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AGENDA & REPORTS

MAY 22, 2024

12:00 PM

Moorestown Community House

**SCHOOLS HEALTH INSURANCE FUND
MEETING: MAY 22, 2024
Moorestown Community House
12:00 PM**

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

Call to Order

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

FLAG SALUTE

ROLL CALL OF 2023-2024 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, Medford Twp BOE
Nicholas Bice, Burlington Twp BOE
Jason Schimpf, Kingsway Regional School District
James Sekelsky, Newton BOE
Helen Haley, Voorhees Township BOE
John Bilodeau, Gloucester Twp BOE
Fran Adler, Clayton BOE
Katie Blew, North Hunterdon-Voorhees Regional HS
Derek Jess, Summit BOE

OPEN MINUTES: March 27, 2024 (Appendix I)

PUBLIC COMMENT: For Agenda Items Only

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

EXECUTIVE DIRECTOR (PERMA)

Monthly Report **Page 4**

PROGRAM MANAGER- (Conner Strong & Buckelew)
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GUARDIAN NURSES - (Guardian Nurses – Andrea Spektor)
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TREASURER – (Verrill & Verrill)
March 2024 Voucher List Page 28
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ATTORNEY – (J. Kenneth Harris.)
Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)
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NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth – Kristina Strain)
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NETWORK & THIRD PARTY ADMINISTRATOR – (Horizon – Michelle Witherspoon)
Monthly Report

PRESCRIPTION ADMINISTRATOR – (Express Scripts – Charles Yuk)
Monthly ReportPage 44

DENTAL ADMINISTRATOR – (Delta Dental – Crista O’ Donnell)
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CONSENT AGENDA

Revised Resolution 14-23: Revising the CMP..... Page 52
Resolution 8-24: Appointing Agent for Process of Service.....Page 56
Resolution 9-24: Appointing Fund Newspapers.....Page 57
Resolution 10-24: 2023-2024 Meeting DatesPage 58
Resolution 11-24: Cash Management PlanPage 59
Resolution 12-24: Risk Management PlanPage 63
Resolution 13-24: Compensating ProducersPage 74
Resolution 14-24: Authorizing Treasurer for Contracted PaymentsPage 77
Resolution 15-24: Competitive Contracting: ED and PMPage78
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Resolution 17-24: Rejecting RFP ResultsPage 80
Resolution 18-24: Approving Wellness Vendor ContractsPage 81

Resolution 19-24: Implementing a GLP-1 Program with ESI.....Page 83

Resolution 20-24: April and May 2024 Bills List.....Page 84

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES

PERSONNEL - CLAIMS - LITIGATION

MEETING ADJOURNED

**SCHOOLS HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
MAY 22, 2024**

FINANCE & CONTRACTS COMMITTEE

PRO FORMA REPORTS

Fast Track Financial Reports:

- February and March 2024 (page 8)

REVISED CASH MANAGEMENT PLAN

Republic Bank, the depository for our operating account closed in early April. The name of the bank will now be Fulton Bank – there is no change to the account number. Fund Treasurer will discuss in her report. A Revised CMP is included in consent removing Republic and adding Fulton Bank for 2023-2024. The Cash Management Plan for 2024-2025 is included in the reorganization resolutions, also in consent.

ORGANIZATIONAL RESOLUTIONS

As done in the past, the reorganization resolutions can be adopted at this meeting, establishing fundamental policies and procedures to be made effective July 1, 2024.

Ballots for the 2024-2025 Board of Trustees will be sent prior to the meeting and the election will occur at the July meeting.

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

RFP – PROGRAM MANAGER AND EXECUTIVE DIRECTOR/ PROFESSIONAL SERVICES

The Program Manager and Executive Director contracts expire at the end of June. We ask for authorization to release an Competitive Contract RFP. IN addition, the Nursing Advocacy program (Guardian Nurses) is a sub contract of the Program Manager's contract. We are recommending the contract procurement to be independent of the Program Manager this year.

Resolution 15-24 releases RFPs for the above mentioned positions.

The Fund Professionals were awarded through competitive contracting and are at the end of Year 1 and may be extended. We will ask for authorization to empower the Contracts Committee to decide on the contract awards and ratify at the July meeting for all contracts.

FINANCIAL DISCLOSURE STATEMENTS

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

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

2024 Local Government Officer - Roster

Selection Criteria		Status: ALL					
7	Bell	Sarah	ACTIVE	05/01/2023	No		
15	Brennan	Gregory	ACTIVE	03/28/2024	No		
20	Coppin	Anisah	ACTIVE	04/08/2022	No		
23	DeJoseph	Casey	ACTIVE	03/29/2019	No		
24	DeMarco	Jinnee	ACTIVE	04/17/2023	No		
36	Heiser	James	ACTIVE	03/25/2021	No		
37	Herzer	Matthew	ACTIVE	03/28/2024	No		
38	Huber	Kara	ACTIVE	03/28/2024	No		
48	Kipers	Scott	ACTIVE	03/28/2024	No		
50	Kramer	Mark	ACTIVE	04/17/2023	No		
57	Leung	Mark	ACTIVE	03/26/2020	No		
62	Marasco	Vincent	ACTIVE	03/25/2021	No		
65	McGarry	Douglas	ACTIVE	04/08/2024	No		
70	Miller	Amanda	ACTIVE	04/17/2023	No		
73	Morris	Kelly	ACTIVE	04/04/2022	No		
74	Mosner	Donna	ACTIVE	03/25/2021	No		
75	Nettleton	Dennis	ACTIVE	03/25/2021	No		
91	Spitzer	Heather	ACTIVE	04/04/2022	No		
96	Trent	Jack	ACTIVE	03/28/2024	No		

HIF COOPERATIVE PRICING SYSTEM

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

OPERATIONS & NOMINATIONS COMMITTEE

NEW MEMBERS

At the March meeting, the Fund offered membership to the following Schools Boards, of which most accepted and will be joining 7/1/2024

1. Metuchen BOE – Accepted
2. Readington BOE – Accepted
3. Washington BOE – Accepted

4. Avon BOE – Accepted
5. West Orange BOE – Accepted
6. Matawan Aberdeen – Decline

The Fund had approved Morris Hills BOE in March, but since then there were some changes to the underwriting profile that has been reviewed by the Operations Committee which is being re-recommended. The details are page ____

In addition, Clark BOE requested membership for July 1. The Committee is also recommending approval for this group.

The SHIF Growth Capacity spreadsheet is updated with all new groups. The Fund will be at 12.69% of the 20% guideline.

CLAIMS & WELLNESS

WELLNESS

1. RFP Results – The Wellness Committee released an RFP in late March for additional Wellness Vendors to add to the Wellness Application menu. The following vendors were reviewed and being recommended for a one year contract, with additional extension options. The responses are available. The current 6 vendors will remain an option and were not subject to the RFP process as they were already in contract.

1. **Ramp Health** – This used to be Wellness Coaches. They were once a vendor of the SHIF. Many School Boards still use their services.
2. **Lifeline Screening** – offers heart, biometric and cardiovascular screening events.
3. **Vernon Nutritional Center** – Offers educational seminars, live metabolic testing, nutritional counseling.
4. **Teacher Coach** – Offers virtual and on campus wellness visits, musculoskeletal Management, Metabolic Disease and Cancer Management

PERMA is planning a Vendor presentation webinar for brokers to be introduced to the offerings.

2. Wellness Application – The Wellness Committee will continue to include the Build Your Own Grant Program, but only to groups that were awarded and completed this option in 2023-2024. The vendors will be the only option, at this time, for new Wellness participating groups. The draft application is in Appendix II.

3. **Wellness Coordinator** – The SHIF has gone out to RFP for Wellness Coordinator twice this year. First round, no responses were received. The second round, there were 3 responses – one was fatal, another responded with an hourly fee that is too difficult to budget and the other is a current wellness vendor which is a conflict of interest.

WEX (BENEFITS EXPRESS) BENEFITS ADMINISTRATION – MANDATORY USE

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

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

We do not have 100% compliance in this requirement by our HIF members. As a reminder, eligibility, and enrollment the requirement of the entities, though PERMA has in place support to assist members in troubleshooting the system, the team is multifaceted with other roles and responsibilities dedicated to servicing our members. To assure our resources are properly aligned with their intended scope of services, the mandatory requirement will be reinforced.

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

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

INDEMNITY AND TRUST AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements have expired. Please reach out to hifadmin@permainc.com for a blank form to be executed. The list was last updated on May 6, 2024.

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF February 29, 2024

	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	45,629,637	361,319,948	2,172,564,694	2,533,884,642
2. CLAIM EXPENSES				
Paid Claims	48,538,386	337,748,797	1,821,747,778	2,159,496,575
IBNR	(23,973)	10,282,122	41,451,180	51,733,302
Less Specific Excess	-	(4,437,539)	(23,433,928)	(27,871,467)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	48,514,413	343,593,380	1,839,765,030	2,183,358,410
3. EXPENSES				
MA & HMO Premiums	9,598	72,750	679,156	751,906
Excess Premiums	994,727	7,532,669	55,558,402	63,091,071
Administrative	3,085,301	24,142,719	156,003,200	180,145,919
TOTAL EXPENSES	4,089,627	31,748,137	212,240,758	243,988,895
4. UNDERWRITING PROFIT/(LOSS) (1-2-3)	(6,974,403)	(14,021,570)	120,558,906	106,537,336
5. INVESTMENT INCOME	337,238	5,066,237	12,224,704	17,290,941
6. DIVIDEND INCOME	0	1,263,651	8,196,545	9,460,196
7. STATUTORY PROFIT/(LOSS) (4+5+6)	(6,637,165)	(7,691,682)	140,980,155	133,288,473
8. DIVIDEND	56,859	58,959	52,465,509	52,524,468
9. TRANSFERRED SURPLUS			28,079,045	28,079,045
10. STATUTORY SURPLUS (7-8)	(6,694,024)	(7,750,640)	116,593,691	108,843,051

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	16,804	2,818,854	112,350,065	115,168,919
	Cash	121,661	3,722,248	135,841,070	139,563,318
2022/2023	Surplus	(283,000)	1,828,494	4,243,626	6,072,120
	Cash	(783,414)	(21,440,082)	29,476,883	8,036,801
2023/2024	Surplus	(6,427,828)	(12,397,988)		(12,397,988)
	Cash	(4,123,958)	40,212,404		40,212,404
TOTAL SURPLUS (DEFICITS)		(6,694,024)	(7,750,640)	116,593,691	108,843,051
TOTAL CASH		(4,785,711)	22,494,570	165,317,953	187,812,523

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	149,343	2,062,214	1,412,325,892	1,414,388,106
FUND YEAR 2022/2023				
Paid Claims	801,842	43,357,685	387,852,703	431,210,388
IBNR	(497,414)	(40,145,469)	41,451,180	1,305,711
Less Specific Excess	0	(4,373,937)	(1,864,745)	(6,238,682)
Less Aggregate Excess	0	0	0	0
TOTAL	304,428	(1,161,720)	427,439,138	426,277,418
FUND YEAR 2023/2024				
Paid Claims	47,587,201	292,651,600		292,651,600
IBNR	473,441	50,427,591		50,427,591
Less Specific Excess	0	(386,304)		(386,304)
Less Aggregate Excess	0	0		0
TOTAL	48,060,642	342,692,886	0	342,692,886
COMBINED TOTAL CLAIMS	48,514,413	343,593,380	1,839,765,030	2,183,358,410

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
CONSOLIDATED BALANCE SHEET
AS OF FEBRUARY 29, 2024
BY FUND YEAR

	SHIF 2023/2024	SHIF 2022/2023	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	40,212,404	8,036,801	139,563,318	187,812,523
Assesments Receivable (Prepaid)	(2,043,281)	11,227	-	(2,032,054)
Interest Receivable	-	-	4	4
Specific Excess Receivable	386,304	2,968,322	-	3,354,626
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Deferred Assessment Receivable	-	-	407,249	407,249
Prepaid Admin Fees	2,478	-	-	2,478
Other Assets	5,921,091	-	-	5,921,091
Total Assets	44,478,997	11,016,350	139,970,570	195,465,917
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	50,427,591	1,305,711	-	51,733,302
A4 Retiree Surcharge	5,991,371	3,638,519	-	9,629,890
Dividends Payable	-	-	85,728	85,728
Retained Dividends	-	-	24,715,923	24,715,923
Accrued/Other Liabilities	458,023	0	-	458,023
Total Liabilities	56,876,985	4,944,230	24,801,651	86,622,866
EQUITY				
Surplus / (Deficit)	(12,397,988)	6,072,120	115,168,919	108,843,051
Total Equity	(12,397,988)	6,072,120	115,168,919	108,843,051
Total Liabilities & Equity	44,478,997	11,016,350	139,970,570	195,465,917
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.

