



AGENDA AND REPORTS

JUNE 18, 2024

FRANKLIN LAKES BOROUGH HALL

12:00 PM

OPEN PUBLIC MEETINGS ACT - In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I.** sending sufficient notice to **The Record and The Star Ledger**
- II.** filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality and,
- III.** posting notice on the Public Bulletin Board of all member municipalities.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
AGENDA MEETING: JUNE 18, 2024
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

Gregory Hart, Chair
Richard Kunze, Secretary
Gregory Franz, Executive Committee
Donna Gambutti, Executive Committee
Bob Kakoleski, Executive Committee
Anthony Ciannamea, Executive Committee
Erin Delaney, Executive Committee Alternate
James Gasparini, Executive Committee Alternate
Thomas Padilla, Executive Committee Alternate
Joe Voytus, Executive Committee Alternate

APPROVAL OF MINUTES: April 23, 2024 Open Appendix I

CORRESPONDENCE - Chair letter to Hackensack Meridian

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair
- *May 24, 2024 Meeting Minutes - Appendix II*

FINANCE/ADMINISTRATION COMMITTEE - Rich Kunze, Chair

WELLNESS COMMITTEE - Robert Kakoleski, Chair

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE - Robert Kakoleski, Chair

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics
Executive Director's ReportPage 5

BENEFITS CONSULTANT REPORT - Crystal Bailey
Conner Strong & Buckelew.....Page 13

ATTORNEY - Russell Huntington, Esq.

TREASURER - Joseph Iannaconi

Voucher List May and June 2024Page 16

Treasurers Report April 2024

Confirmation of Claims Paid/Certification of Transfers

BOARD ADVISOR - Clark LaMendola

THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein

Monthly ReportPage 24

PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk

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DENTAL ADMINISTRATOR - Delta Dental - Kim White

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CONSENT AGENDAPage 36

Resolution 22-24: Fund Year 2023 Audit Approval.....Page 37

Resolution 23-24: Closure of Fund Year 2022Page 39

Resolution 24-24: Extension of Professional Service ContractsPage 40

Revised Resolution 8-24: Risk Management PlanPage 42

Resolution 25-24: May & June 2024 Bills ListsPage 52

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED



9 Campus Drive; Suite 216
Parsippany, NJ 07054

May 13, 2024

Robert C. Garrett, CEO
Hackensack Meridian Health
343 Thornall Street.
Edison, NJ 08837

Dear Mr. Garrett:

I am writing to you in my capacity as the Chairman of the Bergen Municipal Employee Benefits Fund/Gateway HIF. As a coalition of over **30 municipalities and school districts** that provide health care coverage to over **1700 public employees and their families** here in New Jersey, we are very aware of issues that could impact the cost of health care services provided within the state. With that in mind, we wanted to share some concerns we have around the contract negotiations currently taking place between you and Aetna.

It has come to our attention that Hackensack Meridian Health has asked for a significant rate increase from Aetna. A rate increase of this magnitude would negatively impact both our business and our employees.

As a business, we would see an increase in the cost of providing coverage for our employees. In addition, our employees would see an increase in their premiums and out-of-pocket health care costs. These increases come when we are still in the midst of a difficult economic environment and at a time when both the nation and the state are focusing on reducing health care costs as one of the key objectives of health care reform. The rate increases the hospital system is seeking would add another financial burden for both New Jersey residents and businesses.

Thank you for taking the time to consider the perspectives and concerns of local employers such as **The BMED/Gateway HIF**. We hope that you are able to come to an agreement that does not unreasonably increase the cost of care for our company, our employees and others in New Jersey.

Sincerely,

Greg Hart
Borough Administrator, Franklin Lakes
BMED/Gateway HIF Chairman of the Executive Committee

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
June 18, 2024**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of March 31, 2024 (page 8)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

AUDITOR AND ACTUARY YEAR-END REPORTS (TBD)

A copy of the Annual Financial Audit for the period ending December 31, 2023 is included with the agenda. A representative from Lerch & Vinci is expected to present the report, as they will for the Finance Committee prior to the meeting. Once approved, we will make a filing with the Departments of Insurance and Community Affairs to meet their deadline. The Affidavit of Certification and Resolution approving the 2023 Audit is included in consent.

With this approval, the Fund may also consider closing out Fund Year 2022 as all receivables and payables have been resolved. Resolution 22-24 is in consent.

FINANCIAL DISCLOSURES

All Fund Commissioners should have received their financial disclosure statements the first week of April. As a reminder, the role of Fund Commissioner is a separate filing from that of your municipality obligation. A report of filings through 4/15/2024 is included in the agenda.

The below list is outstanding as of June 10, 2024. All individuals have been notified.

2024 Local Government Officer - Roster

Filter Criteria		Status: ALL				
Last Name	First Name	Middle Name	Status	Updated ON	Filed	
Giandomenico	Magdalena		ACTIVE	03/30/2023	No	
Olmo	Hector		ACTIVE	03/21/2024	No	
Tietjen	Christopher		ACTIVE	03/25/2020	No	

CONTRACTS

At the last meeting, the Administration Committee recommended that the professional contracts be extended one final year in 2025. Resolution 24-24 formalizes this decision.

In addition, Civitas has notified the Wellness Committee that they are willing to extend their contract through the end of the year for \$1,000 a month to handle the administrative needs of the program. The Fund Attorney has agreed to waive the insurance requirement. This resolution also extends the contract and changes the fee term. The Committee is recommending this extension as a new Coordinator has not been found.

The Administrator and Benefits Consultant RFPs are expected to be released the first week of July.

BILLING POLICY

Over the course of the past few months, the Committee developed the billing policy to be included in the Risk Management Plan. At the last meeting, there were a few dates missing which we have included in this version. If approved, Revised Resolution 6-24 is included in consent.

In addition, the Committee has asked for a delinquency report. This has been included in the Treasurer's report - any suggestions/changes to the report are welcomed.

HIF COOPERATIVE PRICING SYSTEM

The Health Insurance Cooperating Pricing System has been approved on May 6, 2024 - **297HCIPS**.

The first RFPs that will be issued are for the Medical TPA services. The documents are with the OSC for pre-advertised approval. The goal is to have all RFPs issued by July 1. Commissioner Kunze will report on the HCIPS meetings and RFP results.

MRHIF MEETING

The MRHIF met on June 12. Commissioner Kunze was in attendance and can report on the action items made:

1. 2023 Internal Audit review and approval
2. Data Warehouse results were provided - the Committee and Professionals will be meeting to demo the products and a recommendation will be made at the next meeting.
3. An additional year extension was awarded to the Level Care Express Scripts Contract

PCORI AND A4 SURCHARGE FEES

The PCORI is an independent, nonprofit research organization that seeks to empower patients and others with actionable information about their health and healthcare choices.

As part of the Affordable Care Act (ACA) group health plans are required to pay an annual fee, which is a certain dollar amount per enrollee contributing to the PCORI effort. The fee is considered in the Fund's budget development and paid by the PERMA Accounting team on behalf of all our medical groups. This fee will be paid in July.

In addition, all School Board members that are not in the State Health Benefits Fund are surcharged for retiree benefits. The Fund has one School Board that the Fund will pay this fee in July on its behalf, which was included in its rates upon joining the Fund.

HACKENSACK/MERIDIAN HOSPITAL

We have worked closely with Aetna and the Benefits Consultant office to track the ongoing negotiations between Hackensack/Meridian and Aetna. As of today (6/13), there has not been a resolution and Hackensack is scheduled to terminate from the Aetna network on 6/30/2024.

We will have further updates and discussions at the meeting regarding next steps and options.

At the request of the Strategic Planning Committee, the Executive Director's office sent out a memo to all participating medical member Commissioners advising that we were following and discussing, found with the minutes of that meeting in Appendix II.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

		AS OF	March 31, 2024		
		<i>THIS</i>	<i>YTD</i>	<i>PRIOR</i>	<i>FUND</i>
		<i>MONTH</i>	<i>CHANGE</i>	<i>YEAR END</i>	<i>BALANCE</i>
1.	UNDERWRITING INCOME	4,582,501	12,417,449	747,914,728	760,332,177
2.	CLAIM EXPENSES				
	Paid Claims	3,726,835	11,535,833	611,374,596	622,910,429
	IBNR	587,111	101,750	4,336,450	4,438,200
	Less Specific Excess	(30,339)	(89,310)	(16,263,655)	(16,352,965)
	Less Aggregate Excess	-	-	(602,911)	(602,911)
	TOTAL CLAIMS	4,283,608	11,548,274	598,844,480	610,392,754
3.	EXPENSES				
	MA & HMO Premiums	219,101	650,579	29,364,075	30,014,654
	Excess Premiums	121,792	325,136	34,417,793	34,742,929
	Administrative	173,755	604,381	57,893,549	58,497,930
	TOTAL EXPENSES	514,647	1,580,096	121,675,417	123,255,513
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(215,754)	(710,921)	27,394,831	26,683,910
5.	INVESTMENT INCOME	22,274	56,886	3,686,363	3,743,249
6.	DIVIDEND INCOME	-	-	7,518,953	7,518,953
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	(193,480)	(654,035)	38,600,147	37,946,112
8.	DIVIDEND	-	-	29,523,154	29,523,154
	STATUTORY SURPLUS (7-8+9)	(193,480)	(654,035)	9,076,993	8,422,958
SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	Surplus	13,675	46,828	9,751,092
		Cash	(7,021)	223,364	9,906,511
	2022	Surplus	(80,817)	(193,639)	(400,939)
		Cash	(81,332)	218,593	(2,033,580)
	2023	Surplus	56,249	(310,669)	(273,160)
		Cash	(282,001)	(2,768,746)	2,488,509
	2024	Surplus	(182,587)	(196,556)	(196,556)
		Cash	100,241	1,928,782	1,928,782
	TOTAL SURPLUS (DEFICITS)	(193,480)	(654,035)	9,076,993	8,422,958
	TOTAL CASH	(270,114)	(398,007)	10,361,440	9,963,433
CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS	(834)	(12,729)	528,711,299	528,698,570
	FUND YEAR 2022				
	Paid Claims	82,193	197,334	34,296,620	34,493,954
	IBNR	-	-	-	-
	Less Specific Excess	-	-	(2,676,967)	(2,676,967)
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2022 CLAIMS	82,193	197,334	31,619,653	31,816,987
	FUND YEAR 2023				
	Paid Claims	519,168	4,168,540	34,177,078	38,345,618
	IBNR	(477,009)	(3,685,981)	4,336,450	650,469
	Less Specific Excess	(30,339)	(92,894)	-	(92,894)
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2023 CLAIMS	11,821	389,665	38,513,528	38,903,193
	FUND YEAR 2024				
	Paid Claims	3,126,308	7,186,273	-	7,186,273
	IBNR	1,064,120	3,787,731	-	3,787,731
	Less Specific Excess	-	-	-	-
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2024 CLAIMS	4,190,428	10,974,004	-	10,974,004
	COMBINED TOTAL CLAIMS	4,283,608	11,548,274	598,844,480	610,392,754

