



AGENDA & REPORTS

JANUARY 22, 2024

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 22, 2024
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 2023 EXECUTIVE COMMITTEE

Richard Davidson, Chair

Nicole Albanese, Secretary

Jerry Velazquez, 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

APPROVAL OF MINUTES: October 23, 2023 Appendix I

ADJOURN SINE DIE MEETING

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF ALL FUND COMMISSIONERS

Group	Commissioner
Absceon, City of	Jessica Thompson
Alloway Twp BOE	Melanie Allen
Bridgeton BOE	Nicole Albanese
Buena BOE	Donna Phillips
City of Brigantine	Mollye O'Neill
Cumberland, County of	Harold U. Johnson
Cumberland County Charter School Network	Dennis Zakroff
Cumberland County Improvement Authority	Jerry Velasquez
CCTEC	Megan Duffield
Cumberland Regional BOE	Wayne Knight
Dennis Twp BOE	Teri Weeks
Downe Twp BOE	Lisa DiNovi
EHT MUNI	Donna Markulic
Hopewell BOE	Lisa DiNovi
Lawrence Twp BOE	Lisa DiNovi
Lower Cape May Regional BOE	Mark Mallett
Lower Twp Elem BOE	Tricia Ryan
Millville BOE	Richard Davidson
Ocean City BOE	Timothy Kelly
Penns Grove, Boro of	Tracy Marinaro
Penns Grove - Carneys Point BOE	Christopher DeStratis
Pittsgrove Twp	Charles Hughes

Salem County	Stacy Pennington
Upper Deerfield BOE	Frank Badessa
Upper Township BOE	Laurie Ryan
Vineland BOE	Scott Musterel
West Cape May BOE	John Thomas
Waterford Twp BOE	Dan Fox
Woodstown Boro	Kristin Nixon

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

Jerry Velazquez, Executive Committee

Megan Duffield, Executive Committee

Laurie Ryan, Executive Committee

Scott Musterel, Executive Committee

Mark Mallet, Executive Committee

Frank Badessa, Executive Committee Alternate

Donna Phillips, Executive Committee Alternate

Chris Destratis, Executive Committee Alternate

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

CORRESPONDENCE

PUBLIC COMMENT - *Agenda Items Only*

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER- (Shared Health Alliance)

Monthly Report.....Page 8

GUARDIAN NURSES

Monthly Report.....Page 17

TREASURER - (Laracy Associates LLC/ Verrill & Verrill)

November 2023, December 2023 and January 2024 Bills ListPage 18

December 2023 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 36
CONSENT AGENDA	Page 39
Resolution 1-24: Professional Service Fees for 2024	Page 40
Resolution 2-24: Designation of Service of Process	Page 44
Resolution 3-24: Designation of Secretary as Custodian of Records.....	Page 45
Resolution 4-24: Designation of Official Newspaper.....	Page 46
Resolution 5-24: Designation of Regular Meeting Times and Place.....	Page 47
Resolution 6-24: Designation of Bank Depositories & CMP.....	Page 48
Resolution 7-24: Designation of Authorized Signatories	Page 52
Resolution 8-24: Approval of Risk Management Plan.....	Page 53
Resolution 9-24: Appointment of MRHIF Fund Commissioners	Page 65
Resolution 10-24: Establishing a plan for Compensating Producers	Page 66
Resolution 11-24: Authorizing Treasurer to Process Contracted Payments and Expenses	Page 68
Resolution 12-24: Adopting 2024 Wellness Grant Programs	Page 69
Resolution 13-24: Banking Earnings Base Rate - Citizens	Page 70
Resolution 14-24: Approval of the November, December 2023 and January 2024 Bills List	Page 71

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 22, 2024**

FINANCES & CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Reports** – as of November 30, 2023 (page 3)
 - **Historical Income Statement**
 - **Consolidated Balance Sheet**
 - **Indices and Ratios Report**
 - **Budget Status Report**

2024 REORGANIZATION

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

- #5-24 – Please note the dates for the rest of the year. A notice will be sent to all members.
- #7-24 – Current Signatories are included but can be amended if the election changes officers.
- #8-24 – Risk Management Plan – change in specific excess limit to the MRHIF.
- #9-24 – The 2023 MRHIF representatives were Megan Duffield and Laurie Ryan. New representatives will need to be elected for 2024, in addition to a special commissioner.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 13, 2023.

The 2024 budget and assessments were adopted without amendment. The assessment included in the Coastal 2024 budget was unchanged.

The incumbent Benefits Administration system was approved for another one-year contract. A full review of the services promised in the RFP will occur next fall and the Fund will determine whether to extend another year or go back out to RFP.

The MRHIF will have a new member on 1/1/2024 – the Metropolitan Health Insurance Fund.

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 12-24

1. **Cumberland Regional BOE** - \$7,500

2. **Upper Twp BOE - \$7,500**
3. **Millville BOE - \$20,000**

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	November 30, 2023			
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE	
1.	UNDERWRITING INCOME		11,938,812	128,275,153	634,505,903	762,781,056
2.	CLAIM EXPENSES					
	Paid Claims	14,718,106	126,563,551	531,862,161	658,425,711	
	IBNR	(5,878)	(128,655)	11,712,050	11,583,395	
	Less Specific Excess	(90,908)	(4,914,613)	(13,555,807)	(18,470,420)	
	Less Aggregate Excess	-	-	-	-	
TOTAL CLAIMS		14,621,320	121,520,282	530,018,404	651,538,686	
3.	EXPENSES					
	MA & HMO Premiums	36,335	385,409	2,134,402	2,519,812	
	Excess Premiums	353,994	3,861,074	19,511,485	23,372,559	
	Administrative	1,003,139	10,755,455	58,094,202	68,849,657	
TOTAL EXPENSES		1,393,469	15,001,938	79,740,089	94,742,027	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		(4,075,977)	(8,247,068)	24,747,410	16,500,342
5.	INVESTMENT INCOME		62,067	792,144	2,219,791	3,011,935
6.	DIVIDEND INCOME		0	500,142	2,605,835	3,105,977
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		(4,013,910)	(6,954,782)	29,573,036	22,618,254
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)		(4,013,910)	(6,954,782)	11,219,498	4,264,716	
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	(83,101)	501,740	13,448,260	13,950,000
		Cash	(50,386)	731,641	25,757,669	26,489,311
2022		Surplus	(2,045,513)	(3,218,392)	(2,228,762)	(5,447,154)
		Cash	(2,040,448)	(13,078,516)	7,551,777	(5,526,739)
2023		Surplus	(1,885,296)	(4,238,130)		(4,238,130)
		Cash	(3,262,904)	4,220,105		4,220,105
TOTAL SURPLUS (DEFICITS)		(4,013,910)	(6,954,782)	11,219,498	4,264,716	
TOTAL CASH		(5,353,738)	(8,126,770)	33,309,446	25,182,676	
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		119,809	604,692	414,048,893	414,653,585	
FUND YEAR 2022						
	Paid Claims	2,155,693	16,224,060	104,974,604	121,198,663	
	IBNR	(76,128)	(11,659,347)	11,712,050	52,703	
	Less Specific Excess	(31,388)	(1,056,413)	(717,142)	(1,773,555)	
	Less Aggregate Excess	0	0	0	0	
TOTAL FY 2022 CLAIMS		2,048,177	3,508,299	115,969,512	119,477,811	
FUND YEAR 2023						
	Paid Claims	12,442,604	109,601,654		109,601,654	
	IBNR	70,250	11,530,692		11,530,692	
	Less Specific Excess	(59,520)	(3,725,055)		(3,725,055)	
	Less Aggregate Excess	0	0		0	
TOTAL FY 2023 CLAIMS		12,453,334	117,407,291		117,407,291	
COMBINED TOTAL CLAIMS		14,621,320	121,520,282	530,018,404	651,538,686	

