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AGENDA & REPORTS

February 15, 2023

12:00 PM

Olde Mill Inn and Grain House

SCHOOLS HEALTH INSURANCE FUND
MEETING: FEBRUARY 15, 2023
Olde Mill Inn and Grain House
12:00 PM

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

Call to order

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

FLAG SALUTE

ROLL CALL OF 2022-2023 BOARD OF TRUSTEES

Officers

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

Board of Trustees

Lisa Giovanelli, Rancocas Valley BOE
Christopher Lessard, Frankford Twp BOE
Evon DiGangi, Mt. Holly BOE
Nicholas Bice, Burlington Twp BOE
Jason Schmipf, 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: November 30, 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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GUARDIAN NURSES -	
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TREASURER – (Verrill & Verrill)	
December 2022 and January 2023 Voucher List	Page 27
Monthly Report (December 2022)	
ATTORNEY – (J. Kenneth Harris.)	
Monthly Report	
NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)	
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Monthly Report	
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Resolution 3-23: Shared Services with MRHIF	Page 58
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Resolution 6-23: December 2022, January, and February 2023 Bills List	Page 62
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
FEBRUARY 15, 2023**

FINANCE & CONTRACTS COMMITTEE

PRO FORMA REPORTS

Fast Track Financial Reports:

- December 31, 2022 (page 6)

2021-2022 SHIF AUDIT

The Fund provided the Finance Committee authorization to approve and finalize the 2021-2022 Fund Audit.

Resolution 1-23 approves ratifies this approval and a certification is included for each Committee Member to sign.

MOTION: *Motion to approve Resolution 1-23 approving the final 2021-2022 Fund Year Audit as per the recommendation of the Finance Committee.*

BUDGET INTRODUCTION – Resolution 2-23

Attached with the agenda is the 2023-2024 draft budget presentation that has been reviewed by the Finance Committee. Draft Assessments have also been released to the brokers.

MOTION: *Motion to approve Resolution 2-23 approving the introduction of the 2023-2024 Budget in the amount of \$ 504,552,948.*

DIVIDEND DISCUSSION

The Fund is exceeding its retention policy and could consider a dividend. We would like to present options as soon as the December financials are complete. This release could coincide with the adoption of the budget or any time during the year.

Included in your agenda is retained dividend information on page 13 as of December 31, 2022.

COMPETITIVE CONTRACTING

The MRHIF hired a QPA to handle the contract procurements for the Funds across the State. It is his recommendation to change the Fund's process to Competitive Contracting under the Schools and Local public contract laws. The MRHIF will release these services under a shared service agreement through Resolution 3-23.

The Fund will need to go to RFP for Actuary, Attorney, Treasurer, Auditor and Wellness. All positions are allowed to be procured through competitive contracting.

Resolution 4-23 allows for the competitive contracting and releases the RFPs for the positions listed above. Resolution 5-23 allows for our QPA to use E-bidding.

OPERATIONS & NOMINATIONS COMMITTEE

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF Executive Committee met on February 8 for the Reorganization meeting.

The 2023 budget and assessments were adopted without amendment on December 14, 2022. The assessment is included in the 2023-2024 SHIF Budget.

NEW MEMBER OPPORTUNITIES

The Fund continues to see multiple applications for membership. We will reach out to the Ops Committee regarding new members.

CLAIMS & WELLNESS

WELLNESS

The Contracts Committee has approved Wellness RFPs for the 23-24 Wellness Program and Wellness Coordinator. A Wellness Committee meeting will need to be scheduled to discuss design and options for next year.

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF December 31, 2022

	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	39,320,730	232,462,882	1,700,454,884	1,932,917,766
2. CLAIM EXPENSES				
Paid Claims	36,774,843	201,281,951	1,399,009,644	1,600,291,594
IBNR	345,599	6,696,448	35,525,697	42,222,145
Less Specific Excess	(2,251,075)	(1,822,574)	(20,691,304)	(22,513,878)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	34,869,366	206,155,825	1,413,844,037	1,619,999,862
3. EXPENSES				
MA & HMO Premiums	9,812	55,726	567,257	622,983
Excess Premiums	784,773	4,638,179	46,104,714	50,742,893
Administrative	2,604,751	15,358,365	126,222,561	141,580,926
TOTAL EXPENSES	3,399,336	20,052,270	172,894,532	192,946,802
4. UNDERWRITING PROFIT/(LOSS) (1-2-3)	1,052,027	6,254,787	113,716,316	119,971,103
5. INVESTMENT INCOME	416,471	1,518,735	7,386,980	8,905,715
6. DIVIDEND INCOME	0	690,590	7,505,955	8,196,545
7. STATUTORY PROFIT/(LOSS) (4+5+6)	1,468,499	8,464,112	128,609,251	137,073,363
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)	1,468,499	8,450,587	114,940,953	123,391,540

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	282,109	1,702,413	97,067,363	98,769,776
	Cash	334,719	1,273,556	115,496,719	116,770,276
2020/2021	Surplus	(92,832)	(1,402,429)	7,839,535	6,437,106
	Cash	(117,961)	(420,670)	5,794,031	5,373,361
2021/2022	Surplus	2,207,486	5,811,431	10,034,054	15,845,485
	Cash	(640,161)	(17,296,916)	26,178,861	8,881,944
2022/2023	Surplus	(928,264)	2,339,172		2,339,172
	Cash	7,589,746	28,799,775		28,799,775
TOTAL SURPLUS (DEFICITS)		1,468,499	8,450,587	114,940,952	123,391,539
TOTAL CASH		7,166,343	12,355,745	147,469,612	159,825,356

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	(4,779)	69,608	723,318,562	723,388,170
FUND YEAR 2020/2021				
Paid Claims	138,035	1,262,983	314,141,025	315,404,007
IBNR	0	0	0	0
Less Specific Excess	(25,129)	218,711	(7,913,115)	(7,694,405)
Less Aggregate Excess	0	0	0	0
TOTAL	112,906	1,481,694	306,227,909	307,709,603
FUND YEAR 2021/2022				
Paid Claims	734,055	30,289,592	351,754,517	382,044,109
IBNR	(621,700)	(33,482,969)	35,525,697	2,042,728
Less Specific Excess	(2,225,946)	(2,041,285)	(2,982,648)	(5,023,933)
Less Aggregate Excess	0	0	0	0
TOTAL	(2,113,591)	(5,234,661)	384,297,566	379,062,905
FUND YEAR 2022/2023				
Paid Claims	35,907,532	169,659,767		169,659,767
IBNR	967,299	40,179,417		40,179,417
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
TOTAL	36,874,831	209,839,184	0	209,839,184
COMBINED TOTAL CLAIMS	34,869,366	206,155,825	1,413,844,037	1,619,999,862

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

SCHOOLS HEALTH INSURANCE FUND RATIOS

SCHOOLS HEALTH INSURANCE FUND								
RATIOS								
	FY 2021-22	2022-2023						
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Cash Position	\$ 147,469,612	\$ 130,950,950	\$ 132,248,184	\$ 141,981,833	\$ 138,786,782	\$ 152,659,013	\$ 159,825,356	
IBNR	\$ 35,525,697	\$ 37,381,610	\$ 40,147,340	\$ 40,363,921	\$ 41,292,560	\$ 41,876,546	\$ 42,222,145	
Assets	\$ 174,536,177	\$ 178,338,254	\$ 176,355,052	\$ 176,614,001	\$ 179,040,286	\$ 188,950,554	\$ 191,461,986	
Liabilities	\$ 57,703,634	\$ 61,582,371	\$ 62,987,937	\$ 64,404,086	\$ 65,767,056	\$ 67,027,513	\$ 68,070,446	
Surplus	\$ 116,832,543	\$ 116,755,884	\$ 113,367,115	\$ 112,209,914	\$ 113,273,230	\$ 121,923,041	\$ 123,391,540	
Claims Paid -- Month	\$ 33,775,593	\$ 31,294,412	\$ 35,533,332	\$ 36,381,246	\$ 34,534,693	\$ 26,763,425	\$ 36,774,843	
Claims Budget -- Month	\$ 32,817,694	\$ 34,893,471	\$ 34,730,585	\$ 35,429,484	\$ 35,405,668	\$ 35,751,881	\$ 35,789,820	
Claims Paid -- YTD	\$ 389,418,087	\$ 31,294,412	\$ 66,827,744	\$ 103,208,990	\$ 137,743,683	\$ 164,507,108	\$ 201,281,951	
Claims Budget -- YTD	\$ 393,789,683	\$ 34,893,471	\$ 69,624,056	\$ 105,053,540	\$ 140,459,208	\$ 176,211,089	\$ 212,000,909	
RATIOS								
Cash Position to Claims Paid	4.37	4.18	3.72	3.9	4.02	5.7	4.35	
Claims Paid to Claims Budget -- Month	1.03	0.90	1.02	1.03	0.98	0.75	1.03	
Claims Paid to Claims Budget -- YTD	0.99	0.90	0.96	0.98	0.98	0.93	0.95	
Cash Position to IBNR	4.15	3.5	3.29	3.52	3.36	3.65	3.79	
Assets to Liabilities	3.02	2.90	2.80	2.74	2.72	2.82	2.81	
Surplus as Months of Claims	3.56	3.35	3.26	3.17	3.2	3.41	3.45	
IBNR to Claims Budget -- Month	1.08	1.07	1.16	1.14	1.17	1.17	1.18	

Schools Health Insurance Fund						
2022/2023 Budget Status Report						
as of December 31, 2022						
	Actual	Annualized	Certified	Actual	\$ Variance	% Variance
Expected Losses	Budget	Budget	as of 7/1/22	Expensed		
Medical Claims	191,128,135	388,065,686	370,886,514	190,182,893	945,242	0%
Prescription Claims	18,413,743	36,886,472	32,124,992	17,518,447	895,296	5%
Dental Claims	2,459,031	4,924,724	4,812,181	2,137,845	321,186	13%
Subtotal Claims	212,000,909	429,876,882	407,823,687	209,839,184	2,161,725	1%
Rate Stabilization Reserve	0	0	0	0	0	0%
DMO Premiums	42,166	86,624	82,066	55,726	(13,560)	-32%
Reinsurance						
Specific	4,634,414	9,442,949	8,896,097	4,638,179	(3,765)	0%
Total Loss Fund	216,677,489	439,406,455	416,801,850	214,533,089	2,144,401	1%
Expenses						
Legal	18,989	37,978	37,978	18,989	-	0%
Treasurer	13,214	26,428	26,428	13,214	0	0%
Administrator	1,071,081	2,181,005	2,039,388	1,072,000	(919)	0%
Program Manager	2,854,397	5,803,493	5,451,454	2,890,439	(36,042)	-1%
Local Entity Risk Management	3,012,075	6,214,174	6,054,652	3,014,808	(2,733)	0%
TPA - Med Aetna	3,323,177	6,789,178	6,143,047	3,331,401	(3,753)	0%
Program Manager - Guardian Nurses	547,036	1,114,625	1,050,076	540,750	6,286	1%
TPA - Med AmeriHealth Admin	811,584	1,635,790	1,793,143	811,440	143	0%
TPA - Med Horizon	9,555	18,894	25,061	9,876	(321)	-3%
TPA - Vision	4,471	8,741	10,505	Included above in Med Aetna		
TPA - Dental	112,944	226,712	222,805	113,013	(69)	0%
Actuary	15,250	30,500	30,500	14,867	383	3%
Auditor	10,098	20,196	20,196	10,098	0	0%
Subtotal Expenses	11,803,871	24,107,715	22,905,235	11,840,896	(37,025)	0%
Misc/Contingent Expenses	28,445	56,889	56,889	21,628	6,816	24%
Data Analysis System	45,246	90,492	90,492	45,246	0	0%
Wellness Program	297,851	606,892	571,746	296,072	1,779	1%
Affordable Care Act Taxes	73,567	149,905	141,138	73,618	(51)	0%
A4 Retiree Surcharge	3,440,306	6,985,182	6,675,957	3,444,255	(3,949)	0%
Plan Documents	15,000	30,000	30,000	15,000	-	0%
Total Expenses	15,704,286	32,027,076	30,471,458	15,736,715	(32,429)	0%
Total Budget	232,381,775	471,433,531	447,273,307	230,269,804	2,111,971	1%

