



AGENDA & REPORTS
MAY 18, 2020
12:30 PM

Join Zoom Meeting

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Meeting ID: 545 508 0980

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1- 949-205-6099

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

<p style="text-align: center;">SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND AGENDA MEETING: MAY 18 12:30 PM</p>
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MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

APPROVAL OF MINUTES: March 23, 2020 Appendix I

ROLL CALL OF 2020 EXECUTIVE COMMITTEE

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER- (Shared Health Alliance)

Monthly Report.....Page 25

Guardian NursesPage 32

TREASURER - (Michael Zambito/Verrill & Verrill)

April 2020 Bills ListPage 33

May 2020 Bills List.....Page 35

April 2020 Treasurers ReportPage 37

Resolution 18-20 Approving April and May 2020 BillsPage 40

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)

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NETWORK & THIRD PARTY ADMINISTRATOR - (Amerihealth)

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PRESCRIPTION ADMINISTRATOR - (Express Scripts)

Monthly Report..... Page 51

PUBLIC COMMENT

MEETING ADJOURNED

Southern Coastal Regional Employee Benefits Fund
Executive Director's Report
May 18, 2020

FINANCES

PRO FORMA REPORTS

- **Fast Track Financial Reports** – as of March 31, 2020 (page 4)
 - **Historical Income Statement**
 - **Consolidated Balance Sheet**
 - **Indices and Ratios Report**
 - **Budget Status Report**

As of March 31, the Fund has over 4 months of claim in surplus, which is a solid position to be in to handle a potential surge in COVID claims. April claims were about 10% lower than budget possibly due to deferral of elective procedures. We are monitoring the COVID impact on a weekly basis.

The Aetna report now includes a report of COVID related claims.

AUDITOR AND ACTUARY YEAR-END REPORTS

A draft of the Annual Financial Audit for the period ending December 31, 2019 is included with the agenda. A representative from Bowman & Company LLC is expected to present the report. The final will be delivered after the meeting, so a finance committee meeting will be scheduled to review the final draft and ratification can take place at the July meeting. We need a simple motion to give authorization to the finance committee to file the audit with the State. Should the Executive Committee request any changes, we can submit a second filing.

MOTION: *Motion to authorize the Finance Committee to review and accept the final Fund Year 2019 Audit for filing with the State of New Jersey by June 30, 2020.*

IBNR - ACTUARY CERTIFICATION

At the end of each Fund year, the Actuary must certify that the Fund is reserving enough funds for incurred but not reported (IBNR) claims. The Actuary has reviewed the claims and financial fast track through the end of the year and has determined a range for which he believes will be a conservative reserve. Enclosed on page 11 is his certification and range development. This will be filed with the annual audit in June.

OPERATIONS

RISK MANAGEMENT PLAN - AMENDMENT

An internal review of the enrollment process was performed and found that the process of partial month transactions was not consistent across all of our Funds. In order to synchronize enrollments with accounts payable, we are recommending the following standard 'rule' for rate charging for enrollments during any given month:

26.) PARTIAL MONTH ENROLLMENTS

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

Resolution 17-20 (page 13) amends the Risk management to include this additional item.

MOTION: *Motion to approve Resolution 17– 20 amending the risk management plan to establish a standard partial month enrollment rate charge rule.*

OPERATIONS COMMITTEE

There are a few possible new members for July 1 or after but the details have not been finalized. We ask for the Operations Committee to review and decide on their membership. The decision will be ratified at the July meeting. PERMA and the Program Manager will set up a call in the next week.

MOTION: *Motion to empower the Operations Committee to recommend new membership for prospects after July 1, 2020.*

MRHIF ACTION ON PHARMACY CONSULTANT AND ESI CONTRACT

MRHIF has awarded a contract to ELMC, Inc., the incumbent consultant, to assist the MRHIF in negotiating a contract renewal with ESI for the period 1/1/2021 to 6/30/2021. MRHIF will also be issuing an RFP later this year for a consultant to assist with issuing and RFP for a new multi-year contract with ESI or another provider effective 7/1/2021.

MRHIF AUDIT OF AMERIHEALTH

MRHIF commissioned an audit of AHA for our HIF, the Schools HIF, the Coastal HIF, and the Central Jersey HIF. The report was completed with favorable results for AHA in terms of processing accuracy but with some observations and recommendations regarding service metrics. AHA is preparing a response to the recommendations that we hope to have for our next meeting.

FINANCIAL DISCLOSURE STATEMENTS

As is done on the local level and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. The deadline to file is April 30, 2020. Fines will be issued for noncompliance. In light of the circumstances surrounding COVID-19, the Local Finance Board, at its meeting of April 22, 2020, voted to extend the date at which the Board would take enforcement action against non-fillers of the 2020 FDS until **July 31, 2020** from the statutory deadline of April 30, 2020.

Last Name	First Name	Filed
Albanese	Nicole	Yes
D'Anna	Todd	Yes
Davidson	Richard	No
DiNovi	Lisa	Yes
Dubois-Brody	Shannon	Yes
Duffield	Megan	Yes
Fox	Dan	Yes
Harbinson	Bruce	Yes
Harris	Darren	Yes
Harris	J. Kenneth	Yes
Hughes	Charles	No
Kelley	Timothy	Yes
Kuntz	Stephanie	Yes
Lacy	Valerie	Yes
Laracy	Paul	Yes
Long	Douglas	Yes
Mallett	Mark	Yes
Mercoli	Gene	No
O'Neill	Molly	Yes
Pennington	Stacy	Yes
Richardson	Shay	Yes
Rumaker	Paige	Yes
Velazquez	Gerard	Yes
Verrill	Ken	Yes
Washington	John	No
Yacovelli	Pasquale	Yes
Zambito	Mike	Yes

FUTURE MEETINGS

In accordance with the Open Public Meetings Act, N.J.S.A. 10:4-6 et seq. and in consideration of Executive Order No. 103, issued by Governor Murphy on March 9, 2020, declaring a State of Emergency and a Public Health Emergency in the State of New Jersey, the Fund may conduct electronic meetings. PERMA will contact the Fund Chair on a monthly basis to determine how the meetings should convene and contact the Commissioner as soon as possible.

CONTRACTS

There are 5 contracts terminating at the end of the year. We will set up a contracts committee meeting prior to the July meeting to recommend the procurement process for these contracts.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

AS OF March 31, 2020

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	8,490,721	25,375,537	296,770,627	322,146,164
2. CLAIM EXPENSES				
Paid Claims	7,558,413	20,788,116	235,122,843	255,910,959
IBNR	2,092	(106,892)	7,945,000	7,838,108
Less Specific Excess	(265,826)	(300,021)	(5,085,914)	(5,385,935)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	7,294,679	20,381,204	237,981,930	258,363,133
3. EXPENSES				
MA & HMO Premiums	33,003	99,184	979,031	1,078,215
Excess Premiums	242,977	728,626	10,150,786	10,879,412
Administrative	802,122	2,413,490	27,861,533	30,275,022
TOTAL EXPENSES	1,078,102	3,241,299	38,991,350	42,232,649
4. UNDERWRITING PROFIT (1-2-3)	117,941	1,753,034	19,797,347	21,550,381
5. INVESTMENT INCOME	60,635	176,446	1,249,807	1,426,252
6. DIVIDEND INCOME	0	0	1,042,668	1,042,668
7. STATUTORY PROFIT (4+5+6)	178,576	1,929,480	22,089,822	24,019,302
8. DIVIDEND	0	0	2,645,315	2,645,315
9. STATUTORY SURPLUS (7-8)	178,576	1,929,480	29,299,904	31,229,384

