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AGENDA & REPORTS

November 30, 2022

12:00 PM

Moorestown Community House

SCHOOLS HEALTH INSURANCE FUND
MEETING: NOVEMBER 30, 2022
Moorestown Community 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
Michael Colling, Medford Lakes 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: September 28, 2022 (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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ATTORNEY – (J. Kenneth Harris.)	
Monthly Report	
NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)	
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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
NOVEMBER 30, 2022**

FINANCE & CONTRACTS COMMITTEE

PRO FORMA REPORTS

Fast Track Financial Reports:

- September 30, 2022 (page 5)

QUARTER 3 IBNR REVIEW

Medical, dental and prescription claims through September 2022 have been delivered to the Actuary for quarter 3 IBNR analysis.

2023-2024 BUDGET UPDATE

The 2023-2024 budget process will begin soon. Data through November 30 will be evaluated and make a determination if December data should also be included. The timeline should be consistent with prior years having rates available to the membership mid-February.

OPERATIONS & NOMINATIONS COMMITTEE

NEW MEMBER OPPORTUNITIES

The Operations Committee recently met to review new members through January 1, 2023. The following members were thoroughly vetted through our standard underwriting practices. The details are included on pages 10-12 and Resolution 28-22 on page 13 ratifies this decision.

1. Clinton Twp BOE
2. Somerset Hills BOE
3. Oakland BOE
4. Bloomsbury BOE

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF September 30, 2022

	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	38,401,328	114,710,266	1,700,454,884	1,815,165,150
2. CLAIM EXPENSES				
Paid Claims	36,381,246	103,208,990	1,399,009,644	1,502,218,634
IBNR	216,581	4,838,224	35,525,697	40,363,921
Less Specific Excess	428,502	428,502	(20,691,304)	(20,262,802)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	37,026,328	108,475,716	1,413,844,037	1,522,319,752
3. EXPENSES				
MA & HMO Premiums	7,753	25,149	567,257	592,406
Excess Premiums	775,579	2,291,905	46,104,714	48,396,619
Administrative	2,643,732	7,837,438	126,222,561	134,059,999
TOTAL EXPENSES	3,427,064	10,154,492	172,894,532	183,049,024
4. UNDERWRITING PROFIT/(LOSS) (1-2-3)	(2,052,064)	(3,919,942)	113,716,316	109,796,374
5. INVESTMENT INCOME	204,274	511,839	7,386,980	7,898,819
6. DIVIDEND INCOME	690,590	690,590	7,505,955	8,196,545
7. STATUTORY PROFIT/(LOSS) (4+5+6)	(1,157,200)	(2,717,513)	128,609,251	125,891,738
8. DIVIDEND	0	13,525	41,747,344	41,760,869
9. TRANSFERRED SURPLUS			28,079,045	28,079,045
10. STATUTORY SURPLUS (7-8)	(1,157,200)	(2,731,038)	114,940,953	112,209,914

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	852,310	1,061,566	97,067,363	98,128,929
	Cash	119,057	(36,705)	115,496,719	115,460,014
2020/2021	Surplus	(339,684)	(1,192,755)	7,839,535	6,646,780
	Cash	630,420	(222,651)	5,794,031	5,571,380
2021/2022	Surplus	(997,466)	(2,656,604)	10,034,054	7,377,450
	Cash	(4,407,335)	(15,229,005)	26,178,861	10,949,855
2022/2023	Surplus	(672,361)	56,755		56,755
	Cash	13,391,507	10,000,583		10,000,583
TOTAL SURPLUS (DEFICITS)		(1,157,200)	(2,731,038)	114,940,952	112,209,914
TOTAL CASH		9,733,649	(5,487,779)	147,469,612	141,981,833

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	197	4,211	723,318,562	723,322,773
FUND YEAR 2020/2021				
Paid Claims	107,313	976,856	314,141,025	315,117,880
IBNR	0	0	0	0
Less Specific Excess	243,840	243,840	(7,913,115)	(7,669,276)
Less Aggregate Excess	0	0	0	0
TOTAL	351,152	1,220,696	306,227,909	307,448,605
FUND YEAR 2021/2022				
Paid Claims	4,751,945	32,717,857	351,754,517	384,472,374
IBNR	(3,907,827)	(30,196,842)	35,525,697	5,328,855
Less Specific Excess	184,662	184,662	(2,982,648)	(2,797,986)
Less Aggregate Excess	0	0	0	0
TOTAL	1,028,780	2,705,677	384,297,566	387,003,243
FUND YEAR 2022/2023				
Paid Claims	31,521,792	69,510,066		69,510,066
IBNR	4,124,408	35,035,066		35,035,066
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
TOTAL	35,646,200	104,545,132	0	104,545,132
COMBINED TOTAL CLAIMS	37,026,328	108,475,716	1,413,844,037	1,522,319,752

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				
INDICES	YEAR END	JUL	AUG	SEP	OCT
Cash Position	\$ 147,469,612	\$ 130,950,950	\$ 132,248,184	\$ 141,981,833	
IBNR	\$ 35,525,697	\$ 37,381,610	\$ 40,147,340	\$ 40,363,921	
Assets	\$ 172,644,586	\$ 178,338,254	\$ 176,355,052	\$ 175,995,967	
Liabilities	\$ 57,703,634	\$ 61,582,371	\$ 62,987,937	\$ 63,786,052	
Surplus	\$ 114,940,953	\$ 116,755,884	\$ 113,367,115	\$ 112,209,914	
Claims Paid -- Month	\$ 33,775,593	\$ 31,294,412	\$ 35,533,332	\$ 36,381,246	
Claims Budget -- Month	\$ 32,817,694	\$ 34,913,191	\$ 34,769,680	\$ 35,472,345	
Claims Paid -- YTD	\$ 389,418,087	\$ 31,294,412	\$ 66,827,744	\$ 103,208,990	
Claims Budget -- YTD	\$ 393,789,683	\$ 34,913,191	\$ 69,682,871	\$ 105,155,216	
RATIOS					
Cash Position to Claims Paid	4.37	4.18	3.72	3.9	
Claims Paid to Claims Budget -- Month	1.03	0.90	1.02	1.03	
Claims Paid to Claims Budget -- YTD	0.99	0.90	0.96	0.98	
Cash Position to IBNR	4.15	3.5	3.29	3.52	
Assets to Liabilities	2.99	2.90	2.80	2.76	
Surplus as Months of Claims	3.5	3.34	3.26	3.16	
IBNR to Claims Budget -- Month	1.08	1.07	1.15	1.14	

Schools Health Insurance Fund						
2022/2023 Budget Status Report						
as of September, 30 2022						
	Actual	Annualized	Certified	Actual	\$ Variance	% Variance
Expected Losses	Budget	Budget	as of 7/1/22	Expensed		
Medical Claims	94,783,912	380,719,782	370,886,514	94,231,675	552,237	1%
Prescription Claims	9,149,789	36,529,219	32,124,992	9,120,618	29,171	0%
Dental Claims	1,221,515	4,923,527	4,812,181	1,192,839	28,676	2%
Subtotal Claims	105,155,216	422,172,528	407,823,687	104,545,132	610,084	1%
Rate Stabilization Reserve	0	0	0	0	0	0%
DMO Premiums	21,781	92,401	82,066	25,149	(3,368)	-15%
Reinsurance						
Specific	2,291,430	9,262,884	8,896,097	2,291,905	(476)	0%
Total Loss Fund	107,468,427	431,527,813	416,801,850	106,862,186	606,241	1%
Expenses						
Legal	9,494	37,978	37,978	9,494	-	0%
Treasurer	6,607	26,428	26,428	6,607	0	0%
Administrator	529,675	2,145,070	2,039,388	529,657	18	0%
Program Manager	1,411,957	5,703,254	5,451,454	1,445,563	(33,606)	-2%
Local Entity Risk Management	1,488,977	6,035,235	6,054,652	1,482,704	6,272	0%
TPA - Med Aetna	1,643,250	6,645,719	6,143,047	1,645,349	201	0%
Program Manager - Guardian Nurses	270,475	1,093,370	1,050,076	270,375	100	0%
TPA - Med AmeriHealth Admin	400,807	1,618,362	1,793,143	401,668	(861)	0%
TPA - Med Horizon	5,207	19,215	25,061	5,207	-	0%
TPA - Vision	2,300	8,647	10,505	Included above in Med Aetna		
TPA - Dental	56,054	226,425	222,805	55,973	81	0%
Actuary	7,625	30,500	30,500	7,434	192	3%
Auditor	5,049	20,196	20,196	5,049	0	0%
Subtotal Expenses	5,837,478	23,610,400	22,905,235	5,865,080	(27,602)	0%
Misc/Contingent Expenses	14,222	56,889	56,889	4,223	9,999	70%
Data Analysis System	22,623	90,492	90,492	22,623	0	0%
Wellness Program	147,269	595,320	571,746	147,330	(61)	0%
Affordable Care Act Taxes	36,369	147,038	141,138	36,384	(15)	0%
A4 Retiree Surcharge	1,706,110	6,852,956	6,675,957	1,707,494	(1,383)	0%
Plan Documents	7,500	30,000	30,000	7,500	-	0%
Total Expenses	7,771,572	31,383,095	30,471,458	7,790,634	(19,063)	0%
Total Budget	115,239,998	462,910,908	447,273,307	114,652,820	587,178	1%

Schools Health Insurance Fund
CONSOLIDATED BALANCE SHEET
AS OF SEPTEMBER 30, 2022

BY FUND YEAR

	SHIF 2022/2023	SHIF 2021/2022	SHIF 2020/2021	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	10,000,583	10,949,855	5,571,380	115,460,014	141,981,833
Assessments Receivable (Prepaid)	23,457,434	180,796	(47,243)	-	23,590,987
Interest Receivable	-	-	-	1	1
Specific Excess Receivable	-	2,474,733	1,122,643	-	3,597,376
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	690,590	690,590
Deferred Assessment Receivable	-	-	-	618,034	618,034
Prepaid Admin Fees	7,434	-	-	-	7,434
Other Assets	3,511,066	2,616,681	-	-	6,127,746
Total Assets	36,976,517	16,222,065	6,646,780	116,768,638	176,614,001
LIABILITIES					
Accounts Payable	-	-	-	-	-
IBNR Reserve	35,035,066	5,328,855	-	-	40,363,921
A4 Retiree Surcharge	1,707,494	3,335,852	-	-	5,043,345
Dividends Payable	-	-	-	0	0
Retained Dividends	-	-	-	18,639,709	18,639,709
Accrued/Other Liabilities	177,202	179,909	-	-	357,111
Total Liabilities	36,919,762	8,844,616	-	18,639,709	64,404,086
EQUITY					
Surplus / (Deficit)	56,755	7,377,450	6,646,780	98,128,930	112,209,914
Total Equity	56,755	7,377,450	6,646,780	98,128,930	112,209,914
Total Liabilities & Equity	36,976,517	16,222,065	6,646,780	116,768,638	176,614,001
BALANCE	-	-	-	-	-

This report is based upon information which has not been audited nor certified
by an actuary and as such may not truly represent the condition of the fund.
Fund Year allocation of claims have been estimated.