Schools Health Insurance Fund
CONSOLIDATED BALANCE SHEET
AS OF DECEMBER 31, 2022
BY FUND YEAR

	SHIF 2022/2023	SHIF 2021/2022	SHIF 2020/2021	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	28,799,775	8,881,944	5,373,361	116,770,276	159,825,356
Assessments Receivable (Prepaid)	8,643,521	180,796	(47,243)	-	8,777,074
Interest Receivable	-	-	-	1	1
Specific Excess Receivable	-	3,606,180	1,110,988	-	4,717,168
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Deferred Assessment Receivable	-	-	-	618,034	618,034
Prepaid Admin Fees	-	-	-	-	-
Other Assets	8,840,284	8,684,069	-	-	17,524,353
Total Assets	46,283,580	21,352,990	6,437,106	117,388,310	191,461,986
LIABILITIES					
Accounts Payable	-	-	-	-	-
IBNR Reserve	40,179,417	2,042,728	-	-	42,222,145
A4 Retiree Surcharge	3,444,255	3,335,852	-	-	6,780,107
Dividends Payable	-	-	-	0	0
Retained Dividends	-	-	-	18,618,534	18,618,534
Accrued/Other Liabilities	320,736	128,924	-	-	449,660
Total Liabilities	43,944,408	5,507,504	-	18,618,534	68,070,446
EQUITY					
Surplus / (Deficit)	2,339,172	15,845,485	6,437,106	98,769,776	123,391,540
Total Equity	2,339,172	15,845,485	6,437,106	98,769,776	123,391,540
Total Liabilities & Equity	46,283,580	21,352,990	6,437,106	117,388,310	191,461,986
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

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
Oxford BOE	6/30/2022
Robbinsville BOE	7/1/2022
Lumberton BOE	12/31/2022

SCHOOLS HEALTH INSURANCE FUND

2023-2024 Proposed Budget

20,181

Census:	Monthly Census	Annual Census
Medical - Aetna	16,324	195,888
Medical - AmeriHealth Admin	3,828	45,936
Medical - Horizon	29	348
Rx	10,059	120,708
Dental	6,081	72,972
Vision	787	9,444
Rx No Medical (Incl in Rx above)	13	156
Dental Only (Incl in Dental above)	689	8,268
DMO Only	8	96

	LINE ITEMS	2022-2023 Annualized Budget	2023-2024 Proposed Budget	\$ Change	% Change
1	Claims				
2	Medical Claims	\$ 393,628,755	\$ 416,037,888	\$ 22,409,133	5.69%
3	Prescription Claims	\$ 36,916,492	\$ 38,558,971	\$ 1,642,479	4.45%
4	Dental Claims	\$ 4,935,286	\$ 4,743,180	\$ (192,106)	-3.89%
5	Subtotal	\$ 435,480,533	\$ 459,340,039	\$ 23,859,506	5.48%
6					
7	Rate Stabilization Reserve	\$ -	\$ 386,343	\$ 386,343	100.00%
8					
9	DMO Premiums	\$ 94,920	\$ 99,666	\$ 4,746	5.00%
10					
11	Reinsurance				
12	Specific	\$ 9,596,543	\$ 10,355,275	\$ 758,731	7.91%
13					
14	Total Loss Fund	\$ 445,171,996	\$ 470,181,322	\$ 25,009,326	5.62%
15					
16	Professional and Administrative Expenses				
17	Legal	\$ 37,978	\$ 38,738	\$ 760	2.00%
18	Treasurer	\$ 26,428	\$ 26,957	\$ 529	2.00%
19	Administrator	\$ 2,215,269	\$ 2,260,376	\$ 45,107	2.04%
20	Program Manager	\$ 5,886,013	\$ 6,043,437	\$ 157,424	2.67%
21	Local Entity Risk Management	\$ 6,392,761	\$ 6,712,399	\$ 319,638	5.00%
22	Program Manager - Guardian Nurses	\$ 1,132,755	\$ 1,428,815	\$ 296,060	26.14%
23	TPA - Med Aetna	\$ 6,914,846	\$ 6,718,958	\$ (195,888)	-2.83%
24	TPA - Med AmeriHealth Admin	\$ 1,647,265	\$ 1,647,265	\$ -	0.00%
25	TPA - Med Horizon	\$ 18,635	\$ 19,567	\$ 932	5.00%
26	TPA - Dental	\$ 227,673	\$ 232,051	\$ 4,378	1.92%
27	TPA - Vision	\$ 8,594	\$ 8,594	\$ -	0.00%
28	Actuary	\$ 30,500	\$ 37,110	\$ 6,610	21.67%
29	Auditor	\$ 20,196	\$ 20,600	\$ 404	2.00%
30	Subtotal	\$ 24,558,913	\$ 25,194,866	\$ 635,954	2.59%
31					
32	A4 Retiree Surcharge	7,085,318	8,320,758	1,235,440	17.44%
34					
35	Misc/Contingent Expenses	\$ 56,889	\$ 56,889	\$ -	0.00%
32	Data Analysis System	\$ 90,492	\$ -	\$ (90,492)	-100.00%
33	Wellness Program	\$ 616,764	\$ 616,764	\$ -	0.00%
34	Affordable Care Act Taxes	\$ 152,349	\$ 152,349	\$ -	0.00%
35	Plan Documents	\$ 30,000	\$ 30,000	\$ -	0.00%
36					
37	Subtotal	\$ 946,494	\$ 856,002	\$ (90,492)	-9.56%
38					
39	Total Expenses	\$ 32,590,724	\$ 34,371,626	\$ 1,780,901	5.46%
40					
41	Total Budget	\$ 477,762,720	\$ 504,552,948	\$ 26,790,228	5.61%

Schools Health Insurance Fund
Retained Dividend Status as of December 31, 2022

Member Entity	Retained Dividend Amount
Alexandria Township BOE	\$ 88,189.47
Alloway Township BOE	\$ 12,415.69
Bellmawr Public School District	\$ 186,991.29
Berlin Borough BOE	\$ 203,169.42
Black Horse Pike Regional BOE	\$ 1,383,714.06
Blairstown BOE	\$ 45,531.65
Burlington Township BOE	\$ 544.30
Byram Township BOE	\$ 242,513.63
Califon BOE	\$ 972.83
Chesterfield BOE	\$ 16,675.29
Cinnaminson Township BOE	\$ 1,421,831.21
City Of Burlington BOE	\$ 645,073.82
Clayton BOE	\$ 96,929.06
Clayton BOE	\$ 70,827.76
Delran Twmsp Public Schools	\$ 394,327.30
Delsea Regional BOE	\$ 1,387,894.44
Deptford Township BOE	\$ 164,737.43
Eatontown BOE	\$ 136,633.99
EIRC	\$ 152,977.61
Evesham Township BOE	\$ 364,262.23
Ewing Township BOE	\$ 196,073.02
Frankford Township BOE	\$ 456,810.69
Fredon Township BOE	\$ 81.27
Frelinghuysen Township BOE	\$ 10,181.09
Gateway Regional BOE	\$ 643,212.46
Glassboro BOE	\$ 188,394.24
Glen Ridge Public Schools	\$ 412.43
Hainesport Township BOE	\$ 21,717.20
Hardyston Township BOE	\$ 435,993.52
Harrison Township BOE	\$ 27,707.63
High Point Regional BOE	\$ 214.84
Hope Township School District	\$ 13,039.31
Jamesburg BOE	\$ 56,568.15
Leap Academy University Charter School	\$ 92,333.08
Lebanon Township BOE	\$ 247,890.97
Lenape Valley Regional BOE	\$ 72,885.76
Logan Township BOE	\$ 470,782.83
Lower Alloways Creek BOE	\$ 55,970.56
Lumberton Township BOE	\$ 37,555.44
Mansfield Township BOE	\$ 38,023.99
Mantua Township BOE	\$ 1,039.50
Medford Lakes BOE	\$ 283,697.97
Medford Township BOE	\$ 845,656.02
Monroe BOE	\$ 289.72
Moorestown Township Public Schools	\$ 1,749,203.00
Mt. Holly Township BOE	\$ 590,035.27
Mt. Laurel Township Schools	\$ 1,829,777.61
Northern Burlington County Regional School District	\$ 142,862.92
Ogdensburg Borough School Dstrc.	\$ 81,362.28

Paulsboro BOE	\$	30,028.04
Paulsboro Public Schools	\$	69,180.47
Pinelands Regional School District	\$	187,917.39
Pohatcong Township BOE	\$	4,254.36
Rancocas Valley Regional BOE	\$	405,050.84
Riverside Township BOE	\$	809,327.30
School District Of Chathams	\$	327.50
Southampton Township BOE	\$	368,657.40
Sparta BOE	\$	220.96
Stillwater Township BOE	\$	13,458.08
Swedesboro-Woolwich BOE	\$	152,413.23
Tabernacle BOE	\$	299,624.37
Upper Pittsgrove BOE	\$	106,760.78
Voorhees Township BOE	\$	188,149.20
Washington Borough BOE	\$	20,321.49
Watchung Hills Regional High School	\$	201,138.67
West Deptford BOE	\$	1,790.31
White Township	\$	27,270.28
Woodbury Heights BOE	\$	122,159.75
Woodstown-Piles Grove BOE	\$	4,498.55

\$	18,618,534.21
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School's Health Insurance Fund

Program Manager's Report

February 2023

Program Manager: Conner Strong & Buckelew

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated SNJREBF enrollment team. To contact the team, email shif_enrollments@permainc.com or fax to 856-685-2249.

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

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

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 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

Due to the frequency in which plans and benefits can change, effective April 1, 2023, ESI will no longer issue physical ID cards. Digital ID cards are available with the most up to date information. This will eliminate the need to reissue ID cards each time plan and/or benefit information has changed on a member's ID card.

- New members, members without an email address on file or members that do not respond to the email sent by ESI, will be contacted via direct mail with instructions. The instructions will explain how to register and access their digital ID card online or request a printed card if necessary.
- If members are set up in ESI's portal with an email address, they will receive a welcome kit that explains their pharmacy benefit and how to print their digital ID card.
- Members who do not have access to the internet, do not have a smartphone, or who prefer not to register on express-scripts.com can request a physical ID card by calling Express Scripts Customer Service at the number on their onboarding communications.
- Due to HIPAA, digital ID cards cannot be emailed to members, they must be accessed from the member's personal registered account with ESI.

Please note there is not an option to request a group have the option for their employees to continue to receive physical ID cards in lieu of digital ID cards. The above information was shared with brokers on February 10, 2023.

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.

AETNA UPDATE

Aetna/Virtua Negotiations – Aetna and Virtua Health have come to an agreement. The contract is in place for 4 years (actual agreement is 3 years and 11 months), effective 2/1/23. There have been no interruption to member access as an agreement was reached prior to the contracts extension termination date of March 31, 2023. Aetna will send retraction letters on 2/15/23.

OPERATIONAL UPDATES:

End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2022.
 - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022, through October 31, 2022**
 - Reports were sent to group billing contacts the week of January 2nd.
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022, through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received.
 - **Final reports were sent to the group billing contacts the week of January 30th**
- All eligible employees, spouses, and dependents (those over age 18) who received a reimbursement will be included in the report separately.
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting.

Please note there is not an option to receive the latter report sooner than late January as the data is not available.

