



AGENDA & REPORTS

JANUARY 23, 2023

12:30 PM

LOCATION:

THE GREENVIEW INN AT EASTLYN GOLF COURSE

4049 ITALIA AVE

VINELAND, NJ 08361

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

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

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND AGENDA
MEETING: JANUARY 23, 2023
THE GREENVIEW INN AT EASTLYN GOLF COURSE, VINELAND NJ
12:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF THE 2022 EXECUTIVE COMMITTEE

Pasquale Yacovelli, Chair

Nicole Albanese, Secretary

Bruce Harbinson, Executive Committee

Jerry Velazquez, Executive Committee

Stephanie Kuntz, Executive Committee

Richard Davidson, Executive Committee

Megan Duffield, Executive Committee

Laurie Ryan, Executive Committee Alternate

APPROVAL OF MINUTES: October 24, 2022 Appendix I

ADJOURN SINE DIE MEETING

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF ALL FUND COMMISSIONERS

Commissioner	Member
Melanie Allen	Alloway Twp BOE
Nicole Albanese	Bridgeton BOE
	Buena BOE
Mollye O'Neill	City of Brigantine
Harold Johnson	Cumberland, County of
Dennis Zakroff	Cumberland County Charter School Network
Jerry Velasquez	Cumberland County Improvement Authority
Megan Duffield	CCTEC
Bruce Harbinson	Cumberland Regional BOE
Teri Weeks	Dennis Twp BOE
Lisa DiNovi	Downe Twp BOE
Donna Markulic	EHT MUNI
Stephanie Kuntz	Hopewell BOE
Lisa DiNovi	Lawrence Twp BOE
Mark Mallett	Lower Cape May Regional BOE
Tricia Ryan	Lower Twp Elem BOE
Richard Davidson	Millville BOE
Timothy Kelly	Ocean City BOE
	Penns Grove, Boro of

Christopher DeStratis	Penns Grove - Carneys Point BOE
Charles Hughes	Pittsgrove Twp
Stacy Pennington	Salem County
Frank Badessa	Upper Deerfield BOE
Laurie Ryan	Upper Township BOE
Scott Musteral	Vineland BOE
John Thomas	West Cape May BOE
Dan Fox	Waterford Twp BOE
Joseph Hiles	Woodstown Boro

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

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

Nominating Committee Recommendation

Richard Davidson, Chair

Nicole Albanese, Secretary

Bruce Harbinson, Executive Committee

Jerry Velazquez, Executive Committee

Stephanie Kuntz, Executive Committee

Megan Duffield, Executive Committee

Laurie Ryan, Executive Committee

Scott Musterel, Executive Committee Alternate

Mark Mallet, Executive Committee Alternate

Joseph Hiles, Executive Committee Alternate

Frank Badessa, Executive Committee Alternate

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2023 EXECUTIVE COMMITTEE

Richard Davidson, Chair

Nicole Albanese, Secretary

Bruce Harbinson, Executive Committee

Jerry Velazquez, Executive Committee

Stephanie Kuntz, Executive Committee

Megan Duffield, Executive Committee

Laurie Ryan, Executive Committee

Scott Musterel, Executive Committee Alternate

Mark Mallet, Executive Committee Alternate

Joseph Hiles, Executive Committee Alternate

Frank Badessa, Executive Committee Alternate

CORRESPONDENCE

PUBLIC COMMENT

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER– (Shared Health Alliance)

Monthly Report.....Page 8

GUARDIAN NURSES

Monthly Report.....Page 16

TREASURER – (Laracy Associates LLC / Verrill & Verrill)

November 2022 and December 2022 Bills List.....Page 20

December 2022 Treasurers Report.....Page 24

Confirmation of Claims Paid/ Certification of Transfers

Ratification of Treasurers Report

ATTORNEY – (Marmero Law, LLC)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

Monthly Report.....Page 27

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

Monthly Report.....Page 32

PRESCRIPTION ADMINISTRATOR – (Express Scripts)

Monthly Report..... Page 41

CONSENT AGENDAPage 44

Resolution 1-23: Professional Service Fees for 2023 Page 45

Resolution 2-23: Designation of Service of Process Page 48

Resolution 3-23: Designation of Secretary as Custodian of Records Page 49

Resolution 4-23: Designation of Official Newspaper Page 50

Resolution 5-23: Designation of Regular Meeting Times and Place..... Page 51

Resolution 6-23: Designation of Bank Depositories & CMP Page 53

Resolution 7-23: Designation of Authorized Signatories Page 57

Resolution 8-23: Approval of Risk Management Plan..... Page 58

Resolution 9-23: Appointment of MRHIF Fund Commissioners Page 70

Resolution 10-23: Establishing a plan for Compensating Producers Page 71

Resolution 11-23: Authorizing Treasurer to Process Contracted

Payments and Expenses Page 73

Resolution 12-23: Amending the Executive Director ContractPage 74

Resolution 13-23: Adopting 2023 Wellness Grant ProgramsPage 75

Resolution 14-23: Approval of the November & December 2022 Bills List.....Page 76

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

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

MEETING ADJOURNED

**Southern Coastal Regional Employee Benefits Fund
Executive Director's Report
January 23, 2022**

FINANCES & CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Reports** – as of November 30, 2022 (page 3)
 - **Historical Income Statement**
 - **Consolidated Balance Sheet**
 - **Indices and Ratios Report**
 - **Budget Status Report**

2023 REORGANIZATION

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

- #5-23 – Please note the dates for the rest of the year.
- #7-23 – Current Signatories will need to change as per election results.
- #8-23 – Risk Management Plan – in addition to the specific limit to the MRHIF, the Finance Committee included a closed year surplus return policy change for termed members.
- #9-23 – The 2022 MRHIF representatives were Rich Davidson and Pat Yacovelli. New representatives will need to be elected for 2023, in addition to a special commissioner.

EXECUTIVE DIRECTOR CONTRACT AMENDMENT – CLAIMS AND OPERATIONAL AUDIT

As approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits.

The Executive Director will be subcontracting with AIM, a subsidiary of Conner Strong and Buckelew, to perform the annual specialized audits. AIM is a boutique employee benefits, audit and compliance firm that specializes in self-insured claims, compliance, and operational audits to assure self-inured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures.

AIM will cater the scope of the audits to the needs of the Coastal HIF and market observations present at the time of each audit. The Program Manager's report includes suggested audit scope for 2023.

<https://www.aim-benefits.com/>

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 14.

The 2023 budget and assessments were adopted without amendment. The assessment included in the Coastal 2023 budget was unchanged.

The data warehouse RFP is being reviewed and a recommendation for contract will be awarded at the next meeting.

A Medicare Advantage implementation and advocacy company was hired which the cost will be associated with new groups only.

WELLNESS GRANT APPLICATIONS

The Wellness Committee received wellness grant applications from the below members. The Committee has reviewed and is recommending approval of all grants.

The total amount to be approved is below and included in Resolution 13-23

1. **Cumberland Regional BOE** - \$7,500
2. **Upper Twp BOE** - \$7,500
3. **Waterford Twp BOE** - \$7,432

JANUARY MEMBER BILLS

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	November 30, 2022			
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE	
1.	UNDERWRITING INCOME		10,816,517	118,349,556	505,260,023	623,609,579
2.	CLAIM EXPENSES					
	Paid Claims	8,652,096	107,920,281	413,686,342	521,606,622	
	IBNR	(9,068)	(1,431,950)	12,024,000	10,592,050	
	Less Specific Excess	-	(2,160,459)	(10,920,430)	(13,080,888)	
	Less Aggregate Excess	-	-	-	-	
TOTAL CLAIMS		8,643,028	104,327,872	414,789,912	519,117,784	
3.	EXPENSES					
	MA & HMO Premiums	33,912	359,807	1,740,217	2,100,024	
	Excess Premiums	304,207	3,373,297	15,832,433	19,205,730	
	Administrative	944,274	10,327,070	46,904,948	57,232,019	
TOTAL EXPENSES		1,282,393	14,060,174	64,477,598	78,537,772	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		891,096	(38,490)	25,992,513	25,954,023
5.	INVESTMENT INCOME		51,343	237,692	1,913,168	2,150,860
6.	DIVIDEND INCOME		0	273,795	2,332,040	2,605,835
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		942,439	472,997	30,237,721	30,710,718
8.	DIVIDEND		0	0	28,208,936	28,208,936
9.	Transferred Surplus		0	0	9,855,397	9,855,397
STATUTORY SURPLUS (7-8+9)		942,439	472,997	11,884,182	12,357,180	
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	30,346	437,838	15,317,799	15,755,637
		Cash	24,728	(5,782,607)	34,447,492	28,664,886
2021		Surplus	(30,162)	1,342,379	(3,433,617)	(2,091,238)
		Cash	(92,345)	(6,903,108)	4,535,852	(2,367,256)
2022		Surplus	942,255	(1,307,220)		(1,307,220)
		Cash	215,392	7,204,787		7,204,787
TOTAL SURPLUS (DEFICITS)		942,439	472,997	11,884,182	12,357,180	
TOTAL CASH		147,775	(5,480,928)	38,983,345	33,502,417	
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		1,085	141,940	317,181,181	317,323,121	
FUND YEAR 2021						
	Paid Claims	123,069	12,739,763	88,691,964	101,431,727	
	IBNR	(90,005)	(12,024,000)	12,024,000	-	
	Less Specific Excess	0	(1,946,461)	(3,107,233)	(5,053,695)	
	Less Aggregate Excess	0	0	0	0	
TOTAL FY 2021 CLAIMS		33,064	(1,230,698)	97,608,730	96,378,032	
FUND YEAR 2022						
	Paid Claims	8,527,942	95,031,104		95,031,104	
	IBNR	80,937	10,592,050		10,592,050	
	Less Specific Excess	0	(206,524)		(206,524)	
	Less Aggregate Excess	0	0		0	
TOTAL FY 2022 CLAIMS		8,608,879	105,416,630		105,416,630	
COMBINED TOTAL CLAIMS		8,643,028	104,327,872	414,789,912	519,117,784	