REGULATORY
SCHOOLS HEALTH INSURANCE FUND
YEAR: 2022/2023

<u>Monthly Items</u>	<u>Filing Status</u>
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	Q2 2022 filed
Annual Audit	June 30, 2021 - filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

New Member Overview	
Fund	Schools HIF
Entity	Somerset Hills BOE
County	Somerset
Effective Date	1/1/2023-6/30/2023
Lines of Coverage	Medical and Prescription
Eligible Employees	221
Retiree Coverage	No
Current Arrangement	Aetna
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	Aetna
Member approval?	Signed Resolution and Indemnity and Trust agreement received.
Special Requests	None

New Member Overview	
Fund	Schools HIF
Entity	Oakland BOE
County	Bergen
Effective Date	1/1/2023-6/30/2023
Lines of Coverage	Medical and Prescription
Eligible Employees	177
Retiree Coverage	No
Current Arrangement	State Health Benefits
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	State Health Benefits
Member approval?	Signed Resolution and Indemnity and Trust agreement received.
Special Requests	None

New Member Overview	
Fund	Schools HIF
Entity	Bloomsbury BOE
County	Hunterdon
Effective Date	1/1/2023-12/31/2023
Lines of Coverage	Medical and Prescription
Eligible Employees	14
Retiree Coverage	No
Current Arrangement	State Health Benefits
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	State Health Benefits
Member approval?	Signed Resolution and Indemnity and Trust agreement received.
Special Requests	None

New Member Overview	
Fund	Schools HIF
Entity	Clinton BOE
County	Bergen
Effective Date	11/1/2022- 6/30/2023
Lines of Coverage	Medical
Eligible Employees	183
Retiree Coverage	No
Current Arrangement	State Health Benefits Fund
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	State Health Benefits Fund
Member approval?	Signed Resolution and Indemnity and Trust agreement received. Started on November 1, 2022
Special Requests	None

HIF GROWTH CAPACTIY 2022-2023									
March 31, 2022 HIF Enrollment	18,744								
Growth Cap - 20%	3,749								
New Member Underwriting Status - FY 2022-2023									
Group	Employees	Lines of Coverage	Proposal Released	BOE Approval	Union Approval	Carrier	Signed I&T	Effective Date	SHIF Approved Date
Lawrence BOE	479	Med & Rx	Y	Y	Y	Aetna	Y	7/1/2022	Mar-22
ESC of Morris County	43	Medical	Y	Y	Y	Aetna	Y	7/1/2022	Mar-22
Summit BOE	443	Med & Rx	Y	Y	Y	Aetna	Y	7/1/2022	Mar-22
Roxbury BOE	441	Med & Rx	Y	Y	Y	Aetna	Y	7/1/2022	May-22
Watchung BOE	82	Med & Rx	Y	Y	Y	Aetna	Y	8/1/2022	May-22
Clinton BOE	183	Med	Y	Y	Y	Aetna	Y	11/1/2022	
Bloomsbury BOE	14	Med & Rx	Y	Y	Y	Aetna	Y	1/1/2023	
Oakland BOE	177	Med & Rx	Y	Y	Y	Aetna	Y	1/1/2023	
Somerset Hills BOE	221	Med & Rx	Y	Y	Y	Aetna	Y	1/1/2023	
Total Employees	2,083								
% Growth	11.11%								
Remaining	1,666								
						Existing Medical adding Rx			
Terminating Membership						Fredon BOE	7/1/2022		
Glen Ridge BOE	189								
Evesham BOE	493								
Plumsted BOE	123								
Total Terminated	805								
Remaining Lives (net of terminating members)	2,471								
Growth (net of terminating membership)	6.82%								

RESOLUTION NO. 28-22

**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 **November 30, 2022** 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.

Clinton BOE	183	Med
Bloomsbury BOE	14	Med & Rx
Oakland BOE	177	Med & Rx
Somerset Hills BOE	221	Med & 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: November 30, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

Indemnity and Trust Agreement Compliance Listing

MEMBER	I&T END DATE
Sandyston-Walpack Consolidated School District	12/31/2021
Deptford Township BOE	6/30/2022
Hope Township School District	6/30/2022
Northern Burlington County Regional School District	6/30/2022
Oxford BOE	6/30/2022
Robbinsville BOE	7/1/2022
Lumberton BOE	12/31/2022
Delsea Regional BOE	12/31/2022

School's Health Insurance Fund

Program Manager's Report

November 2022

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: shif_enrollments@permainc.com

Enrollments/Eligibility/Billing: shif_enrollments@permainc.com

Brokers: brokerservice@permainc.com

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

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

1- Pfizer- Paxlovid

2- Merck- Molnupiravir

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

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

EXPRESS-SCRIPTS UPDATE

ESI's 2023 National Preferred Formulary (NPF) has been released. The NPF and Exclusion List were sent to all brokers on November 14, 2022. SHIF has 80 members impacted by the change. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions.

ESI's 2023 SaveOn list has been released. The drugs excluded for 2023 are highlighted in red on the list. SHIF had no members impacted by the changes for 2023. The list was sent to all brokers on November 14, 2022.

OPERATIONAL UPDATES: None

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through July 15, 2022. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period

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

Coverage Highlights:

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

FREE Tests from the Government - **No longer available** effective September 2, 2022, due to lack of funding.

ESI Highlights:

- o Point of service option is now available for members to get tests at the pharmacy counter.
 - o Mail order options is also available through ESI.
 - o Ordering for more than one participant must be done separately.
 - o ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
 - o Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.
3. Vaccine Mandates - November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a "vaccine or test," requirement for Employers over 100 Employees. The

Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

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

Medical and Rx Reporting

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

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

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

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The 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.

Mental Health Parity and Addiction Equity Act (MHPAE)

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

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

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

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

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

Artemis Data Warehouse Reporting

Follow Ups:

- Continue to promote \$0 Copay Telemedicine Behavioral Health Program
- Working with Guardian Nurses to develop a list of service and diagnosis codes that the Carriers can implement into their data reporting in 2022. Our new Carrier contracts include an allotment for technical enhancements that would moderate the cost.

Recommended Upcoming 2022 Reports and Reviews:

Q1 – Inflammatory Conditions – Specifically MSK (10/19 – 9/20 vs. 10/20 – 9/21)

- There were 15,253 distinct members who had MSK Episodes, representing 29% of the total SHIF enrollment, increase of 31.5% over the previous period.
 - Percentage makes up 16% of the total spend, medical and Rx.
 - MSK pharmacy spend is 4% of the total pharmacy budget.
- Total cost of MSK Episodes grew to \$41,800,495, an increase of 23.4% which is in line with the general population rise of the SHIF.
- Please reference MSK report included with February 2022 agenda.

Q2 – Women’s Health and Gaps in Care –

- Currently there are 10,274 females over age 18 covered under the SHIF medical plans. Of those the below are some gaps in care identified
 - Wellness Visits – 2,395 (35%) covered female members were compliant
 - Cervical Cancer Screenings – 1,271 (19.7%) covered female members were compliant
 - Colon Cancer Screenings – 253 (8.47%) covered female members were compliant
 - Breast Cancer Screenings – 625 (28.9%) covered female members were compliant
- The HIFs will begin to research for solutions to assist members in receiving their screenings when eligible and/or timelier.

Q3 – Men’s Health and Gaps in Care – APPENDIX III

Q4 – TBD

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
09/15/2022	Medical/ Aetna	SHIF-2022-09-06	Benefit Application	Upheld	10/05/2022
09/29/2022	Medical/ Aetna	SHIF-2022-09-07	Benefit Application	Overtured	10/20/2022
10/06/2022	Medical/ Aetna	SHIF-2022-10-01	Benefit Application	Upheld	10/07/2022
11/02/2022	Medical/ Aetna	SHIF-2022-11-01	Benefit Application	Upheld	11/03/2022
11/03/2022	Medical/ Aetna	SHIF-2022-11-02	Benefit Application	Upheld	11/08/2022

IRO Submissions: None

Small Claim Committee Appeals: None



Schools Health Insurance Fund
Executive Summary Year 4 Quarter 3
Report Covering July 1, 2022- September 30, 2022

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

Biggest Recent Wins:

1. Forty-one (41) of the 43 diabetics remained hospital free this quarter for a potential savings of \$472,484.00; of note, the two admissions were not related to diabetes. (<https://care.diabetesjournals.org>)
2. Four members avoided the emergency room and admission this quarter due to expedited coordination of care.
3. One member was saved over \$30,000.00 in medical bills.
4. 71% of hospitalized members engaged with their MCC this quarter.