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, 2023

BY FUND YEAR

	COASTAL 2023	COASTAL 2022	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	4,220,105	(5,526,739)	26,489,311	25,182,676
Assessments Receivable (Prepaid)	(28,663)	-	-	(28,663)
Interest Receivable	-	-	36	36
Specific Excess Receivable	3,328,245	180,151	-	3,508,396
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,021	-	-	1,021
Other Assets	688,728	0	-	688,728
Total Assets	8,209,436	(5,346,588)	26,489,347	29,352,194
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	11,530,692	52,703	-	11,583,395
A4 Retiree Surcharge	744,280	-	-	744,280
Dividends Payable	-	-	(0)	(0)
Retained Dividends	-	-	12,539,347	12,539,347
Accrued/Other Liabilities	172,594	47,863	-	220,456
Total Liabilities	12,447,566	100,566	12,539,347	25,087,478
EQUITY				
Surplus / (Deficit)	(4,238,130)	(5,447,154)	13,950,000	4,264,716
Total Equity	(4,238,130)	(5,447,154)	13,950,000	4,264,716
Total Liabilities & Equity	8,209,436	(5,346,588)	26,489,347	29,352,194
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						
2023 Budget Report						
AS OF NOVEMBER 30, 2023						
				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Aetna 1/1 Renewal	48,513,476	52,896,673	55,514,919			
Medical Aetna 7/1 Renewals	33,856,797	37,024,523	39,807,172			
Medical AmeriHealth 1/1 Renewal	20,016,621	21,832,285	16,575,177			
Medical AmeriHealth 7/1 Renewal	8,053,939	8,807,946	8,124,841			
Subtotal Medical	110,440,833	120,561,427	120,022,109	114,627,173	(4,146,107)	-4%
Prescription Claims 1/1 Renewals	1,130,863	1,243,704	1,114,122			
Prescription Claims 7/1 Renewals	1,667,678	1,822,996	1,754,807			
Less Formulary Rebates	(839,561)	(920,009)	(860,679)			
Subtotal Prescription	1,958,980	2,146,691	2,008,250	2,692,096	(733,116)	-37%
Dental Claims 1/1 Renewals	0	0	0			
Dental Claims 7/1 Renewals	115,412	125,418	44,136			
Subtotal Dental	115,412	125,418	44,136	88,023	27,389	24%
Vision Claims 1/1 Renewals	0	0	0			
Vision Claims 7/1 Renewals	40,233	43,753	51,804			
Subtotal Vision	40,233	43,753	51,804	Included in Medical		
Subtotal Claims	112,555,458	122,877,289	122,126,299	117,407,291	(4,851,834)	-4%
Loss Fund Contingency	0	0	0	0	0	#DIV/0!
Medicare Advantage	385,409	421,904	401,752	385,409	-	0%
Reinsurance						
Specific	3,861,298	4,211,198	4,073,627			
Subtotal Reinsurance	3,861,298	4,211,198	4,073,627	3,861,074	224	0%
Total Loss Fund	116,802,165	127,510,390	126,601,678	121,653,774	(4,851,609)	-4%
Expenses						
Legal	23,375	25,500	25,500	23,375	-	0%
Treasurer	17,925	19,555	19,555	17,925	-	0%
Executive Director	1,449,759	1,581,252	1,528,975	1,449,780	(20)	0%
Program Manager	2,568,604	2,801,637	2,703,672	2,565,317	3,288	0%
Brokerage	2,139,090	2,332,371	2,241,832	2,135,802	3,288	0%
TPA - Med Aetna	1,786,824	1,948,206	1,975,670	Included below in Med AmerihealthAdmin		
TPA - Med AmeriHealth Admin	662,532	723,187	665,509	2,448,994	2,969	0%
Guardian Nurses	611,388	666,790	645,008	616,170	(4,782)	0%
TPA - Dental	6,075	6,611	6,215	6,090	(16)	0%
TPA - Vision	2,607	2,826	3,200	Included below in Med AmerihealthAdmin		
Actuary	11,229	12,250	12,250	11,229	(0)	0%
Auditor	18,883	20,600	20,600	18,887	(4)	0%
Subtotal Expenses	9,298,293	10,140,785	9,847,986	9,293,570	4,723	0%
Contingency	79,626	86,865	86,865	15,796	63,831	80%
Wellness Program	137,500	150,000	150,000	137,500	-	0%
Claim Audits	36,667	40,000	40,000	36,667	(0)	0%
Plan Documents	11,458	12,500	12,500	11,458	0	0%
Affordable Care Act Taxes	34,075	37,162	35,948	42,636	(8,561)	-25%
Retiree Surcharge	1,511,723	1,651,469	1,773,373	1,511,723	0	0%
Total Expenses	11,109,342	12,118,782	11,946,672	11,049,349	59,993	1%
Total Budget	127,911,507	138,629,172	138,548,350	132,703,123	(4,791,617)	-4%

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND													
RATIOS													
INDICES	2022	FY2023											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	33,309,446	\$ 25,087,433	\$ 25,877,925	\$ 33,192,645	\$ 29,131,348	\$ 34,078,365	\$ 28,607,161	\$ 28,258,589	\$ 24,558,208	\$ 29,115,711	\$ 30,536,414	\$ 25,182,676	
IBNR	11,712,050	\$ 10,875,289	\$ 10,743,485	\$ 10,925,799	\$ 11,123,402	\$ 11,194,128	\$ 11,238,743	\$ 11,493,057	\$ 11,533,165	\$ 11,578,115	\$ 11,589,273	\$ 11,583,395	
Assets	36,546,470	\$ 38,552,738	\$ 38,085,126	\$ 37,259,263	\$ 35,873,510	\$ 35,959,527	\$ 33,500,449	\$ 33,475,702	\$ 30,376,877	\$ 33,150,069	\$ 33,192,527	\$ 29,352,194	
Liabilities	25,326,973	\$ 24,638,768	\$ 24,573,970	\$ 24,886,831	\$ 23,626,537	\$ 23,820,695	\$ 23,937,978	\$ 24,321,284	\$ 24,533,416	\$ 24,685,949	\$ 24,913,901	\$ 25,087,478	
Surplus	11,219,498	\$ 13,913,970	\$ 13,511,156	\$ 12,372,432	\$ 12,246,973	\$ 12,138,832	\$ 9,562,470	\$ 9,154,418	\$ 5,843,462	\$ 8,464,119	\$ 8,278,626	\$ 4,264,716	
Claims Paid -- Month	10,255,538	\$ 8,379,632	\$ 10,753,190	\$ 11,309,454	\$ 10,400,396	\$ 10,182,032	\$ 13,474,126	\$ 11,797,525	\$ 13,713,104	\$ 10,461,996	\$ 11,373,991	\$ 14,718,106	
Claims Budget -- Month	9,504,488	\$ 10,175,869	\$ 10,132,967	\$ 10,121,054	\$ 10,095,505	\$ 10,095,206	\$ 10,088,775	\$ 10,384,429	\$ 10,322,555	\$ 10,423,276	\$ 10,374,983	\$ 10,340,838	
Claims Paid -- YTD	118,166,471	\$ 8,379,632	\$ 19,132,821	\$ 30,442,275	\$ 40,842,671	\$ 51,024,703	\$ 64,498,829	\$ 76,296,354	\$ 90,009,458	\$ 100,471,454	\$ 111,845,445	\$ 126,563,551	
Claims Budget -- YTD	113,648,087	\$ 10,175,869	\$ 20,308,836	\$ 30,429,890	\$ 40,525,395	\$ 50,620,601	\$ 60,709,377	\$ 71,093,806	\$ 81,416,361	\$ 91,839,637	\$ 102,214,620	\$ 112,555,458	
RATIOS													
Cash Position to Claims Paid	3.25	2.99	2.41	2.93	2.8	3.35	2.12	2.40	1.79	2.78	2.68	1.71	
Claims Paid to Claims Budget -- Month	1.08	0.82	1.06	1.12	1.03	1.01	1.34	1.14	1.33	1	1.1	1.42	
Claims Paid to Claims Budget -- YTD	1.04	0.82	0.94	1.0	1.0	1.0	1.1	1.07	1.11	1.09	1.09	1.12	
Cash Position to IBNR	2.84	2.31	2.41	3.04	2.62	3.04	2.55	2.46	2.13	2.51	2.63	2.17	
Assets to Liabilities	1.44	1.56	1.55	1.5	1.52	1.51	1.4	1.38	1.24	1.34	1.33	1.17	
Surplus as Months of Claims	1.18	1.37	1.33	1.22	1.21	1.2	0.95	0.88	0.57	0.81	0.8	0.41	
IBNR to Claims Budget -- Month	1.23	1.07	1.06	1.08	1.1	1.11	1.11	1.11	1.12	1.11	1.12	1.12	

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
Year: 2024

<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	12/31/2022 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 22, 2024

Prospects

Wildwood Crest Boro <ul style="list-style-type: none"> Declined proposal declined (13% savings) 	Buena Borough (muni) <ul style="list-style-type: none"> Presented – under review by council
City of Margate <ul style="list-style-type: none"> Proposal released, pending presentation by broker 	

Coastal Fund Meeting Dates

- January 22, 2024
- March 25, 2024
- May 20, 2024
- July 22, 2024
- September 23, 2024
- October 21, 2024
- November 25, 2024
- January 23, 2025

Coastal Fund Brokers

- Allen Associates
- AR Fanucci
- Assured Partners
- Brown & Brown Benefit Advisors
- J Byrne Agency
- Conner Strong & Buckelew
- Cornerstone Insurance Group
- Glenn Insurance
- Hardenbergh Insurance Group
- Hafetz Insurance
- Innovative Risk Solutions

Executive Committee

- Richard Davidson, Chair
- Nicole Albanese, Secretary
- Jerry Velazquez, Executive Committee
- Megan Duffield, Executive Committee
- Laurie Ryan, Executive Committee
- Scott Musterel, Executive Committee
- Mark Mallet, Executive Committee
- Frank Badessa, Executive Committee Alternate
- Donna Phillips, Exec Comm Alternate -Pending Approval
- Chris DeStratis, Exec Comm Alternate-Pending Approval

2024 Committees

FINANCE & CONTRACTS

- Richard Davidson – Chair
- Jerry Velazquez
- Scott Musterel

OPERATIONS & NOMINATIONS

- Nicole Albanese - Chair
- Jerry Velazquez
- Scott Musterel


WELLNESS & CLAIMS

- Chris DeStratis
- 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. 2024 Grant Applications status (see below)

- 2024 Grant Applications status (see below)
- 2024 Budget for Wellness Grants is \$170,000

							
COASTAL WELLNESS GRANTS - 2024 Budget Amount: \$170,000 [remaining after approved amounts: \$140,000]							
<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>
Cumberland Regional BOE	\$7,500	\$7,500	10/31/2023	11/1/2023	\$7,500		
Millville BOE	\$20,000	\$20,000	11/9/2023	11/10/2023	\$20,000		
Upper Twp BOE	\$7,500	\$7,500	11/28/2023	11/28/2023	\$7,500		
TOTAL TO DATE	\$35,000	\$35,000			\$35,000		

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>

WELLNESS BUDGET RAISED FOR 2024

Due to the popularity of wellness and the overall growth of our Fund, we will be adding \$25,000 to the wellness budget, bringing our total to \$175,000 for the 2024 year.

