



AGENDA & REPORTS
JANUARY 27, 2020
THE GREENVIEW INN AT EASTLYN GOLF COURSE
4049 ITALIA AVE, VINELAND, NJ 08361
12:30 PM

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

NOTICE OF THIS MEETING WAS GIVEN BY (1) SENDING SUFFICIENT NOTICE HERewith TO THE ATLANTIC CITY PRESS.

(2) FILING ADVANCE WRITTEN NOTICE OF THIS MEETING WITH THE CLERK/ADMINISTRATOR OF EACH MEMBER AND (3) POSTING A COPY OF THE MEETING NOTICE ON THE PUBLIC BULLETIN BOARD OF ALL MEMBER MUNICIPALITIES AND SCHOOL BOARDS

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND AGENDA
MEETING: JANUARY 27, 2020
THE GREENVIEW INN AT EASTLYN GOLF COURSE
12:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

Flag Salute

APPROVAL OF MINUTES: November 25, 2019..... Appendix I

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF 2019 FUND COMMISSIONERS

Southern Coastal Regional Employee Benefits Fund	
Commissioner	Member
Shannon Dubois-Brody	Alloway Township BOE
Nicole Albanese	Bridgeton BOE
Pasquale Yacovelli	Buena Regional BOE
Molly O'Neill	City of Brigantine
Shay Richardson	Cumberland Charter School Network
Gerard Velazquez	Cumberland County Improvement Authority
Megan Duffield	Cumberland County Tech Ed
Bruce Harbinson	Cumberland Regional BOE
Paige Rumaker	Dennis Township BOE
Stephanie Kuntz	Hopewell BOE
Lisa DiNovi	Lawrence Township BOE
Mark Mallett	Lower Cape May Regional BOE
Richard Davidson	Millville BOE
charles hughes	Pittsgrove Township
Cherie Bratty	Upper Deerfield BOE
Todd D'Anna	West Cape May BOE
Valerie Lacy	Woodstown Borough
John Washington	Penns Grove
Stacy Pennington	Salem County
Dan fox	Waterford Townhship BOE
Darrin Harris	Woodbine BOE
Gene Mercoli	Vineland BOE
Timothy Kelly	Ocean City BOE

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

Executive Director asks for nominations. Attorney swears in Officers and Executive Committee.

Nominating Committee Recommendation

Pasquale Yacovelli, Chair

Nicole Albanese, Secretary

Bruce Harbinson, Executive Committee

Jerry Velazquez, Executive Committee
Gene Mercoli, Executive Committee
Stephanie Kuntz, Executive Committee
Richard Davidson, Executive Committee
Paige Sharpe-Rumaker, Executive Committee Alternate
Cherie Bratty, Executive Committee Alternate

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2020 EXECUTIVE COMMITTEE

CORRESPONDENCE

PUBLIC COMMENT

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER- (Shared Health Alliance)

Monthly Report.....Page

TREASURER - (Michael Zambito/Verrill & Verrill)

December 2019 Bills List.....Page 16

January 2020 Bills Lists (Resolution 14-20).....TBD

December 2019 Treasurers Report.....Page 17

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY - (Douglas Long)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)

Monthly Report.....Page 20

NETWORK & THIRD PARTY ADMINISTRATOR - (Amerihealth)

Monthly Report.....Page 25

PRESCRIPTION ADMINISTRATOR - (Express Scripts)

Monthly Report..... Page 29

CONSENT AGENDAPage 31

Resolution 1-20 Professional Service Fees for 2020 Page 32

Resolution 2-20 EUS Contract Award..... Page 35

Resolution 3-20: Designation of Service of Process Page 40

Resolution 4-20: Designation of Secretary as Custodian of Records Page 41

Resolution 5-20: Designation of Official Newspaper Page 42

Resolution 6-20: Designation of Regular Meeting Times and Place..... Page 43

Resolution 7-20: Designation of Bank Depositories & CMP..... Page 44

Resolution 8-20: Designation of Authorized Signatories Page 48

Resolution 9-20: Approval of Risk Management Plan.....	Page 49
Resolution 10-20: Appointment of MRHIF Fund Commissioners	Page 60
Resolution 11-20: Establishing a plan for Compensating Producers	Page 61
Resolution 12-20: Authorizing Treasurer to Process Contracted Payments and Expenses	Page 63
Resolution 13-20: Wellness Grant Approvals.....	Page 64
Resolution 14-20: Approval of the November and December 2019 and January 2020 Bills Lists.....	Page 66

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

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

MEETING ADJOURNED

Southern Coastal Regional Employee Benefits Fund
Executive Director's Report
January 27, 2020

FINANCES & CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Reports** – as of November 30, 2019 (page 3)
 - **Historical Income Statement**
 - **Consolidated Balance Sheet**
 - **Indices and Ratios Report**
 - **Budget Status Report**

INVESTMENT RFP RESULTS

The Investment RFPs were received at the end of 2019 and reviewed by the Finance Committee. Overall, the financial results revealed that the incumbent, Wilmington Trust will remain the lowest cost and best fit for the Fund as asset manager, but the Committee would like to see more involvement and reporting from the bank.

The Committee's recommendation is to renew the contract through Wilmington Trust (included in resolution #1-20), but ensure that the Bank will work alongside the Fund Treasurer and Deputy Treasurer and develop an investment strategy based on the cash needs of the Fund. A representative from the bank should send periodic reports of the Fund's assets.

OPERATIONS & NOMINATIONS

2020 REORGANIZATION

The Reorganization resolutions are included in the consent agenda for approval. Please note the following:

- #6-20 – September meeting is the 3rd Monday to allow for enough time between budget introduction and adoption
- #8-20 – Current Signatories – Pat Yacovelli, Cherie Bratty, Deputy Treasurer and Fund Treasurer. Need to determine for 2020
- #9-20 – RMP – Note the changes to the specific attachment point (+\$25,000) and the elimination of aggregate coverage.
- #11-20 – Current MRHIF representatives are Gene Mercoli and Pat Yacovelli. Because there are an even amount of Commissioners on the MRHIF, a Special Commissioner position gets passed around each year – this year Coastal can add a third Commissioner.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

MRHIF met twice in December and acted upon the following items.

1. MRHIF unanimously adopted the 2020 Budget at an overall billing **decrease** of 7.18%. Each member's renewal was impacted by prior experience.
2. PERMA will be working with the Fund Lobbyist to require the commercial marketplace to release claims experience to public entities.
3. RFPs were released for PBM Consultant and Marketing Consultant
4. The Reinsurance Contract has been approved with the attachment points to be approved at each local level.

WELLNESS AND CLAIMS COMMITTEE

WELLNESS COMMITTEE - GRANT APPROVALS

The Wellness Committee is recommending approval for the following grants, which fall within the allotted approved grant amounts for their size groups and were fully vetted by the committee. All applications are available for review at any time.

Resolution 13-20 is included in the consent agenda.

CCTECH - \$ 7,000

Cumberland Regional High School - \$7500

Hopewell Board of Education - \$ 2,550

Millville Public Schools - \$20,000

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FINANCIAL FAST TRACK REPORT
AS OF November 30, 2019

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	8,712,528	94,164,769	193,865,158	288,029,927
2. CLAIM EXPENSES				
Paid Claims	6,950,085	76,308,584	152,116,936	228,425,520
IBNR	17,848	520,777	8,239,000	8,759,777
Less Specific Excess	(24,381)	(246,834)	(4,585,306)	(4,832,140)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	6,943,551	76,582,527	155,770,629	232,353,156
3. EXPENSES				
MA & HMO Premiums	45,249	275,045	657,759	932,804
Excess Premiums	261,960	2,931,985	6,953,177	9,885,162
Administrative	734,578	8,788,569	18,496,484	27,285,053
TOTAL EXPENSES	1,041,787	11,995,598	26,107,420	38,103,018
4. UNDERWRITING PROFIT (1-2-3)	727,190	5,586,643	11,987,109	17,573,752
5. INVESTMENT INCOME	59,127	662,440	525,087	1,187,527
6. DIVIDEND INCOME	0	312,093	730,575	1,042,668
7. STATUTORY PROFIT (4+5+6)	786,317	6,561,176	13,242,771	19,803,947
8. DIVIDEND	0	1,250,000	1,395,315	2,645,315
9. STATUTORY SURPLUS (7-8)	786,317	5,311,176	21,702,853	27,014,030

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	34,924	(646,789)	15,365,145	14,718,356
	Cash	(28,659)	552,254	15,825,565	16,377,820
2018	Surplus	197,325	(801,846)	6,337,709	5,535,863
	Cash	65,306	(6,111,731)	11,530,456	5,418,724
2019	Surplus	554,067	6,759,811		6,759,811
	Cash	(530,951)	13,019,816		13,019,816
TOTAL SURPLUS (DEFICITS)		786,317	5,311,176	21,702,853	27,014,030
TOTAL CASH		(494,304)	7,460,338	27,356,021	34,816,359

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	(7,783)	58,574	88,186,056	88,244,629
FUND YEAR 2018				
Paid Claims	(55,575)	9,281,365	60,509,685	69,791,050
IBNR	(57,082)	(8,097,973)	8,219,000	121,026.90
Less Specific Excess	(1,480)	(182,362)	(1,144,111)	(1,326,474)
Less Aggregate Excess	0	0	0	0
TOTAL FY 2018 CLAIMS	(114,137)	1,001,030	67,584,574	68,585,604
FUND YEAR 2019				
Paid Claims	7,013,443	66,947,688		66,947,688
IBNR	74,930	8,638,750		8,638,750
Less Specific Excess	(22,902)	(63,515)		(63,515)
Less Aggregate Excess	0	0		0
TOTAL FY 2019 CLAIMS	7,065,472	75,522,923		75,522,923
COMBINED TOTAL CLAIMS	6,943,551	76,582,527	155,770,629	232,353,156