Improving Care

Goal: Improve timeliness, appropriateness and quality of care

Diabetic patients have graduated from the program this period bringing the total membership from 63 to 43 members.

- Eighteen (18) of 43 engaged diabetics in Complex Care Program decreased their hemoglobin A1c. (*HbA1c data, see chart below*).
- Nine (9) of 43 diabetics in Complex Care Program also are 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

HealthShare Exchange (HSX) Software Platform

- Providing more timely notice of member hospital admissions
- Major reason mobilizations increased this quarter by 5%
- More timely data enabling nurses to engage more than 71% of members while hospitalized

Acute Care Program

- 353 cases referred; 284 referrals in previous reporting period; increase of 24% this reporting period
- 224 members engaged; supporting 26 Peds cases; 63% engagement this reporting period
- 261 nurse mobilizations (208 were to hospital visits) increase of 5% from previous reporting period. (249 in previous reporting period)

Complex Care Program

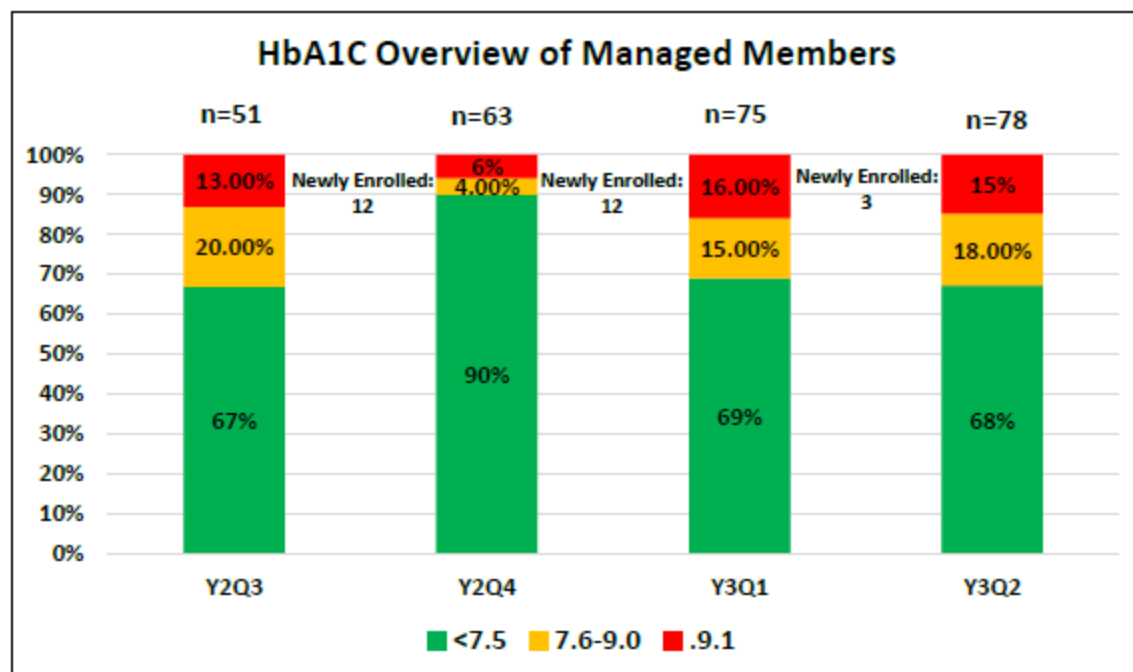
- 90 engaged; 100 in previous reporting period; 43 of the 90 are diabetics
- 29 mobilizations; 23 in previous reporting period

Managing or Reducing Cost

Goal: Prevent unnecessary hospital, ICU admissions and bounce backs

Goal: Medication compliance, including coupon savings and generic brand drugs

- 251 acute hospital admissions (5 were COVID-related); increase of 18% from previous reporting period of 213
- 2 diabetics hospitalized this quarter, (admissions not related to diagnosis); 2 hospitalized in previous reporting period
- 19 Acute members transferred to Complex Program for disease management
- 21 bounce-back (30 day readmits); 11 in previous reporting period
- 18 ICU admissions (5 COVID related and 1 peds), down 14% from previous reporting period of 21



This chart reflects the number of members engaged and enrolled in the diabetes program for all four quarters. These members must have two or more hemoglobin A1c results to be considered enrolled (lab number). Percentage (%) indicates the number of members with a lab value within the range.

Highlighted Story #1

MCC engaged 68-year-old spouse during hospitalization for small bowel obstruction in March 2022. Patient with multiple hospitalizations for the same medical issue. MCC communicated with surgeon and discussed need for second opinion at a higher-level facility, then coordinated second opinion with GI surgeon at a Center of Excellence. Member currently receiving testing that would not have been available at previous facility. Consulting GI Surgeon believed they would be able to treat this issue, decrease number of hospitalizations and improve member's quality of life.

In June 2022 member had surgery, which included lysis of multiple dense adhesions found in intestines, as well as a resection. The appendix was also removed at that time, due to adhesions and fat plastered over the appendix. Due to the removal of diseased intestines and necessary bowel rest, member went home with TPN and ostomy. MCC ensured utilization of home care and proper education and understanding of central line and ostomy care for both member and his wife. Member was able to wean off TPN within a few weeks, ostomy was reversed and member slowly but surely started to improve. Member states, he hasn't "felt this good since 2010." Previous to this surgery, member was hospitalized at least every other month for small bowel obstruction and had received multiple surgeries without lasting results. Since surgery, member has remained **out of the hospital**, is able to tolerate a regular diet, is pain free and has a much-improved quality of life.

Highlighted Story #2

MCC engaged with 17-year-old dependent since February of 2022, while inpatient. MCC working closely with family, coordinating care and exploring second opinion options for consistent GI issues. Due to MCC's (pediatric nurse) communication with family and clinical team concerning abdominal pain and weight loss with only by-mouth-eating, dependent now currently receiving feeds via naso-jejenum (NJ) tube. Recently, she experienced an episode of emesis that accidentally caused the NJ tube to come out. Dependent and mother were seen in the ED for abdominal pain, and the NJ tube was then replaced. The emergency room attending wanted to admit for observation to ensure she tolerated feeds. Knowing this patient and her history, MCC spoke with emergency room nurse and explained an admission would not be necessary as home feeds were being tolerated and the abdominal pain was being caused by nerve issues. MCC requested increase in gabapentin and discharge home. ED nurse and mom spoke with the physicians and they agreed with this plan. She was able to go home and tolerated feeds with no issues. **Prevented admission to hospital.**

Highlighted Story #3

Seventy-six-year-old member engaged from direct call concerning a glucose monitoring device in April 2022, transferred to Complex Program for management of his diabetes. Dexcom obtained June 2022 and the first bill for a 3-month supply was received in September 2022. The bill was \$240. Member was worried he would not be able to keep the sensor due to the high cost and requested MCC's assistance. MCC called Adapt Health to confirm bill and try to resolve cost, but was told this was indeed his out-of-pocket cost and there was nothing they could do. MCC called Aetna and discovered the sensors were coded incorrectly; corrected out-of-pocket cost would be \$10. Member was thrilled to keep his sensors!

Respectfully submitted,

Robin Sambuco

Robin Sambuco, BSN, RN
Vice President of Operations

**SCHOOL HEALTH INSURANCE FUND
DIVIDEND BILLS LIST**

Confirmation of Payment

OCTOBER 2022

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

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003545			
003545	MANTUA TOWNSHIP BOE	DIVIDEND 10/22	155,997.35
			155,997.35
		Total Payments FY Closed	155,997.35
		TOTAL PAYMENTS ALL FUND YEARS	155,997.35

Chairperson

Attest:

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

Dated: _____

Treasurer

SCHOOL HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

OCTOBER 2022

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>
003543			
003543	CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 10/22	61,454.19
003543	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MGR FEES 10/22	393,904.63
003543	CONNER STRONG & BUCKELEW	BROKER FEES 10/22	510,399.74
003543	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 10/22	16,594.72
003543	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 10/22	7,058.52
			989,411.80
003544			
003544	CONNER STRONG & BUCKELEW	GUARDIAN NURSE FEE 10/22	90,125.00
003544	CONNER STRONG & BUCKELEW	ARTEMIS 2ND QUARTER 2022	19,495.92
			109,620.92
		Total Payments FY 22-23	1,099,032.72
		TOTAL PAYMENTS ALL FUND YEARS	1,099,032.72

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 SUPPLEMENTAL BILLS LIST

Confirmation of Payment

OCTOBER 2022

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 21-22

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003546			
003546	ADVANTA HEALTH SOLUTIONS INC	6/22 ActiveFit+ Program Incentive Cred	4,100.00
003546	ADVANTA HEALTH SOLUTIONS INC	6/22 ACTIVEFIT+ PROGRAM INC. CREDITS	80.00
			4,180.00
		Total Payments FY 21-22	4,180.00

FUND YEAR 22-23

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003547			
003547	DELTACARE DMO	GLOUCESTER SSSD 10/22	728.32
003547	DELTACARE DMO	GLOUCESTER COUNTY IOT 10/22	218.50
			946.82
003548			
003548	FLAGSHIP DENTAL PLANS	DEPTFORD TWP 10/22	2,498.40
003548	FLAGSHIP DENTAL PLANS	LEAP 10/22	4,294.07
003548	FLAGSHIP DENTAL PLANS	CINNAMINSON 10/22	241.52
003548	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMPLETE) 10/22	2,908.03
			9,942.02
003549			
003549	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 10/22	19,035.12
			19,035.12
003550			
003550	HORIZON BCBSNJ	MEDICAL TPA - HORIZON 10/22	1,556.52
			1,556.52
003551			
003551	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 10/22	728.00
003551	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 10/22	557,775.30
			558,503.30
003552			
003552	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 10/22	135,443.22
			135,443.22
003553			
003553	PAYFLEX	TABERNACLE 10/22	3.00
003553	PAYFLEX	MOORESTOWN 10/22	57.00
003553	PAYFLEX	CHATHAMS 10/22	24.00
			84.00