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.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND				
RATIOS				
		FY2024		
INDICES	2023	JAN	FEB	MAR
Cash Position	10,361,441	\$ 10,755,617	\$ 10,233,547	\$ 9,963,433
IBNR	4,336,450	\$ 3,956,447	\$ 3,851,089	\$ 4,438,200
Assets	13,995,967	\$ 13,804,164	\$ 12,890,643	\$ 13,263,500
Liabilities	4,918,973	\$ 4,391,005	\$ 4,274,204	\$ 4,840,541
Surplus	9,076,994	\$ 9,413,159	\$ 8,616,439	\$ 8,422,959
Claims Paid -- Month	3,980,289	\$ 3,485,651	\$ 4,323,347	\$ 3,726,835
Claims Budget -- Month	3,160,967	\$ 3,381,974	\$ 3,369,062	\$ 4,215,898
Claims Paid -- YTD	38,689,524	\$ 3,485,651	\$ 7,808,998	\$ 11,535,833
Claims Budget -- YTD	37,095,915	\$ 3,381,974	\$ 6,745,085	\$ 10,959,086
RATIOS				
Cash Position to Claims Paid	2.60	3.09	2.37	2.67
Claims Paid to Claims Budget -- Month	1.26	1.03	1.28	0.88
Claims Paid to Claims Budget -- YTD	1.04	1.03	1.16	1.1
Cash Position to IBNR	2.39	2.72	2.66	2.24
Assets to Liabilities	2.85	3.14	3.02	2.74
Surplus as Months of Claims	2.87	2.78	2.56	2
IBNR to Claims Budget -- Month	1.37	1.17	1.14	1.05

**Bergen Municipal Employee Benefits Fund
2024 Budget Report
as of March 31, 2024**

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	9,464,998	42,112,748	32,881,902	9,089,823	375,175	4%
Prescription Claims	1,385,576	5,359,807	5,957,942	1,353,487	(383,584)	-40%
Prescription Formulary Rebates	(415,673)	(1,607,945)	(1,787,383)	Included Above in Prescription Claims		
Dental Claims	524,185	2,080,941	2,090,604	530,695	(6,509)	-1%
Subtotal	10,959,086	47,945,551	39,143,065	10,974,004	(14,918)	0%
HMO/DMO Premiums	7,620	30,431	46,598	7,332	288	4%
Medicare Advantage / EGWP	644,804	2,599,049	2,162,509	643,247	1,557	0%
Reinsurance						
Specific	326,854	1,413,599	1,195,147	325,136	1,718	1%
Total Loss Fund	11,938,364	51,988,630	42,547,319	11,949,719	(11,354)	0%
Loss Fund Contingency	32,236	128,942	128,942	0	32,236	0%
Expenses						
Legal	6,500	26,000	26,000	6,417	83	1%
Treasurer	5,372	21,488	21,488	5,370	2	0%
Administrator	114,152	457,431	448,496	113,929	223	0%
Risk Management Consultants	201,225	1,128,147	900,459	201,219	5	0%
TPA - Claims Agent Aetna	180,500	780,638	693,002	180,133	367	0%
Dental TPA	23,727	93,951	95,190	23,724	3	0%
Actuary	4,725	18,900	18,900	4,725	-	0%
Auditor	4,800	19,200	19,200	4,800	-	0%
Benefits Consultant	98,560	417,987	363,502	98,175	385	0%
Board Advisor	4,775	19,102	19,102	3,000	1,775	37%
Subtotal Expenses	644,336	2,982,844	2,605,339	641,493	2,844	0%
Miscellaneous and Special Services						
Misc/Cont	4,750	19,000	19,000	6,468	(1,718)	-36%
Wellness, Disease, Case Management	31,250	125,000	125,000	8,250	23,000	74%
Affordable Care Act Taxes	2,455	10,617	8,976	2,457	(2)	0%
A4 Surcharge	7,725	15,857	34,542	7,778	(53)	-1%
Plan Documents	1,625	6,500	6,500	1,625	-	0%
Claims Audit	10,000	40,000	40,000	0	10,000	100%
Subtotal Misc/Sp Svcs	57,805	216,974	234,018	26,578	31,227	54%
Total Expenses	702,141	3,199,818	2,839,357	668,070	34,071	5%
Total Budget	12,672,741	55,317,390	45,515,618	12,617,789	54,952	0%

Bergen Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
AS OF MARCH 31, 2024
BY FUND YEAR

	BMED 2024	BMED 2023	BMED 2022	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	1,928,782	(280,237)	(1,814,987)	10,129,875	9,963,433
Assesments Receivable (Prepaid)	1,079,269	70,658	(2)	-	1,149,925
Interest Receivable	6,033	5,531	1,510	11,875	24,950
Specific Excess Receivable	-	92,894	1,218,902	(0)	1,311,797
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	592,126	221,270	-	-	813,396
Total Assets	3,606,210	110,116	(594,577)	10,141,750	13,263,500
LIABILITIES					
Accounts Payable	-	0	-	-	0
IBNR Reserve	3,787,731	650,469	-	-	4,438,200
A4 Retiree Surcharge	7,778	30,714	-	-	38,492
Dividends Payable	-	-	-	275,454	275,454
Retained Dividends	-	-	-	68,375	68,375
Accrued/Other Liabilities	7,257	12,763	-	-	20,020
Total Liabilities	3,802,766	693,946	-	343,829	4,840,541
EQUITY					
Surplus / (Deficit)	(196,556)	(583,830)	(594,577)	9,797,921	8,422,959
Total Equity	(196,556)	(583,830)	(594,577)	9,797,921	8,422,959
Total Liabilities & Equity	3,606,210	110,116	(594,577)	10,141,750	13,263,500
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.

REGULATORY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
YEAR: 2024**

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2024 Filed
<input type="checkbox"/> Assessments	2024 Filed
<input type="checkbox"/> Actuarial Certification	2024 Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	Filed at Reorg
<input type="checkbox"/> Fund Officers	Filed at Reorg
<input type="checkbox"/> Renewal Resolutions	Filed at Reorg
<input type="checkbox"/> Indemnity and Trust	In process
<input type="checkbox"/> New Members (list)	N/A
<input type="checkbox"/> Withdrawals	N/A
<input type="checkbox"/> Risk Management Plan and By Laws	Filed at Reorg
<input type="checkbox"/> Cash Management Plan	Filed at Reorg
<input type="checkbox"/> Unaudited Financials	3/31/2024 Filed
<input type="checkbox"/> Annual Audit	Pending approval
<input type="checkbox"/> Budget Changes	N/A
<input type="checkbox"/> Transfers	N/A
<input type="checkbox"/> Additional Assessments	N/A
<input type="checkbox"/> Professional Changes	N/A
<input type="checkbox"/> Officer Changes	N/A
<input type="checkbox"/> Risk Management Plan Changes	N/A
<input type="checkbox"/> Bylaw Amendments	N/A
<input type="checkbox"/> Benefit Changes (list)	N/A
<input type="checkbox"/> Other	N/A

**Gateway-BMED Health Insurance Fund
Benefits Consultant Report**

June 2024

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email BMEDenrollments@permainc.com or fax to 856-685-2248.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@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.

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE:

Notice of Creditable Coverage (NOCC)

CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2025 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 16th to those age 65 and older enrolled in ESI coverage through the HIFs. The Benefit Consultant team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

GLP-1 Weight Loss Program (Encircle) Recommendation Effective 9/1/24

The Benefit Consultant has consulted with the MRHIF Pharmacy Benefit Manager (PBM) Express Scripts (ESI) in determining a program to assist with the increasing cost of GLP-1 medications being used for weight loss. The Encircle Program encompasses the criteria recommended for the drugs intended use; lifestyle modification, member engagement, overall adherence. As a result, the Benefit Consultant is recommending the Encircle Program for BMED participants who are approved for weight loss medications using the following criteria:

- BMI \geq 32 **OR**
- BMI between 27 \leq 32 **WITH** 2 or more documented comorbidities

In addition to receiving an approved prior authorization (PA), below are the mandatory guidelines of the program:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital

scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month

- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the mandatory requirements the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

Members who have a current PA on file will be grandfathered until their PA on file has expired with ESI. Upon renewal of their PA they will need to meet the above BMI requirements to be considered for approval. If approved, they will receive the Omada welcome kit and will need to adhere to the Encircle program requirements as outlined.

Communications will be sent to all impacted members with registration information. Once registered members will receive an access code to sign up for the Omada welcome kit.

OPERATIONAL UPDATES:

2024 PCORI Fees - Due July 31, 2024

Form 720 Reporting - Plan sponsors of applicable self-insured health plans are responsible for reporting and paying the PCORI annual fee by filing Form 720, Quarterly Federal Excise Tax Return. The Form 720 is due on July 31 of the year following the last day of the plan year.

The HIFs will handle the submission of the form and payment for all groups with medical coverage in the HIFs.