2023 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through May 11, 2023. 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 payment originally would have been 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:

- Date- Starting on January 15, 2022, going forward
- 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
- Dollar Limit- Up to \$12 per test
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government – COVID-19 at home tests kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests.
<https://www.covid.gov/tests>

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
 - Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.
 - ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
 - 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

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

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

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

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

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

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

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

2023 IRMAA Charge

The standard Part B premium amount in 2023 is \$164.90 (reduced from 2022 premium of \$170.10). Most participants pay the standard Part B premium amount. If the participants modified adjusted gross

income as reported on their IRS tax return from 2 years ago is above a certain amount, they will pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$97,000	Less than or equal to \$194,000	\$0.00	\$164.90
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	65.90	230.80
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	164.80	329.70
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	263.70	428.60
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	362.60	527.50
Greater than or equal to \$500,000	Greater than or equal to \$750,000	395.60	560.50

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
11/23/2022	Medical/ Aetna	SHIF-2022-11-03	Medical Necessity	Upheld	12/13/2022
11/29/2022	Medical/ Aetna	SHIF-2022-11-04	Medical Necessity	Overtured	12/7/2022
12/08/2022	Medical/ Aetna	SHIF-2022-12-02	Benefit Application	Upheld	12/14/2022
12/12/2022	Medical/ Aetna	SHIF-2022-12-03	Benefit Application	Upheld	12/14/2022
12/8/2022	Medical/ Aetna	SHIF-2022-12-04	Benefit Application	Overtured	Under Review
12/09/2022	Medical/ Aetna	SHIF-2022-12-07	Benefit Application	Upheld	12/14/2022
12/15/2022	Medical/ Aetna	SHIF-2022-12-08	Benefit Application	Upheld	12/16/2022
12/14/2022	Medical/ Aetna	SHIF-2022-12-09	Benefit Application	Upheld	12/16/2022
12/20/2022	Medical/ Aetna	SHIF-2022-12-10	Benefit Application	Upheld	12/21/2022
12/28/2022	Medical/ Aetna	SHIF-2022-12-11	Benefit Application	Upheld	1/6/2023
1/4/2023	Medical/ Aetna	SHIF-2023-01-00	Benefit Application	Upheld	1/4/2023
1/4/2023	Medical/ Aetna	SHIF-2023-01-01	Medical Necessity	Overtured	1/17/2023
1/5/2023	Medical/ Aetna	SHIF-2023-01-02	Medical Necessity	Upheld	1/17/2023

1/6/2023	Medical/ Aetna	SHIF-2023-01-03	Benefit Application	Upheld	1/9/2023
1/10/2023	Medical/ Aetna	SHIF-2023-01-04	Benefit Application	Upheld	1/11/2023
1/18/2023	Medical/ Aetna	SHIF-2023-01-05	Medical Necessity	Under Review	Under Review
1/27/2023	Medical/ Aetna	SHIF-2023-01-06	Medical Necessity	Under Review	Under Review

IRO Submissions:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
11/23/2022	Medical/ Aetna	SHIF-2022-11-03	Medical Necessity	Upheld	12/13/2022
11/29/2022	Medical/ Aetna	SHIF-2022-11-04	Medical Necessity	Overturned	12/7/2022
1/4/2023	Medical/ Aetna	SHIF-2023-01-01	Medical Necessity	Overturned	1/17/2023
1/5/2023	Medical/ Aetna	SHIF-2023-01-02	Medical Necessity	Upheld	1/17/2023
1/18/2023	Medical/ Aetna	SHIF-2023-01-05	Medical Necessity	Under Review	Under Review
1/27/2023	Medical/ Aetna	SHIF-2023-01-06	Medical Necessity	Under Review	Under Review

Small Claim Committee Appeals: None



Executive Summary Report
Year 4 Quarter 4
Covering October 1, 2022- December 31, 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 Win

1. Engaged top high claimant at \$1.7 million while inpatient; no readmission in four months
2. 28 ICU admissions; two readmitted within 30 days with the same diagnosis
3. 69% of hospitalized members engaged with their MCC this quarter
4. 41 of the 44 diabetics remained hospital free this quarter for a potential savings of **\$472,484.00**; of note, the three admissions were not related to diabetes. (<https://care.diabetesjournals.org>)

Improving Care

Goal: Improve timeliness, appropriateness and quality of care

- Fifteen (15) of 32 engaged diabetics in Diabetic Program decreased their hemoglobin A1c; eight member's hemoglobin A1c is unchanged (*HbA1c data, see chart below*)
- Seven (7) of 32 diabetics in Diabetic Program also are being monitored, by our nurses, for treatment of their high blood pressure; a co-morbidity of diabetes
- Fifteen (15) Diabetic Program members have graduated to surveillance with a hemoglobin A1c of 7.5 or less

Improving Members' Experience

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

Acute Care Program

- 401 Cases referred; 353 referrals in previous reporting period; an increase of 13.6%
- 244 Members engaged; 61% engagement this reporting period
- 33 Pediatric cases supported
- 259 Nurse mobilizations (179 were to hospital visits); 261 mobilizations in previous reporting period

Complex Care Program

- 79 Engaged; 90 engaged in previous reporting period
- 44 of the 79 complex members are diabetic; 32 of the 44 diabetics are in the Diabetic Program.
- 40 mobilizations; 29 in previous reporting period

Managing or Reducing Cost

Goal: Prevent unnecessary hospital and ICU admissions and bounce backs

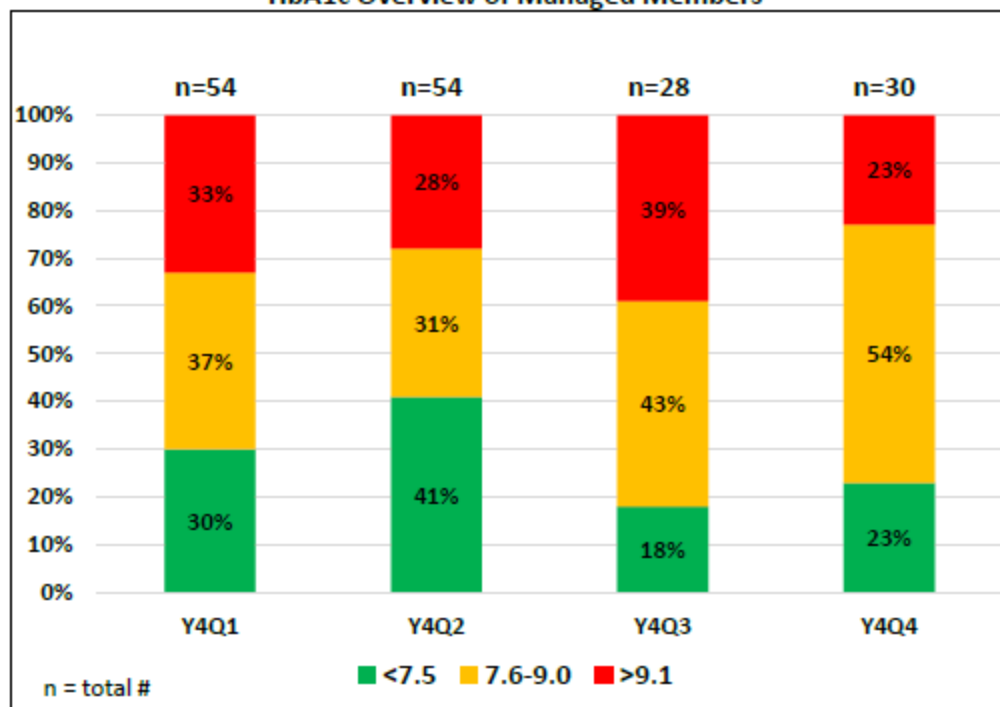
- 246 Acute Inpatient admissions; 6 COVID related; 45 Peds admissions, 6 requiring ICU
- 11 Bounce-back (30 day readmits); decrease from previous reporting period of 21
- 3 Diabetics hospitalized this quarter, (admissions not related to diagnosis); 2 hospitalized in previous reporting period

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- 4 Acute members transferred to Complex and Diabetic Program for disease management.
21 members outreached from diabetic lab report.

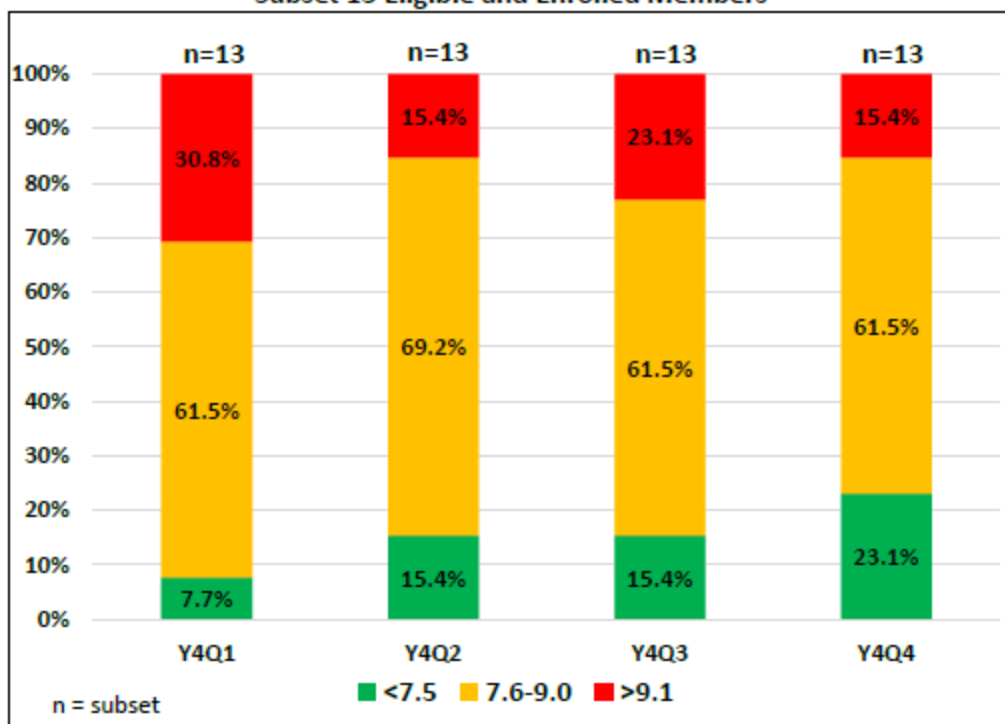
HbA1c Overview of Managed Members



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.

*Diabetic Program initiated Y4Q3

Subset 13 Eligible and Enrolled Members



This chart shows the subset of 13 enrolled members from Y4Q1 and illustrates their outcomes as a result of being supported in the diabetes program over four quarters.

*Diabetic Program initiated Y4Q3

Highlighted Story #1

57-year-old member hospitalized for diabetic ketoacidosis (DKA). MCC mobilized to hospital, but member and wife declined assistance. Post discharge, the family called MCC with multiple needs. Member discharged with minimal scheduled follow-up appointments, very little education on diabetes monitoring, and a new Foley catheter due to prostate issues. MCC worked closely with member and family, coordinated care and scheduled follow-ups. MCC also accompanied him to PCP and endocrine appointments and provided diabetic education and resources. On a follow-up call, member informed MCC that his glucometer was not working, and he has not had insulin due to not knowing his blood sugars. MCC immediately provided a virtual home visit and was able to remedy the issue; member continued to check sugars at home and avoided the ER. A week later, wife called MCC during an incident when member's blood sugar became dangerously low, at 35. MCC was able to coach wife on how to safely bring up his blood sugar to a normal range, preventing possible ER visit and hospitalization. MCC provided continued education on how to prevent low blood sugars

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in the future, explained what to do if a similar incident occurred again and continued frequent follow-up with member. After event, MCC expedited follow-up with endocrinologist and as a result, member now has a continuous blood glucose monitor to prevent re-occurrence and ensure close blood sugar monitoring. MCC will continue to support all needs.

