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**AGENDA & REPORTS**

**May 24, 2023**

**12:00 PM**

**Olde Mill Inn and Grain House**

**SCHOOLS HEALTH INSURANCE FUND**  
**MEETING: May 24, 2023**  
**Olde Mill Inn and Grain House**  
**12:00 PM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ BY CHAIRMAN**

**Call to order**

As Chairman of the Schools Health Insurance Fund, I hereby certify that all provisions of the "Open Public Meeting Law", P.L. 1975, Chapter 231 have been met. Notice of this meeting was given to The Star Ledger, Courier Post and the Times of Trenton as well as the Administrators of each member School Board. A posting of this meeting notice has been placed on the public bulletin Board of all member school boards

**FLAG SALUTE**

**ROLL CALL OF 2022-2023 BOARD OF TRUSTEES**

Officers

Joseph Collins, Delsea Regional BOE-Chairman  
Beth Ann Coleman, Collingswood BOE

Board of Trustees

Lisa Giovanelli, Rancocas Valley BOE  
Christopher Lessard, Frankford Twp BOE  
Evon DiGangi, Mt. Holly BOE  
Nicholas Bice, Burlington Twp BOE  
Jason Schimpf, Kingsway Regional School District  
James Sekelsky, Newton BOE  
Helen Haley, Voorhees Township BOE  
John Bilodeau, Gloucester Twp BOE  
Fran Adler, Clayton BOE  
Katie Blew, North Hunterdon-Voorhees Regional HS

**OPEN MINUTES: March 22, 2023 (Appendix I)**

**PUBLIC COMMENT: For Agenda Items Only**

**MOTION:** *Motion to open the meeting to the public for agenda items only*

**EXECUTIVE DIRECTOR (PERMA)**

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**PROGRAM MANAGER- (Conner Strong & Buckelew)**

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## **GUARDIAN NURSES -**

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## **TREASURER – (Verrill & Verrill)**

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Monthly Report (March 2023)

## **ATTORNEY – (J. Kenneth Harris.)**

Monthly Report

## **NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)**

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## **NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth – Kristina Strain)**

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## **NETWORK & THIRD PARTY ADMINISTRATOR – (Horizon)**

Monthly Report

## **PRESCRIPTION ADMINISTRATOR – (Express Scripts – Charles Yuk)**

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## **DENTAL ADMINISTRATOR – (Delta Dental – Brian Remlinger)**

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## **CONSENT AGENDA .....Page 56**

Revised Resolution 23-22: Designating Authorized Signatories..... Page 57

Resolution 12-23: Professional Services Contract Award .....Page 58

Resolution 13-23: EUS Contract Award .....Page 60

Resolution 14-23: Appointing Agent for Process of Service.....Page 61

Resolution 15-23: Appointing Fund Newspapers.....Page 62

Resolution 16-23: 2023-2024 Meeting Dates .....Page 63

Resolution 17-23: Cash Management Plan .....Page 64

Resolution 18-23: Risk Management Plan .....Page 68

Resolution 19-23: Compensating Producers .....Page 79

Resolution 20-23: Authorizing Treasurer for Contracted Payments .....Page 91

Resolution 21-23: New Member Approval.....Page 92

Resolution 22-23: Rejecting RFP Results .....Page 93

Resolution 23-23: Approving Wellness Vendor Contracts .....Page 94

Resolution 24-23: April and May 2023 Bills List.....Page 96

## **OLD BUSINESS**

## **NEW BUSINESS**

**PUBLIC COMMENT**

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

**MEETING ADJOURNED**

**SCHOOLS HEALTH INSURANCE FUND  
EXECUTIVE DIRECTOR'S REPORT  
MAY 24, 2023**

**FINANCE & CONTRACTS COMMITTEE**

**PRO FORMA REPORTS**

**Fast Track Financial Reports:**

- February 28, 2023 and March 31, 2023 (page)

**REVISED RESOLUTION 23-22**

Michael Colling has since left the Fund. Due to convenience of location, the Fund Treasurer has recommended Commissioner Haley to fill the spot on the signatory resolution, which she has accepted. Revised resolution 23-22 is included in consent replacing Commissioner Colling with Haley.

**ORGANIZATIONAL RESOLUTIONS**

As done in the past, the reorganization resolutions can be adopted at this meeting, establishing fundamental policies and procedures to be made effective July 1, 2023.

Ballots for the 2023-2024 Board of Trustees will be sent prior to the meeting and the election will occur at the July meeting.

Resolution 12-23 awards and sets forth fees for professional services approved by the Contracts Committee last month after the competitive contracting RFP evaluations.

Resolution 16-23 sets the meeting dates, but omits the locations. PERMA and the Board will evaluate the North Jersey meeting attendance and determine the most effective location to achieve quorum.

Resolution 19-23 sets forth broker fees for each group. These fees are included in each group's rates set by the budget adoption.

Resolution 18-23 the Risk Management Plan has been updated with the new specific excess limit. In addition, the renewal rate calculation section includes clarification on Loss Ratio adjustments.

We will review each resolution and approve in consent, if acceptable.

**FINANCIAL DISCLOSURE STATEMENTS**

As is done on the local level and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2023

notice with instructions has been released. The deadline to file was April 30, 2022. Commissioners that have not yet filed will receive an email notification.

Last Name	First Name	Status	Filed
Allen	Melanie	ACTIVE	No
Black	Joanne	ACTIVE	No
Brown	Nicholas	ACTIVE	No
DeMarco	Jinnee	ACTIVE	No
DiLapo	Donna	ACTIVE	No
Heiser	James	ACTIVE	No
Hurley	Joseph	ACTIVE	No
Kaz	Richard	ACTIVE	No
Kicinski	Felicia	ACTIVE	No
Mantz	Timothy	ACTIVE	No
Marasco	Vincent	ACTIVE	No
Mosner	Donna	ACTIVE	No
Nettleton	Dennis	ACTIVE	No
Occhino	Vincent	ACTIVE	No
Polo	Andrew	ACTIVE	No
Reitzel	Todd	ACTIVE	No
Rohal	Michael	ACTIVE	No
Sekelsky	James	ACTIVE	No
Stewart	Constance	ACTIVE	No
Trent	Jack	ACTIVE	No
Van Tassel	Katherine	ACTIVE	No
Wells	Annette	ACTIVE	No

## OPERATIONS AND NOMINATIONS

### NEW MEMBERS

The Fund continues to see applications for membership. There are 4 groups that have confirmed membership with the Fund effective July 1. The Operations Committee has reviewed the underwriting details included in the agenda for the following groups. The Fund's growth capacity report has been updated for July 1.

1. Montgomery BOE
2. Randolph BOE
3. Sterling BOE
4. Bogota BOE

Resolution 21-23 approves their membership effective July 1, 2023.

## CLAIMS & WELLNESS

### WELLNESS

**1. RFP Results** - The Contracts Committee and Wellness Committee have both met last week to review the response from the RFPs released in March. The results are on page 18.

Resolution 22-23 rejects the Wellness Coordinator responses for the reason of a change in scope of service/needs. The Resolution also allows for the Fund to reissue the RFP with revised scope.

Resolution 23-23 approves a contract as a wellness vendor for the following vendors. Details of their programs are included in the RFP results summary on page 21 and responses are available upon request.

1. Advanta
2. Fitness Knocking
3. Telligen
4. US Wellness
5. Valley Health
6. Color

**2. Wellness Application** - The Wellness Committee will continue to include the Build Your Own Grant Program, but only to groups that were awarded and completed this option in 2022-2023. The vendors will be the only option, at this time, for new Wellness participating groups. The Committee will re-evaluate the programs and vendors next year and possibly add more vendors and being to phase out the Build Your Own option, depending on the success.

# SCHOOLS HEALTH INSURANCE FUND

## FINANCIAL FAST TRACK REPORT

AS OF February 28, 2023

	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	39,972,777	312,005,762	1,700,454,884	2,012,460,646
2. CLAIM EXPENSES				
Paid Claims	35,600,073	268,055,433	1,399,009,644	1,667,065,077
IBNR	161,635	4,213,019	35,525,697	39,738,716
Less Specific Excess	-	(1,822,574)	(20,691,304)	(22,513,878)
Less Aggregate Excess	-	-	-	-
<b>TOTAL CLAIMS</b>	<b>35,761,708</b>	<b>270,445,878</b>	<b>1,413,844,037</b>	<b>1,684,289,915</b>
3. EXPENSES				
MA & HMO Premiums	9,262	74,604	567,257	641,861
Excess Premiums	803,437	6,239,861	46,104,714	52,344,575
Administrative	2,719,978	20,785,039	126,222,561	147,007,600
<b>TOTAL EXPENSES</b>	<b>3,532,678</b>	<b>27,099,504</b>	<b>172,894,532</b>	<b>199,994,036</b>
4. UNDERWRITING PROFIT/(LOSS) (1-2-3)	678,392	14,460,379	113,716,316	128,176,695
5. INVESTMENT INCOME	515,441	2,621,550	7,386,980	10,008,530
6. DIVIDEND INCOME	0	690,590	7,505,955	8,196,545
7. STATUTORY PROFIT/(LOSS) (4+5+6)	<b>1,193,833</b>	<b>17,772,519</b>	<b>128,609,251</b>	<b>146,381,770</b>
8. DIVIDEND	0	35,433	41,747,344	41,782,777
9. TRANSFERRED SURPLUS			28,079,045	28,079,045
10. STATUTORY SURPLUS (7-8)	<b>1,193,833</b>	<b>17,737,086</b>	<b>114,940,953</b>	<b>132,678,039</b>

### SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	278,383	925,816	104,906,898	105,832,714
	Cash	336,987	1,626,966	121,290,751	122,917,717
2021/2022	Surplus	96,383	5,260,304	10,034,054	15,294,358
	Cash	1,279,846	(8,496,605)	26,178,861	17,682,256
2022/2023	Surplus	819,067	11,550,967		11,550,967
	Cash	(14,973,886)	24,449,990		24,449,990
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>1,193,833</b>	<b>17,737,086</b>	<b>114,940,952</b>	<b>132,678,038</b>
<b>TOTAL CASH</b>		<b>(13,357,053)</b>	<b>17,580,351</b>	<b>147,469,612</b>	<b>165,049,963</b>

### CLAIM ANALYSIS BY FUND YEAR

<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>47,377</b>	<b>1,625,984</b>	<b>1,029,546,471</b>	<b>1,031,172,455</b>
<b>FUND YEAR 2021/2022</b>				
Paid Claims	381,470	31,865,972	351,754,517	383,620,489
IBNR	(426,308)	(34,406,637)	35,525,697	1,119,060
Less Specific Excess	0	(2,041,285)	(2,982,648)	(5,023,933)
Less Aggregate Excess	0	0	0	0
<b>TOTAL</b>	<b>(44,838)</b>	<b>(4,581,950)</b>	<b>384,297,566</b>	<b>379,715,616</b>
<b>FUND YEAR 2022/2023</b>				
Paid Claims	35,171,226	234,782,188		234,782,188
IBNR	587,943	38,619,656		38,619,656
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
<b>TOTAL</b>	<b>35,759,169</b>	<b>273,401,844</b>	<b>0</b>	<b>273,401,844</b>
<b>COMBINED TOTAL CLAIMS</b>	<b>35,761,708</b>	<b>270,445,878</b>	<b>1,413,844,037</b>	<b>1,684,289,915</b>

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.



# SCHOOLS HEALTH INSURANCE FUND

## FINANCIAL FAST TRACK REPORT

AS OF **March 31, 2023**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>40,127,602</b>	<b>352,133,364</b>	<b>1,700,454,884</b>	<b>2,052,588,248</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	39,859,739	307,915,173	1,399,009,644	1,706,924,816
IBNR	113,136	4,326,155	35,525,697	39,851,852
Less Specific Excess	(44,333)	(1,866,907)	(20,691,304)	(22,558,211)
Less Aggregate Excess	-	-	-	-
<b>TOTAL CLAIMS</b>	<b>39,928,542</b>	<b>310,374,421</b>	<b>1,413,844,037</b>	<b>1,724,218,457</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	9,209	83,813	567,257	651,070
Excess Premiums	803,318	7,043,179	46,104,714	53,147,893
Administrative	2,688,466	23,473,506	126,222,561	149,696,066
<b>TOTAL EXPENSES</b>	<b>3,500,994</b>	<b>30,600,498</b>	<b>172,894,532</b>	<b>203,495,030</b>
4. <b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	(3,301,934)	11,158,445	113,716,316	124,874,761
5. <b>INVESTMENT INCOME</b>	591,472	3,213,022	7,386,980	10,600,002
6. <b>DIVIDEND INCOME</b>	0	690,590	7,505,955	8,196,545
7. <b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(2,710,462)</b>	<b>15,062,057</b>	<b>128,609,251</b>	<b>143,671,308</b>
8. <b>DIVIDEND</b>	10,682,732	10,718,165	41,747,344	52,465,509
9. <b>TRANSFERRED SURPLUS</b>			28,079,045	28,079,045
10 <b>STATUTORY SURPLUS (7-8)</b>	<b>(13,393,194)</b>	<b>4,343,892</b>	<b>114,940,953</b>	<b>119,284,844</b>

### SURPLUS (DEFICITS) BY FUND YEAR

<b>Closed</b>	<b>Surplus</b>	(10,518,404)	(9,592,588)	104,906,898	95,314,311
	<b>Cash</b>	340,489	1,967,456	121,290,751	123,258,206
<b>2021/2022</b>	<b>Surplus</b>	74,442	5,334,746	10,034,054	15,368,800
	<b>Cash</b>	(449,054)	(8,945,659)	26,178,861	17,233,202
<b>2022/2023</b>	<b>Surplus</b>	(2,949,233)	8,601,734		8,601,734
	<b>Cash</b>	13,763,047	38,213,037		38,213,037
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(13,393,194)</b>	<b>4,343,892</b>	<b>114,940,952</b>	<b>119,284,844</b>
<b>TOTAL CASH</b>		<b>13,654,482</b>	<b>31,234,833</b>	<b>147,469,612</b>	<b>178,704,445</b>

### CLAIM ANALYSIS BY FUND YEAR

<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>237,845</b>	<b>1,863,830</b>	<b>1,029,546,471</b>	<b>1,031,410,300</b>
<b>FUND YEAR 2021/2022</b>				
Paid Claims	517,461	32,383,433	351,754,517	384,137,949
IBNR	(355,257)	(34,761,894)	35,525,697	763,803
Less Specific Excess	(168,240)	(2,209,524)	(2,982,648)	(5,192,172)
Less Aggregate Excess	0	0	0	0
<b>TOTAL</b>	<b>(6,036)</b>	<b>(4,587,986)</b>	<b>384,297,566</b>	<b>379,709,580</b>
<b>FUND YEAR 2022/2023</b>				
Paid Claims	39,273,760	274,055,948		274,055,948
IBNR	468,393	39,088,049		39,088,049
Less Specific Excess	(45,420)	(45,420)		(45,420)
Less Aggregate Excess	0	0		0
<b>TOTAL</b>	<b>39,696,733</b>	<b>313,098,577</b>	<b>0</b>	<b>313,098,577</b>
<b>COMBINED TOTAL CLAIMS</b>	<b>39,928,542</b>	<b>310,374,421</b>	<b>1,413,844,037</b>	<b>1,724,218,457</b>

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.

# SCHOOLS HEALTH INSURANCE FUND RATIOS

SCHOOLS HEALTH INSURANCE FUND										
RATIOS										
	FY 2021-22	2022-2023								
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Cash Position	\$ 147,469,612	\$ 130,950,950	\$ 132,248,184	\$ 141,981,833	\$ 23,282,290	\$ 152,659,013	\$ 159,825,356	\$ 178,407,016	\$ 165,049,963	\$ 178,704,445
IBNR	\$ 35,525,697	\$ 37,381,610	\$ 40,147,340	\$ 40,363,921	\$ 41,292,560	\$ 41,876,546	\$ 38,982,794	\$ 39,577,081	\$ 39,738,716	\$ 39,851,852
Assets	\$ 180,667,206	\$ 178,338,254	\$ 176,355,052	\$ 176,614,001	\$ 179,040,286	\$ 188,950,554	\$ 191,461,986	\$ 197,593,154	\$ 199,637,148	\$ 197,515,158
Liabilities	\$ 57,703,634	\$ 39,325,875	\$ 62,987,937	\$ 64,404,086	\$ 65,767,056	\$ 67,027,513	\$ 64,831,095	\$ 66,108,948	\$ 66,959,109	\$ 78,230,314
Surplus	\$ 122,963,572	\$ 139,012,379	\$ 113,367,115	\$ 112,209,914	\$ 113,273,230	\$ 121,923,041	\$ 126,630,891	\$ 131,484,205	\$ 132,678,039	\$ 119,284,844
Claims Paid -- Month	\$ 33,775,593	\$ 31,294,412	\$ 35,533,332	\$ 36,381,246	\$ 34,534,693	\$ 26,763,425	\$ 36,774,843	\$ 31,173,410	\$ 35,600,073	\$ 39,859,739
Claims Budget -- Month	\$ 32,817,694	\$ 34,883,859	\$ 34,709,018	\$ 35,401,982	\$ 35,378,168	\$ 35,721,629	\$ 35,757,910	\$ 36,352,428	\$ 36,366,984	\$ 36,418,293
Claims Paid -- YTD	\$ 389,418,087	\$ 31,294,412	\$ 66,827,744	\$ 103,208,990	\$ 137,743,683	\$ 164,507,108	\$ 201,281,951	\$ 232,455,361	\$ 268,055,433	\$ 307,915,173
Claims Budget -- YTD	\$ 393,789,683	\$ 34,883,859	\$ 69,592,877	\$ 104,994,859	\$ 140,373,027	\$ 176,094,656	\$ 211,852,566	\$ 248,204,994	\$ 284,571,978	\$ 320,990,271
<b>RATIOS</b>										
Cash Position to Claims Paid	4.37	4.18	3.72	3.9	0.67	5.7	4.35	5.72	4.64	4.48
Claims Paid to Claims Budget -- Month	1.03	0.90	1.02	1.03	0.98	0.75	1.03	0.86	0.98	1.09
Claims Paid to Claims Budget -- YTD	0.99	0.90	0.96	0.98	0.98	0.93	0.95	0.94	0.94	0.96
Cash Position to IBNR	4.15	3.5	3.29	3.52	0.56	3.65	4.1	4.51	4.15	4.48
Assets to Liabilities	3.13	4.53	2.80	2.74	2.72	2.82	2.95	2.99	2.98	2.52
Surplus as Months of Claims	3.75	3.99	3.27	3.17	3.2	3.41	3.54	3.62	3.65	3.28
IBNR to Claims Budget -- Month	1.08	1.07	1.16	1.14	1.17	1.17	1.09	1.09	1.09	1.09