2024 LEGISLATIVE REVIEW: None

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act- Continued Delays

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

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

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

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

2023 Specialized Audits

As approved through an RFP through the Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for BMED Fund. AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the BMED to determine compliance with the MHPAEA. Aim will review BMED claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act. **BMED audit began April 22, 2024. See Appendix.**

Aim will review Gene Therapy cost for the BMED Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

Appeals

Carrier Appeals: None

IRO Submissions: None

BMED Small Claims Committee Appeals: None

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
BILLS LIST**

Resolution No. _____

MAY 2024

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

BE IT RESOLVED that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004542			
004542	LERCH,VINCI & BLISS, LLP	PROGRESS BILLNG FOR Y/E 2023 AUDIT	6,000.00
			6,000.00
004543			
004543	ACCESS	INV 10647878 DEPT MAIN 12/31/23	3.79
004543	ACCESS	INV 10543143-DEPT MAIN 10/31/23	60.57
004543	ACCESS	INV 10628540 DEPT MAIN 11/30/23	3.79
			68.15
		Total Payments FY 2023	6,068.15

FUND YEAR 2024

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004502			
004502	OTTERSTEDT INSURANCE AGENCY	VOID AND REISSUE	-5,912.46
			-5,912.46
004523			
004523	OTTERSTEDT INSURANCE AGENCY	VOID AND REISSUE	-5,997.54
			-5,997.54
004544			
004544	PERMA	POSTAGE 04/24	63.98
004544	PERMA	ADMIN FEES 05/24	38,254.76
			38,318.74
004545			
004545	HUNTINGTON BAILEY, LLP	ATTORNEY FEES 05/24	2,167.00
			2,167.00
004546			
004546	JOSEPH IANNAONI JR.	TREASURER FEE 05/24	1,790.00
			1,790.00
004547			
004547	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 05/24	1,000.00
004547	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 04/24	2,083.33
			3,083.33
004548			
004548	ACCESS	INV 10700983 DEPT MAIN 1/31/24	3.58
004548	ACCESS	INV 10864932 DEPT 418 04/30/24	174.28
004548	ACCESS	INV 10812530 DEPT 418 3/31/24	168.83
			346.69
004549			
004549	Acrisure NJ Partners Ins. Services, LLC	BROKER FEES-IMAC 05/24	14,848.11
			14,848.11
004550			
004550	Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 05/24	43,246.50
			43,246.50
004551			
004551	GJEM INSURANCE AGENCY INC	BROKER FEES 05/24	5,912.46
004551	GJEM INSURANCE AGENCY INC	BROKER FEES 03/24	5,997.54
004551	GJEM INSURANCE AGENCY INC	BROKER FEES 02/24	5,912.46
			17,822.46
004552			
004552	COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 05/24	3,590.40
			3,590.40
004553			
004553	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 05/24	6,527.26
			6,527.26
004554			
004554	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 05/24	122,292.80
			122,292.80
004555			
004555	LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR RETAINER 04/24	1,500.00
			1,500.00

W05240				
W05240	AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 05/24		219,628.15
				219,628.15
W05241				
W05241	FLAGSHIP DENTAL PLANS	DENTAL PREMIUMS RUTHERFORD-150428 5/1/24		1,074.79
				1,074.79
W05242				
W05242	AETNA	MEDICAL TPA 05/24		67,534.32
				67,534.32
W05243				
W05243	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 05/24		7,859.02
				7,859.02
W05244				
W05244	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 04/24		35,820.40
W05244	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 05/24		541.67
				36,362.07
W05245				
W05245	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 05/24		4,396.84
				4,396.84
W05246				
W05246	THE VOZZA AGENCY	BROKER FEES 05/24		7,285.05
				7,285.05
W05247				
W05247	ALLEN ASSOCIATES	BROKER FEES 05/24		9,367.71
				9,367.71
		TOTAL ACH		353,507.95
		Total Payments FY 2024		597,131.24
		TOTAL PAYMENTS ALL FUND YEARS		603,199.39

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

JUNE 2024

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

BE IT RESOLVED that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

FUND YEAR 2024

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004556			
004556	PERMA	POSTAGE 05/24	74.17
004556	PERMA	ADMIN FEES 06/24	39,290.78
			39,364.95
004557			
004557	HUNTINGTON BAILEY, LLP	ATTORNEY FEES 06/24	2,167.00
			2,167.00
004558			
004558	JOSEPH IANNACONI JR.	TREASURER FEE 06/24	1,790.00
			1,790.00
004559			
004559	LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR RETAINER 05/24	1,500.00
			1,500.00
004560			
004560	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 06/24	1,000.00
			1,000.00
004561			
004561	Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- 06/24	47,019.18
			47,019.18
004562			
004562	GJEM INSURANCE AGENCY INC	BROKER FEES 06/24	5,955.00
			5,955.00
004563			
004563	COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 06/24	3,646.50
			3,646.50
004564			
004564	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 06/24	6,673.86
			6,673.86
004565			
004565	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 06/24	126,588.80
			126,588.80
		TOTAL CHECKS	235,705.29
W06240			
W06240	AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 06/24	218,097.81
			218,097.81
W06241			
W06241	FLAGSHIP DENTAL PLANS	DENTAL PREMIUMS-RUTHERFORD ID 695 6/24	1,074.79
			1,074.79
W06242			
W06242	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 06/24	36,744.40
W06242	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 06/24	541.67
			37,286.07

W06243			
W06243	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 06/24	4,396.83
			4,396.83
W06244			
W06244	THE VOZZA AGENCY	BROKER FEES 06/24	7,275.21
			7,275.21
W06245			
W06245	ALLEN ASSOCIATES	BROKER FEES 06/24	9,506.84
			9,506.84
W06246			
W06246	AETNA	MEDICAL TPA 06/24	69,906.72
			69,906.72
W06247			
W06247	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 06/24	8,082.80
			8,082.80
		TOTAL WIRES	355,627.07
		Total Payments FY 2024	591,332.36
		TOTAL PAYMENTS ALL FUND YEARS	591,332.36

Chairperson

Attest:

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

Dated: _____

Treasurer

Bergen Municipal Employee Benefits Fund

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024											
Month Ending: April											
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Retained	Metro Interfund	TOTAL
OPEN BALANCE	7,924,941.81	209,427.83	(3,474,369.62)	0.00	0.00	(30,367.25)	64,070.43	5,439,939.56	68,261.41	(1,103,182.46)	9,098,721.71
RECEIPTS											
Assessments	4,760,734.44	203,791.66	389,113.04	0.00	0.00	149,471.18	13,087.18	294,724.76	0.00	0.00	5,810,922.26
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	4,686.87	163.34	0.00	0.00	0.00	26.46	8.67	2,580.77	25.41	0.00	7,491.52
Invest Adj	134.28	7.01	0.00	0.00	0.00	0.21	0.46	39.58	0.49	0.00	182.03
Subtotal Invest	4,821.15	170.35	0.00	0.00	0.00	26.67	9.13	2,620.35	25.90	0.00	7,673.55
Other *	34,101.26	1,469.33	601,822.99	0.00	0.00	0.00	0.00	0.00	0.00	2,500,000.00	3,137,393.58
TOTAL	4,799,656.85	205,431.34	990,936.03	0.00	0.00	149,497.85	13,096.31	297,345.11	25.90	2,500,000.00	8,955,989.39
EXPENSES											
Claims Transfers	5,037,809.21	208,018.00	646,131.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,891,958.68
Expenses	213,633.48	984.26	0.00	0.00	0.00	126,016.00	0.00	289,095.74	0.00	0.00	629,729.48
Other *	15,941.08	0.00	0.00	0.00	0.00	0.00	0.00	868.54	0.00	0.00	16,809.62
TOTAL	5,267,383.77	209,002.26	646,131.47	0.00	0.00	126,016.00	0.00	289,964.28	0.00	0.00	6,538,497.78
END BALANCE	7,457,214.89	205,856.91	(3,129,565.06)	0.00	0.00	(6,885.40)	77,166.74	5,447,320.39	68,287.31	1,396,817.54	11,516,213.32

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
Bergen Municipal Employee Benefits Fund								
ALL FUND YEARS COMBINED								
CURRENT MONTH	April							
CURRENT FUND YEAR	2024							
	Description:	CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	Investors	
	ID Number:							
	Maturity (Yrs)							
	Purchase Yield:	0.7					0.8	
	TOTAL for All							
	Accts & instruments							
Opening Cash & Investment Balance	\$9,098,721.76	1627283.58	\$ 2,892,439.67	\$ -	\$ -	\$ 4,504,418.83	\$ 74,579.68	
Opening Interest Accrual Balance	\$36,095.86	0	\$ -	\$ -	\$ -	\$ 36,095.86	\$ -	
1	Interest Accrued and/or Interest Cost	\$9,825.11	\$0.00	\$0.00	\$0.00	\$0.00	\$9,825.11	\$0.00
2	Interest Accrued - discounted Instr.s	\$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
4	Accretion	\$182.02	\$0.00	\$182.02	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$12,865.23	\$760.92	\$5,619.35	\$0.00	\$0.00	\$6,484.96	\$0.00
6	Interest Paid - Term Instr.s	\$21,875.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,875.00	\$0.00
7	Realized Gain (Loss)	-\$27,248.71	\$0.00	-\$26,922.04	\$0.00	\$0.00	-\$326.67	\$0.00
8	Net Investment Income	-\$4,376.35	\$760.92	-\$21,120.67	\$0.00	\$0.00	\$15,983.40	\$0.00
9	Deposits - Purchases	\$10,007,938.70	\$10,007,938.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$7,598,120.65	-\$6,522,672.43	-\$311.08	\$0.00	\$0.00	-\$1,000,557.46	-\$74,579.68
			ok	ok	ok	ok	ok	ok
	Ending Cash & Investment Balance	\$11,516,213.35	\$5,113,310.77	\$2,871,007.92	\$0.00	\$0.00	\$3,531,894.66	\$0.00
	Ending Interest Accrual Balance	\$24,045.97	\$0.00	\$0.00	\$0.00	\$0.00	\$24,045.97	\$0.00
	Plus Outstanding Checks	\$0.00	\$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
	Balance per Bank	\$11,516,213.35	\$5,113,310.77	\$2,871,007.92	\$0.00	\$0.00	\$3,531,894.66	\$0.00