003554			
003554	PERMA RISK MANAGEMENT SERVICES	POSTAGE 9/22	66.23
003554	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 10/22	179,743.72
			179,809.95
003555			
003555	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 10/22	1,748.00
003555	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY SERVICES 10/22	3,164.83
			4,912.83
003556			
003556	VERRILL & VERRILL, LLC	TREASURER FEE 10/22	2,202.33
			2,202.33
003557			
003557	WELLNESS COACHES	WELLNESS COACHING 10/22 DELRAN	1,667.00
003557	WELLNESS COACHES	WELLNESS COACHING 10/22 SWEDESBORO	1,970.00
			3,637.00
003558			
003558	US WELLNESS, INC.	BURLINGTON TOWNSHIP 8/22	1,600.00
			1,600.00
003559			
003559	MEDFORD LAKES BOARD OF EDUCATION	WELLNESS 09/22	4,589.40
			4,589.40
003560			
003560	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 10/22	470.00
			470.00
003561			
003561	RITA GENGARO	WELLNESS HEALTHY SOUP DAY/NUTS FOR STAFF	80.25
003561	RITA GENGARO	WELLNESS 10/22 FOR STAFF	276.88
			357.13
003562			
003562	ADVANTA HEALTH SOLUTIONS	October 2022 ActiveFit+ Management Fee	1,701.00
003562	ADVANTA HEALTH SOLUTIONS	August 2022 ActiveFit+ Management Fee	1,710.00
003562	ADVANTA HEALTH SOLUTIONS	September 2022 ActiveFit+ Program Incent	4,020.00
003562	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MANAGEMENT FEE 8/22	321.20
003562	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MANAGEMENT FEE 10/22	321.20
003562	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ PROG. INCENTIVE CREDITS 8/22	80.00
			8,153.40

003563			
003563	XL SPORTS FITNESS	WELLNESS: PILATES 12/22-2/23: 12 CLASSES	1,080.00
			1,080.00
003564			
003564	OLDE MILL INN	MEETING 9/28/22	1,192.91
			1,192.91
003565			
003565	MICHAEL COLLING	WELLNESS - FRUIT/BOWLS	55.35
			55.35
003566			
003566	MEGHAN EARLEY	WELLNESS 10/22 36 FITBIT INSPIRE 3	3,779.64
			3,779.64
003567			
003567	CONNER STRONG & BUCKELEW	WEX COBRA SELF SERVICE CONFIGURATION	6,440.00
			6,440.00
003568			
003568	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 10/22	776,965.98
			776,965.98
		Total Payments FY 22-23	1,720,756.92
		TOTAL PAYMENTS ALL FUND YEARS	1,724,936.92

Chairperson

Attest:

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

Dated: _____

Treasurer

SCHOOL HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

NOVEMBER 2022

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

BE IT RESOLVED that the 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>
003569			
003569	PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/22	66.69
003569	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 11/22	181,237.68
			181,304.37
003570			
003570	CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 11/22	61,405.47
003570	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MGR FEES 11/22	397,741.82
003570	CONNER STRONG & BUCKELEW	BROKER FEES 11/22	511,300.67
003570	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 11/22	16,545.76
003570	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/22	7,127.28
			994,121.00
003571			
003571	CONNER STRONG & BUCKELEW	GUARDIAN NURSE FEE 11/22	90,125.00
			90,125.00
		Total Payments FY 22-23	1,265,550.37
		TOTAL PAYMENTS ALL FUND YEARS	1,265,550.37

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 SUPPLEMENTAL BILLS LIST

Resolution No. 29-22

NOVEMBER 2022

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>
003572			
003572	DELTACARE DMO	GLOUCESTER SSSD	678.13
003572	DELTACARE DMO	GLOUCESTER COUNTY IOT 11/22	218.50
			896.63
003573			
003573	FLAGSHIP DENTAL PLANS	DEPTFORD TWP 11/22	2,312.88
003573	FLAGSHIP DENTAL PLANS	LEAP 11/22	4,192.29
003573	FLAGSHIP DENTAL PLANS	CINNAMINSON 11/22	344.62
003573	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMPLETE) 11/22	2,129.88
			8,979.67
003574			
003574	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/22	18,978.96
			18,978.96
003575			
003575	HORIZON BCBSNJ	MEDICAL TPA - HORIZON 11/22	1,556.52
			1,556.52
003576			
003576	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 11/22	723.45
003576	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 11/22	562,717.30
			563,440.75
003577			
003577	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 11/22	137,272.08
			137,272.08
003578			
003578	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 11/22	1,012.00
003578	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY SERVICES 11/22	3,164.83
			4,176.83
003579			
003579	VERRILL & VERRILL, LLC	TREASURER FEE 11/22	2,202.33
			2,202.33
003580			
003580	MEDICAL EVALUATION SPECIALISTS	MES CASE #1845869	245.00
			245.00

003581			
003581	KINGSWAY REGIONAL SCHOOL DISTRICT	WELLNESS REIMBURSEMENT	344.89
			344.89
003582			
003582	RANCOCAS VALLEY REG HSD	WELLNESS 11/22	1,414.04
			1,414.04
003583			
003583	LUMBERTON BOARD OF EDUCATION	HEALTHY PERSPECTIVES DIGEST 9/22-8/23	3,540.00
			3,540.00
003584			
003584	WELLNESS COACHES	WELLNESS REIMBURSEMENT	150.00
003584	WELLNESS COACHES	WELLNESS COACHING 11/22 SWEDESBORO	1,970.00
003584	WELLNESS COACHES		2,167.00
			4,287.00
003585			
003585	US WELLNESS, INC.	BURLINGTON TOWNSHIP 9/22	1,840.00
			1,840.00
003586			
003586	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 11/22	470.00
			470.00
003587			
003587	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ PROG. INCENTIVE CREDITS 9/22-	80.00
003587	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MANAGEMENT FEE 11/22 - DELSEA	321.20
003587	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MANAGEMENT FEE 11/22	1,701.00
003587	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ PROG. INCENTIVE CREDITS 09/22	4,160.00
			6,262.20
003588			
003588	LEAP ACADEMY UNIVERSITY CHARTER SCHOOL	WELLNESS REIMBURSEMENTS - 2023 CALENDARS	2,202.75
			2,202.75
003589			
003589	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 11/22	784,534.81
			784,534.81
		Total Payments FY 22-23	1,542,644.46
		TOTAL PAYMENTS ALL FUND YEARS	1,542,644.46

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

Current Fund Year: 2022										
Month Ending: October										
	Medical	Dental	Rx	Dividend Payable	Med.Adv	Reinsurance	Stabilization (BOE)	LFC	Admin	TOTAL
OPEN BALANCE	118,888,073.05	3,007,988.43	(9,058,785.25)	18,911,289.56	0.00	(942,800.80)	0.00	0.00	11,176,067.50	141,981,832.49
RECEIPTS										
Assessments	28,682,208.11	373,714.21	2,775,840.06	0.00	0.00	696,473.67	0.00	0.00	2,343,981.32	34,872,217.37
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	245,060.19	5,896.41	4,067.74	33,218.77	0.00	0.00	0.00	0.00	19,631.40	307,874.51
Invest Adj	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Subtotal Invest	245,060.21	5,896.41	4,067.74	33,218.77	0.00	0.00	0.00	0.00	19,631.40	307,874.53
Other *	193,495.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	323,280.00	516,775.00
TOTAL	29,120,763.32	379,610.62	2,779,907.80	33,218.77	0.00	696,473.67	0.00	0.00	2,686,892.72	35,696,866.90
EXPENSES										
Claims Transfers	30,966,928.40	353,477.99	4,591,543.65	0.00	0.00	0.00	0.00	0.00	0.00	35,911,950.04
Expenses	0.00	10,888.84	0.00	155,997.35	0.00	776,965.98	0.00	0.00	2,036,114.82	2,979,966.99
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11
TOTAL	30,966,928.40	364,366.83	4,591,543.65	155,997.35	0.00	776,965.98	0.00	0.00	2,036,114.93	38,891,917.14
END BALANCE	117,041,907.97	3,023,232.22	(10,870,421.10)	18,788,510.98	0.00	(1,023,293.11)	0.00	0.00	11,826,845.29	138,786,782.25