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 COASTAL REGIONAL EMPLOYEE BENEFITS FUND													
RATIOS													
		FY2019											
INDICES	2018	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	27,356,021	\$ 27,728,422	\$ 26,031,516	\$ 31,768,234	\$ 32,076,165	\$ 30,307,814	\$ 32,138,574	\$ 32,809,185	\$ 30,902,063	\$ 32,634,103	\$ 35,310,663	\$ 34,816,359	
IBNR	8,239,000	\$ 8,443,505	\$ 8,552,174	\$ 8,506,464	\$ 8,484,800	\$ 8,473,925	\$ 8,483,066	\$ 8,768,572	\$ 8,754,670	\$ 8,753,066	\$ 8,741,929	\$ 8,759,777	
Assets	31,140,835	\$ 31,371,348	\$ 32,521,540	\$ 33,535,339	\$ 33,067,702	\$ 32,976,867	\$ 34,297,434	\$ 35,661,875	\$ 35,535,122	\$ 36,506,618	\$ 37,441,103	\$ 38,254,017	
Liabilities	9,437,982	\$ 9,773,319	\$ 10,022,642	\$ 10,120,197	\$ 9,006,226	\$ 10,388,064	\$ 10,527,645	\$ 10,814,391	\$ 10,935,724	\$ 11,079,808	\$ 11,213,390	\$ 11,239,987	
Surplus	21,702,853	\$ 21,598,029	\$ 22,498,898	\$ 23,415,142	\$ 24,061,477	\$ 22,588,803	\$ 23,769,789	\$ 24,847,484	\$ 24,599,398	\$ 25,426,809	\$ 26,227,713	\$ 27,014,030	
Claims Paid -- Month	5,737,006	\$ 7,515,665	\$ 6,464,133	\$ 6,782,961	\$ 6,720,467	\$ 7,819,992	\$ 6,043,540	\$ 6,506,507	\$ 7,836,889	\$ 6,836,676	\$ 6,831,669	\$ 6,950,085	
Claims Budget -- Month	7,289,220	\$ 7,507,076	\$ 7,467,803	\$ 7,276,989	\$ 7,266,483	\$ 7,256,960	\$ 7,254,785	\$ 7,695,178	\$ 7,635,131	\$ 7,554,021	\$ 7,547,343	\$ 7,549,377	
Claims Paid -- YTD	64,890,091	\$ 7,515,665	\$ 13,979,799	\$ 20,762,759	\$ 27,483,226	\$ 35,303,218	\$ 41,346,758	\$ 47,853,265	\$ 55,690,154	\$ 62,526,830	\$ 69,358,499	\$ 76,308,584	
Claims Budget -- YTD	72,907,447	\$ 7,507,076	\$ 14,974,879	\$ 22,251,868	\$ 29,518,351	\$ 36,775,311	\$ 44,030,096	\$ 51,725,274	\$ 59,360,405	\$ 66,914,426	\$ 74,461,769	\$ 82,011,146	
RATIOS													
Cash Position to Claims Paid	4.77	3.69	4.03	4.68	4.77	3.88	5.32	5.04	3.94	4.77	5.17	5.01	
Claims Paid to Claims Budget -- Month	0.79	1.00	0.87	0.93	0.92	1.08	0.83	0.85	1.03	0.91	0.91	0.92	
Claims Paid to Claims Budget -- YTD	0.89	1.00	0.93	0.93	0.93	0.96	0.94	0.93	0.94	0.93	0.93	0.93	
Cash Position to IBNR	3.32	3.28	3.04	3.73	3.78	3.58	3.79	3.74	3.53	3.73	4.04	3.97	
Assets to Liabilities	3.30	3.21	3.24	3.31	3.67	3.17	3.26	3.30	3.25	3.29	3.34	3.4	

Southern Coastal Regional Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF NOVEMBER 30, 2019

BY FUND YEAR

	COASTAL 2019	COASTAL 2018	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	13,019,816	5,418,724	16,377,820	34,816,359
Assessments Receivable (Prepaid)	3,120,666	235,867	(0)	3,356,532
Interest Receivable	4,879	2,299	7,501	14,679
Specific Excess Receivable	63,515	0	-	63,515
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	2,931	-	-	2,931
Other Assets	-	-	-	-
Total Assets	16,211,806	5,656,890	16,385,321	38,254,017
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	8,638,750	121,027	-	8,759,777
A4 Retiree Surcharge	633,796	0	-	633,796
Dividends Payable	-	-	1,666,965	1,666,965
Accrued/Other Liabilities	179,450	-	-	179,450
Total Liabilities	9,451,996	121,027	1,666,965	11,239,987
EQUITY				
Surplus / (Deficit)	6,759,811	5,535,863	14,718,356	27,014,030
Total Equity	6,759,811	5,535,863	14,718,356	27,014,030
Total Liabilities & Equity	16,211,806	5,656,890	16,385,321	38,254,017
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.

Print date

16-Jan-20

Southern Coastal Regional Employee Benefits Fund
2019 Budget/Billing Reconciliation
as of November 30th, 2019

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Aetna 1/1 Renewal	30,940,553	33,710,946	32,800,902			
Medical Aetna 7/1 Renewals	31,016,189	34,018,375	32,475,336			
Medical AmeriHealth 1/1 Renewal	16,662,360	18,082,215	22,207,606			
Medical AmeriHealth 7/1 Renewal	1,027,474	1,120,465	1,266,613			
Subtotal Medical	79,646,576	86,932,001	88,750,458	72,577,543	7,209,658	9%
Prescription Claims 1/1 Renewals	1,071,350	1,167,530	1,238,771			
Prescription Claims 7/1 Renewals	1,246,871	1,425,512	703,528			
Less Formulary Rebates	(217,250)	(237,000)	(237,000)			
Subtotal Prescription	2,100,971	2,356,042	1,705,299	2,859,352	(758,381)	-36%
Dental Claims 1/1 Renewals	0	0	0			
Dental Claims 7/1 Renewals	122,974	134,168	131,585			
Subtotal Dental	122,974	134,168	131,585	86,029	36,945	30%
Vision Claims 1/1 Renewals	0	0	0			
Vision Claims 7/1 Renewals	140,625	146,374	236,652			
Subtotal Vision	140,625	146,374	236,652	Included in Medical		
Subtotal Claims	82,011,146	89,568,585	90,823,994	75,522,923	6,488,223	8%
Loss Fund Contingency	68,627	74,866	74,866	0	68,627	100%
Medicare Advantage	253,640	299,378	223,066	275,045	(21,405)	-8%
Reinsurance						
Specific	2,706,434	2,950,508	3,002,592			
Aggregate*	226,687	247,142	251,583			
Subtotal Reinsurance	2,933,121	3,197,649	3,254,175	2,931,985	1,136	0%
Total Loss Fund	85,266,534	93,140,478	94,376,100	78,729,953	6,536,581	8%
Expenses						
Legal	22,917	25,000	25,000	38,607	(15,690)	-68%
Treasurer	17,653	19,258	19,258	17,646	7	0%
Executive Director	1,021,512	1,115,423	1,128,279	1,021,118	394	0%
Program Manager	1,866,681	2,040,363	2,013,012	1,865,989	693	0%
Brokerage	1,599,133	1,750,347	1,773,301	1,599,279	(146)	0%
TPA - Med Aetna	2,061,216	2,251,819	2,224,719	Included below in Med AmerihealthAdmin		
TPA - Med AmeriHealth Admin	600,561	650,523	753,007	2,670,238	989	0%
TPA - Dental	5,145	5,604	5,541	5,145	-	0%
TPA - Vision	9,449	9,844	0	Included below in Med AmerihealthAdmin		
Actuary	32,235	35,165	35,165	32,234	1	0%
Auditor	17,417	19,000	19,000	17,416	1	0%
Subtotal Expenses	7,253,919	7,922,346	7,996,282	7,267,673	(13,754)	0%
Contingency	35,355	38,569	38,569	9,995	25,360	72%
Wellness Program	183,333	200,000	200,000	183,334	(1)	0%
Plan Documents	22,917	25,000	25,000	5,550	17,367	76%
Affordable Care Act Taxes	26,386	28,765	29,273	31,225	(4,840)	-18%
Retiree Surcharge	1,363,749	1,490,172	1,709,792	1,365,107	(1,358)	0%
Total Expenses	8,885,658	9,704,852	9,998,916	8,862,884	22,775	0%
Total Budget	94,152,192	102,845,331	104,375,016	87,592,836	6,559,356	7%

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
Year: 2020, As of January 1, 2020

<u>Yearly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	To Be Filed
Fund Officers	To Be Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed
Cash Management Plan	To Be Filed
Unaudited Financials	Q3 signed 2018 Filed
Annual Audit	12/31/18 to be 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	Filed
Benefit Changes	N/A

**Program Manager Report
Shared Health Alliance
January 27, 2020**

Prospects

ACIT (Atlantic County Tech Institute)

- Proposal provided to broker

Middle Township Board of Education

- Being reviewed for 2020

Cape May County Special Services

- Proposal received and under review

Egg Harbor, Twp of

- Meeting with group to discuss

Coastal Fund Meeting Dates (Greenview Inn)

- January 27, 2020
- March 23, 2020
- May 18, 2020 *3rd Monday
- July 27, 2020 **Location TBD for July meeting only

- September 21, 2020
- October 26, 2020
- November 23, 2020
- January 25, 2021

Coastal Fund Brokers

- Allen Associates
- AR Fanucci
- Assured Partners
- Brown and Brown Advisors
- J Byrne Agency
- Conner Strong & Buckalew

- Cornerstone Insurance Group
- Hardenbergh Insurance Group
- Brown & Brown Metro, LLC/Innovative Risk Solutions
- Integrity Consulting Group

2019 Committees

FINANCE & CONTRACTS

Pat Yacovelli - Chair

Jerry Velazquez

Gene Mercoli

OPERATIONS & NOMINATIONS

Nicole Albanese - Chair

Jerry Velazquez

Stephanie Kuntz

WELLNESS & CLAIMS

Cherie Bratty - Chair

Bruce Harbinson

Paige Sharpe-Rumaker

COMMITTEE UPDATES

WELLNESS COMMITTEE

Wellness section has been added to Coastal HIF Website. Please note, applications can be submitted online.

<u>COASTAL WELLNESS GRANTS - 2019</u> <u>Budget Amount: \$200,000</u>					
<u>Group Name</u>	<u>Date Submitted to Committee</u>	<u>Amount Requested</u>	<u>Amount Approved</u>	<u>Date Committee Approved</u>	<u>Date Resolution Passed</u>
Cumberland Co Tech	12/18/2018	\$7,000	\$7,000	12/18/2018	3/25/2019
Bridgeton BOE	4/11/2019	\$20,000	\$20,000	5/1/2019	5/20/2019
Waterford Twp BOE	2/28/2019	\$8,400	\$4,441	7/15/2019	7/22/2019
Dennis Twp BOE	5/15/2019	\$8,800	\$7,000	7/15/2019	7/22/2019
Vineland BOE	5/17/2019	\$46,250	\$30,000	7/15/2019	7/22/2019
<u>COASTAL WELLNESS GRANTS - 2020</u> <u>Budget Amount: \$200,000</u>					
Cumberland Co Tech	10/22/2019	\$7,000	\$7,000	10/22/2019	
Hopewell Twp BOE	10/31/2019	\$3,500	\$3,500	11/19/2019	
Cumberland Regional BOE	11/20/2019	\$7,500	\$7,500	11/20/2019	
Millville BOE	11/27/19	\$20,000	\$20,000	12/2/2019	

Reminder: The next date for approval of Wellness Grant Funds will be 7/1/2020. Please submit your Wellness Grant applications for 2020 by May 2020 for consideration by the Wellness Committee. All Final Approvals will be made in July 2020.