Schools Health Insurance Fund						
2022/2023 Budget Status Report						
as of March 31, 2023						
	Actual	Annualized	Certified	Actual	\$ Variance	% Variance
Expected Losses	Budget	Budget	as of 7/1/22	Expensed		
Medical Claims	289,661,379	388,462,581	370,886,514	281,321,898	8,339,481	3%
Prescription Claims	27,633,049	36,882,651	32,124,992	28,356,474	(723,425)	-3%
Dental Claims	3,695,843	4,932,963	4,812,181	3,420,204	275,639	7%
Subtotal Claims	320,990,271	430,278,195	407,823,687	313,098,577	7,891,694	2%
Rate Stabilization Reserve	0	0	0	0	0	0%
DMO Premiums	64,390	86,855	82,066	83,813	(19,423)	-30%
Reinsurance						
Specific	7,037,235	9,446,674	8,896,097	7,043,179	(5,944)	0%
Total Loss Fund	328,091,896	439,811,724	416,801,850	320,225,569	7,866,327	2%
Expenses						
Legal	28,483	37,978	37,978	28,483	-	0%
Treasurer	19,821	26,428	26,428	19,821	0	0%
Administrator	1,625,747	2,181,853	2,039,388	1,627,108	(1,361)	0%
Program Manager	4,327,890	5,805,524	5,451,454	4,380,571	(52,682)	-1%
Local Entity Risk Management	4,611,539	6,214,852	6,054,652	4,617,115	(5,577)	0%
TPA - Med Aetna	5,004,790	6,692,899	6,143,047	5,018,001	(6,610)	0%
Program Manager - Guardian Nurses	830,660	1,115,064	1,050,076	811,125	19,535	2%
TPA - Med AmeriHealth Admin	1,224,619	1,636,901	1,793,143	1,224,332	287	0%
TPA - Med Horizon	14,332	19,162	25,061	14,224	107	1%
TPA - Vision	6,601	8,713	10,505	Included above in Med Aetna		
TPA - Dental	169,962	227,017	222,805	169,940	22	0%
Actuary	22,875	30,500	30,500	22,301	575	3%
Auditor	15,147	20,196	20,196	15,147	0	0%
Subtotal Expenses	17,902,465	24,017,089	22,905,235	17,948,170	(45,705)	0%
Misc/Contingent Expenses	42,667	56,889	56,889	27,122	15,545	36%
Data Analysis System	67,869	90,492	90,492	67,869	0	0%
Wellness Program	452,279	607,132	571,746	452,482	(203)	0%
Affordable Care Act Taxes	111,712	149,961	141,138	111,867	(155)	0%
A4 Retiree Surcharge	5,213,905	6,992,326	6,675,957	5,221,846	(7,941)	0%
Plan Documents	22,500	30,000	30,000	22,500	-	0%
Total Expenses	23,813,396	31,943,889	30,471,458	23,851,856	(38,459)	0%
Total Budget	351,905,292	471,755,613	447,273,307	344,077,425	7,827,868	2%

# Schools Health Insurance Fund CONSOLIDATED BALANCE SHEET

AS OF MARCH 31, 2023

BY FUND YEAR

	SHIF 2022/2023	SHIF 2021/2022	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	38,213,037	17,233,202	123,258,206	178,704,445
Assessments Receivable (Prepaid)	9,243,551	(0)	-	9,243,551
Interest Receivable	-	-	1	1
Specific Excess Receivable	45,420	2,341,842	941,662	3,328,924
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Deferred Assessment Receivable	-	-	407,249	407,249
Prepaid Admin Fees	-	-	-	-
Other Assets	5,830,989	-	-	5,830,989
<b>Total Assets</b>	<b>53,332,997</b>	<b>19,575,044</b>	<b>124,607,117</b>	<b>197,515,158</b>
<b>LIABILITIES</b>				
Accounts Payable	-	-	-	-
IBNR Reserve	39,088,049	763,803	-	39,851,852
A4 Retiree Surcharge	5,221,846	3,335,852	-	8,557,698
Dividends Payable	-	-	7,046,275	7,046,275
Retained Dividends	-	-	22,246,531	22,246,531
Accrued/Other Liabilities	421,368	106,589	-	527,957
<b>Total Liabilities</b>	<b>44,731,263</b>	<b>4,206,244</b>	<b>29,292,806</b>	<b>78,230,314</b>
<b>EQUITY</b>				
Surplus / (Deficit)	8,601,734	15,368,800	95,314,311	119,284,844
<b>Total Equity</b>	<b>8,601,734</b>	<b>15,368,800</b>	<b>95,314,311</b>	<b>119,284,844</b>
<b>Total Liabilities &amp; Equity</b>	<b>53,332,997</b>	<b>19,575,044</b>	<b>124,607,117</b>	<b>197,515,158</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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**  
**SCHOOLS HEALTH INSURANCE FUND**  
**YEAR: 2022/2023**

<b><u>Monthly Items</u></b>	<b><u>Filing Status</u></b>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	Filed
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	Filed
Annual Audit	June 30, 2022 - filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

### Indemnity and Trust Agreement Compliance Listing

<b>MEMBER</b>	<b>I&amp;T END DATE</b>
Sandyston-Walpack Consolidated School District	12/31/2021
Robbinsville BOE	7/1/2022
Lumberton BOE	12/31/2022
Berlin Borough BOE	6/30/2023
Burlington City BOE	6/30/2023
Califon BOE	6/30/2023
Chathams School District	6/30/2023
Eatontown BOE	6/30/2023
Ewing Township BOE	6/30/2023
Foundations Academy	6/30/2023
Franklin Township School District(h)	6/30/2023
Glassboro BOE	6/30/2023
Gloucester County Vo Tech	6/30/2023
Gloucester SSSD	6/30/2023
Leap Academy University Charter School	6/30/2023
Lenape BOE	6/30/2023
Lenape Valley Regional BOE	6/30/2023
Lower Alloway's Creek BOE	6/30/2023
Maple Shade BOE	6/30/2023
Medford Township BOE	6/30/2023
Mendham Borough School District	6/30/2023
Mount Laurel Township Schools	6/30/2023
Newton BOE	6/30/2023
Stillwater Township BOE	6/30/2023
Upper Pittsgrove BOE	6/30/2023
Woodbury City BOE	6/30/2023
Woodland Township BOE	6/30/2023

<b>New Member Overview</b>	
<b>Fund</b>	Schools Health Insurance Fund
<b>Entity</b>	Montgomery BOE
<b>County</b>	Bergen County
<b>Effective Date</b>	7/1/2023 - 6/30/2023
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Employees</b>	619
<b>Retiree Coverage</b>	No
<b>Current Arrangement</b>	Horizon, self insured
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodolgy
<b>Run Out Claims</b>	BOE
<b>Broker</b>	Brown and Brown; 1.5% commission
<b>Member approval?</b>	Yes - Indemnity and Trust agreement received; resolutions passed
<b>Per employee Perm Mo</b>	\$2,756
<b>Special Requests</b>	School board will handle run out.

<b>New Member Overview</b>	
<b>Fund</b>	Schools Health Insurance Fund
<b>Entity</b>	Randolph BOE
<b>County</b>	Morris County
<b>Effective Date</b>	7/1/2023 - 6/30/2023
<b>Lines of Coverage</b>	Medical
<b>Eligible Employees</b>	519
<b>Retiree Coverage</b>	No
<b>Current Arrangement</b>	Aetna fully insured
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodolgy
<b>Run Out Claims</b>	Prior Aetna contract
<b>Broker</b>	Arthur J Gallagher; direct contract
<b>Member approval?</b>	Board approved; expecting documentation
<b>Per employee Perm Mo</b>	\$1,979
<b>Special Requests</b>	none

<b>New Member Overview</b>	
<b>Fund</b>	Schools Health Insurance Fund
<b>Entity</b>	Sterling Regional BOE
<b>County</b>	Camden County
<b>Effective Date</b>	7/1/2023 - 6/30/2023
<b>Lines of Coverage</b>	Medical
<b>Eligible Employees</b>	103
<b>Retiree Coverage</b>	No
<b>Current Arrangement</b>	Aetna
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodolgy
<b>Run Out Claims</b>	Prior Aetna contract
<b>Broker</b>	Brown and Brown; 3% commission
<b>Member approval?</b>	Board approval expected soon
<b>Per employee Perm Mo</b>	\$1,736
<b>Special Requests</b>	none

<b>New Member Overview</b>	
<b>Fund</b>	Schools Health Insurance Fund
<b>Entity</b>	Bogota BOE
<b>County</b>	Bergen County
<b>Effective Date</b>	7/1/2023 - 6/30/2023
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Employees</b>	128
<b>Retiree Coverage</b>	No
<b>Current Arrangement</b>	Horizon
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodolgy
<b>Run Out Claims</b>	Horizon
<b>Broker</b>	Centric Benefits: 3% Commission
<b>Member approval?</b>	Yes - Indemnity and Trust agreement received; resolutions passed
<b>Per employee Perm Mo</b>	\$2,372
<b>Special Requests</b>	District and Teacher bargaining agreement to deviate from Chapter 44 new hire requirement



HIF GROWTH CAPACTIY 2022-2023								
March 31, 2023 HIF Enrollment	20,259							
Growth Cap - 20%	4,052							
New Member Underwriting Status - FY 2022-2023								
Group	Employees	Lines of Coverage	Proposal Released	BOE Approval	Union Approval	Carrier	Signed I&T	Effective Date
Bogota BOE	128	Medical and Rx	Y	Y	Y	Aetna	Y	7/1/2023
Montgomery BOE	619	Medical and Rx	Y	Y	Y	Aetna	Y	7/1/2023
Randolph BOE	519	Medical	Y	Y	Y	Aetna	N	7/1/2023
Sterling BOE	103	Medical	Y	Y	Y	Aetna	N	7/1/2023
Total Employees	1,369							
% Growth	6.76%							
Remaining	2,683							

## **WELLNESS RESULTS**

**Wellness Coordinator** – Issued March 20, Due April 13. 2 Responses Received:

1. Civitas
  - a. BMED and NJHIF Wellness Coordinator
  - b. Confirmed Scope of Services listed in RFP
  - c. Located in FL
  - d. Fee: \$80,000 (includes 2 trips to NJ)
  - e. Certified Health and Wellness Coach
2. Fitness Knocking
  - a. NJHIF Wellness Vendor
  - b. Confirmed Scope of Services listed in RFP but will require additional staff to meet the needs
  - c. Located in Northern NJ
  - d. Focus on Fitness and wellness education
  - e. Fee: Varies. \$135/hour for wellness coordination; Fitness and education packages range from \$52/an hour to \$625 a person for education

**Wellness Vendors** - Issued March 20, Due May 2

1. Advanta
  - a. Incentive based wellness
  - b. Virtual based wellness/fitness
  - c. Incentives to be paid by entity
  - d. Fees: \$1.44 base program year one; additional fees apply
2. Color
  - a. Cancer, Cardio and Genetic testing
  - b. Fees: \$1.25 per program; or \$1.70 for both cancer and cardio; \$249/genetic test; \$49 at home tests
3. Fitness Knocking
  - a. Various educational webinars
  - b. Fitness focused packages
  - c. Fees: \$135/hour for wellness coordination; Fitness and education packages range from \$52/an hour to \$625 a person for education
4. Teacher Coach
  - a. Virtual EAPs – health and wellness platform for employer and student
  - b. On Campus EAP – Massage, physical therapy, stretching , mental health  
\$70/faculty for up to 20 districts (minimum of \$140,000)  
\$65/faculty for up to 30 districts (minimum of \$195,000)  
\$60/faculty for up to 40 districts (minimum of \$240,000)  
\$55/faculty for up to 50 districts (minimum of \$275,000)
  - c. Fees: \$50/faculty @ 50+ districts
5. Telligen, Inc
  - a. Holistic Health Coaching
  - b. Health Assessments and Screenings
  - c. Wellness Portal
  - d. Fees: listed below
6. US Wellness
  - a. Onsite biometric screenings
  - b. Health risk assessments

- c. Health coaching
  - d. Virtual seminars
  - e. Health fairs
  - f. Early detection cancer testing
  - g. Used by multiple current members
  - h. Fees: Listed below
7. Valley Health System
- a. Wellness Educational Seminars/webinars
  - b. Health Screenings
  - c. Currently contracted by NJHIF and BMED
  - d. Fee: \$2,000 per entity for various webinars
8. Pure Edge
- a. Professional development and classroom resources for learners and educators
    - i. Body, breath, mind, attention, engagement for educators and students
    - ii. Virtual wellness classes
  - b. Fees: \$75/class
9. Vernon Nutrition
- a. Incomplete submission – rejected
10. Health Fitness Concepts
- a. Incomplete submission – rejected
11. Life Line Screening of America
- a. Incomplete submission – rejected

BID RESULTS		ORGANIZATION:
BID #	CC# 23-03 - Wellness Coordinator	SHIF
BID DATE/ TIME	4/13/2023 10:00 AM	
NUMBER OF BIDDERS	2	
NAME OF BIDDER	Civitas New Jersey	Fitness Knocking
ADDRESS	4700 Coquina Key Drive SE, Unit D	33 MUSCONETCONG AVE
CITY, STATE, ZIP	Saint Petersburg, Florida, 33705	Stanhope Borough, New Jersey, 07874
CONTACT		
TELEPHONE	551-587-6057	9737132602
EMAIL	<a href="mailto:jeskilson@civitasnj">jeskilson@civitasnj</a>	<a href="mailto:Imm@fitnessknocking.c">Imm@fitnessknocking.c</a>
OWNERSHIP DISCLOSURE	X	X
RUSSIA	X	X
IRAN CERT	X	X
AA302 /CEIR	X	X
NEW JERSEY BRC	X	X
PAY TO PLAY ACKNOWLEDGE	X	X
ADA	X	X
PROPOSAL	Year 1 - \$80,000.00	Training programs pages 8-13 of proposal
	Year 2 - \$80,000.00	
	Year 3 - \$80,000.00	

BID RESULTS		ORGANIZATION:	
BID #	CC# 23-04 - Wellness Vendor	SHIF	
BID DATE/ TIME	5/2/2023 10:00 AM		
NUMBER OF BIDDERS	11		
NAME OF BIDDER	Advanta Health Solutions	Color Health	Fitness Knocking
ADDRESS	550 Broad Street, Suite 804	863 Mitten Rd	33 MUSCONETCONG AVE
CITY, STATE, ZIP	Newark, New Jersey, 07102	Burlingame, California, 94010	Stanhope Borough, New Jersey, 07874
CONTACT			
TELEPHONE	2013517809	650-651-7116.	9737132602
EMAIL	<a href="mailto:sclarke@advantahealth.com">sclarke@advantahealth.com</a>		<a href="mailto:jmm@fitnessknocking.com">jmm@fitnessknocking.com</a>
OWNERSHIP DISCLOSURE		x	x
RUSSIA		x	x
IRAN CERT		x	x
AA302 /CEIR		AA302 Only	x
NEW JERSEY BRC		x	x
PAY TO PLAY ACKNOWLEDGE		x	x
ADA		x	x
PROPOSAL	page 34 powerpoint fees and programs	Fees and Programs Pages 1-2	A la cart pricing and programs pages 1-7

Teacher Coach	Telligen Inc	US Wellness	Valley Health System	Pure Edge Inc
108 FAIRWAY TERRACE	1776 West Lakes Parkway	209 Perry Parkway - Suite #6	1400 MacArthur Blvd	PO Box 2298
MOUNT LAUREL, New Jersey, 08054-4803	West Des Moines, Iowa, 50309	Gaithersburg, Maryland, 20877	Mahwah, New Jersey, 07430	South Hamilton, Massachusetts, 01982
6093044624	(515)223-2900	301-926-6099	2012916060	9106798657
<a href="mailto:Coach@teachercoach.com">Coach@teachercoach.com</a>	<a href="mailto:busdev@telligen.com">busdev@telligen.com</a>	<a href="mailto:jdietz@uswellness.com">jdietz@uswellness.com</a>	<a href="mailto:svanhee@valleyhealth.com">svanhee@valleyhealth.com</a>	<a href="mailto:getmoving@pureedgeinc.org">getmoving@pureedgeinc.org</a>
x	x	x	x	
x	x	x	x	
x	x	x	x	
x	N	x	x	
x	x	x	x	
x	x	x	x	
x	x	x	x	
Pricing Pages 22-25	Programs and fees pages 16-18	Page 8-10 fees	\$2,000 page 6 fees	Fees and programs page 12-13

Vernon Nutrition Center LLC	Health Fitness Concepts RN, LLC	Life Line Screening of America Ltd.
6 Oxbow Lane	45 Knollwood Road, Suite 504	6111 Oak Tree Blvd.
Franklin, New Jersey, 07416	Elmsford, New York, 10523	Independence, Ohio, 44131
9736007795	9146846064	2163938555
<a href="mailto:rd@erinpalinski.com">rd@erinpalinski.com</a>	<a href="mailto:kfree@tryhfc.com">kfree@tryhfc.com</a>	<a href="mailto:carol.marin-vargas@llsa.com">carol.marin-vargas@llsa.com</a>
N- Fatal	N-Fatal	N-Fatal
x	x	x
x	x	x
x	AA302 Only	x
x	x	x
x	x	x
x	x	x
Fatal	Fatal	Fatal

**School's Health Insurance Fund  
Program Manager's Report**

May 2023

Program Manager: Conner Strong & Buckelew

Brokers: [brokerservice@permainc.com](mailto:brokerservice@permainc.com)

**ELIGIBILITY/ENROLLMENT:**

Please direct any eligibility, enrollment, or system related questions to our dedicated SHIF enrollment team. To contact the team, email [shif\\_enrollments@permainc.com](mailto:shif_enrollments@permainc.com) or fax to 856-685-2249.

System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@permainc.com) for additional information or to request an invite.

In the subject line of the email, please include: *Training - Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

**COVERAGE UPDATES:**

- Voorhees Twp BOE has requested to add dental to their current benefits (medical) through the SHIF. Their current dental plan is with Delta Dental direct. The change is due to take place 7/1/23.
- Watchung Hills BOE has requested to offer AmeriHealth as an additional medical plan option effective 7/1/23.

***MOTION:** Motion to allow Voorhees Township BOE to add Dental coverage and Watchung Hills BOE to add AmeriHealth as an additional carrier offering effective July 1, 2023.*

**EXPRESS-SCRIPTS UPDATE**

**2022 SafeGuardRx Savings** –SafeGuardRX provides condition-specific patient engagement tools and innovative cost containment strategies to protect plans from higher costs while promoting healthier members. The program engages with member with conditions such as cardiovascular, diabetes, hepatitis, HIV, inflammatory and atopic conditions, multiple sclerosis, neurological, cancer and rare diseases. As a result, the SHIF has saved \$36,607.70. The savings will be provided to the SHIF in the form of invoice credits by ESI.

**Fraud, Waste and Abuse:** Due to the recent fraud and abuse issue identified for the drug Ozempic, ESI has changed their requirements for members prescribed the drug. The drug is only FDA approved for patients with Type 2 diabetes, however, it has been prescribed for weight loss which is not approved by the FDA. Weight loss drugs are not covered by the Fund. Effective 4/1/23 those who were given a new script for Ozempic will be required to go through the prior authorization process to confirm they have met the criteria to be prescribed the drug. Those who were taking the drug prior to 4/1/23 will be grandfathered, prior authorization will not be required unless the member's script for the drug has changed.

**1Q2023 SaveOn Savings** – In the 1Q2023 (1/1/2023 – 3/19/2023), The SHIF saved \$750,700 for members enrolled in SaveOn. There were 248 participants in the program, for an average savings per prescription of \$1,564.

## **OPERATIONAL UPDATES:**

**COVID National Emergency** – On April 10, 2023, President Biden signed legislation to end the COVID National Emergency immediately. As a result, the outbreak period for extended COBRA/HIPAA Special Enrollment Period deadlines will end July 10, 2023.

## **2023 LEGISLATIVE REVIEW**

### **COVID -19**

1. **National Emergency Declaration** - On January 30, 2023, the federal government announced the two national emergencies addressing COVID-19, the public health emergency (PHE) and the national emergency will end May 11, 2023. As a result, the Program Manager recommends the following effective July 1, 2023:
  - COVID-19 vaccines, including boosters – cover at \$0 copay at in network locations only. (Previously covered at any location).
  - COVID-19 At Home Testing Kits – no longer covered by the plan at any retail location or mail order through ESI. Members would be responsible for the full costs of the kit.
  - Diagnostic testing and providers – covered at member cost share.

**Resolution 10-23 for the above recommendations was passed at the March 2023 meeting.**

2. **At Home COVID-19 Testing - Covered through June 30, 2023.** On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI).  
For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

In 2022 The SHIF paid \$350,876.46 in total plan costs for At Home Covid-19 test kits; \$182,168.70 in retail costs and \$168,707.76 in mail order costs.

**FREE Tests from the Government – COVID-19 at home test kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests.**

<https://www.covid.gov/tests>

3. **Vaccine Mandates – Covered at \$0 at in network location.** November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.



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

### **Medical and Rx Reporting**

**2022 Filings** – Deadline for carriers to submit the filings for 2022 plan year is June 1, 2023. Aetna and ESI will submit on behalf of the HIFs. The Program Manager will provide carriers all information needed for submission. Groups do not need to file on an individual basis.

**Federal Extension Granted** – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

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

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022**. On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

### **No Surprise Billing and Transparency – Continued Delays**

The Health Insurance Funds, including SHIF 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 SHIF remains compliant.