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS												
SCHOOLS HEALTH INSURANCE FUND												
ALL FUND YEARS COMBINED												
CURRENT MONTH	October											
CURRENT FUND YEAR	2022											
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		
ID Number:												
Maturity (Yrs)								4/12/2023			5/10/2023	
Purchase Yield:	3.12	3.12	3.12	1.25	2.20	3.16	2.75	1.10	2.00	1.20		
TOTAL for All Accts & Instruments												
Opening Cash & Investment Balance	\$141,981,832.50	\$ 8,339,663.78	\$ 224,783.65	\$ 90,285,183.49	\$ 38,846.70	\$ 897.84	\$ 26,441,876.97	\$ 394,743.71	\$ 6,000,000.00	\$ 255,836.36	\$ 10,000,000.00	
Opening Interest Accrual Balance	\$1.63	\$ -	\$ -	\$ -	\$ -	\$ 1.63	\$ -	\$ -	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$2.03	\$0.00	\$0.00	\$0.00	\$0.00	\$2.03	\$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	\$307,872.89	\$21,556.16	\$2,168.10	\$203,407.48	\$39.93	\$0.00	\$64,067.16	\$911.82	\$5,424.66	\$434.57	\$9,863.01	
6 Interest Paid - Term Instr.s	\$1.63	\$0.00	\$0.00	\$0.00	\$0.00	\$1.63	\$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	\$307,874.92	\$21,556.16	\$2,168.10	\$203,407.48	\$39.93	\$2.03	\$64,067.16	\$911.82	\$5,424.66	\$434.57	\$9,863.01	
9 Deposits - Purchases	\$58,384,247.03	\$45,388,992.37	\$2,979,966.99	\$10,000,000.00	\$0.00	\$0.00	\$0.00	\$15,287.67	\$0.00	\$0.00	\$0.00	
10 (Withdrawals - Sales)	-\$61,887,171.80	-\$48,891,917.03	-\$2,979,966.99	-\$10,000,000.00	\$0.00	-\$0.11	\$0.00	\$0.00	-\$5,424.66	\$0.00	-\$9,863.01	
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$138,786,782.25	\$4,858,295.28	\$226,951.75	\$90,488,590.97	\$38,886.63	\$899.36	\$26,505,944.13	\$410,943.20	\$6,000,000.00	\$256,270.93	\$10,000,000.00	
Ending Interest Accrual Balance	\$2.03	\$0.00	\$0.00	\$0.00	\$0.00	\$2.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$1,883,396.59	\$0.00	\$1,883,396.59	\$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	\$140,670,178.84	\$4,858,295.28	\$2,110,348.34	\$90,488,590.97	\$38,886.63	\$899.36	\$26,505,944.13	\$410,943.20	\$6,000,000.00	\$256,270.93	\$10,000,000.00	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SCHOOLS HEALTH INSURANCE FUND									
Month		October							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
Year	Coverage	Last Month	October	October	October	October	Reconciled	Variance From	Month
2022	Medical	92,282,519.69	30,966,928.40	0.00	123,249,448.09	0.00	123,249,448.09	92,282,519.69	30,966,928.40
	Dental	1,202,482.98	353,477.99	0.00	1,555,960.97	0.00	1,555,960.97	1,202,482.98	353,477.99
	Rx	13,235,052.72	4,591,543.65	0.00	17,826,596.37	0.00	17,826,596.37	13,235,052.72	4,591,543.65
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	106,720,055.39	35,911,950.04	0.00	142,632,005.43	0.00	142,632,005.43	106,720,055.39	35,911,950.04

RESOLUTION NO. 29-22

**SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE OCTOBER AND NOVEMBER 2022 BILLS LIST AND TREASURERS
REPORT**

WHEREAS, the **Schools Health Insurance Fund** (the “Fund”) held a Public Meeting on **November 30, 2022** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of October and November 2022 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 October 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 October and November 2022 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for 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: NOVEMBER 30, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY



SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

November 30, 2022



SCHOOLS HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2021-2022	# OF EES	PER EE	MEDICAL CLAIMS PAID 2022-2023	# OF EES	PER EE
JULY	\$18,771,219	14,784	\$1,270	\$20,653,856	15,510	\$1,332
AUGUST	\$23,959,789	14,129	\$1,696	\$29,975,105	15,369	\$1,950
SEPTEMBER	\$22,312,790	14,558	\$1,533	\$22,221,075	15,808	\$1,406
OCTOBER	\$22,038,722	14,518	\$1,518			
NOVEMBER	\$21,948,287	14,542	\$1,509			
DECEMBER	\$24,408,315	14,547	\$1,678			
JANUARY	\$21,020,119	14,545	\$1,445			
FEBRUARY	\$22,435,741	14,552	\$1,542			
MARCH	\$26,092,101	14,523	\$1,797			
APRIL	\$23,157,506	14,523	\$1,595			
MAY	\$28,105,730	14,517	\$1,936			
JUNE	\$19,971,050	14,520	\$1,375			
TOTALS	\$274,221,370			\$72,850,035		
				2022-2023 Avg.	15,562	\$ 1,563
				2021-2022 Avg.		\$ 1,574

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: 08/01/2022 - 08/31/2022
Service Dates: 01/01/2011 - 08/31/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$1,028,552.08	\$252,749.64	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
	\$335,139.22	\$168,359.32	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION
	\$177,050.77	\$144,473.58	NONRHEUMATIC MITRAL (VALVE) PROLAPSE
	\$315,247.05	\$140,108.31	ENCOUNTER FOR ANTINEOPLASTIC
	\$260,254.72	\$133,883.25	MYASTHENIA GRAVIS WITHOUT (ACUTE)
	\$570,223.37	\$125,516.79	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
	\$285,725.84	\$122,387.18	INTESTINAL ADHESIONS BANDSY WITH COMPLETE
	\$506,013.68	\$117,826.06	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
	\$504,186.28	\$117,454.65	NONRHEUMATIC AORTIC (VALVE) STENOSIS
	\$242,899.30	\$110,228.92	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION
	\$240,808.84	\$100,296.15	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
Total:	\$4,466,101.15	\$1,533,283.85	

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: 09/01/2022 - 09/30/2022
Service Dates: 01/01/2011 - 09/30/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$400,289.00	\$399,024.31	ENCOUNTER FOR ANTINEOPLASTIC
	\$261,428.92	\$258,110.33	MYASTHENIA GRAVIS WITHOUT (ACUTE)
	\$309,097.44	\$209,929.71	MULTIPLE SCLEROSIS
	\$2,404,157.82	\$199,709.03	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH
	\$259,957.10	\$190,694.54	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL
	\$223,229.16	\$162,185.02	SEPSIS, UNSPECIFIED ORGANISM
	\$314,342.02	\$158,909.19	CONCUSSION AND EDEMA OF CERVICAL SPINAL CORD,
	\$631,511.20	\$134,776.08	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH
	\$177,273.99	\$110,237.55	MULTIPLE SCLEROSIS
	\$154,431.73	\$110,017.75	THORACIC AORTIC ANEURYSM, WITHOUT
Total:	\$5,135,718.38	\$1,933,593.51	



Schools Health Insurance Fund

10/1/21 through 9/30/22 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee July 2022 – September 2022

Total Medical Paid per Employee:
\$1,563

Network Discounts

Inpatient:	68.2%
Ambulatory:	68.7%
Physician/Other:	61.7%
TOTAL:	65.8%

Provider Network

% Admissions In-Network:	97.7%
% Physician Office:	95.9%

Aetna Book of Business:
Admissions 97.8%; Physician 91.3%

Top Facilities Utilized

(by total Medical Spend)

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

Claimants Over \$50,000 (January 2022 – September 2022)

Number of Claims Over \$50,000: 520
Claimants per 1000 members: 12.9
Avg. Paid per Claimant: \$119,288
Percent of Total Paid: 30.9%
• Aetna BOB- HCC account for an average of 39.3% of total Medical Cost

Teladoc Activity: January 2022– September 2022

Total Registrations: 901
Total Online Visits: 1,748
Total Net Claims Savings: \$825,213
Total Visits w/ Rx: 1,456

Utilization by Age

0-17: 9.4%
18-26: 10.8%
27-30: 9.3%
31-45: 40.5%
46-55: 18.9%
55-65: 9.7%
66+: 1.4%

Mental Health Visits: 594
Dermatology Visits: 90

Allentown Service Center Performance Goal Metrics YTD 2022

Customer Service Performance

1st Call Resolution: 93.47%
Abandonment Rate: 1.22%
Avg. Speed of Answer: 23.4 sec

Claims Performance

Financial Accuracy: 99.96%
-
90% processed w/in: 10.5 days
95% processed w/in: 20.0 days

Claims Performance (Monthly) (October 2022)

90% processed w/in: 5.1 days
95% processed w/in: 9.6 days
(Note: This is not a PG metric)

Performance Goals

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

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

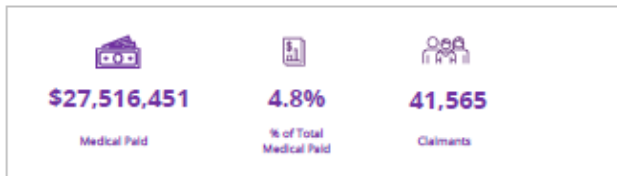
At a glance

COVID-19 All-time experience

Average Members: 34,832

Time period: Jan 2020 - Sep 2022, paid through September 2022

Key Statistics (Medical Claims Only)



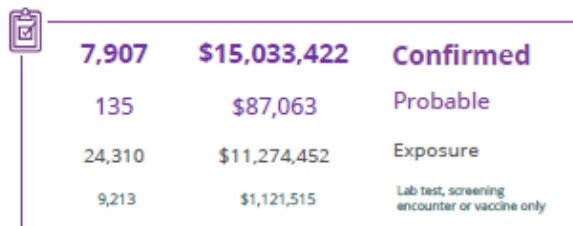
More detailed information is found on the next page to help you answer critical questions:

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

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

Claimant Distribution*

How your total claimants break down based on diagnosis code information



*Refer to Report terms on page 7

COVID-19 population risk*



26.1%

Members at risk for severe illness

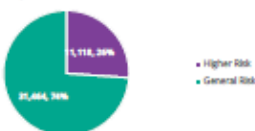
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

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

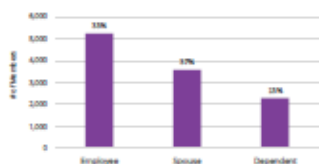
The bar chart displays this information by member type.

* See page one for high risk definitions.

