

RESOLUTION NO. 18-21

**GLOUCESTER COUNTY INSURANCE COMMISSION
APPOINTING MANAGED CARE PROVIDER TO MEDLOGIX, LLC FOR FUND YEAR 2021**

WHEREAS, the Gloucester County Insurance Commission (hereinafter the "Commission") is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and

WHEREAS, there exists a need for the Commission to obtain certain professionals and other extraordinary and unspecifiable services;

WHEREAS, the Commissioners of said Commission resolve to award professional service agreements in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et seq.; and

WHEREAS, the Commission conducted a publicly advertised Request for Proposals process, RFP # 21-07, for the position of Managed Care Provider pursuant to New Jersey law and the County of Gloucester Request for Proposals Policy, as adopted by the Commission; and

NOW THEREFORE BE IT RESOLVED, by the Commission that the following appointment be made for the period January 1, 2021 through December 31, 2021.

Medlogix, LLC, has been appointed to Managed Care Provider located at 300 American Metro Blvd., Suite 170, Hamilton, NJ 08619-1205. Medlogix, LLC will provide Medical Management Services as outlined on the attached page:

BE IT FURTHER RESOLVED, the Commission is hereby authorized to execute contracts between the Commission and the service provider set forth in this resolution with terms and conditions as required by the Commission.

BE IT FURTHER RESOLVED, by the Commissioners of said GCIC that Medlogix, LLC, acting as a "servicing organization" as defined in the GCIC's Rules and Regulations, shall execute said contract prepared by the GCIC and supply any surety bond along with errors and omissions coverage if required by law or deemed necessary in the sole discretion of the Commission.

ADOPTED by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on January 28, 2021.



TIMOTHY SHEEHAN, CHAIRMAN

ATTEST:



MICHAEL BURKE, VICE CHAIRMAN

➤ **Preferred Provider Network Access to CHN PPO/Bill Review Services:**

- Hospitals/In-patient Facilities
- Medical providers
- Statewide network for medical equipment services
- Statewide network for radiology services
- Statewide network for EMG services
- Statewide network for Ambulatory Surgery Center services
- Bill Review and Repricing
- Bill Review Desk Audit (Not including Formal Audit services)
- Account Management (including attendance at required meetings)
- Client Reports

14% of the PPO network reduction*

***Individual Fee per Bill capped at \$10,000.**

***Individual Fee per Bill not to exceed payment to provider**

The Preferred Provider Network “*network reduction*” is defined as the percentage portion of the difference between the providers charge or the fee schedule whichever is less and the allowable amount under the PPO Network agreement.

➤ **Out-of-Network Bill Re-Pricing/Preferred Provider Reductions:**

This Program allows experienced Network Operations personnel to enhance out-of-network provider reductions using utilization data, billing and payment acceptance trends between providers and prior payment acceptance history along with leveraging Billing and Finance Department relationships to achieve significant reductions off billed charges.

14% of the out-of-network provider bill reduction

***Individual Fee per Bill capped at \$10,000**

***Individual Fee per Bill not to exceed payment to provider**

➤ **Workers’ Compensation Managed Care Services:**

- 24/7 1-800 First Report of Injury reporting to a live-representative
- On-call nurse availability
- Case triage and care coordination
- Telephonic Nurse Case Management

\$85/hour