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

## Appeals

### Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
03/07/2023	Medical/Aetna	SHIF-2023-03-02	Incorrect billing codes	N/A	03/16/2023
10/13/2022	Medical/Aetna	SHIF-2023-03-04	MRI Pre-Authorization	Upheld	10/28/2022
01/24/2023	Medical/Aetna	SHIF-2023-03-05	Pre-Authorization for Injections	Upheld	02/06/2023
12/20/2023	Medical/Aetna	SHIF-2023-03-07	Gene Testing	Upheld	01/03/2023
04/04/2023	Medical/Aetna	SHIF-2023-04-01	OON Provider Payment	Upheld	04/05/2023

### IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
03/01/2023	Medical/Aetna	SHIF-2023-03-01	MRI Pre-Authorization	Overturned	3/22/2023
3/16/2023	Medical/Aetna	SHIF-2023-03-04	MRI Pre-Authorization	Overturned	4/27/2023
03/16/2023	Medical/Aetna	SHIF-2023-03-05	Pre-Authorization for Injections	Overturned	03/24/2023
3/20/2023	Medical/Aetna	SHIF-2023-03-07	Gene Testing	Upheld	4/14/2023

**Small Claim Committee Appeals:** None



**Mobile Care  
Coordinator**  
Powered by Guardian Nurses  
Healthcare Advocates

**SCHOOLS  
HEALTH**  
INSURANCE FUND

## **Executive Summary**

### **Year 5 Quarter 1**

**Covering January 1, 2023 - March 31, 2023**

This summary highlights data indicating the degree to which our nurses are improving care, improving members' experience, and managing or reducing cost.

#### **Biggest Recent Win**

1. Second highest high claimant, 25-week NICU infant; scheduled overnight admission for eye surgery in February; discharged from NICU specialist and cardiologist; home and doing well
2. 11 ICU admissions (9 acute, 2 complex); decrease from previous reporting period of 28
3. 71% of hospitalized members engaged with their MCC nurse this quarter

#### **Improving Care**

*Goal: Improve timeliness, appropriateness and quality of care*

- 389 total new referrals in both Acute and Complex Programs
- 234 members engaged this quarter
- Sixteen (16) of 34 engaged diabetics in Diabetic Program decreased their hemoglobin A1c; 10 member's hemoglobin A1c is unchanged
- Nine (9) of 34 diabetics in Diabetic Program are also being monitored, by our nurses, for treatment of their high blood pressure; a co-morbidity of diabetes

#### **Improving Members' Experience**

*Goal: Positive Clinical Outcomes, Accessibility and Equality, patient centered goals and receiving needed care within appropriate amount of time.*

##### **Acute Program**

- 358 Cases referred, of which 48 were direct calls; 401 referrals in previous reporting period; decrease of 11%
- 214 Adult members engaged; 60% engagement this reporting period
- 35 Pediatric cases referred; 18 supported; 51% engagement
- 239 mobilizations (169 hospital visits); 259 previous reporting period

##### **Complex Care Program**

- 31 total referrals; 18 for Diabetes management
- 72 members in engaged in Complex and Diabetic Programs
- 29 mobilizations; 40 in previous reporting period

#### **Managing or Reducing Cost**

*Goal: Prevent unnecessary hospital and ICU admissions and bounce backs*

- 200 Acute Inpatient admissions; 9 needing ICU level of care; 3 with COVID-19
- 16 Bounce - back (30 day readmits); increase from previous reporting period of 11
- 33 of 34 diabetics in diabetic program remained hospital free this quarter for a potential savings of \$380,292; of note admission not related to diabetes

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



(<https://care.diabetesjournals.org>)

- 5 acute members transferred to Complex and Diabetic Programs for disease management
- 17 Diabetic Program members have graduated to monitored program (surveillance) with a hemoglobin A1c of 7.5 or less (see below)

<p><b>34</b></p> <p><b>Enrolled &amp; Engaged</b></p>	<p><b>17</b></p> <p><b>Graduated To Monitored</b></p> <p>A1c <math>\leq</math> 7.5%</p>	<p><b>Care Coordination Interventions</b></p> <ul style="list-style-type: none"> <li>• Addressed Gaps in Care</li> <li>• Completed Medication Reconciliation</li> <li>• Connected Patient to Resource and/or Provider</li> <li>• Coordinated Care in Hospital or Facility</li> <li>• Coordinated Follow-up Care</li> <li>• Expedited Urgent Care</li> <li>• Identified &amp; Addressed Socioeconomic Needs</li> <li>• Provided Mental and Emotional Support</li> </ul>
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#### Evidence of Success: 17 Diabetics Graduated

17 diabetics were enrolled with HbA1c level B, C, or D

Estimated cost per year, per member..... \$ 6,381

Estimated annual cost..... \$ 108,477

Those 17 diabetics have graduated to monitored program with an HbA1c of  $\leq$  7.5%

Estimated cost per year, per member..... \$ 2,125

Estimated annual cost..... \$ 36,125

Projected annual savings ..... \$ 72,352

MENZIN et al (Diabetes Care 24:51-55, 2001; adjusted for 2022)

#### Discussion

1. Interviews of potential candidates for 6<sup>th</sup> nurse ongoing. Finalists will be scheduled for ride-alongs with MCC nurses.

Thank you again for your confidence in Guardian Nurses. Highlighted stories are on the next page. Please don't hesitate to reach out with questions or further suggestions.

Respectfully submitted,

*Andrea Spector, MSN, RN*

Regional Team Lead, NY/NJ

See Highlighted Stories below

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



**Mobile Care  
Coordinator**

Powered by Guardian Nurses  
Healthcare Advocates

**SCHOOLS  
HEALTH**  
INSURANCE FUND

#### Highlighted Story #1

MCC received frantic call from a member's wife because her husband was just diagnosed with a rare autoimmune disorder. He was hospitalized at a local community facility and she was quite overwhelmed and didn't know what to do next. MCC could sense that they needed a hand to hold during this process and offered to facilitate a transfer to University of Penn, but they declined. MCC mobilized the following day to meet the patient and get a better clinical picture and treatment plan. Daily calls were made to wife and care team to review current hospital needs and assist with making sure a safe discharge plan was implemented. Post discharge, MCC received a call from wife stating that her husband's legs were extremely swollen and he had gained about 15 pounds in the past three days. Immediate call was placed to his nephrologist who agreed to meet patient in the ER where he was treated with a fast acting diuretic and was sent home with stronger diuretics. He lost those 15 pounds over the next two days. By acting quickly, it prevented another hospitalization by having him evaluated and treated in the ER. During ER discharge, he was also told to follow up with the Penn Vasculitis Clinic. They called, and first available opening was not until 7/12/23. MCC knew the patient could not wait this long for an evaluation and reached out to Penn to expedite and move his appointment up to 3/27/23. By expediting this appointment, MCC was able to get his treatment started and likely prevented serious complications and another hospitalization.

#### Highlighted Story #2

MCC engaged with 65-year-old member from an insurance lab report for an elevated A1C of 12. Member also had a history of right hip replacement and was experiencing right hip pain. MCC facilitated appointment for member to be seen by an orthopedic surgeon, where an MRI was ordered. MCC then accompanied patient to follow-up orthopedic appointment, where MRI results revealed the member was experiencing tissue breakdown surrounding the artificial hip. The provider had great concern an infection was present or could easily develop, especially with member's history of diabetes. Surgery was highly recommended, in order to prevent further breakdown, pain and infection. MCC knew that diabetic management was imperative, provided further education on diabetes and collaborated on plan of care with member's endocrinologist. MCC ensured member was taking medication as prescribed and had proper equipment and refills to check blood sugars. At the next endocrinology appointment, member's A1C decreased to 8.2! The member remained free from infection, was able to have surgery without delay, and is expected to have a full recovery and improved quality of life.

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# BILLS LIST

## Confirmation of Payment

APRIL 2023

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

**BE IT RESOLVED** that the School Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

### FUND YEAR CLOSED YEAR

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003710			
003710	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ACTUAL 2020	-130,687.00
003710	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ACTUAL 2021	-144,718.00
			<b>-275,405.00</b>
		<b>TOTAL CLOSED YEAR CHECKS</b>	<b>-275,405.00</b>
		<b>Total Payments Closed Year</b>	<b>-275,405.00</b>

### FUND YEAR 21-22

003710			
003710	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ACTUAL 2022	2,732,086.00
			<b>2,732,086.00</b>
		<b>TOTAL FY 21-22 CHECKS</b>	<b>2,732,086.00</b>
		<b>Total Payments FY 21 - 22</b>	<b>2,732,086.00</b>

### FUND YEAR 22-23

003710			
003710	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ESTIMATE 2023	3,356,986.00
			<b>3,356,986.00</b>
003711			
003711	HORIZON BCBSNJ	MEDICAL TPA - HORIZON 04/23	1,717.17
			<b>1,717.17</b>
003712			
003712	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 04/23	137,594.82
			<b>137,594.82</b>
003713			
003713	KEPRO	CLAIMS REVIEW 03/24/23	525.00
			<b>525.00</b>
003714			
003714	PERMA RISK MANAGEMENT SERVICES	POSTAGE 03/23	83.86
003714	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 4/23	184,791.36
			<b>184,875.22</b>
003715			
003715	COURIER POST	ACCT CHL092208 AD BUDGET DATE 03/05/202	58.92
			<b>58.92</b>

003716			
003716	SWEDESBORO-WOOLWICH SCHOOL DISTRICT	WELLNESS GRANT 03/23	213.46
			<b>213.46</b>
003717			
003717	BERLIN BOROUGH BOE	WELLNESS GRANT 03/23	3,004.88
			<b>3,004.88</b>
003718			
003718	KINGSWAY REGIONAL SCHOOL DISTRICT	WELLNESS GRANT 04/23	135.00
003718	KINGSWAY REGIONAL SCHOOL DISTRICT	WELLNESS GRANT 03/23	4,152.50
003718	KINGSWAY REGIONAL SCHOOL DISTRICT	WELLNESS GRANT 02/23	2,365.00
			<b>6,652.50</b>
003719			
003719	JAMESBURG BOARD OF EDUCATION	WELLNESS GRANT 04/23	2,052.20
			<b>2,052.20</b>
003720			
003720	CRISTINA D'AMELIO	WELLNESS 03/23 SWEDESBORO-WOOLWICH	225.00
			<b>225.00</b>
003721			
003721	TAMAR DILEO	WELLNESS REIMB. YOGA 2/1-2/28 2023	420.00
003721	TAMAR DILEO	WELLNESS REIMB. YOGA 3/1-3/31 2023	540.00
			<b>960.00</b>
003722			
003722	MEDFORD TOWNSHIP BOARD OF EDUCATION	WELLNESS GRANT 02/23	1,545.00
			<b>1,545.00</b>
003723			
003723	WELLNESS COACHES	WELLNESS COACHING DELRAN BOE 04/23	1,700.00
003723	WELLNESS COACHES	WELLNESS COACH SWEDESBORO BOE 4/23	1,970.00
			<b>3,670.00</b>
003724			
003724	US WELLNESS, INC.	FREDON BOE BIOMETRIC SCREENING 01/23	689.95
			<b>689.95</b>
003725			
003725	ALEXANDRIA TOWNSHIP BOE	WELLNESS GRANT 11/23 ALEXANDRIA TWP	195.00
			<b>195.00</b>
003726			
003726	JENNIFER BROWN	WELLNESS REIMB. TIMBER CREEK 03/23	93.80
			<b>93.80</b>
003727			
003727	CINNAMINSON TOWNSHIP BOE	WELLNESS GRANT 03/23	2,905.31
			<b>2,905.31</b>
003728			
003728	HEALTH FITNESS CONCEPTS RN, LLC	WELLNESS 01/23 N. HUNTERDON VOORHEES	4,630.00
			<b>4,630.00</b>
003729			
003729	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 04/23	470.00
			<b>470.00</b>
003730			
003730	RITA GENGARO	WELLNESS GRANT 04/23	221.62
003730	RITA GENGARO	WELLNESS STIPEND	750.00
			<b>971.62</b>

003731			
003731	RIVERSIDE TOWNSHIP BOARD OF EDUCATION	STEP CHALLENGE REIMBURSEMENT 03/23	200.00
			<b>200.00</b>
003732			
003732	NJ ADVANCE MEDIA	ACCT #1000890281 AD 03/22/23	22.36
003732	NJ ADVANCE MEDIA	ACCT #1000890281 AD 03/22/23	21.84
			<b>44.20</b>
003733			
003733	MOUNT HOLLY TOWNSHIP SCHOOL DISTRICT	WELLNESS 04/23	4,220.00
			<b>4,220.00</b>
003734			
003734	VOORHEES TOWNSHIP BOARD OF EDUCATION	VOORHEES TWP INFINITE MASSAGE 03/23	5,850.00
			<b>5,850.00</b>
003735			
003735	SCHOOL DISTRICT OF THE CHATHAMS	WELLNESS INITIATIVE GIFT CARDS 02/23	250.00
			<b>250.00</b>
003736			
003736	ACCESS	ACCT 962 CUST 224 STORE 03/23 FOR MAR	12.99
			<b>12.99</b>
003737			
003737	FOODWERX FT. NICHOLAS CATERERS	MEETING CATERING 3/23/23	895.65
			<b>895.65</b>
003738			
003738	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 03/23	800,861.12
			<b>800,861.12</b>
		<b>TOTAL FY 22-23 CHECKS</b>	<b>4,522,369.81</b>
W04232			
W04232	FLAGSHIP DENTAL PLANS	CINNAMINSON 04/23	398.90
W04232	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMPLETE) 04/23	1,967.20
W04232	FLAGSHIP DENTAL PLANS	DEPTFORD 04/23	2,242.20
W04232	FLAGSHIP DENTAL PLANS	LEAP 04/23	3,752.96
			<b>8,361.26</b>
W4230			
W4230	ACTUARIAL SOLUTIONS, LLC	2ND QUARTER 2023 FUND ACTUARY FEES	10,433.00
			<b>10,433.00</b>
W4231			
W4231	DELTA CARE DMO	GLOUCESTER COUNTY IOT 04/23	225.04
W4231	DELTA CARE DMO	GLOUCESTER SSSD 04/23	711.26
			<b>936.30</b>
W4233			
W4233	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 04/23	560,434.00
W4233	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 04/23	702.52
			<b>561,136.52</b>
W4234			
W4234	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 04/23	19,010.16
			<b>19,010.16</b>
W4235			
W4235	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 04/23 INV 15370	6,141.00
W4235	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY SERVICES 04/23 INV 15370	3,164.83
			<b>9,305.83</b>
W4236			
W4236	VERRILL & VERRILL, LLC	TREASURER FEE 04/23	2,202.33
			<b>2,202.33</b>
W4237			
W4237	CONNER STRONG & BUCKELEW	RX PROGRAM MANAGER FEES 04/23	61,234.95
W4237	CONNER STRONG & BUCKELEW	BROKER FEES 04/23	532,159.74
W4237	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 04/23	7,275.60
W4237	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 04/23	16,572.96
W4237	CONNER STRONG & BUCKELEW	MEDICAL PROGRAM MANAGER FEES 04/23	406,018.90
			<b>1,023,262.15</b>
W4238			
W4238	CONNER STRONG & BUCKELEW	GUARDIAN NURSE SERVICE INV 3853 04/23	90,125.00
			<b>90,125.00</b>



W4239			
W4239	PAYFLEX	TABERNACLE 03/23	3.00
W4239	PAYFLEX	CHATHAMS 03/23	18.00
W4239	PAYFLEX	MOORESTOWN 03/23	57.00
			<b>78.00</b>
		<b>TOTAL FUND YEAR 22-23 ACH PAYMENTS</b>	<b>1,724,850.55</b>
		<b>Total Payments FY 22-23</b>	<b>6,247,220.36</b>
		<b>TOTAL PAYMENTS ALL FUND YEAR:</b>	<b>8,703,901.36</b>

Chairperson

Attest:

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

\_\_\_\_\_  
 Treasurer

# SCHOOL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment

APRIL 2023

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

**BE IT RESOLVED** that the School Health Insurance 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 22-23**

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003590			
003590	DELTACARE DMO	VOIDED CHECK	-218.50
003590	DELTACARE DMO	VOIDED CHECK	-678.13
			<b>-896.63</b>
003615			
003615	DELTACARE DMO	VOIDED CHECK	-225.04
003615	DELTACARE DMO	VOIDED CHECK	-676.80
			<b>-901.84</b>
W4230			
W4230	DELTACARE DMO	GLOUCESTER CTY SSSD 1/23	676.80
W4230	DELTACARE DMO	GLOUCESTER CTY IOT 12/22	218.50
W4230	DELTACARE DMO	GLOUCESTER CTY SSSD 12/22	678.13
W4230	DELTACARE DMO	GLOUCESTER CTY IOT 1/23	225.04
			<b>1,798.47</b>
		<b>Total Payments FY22-23</b>	<b>0.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>0.00</b>

Chairperson

Attest:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Treasurer

# SCHOOL HEALTH INSURANCE FUND

## DIVIDEND BILLS LIST

Confirmation of Payment

APRIL 2023

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

BE IT RESOLVED that the School Health Insurance Fund's Executive Board, hereby

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

### FUND YEAR CLOSED YEAR

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003697			
003697	COLLINGSWOOD BOE	DIVIDEND 2023	272,710.87
			<b>272,710.87</b>
003698			
003698	MEDFORD TOWNSHIP BOE	DIVIDEND 2023	75,000.00
			<b>75,000.00</b>
003699			
003699	GLOUCESTER CITY VO. TECH	DIVIDEND 2023	7,251.79
			<b>7,251.79</b>
003700			
003700	GLOUCESTER CITY SPECIAL SERVICES	DIVIDEND 2023	20,416.30
			<b>20,416.30</b>
003701			
003701	MANTUA TOWNSHIP BOE	DIVIDEND 2023	169,211.96
			<b>169,211.96</b>
003702			
003702	FRANKLIN TOWNSHIP SCHOOL DISTRICT	DIVIDEND 2023	22,552.79
			<b>22,552.79</b>
003703			
003703	GLEN RIDGE PUBLIC SCHOOLS	DIVIDEND 2023	57,839.47
			<b>57,839.47</b>
003704			
003704	SPARTA BOE	DIVIDEND 2023	86,953.09
			<b>86,953.09</b>
003705			
003705	EVESHAM TOWNSHIP BOE	DIVIDEND 2023	341,052.78
			<b>341,052.78</b>
003706			
003706	WOODBURY CITY BOE	DIVIDEND 2023	34,788.71
			<b>34,788.71</b>
		<b>Total Payments Closed Year</b>	<b>1,087,777.76</b>
		<b>TOTAL PAYMENTS ALL FUND</b>	<b>1,087,777.76</b>

Chairperson

Attest:

----- Dated:

hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claim

35

-----  
Treasurer

# SCHOOL HEALTH INSURANCE FUND

## BILLS LIST

**Resolution No. 24-23**



**MAY 2023**

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

**BE IT RESOLVED** that the School Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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**FUND YEAR 22-23**

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
 003090			
<u>003090</u>	IMEDECS, INC	VOID	-1375.00
			<b>-1375.00</b>
 003739			
003739	HORIZON BCBSNJ	MEDICAL TPA - HORIZON 05/23	1,610.07
			<b>1,610.07</b>
003740			
003740	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 05/23	137,630.68
			<b>137,630.68</b>
003741			
003741	KEPRO	CLAIMS REVIEW 04/28/23	475.00
			<b>475.00</b>
003742			
003742	PERMA RISK MANAGEMENT SERVICES	POSTAGE 05/23	201.30
003742	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 5/23	184,756.00
			<b>184,957.30</b>
003743			
003743	SWEDESBORO-WOOLWICH SCHOOL DISTRICT	WELLNESS REIMB. GIFT CARDS 05/23	518.85
			<b>518.85</b>
003744			
003744	BELLM AWR BOARD OF EDUCATION	WELLNESS GRANT 9/22-4/23	4,775.39
			<b>4,775.39</b>
003745			
003745	NORTHERN BURLINGTON REGIONAL SCHOOL	WELLNESS REIMB. ACTIVEFIT & FEE 22-23	9,923.30
			<b>9,923.30</b>
003746			
003746	TAMAR DILEO	WELLNESS- YOGA 04/23	360.00
			<b>360.00</b>
003747			
003747	MANSFIELD TWSP SCHOOL DISTRICT	WELLNESS GRANT 12/22-04/23	888.40
			<b>888.40</b>
003748			
003748	MGL PRINTING SOLUTIONS	CHECK PRINTING ORDER 03/23	251.00
			<b>251.00</b>
003749			
003749	US WELLNESS, INC.	WELLNESS- BURLINGTON TWP 03/23	1,775.00
003749	US WELLNESS, INC.	WELLNESS- BURLINGTON TWP 04/23	1,610.00
			<b>3,385.00</b>