Population risk for severe illness



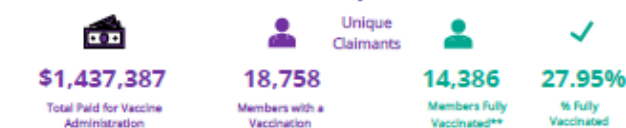
Higher risk for severe illness, by member type



Testing



Vaccine Administration (Medical & Pharmacy)*



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

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



AmeriHealth®
ADMINISTRATORS




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				NOVEMBER	\$4,682,432.58	4157	\$1,126.39
DECEMBER				DECEMBER	\$8,045,911.93	4156	\$1,935.97
JANUARY				JANUARY	\$5,567,232.87	4179	\$1,332.19
FEBRUARY				FEBRUARY	\$6,735,737.90	4177	\$1,612.57
MARCH				MARCH	\$7,822,592.71	4173	\$1,874.57
APRIL				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	\$26,588,765.57	3750.25	1,607.67	TOTAL	\$78,262,460.46		
	AVERAGE	3750	\$1,607.67		AVERAGE	4139.17	\$1,573.59



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

Group:	Schools Health Insurance Fund	Service Dates:	-
Paid Dates:	10/1/22- 10/31/22	Line of Business:	All
Network Service:	ALL	Product Line:	All
Claimant	Relationship	Paid Amount	Diagnosis
1	Dependent	\$715,524	Other Perinatal Conditions
2	Subscriber	\$216,078	Cancer Of Breast
3	Subscriber	\$165,396	Fluid And Electrolyte Disorders
4	Subscriber	\$148,686	Spondylosis; Intervertebral Disc Disorders; Other Back Problems
5	Dependent	\$127,708	Cancer Of Lymphatic And Hematopoietic Tissue
		\$1,373,392	

	Schools HIF											
	Paid Claims 7/1/22-6/30/23											
Average payment per member PMPM 7/1/21- 6/30/22	\$672.98	Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD	AHA MAY MTD	AHA JUNE MYD	AHA JULY MTD	AHA AUGUST MTD	AHA SEPT MTD	AHA OCT MTD
Number of claimants with paid claims over \$100,000 for YTD	29	1st Call Resolution	84.12%	83.64%	81.83%	82.63%	24.84%	29.80%	21.44%	30.33%	84.26%	83.88%
Total paid on those claimants:	\$7,539,733.45	ASA	140.07	178.91	163.63	229.57	169.17	154.33	98.05	76.87	17.23	21.61
		Abandonment Rate	7.15%	7.46%	7.20%	8.87%	7.94%	8.01%	4.39%	3.88%	1.14%	1.67%
Top Facilities Utilized based on paid claims:												
VIRTUA WEST JERSEY HEALTH SYSTEM INC, NJ												
HOSPITAL OF THE UNIV OF PENNSYLVANIA, PA												
KENNEDY UNIVERSITY HOSPITAL GAC, NJ												
COOPER UNIVERSITY HOSPITAL, NJ												
CHILDRENS HOSPITAL OF PHILADELPHIA, PA												
MD LIVE UTILIZATION												
Total Registrations 2021 YTD: 7												
Total Online Visits 2020 : 94												
Member Satisfaction YTD: 93%												
Provider Network												
% Inpatient In- Network: 96.3%												
% Professional providers In-Network: 95.2%												
% Outpatient providers In-Network- 93.3%												

**SCHOOLS HEALTH INSURANCE FUND (SHIF) - 0001396696**

Claims Incurred between 3/1/2020 and 11/11/2022 and Paid between 3/1/2020 and 11/11/2022

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, J0248, M0201, M0220, M0221, M0222, M0223, M0239, M0240,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	136	320	\$208,065.00	\$650.20	\$56.20
1-5	671	2423	\$755,211.66	\$311.68	\$37.26
6-18	2032	6740	\$1,633,310.35	\$242.33	\$23.33
19-25	912	3289	\$1,255,077.36	\$381.60	\$39.14
26-39	1758	6673	\$2,120,638.50	\$317.79	\$37.58
40-64	3543	14307	\$6,970,788.92	\$487.23	\$57.90
65+	333	1223	\$1,092,852.92	\$893.58	\$109.78
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	3582	15288	\$4,658,144.84	\$304.69	\$39.35
Spouse	1887	6876	\$5,216,024.63	\$758.58	\$76.01
Dependent	3523	12810	\$4,161,775.24	\$324.88	\$33.07

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Female	5077	20591	\$6,187,476.95	\$300.49	\$36.60
Male	3915	14383	\$7,848,467.76	\$545.68	\$54.59
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
DE	30	98	\$17,119.61	\$174.69	\$15.03
MA	1	1	\$42.13	\$42.13	\$3.24
MD	3	4	\$255.76	\$63.94	\$2.58
NC	1	1	\$40.00	\$40.00	\$0.69
NJ	8743	34100	\$13,724,258.80	\$402.47	\$45.18
NY	2	7	\$544.48	\$77.78	\$10.08
PA	212	763	\$293,683.93	\$384.91	\$38.65

Summary by Service Type - Outpatient and Professional Claims

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

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	607	944	\$1,400,181.15	\$1,483.24	\$4.48
Emergency Room With Observation Bed	275	316	\$1,076,171.00	\$3,405.60	\$3.44
Observation Bed	14	14	\$15,600.67	\$1,114.33	\$0.05
Office Physician Visit	1646	2274	\$199,219.54	\$87.61	\$0.64
Other Physician Visit	976	1246	\$156,490.89	\$125.59	\$0.50
Pathology (Laboratory)	7349	21299	\$2,251,843.12	\$105.73	\$7.20
Retail Clinic	13	13	\$1,450.00	\$111.54	\$0.00
Urgent Care	2535	3810	\$683,554.38	\$179.41	\$2.19

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	6	8	8	\$98,203.45	26.40	\$12,275.43	\$26.53	3.67
1-5	4	4	4	\$122,562.05	2.40	\$30,640.51	\$6.05	3.25
6-18	9	10	9	\$132,004.82	1.20	\$14,667.20	\$1.89	4.00
19-25	12	13	13	\$528,554.92	4.80	\$40,658.07	\$16.48	9.42
26-39	28	34	32	\$687,677.77	7.20	\$21,489.93	\$12.19	3.25
40-64	57	61	59	\$4,164,285.21	6.00	\$70,581.11	\$34.59	6.75
65+	15	18	15	\$651,796.29	18.00	\$43,453.09	\$65.47	5.33
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Hospital of the Univ of Pennsylvania	47	76	\$1,995,373.98	\$26,254.92	\$6.38
Virtua West Jersey Health System Inc	1496	2682	\$1,851,902.04	\$690.49	\$5.92
Kennedy University Hospital	526	775	\$1,084,742.53	\$1,399.67	\$3.47
Childrens Hospital of Philadelphia	252	389	\$887,578.73	\$2,281.69	\$2.84
Inspira Medical Center Mullica Hill	869	1550	\$773,953.36	\$499.32	\$2.47
Cooper University Hospital	694	979	\$748,448.07	\$764.50	\$2.39
Labcorp Raritan	3445	5759	\$549,726.16	\$95.46	\$1.76
Virtua Our Lady of Lourdes Hospital	35	39	\$512,188.24	\$13,133.03	\$1.64
Virtua Mount Holly Hospital	65	77	\$414,964.16	\$5,389.14	\$1.33
Presbyterian Medical Center	95	136	\$354,375.96	\$2,605.71	\$1.13
Capital Health System	28	35	\$323,501.62	\$9,242.90	\$1.03
GENESIS LABORATORY MANAGEMENT	592	902	\$292,231.78	\$323.98	\$0.93
Thomas Jefferson University Hospital Inc	52	68	\$282,072.65	\$4,148.13	\$0.90
Quest Diagnostics Inc	1423	2285	\$231,137.11	\$101.15	\$0.74
Pennsylvania Hospital of the University of Pennsylvania Health System	22	26	\$210,766.89	\$8,106.42	\$0.67
Alfred I Dupont Institute	28	37	\$208,613.35	\$5,638.20	\$0.67
Optum Urgent Care	567	940	\$167,338.35	\$178.02	\$0.53
University Medical Center of Princeton at Plainsboro	25	38	\$154,519.43	\$4,066.30	\$0.49
RIDGEWOOD DIAGNOSTIC LABORATORY LLC	98	282	\$128,017.79	\$453.96	\$0.41
St Christopher's Hospital for Children	4	14	\$113,790.69	\$8,127.91	\$0.36
Virtua Medication Assisted Treatment Program	231	389	\$107,001.92	\$275.07	\$0.34
MD Medical Goup	561	723	\$100,998.75	\$139.69	\$0.32
Inspira Medical Center Vineland	162	267	\$91,294.62	\$341.93	\$0.29
Inspira Health Network Urgent Care PC	276	325	\$91,216.00	\$280.66	\$0.29
FORT WALTON BEACH MEDICAL CENTER, INC.	1	1	\$89,578.22	\$89,578.22	\$0.29

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91302, 91304, 91305, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	3rd Dose Vaccine CLAIMANT COUNT	Booster Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	0	0	\$0.00	
1-5	4	41	20	0	0	\$6,174.65	\$94.99
6-18	26	476	114	9	29	\$72,157.51	\$110.33
19-25	5	134	44	17	31	\$21,877.72	\$94.71
26-39	16	351	82	32	82	\$56,348.23	\$100.09
40-64	37	927	202	104	191	\$146,098.32	\$100.00
65+	1	77	14	14	24	\$12,072.04	\$92.86
Unknown	0	0	0	0	0	\$0.00	

COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	14	15	\$2,734.37	\$195.31
1-5	150	196	\$35,108.43	\$234.06
6-18	517	729	\$130,866.24	\$253.13
19-25	318	487	\$80,805.85	\$254.11
26-39	542	796	\$145,724.38	\$268.86
40-64	949	1430	\$258,168.00	\$272.04
65+	76	157	\$30,147.11	\$396.67
Unknown	0	0	\$0.00	\$0.00

Retail Clinic

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	0	0	\$0.00	\$0.00
19-25	2	2	\$285.00	\$142.50
26-39	3	3	\$495.00	\$165.00
40-64	7	7	\$630.00	\$90.00
65+	1	1	\$40.00	\$40.00
Unknown	0	0	\$0.00	\$0.00