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 NOVEMBER 30, 2022

BY FUND YEAR

	COASTAL 2022	COASTAL 2021	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	7,204,787	(2,367,256)	28,664,886	33,502,417
Assessments Receivable (Prepaid)	1,396,861	10,050	8,805	1,415,716
Interest Receivable	-	0	(0)	0
Specific Excess Receivable	-	352,233	(7,360)	344,874
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,000	-	-	1,000
Other Assets	1,509,177	(0)	-	1,509,177
Total Assets	10,111,825	(2,004,972)	28,666,331	36,773,183
LIABILITIES				
Accounts Payable	-	(0)	-	(0)
IBNR Reserve	10,592,050	-	-	10,592,050
A4 Retiree Surcharge	681,250	0	-	681,250
Dividends Payable	-	-	660,215	660,215
Retained Dividends	-	-	12,250,479	12,250,479
Accrued/Other Liabilities	145,744	86,266	-	232,010
Total Liabilities	11,419,044	86,266	12,910,694	24,416,004
EQUITY				
Surplus / (Deficit)	(1,307,220)	(2,091,238)	15,755,637	12,357,180
Total Equity	(1,307,220)	(2,091,238)	15,755,637	12,357,180
Total Liabilities & Equity	10,111,825	(2,004,972)	28,666,331	36,773,183
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						
2022 Budget Report						
AS OF NOVEMBER 30, 2022						
				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Aetna 1/1 Renewal	46,031,563	50,211,739	34,720,833			
Medical Aetna 7/1 Renewals	32,565,336	35,583,034	35,390,954			
Medical AmeriHealth 1/1 Renewal	15,817,983	17,226,140	17,710,811			
Medical AmeriHealth 7/1 Renewal	7,688,966	8,398,814	8,196,976			
Subtotal Medical	102,103,848	111,419,727	96,019,574	102,927,726	(779,029)	-1%
Prescription Claims 1/1 Renewals	1,048,969	1,146,486	1,128,344			
Prescription Claims 7/1 Renewals	1,694,999	1,851,248	1,801,507			
Less Formulary Rebates	(823,191)	(899,321)	(878,955)			
Subtotal Prescription	1,920,777	2,098,413	2,050,896	2,402,330	(481,553)	-25%
Dental Claims 1/1 Renewals	0	0	0			
Dental Claims 7/1 Renewals	74,125	81,305	95,937			
Subtotal Dental	74,125	81,305	95,937	86,574	(12,449)	-17%
Vision Claims 1/1 Renewals	0	0	0			
Vision Claims 7/1 Renewals	44,849	48,642	55,504			
Subtotal Vision	44,849	48,642	55,504	Included in Medical		
Subtotal Claims	104,143,599	113,648,087	98,221,911	105,416,630	(1,273,031)	-1%
Loss Fund Contingency	0	0	0	0	0	#DIV/0!
Medicare Advantage	357,632	392,011	365,877	359,807	(2,175)	-1%
Reinsurance						
Specific	3,373,796	3,679,052	3,045,766			
Subtotal Reinsurance	3,373,796	3,679,052	3,045,766	3,373,297	499	0%
Total Loss Fund	107,875,028	117,719,151	101,633,554	109,149,734	(1,274,706)	-1%
Expenses						
Legal	22,917	25,000	25,000	22,916	0	0%
Treasurer	17,692	19,300	19,300	17,692	-	0%
Executive Director	1,393,032	1,519,361	1,263,204	1,392,774	259	0%
Program Manager	2,465,457	2,689,054	2,335,802	2,464,836	621	0%
Brokerage	2,044,900	2,230,257	1,962,773	2,044,430	469	0%
TPA - Med Aetna	1,839,942	2,007,229	1,548,682	Included below in Med AmerihealthAdmin		
TPA - Med AmeriHealth Admin	616,039	670,859	683,237	2,458,615	370	0%
Guardian Nurses	479,180	522,536	432,590	396,550	82,630	7%
TPA - Dental	5,775	6,334	5,466	5,769	6	0%
TPA - Vision	3,004	3,257	3,767	Included below in Med AmerihealthAdmin		
Actuary	11,000	12,000	12,000	11,000	-	0%
Auditor	18,883	20,600	20,600	18,887	(4)	0%
Subtotal Expenses	8,917,820	9,725,785	8,312,420	8,833,469	84,351	1%
Contingency	10,905	11,896	11,896	13,342	(2,437)	-22%
Wellness Program	137,500	150,000	150,000	137,500	-	0%
Plan Documents	11,458	12,500	12,500	11,459	(1)	0%
Affordable Care Act Taxes	33,432	36,457	30,182	32,675	758	2%
Retiree Surcharge	1,397,877	1,526,082	1,508,982	1,394,897	2,980	0%
Total Expenses	10,508,993	11,462,719	10,025,980	10,423,342	85,651	1%
Total Budget	118,384,021	129,181,870	111,659,535	119,573,075	(1,189,055)	-1%

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND													
RATIOS													
INDICES	2021	FY2022											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	38,983,345	\$ 38,081,997	\$ 36,594,024	\$ 39,621,180	\$ 38,678,565	\$ 38,060,696	\$ 32,346,570	\$ 33,074,307	\$ 27,840,019	\$ 33,095,727	\$ 33,354,641	\$ 33,502,417	
IBNR	12,024,000	\$ 12,258,302	\$ 12,405,542	\$ 12,489,830	\$ 12,508,414	\$ 12,520,226	\$ 12,541,271	\$ 10,931,215	\$ 10,846,535	\$ 10,633,543	\$ 10,601,118	\$ 10,592,050	
Assets	44,884,752	\$ 46,854,162	\$ 46,463,472	\$ 44,884,733	\$ 41,992,627	\$ 41,247,219	\$ 37,228,456	\$ 38,490,266	\$ 37,236,044	\$ 36,343,150	\$ 35,939,997	\$ 36,773,183	
Liabilities	33,000,569	\$ 32,992,468	\$ 32,909,202	\$ 32,767,174	\$ 31,149,868	\$ 31,229,248	\$ 27,029,672	\$ 25,270,269	\$ 25,040,800	\$ 24,682,307	\$ 24,525,256	\$ 24,416,004	
Surplus	11,884,182	\$ 13,861,694	\$ 13,554,270	\$ 12,117,559	\$ 10,842,759	\$ 10,017,971	\$ 10,198,784	\$ 13,219,997	\$ 12,195,244	\$ 11,660,844	\$ 11,414,741	\$ 12,357,180	
Claims Paid -- Month	9,684,508	\$ 7,301,265	\$ 9,650,378	\$ 11,850,833	\$ 10,747,084	\$ 9,956,147	\$ 10,406,635	\$ 8,335,040	\$ 10,577,233	\$ 10,475,005	\$ 9,968,564	\$ 8,652,096	
Claims Budget -- Month	7,988,975	\$ 9,467,638	\$ 9,437,431	\$ 9,427,389	\$ 9,424,503	\$ 9,435,408	\$ 9,440,347	\$ 9,515,433	\$ 9,431,798	\$ 9,541,876	\$ 9,514,457	\$ 9,507,320	
Claims Paid -- YTD	98,685,934	\$ 7,301,265	\$ 16,951,644	\$ 28,802,476	\$ 39,549,560	\$ 49,505,708	\$ 59,912,342	\$ 68,247,382	\$ 78,824,615	\$ 89,299,621	\$ 99,268,185	\$ 107,920,281	
Claims Budget -- YTD	93,505,714	\$ 9,467,638	\$ 18,905,068	\$ 28,332,457	\$ 37,756,960	\$ 47,192,368	\$ 56,632,714	\$ 66,148,148	\$ 75,579,946	\$ 85,121,822	\$ 94,636,279	\$ 104,143,599	
RATIOS													
Cash Position to Claims Paid	4.03	5.22	3.79	3.34	3.6	3.82	3.11	3.97	2.63	3.16	3.35	3.87	
Claims Paid to Claims Budget -- Month	1.21	0.77	1.02	1.26	1.14	1.06	1.1	0.88	1.12	1.1	1.05	0.91	
Claims Paid to Claims Budget -- YTD	1.06	0.77	0.90	1.02	1.05	1.05	1.06	1.03	1.04	1.05	1.05	1.04	
Cash Position to IBNR	3.24	3.11	2.95	3.17	3.09	3.04	2.58	3.03	2.57	3.11	3.15	3.16	
Assets to Liabilities	1.36	1.42	1.41	1.37	1.35	1.32	1.38	1.52	1.49	1.47	1.47	1.51	
Surplus as Months of Claims	1.49	1.46	1.44	1.29	1.15	1.06	1.08	1.39	1.29	1.22	1.2	1.3	
IBNR to Claims Budget -- Month	1.51	1.29	1.31	1.32	1.33	1.33	1.33	1.15	1.15	1.11	1.11	1.11	

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
Year: 2023

<u>Yearly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	To Be Filed Pending Reorg
Fund Officers	To Be Filed Pending Reorg
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	To Be Filed
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed Pending Reorg
Cash Management Plan	To Be Filed Pending Reorg
Unaudited Financials	Filed
Annual Audit	12/31/2021 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	To be Filed Pending Reorg
Benefit Changes	N/A

Program Manager Report

January 23, 2023

Prospects

Egg Harbor Twp (muni)

- Implementation Completed

Cape May, City of

- Favorable Proposal Presented; Originally declined, possibly revisiting

Weymouth BOE

- Favorable Proposal presented; Administration declined

Wildwood Crest, Boro of

- Favorable Proposal presented; Administration declined

Cape May County Tech

- Claims requested from SHBP

Maurice River Twp BOE

- In preliminary discussion to request claims

The following groups submitted for proposals but were declined to quote due to high claims:

City of Vineland, Lower Twp, Cape May County Special Services, Egg Harbor City BOE, North Wildwood City, West Cape May Boro; Hammonton (Town of); Ventnor City; Galloway Twp; Linwood (City of); Ocean City; Somers Point City; Millville, City of; Pleasantville, City of; Atlantic City (muni)

Coastal Fund Meeting Dates

- January 23, 2023
- March 27, 2023
- May 22, 2023
- July 24, 2023
- September 25, 2023
- October 23, 2023
- November 27, 2023
- January 22, 2024

Coastal Fund Brokers

- Allen Associates
- AR Fanucci
- Assured Partners
- Brown & Brown Benefit Advisors
- J Byrne Agency
- Conner Strong & Buckelew
- Cornerstone Insurance Group
- Hardenbergh Insurance Group
- Hafetz Insurance
- Innovative Risk Solutions
- Integrity Consulting Group
- Strategic Insurance Partners (SIP)

Executive Committee

- Richard Davidson, Chair (pending)
- Nicole Albanese, Secretary
- Bruce Harbinson, Executive Committee
- Jerry Velazquez, Executive Committee
- Megan Duffield, Executive Committee
- Stephanie Kuntz, Executive Committee
- Laurie Ryan, Executive Committee (pending)
- Scott Musterel, Exec Comm Alternate (pending)
- Mark Mallet, Exec Comm Alternate (pending)
- Joseph Hiles, Exec Comm Alternate (pending)
- Frank Badessa, Exec Comm Alternate (pending)

2023 Committees

FINANCE & CONTRACTS

- Richard Davidson – Chair
- Jerry Velazquez
- Scott Musterel (pending)

OPERATIONS & NOMINATIONS

- Nicole Albanese - Chair
- Jerry Velazquez
- Stephanie Kuntz


WELLNESS & CLAIMS

- Bruce Harbinson
- Megan Duffield
- Laurie Ryan

WELLNESS COMMITTEE UPDATE

Please go online to www.coastalhif.com/wellness and review the wellness grant guidelines and information in order to submit a new application. You can also find new information on programs such as Biometric Screenings from Health Fairs Direct, the wellness tracking app from Advanta Health Solutions and many other new resources here www.coastalhif.com/wellness/resources. Feel free to contact us for any additional questions.

