the group entities.

# Annual Notices Of Creditable Coverage (NOCC)

The Fund is working with Express Scripts to generate and mail annual NOCC letters for 2022. As you may recall, these are annual notices required by Medicare to be sent to all plan participants who are age 65 and older, or will be reaching age 65 in 2022. The notices must be mailed by September 15<sup>th</sup>. A sample of this year's NOCC is included with your agenda.

# 2022 Updated HDHP/HSA Limits

Federal Agencies recently released the 2022 indexed dollar limits for qualified High Deductible Health Plans (HDHPs) and Health Savings Accounts (HSAs). The minimum annual deductible will remain the same for 2022; \$1,400/individual and \$2,800/family. The chart below indicates the limits that are changing effective 1/1/2022:

	2021	2022
HDHP Out-of-pocket Maximum -	\$7,000	\$7,050
Individual		
HDHP Out-of-pocket Maximum	\$14,000	\$14,100
Family		
HSA Contribution Limit - Individual	\$3,600	\$3,650
HSA Contribution Limit - Family	\$7,200	\$7,300

# ADMINISTRATIVE AUTHORIZATIONS

No Administrative Authorizations at this time.

# SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Resolution No. 19	9-21		JUNE 2021			
WHEREAS, the Treasurer has certified that funding is available to pay the following bills:						
<b>BE IT RESOLVED</b> that the Southern NJ Regional Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and						
FURTHER, that this authorization shall be made a permanent part of the records of the Fund.						
FUND YEAR 2020 Check Number	Vendor Name	Comment	Invoice Amount			
002340 002340	BOWMAN & COMPANY LLP	SNJHIF AUDIT FOR YEAR ENDED 12/31/20	19,400.00 <b>19,400.00</b>			
		Total Payments FY 2020	19,400.00			
FUND YEAR 2021 Check Number	Vendor Name	Comment	Invoice Amount			
002341 002341	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 6/21	115,152.20 <b>115,152.20</b>			
002342 002342	UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 6/21	200,237.87			

002342	UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 6/21	200,237.87 200,237.87
002343 002343	FLAGSHIP HEALTH SYSTEMS INC	DMO PREMUIMS 6/21	29.87
002344			29.87
002344	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 6/21	5,772.00
002345			5,772.00
002345	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 6/21	73,211.60 <b>73,211.60</b>
002346			
002346	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 6/21	5,256.75 <b>5,256.75</b>
002347 002347	PERMA	ADMINISTRATION FEES 6/21	30,022.57
			30,022.57
002348 002348	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 3RD QUARTER 2021	2,750.00
002349			2,750.00
002349	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT PREPARATION 6/21	69.00
002349	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 6/21	1,810.67 <b>1,879.67</b>
002350			,
002350	VERRILL & VERRILL, LLC	TREASURER FEE 6/21	770.91 <b>770.91</b>

002351 002351	MICHAEL S. ZAMBITO	TREASURER FEE 6/21	505.08 <b>505.08</b>
002352 002352 002352 002352 002352 002352 002352	CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 6/21 MEDICAL - PROGRAM MANAGER FEES 6/21 BROKER FEES 6/21 DENTAL - PROGRAM MANAGER FEES 6/21 HEALTH CARE REFORM 6/21	9,038.08 55,371.41 24,087.18 5,087.50 600.84
002353 002353 002354 002354	ALLSTATE INFORMATION MANAGEMNT	ACCT# 419 - ARC. AND STOR 5.31.21 WELLNESS COACHING - CCBOSS 6/21	<b>94,185.01</b> 123.22 <b>123.22</b> 6,032.00
002354 002355 002355	MUNICIPAL REINSURANCE HIF	REINSURANCE 6/21	6,032.00 6,032.00 59,398.15 59,398.15
		Total Payments FY 2021 TOTAL PAYMENTS ALL FUND YEARS	595,326.90 614,726.90

Chairperson

Attest:

Dated: \_\_\_\_

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

Treasurer

			SOUTHER	N NEW JERSE	EY REGIO NAL EMI	PLO YEE BENEFITS FU	ND			
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Ye	ar: 2021									
Month Endi	ng: May									
	Med	Dental	Rx	Vision	edicare Advanta	Reinsurance	<b>Dividend Reserve</b>	Future	Admin	TO TAL
OPEN BALANCE	174,225.65	403,854.68	3,260,655.18	0.00	8,186,847.10	468,122.64	4,253,199.48	1,286,541.53	(688,409.13)	17,345,037.13
RECEIPTS										
Assessments	1,903,280.51	71,910.49	453,766.64	0.00	266,900.30	45,953.38	0.00	0.00	180,787.70	2,922,599.02
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	2,780.88	189.10	1,531.02	0.00	3,399.75	202.39	1,766.22	534.26	42.83	10,446.45
Invest Adj	(0.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.02)
Subtotal Invest	2,780.86	189.10	1,531.02	0.00	3,399.75	202.39	1,766.22	534.26	42.83	10,446.43
Other *	53,576.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53,576.12
TOTAL	1,959,637.49	72,099.59	455,297.66	0.00	270,300.05	46,155.77	1,766.22	534.26	180,830.53	2,986,621.57
EXPENSES										
Claims Transfers	2,691,310.43	96,241.33	748,494.32	0.00	0.00	0.00	0.00	0.00	0.00	3,536,046.08
Expenses	341,492.42	256.50	0.00	0.00	0.00	59,576.07	0.00	0.00	235,189.08	636,514.07
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	3,032,802.85	96,497.83	748,494.32	0.00	0.00	59,576.07	0.00	0.00	235,189.08	4,172,560.15
END BALANCE	(898,939.71)	379,456.44	2,967,458.52	0.00	8,457,147.15	454,702.34	4,254,965.70	1,287,075.79	(742,767.68)	16,159,098.55

SOUTHERN NEW JERSEY REGIONAL	EMPLOYEE BEN	EFITS FUND								
ALL FUND YEARS COMBINED										
CURRENT MO NTH	May									
	2021									
	Description:		Investors Bank	Parke Bank	Republic Bank	Republic Bank - General Account	Republic Bank - Admin Account	Ocean First Investment Account	New Jersey Cash Management	William Penn Bank Money Market Account
	ID Number:									
	Maturity (Yrs)									
	Purchase Yield:	0.03	0.50	0.70	0.75	0.75	0.75	0.25	0.04	0.5
•	TO TAL for All cts & instruments									
Opening Cash & Investment Balance		\$ 5,172.10	\$ 2,338.90	¢ 4 249 202 50	\$ 5,373,927.07	\$ 6,681,396.95	¢ 46 711 72	¢ (70 000 05	\$ 54,663.33	¢ 252 524 50
	\$17,545,057.15			\$ 4,240,393.30 ¢	\$ 5,575,947.07	\$ 0,081,390.95 ¢	φ 40,/11./3	\$ 078,899.05	\$ 54,005.55 ¢	\$ 455,554.50 ¢
Opening Interest Accrual Balance	\$0.13	\$ 0.13	ə -	ə -	ə -	ə -	ə -	ə -	ə -	<b>ə</b> -
1 Interest Accrued and/or Interest Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
2 Interest Accrued - discounted Instr.s	\$0.00		\$0.00			\$0.00		\$0.00		\$0.0
3 (Amortization and/or Interest Cost)			\$0.00			\$0.00		\$0.00		\$0.0
4 Accretion	\$0.00	\$0.00	\$0.00			\$0.00		\$0.00	\$0.00	\$0.0
5 Interest Paid - Cash Instr.s	\$10,446.43		\$0.99			\$4,200.72		\$144.16		\$97.2
6 Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
7 Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
8 Net Investment Income	\$10,446.43	\$0.13	\$0.99	\$2,525.76	\$3,266.05	\$4,200.72	\$209.90	\$144.16	\$1.47	\$97.2
9 Deposits - Purchases	\$3,613,175.14	\$0.00	\$0.00	\$0.00	\$0.00	\$2,976,175.14	\$637,000.00	\$0.00	\$0.00	\$0.0
10 (Withdrawals - Sales)	-\$4,809,560.15	\$0.00	\$0.00	\$0.00	-\$637,000.00	-\$3,536,046.08	-\$636,514.07	\$0.00	\$0.00	\$0.0
		OK	ОК	OK	OK	ОК	ОК	OK	ОК	ОК
Ending Cash & Investment Balance	\$16,159,098.55	\$5,172.23	\$2,339.89	\$4,250,919.26	\$4,740,193.12	\$6,125,726.73	\$47,407.56	\$679,043.21	\$54,664.80	\$253,631.7
Ending Interest Accrual Balance	\$0.13	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Plus Outstanding Checks	\$636,193.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$636,193.16	\$0.00	\$0.00	\$0.0
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Balance per Bank	\$16,795,291.71	\$5,172.23	\$2,339.89	\$4,250,919.26	\$4,740,193.12	\$6,125,726.73	\$683,600.72	\$679,043.21	\$54,664.80	\$253,631.7