EXPRESS SCRIPTS®

School Health Insurance Fund

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q 1	2021 04	2021 05	2021 06	2021 Q 2	2021 07	2021 08	2021 09	2021 Q 3	2021 10	2021 11	2021 12	2021 Q 4	2021 YTD
Membership	20,984	21,174	21,272	21,143	21,235	21,220	21,263	21,239	23,938	23,930	24,428	24,099	24,440	24,494	24,440	24,458	22,735
Total Days	685,776	648,595	788,157	2,122,528	727,167	779,854	759,939	2,266,960	815,987	874,051	802,870	2,492,908	841,751	869,004	858,000	2,568,755	9,451,151
Total Patients	7,369	7,345	8,341	11,676	8,222	8,570	8,657	12,599	9,512	9,783	9,497	14,535	10,150	10,653	10,951	15,916	20,509
Total Plan Cost	\$3,000,563	\$2,586,555	\$3,454,644	\$9,041,762	\$3,134,021	\$3,066,489	\$3,204,949	\$9,405,460	\$3,669,534	\$3,722,443	\$3,418,101	\$10,810,078	\$3,785,539	\$3,594,498	\$3,839,264	\$11,219,300	\$40,476,600
Generic Fill Rate (GFR) - Total	84.7%	84.6%	81.6%	83.5%	81.4%	81.2%	82.3%	81.6%	84.3%	83.3%	82.8%	83.4%	79.7%	78.8%	77.9%	78.8%	81.6%
Plan Cost PMPM	\$142.99	\$122.16	\$162.40	\$142.55	\$147.59	\$144.51	\$150.73	\$147.61	\$153.29	\$155.56	\$139.93	\$149.53	\$154.89	\$146.75	\$157.09	\$152.91	\$148.36
Total Specialty Plan Cost	\$1,051,820	\$887,136	\$1,345,066	\$3,284,021	\$998,752	\$1,009,174	\$1,157,417	\$3,165,343	\$1,190,143	\$1,362,459	\$1,286,261	\$3,838,862	\$1,372,699	\$1,397,072	\$1,520,022	\$4,289,793	\$14,578,019
Specialty % of Total Specialty Plan Cost	35.1%	34.3%	38.9%	36.3%	31.9%	32.9%	36.1%	33.7%	32.4%	36.6%	37.6%	35.5%	36.3%	38.9%	39.6%	38.2%	36.0%

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	24,281	24,254	24,318	24,298	24,294	24,303	26,212	26,482	26,860	26,518					
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					
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					
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					
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%					
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					
% Change Plan Cost PMPM	12.1%	9.7%	1.7%	7.4%	9.4%	8.3%	12.2%	10.0%	2.3%	9.7%	7.6%	6.6%					
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					
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%					

PMPM	
Q 3 2021	\$149.53
Q 3 2022	\$159.31
Trend - 2022 YTD	6.5%

APPENDIX I

**SCHOOLS HEALTH INSURANCE FUND
OPEN MINUTES
SEPTEMBER 28, 2022
OLDE MILL INN AND GRAIN HOUSE
12:00 PM**

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

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

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

FUND ATTORNEY:

Ken Harris

FUND TREASURER:

Lorraine Verrill

FUND ACTUARY:

Absent

FUND AUDITOR:	Absent
MEDICAL TPA AMERIHEALTH:	Kristina Strain
MEDICAL TPA AETNA:	Jason Silverstein
MEDICAL TPA HORIZON:	Absent
EXPRESS SCRIPTS:	Hiteksha Patel
DELTA DENTAL	Laura Ebarle
GUARDIAN NURSES:	Andrea Spector

PRESENT FUND PROFESSIONALS:

Joel Sand	Lindsay Aliano
Mark Kramer	Tim Stys
James Jinn	Susan Panto
Lindsey Eddy	Joe Colombo
Melissa Juhasz	Donna Mosner
Beth Grant	Peter Daquila
Ken Duffy	Rich Pepe

MOTION TO APPROVE OPEN MINUTES OF JULY 27, 2022

Moved:	Commissioner Coleman
Second:	Commissioner Blew
Vote:	Unanimous

MOTION TO OPEN THE MEETING FOR PUBLIC COMMENT:

Moved:	Commissioner Blew
Second:	Commissioner Schimpf
Vote:	Unanimous

PUBLIC COMMENT - None.

MOTION TO CLOSE THE MEETING FOR PUBLIC COMMENT:

Moved:	Commissioner Schimpf
Second:	Commissioner Colling

Vote:

Unanimous

EXECUTIVE DIRECTORS REPORT

Fast Track Financial Reports - Mrs. Koval stated that the Financial fast track through June is on page 5. She stated as discussed before, there was a slowdown in claims processing when developing this year's budget. Since then, the Actuary has been retained for 2 additional IBNR reviews. He completed the review through 6/30 and found that Aetna did catch up which were seen in the April and May financials. The actuary reduced the IBNR by \$4.6 million which allowed for a positive year result in about \$7.8 million in operational profit.

Mrs. Koval stated July also ended well, which is unusual for this group since many teachers use their benefits during the summer and the IBNR is higher in the first month of a year. This month ending with a \$1.8 million in surplus.

BROKER PAYMENTS -NEW MEMBERS - Mrs. Koval stated that Revised Resolution 14-22 includes new groups and broker fees to be ratified for the year. This is for each group's broker which each group is underwritten for.

MOTION: *Motion to approve Revised Resolution 14-22*

Moved: Commissioner Schimpf

Second: Commissioner Sekelsky

Vote: Unanimous

MRHIF MEETING - Mrs. Koval stated that the MRHIF met on September 15, 2022 and took the following action items:

1. *Introduction of the 2023 Budget* - The MRHIF Budget was introduced at an overall increase of 9.5%. Each member's assessment is weighed 25% for 5 years' experience in the Fund; and 75% weight on the average increase. The SHIF's estimated premium is \$10,026,630 for July 1, 2023-June 30, 2024 (+9.54%).
2. *RFP Approvals* - the Committee approved Professional Contract RFPs for 2023 and an extension for the approval date of the Data Warehouse RFP. We expect a contract to be awarded in December. There are 3 responses in review.
3. *Dividend Release* - The Committee approved a \$1.5 million dividend. SHIF will receive a check for \$690,590 in October. She stated that this is lower than in prior years as funds are taking more risk and 2021 was a high claimant high month.

Mr. Sekelsky said that the committee members discussed issuing more, but will be conservative at this time and possibly issue later in the year or early next year.

NEW MEMBER OPPORTUNITIES - Clinton BOE is a new member for November 1, 2022 that needs to be reviewed by the Operations Committee. In addition, in light of the State renewal, the Fund has issued a few January 1 quotes that may have potential for membership.

We ask for a motion to allow the Operations Committee to review and approve membership prior to the next SHIF meeting in December, at which time a resolution ratifying their approval can be passed.

Motion: *Motion to allow the Operations Committee to approve new Fund Members prior to the December SHIF meeting.*

Moved:	Commissioner Schimpf
Second:	Commissioner Sekelsky
Vote:	Unanimous

WELLNESS GRANT APPROVALS - At the previous meeting, the Committee allowed for the Wellness Committee to approve the Wellness Grant Budget for 2022-2023. As was mentioned, the total requests exceed the budget by \$150,000+. The Committee had multiple meetings and reviewed several ways to allocate the money in the most fair and equitable way. The final budget is included in resolution 26-22. Grant approval letters will be distributed after the meeting.

To alleviate the account payable process, we are asking for vouchers to be consolidated throughout the year.

MOTION: *Motion to approve Resolution 26-22 Approving the wellness grant allocation by member*

Moved:	Commissioner Lessard
Second:	Commissioner Sekelsky
Vote:	Unanimous

PROGRAM MANAGER'S REPORT

COVERAGE UPDATES: Program Manager stated there is no new information. The report below is a placeholder for everyone to stay up to date on their covid 19 oral prescriptions. The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications are to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present

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

3- *Pfizer- Paxlovid*

4- *Merck- Molnupiravir*

EXPRESS-SCRIPTS UPDATE - ESI's 2023 Exclusion List has been released. SHIF has 80 members impacted by the change. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions. The 2023 National Preferred Formulary list will be available late October/early November. The Program Manager sent the Exclusion List to all brokers with the SHIF's specific aggregate impact information on September 8th.

CMS Annual Open Enrollment period for the 2023 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2023 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 19th and September 26th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year for each HIF in preparation of the mailing.

OPERATIONAL UPDATES: The State Educators Health Benefit Plan has adopted the rates for 2023. Premium increases are based on the results presented at the July 13, 2022 Commission Meeting. There are no changes to the State Educators Health Benefit plans. Below is an outline of the overall rate increases:

2023 Rate Action	State Plan - Educators
NJ Direct 10/15	15.6%
NJEHP	15.6%
Pharmacy	10.8%
Early Retiree NJEHP	13.6%
Medicare Plan	(0.1%)

2022 LEGISLATIVE REVIEW - COVID -19

FREE Tests from the Government – **No longer available** effective September 2, 2022, due to lack of funding.

Medical and Rx Reporting

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on

plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

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

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

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The 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.

Mental Health Parity and Addiction Equity Act (MHPAE)

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

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

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

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

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

Artemis Data Warehouse Reporting

Follow Ups:

- Continue to promote \$0 Copay Telemedicine Behavioral Health Program
- Working with Guardian Nurses to develop a list of service and diagnosis codes that the Carriers can implement into their data reporting in 2022. Our new Carrier contracts include an allotment for technical enhancements that would moderate the cost.

Recommended Upcoming 2022 Reports and Reviews:

Q1 – Inflammatory Conditions – Specifically MSK (10/19 – 9/20 vs. 10/20 – 9/21)

- There were 15,253 distinct members who had MSK Episodes, representing 29% of the total SHIF enrollment, increase of 31.5% over the previous period.
 - Percentage makes up 16% of the total spend, medical and Rx.
 - MSK pharmacy spend is 4% of the total pharmacy budget.
- Total cost of MSK Episodes grew to \$41,800,495, an increase of 23.4% which is in line with the general population rise of the SHIF.
- Please reference MSK report included with February 2022 agenda.