2024 GRANT SUBMISSION DATE DEADLINES

The first deadline from November 2023 has passed and the second deadline to submit your wellness grant will be May 31, 2024 (for use from July 2024 – June 2025). Please submit applications and/or questions to corey@shanj.com or [online here](#).

NEW WELLNESS VENDOR ADDITION: ADVANTA'S ACTIVEFIT+

As mentioned, and approved, at our previous meetings, Advanta Health Solutions base plan is now included for ALL members of the Southern Coastal HIF and went live on 1/1/24. Each group has been automatically enrolled at no extra cost and will have the opportunity to use their wellness funds for program buy ups and/or monthly incentives to reward their active employees. There were multiple emails sent out with more information and details about the implementation process that should have been distributed to employees. For any questions please email corey@shanj.com or jsalo@advantahealth.com.

It has come to our attention that only 40 members (out of 6000+) from 3 groups (out of 29) have actually registered for the program so far. This is obviously a very low participation rate and is most likely due to a disconnect in marketing materials getting to the members. We need to do everything we can to get this information in front of the Coastal HIF members so we can encourage wellness and also not waste the HIFs money.

GUARDIAN NURSES

MEET THE COASTAL FUND DEDICATED GUARDIAN NURSES

Paula Spector, RN
609-276-5001
pspector@guardiannurses.com

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

Sarah Fiske, RN
856-239-3823
sfiske@guardiannurses.com

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

ADMINISTRATIVE REMINDERS & 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.

- System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact Austin Flinn, aflinn@permainc.com for additional information or to request an invite.
 - *In the subject line of the email, please include: Training - Fund Name and Client Name. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.*
- **PARTIAL MONTH ENROLLEMENTS REMINDER>>**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.

OPERATIONAL UPDATES:

End of Year Reporting was sent to all Coastal HIF group billing contacts on December 19th.

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2023, 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 2023
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2023 through November 30, 2023**
 - Reports were sent to group billing contacts December 21st
- An additional report will be provided in late January 2024 for reimbursements issued for submissions in **December 2023**.
 - 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

AETNA

Aetna and South Jersey Radiology have finalized their negotiations and have reached an agreement effective December 1, 2023. South Jersey Radiology will remain a participating provider for Aetna. Aetna mailed rescind letters to members who received notification of the pending termination.

AMERIHEALTH ADMINISTRATORS

AmeriHealth has chosen Teladoc Health (Teladoc) as their vendor of choice for telemedicine, telebehavioral health, and teledermatology virtual care services. All members who had access to virtual care services through MDLIVE® were be transitioned to **TELEDOC on January 1, 2024**. Attached is a flyer you can share with your with your enrollees.

EXPRESS SCRIPTS UPDATE

Updated Formulary effective 1/1/24. See attached is the National Preferred Formulary list along with the 2024 Exclusions list.

LEGISLATIVE UPDATES

2024 LEGISLATIVE REVIEW

FREE COVID-19 At-HomeTest – Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>

MEDICAL AND RX REPORTING: None

NO SURPRISE BILLING AND TRANSPARENCY ACT – Continued Delays

The Health Insurance Funds, including 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 ensure 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

APPEALS & IRO's (Independent Review Organization) (as of 1.12.24) –

Type	Number	Upheld	Overtured	Currently Under Review	Notes
Carrier Appeals	14	12		2	
IRO	2		2		Both have been paid

Healthcare News and Tips

December 13, 2023

For many years as a young adult, I greeted the winter holiday season with trepidation. It took many years to figure out that I was the one in charge of managing my 'holiday' stress. But then again, I have never been hospitalized during Christmas. That brings a whole different level of stress and anxiety—not just for what's going on with you, but what's going on in the hospital with staffing, communication, supplies, and scheduling.

While hospitals make every effort to discharge patients so they can be home with families (and require less staff), going home may not always be safe or well planned. In this **holiday issue** of *The Flame*, we offer suggestions to prevent an unsafe discharge. Don't go home (from the hospital) for the holidays until you review them.

And while we're talking about being in the hospital, not sure what gift to give your loved one's nurse when visiting them? Let me recommend the universal gifts of kindness, compassion, and a little extra patience. It's the true spirit of the holidays in action!



**Healthy and
Happy
Holidays!**

Betty
Betty Long
President/CEO



There is nothing that gets our team of nurse advocates fired up like a poor discharge from the hospital!! There is story after story, week after week, about patients coming home from the hospital without the proper planning and the appropriate resources for them to recover safely at home.

Unfortunately, the holiday season does not stop the flow of patients in and out of the hospital. People still get sick, emergencies still happen, surgeries might still be necessary and patients will be discharged home.

Only a physician can authorize a patient's release from the hospital, but the actual process and preparation of discharge planning can be completed by a number of people. Some hospitals have a dedicated discharge planning manager on staff, but your point person could also be a social worker, nurse, or other hospital representative. During the holidays, who knows?

Being in the hospital over the holidays can be a challenging time for many reasons, but before you or someone you love is discharged home, make sure you read these suggestions.

Discharge Instructions

- Do not leave the hospital until your nurse or your physician carefully reviews your discharge instructions and you completely understand all of them! (Coming in and handing you 10 pages of printed instructions does not count!)

Medications/Prescriptions

- Pay close attention to the medications that are being prescribed for you at discharge. Do you have prescriptions for all of them? Do not leave the hospital until you do.
- Ask if the hospital has a pharmacy that would be able to fill the prescriptions being ordered for you? (Not all hospitals

Season Six Comes to a Close

The sixth season of the **Lighting Your Way** podcast will come to a close next week after 13 episodes. Guests included nurses from the Guardian Nurses' team:

- Jennifer Prater
- Monica Nash
- Janice Penn
- Diane Bassett
- Tonya Niverson
- Samuel Hirst
- Bianca Pollart
- Charlotte Jaroma
- Ramona Cooper
- Samantha Salerno
- Suzy Parker
- Stephanie McCool
- Jennifer Donahue

This season, each episode averaged about 20 minutes in length and highlighted several amazing stories with each Guardian Nurse giving her suggestions for how you can advocate for yourself or a loved one!

'Tune back in' for our 7th season! Follow the podcast on Spotify, Stitcher, Google and Apple podcasts and on the **Guardian Nurses website**.



do). If there is one, check the hours it's open to ensure that you don't miss out.

- Know where is the closest 24 hour pharmacy is to your home. If the discharge is late afternoon/evening, you'll want to know.

Skilled Home Care Services aka 'Home Care'

- There is a difference between 'skilled' home care support and non-skilled support. Skilled support is typically covered by health insurance; non-skilled is not. Skilled home care provides wound care, physical therapy, nursing assessment, etc.
- When your physician is planning to discharge you, ask about whether you will need skilled home care. If yes, the hospital staff will need to make a referral to a home care agency. If you know which agency you'd like to use, let the staff know so that they can call. Many agencies are struggling to keep up with demand so you may not get the agency you want.
- Make sure you get the name and phone number from the hospital staff of the agency that accepted the referral.
- There is a law that states that once a referral is received and accepted, home care agencies must see patients at home within 48 hours of discharge. Patients also have a right to assert that they want to be seen. To 'get around this,' say you are discharged on Monday. An agency may call you and say that they will 'come on Thursday' (which is longer than 48 hours) and if you say, 'Great,' the agency has gotten 'approval' for the greater than 48 hours' first visit. Scheduling in home care is a constant juggling act.

Supplies and Durable Medical Equipment (DME)

- Will you need supplies when you get home? Do you have wounds that will need dressing changes? Will you require suction? If yes, that means you need to know the name and phone number of the DME company that is being used so that if anything isn't delivered, you know who to call.
- Make sure the hospital sends you on your way with at least two days of supplies because your home care agency will not bring supplies on their first visit. Once they've evaluated you, they can order them. The hospital staff may tell you that 'home care will supply everything' but that is not true.
- Will you need oxygen when you get home? Do not leave unless the case manager or discharge planner has called an oxygen company and set up delivery of your supplies for before you arrive home. And again, get the phone number and name of the agency.

Follow-up Appointments or Testing

- In your discharge instructions, there may be an entry for you to 'follow up with a neurologist.' Make sure you have the office phone number to call. If a specific provider is indicated, make sure you have that name and office number. Even better if the appointment was already made for you!
- If you need additional testing, like a radiology test or bloodwork, confirm that you have a physician's order for the testing. Again, even better if the test was already scheduled for you!

Urgent or Emergent Issues

- Understand **who and what number** to call if you need help once you get home—and that means 24 hours a day, including weekends! Hospital staff may suggest that you 'go on your portal' to send a message, but get a phone number (direct, cell number, if possible) so that you can get hold of a healthcare provider in a more timely manner.

Here's hoping you won't need any of this advice!
Best wishes for a healthy, happy holiday season!