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	23,644	74,664	14,745,334	14,819,998
	Cash	29,024	85,580	16,403,691	16,489,271
2018	Surplus	21,142	6,832	5,564,904	5,571,735
	Cash	22,516	(9,428)	5,321,548	5,312,120
2019	Surplus	1,132,096	1,439,624	8,989,666	10,429,290
	Cash	(50,438)	(4,371,084)	15,970,806	11,599,722
2020	Surplus	(998,306)	408,360		408,360
	Cash	3,856,539	6,492,481		6,492,481
TOTAL SURPLUS (DEFICITS)		178,576	1,929,480	29,299,904	31,229,384
TOTAL CASH		3,857,642	2,197,549	37,696,045	39,893,593

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	2,457	1,829	88,247,181	88,249,010
FUND YEAR 2018				
Paid Claims	2,869	72,590	69,896,938	69,969,528
IBNR	-	(15,237)	15,237	0
Less Specific Excess	-	(23,205)	(1,346,243)	(1,369,448)
Less Aggregate Excess	-	0	0	0
TOTAL FY 2018 CLAIMS	2,869	34,149	68,565,931	68,600,079
FUND YEAR 2019				
Paid Claims	74,687	5,783,620	73,536,573	79,320,194
IBNR	(920,385)	(6,877,543)	7,929,763	1,052,220
Less Specific Excess	(265,826)	(276,816)	(297,519)	(574,335)
Less Aggregate Excess	0	0	0	0
TOTAL FY 2019 CLAIMS	(1,111,524)	(1,370,738)	81,168,818	79,798,079
FUND YEAR 2020				
Paid Claims	7,478,400	14,930,076		14,930,076
IBNR	922,477	6,785,888		6,785,888
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
TOTAL FY 2020 CLAIMS	8,400,877	21,715,964		21,715,964
COMBINED TOTAL CLAIMS	7,294,679	20,381,204	237,981,930	258,363,133

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

CONSOLIDATED BALANCE SHEET

AS OF MARCH 31, 2020

BY FUND YEAR

	COASTAL 2020	COASTAL 2019	COASTAL 2018	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	6,492,481	11,599,722	5,312,120	16,489,271	39,893,593
Assessments Receivable (Prepaid)	1,137,266	83,023	235,867	(0)	1,456,156
Interest Receivable	286	1,296	544	1,691	3,817
Specific Excess Receivable	-	498,033	23,205	-	521,238
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	-	-	-	-	-
Total Assets	7,630,033	12,182,074	5,571,735	16,490,962	41,874,804
LIABILITIES					
Accounts Payable	-	-	-	-	-
IBNR Reserve	6,785,888	1,052,220	-	-	7,838,108
A4 Retiree Surcharge	367,576	517,185	-	-	884,761
Dividends Payable	-	-	-	1,670,964	1,670,964
Accrued/Other Liabilities	68,209	183,379	-	-	251,588
Total Liabilities	7,221,673	1,752,784	-	1,670,964	10,645,420
EQUITY					
Surplus / (Deficit)	408,360	10,429,290	5,571,735	14,819,998	31,229,384
Total Equity	408,360	10,429,290	5,571,735	14,819,998	31,229,384
Total Liabilities & Equity	7,630,033	12,182,074	5,571,735	16,490,962	41,874,804
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.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

INDICES	2019	JAN	FEB	MAR
Cash Position	37,696,045	\$ 33,929,954	\$ 36,035,952	\$ 39,893,593
IBNR	7,945,000	\$ 7,857,543	\$ 7,836,016	\$ 7,838,108
Assets	39,638,740	\$ 40,230,581	\$ 41,547,950	\$ 41,874,804
Liabilities	10,338,836	\$ 10,383,749	\$ 10,497,142	\$ 10,645,420
Surplus	29,299,904	\$ 29,846,832	\$ 31,050,808	\$ 31,229,384
Claims Paid -- Month	6,697,324	\$ 7,010,303	\$ 6,219,400	\$ 7,558,413
Claims Budget -- Month	7,557,439	\$ 7,345,665	\$ 7,345,665	\$ 7,345,665
Claims Paid -- YTD	83,005,907	\$ 7,010,303	\$ 13,229,703	\$ 20,788,116
Claims Budget -- YTD	89,568,585	\$ 7,345,665	\$ 14,691,330	\$ 22,036,995
RATIOS				
Cash Position to Claims Paid	5.63	4.84	5.79	5.28
Claims Paid to Claims Budget -- Month	0.89	0.95	0.85	1.03
Claims Paid to Claims Budget -- YTD	0.93	0.95	0.9	0.94
Cash Position to IBNR	4.74	4.32	4.6	5.09
Assets to Liabilities	3.83	3.87	3.96	3.93
Surplus as Months of Claims	3.88	4.06	4.23	4.25
IBNR to Claims Budget -- Month	1.05	1.07	1.07	1.07

Southern Coastal Regional Employee Benefits Fund
2020 Budget/Billing Reconciliation
as of March 31st, 2020

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Aetna 1/1 Renewal	7,985,487	31,995,457	32,488,800			
Medical Aetna 7/1 Renewals	8,805,168	17,589,608	35,872,738			
Medical AmeriHealth 1/1 Renewal	4,174,476	16,763,360	16,857,987			
Medical AmeriHealth 7/1 Renewal	279,759	559,518	1,108,074			
Subtotal Medical	21,244,890	66,907,943	86,327,599	20,685,927	575,764	3%
Prescription Claims 1/1 Renewals	288,109	1,148,779	1,217,287			
Prescription Claims 7/1 Renewals	548,410	1,092,793	2,161,981			
Less Formulary Rebates	(125,479)	(336,241)	(503,400)			
Subtotal Prescription	711,040	1,905,331	2,875,868	1,006,642	(295,602)	-42%
Dental Claims 1/1 Renewals	0	0	0			
Dental Claims 7/1 Renewals	32,865	65,843	126,449			
Subtotal Dental	32,865	65,843	126,449	23,395	9,470	29%
Vision Claims 1/1 Renewals	0	0	0			
Vision Claims 7/1 Renewals	16,801	33,409	95,704			
Subtotal Vision	16,801	33,409	95,704	Included in Medical		
Subtotal Claims	22,005,596	68,912,526	89,425,620	21,715,964	289,632	1%
Loss Fund Contingency	168,509	674,035	450,000	0	168,509	100%
Medicare Advantage	99,184	396,737	324,793	99,184	-	0%
Reinsurance						
Specific	728,321	2,326,590	2,965,634			
Subtotal Reinsurance	728,321	2,326,590	2,965,634	728,626	(304)	0%
Total Loss Fund	23,001,610	72,309,888	93,166,048	22,543,774	457,836	2%
Expenses						
Legal	6,250	25,000	25,000	9,581	(3,331)	-53%
Treasurer	4,911	19,643	19,643	4,918	(7)	0%
Executive Director	286,105	921,762	1,156,350	286,239	(134)	0%
Program Manager	528,630	1,656,883	2,141,353	528,849	(220)	0%
Brokerage	438,330	1,432,548	1,757,387	438,520	(191)	0%
TPA - Med Aetna	547,403	1,496,585	2,211,508	Included below in Med AmerihealthAdmin		
TPA - Med AmeriHealth Admin	148,839	578,045	610,517	694,575	2,828	0%
TPA - Dental	1,376	2,749	5,616	1,379	(3)	0%
TPA - Vision	1,162	2,318	6,486	Included below in Med AmerihealthAdmin		
Actuary	8,968	35,870	35,870	8,968	0	0%
Auditor	4,850	19,400	19,400	4,851	(1)	0%
Subtotal Expenses	1,976,822	6,190,802	7,989,130	1,977,880	(1,058)	0%
Contingency	9,689	38,755	38,755	4,676	5,013	52%
Wellness Program	50,000	200,000	200,000	50,001	(1)	0%
Plan Documents	6,250	25,000	25,000	6,249	1	0%
Affordable Care Act Taxes	7,106	22,700	28,934	7,108	(2)	0%
Retiree Surcharge	367,553	1,117,720	1,490,857	367,576	(23)	0%
Total Expenses	2,417,420	7,594,977	9,772,677	2,413,490	3,931	0%
Total Budget	25,419,030	79,904,864	102,938,724	24,957,264	461,767	2%

GROUP AFFIDAVIT FORM
CERTIFICATION OF FUND COMMISSIONERS
Of the
SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

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

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

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2019.