- 2023 Grant Applications status (see below)
- 2023 Budget for Wellness Grants is \$150,000

							
COASTAL WELLNESS GRANTS - 2023 Budget Amount: \$150,000							
<u>Group Name</u>	<u>Fund Allowance</u>	<u>Amount Requested</u>	<u>Date Submitted to Committee</u>	<u>Date Committee Approved</u>	<u>Amount Approved</u>	<u>Date Submitted to Emily</u>	<u>Date Resolution Passed</u>
Waterford Twp BOE	\$7,500	\$7,432	11/19/2022	11/20/2022	\$7,432	12/1/2022	
Upper Township BOE	\$7,500	\$7,500	12/1/2022	12/1/2022	\$7,500	12/1/2022	
Vineland BOE	\$30,000	\$30,000	12/6/2022				
Cumberland Regional BOE	\$7,500	\$7,500	12/20/2022	1/6/2023	\$7,500	1/6/2023	
TOTAL TO DATE	\$52,500	\$52,432			\$22,432		

Reminder: Please visit the Coastal HIF website for more details on how to apply, what is eligible, ideas for an application and additional resource information. You can always contact us for any assistance that you might need. Here's the link: <https://coastalhif.com/wellness/application>

GUARDIAN NURSES

Meet the coastal fund dedicated guardian nurses

Paula Brozina, RN - 609-276-5001 pbrozina@guardiannurses.com

Alicia Spataro, RN - 609-276-4990 aspataro@guardiannurses.com

******GREAT NEWS: Coastal HIF is adding a 3rd Nurse Effective 2/1/23 !!! Please welcome Sara Fiske, RN, BSN, CCRN**

Nurse Fiske joins our team after 12 years in South Jersey acute care hospitals, more specifically as a staff nurse on surgical post-op units, detox units, and critical care units. She has the distinction of being a certified critical care nurse (CCRN) which requires rigorous course work as well as passing an exam.

Guardian Nurses – Return on Investment

Guardian Nurses has partnered with Windsor Strategy Partners an actuarial agency out of Princeton, New Jersey to develop a return on investment analysis of their current clients. This project will require an exchange of de-identified claims data with Guardian Nurses who is an approved vendor of the Fund. Please be assured there will be no identifying information (names, date of birth, SS#, etc.) being shared for this analysis. We look forward to seeing and sharing the results of this study

Also attached is the most recent Guardian Nurses newsletters “The Flame”

ADMINISTRATIVE UPDATES:

- **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 .
- **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.

OPERATIONAL UPDATES:

NEW – EFFECTIVE 1/1/23!!

- The HIFs will include Gene Therapy under group’s medical plans through Aetna and AmeriHealth. Benefit will be covered on a preferred network basis only. Coverage will not be available through the pharmacy.
- CVS Minute Clinic or Health Hub visits will be covered at \$0 for all Aetna and AmeriHealth covered members

End of Year/Wellness Incentive Program Reporting

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

Please note the following:

- The report includes the participant's full name and total amount received in 2022
 - Aetna - up to \$240 per eligible participant
 - AHA – up to \$150 or \$240 depending on the group
- Initial report will be for reimbursements issued for the time period of **January 1, 2022 through October 31, 2022**
 - Reports were sent to group billing contacts the week of January 2nd
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022 through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

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

VENDOR UPDATE

EXPRESS SCRIPTS UPDATE

ESI's 2023 Exclusion List has been released. The Program Manager sent the Exclusion List to all brokers with the Coastal HIF's specific aggregate impact information on September 8th. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions. The 2023 National Preferred Formulary list will be available late October/early November.

COVID-19 Oral Prescriptions:

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

with present symptoms. As of today, the medications will require a prescription from a physician for access.

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

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

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

COVID-19 Oral Prescriptions UPDATE:

Funding from the government for COVID-19 oral medications may end in July. ESI plans to provide groups with a 30-day notice when they receive notice of the funding ending. Currently, members who fill one of the prescriptions through ESI are charged a copay. The HIFs has not opted in to change the member cost share to \$0 as there is minimal usage of the drug. Since January 2022 when the drugs became available, the Coastal HIF had 3 members fill a script, totaling \$13.80 in member cost and \$12.20 plan costs.

Once the government funding has ended the plan cost will apply when a prescription is filled:

- Up to \$12 dispensing fee per prescription; plan pays the balance after member's responsibility
- If member is in a Long-Term Care (LTC) facility, plan pays \$2.40 (\$12 dispensing fee/5 days) per day per prescription.

AETNA – VIRTUA CONTRACT NEGOTIATIONS

Aetna has received an extension from Virtua Health, Inc. The new term date is April 1, 2023. Aetna will continue to negotiate in hopes of coming to an acceptable agreement.

LEGISLATIVE UPDATES

EMPLOYER REQUIRED COVID-19 Tests:

As a reminder, Insurers are **not required to cover COVID-19 tests that employers may mandate**. The Families First Coronavirus Response Act (FFCRA) requires insurers to cover COVID-19 tests without patient cost-sharing, however guidance clarified that **the law only applies to tests that are deemed "medically appropriate" by a healthcare provider**. This guidance suggests that if an employer mandates COVID-19

testing as a condition for returning to work, it is not required to be covered by insurance. The Health Insurance Fund will continue to cover COVID-19 testing when deemed medically necessary by a healthcare professional in accordance with CDC guidelines but *will not* be covering employer-mandated testing.

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration- Extended through July 15, 2022

- Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
- Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
- Under special transition rule- certain premium payments are not required to be made before 11/1/21.

2. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

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

FREE Tests from the Government

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

UPDATE: The 3rd round of free at-home tests are now available, each household is eligible to receive 8 tests which will come in 2 separate packages (4 tests in each package).

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.
- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.

- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.
3. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

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

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAE)

In December of 2020 Congress passed into Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, PERMA, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund’s next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

MEDICAL AND RX REPORTING

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

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

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

- Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The PERMA has provided ESI with the requested information to submit the filing.
- Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

No Surprise Billing and Transparency Act – Continued Delays

The Health Insurance Funds, including Coastal HIF, protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Coastal HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

2023 Specialized Audits

As approved through an RFP through the Program Manager's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Coastal HIF. AIM will complete medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna's claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix II.**

APPEALS (as of 1/17/23) –

Number	Determination
8 Carrier Appeals	<ul style="list-style-type: none">• 7 upheld as benefit application• 1 listed as second level appeal waiting for completed Release of Protected Information Form from member authorizing 3rd party to act on their behalf
No IRO Submission	



Coastal Health Insurance Fund
Board Meeting Summary
January 23, 2023

SouthernCoastal^{FUND}

Referrals	11/14/22 thru 1/9/23	10/11/22 thru 11/13/22
Total Referrals	133	57
Total Referrals (ACUTE)	119	46
Total Referrals (COMPLEX)	14	11
Acute Care Program		
Total Members Hospitalized	79 inpatients	37 inpatients
Members Requiring ICU Level Care	9	2
COVID-19 Admissions	0	0
Acute (30) Day Readmissions	3	3
Complex Care Program		
Actively Engaged with MCC	54	67
Admissions	6	5
Readmissions	1	0
ICU Admissions	Status	Insurer
High Claimant		
High Claimant #1 Engaged in Hospital	GI Bleed; Home	Aetna
High Claimant #2 Engaged in Hospital	COPD; Home	Aetna
High Claimant #3 Engaged in Hospital	Altered Mental Status; Home	AmeriHealth
High Claimant #4 Engaged in Hospital	Fall, multiple fractures; Acute Rehab	Aetna
High Claimant #5 Engaged in Hospital	Implant defibrillator; Home	Aetna
High Claimant #6 Engaged in Hospital	Diabetic/Dehydration; Home	Aetna
High Claimant #7 Engaged by Phone	COPD; Home	AmeriHealth
High Claimant #8 Engaged in Hospital	Pulmonary embolism; Home	Aetna
High Claimant #9 Engaged in Hospital	Aortic Stenosis/Remains in ICU	AmeriHealth/MA

Healthcare News and Tips

January 17, 2023

Happy and Healthy New Year!!

When you were growing up, how many times did your mother tell you to wash your hands? It was likely one of the early lessons our parents and teachers taught us.

We know that feces (aka 'poop') from people or animals is an important source of germs. A single gram of human feces—which is about the weight of a paper clip—can contain one trillion germs. Germs can also get onto hands if people touch any object that has germs on it because someone coughed or sneezed on it or was touched by some other contaminated object. When these germs get onto hands and are not washed off, they can be passed from person to person and make people sick. Other germs can get onto hands after people use the toilet or change a diaper, but also in less obvious ways, like after handling raw meats that have invisible amounts of animal poop on them.

Every year millions of patients around the world are impacted by healthcare-associated infections caused by bacteria spread by hands that have touched different surfaces in the home, in school and even in the hospital.

I thought it might be a good time---it being flu and cold season and all--- to resolve to be more mindful about handwashing and lead by example.



The Background

Turns out, your mother was right! Washing your hands is the SINGLE-MOST effective method to stop the spread of germs. If that's not a good enough reason for you to wash your hands AND teach your children how to wash theirs properly, you will never 'get it.' Seems like a simple task when mom told us, but when and how should you wash your hands? And what if you don't have soap and water?

When Should You Wash Your Hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick



President/CEO

Best wishes for a very
HEALTHY and Happy
New Year!!

Betty
Betty Long, RN, MHA

Mental Health Benefits for Veterans

Starting today, January 17th, veterans in acute suicidal crisis will be able to go to any VA or non-VA health care facility for emergency health care at no cost – including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the VA system to use this benefit.

If you're a Veteran in crisis or concerned about one, contact the Veterans Crisis Line to receive 24/7 confidential support. Three ways to reach responders:

- Dial 988 then Press 1
- or text 838255
- or chat online
VeteransCrisisLine.net/Chat

- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who's used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How Should You Wash Your Hands?

- Wet your hands with clean, running water (warm or cold). Turn off the tap and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end---twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

What Should You Do if You Can't Wash with Soap & Water?

If you do not have soap and water available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers are good in a pinch and can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs and might not remove harmful chemicals. Best to wash your hands when you are able. Hand sanitizers are not as effective when hands are visibly dirty or greasy. In addition, they might not remove harmful chemicals like pesticides and heavy metals from hands. Be cautious when using hand sanitizers around children; swallowing alcohol-based sanitizers can cause alcohol poisoning if a person swallows more than a couple mouthfuls.

What's the Proper Way to Apply Hand Sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.

- Rub the product over all surfaces of your hands and fingers until your hands are dry.

When you think about it, it doesn't take much effort to do the right thing around hand washing. Don't underestimate the power of hand washing! The time you spend at the sink could save you trips to the doctor's office. And while you're making sure that you wash your hands, make double sure that your healthcare provider is, too!

With thanks to the CDC.