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](mailto:unsubscribe.susan@allenassoc.com)

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Coastal Health Insurance Fund
Board Meeting Summary
January 22, 2024

SouthernCoastal FUND

REFERRALS	11/1/2023-12/31/2023	Previous Report Period 9/1/2023-10/31/2023
Total Referrals	172	139
Total Referrals (ACUTE)	135	98
Total Referrals (COMPLEX)	37	41
Hospitalizations		
Total Members Hospitalized	100	85
Members Requiring ICU	8	9
Readmissions (Acute & Complex)	9/2	5/3
COVID-19 Requiring Admission	2	1
Complex Program Admissions	6 (4 patients)	6
Mobilizations---Acute Program		
Inpatient Visits	42	68
Accompaniments	16	17
Home Visits	3	7
Mobilizations---Complex Program		
Inpatient Visits	6	9
Accompaniments	32	32
Home Visits	7	6
Acuity*	Acute/Chronic	Acute/Chronic
2	34/31	19/36
3	91/6	71/4
4 ICU	8/0	8/1
ICU Admissions		
# of Admissions	8	9
Insurer	Aetna-6; AHA-2	Aetna-6; AHA-3
Status	7 engaged; 1 declined GN services	8 Engaged; 1 declined GN services

*Acuity refers to priority of member's medical situation. Acuity 3 includes hospitalized patients and oncology patients. This value relates to the time and complexity of the MCC's support. Acuity 4 includes ICU patients.

Guardian Nurses Healthcare Advocates, Inc.
Lighting Your Way Through the Healthcare Maze
P.O. Box 224 Flourtown, PA 19031
Main Phone: 888-836-0260
GuardianNurses.com

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

NOVEMBER 2023

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 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002207			
002207	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 11/23	-1,897.50
002207	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/23	56,043.66
			54,146.16
002208			
002208	PERMA	POSTAGE 10/23	54.20
002208	PERMA	ADMINISTRATOR FEE 10/23	132,972.87
			133,027.07
002209			
002209	MARMERO LAW, LLC	LEGAL SERVICES 9/22/23-10/23/23 29650	2,346.00
002209	MARMERO LAW, LLC	LEGAL SERVICES 9/28/23-9/29/23 29651	157.50
			2,503.50
002210			
002210	PRESS OF ATLANTIC CITY	AD FOR ACCT 8006196 BILL DATE 8/10/23	67.25
002210	PRESS OF ATLANTIC CITY	AD FOR ACCT 8006196 BILL DATE 8/10/23	10.98
002210	PRESS OF ATLANTIC CITY	ACCT 8006196 BILL DATE 9/24/23	10.00
			88.23
002211			
002211	CUMBERLAND COUNTY GOVERNMENT	WELLNESS 10/23-LUNCH & LEARN MEDICATION	260.00
002211	CUMBERLAND COUNTY GOVERNMENT	WELLNESS 10/23-COOKING DEMOS	600.00
002211	CUMBERLAND COUNTY GOVERNMENT	WELLNESS REIMBURSEMENT 10/23	675.00
002211	CUMBERLAND COUNTY GOVERNMENT	WELLNESS HEALTH FAIR PAINT CLASS/KITS	1,269.25
			2,804.25
002212			
002212	CUMBERLAND COUNTY IMPROVEMENT AUTHORITY	WELLNESS 09/23	4,200.00
			4,200.00
002213			
002213	CUMBERLAND REGIONAL BOARD OF EDUCATION	WELLNESS GRANT 2023	7,500.00
			7,500.00
002214			
002214	ACCESS	DEPT 963 INV 10480706 9/30/233 FOR OCT	13.89
			13.89
002215			
002215	LOWER CAPE MAY REGIONAL	WELLNESS 10/23	2,445.20
			2,445.20

002216			
002216	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 11/23	353,994.38
			353,994.38
		CHECK TOTALS	560,722.68
W11230			
W11230	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 11/23	36,335.43
			36,335.43
W11231			
W11231	AETNA	MEDICAL TPA 10/23	161,964.60
W11231	AETNA	VISION TPA 10/23	212.03
			162,176.63
W11232			
W11232	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/23	561.60
			561.60
W11233			
W11233	VERRILL & VERRILL	DEPUTY TREASURER FEE 11/23	1,046.25
			1,046.25
W11234			
W11234	LARACY ASSOCIATES, LLC	TREASURER FEE 11/23	583.33
			583.33
W11235			
W11235	SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEES 11/23	232,763.84
			232,763.84
W11236			
W11236	SHARED HEALTH ALLIANCE	GUARDIAN NURSES 11/23	55,697.25
			55,697.25
W11237			
W11237	ALLEN ASSOCIATES	BROKER FEES 11/23	193,996.80
			193,996.80
W11238			
W11238	ALLEN ASSOCIATES	MEETING EXP- GREENVIEW INN 10/23	1,824.86
			1,824.86
		WIRE/ACH TOTALS	684,985.99
		Total Payments FY 2023	1,245,708.67
		TOTAL PAYMENTS ALL FUND YEARS	1,245,708.67

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

BILLS LIST

DECEMBER 2023

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 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002217			
002217	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/23	-1,868.75
002217	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/23	60,981.05
			59,112.30
002218			
002218	PERMA	POSTAGE 11/23	63.10
002218	PERMA	ADMINISTRATOR FEE 12/23	131,471.75
			131,534.85
002219			
002219	MARMERO LAW, LLC	LEGAL SERVICES 11/1/23 - 11/9/23 29764	2,346.00
			2,346.00
002220			
002220	PRESS OF ATLANTIC CITY	ACCT 8006196 BILL DATE 11/22 & 11/26	11.13
			11.13
002221			
002221	ACCESS	DEPT 963 INV 10543119 10/31/2023 FOR NOV	13.61
			13.61
002222			
002222	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/23	350,124.66
			350,124.66
		CHECK TOTALS	543,142.55
W12230			
W12230	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/23	36,494.10
			36,494.10
W12231			
W12231	AETNA	MEDICAL TPA 11/23	161,621.60
W12231	AETNA	VISION TPA 11/23	220.22
			161,841.82

W12232			
W12232	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/23	521.04
			521.04
W12233			
W12233	VERRILL & VERRILL	DEPUTY TREASURER FEE 12/23	1,046.25
			1,046.25
W12234			
W12234	LARACY ASSOCIATES, LLC	TREASURER FEE 12/23	583.33
			583.33
W12235			
W12235	SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEES 12/23	231,389.23
			231,389.23
W12236			
W12236	SHARED HEALTH ALLIANCE		55,697.25
			55,697.25
W12237			
W12237	ALLEN ASSOCIATES	BROKER FEES 12/23	191,637.77
			191,637.77
		WIRE/ACH TOTALS	679,210.79
		Total Payments FY 2023	1,222,353.34
		TOTAL PAYMENTS ALL FUND YEARS	1,222,353.34

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

January 2024

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

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002223			
002223	PERMA	POSTAGE 12/23	76.14
			76.14
002224			
002224	MARMERO LAW, LLC	LEGAL SERVICES 12/20/23-12/29/23 29905	877.50
002224	MARMERO LAW, LLC	LEGAL SERVICES 12/19/23 - 12/26/23 29904	967.50
002224	MARMERO LAW, LLC	LEGAL SERVICES 12/12/23 - 12/28/23 29902	2,346.00
002224	MARMERO LAW, LLC	LEGAL SERVICES 12/14/23 - 12/20/23 29903	450.00
			4,641.00
002225			
002225	CUMBERLAND COUNTY GOVERNMENT	WELNESS NATIONAL PARKS CHALLENGE	1,995.00
002225	CUMBERLAND COUNTY GOVERNMENT	HEALTHY HOLIDAY SEMINAR 12/6/23	500.00
			2,495.00
002226			
002226	ACCESS	DEPT 963 INV 10628516 11/30/23 FOR DEC	13.89
			13.89
		CHECK TOTALS	7,226.03
		Total Payments FY 2023	7,226.03

FUND YEAR 2024

002227			
002227	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 01/24	-1,905.00
002227	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 01/24	62,754.27
			60,849.27
002228			
002228	PERMA	ADMINISTRATOR FEE 12/23	134,733.28
			134,733.28
002229			
002229	CONNER STRONG & BUCKELEW	SURETY 1/1/24-1/1/25 POLICY #B6024450	708.00
002229	CONNER STRONG & BUCKELEW	SURETY 1/1/24-1/1/25 POLICY #B6024450	1,438.00
			2,146.00
002230			
002230	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 01/24	404,162.43
			404,162.43

22 **CHECK TOTALS** **601,890.98**

W01240			
W01240	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 1/24	37,061.36
			37,061.36
W01241			
W01241	AETNA	MEDICAL TPA 01/24	162,753.50
W01241	AETNA	VISION TPA 01/24	227.41
			162,980.91
W01242			
W01242	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/24	584.50
			584.50
W01243			
W01243	VERRILL & VERRILL	DEPUTY TREASURER FEE 101/24	1,066.67
			1,066.67
W01244			
W01244	LARACY ASSOCIATES, LLC	TREASURER FEE 01/24	604.16
			604.16
W01245			
W01245	SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEES 01/24	238,857.01
			238,857.01
W01246			
W01246	SHARED HEALTH ALLIANCE	GUARDIAN NURSE 01/24	57,368.17
			57,368.17
W01247			
W01247	ALLEN ASSOCIATES	BROKER FEES 01/24	198,377.17
			198,377.17
W01248			
W01248	ACTUARIAL SOLUTIONS, LLC	1ST QTR 2024 FUND ACTUARY FEES	3,125.00
			3,125.00
		WIRE/ACH TOTALS	700,024.95
		Total Payments FY 2024	1,301,915.93
		TOTAL PAYMENTS ALL FUND YEA	1,309,141.96

Chairperson

Attest:

Dated:

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

Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
COASTAL HEALTH BENEFITS FUND									
Month		November							
Current Fund Year		2023							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid November	3. Monthly Recoveries November	4. Calc. Net Paid Thru November	5. TPA Net Paid Thru November	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2023	Medical	109,487,599.79	14,296,151.05	0.00	123,783,750.84	0.00	123,783,750.84	109,487,599.79	14,296,151.05
	Dental	516,134.26	4,455.25	0.00	520,589.51	0.00	520,589.51	516,134.26	4,455.25
	Rx	3,865,061.06	505,530.09	0.00	4,370,591.15	0.00	4,370,591.15	3,865,061.06	505,530.09
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	113,868,795.11	14,806,136.39	0.00	128,674,931.50	0.00	128,674,931.50	113,868,795.11	14,806,136.39

COASTAL HEALTH BENEFITS FUND								
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED								
Current Fund Year: 2023 Month Ending: November								
	Medical	Dental	Rx	Vision	Reinsurance	Dividend Payable	Admin	TOTAL
OPEN BALANCE	16,596,392.41	(495,708.22)	(2,344,745.85)	140,665.31	(267,703.60)	13,085,730.62	3,821,783.24	30,536,413.91
RECEIPTS								
Assessments	8,537,857.19	8,163.02	162,326.95	2,966.10	289,209.38	0.00	849,113.36	9,849,636.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	58,206.38	0.00	0.00	301.36	53.02	28,034.28	8,187.39	94,782.43
Invest Adj	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Subtotal Invest	58,206.40	0.00	0.00	301.36	53.02	28,034.28	8,187.39	94,782.45
Other Receipts	556,916.61	0.00	196,772.50	0.00	0.00	0.00	0.00	753,689.11
TOTAL	9,152,980.20	8,163.02	359,099.45	3,267.46	289,262.40	28,034.28	857,300.75	10,698,107.56
EXPENSES								
Claims Transfers	14,296,151.05	4,455.25	505,530.09	0.00	0.00	0.00	0.00	14,806,136.39
Expenses	36,335.43	0.00	0.00	0.00	353,994.38	0.00	855,378.86	1,245,708.67
Other Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	14,332,486.48	4,455.25	505,530.09	0.00	353,994.38	0.00	855,378.86	16,051,845.06
END BALANCE	11,416,886.13	(492,000.45)	(2,491,176.49)	143,932.77	(332,435.58)	13,113,764.90	3,823,705.13	25,182,676.41

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS											
COASTAL HEALTH BENEFITS FUND											
ALL FUND YEARS COMBINED											
CURRENT MONTH	November										
CURRENT FUND YEAR	2023										
Description:		Citizens Bank	OceanFirst Investment Account	OceanFirst Operating Account	Republic Bank Investment Account	Wilmington Trust Investment Account	NJ Cash Management Investment Account	Republic Bank Checking Account	TD Bank Certificate of Deposit #3283056395	TD Bank Certificate of Deposit #3283056402	
ID Number:											
Maturity (Yrs)									1/8/2024	12/7/2023	
Purchase Yield:		4.40	4.34	4.34	5.50	5.08	5.35	5.50	5.58	5.67	
TOTAL for All Accts & instruments											
Opening Cash & Investment Balance	\$30,536,413.92	\$ 283,222.51	\$ 1,475.40	\$ 1,263,772.97	\$ 23,744,563.23	\$ 12,161.70	\$ 226,308.53	\$ 4,909.58	\$ 2,500,000.00	\$ 2,500,000.00	
Opening Interest Accrual Balance	\$52.17	\$ -	\$ -	\$ -	\$ -	\$ 52.17	\$ -	\$ -	\$ -	\$ -	
1	Interest Accrued and/or Interest Cost	\$50.96	\$0.00	\$0.00	\$0.00	\$0.00	\$50.96	\$0.00	\$0.00	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$94,730.27	\$1,024.26	\$5.33	\$14,134.91	\$78,547.20	\$0.00	\$996.38	\$22.19	\$0.00	\$0.00
6	Interest Paid - Term Instr.s	\$52.17	\$0.00	\$0.00	\$0.00	\$52.17	\$0.00	\$0.00	\$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	\$0.00	\$0.00
8	Net Investment Income	\$94,781.23	\$1,024.26	\$5.33	\$14,134.91	\$78,547.20	\$50.96	\$996.38	\$22.19	\$0.00	\$0.00
9	Deposits - Purchases	\$22,288,311.10	\$0.00	\$0.00	\$15,699,399.00	\$5,903,926.11	\$0.00	\$0.00	\$684,985.99	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$27,736,831.05	\$0.00	\$0.00	-\$15,366,859.07	-\$11,684,985.99	\$0.00	\$0.00	-\$684,985.99	\$0.00	\$0.00
			OK	OK	OK	OK	OK	OK	OK	OK	OK
	Ending Cash & Investment Balance	\$25,182,676.41	\$284,246.77	\$1,480.73	\$1,610,447.81	\$18,042,050.55	\$12,213.87	\$227,304.91	\$4,931.77	\$2,500,000.00	\$2,500,000.00
	Ending Interest Accrual Balance	\$50.96	\$0.00	\$0.00	\$0.00	\$0.00	\$50.96	\$0.00	\$0.00	\$0.00	\$0.00
	Plus Outstanding Checks	\$560,722.68	\$0.00	\$0.00	\$560,722.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Balance per Bank	\$25,743,399.09	\$284,246.77	\$1,480.73	\$2,171,170.49	\$18,042,050.55	\$12,213.87	\$227,304.91	\$4,931.77	\$2,500,000.00	\$2,500,000.00



SOUTHERN COASTAL HEALTH INSURANCE FUND

Monthly Claim Activity Report

January 22, 2024



SOUTHERN COASTAL HEALTH INSURANCE FUND

	MEDICAL CLAIMS + CAP			MEDICAL CLAIMS + CAP		
	<u>PAID 2022</u>	<u># OF EES</u>	<u>PER EE</u>	<u>PAID 2023</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$5,792,667	4,785	\$ 1,211	\$8,330,285	4780	\$1,743
FEBRUARY	\$7,784,509	4,763	\$ 1,634	\$8,241,387	4781	\$1,724
MARCH	\$9,384,113	4,766	\$ 1,969	\$7,376,046	4,771	\$1,546
APRIL	\$9,050,479	4,748	\$ 1,906	\$7,957,881	4,766	\$1,670
MAY	\$9,923,601	4,769	\$ 2,081	\$9,478,061	4,761	\$1,991
JUNE	\$6,068,223	4,757	\$ 1,276	\$9,423,269	4,747	\$1,985
JULY	\$6,346,373	4,714	\$ 1,346	\$9,968,477	4,721	\$2,112
AUGUST	\$9,512,055	4,652	\$ 2,045	\$10,367,561	4,683	\$2,214
SEPTEMBER	\$7,204,524	4,745	\$ 1,518	\$7,791,797	4,751	\$1,640
OCTOBER	\$6,876,159	4,739	\$ 1,451	\$10,391,887	4,727	\$2,198
NOVEMBER	\$7,878,843	4,738	\$ 1,663	\$10,332,787	4,715	\$2,191
DECEMBER	\$6,690,934	4,763	\$ 1,405			
TOTALS	\$92,512,478			\$99,659,438		
				2023 Average	4,746	\$ 1,910
				2022 Average	4,745	\$ 1,625

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: 10/01/2023 - 10/31/2023
Service Dates: 01/01/2011 - 10/31/2023
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$3,615,564.56	\$679,232.94	ACCIDENTAL PUNCTURE AND LACERATION OF A
	\$983,871.49	\$468,510.63	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT
	\$552,023.22	\$358,193.82	OTHER IDIOPATHIC SCOLIOSIS,
	\$214,048.38	\$213,985.62	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY
	\$230,264.91	\$190,115.71	STABLE BURST FRACTURE OF FIRST LUMBAR
	\$555,352.52	\$174,990.48	NEUTROPENIA, UNSPECIFIED
	\$265,489.16	\$145,849.63	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY
	\$205,158.84	\$105,371.24	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC
	\$451,629.62	\$102,236.51	NONTRAUMATIC INTRACEREBRAL
Total:	\$7,073,402.70	\$2,438,486.58	

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: 11/01/2023 - 11/30/2023
Service Dates: 01/01/2011 - 11/30/2023
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$2,932,052.44	\$1,584,675.61	OTHER VENTRICULAR TACHYCARDIA
	\$644,856.40	\$455,936.96	NONTRAUMATIC INTRACEREBRAL
	\$145,095.52	\$114,551.01	SPINAL STENOSIS, LUMBAR REGION WITHOUT
	\$186,942.25	\$109,633.54	DIVERTICULITIS OF LARGE INTESTINE WITH
Total:	\$3,908,946.61	\$2,264,797.12	



Medical Claims Paid:

January 2023 – November 2023

Total Medical Paid per EE: **\$1,910**

Network Discounts

Inpatient: **61.2%**
Ambulatory: **62.2%**
Physician/Other: **60.8%**
TOTAL: 61.4%

Provider Network

% Admissions In-Network: **98.5%**
% Physician Office in network: **98.6%**

Aetna Book of Business:
Admissions 98.8%; Physician 90.9%

Top Facilities Utilized
(by total Medical Spend)

- Inspira Medical Center –Vineland
- CHOP
- Thomas Jefferson University Hosp.
- Inspira Medical Center Mullica Hill
- Cooper Hospital

Catastrophic Claim Impact

(January 2023- November 2023)