		CERT	FICATION AN	ND RECONCIL	IATION OF CLAIN	AS PAYMENTS AN	ND RECOVERIES		
		1	SOUTHER	RN NEW JERSE	Y REGIONAL EMP	LO YEE BENEFITS	5 FUND		
Month		May							
Current	Fund Year	2021							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	То Ве	Unreconciled	This
Year	Coverage	Last Month	May	May	May	May	Reconciled	Variance From	Month
2021	Med	9,901,889.39	2,691,310.43	0.00	12,593,199.82	0.00	12,593,199.82	9,901,889.39	2,691,310.43
	Dental	390,356.91	96,241.33	0.00	486,598.24	0.00	486,598.24	390,356.91	96,241.33
	Rx	2,586,244.51	748,494.32	0.00	3,334,738.83	0.00	3,334,738.83	2,586,244.51	748,494.32
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	12,878,490.81	3,536,046.08	0.00	16,414,536.89	0.00	16,414,536.89	12,878,490.81	3,536,046.08

# **RESOLUTION NO. 19-21**

# SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND APPROVAL OF THE JUNE 2021 BILLS LISTS

**WHEREAS**, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **June 28**, **2021** 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 May 2021 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 Southern New Jersey Regional Employee Benefits Fund hereby approve the Bills List for June 2021 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED,** the Commissioners of the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: JUNE 28, 2021

BY:

CHAIRPERSON

ATTEST:

SECRETARY



# SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

June 28, 2021

# ♥aetna

# SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Μ	EDICAL CLAIMS + CAP				MEDICAL CLAIMS + CAP			
	PAID 2020	<u># OF EES</u>	P	ER EE	PAID 2021	<u># OF EES</u>	P	ER EE
JANUARY	\$2,504,772	1,611	\$	1,555	\$2,161,645	1,558	\$	1,387
FEBRUARY	\$2,167,425	1,607	\$	1,349	\$2,514,368	1,573	\$	1,598
MARCH	\$2,818,446	1,607	\$	1,754	\$2,693,678	1,553	\$	1,734
APRIL	\$1,816,987	1,603	\$	1,133	\$2,261,264	1,554	\$	1,455
MAY	\$1,579,035	1,602	\$	986				
JUNE	\$2,691,735	1,585	\$	1,698				
JULY	\$1,896,448	1,574	\$	1,205				
AUGUST	\$2,210,069	1,577	\$	1,401				
SEPTEMBER	\$1,983,530	1,577	\$	1,258				
OCTOBER	\$2,646,583	1,567	\$	1,689				
NOVEMBER	\$2,124,203	1,562	\$	1,360				
DECEMBER	\$2,450,166	1,554	\$	1,577				
TOTALS	\$26,889,399				\$9,630,956			
					2021 Average	1,560	\$	1,544
					2020 Average	1,586	\$	1,414

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

Plan Sponsor Unique ID :	All	Paid Dates:	04/01/2021 - 04/30/2021
Customer:	SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND	Service Dates:	01/01/2011 - 04/30/2021
Group / Control:	00737391,00866357,Sl030217,Sl416902,Sl431318	Line of Business:	All
Subgroup / Suffix:	All	Funding Category:	All

	Billed Amt	Paid Amt
	\$121,090.00	\$58,213.24
	\$140,300.77	\$53,266.14
Total:	\$261,390.77	\$111,479.38



Medical Claims Paid: January 2021 thru April 2021 Total Medical Paid per EE: \$1,544

### Network Discounts

Inpatient:	66.9%
Ambulatory:	67.0%
Physician/Other:	61.7%
TOTAL:	65.2%

### **Provider Network**

% Admissions In-Network: 98.6% % Physician Office: 98.6%

Aetna Book of Business: Admissions 98.4%; Physician 92.4%

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

- Cooper Hospital
- Virtua-West Jersey
- Thomas Jefferson
- Kennedy Health
- CHOP

SNJ Regional Employee Benefits Fund 5/1/20 thru 4/30/21 (unless otherwise noted)

# Catastrophic Claim Impact January 2021 – April 2021

Number of Claims Over \$50,000: 25 Claimants per 1000 members: 6.5 Avg. Paid per Claimant: \$96,139 Percent of Total Paid: 29.7% • Aetna BOB- HCC account for an average of 40.3% of total Medical Cost Nurse Case Member Outreach: Through Q1 2021 Unique Members Identified: 55 Outreach Opportunities Identified: 57 Outreach in Progress: 2

Completed Outreach: 49 Newly engaged cases: 14 Unable to Reach: 35 Member Declined: 0

### Teladoc Activity: January 2021 – April 2021

Total Registrations: 23 Total Online Visits: 41 Total Net Claims Savings: \$8,078 Total Visits w/ Rx: 58

3

New

Mental Health Visits: Dermatology Visits:



Allentown Service Center
Performance: Metrics thru April 2021
Customer Service Performance

1st Call Resolution:	95.1%
Abandonment Rate:	2.9%
Avg. Speed of Answer:	69.49 sec

### **Claims Performance**

Financial Accuracy: (Q4 2020)	<mark>97.7%</mark>
90% processed w/in:	5.0 days
95% processed w/in:	7.3 days