REMINDERS:

ADMINISTRATIVE UPDATES:

- **Online Enrollment System Training** - If you need training or would like a refresher course on the online enrollment system, please reach out to Karen Kidd at kkidd@permainc.com of PERMA.
- **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 Coastal Fund 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 our attention.
- **Broker Contact Information** - Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated Benefit Specialists as follows: Rose Meimbresse rose@allenassoc.com , or Annie Jimenez annie@allenassoc.com .
- **END OF YEAR REPORTING:**
- Year end W2 and ACA reporting were distributed earlier this month (January).
- Dependent Age Out reports were distributed the end of 2019. Dependents aging out of plans should receive COBRA packets directly from the Coastal HIF COBRA administrator, Benefit Express. It is important to note COBRA offers are mailed to the dependent who is aging off the plan – these offers are NOT addressed to the parent who carries coverage.

EXPRESS SCRIPTS (ESI) UPDATES

National Preferred Formulary Update - Beginning January 1, 2020, the changes below will go into effect for HIF members. The charts below show the New Single-Source Brand Exclusions and the list of medications that will be re-classified from Preferred to Non-preferred effective 1/1/2020. HIF members will still have access to medications changing to non-preferred status but the “tier-three” copayment will apply effective January 1st. ESI has identified 86 members (out of 13,352) who have been filling scripts for one of the impacted medications. Personalized member communications that provide additional information about the preferred alternatives will be mailed to the affected members prior to January 1st.

New Single-source Brand Exclusions

AKYNZEO CAPSULE	AUBAGIO	EMEND POWDER PACKET
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EPANED	GRANIX	JADENU, JADENU SPRINKLE
MULPLETA	NUWIQ	ONZETRA XSAIL
ORFADIN	PENNSAID	QBRELIS
RELION NOVOLIN	RHOFADE	SITAVIG
STRIVERDI RESPIMAT	SUBSYS	TIVORBEX
TUDORZA PRESSAIR	VIVLODEX	XATMEP
ZIPSOR		

Preferred-to-Non-preferred		
ABSORICA	ADAGEN	AMITIZA
ARCAPTA NEOHALER	ARZERRA	ATROVENT HFA
BYVALSON	FIRDAPSE	FULPHILA
GRALISE	HEXALEN	LARTRUVO
MOXEZA	RELENZA	SANCUSO
TABLOID	VARUBI VIAL	XOFLUZA
ZONTIVITY		

ID CARD UPDATE (Aetna & AmeriHealth Administrators)

As we reported at recent HIF Public meetings, new NJ State legislation requires that medical ID cards include certain additional member cost-share information. Please note *there are no changes to benefits, group and ID numbers*. Aetna has advised that to be compliant with the new law, they will be sending new ID cards to HIF members in mid-February. The PERMA enrollment team will send the attached flyer to groups with Aetna membership in early February. Any member who made an Open Enrollment change effective 1/1/2020 will NOT be receiving new ID cards because their current cards contain the updated information. AmeriHealth advised that ID cards were mailed to members the week of 12/23/2019. The PERMA enrollment team emailed the attached flyer to group enrollment contacts who have members in AmeriHealth plans. (see attached Flyers)

2020 SUMMARY PLAN DOCUMENT (SPD) RESTATEMENTS

The Fund will be restating SPDs for 2020. Below are the major updates:

- **Newborn Coverage** – updated to comply with the NJ State legislation requiring newborns to be automatically enrolled for 60 days

- **Sex Changes (Gender Re-assignment)**– exclusion removed
- **Donated Breast Milk** – coverage included to comply with NJ Mandate
- **Non-Network and In-Network** language was updated throughout the document for transparency and clarity to more clearly reflect the Funds’ administration of benefits
- **Infertility Mandates** – updated to comply with NJ State Mandate

We will be delivering draft restated documents to risk managers to review with their groups. As a reminder, the finalization of a document requires approval and signature of the group or their Risk Manager. The final document is issued upon receipt of the executed signature page.

LEGISLATIVE UPDATES

Cadillac Tax-The Cadillac Tax, a tax on high-cost health care plans, was originally set to take effect in 2018 but was delayed twice until 2022. The Tax is now permanently repealed and will never go into effect. It was originally passed as an ACA provision to finance health care expansion and control the cost of health care. It’s estimated that the repeal of the Cadillac Tax will cost \$200 billion over 10 years.

Health Insurance Tax (HIT)-The HIT tax has gone into effect and been delayed several times. It was originally effective beginning in 2015 but was under a moratorium for 2017 and 2019. Although the HIT is levied on insurers, the tax is passed through to employers and employees in the form of increased health insurance costs. The HIT is now permanently repealed as of January 1, 2021, however, the HIT will remain in effect for the 2020 plan year. It’s estimated that the repeal of the HIT will cost almost \$151 billion over ten years.

PCORI-The Patient-Centered Outcomes Research Institute (PCORI) fee was established as a part of the ACA to fund medical research. Insurers and employers with self-insured plans are subject to the fee. The last PCORI fee payment was expected to occur on July 31, 2019 (or July 31, 2020 for non-calendar year plans). The PCORI fee is now extended for another 10 years, which means employers with self-insured plans must continue paying the PCORI fee.

Mandate Compliance-effective January 1, 2020 the Fund comply with the following mandates:

- **Donated Breast Milk**- allows the coverage of donated breast milk for infants who are unable to receive their mother’s breast milk due to specific conditions outlined in the legislation
- **Infertility**- it was discovered that some historical groups were never updated to comply

Please feel free to have your risk manager reach out to us if you’d like to discuss your entity’s coverage specifically. Generally, the Fund complies with all State of NJ mandates.

ADMINISTRATIVE UPDATES

Guardian Nurses – Received contract and is currently under review with legal counsel.
Anticipated effective date is 4/1/2020.

Appeals –

Type	Determination
Medical	Denial Upheld
Medical	Denial Overturned

NEW 2020 AETNA ID CARDS

Early in 2020, Aetna members (who reside in New Jersey) will receive new ID cards due to recently enacted NJ State Legislation. The new legislation requires that certain benefit information be displayed on all ID cards issued to NJ residents.

WHAT YOU NEED TO KNOW:

- YOUR BENEFITS ARE NOT CHANGING *unless you specifically requested a plan change during Open Enrollment.*
- Your new ID card will list key benefits including "deductible may apply" language, even if your plan does NOT require a deductible.
- Your ID and Group numbers will remain the same.
- Your other employer provided benefits, such as Prescription Drugs and Dental plans will not be impacted.

WHAT YOU NEED TO DO:

- Keep an eye out for your new Aetna Medical ID cards.
- Once you receive your new ID card, be sure to have your Medical providers update your records.
- Destroy your old ID cards after you receive your new cards.

Sample ID Card:



AmeriHealth Administrators NEW 2020 ID CARDS

On (or about) January 1, 2020, AmeriHealth Administrator members (who reside in New Jersey) will receive new ID cards due to recently enacted NJ State Legislation. The new legislation requires that certain benefit information be displayed on all ID

WHAT YOU NEED TO KNOW:

- YOUR BENEFITS ARE NOT CHANGING *unless you specifically requested a plan change during Open Enrollment.*
- Your new ID card will list key benefits including "deductible may apply" language, even if your plan does NOT require a deductible.
- Your ID and Group numbers will remain the same.
- Your other employer provided benefits, such as Prescription Drugs and Dental plans will not be impacted.

WHAT YOU NEED TO DO:

- Keep an eye out for your new AmeriHealth Medical ID cards.
- Be sure to update your Medical providers with your new ID cards after January 1, 2020.
- Destroy your old ID cards after you receive your new cards.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

DECEMBER 2019

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

BE IT RESOLVED that the Southern Coastal Regional Employee Benefits 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 2019

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001523	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 12/19	46,227.51
001523			46,227.51
001524	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 11/19	7,386.50
001524			7,386.50
001525	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 12/19	458.64
001525			458.64
001526	AETNA LIFE INSURANCE COMPANY	VISION 12/19	396.76
001526	AETNA LIFE INSURANCE COMPANY	TPA 12/19	191,269.64
001526			191,666.40
001527	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/19	-1,376.25
001527	AMERIHEALTH ADMINISTRATORS	TPA 12/19	51,658.92
001527			50,282.67
001528	PERMA	POSTAGE 11/19	4.00
001528	PERMA	ADMIN FEES 12/19	94,304.38
001528			94,308.38
001529	ALLEN ASSOCIATES	MEETING 11/19	1,389.60
001529	ALLEN ASSOCIATES	BROKER 12/19	152,109.99
001529			153,499.59
001530	VERRILL & VERRILL, LLC	TREASURER FEE 12/19	963.00
001530			963.00
001531	MICHAEL S. ZAMBITO	TREASURER FEE 12/19	642.00
001531			642.00
001532	SHARED HEALTH ALLIANCE	PROGRAM MANAGER 12/19	174,373.97
001532			174,373.97
001533	ALLSTATE INFORMATION MANAGEMNT	ACCT#963 - ARC & STOR - 11.30.19	6.65
001533	ALLSTATE INFORMATION MANAGEMNT	ACCT#963 - ARC & STOR - 10.30.19	6.65
001533			13.30
001534	MEDICAL EVALUATION SPECIALISTS	MES# 1013818 11/19	612.50
001534			612.50
001535	BRIDGETON BOARD OF EDUCATION	MEETING 4/19	500.00
001535			500.00
001536	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/19	245,088.82
001536	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE 12/19	20,536.00
001536			265,624.82
Total Payments FY 2019			986,559.28
TOTAL PAYMENTS ALL FUND YEARS			\$986,559.28

Chairperson

Attest: _____

Dated: _____

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

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
COASTAL HEALTH BENEFITS FUND									
Month		December							
Current Fund Year		2019							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Year		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
	Coverage	Last Month	December	December	December	December	Reconciled	Variance From	Month
2019	Medical	73,639,543.17	6,367,250.98	0.00	80,006,794.15	0.00	80,006,794.15	73,639,543.17	6,367,250.98
	Dental	81,340.03	6,595.15	0.00	87,935.18	0.00	87,935.18	81,340.03	6,595.15
	Rx	2,855,900.94	391,129.78	0.00	3,247,030.72	0.00	3,247,030.72	2,855,900.94	391,129.78
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	76,576,784.14	6,764,975.91	0.00	83,341,760.05	0.00	83,341,760.05	76,576,784.14	6,764,975.91