Number of Claims Over \$50,000 **256**
Claimants per 1000 members: **21.7**
Avg. Paid per Claimant: **\$153,671**
Percent of Total Paid: **43.3%**
• Aetna BOB- HCC account for an average of 42.6% of total Medical Cost

Teladoc Activity:

January 2023 – November 2023

Total Registrations: **359**
Total Online Visits: **1,003**
Total Net Claims Savings: **\$508,314**
Total Visits w/ Rx: **743**

Utilization by Age

0-17: 17.2%
18-26: 9.1%
27-30: 6.6%
31-45: 38.8%
46-55: 18.9%
55-65: 7.5%
66+: 1.9%

Mental Health Visits: **297**

Dermatology Visits: **46**

Allentown Service Center
Performance Goal Metrics YTD 2023

Customer Service Performance

1st Call Resolution: **94.03%**
Abandonment Rate: **0.61%**
Avg. Speed of Answer: **18.0 sec**

Claims Performance

Financial Accuracy: **98.25%**

90% processed w/in: **7.8 days**
95% processed w/in: **15.1 days**

Claims Performance (Monthly)

(November 2023)

90% processed w/in: **5.8 days**
95% processed w/in: **10.5 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**





2022 Coastal HIF				2023 Coastal HIF			
	MEDICAL CLAIMS PAID 2022	# OF EES	PER EE		MEDICAL CLAIMS PAID 2023	# OF EES	PER EE
JANUARY	\$ 1,284,007.19	1,424	\$ 901.69	JANUARY	\$ 539,813.11	1549	\$ 617.36
FEBRUARY	\$ 1,871,488.61	1,420	\$ 1,317.94	FEBRUARY	\$ 2,764,051.98	1,524	\$ 1,167.98
MARCH	\$ 2,897,383.56	1,412	\$ 2,051.97	MARCH	\$ 2,244,616.64	1,528	\$ 1,468.98
APRIL	\$ 1,573,480.01	1,416	\$ 1,111.21	APRIL	\$ 2,137,929.02	1,518	\$ 1,408.38
MAY	\$1,840,871.00	1,411	\$ 1,304.65	MAY	\$ 1,866,166.75	1,514	\$ 1,232.60
JUNE	\$ 2,468,701.00	1,412	\$ 1,748.37	JUNE	\$ 2,441,503.48	1,515	\$ 1,611.55
JULY	\$ 1,739,142.26	1,383	\$ 1,257.51	JULY	\$ 2,433,300.97	1,510	\$ 1,611.45
AUGUST	\$ 1,826,216.41	1,373	\$ 1,330.09	AUGUST	\$ 2,289,593.74	1,499	\$ 1,523.41
SEPTEMBER	\$ 2,463,246.66	1,382	\$ 1,782.37	SEPTEMBER	\$ 2,166,471.52	1,504	\$ 1,440.47
OCTOBER	\$ 2,066,543.86	1,374	\$ 1,504.03	OCTOBER	\$ 2,174,018.26	1,537	\$ 1,414.45
NOVEMBER	\$ 1,655,929.11	1,372	\$ 1,206.94	NOVEMBER	\$ 3,458,261.85	1,530	\$ 2,260.30
DECEMBER	\$ 2,797,942.10	1,380	\$ 2,027.49	DECEMBER	\$ 2,559,088.00	1,523	\$ 1,680.29
TOTALS	\$24,484,951.77	1,397		TOTALS	\$ 27,074,815.32	1,521	\$ 1,453.10
2022 Average		2022 Average	\$ 1,462.02				

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		Southern Coastal HIF					
		Paid Claims 01/01/2023-12/31/2023					
Average payment per member per month 01/01-12/31/2023:		\$	576.30				
Number of claimants with paid claims over \$100,00 YTD:			24				
Total paid on those claimants:			\$6,093,052				
Top Facilities Utilized based on paid claims:							
ATLANTICARE REGIONAL MEDICAL CENTER							
INSPIRA MEDICAL CENTER VINELAND, NJ							
INSPIRA MEDICAL CENTER MULLICA HILL, NJ							
SHORE MEDICAL CENTER, NJ							
CAPE REGIONAL MEDICAL CENTER, NJ							
MD LIVE UTILIZATION							
Total Registrations YTD: 11							
Total Online Visits April 2023: 3							
Member Satisfaction YTD: 100%							
Provider Network							
% Inpatient In- Network: 99.4%							
% Professional providers In-Network: 95.3%							
% Outpatient providers In-Network:96.3%							



EXPRESS SCRIPTS®

Southern Coastal Health Insurance Fund

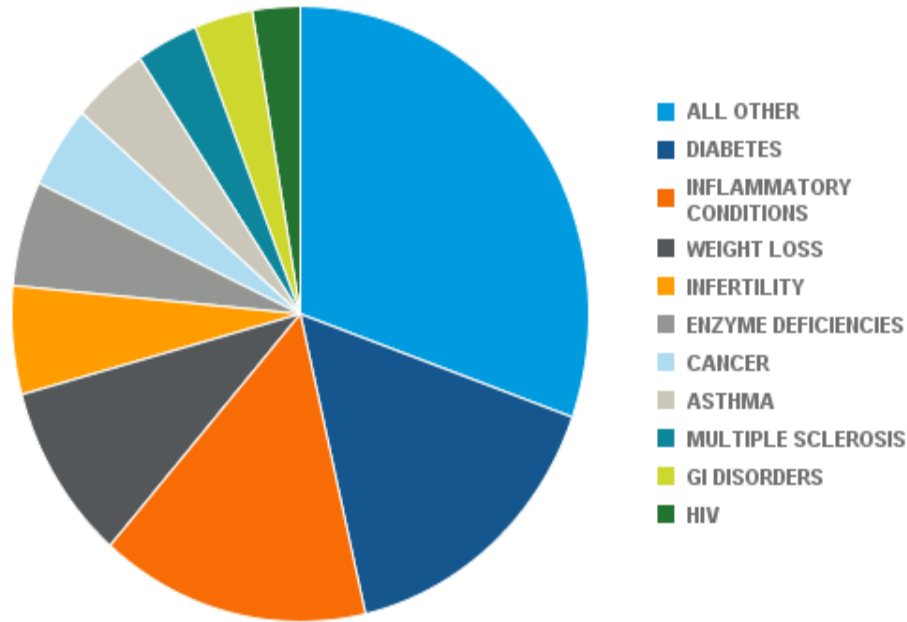
Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	2,103	2,103	2,112	2,106	2,102	2,109	2,110	2,107	2,072	2,076	2,152	2,100	2,137	2,137	2,153	2,142	2,114
Total Days	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	77,593	77,701	232,885	899,771
Total Patients	776	734	805	1,155	817	819	815	1,221	769	812	767	1,203	879	905	879	1,359	1,774
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	\$397,261	\$426,641	\$1,180,684	\$4,184,786
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%	80.2%	83.4%	81.5%	85.4%
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	\$185.90	\$198.16	\$183.71	\$164.98
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	\$219,079	\$217,969	\$577,180	\$1,976,660
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%	55.1%	51.1%	48.9%	47.2%

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,149	2,148	2,142	2,146	2,130	2,143	2,138	2,137	2,134	2,147	2,219	2,167	2,307	2,303			
Total Days	78,243	74,810	80,755	233,854	71,916	84,826	76,157	233,035	79,838	84,550	75,738	240,574	84,059	84,044			
Total Patients	860	828	885	1,273	803	840	817	1,221	850	881	825	1,263	914	971			
Total Plan Cost	\$388,082	\$340,465	\$510,837	\$1,239,392	\$390,109	\$439,629	\$344,400	\$1,174,164	\$410,970	\$430,115	\$434,941	\$1,275,774	\$488,499	\$498,427			
Generic Fill Rate (GFR) - Total	85.6%	85.2%	85.5%	85.5%	84.5%	85.7%	86.9%	85.7%	85.3%	85.7%	84.1%	85.1%	81.9%	84.0%			
Plan Cost PMPM	\$180.59	\$158.50	\$238.49	\$192.48	\$183.15	\$205.15	\$161.09	\$183.15	\$192.58	\$200.33	\$196.01	\$196.27	\$211.75	\$216.43			
% Change Plan Cost PMPM	32.1%	12.7%	39.7%	28.8%	22.0%	61.4%	-14.5%	18.0%	17.8%	6.8%	20.1%	14.6%	26.8%	16.4%			
Total Specialty Plan Cost	\$167,152	\$153,844	\$258,021	\$579,016	\$184,935	\$159,004	\$143,217	\$487,156	\$173,639	\$179,036	\$245,743	\$598,418	\$246,593	\$248,959			
Specialty % of Total Specialty Plan Cost	43.1%	45.2%	50.5%	46.7%	47.4%	36.2%	41.6%	41.5%	42.3%	41.6%	56.5%	46.9%	50.5%	49.9%			