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

GENERAL COMMENTS - RECOMMENDATIONS

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

Attest:

Secretary to the Fund

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

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

RESOLUTION NO. 16-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
CERTIFICATION OF ANNUAL AUDIT REPORT FOR
PERIOD ENDING DECEMBER 31, 2019**

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

WHEREAS, the Annual Report of Audit for the year 2019 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

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

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

General Comments
Recommendations
Auditor's Opinion
And
Single Audit Findings

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

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

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

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

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined

not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

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

ADOPTED: May 18, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

ACTUARIAL SOLUTIONS, LLC

STATEMENT OF ACTUARIAL OPINION

March 5, 2020

Executive Committee
Southern Coastal Regional Employee Benefits Fund

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

I have reviewed the actuarial assumptions and actuarial methods used in determining the reserves and related actuarial items listed below, as prepared by the management of Coastal, for filing with the Company's December 31, 2019 report to New Jersey Department of Banking and Insurance. My responsibility is to express an opinion on these reserves and related actuarial items based on my review. The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Actuarial Standards of Practice and Actuarial Compliance Guidelines as promulgated by the Actuarial Standards Board, and form the basis of this statement of opinion.

<u>Item</u>	<u>Amount</u>
Claims unpaid	\$7,945,000

The reserves and related actuarial items listed above represent the estimates made by management of Coastal for all unpaid claims as of December 31, 2019. Considerable uncertainty and variability are inherent in such estimates, and, accordingly, the subsequent development of the unpaid claims liability may not conform to the assumptions used in the determination of the unpaid claims liability and therefore may vary from the amounts in the foregoing table.

I have relied on Paul Laracy, Executive Director, for the listings and summaries of claims and other relevant data, and for the accuracy of that data, as expressed in the attached statement.

My examination included a review of the actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

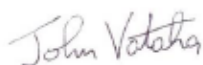
In my opinion, the reserves and related actuarial items identified above:

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

My review did not include asset adequacy analysis, as such analysis is not in the scope of my assignment. I have not reviewed any of Coastal's assets and I have not formed any opinion as to their validity or value. My opinion rests on the assumption that Coastal's December 31, 2019 unpaid claims liability is funded by valid assets that have suitably scheduled maturities and/or adequate liquidity to meet future cash flow requirements.

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

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



John Vataha, ASA, MAAA, FCA

John Vataha, ASA, MAAA, FCA

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:

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

26.) PARTIAL MONTH ENROLLMENTS

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

ADOPTED: May 18, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
Year: 2020, As of May 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
MAY 18, 2020**

Prospects

Downe Twp BOE

- Proposal presented, in review by group

Galloway Township Board of Education

- Proposal pending

Lower Township BOE

- Proposal presented, in review by group

Ventnor BOE:

- Proposal presented, in review by group

Egg Harbor, Twp of

- Proposal Pending

Middle Township Board of Education

- In review for 2020

Wildwood Crest, Boro of

- In review for 2020

Coastal Fund Meeting Dates (*Greenview Inn*)

- | | |
|--|----------------------|
| ▪ January 27, 2020 | ▪ September 21, 2020 |
| ▪ March 23, 2020 – Conference Call | ▪ October 26, 2020 |
| ▪ May 18, 2020 *3 rd Monday | ▪ November 23, 2020 |
| ▪ July 27, 2020 **Location TBD for July meeting only | ▪ January 25, 2021 |

Coastal Fund Brokers

- | | |
|----------------------------|--|
| ▪ Allen Associates | ▪ Cornerstone Insurance Group |
| ▪ AR Fanucci | ▪ Hardenbergh Insurance Group |
| ▪ Assured Partners | ▪ Brown & Brown Metro, LLC/Innovative Risk Solutions |
| ▪ Brown and Brown Advisors | ▪ Integrity Consulting Group |
| ▪ J Byrne Agency | |
| ▪ Conner Strong & Buckalew | |

2020 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

Please be advised that you still have time to submit an application for a wellness grant. Please go online to www.coastalhif.com and review the wellness grant guidelines and information in order to submit a new application. Applications are being reviewed now for approval at the July meeting. Please note the new website information from Health Fairs Direct for Biometric Screening information. Please contact us for any additional information or assistance. www.coastalhif.com

▪ **WELLNESS COMMITTEE**

- Wellness section has been added to Coastal HIF Website. Please note, applications can be submitted online.
- 2020 Grant Applications status

<u>COASTAL WELLNESS GRANTS - 2020</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	10/22/2019	\$7,000	\$7,000	10/22/2019	1/27/2020
Hopewell Twp BOE	10/31/2019	\$3,500	\$3,500	11/19/2019	1/27/2020
Cumberland Regional BOE	11/20/2019	\$7,500	\$7,500	11/20/2019	1/27/2020
Millville BOE	11/27/19	\$20,000	\$20,000	12/2/2019	1/27/2020

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.

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 .

GUARDIAN NURSES

The Coastal Guardian Nurses are now available and have been working since April 1 to serve our Coastal Groups wherever needed. We have two nurses exclusive to our Coastal members who have experience within our four counties. While personal contacts and visits are limited due to COVID-19 circumstances, please do not hesitate to contact them should you need them. Their expertise and abilities can be accessed via phone and we have several members who have had great success working with our nurses. It is important to note that the nurses are preauthorized to receive certain information from our medical carriers so that they may serve people quickly – which can be very important in emergency situations. Lauren Gant and Charlie Reiter, along with Colleen Pace, are on duty. www.coastalhif.com

Attached is the most recent report from Guardian Nurses for 4/1/2020-5/8/2020.

Our Nurses are very anxious to meet everyone and want you to know that they are waiting for your calls. If you, or your family members, or a co-worker, have need for help please contact them. We have attached a flyer with the phone numbers for our Coastal neighborhoods. *** **SEE ATTACHED FLYER FOR DISTRIBUTION** ***

OPEN ENROLLMENT UPDATE

REMINDER: As previously stated, we have discussed time frames for plan adds with our carrier partners and given the volume, **all plan changes must be received by our carriers 75 days in advance of 7/1**. We ask all new entrants, ***plan additions, plan changes, and plan deletions*** be submitted and finalized submitted to us no later than **May 22, 2020**.

Key Dates

- Open Enrollment Opens to Members – **April 27, 2020**
- Open Enrollment Closes to Members – **May 15, 2020**
- All enrollment changes must be entered into Benefit Express by **May 22, 2020**

AETNA UPDATE

COVID-19 Update – The Fund has agreed to the following Aetna COVID-19 coverage updates.

- Member cost-share waived for diagnostic testing and treatment
- Antibody testing covered with no cost-share
- Relaxed in-patient precertification requirement

Please visit this webpage for more information on how Aetna is handling COVID-19 related benefit developments:

<https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>

Network Update- In the March report we reported that Aetna's contract with Deborah Heart and Lung Center was dated to terminate on 4/15/2020. On March 26,2020 we were advised Deborah Heart and Lung Center rescinded their intention to terminate the contract. Deborah Heart and Lung Center and Aetna have reached an agreement and Deborah Heart and Lung Center will continue to participate in Aetna's Southern NJ Network. There has been no interruption to member access because the termination was rescinded before the contract's termination date. Member retraction letters were issued announcing Deborah's continued participation with Aetna.

EXPRESS SCRIPTS UPDATE

NPF Formulary Updates- Included in your report is a copy of this midyear National Preferred Attached is the updated 7/1 NPF Abridged Document with Exclusions. Note that due to the COVID-19 pandemic, **our 7/1 exclusions will not affect current users as we will be grandfathering members until the end of the year**, therefore there will be no member specific communication letters sent out for this 7/1 update. ***** SEE ATTACHED FLYER FOR DISTRIBUTION *****

Silvercloud- In response to COVID 19, Express Scripts has updated the resources available to members. Silvercloud is an online platform with activities and tools to address the stress and worry associated with the COVID-19 pandemic. Recently enhancements have been added for users to access additional content within the original programs on stress, resilience and insomnia along with a new program designed specifically for the COVID 19 pandemic.