Lighting your way
through the
healthcare maze.®

Guardian Nurses Healthcare Advocates

215-836-0260 | Toll Free 888-836-0260

info@guardiannurses.com | GuardianNurses.com



Guardian Nurses Healthcare Advocates | PO Box 224, Flourtown, PA 19031

Unsubscribe_susan@allenassoc.com

[Constant Contact Data Notice](#)

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SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

NOVEMBER 2022

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 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002095			
002095	AETNA _MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 11/22	33,912.08
			33,912.08
002096			
002096	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/22	555.36
			555.36
002097			
002097	AETNA	VISION TPA 11/22	255.71
002097	AETNA	MEDICAL TPA - AETNA 11/22	166,404.20
			166,659.91
002098			
002098	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 11/22	-1,721.25
002098	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 11/22	56,701.20
			54,979.95
002099			
002099	PERMA	POSTAGE 10/22	69.58
002099	PERMA	ADMINISTRATION FEES 11/22	125,811.20
			125,880.78
002100			
002100	ALLEN ASSOCIATES	MEETING EXPENSES 11/22	1,630.79
002100	ALLEN ASSOCIATES	BROKER FEE 11/22	184,687.12
			186,317.91
002101			
002101	VERRILL & VERRILL	DEPUTY TREASURER FEE 11/22	1,025.00
			1,025.00
002102			
002102	SHARED HEALTH ALLIANCE	GUARDIAN NURSE SERVICE FEE 11/22	36,050.00
			36,050.00
002103			
002103	SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEE 11/22	222,735.38
			222,735.38
002104			
002104	MARMERO LAW, LLC	PROFESSIONAL SERVICES 9/22-11/22	585.00
002104	MARMERO LAW, LLC	PROFESSIONAL SERVICES 9/22-10/22	2,346.00
			2,931.00
002105			
002105	LARACY ASSOCIATES, LLC	TREASURER FEE 11/22	583.33
			583.33
002106			
002106	ACCESS	ACCT #963 - ARC. AND STOR. - 9.30.22	11.72
			11.72
002107			
002107	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 11/22	304,207.03
			304,207.03
Total Payments FY 2022			1,135,849.45
TOTAL PAYMENTS ALL FUND YEARS			1,135,849.45

Chairperson

Attest:

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

Dated: _____

Treasurer

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DIVIDEND BILLS LIST**

Confirmation of Payment

DECEMBER 2022

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 CLOSED

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002124	MIDDLE TOWNSHIP	RETAINED DIVIDEND 12/22	32,208.00
			32,208.00
		Total Payments FY CLOSED	32,208.00
		TOTAL PAYMENTS ALL FUND YEARS	32,208.00

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. ____ 14-23

DECEMBER 2022

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 2022

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002108			
002108	AETNA _MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 12/22	34,378.76
			34,378.76
002109			
002109	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/22	564.72
			564.72
002110			
002110	AETNA	VISION TPA 12/22	251.16
002110	AETNA	MEDICAL TPA - AETNA 12/22	167,498.50
			167,749.66
002111			
002111	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/22	-1,721.25
002111	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 12/22	56,701.19
			54,979.94
002112			
002112	PERMA	POSTAGE 11/22	28.44
002112	PERMA	ADMINISTRATION FEES 12/22	126,586.88
			126,615.32
002113			
002113	ALLEN ASSOCIATES	BROKER FEE 12/22	185,826.30
			185,826.30
002114			
002114	VERRILL & VERRILL	DEPUTY TREASURER FEE 11/22	1,025.00
			1,025.00
002115			
002115	SHARED HEALTH ALLIANCE	GUARDIAN NURSE SERVICE FEE 12/22	36,050.00
			36,050.00
002116			
002116	SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEE 12/22	224,217.60
			224,217.60
002117			
002117	MARMERO LAW, LLC	PROFESSIONAL SERVICES 11/18-11/30	90.00
002117	MARMERO LAW, LLC	PROFESSIONAL SERVICES 11/17-12/08	2,346.00
			2,436.00
002118			
002118	LARACY ASSOCIATES, LLC	TREASURER FEE 12/22	583.33
			583.33

002119			
002119	CONNER STRONG & BUCKELEW	SURETY-PUB OFF SELECTIVE 2023-2024	2,517.00
			2,517.00
002120			
002120	KEPRO	CLAIMS REVIEW 01.13.22	950.00
002120	KEPRO	CLAIMS REVIEW 11.30.21	475.00
			1,425.00
002121			
002121	ACCESS	ACCT 963 - ARC/STORE CUST 224 10/31.22	11.49
			11.49
002122			
002122	LOWER CAPE MAY REGIONAL	WELLNESS GRANT REIM. - ADVANTA 2022	3,522.00
			3,522.00
002123			
002123	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/22	305,755.31
			305,755.31
		Total Payments FY 2022	1,147,657.43
		TOTAL PAYMENTS ALL FUND YEARS	1,147,657.43

Chairperson

Attest:

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

Dated: _____

Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
COASTAL HEALTH BENEFITS FUND									
Month		December							
Current Fund Year		2022							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid December	3. Monthly Recoveries December	4. Calc. Net Paid Thru December	5. TPA Net Paid Thru December	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2022	Medical	105,495,458.83	10,014,913.11	0.00	115,510,371.94	0.00	115,510,371.94	105,495,458.83	10,014,913.11
	Dental	86,807.35	10,135.85	0.00	96,943.20	0.00	96,943.20	86,807.35	10,135.85
	Rx	3,987,538.57	479,220.17	0.00	4,466,758.74	0.00	4,466,758.74	3,987,538.57	479,220.17
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	109,569,804.75	10,504,269.13	0.00	120,074,073.88	0.00	120,074,073.88	109,569,804.75	10,504,269.13

COASTAL HEALTH BENEFITS FUND										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2022										
Month Ending: December										
	Medical	Dental	Rx	Vision	Med.Adv	Reinsurance	Dividend Payable	LFC	Admin	TOTAL
OPEN BALANCE	17,337,607.04	35,892.90	(3,133,364.89)	162,586.21	1,071,401.79	(327,350.47)	14,325,414.09	685,503.51	3,344,726.35	33,502,416.53
RECEIPTS										
Assessments	9,824,047.18	7,520.72	188,718.66	4,000.26	35,282.16	318,390.19	0.00	0.00	968,369.83	11,346,329.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	59,820.62	138.37	0.00	331.01	2,181.16	0.00	29,163.02	1,395.70	6,833.70	99,863.58
Invest Adj	(0.43)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.43)
Subtotal Invest	59,820.19	138.37	0.00	331.01	2,181.16	0.00	29,163.02	1,395.70	6,833.70	99,863.15
Other *	44,971.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,971.66
TOTAL	9,928,839.03	7,659.09	188,718.66	4,331.27	37,463.32	318,390.19	29,163.02	1,395.70	975,203.53	11,491,163.81
EXPENSES										
Claims Transfers	10,014,913.11	10,135.85	479,220.17	0.00	0.00	0.00	0.00	0.00	0.00	10,504,269.13
Expenses	34,378.36	564.72	0.00	0.00	0.00	305,755.31	32,208.00	0.00	806,958.64	1,179,865.03
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	10,049,291.47	10,700.57	479,220.17	0.00	0.00	305,755.31	32,208.00	0.00	806,958.64	11,684,134.16
END BALANCE	17,217,154.60	32,851.42	(3,423,866.40)	166,917.48	1,108,865.11	(314,715.59)	14,322,369.11	686,899.21	3,512,971.24	33,309,446.18

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS										
COASTAL HEALTH BENEFITS FUND										
ALL FUND YEARS COMBINED										
CURRENT MONTH	December									
CURRENT FUND YEAR	2022									
Description:		Investors Bank	OceanFirst Investment Account	OceanFirst Operating Account	Republic Bank Investment Account	Wilmington Trust Investment Account	NJ Cash Management Investment Account	William Penn Bank Investment Account	Republic Bank Checking Account	
ID Number:										
Maturity (Yrs)										
Purchase Yield:		2.25	2.80	2.80	4.12	3.81	4.09	3.20	4.12	
TOTAL for All Accts & instruments										
Opening Cash & Investment Balance	\$33,502,416.50	\$ 274,603.61	\$ 22,184.71	\$ 6,075,059.17	\$ 21,732,627.82	\$ 11,687.34	\$ 5,121,264.76	\$ 264,989.09	\$ -	
Opening Interest Accrual Balance	\$32.09	\$ -	\$ -	\$ -	\$ -	\$ 32.09	\$ -	\$ -	\$ -	
1	Interest Accrued and/or Interest Cost	\$36.23	\$0.00	\$0.00	\$0.00	\$36.23	\$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	
3	(Amortization and/or Interest Cost)	\$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	
5	Interest Paid - Cash Instr.s	\$99,831.49	\$525.24	\$48.98	\$11,208.57	\$70,288.28	\$0.00	\$17,064.76	\$686.07	\$9.59
6	Interest Paid - Term Instr.s	\$32.09	\$0.00	\$0.00	\$0.00	\$32.09	\$0.00	\$0.00	\$0.00	
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8	Net Investment Income	\$99,867.72	\$525.24	\$48.98	\$11,208.57	\$70,288.28	\$36.23	\$17,064.76	\$686.07	\$9.59
9	Deposits - Purchases	\$17,423,167.66	\$0.00	\$0.00	\$13,159,217.66	\$1,232,083.00	\$0.00	\$0.00	\$0.00	\$3,031,867.00
10	(Withdrawals - Sales)	-\$17,716,001.56	\$0.00	\$0.00	-\$11,684,134.56	-\$3,001,000.00	\$0.00	\$0.00	\$0.00	-\$3,030,867.00
		OK	OK	OK	OK	OK	OK	OK	OK	
	Ending Cash & Investment Balance	\$33,309,446.18	\$275,128.85	\$22,233.69	\$7,561,350.84	\$20,033,999.10	\$11,719.43	\$5,138,329.52	\$265,675.16	\$1,009.59
	Ending Interest Accrual Balance	\$36.23	\$0.00	\$0.00	\$0.00	\$36.23	\$0.00	\$0.00	\$0.00	\$0.00
	Plus Outstanding Checks	\$389,796.32	\$0.00	\$0.00	\$358,929.32	\$0.00	\$0.00	\$0.00	\$0.00	\$30,867.00
	(Less Deposits in Transit)	-\$30,867.00	\$0.00	\$0.00	\$0.00	-\$30,867.00	\$0.00	\$0.00	\$0.00	\$0.00
	Balance per Bank	\$33,668,375.50	\$275,128.85	\$22,233.69	\$7,920,280.16	\$20,003,132.10	\$11,719.43	\$5,138,329.52	\$265,675.16	\$31,876.59