COASTAL HEALTH BENEFITS FUND										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2019 Month Ending: December										
	Medical	Dental	Rx	Vision	Med.Adv	Reinsurance	Dividend Payable	LFC	Admin	TOTAL
OPEN BALANCE	31,527,546.31	104,121.46	(949,996.96)	142,936.74	685,381.33	(216,112.56)	485,609.23	(873,849.74)	3,910,723.69	34,816,359.50
RECEIPTS										
Assessments	8,769,950.13	13,198.67	304,080.19	6,922.34	54,044.52	317,846.45	0.00	7,532.96	990,228.68	10,463,803.94
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	47,783.19	157.80	391.68	216.64	1,038.72	0.00	925.29	435.15	5,926.97	56,875.44
Invest Adj	1,679.96	5.55	13.77	7.62	36.52	0.00	32.54	15.30	208.42	1,999.68
Subtotal Invest	49,463.15	163.35	405.45	224.26	1,075.24	0.00	957.83	450.45	6,135.39	58,875.12
Other *	27,141.34	0.00	81,400.11	0.00	0.00	0.00	0.00	0.00	0.00	108,541.45
TOTAL	8,846,554.62	13,362.02	385,885.75	7,146.60	55,119.76	317,846.45	957.83	7,983.41	996,364.07	10,631,220.51
EXPENSES										
Claims Transfers	6,367,250.98	6,595.15	391,129.78	0.00	0.00	0.00	0.00	0.00	0.00	6,764,975.91
Expenses	46,227.51	0.00	7,386.50	0.00	0.00	265,624.82	0.00	0.00	667,320.45	986,559.28
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	6,413,478.49	6,595.15	398,516.28	0.00	0.00	265,624.82	0.00	0.00	667,320.45	7,751,535.19
END BALANCE	33,960,622.44	110,888.33	(962,627.49)	150,083.34	740,501.09	(163,890.93)	486,567.06	(865,866.33)	4,239,767.31	37,696,044.82

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS										
COASTAL HEALTH BENEFITS FUND										
ALL FUND YEARS COMBINED										
CURRENT MONTH	December									
CURRENT FUND YEAR	2019									
Description:		Investors Bank	OceanFirst Investment Account	OceanFirst Operating Account	Republic Bank Investment Account	Republic Bank Certificate of Deposit #5035996	Wilmington Trust Investment Account	Republic Bank Certificate of Deposit #5029740	Republic Bank Certificate of Deposit #5030684	
ID Number:										
Maturity (Yrs)						10/4/2020		5/15/2020	6/4/2020	
Purchase Yield:		1.50	1.75	1.75	1.75	2.50	1.57	3.00	3.00	
TOTAL for All Accts & instruments										
Opening Cash & Investment Balance	\$34,816,359.18	\$ 3,274.35	\$11,693,356.53	\$ 4,419,570.43	\$ 6,186,788.61	\$ 3,000,000.00	\$ 4,013,369.26	\$ 3,000,000.00	\$ 2,500,000.00	
Opening Interest Accrual Balance	\$14,679.14	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,679.14	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$4,461.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,461.34	\$0.00	\$0.00	
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3 (Amortization and/or Interest Cost)	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5 Interest Paid - Cash Instr.s	\$57,154.44	\$4.17	\$17,440.48	\$10,762.31	\$9,199.14	\$6,170.51	\$0.00	\$7,406.09	\$6,171.74	
6 Interest Paid - Term Instr.s	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.00	\$0.00	\$0.00	
7 Realized Gain (Loss)	-\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$300.00	\$0.00	\$0.00	
8 Net Investment Income	\$63,315.78	\$4.17	\$17,440.48	\$10,762.31	\$9,199.14	\$6,170.51	\$6,161.34	\$7,406.09	\$6,171.74	
9 Deposits - Purchases	\$10,592,093.73	\$0.00	\$0.00	\$10,572,345.39	\$19,748.34	\$0.00	\$0.00	\$0.00	\$0.00	
10 (Withdrawals - Sales)	-\$7,771,283.53	\$0.00	\$0.00	-\$7,751,535.19	\$0.00	-\$6,170.51	\$0.00	-\$7,406.09	-\$6,171.74	
		OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$37,696,044.82	\$3,278.52	\$11,710,797.01	\$7,251,142.94	\$6,215,736.09	\$3,000,000.00	\$4,015,090.26	\$3,000,000.00	\$2,500,000.00	
Ending Interest Accrual Balance	\$19,119.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,119.48	\$0.00	\$0.00	
Plus Outstanding Checks	\$316,407.49	\$0.00	\$0.00	\$316,407.49	\$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	\$0.00	
Balance per Bank	\$38,012,452.31	\$3,278.52	\$11,710,797.01	\$7,567,550.43	\$6,215,736.09	\$3,000,000.00	\$4,015,090.26	\$3,000,000.00	\$2,500,000.00	



SOUTHERN COASTAL HEALTH INSURANCE FUND

Monthly Claim Activity Report

January 27, 2020



SOUTHERN COASTAL HEALTH INSURANCE FUND

	<u>CAPITATION</u>	<u>MEDICAL CLAIMS PAID 2019</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$309,701	\$4,617,161	\$4,926,862	3,587	\$1,374
FEBRUARY	\$356,319	\$4,238,869	\$4,595,188	3,581	\$1,283
MARCH	\$355,775	\$5,240,698	\$5,596,473	3,577	\$1,565
APRIL	\$353,944	\$5,359,956	\$5,713,900	3,571	\$1,600
MAY	\$354,894	\$5,345,634	\$5,700,528	3,565	\$1,599
JUNE	\$346,127	\$4,855,927	\$5,202,054	3,567	\$1,458
JULY	\$346,127	\$5,421,047	\$5,767,174	3,776	\$1,527
AUGUST	\$356,550	\$5,511,302	\$5,867,852	3,749	\$1,565
SEPTEMBER	\$343,132	\$5,125,334	\$5,468,466	3,715	\$1,472
OCTOBER	\$347,883	\$5,171,821	\$5,519,704	3,698	\$1,493
NOVEMBER	\$347,518	\$5,096,494	\$5,444,012	3,692	\$1,475
DECEMBER					
TOTALS	\$3,817,970	\$55,984,243	\$59,802,213		
			2019 Average	3,643	\$1,492
			2018 Average	2,854	\$1,374



PS Unique ID : All
Customer: SOUTHERN COASTAL HIF
Group / Control: 00108431,00737420,00737421

Paid Dates: 10/01/2019 - 10/31/2019
Service Dates: 01/01/2016 - 10/31/2019
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$905,356.00	\$159,246.05	MAJOR LACERATION OF SPLEEN, INITIAL ENCOUNTER
	\$502,610.28	\$137,970.90	GASTROENTERITIS AND COLITIS DUE TO RADIATION
	\$216,956.00	\$119,112.81	DISSECTION OF THORACIC AORTA
TOTAL:	\$1,624,922.28	\$416,329.76	

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PS Unique ID : All
Customer: SOUTHERN COASTAL HIF
Group / Control: 00108431,00737420,00737421

Paid Dates: 11/01/2019 - 11/30/2019
Service Dates: 01/01/2016 - 11/30/2019
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$845,392.44	\$170,704.13	SINGLE LIVEBORN INFANT, DELIVERED BY
	\$268,158.53	\$107,392.23	SEPSIS, UNSPECIFIED ORGANISM
TOTAL:	\$1,113,550.97	\$278,096.36	

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Southern Coastal Health Insurance Fund

12/1/2018 through 11/30/2019

Medical Claims Paid:

Jan 19 – Nov 19

Total Medical Paid per EE: **\$1,492**

Network Discounts

Inpatient: **67.6%**
Ambulatory: **65.6%**
Physician/Other: **63.7%**
TOTAL: 65.3%

Provider Network

% Admissions In-Network: **99.2%**
% Physician Office: **97.0%**

Aetna Book of Business:

Admissions 98.8%; Physician 90.5%

Top Facilities Utilized (by total Medical Spend)

- Inspira – Vineland
- Virtua – West Jersey
- Univ of Penn
- Cooper Hospital

Catastrophic Claim Impact

Number of Claims Over \$50,000: **155**
Claimants per 1000 members: **16.3**
Avg. Paid per Claimant: **\$119,566**
Percent of Total Paid: **33.2%**

- Aetna BOB- HCC account for an average of 37.2% of total Medical Cost

Nurse Case Member Outreach: Q3 2019

Unique Members Identified: **273**
Outreach Opportunities Identified: **405**
Outreach in Progress: **17**
Completed Outreach: **388**

Closed with Engagement: **154 (39.7%)**
Unable to Reach: **229 (59.0%)**
Member Declined: **5**

Teladoc Activity: Jan – Nov 2019

Total Registrations: **253**
Total Online Visits: **304**
Total Net Claims Savings: **\$51,751**
Total Visits w/ Rx: **229**
Member Satisfaction Rating / Avg. **73% - Outstanding, 27% - Good**
Member Rating of Provider: **73% - Outstanding, 27% - Good**

Allentown Service Center Performance: Q3 2019 Metrics

Customer Service

Call Quality: **98.4%**
1st Call Resolution: **95.3%**
Abandonment Rate: **1.5%**
Avg. Speed of Answer: **36.0 sec**

Claims Performance

Financial Accuracy: **99.5%**
Turnaround w/in 15 days: **6.0 days**
Turnaround w/in 31 days: **9.1 days**

Performance Goals

Call Quality: **94%**
1st Call Resolution: **89%**
Abandonment Rate less than: **3.5%**
Average Speed of Answer: **31sec**