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

Bergen Municipal Employee Benefits Fund

Month		March								
Current Fund Year		2024								
Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.	
		Calc. Net Paid Thru Last Month	Monthly Net Paid March	Monthly Recoveries March	Calc. Net Paid Thru March	TPA Net Paid Thru March	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month	
2024	Medical	2,982,266.71	2,578,309.11	0.00	5,560,575.82	0.00	5,560,575.82	2,982,266.71	2,578,309.11	
	Dental	285,584.43	148,704.53	0.00	434,288.96	0.00	434,288.96	285,584.43	148,704.53	
	Rx	1,132,897.71	651,550.17	0.00	1,784,447.88	0.00	1,784,447.88	1,132,897.71	651,550.17	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	4,400,748.85	3,378,563.81	0.00	7,779,312.66	0.00	7,779,312.66	4,400,748.85	3,378,563.81	
2023	Medical	37,020,812.41	513,435.26	0.00	37,534,247.67	0.00	37,534,247.67	37,020,812.41	513,435.26	
	Dental	1,959,769.54	5,733.10	0.00	1,965,502.64	0.00	1,965,502.64	1,959,769.54	5,733.10	
	Rx	7,147,359.23	0.00	0.00	7,147,359.23	0.00	7,147,359.23	7,147,359.23	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	46,127,941.18	519,168.36	0.00	46,647,109.54	0.00	46,647,109.54	46,127,941.18	519,168.36	
2022	Medical	3,889,909.74	82,193.28	0.00	3,972,103.02	0.00	3,972,103.02	3,889,909.74	82,193.28	
	Dental	99,631.56	0.00	0.00	99,631.56	0.00	99,631.56	99,631.56	0.00	
	Rx	166,527.52	0.00	0.00	166,527.52	0.00	166,527.52	166,527.52	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	4,156,068.82	82,193.28	0.00	4,238,262.10	0.00	4,238,262.10	4,156,068.82	82,193.28	
Closed Year	Medical	467,205.81	(833.87)	0.00	466,371.94	0.00	466,371.94	467,205.81	(833.87)	
	Dental	1,393.21	0.00	0.00	1,393.21	0.00	1,393.21	1,393.21	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	468,599.02	(833.87)	0.00	467,765.15	0.00	467,765.15	468,599.02	(833.87)	
Metro 2023	Medical	37,484,253.98	1,162,078.85	0.00	38,646,332.83	0.00	38,646,332.83	37,484,253.98	1,162,078.85	
	Dental	501,351.78	2,608.60	0.00	503,960.38	0.00	503,960.38	501,351.78	2,608.60	
	Rx	431,827.07	0.00	0.00	431,827.07	0.00	431,827.07	431,827.07	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	38,417,432.83	1,164,687.45	0.00	39,582,120.28	0.00	39,582,120.28	38,417,432.83	1,164,687.45	
Metro 2022	Medical	(462,240.13)	27,197.39	0.00	(435,042.74)	0.00	(435,042.74)	(462,240.13)	27,197.39	
	Dental	2,727.45	0.00	0.00	2,727.45	0.00	2,727.45	2,727.45	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	(459,512.68)	27,197.39	0.00	(432,315.29)	0.00	(432,315.29)	(459,512.68)	27,197.39	
Metro Clos	Medical	(40,548.23)	8,380.22	0.00	(32,168.01)	0.00	(32,168.01)	(40,548.23)	8,380.22	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	(40,548.23)	8,380.22	0.00	(32,168.01)	0.00	(32,168.01)	(40,548.23)	8,380.22	
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL		93,070,729.79	5,179,356.64	0.00	98,250,086.43	0.00	98,250,086.43	93,070,729.79	5,179,356.64	

BMED Treasurer's Delinquency Report

* as of June 11, 2024	Jan	Feb	March	April	May	June	*June bills sent 5/13/2024 BALANCE DUE 2024 assessments
Alpine							-
Carlstadt	(17,016.00)						(17,016.00)
Carlstadt Board of Education							-
East Rutherford							-
East Rutherford Board of Education						13,959.00	13,959.00
Edgewater						324,033.00	324,033.00
Emerson							-
Fairfield							-
Fairfield BOE						194,467.00	194,467.00
Fanwood							-
Franklin Lakes							-
Ft. Lee						-	-
Garfield City							-
Garwood						97,242.27	97,242.27
Hillsdale				-		4,139.00	4,139.00
Lodi							-
Maywood Borough					5,950.00	6,291.00	12,241.00
Midland Park							-
Mine Hill					931.00	931.00	1,862.00
Montvale						72,241.00	72,241.00
Moonachie				-		146,362.00	146,362.00
North Arlington			(7,043.44)			6,698.00	(345.44)
Oakland							-
Park Ridge						193,491.00	193,491.00
Ridgefield Park						240,690.00	240,690.00
Rochelle Park						6,185.00	6,185.00
Rutherford						299,287.00	299,287.00
Saddle River						91,544.00	91,544.00
South Hackensack				95,769.00	98,002.00	78,311.00	272,082.00
Verona						246,615.75	246,615.75
Wallington							-
Wanaque Valley Regional S.A.					93.00		93.00
Westwood							-
Woodcliff Lake							-
Wood-Ridge							-



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

JUNE 18, 2024



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS PAID 2023			MEDICAL CLAIMS PAID 2024		
	# OF EES	PER EE	# OF EES	PER EE		
JANUARY	\$ 2,471,010	1,287	\$ 1,920	\$ 3,482,808	1,435	\$ 2,427
FEBRUARY	\$ 1,815,151	1,338	\$ 1,357	\$ 2,807,632	1,438	\$ 1,952
MARCH	\$ 2,146,796	1,317	\$ 1,630	\$ 3,552,020	1,738	\$ 2,044
APRIL	\$ 1,983,801	1,313	\$ 1,511	\$ 4,109,194	1,733	\$ 2,371
MAY	\$ 2,885,649	1,346	\$ 2,144			
JUNE	\$ 2,581,178	1,339	\$ 1,928			
JULY	\$ 2,438,426	1,398	\$ 1,744			
AUGUST	\$ 3,262,140	1,383	\$ 2,359			
SEPTEMBER	\$ 2,276,634	1,382	\$ 1,647			
OCTOBER	\$ 3,163,584	1,382	\$ 2,289			
NOVEMBER	\$ 2,649,809	1,381	\$ 1,919			
DECEMBER	\$ 3,149,926	1,389	\$ 2,268			
TOTALS	\$30,824,102					
				2024 Average	1,586	\$ 2,199
				2023 Average	1,355	\$ 1,893

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

Plan Sponsor Unique ID : All
Customer: BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
Group / Control: 00866353,00880725,S1283129

Paid Dates: 03/01/2024 - 03/31/2024
Service Dates: 01/01/2011 - 03/31/2024
Line of Business: All

Paid Amt

\$134,107.84

\$130,071.12

\$120,129.14

\$110,178.93

\$105,340.56

\$103,283.42

Total: **\$703,111.01**

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

Plan Sponsor Unique ID : All
Customer: BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
Group / Control: 00866353,00880725,SI283129

Paid Dates: 04/01/2024 - 04/30/2024
Service Dates: 01/01/2011 - 04/30/2024
Line of Business: All

	Paid Amt
	\$144,568.33
	\$140,962.26
	\$106,211.07
Total:	\$391,741.66



Bergen Municipal Employee Benefit Fund

5/1/2023 thru 4/30/24 (unless otherwise noted)

Dashboard

Medical Claims Paid:
January 2024 – April 2024
Total Medical Paid per EE: **\$2,199**

*NOTE: **Report no longer includes Metro unless otherwise noted***

Network Discounts

Inpatient: **59.7%**
Ambulatory: **67.4%**
Physician/Other: **65.2%**
TOTAL: 64.8%

Provider Network

% Admissions In-Network: **96.1%**
% Physician Office: **87.9%**

Aetna Book of Business:
Admissions 97.8%; Physician 91.4%

Top Facilities Utilized (by total Medical Spend)

- Hackensack University
- Cooperman Barnabas Medical
- Morristown Medical Center
- Valley Hospital
- Overlook Medical Center

Catastrophic Claim Impact
January 2024- April 2024
Number of Claims Over \$50,000: **41**
Claimants per 1000 members: **10.8**
Avg. Paid per Claimant: **\$118,577**
Percent of Total Paid: **38.2%**

- Aetna BOB- HCC account for an average of 45.1% of total Medical Cost

Aetna One Flex Member Outreach:
Through April 2024

Total Members Identified: **973**
Members Targeted for 1:1 Nurse Support : **277**
Members Targeted for Digital Activity: **746**
Member 1:1 outreach completed: **215**
Member 1:1 Outreach in Progress: **12**

Teladoc Activity
January 2024 – April 2024
*(*BMED/Metro)*

Total Registrations: **78**
Total Online Visits: **110**
Total Net Claims Savings: **\$53,841**
Total Visits w/ Rx: **88**

Mental Health Visits: **21**
Dermatology Visits: **8**

Service Center Performance Goal
Metrics YTD 2024

Customer Service Performance
1st Call Resolution: **94.03%**
Abandonment Rate: **0.80%**
Avg. Speed of Answer: **27.2 sec**

Claims Performance

Financial Accuracy: **98.25%***
*Q4 2023
-
90% processed w/in: **6.9 days**
95% processed w/in: **12.5 days**

Claims Performance (Monthly)
(March 2024)

90% processed w/in: **5.8 days**
95% processed w/in: **8.5 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**