003750			
003750	ALEXANDRIA TOWNSHIP BOE	WELLNESS GRANT 03/23-04/23	2,309.45
			<b>2,309.45</b>
003751			
003751	JENNIFER BROWN	WELLNESS REIMB. 04/23	87.44
			<b>87.44</b>
003752			
003752	DELSEA REGIONAL HIGH SCHOOL DISTRICT	WELLNESS- COPAYS 03/23-04/23	497.00
003752	DELSEA REGIONAL HIGH SCHOOL DISTRICT	WELLNESS- CHAIR MASSAGE 05/23	1,520.00
			<b>2,017.00</b>
003753			
003753	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 05/23	470.00
			<b>470.00</b>
003754			
003754	RITA GENGARO	WELLNESS- MISC HANDOUTS 04/23	49.34
			<b>49.34</b>
003755			
003755	LISA CORSEY	ANNUAL WELLNESS STIPEND 9/1/22-6/30/23	2,500.00
			<b>2,500.00</b>
003756			
003756	SOUTHAMPTON SCHOOL DISTRICT	WELLNESS GRANT RIEMB. 04/23	9,049.72
			<b>9,049.72</b>
003757			
003757	SCHOOL DISTRICT OF THE CHATHAMS	JOLIE WELLNESS PROGRAM 03/23	390.75
			<b>390.75</b>
003758			
003758	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 04/23	800,266.75
			<b>800,266.75</b>
		<b>CHECK TOTALS</b>	<b>1,160,540.44</b>
W5230			
W5230	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA AETNA 05/23	559,934.80
W5230	AETNA LIFE INSURANCE COMPANY	VISION TPA AETNA 05/23	699.79
			<b>560,634.59</b>
W5231			
W5231	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 05/23	19,053.84
			<b>19,053.84</b>
W5232			
W5232	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 05/23 INV 15377	5,221.00
W5232	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY SERVICES 05/23 INV 15377	3,164.83
			<b>8,385.83</b>
W5233			
W5233	VERRILL & VERRILL, LLC	TREASURER FEE 05/23	2,202.33
			<b>2,202.33</b>
W5234			
W5234	CONNER STRONG & BUCKELEW	MEDICAL PROGRAM MANAGER FEES 05/23	405,717.55
W5234	CONNER STRONG & BUCKELEW	RX PROGRAM MANAGER FEES 05/23	61,082.70
W5234	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 05/23	7,270.20
W5234	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 05/23	16,611.04
W5234	CONNER STRONG & BUCKELEW	BROKER FEE 05/23	531,256.53
			<b>1,021,938.02</b>
W5235			

W5235	CONNER STRONG & BUCKELEW	GUARDIAN NURSE SERVICE INV 3882 05/23	90,125.00 <b>90,125.00</b>
W5236			
W5236	PAYFLEX	MOORESTOWN 04/23	57.00
W5236	PAYFLEX	CHATHAMS 04/23	18.00
W5236	PAYFLEX	TABERNACLE 04/23	3.00 <b>78.00</b>
W5237			
W5237	DELTACARE DMO	GLOUCESTER COUNTY IOT 05/23	225.04
W5237	DELTACARE DMO	GLOUCESTER SSSD 05/23	711.26 <b>936.30</b>
W5238			
W5238	FLAGSHIP DENTAL PLANS	CINNAMINSON 05/23	371.76
W5238	FLAGSHIP DENTAL PLANS	DEPTFORD 05/23	2,242.20
W5238	FLAGSHIP DENTAL PLANS	LEAP 05/23	3,958.32
W5238	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMPLETE) 05/23	1,967.20 <b>8,539.48</b>
<b>WIRE TOTALS</b>			<b>1,711,893.39</b>
<b>Total Payments FY 22-23</b>			<b>2,872,433.83</b>
<b>TOTAL PAYMENTS ALL FUND YEARS</b>			<b>2,872,433.83</b>

Chairperson

Attest:

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

\_\_\_\_\_  
Treasurer

**SCHOOLS HEALTH INSURANCE FUND**

**SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

<b>Current Fund Year: 2023</b>										
<b>Month Ending: March</b>										
	<b>Medical</b>	<b>Dental</b>	<b>Rx</b>	<b>Dividend Payable</b>	<b>Med.Adv</b>	<b>Reinsurance</b>	<b>tabilization (BO)</b>	<b>LFC</b>	<b>Admin</b>	<b>TOTAL</b>
OPEN BALANCE	131,319,267.25	3,341,093.17	(2,221,990.86)	19,003,464.05	0.00	(985,842.64)	0.00	0.00	14,593,971.61	165,049,962.58
RECEIPTS										
Assessments	45,874,918.56	580,168.19	4,293,177.29	0.00	0.00	1,117,561.73	0.00	0.00	3,768,120.56	55,633,946.33
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	519,913.82	12,288.55	10,991.91	68,248.66	0.00	0.00	0.00	0.00	52,412.51	663,855.45
Invest Adj	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
Subtotal Invest	519,913.83	12,288.55	10,991.91	68,248.66	0.00	0.00	0.00	0.00	52,412.51	663,855.46
Other *	109,803.00	0.00	1,503,401.20	0.00	0.00	0.00	0.00	0.00	0.00	1,613,204.20
TOTAL	46,504,635.39	592,456.74	5,807,570.40	68,248.66	0.00	1,117,561.73	0.00	0.00	3,820,533.07	57,911,005.99
EXPENSES										
Claims Transfers	36,271,795.17	415,205.38	4,665,769.68	0.00	0.00	0.00	0.00	0.00	0.00	41,352,770.23
Expenses	0.00	28,185.30	0.00	0.00	0.00	803,318.02	0.00	0.00	2,072,250.24	2,903,753.56
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	36,271,795.17	443,390.68	4,665,769.68	0.00	0.00	803,318.02	0.00	0.00	2,072,250.24	44,256,523.79
<b>END BALANCE</b>	<b>141,552,107.47</b>	<b>3,490,159.23</b>	<b>(1,080,190.14)</b>	<b>19,071,712.71</b>	<b>0.00</b>	<b>(671,598.93)</b>	<b>0.00</b>	<b>0.00</b>	<b>16,342,254.44</b>	<b>178,704,444.78</b>

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS												
SCHOOLS HEALTH INSURANCE FUND												
ALL FUND YEARS COMBINED												
CURRENT MONTH	March											
CURRENT FUND YEAR	2023											
Description:		Republic Bank - General Account	Republic Bank - Expense Account	Republic Bank Investment Account	Ocean First Bank	Wilmington Trust Investment Account	New Jersey Cash Management Investment Account	Parke Bank Investment Account #8626	Parke Bank – Certificate of Deposit #9000742721	William Penn Bank - Money Market Account	Parke Bank - Certificate of Deposit #9000789412	Cornerstone Investment Account
ID Number:												
Maturity (Yrs)									12/7/2023		12/7/2023	
Purchase Yield:		4.71	4.71	4.71	1.22	4.52	4.56	4.50	4.20	4.00	4.20	4.72
TOTAL for All Accts & instruments												
Opening Cash & Investment Balance	\$165,049,962.60	9,087,416.48	260,155.69	105,904,623.54	39,050.78	909.57	14,775,896.28	7,642,475.19	6,000,000.00	279,177.95	10,000,000.00	11,060,257.12
Opening Interest Accrual Balance	\$2.95	-	-	-	-	2.95	-	-	-	-	-	-
1	Interest Accrued and/or Interest Cost	\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$663,852.49	\$20,097.33	\$2,213.68	\$408,281.59	\$37.46	\$0.00	\$107,637.05	\$29,282.80	\$19,331.51	\$901.78	\$32,219.18
6	Interest Paid - Term Instr.s	\$2.95	\$0.00	\$0.00	\$0.00	\$0.00	\$2.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$663,855.86	\$20,097.33	\$2,213.68	\$408,281.59	\$37.46	\$3.37	\$107,637.05	\$29,282.80	\$19,331.51	\$901.78	\$32,219.18
9	Deposits - Purchases	\$103,463,558.67	\$57,247,150.53	\$2,884,777.72	\$18,280,079.73	\$0.00	\$0.00	\$25,000,000.00	\$51,550.69	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$90,472,931.93	-\$62,237,547.95	-\$2,903,753.56	-\$25,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$19,331.51	-\$280,079.73	-\$32,219.18
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance		\$178,704,444.78	\$4,117,116.39	\$243,393.53	\$99,592,984.86	\$39,088.24	\$912.52	\$39,883,533.33	\$7,723,308.68	\$6,000,000.00	\$0.00	\$10,000,000.00
Ending Interest Accrual Balance		\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks		\$166,647.77	\$0.00	\$166,647.77	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$178,871,092.55	\$4,117,116.39	\$410,041.30	\$99,592,984.86	\$39,088.24	\$912.52	\$39,883,533.33	\$7,723,308.68	\$6,000,000.00	\$0.00	\$10,000,000.00



CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SCHOOLS HEALTH INSURANCE FUND									
Month		March							
Current Fund Year		2023							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Year	Coverage	Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
		Last Month	March	March	March	March	Reconciled	Variance From	Month
2022	Medical	246,590,596.79	36,271,795.17	0.00	282,862,391.96	0.00	282,862,391.96	246,590,596.79	36,271,795.17
	Dental	2,930,237.04	415,205.38	0.00	3,345,442.42	0.00	3,345,442.42	2,930,237.04	415,205.38
	Rx	36,491,814.30	4,665,769.68	0.00	41,157,583.98	0.00	41,157,583.98	36,491,814.30	4,665,769.68
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	286,012,648.13	41,352,770.23	0.00	327,365,418.36	0.00	327,365,418.36	286,012,648.13	41,352,770.23



## **SCHOOLS HEALTH INSURANCE FUND**

### **Monthly Claim Activity Report**

**May 22, 2023**



## SCHOOLS HEALTH INSURANCE FUND

	<b>MEDICAL CLAIMS PAID 2021-2022</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2022-2023</b>	<b># OF EES</b>	<b>PER EE</b>
JULY	\$18,771,219	14,784	<b>\$1,270</b>	\$20,653,856	15,510	<b>\$1,332</b>
AUGUST	\$23,959,789	14,129	<b>\$1,696</b>	\$29,975,105	15,369	<b>\$1,950</b>
SEPTEMBER	\$22,312,790	14,558	<b>\$1,533</b>	\$22,221,075	15,808	<b>\$1,406</b>
OCTOBER	\$22,038,722	14,518	<b>\$1,518</b>	\$21,393,357	15,780	<b>\$1,356</b>
NOVEMBER	\$21,948,287	14,542	<b>\$1,509</b>	\$26,337,598	15,983	<b>\$1,648</b>
DECEMBER	\$24,408,315	14,547	<b>\$1,678</b>	\$23,003,951	15,958	<b>\$1,442</b>
JANUARY	\$21,020,119	14,545	<b>\$1,445</b>	\$27,378,278	16,389	<b>\$1,671</b>
FEBRUARY	\$22,435,741	14,552	<b>\$1,542</b>	\$23,896,107	16,404	<b>\$1,457</b>
MARCH	\$26,092,101	14,523	<b>\$1,797</b>	\$24,587,502	16,430	<b>\$1,497</b>
APRIL	\$23,157,506	14,523	<b>\$1,595</b>			
MAY	\$28,105,730	14,517	<b>\$1,936</b>			
JUNE	\$19,971,050	14,520	<b>\$1,375</b>			
<b>TOTALS</b>	<b>\$274,221,370</b>			<b>\$219,446,828</b>		
				<b>2022-2023 Avg.</b>	<b>15,959</b>	<b>\$ 1,529</b>
				<b>2021-2022 Avg.</b>	<b>14,522</b>	<b>\$ 1,574</b>

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

Plan Sponsor Unique ID : All  
 Customer: Schools Health Insurance Fund  
 Group / Control: 00141839,00169498,00169659,00737392,00737419

Paid Dates: 02/01/2023 - 02/28/2023  
 Service Dates: 01/01/2011 - 02/28/2023  
 Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$768,944.05	\$412,001.56	PULMONARY HYPERTENSION OF
	\$281,265.40	\$152,238.85	OTHER SPECIFIED PULMONARY HEART
	\$622,657.22	\$138,586.45	POSTPROCEDURAL HEMORRHAGE OF A
	\$384,343.36	\$136,339.03	VENTRICULAR TACHYCARDIA, UNSPECIFIED
	\$446,605.51	\$126,696.97	DISPLACED FRACTURE OF RIGHT TIBIAL TUBEROSITY,
	\$184,855.18	\$125,957.75	UNSPECIFIED SEVERE PROTEIN-CALORIE
	\$194,740.00	\$119,768.46	OPIOID DEPENDENCE, UNCOMPLICATED
	\$160,573.78	\$113,405.96	HYPERTENSIVE HEART DISEASE WITH HEART
	\$287,482.33	\$104,327.11	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY
	\$176,316.16	\$100,514.47	OTHER PULMONARY EMBOLISM WITH ACUTE COR
<b>Total:</b>	<b>\$3,507,782.99</b>	<b>\$1,529,836.61</b>	

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

**Plan Sponsor Unique ID :** All  
**Customer:** Schools Health Insurance Fund  
**Group / Control:** 00141839,00169498,00169659,00737392,00737419

**Paid Dates:** 03/01/2023 - 03/31/2023  
**Service Dates:** 01/01/2011 - 03/31/2023  
**Line of Business:** All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$731,001.89	\$372,981.74	DISCORDANT VENTRICULOARTERIAL
	\$361,118.85	\$180,547.85	BURN OF THIRD DEGREE OF LEFT FOOT, INITIAL
	\$619,744.46	\$165,089.37	MALIGNANT NEOPLASM OF RIGHT KIDNEY , EXCEPT
	\$260,853.87	\$137,745.41	SECONDARY AND UNSPECIFIED MALIGNANT
	\$554,902.10	\$135,642.21	ADOLESCENT IDIOPATHIC SCOLIOSIS,
	\$251,990.72	\$132,429.62	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH
	\$347,162.74	\$126,089.54	POSTPROCEDURAL HEMORRHAGE OF A
	\$13,552.71	\$112,166.56	PERSISTENT POSTPROCEDURAL FISTULA,
	\$129,287.25	\$111,957.70	INTERVERTEBRAL DISC DISORDERS WITH
	\$163,320.62	\$101,206.08	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE
	\$150,604.56	\$101,129.64	MULTIPLE SCLEROSIS
	\$118,854.00	\$100,816.00	CERVICALGIA
	\$489,002.41	\$100,352.56	VENTRICULAR TACHYCARDIA, UNSPECIFIED
<b>Total:</b>	<b>\$4,191,396.18</b>	<b>\$1,878,154.28</b>	



**Schools Health Insurance Fund**  
4/1/22 through 3/31/23 (Unless otherwise noted)

**Dashboard**

**Medical Claims Paid Per Employee**  
**July 2022 – March 2023**  
Total Medical Paid per Employee:  
**\$1,529**

**Network Discounts**

Inpatient: 67.8%  
Ambulatory: 69.8%  
Physician/Other: 60.8%  
**TOTAL: 65.8%**

**Provider Network**

% Admissions In-Network: 97.9%  
% Physician Office: 96.7%  
  
**Aetna Book of Business:**  
Admissions 97.8%; Physician 91.5%

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

- Virtua-West Jersey
- CHOP
- Morristown Medical Center
- Cooper
- University of Pennsylvania

**Claimants Over \$50,000**  
(January 2023 – March 2023)

Number of Claims Over \$50,000: 129  
Claimants per 1000 members: 2.9  
Avg. Paid per Claimant: \$104,726  
Percent of Total Paid: 18.5%  
• Aetna BOB- HCC account for an average of 40.4% of total Medical Cost

**Teladoc Activity:**  
**January 2023– March 2023**

Total Registrations: 434  
Total Online Visits: 938  
Total Net Claims Savings: 473,667  
Total Visits w/ Rx: 1,453

**Utilization by Age**

0-17: 11.4%  
18-26: 13.5%  
27-30: 6.1%  
31-45: 41.3%  
46-55: 18.1%  
55-65: 8.5%  
66+: 1.21.1%

**Mental Health Visits: 323**  
**Dermatology Visits: 41**

**Allentown Service Center**  
**Performance Goal Metrics YTD 2023**

**Customer Service Performance**

1<sup>st</sup> Call Resolution: 94.04%  
Abandonment Rate: 0.72%  
Avg. Speed of Answer: 19.4 sec

**Claims Performance**

Financial Accuracy: 99.66%  
Q4 2022

90% processed w/in: 6.8 days  
95% processed w/in: 13.4 days

**Claims Performance (Monthly)**  
(March 2023)

90% processed w/in: 10.3 days  
95% processed w/in: 17.9 days  
(Note: This is not a PG metric)

**Performance Goals**

1<sup>st</sup> 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



**AmeriHealth<sup>®</sup>**  
ADMINISTRATORS

	<div></div>						
Schools Health Insurance Fund							
	Medical Claim 2022-2023	# of EE's 2022-2023	PER EE		Medical Claim 2021-2022	# of EE'S 2021-2022	PER EE
JULY	\$4,771,803.63	3702	\$1,288.97	JULY	\$3,858,683.06	4034	\$956.54
AUGUST	\$6,340,351.36	3690	\$1,718.25	AUGUST	\$5,584,516.80	4025	\$1,387.45
SEPTEMBER	\$8,558,419.70	3799	\$2,252.80	SEPTEMBER	\$6,769,899.69	4142	\$1,634.45
OCTOBER	\$6,918,190.88	3810	\$1,815.79	OCTOBER	\$7,019,506.38	4146	\$1,693.07
NOVEMBER	\$6,436,072.00	3808	\$1,690.14	NOVEMBER	\$4,682,432.58	4157	\$1,126.39
DECEMBER	\$7,056,459.00	3820	\$1,847.24	DECEMBER	\$8,045,911.93	4156	\$1,935.97
JANUARY	\$4,390,317.00	3823	\$1,148.39	JANUARY	\$5,567,232.87	4179	\$1,332.19
FEBRUARY	\$8,609,653.34	3836	\$2,244.43	FEBRUARY	\$6,735,737.90	4177	\$1,612.57
MARCH	\$7,507,694.05	3833	\$1,958.70	MARCH	\$7,822,592.71	4173	\$1,874.57
APRIL	\$6,322,929.91	3824	\$1,653.48	APRIL	\$6,219,973.54	4165	\$1,493.39
MAY				MAY	\$6,094,438.00	4154	\$1,467.12
JUNE				JUNE	\$9,861,535.00	4162	\$2,369.42
TOTALS	\$66,911,890.87	3794.5	1,707.27	TOTAL	\$78,262,460.46		
	AVERAGE	3795	\$1,707.27		AVERAGE	4139.17	\$1,573.59