Q2 – Women’s Health and Gaps in Care –

- Currently there are 10,274 females over age 18 covered under the SHIF medical plans. Of those the below are some gaps in care identified
 - Wellness Visits – 2,395 (35%) covered female members were compliant
 - Cervical Cancer Screenings – 1,271 (19.7%) covered female members were compliant
 - Colon Cancer Screenings – 253 (8.47%) covered female members were compliant
 - Breast Cancer Screenings – 625 (28.9%) covered female members were compliant
- The HIFs will begin to research for solutions to assist members in receiving their screenings when eligible and/or timelier.

Q3 – Men’s Health and Gaps in Care

Q4 – TBD

GUARDIAN NURSES ("GN") – Andrea Spector reviewed the report included in the agenda which included data through July. There were 180 hospitalizations which is higher than last month. She stated that GN is getting the members right when they are inpatient to start care immediately. Hospitalizations are good for the nurses because we are able to get them when we wouldn't otherwise know that help was needed. She reviewed complexities which went down. Gaps in care: GN is promoting getting flu shots this season and mammograms in October.

TREASURER – Fund Treasurer reviewed the bills lists as well as the treasurers report listed in the agenda. She stated that rates are going up from July via negotiation by almost a point. This equates to about \$1 million a year in income. The rates are changing weekly as they increase.

FUND ATTORNEY – Fund Attorney Ken Harris stated the Public Health Emergency has another 90 day extension. The secretary of Public Health and Human Services stated once it ends, the government needs to give 60 days' notice. This will most likely extend again. He also stated that COBRA elections will have an automatic extension. He stated about the no surprises act, in August, the independent arbitration process addressed regarding down coding which must be defined.

AETNA – Mr. Silverstein reviewed the claims from June and July 2022. He said that the claims metrics are now being met and the numbers continue to improve.

AMERIHEALTH – Ms. Strain reviewed the report through July and August 2022. She reviewed the HCC report included in the agenda. She stated that the Performance Guarantee metrics are high for customer service. IT is reducing but still not at metric level. There will likely be a payout for this metric. Ms. Strain also reviewed the COVID 19 reports.

Mr. Stys commented on the age group breakdowns of the COVID 19 report. Mrs. Strain stated that she will speak to her team and see if there is a different way to break it down since Mr. Stys is concerned about the 40-64 age range being lumped together.

HORIZON- No Report

EXPRESS SCRIPTS – Ms. Patel reviewed the report provided in the agenda. Mr. Sekelsky asked why the specialty plan cost is higher, is there more people enrolled. Ms. Patel stated that is due to the higher membership. She stated that the percentage did increase which means that there could have been more larger specialty medications coming out.

DELTA – No Report

OLD BUSINESS – None.

NEW BUSINESS – None.

PUBLIC COMMENT: Jim Finn commented on the timing issues of the July bills since they are typically late due to reorganization and new members. Mr. Finn stated he is impressed with Aetna and the 15% improvement in population health is great. He stated thank you for having this meeting in the North.

MOTION TO ADJOURN:

MOTION:	Commissioner Sekelsky
SECOND:	Commissioner Lessard
VOTE:	Unanimous

MEETING ADJOURNED: 1:00 pm

NEXT MEETING: November 30, 2022
Moorestown Community House
12:00pm

APPENDIX II

OPERATIONS COMMITTEE MINUTES

November 8, 2022

9:30 am - zoom

Attendees:

BethAnn Coleman

Evon DiGangi

Brandon Lodics, PERMA

Emily Koval, PERMA

Jordyn DeLorenzo, PERMA

Crystal Bailey, CSB

New Member Review

Mrs. Koval started the meeting off by presenting four new districts for membership offering to the Fund; Clinton BOE, Somerset Hills BOE, Oakland BOE and Bloomsbury BOE. Mrs. Koval stated that the SHIF has seen growth in the school boards who are interested but unfortunately many were declined to quote due to their experience.

She stated that Clinton BOE has been approved and joined the fund effective 11/1 and ratification was made by the committee.

Mrs. Koval stated that Somerset Hills BOE brings 221 lives which is a good number for school boards. They are 1/1/2023 – 6/30/2023 so that they will renew on the fiscal year.

Mrs. Koval stated that Oakland BOE has 177 lives and is coming from the State and will renew on the fiscal year as well. This will be effective 1/1 but will end on 12/31 so we will have to give them a renewal halfway through the year.

Mrs. Koval stated Bloomsbury is very small with 14 lives. This will be effective 1/1 but will end on 12/31 so we will have to give them a renewal halfway through the year. This group is also coming over from the State.

All 4 have passed resolutions at the district level and submitted signed Indemnity and Trust agreements.

Mrs. Koval reviewed the HIF growth cap. Including these new lives being added the fund still has room for about 2400 lives. With these new members, the Fund is staying below the Fund cap of 20%.

Mrs. Koval asked for committee approval. She opened the floor to questions or concerns. The committee had no questions or concerns and Mrs. Koval ended the meeting.

APPENDIX III



TO: SHIF Commissioners and Professionals
FROM: Office of the Program Manager
DATE: June 2022

➤ **SHIF Gaps in Men's Care**

- *Artemis Reporting*
- *SHIF Demographics*
- *Adult Wellness Visits*
- *Testing and Screening*
- *Condition Management*
- *Key Takeaways*
- *Next Steps*

SHIF Commissioners and Professionals
Office of the Program Manager
June 2022

SHIF Gaps in Men's Care – Artemis Reporting

This memorandum is an overview of observations pulled from the Artemis Reporting system as it relates to Men's Healthcare and Gaps in Men's Healthcare. This report shows the comparison of the most recent period of January 2021 – December 2021 against the prior period of January 2020 – December 2020.

Men's Demographics in SHIF

In the current period, men represent approximately 46% of the population of the SHIF. This translates to a total enrollment of 26,320 with an average age of 34. This is an increase of 31.2% from the previous period which was shown to be 20,067. This correlates directly with the count of distinct members who had a medical claim. However, there was only a total spend increase of 23.7% (\$92,123,661 to \$113,912,089) which was also reflected in the Rx spend for the group which increased 27.9% (\$14,166,153 to \$18,122,427) over the same period.

Adult Wellness Visits

There was a positive trend regarding Men in the SHIF having completed a wellness visit in the current period over the prior period. In the previous period, only 17.4% of men who were continuously enrolled for 12 months completed their wellness visit. However, in the current period, a total of 25.2% of men were seen for their annual wellness visit.

Testing and Screening

Cancer Screenings

We reviewed information as it relates to colon and prostate cancer for men in this study. In 2021, 7% of men received their screening for colon cancer while less than 1% had their screening for prostate cancer. While 18 people had a colon cancer diagnosis, there were 156 men who had a diagnosis of prostate cancer. In 2021, 103 men went for their prostate screening, which is fewer than went in the previous period of 197.

Hypertension Annual Exam

Men with hypertension are getting annual exams at a high rate both in the current period as well as in the previous period. In 2020 91.4% of men with hypertension received an annual exam, and in 2021 that number went up to 94.2% of men with hypertension.

Condition Management

Depression

There was an increase in depression diagnosis in 2021 compared to 2020. In 2020 there were 360 with a diagnosis of depression which increased to 552 in 2021. This is representative of a 0.4% increase relative to male population. The number of members with an MSK diagnosis also increase. In 2020 the count of members with an MSK issue was 4,516 which increased to 6,440 – an increase of 42.6%.

Diabetes Management

A higher percentage of men in the SHIF had their annual diabetes exam than in the previous period. In 2021 94% of men were screened while in 2020 only 92.4% were screened. While screening for diabetes is

high, there is a gap in care when Rx adherence for diabetes is looked at. In 2021 only 37.3% of men would be considered compliant regarding their Rx adherence. While this is an increase from the previous period, 35%, this does show there could be improvement for men following their Rx adherence.

Of men in the SHIF who have a diagnosis of diabetes, 80.3% received a HbA1c test. This test examines the average blood sugar over several weeks to identify prediabetes and diabetes status. This number is up compared to the previous period where only 75.1% of diabetic men received this test. While the numbers for this test for diabetic men is high, there is a gap in care for men who received a diabetes retinal screening, which helps find changes in blood vessels that can lead to diabetic retinopathy, a common form of blindness. Only 29.4% of diabetic men received a retinal screening in the current period. This number is up from the previous period when only 24.0% of men received the test, but there is still a gap in care when it comes to diabetic men receiving a retinal screening.

Key Takeaways

While initial testing is trending positively for diabetic screening, the management of medication and testing for those who already have diabetes could be improved. Retinal screening numbers have improved from the previous period but unfortunately many members are not compliant with receiving the test. We also noticed that a minority of members are staying compliant with their Rx adherence which is extremely important for those with diabetes and should be a point to move forward with.

The number of men who receive annual wellness visits could be improved. While we are moving in the right direction versus the previous period, there could be a higher level of men completing their wellness visits.

While depression did rise in 2021, it affects a small portion of the population as a whole. With that said, we have taken steps in the SHIF to provide \$0 copays for Behavioral Health appointments which could be a reason there was an increase in diagnosis.

Next Steps

We believe we should implement seminars regarding the importance of managing diabetic medications and continued screening for those who have already been diagnosed with diabetes. Other groups have had success using the Livongo Health program which is a diabetes maintenance program which assists members manage their diabetes. It may be worthwhile to see how this program would impact SHIF members. With the increase in depression diagnoses we want to continue to market \$0 copay behavioral health visits as this may have been a contributing factor as to why there was such an increase in diagnosis. While both cancer screenings we examined showed improvement from the previous period, we should push to have more members have screenings as most men were not compliant in receiving their prostate exams.