Highlighted Story #2

MCC has been engaged with a 67-year-old member on and off since 2021 and received a frantic call from her the day before Thanksgiving. She is very medication sensitive. MCC worked with member to find antiseizure medication she tolerated, and after many trials, found Briviact. Member had received a call from her pharmacy stating that Briviact was unavailable until mid-December, due to supply chain issues. MCC made calls to every pharmacy in the area and finally found a CVS with 30 pills in stock and the ability to order more! Due to medication being a controlled substance, the prescription had to be called directly into the pharmacy by the ordering provider. It was late in the afternoon before Thanksgiving, MCC called her provider and told them the urgency of the situation. They were able and willing to call the prescription into the pharmacy. All information was communicated to the member to keep her informed of the plan. She called back a little later and informed MCC that CVS filled the prescription and she could pick it up first thing in the morning. She was very thankful for the assistance. By ensuring member was able to filled Briviact, MCC was able to prevent ER visit to obtain medication over the holiday and the possibility having a seizure and needing emergent care from not having her medication on hand.

Highlighted Story #3

67-year-old spouse of a member with long engagement in Complex Program for pulmonary fibrosis and lung transplant. Member recently hospitalized for urinary tract infection and sepsis. He is immunocompromised due to transplant and had a very resistant bacterial infection. Member easy going and often denied having any needs. During hospital visit, MCC spoke very straight with him and explained that she would be scheduling all of follow-up appointments and providing accompaniment. He agreed. While coordinating his follow up care, both urology and infectious disease offices originally could not see him for a month. MCC explained members history and current concerns, insisting that he need to be seen within a week to ensure safety. Both offices scheduled member within a week. MCC assisted in preventing delay of care and the possibility of another ER visit and/or hospitalization.

Discussion

1. Review of new BOE's in 2023
2. Possible elimination of the Transition of Care report from Aetna
3. Aetna/Virtua contract update
4. Confirm date with Crystal Bailey to meet @ Conner Strong

Thank you again for your confidence in Guardian Nurses. Please don't hesitate to reach out with questions or further suggestions.

Respectfully submitted,

Robin Sambuco

Robin Sambuco, BSN, RN
Vice President, Operations

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SCHOOL HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

DECEMBER 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>
003590			
003590	DELTACARE DMO	GLOUCESTER SSSD 12/22	678.13
003590	DELTACARE DMO	GLOUCESTER COUNTY IOT 12/22	218.50
			896.63
003591			
003591	FLAGSHIP DENTAL PLANS	DEPTFORD TWP 12/22	2,312.88
003591	FLAGSHIP DENTAL PLANS	LEAP 12/22	4,352.45
003591	FLAGSHIP DENTAL PLANS	CINNAMINSON 12/22	344.62
003591	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMPLETE) 12/22	1,905.38
			8,915.33
003592			
003592	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/22	19,025.76
			19,025.76
003593			
003593	HORIZON BCBSNJ	MEDICAL TPA - HORIZON 12/22	1,556.52
			1,556.52
003594			
003594	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 12/22	721.63
003594	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 12/22	563,140.90
			563,862.53
003595			
003595	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 12/22	137,056.92
			137,056.92
003596			
003596	PAYFLEX	TABERNACLE 11/22	3.00
003596	PAYFLEX	MOORESTOWN 11/22	57.00
003596	PAYFLEX	CHATHAMS 11/22	24.00
			84.00
003597			
003597	KEPRO	CLAIMS REVIEW 06/30/22	425.00
003597	KEPRO	CLAIMS REVIEW 08/22/22	475.00
003597	KEPRO	CLAIMS REVIEW 05/03/22	575.00
003597	KEPRO	CLAIMS REVIEW 04/26/22	525.00
003597	KEPRO	CLAIMS REVIEW 08/02/22	425.00
003597	KEPRO	CLAIMS REVIEW 04/01/22	425.00
003597	KEPRO	CLAIMS REVIEW 06/28/21	425.00
003597	KEPRO	CLAIMS REVIEW 08/12/21	475.00
003597	KEPRO	CLAIMS REVIEW 08/20/21	475.00
003597	KEPRO	CLAIMS REVIEW 04/18/22	425.00
003597	KEPRO	CLAIMS REVIEW 03/18/22	425.00
003597	KEPRO	CLAIMS REVIEW 01/18/22	475.00
			5,550.00
003598			
003598	PERMA RISK MANAGEMENT SERVICES	POSTAGE12/22	41.57
003598	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 12/22	181,361.44
			181,403.01

003599			
003599	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 12/22	1,219.00
003599	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY SERVICES 12/22	3,164.83
			4,383.83
003600			
003600	VERRILL & VERRILL, LLC	TREASURER FEE 12/22	2,202.33
			2,202.33
003601			
003601	CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 12/22	61,405.47
003601	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MGR FEES 12/22	397,862.36
003601	CONNER STRONG & BUCKELEW	BROKER FEES 12/22	510,463.65
003601	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 12/22	16,586.56
003601	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/22	7,129.44
			993,447.48
003602			
003602	SWEDESBORO-WOOLWICH SCHOOL DISTRICT	VISA GIFT CARD/CHK IN FOR CHANCE 12/22	106.96
			106.96
003603			
003603	MEDFORD TOWNSHIP BOARD OF EDUCATION	WELL KICKOFF JUST BET FRIENDS 1022	3,200.00
			3,200.00
003604			
003604	NEW JERSEY SCHOOL BOARDS ASSOCIATION	FALL ISSUE 2022	1,840.00
			1,840.00
003605			
003605	WELLNESS COACHES	WELLNESS COACHING 12/22 SWEDESBORO	1,970.00
			1,970.00
003606			
003606	US WELLNESS, INC.	MANSFIELD SCREENING 05/22 SERVICE	915.85
003606	US WELLNESS, INC.	BURLINGTON TOWNSHIP 10/22	1,850.00
003606	US WELLNESS, INC.	MOORESTOWN SCREENINGS 10/22 SERV	1,379.22
			4,145.07
003607			
003607	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 12/22	470.00
			470.00
003608			
003608	RITA GENGARO	WELLNESS BROTH FOR STAFF 12/22	164.89
			164.89
003609			
003609	CONNER STRONG & BUCKELEW	GUARDIAN NURSE FEE 11/22	90,125.00
003609	CONNER STRONG & BUCKELEW	SURETY PUB OFFICIAL 1/2023-1/2024	1,999.00
			92,124.00
003610			
003610	ACCESS	ACCT 962 CUST 24 STORE 11/1/22-11/30/22	12.72
003610	ACCESS	ACCT 962 CUST 24 STORE 10/1/22-10/31/22	12.99
			25.71
003611			
003611	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/22	784,772.58
			784,772.58
		Total Payments FY 2022-2023	2,807,203.55
		TOTAL PAYMENTS ALL FUND YEARS	2,807,203.55

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

JANUARY 2023

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

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

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

FUND YEAR 21-22

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003612			
003612	BOWMAN & COMPANY LLP	PROF. SERV. FOR SHIF AUDIT AS OF 6.30.22	20,196.00
			20,196.00
003613			
003613	RIVERSIDE TOWNSHIP BOARD OF EDUCATION	WELLNESS REIM. FOR TAVI CHALLENGE 3/22	300.00
			300.00
003614			
003614	HOPE TOWNSHIP BOARD OF EDUCATION	WELLNESS STAFF CHALLENGE 2/22-6/22	1,839.32
			1,839.32
Total Payments FY 21-22			22,335.32

FUND YEAR 22-23

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003615			
003615	DELTACARE DMO	GLOUCESTER SSSD 1/23	676.80
003615	DELTACARE DMO	GLOUCESTER COUNTY IOT 1/23	225.04
			901.84
003616			
003616	FLAGSHIP DENTAL PLANS	DEPTFORD TWP 1/23	2,475.27
003616	FLAGSHIP DENTAL PLANS	LEAP 1/23	3,888.08
003616	FLAGSHIP DENTAL PLANS	CINNAMINSON 1/23	344.62
003616	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMPLETE) 1/23	2,005.64
			8,713.61
003617			
003617	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 1/23	18,941.52
			18,941.52
003618			
003618	HORIZON BCBSNJ	MEDICAL TPA - HORIZON 1/23	1,556.52
			1,556.52
003619			
003619	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 1/23	717.08
003619	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 1/23	574,578.10
			575,295.18
003620			
003620	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 1/23	137,630.68
			137,630.68
003621			
003621	PAYFLEX	TABERNACLE 12/22	3.00
003621	PAYFLEX	MOORESTOWN 12/22	57.00
003621	PAYFLEX	CHATHAMS 12/22	24.00
			84.00
003622			
003622	KEPRO	CLAIMS REVIEW 12/12/22	425.00
003622	KEPRO	CLAIMS REVIEW 12/06/22	525.00
			950.00
003623			
003623	PERMA RISK MANAGEMENT SERVICES	POSTAGE 1/23	65.37
003623	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 1/23	184,207.92
			184,273.29

003624			
003624	ACTUARIAL SOLUTIONS, LLC	1ST QUARTER 2023 FUND ACTUARY FEES	7,433.50
			7,433.50
003625			
003625	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY SERVICES 01/23	3,164.83
			3,164.83
003626			
003626	VERRILL & VERRILL, LLC	TREASURER FEE 01/23	2,202.33
			2,202.33
003627			
003627	COURIER POST	ACCT # 254751 AUDIT AD 12/23/22	153.00
			153.00
003628			
003628	CONNER STRONG & BUCKELEW	RX PROGRAM MANAGER FEES 1/23	61,027.89
003628	CONNER STRONG & BUCKELEW	MEDICAL PROGRAM MANAGER FEES 1/23	404,692.96
003628	CONNER STRONG & BUCKELEW	BROKER FEES 1/23	530,876.98
003628	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 1/23	16,513.12
003628	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 1/23	7,251.84
			1,020,362.79
003629			
003629	SWEDESBORO-WOOLWICH SCHOOL DISTRICT	WELLNESS CHALLENGE PRIZES 12/22	244.12
			244.12
003630			
003630	RANCOCAS VALLEY REG HSD	WELLNESS REIMB. 11/22-12/22	1,007.00
			1,007.00
003631			
003631	ALLYSON COOK	WELLNESS GRANT REIMB. HIGHLAND 11/22	154.09
			154.09
003632			
003632	NANCY DERISO	WELLNESS REIMB. BYRAM 1/23	100.00
			100.00
003633			
003633	EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT	WELLNESS GRANT REIMB.09/01/2022	3,745.00
			3,745.00
003634			
003634	TAMAR DILEO	WELLNESS REIMB. YOGA IN COLOR 12/22	360.00
			360.00
003635			
003635	ANGELA OTLOWSKI	WELLNESS- RAFFLE HARRISON TWP 1/23	83.37
003635	ANGELA OTLOWSKI	WELLNESS REIMB 1/23 HARRISON TWP	500.00
			583.37
003636			
003636	LUMBERTON BOARD OF EDUCATION	WELLNESS REIMB. CHALLENGE FALL 12/22	225.00
			225.00
003637			
003637	MELISSA SHEPPARD	WELLNESS REIMB. WELL. WEDNESDAY 12/22	115.46
			115.46
003638			
003638	WELLNESS COACHES	WELLNESS- COACHING DELRAN 01/23	1,667.00
003638	WELLNESS COACHES	WELLNESS- COACHING SWEDESBORO 1/23	1,970.00
			3,637.00
003639			
003639	US WELLNESS, INC.	WELLNESS-BURLINGTON TWP 11/22-12/22	3,270.00
			3,270.00
003640			
003640	DONNA AROMANDO	WELLNESS RANCOCAS VALLEY 10/22-12/22	360.00
003640	DONNA AROMANDO	WELLNESS RANCOCAS VALLEY 12/22	150.00
			510.00
003641			
003641	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 1/23	470.00
			470.00