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

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	2,899	2,996	2,995	2,963	2,989	3,101	3,350	3,147	3,499	3,483	3,487	3,490	3,463	3,451	3,459	3,458	3,264
Total Days	119,700	118,151	129,496	367,347	123,253	134,202	132,963	390,418	136,929	134,887	125,048	396,864	138,050	132,455	133,680	404,185	1,558,814
Total Patients	1,213	1,227	1,318	1,879	1,262	1,314	1,284	1,952	1,347	1,341	1,315	2,057	1,389	1,417	1,416	2,134	2,782
Total Plan Cost	\$564,288	\$481,739	\$600,198	\$1,646,225	\$632,375	\$629,648	\$569,637	\$1,831,659	\$760,914	\$747,948	\$702,026	\$2,210,889	\$842,205	\$659,151	\$746,328	\$2,247,683	\$7,936,456
Generic Fill Rate (GFR) - Total	83.4%	84.9%	84.3%	84.2%	86.5%	85.6%	85.8%	86.0%	86.3%	85.6%	82.3%	84.8%	80.2%	84.4%	84.1%	82.9%	84.4%
Plan Cost PMPM	\$194.65	\$160.79	\$200.40	\$185.18	\$211.57	\$203.05	\$170.04	\$194.03	\$217.47	\$214.74	\$201.33	\$211.18	\$243.20	\$191.00	\$215.76	\$216.69	\$202.61
Total Specialty Plan Cost	\$275,695	\$186,987	\$248,667	\$711,349	\$336,037	\$269,636	\$196,609	\$802,282	\$425,645	\$372,854	\$327,019	\$1,125,518	\$442,447	\$284,828	\$341,545	\$1,068,820	\$3,707,969
Specialty % of Total Specialty Plan Cost	48.9%	38.8%	41.4%	43.2%	53.1%	42.8%	34.5%	43.8%	55.9%	49.9%	46.6%	50.9%	52.5%	43.2%	45.8%	47.6%	46.7%

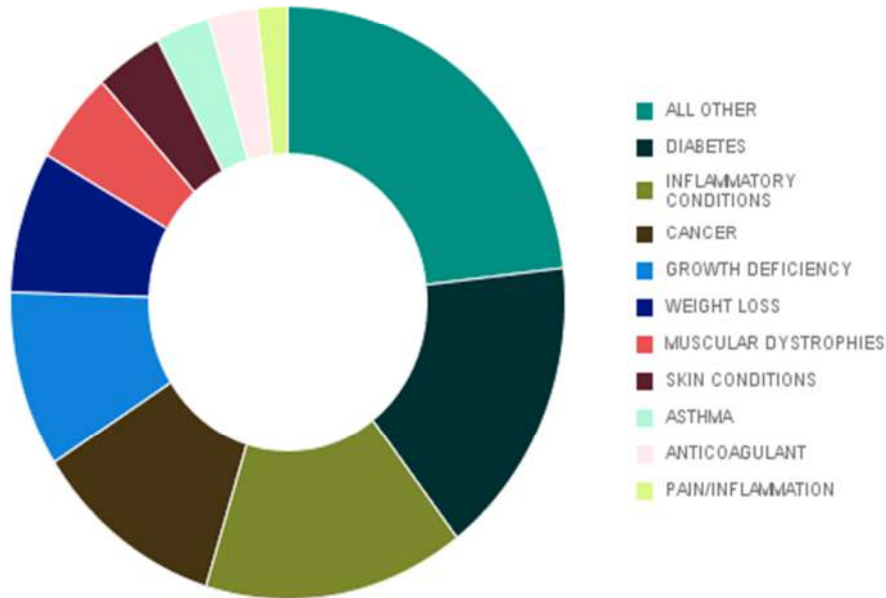
Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836	2,826	2,835	2,835												
Total Days	116,437	100,707	111,520	328,664	113,783												
Total Patients	1,201	1,157	1,172	1,803	1,158												
Total Plan Cost	\$625,290	\$656,401	\$563,316	\$1,845,007	\$779,681												
Generic Fill Rate (GFR) - Total	86.7%	85.8%	87.0%	86.5%	85.2%												
Plan Cost PMPM	\$220.02	\$231.45	\$199.33	\$216.96	\$275.02												
% Change Plan Cost PMPM	13.0%	43.9%	-0.5%	17.2%	30.0%												
Total Specialty Plan Cost	\$325,080	\$342,746	\$251,147	\$918,973	\$430,572												
Specialty % of Total Specialty Plan Cost	52.0%	52.2%	44.6%	49.8%	55.2%												

PMPM	
Q1-23	\$185.18
Q1-24	\$216.96
Q1 23-24	17.2%

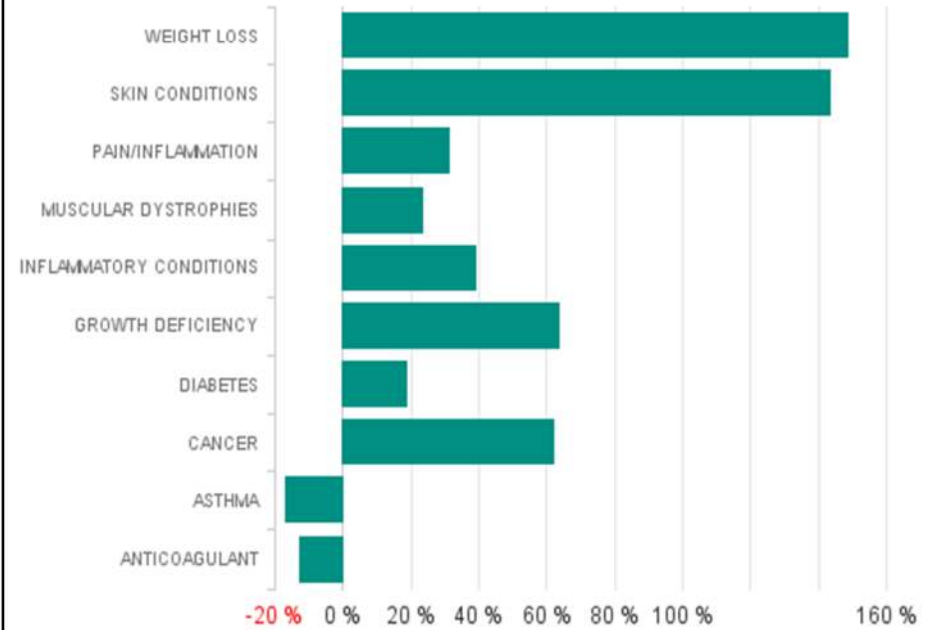
Top Indications

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 04/2024 vs. Previous Period 01/2023 - 04/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM 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	1	DIABETES	21.3 %	1,299	\$437,023	\$38.54	30.7 %	26.2 %	25.1 %	1,314	\$385,592	\$32.46	33.2 %	29.4 %	18.7 %
2	2	INFLAMMATORY CONDITIONS	20.0 %	124	\$410,463	\$36.20	42.7 %	35.7 %	20.2 %	144	\$309,668	\$26.07	56.3 %	39.9 %	38.9 %
3	3	CANCER	14.5 %	86	\$297,929	\$26.27	80.2 %	76.8 %	12.6 %	77	\$192,480	\$16.20	77.9 %	78.2 %	62.2 %
4	8	GROWTH DEFICIENCY	12.5 %	35	\$255,878	\$22.57	0.0 %	0.0 %	10.7 %	29	\$164,055	\$13.81	0.0 %	0.0 %	63.4 %
5	5	WEIGHT LOSS	10.0 %	195	\$206,509	\$18.21	2.6 %	5.7 %	5.7 %	87	\$86,995	\$7.32	11.5 %	11.3 %	148.7 %
6	10	MUSCULAR DYSTROPHIES	6.5 %	8	\$134,597	\$11.87	25.0 %	23.0 %	7.5 %	7	\$114,475	\$9.64	0.0 %	1.1 %	23.2 %
7	4	SKIN CONDITIONS	5.1 %	236	\$104,590	\$9.22	80.5 %	86.2 %	2.9 %	215	\$44,989	\$3.79	86.5 %	88.2 %	143.6 %
8	6	ASTHMA	4.1 %	588	\$83,655	\$7.38	78.4 %	88.0 %	6.9 %	723	\$105,495	\$8.88	75.7 %	79.1 %	-16.9 %
9	7	ANTICOAGULANT	3.7 %	178	\$76,016	\$6.70	15.7 %	19.4 %	5.9 %	216	\$91,074	\$7.67	14.4 %	22.2 %	-12.6 %
10	9	PAIN/INFLAMMATION	2.3 %	771	\$48,285	\$4.26	98.4 %	99.0 %	2.5 %	876	\$38,566	\$3.25	96.9 %	98.8 %	31.2 %
Total Top 10				3,520	\$2,054,946	\$181.23	55.9 %	63.3 %		3,688	\$1,533,389	\$129.08	59.7 %	65.0 %	40.4 %