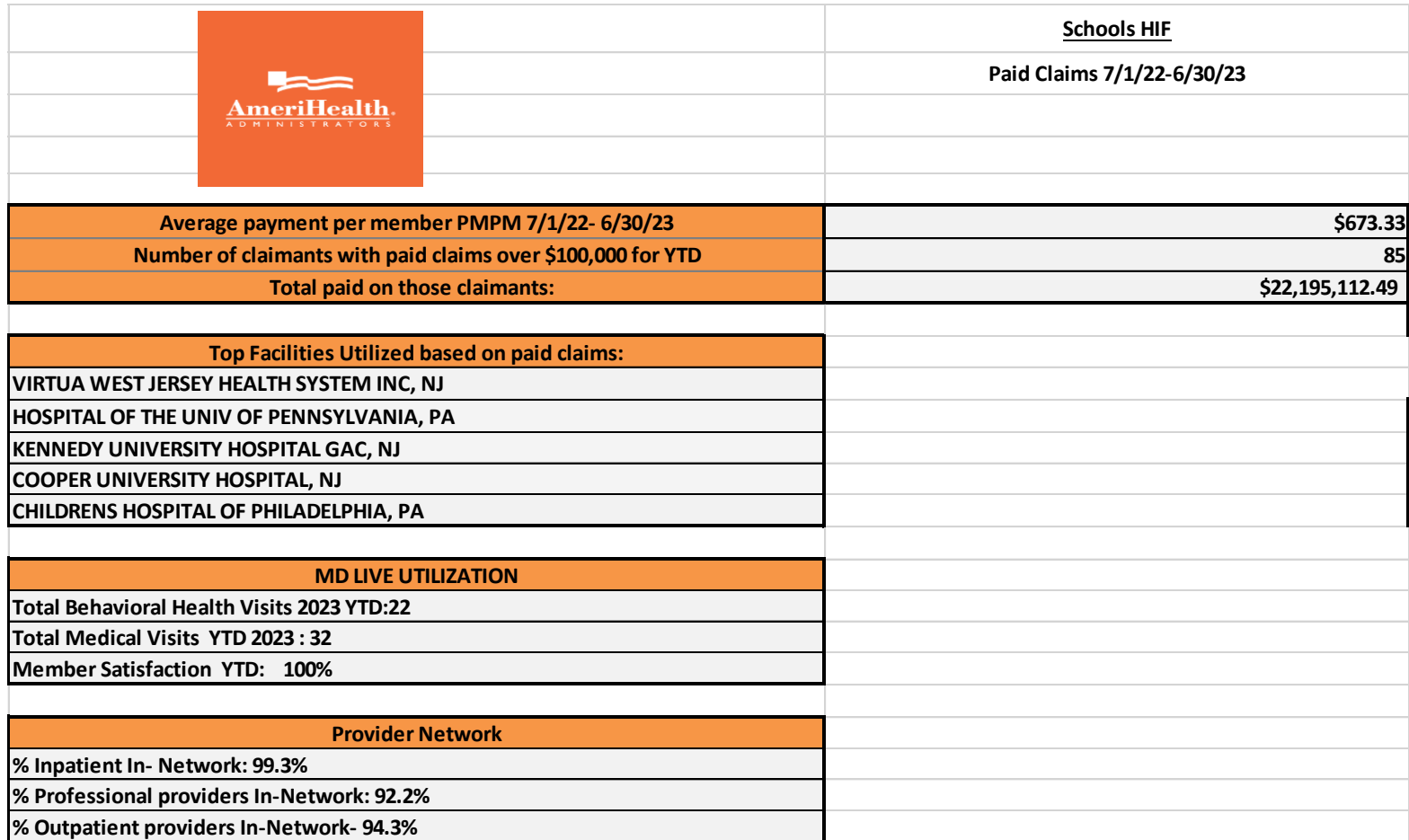
**PLAN SPONSOR INFORMATION SERVICES**  
**Large Claimant Report- Claims Over \$100,000.00**

**Group:** Schools Health Insurance Fund  
**Paid Dates:** 4/1/23- 4/30/23  
**Network Service:** ALL

**Service Dates:** -  
**Line of Business:** All  
**Product Line:** All

Claimant	Relationship	Paid Amount	Diagnosis
1	Dependent	\$411,105	Other Perinatal Conditions
2	Employee	\$119,397	Lower Gastrointestinal Disorders
3	Employee	\$115,779	Cancer Of Breast

<b>Total</b>	<b>\$646,281.63</b>
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**EXPRESS SCRIPTS®**

**School Health Insurance Fund**

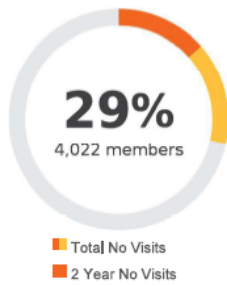
Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q 1	2022 04	2022 05	2022 06	2022 Q 2	2022 07	2022 08	2022 09	2022 Q 3	2022 10	2022 11	2022 12	2022 Q 4	2022 YTD
Membership	24,262	24,219	24,261	24,254	24,318	24,298	24,294	24,303	26,212	26,482	26,860	26,518	26,909	26,898	26,948	26,918	25,498
Total Days	868,828	799,043	898,773	2,566,644	859,145	896,557	878,429	2,634,131	912,225	973,123	895,144	2,780,804	680,028	960,600	974,873	2,901,361	10,882,397
Total Patients	10,251	9,297	9,882	14,778	10,020	10,284	10,259	15,148	10,665	10,810	10,816	16,148	9,710	12,317	12,084	18,095	23,804
Total Plan Cost	\$3,889,923	\$3,244,281	\$4,008,982	\$11,143,186	\$3,924,676	\$3,803,541	\$4,108,849	\$11,837,067	\$4,110,543	\$4,517,864	\$4,045,233	\$12,674,005	\$2,855,036	\$4,407,490	\$4,355,446	\$13,240,018	\$48,889,063
Generic Fill Rate (GFR) - Total	81.5%	84.1%	86.3%	84.0%	85.8%	85.1%	85.7%	85.5%	84.5%	84.8%	82.7%	84.0%	78.0%	80.5%	83.4%	80.5%	83.3%
Plan Cost PMPM	\$160.33	\$133.96	\$165.11	\$153.15	\$161.39	\$156.54	\$169.13	\$162.35	\$156.82	\$170.60	\$150.60	\$159.31	\$106.10	\$163.86	\$161.62	\$163.95	\$159.78
Total Specialty Plan Cost	\$1,478,566	\$1,228,221	\$1,667,748	\$4,374,535	\$1,467,698	\$1,542,531	\$1,670,976	\$4,681,206	\$1,606,755	\$1,915,374	\$1,694,809	\$5,216,939	\$967,972	\$1,865,017	\$1,748,464	\$5,430,417	\$19,695,053
Specialty % of Total Specialty Plan Cost	38.0%	37.9%	41.6%	39.3%	37.4%	40.6%	40.7%	39.5%	39.1%	42.4%	41.9%	41.2%	33.9%	42.3%	40.1%	41.0%	40.3%

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q 1	2023 04	2023 05	2023 06	2023 Q 3	2023 07	2023 08	2023 09	2023 Q 3	2023 10	2023 11	2023 12	2023 Q 4	2023 YTD
Membership	26,756	26,737	26,781	26,758													
Total Days	1,009,562	913,203	1,034,006	2,956,771													
Total Patients	11,762	11,173	11,889	17,099													
Total Plan Cost	\$4,575,950	\$4,257,451	\$5,013,278	\$13,846,678													
Generic Fill Rate (GFR) - Total	84.2%	85.1%	85.6%	85.0%													
Plan Cost PMPM	\$171.03	\$159.23	\$187.20	\$172.49													
% Change Plan Cost PMPM	6.7%	18.9%	13.4%	12.6%													
Total Specialty Plan Cost	\$1,783,063	\$1,679,465	\$1,976,532	\$5,439,060													
Specialty % of Total Specialty Plan Cost	39.0%	39.4%	39.4%	39.3%													

PMPM	
2022 Q 1	\$153.15
2023 Q 1	\$172.49
Trend - 22-23 Q 1	12.6%

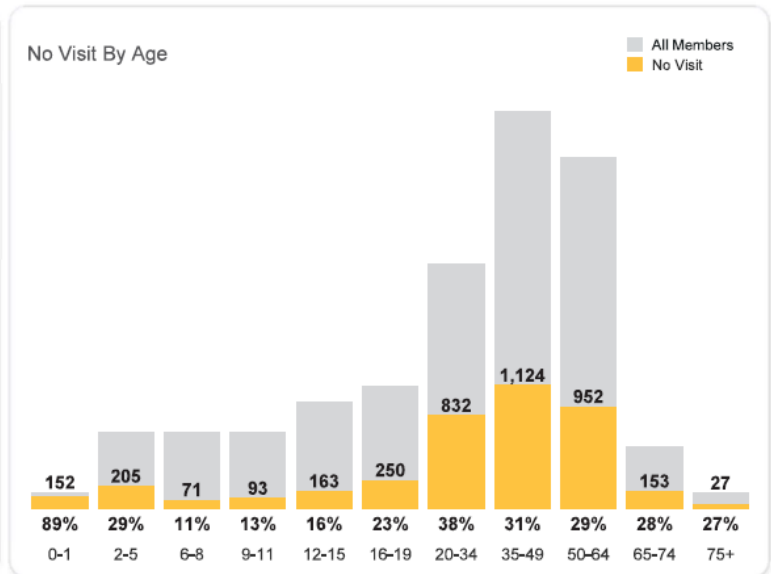
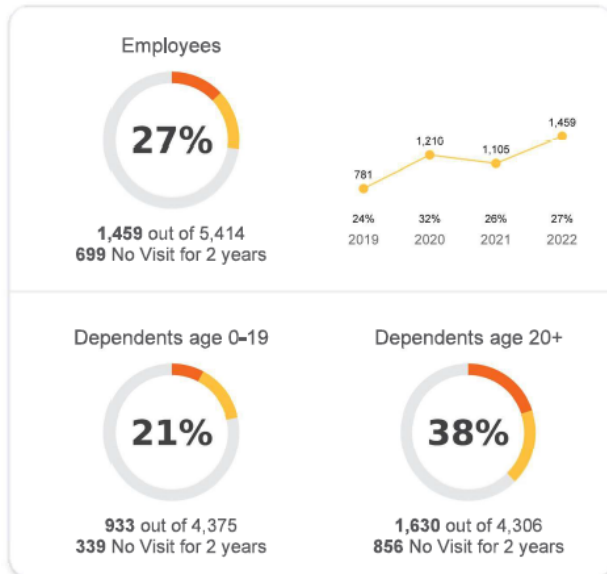
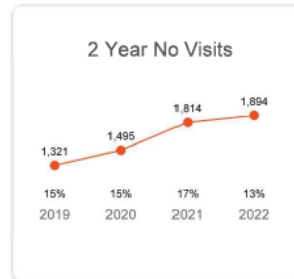


## No Visit Members



**1,894** members have not seen a dentist for two years and may be at increased risk

- **699** are employees
- **1,555** are adults
- **339** are children



Note: Age-specific metrics do not include members of an unknown age

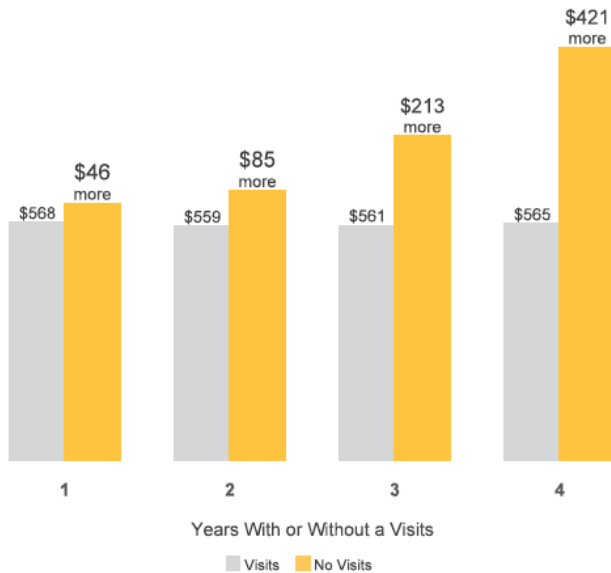
# The Cost of No Visits

It is estimated that over \$45 billion is lost in productivity each year due to untreated dental disease<sup>1</sup>. In addition, members who delay care also tend to require more expensive treatment for oral health problems when they finally return to the dentist. The five-year analysis below compares members with routine visits to members who did not see a dentist until this year. Source: (1) <https://www.cdc.gov/chronicdisease/programs-impact/pop/oral-disease.htm>

## How Much Do No Visits Cost?

Compared to members with routine visits, the cost of previous No Visit members in the current year often increases with each additional year of no visit.

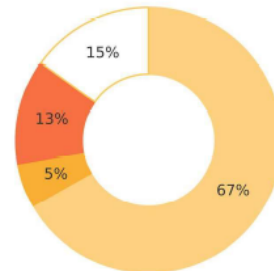
The graph below shows the average cost per member in the current year after 1 or more years of visits or no visits.



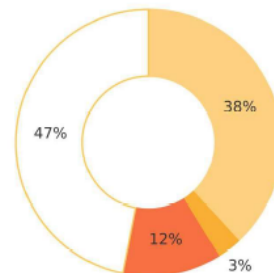
## What Types of Procedures Are Driving Costs?

Distribution of procedure costs in the current year after 4 years of no visits or visits

No Visits



Visits



■ Tooth Decay  
■ Gum Disease  
■ Tooth Loss  
■ Healthy Behaviors



# SCHOOLS HEALTH INSURANCE FUND

## CONSENT AGENDA

MAY 24, 2023

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

**Motion**\_\_\_\_\_ **Second**\_\_\_\_\_

Revised Resolution 23-22: Designating Authorized Signatories.....	Page 57
Resolution 12-23: Professional Services Contract Award .....	Page 58
Resolution 13-23: EUS Contract Award .....	Page 60
Resolution 14-23: Appointing Agent for Process of Service.....	Page 61
Resolution 15-23: Appointing Fund Newspapers.....	Page 62
Resolution 16-23: 2023-2024 Meeting Dates .....	Page 63
Resolution 17-23: Cash Management Plan .....	Page 64
Resolution 18-23: Risk Management Plan .....	Page 68
Resolution 19-23: Compensating Producers .....	Page 79
Resolution 20-23: Authorizing Treasurer for Contracted Payments .....	Page 91
Resolution 21-23: New Member Approval.....	Page 92
Resolution 22-23: Rejecting RFP Results .....	Page 93
Resolution 23-23: Approving Wellness Vendor Contracts .....	Page 94
Resolution 24-23: April and May 2023 Bills List .....	Page 96



**SCHOOLS HEALTH INSURANCE FUND  
RESOLUTION DESIGNATING  
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

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

Joseph Collins	- Chairman
Beth Ann Coleman	- Secretary
Helen Haley	- Trustee
Lorraine Verrill	- Treasurer

**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:**\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**\_\_\_\_\_  
**SECRETARY**

**RESOLUTION 12-23**

**SCHOOLS HEALTH INSURANCE FUND**

**AWARDING COMPETITIVE CONTRACT 23-01 VARIOUS PROFESSIONALS AND INSURANCE  
RELATED SERVICES**

**WHEREAS** the Schools Health Insurance Fund (hereinafter the Fund) authorized the competitive contract process to be administered by the Qualified Purchasing Agent through resolution #4-23 for the positions of:

ACTUARY  
AUDITOR  
FUND ATTORNEY  
TREASURER  
And

**WHEREAS** services were procured according to the competitive contracting process under P.S.C.L.18A:11-4.1 et. Seq., and

**WHEREAS** the Fund received Competitive Contract responses were received from professional service providers and service organizations on March 21, 2023, at 10:00AM.

**WHEREAS** the Fund's Evaluation Committees for the respective Professional Service Providers rated the proposals upon the standards of factors being Technical, Managerial and Cost factors in accord with N.J.A.C.5:34-4.3(d); and

**WHEREAS** the Evaluation Committees made recommendations on the award of contracts to the below listed Professional Service Providers and Service Organizations based on a review of their responses, experience and prior service provided at the rates established by the Board of Fund Commissioners; and

**WHEREAS**, the report produced by the committee, recommending the below was made available to the public and governing body at least 48 hours prior to the meeting of the governing body in accord with P.S.C.L.18A:11-4.1 and N.J.A.C 5:34-4; and

**WHEREAS**, the Fund Treasurer has indicated that sufficient funds exist for the award of these contracts in the usual and customary accounts.

**WHEREAS** the Board of Fund Commissioners of the Schools Health Insurance Fund resolves to appoint the Fund Professionals – noted below – to three-year terms commencing on July 1, 2023, and ending on June 30, 2024 (unless otherwise noted) with up to 4 additional one year extensions, in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.

1. Harris law Offices, White Horse Pike, Haddon Heights, New Jersey, 08035 as Fund Attorney in the amount of \$38,738.00; and

2. Actuarial Solutions LLC, 601 Willow Pond Lane, Osteen, Florida, 32764 as Actuary in the amount of \$29,750.00; and
3. Bowman & Company, 601 White Horse Road, Voorhees, New Jersey, 08043 as Auditor in the amount of \$20,604.00; and
4. Verrill & Verrill LLC, 16 S. Wendover Road, Medford, New Jersey, 08055 as Treasurer in the amount of \$26,957.00

**WHEREAS**, these professional services are authorized pursuant to the Local Public Contracts Law, N.J.S.A. 40A:11-5(1)(a)(i); now, therefore

**BE IT RESOLVED** by the Schools Health Insurance 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 Actuarial Solutions, Ken Harris Law, Bowman & Company and Verrill & Verrill, LLC and

**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: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 13-23**

**SCHOOLS HEALTH INSURANCE FUND  
RESOLUTION TO AMEND THE  
EXTRAORDINARY, UNSPECIFIABLE SERVICES CONTRACT  
FOR PROGRAM MANAGER**

**WHEREAS**, the Schools Health Insurance Fund (hereinafter “the Fund”) is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Board of Trustees of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

**WHEREAS**, the Board of Trustees resolved to awarded a contract for certain Fund services in accordance with N.J.S.A 18A:18A-5(a)(10) the Program Manager for the period of July 1, 2021 through June 30, 2024;

**WHEREAS**, the Board of Trustees found the need for additional services and fees and amend the contract to reflect these services;

**WHEREAS**, such amendment should also have provided for a revision to the contract to allow for compensation to Conner Strong & Buckelew for the an annual claims and operations audit through AIM and the addition of a dedicated nurse to the Guardian Nurses sub contract;

**WHEREAS**, the Board of Trustees approves to amend the contract to include an additional \$40,000 as a pass through expense to AIM for the purposes of auditing and an additional \$227,789 for a 6<sup>th</sup> nurse to Guardian Nurses;

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

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

**NOW, THEREFORE, BE IT RESOLVED** that the Program Manager contract be amended to reflect the additional services and fees in the amount of \$40,000 and \$227,789;

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_

RESOLUTION NO. 14-23
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**SCHOOLS HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2023-2024**

**BE IT RESOLVED** by the Board of Trustees of the Schools Health Insurance Fund appoint PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2023-2024 or until its successor has be appointed and qualified.

**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

<b>RESOLUTION NO. 15-23</b>
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**SCHOOLS HEALTH INSURANCE FUND  
DESIGNATING  
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2023-2024**

**BE IT RESOLVED** by the Board of Trustees of the Schools Health Insurance Fund that the Courier Post, The Star Ledger, and the Trenton Times are hereby designated as the official newspapers for the Schools Health Insurance Fund for the year 2023-2024 and that all official notices required to be published shall be published in said newspapers and on the Fund Website ([www.schoolshif.com](http://www.schoolshif.com))

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Schools Health Insurance Fund shall give notice of said meetings to these same outlets.

**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 16-23**

**SCHOOLS HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2023-2024**

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

**NOW THEREFORE BE IT RESOLVED**, by the Board of Trustees of the Schools Health Insurance Fund that the Fund shall hold public meetings during the year 2023-2024 on the following dates:

**July 26, 2023** - Moorestown Community House, 16 East Main St, Moorestown, NJ 08057

Locations TBD for the following dates:

**September 27, 2023**

**November 29, 2023\***

**February 28, 2024**

**March 27, 2024**

**May 22, 2024**

**July 24, 2024**

\* 5<sup>th</sup> Wednesday of the month.