Financial Accuracy: **98%**

Turnaround Time


90% processed w/in: **15 days**
95% processed w/in: **31 days**

Proprietary



	ADMINISTRATION	MEDICAL CLAIMS PAID 2019	TOTAL	# OF EES	PER EE
JANUARY	\$ 67,669.00	\$ 2,440,868.12	\$ 2,508,537.12	1381	\$ 1,816.46
FEBRUARY	\$ 67,228.00	\$ 1,801,280.41	\$ 1,868,508.41	1,372	\$ 1,361.89
MARCH	\$ 60,760.00	\$ 1,264,454.42	\$ 1,325,214.42	1,240	\$ 1,068.72
APRIL	\$ 60,760.00	\$ 1,524,725.75	\$ 1,585,485.75	1,240	\$ 1,278.62
MAY	\$ 60,711.00	\$ 1,510,985.00	\$ 1,571,696.00	1,239	\$ 1,268.52
JUNE	\$ 60,662.00	\$ 1,210,741.00	\$ 1,271,403.00	1,238	\$ 1,026.98
JULY	\$ 54,390.00	\$ 1,252,230.00	\$ 1,306,620.00	1,110	\$ 1,177.14
AUGUST	\$ 53,606.00	\$ 1,536,931.00	\$ 1,590,537.00	1,094	\$ 1,453.87
SEPTEMBER	\$ 53,067.00	\$ 1,038,574.00	\$1,091,641.00	1,083	\$ 1,001.97
OCTOBER	\$ 52,969.00	\$ 1,629,048.00	\$1,682,017.00	1,081	\$ 1,555.00
NOVEMBER	\$ 53,018.00	\$ 1,352,947.00	\$1,405,965.00	1,082	\$ 1,299.41
DECEMBER	\$ 53,655.00	\$ 2,184,500.00	\$2,238,155.00	1,095	\$ 2,043.97
TOTALS	\$ 698,495.00	\$ 18,747,284.70	\$19,445,779.70		
			2019Average	1,188	\$ 1,362.71
			2018 Average	1336.166667	\$ 1,081.80

27

		Southern Coastal HIF										
		Paid Claims 01/01/2019-12/31/2019										
Average payment per employee PCPM 01/01 - 12/31/2019:	\$	1,315.04										
Average payment per member per month 01/01-12/31/2019:	\$	527.10										
Number of claimants with paid claims over \$100,00 YDT:		24										
Total paid on those claimants:		\$4,557,729.29										
Top Facilities Utilized based on paid claims:												
CHRISTIANA CARE HEALTH SERVICES												
INSPIRA MEDICAL CENTER, VINELAND												
COOPER UNIVERSITY HOSPITAL												
SHORE MEDICAL CENTER												
INSPIRA MEDICAL CENTER, ELMER												
Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD	AHA MAY MTD	AHA JUNE MYD	AHA JULY MTD	AHA AUGUST MTD	AHA Sept MTD	AHA OCT MTD	AHA NOV MTD	AHA DEC MTD
1st Call Resolution	80.19%	80.98%	74.40%	66.22%	79.63%	77.95%	75.84%	77.21%	77.99%	78.17%	79.97%	78.17%
ASA	382.81	245.56	132.89	74.48	35.24	30.24	17.45	23.93	31.73	70.67	16.17	70.67
Abandonment Rate	21.22%	14.77%	9.60%	5.54%	2.54%	2.50%	1.69%	2.25	2.43%	4.80%	1.52%	4.80%
Totals	2019 YTD											
Total Inpatient Admissions	258											
Total Inpatient Days	1238											
Total ER visits	622											



EXPRESS SCRIPTS®

Southern Coastal Health Insurance Fund

Total Component/Date of Service (Month)	201801	201802	201803	2018Q1	201804	201805	201806	2018Q2	201807	201808	201809	2018Q3	201810	201811	201812	2018Q4	2018YTD
Average Member Age - 34.7																	
Membership	1,123	1,360	1,363	1,282	1,368	1,371	1,370	1,370	1,357	1,343	1,364	1,355	1,360	1,361	1,361	1,361	1,342
Total Days	42,991	45,849	48,772	137,612	48,710	51,254	46,928	146,892	45,079	48,368	43,872	137,319	53,737	45,522	47,519	146,778	568,601
Total Patients	456	523	527	833	500	528	506	823	500	512	477	804	529	505	513	810	1,162
Total Plan Cost	\$150,890	\$197,360	\$169,782	\$518,032	\$190,148	\$182,656	\$197,312	\$570,116	\$174,579	\$206,296	\$156,493	\$537,368	\$219,046	\$198,383	\$227,096	\$644,525	\$2,270,041
Generic Fill Rate (GFR) - Total	81.0%	82.7%	81.6%	81.8%	79.7%	80.7%	80.4%	80.3%	81.7%	78.1%	81.1%	80.3%	80.2%	80.3%	79.3%	79.9%	80.6%
Plan Cost PMPM	\$134.36	\$145.12	\$124.57	\$134.69	\$139.00	\$133.23	\$144.02	\$138.75	\$128.65	\$153.61	\$114.73	\$132.23	\$161.06	\$145.76	\$166.86	\$157.89	\$140.99
Total Specialty Plan Cost	\$59,934	\$68,258	\$49,353	\$177,544	\$65,177	\$44,911	\$82,143	\$192,231	\$69,891	\$66,696	\$49,377	\$185,964	\$77,753	\$74,057	\$96,932	\$248,742	\$804,481
Specialty % of Total Specialty Plan Cost	39.7%	34.6%	29.1%	34.3%	34.3%	24.6%	41.6%	33.7%	40.0%	32.3%	31.6%	34.6%	35.5%	37.3%	42.7%	38.6%	35.4%

Total Component/Date of Service (Month)	201901	201902	201903	2019Q1	201904	201905	201906	2019Q2	201907	201908	201909	2019Q3	201910	201911	201912	2019Q4	2019YTD
Average Member Age - 34.3																	
Membership	1,369	1,362	1,372	1,368	1,372	1,375	1,384	1,377	2,056	2,052	2,094	2,067	2,113	2,121	2,117	2,117	1,732
Total Days	51,613	46,090	49,444	147,147	48,443	49,833	47,717	145,993	71,666	72,376	69,110	213,152	77,042	72,506	74,979	224,527	730,819
Total Patients	558	534	545	860	521	513	502	812	761	755	722	1,189	774	771	793	1,209	1,638
Total Plan Cost	\$213,284	\$182,329	\$201,079	\$596,692	\$216,855	\$206,495	\$167,013	\$590,364	\$388,630	\$335,858	\$302,112	\$1,026,600	\$300,217	\$387,649	\$306,632	\$994,498	\$3,208,154
Generic Fill Rate (GFR) - Total	82.4%	82.4%	81.5%	82.1%	81.6%	82.1%	82.2%	82.0%	80.5%	81.4%	80.8%	80.9%	81.9%	81.0%	81.0%	81.3%	81.5%
Plan Cost PMPM	\$155.80	\$133.87	\$146.56	\$145.43	\$158.06	\$150.18	\$120.67	\$142.91	\$189.02	\$163.67	\$144.28	\$165.53	\$142.08	\$182.77	\$144.84	\$156.59	\$154.33
% Change Plan Cost PMPM	16.0%	-7.8%	17.7%	8.0%	13.7%	12.7%	-16.2%	3.0%	46.9%	6.6%	25.8%	25.2%	-11.8%	25.4%	-13.2%	-0.8%	9.5%
Total Specialty Plan Cost	\$81,965	\$56,133	\$63,782	\$201,880	\$90,407	\$69,973	\$61,796	\$222,176	\$218,698	\$149,060	\$130,872	\$498,631	\$114,411	\$201,457	\$102,834	\$418,702	\$1,341,388
Specialty % of Total Specialty Plan Cost	38.4%	30.8%	31.7%	33.8%	41.7%	33.9%	37.0%	37.6%	56.3%	44.4%	43.3%	48.6%	38.1%	52.0%	33.5%	42.1%	41.8%

PMPM	
Jan - Dec 2018	\$140.99
Jan - Dec 2019	\$154.33
Trend Jan-Dec 2019	9.5%

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JANUARY 27, 2020**

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.

Motion _____ **Second** _____

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RESOLUTION NO. 1-20

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND APPOINTING PROFESSIONALS AND AWARDING CONTRACTS FOR FUND YEAR 2020

WHEREAS, the Southern Coastal Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

WHEREAS, Each of the business entities identified below with an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

WHEREAS, the Executive Committee of the Southern Coastal Regional Employee Benefits Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

NOW THEREFORE BE IT RESOLVED by the Executive Committee that the following appointments and contract awards be and are hereby made for 2020:

- I. **PERMA Risk Management Services as Administrator (as subsidiary of Conner Strong and Buckelew)**, is hereby appointed as **Executive Director** and as **agent for process of service**. \$19.12 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,156,350 has been appropriated in the Administrator Line Item of the 2020 budget.
- II. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$49.04 per employee, per month will be expended to the TPA for months January, February and March. Effective April 1, the TPA will receive a fee of \$42.65 per employee, per month. The estimated annual amount of \$2,211,508 has been appropriated in the Medical TPA Line Item of the 2020 budget.
- III. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$46.92 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$610,517 has been appropriated in the Medical TPA Line Item of the 2020 budget.
- IV. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.12 per medical employee, per month will be expended to the TPA. The estimated

annual amount of \$5,616 has been appropriated in the Dental TPA Line Item of the 20120 budget.

- V. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$35,870 has been appropriated in the Treasurer Line Item of the 2020 budget.
- VI. **Grace, Marmero & Associates, LLP** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$25,000 has been appropriated in the Attorney Line Item of the 2020 budget. In addition the Fund Attorney will be paid \$225 an hour for plan document preparation in an amount not to exceed \$25,000.
- VII. **Bowman & Company** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$19,400 has been appropriated in the Auditor Line Item of the 2020 budget.
- VIII. **Michael Zambito** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$7,857 has been appropriated in the Treasurer Line Item of the 2020 budget.
- IX. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$11,328 has been appropriated in the Treasurer Line Item of the 2020 budget.
- X. **Wilmington Trust**, is hereby appointed as the FUND's **Asset Manager** at a fee of 10 basis points.
- XI. **Shared Health Alliance** is hereby appointed as **Program Manager** the per employee, per month varies by member and is included in the chart below. In addition, the Program Manager will be paid \$26,250 a month for the subcontracted Guardian Nurse Program. The estimated annual amount of \$2,141,353 has been appropriated in the **Program Manager** Line Item of the 2020 budget.