Top Drugs

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 04/2024 vs. Previous Period 01/2023 - 04/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	1	OZEMPIC	DIABETES	N	176	47	\$150,396	\$13.26	115	32	\$98,360	\$8.28	60.2 %
2	243	EMFLAZA	MUSCULAR DYSTROPHIES	Y	8	1	\$134,597	\$11.87	7	1	\$114,475	\$9.64	23.2 %
3	14	WEGOVY	WEIGHT LOSS	N	108	36	\$131,518	\$11.60	59	24	\$70,410	\$5.93	95.7 %
4	104	POMALYST	CANCER	Y	5	1	\$111,793	\$9.86	4	1	\$82,312	\$6.93	42.3 %
5	6	STELARA	INFLAMMATORY CONDITIONS	Y	8	2	\$93,435	\$8.24	6	2	\$44,253	\$3.73	121.2 %
6	3	MOUNJARO	DIABETES	N	96	26	\$91,044	\$8.03	24	8	\$21,913	\$1.84	335.3 %
7	80	GENOTROPIN	GROWTH DEFICIENCY	Y	14	3	\$89,347	\$7.88	14	4	\$65,838	\$5.54	42.2 %
8	162	OMNITROPE	GROWTH DEFICIENCY	Y	12	3	\$82,679	\$7.29	2	1	\$17,019	\$1.43	408.9 %
9	18	ZEPBOUND	WEIGHT LOSS	N	77	33	\$70,541	\$6.22	NA	NA	NA	NA	NA
10	12	DUPIXENT PEN	SKIN CONDITIONS	Y	20	4	\$66,512	\$5.87	6	2	\$14,512	\$1.22	380.2 %
11	26	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	13	3	\$65,751	\$5.80	8	2	\$37,688	\$3.17	82.8 %
12	216	MEKINIST	CANCER	Y	6	1	\$64,767	\$5.71	4	1	\$39,979	\$3.37	69.7 %
13	159	NGENLA	GROWTH DEFICIENCY	Y	6	1	\$57,455	\$5.07	NA	NA	NA	NA	NA
14	16	TREMFYA	INFLAMMATORY CONDITIONS	Y	12	3	\$56,595	\$4.99	1	1	\$9,128	\$0.77	549.5 %
15	212	WELIREG	CANCER	Y	2	1	\$43,353	\$3.82	NA	NA	NA	NA	NA
16	10	JARDIANCE	DIABETES	N	79	20	\$43,165	\$3.81	57	16	\$30,457	\$2.56	48.5 %
17	28	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	9	2	\$43,003	\$3.79	5	1	\$22,753	\$1.92	98.0 %
18	22	ELIQUIS	ANTICOAGULANT	N	75	22	\$37,702	\$3.33	98	27	\$48,719	\$4.10	-18.9 %
19	42	XARELTO	ANTICOAGULANT	N	75	18	\$37,351	\$3.29	87	22	\$41,018	\$3.45	-4.6 %
20	121	NUCALA	ASTHMA	Y	7	2	\$37,300	\$3.29	8	2	\$38,627	\$3.25	1.2 %
21	61	SKYRIZI	INFLAMMATORY CONDITIONS	Y	6	1	\$35,265	\$3.11	NA	NA	NA	NA	NA
22	66	HUMIRA(CF)	INFLAMMATORY CONDITIONS	Y	6	1	\$33,999	\$3.00	6	1	\$27,999	\$2.36	27.2 %
22	4	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	6	1	\$33,999	\$3.00	9	2	\$42,828	\$3.61	-16.8 %
24	244	TAFINLAR	CANCER	Y	3	1	\$29,826	\$2.63	6	1	\$55,234	\$4.65	-43.4 %
25	17	FARXIGA	DIABETES	N	55	13	\$27,990	\$2.47	63	15	\$31,520	\$2.65	-7.0 %
Total Top 25					884		\$1,669,385	\$147.23	589		\$955,044	\$80.40	83.1 %



Paid Claims by Procedure Category

Procedure Category	2018	2019	2020
Diagnostic	23.5%	23.1%	23.9%
Preventive	22.0%	21.4%	20.7%
Restorative	12.6%	13.7%	13.4%
Crowns/Inlays	15.1%	15.3%	15.4%
Endodontic	7.1%	6.8%	8.2%
Periodontal	3.7%	3.2%	2.9%
Prosthodontics (removable)	1.0%	0.9%	0.8%
Prosthodontics (fixed)	3.2%	3.5%	3.1%
Oral Surgery	5.6%	5.5%	5.0%
Orthodontic	3.7%	3.9%	4.4%
Miscellaneous	2.5%	2.8%	2.2%

Procedure Category	2021	2022	2023
Diagnostic	24.7%	24.5%	25.6%
Preventive	21.8%	21.3%	21.4%
Restorative	13.4%	13.1%	12.4%
Crowns/Inlays	15.3%	14.8%	13.4%
Endodontic	6.6%	7.0%	7.0%
Periodontal	4.0%	3.0%	3.9%
Prosthodontics (removable)	0.6%	1.1%	1.0%
Prosthodontics (fixed)	2.7%	2.9%	3.5%
Oral Surgery	4.6%	5.9%	5.2%
Orthodontic	4.3%	3.9%	4.3%
Miscellaneous	2.1%	2.5%	2.3%

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JUNE 18, 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.

Resolutions

Subject Matter

Resolution 22-24: Fund Year 2023 Audit Approval.....Page 36
Resolution 23-24: Closure of Fund Year 2022Page 38
Resolution 24-24: Extension of Professional Service ContractsPage 39
Revised Resolution 8-24: Risk Management PlanPage 41
Resolution 25-24: May & June 2024 Bills ListsPage 51

Motion_____

Second_____

GROUP AFFIDAVIT FORM
CERTIFICATION OF FUND COMMISSIONERS
Of the
BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

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

1.) We are duly elected members Fund Commissioners of the Bergen Municipal Employee Benefits Fund.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2023.

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

GENERAL COMMENTS - RECOMMENDATIONS

- _____ (L.S.)
- _____ (L.S.)
- _____ (L.S.)
- _____ (L.S.)
- _____ (L.S.)
- _____ (L.S.)
- _____ (L.S.)
- _____ (L.S.)

Attest:

Secretary to the Fund

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

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

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CERTIFICATION OF ANNUAL AUDIT REPORT FOR
PERIOD ENDING DECEMBER 31, 2023**

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

WHEREAS, the Annual Report of Audit for the year 2023 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

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

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

General Comments
and
Recommendations

and

WHEREAS, the Fund Commissioners have personally reviewed, as a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments
and
Recommendations

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED, that the Executive Committee hereby states that they have complied with the promulgation of the Local Finance Board of the State of New Jersey, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

ADOPTED: JUNE 18, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 23-24

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL TO CLOSE FUND YEAR 2022**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **June 18, 2024** for the purposes of conducting the official business of the Fund; and

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

WHEREAS, the Annual Report of Audit for the year 2022 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

WHEREAS, the Fund Treasurer confirmed that the Fund outstanding receivables and payables of Fund Year 2022 have been satisfied;

NOW THEREFORE BE IT RESOLVED the of the **Bergen Municipal Employee Benefits Fund** hereby close Fund Year 2022 into its Closed Year Accounting.

ADOPTED: June 18, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

**AUTHORIZE THE EXTENSION OF PROFESSIONAL SERVICES RESOLUTIONS #18-21, #23-22
AND #47-23**

WHEREAS, the Bergen Municipal Employee Benefits Fund (Fund) awarded the following professional services through RFP procurement and Resolution #18-21 on January 23, 2021, Resolution #23-22 on August 30, 2022, Resolution #47-23 on November 28, 2023:

1. Civitas, LLC is willing and able to provide Wellness Coordinator Services
2. Actuarial Solutions is willing and able to provide Actuary Services
3. Huntington & Bailey is willing and able to provide Legal Services
4. Lerch, Vinci & Bliss LLC is willing and able to provide Auditing services
5. Joseph Iannaconi is willing and able to provide Treasurer services
6. LaMendola Associates is willing and able to provide Board Advisory Services

WHEREAS it is the desire of the Fund to extend the insurance support services for the above mentioned professionals for an additional year consistent with N.J.S.A. 40A:11-15(6) through the rest of the year and effective January 1, 2025.

WHEREAS, the following services will be provided for Fund Year 2025, as per the RFP response received when requested:

1. Civitas, LLC is willing and able to provide Wellness Coordinator Services for a 9 month term at \$1,000 per month through December 31, 2024;

WHEREAS, the following services will be provided for Fund Year 2025, as per the RFP response received when requested:

1. Actuarial Solutions is willing and able to provide Actuary Services for a term of one year at the annual rate of \$19,300 for 2025; and
2. Huntington & Bailey is willing and able to provide Legal Services for a term of one year at the annual rate of \$26,500 for 2025; and
3. Lerch, Vinci & Bliss LLC is willing and able to provide Auditing services for a term of one year at the annual rate of \$19,200 for 2025; and

4. Joseph Iannaconi is willing and able to provide Treasurer services for a term of one year at the annual rate of \$21,067 for 2025; and
5. LaMendola Associates is willing and able to provide Board Advisory services for a term of one year at the annual rate of \$19,100 for 2025; and

BE IT RESOLVED by the Bergen Municipal Employee Benefits Fund that, contingent upon the funding as described herein, the proper Fund officials be and are hereby authorized to execute all documents necessary to affect an agreement with the above-mentioned professionals.

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

ADOPTED: June 18, 2024

BY: _____
CHAIRPERSON

ATTEST:

BY: _____
SECRETARY

BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND

RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2024

Adopted: JANUARY 23, 2024

Revised: JUNE 18, 2024

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND
2024 RISK MANAGEMENT PLAN**

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

1.) COVERAGE OFFERED

- Medical

The Fund offers a “point of services” and “open access” plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offered “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-consumer directed health plan, a core PPO program, a buy up PPO program, an HMO plan and the plans for those covered under Chapter 44. The Fund also offers Medicare Advantage plans for Medicare eligible retirees.

- 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 plan options. The Fund also offers “Employer Group Waiver Plans” for Medicare eligible retirees.

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member plan design.

3.) RISK RETAINED BY THE FUND

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$400,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).

- Specific Limit Unlimited

- Basis: Incurred 12 months, paid 24 months.

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 conclusion. 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 the adjusted at the end of each quarter in accordance with the actuary’s projections.

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. 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 and rate certification process. These rates are used to compute the members’ monthly assessment based on the updated census, and 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 participants (COBRA, Conversion and some retirees) and, in some cases, Dependents under age 31, are billed directly by the Fund.

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 covered person per policy year) 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.

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the Fund, the 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 the Fund's base rates. 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 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 remaining lines of coverage may be adjusted and the entity shall not be eligible for membership in the dropped line of coverage for a three year period.

Loss experience used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. For entities with loss ratios of 100% or greater, rate adjustments of up to +2.5% may be considered. For entities with loss ratios below 100%, rate reductions of up to -2.5%. Additional adjustments can be considered for plans lacking standard utilization management features.