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this resolution and the designated newspapers of the fund, and listed on the Fund Website ([www.schoolshif.com](http://www.schoolshif.com))

**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**SCHOOLS HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN**

**SCHOOLS HEALTH INSURANCE FUND**

**2023/2024 CASH MANAGEMENT AND INVESTMENT POLICY**

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

The SCHOOLS HEALTH INSURANCE FUND (hereinafter referred to as the FUND) objectives in this area are:

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

**2.) Permissible Investments**

Investments shall be limited to the following:

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



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

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

3.) **Authorized Depositories**

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

TD Bank  
Wells Fargo Bank  
Citizens Bank  
Parke Bank  
Republic Bank  
William Penn Bank  
Ocean First Bank  
Cornerstone Bank

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

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

The Treasurer will notify groups that are delinquent by more than 60 days via a letter including the Fund Year cash transactions and specify amount due.

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

If a group has a delinquent balance greater than 120 days, the Treasurer will notify the Executive Director who may reduce member's closed year balance account by the delinquency.

## **SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

SCHOOLS HEALTH INSURANCE FUND

2023/2024 RISK MANAGEMENT PLAN

Effective: July 1, 2023

Adopted: May 24, 2023

The **RISK MANAGEMENT PLAN** for the Schools Health Insurance Fund (the “SHIF”), for the SHIF Year beginning July 1, 2023 and ending on June 30, 2024 shall be as set forth below:

**1.) COVERAGE OFFERED**

- Medical

The medical plans offered by the SHIF include standard “preferred provider organization”, “traditional”, “point of services”, “tiered”, and “health maintenance organization” plan designs and such other plan designs as approved by the Board of Trustees and the Commissioner of the Department of Banking and Insurance. These plans have both in network and out of network benefits and are customized to the needs and specifications of the members. The SHIF also offers “low cost plans” to allow members options to comply with contribution requirements under Chapter 78. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan and those plans required under chapter 44.

- Dental

The SHIF offers customized dental plans as required by the members.

- Prescription

The SHIF offers customized prescription plans as required by the members including plans that are coordinated with the low cost medical plans.

- Vision

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

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member and plan design.

**3.) RISK RETAINED BY THE SHIF**

**Specific Coverage:** The fund self-insures for the first \$525,000 of any medical or Prescription Drug claim 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 contract year (Incurred in 12 months and Paid in 24 months)

**4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

The SHIF complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the SHIF Year. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the SHIF Year. This accrual is periodically adjusted, but not less frequently than annually, in accordance with the actuary’s certifications.

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

At least one month before the end of the SHIF Year, the SHIF adopts a budget for the upcoming year based on the most recent census, the claims experience for the current SHIF Year and other applicable accounting and actuarial factors. Per employee rates are computed for each line of coverage for each SHIF member, and are approved by the SHIF as a part of the budget adoption process. These rates are used to compute the monthly assessment for each member of the SHIF members based on the updated census, and monthly billings are mailed to the SHIF members approximately 15 days before the beginning of the month. The billing also includes the member’s updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former employees (COBRA, Conversion and some Retirees) are billed directly by the SHIF.

Members that renew on July 1 have the option of taking a payment deferment by paying their June assessment in the subsequent month of July. Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that choose to take such deferments shall advise the SHIF Executive Director’s office in writing at least one month prior to taking the deferment

**6.) COVERAGE PURCHASED FROM INSURERS AND PARTICIPATION IN THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)**

The SHIF provides coverage on a self-insured basis, and secures excess insurance to cap the SHIFs’ specific (i.e. per enrolled covered person per policy year) retention. The SHIF is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the SHIF’s local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations. The MRHIF also has the ability to purchase an aggregating specific excess insurance policy on behalf of the SHIF and the other members.

## 7.) REINSURANCE

SHIF provides for reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund.

## 8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the SHIF, a prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- age/sex factor as compared to the average for the existing SHIF membership;
- the plan of benefits for the prospective member; and
- loss data if available.

The actuary then recommends a relativity factor to either the SHIF's base rates or to the rates being paid by the entity. The Board of Trustees of the SHIF must approve the rates recommended by the actuary before the prospective member is approved for membership in the SHIF.

In some cases, prospective members are offered entry rates of up to eighteen (18) months to allow for the alignment of renewals with the fiscal years of the SHIF or of the entity. In such cases, an additional reserve of surplus is considered as part of the dividend declaration process to provide additional protection for the SHIF.

To manage potential volatility that could result from rapid growth, the SHIF:

- limits growth in medical membership to 20% of the prior year's medical enrollment;
- limits growth in counties outside of its traditional footprint (Camden, Gloucester, and Burlington) and outside the counties of Sussex (9 current members), Hunterdon (5 current members), and Warren (7 current members) to 5% of the prior year's enrollment;
- prohibits cross subsidization of rates between new members; and
- requires new members to use all Rx utilization management standards adopted by the SHIF.

The SHIF may require enrollment audits for new and existing members to assure that benefits are paid only for persons meeting eligibility requirements.

Rates for all members are adjusted at the beginning of each SHIF year to reflect the new budget. The adjustment reflects the overall cash flow needs of the SHIF, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The SHIF may implement individual entity loss ratio adjustments based upon recommendations from the SHIF actuary up to +/- 2.5% the average required renewal. Unless otherwise agreed upon, loss ratio adjustments will be applied after a group has more than 2 years of experience with the Fund.

The SHIF may also adopt mid-year rate changes to reflect changes in plan design, participation in lines of coverage, utilization management, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for

the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for a three (3) year period.

Loss experience data used by the SHIF to determine loss ratio adjustments will be made available no more frequently than twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three (3) year period including de-identified specific claims at 50% of the SHIF's self-insured retention. Requests for additional claims data from SHIF members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the SHIF or its vendors for data extraction and formatting costs.

As part of the renewal process, the Board of Trustees shall, at least annually, review surplus retention objectives and status.

Additionally, claims agents shall formally report to the SHIF at least annually on network contract changes and the potential financial impact of such changes on the prospective charges and fees.

#### **9.) RATING PERIODS**

Rating periods for school board members generally coincide with the SHIF fiscal year but customized rating periods can be offered to members.

#### **10.) FACTORS IF RATES FOR MEMBERS JOINING THE SHIF DURING A SHIF YEAR ARE TO BE ADJUSTED.**

Unless otherwise authorized as part of the offer of membership, when a member joins during a SHIF year, the member's initial rates are only valid through the end of the then current SHIF year at which time the rates are adjusted for all members to reflect the new budget.

#### **11.) TERMINATION OF MEMBERSHIP**

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

#### **12.) PROVISION FOR PLAN ALTERNATIVES**

The SHIF offers employees the option of selecting various PPO/POS, tiered option plans and other plan designs dependent upon the collective bargaining agreements applicable to that member. Generally, it is the policy of the SHIF to encourage selection of POS and other cost saving plan designs as opposed to traditional indemnity plans, and the SHIF provides promotional material to assist members in employee communication programs concerning optional plan designs.

#### **13.) OPEN ENROLLMENT PROCEDURES**

All members have an open enrollment period no later than the first month of their joining the SHIF. Participating employees also have an annual open enrollment with changes effective at the beginning of the SHIF Year.

#### **14.) COBRA AND CONVERSION OPTIONS**

The SHIF provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The SHIF 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 SHIF provides a conversion option at rates established by the SHIF. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SEHBP. The SHIF's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the SHIF, or otherwise ceases to be a member of the SHIF or in the event of nonpayment of applicable charges.

#### **15.) DISCLOSURE OF BENEFIT LIMITS**

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

#### **16.) 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 SHIF or confer any additional rights to the employees. Where the SHIF 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.

#### **17.) RETIREES**

The SHIF duplicates coverage for eligible retirees and uses the rates established by the SHIF actuary. The SHIF's coverage of a retiree shall terminate effective the date the member local unit withdraws from the SHIF, or otherwise ceases to be a member of the SHIF or in the event of nonpayment of applicable charges.

#### **18.) 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)."

## 19.) PLAN DOCUMENT

The SHIF prepares a plan document and benefit plan booklets for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

### A.) General Information

- Enrollment procedures and eligibility;
- Dependent eligibility;
- When coverage begins;
- When coverage may be changed;
- When coverage ends;
- COBRA provisions;
- Conversion privileges; and
- Enrollment forms and instructions.

### B.) Benefits

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

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

### C.) Claims Procedures

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

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

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

**20.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE SHIF.**

**PROVIDED IN EACH PLAN DOCUMENT**

**21.) PROCEDURES FOR THE CLOSURE OF SHIF FUND YEARS**

Approximately six months after the end of a SHIF year, the SHIF 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 SHIF begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. The SHIF has determined that maintaining and retaining a surplus equal to two and a half (2.5) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations.

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

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The SHIF decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that SHIF year to the "Closed SHIF Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed SHIF Year/Contingency Account.
- Any member that has withdrawn from the SHIF shall receive its remaining share of the Closed SHIF Year/Contingency Account on the following schedule:
  - 3<sup>rd</sup> year after withdrawal – 25% of balance
  - 4<sup>th</sup> year after withdrawal – 25% of balance
  - 5<sup>th</sup> year after withdrawal – 25% of balance
  - 6<sup>th</sup> year after withdrawal – Remaining balance

**22.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER**

1. The SHIF Treasurer may issue checks or initiate wire transfers in payment of medical, Rx, and dental claims, as submitted by the third party administrator responsible for handling the SHIF's claims, as necessary in order to fulfill the SHIF's claim funding obligations under the applicable service provider contract between the SHIF and the third party administrator. The certifying and approving officer shall prepare a report of all claims approved by him or her in aggregate by year and line of coverage. This report shall be submitted to the Board of Trustees of the SHIF at their next scheduled meeting. The Board of Trustees shall review and approve the actions of the certifying and approving officer. In the event claims approved and paid by the certifying and approving officer is not approved by the Board of Trustees, they shall direct appropriate action to be taken.

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

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

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

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

## **23.) "RUN-IN" or "RUN-OUT" LIABILITY**

The SHIF covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former SHIF member during the period it was a member. Upon approval of the Board of Trustees, the SHIF 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 SHIF). When the SHIF covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the SHIF's actuary and approved by the Board of Trustees. The assessment shall be paid entirely within the SHIF Year the member joined the SHIF.

## **24.) CLAIM AUDIT**

The SHIF retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first SHIF Year after the SHIF's inception and at least once every three (3) years thereafter. The SHIF can conduct this audit on its own, or in a cooperative effort with other health joint insurance funds through the Municipal Reinsurance Health Insurance Fund.

## 25.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
  - The TPA shall provide the Program Manager, Executive Director and the SHIF Attorney with a copy of the memo, which has been prepared concerning the appeal.
  - The TPA, Program Manager, Executive Director and SHIF Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
    - (a) In an amount not greater than \$5,000.00 and/or
    - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant.
- If the decision of the TPA, Program Manager, Executive Director and SHIF Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Board of Trustees of the SHIF shall formally confirm the decision of the TPA, Program Manager, Executive Director and SHIF Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Board of Trustees.
- If the decision of the TPA, Program Manager, Executive Director and SHIF Attorney is to deny the claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the SHIF's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.
  - a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Program Manager to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request shall be accompanied by a copy of the determination letter issued by the TPA.
  - 1. The Program Manager will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is not or was not eligible

for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Program Manager shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

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

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

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

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

of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

- (i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;
- (ii) the date the IRO was assigned and date of the IRO's decision;
- (iii) references to the documentation/information considered;
- (iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;
- (v) a statement that the decision is binding on the claimant and the SHIF subject to the claimant's right to seek judicial review of the same; and
- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail address: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

## **26.) 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.

## **27.) 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 1<sup>st</sup> and the 15<sup>th</sup> of the month, but will charge the member in the following month if an enrollment occurred between the 16<sup>th</sup> and the 31<sup>st</sup> of the month. If a member should term between the 1<sup>st</sup> and the 15<sup>th</sup> 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 16<sup>th</sup> and the 31<sup>st</sup> of the month.

**ADOPTED: MAY 24, 2023**

**BY:\_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST:\_\_\_\_\_**  
**SECRETARY**

**SCHOOLS HEALTH INSURANCE FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ**

**WHEREAS,** The Schools Health Insurance Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

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

**NOW THEREFORE BE IT RESOLVED,** that the Schools Health Insurance Fund establishes the following producer plan for 2023-2024;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager using the form of contract promulgated by the Program Manager and is attached in hereto.
3. The following compensation levels are approved for 2023-2024 per entity:

Group Name	Broker Rate
Alexandria Township BOE	\$56.77
Berlin Borough BOE	\$26.17
Bethlehem Township School District	\$56.77
Blairstown BOE	\$49.70
Bloomsbury BOE	\$97.98
Burlington Township BOE	\$24.07
Byram Township BOE	\$49.70
Califon BOE	\$49.70
Chesterfield BOE	\$56.77
Cinnaminson Township BOE	\$47.22
City of Burlington BOE	\$26.87
Clayton BOE	\$49.70
Clearview Regional BOE	\$49.70
Clinton Township BOE	\$56.77
Colts Neck Township BOE	\$62.18
East Greenwich BOE	\$47.22
Eastern Camden County School District	\$56.77
Eatontown BOE	\$56.77

Group Name	Broker Rate
ESC of Morris County	\$110.25
Florence Township BOE	\$59.94
Foundation Academy Charter School	\$49.73
Franklin Township School District	\$56.77
Fredon Town BOE	\$49.70
Frelinghuysen Township BOE	\$49.70
Glassboro BOE	\$48.17
Gloucester City BOE	\$56.77
Gloucester Township BOE	\$14.05
Greenwich Township BOE	\$49.70
Hanover Park BOE	\$74.31
Hardyston Township BOE	\$49.70
Harrison Township BOE	\$49.70
High Point Regional BOE	\$49.70
Hope Township School District	\$56.77
Hunterdon Central Regional HS BOE	\$56.77
Jamesburg BOE	\$49.70
Lebanon Township BOE	\$56.77
Lenape Regional High School	\$17.91
Lenape Valley Regional BOE	\$49.70
Lindenwold BOE	\$56.77
Logan Township BOE	\$36.84
Lumberton Township BOE	\$43.48
Mansfield Township BOE	\$49.70
Mantua Township BOE	\$57.34
Maple Shade BOE	\$49.70
Medford Lakes BOE	\$47.22
Medford Township BOE	\$59.66
Mendham Borough School District	\$50.68
Mendham Township BOE	\$56.77
Moorestown Township Public Schools	\$13.93
Mt Laurel Township	\$30.82
MT. Holly Township BOE	\$28.86
Newton BOE	\$49.70
Northern Burlington County Regional School Dstrct	\$49.70
Oakland BOE	\$56.77
Ogdensburg Borough School District	\$56.77
Oxford Central School	\$56.77
Paulsboro Public Schools	\$55.55
Pennsauken BOE	\$13.89



Group Name	Broker Rate
Pinelands Regional School District	\$73.57
Pohatcong Township BOE	\$49.70
Ramapo Indian Hills Regional High School	\$16.73
Riverside Township BOE	\$47.22
Roxbury Township BOE	\$23.38
Sandyston-Walpack Consolidated School District	\$58.81
School District of the Chathams	\$56.77
Shamong Township BOE	\$49.70
Somerset Hills BOE	\$56.77
South Harrison BOE	\$15.37
Southampton Township BOE	\$47.22
Springfield Township BOE	\$60.12
Stillwater Township BOE	\$53.96
Swedesboro Woolwich BOE	\$14.61
Township of Franklin Public Schools (GC)	\$53.58
Wallkill Valley Regional BOE	\$56.77
Washington Borough BOE	\$49.70
Watchung Borough BOE	\$56.77
White Township BOE	\$49.70
Woodbury City BOE	\$20.87
Woodbury Heights BOE	\$12.77
Woodland Township BOE	\$49.70

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

5.Monthly payments for sub-producers shall be made to the appointed Program Manager who shall in turn pay each sub-producer.

#### **SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:\_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST:\_\_\_\_\_**  
**SECRETARY**

**Benefit Risk Manager Agreement  
Between  
Conner Strong & Buckelew Companies, LLC**

**and**

This agreement is entered into between Connor Strong & Buckelew Companies, LLC. TRIAD1828 CENTRE 2 Cooper St Camden, NJ, PO Box 99106 Camden, NJ 08101 (“CSB”) and \_\_\_\_\_, \_\_\_\_\_, (“Benefits Risk Manager” or “BRM”), on this \_\_\_\_ day of \_\_\_\_\_, 2023.

**WHEREAS**, the Schools Health Insurance Fund, (the “Fund”), has been organized pursuant to N.J.S.A. 40A:10-36 et seq. and/or N.J.S.A. 18A:18B-1et seq ; and

**WHEREAS**, CSB has been appointed the Program Manager of the Fund and is responsible for marketing the Fund’s programs and services to members to identify potential Benefit Risk Managers to be approved to place business with the Fund and manage the on-going selection and approval of Benefit Risk Managers authorized to work with the Funds; and

**WHEREAS**, member(s) of the Fund as listed on Exhibit A, have appointed BRM to serve as the members’ benefits risk managers to the Fund; and

**WHEREAS**, CSB has determined that it is in the best interest of the Fund and member(s) to enter into an agreement with BRM for the purpose of coordinating services and the distribution of information as necessary to service the health insurance needs of member(s) and its employees and other covered persons; and

**WHEREAS**, BRM shall be required to comply with all laws and regulations governing the operations of health insurance providers and administrators and adhere to a high level of professionalism in the performance of its duties under this Agreement.

**NOW, THEREFORE**, in consideration of the mutual promises and covenants set forth herein the parties agree as follows:

**I. SERVICES OF BENEFIT RISK MANAGER:**

During the term of this Agreement, BRM agrees to perform the following services:

- A. BRM shall take all steps necessary to ensure that member(s) receives all materials provided by CSB for the Fund and provide information assistance to members in the selection process for the Benefits Risk Manager
- B. BRM agrees that to the extent that member(s) requests additional information regarding the Fund, the request shall be sent in writing to CSB.
- C. BRM shall fully comply with all Federal, State and local laws, including but not limited to, all compensation disclosure laws.
- D. BRM shall produce a properly formatted broker of record letter from each member with whom they have been retained as Broker of Record and BRM. In the event the BRM loses such BOR designation they shall immediately make the Fund aware of such changes and the Fund shall cease BRM services on any impacted member in accordance with the member’s written instructions. The BRM shall present any new BOR designations on any new member during the application process.

- E. BRM agrees to comply with the by-laws and any other requirements adopted by the Fund's Executive Committee which may be amended time to time. A copy of the current by-laws are attached hereto as Exhibit B.
- F. BRM shall assist in the evaluation of the member(s) health insurance needs and communicate such information to CSB.
- G. BRM shall explain the various coverage available by the Fund and assist the member(s) in the selection of proper coverage for the member's employees and other covered persons.
- H. BRM shall assist member(s) in preparing applications, census data and disclosure forms, etc., required as by the Fund or CSB.
- I. BRM shall assist CSB in presenting the Fund's programs to officials and employees of member(s) and bargaining units, employees or other covered persons and shall attend all meetings necessary to communicate and coordinate the implementation or maintenance of the Fund's programs.
- J. BRM shall assist the member(s) in reviewing the Fund's plan documents including any amendments regarding the benefits provided and all procedural requirements.
- K. BRM shall assist and provide support to CSB and act as liaison between the Fund and member(s), collective bargaining units and employees and any other covered person for the purpose of providing current information regarding the Fund's health insurance benefits.
- L. BRM shall assist CSB with the distribution of information to member regarding initial enrollment and annual open enrollment and coordinate the enrollment process between CSB and the Fund.
- M. BRM shall return any other related documents or records that may be required by CSB and the Fund.
- N. BRM shall comply with the applicable data transmission, security, and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191.
- O. BRM shall work responsibly to promote the Fund in the Marketplace
- P. BRM shall be paid in accordance with article III compensation. Changes or deviations may only be enacted with the written approval and direction of the individual member entity.

## **II. TERM**

The term of this agreement shall commence on July 1, 2023, and shall continue through June 30, 2024, and shall renew in accordance with the terms and conditions of this Agreement unless terminated earlier in accordance with this Agreement, or if CSB has not been reappointed as Program Manager for the Fund or BRM has not been reappointed by the member.

## **III. COMPENSATION**

BRM shall be compensated for services rendered in accordance with the compensation schedule established by the Fund and approved by the members in accordance with its governing documents for all services rendered by BRM.