#### \*\*\*\*\*\*\*\*

### Performance Goals

1st Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec
Financial Accuracy:	99%
Turnaround Time	
90% processed w/in:	14 days
95% processed w/in:	30 days



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			2020 5	SN1	HIF							 2021	SNJ HIF					
			2020 3					1				2023				1		
			DICAL CLAIMS PAID 2020		<u>TOTAL</u>	<u># OF I</u>	<u>EES</u>		<u>PER EE</u>			MEDICAL CLAIMS PAID 2021		<u>TOTAL</u>	<u># OF EES</u>		<u>PER EE</u>	
JANUARY		\$	124,253.00	\$	5 124,253.00		135	\$	920.39	JANUARY		\$ 108,744.80	1	\$ 108,744.80	134		\$ 811.75	
FEBRUARY		\$	163,740.17	\$	163,740.17		135	\$	1,212.89	FEBRUARY		\$ 166,874.00		\$ 166,874.00	134		\$ 1,245.32	
MARCH		\$	115,953.08	\$	5 115,953.08		135	\$	858.91	MARCH		\$ 271,663.00		\$ 271,663.00	 135		\$2,012.31	
APRIL		\$	255,467.18	\$	255,467.18		135	\$	1,892.34	APRIL		\$ 268,064.89		\$ 268,064.89	135		\$ 1,985.66	
ΜΑΥ		\$	181,114.61				135	\$	1,341.58	MAY		\$ 362,172.06		\$ 362,172.06	135		\$ 2,682.75	
JUNE		\$	147,203.50				135	\$	1,090.39	JUNE								
JULY		\$ \$	92,020.36		,		142	Ś	\$648.03	JULY					 			
AUGUST		ې s	98,771.91 94,904.00	\$			142 138	Ş	695.57 687.71	AUGUST					 			
OCTOBER		\$	103,050.79	\$			130	Ý	\$752.18	OCTOBER								
NOVEMBER		\$	129,893.21	\$	5 129,893.21		137	\$	948.12	NOVEMBER								
DECEMBER		\$	350,638.54	\$	350,638.54		138	\$	2,540.85	DECEMBER								
TOTALS		\$	1,857,010.35	\$	5 1,857,010.35			\$	1,132.41	TOTALS		 \$1,177,518.7	5					
				20	020 Average		137	\$	1,132.41					2021 Average	134		\$ 1,747.56	
					019 Average		135		\$1,361					2020 Average	135		\$ 1,360.98	
DECEMBER		\$	350,638.54	\$ \$ 20	350,638.54 1,857,010.35 020 Average		138	\$	2,540.85 1,132.41 1,132.41	DECEMBER		\$1,177,518.7						

			PLAN SPO	<b>NSOR INFORMAT</b>	10	N SERVICE	ES			
A	meriHealth.	r	Large Claiman	t Report- Claims	Ov	er \$50,00	0.0	0		
C reat						Comico Dat				
Grou	•	_	Southern New Jersey HIF		_	Service Dat				
	Dates:	5/1/21 thru 5/31/2021 Line of Busir								
Netv	vork Service		ALL			Product Lin	<b>e:</b> A			
CI	aimant		Paid	Diagnosis						
	1		\$238,419.08	Liveborn						
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#### COVID\_Summary\_Report\_Vac\_UC\_v11



### SOUTHERN NEW JERSEY HIF - 0002096174

#### Claims Incurred between 3/1/2020 and 6/21/2021 and Paid between 3/1/2020 and 6/21/2021

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0011A, 0012A, 0031A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87635, 87636, 87637, 87811, 91300, 91301, 91303, C9803, G2023, G2024, M0239, M0243, M0244, M0245, M0246, Q0239, Q0243, Q0245, U0001, U0002, U0003, U0004 or a Dx Code of B34.2, B97.29, U07.1, Z11.52, Z20.822

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	3	3	\$225.08	\$75.03	\$2.71
1-5	7	8	\$684.80	\$85.60	\$2.14
6-18	14	34	\$2,820.75	\$82.96	\$3.91
19-25	25	65	\$6,476.04	\$99.63	\$9.77
26-39	32	82	\$8,760.24	\$106.83	\$8.54
40-64	70	164	\$43,394.09	\$264.60	\$23.23
65+	6	32	\$36,619.55	\$1,144.36	\$194.78
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	79	227	\$78,889.17	\$347.53	\$36.40
Spouse	32	61	\$11,300.53	\$185.25	\$11.37
Dependent	42	100	\$8,790.85	\$87.91	\$5.14

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	86	245	\$60,973.26	\$248.87	\$24.30
Male	67	143	\$38,007.29	\$265.79	\$16.10
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
FL	1	1	\$100.00	\$100.00	\$16.67
NJ	152	387	\$98,880.55	\$255.51	\$20.42