"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 can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs.

8.) RATING PERIODS

All rating periods for municipal members coincide with the Fund year while rating periods for school members can coincide with their fiscal year (July 1 to June 30).

9.) 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.

10.) PROVISION FOR PPOs, etc.

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.

11.) OPEN ENROLLMENT PROCEDURES

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 that may take place.

12.) 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.

13.) DISCLOSURE OF BENEFIT LIMITS

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

14.) 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.

15.) RETIREES

The Fund duplicates coverage for eligible retirees. 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.

16.) 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 sixty (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). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

17.) PLAN DOCUMENT

The Fund prepares a detailed plan document 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 can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

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

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately every 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.

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.

19.) "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.

20.) CLAIMS AND OPERATIONS AUDITS

The Fund retains a claim auditory experienced in auditing self-insured claims and operations. Annual claims and/or operational audits will be performed annually specific to the needs of the Fund and other variables impacting the health insurance market.

21.) CLAIM APPEALS

Claim appeals shall be processed in accordance with the Fund by-laws. In addition, there is hereby established a Small Claims Committee that shall handle claims where the dollar amount is not greater than \$1,000.00 or likely not to exceed a total of \$2,500 in one rolling 12 month cycle, where the treatment or therapy in question is of a continuing nature. This responsibility will extend to out of network payments, within the above thresholds, that may be above standard schedules that may be justified or appealed due to continuity of care considerations.

The Small Claims Committee shall consist of the following persons:

- A. Representative from the T.P.A.
- B. Three fund commissioners as designated by the Fund chairman.

The Small Claims Committee shall report on all claims approved, in accordance with a reporting form approved by Resolution of the Executive Committee, at the first meeting following any such determination unless made within ten (10) days of a scheduled meeting in which case it will be the subsequent meeting. No person whose claim has been reviewed by the Small Claims Committee will be deprived of their opportunity to have their claim appeal adjudicated by the entire Executive Committee if they choose to do so.

All Small Claims Committee decisions to pay claims shall be unanimous (except in the case of unavailability of a member of the Committee) in which case it will be required that the remaining members be unanimous and that no less than 3 people on the Committee have reviewed the claim.

Claims appealed beyond the executive committee shall be processed by Independent Appeal organizations designated by the Fund.

22.) 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.

23.) 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.

24.) **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.

25.) **MEMBER MONTHLY BILLING POLICY**

To assure timely billing and preservation of cashflow the Fund has developed the following timeline and protocols as it relates to monthly invoices.

30th of the month - PERMA's Operations team will run and review all pre-bill audits.

1st of the month - PERMA's Operations team will generate all invoices and associated billing reports.

Please note, all changes must be entered in the system by the last day of the month to reflect on the bill.

2nd of the month - PERMA's Operations team will review all invoices by the enrollment team and any corrections made by 6th of the month.

6th of the month - PERMA Operations team will notify PERMA's accounting team to review and audit the invoices.

9th of the month - PERMA's accounting will provide approval of the invoices so they can be distributed.

10th of the month - PERMA's enrollment team will send out the bills electronically.

Bills are due 45 days of receipt. Payments not received within 45 days are subject to a 10% interest penalty. If any of the dates outlined above fall on a weekend or holiday, the due date will be the next business day.

If there is a delay on one client's bill, this will not hold up the distribution of any other of the Fund's bills.

All clients should review their bills immediately and report any discrepancies so they can be addressed before the next invoice is generated.

The Fund's policy is to pay as billed and necessary adjustments will be reflected on a future invoice.

The client will receive a delinquent notice via email if payment is not made within a reasonable amount of time.

ADOPTED: JUNE 18, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 25-24

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE MAY AND JUNE 2024 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **June 18, 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 May and June 2024 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 **Bergen Municipal Employee Benefits Fund** hereby approve the Bills List for May and June 2024 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.

ADOPTED: June 18, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: APRIL 23, 2024

FRANKLIN LAKES BOROUGH

12:00 P.M.

Meeting called to order by Chairman Hart. The Open Public Meeting Notice was read into the record.

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

Gregory Hart	Chair	Present
Richard Kunze	Secretary	Present
Gregory Franz	Executive Committee	Present
Donna Gambutti	Executive Committee	Present
Bob Kakoleski	Executive Committee	Present
Anthony Ciannamea	Executive Committee	Present
Erin Delaney	Executive Committee Alternate	Absent
James Gasparini	Executive Committee Alternate	Absent
Thomas Padilla	Executive Committee Alternate	Present
Joseph Voytus	Executive Committee Alternate	Present

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Emily Koval
Attorney	Huntington Bailey, LLP	Bill Bailey
Treasurer	Joseph Iannaconi	Present
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Kim White
Auditor	Lerch, Vinci & Higgins	Absent
Actuary	John Vataha	Absent
Independent Consultant	LaMendola Associates	Absent
Benefits Consultant	Conner Strong	Peter Mina
RX Administrator	Express Scripts	Absent
Wellness Coordinator	Civitas	Absent

OTHERS PRESENT:

Frank Covelli, World Insurance
Nicholas Prochilo, Garfield
Lisa Sabato, World
Renee Gear, World
Durene Auger, Westwood

Britanny, Vozza Agency
Kathleen Marano, Fairfield
Maureen Fennell, Acrisure
Cindy Kirpatrick, Saddle River

APPROVAL OF MINUTES: April 23, 2024

MOTION: Commissioner Kunze
SECOND: Commissioner Kakoleski
ROLL CALL VOTE: All in Favor

CORRESPONDENCE - None

COMMITTEE REPORTS:

Strategic Planning – Commissioner Kunze said that the Board Advisor could not be in attendance today. He said the Committee met after the last meeting and discussed next steps for the SWOT analysis, of which minutes were in the agenda. He said we will have a following up in May with the Board Advisor.

Administration and Finance Committee – Commissioner Kunze said the name of the Committee is now the Administration and Finance Committee. All Committees may be changing structure. He said there are contract RFPs for 2025 to approve today. Professionals are going to be extended but the Administrator and Benefits Consultant will be going out to RFP.

Chair Hart said that the committees may be changing. He said he would like to invite new members and ensure that Commissioners are Chair to only one Committee. He said he would like to set this up more like a Mayor and Council design.

Wellness Committee – Mr. Kakoleski stated that the Committee is in the same position as last month waiting for a successor to Marianne. The Committee met yesterday to how to move forward. There were no responses to the RFP that fit what the Fund is specifically needing. The position is more administrative than wellness driven. Commissioner Kakoleski suggested a retiree from a municipality. The price point is also difficult. The Program will continue to send the email newsletters from PERMA. Publicly thanked Marianne for her work, thoroughness and encouragement. The success of the program is due to her.

Chair Hart said the Committee should step back and look at the program as a whole. Not a lot of success stories and its not form a lack of trying or the leadership we have. Commissioner Kakoleski said this is not just BMED, as many HIFs have the same issue.

Chair Hart thanked Marianne for her first rate service. He reviewed the history of how she came to be. She is a trailblazer in municipal and HIF wellness programs. Personally, it has been transformational for Franklin Lakes. Thanks for the inspiration. It was perfect timing for her to take this on. On behalf of Franklin lakes and the BMED executive board, she hopes she will have a great retirement and health and happiness.

Small Claims Committee – No Report

Nominations Committee – No Report.

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT - Executive Director reviewed the Financial fast track through January which showed a positive month ending with a surplus for 2024 of over \$336k. February financials are delayed due to the split of Metro and BMED.

The audit is started for June and will need a finance and administration meeting to review. We will have February's financials at that time.

FINANCIAL DISCLOSURES - All Fund Commissioners should have received their financial disclosure statements the first week of April. As a reminder, the role of Fund Commissioner is a separate filing from that of your municipality obligation. A report of filings through 4/15/204 is included in the agenda.

Disclosures are due April 30, unless otherwise advised.

COMPETITIVE CONTRACTING - CONSULTANTS AND PROFESSIONALS - Last year, the Executive Committee approved the Fund QPA to issue competitive contracting RFPs for expiring contracts. The following contracts expire at the end of the year, but some have optional extensions.

Contract	Professional	Current Contract Term	Last RFP
Administration	PERMA	1/1/2022-12/31/2024	July-21
Attorney	Huntington Bailey	1/1/2024-12/31/2024 *	July-22
Treasurer	Joseph Iannaconi	1/1/2024-12/31/2024 *	July-22
Auditor	Lerch Vinci Higgins	1/1/2024-12/31/2024 *	July-22
Benefits Consultant	Conner Strong & Buckelew	1/1/2022-12/31/2024	July-21
Actuary	Actuarial Solutions	1/1/2024-12/31/2024 *	July-22

Administration and Benefits Consultant are on their final year and must RFP. Executive Director said that Resolution 19-24 is included in consent approving the release of the RFP through Competitive Contracting.

The Professionals - Attorney, Treasurer, Auditor and Actuary have one additional extension through 12/31/2025. The Administration Committee is recommending the Fund extend their contracts. An extension resolution will be included at the same time as the RFP results.

WEX (BENEFITS EXPRESS) BENEFITS ADMINISTRATION - MANDATORY USE - Beginning in 2011 on behalf of the Local Funds the Executive Director of the MRHIF entered into a subcontract agreement with WEX (formerly Benefits Express) to provide Benefits Administration services. These services included: enrollment, billing, COBRA, and other administrative services.

The intent of the transition was to support the rapid growth of the Funds by introducing automation into an analog and manual process. It was approved by vote that Fund entities would take over the function of entering employee, retiree and dependent enrollments utilizing the Web based WEX system. This transition of duties was agreed to be mandatory for all Fund participants.

We do not have 100% compliance in this requirement by our HIF members. As a reminder, eligibility, and enrollment the requirement of the entities, though PERMA has in place support to assist

members in troubleshooting the system, the team is multifaceted with other roles and responsibilities dedicated to servicing our members. To assure our resources are properly aligned with their intended scope of services, the mandatory requirement will be reinforced.