SOUTHERN COASTAL HEALTH INSURANCE FUND

Monthly Claim Activity Report

January 23, 2023



SOUTHERN COASTAL HEALTH INSURANCE FUND

	MEDICAL CLAIMS + CAP			MEDICAL CLAIMS + CAP		
	<u>PAID 2021</u>	<u># OF EES</u>	<u>PER EE</u>	<u>PAID 2022</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$5,074,625	3,704	\$ 1,370	\$5,792,667	4785	\$1,211
FEBRUARY	\$5,796,101	3,695	\$ 1,569	\$7,784,509	4763	\$1,634
MARCH	\$5,464,806	3,692	\$ 1,480	\$9,384,113	4766	\$1,969
APRIL	\$5,143,911	3,680	\$ 1,398	\$9,050,479	4748	\$1,906
MAY	\$6,575,089	3,675	\$ 1,789	\$9,923,601	4769	\$2,081
JUNE	\$6,893,434	3,680	\$ 1,873	\$6,068,223	4757	\$1,276
JULY	\$4,930,467	3,728	\$ 1,323	\$6,346,373	4714	\$1,346
AUGUST	\$8,419,280	3,654	\$ 2,304	\$9,512,055	4,652	\$2,045
SEPTEMBER	\$5,773,035	3,765	\$ 1,533	\$7,204,524	4,745	\$1,518
OCTOBER	\$6,146,791	3,759	\$ 1,635	\$6,876,159	4,739	\$1,451
NOVEMBER	\$7,138,603	3,759	\$ 1,899	\$7,878,843	4,738	\$1,663
DECEMBER	\$7,023,215	3,744	\$ 1,876			
TOTALS	\$74,379,357			\$85,821,544		
				2022 Average	4,743	\$ 1,645
				2021 Average	3,711	\$ 1,671

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

Plan Sponsor Unique ID : All
 Customer: Southern Coastal Health Insurance Fund
 Group / Control: 00108431,00169660,00737420,00737421

Paid Dates: 10/01/2022 - 10/31/2022
 Service Dates: 01/01/2011 - 10/31/2022
 Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$160,731.92	\$132,886.37	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS
	\$252,954.68	\$123,683.63	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT
	\$246,338.39	\$119,643.08	NONRHEUMATIC AORTIC (VALVE) STENOSIS
	\$260,541.05	\$112,929.20	MALIGNANT NEOPLASM OF PROSTATE
	\$192,494.12	\$110,020.91	SPONDYLOLISTHESIS, LUMBAR REGION
	\$146,817.50	\$109,915.35	HYPERTENSIVE HEART DISEASE WITH HEART
Total:	\$1,259,877.66	\$709,078.54	

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

Plan Sponsor Unique ID : All
 Customer: Southern Coastal Health Insurance Fund
 Group / Control: 00108431,00169660,00737420,00737421

Paid Dates: 11/01/2022 - 11/30/2022
 Service Dates: 01/01/2011 - 11/30/2022
 Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$253,150.00	\$131,454.55	THORACIC AORTIC ANEURYSM, WITHOUT
	\$152,529.19	\$129,652.02	SPINAL STENOSIS, CERVICAL REGION
	\$271,997.32	\$116,208.49	SECONDARY MALIGNANT NEOPLASM OF BRAIN
Total:	\$677,676.51	\$377,315.06	



Southern Coastal Health Insurance Fund
12/1/2021 through 11/30/22 (unless otherwise noted)

Dashboard

Medical Claims Paid:

January 2022 – November 2022

Total Medical Paid per EE: **\$1,645**

Network Discounts

Inpatient: **61.4%**
Ambulatory: **62.6%**
Physician/Other: **60.3%**
TOTAL: 61.5%

Provider Network

% Admissions In-Network: **97.3%**
% Physician Office in network: **97.7%**

Aetna Book of Business:
Admissions 98.7%; Physician 90.0%

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

- Inspira Medical Center –Vineland
- Cooper Hospital
- Inspira Medical Center Mullica Hill
- University of Pennsylvania
- CHOP

Catastrophic Claim Impact

(January 2022- November 2022)

Number of Claims Over \$50,000 **225**
Claimants per 1000 members: **18.9**
Avg. Paid per Claimant: **\$129,056**
Percent of Total Paid: **37.3%**
• Aetna BOB- HCC account for an average of 39.9% of total Medical Cost

Teladoc Activity:

January 2022 – November 2022

Total Registrations: **350**
Total Online Visits: **746**
Total Net Claims Savings: **\$379,607**
Total Visits w/ Rx: **610**

Utilization by Age

0-17: 14.7%
18-26: 9.8%
27-30: 5.9%
31-45: 40.5%
46-55: 17.0%
55-65: 10.3%
66+: 1.7%

Mental Health Visits: **222**
Dermatology Visits: **47**

**Allentown Service Center
Performance Goal Metrics YTD 2022**

Customer Service Performance

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

Claims Performance

Financial Accuracy: **99.66%**
-
90% processed w/in: **9.8 days**
95% processed w/in: **18.9 days**

**Claims Performance (Monthly)
(November 2022)**

90% processed w/in: **5.8 days**
95% processed w/in: **10.0 days**
(Note: This is not a PG metric)

Performance Goals

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

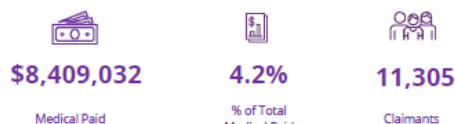
Financial Accuracy: **99%**
Turnaround Time
90% processed w/in: **14 days**
95% processed w/in: **30 days**

At a glance COVID-19 All-time experience

Time period: Jan 2020 - Dec 2022, paid through December 2022

Average Members: 10,411

Key Statistics (Medical Claims Only)



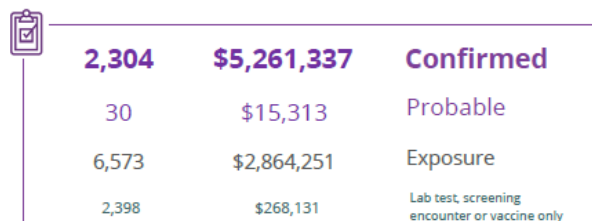
More detailed information is found on the next page to help you answer critical questions:

- ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
- ✓ How many members are affected?
- ✓ How many claims-based tests have been conducted for the virus and antibodies?
- ✓ How many individuals have received vaccinations?
- ✓ How is COVID spend trending in 2021 compared to 2020?

Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

Claimant Distribution*

how your total claimants break down based on diagnosis code information



*refer to Report terms on page 1

COVID-19 population risk*



31.9%

Members at risk for severe illness

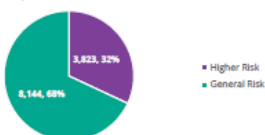
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" factors

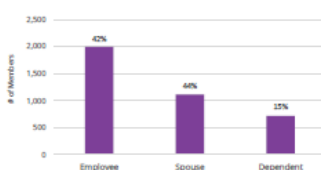
The bar chart displays this information by member type.

* See page one for High Risk definition.

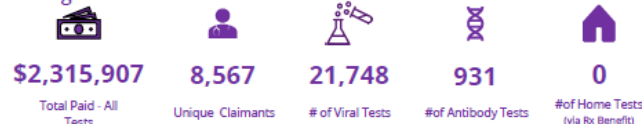
Population risk for severe illness



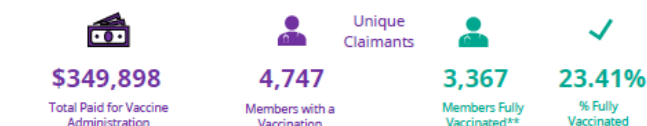
Higher risk for severe illness, by member type



Testing



Vaccine Administration (Medical & Pharmacy)*



*Includes claims paid under the Aetna Pharmacy benefit plan if applicable

**The unique count of members >= 5 years of age who have received all of the required doses based on claims received





2022 Coastal HIF

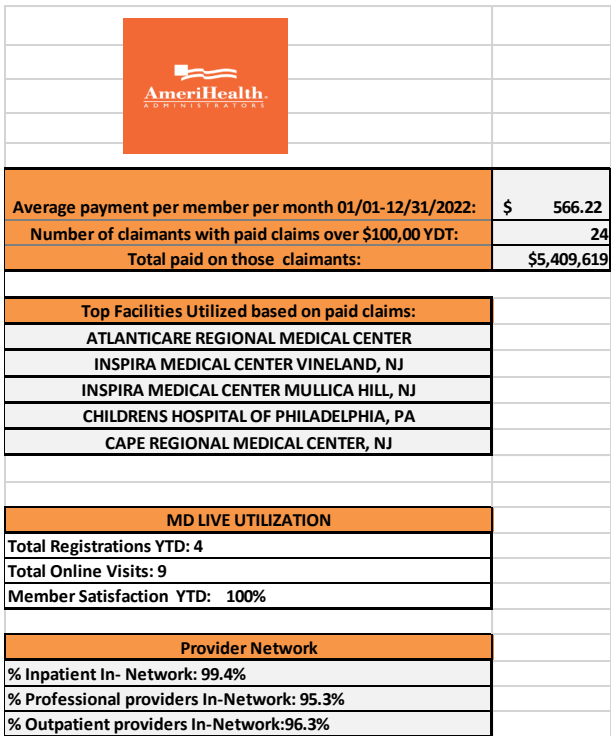
2021 Coastal HIF

	MEDICAL CLAIMS PAID 2022	TOTAL	# OF EES	PER EE			MEDICAL CLAIMS PAID 2019	# OF EES	PER EE
JANUARY	\$ 1,284,007.19	\$ 1,284,007.19	1,424	\$ 901.69		JANUARY	\$ 807,511.05	1308	\$ 617.36
FEBRUARY	\$ 1,871,488.61	\$ 1,871,488.61	1,420	\$ 1,317.94		FEBRUARY	\$ 1,527,729.14	1,308	\$ 1,167.98
MARCH	\$ 2,897,383.56	\$ 2,897,383.56	1,412	\$ 2,051.97		MARCH	\$ 1,615,625.70	1,296	\$ 1,246.62
APRIL	\$ 1,573,480.01	\$ 1,573,480.01	1,416	\$ 1,111.21		APRIL	\$ 2,433,551.93	1,293	\$ 1,882.09
MAY	\$1,840,871.00	\$1,840,871.00	1,411	\$ 1,304.65		MAY	\$ 2,492,143.88	1,287	\$ 1,936.39
JUNE	\$ 2,468,701.00	\$ 2,468,701.00	1,412	\$ 1,748.37		JUNE	\$ 1,911,328.28	1,289	\$ 1,482.79
JULY	\$ 1,739,142.26	\$ 1,739,142.26	1,383	\$ 1,257.51		JULY	\$ 3,258,183.26	1,421	\$ 2,292.88
AUGUST	\$ 1,826,216.41	\$ 1,826,216.41	1,373	\$ 1,330.09		AUGUST	\$ 1,817,516.11	1,412	\$ 1,287.19
SEPTEMBER	\$ 2,463,246.66	\$ 2,463,246.66	1,382	\$ 1,782.37		SEPTEMBER	\$ 2,197,014.90	1,424	\$ 1,542.84
OCTOBER	\$ 2,066,543.86	\$2,066,543.86	1,374	\$ 1,504.03		OCTOBER	\$ 1,994,161.30	1,424	\$ 1,400.39
NOVEMBER	\$ 1,655,929.11	\$1,655,929.11	1,372	\$ 1,206.94		NOVEMBER	\$ 1,331,453.11	1,428	\$ 932.39
DECEMBER	\$ 2,797,942.10	\$2,797,942.10	1,380	\$ 2,027.49		DECEMBER	\$ 2,450,882.31	1,434	\$ 1,709.12
TOTALS		\$24,484,951.77	1,397			TOTALS	\$ 23,837,100.97	1,360	
		2022 Average	1,397	\$ 1,462.02			2021 Average	1,360	\$ 1,458.17