SCHOOLS HEALTH INSURANCE FUND RATIOS

SCHOOLS HEALTH INSURANCE FUND RATIOS									
	FY 2022-23	2023-2024							
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Cash Position	\$ 165,317,953	\$ 147,375,224	\$ 152,629,528	\$ 167,142,183	\$ 177,625,366	\$ 182,232,161	\$ 199,407,203	\$ 192,598,234	\$ 187,812,523
IBNR	\$ 41,451,180	\$ 43,169,501	\$ 46,387,192	\$ 49,229,417	\$ 50,674,848	\$ 51,122,248	\$ 51,416,492	\$ 51,757,275	\$ 51,733,302
Assets	\$ 205,387,985	\$ 195,045,832	\$ 189,893,508	\$ 191,068,296	\$ 196,521,591	\$ 193,900,710	\$ 198,674,883	\$ 201,253,278	\$ 195,465,917
Liabilities	\$ 71,271,273	\$ 72,387,896	\$ 76,382,270	\$ 80,092,240	\$ 82,117,552	\$ 83,460,741	\$ 84,483,756	\$ 85,716,203	\$ 86,622,866
Surplus	\$ 134,116,712	\$ 122,657,935	\$ 113,511,238	\$ 110,976,056	\$ 114,404,040	\$ 110,439,969	\$ 114,191,128	\$ 115,537,075	\$ 108,843,051
Claims Paid -- Month	\$ 44,101,666	\$ 36,459,463	\$ 46,812,905	\$ 41,333,682	\$ 39,746,959	\$ 45,209,499	\$ 38,650,385	\$ 40,997,518	\$ 48,538,386
Claims Budget -- Month	\$ 36,451,199	\$ 40,505,794	\$ 40,464,839	\$ 41,322,947	\$ 41,274,010	\$ 41,304,747	\$ 41,341,491	\$ 41,552,872	\$ 41,572,322
Claims Paid -- YTD	\$ 422,738,135	\$ 36,459,463	\$ 83,272,368	\$ 124,606,050	\$ 164,353,009	\$ 209,562,508	\$ 248,212,893	\$ 289,210,411	\$ 337,748,797
Claims Budget -- YTD	\$ 430,493,864	\$ 40,505,794	\$ 80,970,633	\$ 122,293,580	\$ 163,567,590	\$ 204,872,337	\$ 246,213,828	\$ 287,766,700	\$ 329,339,022
RATIOS									
Cash Position to Claims Paid	3.75	4.04	3.26	4.04	4.47	4.03	5.16	4.7	3.87
Claims Paid to Claims Budget -- Month	1.21	0.90	1.16	1	0.96	1.09	0.93	0.99	1.17
Claims Paid to Claims Budget -- YTD	0.98	0.90	1.03	1.02	1	1.02	1.01	1.01	1.03
Cash Position to IBNR	3.99	3.41	3.29	3.40	3.51	3.56	3.88	3.72	3.63
Assets to Liabilities	2.88	2.69	2.49	2.39	2.39	2.32	2.35	2.35	2.26
Surplus as Months of Claims	3.68	3.03	2.81	2.69	2.77	2.67	2.76	2.78	2.62
IBNR to Claims Budget -- Month	1.14	1.07	1.15	1.19	1.23	1.24	1.24	1.25	1.24

Schools Health Insurance Fund						
2023/2024 Budget Status Report						
as of February 29, 2024						
	Actual	Annualized	Certified	Actual	\$ Variance	% Variance
Expected Losses	Budget	Budget	as of 7/1/23	Expensed		
Medical Claims	299,568,633	450,959,992	416,037,888	312,552,578	(12,983,945)	-4%
Prescription Claims	26,330,382	39,541,624	38,558,971	26,974,820	(644,438)	-2%
Dental Claims	3,440,007	5,165,412	4,743,180	3,165,489	274,518	8%
Subtotal Claims	329,339,022	495,667,028	459,340,039	342,692,886	(13,353,864)	-4%
Rate Stabilization Reserve	280,971	421,457	421,457	0	280,971	0%
DMO Premiums	56,802	85,985	99,666	72,750	(15,948)	-28%
Reinsurance						
Specific	7,555,330	11,586,864	10,355,275	7,532,669	22,661	0%
Total Loss Fund	337,232,126	507,761,334	470,216,436	350,298,305	(13,066,180)	-4%
Expenses						
Legal	25,825	38,738	38,738	25,825	(0)	0%
Treasurer	17,971	26,957	26,957	17,972	(1)	0%
Administrator	1,620,542	2,443,942	2,260,376	1,619,965	577	0%
Program Manager	4,277,028	6,449,315	6,043,437	4,306,058	(29,030)	-1%
Local Entity Risk Management	4,670,035	7,073,732	6,686,168	4,670,035	-	0%
TPA - Med Aetna	4,889,088	7,377,656	6,718,958	4,893,229	1,146	0%
Program Manager - Guardian Nurses	1,024,907	1,545,959	1,428,815	894,656	130,251	13%
TPA - Med AmeriHealth Admin	1,104,657	1,666,403	1,647,265	1,101,987	2,669	0%
TPA - Med Horizon	11,696	17,094	19,567	11,302	394	3%
TPA - Vision	5,288	7,882	8,594	Included above in Med Aetna		
TPA - Dental	165,300	248,463	232,051	165,859	(560)	0%
Actuary	24,740	37,110	37,110	22,821	1,919	8%
Auditor	13,733	20,600	20,600	13,733	0	0%
Subtotal Expenses	17,850,810	26,953,850	25,168,635	17,743,444	107,366	1%
Misc/Contingent Expenses	37,926	56,889	56,889	11,971	25,955	68%
Data Analysis System	0	0	0	85,325	(85,325)	#DIV/0!
Wellness Program	442,412	667,330	616,764	405,429	36,983	8%
Affordable Care Act Taxes	109,308	164,885	152,349	109,308	0	0%
A4 Retiree Surcharge	5,991,371	9,019,197	8,320,758	5,991,371	-	0%
Plan Documents	20,000	30,000	30,000	20,000	-	0%
Total Expenses	24,451,827	36,892,152	34,345,395	24,366,848	84,979	0%
Total Budget	361,683,953	544,653,486	504,561,831	374,665,154	(12,981,201)	-4%

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF **March 31, 2024**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	45,565,617	406,885,564	2,172,564,694	2,579,450,258
2. CLAIM EXPENSES				
Paid Claims	40,856,971	378,605,768	1,821,747,778	2,200,353,546
IBNR	45,869	10,327,991	41,451,180	51,779,171
Less Specific Excess	(1,628,727)	(6,066,266)	(23,433,928)	(29,500,194)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	39,274,113	382,867,493	1,839,765,030	2,222,632,523
3. EXPENSES				
MA & HMO Premiums	9,784	82,534	679,156	761,690
Excess Premiums	1,030,025	8,562,694	55,558,402	64,121,096
Administrative	2,830,029	26,972,748	156,003,200	182,975,948
TOTAL EXPENSES	3,869,838	35,617,976	212,240,758	247,858,734
4. UNDERWRITING PROFIT/(LOSS) (1-2-3)	2,421,666	(11,599,904)	120,558,906	108,959,002
5. INVESTMENT INCOME	1,320,083	6,386,320	12,224,704	18,611,024
6. DIVIDEND INCOME	0	1,263,651	8,196,545	9,460,196
7. STATUTORY PROFIT/(LOSS) (4+5+6)	3,741,749	(3,949,933)	140,980,155	137,030,222
8. DIVIDEND	0	58,959	52,465,509	52,524,468
9. TRANSFERRED SURPLUS			28,079,045	28,079,045
10 STATUTORY SURPLUS (7-8)	3,741,749	(4,008,892)	116,593,691	112,584,799

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	959,315	3,778,169	112,350,065	116,128,234
	Cash	1,066,189	4,788,437	135,841,070	140,629,507
2022/2023	Surplus	(33,495)	1,794,999	4,243,626	6,038,625
	Cash	(350,053)	(21,790,134)	29,476,883	7,686,749
2023/2024	Surplus	2,815,929	(9,582,060)		(9,582,060)
	Cash	13,804,319	54,016,723		54,016,723
TOTAL SURPLUS (DEFICITS)		3,741,749	(4,008,892)	116,593,691	112,584,799
TOTAL CASH		14,520,455	37,015,025	165,317,953	202,332,978

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	(64,351)	1,997,863	1,412,325,892	1,414,323,755
FUND YEAR 2022/2023				
Paid Claims	417,837	43,775,522	387,852,703	431,628,225
IBNR	(414,512)	(40,559,981)	41,451,180	891,199
Less Specific Excess	97,954	(4,275,982)	(1,864,745)	(6,140,727)
Less Aggregate Excess	0	0	0	0
TOTAL	101,279	(1,060,441)	427,439,138	426,378,697
FUND YEAR 2023/2024				
Paid Claims	40,503,485	333,155,085		333,155,085
IBNR	460,381	50,887,972		50,887,972
Less Specific Excess	(1,726,682)	(2,112,986)		(2,112,986)
Less Aggregate Excess	0	0		0
TOTAL	39,237,184	381,930,071	0	381,930,071
COMBINED TOTAL CLAIMS	39,274,113	382,867,493	1,839,765,030	2,222,632,523

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
CONSOLIDATED BALANCE SHEET
AS OF MARCH 31, 2024
BY FUND YEAR

	SHIF 2023/2024	SHIF 2022/2023	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	54,016,723	7,686,749	140,629,507	202,332,978
Assesments Receivable (Prepaid)	(12,915,498)	11,227	-	(12,904,271)
Interest Receivable	-	-	4	4
Specific Excess Receivable	2,112,986	2,870,367	-	4,983,353
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Deferred Assessment Receivable	-	-	407,249	407,249
Prepaid Admin Fees	-	-	-	-
Other Assets	5,320,755	-	-	5,320,755
Total Assets	48,534,966	10,568,343	141,036,759	200,140,068
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	50,887,972	891,199	-	51,779,171
A4 Retiree Surcharge	6,746,515	3,638,519	-	10,385,034
Dividends Payable	-	-	-	-
Retained Dividends	-	-	24,908,525	24,908,525
Accrued/Other Liabilities	482,539	0	-	482,539
Total Liabilities	58,117,026	4,529,718	24,908,525	87,555,269
EQUITY				
Surplus / (Deficit)	(9,582,060)	6,038,625	116,128,234	112,584,800
Total Equity	(9,582,060)	6,038,625	116,128,234	112,584,800
Total Liabilities & Equity	48,534,966	10,568,343	141,036,759	200,140,068
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.