003642			
003642	NJ ADVANCE MEDIA	ACCT #1000890281 AUDIT SYNOPSIS 12/23/22	332.10
003642	NJ ADVANCE MEDIA	ACCT #1000890281 - AUDIT REPORT 12/23/22	100.44
			432.54
003643			
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT INC. CREDITS 11/22 LENAPE	3,660.00
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MANAGEMENT FEE 1/23	321.20
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MGMT FEE 1/23 LENAPE	1,710.00
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+PROG INC CREDITS 11/22	60.00
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MGMT FEE LENAPE 12/22	1,708.00
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+PROG INC CREDITS LENAPE 10/22	3,910.00
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+PROG INC CREDITS DELSEA 10/22	60.00
003643	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT+ MGMT FEE DELSEA 12/22	321.20
			11,750.40
003644			
003644	VOORHEES TOWNSHIP BOARD OF EDUCATION	WELLNESS/ WC CALENDARS-NEWSLETTER 09/22	6,415.00
			6,415.00
003645			
003645	XL SPORTS FITNESS	WELLNESS- PILATES 3/23-5/23	1,080.00
			1,080.00
003646			
003646	CONNER STRONG & BUCKELEW	GUARDIAN NURSE SERVICE 1/23	90,125.00
			90,125.00
003647			
003647	ACCESS	ACCT 962 CUST 224 ARC/STORE 11/30/22	12.99
			12.99
003648			
003648	FOODWERX FT. NICHOLAS CATERERS	MEETING CATERING 11/22	804.81
			804.81
003649			
003649	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 1/23	798,245.76
			798,245.76
		Total Payments FY 22-23	2,884,950.63
		TOTAL PAYMENTS ALL FUND YEARS	2,907,285.95

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: December										
	Medical	Dental	Rx	Dividend Payable	Med.Adv	Reinsurance	tabilization (BOI	LFC	Admin	TOTAL
OPEN BALANCE	129,593,820.01	3,234,964.66	(11,356,752.57)	18,827,438.51	0.00	(816,086.58)	0.00	0.00	13,175,628.70	152,659,012.73
RECEIPTS										
Assessments	39,208,258.42	507,015.26	3,756,320.15	0.00	0.00	951,171.42	0.00	0.00	3,205,036.75	47,627,802.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	370,583.56	8,804.42	6,073.89	49,193.22	0.00	0.00	0.00	0.00	34,425.88	469,080.97
Invest Adj	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04
Subtotal Invest	370,583.60	8,804.42	6,073.89	49,193.22	0.00	0.00	0.00	0.00	34,425.88	469,081.01
Other *	164,798.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	164,798.60
TOTAL	39,743,640.62	515,819.68	3,762,394.04	49,193.22	0.00	951,171.42	0.00	0.00	3,239,462.63	48,261,681.61
EXPENSES										
Claims Transfers	33,298,816.49	261,311.88	4,728,006.38	0.00	0.00	0.00	0.00	0.00	0.00	38,288,134.75
Expenses	0.00	9,811.96	0.00	0.00	0.00	784,772.58	0.00	0.00	2,012,619.01	2,807,203.55
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	33,298,816.49	271,123.84	4,728,006.38	0.00	0.00	784,772.58	0.00	0.00	2,012,619.01	41,095,338.30
END BALANCE	136,038,644.14	3,479,660.50	(12,322,364.91)	18,876,631.73	0.00	(649,687.74)	0.00	0.00	14,402,472.32	159,825,356.04

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS													
SCHOOLS HEALTH INSURANCE FUND													
ALL FUND YEARS COMBINED													
CURRENT MONTH	December												
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	Cornerstone Investment Account	
ID Number:													
Maturity (Yrs)									12/7/2023		12/7/2023		
Purchase Yield:		4.12	4.12	4.12	1.25	3.81	4.09	3.75	4.20	3.20	4.20	4.23	
TO TAL for All Accts & Instruments													
Opening Cash & Investment Balance	\$152,659,012.76	\$ 3,372,947.64	\$ 229,817.72	\$ 105,740,884.33	\$ 38,925.27	\$ 901.39	\$ 26,580,861.91	\$ 427,845.39	\$ 6,000,000.00	\$ 266,829.11	\$ 10,000,000.00	\$ -	
Opening Interest Accrual Balance	\$2.47	\$ -	\$ -	\$ -	\$ -	\$ 2.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$2.79	\$0.00	\$0.00	\$0.00	\$0.00	\$2.79	\$0.00	\$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	\$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	\$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	\$0.00	
5 Interest Paid - Cash Instr.s	\$469,078.51	\$22,460.90	\$3,281.53	\$347,436.69	\$42.68	\$0.00	\$70,297.74	\$18,622.93	\$0.00	\$690.83	\$0.00	\$6,245.21	
6 Interest Paid - Term Instr.s	\$2.47	\$0.00	\$0.00	\$0.00	\$0.00	\$2.47	\$0.00	\$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	\$0.00	
8 Net Investment Income	\$469,081.30	\$22,460.90	\$3,281.53	\$347,436.69	\$42.68	\$2.79	\$70,297.74	\$18,622.93	\$0.00	\$690.83	\$0.00	\$6,245.21	
9 Deposits - Purchases	\$103,599,804.15	\$64,792,600.60	\$2,807,203.55	\$24,000,000.00	\$0.00	\$0.00	\$0.00	\$7,000,000.00	\$0.00	\$0.00	\$0.00	\$5,000,000.00	
10 (Withdrawals - Sales)	-\$96,902,541.85	-\$65,095,338.30	-\$2,807,203.55	-\$22,000,000.00	\$0.00	\$0.00	-\$7,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$159,825,356.04	\$3,092,670.84	\$233,099.25	\$108,088,321.02	\$38,967.95	\$903.86	\$19,651,159.65	\$7,446,468.32	\$6,000,000.00	\$267,519.94	\$10,000,000.00	\$5,006,245.21	
Ending Interest Accrual Balance	\$2.79	\$0.00	\$0.00	\$0.00	\$0.00	\$2.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$166,111.03	\$0.00	\$166,111.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
(Less Deposits in Transit)	-\$35.00	-\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Balance per Bank	\$159,991,432.07	\$3,092,635.84	\$399,210.28	\$108,088,321.02	\$38,967.95	\$903.86	\$19,651,159.65	\$7,446,468.32	\$6,000,000.00	\$267,519.94	\$10,000,000.00	\$5,006,245.21	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SCHOOLS HEALTH INSURANCE FUND									
Month		December							
Current Fund Year		2022							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid December	3. Monthly Recoveries December	4. Calc. Net Paid Thru December	5. TPA Net Paid Thru December	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2022	Medical	153,799,100.09	33,298,816.49	0.00	187,097,916.58	0.00	187,097,916.58	153,799,100.09	33,298,816.49
	Dental	1,868,456.52	261,311.88	0.00	2,129,768.40	0.00	2,129,768.40	1,868,456.52	261,311.88
	Rx	22,233,931.81	4,728,006.38	0.00	26,961,938.19	0.00	26,961,938.19	22,233,931.81	4,728,006.38
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	177,901,488.42	38,288,134.75	0.00	216,189,623.17	0.00	216,189,623.17	177,901,488.42	38,288,134.75



SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

February 15, 2023



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	\$21,393,357	15,780	\$1,356
NOVEMBER	\$21,948,287	14,542	\$1,509	\$26,337,598	15,983	\$1,648
DECEMBER	\$24,408,315	14,547	\$1,678	\$23,003,951	15,958	\$1,442
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			\$143,584,941		
				2022-2023 Avg.	15,735	\$ 1,522
				2021-2022 Avg.	14,522	\$ 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: 10/01/2022 - 10/31/2022
Service Dates: 01/01/2011 - 09/30/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$819,562.02	\$378,852.79	OTHER TOXIC ENCEPHALOPATHY
	\$214,281.04	\$191,335.82	AMYOTROPHIC LATERAL SCLEROSIS
	\$175,169.17	\$141,921.19	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER
	\$578,712.46	\$138,805.65	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION
	\$212,839.92	\$119,212.66	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL
	\$336,202.50	\$111,776.11	SEPSIS, UNSPECIFIED ORGANISM
	\$139,611.00	\$103,754.33	CONCUSSION AND EDEMA OF CERVICAL SPINAL CORD,
	\$193,615.57	\$103,645.47	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH
	\$161,442.07	\$103,083.33	MULTIPLE SCLEROSIS
Total:	\$2,831,435.75	\$1,392,387.35	

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: 11/01/2022 - 11/30/2022
Service Dates: 01/01/2011 - 11/30/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$663,448.35	\$377,382.97	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
	\$1,522,494.76	\$355,170.81	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
	\$531,169.09	\$270,976.27	CONGENITAL ABSENCE, ATRESIA AND STENOSIS OF
	\$309,334.59	\$189,920.49	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
	\$143,535.56	\$138,942.55	MULTIPLE SCLEROSIS
	\$135,528.80	\$113,980.92	AMYOTROPHIC LATERAL SCLEROSIS
	\$38,023.14	\$101,388.63	ENCOUNTER FOR ANTINEOPLASTIC
Total:	\$3,343,534.29	\$1,547,762.64	

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: 12/01/2022 - 12/31/2022
Service Dates: 01/01/2011 - 12/31/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$809,016.00	\$160,740.12	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING
	\$191,660.58	\$144,224.42	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE
	\$295,678.89	\$139,416.71	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT
	\$579,004.18	\$134,941.44	DISCORDANT ATRIOVENTRICULAR
	\$240,709.06	\$120,794.82	OTHER GRAM-NEGATIVE SEPSIS
	\$244,407.03	\$109,048.04	BENIGN NEOPLASM OF SPINAL CORD
	\$646,728.58	\$107,289.70	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
	\$181,578.38	\$102,179.43	AMYOTROPHIC LATERAL SCLEROSIS
Total:	\$3,188,782.70	\$1,018,634.68	



Schools Health Insurance Fund
1/1/22 through 12/31/22 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee
July 2022 – December 2022
Total Medical Paid per Employee:
\$1,522

Network Discounts

Inpatient: 67.4%
Ambulatory: 68.6%
Physician/Other: 60.9%
TOTAL: 65.3%

Provider Network

% Admissions In-Network: 97.6%
% Physician Office: 96.4%

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

Top Facilities Utilized
(by total Medical Spend)

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

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

Number of Claims Over \$50,000: 718
Claimants per 1000 members: 17.6
Avg. Paid per Claimant: \$121,626
Percent of Total Paid: 32.4%
• Aetna BOB- HCC account for an average of 39.5% of total Medical Cost

Teladoc Activity:
January 2022– December 2022

Total Registrations: 1,353
Total Online Visits: 2,611
Total Net Claims Savings: \$1,328,984
Total Visits w/ Rx: 2,103

Utilization by Age

0-17: 10.6%
18-26: 11.1%
27-30: 8.8%
31-45: 40.0%
46-55: 18.7%
55-65: 9.6%
66+: 1.2%

Mental Health Visits: 808
Dermatology Visits: 140

Allentown Service Center
Performance Goal Metrics YTD 2022

Customer Service Performance

1st Call Resolution: 93.38%
Abandonment Rate: 1.06%
Avg. Speed of Answer: 20.8 sec

Claims Performance

Financial Accuracy: 99.66%

90% processed w/in: 9.0 days
95% processed w/in: 18.1 days

Claims Performance (Monthly)
(December 2022)

90% processed w/in: 5.1 days
95% processed w/in: 8.8 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

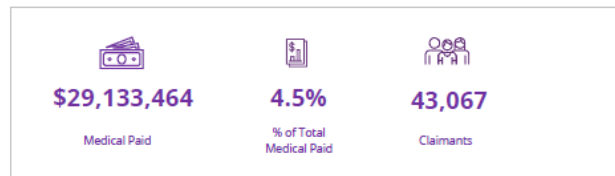
90% processed w/in: 14 days
95% processed w/in: 30 days

At a glance COVID-19 All-time experience

Average Members: 35,502

Time period: Jan 2020 - Dec 2022, paid through December 2022

Key Statistics (Medical Claims Only)



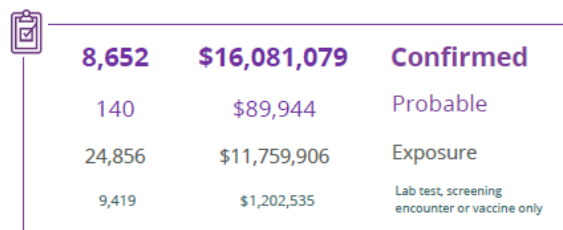
More detailed information is found on the next page to help you answer critical questions:

- ✓ 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 1

COVID-19 population risk*



27.0%

Members at risk for severe illness

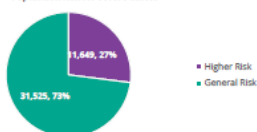
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

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

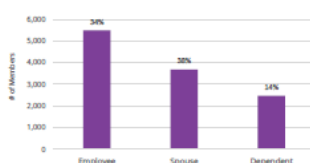
The bar chart displays this information by member type.