#### Summary by Service Type - Outpatient and Professional Claims

Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	9	10	\$3,727.21	\$372.72	\$0.77
Emergency Room With Observation Bed	4	4	\$5,685.29	\$1,421.32	\$1.17
Office Physician Visit	10	11	\$1,422.93	\$129.36	\$0.29
Other Physician Visit	3	3	\$506.41	\$168.80	\$0.10
Pathology (Laboratory)	127	269	\$22,668.58	\$84.27	\$4.65
Telemedicine	15	18	\$1,904.63	\$105.81	\$0.39
Urgent Care	16	20	\$2,831.03	\$141.55	\$0.58

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#### Inpatient Cost and Utlization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
1-5	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
6-18	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
19-25	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
26-39	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
40-64	1	2	2	\$21,973.27	13.20	\$10,986.64	\$11.76	4.00
65+	1	1	1	\$33,342.59	63.60	\$33,342.59	\$177.35	5.00
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

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#### TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
KENNEDY UNIVERSITY HOSPITAL GAC			\$36,128,66	\$2,258.04	
	15	16	1	* 7 *** *	\$7.42
Inspira Medical Center Mullica Hill	9		\$28,733.11	\$2,052.36	\$5.90
Labcorp Raritan	63	95	\$9,090.22	\$95.69	\$1.87
GENESIS LABORATORY MANAGEMENT	7	7	\$2,212.50	\$316.07	\$0.45
Hackensack University Medical Group	13	21	\$1,962.64	\$93.46	\$0.40
Cooper University Hospital	21	33	\$1,853.28	\$56.16	\$0.38
Quest Diagnostics Inc	17	19	\$1,682.62	\$88.56	\$0.35
PROHEALTH CARE ASSOC LLP	8	8	\$1,408.20	\$176.02	\$0.29
EPA of South Jersey	2	2	\$1,309.54	\$654.77	\$0.27
ACUTIS DIAGNOSTICS INC	4	6	\$1,264.31	\$210.72	\$0.26
Inspira Health Network Medical Group	5	9	\$1,262.47	\$140.27	\$0.26
Cooper Physician Offices PA	2	6	\$1,218.47	\$203.08	\$0.25
Kennedy Health Alliance	2	3	\$828.48	\$276.16	\$0.17
Inspira Health Network Urgent Care PC	3	3	\$578.00	\$192.67	\$0.12
Minute Clinic Diagnostic of New Jersey LLC	19	28	\$574.91	\$20.53	\$0.12
Inspira Medical Center Vineland	6	8	\$573.38	\$71.67	\$0.12
ROWANSOM DEPT OF FAMILY PRACTICE	3	6	\$426.18	\$71.03	\$0.09
Cooper University Emergency Physicians	1	1	\$396.64	\$396.64	\$0.08
THE COUNSELING AND CRITICAL INCIDENT DEBRIEFING CENTER LLC	1	1	\$396.36	\$396.36	\$0.08
Virtua West Jersey Health System Inc	5	7	\$370.50	\$52.93	\$0.08
Accu Reference Medical Lab	2	2	\$360.00	\$180.00	\$0.07
Penn Family and Internal Medicine Mt Laurel	1	2	\$337.36	\$168.68	\$0.07
Acupath Laboratories Inc	1	9	\$335.00	\$37.22	\$0.07
Patient Care Now	1	2	\$300.00	\$150.00	\$0.06
Accurate Diagnostic Labs	2	2	\$300.00	\$150.00	\$0.06

### COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0011A, 0012A, 0031A, 91300, 91301, 91303

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	\$0.00	
1-5	0	0	0	\$0.00	
6-18	0	0	0	\$0.00	
19-25	0	3	2	\$277.98	\$55.60
26-39	0	7	1	\$321.03	\$40.13
40-64	1	9	1	\$528.35	\$48.03
65+	1	1	1	\$190.89	\$63.63
Unknown	0	0	0	\$0.00	

#### COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care AGE BAND **CLAIMANT COUNT CLAIM COUNT** NET PAY COST PER CLAIMANT 0 \$0.00 \$0.00 0 <1 0 0 1-5 \$0.00 \$0.00 3 6-18 5 \$789.00 \$263.00 4 19-25 4 \$705.33 \$176.33 26-39 3 3 \$200.00 \$66.67 6 40-64 8 \$1,136.70 \$189.45 65+ 0 0 \$0.00 \$0.00 Unknown 0 0 \$0.00 \$0.00

Retail Clinic				
AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	0	0	\$0.00	\$0.00
19-25	0	0	\$0.00	\$0.00
26-39	0	0	\$0.00	\$0.00
40-64	0	0	\$0.00	\$0.00
65+	0	0	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00