SCHOOLS HEALTH INSURANCE FUND										
RATIOS										
	FY 2022-23	2023-2024								
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Cash Position	\$ 165,317,953	\$ 147,375,224	\$ 152,629,528	\$ 167,142,183	\$ 177,625,366	\$ 182,232,161	\$ 199,407,203	\$ 192,598,234	\$ 187,812,523	\$ 202,332,978
IBNR	\$ 41,451,180	\$ 43,169,501	\$ 46,387,192	\$ 49,229,417	\$ 50,674,848	\$ 51,122,248	\$ 51,416,492	\$ 51,757,275	\$ 51,733,302	\$ 51,779,171
Assets	\$ 206,317,455	\$ 195,045,832	\$ 189,893,508	\$ 191,068,296	\$ 196,521,591	\$ 193,900,710	\$ 198,674,883	\$ 201,253,278	\$ 195,465,917	\$ 200,140,068
Liabilities	\$ 71,271,273	\$ 72,387,896	\$ 76,382,270	\$ 80,092,240	\$ 82,117,552	\$ 83,460,741	\$ 84,483,756	\$ 85,716,203	\$ 86,622,866	\$ 87,555,269
Surplus	\$ 135,046,182	\$ 122,657,935	\$ 113,511,238	\$ 110,976,056	\$ 114,404,040	\$ 110,439,969	\$ 114,191,128	\$ 115,537,075	\$ 108,843,051	\$ 112,584,800
Claims Paid -- Month	\$ 44,101,666	\$ 36,459,463	\$ 46,812,905	\$ 41,333,682	\$ 39,746,959	\$ 45,209,499	\$ 38,650,385	\$ 40,997,518	\$ 48,538,386	\$ 40,856,971
Claims Budget -- Month	\$ 36,451,199	\$ 40,497,003	\$ 40,454,315	\$ 41,312,242	\$ 41,259,925	\$ 41,287,463	\$ 41,322,824	\$ 41,536,189	\$ 41,536,548	\$ 41,621,408
Claims Paid -- YTD	\$ 422,738,135	\$ 36,459,463	\$ 83,272,368	\$ 124,606,050	\$ 164,353,009	\$ 209,562,508	\$ 248,212,893	\$ 289,210,411	\$ 337,748,797	\$ 378,605,768
Claims Budget -- YTD	\$ 430,493,864	\$ 40,497,003	\$ 80,951,318	\$ 122,263,560	\$ 163,523,485	\$ 204,810,948	\$ 246,133,772	\$ 287,669,961	\$ 329,206,509	\$ 370,827,917
RATIOS										
Cash Position to Claims Paid	3.75	4.04	3.26	4.04	4.47	4.03	5.16	4.7	3.87	4.95
Claims Paid to Claims Budget -- Month	1.21	0.90	1.16	1	0.96	1.09	0.94	0.99	1.17	0.98
Claims Paid to Claims Budget -- YTD	0.98	0.90	1.03	1.02	1.01	1.02	1.01	1.01	1.03	1.02
Cash Position to IBNR	3.99	3.41	3.29	3.40	3.51	3.56	3.88	3.72	3.63	3.91
Assets to Liabilities	2.89	2.69	2.49	2.39	2.39	2.32	2.35	2.35	2.26	2.29
Surplus as Months of Claims	3.7	3.03	2.81	2.69	2.77	2.67	2.76	2.78	2.62	2.7
IBNR to Claims Budget -- Month	1.14	1.07	1.15	1.19	1.23	1.24	1.24	1.25	1.25	1.24

Schools Health Insurance Fund						
2023/2024 Budget Status Report						
as of March 31, 2024						
	Actual	Annualized	Certified	Actual	\$ Variance	% Variance
Expected Losses	Budget	Budget	as of 7/1/23	Expensed		
Medical Claims	337,324,267	450,926,282	416,037,888	347,187,520	(9,863,253)	-3%
Prescription Claims	29,631,227	39,549,356	38,558,971	31,144,082	(1,512,855)	-5%
Dental Claims	3,872,423	5,167,118	4,743,180	3,598,469	273,954	7%
Subtotal Claims	370,827,917	495,642,756	459,340,039	381,930,071	(11,102,154)	-3%
Rate Stabilization Reserve	316,093	421,457	421,457	0	316,093	0%
DMO Premiums	64,111	87,087	99,666	82,534	(18,423)	-29%
Reinsurance						
Specific	8,562,686	11,590,605	10,355,275	8,562,694	(8)	0%
Total Loss Fund	379,770,807	507,741,905	470,216,436	390,575,299	(10,804,492)	-3%
Expenses						
Legal	29,053	38,738	38,738	29,054	(0)	0%
Treasurer	20,218	26,957	26,957	20,218	(1)	0%
Administrator	1,826,451	2,444,826	2,260,376	1,826,189	262	0%
Program Manager	4,819,879	6,451,339	6,043,437	4,850,561	(30,682)	-1%
Local Entity Risk Management	5,272,264	7,110,357	6,686,168	5,272,264	(0)	0%
TPA - Med Aetna	5,510,501	7,377,210	6,718,958	5,518,322	(1,884)	0%
Program Manager - Guardian Nurses	1,155,096	1,546,437	1,428,815	1,006,051	149,046	13%
TPA - Med AmeriHealth Admin	1,245,408	1,669,775	1,647,265	1,241,756	3,651	0%
TPA - Med Horizon	13,045	17,094	19,567	13,045	-	0%
TPA - Vision	5,937	7,883	8,594	Included above in Med Aetna		
TPA - Dental	186,157	248,527	232,051	186,707	(550)	0%
Actuary	27,833	37,110	37,110	25,299	2,533	9%
Auditor	15,450	20,600	20,600	15,450	(0)	0%
Subtotal Expenses	20,127,290	26,996,852	25,168,635	20,004,917	122,374	1%
Misc/Contingenct Expenses	42,667	56,889	56,889	12,973	29,693	70%
Data Analysis System	0	0	0	95,991	(95,991)	#DIV/0!
Wellness Program	498,610	667,537	616,764	183,735	314,875	63%
Affordable Care Act Taxes	123,195	164,937	152,349	123,195	(0)	0%
A4 Retiree Surcharge	6,746,485	9,018,526	8,320,758	6,746,515	(30)	0%
Plan Documents	22,500	30,000	30,000	29,552	(7,052)	-31%
Total Expenses	27,560,747	36,934,740	34,345,395	27,196,877	363,869	1%
Total Budget	407,331,554	544,676,646	504,561,831	417,772,176	(10,440,622)	-3%

REGULATORY

SCHOOLS HEALTH INSURANCE FUND

YEAR: 2023/2024

<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 2023 filed
Annual Audit	2022/2023 Filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

New Member Overview - Re-Approval Request	
Fund	Schools Health Insurance Fund
Entity	Morris Hills Regional BOE
County	Morris
Effective Date	7/1/2024 - 6/30/2025
Lines of Coverage	Medical & Rx
Eligible Employees	373
Retiree Coverage	No
Current Arrangement	Aetna
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	Aetna
Broker	Integrity; 0.75% commission
Member approval?	I&T signed; Resolution Passed
Per employee Perm Mo	\$2,983
Special Requests	Non- EHP/GSP population to have open formulary (10% of population). Rates adjusted to reflect special considerations

New Member Overview	
Fund	Schools Health Insurance Fund
Entity	Clark BOE
County	Union
Effective Date	7/1/2024 - 6/30/2025
Lines of Coverage	Medical & Rx
Eligible Employees	165
Retiree Coverage	No
Current Arrangement	Aetna
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	Aetna
Broker	Brown & Brown; 1.50% commission
Member approval?	I&T Signed and resolution passed
Per employee Perm Mo	\$2,374
Special Requests	None

HIF GROWTH CAPACITY 2024-2025									
March 31, 2024 HIF Enrollment	22,029								
Growth Cap - 20%	4,406								
New Member Underwriting Status - FY 2022-2023									
Group	Employees	Lines of Coverage	Proposal Released	BOE Approval	Union Approval	Carrier	Signed I&T	Effective Date	SHIF Approved Date
Metuchen BOE	260	Med & Rx	Y	Y	Y	Aetna	Y	7/1/2024	
Readington BOE	225	Med, Rx, Dental	Y	Y	Y	Amerihealth	Y	7/1/2024	
Washington BOE	850	Med & Rx	Y	Y	Y	Amerihealth	Y	7/1/2024	
Avon BOE	25	Med & Rx	Y	Y	Y	Aetna	Y	7/1/2024	
Morris Hills BOE	371	Med & Rx	Y	Y	Y	Aetna	Y	7/1/2024	
West Orange BOE	900	Medical & Rx	Y	Y	Y	Aetna	Y	7/1/2024	
Clark BOE	165	Medical & Rx	Y	Y	Y	Aetna	Y	7/1/2024	
Total Employees	2,796								
% Growth	12.69%								
Remaining	1,610								

MEMBER	I&T END DATE
Sandyston-Walpack Consolidated School District	12/31/2021
Robbinsville BOE	7/1/2022
Burlington City BOE	6/30/2023
Califon BOE	6/30/2023
Eatontown BOE	6/30/2023
Evesham Twp BOE	6/30/2023
Foundations Academy	6/30/2023
Glen Ridge Public Schools	6/30/2023
Gloucester County Vo Tech	6/30/2023
Gloucester SSSD	6/30/2023
Mendham Borough School District	6/30/2023
Stillwater Township BOE	6/30/2023
Woodbury City BOE	6/30/2023
Gloucester City School District	9/30/2023
Jamesburg BOE	12/31/2023
Pohatcong Township BOE	12/31/2023
Washington Borough BOE	12/31/2023
Mendham Township School District	1/31/2024
Shamong Township BOE	4/30/2024
Bellmawr Public School District	6/30/2024
Cinnaminson Township BOE	6/30/2024
Delran BOE	6/30/2024
Frankford Township BOE	6/30/2024
Franklin Township Public Schools (GC)	6/30/2024
Fredon Township BOE	6/30/2024
Frelinghuysen Township BOE	6/30/2024
Gloucester Twp BOE	6/30/2024
Greenwich Township BOE	6/30/2024
Hardyston Township BOE	6/30/2024
Harrison Township BOE	6/30/2024
High Point Regional BOE	6/30/2024
Lindenwold BOE	6/30/2024
Logan Township BOE	6/30/2024
Mantua Township BOE	6/30/2024
Medford Lakes BOE	6/30/2024
Moorestown Twp Public Schools	6/30/2024
Pennsauken BOE	6/30/2024
Plumsted BOE	6/30/2024
Rancocas Valley Regional BOE	6/30/2024
Riverside Township BOE	6/30/2024
South Harrison BOE	6/30/2024
Swedesboro-Woolwich BOE	6/30/2024
Tabernacle BOE	6/30/2024
West Deptford BOE	6/30/2024
White Township BOE	6/30/2024

School's Health Insurance Fund

Program Manager's Report

May 2024

Program Manager: Conner Strong & Buckelew

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated SHIF enrollment team. To contact the team, email shifenrollments@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 (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE:

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

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

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

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

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the mandatory requirements the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be

required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

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

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

OPERATIONAL UPDATES: None

2024 LEGISLATIVE REVIEW: None

Medical and Rx Reporting:

The required RxDC reporting for the 2023 plan year has been submitted to all carriers on behalf of Schools Health Insurance Fund. The reporting was submitted for all groups that have pharmacy in the Fund.