CSB shall pay BRM a fee for the term of this agreement based on the on the Member's monthly billing, on behalf of the member, through the Fund, for Field Service and Marketing activities performed for Fund Member(s) listed

in Exhibit C.

All payments due to BRM under this Agreement shall be remitted by member(s) in the member's monthly premium payment. In the event that member(s) fails to remit (BRM's) compensation as set forth herein, CSB shall have no obligation to forward any payment to BRM for services rendered. CSB is not be responsible for BRM's expenses.

#### **IV. RELATIONSHIP OF PARTIES**

Both CSB and BRM agree that BRM is an independent contractor acting on behalf of its Fund member in the performance of the duties under this Agreement. BRM shall not be deemed to have been granted any right or authority to assume or create any obligation or responsibility on behalf of or in the name of CSB or the Fund. Nothing in this Agreement creates a joint venture, partnership or association of any kind between CSB and BRM or the Fund and BRM.

BRM is not an agent or employee of CSB or the Fund for any purposes, and is not eligible for any benefits available to employees of CSB or the Fund. Accordingly, BRM shall be solely responsible for payment of all taxes including Federal, State and local taxes arising out of BRM's activities in accordance with this Agreement including, by way of illustration but not limitation, Federal and State income tax, Social Security tax, unemployment insurance taxes, and any other taxes or business license fees as required. CSB is not obligated to withhold or deduct any of the above listed taxes or payroll related deductions from any payments to be made to the BRM under this Agreement.

#### **V. INSURANCE**

BRM shall at all times during the term of this Agreement maintain current producer's license for health insurance pursuant to N.J.S.A. 17:22A-1 et. seq., and maintain the following insurance coverage:

1. Comprehensive General Liability: Minimum limit of liability per occurrence of \$1,000,000/2,000,000 CSL for bodily Injury, property damage, personal injury.
2. Professional Liability Insurance (Errors and Omissions): A minimum limit of liability of \$1,000,000/10,000,000 aggregate.
3. Workers' Compensation: Statutory - \$100,000/\$500,000/\$100,000 Employers' liability.
4. Automobile liability: \$1,000,000 covering all owned/non-owned, and hired automobiles per occurrence.

Copies of BRM's license and certificates of insurance shall be provided to CSB upon the execution of this Agreement, upon any renewals of this Agreement and at such times as requested. Failure by BRM to supply such written evidence shall be considered as a default of this Agreement. BRM shall name CSB as an "additional named insured" on any certificate of insurance.

The insurance companies for the above required coverages must be licensed, solvent and in good standing in all jurisdictions in which they are authorized to conduct business. BRM shall not take any action to cancel or materially change any of the above insurance required under this Agreement without written notification to CSB. Maintenance of insurance pursuant to this Agreement shall not relieve BRM of any filing of liability and award of damages which may exceed the insurance coverage set forth herein.

#### **VI. TERMINATION**

A. This Agreement shall terminate upon the member's withdrawal from the Fund and/or the member's termination of services of BRM.

B. CSB and the Fund shall have the right to terminate the Agreement immediately, without prior notice, in the event of any misconduct by BRM which CSB or the Fund determine, in their sole discretion, that

BRM has failed to comply with any by-law or other rule of the Fund or any term of this Agreement.

C. This Agreement shall terminate immediately in the event the Fund terminates or does not request CSB as Program Manager.

D. In the event of a termination of its appointment as benefits risk manager by its member, BRM shall return all claims records and files to the Fund, in the Fund's standard format as instructed by CSB, no later than ten (10) business days following the termination date.

E. This Agreement may be voided by the Trustees/Executive Committee of the Fund if BRM fails to disclose an conflict of interest as defined in the Fund's by-laws, or pursuant to N.J.S.A. 40A: 9-22.1 et. seq. (the "Local Government Ethics Laws").

F. BRM shall not be entitled to any further compensation if this Agreement is terminated, unless such compensation is paid directly outside the Fund by the Member.

## **VII. CONFIDENTIAL INFORMATION**

A. BRM agrees that any information received through CSB or otherwise on behalf of the Fund in furtherance of its obligations in accordance with this Agreement, which concerns the personnel, financial, proprietary or other affairs of CSB, the Fund or any member of the Fund, will be treated by BRM in full confidence and will not be revealed to any other persons, firms or organizations, during the term of this Agreement or anytime thereafter without the express written consent of CSB.

B. BRM further agrees not to reproduce, make copies of, or disclose any confidential or proprietary information of CSB, the Fund or any member of the Fund, including but not limited to the Fund's member lists, member accounts, policy terms and expiration dates, policy conditions and rates, member information (prospective and existing), marketing, product development and information, research, financial information, sales and sales strategies (collectively referred to as "Confidential Information"), except as required in the performance of this Agreement. Upon termination of this Agreement for any reason whatsoever, BRM agrees to promptly deliver to CSB all of the confidential or proprietary information, property, equipment, computer files, documentation, correspondence, literature, memorandum, files, and any other materials of the Fund or CSB in its possession, custody or control. This section shall survive the termination of this Agreement.

## **VIII. NON-DISPARAGEMENT**

BRM agrees that it will not, in any way or in any manner, disparage, or make negative, disparaging or derogatory comments or statements about the Fund, CSB (including any affiliates or subsidiaries), its employees, officers, representatives or directors, its reputation or operations. CSB agrees that its officers and directors will not make negative, disparaging, or derogatory comments or statements about BRM.

## **IX. INDEMNIFICATION**

BRM shall indemnify and hold harmless the Fund, CSB and their agents, officers, trustees, directors and employees, from any and all claims, liability, cost, damage or expense for or on account of any claim for damage or loss occurring by any reason of any of BRM's breach, negligence, misrepresentation, misconduct, error, omission or other actions or inactions.

## **X. AFFIRMATIVE ACTION**

BRM shall not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. BRM will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. BRM agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the designated public agency compliance officer setting forth provisions of this nondiscrimination clause;

BRM, where applicable, will in all solicitations or advertisements for employees placed by or on behalf of BRM, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation.

BRM, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract of understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers representative of BRM's commitments under this Agreement and shall put copies of the notice in conspicuous places available to employees and applicants for employment.

BRM, where applicable, agrees to comply with the regulations promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c. 127, N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

BRM agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time or in accordance with a biding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A 10:5-31 et seq., as amended and supplemented from time to time.

BRM agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

BRM agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

BRM agrees to review all procedures relating to transfers, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and conforms with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable federal court decisions.

BRM shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a

**XI. OWNERSHIP OF RECORDS**

A. All records and data of any kind relating to the Fund shall belong to the Fund, and be surrendered to the Fund upon expiration or termination of this Agreement. Notwithstanding the foregoing, BRM shall be entitled to maintain one (1) copy of all files to the extent such retention is required by law. For purposes of clarification, continued maintenance of any such records required by law shall also be subject to the confidentiality provisions of this Agreement.

B. At all times during the term of this Agreement and for a period of two (2) years following any termination or expiration, the Fund, its appointed officials and other designated representatives, as authorized by the Fund, shall have access to records and files maintained by the BRM for the Fund during normal business hours. Furthermore, such records, books, and files relating to the operation and business of the Fund are the property of the Fund, regardless of site where stored.

C. Information released to BRM by the Fund and/or CSB for the purpose of performing the services as outlined herein shall be used only in connection with the performance of said duties and shall not be used in any form or manner for other than Fund purposes without the prior written consent of the Fund and CSB.

**XII. REMEDIES IN EVENT OF BREACH**

If either party brings a law suit in order to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which that party may be entitled.

**XIII. MISCELLANEOUS**

A. **Governing Law.** This Agreement shall be construed in accordance with and governed in all respects, whether as to validity, construction, capacity performance, or otherwise by the laws of the State of New Jersey. Any litigation arising out of and/or related to this Agreement shall be filed exclusively in the State and/or Federal Courts of Burlington County, New Jersey.

B. **Severability and Independence.** If any provision of this Agreement or any part of any provision of this Agreement is determined to be unenforceable for any reason whatsoever, it shall be severable from the rest of this Agreement and shall not invalidate or affect the other portions of the Agreement, which shall remain in full force and effect and be enforceable according to their terms. Furthermore, no provision herein shall be dependent upon any other provision herein. Each provision shall stand independently and be enforceable without regard to any other provision of this Agreement.

C. **Amendments, Waivers and Termination.** No amendment, waiver or termination of any of the provisions of this Agreement shall be effective unless made in writing and signed by the party against whom it is sought to be enforced.

D. **Successors In Interest.** No rights or obligations of either party under this Agreement may be assigned or transferred, except that CSB and BRM shall require any successor (whether direct or indirect, by purchase, merger, consolidation or otherwise) to all or substantially all of the business and/or assets of CSB or BRM, as applicable, to expressly assume and agree to perform this Agreement in the same manner and to the same extent that their respective successor(s) in interest would be required to perform it if no such succession had taken place. As used in this section, "CSB" and "BRM" shall include any successor to its business and/or assets (by merger, purchase or otherwise) which executes and delivers the agreement provided hereunder or which

otherwise becomes bound by all the terms and provisions of this Agreement by operation of law.

E. **Assignment.** No portion of this Agreement or any of (BRM's) rights, duties or obligations under this Agreement may be assigned or delegated by BRM to any other individual or entity.

F. **No Conflicts.** BRM represents and warrants that it is not bound by, and will not enter into, any oral or written agreement with another party that conflicts in any way with (BRM's) obligations under this Agreement or any agreement made or to be made in connection with this Agreement.

G. **Notice.** All notices, requests, demands and other communications under this Agreement shall be in writing and shall be deemed to have been duly given if delivered by: hand with delivery receipt; or certified or registered mail, return receipt requested, with package prepaid; or overnight or express courier with receipt-for-delivery tracking system.

All notices are to be delivered to the following addresses or to such other address as either party may designate by like notice:

If to BRM, to:

If to CSB, to:  
General Counsel  
Conner Strong & Buckelew Companies, LLC.  
TRIAD1828 CENTRE  
2 Cooper St Camden NJ, 08101  
PO BOX 99106  
Camden NJ, 08101

and to such other or additional persons as either party shall have designated to the other party in writing by like notice.

H. **Entire Agreement** This Agreement constitutes the entire agreement and understanding of the parties and cannot be modified or changed unless both parties agree in writing. This Agreement supersedes and terminates any oral or written agreements which were in existence between the parties prior to the date of the Agreement.

I. **Captions.** The captions or paragraph headings contained in this Agreement are solely for purpose of convenience and shall not be deemed part of the Agreement for the purpose of construing the meaning thereof or for any other purpose.

J. **Modification.** No modification of this Agreement shall be valid or binding unless the modification be in writing and executed by CSB and BRM.

K. **Indemnity and Trust Agreement.** Each group must return a fully executed Indemnity and Trust Agreement to the Fund every three (3) years. In the event that this agreement is outstanding more than 60 days, CSB may withhold compensation to the BRM until the agreement is received.



**IN WITNESS WHEREOF**, this Agreement has been executed on this \_\_\_\_\_  
\_\_\_\_\_ 2023 for the purposes and term specified herein.

\_\_\_\_\_  
Connor Strong & Buckelew Companies, LLC

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Attest:\_\_\_\_\_

Attest:\_\_\_\_\_

**EXHIBIT A**

Member local governmental unit(s) Fund Member(s), desiring \_\_\_\_\_ to perform professional services as outlined in this Agreement: This fee is calculated on the aggregate membership of the group for the lines of coverage within the Fund as of July 1, 2023. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

**RESOLUTION NO. 20-23**

**SCHOOLS HEALTH INSURANCE FUND  
AUTHORIZING FUND TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

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

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

**BE IT RESOLVED** by the Board of Trustees of the Schools Health Insurance Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2023-2024.

**BE IT FURTHER RESOLVED** that the Board of Trustees of the Schools Health Insurance Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED: MAY 24, 2023**

**BY:**\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 21-23**

**SCHOOLS HEALTH INSURANCE FUND  
RESOLUTION TO OFFER MEMBERSHIP**

**WHEREAS**, a number of local boards of education in the state of New Jersey have joined together to form a School Board Joint Insurance Fund, under the name of the Schools Health Insurance Fund (the "Fund"), as permitted by law; and

**WHEREAS**, the Fund held a Public Meeting on **May 24, 2023** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the entities listed below and recommend offers of membership; and

**WHEREAS**, the Risk Management Plan includes a cap of new membership at 20% of the prior year's membership in one Fund Year;

**WHEREAS**, the Operations Committee has reviewed the following new member submissions and has approved membership to the School Boards that submit a fully executed Indemnity and Trust agreement to join the Fund.

1. Montgomery Board of Education – Effective 7/1/2023 – Medical and Rx
2. Randolph Board of Education - Effective 7/1/2023 – Medical
3. Sterling Board of Education – Effective 8/1/2023 - Medical
4. Bogota Board of Education - Effective 7/1/2023 – Medical and Rx

**BE IT RESOLVED**, it has been determined that the admission to membership in the Fund of the above mentioned school boards would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws;

**BE IT RESOLVED**, that the Schools Health Insurance Fund hereby offers membership to the above mentioned entity's for medical, prescription, and/or dental coverage, contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 22-23**

**SCHOOLS HEALTH INSURANCE FUND  
RESOLUTION REJECTING ALL PROPOSALS FOR  
CC# 23-03 - WELLNESS COORDINATOR SCHOOLS HEALTH INSURANCE FUND**

**WHEREAS**, the **Schools Health Insurance Fund (FUND)** received competitive contract proposals in a fair and open manner on April 13, 2023 at 10:00A.M., for Wellness Coordinator Services as a competitive contract; and

**WHEREAS**, the Fund received two (2) proposals in response to the invitation to respond; and

**WHEREAS**, after receipt it became apparent to the Fund of the need to revise competitive contract packets to reflect the nature of the work ongoing in the Fund; and

**WHEREAS**, The Public Schools Contract Law at P.S.C.L. 18A:18A-22 allows for rejection of bids when, "d. The board of education wants to substantially revise the specifications for the goods or services; and

**WHEREAS**, it is the desire of the Fund to substantially revise the specifications for competitive contract CC# 23-03.

**NOW, THEREFORE BE IT RESOLVED**, by the Board of Fund Commissioners of the Schools Health Insurance Fund, that any and all competitive contract proposals received for CC# 23-3 Wellness Coordinator Services are hereby rejected in accord with the authority granted within Public Schools Contract Law at P.S.C.L. 18A:18A-22.

**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 23-23**

**SCHOOLS HEALTH INSURANCE FUND  
AWARDING A CONTRACT TO AND AUTHORIZING THE  
APPOINTMENT OF MULTIPLE VENDORS FOR THE PURPOSE OF THE WELLNESS  
PROGRAM PURSUANT TO AND IN ACCORDANCE WITH N.J.S.A. 18A:18A-1 ET SEQ.**

**WHEREAS**, the Schools Health Insurance Fund (Fund) has received proposals in accordance with N.J.S.A. 18:18A-1 et seq. for professional services, sleep services and wellness; and,

**WHEREAS**, N.J.S.A. 18A:18A-1 et seq. provides the procedure for soliciting proposals through a “fair and open process”; and,

**WHEREAS**, the Fund Commissioners have elected to select and appoint its professionals through the “fair and open process”; and,

**WHEREAS**, the Fund Commissioners desire to appoint the following vendors for offerings in the Wellness Program:

1. Advanta - \$1.44 PEPM for base program
2. Color - \$1.25 per program; or \$1.70 for both cancer and cardio; \$249/genetic test; \$49 at home tests
3. Fitness Knocking - Fitness and education packages range from \$52/an hour to \$625 a person for education
4. Telligen – fees vary
5. US Wellness – fees vary
6. Valley Health System - \$2000 a seminar

**WHEREAS**, the amount of the contract to be awarded under this resolution is determined to by the participation by each group;

**WHEREAS**, the “New Jersey Local Unit Pay to Play” Law, N.J.S.A. 19:44A-20.5 et. seq., requires that the resolution authorizing the award of a contract for Extraordinary Unexplained Servies and the contract itself must be made available for public inspection; and,

**WHEREAS**, the Fund has certified that funds are available in the year 2023 - 2024 budget and will be available in the final budget when adopted under:

**Wellness Program; and,**

**NOW, THEREFORE, BE IT RESOLVED** by the Fund Commissioners of the Schools Health Insurance Fund, State of New Jersey, as follows:

1. Advanta, Color, Fitness Knocking, Telligen, Us Wellness, and Valley Health is hereby appointed as a Wellness Vendor for a term of one (1) year commencing July 1, 2023 and ending June 30, 2024 with two optional additional one year contract extensions
2. That the contract to be entered into is awarded through the “fair and open process” as a

"EUS" in accordance with N.J.S.A. 19:44A-20.4 of the Pay to Play Law

3. That a notice of this action shall be printed once in the official newspaper of the Schools Health Insurance Fund

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**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:\_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST:\_\_\_\_\_**  
**SECRETARY**

**RESOLUTION NO. 24-23**

**SCHOOLS HEALTH INSURANCE FUND**

**APPROVAL OF THE APRIL AND MAY 2023 BILLS LIST AND TREASURERS REPORT**

**WHEREAS**, the **Schools Health Insurance Fund** (the “Fund”) held a Public Meeting on **May 24, 2023** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of April and May 2023 for consideration and approval of the Board of Trustees; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of January for all Fund Years for consideration and approval of the Board of Trustees; and

**WHEREAS**, a quorum of the Board of Trustees was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Board of Trustees of the **Fund** hereby approves the Bills List for April and May 2023 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 School Board Joint Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Board of Trustees of the **Fund** hereby approves the Treasurer’s Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for School Board Joint Insurance Funds.

**SCHOOLS HEALTH INSURANCE FUND**

**ADOPTED: MAY 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**



# APPENDIX I

**SCHOOLS HEALTH INSURANCE FUND  
OPEN MINUTES  
MARCH 22, 2023  
MOORESTOWN COMMUNITY HOUSE  
12:00 PM**

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Meeting of Board of Trustees called to order by Chair Collins  
Open Public Meetings notice read into record.

**ROLL CALL 2022-2023 BOARD OF TRUSTEES**

<b>Trustee</b>	<b>BOE</b>		
Joseph Collins	Delsea Regional BOE	Chairman	Present
Beth Ann Coleman	Collingswood BOE	Secretary	Present
Lisa Giovanelli	Rancocas Valley BOE		Present
Christopher Lessard	Frankford Township BOE		Present
Evon Digangi	Mount Holly BOE		Absent
Nicholas Bice	Burlington Township BOE		Present
Jason Schimpf	Kingsway Regional School District		Present
Helen Haley	Voorhees Township BOE		Present
Jim Sekelsky	Newton BOE		Absent
John Bilodeau	Gloucester Twp BOE		Present
Fran Adler	Clayton BOE		Present
Katie Blew	North Hunterdon-Voorhees Regional HS		Absent

**FUND ADMINISTRATOR:**

**PERMA Risk Management**

Brandon Lodics, Executive Director

Emily Koval, Account Manager

Jordyn DeLorenzo, Assistant Account Manager

**PROGRAM MANAGER:**

**Conner Strong & Buckelew**

Crystal Bailey, Program Manager

Peter Mina

Julia Camoratto

**FUND ATTORNEY:**

Ken Harris - Absent

**FUND TREASURER:**

Lorraine Verrill

**FUND ACTUARY:**

Absent

**FUND AUDITOR:**

Dennis Skalkowski

**MEDICAL TPA AMERIHEALTH:**

Kristina Strain

MEDICAL TPA AETNA: Jason Silverstein

MEDICAL TPA HORIZON: Michelle Witherspoon

EXPRESS SCRIPTS: Hiteksha Patel

DELTA DENTAL Brian Remlinger

GUARDIAN NURSES: Andrea Spector

**PRESENT FUND PROFESSIONALS:**

Susan Jernigan	Dina Murray
Joel Sand	Anthony Tonzini
Chuck Grande	Jolene Colantoni
Jennifer Judilla	Robert Watcher
Scott Davenport	Mike Blake
Ed O'Malley	Joe Madera
John Ogunkanmi	Tyler Jackson
Delran	Barbara Farquhar
Susan Panto	Sarah Bell
Tricia Malady	Ashley Clival
Melissa Brown	Robert Cloutier
Ken Verrill	Kara Huber
Danielle Dolci	Patrick Doyle
Steve Anuszewski	

**MOTION TO APPROVE OPEN MINUTES OF FEBRUARY 15, 2023**

**Moved:** Commissioner Coleman  
**Second:** Commissioner Bilodeau  
**Vote:** Unanimous

**MOTION TO OPEN THE MEETING FOR PUBLIC COMMENT:**

**Moved:** Commissioner Adler  
**Second:** Commissioner Bilodeau  
**Vote:** Unanimous

**PUBLIC COMMENT –**

**MOTION TO CLOSE THE MEETING FOR PUBLIC COMMENT:**

**Moved:** Commissioner Coleman  
**Second:** Commissioner Adler  
**Vote:** Unanimous

## **EXECUTIVE DIRECTORS REPORT**

**Fast Track Financial Reports** – Mrs. Koval stated that the Financial fast track through January 2023 is on page 6. She stated January was a positive month with a statutory surplus of almost \$5million. The fund is over the 2.5 months of claims threshold which will lead us into the dividend discussion for today.