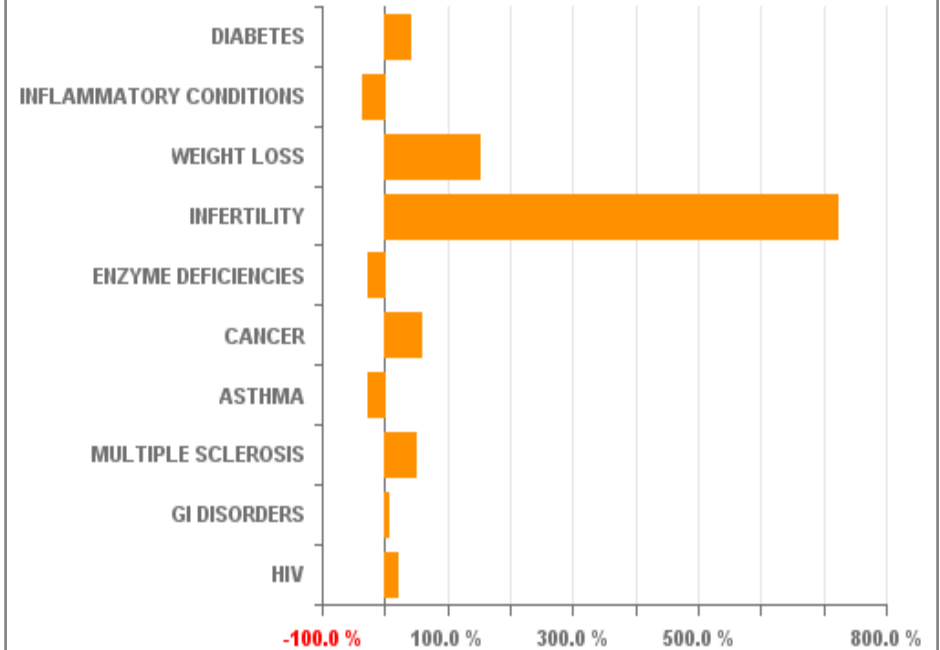
Top Indications

SOUTHERN COASTAL HLTH INS FUND (Current Period 01/2023 - 11/2023 vs. Previous Period 11/2022 - 11/2022) Peer = Commercial

Top Indications by Plan Cost



Plan Cost PMPM % Change (Trend)



			Current Period							Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM	
1	2	DIABETES	22.76%	2,307	\$741,924	\$30.97	30.4 %	34.8 %	17.62%	167	\$46,850	\$2192	26.9 %	37.5 %	412 %	
2	1	INFLAMMATORY CONDITIONS	21.99%	284	\$716,682	\$29.91	51.8 %	40.1%	37.67%	24	\$100,179	\$46.88	29.2 %	40.8 %	-36.2 %	
3	5	WEIGHT LOSS	13.46%	409	\$438,883	\$18.32	7.1%	9.5 %	5.87%	19	\$15,623	\$7.31	5.3 %	22.1%	150.5 %	
4	10	INFERTILITY	8.13%	125	\$265,022	\$11.06	35.2 %	51.8 %	108%	9	\$2,876	\$135	33.3 %	55.4 %	721.8 %	
5	9	ENZYME DEFICIENCIES	7.87%	22	\$256,543	\$10.71	100.0 %	17.5 %	12.01%	4	\$31,932	\$14.94	100.0 %	16.0 %	-28.3 %	
6	3	CANCER	6.22%	62	\$202,912	\$8.47	79.0 %	75.1%	4.36%	8	\$11,592	\$5.42	87.5 %	75.0 %	56.1%	
7	6	ASTHMA	6.12%	1,257	\$199,533	\$8.33	71.3 %	77.0 %	9.33%	119	\$24,804	\$11.61	77.3 %	77.3 %	-28.3 %	
8	7	MULTIPLE SCLEROSIS	4.95%	50	\$161,284	\$6.73	66.0 %	42.1%	3.67%	4	\$9,756	\$4.57	75.0 %	37.9 %	47.4 %	
9	8	GI DISORDERS	4.66%	189	\$152,050	\$6.35	64.0 %	62.3 %	4.90%	15	\$13,026	\$6.10	66.7 %	60.4 %	4.1%	
10	4	HIV	3.83%	37	\$124,831	\$5.21	0.0 %	26.5 %	3.50%	3	\$9,316	\$4.36	0.0 %	25.6 %	19.5 %	
Total Top 10				4,742	\$3,259,663	\$136.05	43.1 %	47.2 %		372	\$265,954	\$124.45	46.2 %	51.2 %	9.3 %	

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JANUARY 22, 2024**

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

Motion _____ **Second** _____

Resolution 1-24: Professional Service Fees for 2024	Page 40
Resolution 2-24: Designation of Service of Process	Page 44
Resolution 3-24: Designation of Secretary as Custodian of Records	Page 45
Resolution 4-24: Designation of Official Newspaper	Page 46
Resolution 5-24: Designation of Regular Meeting Times and Place.....	Page 47
Resolution 6-24: Designation of Bank Depositories & CMP.....	Page 48
Resolution 7-24: Designation of Authorized Signatories	Page 52
Resolution 8-24: Approval of Risk Management Plan.....	Page 53
Resolution 9-24: Appointment of MRHIF Fund Commissioners	Page 65
Resolution 10-24: Establishing a plan for Compensating Producers	Page 66
Resolution 11-24: Authorizing Treasurer to Process Contracted Payments and Expenses	Page 68
Resolution 12-24: Adopting 2024 Wellness Grant Programs	Page 69
Resolution 13-24: Banking Earnings Base Rate - Citizens	Page 70
Resolution 14-24: Approval of the November, December 2023 and January 2024 Bills List	Page 71

RESOLUTION NO. 1-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2024**

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 \$26,010 has been appropriated in the Attorney Line Item of the 2024 budget. In addition, the Fund Attorney will be paid \$150 an hour for plan document preparation in an amount not to exceed \$26,010.
- II. **Bowman & Company** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$21,600 has been appropriated in the Auditor Line Item of the 2024 budget.
- III. **Point Accounting Group (Formerly Laracy Associates)** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$7,250 has been appropriated in the Treasurer Line Item of the 2024 budget.
- IV. **Verrill & Verrill** is hereby appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$12,800 has been appropriated in the Treasurer Line Item of the 2024 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services (insurance) and are hereby made for 2024:

- 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**. \$20.69 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,590,978 has been appropriated in the Administrator Line Item of the 2024 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**. \$34.30 per employee, per month will be expended to the TPA. The estimated annual amount of \$1,919,702 has been appropriated in the Medical TPA Line Item of the 2024 budget.
- III. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$37.11 per medical employee, per month will be expended to the TPA, with the reduction of \$1.50 per employee, per month for wellness/marketing credit. The estimated annual amount of \$721,088 has been appropriated in the Medical TPA Line Item of the 2024 budget.
- IV. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.34 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$6,934 has been appropriated in the Dental TPA Line Item of the 2024 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 \$677,090 a year for the subcontracted **Guardian Nurse Program**. The estimated annual amount of \$3,493,217 has been appropriated in the **Program Manager** Line Item of the 2024 budget.
- VI. **Advanta** is hereby appointed as **Wellness Program Provider**, the per employee, per month varies by member and is included in the chart below. \$3.34 per medical employee, per month will be expended to the provider. The estimated annual amount of \$270,000 has been appropriated for Wellness services, including Advanta's annual fee.

Group Name	Program Manager Rate (PEPM)
Absecon City	\$ 46.57
Alloway Township BOE	\$ 41.71
Bridgeton BOE	\$ 35.93
Brigantine City	\$ 40.58
Buena Regional BOE	\$ 40.92
Cumberland County	\$ 26.39
Cumberland County Charter School Network	\$ 25.50
Cumberland County Improvement Authority	\$ 39.49
Cumberland County Technical Education Center	\$ 29.86
Cumberland Regional BOE	\$ 33.35
Dennis Township BOE	\$ 36.06
Downe Township BOE	\$ 37.66
Egg Harbor Township	\$ 37.22
Hopewell BOE	\$ 34.70
Lawrence Township BOE	\$ 34.81
Lower Cape May Regional School District	\$ 46.21
Lower Township BOE	\$ 40.01
Millville BOE	\$ 32.99
Ocean City BOE	\$ 49.50
Penns Grove	\$ 31.27
Penns Grove Carney's Point Schools	\$ 34.70
Pittsgrove Township	\$ 40.12
Salem County	\$ 33.31
Upper Deerfield BOE	\$ 35.29
Upper Township BOE	\$ 39.39
Vineland BOE	\$ 42.72
Waterford Township BOE	\$ 47.73
West Cape May BOE	\$ 38.21
Woodstown Borough	\$ 27.94

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 22, 2024**

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2024**

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 2024 or until its successor has be appointed and qualified.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-24

**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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE ATLANTIC CITY PRESS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2024**

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 2024 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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2024**

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

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund shall hold remote public meetings during the year 2024 on the dates and times set forth below at the following location:

March 25, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm
May 27, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm
July 22, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm
September 23, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm
October 28, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm
November 25, 2024	Greenview Inn Eastlyn Golf Course	12:30 pm
January 27, 2025	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 (if necessary) 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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2024**

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:

Citizens Bank
Wilmington Trust
Republic Bank
Ocean First Bank
William Penn Bank
TD 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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-24

**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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 8-24

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2024 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2024

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2024 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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-24

**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.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-24

**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 2024;

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 2024:

Group Name		
	Sub Producer	Broker Rate PEPM
Absecon City	Glenn Insurance	46.57
Bridgeton BOE	Allen Associates	35.83
Brigantine City	Brown & Brown Metro	40.25
Buena Regional BOE	Allen Associates	40.24
Cumberland County	Conner Strong & Buckelew	19.82
Cumberland County Charter School Network	Allen Associates	24.94
Cumberland County Improvement Authority	AR Fanucci	38.78
Cumberland County Technical Education Center	Allen Associates	29.72
Cumberland Regional BOE	Allen Associates	32.33
Dennis Township BOE	Brown and Brown	30.77
Downe Township BOE	Allen Associates	18.84
Egg Harbor Township	Hafetz	37.22
Hopewell BOE	Allen Associates	34.44
Lawrence Township BOE	Conner Strong & Buckelew	34.04
Lower Cape May Regional School District	J Byrne Agency	30.88