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

Group:		Coastal HIF				Service Dates:	-		
Paid Dates:	12/1/22-12/31/22					Line of Business:	All		
Network Service		ALL				Product Line:	All		
		Claimant	Relationship	Paid Amount	Diagnosis				
		1	spouse	\$158,413	Spinal Cord Injury				
			Total	\$464,379					

35

**COASTAL HIF - 0001703859**

Claims Incurred between 3/1/2020 and 1/13/2023 and Paid between 3/1/2020 and 1/13/2023

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, J0248, M0201, M0220, M0221, M0222, M0223,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	43	105	\$111,602.43	\$1,062.88	\$87.26
1-5	223	726	\$247,152.43	\$340.43	\$34.67
6-18	618	2036	\$401,539.87	\$197.22	\$16.59
19-25	331	1166	\$485,942.16	\$416.76	\$37.92
26-39	641	2411	\$724,751.31	\$300.60	\$32.47
40-64	1208	4868	\$2,362,724.37	\$485.36	\$51.91
65+	128	401	\$80,269.47	\$200.17	\$20.14
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	1252	4882	\$1,976,693.40	\$404.89	\$43.40
Spouse	661	2754	\$1,148,746.01	\$417.12	\$44.39
Dependent	1131	4076	\$1,288,542.63	\$316.13	\$28.12

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Female	1662	6909	\$2,276,098.33	\$329.44	\$36.68
Male	1383	4803	\$2,137,883.71	\$445.11	\$38.74
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
AL	1	1	\$0.00	\$0.00	\$0.00
AZ	1	7	\$619.77	\$88.54	\$17.71
DE	12	44	\$58,782.10	\$1,335.96	\$186.61
FL	4	4	\$492.01	\$123.00	\$1.55
GA	1	2	\$231.20	\$115.60	\$2.54
MD	2	2	\$85.38	\$42.69	\$1.33
NJ	3003	11586	\$4,345,505.07	\$375.07	\$37.65
PA	11	30	\$3,989.87	\$133.00	\$10.67
SC	9	36	\$4,276.64	\$118.80	\$7.21

Summary by Service Type - Outpatient and Professional Claims

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

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	391	618	\$476,812.26	\$771.54	\$4.07
Emergency Room With Observation Bed	98	109	\$187,093.25	\$1,716.45	\$1.60
Observation Bed	8	8	\$8,818.28	\$1,102.28	\$0.08
Office Physician Visit	375	534	\$59,687.80	\$111.77	\$0.51
Other Physician Visit	243	315	\$34,963.30	\$110.99	\$0.30
Pathology (Laboratory)	2114	5650	\$599,739.05	\$106.15	\$5.12
Urgent Care	1485	2706	\$479,385.75	\$177.16	\$4.09

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	4	4	4	\$47,348.67	37.20	\$11,837.17	\$37.02	1.25
1-5	1	1	1	\$10,260.98	1.20	\$10,260.98	\$1.44	1.00
6-18	2	2	2	\$30,383.21	1.20	\$15,191.61	\$1.26	1.50
19-25	6	6	6	\$265,328.82	6.00	\$44,221.47	\$20.70	3.17
26-39	17	18	18	\$303,689.63	9.60	\$16,871.65	\$13.61	4.06
40-64	26	38	28	\$1,359,921.85	7.20	\$48,568.64	\$29.88	9.42
65+	1	2	1	\$15,464.64	3.60	\$15,464.64	\$3.88	2.00
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Inspira Medical Center Mullica Hill	200	309	\$349,287.50	\$1,130.38	\$2.98
Inspira Medical Center Vineland	209	353	\$329,444.20	\$933.27	\$2.81
Cooper University Hospital	57	81	\$316,490.41	\$3,907.29	\$2.70
Cape Regional Medical Center	241	339	\$272,523.52	\$803.90	\$2.32
Atlanticare Regional Medical Center	56	64	\$268,532.44	\$4,195.82	\$2.29
Cape Regional Urgent Care LLC	791	1512	\$241,022.00	\$159.41	\$2.06
Inspira Medical Center Elmer	66	82	\$185,150.14	\$2,257.93	\$1.58
Salem Medical Center	342	591	\$167,452.98	\$283.34	\$1.43
Presbyterian Medical Center	28	39	\$162,556.69	\$4,168.12	\$1.39
Childrens Hospital of Philadelphia	50	64	\$162,069.40	\$2,532.33	\$1.38
BRIGHAM AND WOMEN'S HOSP	2	2	\$152,471.55	\$76,235.78	\$1.30
Christiana Care Health Services	29	31	\$149,999.59	\$4,838.70	\$1.28
Labcorp Raritan	1031	1577	\$146,152.80	\$92.68	\$1.25
Shore Medical Center	77	97	\$143,954.91	\$1,484.07	\$1.23
Optum Urgent Care	280	438	\$89,989.80	\$205.46	\$0.77
DELAWARE DIAGNOSTIC LABS LLC	19	623	\$81,709.16	\$131.15	\$0.70
Hospital of the Univ of Pennsylvania	15	23	\$73,187.71	\$3,182.07	\$0.62
Nemours Children's Health	40	49	\$63,714.02	\$1,300.29	\$0.54
Albert Einstein Medical Center	1	3	\$62,808.05	\$20,936.02	\$0.54
Virtua West Jersey Health System Inc	32	46	\$61,526.10	\$1,337.52	\$0.52
AtlantiCare Physician Group	263	379	\$59,546.14	\$157.11	\$0.51
Pennsylvania Hospital of the University of Pennsylvania Health System	5	16	\$51,789.14	\$3,236.82	\$0.44
Inspira Health Network Urgent Care PC	137	163	\$48,724.00	\$298.92	\$0.42
Quest Diagnostics Inc	344	426	\$41,539.75	\$97.51	\$0.35
GENESIS LABORATORY MANAGEMENT	87	111	\$35,473.95	\$319.59	\$0.30

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91304, 91305, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	3rd Dose Vaccine CLAIMANT COUNT	Booster Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	0	0	\$0.00	
1-5	2	5	8	0	0	\$1,417.45	\$94.50
6-18	10	75	44	2	15	\$15,025.36	\$102.91
19-25	6	23	7	6	15	\$4,017.39	\$70.48
26-39	9	56	35	17	28	\$10,670.79	\$73.59
40-64	3	182	46	27	66	\$22,874.50	\$70.60
65+	0	17	2	10	12	\$2,591.99	\$63.22
Unknown	0	0	0	0	0	\$0.00	

COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	9	10	\$1,596.00	\$177.33
1-5	95	176	\$29,788.04	\$313.56
6-18	334	631	\$106,485.65	\$318.82
19-25	153	297	\$55,124.09	\$360.29
26-39	329	566	\$102,307.23	\$310.96
40-64	553	953	\$172,089.51	\$311.19
65+	48	73	\$11,995.23	\$249.90
Unknown	0	0	\$0.00	\$0.00

Retail Clinic

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



EXPRESS SCRIPTS®

FORMULARY UPDATE ON HUMIRA

Humira is a biologic drug used to treat numerous auto-immune diseases such as Rheumatoid Arthritis, Ulcerative Colitis, and Crohn's Disease, to name a few. Although it is not the only drug in its class, Humira is often considered as superior due to its simpler dosing and improved side effect profile when compared to others in its class. Humira was FDA approved in 2002 and has since become one of the top-selling drugs in the market.

Biosimilars are biologic drugs that are similar in structure, function, and produce a similar clinical response to innovator biologic drugs, such as Humira. Prior to biosimilars entering the market, manufacturers were able to set high prices on drugs like Humira due to the absence of competition. However, with the rising number of biologics gaining FDA approval, there is promise in driving down rising medication costs for patients. In 2023, there are potentially 10 new drugs launching that are biosimilars to Humira.

With these exciting changes in the upcoming year, Express Scripts has decided to keep Humira as a preferred inflammatory therapy on all standard commercial formularies. Patients who have been receiving Humira will not experience any disruption as there is no change to its position on our formularies. Humira biosimilars will be added at the same formulary position as Humira starting in 2023. We are co-preferring the innovator brand and biosimilar drug to deliver the lowest cost to our clients and patients regardless if the prescriber chooses the innovator drug or biologic.

Southern Costal Health Insurance Fund

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q 1	2021 04	2021 05	2021 06	2021 Q 2	2021 07	2021 08	2021 09	2021 Q 3	2021 10	2021 11	2021 12	2021 Q 4	2021 YTD
Membership	2,061	2,049	2,055	2,055	2,057	2,059	2,062	2,059	2,048	2,048	2,115	2,070	2,106	2,124	2,116	2,115	2,075
Total Days	70,103	59,473	74,351	203,927	77,637	72,241	73,203	223,081	73,973	68,202	71,674	213,849	75,987	68,936	76,537	221,460	862,317
Total Patients	706	672	746	1,100	713	712	765	1,094	780	760	731	1,163	753	762	799	1,168	1,611
Total Plan Cost	\$272,928	\$238,479	\$364,446	\$875,853	\$329,442	\$319,091	\$370,580	\$1,019,113	\$395,548	\$288,951	\$326,380	\$1,010,880	\$327,378	\$327,545	\$351,470	\$1,006,392	\$3,912,238
Generic Fill Rate (GFR) - Total	85.9%	85.9%	84.9%	85.6%	85.1%	84.9%	84.6%	84.9%	86.2%	86.6%	87.1%	86.6%	87.0%	87.2%	87.0%	87.1%	86.1%
Plan Cost PMPM	\$132.43	\$116.39	\$177.35	\$142.07	\$160.16	\$154.97	\$179.72	\$164.96	\$193.14	\$141.09	\$154.32	\$162.76	\$155.45	\$154.21	\$166.10	\$158.59	\$157.12
Total Specialty Plan Cost	\$125,708	\$116,025	\$195,329	\$437,062	\$157,036	\$165,580	\$203,383	\$525,999	\$227,898	\$131,353	\$180,019	\$539,270	\$155,235	\$165,153	\$161,651	\$482,038	\$1,984,369
Specialty % of Total Specialty Plan Cost	46.1%	48.7%	53.6%	49.9%	47.7%	51.9%	54.9%	51.6%	57.6%	45.5%	55.2%	53.3%	47.4%	50.4%	46.0%	47.9%	50.7%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q 1	2022 04	2022 05	2022 06	2022 Q 2	2022 07	2022 08	2022 09	2022 Q 3	2022 10	2022 11	2022 12	2022 Q 4	2022 YTD
Membership	2,103	2,103	2,112	2,106	2,102	2,109	2,110	2,107	2,072	2,076	2,152	2,100	2,137	2,137			
Total Days	75,653	67,033	78,441	221,127	74,338	71,718	76,369	222,425	69,710	79,352	74,271	223,333	77,459	76,353			
Total Patients	776	734	805	1,155	817	819	815	1,221	769	812	767	1,203	879	890			
Total Plan Cost	\$287,566	\$295,790	\$360,510	\$943,866	\$315,548	\$268,142	\$397,334	\$981,024	\$338,764	\$389,246	\$351,181	\$1,079,191	\$356,543	\$361,204			
Generic Fill Rate (GFR) - Total	87.8%	86.8%	87.9%	87.5%	88.7%	88.0%	87.1%	87.9%	85.6%	85.1%	85.5%	85.4%	80.9%	80.8%			
Plan Cost PMPM	\$136.74	\$140.65	\$170.70	\$149.39	\$150.12	\$127.14	\$188.31	\$155.20	\$163.50	\$187.50	\$163.19	\$171.30	\$166.84	\$169.02			
% Change Plan Cost PMPM	3.3%	20.8%	-3.7%	5.2%	-6.3%	-18.0%	4.8%	-5.9%	-15.3%	32.9%	5.8%	5.3%	7.3%	9.6%			
Total Specialty Plan Cost	\$124,510	\$131,224	\$187,961	\$443,695	\$123,471	\$105,934	\$204,309	\$433,714	\$157,043	\$192,380	\$172,648	\$522,071	\$140,132	\$188,820			
Specialty % of Total Specialty Plan Cost	43.3%	44.4%	52.1%	47.0%	39.1%	39.5%	51.4%	44.2%	46.4%	49.4%	49.2%	48.4%	39.3%	52.3%			