* See page one for High Risk definition.

Population risk for severe illness



Higher risk for severe illness, by member type



Testing



\$11,028,921

Total Paid - All Tests



35,601

Unique Claimants



99,549

of Viral Tests



4,032

of Antibody Tests



0

of Home Tests (via Rx Benefit)

Vaccine Administration (Medical & Pharmacy)*



\$1,456,720

Total Paid for Vaccine Administration



18,914

Members with a Vaccination

Unique Claimants



14,474

Members Fully Vaccinated**



27.41%


% Fully Vaccinated

*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

	<div></div>						
Schools Health Insurance Fund							
	Medical Claim 2022-2023	# of EE's 2022-2023	PER EE		Medical Claim 2021-2022	# of EE'S 2021-2022	PER EE
JULY	\$4,771,803.63	3702	\$1,288.97	JULY	\$3,858,683.06	4034	\$956.54
AUGUST	\$6,340,351.36	3690	\$1,718.25	AUGUST	\$5,584,516.80	4025	\$1,387.45
SEPTEMBER	\$8,558,419.70	3799	\$2,252.80	SEPTEMBER	\$6,769,899.69	4142	\$1,634.45
OCTOBER	\$6,918,190.88	3810	\$1,815.79	OCTOBER	\$7,019,506.38	4146	\$1,693.07
NOVEMBER	\$6,436,072.00	3808	\$1,690.14	NOVEMBER	\$4,682,432.58	4157	\$1,126.39
DECEMBER	\$7,056,459.00	3820	\$1,847.24	DECEMBER	\$8,045,911.93	4156	\$1,935.97
JANUARY	\$4,390,317.00	3823	\$1,148.39	JANUARY	\$5,567,232.87	4179	\$1,332.19
FEBRUARY				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	\$44,471,613.57	3778.857143	1,584.80	TOTAL	\$78,262,460.46		
	AVERAGE	3779	\$1,584.80		AVERAGE	4139.17	\$1,573.59



PLAN SPONSOR INFORMATION SERVICES

Large Claimant Report- Claims Over \$100,000.00

Group: Schools Health Insurance Fund
Paid Dates: 1/1/23- 1/31/23
Network Service: ALL

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

Claimant	Relationship	Paid Amount	Diagnosis
1	employee	\$222,689	Cancer; Other Primary
2	spouse	\$175,782	Respiratory Failure; Insufficiency; Arrest
3	spouse	\$143,351	Cerebrovascular Disease
4	employee	\$135,251	Lower Gastrointestinal Disorders
5	spouse	\$129,779	Complications
6	spouse	\$126,616	Factors Influencing Health Care
Total		\$933,468	



Schools HIF
Paid Claims 7/1/22-6/30/23

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	AHA NOV MTD	AHA DEC MTD
1st Call Resolution	84.12%	83.64%	81.83%	82.63%	24.84%	29.80%	21.44%	30.33%	84.27%	84.26%	83.88%	84.20%
ASA	140.07	178.91	163.63	229.57	169.17	154.33	98.05	76.87	76.87	17.23	21.61	40.21
Abandonment Rate	7.15%	7.46%	7.20%	8.87%	7.94%	8.01%	4.39%	3.88%	3.88%	1.14%	1.67%	2.13%

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	

Totals	2021 YTD
Total Inpatient Admissions	305
Total Inpatient Days	1,427
Total ER visits	1,004

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 2/6/2023 and Paid between 3/1/2020 and 2/6/2023

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,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	150	356	\$255,765.53	\$718.44	\$63.00
1-5	711	2667	\$845,206.64	\$316.91	\$38.06
6-18	2133	7315	\$1,783,797.36	\$243.85	\$23.25
19-25	950	3493	\$1,338,351.27	\$383.15	\$38.32
26-39	1831	7229	\$2,377,313.95	\$328.86	\$38.47
40-64	3646	15315	\$7,431,790.09	\$485.26	\$56.47
65+	343	1331	\$1,151,413.41	\$865.07	\$105.59
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	3699	16559	\$5,216,523.26	\$315.03	\$40.22
Spouse	1932	7279	\$5,440,711.33	\$747.45	\$72.57
Dependent	3656	13867	\$4,526,403.66	\$326.42	\$32.91

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	5254	22275	\$6,821,434.46	\$306.24	\$36.82
Male	4034	15430	\$8,362,203.79	\$541.94	\$53.27
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	32	104	\$17,732.32	\$170.50	\$14.46
MA	1	1	\$42.13	\$42.13	\$3.24
MD	3	4	\$255.76	\$63.94	\$2.37
NC	1	1	\$40.00	\$40.00	\$0.66
NJ	9024	36773	\$14,863,504.77	\$404.20	\$44.74
NY	2	7	\$544.48	\$77.78	\$9.07
PA	224	815	\$301,518.79	\$369.96	\$36.00

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	700	1106	\$1,654,693.15	\$1,496.11	\$4.84
Emergency Room With Observation Bed	298	346	\$1,258,275.58	\$3,636.63	\$3.68
Observation Bed	15	15	\$15,600.67	\$1,040.04	\$0.05
Office Physician Visit	1839	2759	\$220,675.54	\$79.98	\$0.64
Other Physician Visit	1040	1325	\$169,284.18	\$127.76	\$0.49
Pathology (Laboratory)	7637	23073	\$2,431,010.61	\$105.36	\$7.10
Retail Clinic	13	13	\$1,450.00	\$111.54	\$0.00
Urgent Care	2849	4383	\$782,108.12	\$178.44	\$2.29

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	8	10	10	\$138,682.72	30.00	\$13,868.27	\$34.16	3.25
1-5	4	4	4	\$122,562.05	2.40	\$30,640.51	\$5.52	3.25
6-18	10	11	10	\$139,270.82	1.20	\$13,927.08	\$1.82	4.30
19-25	12	13	13	\$528,554.92	4.80	\$40,658.07	\$15.13	9.42
26-39	30	38	36	\$771,888.18	7.20	\$21,441.34	\$12.49	3.70
40-64	62	67	65	\$4,358,987.30	6.00	\$67,061.34	\$33.12	6.52
65+	16	19	15	\$651,929.29	16.80	\$43,461.95	\$59.78	5.00
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	49	83	\$2,032,851.49	\$24,492.19	\$5.94
Virtua West Jersey Health System Inc	1535	2734	\$1,953,003.96	\$714.34	\$5.71
Kennedy University Hospital	556	817	\$1,232,797.48	\$1,508.93	\$3.60
Childrens Hospital of Philadelphia	264	415	\$941,436.87	\$2,268.52	\$2.75
Cooper University Hospital	753	1077	\$849,145.08	\$788.44	\$2.48
Inspira Medical Center Mullica Hill	890	1585	\$835,797.36	\$527.32	\$2.44
Labcorp Raritan	3599	6112	\$583,342.48	\$95.44	\$1.70
Virtua Our Lady of Lourdes Hospital	42	46	\$534,464.97	\$11,618.80	\$1.56
Capital Health System	30	37	\$456,095.19	\$12,326.90	\$1.33
Virtua Mount Holly Hospital	75	89	\$428,453.47	\$4,814.08	\$1.25
Presbyterian Medical Center	100	141	\$355,014.82	\$2,517.84	\$1.04
GENESIS LABORATORY MANAGEMENT	646	984	\$313,737.09	\$318.84	\$0.92
Thomas Jefferson University Hospital Inc	54	70	\$282,072.65	\$4,029.61	\$0.82
Pennsylvania Hospital of the University of Pennsylvania Health System	25	29	\$267,856.61	\$9,236.43	\$0.78
Quest Diagnostics Inc	1476	2381	\$245,607.66	\$103.15	\$0.72
Nemours Children's Health	30	42	\$209,967.12	\$4,999.22	\$0.61
University Medical Center of Princeton at Plainsboro	29	43	\$207,976.55	\$4,836.66	\$0.61
Optum Urgent Care	646	1074	\$187,611.35	\$174.68	\$0.55
RIDGEWOOD DIAGNOSTIC LABORATORY LLC	98	282	\$128,017.79	\$453.96	\$0.37
MD Medical Goup	709	1116	\$127,807.69	\$114.52	\$0.37
St Christopher's Hospital for Children	4	14	\$113,790.69	\$8,127.91	\$0.33
Virtua Primary Care - Pennsauken	247	408	\$110,930.19	\$271.89	\$0.32
Patient First Maryland Physicians Group Pc	513	630	\$107,366.53	\$170.42	\$0.31
Inspira Health Network Urgent Care PC	297	350	\$98,478.00	\$281.37	\$0.29
Inspira Medical Center Vineland	162	268	\$92,352.91	\$344.60	\$0.27

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, 91303, 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	479	114	10	29	\$72,464.44	\$110.13
19-25	5	134	44	17	32	\$21,934.71	\$94.55
26-39	16	351	82	32	82	\$56,348.23	\$100.09
40-64	37	928	202	106	192	\$146,351.00	\$99.90
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	17	18	\$3,029.37	\$178.20
1-5	173	227	\$39,997.12	\$231.20
6-18	577	825	\$146,460.04	\$253.83
19-25	345	542	\$90,857.41	\$263.35
26-39	610	924	\$166,372.34	\$272.74
40-64	1079	1666	\$301,083.65	\$279.04
65+	86	181	\$34,308.19	\$398.93
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®

Formulary Update on Humira

Humira is a biologic drug used to treat numerous auto-immune diseases such as Rheumatoid Arthritis, Ulcerative Colitis, and Crohn's Disease, to name a few. Although it is not the only drug in its class, Humira is often considered as superior due to its simpler dosing and improved side effect profile when compared to others in its class. Humira was FDA approved in 2002 and has since become one of the top-selling drugs in the market.

Biosimilars are biologic drugs that are similar in structure, function, and produce a similar clinical response to innovator biologic drugs, such as Humira. Prior to biosimilars entering the market, manufacturers were able to set high prices on drugs like Humira due to the absence of competition. However, with the rising number of biologics gaining FDA approval, there is promise in driving down rising medication costs for patients. In 2023, there are potentially 10 new drugs launching that are biosimilars to Humira.

With these exciting changes in the upcoming year, Express Scripts has decided to keep Humira as a preferred inflammatory therapy on all standard commercial formularies. Patients who have been receiving Humira will not experience any disruption as there is no change to its position on our formularies. Humira biosimilars will be added at the same formulary position as Humira starting in 2023. We are co-prefering the innovator brand and biosimilar drug to deliver the lowest cost to our clients and patients regardless if the prescriber chooses the innovator drug or biologic.