**2023-2024 BUDGET INTRODUCTION** – Mrs. Koval stated that the 2023-2024 budget was introduced at the February 15, 2023 meeting and draft rates were distributed to the member brokers/consultants. The budget has not changed from introduction, although the presentation is included for reference.

### **MOTION TO OPEN THE PUBLIC HEARING ON THE 2023-2024 BUDGET:**

<b>Moved:</b>	Commissioner Coleman
<b>Second:</b>	Commissioner Bilodeau
<b>Vote:</b>	Unanimous

### **MOTION TO CLOSE THE PUBLIC HEARING ON THE 2023-2024 BUDGET:**

<b>Moved:</b>	Commissioner Adler
<b>Second:</b>	Commissioner Giovanelli
<b>Vote:</b>	Unanimous

### **MOTION TO APPROVE RESOLUTION 7-23 ADOPTING THE 2023-2024 BUDGET AS INTRODUCED:**

<b>Moved:</b>	Commissioner Giovanelli
<b>Second:</b>	Commissioner Schimpf
<b>Vote:</b>	Unanimous

Mrs. Koval stated that draft rates were previously distributed and will not change. Those rate sheets are not considered final.

**DIVIDEND STATUS** - Mrs. Koval stated that the Finance Committee met earlier this month to discuss dividend options. The Committee had a healthy discussion about the needs of the members considering the recent State funding in tandem with the retention policies set forth by the Trustees and recommended by the Fund professionals. The Committee agreed to release 50% of the available dividend in the amount of \$10,682,732. Resolution 8-23 Approved the dividend declaration.

### **MOTION TO APPROVE RESOLUTION 8-23 AS DISCUSSED:**

<b>Moved:</b>	Commissioner Schimpf
<b>Second:</b>	Commissioner Coleman
<b>Vote:</b>	Unanimous

## **AETNA AND AMERIHEALTH RENEWALS**

Mrs. Koval stated that Resolution 9-23 includes authorization of the AmeriHealth and Aetna contracts effective January 1, 2023 – December 31, 2023 and the certification that will be filed with the State of NJ.

### **MOTION TO APPROVE RESOLUTION 9-23 AS DISCUSSED:**

<b>Moved:</b>	Commissioner Adler
<b>Second:</b>	Commissioner Bilodeau
<b>Vote:</b>	Unanimous

### **OPERATIONS & NOMINATIONS COMMITTEE**

**NEW MEMBERS** - Mrs. Koval stated that the Fund continues to see applications for membership. There is at least one group that is expected to pass a resolution to join for July 1. Once confirmed, we will have an Operations Committee meeting and ratify at the next meeting.

### **CLAIMS & WELLNESS**

**WELLNESS** - Mrs. Koval stated that the Wellness Committee approved two RFPs that would be sent out. One for Wellness Coordinator and one for various Wellness Vendors. This will allow the wellness program to become more streamline and make sure that all members are using their funds to their fullest potential.

### **PROGRAM MANAGER'S REPORT**

#### **ELIGIBILITY/ENROLLMENT:**

Please direct any eligibility, enrollment, or system related questions to our dedicated SNJREBF enrollment team. To contact the team, email [shif\\_enrollments@permainc.com](mailto:shif_enrollments@permainc.com) or fax to 856-685-2249. System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@permainc.com) for additional information or to request an invite.

#### **EXPRESS-SCRIPTS UPDATE - EXPRESS-SCRIPTS UPDATE**

Mrs. Bailey stated that due to the frequency in which plans and benefits can change, effective April 1, 2023, ESI will no longer issue physical ID cards. Digital ID cards are available with the most up to date information. This will eliminate the need to reissue ID cards each time plan and/or benefit information has changed on a member's ID card. **Please note there is not an option to request a group have the option for their employees to continue to receive physical ID cards in lieu of digital ID cards. The above information was shared with brokers on February 10, 2023.**

**2022 SaveOn Savings** - In the 2022 plan year the SHIF saved \$2,662.390 for members enrolled in SaveOn. There were 312 participants in the program, for an average savings per prescription of \$2,034.

**OPERATIONAL UPDATES:** Mrs. Bailey stated that open enrollment will begin April 24 – May 12<sup>th</sup>. All OE updates should be completed in WEX by May 19<sup>th</sup> to allow time for ID cards to be delivered to members by 7/1/22

## COVID UPATE

1. **National Emergency Declaration** – On January 30, 2023, the federal government announced the two national emergencies addressing COVID-19, the public health emergency (PHE) and the national emergency will end **May 11, 2023**. As a result, the Program Manager recommends the following effective **July 1, 2023**:
  - o **COVID-19 vaccines, including boosters** – cover at \$0 copay at **in network locations only**. (Previously covered at any location).
  - a. **COVID-19 At Home Testing Kits** – no longer covered by the plan at any retail location or mail order through ESI. Members would be responsible for the full costs of the kit.

### MOTION TO APPROVE RESOLUTION 10-23 AS DISCUSSED:

<b>Moved:</b>	Commissioner Adler
<b>Second:</b>	Commissioner Coleman
<b>Vote:</b>	Unanimous

2. **At Home COVID-19 Testing - Covered through June 30, 2023**  
In 2022 SHIF paid \$350,876.46 in total plan costs for At Home Covid-19 test kits; \$182,168.70 in retail costs and \$168,707.76 in mail order costs.
  - a. **FREE Tests from the Government** – COVID-19 at home test kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>
3. **Vaccine Mandates** – **Covered at \$0 at in network location..**  
As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

## Medical and Rx Reporting

**2022 Filings** – Deadline for carriers to submit the filings for 2022 plan year is June 1, 2023. Aetna, AHA and ESI will submit on behalf of the HIFs. The Program Manager will provide carriers all information needed for submission. Groups do not need to file on an individual basis.

**Appeals** – Ms. Bailey stated that there were 7 carrier appeals and 6 IRO submissions since the last meeting.

**GUARDIAN NURSES (“GN”)** – Andrea Spector reviewed the board meeting summary report included in the agenda. She touched on a few items in the report stating they have had contact with 290 members from 1/1 - 3/9. She reviewed the Acute and complex mobilizations as well as the ICU patients and level of care

**TREASURER** – Fund Treasurer reviewed the bills lists for the month of March 2023 as well as the treasurers report listed in the agenda. She stated that in reference to cash investments, rates are going up.

**MOTION TO APPROVE RESOLUTION 11-23 APPROVING THE MARCH 2023 BILLS LIST  
AND TREASURERS REPORT**

<b>Moved:</b>	Commissioner Bice
<b>Second:</b>	Commissioner Adler
<b>Vote:</b>	Unanimous

**FUND ATTORNEY** – Fund Attorney Ken Harris was absent and provided a report in the agenda.

**AETNA** – Mr. Silverstein reviewed the claims report for the Month of January 2023. He stated that there were 10 high cost claimants over the threshold of \$100,000. He reviewed the dashboard metrics stated that all the metrics continue to perform well. He stated that this is the last month for the COVID reports.

**AMERIHEALTH** – Ms. Strain reviewed the report through February 2023. She stated that there were 9 high cost claimants for the month of January over the threshold of \$100,000 that totaled \$933,468. Ms. Strain stated the dashboard metrics stating that their metrics are improving.

**HORIZON**- No Report.

**EXPRESS SCRIPTS** – Ms. Patel reviewed the report provided in the agenda. She reviewed the total plan costs and the January 2023 data. She stated that there is a year to date trend of 6.7%.

**DELTA** – Brian Remlinger reviewed the Dental Action Report provided in the agenda. He stated that 44% of the members are healthy, and 29% of the members do not visit the dentist. He stated that they would like encourage members to go to the dentist for their preventive care.

**OLD BUSINESS** – None.

**NEW BUSINESS** – None.

**PUBLIC COMMENT** - None

**MOTION TO ADJOURN:**

<b>MOTION:</b>	Commissioner Giovanelli
<b>SECOND:</b>	Commissioner Adler
<b>VOTE:</b>	Unanimous

**MEETING ADJOURNED:** 1:00 pm

**NEXT MEETING:** May 24, 2023  
Olde Mill Inn and Grain House  
12:00pm



# APPENDIX II

## SHIF Contracts Committee Minutes

May 16, 2023

Zoom

### WELLNESS RFP RESULTS

Jim Sekelsky, Newton BOE, Committee Chair  
Timothy Stys, Watchung Hills BOE  
Jason Schimpf, Kingsway Regional School District  
Nicholas Bice, Burlington Twp BOE  
John Bilodeau, Gloucester Twp BOE  
Brandon Lodics, PERMA, Executive Director  
Emily Koval, PERMA, Associate Executive Director  
Jordyn DeLorenzo, PERMA Assistant Account Manager

Emily Koval stated the meeting off by thanking the Contracts Committee for joining. She stated that there was a Wellness coordinator RFP sent out on March 20<sup>th</sup>. The due date was April 13<sup>th</sup> and there were two responses. Below are the highlights from Civitas and Fitness Knocking.

#### Civitas

- BMED and NJHIF Wellness Coordinator
- Confirmed Scope of Services listed in RFP
- Located in FL
- Fee: \$80,000 (includes 2 trips to NJ)
- Certified Health and Wellness Coach

#### Fitness Knocking

- NJHIF Wellness Vendor
- Confirmed Scope of Services listed in RFP but will require additional staff to meet the needs
- Located in Northern NJ
- Focus on Fitness and wellness education
- Fee: Varies. \$135/hour for wellness coordination; Fitness and education packages range from \$52/an hour to \$625 a person for education

Mrs. Koval stated that it is the recommendation of PERMA to reject responses and re-issue with additional, more specific scope.

Tim Stys stated that he would like to see more of a defined Fee since it is difficult to compare actual cost. He agreed with Mr. Sekelsky that a Per member fee would be their recommendation to the next RFP. He stated that the next RFP should be sent with a defined budget for the wellness coordinator, include a requirement of the amount of in person meetings. The Committee agreed with the suggestion to reject the Wellness Coordinator responses on the basis to tighten up the scope of services as the need has changed. Additional discuss ensued regarding the competitive contracting law and what is allowed under the EUS procurement.

Mr. Sekelsky stated that the business registration does not limit them to work only in NJ. It has been a suggestion of the wellness committee for multiple in person visits.

Mrs. Koval stated that the other RFP was for Wellness Vendors that was issued on March 20<sup>th</sup> and due May 2<sup>nd</sup>. She stated that there were multiple vendors who submitted. See details below:

#### Advanta

- Incentive based wellness
- Virtual based wellness/fitness
- Incentives to be paid by entity
- Fees: \$1.44 base program year one; additional fees apply

#### Color

- Cancer, Cardio and Genetic testing
- Fees: \$1.25 per program; or \$1.70 for both cancer and cardio; \$249/genetic test; \$49 at home tests

#### Fitness Knocking

- Various educational webinars
- Fitness focused packages
- Fees: \$135/hour for wellness coordination; Fitness and education packages range from \$52/an hour to \$625 a person for education

#### Teacher Coach

- Virtual EAPs – health and wellness platform for employer and student
- On Campus EAP – Massage, physical therapy, stretching , mental health
  - \$70/faculty for up to 20 districts (minimum of \$140,000)
  - \$65/faculty for up to 30 districts (minimum of \$195,000)
  - \$60/faculty for up to 40 districts (minimum of \$240,000)
  - \$55/faculty for up to 50 districts (minimum of \$275,000)
- Fees: \$50/faculty @ 50+ districts

#### Telligen, Inc

- Holistic Health Coaching
- Health Assessments and Screenings
- Wellness Portal

#### US Wellness

- Onsite biometric screenings
- Health risk assessments
- Health coaching
- Virtual seminars
- Health fairs
- Early detection cancer testing
- Used by multiple current members

#### Valley Health System

- Wellness Educational Seminars/webinars
- Health Screenings
- Currently contracted by NJHIF and BMED

- Fee: \$2,000 per entity for various webinars

Pure Edge

- Professional development and classroom resources for learners and educators
  - Body, breath, mind, attention, engagement for educators and students
  - Virtual wellness classes
- Fees: \$75/class

Vernon Nutrition

- Incomplete submission – rejected

Health Fitness Concepts

- Incomplete submission – rejected

Life Line Screening of America

- Incomplete submission – rejected

Mrs. Koval stated that it is the recommendation of PERMA, contingent upon approval of the Wellness Committee, to approve contracts to Advanta, Fitness Knocking, Tellegen, US Wellness and Valley Health and allow Boards in the wellness program to choose which suits each group. Color will have to be discussed with the Wellness Committee further before having recommendation.

Jim Sekelsky stated included into the Wellness Coordinator RFP to require a certain amount of participation to grow the program and reduce the risk which is the ultimate goal of the Wellness Program.

Mr. Stys and Mr. Schimpf both stated that having wellness vendors is great for the districts and they like the option to chose from multiple vendors. He stated that this will help plan their wellness year. Ms. Koval said that with a set fee for each program, it will be easier to budget.

The Contracts committee is in agreeance with the recommendations of PERMA, contingent upon further review of the Wellness Committee. Once complete, the rating sheets will be released. Mrs. Koval stated that in early June we will get the applications out which will include these vendors as options. She stated that she will redo the Wellness Coordinator RFP with the mentioned suggestions.

## WELLNESS COMMITTEE MINUTES

May 18, 2023

1:30 pm

### Attendees:

Christopher Lessard

Patrick Doyle

Brandon Lodics, PERMA

Emily Koval, PERMA

Jordyn DeLorenzo, PERMA

Emily Koval stated the meeting off by thanking the Wellness Committee for joining. She stated that there was a Wellness coordinator RFP sent out on March 20<sup>th</sup>. The due date was April 13<sup>th</sup> and there were two responses. Below are the highlights from Civitas and Fitness Knocking.

- Civitas
  - BMED and NJHIF Wellness Coordinator
  - Confirmed Scope of Services listed in RFP
  - Located in FL
  - Fee: \$80,000 (includes 2 trips to NJ)
  - Certified Health and Wellness Coach

Mrs. Koval stated that something to be considered is that she is located in Florida. The committee expressed their concerns with limited in person visits.

- Fitness Knocking
  - NJHIF Wellness Vendor
  - Confirmed Scope of Services listed in RFP but will require additional staff to meet the needs
  - Located in Northern NJ
  - Focus on Fitness and wellness education
  - Fee: Varies. \$135/hour for wellness coordination; Fitness and education packages range from \$52/an hour to \$625 a person for education

Mrs. Koval stated that this would be hard to budget for 60+ groups.

Mrs. Koval stated that it is the recommendation of PERMA to reject responses and re-issue with additional, more specific scope.

The Committee agreed with the suggestion to reject the Wellness Coordinator responses on the basis to tighten up the scope of services as the need has changed.

Mrs. Koval stated that the other RFP was for Wellness Vendors that was issued on March 20<sup>th</sup> and due May 2<sup>nd</sup>. She stated that there were multiple vendors who submitted. See details below:

- Advanta

- Incentive based wellness
- Virtual based wellness/fitness
- Incentives to be paid by entity
- Fees: \$1.44 base program year one; additional fees apply
- Color
  - Cancer, Cardio and Genetic testing
  - Fees: \$1.25 per program; or \$1.70 for both cancer and cardio; \$249/genetic test; \$49 at home tests

Mrs. Koval stated that this is a one-time testing for a group or member. She stated that this would not be an ongoing program or even yearly. Mrs. Koval states that once the test is over, there is nothing further with it. She suggested that we can keep it on this year and see the interest in it. If it is not utilized, then next year it can be taken off the list of vendors.

Mr. Lodics stated that this could be a preventive measure for those who are concerned or who have a family history of such. Mrs. Koval suggested that we leave the vendor on the list but do more research with the vendor in which Mr. Lodics stated that they can include AmeriHealth and Aetna.

- Fitness Knocking
  - Various educational webinars
  - Fitness focused packages
  - Fees: \$135/hour for wellness coordination; Fitness and education packages range from \$52/an hour to \$625 a person for education

Mr. Lessard asked if there is in person visits. Mrs. Koval stated that they can do in person visits as well as members can go to her studio. The Committee agreed to approve the contract.

- Teacher Coach
  - Virtual EAPs – health and wellness platform for employer and student
  - On Campus EAP – Massage, physical therapy, stretching , mental health
    - \$70/faculty for up to 20 districts (minimum of \$140,000)
    - \$65/faculty for up to 30 districts (minimum of \$195,000)
    - \$60/faculty for up to 40 districts (minimum of \$240,000)
    - \$55/faculty for up to 50 districts (minimum of \$275,000)
  - Fees: \$50/faculty @ 50+ districts

Mrs. Koval stated that the Wellness Program is not set to go towards the students and teaching which is what this vendor focuses on. She stated that the recommendation is to not go forward with this contract since the intent of the wellness program is only for the members, not the students. The Wellness Committee agreed.

- Telligen, Inc
  - Holistic Health Coaching
  - Health Assessments and Screenings
  - Wellness Portal

Mrs. Koval stated that this is a well-rounded program. She stated that this would be a good option for individual use. Mr. Lessard voiced his concern with how this will be tracked and how are we going to make sure that these programs are getting completed. He asked what the anticipated participation is and how will that be managed.

- US Wellness
  - Onsite biometric screenings
  - Health risk assessments
  - Health coaching
  - Virtual seminars
  - Health fairs
  - Early detection cancer testing
  - Used by multiple current members

Mrs. Koval stated that many SHIF members currently use this now for biometric screenings. The Wellness Committee agreed to keep this as an option.

- Valley Health System
  - Wellness Educational Seminars/webinars
  - Health Screenings
  - Currently contracted by NJHIF and BMED
  - Fee: \$2,000 per entity for various webinars

Mr. Lessard asked if they have any experience with School Districts. Mrs. Koval stated that she will reach out and inquire.

- Pure Edge
  - Professional development and classroom resources for learners and educators
    - Body, breath, mind, attention, engagement for educators and students
  - Virtual wellness classes

Mrs. Koval stated that this program focuses on Students and not just members which is not the intent of the Wellness Program and for that reason she is not recommending this as an option.

- Fees: \$75/class

Vernon Nutrition

- Incomplete submission – rejected

Health Fitness Concepts

- Incomplete submission – rejected

Life Line Screening of America

- Incomplete submission – rejected

Mrs. Koval stated that it is the recommendation of PERMA to approve contracts to Advanta, Color, Fitness Knocking, Telligen, US Wellness and Valley Health and allow Boards in the wellness program to choose which suits each group.

Mrs. Koval asked do we want to continue to build your own grant as well as offer these vendors. Mr. Lessard stated that he would want to keep the “build your own” option as well as integrate the vendors. Mr. Doyle agreed as well.

Mr. Lessard stated that new groups should have to use the contracted vendors.

Mr. Doyle stated that build your own option opens the fund to more issues with things not being eligible and puts the fund at risk. He stated that if we can build a menu of vendors that is big enough to fit all groups then he agrees with down the road canceling out the build your own.

Mr. Lodics stated that he believes that this is a great step forward and he appreciates the committee opinions.