No Surprise Billing and Transparency - Continued Delays

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

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

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

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

Appeals

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determinati on Date
01/03/2024	Medical/Aetna	SHIF 2024-03-01	Surgical services	Upheld	01/12/2024
03/11/2024	Medical/Aetna	SHIF 2024-03-02	Radiology Services	Overturned	03/18/2024

01/26/2024	Medical/Aetna	SHIF 2024-03-03	Injection	Upheld	02/05/2024
12/06/2023	Medical/Aetna	SHIF 2024-03-04	Lab Services	Upheld	12/29/2023
03/21/2024	Medical/Aetna	SHIF 2024-03-05	Acupuncture	Under Review	N/A
01/29/2024	Medical/Aetna	SHIF 2024-03-06	Lab Services	Upheld	02/06/2024
03/28/2024	Medical/Aetna	SHIF 2024-03-07	Anesthesia	Upheld	03/28/2024
01/17/2024	Medical/Aetna	SHIF 2024-04-01	Breast Reduction	Upheld	01/29/2024
03/19/2024	Medical/Aetna	SHIF 2024-04-02	Breast Reduction	Upheld	03/27/2024
04/10/2024	Medical/Aetna	SHIF 2024-04-03	Telehealth Services	Overturned	04/19/2024
04/09/2024	Medical/Aetna	SHIF 2024-04-04	Emergency Transport	Overturned	04/24/2024
11/20/2023	Medical/Aetna	SHIF 2024-04-05	Breast Reduction	Upheld	12/14/2023
02/28/2024	Medical/Aetna	SHIF 2024-04-06	Orthoptic Services	Upheld	03/12/2024
04/30/2024	Medical/Aetna	SHIF 2024-04-07	Spinal Manipulation	Upheld	05/02/2024
04/30/2024	Medical/Aetna	SHIF 2024-04-08	Urgent Care	Upheld	05/02/2024
02/29/2024	Medical/Aetna	SHIF 2024-05-01	Lab Services	Upheld	03/26/2024

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
03/01/2024	Medical/Aetna	SHIF 2024-03-01	Surgical services	Upheld	4/22/2024
03/12/2024	Medical/Aetna	SHIF 2024-03-03	Injection	Upheld	03/18/2024
03/14/2024	Medical/Aetna	SHIF 2024-03-04	Lab Services	Overturned	04/01/2024
03/26/2024	Medical/Aetna	SHIF 2024-03-06	Lab Services	Upheld	04/08/2024
04/01/2024	Medical/Aetna	SHIF 2024-04-01	Breast Reduction	Upheld	04/08/2024
04/02/2024	Medical/Aetna	SHIF 2024-04-02	Breast Reduction	Upheld	04/22/2024
04/18/2024	Medical/Aetna	SHIF 2024-04-05	Breast Reduction	Upheld	05/06/2024
04/22/2024	Medical/Aetna	SHIF 2024-04-06	Orthoptic Services	Overturn	05/06/2024
05/09/2024	Medical/Aetna	SHIF 2024-05-01	Lab Services	Under Review	N/A

Small Claim Committee Appeals: None



Executive Summary
Year 6 Quarter 1
Dates include January 1, 2024 – March 31, 2024

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

Biggest Recent Wins This Quarter

1. 76% engagement rate of all hospitalized members
2. 79% engagement rate for pediatric cases
3. Only 3% readmission rate

Improving Care

Goal: Improve timeliness, appropriateness and quality of care

- 336 total new referrals in both Acute and Complex Programs
- 235 members engaged; 70% supported

Improving Members' Experience

Goal: Positive clinical outcomes, accessibility and equality, patient centered goals and receiving needed care within appropriate amount of time

Acute Program

- 304 cases referred, of which 41 were direct calls
- 181 of 257 adult members engaged; 70% supported
- 47 pediatric cases referred; 37 of 47 engaged; 79% supported
- 390 mobilizations (230 hospital visits); 31% increase from previous period

Complex Care Program

- 32 total referrals; 24 for diabetes management
- 44 members are engaged in Complex and Diabetic Programs
- 36 mobilizations (29 accompaniments); 51 in previous period

Managing or Reducing Cost

Goal: Prevent unnecessary hospital and ICU admissions and bounce backs

- 231 acute inpatient admissions; 18 needing ICU level of care; 0 with COVID-19
- 7 'bounce-backs' (30 day readmits);
- 9 of 9 diabetics in Diabetic Program remained **hospital free** this quarter for a potential inpatient savings of \$103,716 (<https://care.diabetesjournals.org>).
- 29 Diabetic Program members graduated to monitored program (surveillance) with a hemoglobin A1c of 7.5 or less (see below)

9

**Enrolled
&
Engaged**

29

**Graduated
To
Monitored**

A1c ≤ 7.5%

Care Coordination Interventions

- Assess/Prioritize Patient Needs
- Addressed Gaps in Care
- Connected Patient to Resources and/or Provider
- Patient Education
- Secured Second Opinion

Evidence of Success: 29 Diabetics Graduated

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

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

Estimated annual cost..... \$ 185,049

Those 29 diabetics have graduated to monitored program with an HbA1c of ≤ 7.5%

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

Estimated annual cost..... \$ 61,625

Projected annual savings of diabetes management..... \$ 123,424

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

Highlighted Story #1

MCC engaged with 65 y/o member who has been battling recurrent C-diff infection for approximately 10 months. He was hospitalized in August of 2023 and during this time, MCC provided extensive education, forming a close relationship. Each time he feels his symptoms flaring up, he immediately calls MCC, requesting assistance with coordinating care and expedited appointments with GI and infectious disease, instead of having to present to the emergency room. Since January, MCC has assisted with obtaining medications including insurance approvals, expedited several appointments and outpatient testing and scheduled second opinion appointment with another GI specialist. By working closely with this member, MCC has been able to keep him out of the emergency room, away from any further inpatient admissions and has coordinated all necessary testing and procedures to be completed as an outpatient. MCC researched and located a C-diff GI specialist to work with his clinical team. MCC kept care in the outpatient setting, potentially decreasing cost for member and insurance company. MCC has also kept member satisfied by keeping him hospital free and providing continuous support throughout his challenging health care journey.

Highlighted Story #2

53 y/o member engaged in 2022 during hospitalization and transferred to Complex Program for management of diabetes, hypertension and chronic pancreatitis with associated abdominal pain and diarrhea. Member had a partial pancreatectomy 10 years ago that resulted in chronic pancreatitis symptoms and the need for multiple abdominal surgeries. Member was previously seen by many GI specialists and it was suggested he be evaluated for a total pancreatectomy with islet cell transplant. MCC referred member to a center of excellence for work-up, but member was not a surgical candidate. MCC continued support of member with management of ongoing symptoms and chronic conditions. MCC coordinated care with his endocrinologist for better blood sugar management and connected him to a cardiologist for uncontrolled hypertension. With medication adjustments, both HbA1c and blood pressure slightly improved. However, his abdominal pain, nausea, vomiting and diarrhea were getting worse, necessitating ER visits and further imaging, but with no relief. Member was then admitted to local hospital for a small bowel obstruction. MCC facilitated conversations between hospital GI provider, surgeon and member, ensuring effective communication. MCC advised of his medical and surgical history, evaluations by multiple specialists, and ongoing abdominal symptoms especially after meals, that made blood sugar control difficult. Hospital team then referred member to a surgical specialist in Pittsburgh, whose specialty was small bowel surgeries and MCC coordinated evaluation. After review of past records and new CT scan, surgeon felt member's complicated abdominal surgeries resulted in scarring and adhesions that were contributing to his ongoing symptoms, and scheduled corrective surgery. MCC ensured member received appropriate care to keep blood sugars and blood pressure managed prior to surgery. Surgery was a success. The surgeon discovered and removed surgical mesh that was causing a small intestine blockage that could not be seen on CT scan. Abdominal symptoms resolved after surgery and he no longer needs his pancreas removed. Now pain free, his blood pressure is within normal range. MCC continues to work with member on diabetes management and adjustment of diabetic medications, since he can now better tolerate food. He no longer needs frequent visits to the ER. Removing the intestinal blockage potentially saved his life and his quality of life has significantly improved.

Discussion

1. New BOE's joining in July
2. Value of reporting readmissions
3. Update of HR and Brokers

We continue to be grateful for being able to support the SHIF membership.

Respectfully submitted,

Andrea Spector, MSN, RN

Regional Team Lead, NY/NJ



**Schools Health Insurance Fund
Board Meeting Summary
May 22, 2024**



Of Note in This Reporting Period:

- Readmission rate of 3%. Average readmission rate for commercial insurance approximately 14%. Average cost of readmission is \$15,200. (A significant portion of the expense incurred within the US healthcare system can be attributed to hospital readmission. In addition, billions of dollars are spent annually to care for patients that were readmitted to the hospital within 30 days for a previously treated condition.)
- If anticipated 14% readmission rate = 49 patients readmitted. With 19 patients NOT being admitted, at an average cost of \$15,200, the potential savings would be \$288,800 during this reporting period.
- Increase in acuity (30 ICU admissions) of hospitalized members requiring increased intervention by MCC RNs. All ICU patients were engaged and supported.

Executive Summary for January through March, 2024 attached. Two selected stories highlight the care coordination done by MCC RNs which resulted in preventing multiple ER visits, preventing a very complex and life-changing surgery (pancreatectomy), and resulting in infinitely better clinical outcomes for the two patients.

- Estimated cost of an emergency room visit: \$3,750 (per Becker's Hospital Review). Estimated savings from highlighted story #1: \$15,000.
- Estimated cost of pancreatectomy: total median charges = \$142,000.

REFERRALS	1/1/24 – 4/30/24	1/1/23 – 4/30/23
Total Referrals	444	495
Total Referrals (ACUTE)	400	447
Total Referrals (COMPLEX)	44	48
Total Referrals (PEDS)	61	55
Hospitalizations		
Total Members Hospitalized	329	286
Members Requiring ICU	30	17
Readmissions (Acute & Complex)	13/0	16/4
COVID-19 Requiring Admission	2	2
Complex Program Admissions	10 involving 9 members	12 involving 8 members
Mobilizations---Acute Program		
Inpatient Visits	307	235
Accompaniments	161	55
Home Visits	42	38
Mobilizations---Complex Program		
Inpatient Visits	19	17
Accompaniments	50	25
Home Visits	3	6



**Schools Health Insurance Fund
Board Meeting Summary
May 22, 2024**



Acuity*	Acute/Complex	Acute/Complex
1	4/0	5/0
2	70/33	160/36
3	296/11	267/10
4 ICU	30/0	15/2
ICU Admissions		
# of Admissions	30/0	15/2
Insurer	Aetna- 19; AHA-11	Aetna-13; AHA-4
Status	30 Engaged	15 Engaged; 2 Declined

*Acuity refers to priority of member medical situation. Acuity 3 includes hospitalized patients and oncology patients. This value relates to the time and complexity of the MCC intervention. Acuity 4 includes ICU patients.

SCHOOL HEALTH INSURANCE FUND
DIVIDEND BILLS LIST

Resolution No.

APRIL 2024

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

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

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

FUND YEAR CLOSED

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003989			
003989	BURLINGTON TOWNSHIP BOE	2023 RET. DIVIDEND- BURLINGTON TWP	222,413.63
			222,413.63
		Total Payments FY CLOSED	222,413.63
		TOTAL PAYMENTS ALL FUND YEARS	222,413.63

Chairperson

Attest:

Dated: _____

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

Treasurer

SCHOOL HEALTH INSURANCE FUND
ACH/WIRE BILLS LIST

Resolution No.

APRIL 2024

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 23-24

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
W04230			
W04230	DELTACARE DMO	GLOUCESTER COUNTY SSSD 04/01/24	919.52
W04230	DELTACARE DMO	GLOUCESTER COUNTY IOT 04/01/24	436.66
			1,356.18
W04231			
W04231	FLAGSHIP DENTAL PLANS	DENTAL-DEPTFORD TWP BOE 04/24	1,622.11
W04231	FLAGSHIP DENTAL PLANS	DENTAL LEAP ACADEMY 04/24	4,363.42
W04231	FLAGSHIP DENTAL PLANS	DENTAL CINNAMINSON BOE 04/24	327.93
W04231	FLAGSHIP DENTAL PLANS	DENTAL CINNAMINSON BOE (COMPLETE) 04/24	1,575.26
			7,888.72
W04232			
W04232	AETNA LIFE INSURANCE COMPANY	VISION TPA 04/24	647.92
W04232	AETNA LIFE INSURANCE COMPANY	LATE WIRE FEE- BANK TO REIMBURSE	8,747.00
W04232	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 04/24	621,996.20
			631,391.12
W04233			
W04233	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 04/24	20,921.22
			20,921.22
W04234			
W04234	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCS 04/24	7,452.00
W04234	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEES 04/24	3,228.17
			10,680.17
W04235			
W04235	VERRILL & VERRILL, LLC	TREASURER FEE 04/24	2,246.48
			2,246.48
W04236			
W04236	CONNER STRONG & BUCKELEW	RX- PROG. MGR FEES 04/24	64,490.85
W04236	CONNER STRONG & BUCKELEW	MEDICAL- PROG. MGR FEES 04/24	452,583.12
W04236	CONNER STRONG & BUCKELEW	BROKER FEES 04/24	600,489.50
W04236	CONNER STRONG & BUCKELEW	DENTAL PROGRAM MGR 04/24	18,223.83
W04236	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 04/24	8,172.56
			1,143,959.86
W04237			
W04237	CONNER STRONG & BUCKELEW	GUARDIAN NURSES 04/24 INV 4259	111,394.50
			111,394.50
W04238			
W04238	FITNESS COACHING, LLC	GROUP YOGA/BOOTCAMP 03/24-04/24	800.00
			800.00
		Total Payments FY 2024	1,930,638.25
		TOTAL PAYMENTS ALL FUND YEARS	1,930,638.25

Chairperson

Attest:

Dated: _____

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

SCHOOL HEALTH INSURANCE FUND
ACH/WIRE BILLS LIST

Resolution No.