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	26,909	26,898	26,948	26,918	25,498
Total Days	868,828	799,043	898,773	2,566,644	859,145	896,557	878,429	2,634,131	912,225	973,123	895,144	2,780,804	680,028	960,600	979,551	2,905,883	10,886,924
Total Patients	10,251	9,297	9,882	14,778	10,020	10,284	10,259	15,148	10,665	10,810	10,816	16,148	9,710	12,317	12,080	18,088	23,799
Total Plan Cost	\$3,889,923	\$3,244,281	\$4,008,982	\$11,143,186	\$3,924,676	\$3,803,541	\$4,108,849	\$11,837,067	\$4,110,543	\$4,517,864	\$4,045,233	\$12,674,005	\$2,855,036	\$4,407,490	\$4,330,118	\$13,216,171	\$48,865,607
Generic Fill Rate (GFR) - Total	81.5%	84.1%	86.3%	84.0%	85.8%	85.1%	85.7%	85.5%	84.5%	84.8%	82.7%	84.0%	78.0%	80.5%	83.4%	80.5%	83.3%
Plan Cost PMPM	\$160.33	\$133.96	\$165.11	\$153.15	\$161.39	\$156.54	\$169.13	\$162.35	\$156.82	\$170.60	\$150.60	\$159.31	\$106.10	\$163.86	\$160.68	\$163.66	\$159.70
% 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%	-31.5%	11.7%	2.3%	7.0%	7.7%
Total Specialty Plan Cost	\$1,478,566	\$1,228,221	\$1,667,748	\$4,374,535	\$1,467,698	\$1,542,531	\$1,670,976	\$4,681,206	\$1,606,755	\$1,915,374	\$1,694,809	\$5,216,939	\$967,972	\$1,865,017	\$1,708,141	\$5,390,649	\$19,655,285
Specialty % of Total Specialty Plan Cost	38.0%	37.9%	41.6%	39.3%	37.4%	40.6%	40.7%	39.5%	39.1%	42.4%	41.9%	41.2%	33.9%	42.3%	39.4%	40.8%	40.2%

PMPM	
Q 4 2021	\$152.91
Q 4 2022	\$163.66
Trend - 2022 YTD	7.0%

**SCHOOLS HEALTH INSURANCE FUND
CONSENT AGENDA
FEBRUARY 15, 2023**

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

Resolutions

Subject Matter

Resolution 1-23: 2021-2022 Fund Year Audit	Page 54
Resolution 2-23: 2023-2024 Budget Introduction	Page 57
Resolution 3-23: Shared Services with MRHIF	Page 58
Resolution 4-23: RFP Competitive Contracting.....	Page 59
Resolution 5-23: Authorizing the use of E-Procurement	Page 61
Resolution 6-23: December 2022, January, and February 2023 Bills List	Page 62

**SCHOOLS HEALTH INSURANCE FUND
CERTIFICATION OF THE AUDIT REPORT FOR
PERIOD OF JULY 1, 2021 THROUGH JUNE 30, 2022**

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

WHEREAS, the Annual Report of Audit for the budget period of July 1, 2021 through June 30, 2022 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Trustee, and

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

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

General Comments and Recommendations and ;

WHEREAS, the Trustees have personally reviewed, at a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments and Recommendations ; as evidenced by the group affidavit form of the Trustees.

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

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

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

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

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

ADOPTED: FEBRUARY 15, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

GROUP AFFIDAVIT FORM
CERTIFICATION OF FUND COMMISSIONERS
of the
SCHOOLS HEALTH INSURANCE FUND

We the Fund Trustees of the Schools health Insurance Fund, of full age, being duly sworn according to law, upon our oath depose and say:

- 1.)We are duly elected Trustees of the Schools health Insurance Fund
- 2.)In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the period through June 30, 2022.
- 3.)We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS - RECOMMENDATIONS

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

Attest: Fund Secretary _____

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

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

RESOLUTION NO. 2-23

**SCHOOLS HEALTH INSURANCE FUND
INTRODUCTION OF THE 2023-2024 PROPOSED BUDGET**

WHEREAS, The Schools Health Insurance Fund is required under State regulation to adopt an annual budget in accordance with the Fiscal Affairs Law; and

WHEREAS, the Board of Trustees met on February 15, 2023 in Public Session to introduce the proposed budget for 2023-2024 Fund Year; and

BE IT FURTHER RESOLVED that a hearing on this 2023-2024 budget in the amount of \$504,552,948. shall be held at the Fund's regularly scheduled and advertised meeting of March 22, 2023 to be held at the Moorestown Community House at 12:00 pm. This 2023-2024 budget shall be considered for adoption at a second reading at that time and after the completion of a public hearing.

BE IT FURTHER RESOLVED that copies of this resolution shall be sent to each Trustee, Risk Manager, and Governing Body, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

ADOPTED: February 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-23

SCHOOLS HEALTH INSURANCE FUND

RESOLUTION AUTHORIZING SHARED SERVICES AGREEMENT WITH THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND FOR QPA SERVICES

WHEREAS the “Uniform Shared Services and Consolidation Act” N.J.S.A. 40A:65-1 through 40A:65-35 (the “Act”), authorizes local units of this State to enter into a contract with any other local unit or units for the joint provision within their several jurisdictions of any service which any party to the agreement is empowered to render within its own jurisdiction; and

WHEREAS, the Parties have identified an area where working together through shared services will result in positive outcomes for both joint insurance Funds; and

WHEREAS, the Parties wish to enter into a Shared Services Agreement (“Agreement”) for Qualified Purchasing Agent (“QPA”) related services,

WHEREAS, the Municipal Reinsurance Health Insurance Fund has agreed to provide the Schools Health Insurance Fund with the services of its QPA pursuant to the terms and conditions set forth in a Shared Services Agreement between the Parties.

NOW, THEREFORE, BE IT RESOLVED by the Executive Committee of the Schools Health Insurance Fund that it hereby authorizes and directs the Fund Administrator to execute a Shared Services Agreement in a form substantially similar to the Agreement attached hereto and made part hereof with the Municipal Reinsurance Health Insurance Fund QPA services for a fee of \$12,500 annually,

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: February 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-23

**SCHOOLS HEALTH INSURANCE FUND
RESOLUTION AUTHORIZING THE HIRING
OF PROFESSIONAL SERVICES/ CONSULTANTS THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Schools Health Insurance Fund (Hereinafter the "Fund") has a need for the following services to be provided for the efficient operation of the Fund;

Auditor
Actuary
Attorney
Treasurer

WHEREAS, such desired services are currently available to be provided through the competitive contracting process under the New Jersey Local Publics Contract Law, (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to evaluate such service offerings from Vendors within the procedures as set forth in the New Jersey Local Publics Contract Law, (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the competitive contracting process satisfies the fair and open requirement as established under (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to enter into a contract that will satisfy the needs of the Fund; and

WHEREAS, as per statute the process will be administered by the Qualified Purchasing Agent (N.J.S.A. 19:44A-20.5 et. Seq.),

NOW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Municipal Reinsurance Health Insurance Fund resolve to authorize the Qualified Purchasing Agent to procure the Professional Services, Consulting, and other services through the competitive contacting process in accord with (N.J.S.A. 19:44A-20.5 et. Seq.), as follows:

Auditor
Actuary
Attorney
Treasurer

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: February 15, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-23

**RESOLUTION OF THE SCHOOLS HEALTH INSURANCE FUND, AUTHORIZING THE
QUALIFIED PURCHASING AGENT TO RECEIVE CERTAIN BIDS IN ACCORD WITH
N.J.A.C.5:34-5.1,
E- PROCUREMENT**

WHEREAS, the Municipal Reinsurance Health Insurance Fund (FUND) has appointed a Qualified Purchasing Agent in accord with N.J.S.A. 40A:11-9; and

WHEREAS, the State of New Jersey in Administrative Code in response to the Covid 19 crisis has promulgated rules to allow for electronic receipt of bids with the rules at N.J.A.C. 5:34-1 et. Seq. and

WHEREAS, Sean P. Canning, QPA has recommended the use of Bidnet Direct software which complies with all the administrative rule as required by the New Jersey Administrative Rules; and

WHEREAS, the electronic procurement platform is available to other officials as required to virtually observe bid openings in a transparent manner and provide for bids available for public inspection; and

WHEREAS, the cost to the FUND and to the Vendors wishing to conduct business with the FUND is a zero cost.

NOW, THEREFORE, BE IT RESOLVED by the Schools Health Insurance Fund as follows:

1. That Sean P. Canning QPA of The Canning Group LLC is hereby authorized to conduct bid openings and procurement in accord with N.J.S.A.40A:11-9 through E-Procurement in accord with N.J.A.C. 5:34-1 et. Seq., through Bidnet Direct at a zero cost to the FUND and to vendors for bid response.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: FEBRAURY 15, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 6-23

SCHOOLS HEALTH INSURANCE FUND

**APPROVAL OF THE DECEMBER 2022, JANUARY AND FEBRUARY 2023 BILLS LIST AND
TREASURERS REPORT**

WHEREAS, the **Schools Health Insurance Fund** (the “Fund”) held a Public Meeting on **February 15, 2023** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of December 2022, January and February 2023 for consideration and approval of the Board of Trustees; and

WHEREAS, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of December 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 December 2022, January and February 2023 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for School Board Joint Insurance Funds.

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: FEBRAURY 15, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

APPENDIX I

SCHOOLS HEALTH INSURANCE FUND

OPEN MINUTES

NOVEMBER 20, 2022

MOORESTOWN COMMUNITY 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	Absent
Lisa Giovanelli	Rancocas Valley BOE		Present
Christopher Lessard	Frankford Township BOE		Present
Evon Digangi	Mount Holly BOE		Present
Nicholas Bice	Burlington Township BOE		Present
Jason Schimpf	Kingsway Regional School District		Present
Helen Haley	Voorhees Township BOE		Present
Jim Sekelsky	Newton BOE		Present
John Bilodeau	Gloucester Twp BOE		Present
Fran Adler	Clayton BOE		Present
Katie Blew	North Hunterdon-Voorhees Regional HS		Absent

FUND ADMINISTRATOR:

PERMA Risk Management

Brandon Lodics, Executive Director

Emily Koval, Account Manager

Jordyn DeLorenzo, Assistant Account Manager

PROGRAM MANAGER:

Conner Strong & Buckelew

Crystal Bailey, Program Manager

FUND ATTORNEY:

Ken Harris

FUND TREASURER:

Lorraine Verrill

FUND ACTUARY:

Absent

FUND AUDITOR:

Dennis Skalkowski

MEDICAL TPA AMERIHEALTH:

Kristina Strain

MEDICAL TPA AETNA:

Jason Silverstein

MEDICAL TPA HORIZON:

Michelle Witterspoon

EXPRESS SCRIPTS:

Hiteksha Patel

DELTA DENTAL

Brian Remlinger

GUARDIAN NURSES: Betty Long

Robin Sambuco

PRESENT FUND PROFESSIONALS:

Chuck Grande

Scott Davenport

Anthony Tonzini

Tim Stys

Jolene Colantino

Rob Wachter

Joel Sand

Joe Madera

Susan Panto

Christine Lyons

Barbara Farquhar

Ashley Clerval

Dawn Leary

Tricia Malady

Steve Anzeuski

MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 28, 2022

Moved:	Commissioner Adler
Second:	Commissioner Lessard
Vote:	Unanimous

MOTION TO OPEN THE MEETING FOR PUBLIC COMMENT:

Moved:	Commissioner Adler
Second:	Commissioner Lessard
Vote:	Unanimous

PUBLIC COMMENT – None.

MOTION TO CLOSE THE MEETING FOR PUBLIC COMMENT:

Moved:	Commissioner Adler
Second:	Commissioner Lessard
Vote:	Unanimous

EXECUTIVE DIRECTORS REPORT - Mrs. Koval welcomed the commissioners who had never attended a meeting before and stated that the Fund Attorney will see to it that they complete the Oath of Office.