PMPM	
Q 3 2021	\$162.76
Q 3 2022	\$171.30
Trend - 2022 YTD	5.2%

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JANUARY 23, 2023**

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

Motion _____ **Second** _____

Resolution 1-23: Professional Service Fees for 2023	Page 45
Resolution 2-23: Designation of Service of Process	Page 48
Resolution 3-23: Designation of Secretary as Custodian of Records	Page 49
Resolution 4-23: Designation of Official Newspaper	Page 50
Resolution 5-23: Designation of Regular Meeting Times and Place.....	Page 51
Resolution 6-23: Designation of Bank Depositories & CMP	Page 53
Resolution 7-23: Designation of Authorized Signatories	Page 57
Resolution 8-23: Approval of Risk Management Plan.....	Page 58
Resolution 9-23: Appointment of MRHIF Fund Commissioners	Page 70
Resolution 10-23: Establishing a plan for Compensating Producers	Page 71
Resolution 11-23: Authorizing Treasurer to Process Contracted Payments and Expenses	Page 73
Resolution 12-23: Amending the Executive Director Contract	Page 74
Resolution 13-23: Adopting 2023 Wellness Grant Programs	Page 75
Resolution 14-23: Approval of the November & December 2022 Bills List.....	Page 76

RESOLUTION NO. 1-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2023**

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

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

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

NOW THEREFORE BE IT RESOLVED by the Executive Committee that the following Professional Service appointments and contract awards be and are hereby made for 2023:

- I. **Marmero Law, LLC** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$25,500 has been appropriated in the Attorney Line Item of the 2023 budget. In addition, the Fund Attorney will be paid \$150 an hour for plan document preparation in an amount not to exceed \$25,000.
- II. **Bowman & Company** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$20,600 has been appropriated in the Auditor Line Item of the 2023 budget.
- III. **Laracy Associates LLC** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$7,000 has been appropriated in the Treasurer Line Item of the 2023 budget.
- IV. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$12,550 has been appropriated in the Treasurer Line Item of the 2023 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services (insurance) and are hereby made for 2023:

- I. **PERMA Risk Management Services as Administrator (as subsidiary of Conner Strong and Buckelew)**, is hereby appointed as **Executive Director** and as **agent for process of service**. \$20.28 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,528,975 has been appropriated in the Administrator Line Item of the 2023 budget. In addition, the Executive Director will be paid \$40,000 for specialized claim and operations audit through a subcontractor.
- II. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$35.30 per employee, per month will be expended to the TPA. The estimated annual amount of \$1,975,670 has been appropriated in the Medical TPA Line Item of the 2023 budget.
- III. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$41.18 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$665,509 has been appropriated in the Medical TPA Line Item of the 2023 budget.
- IV. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.12 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$6,215 has been appropriated in the Dental TPA Line Item of the 2023 budget.
- V. **Shared Health Alliance** is hereby appointed as **Program Manager** the per employee, per month varies by member and is included in the chart below. In addition, the Program Manager will be paid \$225,306 a month for the subcontracted **Guardian Nurse Program**. The estimated annual amount of \$2,703,672 has been appropriated in the **Program Manager** Line Item of the 2023 budget.

Group Name	Program Manager Rates
Alloway Township BOE	\$ 40.89
Bridgeton BOE	\$ 35.23
Brigantine City	\$ 39.78
Buena Regional BOE	\$ 40.12
Cumberland County	\$ 25.87
Cumberland County Charter School Network	\$ 25.00
Cumberland County Improvement Authority	\$ 38.72
Cumberland County Technical Education Center	\$ 29.27
Cumberland Regional BOE	\$ 32.70
Dennis Township BOE	\$ 35.35
Downe Township BOE	\$ 36.92
Egg Harbor Township	\$ 36.49
Hopewell BOE	\$ 34.02
Lawrence Township BOE	\$ 34.13
Lower Cape May Regional School District	\$ 45.30

Lower Township BOE	\$ 39.23
Millville BOE	\$ 32.34
Ocean City BOE	\$ 48.53
Penns Grove	\$ 30.66
Penns Grove Carney's Point Schools	\$ 34.02
Pittsgrove Township	\$ 39.33
Salem County	\$ 32.66
Upper Deerfield BOE	\$ 34.60
Upper Township BOE	\$ 38.62
Vineland BOE	\$ 41.88
Waterford Township BOE	\$ 46.79
West Cape May BOE	\$ 37.46
Woodstown Borough	\$ 27.39

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2023**

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2023 or until its successor has be appointed and qualified.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-23

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

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE ATLANTIC CITY PRESS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2023**

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Atlantic City Press is hereby designated as the official newspaper for the Southern Coastal Regional Employee Benefits Fund for the year 2023 and that all official notices required to be published shall be published in the Atlantic City Press and the Fund Website (www.coastalhif.com)

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

SOUTHERN COASTAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2023**

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

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

WHEREAS, a local public body may hold a remote public meeting to conduct public business during a declared emergency if the emergency reasonably prevents a local public body from safely conducting public business at a physical location with members of the public present.

WHEREAS, a declared State of Emergency currently exists which reasonably prevents the Southern Coastal Regional Employee Benefits Fund (the "Fund") from safely conducting public business at a physical location with members of the public present so until further notice is provided, and in lieu of the public meetings that would be held on the dates and locations set forth below, the Fund will conduct a remote public meeting on the dates and times set forth below and the public shall have the opportunity to participate in the meeting in the same capacities as members and staff of the Fund.

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund shall hold remote public meetings during the year 2023 while a declared State of Emergency exists on the dates and times set forth below and once State of Emergency no longer exists, at the following location:

March 27, 2023	Greenview Inn Eastlyn Golf Course	12:30 pm
May 22, 2023	Greenview Inn Eastlyn Golf Course	12:30 pm
July 24, 2023	Greenview Inn Eastlyn Golf Course	12:30 pm
September 25, 2023	Greenview Inn Eastlyn Golf Course	12:30 pm
October 23, 2023	Greenview Inn Eastlyn Golf Course	12:30 pm
November 27, 2023	Greenview Inn Eastlyn Golf Course	12:30 pm
January 22, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm

BE IT FURTHER RESOLVED that the public can find information about how to access the remote public meeting at the following link: <https://coastalhif.com/meeting-information/>

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2023**

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

1.) **Cash Management and Investment Objectives**

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

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

2.) **Permissible Investments**

Investments shall be limited to the following:

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

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

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

3.) **Authorized Depositories**

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

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

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

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

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

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-23

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

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

- Chairman

- Secretary

Matthew Laracy

- Treasurer

Kenneth Verrill/or Lorraine Verrill

- Deputy Treasurer (one but never both)

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 8-23

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2023 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2023

BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2023 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 and for those covered under Chapter 44. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program, a Consumer Directed Health Plan and the plans for those covered under Chapter 44. 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 \$450,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).

Specific Limit	Unlimited
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Basis:	Incurred 12 months, paid 24 months.
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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 and a half (2.5) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations.

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

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

A reserve is established by the actuary to cover any unpaid claims or IBNR

The Fund decides on the final dividend or supplemental assessment.

A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".

Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed Fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal.

- Any member that has withdrawn from the Coastal Fund shall receive its remaining share of the Closed Fund Year/Contingency Account on the following schedule:
 - 3rd year after withdrawal - 25% of balance
 - 4th year after withdrawal - 25% of balance
 - 5th year after withdrawal - 25% of balance
 - 6th year after withdrawal - Remaining balance

21.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

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

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

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

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

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

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

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

23.) CLAIM AUDIT

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

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

The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.

The TPA shall provide the Program Manager, Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.

The TPA, Program Manager, Executive Director and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is

(a) In an amount not greater than \$5,000.00 and/or

(b) Has been reviewed and recommended for approval by an independent, third party medical review consultant.

If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.

The Executive Committee of the Fund shall formally confirm the decision of the TPA, Program Manager, Executive Director and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Executive Committee.

- If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to deny the claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.

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

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

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

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant’s request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice,

additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

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

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

- (i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;
- (ii) the date the IRO was assigned and date of the IRO's decision;
- (iii) references to the documentation/information considered;
- (iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;
- (v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and
- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone

(800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail address: ombudsman@dobi.state.nj.us/

25.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

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

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.