MAY 2024

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

BE IT RESOLVED that the 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 23-24

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
W05240			
W05240	FLAGSHIP DENTAL PLANS	DENTAL CINNAMINSON BOE (COMPLETE) 05/24	1,513.12
W05240	FLAGSHIP DENTAL PLANS	DENTAL CINNAMINSON BOE 05/24	351.49
W05240	FLAGSHIP DENTAL PLANS	DENTAL LEAP ACADEMY 05/24	4,180.84
W05240	FLAGSHIP DENTAL PLANS	DENTAL-DEPTFORD TWP BOE 05/24	2,217.32
			8,262.77
W05241			
W05241	DELTACARE DMO	GLOUCESTER COUNTY IOT 05/01/24	436.66
W05241	DELTACARE DMO	GLOUCESTER COUNTY SSSD 05/01/24	919.52
			1,356.18
W05242			
W05242	CONNER STRONG & BUCKELEW	GUARDIAN NURSES- INV 4299 05/24	111,394.50
			111,394.50
W05243			
W05243	CONNER STRONG & BUCKELEW	DENTAL PROGRAM MGR 05/24	18,243.22
W05243	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 05/24	8,167.75
W05243	CONNER STRONG & BUCKELEW	BROKER FEE 05/24	618,801.85
W05243	CONNER STRONG & BUCKELEW	MIDDLESEX IMPLEMENTATION FEE 1/1/24	4,657.50
W05243	CONNER STRONG & BUCKELEW	MEDICAL- PROG. MGR FEES 05/24	452,316.75
W05243	CONNER STRONG & BUCKELEW	RX- PROG. MGR FEES 05/24	64,360.44
			1,166,547.51
W05244			
W05244	VERRILL & VERRILL, LLC	TREASURER FEE 05/24	2,246.48
			2,246.48
W05246			
W05246	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOC FEE 05/24	2,737.00
W05246	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEES 05/24	3,228.17
			5,965.17
W05247			
W05247	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 05/24	20,943.48
			20,943.48
W05248			
W05248	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 05/24	620,967.20
W05248	AETNA LIFE INSURANCE COMPANY	VISION TPA 05/24	644.28
			621,611.48
Total Payments FY 23-24			1,938,327.57
TOTAL PAYMENTS ALL FUND YEARS			1,938,327.57

Chairperson

Attest:

Dated: _____

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

Treasurer

SCHOOL HEALTH INSURANCE FUND
CHECKS BILLS LIST

Resolution No.

MAY 2024

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

BE IT RESOLVED that the 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 23-24

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004006			
004006	HORIZON BCBSNJ	MEDICAL TPA 05/24	1,349.52
			1,349.52
004007			
004007	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 05/24	140,552.67
			140,552.67
004008			
004008	INSPIRA FINANCIAL HEALTH, INC	HSA FEE WATCHUNG BOR. FOR 3/24	1.85
			1.85
004009			
004009	PERMA RISK MANAGEMENT SERVICES	POSTAGE 04/24	288.80
004009	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEE 05/24	205,935.62
			206,224.42
004010			
004010	SOMERSET HILLS BOARD OF EDUCATION	23-24 WELLNESS CHAMPION STIPEND	2,000.00
			2,000.00
004011			
004011	GANNETT NEW YORK NJ LOCAIQ	A# 1123724 INV 6372839-10112264 4/28/24	51.07
			51.07
004012			
004012	NJ ADVANCE MEDIA	ACCT 10008902810- AD 10859718 4/30/24	22.36
004012	NJ ADVANCE MEDIA	ACCT 10008902810 AD 10859710- 4/30/24	64.08
			86.44
004013			
004013	ADVANTA HEALTH SOLUTIONS	MAY MGMT FEE- SOMERSET-INV 576 5/24	986.70
004013	ADVANTA HEALTH SOLUTIONS	MAY MGMT FEE- WATCHUNG INV 577 5/24	36.00
004013	ADVANTA HEALTH SOLUTIONS	MARCH INC CRED.- LENAPE INV 560 5/24	3,730.00
004013	ADVANTA HEALTH SOLUTIONS	MAY 24 MGMT FEE- DELSEA- INV 556 5/24	80.00
004013	ADVANTA HEALTH SOLUTIONS	MAY MGMT FEE- LENAPE-INV 583 5/24	1,710.00
004013	ADVANTA HEALTH SOLUTIONS	MARCH INC. CREDIT-DELSEA-INV 578 05/24	320.10
004013	ADVANTA HEALTH SOLUTIONS	MGMT FEE- BETHLEHEM INV 581 05/24	190.40
004013	ADVANTA HEALTH SOLUTIONS	APRIL ACTIVE INC. CRED.-DELSEA INV 450	60.00
004013	ADVANTA HEALTH SOLUTIONS	APRIL ACTIVEFIT/MGMT -INV 470 WATCHUN	36.00
004013	ADVANTA HEALTH SOLUTIONS	ACTIVEFIT/MGMT - BETHLEHEM - 473 04/24	190.40
004013	ADVANTA HEALTH SOLUTIONS	APRIL ACTIVEFIT/MGMT - INV 469-SOMERSET	986.70
004013	ADVANTA HEALTH SOLUTIONS	FEB. ACTIVEFIT CREDITS- INV 516 LENAPE	3,630.00
004013	ADVANTA HEALTH SOLUTIONS	APRIL ACTIVEFIT/MGMT-INV 480 CHESTERFIEL	141.12
004013	ADVANTA HEALTH SOLUTIONS	APRIL ACTIVEFIT/MGMT -INV 475 LENAPE	1,704.00
			13,801.42
004014			
004014	ACCESS	INV 10480730 DEPT MAIN- 9/30/23-PARTIAL	14.27
			14.27
004015			
004015	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 05/24	1,007,778.66
			1,007,778.66
		Total Payments FY 23-24	1,371,860.32
		TOTAL PAYMENTS ALL FUND YEARS	1,371,860.32

Chairperson

Attest:

Dated: _____

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

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Treasurer

SCHOOLS HEALTH INSURANCE FUND								
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED								
Current Fund Year: 2023-24								
Month Ending: March								
	Medical	Dental	Rx	Reinsurance	Admin	Closed Year	Retained Dividend	TOTAL
OPEN BALANCE	39,760,543.64	628,721.09	(6,141,150.95)	(163,472.16)	14,164,563.89	114,847,394.96	24,715,922.60	187,812,523.07
RECEIPTS								
Assessments	46,698,669.89	535,483.72	4,067,922.94	1,157,749.90	3,836,346.55	0.00	0.00	56,296,173.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	309,839.71	4,899.40	0.00	0.00	110,379.33	894,964.41	192,602.29	1,512,685.14
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	309,839.71	4,899.40	0.00	0.00	110,379.33	894,964.41	192,602.29	1,512,685.14
Other *	141,660.70	0.00	1,886,318.80	0.00	278,144.16	0.00	0.00	2,306,123.66
TOTAL	47,150,170.30	540,383.12	5,954,241.74	1,157,749.90	4,224,870.04	894,964.41	192,602.29	60,114,981.80
EXPENSES								
Claims Transfers	36,321,019.91	429,480.98	5,454,180.62	0.00	0.00	(64,350.67)	0.00	42,140,330.84
Expenses	2,623.00	9,784.12	0.00	1,030,025.07	2,326,035.23	85,728.25	0.00	3,454,195.67
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	36,323,642.91	439,265.10	5,454,180.62	1,030,025.07	2,326,035.23	21,377.58	0.00	45,594,526.51
END BALANCE	50,587,071.03	729,839.11	(5,641,089.83)	(35,747.33)	16,063,398.70	115,720,981.79	24,908,524.89	202,332,978.36

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS													
SCHOOLS HEALTH INSURANCE FUND													
ALL FUND YEARS COMBINED													
CURRENT MONTH	March												
CURRENT FUND YEAR	2023-24												
	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	Parke Bank - Certificate of Deposit #9000789412	Cornerstone Investment Account	TD Bank Money Market Account	
	ID Number:												
	Maturity (Yrs)								44633		44663		
	Purchase Yield:	0.75	0.75	0.75	0.25	0.01	0.05	0.80	0.9	0.5	1		
	TOTAL for All Accts & instruments												
Opening Cash & Investment Balance	\$187,812,523.09	10,002,440.91	407,994.01	\$1,935,107.49	39,540.63	953.95	161,340.99	485,344.80	-	-	11,669,070.85	110,729.46	
Opening Interest Accrual Balance	\$3.81	-	-	-	-	3.81	-	-	-	-	-	-	
1	Interest Accrued and/or Interest Cost	\$4.09	\$0.00	\$0.00	\$0.00	\$0.00	\$4.09	\$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	\$1,512,681.32	\$38,039.23	\$3,872.70	\$112,409.70	\$39.29	\$0.00	\$532,328.95	\$2,158.19	\$0.00	\$0.00	\$56,336.74	\$120.85
6	Interest Paid - Term Instr.s	\$3.81	\$0.00	\$0.00	\$0.00	\$0.00	\$3.81	\$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	\$1,512,685.41	\$38,039.23	\$3,872.70	\$112,409.70	\$39.29	\$4.09	\$532,328.95	\$2,158.19	\$0.00	\$0.00	\$56,336.74	\$120.85
9	Deposits - Purchases	\$432,790,522.08	\$58,702,296.66	\$3,454,195.67	\$121,742,429.75	\$0.00	\$0.00	\$143,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88,391,600.00
10	(Withdrawals - Sales)	-\$419,782,751.93	-\$53,594,526.51	-\$3,454,195.67	-\$160,500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$88,491,600.00
Ending Cash & Investment Balance	\$202,332,978.37	\$15,148,250.29	\$411,866.71	\$13,289,946.94	\$39,579.92	\$957.76	\$143,693,669.94	\$487,502.99	\$0.00	\$0.00	\$11,725,407.59	\$10,850.31	
Ending Interest Accrual Balance	\$4.09	\$0.00	\$0.00	\$0.00	\$0.00	\$4.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$1,293,132.82	\$0.00	\$1,293,132.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$203,626,111.19	\$15,148,250.29	\$1,704,999.53	\$13,289,946.94	\$39,579.92	\$957.76	\$143,693,669.94	\$487,502.99	\$0.00	\$0.00	\$11,725,407.59	\$10,850.31	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SCHOOLS HEALTH INSURANCE FUND									
Month		March							
Current Fund Year		2017							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid March	3. Monthly Recoveries March	4. Calc. Net Paid Thru March	5. TPA Net Paid Thru March	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2023-24	Medical	263,745,201.97	35,904,509.10	0.00	299,649,711.07	0.00	299,649,711.07	263,745,201.97	35,904,509.10
	Dental	2,911,251.89	428,158.68	0.00	3,339,410.57	0.00	3,339,410.57	2,911,251.89	428,158.68
	Rx	41,505,122.08	5,454,177.11	0.00	46,959,299.19	0.00	46,959,299.19	41,505,122.08	5,454,177.11
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	308,161,575.94	41,786,844.89	0.00	349,948,420.83	0.00	349,948,420.83	308,161,575.94	41,786,844.89
2022-23	Medical	41,033,830.82	416,510.81	0.00	41,450,341.63	0.00	41,450,341.63	41,033,830.82	416,510.81
	Dental	212,553.18	1,322.30	0.00	213,875.48	0.00	213,875.48	212,553.18	1,322.30
	Rx	2,014,277.49	3.51	0.00	2,014,281.00	0.00	2,014,281.00	2,014,277.49	3.51
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	43,260,661.49	417,836.62	0.00	43,678,498.11	0.00	43,678,498.11	43,260,661.49	417,836.62
2021-22	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Closed Year	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Closed Year	(72,130.19)	(64,350.67)	0.00	(136,480.86)	0.00	(136,480.86)	(72,130.19)	(64,350.67)
	Total	(72,130.19)	(64,350.67)	0.00	(136,480.86)	0.00	(136,480.86)	(72,130.19)	(64,350.67)
	TO TAL	351,350,107.24	42,140,330.84	0.00	393,490,438.08	0.00	393,490,438.08	351,350,107.24	42,140,330.84



SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

May 20, 2024



SCHOOLS HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2022-2023	# OF EES	PER EE	MEDICAL CLAIMS PAID 2023-2024	# OF EES	PER EE
JULY	\$20,653,856	15,510	\$1,332	\$26,217,206	17,767	\$1,476
AUGUST	\$29,975,105	15,369	\$1,950	\$34,693,037	17,580	\$1,973
SEPTEMBER	\$22,221,075	15,808	\$1,406	\$30,707,053	18,001	\$1,706
OCTOBER	\$21,393,357	15,780	\$1,356	\$35,222,685	17,972	\$1,960
NOVEMBER	\$26,337,598	15,983	\$1,648	\$29,759,718	17,954	\$1,658
DECEMBER	\$23,003,951	15,958	\$1,442	\$28,202,183	17,978	\$1,569
JANUARY	\$27,378,278	16,389	\$1,671	\$36,746,771	18,202	\$2,019
FEBRUARY	\$23,896,107	16,404	\$1,457	\$31,804,010	18,208	\$1,747
MARCH	\$24,587,502	16,430	\$1,497	\$29,422,005	18,254	\$1,612
APRIL	\$24,056,667	16,446	\$1,463			
MAY	\$32,557,891	16,428	\$1,982			
JUNE	\$29,522,805	16,458	\$1,794			
TOTALS	\$305,584,191			\$282,774,668		
				2023-2024 Avg.	17,991	\$ 1,746
				2022-2023 Avg.	16,080	\$ 1,583

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

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

Paid Dates: 02/01/2024 - 02/29/2024
 Service Dates: 01/01/2011 - 02/29/2024
 Line of Business: All

Paid Amt	Diagnosis/Treatment
\$438,681.76	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY
\$392,359.52	OTHER CIRRHOSIS OF LIVER
\$329,275.45	BLOODSTREAM INFECTION DUE TO CENTRAL VENOUS
\$263,285.02	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
\$190,890.87	POMPE DISEASE
\$185,855.53	CUTANEOUS ABSCESS OF BUTTOCK
\$161,930.72	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY
\$157,487.70	ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS
\$154,680.99	ENCOUNTER FOR ANTINEOPLASTIC
\$145,673.02	SPINAL STENOSIS, CERVICAL REGION
\$112,830.75	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT
\$102,570.37	MULTIPLE SCLEROSIS
Total:	\$2,635,521.70

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

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

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

Paid Amt	Diagnosis/Treatment
\$332,600.56	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING
\$312,367.92	TETRALOGY OF FALLLOT
\$200,343.74	MALIGNANT NEOPLASM OF PROSTATE
\$173,763.12	CONGENITAL INSUFFICIENCY OF AORTIC VALVE
\$157,194.42	SEPSIS, UNSPECIFIED ORGANISM
\$149,802.52	OTHER VENTRICULAR TACHYCARDIA
\$146,291.06	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY
\$118,630.31	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF
\$116,624.12	BIPOLAR II DISORDER
\$108,331.08	MALIGNANT NEOPLASM OF SIGMOID COLON
\$106,533.46	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
Total:	\$1,922,482.31



Schools Health Insurance Fund

4/1/23 through 3/31/24 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee July 2023 – March 2024

Total Medical Paid per Employee:
\$1,746

Network Discounts

Inpatient: **68.3%**
Ambulatory: **69.4%**
Physician/Other: **61.0%**
TOTAL: 65.9%

Provider Network

% Admissions In-Network: **97.7%**
% Physician Office: **97.1%**

Aetna Book of Business:
Admissions 97.9%; Physician 91.6%

Top Facilities Utilized (by total Medical Spend)

- Virtua-West Jersey
- Morristown Medical Center
- CHOP
- Cooper
- Kennedy Memorial Hospital

Claimants Over \$50,000 (January 2024– March 2024)

Number of Claims Over \$50,000: **207**
Claimants per 1000 members: **4.3**
Avg. Paid per Claimant: **\$112,125**
Percent of Total Paid: **24.5%**
• Aetna BOB- HCC account for an average of 42.5% of total Medical Cost

Teladoc Activity: January 2024– March 2024

Total Registrations: **511**
Total Online Visits: **1,207**
Total Net Claims Savings: **\$625,902**
Total Visits w/ Rx: **985**

Utilization by Age

0-17: 18.0%
18-26: 9.3%
27-30: 6.5%
31-45: 39.6%
46-55: 18.4%
55-65: 6.5%
66+: 1.7%

Mental Health Visits: 324
Dermatology Visits: 59

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

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

Claims Performance

Financial Accuracy: **98.25%***
*Q4 2023

90% processed w/in: **6.9 days**
95% processed w/in: **12.5 days**

Claims Performance (Monthly) (March 2024)

90% processed w/in: **5.8 days**
95% processed w/in: **8.5 days**
(Note: This is not a PG metric)

Performance Goals

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

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





Schools Health Insurance Fund

	Medical Claim 2022-2023	# of EE's 2022-2023	PER EE		Medical Claim 2023-2024	# of EE'S 2023-2024	PER EE
JULY	\$4,771,803.63	3702	\$1,288.97	JULY	\$4,589,904.30	3755	\$1,222.34
AUGUST	\$6,340,351.36	3690	\$1,718.25	AUGUST	\$8,652,996.19	3765	\$2,298.27
SEPTEMBER	\$8,558,419.70	3799	\$2,252.80	SEPTEMBER	\$4,873,056.22	3882	\$1,255.29
OCTOBER	\$6,918,190.88	3810	\$1,815.79	OCTOBER	\$5,985,020.41	3873	\$1,545.31
NOVEMBER	\$6,436,072.00	3808	\$1,690.14	NOVEMBER	\$6,788,857.02	3888	\$1,746.10
DECEMBER	\$7,056,459.00	3820	\$1,847.24	DECEMBER	\$6,076,974.81	3904	\$1,556.60
JANUARY	\$4,390,317.00	3823	\$1,148.39	JANUARY	\$6,149,354.18	3905	\$1,574.73
FEBRUARY	\$8,609,653.34	3836	\$2,244.43	FEBRUARY	\$8,222,263.53	3899	\$2,108.81
MARCH	\$7,507,694.05	3833	\$1,958.70	MARCH	\$5,936,260.78	3920	\$1,514.35
APRIL	\$6,322,929.91	3824	\$1,653.48	APRIL	\$7,463,905.23	2932	\$2,545.67
MAY	\$6,260,801.33	3818	\$1,639.81	MAY			
JUNE	\$9,684,069.81	3819	\$2,535.76	JUNE			
TOTALS	\$82,856,762.01	3798.5	1,776.45	TOTAL	\$64,738,592.67		
			41				
	AVERAGE	3799	\$1,776.45		AVERAGE	3772.30	\$1,736.75




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

Group: Schools Health Insurance Fund
Paid Dates: 4/1/24- 4/30/24
Network Service: ALL

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

Claimant	Relationship	Paid Amount	Diagnosis
1	Spouse	\$321,194	Bacterial Infection
2	Spouse	\$178,669	Cardiac And Circulatory Congenital Anomalies
3	Spouse	\$115,137	Diseases of the heart
4	Subscriber	\$112,485	Spondylosis; Intervertebral Disc Disorders; Other Back Problems
Total		\$727,485.65	

	Schools HIF					
	Paid Claims 7/1/23-6/30/24					
Average payment per member PMPM 7/1/22- 6/30/23	\$641.12	Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD
Number of claimants with paid claims over \$100,000 for YTD	81	1st Call Resolution	79.89%	80.03%	79.13%	78.82%
Total paid on those claimants:	\$15,955,954.09	ASA	5.45	5.13	5.09	9.31
		Abandonment Rate	0.92%	0.62%	0.48%	0.69%
Top Facilities Utilized based on paid claims:						
VIRTUA WEST JERSEY HEALTH SYSTEM INC, NJ						
HOSPITAL OF THE UNIV OF PENNSYLVANIA, PA		Totals	2023-24 YTD			
KENNEDY UNIVERSITY HOSPITAL GAC, NJ		Total Inpatient Admissions	411			
COOPER UNIVERSITY HOSPITAL, NJ		Total Inpatient Days	1,987			
CHILDRENS HOSPITAL OF PHILADELPHIA, PA		Total ER visits	1,665			
TELADOC UTILIZATION						
Total Behavioral Health Visits						
Total Medical Visits YTD						
Member Satisfaction YTD:						
Provider Network						
% Inpatient In- Network: 99.3%						
% Professional providers In-Network: 92.2%						
% Outpatient providers In-Network- 94.3%						



EXPRESS SCRIPTS®

School Health Insurance Fund

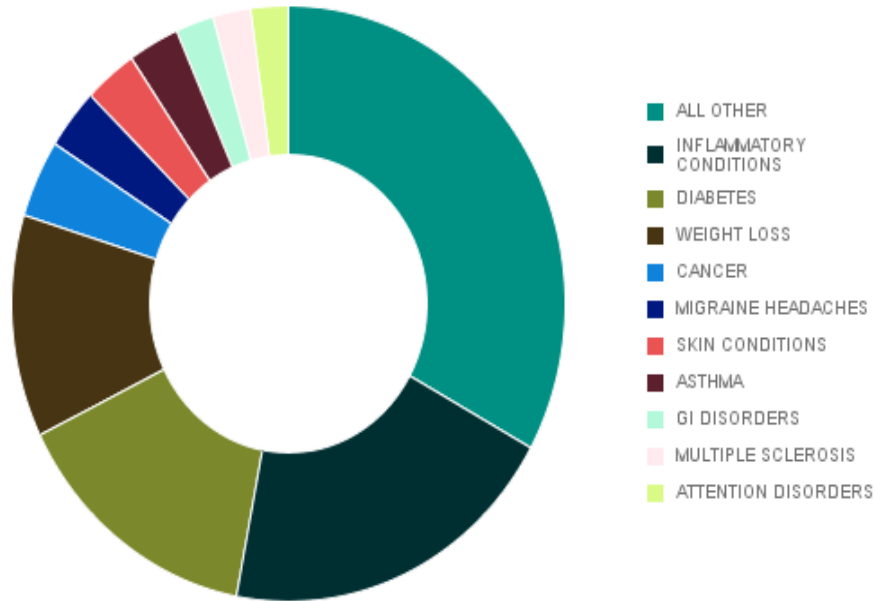
Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	26,756	26,737	26,781	26,758	26,854	26,876	26,870	26,867	26,965	27,056	27,556	27,192	27,562	27,578	27,652	27,597	27,104
Total Days	1,009,766	914,090	1,029,505	2,953,361	958,484	1,028,809	984,510	2,971,803	968,891	1,015,008	912,184	2,896,083	1,032,124	1,007,529	999,063	3,038,716	11,859,963
Total Patients	11,767	11,190	11,914	17,118	11,277	11,600	11,345	16,599	11,109	11,326	11,059	16,576	12,344	12,236	12,322	18,138	24,126
Total Plan Cost	\$4,580,067	\$4,259,137	\$5,077,160	\$13,916,364	\$4,412,881	\$4,925,614	\$5,194,112	\$14,532,606	\$5,029,964	\$5,173,813	\$4,806,242	\$15,010,019	\$5,590,088	\$5,147,546	\$4,973,366	\$15,711,000	\$59,169,989
Generic Fill Rate (GFR) - Total	84.2%	85.0%	85.5%	84.9%	86.5%	86.6%	86.5%	86.5%	87.0%	86.0%	83.3%	85.4%	80.5%	84.5%	86.5%	83.8%	85.1%
Plan Cost PMPM	\$171.18	\$159.30	\$189.58	\$173.36	\$164.33	\$183.27	\$193.31	\$180.31	\$186.54	\$191.23	\$174.42	\$184.00	\$202.82	\$186.65	\$179.86	\$189.76	\$181.93
Total Specialty Plan Cost	\$1,786,977	\$1,679,465	\$2,048,920	\$5,515,363	\$1,684,353	\$1,963,388	\$2,131,316	\$5,779,058	\$2,183,848	\$2,169,146	\$2,062,309	\$6,415,302	\$2,484,434	\$2,216,414	\$1,990,016	\$6,690,864	\$24,400,587
Specialty % of Total Specialty Plan Cost	39.0%	39.4%	40.4%	39.6%	38.2%	39.9%	41.0%	39.8%	43.4%	41.9%	42.9%	42.7%	44.4%	43.1%	40.0%	42.6%	41.2%

Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q3	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	27,349	27,354	27,447	27,383													
Total Days	1,055,393	986,836	1,025,926	3,068,155													
Total Patients	12,136	11,845	11,948	17,514													
Total Plan Cost	\$5,248,680	\$5,146,345	\$5,144,287	\$15,539,311													
Generic Fill Rate (GFR) - Total	87.2%	87.6%	87.6%	87.4%													
Plan Cost PMPM	\$191.91	\$188.14	\$187.43	\$189.16													
% Change Plan Cost PMPM	12.1%	18.1%	-1.1%	9.1%													
Total Specialty Plan Cost	\$2,169,053	\$2,137,420	\$1,981,652	\$6,288,125													
Specialty % of Total Specialty Plan Cost	41.3%	41.5%	38.5%	40.5%													

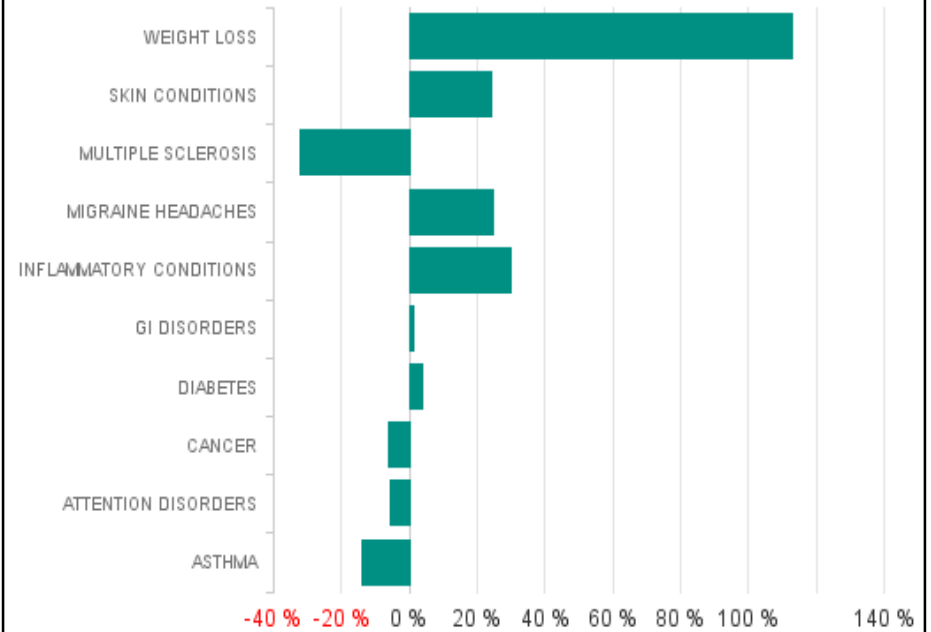
Top Indications

SCHOOL ALLIANCE INS FUND (Current Period 01/2024 - 03/2024 vs. Previous Period 01/2023 - 03/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	29.8 %	936	\$3,103,749	\$37.78	36.2 %	36.6 %	27.4 %	894	\$2,336,023	\$29.10	46.9 %	40.0 %	29.8 %
2	1	DIABETES	22.0 %	7,505	\$2,287,642	\$27.85	29.5 %	26.3 %	25.3 %	7,056	\$2,153,358	\$26.83	31.2 %	29.5 %	3.8 %
3	4	WEIGHT LOSS	18.0 %	1,827	\$1,875,418	\$22.83	4.4 %	5.5 %	10.1 %	814	\$861,834	\$10.74	8.1 %	12.6 %	112.6 %
4	3	CANCER	6.3 %	459	\$654,254	\$7.96	89.1 %	77.4 %	8.0 %	488	\$678,992	\$8.46	88.5 %	78.2 %	-5.8 %
5	6	MIGRAINE HEADACHES	4.9 %	973	\$514,329	\$6.26	49.2 %	52.8 %	4.7 %	843	\$403,509	\$5.03	53.9 %	56.6 %	24.6 %
6	5	SKIN CONDITIONS	4.6 %	1,563	\$479,267	\$5.83	85.9 %	86.5 %	4.4 %	1,372	\$377,315	\$4.70	86.5 %	88.1 %	24.1 %
7	7	ASTHMA	4.5 %	4,914	\$463,370	\$5.64	83.2 %	88.1 %	6.2 %	4,839	\$525,609	\$6.55	72.0 %	79.0 %	-13.9 %
8	9	GI DISORDERS	3.3 %	594	\$344,309	\$4.19	53.0 %	57.0 %	3.9 %	666	\$332,436	\$4.14	52.3 %	59.4 %	1.2 %
9	8	MULTIPLE SCLEROSIS	3.3 %	64	\$343,338	\$4.18	35.9 %	46.8 %	5.8 %	80	\$494,170	\$6.16	45.0 %	41.1 %	-32.1 %
10	10	ATTENTION DISORDERS	3.3 %	3,518	\$341,191	\$4.15	85.6 %	86.4 %	4.1 %	3,172	\$352,871	\$4.40	75.2 %	72.3 %	-5.5 %
Total Top 10				22,353	\$10,406,868	\$126.68	55.0 %	55.4 %		20,224	\$8,516,118	\$106.09	54.4 %	53.9 %	19.4 %

Top Drugs

SCHOOL ALLIANCE INS FUND (Current Period 01/2024 - 03/2024 vs. Previous Period 01/2023 - 03/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rx's	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rx's	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	14	WEGOVY	WEIGHT LOSS	N	844	316	\$1,035,158	\$12.60	535	237	\$660,614	\$8.23	53.1 %
2	17	ZEPBOUND	WEIGHT LOSS	N	862	370	\$821,983	\$10.01	NA	NA	NA	NA	NA
3	4	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	124	40	\$645,816	\$7.86	103	40	\$539,474	\$6.72	17.0 %
4	2	OZEMPIC	DIABETES	N	691	229	\$594,588	\$7.24	512	180	\$433,630	\$5.40	34.0 %
5	6	STELARA	INFLAMMATORY CONDITIONS	Y	58	21	\$587,843	\$7.16	51	17	\$455,895	\$5.68	26.0 %
6	15	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	67	19	\$384,515	\$4.68	32	11	\$155,783	\$1.94	141.2 %
7	3	MOUNJARO	DIABETES	N	394	146	\$378,469	\$4.61	176	59	\$156,758	\$1.95	135.9 %
8	10	JARDIANCE	DIABETES	N	443	147	\$248,107	\$3.02	387	130	\$209,619	\$2.61	15.7 %
9	13	DUPIXENT PEN	SKIN CONDITIONS	Y	87	30	\$227,267	\$2.77	62	23	\$149,572	\$1.86	48.5 %
10	16	TREMFYA	INFLAMMATORY CONDITIONS	Y	44	13	\$203,443	\$2.48	19	6	\$88,166	\$1.10	125.5 %
11	27	RINVOQ	INFLAMMATORY CONDITIONS	Y	37	14	\$162,869	\$1.98	21	8	\$85,602	\$1.07	85.9 %
12	29	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	32	11	\$149,369	\$1.82	30	10	\$131,222	\$1.63	11.2 %
13	31	NURTEC ODT	MIGRAINE HEADACHES	N	103	52	\$133,046	\$1.62	92	43	\$120,903	\$1.51	7.5 %
14	34	DUPIXENT SYRINGE	SKIN CONDITIONS	Y	47	18	\$123,786	\$1.51	44	16	\$107,254	\$1.34	12.8 %
15	64	LENALIDOMIDE	CANCER	Y	7	3	\$120,278	\$1.46	7	2	\$105,422	\$1.31	11.5 %
16	18	FARXIGA	DIABETES	N	215	74	\$114,620	\$1.40	228	82	\$118,861	\$1.48	-5.8 %
17	44	UBRELVY	MIGRAINE HEADACHES	N	104	64	\$113,930	\$1.39	80	49	\$87,457	\$1.09	27.3 %
18	49	VYVANSE	ATTENTION DISORDERS	N	307	143	\$109,860	\$1.34	579	239	\$198,372	\$2.47	-45.9 %
19	26	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	22	7	\$107,775	\$1.31	27	9	\$125,490	\$1.56	-16.1 %
20	12	TRULICITY	DIABETES	N	113	45	\$101,120	\$1.23	201	66	\$169,949	\$2.12	-41.9 %
21	37	OTEZLA	INFLAMMATORY CONDITIONS	Y	30	12	\$93,110	\$1.13	53	17	\$160,296	\$2.00	-43.2 %
22	84	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	12	3	\$90,455	\$1.10	NA	NA	NA	NA	NA
23	63	OMNIPOD 5 G6 PODS (GEN 5) DIABETES		N	126	43	\$90,072	\$1.10	102	35	\$67,846	\$0.85	29.7 %
24	68	SKYRIZI	INFLAMMATORY CONDITIONS	Y	16	5	\$88,449	\$1.08	10	3	\$51,182	\$0.64	68.9 %
25	33	RYBELSUS	DIABETES	N	98	36	\$86,872	\$1.06	96	36	\$82,299	\$1.03	3.1 %
Total Top 25					4,883		\$6,812,800	\$82.93	3,447		\$4,461,667	\$55.58	49.2 %



Paid Claims by Procedure Category

Procedure Category	2018	2019	2020
Diagnostic	26.4%	27.1%	26.8%
Preventive	26.9%	27.2%	25.1%
Restorative	12.8%	13.0%	12.0%
Crowns/Inlays	13.5%	12.9%	14.4%
Endodontic	6.2%	6.6%	6.9%
Periodontal	2.7%	2.1%	2.0%
Prosthodontics (removable)	0.8%	0.6%	0.7%
Prosthodontics (fixed)	1.1%	0.7%	0.9%
Oral Surgery	3.7%	3.7%	4.2%
Orthodontic	4.0%	4.0%	4.8%
Miscellaneous	1.9%	2.1%	2.1%

Procedure Category	2021	2022	2023
Diagnostic	27.5%	27.6%	28.3%
Preventive	25.8%	26.1%	26.0%
Restorative	11.9%	12.1%	12.5%
Crowns/Inlays	13.7%	13.5%	12.6%
Endodontic	6.3%	6.1%	5.8%
Periodontal	2.2%	2.6%	2.1%
Prosthodontics (removable)	1.0%	1.1%	0.9%
Prosthodontics (fixed)	0.8%	1.1%	1.2%
Oral Surgery	3.9%	4.1%	4.3%
Orthodontic	4.5%	3.8%	4.0%
Miscellaneous	2.3%	2.0%	2.3%

**SCHOOLS HEALTH INSURANCE FUND
CONSENT AGENDA
MAY 22, 2024**

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

Resolutions

Subject Matter

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

SCHOOLS HEALTH INSURANCE FUND

2023/2024 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

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

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

2.) Permissible Investments

Investments shall be limited to the following:

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

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

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

3.) **Authorized Depositories**

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

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

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

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

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

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

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

RESOLUTION NO. 8-24

**SCHOOLS HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2024-2025**

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund appoint PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2024-2025 or until its successor has be appointed and qualified.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 22, 2024

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 9-24

**SCHOOLS HEALTH INSURANCE FUND
DESIGNATING
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2023-2024**

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund that the Courier Post, The Star Ledger, and the Trenton Times are hereby designated as the official newspapers for the Schools Health Insurance Fund for the year 2024-2025 and that all official notices required to be published shall be published in said newspapers and on the Fund Website (www.schoolshif.com)

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 10-24

**SCHOOLS HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2024-2025**

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

NOW THEREFORE BE IT RESOLVED, by the Board of Trustees of the Schools Health Insurance Fund that the Fund shall hold public meetings during the year 2024-2025 on the following dates at the Moorestown Community House, 16 East Main St, Moorestown, NJ 08057

July 24, 2024

September 25, 2024

December 4, 2024*

February 26, 2025

March 26, 2025

May 28, 2025

**First week of December to avoid holiday and convention conflicts*

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 22, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

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

SCHOOLS HEALTH INSURANCE FUND

2023/2024 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

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

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

2.) Permissible Investments

Investments shall be limited to the following:

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

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

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

3.) **Authorized Depositories**

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

TD Bank
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Cornerstone Bank

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

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

SCHOOLS HEALTH INSURANCE FUND

2023/2024 RISK MANAGEMENT PLAN

Effective: July 1, 2024

Adopted: May 22, 2024

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

1.) COVERAGE OFFERED

- **Medical**

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

- **Dental**

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

- **Prescription**

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

- **Vision**

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member and plan design.