Group Name	Program Manager PEPM
Alloway Township BOE	\$38.53
Bridgeton BOE	\$33.20
Brigantine City	\$37.49
Buena Regional BOE	\$37.80
Cumberland County Charter School Network	\$23.56
Cumberland County Improvement Authority	\$36.49
Cumberland County Technical Education Center	\$27.59
Cumberland Regional BOE	\$30.81
Dennis Township BOE	\$33.31
Hopewell BOE	\$32.06
Lawrence Township BOE	\$32.16
Lower Cape May Regional School District	\$42.69
Millville BOE	\$30.48
Ocean City BOE	\$45.74
Penns Grove	\$28.89
Pittsgrove Township	\$37.06
Salem County	\$30.77
Upper Deerfield BOE	\$32.60
Vineland BOE	\$39.46
Waterford Township BOE	\$44.09
West Cape May BOE	\$35.30
Woodbine BOE	\$35.67
Woodstown Borough	\$25.80

BE IT FURTHER RESOLVED that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054 ;

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: January 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION AWARD OF CONTRACT
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

WHEREAS, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

NOW, THEREFORE, BE IT RESOLVED that the following insurance contracts be awarded for the periods of January 1, 2020 through December 31, 2020:

Medical Third Party Administrator – Aetna

Medical Third Party Administrator – AmeriHealth

Dental Third Party Administrator – Delta Dental

Medicare Advantage and Employer Group Waiver Program Provider – Aetna Medicare Advantage

BE IT FURTHER RESOLVED that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

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

ADOPTED: January 27, 2020

BY: _____
CHAIR

ATTEST:

SECRETARY

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 27, 2020
SUBJECT: This is a contract for selection of a Medical TPA

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical TPA services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. **Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. **Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

3. **The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

4. **Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. **I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name _____
(Signature)

Title _____

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 27, 2020
SUBJECT: This is a contract for selection of a Medical TPA

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: AmeriHealth
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted
Duration: One year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical TPA services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one year contract in lieu of an RFP process.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 27, 2020
SUBJECT: This is a contract for selection of a Dental TPA

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Delta Dental
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical TPA services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one year contract in lieu of an RFP process.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 27, 2020
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna Medicare Advantage
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical and Prescription Medicare provider services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

RESOLUTION NO. 3-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2020**

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2020 or until its successor has be appointed and qualified.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-20

**RESOLUTION OF THE SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING CUSTODIAN OF FUND RECORDS**

BE IT RESOLVED that _____ the Secretary of the Southern Coastal Regional Employee Benefits Fund is hereby designated as the custodian of the Fund records which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE ATLANTIC CITY PRESS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2020**

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Atlantic City Press is hereby designated as the official newspaper for the Southern Coastal Regional Employee Benefits Fund for the year 2020 and that all official notices required to be published shall be published in the Atlantic City Press and the Fund Website (www.coastalhif.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Southern Coastal Regional Employee Benefits Fund shall give notice of said meetings to the Atlantic City Press and the Fund Website (www.coastalhif.com)

SOUTHERN COASTAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2020**

WHEREAS, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund shall hold public meetings during the year 2020 at the Greenview Inn at Eastlyn Golf Course on the following dates at 12:30 pm:

March 23, 2020

May 18, 2020 ** 3rd Monday

July 27, 2020 **Location TDB for the July Meeting Only

September 21, 2020 ** 3rd Monday

October 26, 2020

November 23, 2020

January 25, 2021

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Atlantic City Press and listed on the Fund Website (www.coastalhif.com)

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN**

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

1.) Cash Management and Investment Objectives

The SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
(hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal joint insurance funds, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the FUND's economic surplus.

2.) Permissible Investments

Investments shall be limited to the following:

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

- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) **Authorized Depositories**

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

Investors Bank
Wilmington Trust
Republic Bank
Ocean First Bank
William Penn Bank

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

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through Wilmington Trust and other asset managers that may be selected by the Executive Board. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the Fund's asset managers.

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

7.) **Selection of Asset Managers, Custodial Banks and Operating Banks**

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

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the Funds portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

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

9.) **Audit**

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

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the Fund Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

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

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

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

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

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

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

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

ADOPTED: JANUARY 23, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

BE IT RESOLVED by the Southern Coastal Regional Employee Benefits Fund that all funds of the Southern Coastal Regional Employee Benefits Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

- Chairman

- Secretary

Michael Zambito

- Treasurer

Kenneth Verrill/or Lorraine Verrill

- Deputy Treasurer (one but never both)

BE IT FURTHER RESOLVED that all checks must have the signature of at least one member of the Executive Committee (either the Chairman or Secretary).

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-20

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2020 RISK MANAGEMENT PLAN

BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2020 Fund year:

1.) COVERAGE OFFERED

- Medical

The medical plans offered by the Fund include standard "preferred provider organization", "traditional", "point of services", and "health maintenance organization" plan designs. These plans have both in network and out of network benefits and are customized to the needs and specifications of the members. The Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan. The Fund will also offer Medicare Advantage programs. See Exhibit "A" for a list of provided coverage/plans.

- 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 plans.

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member and 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).
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Specific Limit Unlimited
- Aggregate Limit Not applicable.
- Basis: Incurred 12 months, paid 24 months.

Dental Aggregate Retention: None – Self-insured with all risk retained by Fund

Vision Aggregate Retention: None – Self-insured with all risk retained by Fund

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 the conclusion of the Fund Year. 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 periodically adjusted, but not less frequently than annually, in accordance with the actuary’s certifications.

5.) **METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

At least one month before the end of the Fund Year, the Fund adopts a budget for the upcoming year based on the most recent census, the claims experience for the current Fund Year and other applicable accounting and actuarial factors. 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 process. These rates are used to compute the members’ monthly assessment based on the updated census, and monthly billings 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 employees (COBRA, Conversion and some Retirees) are billed directly by the Fund.

Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that renew on July 1 have the option of taking a payment deferment by paying their June assessment in the subsequent

month of July. Members that choose to take such deferments shall advise the Fund Executive Director's office in writing at least one month prior to taking the deferment

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 enrolled covered person per policy year) retention and aggregate 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. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

7.) REINSURANCE

Reinsurance will be provided by the Fund obtaining membership in the Municipal Reinsurance Health Insurance Fund. Risk will be retained by the Fund in accordance with Section 3.) above.

8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the Fund, a 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 either the Fund's base rates or to the rates being paid by the entity. 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 adjustment reflects the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. 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 other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for a three year period. Loss experience data used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "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 from Fund members will be considered based upon the availability of data, the

feasibility of extracting the data, and conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

9.) RATING PERIODS

All rating periods for municipal members coincide with the Fund (calendar) year while rating periods for school members can either coincide with their fiscal year (July 1 to June 30) or the Fund year. The Fund offers school entities the option of either Fund year or fiscal year renewals.

10.) 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. Former members of the Fund cannot rejoin the Fund for a period of three (3) years after the date of the termination of their membership in the Fund.

11.) PROVISION FOR PPOs AND ALTERNATIVE PLAN DESIGNS

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.

12.) OPEN ENROLLMENT PROCEDURES

All members have an open enrollment period no later than the first month of their joining the Fund. Participating employees also have an open enrollment period in the fall or at other times designated by the Fund before the beginning of each calendar year during which they may switch between plan options. The changes shall be effective at the beginning of the Fund Year. 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.

13.) 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 or in the event of nonpayment of applicable charges.

14.) DISCLOSURE OF BENEFIT LIMITS

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

15.) 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.

16.) RETIREES

The Fund duplicates coverage for eligible retirees and uses the rates established by the Fund actuary. 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 or in the event of nonpayment of applicable charges.

17.) 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 (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)."

18.) PLAN DOCUMENT

The Fund prepares a plan document and benefit plan booklets 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 coverage may be changed;
- When coverage ends;
- COBRA provisions;
- Conversion privileges; and
- Enrollment forms and instructions.

B.) Benefits

- Definitions;
- Description of each benefit, inclusive of;

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

C.) Claims Procedures

- Submission of claim. In accordance with plan document.
- Proof of loss. In accordance with plan document
- Appeal procedures. Shall be in accordance with applicable law. See Plan Document and Fund Bylaws

D.) Cost Containment Programs – In accordance with plan document.

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

19.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE FUND.

SEE PLAN DOCUMENT OF EACH MEMBER ENTITY

20.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately 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. The Fund has determined that maintaining and retaining a surplus equal to two (2) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

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.

21.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

1. The Fund Treasurer may issue checks or initiate wire transfers in payment of medical claims, as submitted by the third party administrator responsible for handling the Fund's medical claims, as necessary in order to fulfill the Fund's claim funding obligations under the applicable service provider contract between the Fund and the third party administrator. The certifying and approving officer shall prepare a report of all claims approved by him or her since the last report, detailing the nature and amount of the claim, the payee, the reasons supporting payment and any other pertinent information. This report shall be submitted to the Executive Committee of the Fund at their next scheduled meeting. The Executive Committee shall review and approve the actions of the certifying and approving officer. In the event a claim approved and paid by the certifying and approving officer is not approved by the Executive Committee, they shall direct appropriate action to be taken.

2. Delta Dental shall issue checks for the payment of dental claims in the amount of \$.0 to \$5,000 on the adjudication and signature solely of duly authorized Delta Dental personnel.

3. All dental claims, if any, in excess of \$5,000 shall require the approval, at a regularly scheduled meeting, of the Executive Committee of the Fund after obtaining appropriate certifications and making such other inquiries as are reasonable. Checks issued pursuant to any such approval shall be countersigned by a duly authorized representative of the Executive Director.

4. The terms "claims" as herein utilized shall refer to the issuance of any particular check, provided however that no bills shall be split for the purpose of avoiding the requirements hereof.

5. In addition to the claim payment procedure, Delta Dental shall also notify the Executive Committee in writing whenever the cumulative payments to any covered person for a single illness or injury (including related illnesses and injuries) exceeds \$30,000.

22.) "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.

23.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first Fund Year after the Fund's inception and at least once every three years thereafter. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

24.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Program Manager, Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
- The TPA, Program Manager, Executive Director and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is

- (a) In an amount not greater than \$5,000.00 and/or
- (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant.
- If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Executive Committee of the Fund shall formally confirm the decision of the TPA, Program Manager, Executive Director and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Executive Committee.
- If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to deny the claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Program Manager to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request shall be accompanied by a copy of the determination letter issued by the TPA.

1. The Program Manager will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Program Manager shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Program Manager shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Program Manager, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

- (i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

- (ii) the date the IRO was assigned and date of the IRO's decision;

- (iii) references to the documentation/information considered;

- (iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

- (v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail address: ombudsman@dobi.state.nj.us/

25.) 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.