Market Withdrawal of All Ranitidine Products- U.S. Food and Drug Administration (FDA) announced it is requesting manufacturers withdraw all prescription and over-the-counter (OTC) ranitidine drugs from the market immediately. This is the latest step in an ongoing investigation of a contaminant known as N-Nitrosodimethylamine (NDMA) in ranitidine medications (commonly known by the brand name Zantac).

Effective 4/01/2020, ESI will be the initial contact for first level prescription appeals. 2nd Level and Urgent appeals request process will not change.

DELTA DENTAL

Due to COVID 19, effective immediately Delta Dental will not be printing ID cards for members.

Attached is a flyer that will help members in need of an ID card. **** SEE ATTACHED FLYER FOR DISTRIBUTION ****

CORONAVIRUS COVID-19 UPDATE

Both Aetna and AHA are waiving cost-share related to COVID-19 treatments and testing. They are also relaxing inpatient requirements regarding precerts will waive copays for all diagnostic testing related to COVID-19. Aetna will waive the member costs associated with diagnostic testing at any authorized location for all commercial, Medicare, and Medicaid plans. Please follow the below links for more member information on how the carriers are handling benefit developments:

- **Aetna:** <https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html.10>
- **AmeriHealth Administrators:** <https://www.ahatpa.com/html/custom/covid-19/index.html>

Telemedicine To help reduce potential exposure, the Southern Coastal Health Insurance Fund also encourages members to utilize Telemedicine services. There is no member cost-share for Telemedicine services for any reason. To take advantage of this benefit, contact:

Teladoc (Aetna Members) at **855.835.2362** or visit www.teladoc.com/Aetna. Members can also download the mobile app by visiting www.teladoc.com/mobile

MDLIVE (AmeriHealth Members) at **888.964.0942** or visit www.mdlive.com/ahatpa. Members can also download the mobile app by visiting www.mdlive.com/mobileapp

LEGISLATIVE UPDATES

New COBRA Regulations – Due to the COVID-19 pandemic, the Department of Labor (DOL) and the Internal Revenue Service (IRS) recently issued guidance for group health plan sponsors regarding deadline extensions for COBRA, Flexible Spending Accounts (FSAs), and Health Reimbursement Arrangements (HRAs). The extended timeframes are intended to assist employers, employees and dependents who may have difficulty meeting standard timeframes associated with COBRA. The new ruling establishes an “Outbreak Period” defined as beginning with the declaration of a National State of Emergency on March 1, 2020 running through the duration of the Emergency plus a 60-day period following the date the National State of Emergency ends. At this time, an end date has not been specified for the National State of Emergency so the "Outbreak Period" cannot yet be determined. The DOL guidance provides the below timeframe extensions derived by disregarding the Outbreak Period:

- Extension of the 30-day and 60-day special enrollment timeframes
- Extension of the 60-day COBRA election period
- Extension of the 45-day initial premium payment timeframe
- Extension of the 30-day grace period for subsequent premium payments
- Extension of the 60-day COBRA notification timeframe

The chart below compares the current time-frames with the new guidelines.

COBRA NOTICE/EVENT	PRE-PANDEMIC	CHANGE
Initial Notice of COBRA Rights	Within first 90 days	Clarification required
Election Notice	Within 14 days of Qualifying Life Event	Clarification required
Election Period	Within 60 days	60 days after the end of the “outbreak period”
Initial Payment	Within 45 days	Within 45 days after the end of the “outbreak period”
Grace period for non-payment	30 days	30 days after “outbreak period”

We are working with the Fund’s COBRA administrator, Benefit Express to ensure they are taking the necessary measures to comply with and administer the new timeframes for eligible lines of coverage administered by the Fund. We will provide updated information and correspondence when they are available. For more information, please click on this link to the DOL’s COVID-19 FAQ:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/covid-19.pdf>

IRS Makes Critical Update to Retention - Tax Credit Guidance

On Friday, May 8, 2020, the Internal Revenue Service made a critical update to preexisting guidance on the employer retention tax credit (<https://www.irs.gov/newsroom/covid-19-related-employee-retention-credits-amount-of-allocable-qualified-health-plan-expenses-faqs>). By changing the answers to FAQs 64 and 65, the agency reversed its original position. It now will allow employers to use the retention tax credit to help them pay for the health insurance expenses of furloughed employees. Also, the IRS has clarified that any business that returns or fully repays a Paycheck Protection Program loan by May 14, 2020, may be eligible for the retention tax credit.

Initially, the IRS ruled that if an employer lays off or furloughs employees and pays them no wages, but continues their group health care coverage, the employer could not count any portion of health plan expenses for retention credit purposes. Their reasoning was no portion of the health plan expenses would be allocable to wages paid to the employees. However, in response to Congressional pressure, the IRS now will allow employers to use the retention tax credit to help offset more costs related to providing group health insurance benefits to employees. This relief now extends to employees who may not currently be being paid wages due to the COVID-19 economic downturn or full or partial business shutdown orders related to the coronavirus pandemic.

APPEALS –

Type	Determination
Medical	n/a
RX	n/a

SPECIAL NOTICE: As Program Managers for the Coastal HIF, Shared Health Alliance prioritizes the health and safety of the communities we serve. The worldwide COVID-19 outbreak has us all concerned and taking extra precautions. As a result, we wanted to assure members that we have activated our business continuity plan to ensure appropriate support to all members.



**Southern Coastal Regional Employee Benefits Fund
May 2020 Board Meeting**

Total Referrals		4/1/20 thru 5/8/20
Total Members Referred		131
Total Members Referred (ACUTE)		130
Total Members Referred (COMPLEX)		1
Total Open Cases		26 (20% engagement)
Mobilizations---Acute Program		1
Inpatients (No Visits Allowed)		33
Accompaniments – video/telephonic		1
Home Visits		0
Mobilizations---Complex Program		0
Inpatients (No Visits Allowed)		0
Accompaniments		0
Home Visits		0
Top 5 Diagnostic Categories		Cases
Cancer		22
Digestive System		19
Respiratory		18
Cardiac		15
Musculoskeletal		11
Top Inpatient Hospitals		Total %
Inspira		35%
Cooper		11%
Jefferson		8%
Salem Medical Center		8%
Potential High Claims		Status
Patient	Future Healthcare Claim	
Patient # 1 V.R.	Bone Marrow Transplant	Engaged
Patient # 2 Z.P.	Bone Marrow Transplant	Engaged
Patient # 3 C.P.	Kidney Transplant	Engaged
Patient # 4 J.M.	Kidney Transplant	Engaged
COVID-19 Diagnosis		None at this time
ICU ADMISSIONS		
Patient # 1 C.R.		Closed

Guardian Nurses Healthcare Advocates, Inc.
Lighting Your Way Through the Healthcare Maze
P.O. Box 224
Flourtown, PA 19031
Office: 215-836-0260
GuardianNurses.com

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

APRIL 2020

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>
001583			
001583	STATE OF NJ HEALTH BENE FUND	2019 A4 SURCHARGE	517,185.00
			517,185.00
001584			
001584	PERMA	1099 AATRIX FILING	14.95
			14.95
Total Payments FY 2019			517,199.95