27.) MEDICARE ADVANTAGE/EGWP ONLY

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

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-23

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

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

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

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

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-23

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

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

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

NOW THEREFORE BE IT RESOLVED, that the Southern Coastal Regional Employee Benefits Fund establishes the following producer plan for 2023;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager.
3. The following sub-producers with the designated compensation levels are approved for 2023:

Group Name	Sub producer	Broker Rates PEPM
Bridgeton BOE	Allen Associates	34.44
Brigantine City	Brown & Brown Metro	38.69
Buena Regional BOE	Allen Associates	38.68
Cumberland County	Conner Strong & Buckelew	19.05
Cumberland County Charter School Network	Allen Associates	23.97
Cumberland County Improvement Authority	AR Fanucci	37.27
Cumberland County Technical Education Center	Allen Associates	28.57
Cumberland Regional BOE	Allen Associates	31.08
Dennis Township BOE	Integrity Consulting Group	30.75
Downe Township BOE	Allen Associates	18.11
Egg Harbor Township	Hafetz	36.49
Hopewell BOE	Allen Associates	33.10
Lawrence Township BOE	Conner Strong & Buckelew	32.72
Lower Cape May Regional School District	J Byrne Agency	43.94
Lower Township BOE	J Byrne Agency	38.46
Millville BOE	Allen Associates	31.51
Ocean City BOE	Brown & Brown Metro	47.58
Penns Grove	Conner Strong & Buckelew	30.06
Penns Grove Carney's Point Schools	Conner Strong & Buckelew	33.35
Pittsgrove Township	Hardenbergh Insurance	56.54
Salem County	Assured Partners	32.02
Upper Deerfield BOE	Allen Associates	33.92
Upper Township BOE	Strategic Insurance Partners	37.86
Vineland BOE	Allen Associates	41.06

Waterford Township BOE	Cornerstone Insurance Group	45.87
West Cape May BOE	J Byrne Agency	36.73
Woodstown Borough	Allen Associates	26.85

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 11-23

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

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

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

BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2023.

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

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
AMENDING
EXECUTIVE DIRECTOR CONTRACT**

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

WHEREAS, the Fund resolved on January 18, 2023 a contract to Conner Strong and Buckelew to include a fee of \$40,000 a year to be entirely passed through to subcontractor, AIM;

WHEREAS, the Executive Director has recommended the additional serves of specialized claim and operational audits to be determined by the Executive Committee as they see fit;

WHEREAS, the 2023 Budget was approved with the additional fee to be paid to PERMA as a pass through to AIM as a subproducer;

NOW THEREFORE BE IT RESOLVED that the Executive Committee approves the amendment of the Executive Director's contract to amend the following language in the SERVICES section:

O. Provide specialized audits on an annual basis to ensure evaluated the performance and quality of the services performed by the Fund Professionals.

BE IT FURTHER RESOLVED that the Executive Committee approves the amendment of the Program Manager contract to amend the following language in the COMPENSTAION section:

And \$40,000 will be paid to AIM upon completion of special audits as requested by the Executive Committee;

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

ADOPTED January 23, 2023

BY: _____

ATTEST: _____

CHAIRPERSON

SECRETARY

RESOLUTION NO. 13-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ADOPTING 2023 WELLNESS GRANT PROGRAMS**

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

WHEREAS, the Executive Committee set forth a budget for the Fund year of January 1, 2023 through December 31, 2023. This budget includes \$150,000 for individual member wellness grants;

WHEREAS, Cumberland Regional BOE submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$7,500 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, Upper Twp BOE submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$7,500 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, Waterford Twp BOE submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$7,432 was deemed appropriate for the objectives of the Fund wellness grant program

NOW THEREFORE BE IT RESOLVED, on January 23, 2023 the Executive Committee of the Southern Coastal Regional Employee Benefits Fund approved Wellness Grant Programs for Cumberland Regional BOE.

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 14-23

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE NOVEMBER 2022 AND DECEMBER 2022**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **January 26, 2022** 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 November 2022 and December 2022 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 November 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 November 2022 and December 2022 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

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

ADOPTED: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
OCTOBER 24, 2022
12:30 PM**

LOCATION: Pearl Ballroom, Sheraton at Atlantic City Convention Center
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Meeting of Executive Committee called to order by Acting Chair Harbinson, Open Public Meetings notice read into record.

PLEDGE OF ALLEGIANCE

ROLL CALL OF 2022 FUND COMMISSIONERS

Pasquale Yacovelli	Chair	Present
Nicole Albanese	Secretary	Absent
Bruce Harbinson	Executive Committee	Absent
Jerry Velazquez	Executive Committee	Present
Stephanie Kuntz	Executive Committee	Absent
Richard Davidson	Executive Committee	Present
Megan Duffield	Executive Committee Alternate	Absent
Laurie Ryan	Executive Committee Alternate	Present

PRESENT FUND PROFESSIONALS:

FUND ADMINISTRATOR:	PERMA Risk Management Brandon Lodics Emily Koval Jordyn DeLorenzo Absent
FUND AUDITOR:	Absent
FUND ATTORNEY:	Charles Fiore
PROGRAM MANAGER:	Shared Health Alliance Rich Allen
FUND TREASURER:	Lorraine Verrill
AETNA:	Jason Silverstein
AMERIHEALTH:	Kristina Strain Christine Lyons
GUARDIAN NURSES:	Absent

EXPRESS SCRIPTS:

Charles Yuk

DELTA DENTAL:

Brian Remlinger

ALSO PRESENT:

Bob Allen, Allen Associates

Dina Murray, Allen Associates

Susan Dortu, Allen Associates

Courtney Price, Allen Associates

Corey Allen, Allen Associates

Ken Verrill, Verrill and Verrill

Crystal Bailey, Conner Strong & Buckelew

Raymond Burke, Conner Strong & Buckelew

Chris DeStratis, Penns Grove-Carneys Point

Mark Mallett, LCMR

Casey Byrne, J. Byrne Agency

James Ridgway, J Byrne Agency

APPROVAL OF MINUTES: September 26, 2022 - Open

MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 26, 2022

Moved:

Commissioner Ryan

Second:

Commissioner Davidson

Vote:

Unanimous

CORRESPONDENCE – None.

MOTION TO OPEN THE MEETING TO THE PUBLIC:

Moved:

Commissioner Davidson

Second:

Commissioner Ryan

Vote:

Unanimous

PUBLIC COMMENT: None

MOTION TO CLOSE THE MEETING TO THE PUBLIC:

Moved:

Commissioner Davidson

Second:

Commissioner Ryan

Vote:

Unanimous

EXECUTIVE DIRECTOR'S REPORT

PRO FORMA REPORTS

Fast Track Financial Reports – as of August 2022 – Mr. Lodics stated that August is higher than normal which happens every year due to a higher utilization from teachers in the summer months. There was about a \$1 million loss in surplus in August but this is the usual trend for that time of year. He said at the end of September there will be another IBNR review to see if there is any money that can be moved move back into surplus.

2023 COASTAL BUDGET – ADOPTION - Mr. Lodics stated that there has been no changes to the budget since it was introduced at the September meeting.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2023 BUDGET

Moved:	Commissioner Davidson
Second:	Commissioner Ryan
Vote:	Unanimous

No comments on the 2023 Budget

MOTION TO CLOSE THE PUBLIC HEARING

Moved:	Commissioner Davidson
Second:	Commissioner Ryan
Vote:	Unanimous

MOTION TO ADOPT RESOLUTION 23-22 AND APPROVE THE 2023 SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND BUDGET IN THE AMOUNT OF \$138,548,352

Moved:	Commissioner Davidson
Second:	Commissioner Ryan
Vote:	4 Ayes, 0 Nays

AETNA – PG PAYOUT – Mr. Lodics stated that in 2021, Aetna missed the performance guarantee metric for member services. The total payout is 2% of their fees or \$89,642 which the Fund has already received.

PROGRAM MANAGER REPORT - Mr. Rich Allen spoke about the prospects stating that with the numbers coming out from the state, they are seeing more interest in groups joining the fund. He stated that Egg Harbor Twp gave the letter of intent to join and they will be joining the Coastal Fund 1/1. He stated that they quoted over 40 groups but unfortunately the claims experience was too high for the Fund.

**MOTION TO EMPOWER THE OPERATIONS COMMITTEE TO REVIEW
AND APPROVE OR DENY MEMBERSHIP FOR NEW GROUPS TO JOIN THE
FUND ON JANUARY 1, 2023**

Moved:	Commissioner Davidson
Second:	Commissioner Ryan
Vote:	4 Ayes, 0 Nays

WELLNESS

Mr. Corey Allen stated that the submission date for the 2023 wellness program is November 30, 2022.

GUARDIAN NURSES – Mr. Rich Allen stated that there is a new nurse starting 2/1/2023, Sara Fiske. He stated that Guardian Nurses is doing a tremendous job as always and that they have received the results from the ROI analysis and GN will present it at the next meeting.

TREASURER – Deputy Treasurer Lorraine Verrill reviewed the bills list from September and October 2022 and the updated treasurers report for the month of August.

MOTION TO APPROVE RESOLUTION 24-22:

MOTION:	Commissioner Davidson
SECOND:	Commissioner Albanese
VOTE:	Roll Call – 4 Ayes, 0 Nays

FUND ATTORNEY- Absent

AETNA –Mr. Silverstein reviewed the Aetna claims report for August. He stated there was 5 high cost claimants over the threshold of \$100,000 for August. He reviewed the dashboard report stating that all of the metrics continue to do well.

AMERIHEALTH ADMINISTRATORS – Ms. Strain reviewed the paid claims for the month of September. There were 2 high cost claimants over the threshold of \$100,000 for September. Mrs. Strain stated that the dashboard metrics are a little higher than the performance guarantee but there are plans in place that are bringing those numbers down little by little.

EXPRESS SCRIPTS – Charles Yuk reviewed the total plan costs for the month of August. He stated that the generic fill rate has stayed consistent. He stated the specialty drugs has increased from last year which those are mostly from chronic illness drugs.

DELTA DENTAL – Brian Remlinger said there was nothing to report.

OLD BUSINESS: None.

NEW BUSINESS: None.

MOTION TO OPEN THE MEETING TO THE PUBLIC:

Moved:	Commissioner Davidson
Second:	Commissioner Ryan
Vote:	Unanimous

PUBLIC COMMENT: None

MOTION TO CLOSE THE MEETING TO THE PUBLIC:

Moved:	Commissioner Davidson
Second:	Commissioner Ryan
Vote:	Unanimous

MOTION TO ADJOURN:

MOTION:	Commissioner Davidson
SECOND:	Commissioner Ryan
VOTE:	Unanimous

MEETING ADJOURNED: 1:22pm

NEXT MEETING: January 23, 2023
12:30 PM, Eastly Golf Course and Greenview Inn

APPENDIX II

Southern Coastal HIF

2023 Specialized Audit, Operations Review and Medical Claims Audit

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

AIM will specifically review COVID testing claims for surveillance purposes. Public health surveillance testing is intended to monitor community- or population-level outbreaks of disease, or to characterize the incidence and prevalence of disease. AIM will seek to identify misuse of COVID testing and provide areas of improvement for peak plan performance.

AIM will also perform an Operations Review of Aetna, which is an in-depth evaluation of the controls employed by the administrator to ensure quality administration.

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

In conjunction with the Operations Review, AIM will also conduct a medical claims audit on the administration by Aetna of the HIF employee medical plan. The medical claims audit will be conducted on a sample of claims finalized during the identified audit period. The audit will assess whether claims are being adjudicated correctly, in accordance with the provisions of the HIF plan of benefits and paid on behalf of eligible participants as determined by the provisions of the plan. The purpose of the audit is to provide an assessment of Aetna's overall claims processing and financial accuracy performance during the audit period versus industry standards and applicable contractual standards.

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