ADOPTED: January 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING OF FUND COMMISSIONER, ALTERNATE FUND COMMISSIONER AND
SPECIAL COMMISSIONER TO THE MUNICIPAL REINSURANCE HEALTH INSURANCE
FUND**

WHEREAS, The Southern Coastal Regional Employee Benefits Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

WHEREAS, by virtue of the conditions of membership contained in the by-laws of the fund, the Southern Coastal Regional Employee Benefits Fund must appoint a Fund Commissioner, and an Alternate;

WHEREAS, each year the position of a Special Commissioner to the Fund is rotated by the local Funds, the Southern Coastal Regional Employee Benefits Fund will provide this position in 2020;

NOW THEREFORE BE IT RESOLVED, Southern Coastal Regional Employee Benefits Fund as follows:

1. That _____ is hereby appointed as Fund Commissioner.
2. That _____ is hereby appointed as Alternate.
3. That _____ is hereby appointed as Special Commissioner to the Fund.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 11-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

WHEREAS, The Southern Coastal Regional Employee Benefits Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

WHEREAS, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

NOW THEREFORE BE IT RESOLVED, that the Southern Coastal Regional Employee Benefits Fund establishes the following producer plan for 2020;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager.
3. The following sub-producers with the designated compensation levels are approved for 2020:

Group Name	Subproducer	Broker Rates (Per Employee, Per Month)
Bridgeton BOE	Allen Associates	\$33.10
Brigantine City	Brown & Brown Metro/ Innovative Risk Solutions	\$37.19
Buena Regional BOE	Allen Associates	\$37.18
Cumberland County Charter School Network	Allen Associates	\$23.04
Cumberland County Improvement Authority	AR Fanucci	\$35.82
Cumberland County Technical Education Center	Allen Associates	\$27.46
Cumberland Regional BOE	Allen Associates	\$29.87
Dennis Township BOE	Integrity Consulting Group	\$29.56
Hopewell BOE	Allen Associates	\$31.81
Lawrence Township BOE	Conner Strong & Buckelew	\$31.45
Lower Cape May Regional School District	J Byrne Agency	\$42.24
Millville BOE	Allen Associates	\$30.28
Ocean City BOE	Brown & Brown Benefit Advisors	\$45.74
Penns Grove	Conner Strong & Buckelew	\$28.89
Pittsgrove Township	Hardenbergh Insurance	\$54.34
Salem County	Assured Partners	\$22.50
Upper Deerfield BOE	Allen Associates	\$32.27
Vineland BOE	Allen Associates	\$19.73
Waterford Township BOE	Cornerstone Insurance Group	\$66.81
West Cape May BOE	J Byrne Agency	\$34.98
Woodbine BOE	J Byrne Agency	\$35.67
Woodstown Borough	Allen Associates	\$16.96

4. This schedule may be amended upon written notification of each listed member entity.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
AUTHORIZING COMMISSION TREASURER TO PROCESS
CONTRACTED PAYMENTS AND EXPENSES**

WHEREAS, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

WHEREAS, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2020.

BE IT FURTHER RESOLVED that the Executive Committee of the Southern Coastal Regional Employee Benefits Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

ADOPTED by Southern Coastal Regional Employee Benefits Fund at a properly noticed meeting held on January 27, 2020.

ADOPTED: JANUARY 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 13-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ADOPTING 2020 WELLNESS GRANT PROGRAMS**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Executive Committee set forth a budget for the Fund year of January 1, 2020 through December 31, 2020. This budget includes \$200,000 for individual member wellness grants;

WHEREAS, Hopewell Board of Education submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented to the Executive Committee at its meeting on January 27, 2020.

WHEREAS, the projected program and requested funds in the amount of \$2,550, which the Wellness Committee reviewed and deemed appropriate for the objectives of the Fund wellness grant program.

WHEREAS, Millville Public Schools submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented to the Executive Committee at its meeting on January 27, 2020

WHEREAS, the projected program and requested funds in the amount of \$20,000, which the Wellness Committee reviewed and deemed appropriate for the objectives of the Fund wellness grant program.

WHEREAS, Cumberland County Technical Education Center submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented to the Executive Committee at its meeting on January 27, 2020.

WHEREAS, the projected program and requested funds in the amount of \$7,000, which the Wellness Committee reviewed and deemed appropriate for the objectives of the Fund wellness grant program.

WHEREAS, Cumberland Regional High School submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented to the Executive Committee at its meeting on January 27, 2020.

WHEREAS, the projected program and requested funds in the amount of \$7,500, which the Wellness Committee reviewed and deemed appropriate for the objectives of the Fund wellness grant program.

NOW THEREFORE BE IT RESOLVED, on January 27, 2020 the Executive Committee of the Southern Coastal Regional Employee Benefits Fund approved Wellness Grant Program for Hopewell Board of Education, in the amount of \$2,550, Millville Public Schools in the amount of \$20,000 and Cumberland County Technical Education Center in the amount of \$7,000.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2020

BY:_____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE DECEMBER 2019 AND JANUARY 2020 BILLS LISTS**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **January 27, 2020** 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 December 2019 and January 2020 for consideration and approval of the Executive Committee; and

WHEREAS, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of December for all Fund Years 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 Coastal Regional Employee Benefits Fund hereby approve the Bills List for December 2019 and January 2020 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 Coastal 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: January 27, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
NOVEMBER 25, 2019
THE GREENVIEW INN AT EASTLYN GOLF COURSE
12:30 PM**

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

PLEDGE OF ALLEGIANCE

ROLL CALL OF 2019 EXECUTIVE COMMITTEE:

Pasquale Yacovelli – Chairman	Buena Regional Board of Education	Present
Cherie Bratty - Secretary	Upper Deerfield Board of Education	Absent
Gene Mercoli	Vineland Board of Education	Present
Bruce Harbinson	Cumberland Regional Board of Education	Absent
Nicole Albanese	Bridgeton Board of Education	Present
Jerry Velazquez	Cumberland County Improvement Authority	Present
Stephanie Kuntz	Hopewell Board of Education	Present
ALTERNATE		
Paige Sharp-Rumaker	Dennis Twp Board of Education	Present

Chair Yacovelli aid Commissioner Harbinson provided advance notice that he would be absent from today's meeting.

PRESENT FUND PROFESSIONALS:

FUND ADMINISTRATOR: PERMA Risk Management
Emily Koval
Karen Kamprath

FUND ATTORNEY: Douglas Long

PROGRAM MANAGER Shared Health Alliance
Rich Allen

FUND TREASURER: Mike Zambito

DEPUTY TREASURER: Absent

AETNA: Absent

AMERIHEALTH: Lane Hindman

EXPRESS SCRIPTS: Absent

FUND AUDITOR:

Absent

ALSO PRESENT

APPROVAL OF MINUTES: October 29, 2019 - Open

MOTION TO APPROVE OPEN MINUTES OF OCTOBER 29, 2019

Moved:	Commissioner Albanese
Second:	Commissioner Kunze
Vote:	5 Ayes, 0 Nays, 1 Abstain (Commissioner Sharp -Rumaker)

MOTION TO OPEN MEETING TO PUBLIC:

Moved:	Commissioner Mercoli
Second:	Commissioner Velazquez
Vote:	All in Favor

PUBLIC COMMENT – None

MOTION TO CLOSE MEETING TO PUBLIC:

Moved:	Commissioner Mercoli
Second:	Commissioner Velazquez
Vote:	All in Favor

EXECUTIVE DIRECTOR’S REPORT

FINANCIAL FAST TRACK – AS OF SEPTEMBER 30, 2019 – Ms. Koval said the financial fast track shows the fund made about \$827,000 in September. She said year to date the fund has an operating surplus increase of about \$5 million.

GUARDIAN NURSES – FINANCE AND CONTRACTS COMMITTEE RECOMMENDATION

Ms. Koval said at the last meeting, the Committee decided to move forward with the Guardian Nurses program. In the Schools Health Insurance Fund (SHIF), the GN contract is a sub contract to the Program Manager’s contract. The year the GN program was included was a year that the Program Manager’s contract was put out to RFP, so the SHIF included the following service requirement in its PM RFP.

Provide disease and case management services including:

-One full time chronic care nurse that will focus on disease management strategies and interventions;

-Two full time acute care nurses that will focus on case management and conduct on site visits for enrollees admitted to the hospital and other facilities; assist enrollees with transition of care, introduce and expedite home care services, and facilitate decisions around end of life care.

In order to have a sub contractor, the service must be included in the Fund's professional contract. As we mentioned, Aetna and AmeriHealth include telephonic disease and case management, but not full time mobile nurse services. Essentially, we would remove the service from one contract to the other, with some enhancement.

The Fund Attorney and the Contracts Committee has reviewed the Program Manager contract and are recommending this change. We ask for a motion to allow the Program Manger to move forward with the contract negotiations with Guardian Nurses. The contract approval and language changes will be formally adopted in the contract resolution in the reorg agenda.

MOTION TO ALLOW THE PROGRAM MANGER TO MOVE FORWARD WITH THE CONTRACT NEGOTIATIONS WITH GUARDIAN NURSES. THE CONTRACT APPROVAL AND LANGUAGE CHANGES WILL BE FORMALLY ADOPTED IN THE CONTRACT RESOLUTION IN THE REORG AGENDA.

Moved:	Commissioner Mercoli
Second:	Commissioner Kunze
Vote:	6 Ayes, 0 Nays

GUARDIAN NURSES - BUDGET AMENDMENT - Ms. Koval the Disease and Case management fees will be removed from Aetna and AmeriHealth and shifted to Guardian Nurses. She said a line was not included in the budget for Guardian Nurses as it was not determined if the Fund would move forward with the program, however we intentionally included a large contingency fund for the overflow of cost after we remove the cost from the TPAs. She said \$97,522 will be moved from the loss fund contingency line to the Guardian Nurses Budget line.

	GN Carve Out		
	Census- 9 Months	Fee	
Aetna	33,822.00	\$ 6.39	\$ 216,122.58
AHA	3,342.00	\$ 2.50	\$ 8,355.00
			\$ 224,477.58
		GN Nurse - 9 mnths	\$ 315,000.00
		Start up Fee	\$ 7,000.00
		Total 2020 GN Fee	\$ 322,000.00
		Use of Contingency	\$ 97,522.42

MOTION TO APPROVE RESOLUTION 29-19 TO ADD A NEW LINE IN THE 2020 BUDGET FOR GUARDIAN NURSES AND MOVE \$97,522 FROM THE LOSS FUND CONTINGENCY LINE TO THE GUARDIAN NURSE BUDGET LINE.

Moved:	Commissioner Albanese
Second:	Commissioner Kunze
Vote:	6 Ayes, 0 Nays

BANKING AND INVESTMENT RFP – Ms. Koval said the Banking and Investment RFP has been reissued and responses are due on December 10.

In response to Commissioner Mercoli, Ms. Koval said the nominations committee will meet prior to the January meeting to decide on a recommended slate for 2020.