FUND YEAR 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001585			
001585	STATE OF NJ HEALTH BENE FUND	2020 A4 SURCHARGE	737,835.00
			737,835.00
001586			
001586	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 4/20	33,527.04
			33,527.04
001587			
001587	DELTA DENTAL OF NEW JERSEY INC	DENTAL 4/20	452.40
			452.40
001588			
001588	AETNA LIFE INSURANCE COMPANY	TPA 4/20	158,375.13
			158,375.13
001589			
001589	AMERIHEALTH ADMINISTRATORS	TPA 4/20	49,506.28
			49,506.28
001590			
001590	PERMA	ADMIN FEE 4/20	95,425.86
			95,425.86
001591			
001591	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 2ND QTR 2020	8,967.50
			8,967.50
001592			
001592	ALLEN ASSOCIATES	BROKER FEE 4/20	146,182.24
			146,182.24
001593			
001593	VERRILL & VERRILL, LLC	TREASURER FEE 4/20	982.16
			982.16
001594			
001594	MICHAEL S. ZAMBITO	TREASURER FEE 4/20	654.75
			654.75
001595			
001595	SHARED HEALTH ALLIANCE	PROGRAM MANAGER 4/20	176,291.13
001595	SHARED HEALTH ALLIANCE	GUARDIAN NURSE SERVICE FEE 4/20	26,250.00
			202,541.13

001596			
001596	GRACE, MARMERO & ASSOCIATES, LLP	LITIGATION 3/20	2,667.50
001596	GRACE, MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 4/20	2,346.00
			5,013.50
001597			
001597	PRESS OF ATLANTIC CITY	ACCT#8006196 - AD	12.18
			12.18
001598			
001598	MUNICIPAL REINSURANCE HIF	REINSURANCE 4/20	242,875.20
			242,875.20
		Total Payments FY 2020	1,682,350.37
		TOTAL PAYMENTS ALL FUND YEARS	\$2,199,550.32

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. 18-20

MAY 2020

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>
001599			
001599	BOWMAN & COMPANY LLP	AUDIT PROGRESS BILL 5/20	3,500.00
			3,500.00
		Total Payments FY 2019	3,500.00

FUND YEAR 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001600			
001600	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 5/20	33,527.04
			33,527.04
001601			
001601	DELTA DENTAL OF NEW JERSEY INC	DENTAL 5/20	458.64
			458.64
001602			
001602	AETNA LIFE INSURANCE COMPANY	TPA 5/20	163,689.21
			163,689.21
001603			
001603	AMERIHEALTH ADMINISTRATORS	TPA 5/20	49,643.29
			49,643.29
001604			
001604	PERMA	EXEC DIRECTOR 5/20	95,597.89
			95,597.89
001605			
001605	ALLEN ASSOCIATES	BROKER FEE 5/20	146,346.68
			146,346.68
001606			
001606	VERRILL & VERRILL, LLC	TREASURER FEE 5/20	982.16
001606	VERRILL & VERRILL, LLC	POSTAGE 5/20	28.20
			1,010.36
001607			
001607	MICHAEL S. ZAMBITO	TREASURER FEE 5/20	654.75
			654.75
001608			
001608	SHARED HEALTH ALLIANCE	APRIL UNDER PAYMENT	8,750.00
001608	SHARED HEALTH ALLIANCE	GUARDIAN NURSES 5/20	35,000.00
001608	SHARED HEALTH ALLIANCE	CAR WRAP 5/20	7,000.00
001608	SHARED HEALTH ALLIANCE	MAY CREDIT 5/20	-4,000.00
			46,750.00
001609			
001609	SHARED HEALTH ALLIANCE	PROGRAM MANAGER 5/20	176,594.26
			176,594.26

001610			
001610	GRACE, MARMERO & ASSOCIATES, LLP	LITIGATION FEE 5/20	2,667.50
001610	GRACE, MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 5/20	2,346.00
			5,013.50
001611			
001611	ALLSTATE INFORMATION MANAGEMNT	ARC & STOR - 3/20	7.21
			7.21
001612			
001612	PRESS OF ATLANTIC CITY	MTG 5/20	23.79
			23.79
001613			
001613	MUNICIPAL REINSURANCE HIF	REINSURANCE 5/20	243,230.29
			243,230.29
		Total Payments FY 2020	962,546.91
		TOTAL PAYMENTS ALL FUND YEARS	\$966,046.91

Chairperson

Attest: _____

Dated: _____

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

Treasurer

COASTAL HEALTH BENEFITS FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2020 Month Ending: April										
	Medical	Dental	Rx	Vision	Med Adv	Reinsurance	Dividend Payable	LFC	Admin	TOTAL
OPEN BALANCE	35,079,068.27	88,785.68	(789,917.56)	165,900.31	632,322.37	302,183.86	614,752.99	661,451.45	3,139,046.10	39,893,593.47
RECEIPTS										
Assessments	8,319,836.05	12,691.69	275,190.58	6,539.67	38,276.58	284,911.08	0.00	66,195.34	951,721.20	9,955,362.19
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	30,218.38	76.48	139.95	142.91	544.69	305.05	529.57	569.78	2,704.03	35,230.84
Invest Adj	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05
Subtotal Invest	30,218.43	76.48	139.95	142.91	544.69	305.05	529.57	569.78	2,704.03	35,230.89
Other *	23,857.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,857.18
 TOTAL	 8,373,911.66	 12,768.17	 275,330.53	 6,682.58	 38,821.27	 285,216.13	 529.57	 66,765.12	 954,425.23	 10,014,450.26
EXPENSES										
Claims Transfers	6,573,900.68	4,077.85	312,163.64	0.00	0.00	0.00	0.00	0.00	0.00	6,890,142.17
Expenses	1,288,561.99	0.00	0.00	0.00	0.00	242,875.20	0.00	0.00	668,113.13	2,199,550.32
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	415.79	415.79
TOTAL	7,862,462.67	4,077.85	312,163.64	0.00	0.00	242,875.20	0.00	0.00	668,528.92	9,090,108.28
END BALANCE	35,590,517.26	97,476.00	(826,750.67)	172,582.89	671,143.64	344,524.79	615,282.56	728,216.57	3,424,942.41	40,817,935.45

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS
COASTAL HEALTH BENEFITS FUND
ALL FUND YEARS COMBINED
CURRENT MONTH April
CURRENT FUND YEAR 2020

	Description:	Investors Bank	OceanFirst Investment Account	OceanFirst Operating Account	Republic Bank Investment Account	Wilmington Trust Investment Account	Republic Bank Certificate of Deposit #5029740	Republic Bank Certificate of Deposit #5030684	Republic Bank Certificate of Deposit #5035996	NJ Cash Management Investment Account
	ID Number:									
	Maturity (Yrs)						5/15/2020	6/4/2020	10/4/2020	
	Purchase Yield:	0.65	0.60	0.60	0.75	1.58	3.00	3.00	2.50	0.62
	TOTAL for All Accts & Instruments									
Opening Cash & Investment Balance	\$39,893,593.52	\$ 3,289.51	\$ 8,755,765.47	\$ 8,620,758.01	\$ 2,989,959.38	\$ 2,017,047.96	\$ 3,000,000.00	\$ 2,500,000.00	\$ 3,000,000.00	\$ 9,006,773.19
Opening Interest Accrual Balance	\$3,817.11	\$ -	\$ -	\$ -	\$ -	\$ 3,817.11	\$ -	\$ -	\$ -	\$ -
1 Interest Accrued and/or Interest Cost	\$2,357.99	\$0.00	\$0.00	\$0.00	\$0.00	\$2,357.99	\$0.00	\$0.00	\$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	\$0.00
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$37,692.00	\$1.75	\$4,869.61	\$5,212.88	\$1,844.50	\$0.00	\$7,632.34	\$6,360.27	\$6,358.97	\$5,411.68
6 Interest Paid - Term Instr.s	\$8.84	\$0.00	\$0.00	\$0.00	\$0.00	\$8.84	\$0.00	\$0.00	\$0.00	\$0.00
7 Realized Gain (Loss)	-\$2,470.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$2,470.00	\$0.00	\$0.00	\$0.00	\$0.00
8 Net Investment Income	\$37,579.99	\$1.75	\$4,869.61	\$5,212.88	\$1,844.50	-\$112.01	\$7,632.34	\$6,360.27	\$6,358.97	\$5,411.68
9 Deposits - Purchases	\$9,999,570.95	\$0.00	\$0.00	\$9,979,219.37	\$20,351.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$9,110,459.86	\$0.00	\$0.00	-\$9,089,692.49	\$0.00	-\$415.79	-\$7,632.34	-\$6,360.27	-\$6,358.97	\$0.00
		OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$40,817,935.45	\$3,291.26	\$8,760,635.08	\$9,515,497.77	\$3,012,155.46	\$2,014,171.01	\$3,000,000.00	\$2,500,000.00	\$3,000,000.00	\$9,012,184.87
Ending Interest Accrual Balance	\$6,166.26	\$0.00	\$0.00	\$0.00	\$0.00	\$6,166.26	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$452.40	\$0.00	\$0.00	\$452.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$40,818,387.85	\$3,291.26	\$8,760,635.08	\$9,515,950.17	\$3,012,155.46	\$2,014,171.01	\$3,000,000.00	\$2,500,000.00	\$3,000,000.00	\$9,012,184.87