# **EXPRESS SCRIPTS®**

Southern	New.	Jersey	Regional	Employ	yee	<b>Benefits</b>	Fund
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Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Average Member Age - 35																	
Membership	3,889	3,788	3,794	3,824	3,780	3,780	3,776	3,779	3,771	3,756	3,754	3,760	3,734	3,751	3,740	3,742	3,776
Total Days	169,970	150,658	179,452	500,080	156,055	145,520	155,440	457,015	158,385	146,270	159,965	464,620	149,628	143,870	162,071	455,569	1,877,284
Total Patients	1,624	1,518	1,538	2,295	1,333	1,288	1,317	1,927	1,409	1,341	1,378	2,024	1,327	1,289	1,359	1,962	2,810
Total Plan Cost	\$580,262	\$664,774	\$676,969	\$1,922,005	\$584,910	\$662,499	\$526,766	\$1,774,175	\$748,422	\$639,385	\$551,083	\$1,938,890	\$773,236	\$544,801	\$564,387	\$1,882,424	\$7,517,495
Generic Fill Rate (GFR) - Total	84.1%	83.8%	82.9%	83.6%	81.9%	82.0%	83.7%	82.6%	83.7%	84.2%	83.4%	83.8%	84.1%	83.4%	84.2%	83.9%	83.5%
Plan Cost PMPM	\$149.21	\$175.49	\$178.43	\$167.55	\$154.74	\$175.26	\$139.50	\$156.51	\$198.47	\$170.23	\$146.80	\$171.87	\$207.08	\$145.24	\$150.91	\$167.70	\$165.90
Total Specialty Plan Cost	\$163,972	\$244,876	\$199,958	\$608,805	\$186,919	\$298,965	\$144,888	\$630,772	\$277,796	\$255,041	\$119,411	\$652,248	\$375,379	\$151,239	\$167,221	\$693,840	\$2,585,666
Specialty % of Total Specialty Plan Cost	28.3%	36.8%	29.6%	31.7%	32.0%	45.1%	27.5%	35.6%	37.1%	39.9%	21.7%	33.6%	48.5%	27.8%	29.6%	36.9%	34.4%

Total Component/Date of Service (Month)	202101	202102	202103	2021Q1	202104	202105	202106	2021Q2	202107	202108	202109	2021Q3	202110	202111	202112	2021Q4	2021YTD
Average Member Age - 35																	
Membership	3,808	3,825	3,825	3,819	3,811	3,811											
Total Days	148,462	140,960	161,783	451,205	153,082	168,282											
Total Patients	1,285	1,224	1,389	1,941	1,329	1,383											
Total Plan Cost	\$698,994	\$443,078	\$674,568	\$1,816,639	\$749,918	\$663,689											
Generic Fill Rate (GFR) - Total	84.9%	84.5%	84.5%	84.6%	84.6%	86.1%											
Plan Cost PMPM	\$183.56	\$115.84	\$176.36	\$158.55	\$196.78	\$174.15											
% Change Plan Cost PMPM	23.0%	-34.0%	-1.2%	-5.4%	27.3%	-0.6%											
Total Specialty Plan Cost	\$257,915	\$81,330	\$244,294	\$583,539	\$312,260	\$201,149											
Specialty % of Total Specialty Plan Cost	36.9%	18.4%	36.2%	32.1%	41.6%	30.3%											

	PMPM
Jan - May 2020	\$175.26
Jan - May 2021	\$174.15
<u>Trend</u> Jan-May 2021	-0.6%



SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND -03603 A DELTA DENTAL **Network Utilization** January 2020 - December 2020 Network Utilization For Paid Claims Utilization for Paid Claims by Network 100.0% 100.0% 80.0% 80.0% 60.0% 60.0% 90.7% 98.2% 90.4% 40.0% 40.0% 20.0% 20.0% 3.8% 3.6% 0.0% 0.0% 23. 10% 2018 2D19 2020 2018 2019 2020 In-Network Non-Network 💷 Premier 📕 Advantage 🔳 PPO 📕 Non-Network

Everyone Deserves a Healthy Smile

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# **APPENDIX I**

#### SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND OPEN MINUTES MAY 24, 2021 ZOOM MEETING 6:00 PM

Meeting of Executive Committee called to order by Chair Mevoli. Open Public Meetings notice read into record.