Beginning on June 1, 2024, the enrollment/billing team members have been instructed that they are no longer able to process enrollments on behalf of entities.

As a reminder regular live video system training is available every 3rd Wednesday of the month at 10:00.

BILLING ISSUES AND CONCERNS - Executive Director said at the last meeting there was discussion about billing issues. Since then, there was a meeting with a few members that in particular had issues. The Fund Enrollment manager was in attendance to discuss changes since then. She said that she has set up internal communication so PERNA can jump on issues much quicker than prior. Also, a meeting between Wex and PERMA at a high level occurred since then. Wex is aware that they are towards the end of a contract and working on the service issues.

Ms. Koval also suggested an excel form of the bill which will be sent around and if good, will be sent to all members requesting.

Chair Hart said that could be useful and with the training and could pull the report at the Town level.

Executive Director said that the enrollment system is mandatory. The team at PERMA is there for troubleshooting but the system is mandatory and will be as of June 1.

In response to Commissioner Gambutti, Executive Director said that the monthly town bill is frozen at a certain date because a single census needs to be used for accounting. If there is a change in enrollment between the 2nd of that month and the next month, the adjustment will be made in the next month, retroactively depending on the 15th of the month rule. The bill should be paid on that because the Fund is self insured and member assessments are needed to pay all member claims. If there are issues that do not resolve in 30 days, please reach out to the enrollment team and if the group can make a payment of any amount and reconcile the next month. Commissioner Gambutti said that the 10% penalty is unfair if there are issues not resolving in many months and will not be voting for the billing policy in the Risk Management Plan.

Chair Hart said the 10% surcharge is for groups that have inherit delinquencies and are not actively working on incorrections. If a group is attempting to correct and pay their bills, they will unlikely receive a charge. He said the excel report may be very helpful. if they want to have the report they can have access. Chair Hart said we will review and make sure its something that is helpful and get to all if they want it Exeucitve Director said that there are no adjustments on that sheet, but it will help with the census confirmation.

In reviewing the Risk management Plan, Commissioner Kunze said the due dates of the bill and the grace periods were missing. Executive Director suggested tabling the resolution until finalized next meeting.

- 1) At multiple meetings, the Committee has reviewed a Billing Policy and Procedure. The policy has been inserted into the Risk Management Plan for formal re-adoption and included in consent.
- 2) As a follow up to some of the comments made at the February meeting, the Chair organized a virtual meeting with the BMED billing/enrollment professionals and some of the more impacted entities. A verbal report will be provided at the meeting summarizing the discussion and action items.
-
- 3) Direct Member Billing - We are aware that some of our entities, their risk managers and the Program Manager's Office have been contacted by direct bill enrollees regarding delays and incorrect 2024 rates they're being billed. 2024 coupon payment information were sent the first week of March.
-
- On behalf of our office and WEX (HIF Benefits Administrator), we apologize for any concerns or challenges this may have created for you and your members. Most importantly, please be assured that no member coverage was impacted by these delays/errors.

PERMA is working with WEX to take the following corrective steps to improve this experience going forward:

- 1) Senior leadership meeting with PERMA and WEX.
 - a. Customer Service
 - b. Resources
 - c. Project plan tool
 - d. Suppressing automated communications
- 2) Evaluation of current process for improvement.
- 3) Creation of additional tools to streamline process and eliminate manual intervention.
- 4) Proactive HIF outreach to membership in Executive Committee meetings and direct to membership.
- 5) Suppressed Communication

HIF COOPERATIVE PURCHASING SYSTEM - Executive Director said all MRHIF Funds have passed resolutions and setup/joiner agreements to develop the HIF Cooperative Purchasing System. The MRHIF Attorney has filed the application, which is in review by the State. The MRHIF QPA has developed draft RFPs for Medical TPA and Medicare Advantage with Prescription coverage, which will be ready for OSC review.

SUB COMMITTEES - At the last Strategic Planning Meeting, there was much discussion about the current sub committee structure and redesign. Page 10 includes the listing of Committees, description and openings available.

Chair Hart will be reaching out for volunteers.

2024 MEL, MR HIF & NJCE JIF Educational Seminar:The 14th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 19th and Friday April 26th from 9AM to 12PM.

The seminar qualifies for Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees, insurance producers, as well as personnel who work for services companies associated with the Municipal Excess Liability Joint Insurance Fund (MEL JIF), Municipal Reinsurance Health Insurance Fund (MR HIF) and New Jersey Counties Excess Joint Insurance Fund (NJCE JIF). We are in the process of preparing to distribute this notice to all members and risk managers.

Enclosed in the Appendix is the latest in a series of Power of Collaboration advertisement to be published in the League of Municipalities magazine which highlights the educational seminar.

PROGRAM MANAGER REPORT: Mr. Mina reviewed the following report items covered in the agenda.

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email BMEDenrollments@permainc.com or fax to 856-685-2248.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@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.

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE: None

OPERATIONAL UPDATES: None

2024 LEGISLATIVE REVIEW:

FREE COVID-19 At-Home Test - Effective March 8, 2024, the free COVID test program has been suspended. All orders placed on or before March 8th were shipped and delivered.

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act- Continued Delays

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

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

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

providers to assure the Gateway-BMED HIF remains compliant.

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

2023 Specialized Audits - As approved through an RFP through the Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for BMED Fund. AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the BMED to determine compliance with the MHPAEA. Aim will review BMED claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act. **BMED audit began April 22, 2024. See Appendix.**

Aim will review Gene Therapy cost for the BMED Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

Appeals

Carrier Appeals: None

IRO Submissions: None

BMED Small Claims Committee Appeals: None

FUND ATTORNEY - Fund Attorney stated that the Fund has been sued by Trinity Pain Management for out of network dispute in payment. He said there are multiple Funds being sued for similar claims and is coordinating with Aetna to find some relief in defending it.

TREASURER - Report included in the agenda.

BOARD ADVISOR- No report

AETNA - Jason Silverstien reviewed the claims through February. He said the NY Presbyterian contract has been resolved with no disruption. He said Hackensack Meridian is far from being finalized. He said they are asking for double digit increases but optimistic that it will be resolved by July 1. He said Valley is up on August 15 but feel it is low risk.

EXPRESS SCRIPTS - Report included in the agenda.

DELTA DENTAL - Ms. White reviewed the report distributed to the members. She reviewed the network utilization and out of network utilization.

CONSENT AGENDA:

MOTION TO APPROVE CONSENT AGENDA, WITH TABLING REVISED RESOLUTION 8-24, INCLUDING THE FOLLOWING RESOLUTIONS:

Resolution 20-24: Releasing Competitive Contract RFPs

Resolution 21-24: March & April 2024 Bills Lists

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Ciannanea
VOTE:	8 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: Happy Birthday Commissioner Kunze!

MOTION TO ENTER PUBLIC COMMENT:

Mr. Covelli thanked the participation on yesterday's call regarding the billing and enrollment. PERMA has a good team and are productive.

MOTION TO ADJORN:

MOTION:	Commissioner Padilla
SECOND:	Commissioner Kakoleski
VOTE:	Unanimous

MEETING ADJOURNED: 12:57 pm

NEXT MEETING: JUNE 18, 2024

Emily Koval, Associate Executive Director

APPENDIX II

Strategic Planning Committee

Meeting Minutes
Friday, 5/25/2024
11:30 AM
Zoom

Attendees:

Rich Kunze, Committee Chair
Greg Franz, Committee Member
Greg Hart, Committee Member
Crystal Bailey, Program Manager
Clark LaMendola, Board Advisor
Brandon Lodics, Executive Director

Mr. Lodics opened the meeting by advising that as of that morning there were no updates to the Aetna/Hackensack Meridian contract negotiations and H/M was still slated to terminate 6/30/2024. Mr. Lodics advised that everyone was aware of the importance of the Hospital/Provider network in the BMED/Gateway footprint. Consistently the Fund's highest paid provider year over year.

The SPC agreed that an RFP for an additional TPA may be necessary but wanted to allow Aetna enough time to continue their effort with H/M and not interfere. Mr. Lodics advised that the QPA had the RFP drafted and would be ready to release when the Fund provided approval, likely mid-June. Also, with the HIF Cooperative RFP in the process of going out this was not an ideal time for the BMED to start a new, short contract.

Mr. LaMendola shared his concerns with the H/M new management style. He shared a story of a positive experience he had at Riverside Hospital.

Mr. Franz confirmed Mr. Lamendola's feelings about Riverside and noted that his employees were starting to get the Aetna letters advising about H/M becoming out of network.

Mr. Lodics advised that the Fund could opt to keep members whole for a short period of time for active treatment while other TPAs were explored if necessary.

All agreed that Aetna was acting in the BMED's best interest by negotiating on their behalf and not accepting H/M's initial double-digit increase.

The SPC Commissioners requested a note from the Executive Director's office to all Medical Commissioners advising that the leadership of the Fund was aware and working on contingency plans to minimize the disruption to the best of their capabilities. Mr. Lodics agreed to provide and would send a draft for approval by end of day. The final note is provided below.



To: BMED/Gateway Medical Groups

From: Office of the Executive Director

Date: May 28, 2024

Re: Hackensack Meridian – Aetna Contract Negotiations

Dear Fund Commissioners,

You have likely heard that Aetna, The BMED/Gateway's Third-Party Administrator, and Hackensack/Meridian are in active negotiations for their contract set to expire on June 30, 2024. Negotiations are active and are underway.

State legislation requires that notifications (emails/letters) be sent to Aetna enrollees that utilized Hackensack/Meridian Hospitals or physicians in the last 12-months. Your employees and/or their family members may have received or will be in receipt shortly.

We are writing you this note to make you aware that the BMED Leadership is aware of the importance of Hackensack/Meridian to our membership. Though, we are optimistic that Aetna and Hackensack/Meridian will resolve the contract prior to termination, we are working on a strategy to maintain affordable access for our membership.

Should you have any questions, please reach out to your benefits risk manager.