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES
COASTAL HEALTH BENEFITS FUND**

Month
Current Fund Year

April
2020

Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net Paid Thru Last Month	Monthly Net Paid April	Monthly Recoveries April	Calc. Net Paid Thru April	TPA Net Paid Thru April	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2020	Medical	19,888,756.29	6,573,900.68	0.00	26,462,656.97	0.00	26,462,656.97	19,888,756.29	6,573,900.68
	Dental	20,690.57	4,077.85	0.00	24,768.42	0.00	24,768.42	20,690.57	4,077.85
	Rx	970,386.40	312,163.64	0.00	1,282,550.04	0.00	1,282,550.04	970,386.40	312,163.64
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	20,879,833.26	6,890,142.17	0.00	27,769,975.43	0.00	27,769,975.43	20,879,833.26	6,890,142.17

RESOLUTION NO. 18-20

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE APRIL AND MAY 2020 BILLS LISTS**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **May 18, 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 April and May 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 Aprri 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 April and May 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: May 18, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY



SOUTHERN COASTAL HEALTH INSURANCE FUND

Monthly Claim Activity Report

May 18, 2020



SOUTHERN COASTAL HEALTH INSURANCE FUND

	<u>CAPITATION</u>	<u>MEDICAL CLAIMS PAID 2020</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$437,685	\$4,555,422	\$4,993,107	3,699	\$1,350
FEBRUARY	\$435,045	\$4,670,024	\$5,105,069	3,702	\$1,379
MARCH	\$435,070	\$6,347,872	\$6,782,942	3,709	\$1,829
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS	\$1,307,800	\$15,573,317	\$16,881,117		
			2020 Average	3,703	\$1,519
			2019 Average	3,648	\$1,494



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

Plan Sponsor Unique ID : All
Customer: SOUTHERN COASTAL HEALTH INSURANCE FUND
Group / Control: 00108431,00737420,00737421
Subgroup / Suffix: All

Paid Dates: 02/01/2020 - 02/29/2020
Service Dates: 01/01/2016 - 02/29/2020
Line of Business: All
Funding Category: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$444,026.43	\$211,593.35	CALCULUS OF GALLBLADDER WITH ACUTE
	\$139,008.00	\$111,124.74	ENCOUNTER FOR ANTINEOPLASTIC RADIATION
TOTAL:	\$583,034.43	\$322,718.09	

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IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee



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

Plan Sponsor Unique ID : All
Customer: SOUTHERN COASTAL HEALTH INSURANCE FUND
Group / Control: 00108431,00737420,00737421
Subgroup / Suffix: All

Paid Dates: 03/01/2020 - 03/31/2020
Service Dates: 01/01/2016 - 03/31/2020
Line of Business: All
Funding Category: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$202,640.33	\$203,713.62	SPINAL STENOSIS, LUMBAR REGION WITHOUT
	\$290,251.16	\$123,737.00	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS
TOTAL:	\$492,891.49	\$327,450.62	

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Southern Coastal Health Insurance Fund

1/1/2020 through 3/31/20 (unless otherwise noted)

Medical Claims Paid: Jan 2020 – March 2020

Total Medical Paid per EE: \$1,519

Network Discounts

Inpatient: 63.6%
Ambulatory: 63.3%
Physician/Other: 62.9%
TOTAL: 63.2%

Provider Network

% Admissions In-Network: 97.9%
% Physician Office in network: 97.4%

Aetna Book of Business:
Admissions 98.9%; Physician 89.9%

Top Facilities Utilized (by total Medical Spend)

- Inspira – Vineland
- Virtua – West Jersey
- Cooper Hospital
- University of Pennsylvania

Catastrophic Claim Impact

Number of Claims Over \$50,000: 31
Claimants per 1000 members: 3.2
Avg. Paid per Claimant: \$98,048
Percent of Total Paid: 22%
• Aetna BOB- HCC account for an average of 37.8% of total Medical Cost

Nurse Case Member Outreach: Through Q4 2019

Unique Members Identified: 335
Outreach Opportunities Identified: 501
Outreach in Progress: 27
Completed Outreach: 474

Closed with Engagement: 186 (39.2%)
Unable to Reach: 283 (59.7%)
Member Declined: 5

Teladoc Activity: Jan – March 2020

Total Registrations: 102
Total Online Visits: 172
Total Net Claims Savings: \$20,877
Total Visits w/ Rx: 115
Member Satisfaction Rating / Avg.
75% - Outstanding, 25% - Good
Member Rating of Provider: 70% - Outstanding, 26% - Good

Allentown Service Center Performance: Q1 2020 Metrics

Customer Service Results

Call Quality: 98.6%
1st Call Resolution: 94.5%
Abandonment Rate: 1.3%
Avg. Speed of Answer: 28.7 sec

Claims Performance

Financial Accuracy: 99.5% (Q3)
Turnaround w/in 14 days: 8.1 days
Turnaround w/in 30 days: 6.1 days

Performance Goals

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

Financial Accuracy: 98%

Turnaround Time

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

Proprietary



Actual paid claim amounts may vary from this report once claims are finalized.
 The information in this report is intended to provide weekly insights as a leading
 indicator based on the information available, which may differ from final results.
 Data in this report is from March 1 to current

Total Weekly Adjudicated Claims

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

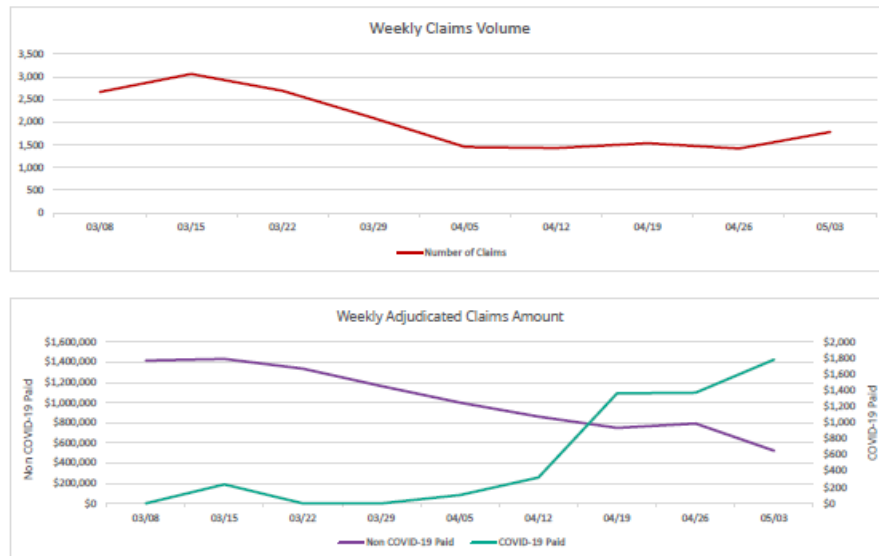
Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

At a glance



How does this week compare to previous weeks?