#### PLEDGE OF ALLEGIANCE AND MOMENT OF SILENCE

#### **ROLL CALL OF THE 2021 EXECUTIVE COMMITTEE**

Michael Mevoli, Chairman	Borough of Brooklawn	Present
M. Joseph Wolk, Secretary	Borough of Mt. Ephraim	Present
Louis Di Angelo	Borough of Bellmawr	Present
Terry Shannon	Borough of Barrington	Present
Neal Rochford	Haddonfield	Present
Edward Hill	CCBOSS	Present
Robert Maybury	Mt. Holly MUA	Present
Gary Passanate	Borough of Somerdale	Present

#### **APPOINTED PROFESSIONALS PRESENT:**

Executive Director/Adm.	PERMA Risk Management Services <b>Paul Laracy</b> <b>Emily Koval</b>
Program Manager	Conner Strong & Buckelew Jozsef Pfeiffer Brandon Lodics
Attorney	J. Kenneth Harris, Esq.
Medical TPA – AmeriHealth	Kristina Strain
Medical TPA – Aetna	Jason Silverstein
Express Scripts	Kyle Colalillo
Treasurer	Mike Zambito Lorraine Verrill
Delta Dental	Brian Remlinger
(	39)

#### PRESENT FUND COMMISSIONERS AND PROFESSIONALS:

Patrick Keating Sherry Conklin Robert Weil Kim Porter Lorraine Azzarano

#### APPROVAL OF MINUTES: APRIL 26, 2021 Open

#### MOTION TO APPROVE OPEN MINUTES OF APRIL 26, 2021:

Moved:	
Second:	
Vote:	

Commissioner Maybury Commissioner Wolk Unanimous

**CORRESPONDENCE** – None

#### **EXECUTIVE DIRECTOR'S REPORT**

**FAST TRACK FINANCIAL REPORT** – as of March 31, 2021 – Executive Director Koval said January and February were higher months but March seems to be back to normal.

**REQUESTS FOR PROPOSALS –** Executive Director Koval said under the Local Public Contracts law, the following positions need to go out for RFP for a three-year term starting January 1, 2022: Executive Director and Program Manager.

# MOTION TO ISSUE AND ADVERTISE REQUESTS FOR PROPOSALS FOR PROFESSIONAL SERVICES CONTRACTS ON BEHALF OF THE FUND FOR EXECUTIVE DIRECTOR AND PROGRAM MANAGER.

Moved:	Commissioner DiAngelo
Second:	Commissioner Maybury
Vote:	8 Ayes, 0 Nays

**PHARMACY BENEFIT MANAGER – RFP –** Executive Director Koval said the MRHIF has issued an RFP for the contract currently held by Express Scripts. We received 7 responses all of which are offering material savings over current costs. We have developed a list of finalists and are obtaining final pricing offers. We will be consulting with the MRHIF Contracts Committee, the MRHIF Executive Committee, and the SNJREBF Contracts Committee as this process matures and are targeting decisions for mid-June.

**FINANCIAL DISCLOSURE STATEMENTS –** Executive Director Koval said each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2021 notice with instructions has been released. The original deadline to file was April 30, 2021, However, that has been extended until June 30, 2021. Commissioners that have not yet filed will receive an email notification.

Executive Director Koval said it was discussed last meeting if we can send out direct bills to retirees now that they will be having some contributions. She said that is something we can handle however we need to come up with a standard process so this will most likely begin on 1/1. She said there may be a minor cost that would be built into the rates.

### PROGRAM MANAGERS REPORT

Program Manager Pfeiffer said they are working with the Director of Operations to develop a new business benefit intake form which will be a requirement of any new group joining the Fund to make sure their benefits are accurate coming in.

# ONLINE ENROLLMENT SYSTEM TRAINING

PERMA offers a virtual training and a refresher class on the online enrollment system the third Wednesday of each month. The sessions provide an overview of the Fund's enrollment system and shows users how perform tasks in the system. To use the enrollment system, each HR user must complete a system access form. Please email Austin Flinn at aflinn@permainc.com and indicate which of the sessions below you would like to attend. Please include this information in the subject line: Training - Fund Name and Client Name.

- Wednesday, June 16th 10:00 am 11:00 am
- Wednesday, July 14th 10:00 am 11:00 am
- Wednesday, August 18th 10:00 am 11:00 am
- Wednesday, September 15th 10:00 am 11:00 am
- Wednesday, October 20th 10:00 am 11:00 am
- Wednesday, November 17th 10:00 am 11:00 am

# **ENROLLMENT & ELIGIBILITY CONTACT**

Please continue to direct any eligibility, enrollment, billing or system related questions to our dedicated Southern NJ Enrollment Team. The team can be reached by email at <a href="mailto:southernnj\_enrollments@permainc.com">southernnj\_enrollments@permainc.com</a>. Attached please find an updated SNJREBF Enrollment Contact Information sheet.

# MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the SNJREBF enrollment team. The Fund's policy is to limit retro corrections, *including terminations*, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60 day time frame. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to the enrollment team's attention.

# **BROKER CONTACT INFORMATION**

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated SNJREBF Client Servicing Team. The team can be reached by email at <u>brokerservices@permainc.com</u>.