Lower Township BOE	J Byrne Agency	40.01
Millville BOE	Allen Associates	32.78
Ocean City BOE	Brown & Brown Metro	49.50
Penns Grove	Conner Strong & Buckelew	31.27
Penns Grove Carney's Point Schools	Conner Strong & Buckelew	34.70
Pittsgrove Township	Hardenbergh Insurance	58.82
Salem County	Assured Partners	24.36
Upper Deerfield BOE	Allen Associates	34.94
Upper Township BOE	Strategic Insurance Partners	32.45
Vineland BOE	Allen Associates	21.35
Waterford Township BOE	Cornerstone Insurance Group	72.32
West Cape May BOE	J Byrne Agency	37.86
Woodstown Borough	Allen Associates	18.36

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

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 11-24

**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 2024.

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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ADOPTING 2024 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, 2024 through December 31, 2024. This budget includes \$270,000 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, Millville 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 \$20,000 was deemed appropriate for the objectives of the Fund wellness grant program

NOW THEREFORE BE IT RESOLVED, on January 22, 2024 the Executive Committee of the Southern Coastal Regional Employee Benefits Fund approved Wellness Grant Programs for Cumberland Regional BOE.

ADOPTED: JANUARY 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 13-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
AMENDING BANKING EARNINGS BASE RATE**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund (hereinafter the Fund), finds it necessary for the proper conduct and order of business that official depositories for the Fund be designated and named; and

WHEREAS Citizens Bank (formerly Investors Bank) for Banking services - at an earnings rate based on a combined average balance of \$20,000,000 of participating joint insurance funds which will earn base of 4.20% as of 7/1/2023 plus 80% beta on Federal Fund Target Rate increase / decrease when utilizing the fully (FDIC) insured sweep product for the funds - is hereby proposed by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f)

NOW, THEREFORE, BE IT RESOLVED, by the _____ Joint Insurance Fund, that Citizens Bank (formerly Investors Bank) for Banking services - at an earnings rate based on a combined average balance of \$20,000,000 of participating joint insurance funds which will earn base of 4.20% as of 7/1/2023 plus 80% beta on Federal Fund Target Rate increase / decrease when utilizing the fully (FDIC) insured sweep product for the funds-is hereby approved by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f) and that sums so deposited may be withdrawn upon a check, draft or order of the Board of Fund Commissioners; and

BE IT FURTHER RESOLVED that a certified copy of this Resolution, duly executed, be delivered to the proper officers of Citizens Bank.

ADOPTED: January 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-24

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE NOVEMBER 2023, DECEMBER 2023 AND JANUARY 2024**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **January 22, 2024** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November 2023, December 2023 and January 2024 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 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
OCTOBER 23, 2023**

THE GREENVIEW INN AT EASTLYN GOLF COURSE, VINELAND NJ

12:30 PM

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

PLEDGE OF ALLEGIANCE

ROLL CALL OF THE 2023 EXECUTIVE COMMITTEE

Richard Davidson	Chair	Present
Nicole Albanese	Secretary	Present
Jerry Velazquez	Executive Committee	Present
Megan Duffield	Executive Committee	Present
Laurie Ryan	Executive Committee	Present
Mark Mallet	Executive Committee	Present
Joseph Hiles	Executive Committee Alternate	Present
Frank Badessa	Executive Committee Alternate	Absent
Scott Musterel	Executive Committee Alternate	Present

PRESENT FUND PROFESSIONALS:

FUND ADMINISTRATOR: PERMA Risk Management
Emily Koval
Jordyn DeLorenzo

FUND AUDITOR: Absent

FUND ATTORNEY: John Carleton

PROGRAM MANAGER: Shared Health Alliance
Rich Allen

FUND TREASURER: Lorraine Verrill

AETNA: Jason Silverstein

AMERIHEALTH:

Megan Natale

EXPRESS SCRIPTS:

Hiteksha Patel

DELTA DENTAL:

Absent

ALSO PRESENT:

Dina Murray, Allen Associates
Bob Allen, Allen Associates
Corey Allen, Allen Associates
Alicia Spataro, Guardian Nurses
Andrea Spector, Guardian Nurses
Sara Fiske, Guardian Nurses
Charles Hughes, Pittsgrove Twp
Sandra DePasquale, Hardenbergh

Susan Dortu, Allen Associates
Courtney Price, Allen Associates
Gerry Cowan, Allen Associates
Lew Thompson, Allen Associates
Harold Johnson, Cumberland County
Dennis Zakroff, CCCSR
Rick Alessandrini, Allen Associates
Kayla Haberstroh, Absecon

APPROVAL OF MINUTES: SEPTEMBER 25, 2023 - Open

MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 25, 2023

Moved:	Commissioner Albanese
Second:	Commissioner Mustarel
Vote:	Unanimous

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

CORRESPONDENCE - None.

PUBLIC COMMENT: None.

EXECUTIVE DIRECTOR'S REPORT

Fast Track Financial Reports – as of August 31, 2023 – Mrs. Koval stated that the financials show what was paid in the month of August. She stated it shows a large loss because a lot of high claimants were paid this month. She stated that there will be a reimbursement coming in but it will not hit the books yet. She stated that there is a \$2 million reimbursement that the fund will hit the September and October financials. She stated that this will continue to get monitored by the Executive Director's office as well as the Allen Associates and Guardian Nurse. In response to Mr. Velasquez, Mrs. Koval stated that this is due to timing and not a concern of any of the functions that are happening between Aetna and AmeriHealth and the Fund. She stated that Aetna and AmeriHealth have agreed to put the Coastal Fund claims as a priority.

2024 COASTAL BUDGET -ADOPTION- Mrs. Koval stated that there was no change from introduction to adoption. The budget is in the agenda. Mr. Chair said the committee is comfortable with moving forward.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2024 BUDGET

Moved:	Commissioner Ryan
Second:	Commissioner Albanese
Vote:	Unanimous

Discussion of Budget and Assessments – No Comment

MOTION TO CLOSE THE PUBLIC HEARING

Moved:	Commissioner Albanese
Second:	Commissioner Velasquez
Vote:	Unanimous

MOTION TO ADOPT RESOLUTION 30-23 AND APPROVE THE 2024 SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND IN THE AMOUNT OF \$150,352,488.

Moved:	Commissioner Ryan
Second:	Commissioner Albanese
Vote:	8 Ayes, 0 Nays

MEDICAL TPA RFP

Mrs. Koval stated that the Fund has released an RFP for Medical TPA. The due date was 9/21 and has been sent the Executive Committee last week. There were two responses from the incumbents at no increase to the administrative fees from 2023. Our recommendation is to award this one-year contract to Aetna and AmeriHealth. We do not expect terms or conditions to change.

Resolution 31-23 awards the contracts to Aetna and AmeriHealth.

PROGRAM MANAGER REPORT

Mr. Allen thanked the membership for the confidence in the Coastal Fund Budget. He stated that claims have been higher than he has seen in his career and stated that this is the reason we have stop loss and that it will pay off. He stated that there are a few prospects they are looking into. Mrs. Dortu stated that all 1/1 renewal open enrollment information has been sent to the broker or member and is out there. OE begins October 30th.

WELLNESS UPDATES

Mr. Corey Allen stated that he sent out the January 2024 Wellness Program application out to the membership. He stated that Advanta is now officially available for everyone starting 1/1 who applies to the wellness grant program. Mr. Chair asked if we could get the word out to more members about the program.

GUARDIAN NURSES - Paula Spector from Guardian Nurses reviewed the report included in the agenda. She reviewed the referrals, hospitalization admissions and mobilization programs. She stated that the program continues to do well and see more patients each month.

TREASURER - Mrs. Verrill reviewed the report included in the agenda. She stated that the CDs interest are continuing to grow.

FUND ATTORNEY- Mr. Carlton stated no report.

AETNA - Mrs. Silverstein reviewed the claims for the month of August 2023. He stated that there were 4 high cost claimants over the threshold of \$100,000 for the month of August. He stated that the dashboard report metrics continue to perform well.

AMERIHEALTH ADMINISTRATORS - Mrs. Strain reviewed the claims through the month of September 2023. She stated that there were 2 high-cost claimants for the month of September. She reviewed the dashboard metrics that were included.

EXPRESS SCRIPTS - Mrs. Patel said reviewed the report for the 3rd quarter of the 2023 year. She reviewed the total plan costs, Generic Fill Rate, and total specialty plan cost which is decreased .6% compared to last year. She stated that a lot of changes are coming from cancer and weight loss utilizations. She reviewed the members that are taking these expensive drugs. She reviewed the Top indications by plan cost and the top drugs.

DELTA DENTAL - No report.

CONSENT AGENDA

MOTION TO APPROVE THE CONSENT AGENDA:

MOTION:
SECOND:
VOTE:

Commissioner Albanese
Commissioner Ryan
Roll Call - 8 yes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: None.

PUBLIC COMMENT: None.

MOTION TO ADJOURN:

MOTION:	Commissioner Albanese
SECOND:	Commissioner Musterel
VOTE:	Unanimous

MEETING ADJOURNED: 1:11 pm

NEXT MEETING: January 22, 2024
12:30 PM, The Greenview Inn at Eastlyn Golf Course Vineland, NJ

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.