2020 Coastal HIF

		MEDICAL CLAIMS PAID 2020	TOTAL	# OF EES		PER EE	
JANUARY	\$	1,013,249.33	\$ 1,013,249.33	1,091	\$	928.72	
FEBRUARY	\$	1,409,771.76	\$ 1,409,771.76	1,085	\$	1,299.32	
MARCH	\$	1,694,650.65	\$ 1,694,650.65	1,087	\$	1,559.01	
APRIL	\$	1,976,306.64	\$ 1,976,306.64	1,085	\$	1,821.48	
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTALS	\$	6,093,978.38					
			2019Average	1,087	\$	1,402.13	
			2018 Average	1336.166667	\$	1,081.80	

		PLAN SPONSOR INFORMATION SERVICES Large Claimant Report- Claims Over \$100,000	
Group:	Coastal HIF	Service Dates:	-
Paid Dates:	4/1/20-4/30/20	Line of Business:	All
Network Service	ALL	Product Line:	All
Claimant	Relationship	Paid Amount	Diagnosis
Total			
	Child	\$ 197,697.47	Acquired Deformities
	Employee	\$ 141,814.74	Chemotherapy; disease of white blood cell
	Employee	\$ 114,797.08	Spondylosis
		\$ 454,309.29	

PLAN SPONSOR INFORMATION SERVICES
Large Claimant Report- Claims Over \$100,000

Large Claimant Report- Claims Over \$100,000

Group:

Coastal HIF

Service Dates:

Paid Dates:	4/1/20-4/30/20
--------------------	----------------


Line of Business: All

Network Service

ALL

Product Line: All

Claimant	Relationship	Paid Amount	Diagnosis
Total			
	Child	\$ 197,697.47	Acquired Deformities
	Employee	\$ 141,814.74	Chemotherapy; disease of white blood cell
	Employee	\$ 114,797.08	Spondylosis
		\$ 454,309.29	

		Southern Coastal HIF			
		Paid Claims 01/01/2020-12/31/2020			
Average payment per employee PCPM 01/01 - 12/31/2019:	\$ 467.18		Metric	AHA January MTD	AHA February MTD
Average payment per member per month 01/01-12/31/2019:	\$ 547.28		1st Call Resolution	78.90%	76.85%
Number of claimants with paid claims over \$100,00 YTD:	9		ASA	171.32	95.13
Total paid on those claimants:	\$1,401,552.87		Abandonment Rate	10.30%	5.89%
Top Facilities Utilized based on paid claims:					
COOPER UNIVERSITY HOSPITAL, NJ					
ATLANTICARE REGIONAL MEDICAL CENTER, NJ			Totals	2020 YTD	
CHILDRENS HOSPITAL OF PHILADELPHIA, PA			Total Inpatient Admissions	63	
CHRISTIANA CARE HEALTH SERVICES, DE			Total Inpatient Days	401	
INSPIRA MEDICAL CENTER VINELAND, NJ			Total ER visits	205	
MD LIVE UTILIZATION					
Total Registrations YTD: 14					
Total Online Visits: 20					
Member Satisfaction YTD: 100%					
Provider Network					
% Inpatient In- Network: 93.1%					
% Professional providers In-Network: 91.5%					
% Outpatient providers In-Network- 94.4%					



EXPRESS SCRIPTS®

Southern Coastal Health Insurance Fund

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 - 34.7																	
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
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%

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Average Member Age - 34.3																	
Membership	2,093	2,079	2,078	2,083	2,071												
Total Days	80,575	70,905	84,319	235,799	74,404												
Total Patients	845	786	788	1,265	674												
Total Plan Cost	\$315,376	\$306,789	\$347,366	\$969,530	\$337,938												
Generic Fill Rate (GFR) - Total	84.1%	83.6%	81.8%	83.2%	82.4%												
Plan Cost PMPM	\$150.68	\$147.57	\$167.16	\$155.12	\$163.18												
% Change Plan Cost PMPM	-3.3%	10.2%	14.1%	6.7%	3.2%												
Total Specialty Plan Cost	\$151,257	\$127,773	\$127,263	\$406,293	\$159,418												
Specialty % of Total Specialty Plan Cost	48.0%	41.6%	36.6%	41.9%	47.2%												

PMPM	
Jan - Apr 2019	\$148.59
Jan - Apr 2020	\$157.13
Trend Jan - Apr 2020	5.7%

APPENDIX I

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
MARCH 23, 2020
Zoom Meeting/Conference Call
12:30 PM

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

Commissioner Mercoli said he will be running the meeting in the absence of Chair Yacovelli.

ROLL CALL OF 2020 EXECUTIVE COMMITTEE:

Pasquale Yacovelli - Chair	Buena Regional Board of Education	Absent
Nicole Albanese - Secretary	Bridgeton Board of Education	Present
Bruce Harbinson	Cumberland Regional Board of Education	Present
Jerry Velazquez	Cumberland County Improvement Authority	Absent
Stephanie Kuntz	Hopewell Board of Education	Absent
Richard Davidson	Millville Board of Education	Present
Gene Mercoli	Vineland Board of Education	Present

ALTERNATES

Paige Sharpe -Rumaker	Dennis Township Board of Education	Absent
Cherie Bratty	Upper Deerfield Board of Education	Absent

PRESENT FUND PROFESSIONALS:

FUND ADMINISTRATOR:	PERMA Risk Management Emily Koval Karen Kamprath Paul Laracy
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FUND ATTORNEY:	Douglas Long
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PROGRAM MANAGER:	Shared Health Alliance Rich Allen
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FUND TREASURER:	Mike Zambito Lorraine Verrill
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AETNA:	Jason Silverstein
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AMERIHEALTH:	Kristina Strain
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EXPRESS SCRIPTS:	Ken Rostkowski Kyle Colalillo
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ALSO PRESENT

Corey Allen, Allen Associates

Robin Sambuco
Lauren Gant
Betty Long
Anthony Mustiano
Dina Murray
John Hall
Joe Madera
Carrie Specht
Gerry Cowan
Lew Thompson
Bob Allen
Valerie Lacy
Maggie Friel

APPROVAL OF MINUTES: January 27, 2020 - Open

MOTION TO APPROVE OPEN MINUTES OF JANUARY 27, 2020

Moved:	Commissioner Harbinson
Second:	Commissioner Albanese
Vote:	4 Ayes, 0 Nays

MOTION TO OPEN THE MEETING TO THE PUBLIC:

Moved:	Commissioner Harbinson
Second:	Commissioner Albanese
Vote:	Unanimous

PUBLIC COMMENT: None

MOTION TO CLOSE THE MEETING TO THE PUBLIC:

Moved:	Commissioner Albanese
Second:	Commissioner Harbinson
Vote:	Unanimous

EXECUTIVE DIRECTOR'S REPORT

Fast Track Financial Reports – as of January 31, 2020

Executive Director said January was a good month and the overall financials are excellent. He said we do not believe that the current crisis will affect the Fund in a negative way as the Fund is in a strong financial position.

Executive Director said the remaining items are informational.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND - The Municipal Reinsurance Health Insurance Fund met on February 12th to reorganize for 2020. Silvio Esposito (NJHIF) was elected Chair and Richard Kunze (BMED) was elected Secretary.

In addition, the Marketing Consultant contract was awarded to Princeton Strategic Communications. The Pharmacy Benefits Manager Consultant continues to be in review, in which a special meeting may be scheduled to award the contract.

2020 MEL & MRHIF EDUCATIONAL SEMINAR

Due to current circumstances the MEL, MRHIF and NJCE Funds feel it would be prudent to cancel the May 1, 2020 Annual Educational Seminar. This event will be scheduled for a date later in the year.

FINANCIAL DISCLOSURE STATEMENTS

Commissioners should anticipate the online filing of the Financial Disclosure forms as both a Central Jersey Health Insurance Fund Commissioner, as well as any municipal related position that requires filing and Joint Insurance Fund. It is expected the Division of Local Government Services will distribute a notice in April and forms will need to be filed by April 30th.