#### **CONNER STRONG COVID-19 RESOURCES**

- Conner Strong & Buckelew has compiled a database of COVID-19 resources available to Fund members: https://www.connerstrong.com/insights/covid-19-resource-center/
- The State of NJ has a helpful COVID-19 website with up to date information including vaccine rollout: www.Covid19.nj.gov

#### **COVID-19 Updates**

**COVID Vaccine Administrative Fee Change –** Program Manager Pfeiffer said effective March 15, 2021, Medicare updated the Fee for Service payment rate for administration of COVID-19 vaccines to \$40 per injection. The Fund plans have been updated to align with the new payment rate. Prior to March 15<sup>th</sup> the rates for vaccine administration were:

- \$16.94 for first dose
- \$28.39 for the second dose (for vaccines requiring 2 doses)
- \$28.39 for single dose vaccines

#### EXPRESS-SCRIPTS UPDATE

**National Preferred Formulary Update (NPF) –** Program Manager Pfeiffer said ESI announced their NPF update for July 1, 2021. 70 additional products will be added to the exclusion list (included with your agenda). There are 8 (eight) Fund members identified as having filled scripts for one or more of these products in the past year. Impacted members will receive notification from ESI that includes therapeutically equivalent alternatives and, are encouraged to discuss them with their physician.

In response to Commissioner Shannon, Program Manager Pfeiffer said he can let the entity know if they will be specifically impacted.

#### **BENEFIT EXPRESS (BE) UPDATE**

**Benefit Express-WEX Acquisition –** Program Manager Pfeiffer said WEX recently announced that it is acquiring Benefit-Express. BE is a preferred partner of Conner Strong and provides the benefit administration system utilized by the HIFs. The two companies have worked together for many years and we do not anticipate any changes in our day-to-day operations or system functionality. We have been advised that the BE team will continue as is and, are confident that the services provided by BE including Benefit Administration, COBRA, Direct-billing, will continue with no interruption.

# LEGISLATIVE UPDATE

**COBRA Subsidy Compliance –** Program Manager Pfeiffer said PERMA is working with Benefit Express to identify members who had their health benefits terminated during the National COVID-19 Health Emergency. PERMA will work with the group enrollment contacts to determine who was involuntarily termed due to a lay-off or reduction in hours. Notices required by the recent legislation concerning the availability of COBRA premium subsidies from 4/1/2021 through 9/30/2021, will be mailed those members. A new field is being added to Benefit Express to track members who involuntarily lose their health benefits (due to lay-off or reduction in hours) through 9/30/2021.

# **PCORI Fee Update**

As you know, last year the PCORI fee was extended for another 10 years through September 30th, 2029. All applicable plans with plan years ending within the 2020 calendar year will be subject to pay the PCORI fee. The fee for plans ending September 30th, 2020 or before is \$2.54 per member, per year. The fee for plans ending after September 30th, 2020 is \$2.66 per member, per year. As in previous years, these fees are built into the rates and the fund pays on behalf of the group entities.

#### ADMINISTRATIVE AUTHORIZATIONS

No Administrative Authorizations at this time.

**TREASURER'S REPORT –** Deputy Treasurer reviewed the bills list and treasurers report.

#### Resolution 17-21 - May 2021 Bills List

FY2020	\$5,622.24
FY2021	\$630,891.83
TOTAL	\$636,514.07

# MOTION TO APPROVE RESOLUTION 17-21 AND THE REMAINDER OF THE TREASURERS REPORT:

Moved:	Commissioner Wolk
Second:	Commissioner Shannon
Vote:	8 Ayes, 0 Nays

**FUND ATTORNEY**: Fund Attorney said the public health emergency was extended on May 14<sup>th</sup> which runs through June 15<sup>th</sup>.

**AETNA:** Mr. Silverstein reviewed the claims for March 2021. He said there were 5 high claims over \$50,000 for March. He reviewed the dashboard and noted all metrics perform well, however abandonment rate, financial accuracy and average speed of answer are slightly below target for the month. He also reviewed the Covid reporting distributed with the Agenda.

**AMERIHEALTH**: Ms. Strain reviewed the claims through April 2021. She said there was 1 claim over \$50,000 for April. She also reviewed the Covid reporting included in the Agenda.

**EXPRESS SCRIPTS**: Mr. Colalillo said the trend for Q1 is currently negative 5.7%. He said they are seeing a decrease in utilization across March and April. He reviewed the supplemental vaccine reporting.

DENTAL ADMINISTRATOR: Mr. Remlinger reviewed the Dental behavior report.

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJOURN:

Moved: Second: Vote: Commissioner Shannon Commissioner DiAngelo Unanimous

#### MEETING ADJOURNED: NEXT MEETING:JUNE 28, 2021

Emily Koval , Assisting Secretary for

JOSEPH WOLK, SECRETARY