Fast Track Financial Reports - Mrs. Koval stated that the Financial fast track through September is on page 5. She stated that September was a little over the claims budget. She stated most of the loss seen is from the IBNR. She stated the actuary made an adjustment of about \$4 million. She stated that this is a trend to see higher claims in the summer months because teachers tend to use their benefits more during the summer.

2021-2022 SHIF DRAFT AUDIT -Dennis Skalkowski from Bowmans and Company reviewed the SHIF draft Audit report. He stated that the draft includes no findings or recommendations. He stated that the SHIF is in excellent financial position. He stated that the audit will be filed and ratification of the report can take place at the February meeting.

MOTION TO ALLOW THE FINANCE COMMITTEE TO REVIEW AND APPROVE THE FINAL 2020-2021 SHIF AUDIT REPORT FOR STATE FILING AND RATIFY WITH THE EXECUTIVE COMMITTEE AT THE FEBRUARY 15, 2023 SHIF MEETING:

Moved:	Commissioner Adler
Second:	Commissioner Sekelsky
Vote:	Unanimous

2023-2024 BUDGET UPDATE - Mrs. Koval stated that 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.

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

MOTION TO APPROVE RESOLUTION 28-22 APPROVING NEW MEMBERS TO JOIN THE FUND AS RECCOMENDED BY THE FINANCE COMMITTEE

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.

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.

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.

Artemis Data Warehouse Reporting

Mrs. Bailey reviewed the Q3 - Men's Health and Gaps in Care report which was in appendix III of the agenda.

Aetna and Virtua Negotiations – Ms. Bailey stated that there has been no update on the negotiations. The program managers office is in constant contact with Aetna waiting for updates and as soon as there is changes we will notify the Committee.

GUARDIAN NURSES (“GN”) – Robin Sambuco reviewed the executive summary report included in the agenda. She thanked the brokers for spreading the word about Guardian Nurses. She asked the brokers to continue to send out the flyer so that there will be more utilization with the upcoming season.

Robin stated that the Q3 report is included in the report.

Betty Long reviewed the ROI report stating that using the Artemis database, they were able to claim a 3 to 1 return on investment with the acute program and a 4 to 1 return on investment on complex care programs. She stated that they are please to present that information and will continue to do the hard work.

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 again. She said the differential from October to November is \$570,000 additional income. The rates are changing weekly as they increase and she is monitoring daily.

MOTION TO APPROVE RESOLUTION 29-22 APPROVING THE OCTOBER AND NOVEMBER 2022 BILLS LISTS

Moved:	Commissioner Sekelsky
Second:	Commissioner Giovanelli
Vote:	Unanimous

FUND ATTORNEY – Fund Attorney Ken Harris stated the Public Health Emergency has been extended to at least April 2023. He also stated that no surprises act has new guidelines that came out back in October. Mr. Harris also stated that in when talking about HIPPA and getting lab results, they have expended that as part of the Cares Act which allows it to be more streamline.

AETNA – Mr. Silverstein reviewed the claims from August and September 2022. He stated that there were 11 high cost claimants over the threshold of \$100,000 for the month of August and 10 for the month of September. He said that all dashboard metrics continue to preform well. He reviewed the abbreviated COVID report stating that it is up from the prior month.

Mr. Silverstein touched on the Virtua negotiations stating that this is not out of the ordinary for Aetna. They were hoping to reach an agreement before disruption letters were sent to members but they were sent yesterday. He stated that Aetna and Virtua are talking on a daily basis. Mr. Lodics stated that there are other options if we need to go that way but hoping that it does not come to that point.

AMERIHEALTH – Ms. Strain reviewed the report through October 2022. She stated that there were 5 high cost claimants for the month of October over the threshold of \$100,000. She stated that the Performance Guarantee metrics are high for customer service. She stated that the average speed to answer metrics were elevated last month but they are improving and back in line with the PGs. Ms. Strain also reviewed the COVID 19 reports.

HORIZON- No Report

EXPRESS SCRIPTS – Ms. Patel reviewed the report provided in the agenda. She reviewed the total plan costs and the Q3 data. She stated that generic fill rate is consistent and there is an increase in utilization of specialty medications. Mr. Sekelsky inquired if there were Schools in the fund who do not utilize the Rx in which Mr. Lodics stated that there are some that do not participate in the Rx program and there are some that only have Rx and not medical. They are quoted separately.

DELTA – No Report

OLD BUSINESS – None.

NEW BUSINESS – None.

PUBLIC COMMENT – Mr. Collins wished everyone a safe holiday.

MOTION TO ADJOURN:

MOTION: Commissioner Giovanelli

SECOND: Commissioner Bice

VOTE: Unanimous

MEETING ADJOURNED: 1:00 pm

NEXT MEETING: February 15, 2023

Olde Mill Inn and Grain House

12:00pm

APPENDIX II

FINANCE COMMITTEE
2022-2023 BUDGET WORKSHOP
January 30, 2023
2:00pm

Brandon Lodics
Emily Koval
Jordyn DeLorenzo
Jason Schimpf
Nicholas Bice
Jim Sekelsky
John Bilodeau

1. FINANCIAL UPDATE

Mr. Lodics reviewed the financials through November 30, 2022. He stated overall November was a strong month. He explained that there is a \$8.7 million surplus generated which is due to the substantial amount of rebates the fund received for Fund year 2021 through the Express Scripts program. He stated that the budget is running about 98% with a surplus of about \$122 million. He stated that the suggestion is to hold off on declaring a dividend just yet and to wait for the December financials to come in and be reviewed. The goal is to bring up the dividend discussion prior to the March meeting after discussing thoroughly with the Finance Committee again.

2. BUDGET OVERVIEW

Mr. Lodics reviewed the 2023- 2024 SHIF Budget Presentation (PowerPoint) that was sent out to the finance committee prior to the meeting. He stated overall the budget is going up 5.61% in comparison from last years which is good in comparison to the Stated Health Benefits. He stated that the medial claims are going up just under 5.6%. Prescription is going up about 4.45% which without the rebates would be much higher. He stated that Dental claims are decreasing 3.89%.

He stated that there is a rate stabilization of \$400,000 in the budget which is to help balance the budget. In response to Mr. Bice, he stated that there is a max rate stabilization of 2%.

Mr. Lodics continued going over the overview of the budget stating that the largest increase to the budget this Fund year is the A4 Retiree Surcharge.

Mr. Lodics reviewed the Assessments by line of coverage stating that medical is increasing 6.25%, Rx is increasing 5%, Dental is staying flat, Dental DMO fully insured plans will increase 5% and vision is included with the medical at 6.25%.

He stated individual entity renewals range from =3.2% to +8.9% depending on lines of coverage as well as loss ratios. He stated as always there is a loss ratio adjustment of up to +/- 2.5% which are applied for members with at least 2 years of claims experience.

He stated individual entity renewals range from =3.2% to +8.9% depending on lines of coverage as well as loss ratios.

Mr. Lodics reviewed the budget changes and trends that have been observed. He said that Inflation, contracts, medical mandates and even still post covid utilization rebound had effected the budget.

He reviewed the medical claim trends. He stated the fund grew about 11% which is healthy growth. Total medial and RX paid amount went up 21%. Impatient rose about 20% including longer stays and

high cost stays. This could be from covid rebound. There were also premature births and NICU claims which could explain why there is a bigger hike in inpatient claims. Cost paid per claimant went up 30%. He said High Cost Claimants are going to drive the average up and there have been more experienced this year compared to last year. These numbers do not reflect the stop loss, these are gross numbers. This is something that the fund will be cautious about. He said ER rate is also going up due to covid, RSV and the flu cases. He stated that Guardian nurses are thinking about adding a nurse this year and the cost of that is included in the budget.

John asked about high cost claimants and asked if they were negligence of members who have not managed their illnesses during this time. Brandon said the highest claims aren't chronic illnesses due to people not going to the doctors, some are unexpected illnesses.

Mr. Ldocis reviewed the Prescription claims trends. He discussed the rebates and coupons and how they have significantly helped the percentage increase. He stated that with specialty medication which is very popular in the members went down about 5%. These coupons allow patients to get a zero \$ copay and the fund gets the difference. This year it reduced the funds overall spend by about \$4.3 million.

Mr. Lodics reviewed the Reinsurance information stated that it is increasing by 7.9%. The fund is going up from 500k to 525K this year to off set the high claims. He stated that the MRHIF has hired a QPA that will work at each local fund to help with the RFP processes. The cost for the QPA is built into the MRHIF budget. Mr. Lodics stated that the plan for the QPA's first project will be the wellness program and coordinator.

Mr. Lodics reviewed the expenses listing the following:

- Aetna -2.83
 - The Fund contract has a sliding scale, calculated state-wide. This year, the Funds crossed into the next enrollment threshold, which reduced the fee by \$1.00 per employee per month.
- Amerihealth staying flat
 - No change from current as part of negotiated 3-year deal
- Horizon onmia +5%
- Delta 1.92%
- Professionals 2%
 - RFPs; Actuary, Attorney, Treasurer and Auditor will be released and determined prior to adoption.
- Local Risk Managers 4.56%
- Program Manager 2.67
 - And 40,000 AIM subcontract
 - Includes the additional nurse
- Guardian Nurses +26.14%
 - RFP approved increase and an additional Nurse Advocate included in the line +\$297,000

The committee stated that they are comfortable with releasing this information to the members and brokers. Mr. Bilodeau said the Business Administrators appreciate the information earlier the better to help them with their school budgets.

3. DIVIDEND DISCUSSION

Brandon stated that the Fund is exceeding its retention policy and could consider a dividend. He states that the recommendation is to hold off until they receive the December FFT to see where the fund stands financially.

Mrs. Koval reiterated this and stated that after the introduction but before the adoption they would like to present options to the Finance committee. This release could coincide with the adoption of the budget or any time during the year.

4. COMPETITIVE CONTRACTING

Mrs. Koval stated that medical and dental RFPs and even online enrollment RFPs are going to be sent out soon. The QPA will help with all of these and also the wellness RFPs.

The MRHIF hired a QPA to handle the contract procurements for the Funds across the State. It is his recommendation to change the Fund's process to Competitive Contracting under the Schools and Local public contract laws. If recommended by this committee, a resolution will be included at the February meeting to change our process indefinitely.

Mr. Bice asked if we could review the Public School Contracts Law with the QPA.

5. CASH MANAGEMENT PLAN CHANGE

Mrs. Koval stated that Lorraine, the treasurer added an additional investment bank to maximize returns. The Cash Management Plan will be amended to include Cornerstone Bank.

APPENDIX III

OPERATIONS COMMITTEE MINUTES

December 13, 2022

10:00 am

Attendees:

Bethann Coleman, Committee Member

Joe Collins, Committee Member

Evon Digangi, Committee Member

Brandon Lodics, PERMA

Jordyn DeLorenzo, PERMA

Mr. Lodics stated that this meeting is to discuss an entity that joined the fund July 1, 2022. He stated that the Express scripts national preferred formulary is utilized in the education plan through the legislation but the fund has also put it in use for all of the plans in the SHIF. He stated that this entity was unaware that we utilize this formulary. He stated that the entity is asking the Fund to open a more liberal formulary on the non-garden state non educators plan.

He stated that this was reviewed with Express Scripts as well as the Actuary. If agreed upon, the entity's assessment would be increased by 9% on their prescription. This would be a one off one time exception. He stated that they are getting pressured with grievances and they have not had a smooth road with their prescription.

He asked the committee if they had any concerns about the situation and if they have any questions or objections of making this exception.

All three committee members stated that as long as this doesn't set a precedent and they are paying then they can make this one time only consideration.

Mr. Lodics suggested that Mr. Harris our fund attorney will create a write up with the specifics of this exception.