PROGRAM MANAGER REPORT

Program Manager said his team is working remotely and available when needed.

PROSPECTS

Galloway Township BOE - Proposal Pending
Middle Township BOE - Under review for 2020
Egg Harbor Township - Met with Group
Ventnor BOE - Proposal presented
Wildwood Crest, Boro of - In review for 2020

MEETING DATES

May 18, 2020 - 3rd Monday
July 27, 2020 - location TBD
September 21, 2020
October 26, 2020
November 23, 2020
January 25, 2021

COASTAL FUND BROKERS

Allen Associates
AR Fanucci
Assured Partners
Brown & Brown Advisors

J Byrne Agency
Conner Strong & Buckelew
Cornerstone Insurance Group
Hardenbergh Insurance Group
Brown & Brown Metro, LLC/Innovative Risk Solutions
Integrity Consulting Group

2020 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.
- 2020 Grant Applications status

Program Manager said Guardian Nurses will be providing an update and are proactively working with some members.

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 .

GUARDIAN NURSES

Effective date is 4/1/2020. Betty Long to present an update on the status of implementation.

Also see the enclosed flyer from Guardian Nurses in response to COVID-19, which is available for distribution to all members.

OPEN ENROLLMENT UPDATE

To prepare for the busy July 1st renewal season we have discussed time frames for plan adds with our carrier partners, given the volume all plan changes must be received by our carriers 75 days in advance of 7/1. We ask all new entrants, *plan additions, plan changes, and plan deletions* be submitted and finalized submitted to us no later than **Wednesday April 15th**.

Key Dates

- Open Enrollment Opens to Members – **April 27, 2020**
- Open Enrollment Closes to Members – **May 15, 2020**
- All enrollment changes must be entered into Benefit Express by **May 22, 2020**

COASTAL HIF ONLINE ENROLLMENT SYSTEM UPDATE

There was a recent update to the online enrollment system. This update brings several updates including an improved HR Dashboard, increased site security, and technical support. Please know the underlying database architecture has not changed and the upgrade is seamless with no re-implementation of existing groups required. Also user IDs and passwords will not need to changes

AETNA UPDATE

Network Update- Effective 4/15/2020, Deborah Heart and Lung Center will no longer be participating in Aetna's provider network. Letters to impacted members are targeted to be sent on 3/6/2020. We identified 50 SHIF members who utilized Deborah Heart and Lung Center between 2/1/2019 and 12/31/2019 in a network disruption report.

EXPRESS SCRIPTS UPDATE

THREE PRODUCTS SWITCHED TO NON-PRESCRIPTION STATUS- On February 14, 2020, the U.S. Food and Drug Administration (FDA) granted the manufacturers of three prescription drug products permission to sell the below 3 drugs without prescriptions (over-the-counter/OTC). Plan members using these medications may want to discuss possible changes in therapy with their physicians as these medications will no longer be available through prescription drug plans. In the Coastal HIF, we identified 55 members who filled prescriptions for one or more of the generic forms of the medications below in the past 12 months. It is important

to note that initially only the branded products will be moving to the OTC classification so there is no member impact at this time. ESI advised the generic medications will either be moved to OTC or be taken off of the prescription market entirely at a later date.

- Voltaren Arthritis Pain (diclofenac) gel 1% (NSAID)
- Pataday Twice Daily Relief (olopatadine ophthalmic solution, 0.1%)
- Pataday Once Daily Relief (olopatadine ophthalmic solution, 0.2%)

CORONAVIRUS COVID-19 UPDATE

Coronavirus testing- Members cost share will be waived for all diagnostic testing related to COVID-19. This policy will cover the cost of physician-ordered testing for patients who meet CDC guidelines, which can be done in any approved lab location. Member cost-sharing is waived for the COVID-19 test when performed at an in-network, approved provider. This policy will cover the diagnostic test kit for patients who meet CDC guidelines for testing. **This includes members enrolled in HSA qualified High Deductible Plans.**

Telemedicine To help reduce potential exposure, the Southern Coastal Health Insurance Fund also encourages members to utilize Telemedicine services. There is no member cost-share for Telemedicine services for any reason. To take advantage of this benefit, contact: **Teladoc (Aetna Members)** at 855.835.2362 or visit www.teladoc.com/Aetna. Members can also download the mobile app by visiting www.teladoc.com/mobile

MDLIVE (AmeriHealth Members) at 888.964.0942 or visit www.mdlive.com/ahatpa. Members can also download the mobile app by visiting www.mdlive.com/mobileapp

LEGISLATIVE UPDATES

NJ INDIVIDUAL MANDATE - Employer Reporting Requirement As we have communicated in the past, the state of New Jersey (NJ) adopted an “individual” mandate as of January 1, 2019 requiring residents of the state to have health insurance. As a part of the NJ law there are now reporting requirements that must be complied with. Now insurers and employers will also have to meet reporting requirements with the state of NJ for their NJ resident employees. NJ has to obtain certain information from coverage providers. Accordingly, insurers, employers, government agencies, multiemployer plans and other entities (regardless of size) that provide health insurance must electronically submit required information returns to NJ reporting on NJ resident individuals’ health insurance coverage. This applies to both part-year and full-year NJ residents. There is no paper filing option available. These requirements are not limited to businesses that withhold NJ payroll taxes.

To help employers comply, NJ has launched an official website (see link: <https://nj.gov/treasury/njhealthinsurancemandate/employers.shtml>) which addresses the reporting requirement as well as the application of the rules to out-of-state employers of NJ residents, employers with fewer than 50 employees, insured vs. self-insured employers, and adult children. Under the law, reporting entities are required to send a return to the NJ State Treasurer as well as to the individual.

APPEALS -

Type	Determination
Medical	1 (denial upheld)
RX	1 (denial upheld)

SPECIAL NOTICE: As Program Managers for the Coastal HIF, Shared Health Alliance prioritizes the health and safety of the communities we serve. The worldwide COVID-19 outbreak has us all concerned and taking extra precautions. As a result, we wanted to assure members that we have activated our business continuity plan to ensure appropriate support to all members.

TREASURER – Deputy Treasurer reviewed the bills list for February and March 2020 and the Treasurers report for February 2020.

Confirmation of Payment – February 2020

FUND YEAR	AMOUNT
2019	\$11,182.68
2020	\$934,062.29
TOTAL	\$945,244.97

Resolution 15-20 March 2020 Bills List

FUND YEAR	AMOUNT
2020	\$943,654.33
TOTAL	\$943,654.33

MOTION TO APPROVE RESOLUTION 15-20:

MOTION:	Commissioner Albanese
SECOND:	Commissioner Mercoli
VOTE:	4 Ayes, 0 Nays

FUND ATTORNEY- None

AETNA – Report included in Agenda

AMERIHEALTH ADMINISTRATORS – Report included in Agenda

EXPRESS SCRIPTS – Report included in Agenda

OLD BUSINESS: None

NEW BUSINESS: None

MOTION TO OPEN THE MEETING TO THE PUBLIC:

Moved:	Commissioner Davidson
Second:	Commissioner Albanese
Vote:	Unanimous

PUBLIC COMMENT: None

MOTION TO CLOSE THE MEETING TO THE PUBLIC:

Moved:	Commissioner Albanese
Second:	Commissioner Harbinson
Vote:	Unanimous

Ms. Long from Guardian Nurses was on the call to provide an overview of the Guardian Nurse program. She said the program is moving forward and the contract is executed. She said they have hired 1 nurse and have an offer out to another. She said outreach and member visits will begin May 1st. She said although their contract begins April 1 they are currently available and able to interact with members if necessary.

MOTION TO ADJOURN:

MOTION:	Commissioner Albanese
SECOND:	Commissioner Harbinson
VOTE:	Unanimous

MEETING ADJOURNED: 1:30 pm

NEXT MEETING: May 18, 2020
Zoom Meeting/Conference Call
12:30 pm