PROGRAM MANAGER’S REPORT

PROSPECTS

Middle Township BOE – Working Towards 2020

Penns Grove – Carney’s Point BOE – Pending Update

Cape May County Special Services – Claims request submitted to SHB

City of Vineland – Not Competitive

COASTAL FUND MEETING DATES

January 27, 2020 – Reorganization Meeting

COASTAL FUND BROKERS

Allen Associates

AR Fanucci

Assured Partners

Brown and Brown Advisors

J Byrne Agency

Conner Strong & Buckelew

Cornerstone Insurance Group

Hardenbergh Insurance Group

Innovative Risk Solutions

Integrity Consulting Group

2019 COMMITTEES

Finance & Contracts

Pat Yacovelli – Chair

Jerry Velazquez

Gene Mercoli

Operations & Nominations

Nicole Albanese – Chair

Jerry Velazquez

Stephanie Kuntz

Wellness & Claims

Cherie Bratty – Chair

Bruce Harbinson

Paige Sharpe-Rumaker

COMMITTEE UPDATES

WELLNESS GRANTS

Program Manager said the next date for approval of Wellness Grant Funds will be 1/1/2020. Please submit your Wellness Grant Applications for 2020 by November 2019 for consideration by the Wellness Committee. All Final Approvals will be made in January 2020.

ADMINISTRATIVE UPDATES:

OPEN ENROLLMENT - Open Enrollment was 11/4/2019-11/22/19. OE Materials were distributed. Changes must be submitted by 11/27/19

ONLINE ENROLLMENT SYSTEM TRAINING - If you need training or would like a refresher course on the online enrollment system, please reach out to Karen Kidd at kkidd@permainc.com of PERMA.

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 Coastal Fund 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 our attention.

BROKER CONTACT INFORMATION - Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated Benefit Specialists as follows: Rose Meimbresse rose@allenassoc.com , or Annie Jimenez annie@allenassoc.com

END OF YEAR REPORTING:

Ms. Murray said the Year end W2 and ACA reporting will begin processing in December 2019. The Coastal HIF enrollment team will provide to the group enrollment contacts prior to the end of the year. Dependent Age Out reports will be completed and available prior to the end of the year. Dependents aging out of will receive COBRA packets directly from the Coastal HIF COBRA administrator, Benefit Express. It is important to note COBRA offers are mailed to the dependent who is aging off the plan – these offers are NOT addressed to the parent who carries coverage.

EXPRESS SCRIPTS (ESI) UPDATES

NATIONAL PREFERRED FORMULARY UPDATE - Beginning January 1, 2020, the changes below will go into effect for HIF members. The charts below show the New Single-Source Brand Exclusions and the list of medications that will be re-classified from Preferred to Non-preferred effective 1/1/2020. HIF members will still have access to medications changing to non-preferred status but the “tier-three” copayment will apply effective January 1st. ESI has identified 86 members (out of 13,352) who have been filling scripts for one of the impacted medications. Personalized member communications that provide additional information about the preferred alternatives will be mailed to the affected members prior to January 1st.

New Single-source Brand Exclusions		
AKYNZEO CAPSULE	AUBAGIO	EMEND POWDER PACKET
EPANED	GRANIX	JADENU, JADENU SPRINKLE
MULPLETA	NUWIQ	ONZETRA XSAIL
ORFADIN	PENNSAID	QBRELIS
RELION NOVOLIN	RHOFADE	SITAVIG
STRIVERDI RESPIMAT	SUBSYS	TIVORBEX
TUDORZA PRESSAIR	VIVLODEX	XATMEP
ZIPSOR		

Preferred-to-Non-preferred		
ABSORICA	ADAGEN	AMITIZA
ARCAPTA NEOHALER	ARZERRA	ATROVENT HFA
BYVALSON	FIRDAPSE	FULPHILA
GRALISE	HEXALEN	LARTRUVO
MOXEZA	RELENZA	SANCUSO
TABLOID	VARUBI VIAL	XOFLUZA
ZONTIVITY		

AETNA UPDATES

NEW ID CARDS - **NJ RESIDENTS ONLY- Aetna has advised us that due to new legislation that requires specific benefit language on ID cards for self-funded medical plans, they will be updating ID cards to comply with the new regulations. ID cards requested by members after 7/1/2019 will reflect the new requirements. Effective 1/1/2020, new ID cards will be issued to all Commission members (excluding fully insured plan members such as Medicare Advantage). The legislation requires that the PCP, Specialist, Hospital, and ER copays be listed on the ID cards, even when there is no member cost share. Currently, the PCP, Specialist, Hospital, ER, and Urgent Care information appears on the Commission ID cards only when there is member responsibility. The ID cards must also include disclaimer that a deductible may apply to these benefits.

Program Manager said they received an update that the new ID cards will probably not be distributed until January, however old ID cards can still be used.

AMERIHEALTH ADMINISTRATORS (AHA) UPDATES

NEW ID CARDS - JANUARY 1, 2020 - Re-card: In order to better comply with New Jersey legislations regulating self-funded medical plans, AHA will be performing a re-card, for all members enrolled in the HIF for January 1, 2020. The only edit to the cards, will be that they will include the language "Self-Funded Group." There will be no impact to benefit levels, group numbers or ID numbers.

VERITAS

As discussed in the last Coastal HIF meeting, MRHIF has voted to implement the Veritas program as another layer of clinical protection. Veritas is a clinical prior authorization review program for high cost specialty claims and will audit the Express Scripts prior authorization for clinical efficiency. This program will only impact a very small percentage of prescriptions.

TREASURER REPORT – Fund Treasurer reviewed the bills list and treasurers report for November.

Resolution 30-19 November 2019 Bills List

FUND YEAR	AMOUNT
2019	\$974,575.44
TOTAL	\$974,575.44

MOTION TO APPROVE RESOLUTION 30-19 THE NOVEMBER 2019 BILLS LIST IN THE AMOUNT OF \$974,575.44:

Moved:	Commissioner Albanese
Second:	Commissioner Sharp-Rumaker
Vote:	6 Ayes, 0 Nays

FUND ATTORNEY – None

AMERIHEALTH ADMINISTRATORS – Ms. Hindman reviewed the claims paid through October 2019. She said the total paid for October was \$1.6 million. She said the average pepm for the year is \$1,300.92. In response to Commissioner Mercoli, Ms. Hindman said the overall call volume increased by approximately 10,000 from September to October and the provider call volume increased to 5300 with the member call volume at 2200. She said provider calls were routed to a dedicated provider line to try and lower the answer time. Commissioner Mercoli asked if the provider vs member calls can be broken out.

AETNA – Report included in Agenda.

EXPRESS SCRIPTS – None

OLD BUSINESS: None

NEW BUSINESS: None

MOTION TO OPEN MEETING TO PUBLIC:

Moved:	Commissioner Albanese
Second:	Commissioner Mercoli
Vote:	All in Favor

PUBLIC COMMENT – In response to Mr. Fanucci, Ms. Koval said the reason the reporting threshold changed was because the reinsurance threshold increased.

MOTION TO CLOSE MEETING TO PUBLIC:

Moved:	Commissioner Mercoli
Second:	Commissioner Sharp-Rumaker
Vote:	All in Favor

MOTION TO ADJOURN:

Moved:	Commissioner Albanese
Second:	Commissioner Sharp-Rumaker
Vote:	All in Favor

MEETING ADJOURNED: 1:30 pm

NEXT MEETING: January 27, 2020

The Greenview Inn at Eastlyn Golf Course

12:30 pm

APPENDIX II

Coastal Finance Committee
January 17, 2020
Conference Call
3:00 pm

Attendees:

Pat Yacovelli, Fund Chair
Gene Mercoli, Fund Commissioner
Karen Kamprath, PERMA
Emily Koval, PERMA
Paul Laracy, PERMA
Rick Allesandrini, Shared Health Alliance
Dina Murray, Shared Health Alliance
Robert Allen, Shared Health Alliance

The Committee met to review the RFP responses for a Banking and Asset Manager. Mr. Laracy said responses were received from TD Wealth, PFM Asset Management and Wilmington Trust. He said all 3 vendors are qualified. He said Wilmington Trust has the most experience with the Coastal Fund, however all 3 have experience with Joint Insurance Funds. He said the price differential is substantial with Wilmington being the lowest. Commissioner Mercoli said he has not had any direct involvement with TD Bank for investments and did have direct involvement with PFM at his last district. He said he is looking for the professional to provide guidance to the Fund Treasurer and Deputy Treasurer as to where investments should go so they can develop an investment strategy based on the cash needs of the Fund. The Committee discussed the options and decided that TD Wealth was priced too high. Chair Yacovelli said Wilmington is the lowest proposal and the incumbent and he would like to give them the opportunity to produce what we are looking for. Commissioner Mercoli agreed. Mr. Laracy said a resolution will be included in the January Agenda.

Committee Rating and Points Assignment				
		TD Wealth	PFM Asset Management LLC	Wilmington Trust
a.	Organizational Management, Stability and Ownership (10%)	10	10	10
b.	Expertise (25%)	25	25	25
c.	Experience in health joint insurance funds with similar services (10%)	10	10	10
d.	Ability to comply with the required standards of the RFP (15%)	15	15	15
e.	Results collected from provided references (10%)	10	10	10
f.	Fee Proposal (30%)	10	20	30
g.	Total	80	90	100

APPENDIX III

**Coastal Finance Committee
January 17, 2020
Conference Call
3:00 pm**

Attendees:

Pat Yacovelli, Fund Chair
Nicole Albanese, Executive Committee
Stephanie Kuntz, Executive Committee
Karen Kamprath, PERMA
Emily Koval, PERMA
Rich Allen, Shared Health Alliance
Dina Murray, Shared Health Alliance
Susan Dortu, Shared Health Alliance
Robert Allen, Shared Health Alliance

The Committee met to discuss the slate of officers for the 2020 Fund year. Ms. Murray said she received an email from Secretary Bratty and she would be stepping down from the Executive Committee. Chair Yacovelli said he would reach out to Secretary Bratty to see if she would like to remain as alternate. It was suggested to add Richard Davidson to the Executive Committee and Megan Duffield as an Alternate if Cherie is not interested in remaining on the Committee as an alternate. In response to Commissioner Kuntz, Ms. Koval said the bylaw amendment she is referring to was never actually adopted because not enough members passed it at the local level, however it is a policy we should try to follow to allow for representation from both Municipalities and School Boards on the Executive Committee.

The Committee discussed further and decided that Commissioner Albanese will be the recommended Secretary, and Commissioner Albanese will reach out to Commissioner Sharpe-Rumaker to see if she wants to sit on the Executive Committee. If Commissioner Sharpe-Rumaker does not wish to sit on the Executive Committee the proposed slate will be Pat Yacovelli Fund Chair, Nicole Albanese Fund Secretary, Bruce Harbinson, Jerry Velazquez, Gene Mercoli, Stephanie Kuntz and Richard Davidson as Executive Committee members and Paige Sharpe-Rumaker and Cherie Bratty as executive Committee Alternates.