3.) RISK RETAINED BY THE SHIF

Specific Coverage: The fund self-insures for the first \$550,000 of any medical or Prescription Drug claim per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its Self-Insured Retention ‘SIR’ to an Unlimited maximum per contract year (Incurred in 12 months and Paid in 24 months)

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

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

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

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

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

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

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

7.) REINSURANCE

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

8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

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

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

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

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

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

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

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

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

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

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

9.) RATING PERIODS

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

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

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

11.) TERMINATION OF MEMBERSHIP

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

12.) PROVISION FOR PLAN ALTERNATIVES

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

13.) OPEN ENROLLMENT PROCEDURES

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

14.) COBRA AND CONVERSION OPTIONS

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

15.) DISCLOSURE OF BENEFIT LIMITS

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

16.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS

All assessments, including additional assessments and dividends are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the SHIF or confer any additional rights to the employees. Where the SHIF directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

17.) RETIREES

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

18.) NEWBORN CHILDREN

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not

grandchildren of an eligible employee, shall be automatically covered from birth for sixty (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable)."

19.) PLAN DOCUMENT

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

A.) General Information

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

B.) Benefits

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

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

C.) Claims Procedures

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

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

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

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

PROVIDED IN EACH PLAN DOCUMENT

21.) PROCEDURES FOR THE CLOSURE OF SHIF FUND YEARS

Approximately six months after the end of a SHIF year, the SHIF evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the SHIF begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. The SHIF has determined that maintaining and retaining a surplus equal to two and a half (2.5) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations.

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

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

22.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

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

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

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

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

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

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

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

24.) CLAIM AUDIT

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

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

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

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

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

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

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

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

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

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

26.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

27.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

ADOPTED: MAY 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 13-24

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

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

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

NOW THEREFORE BE IT RESOLVED, that the Schools Health Insurance Fund establishes the following producer plan for 2024-2025;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager using the form of contract promulgated by the Program Manager.
3. The following compensation levels are approved for 2024-2025 per entity:

Group Name	Broker Fee (PEPM)
Alexandria Township BOE	\$ 65.85
Berlin Borough BOE	\$ 26.69
Bethlehem Township School District	\$ 65.85
Blairstown BOE	\$ 52.30
Bloomsbury BOE	\$ 52.30
Burlington Township BOE	\$ 25.22
Byram Township BOE	\$ 52.30
Califon BOE	\$ 52.30
Chesterfield BOE	\$ 59.61
Cinnaminson Township BOE	\$ 48.16
City of Burlington BOE	\$ 27.41
Clayton BOE	\$ 52.30
Clearview Regional BOE	\$ 52.30
Clinton Township BOE	\$ 65.85
Colts Neck Township BOE	\$ 65.29
East Greenwich BOE	\$ 48.16
Eastern Camden County School District	\$ 59.61
Eatontown BOE	\$ 59.61
ESC of Morris County	\$ 115.76
Florence Township BOE	\$ 61.14
Foundation Academy Charter School	\$ 50.72
Franklin Township School District	\$ 59.61
Fredon Town BOE	\$ 52.30
Frelinghuysen Township BOE	\$ 52.30

Group Name	Broker Fee (PEPM)
Glassboro BOE	\$ 49.13
Gloucester City BOE	\$ 45.84
Gloucester Township BOE	\$ 14.33
Greenwich Township BOE	\$ 52.30
Hanover Park BOE	\$ 78.03
Hardyston Township BOE	\$ 52.30
Harrison Township BOE	\$ 52.30
High Point Regional BOE	\$ 52.30
Hope Township School District	\$ 59.61
Hunterdon Central Regional HS BOE	\$ 47.50
Jamesburg BOE	\$ 52.30
Lebanon Township BOE	\$ 65.85
Lenape Regional High School	\$ 18.27
Lenape Valley Regional BOE	\$ 52.30
Lindenwold BOE	\$ 59.61
Logan Township BOE	\$ 37.58
Lumberton Township BOE	\$ 44.35
Mansfield Township BOE	\$ 52.30
Mantua Township BOE	\$ 58.49
Maple Shade BOE	\$ 52.30
Medford Lakes BOE	\$ 48.16
Medford Township BOE	\$ 60.85
Mendham Borough School District	\$ 51.69
Mendham Township BOE	\$ 65.85
Middlesex BOE	\$ 69.30
Montgomery Township BOE	\$ 39.50
Moorestown Township Public Schools	\$ 12.14
Mt Laurel Township	\$ 31.44
MT. Holly Township BOE	\$ 29.44
Newton BOE	\$ 52.30
Northern Burlington County Regional School Dstrct	\$ 52.30
Oakland BOE	\$ 65.85
Ogdensburg Borough School District	\$ 65.85
Oxford Central School	\$ 59.61
Paulsboro Public Schools	\$ 56.66
Pennsauken BOE	\$ 14.17
Pinelands Regional School District	\$ 75.04
Pohatcong Township BOE	\$ 52.30
Ramapo Indian Hills Regional High School	\$ 17.06
Riverside Township BOE	\$ 48.16
Roxbury Township BOE	\$ 24.50
Sandyston-Walpack Consolidated School District	\$ 54.88
School District of the Chathams	\$ 47.50
Shamong Township BOE	\$ 52.30
Somerset Hills BOE	\$ 65.85
South Harrison BOE	\$ 15.68
Southampton Township BOE	\$ 48.16
Springfield Township BOE	\$ 61.32
Sterling Regional High School	\$ 56.44
Stillwater Township BOE	\$ 55.04
Swedesboro Woolwich BOE	\$ 15.30
Township of Franklin Public Schools (GC)	\$ 54.65
Wallkill Valley Regional BOE	\$ 65.85
Washington Borough BOE	\$ 52.30
Watchung Borough BOE	\$ 65.85
White Township BOE	\$ 52.30
Woodbury City BOE	\$ 21.29
Woodbury Heights BOE	\$ 13.03
Woodland Township BOE	\$ 52.30

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

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 22, 2024

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 14-24

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

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

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

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2024-2025.

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

ADOPTED: MAY 22, 2024

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

**SCHOOLS HEATH 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;

Executive Director
Program Manager
Nurse Advocacy Provider

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. 40A: 11-4.1 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. 40A: 11-4.1 et. Seq.), and

WHEREAS, the competitive contracting process satisfies the fair and open requirement as established under (N.J.S.A. 40A: 11-4.1 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. 40A: 11-4.1 et. Seq.),

NOW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Schools 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. 40A: 11-4.1 et. Seq) and allow the Contracts Committee to review and authorize contract awards as follows:

Executive Director
Program Manager
Nurse Advocacy Provider

**SCHOOLS HEATH INSURANCE FUND
ADOPTED: May 22, 2024**

BY: _____

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 16-24

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

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

WHEREAS, the Fund held a Public Meeting on **May 22, 2024** for the purposes of conducting the official business of the Fund; and

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

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

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

1. Morris Hills Board of Education– Effective 7/1/2023 – Medical and Rx (as amended)
2. Clark Board Of Education - Effective 7/1/2023 – Medical & Rx

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

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

ADOPTED: MAY 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 17-24

**SCHOOLS HEALTH INSURANCE FUND
RESOLUTION REJECTING ALL PROPOSALS FOR
CC# 24-02 - WELLNESS COORDINATOR SCHOOLS HEALTH INSURANCE FUND**

WHEREAS, the **Schools Health Insurance Fund (FUND)** received competitive contract proposals in a fair and open manner on May 14, 2024 at 10:00A.M., for Wellness Coordinator Services as a competitive contract; and

WHEREAS, the Fund received two (3) proposals in response to the invitation to respond; and

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

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

WHEREAS, it is the desire of the Fund to substantially revise the specifications for competitive contract CC# 24-02.

NOW, THEREFORE BE IT RESOLVED, by the Board of Fund Commissioners of the Schools Health Insurance Fund, that any and all competitive contract proposals received for CC# 24-02 Wellness Coordinator Services are hereby rejected in accord with the authority granted within Public Schools Contract Law at P.S.C.L. 18A:18A-22.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 18-24

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

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

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

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

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

Needs fees

1. **Ramp Health** – \$68 per hour coaching; testing varies
2. **Lifeline Screening** – from \$168/screen - \$398/screen
3. **Vernon Nutritional Center** – From \$225 - \$255 a program
4. **Teacher Coach** - \$185- \$495 per person

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

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

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

Wellness Program; and,

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

1. Ramp Health, Lifeline Screening, Vernon Nutritional Center and Teacher Coach is hereby appointed as a Wellness Vendor for a term of one (1) year commencing July 1, 2024 and ending June 30, 2025 with two optional additional one year contract

- extensions
2. That the contract to be entered into is awarded through the “fair and open process” as a "EUS" in accordance with N.J.S.A. 19:44A-20.4 of the Pay to Play Law
 3. That a notice of this action shall be printed once in the official newspaper of the Schools Health Insurance Fund
- .

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 22, 2024

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 19-24

SCHOOLS HEALTH INSURANCE FUND

**RESOLUTION TO AUTHORIZE EXPRESS SCRIPTS TO IMPLEMENT GLP-1 PRESCRIPTION
PROGRAM FOR ALL PRESCRIPTION MEMBERS**

EFFECTIVE SEPTEMBER 1, 2024

WHEREAS, the Schools Health Insurance Fund (hereinafter the Fund) is duly constituted as a joint insurance fund;

WHEREAS, the Fund held a Public Meeting on **May 23, 2024** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Program Manager of the Fund made a recommendation to the Operations Committee to adopt EncircleRX, a GLP-1 prescription drug management program through Express Scripts;

WHEREAS, effective September 1, 2024, members that are prescribed a GLP-1 prescription but not diagnosed with diabetes will participate in the Encircle RX lifestyle modification program, established by the Fund;

WHEREAS, effective September 1, 2024, the Encircle RX program requires members that are prescribed a GLP-1 prescription for diabetes to provide medical documentation to support their diagnosis;

WHEREAS, the members currently with a Prior Authorization for a GLP -1 will not be required to join the program until the Prior Authorization expiration;

BE IT RESOLVED, that the Executive Committee of the Schools Health Insurance Fund hereby approves the implementation of the Encircle RX GLP-1 management program through Express Scripts effective September 1, 2024 for all new members being prescribed a GLP-1 drug or expiring Prior Authorizations for the above mentioned prescription drug classification.

ADOPTED: May 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 20-24

**SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE APRIL AND MAY 2024 BILLS LIST AND TREASURERS REPORT**

WHEREAS, the **Schools Health Insurance Fund** (the “Fund”) held a Public Meeting on **May 22, 2024** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of April and May 2024 for consideration and approval of the Board of Trustees; and

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

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

NOW THEREFORE BE IT RESOLVED the Board of Trustees of the **Fund** hereby approves the Bills List for April and May 2024 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for School Board Joint Insurance Funds.

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 22, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

APPENDIX I

**SCHOOLS HEALTH INSURANCE FUND
OPEN MINUTES
MARCH 28, 2024
MOORESTOWN COMMUNITY HOUSE
12:00 PM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ BY CHAIRMAN
ROLL CALL 2023-2024 BOARD OF TRUSTEES**

Trustee	BOE		
Joseph Collins	Delsea Regional BOE	Chairman	Present
Beth Ann Coleman	Collingswood BOE	Secretary	Present
Lisa Giovanelli	Rancocas Valley BOE		Present
Christopher Lessard	Frankford Township BOE		Present
Evon Digangi	Medford Twp 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		Absent
John Bilodeau	Gloucester Twp BOE		Absent
Fran Adler	Clayton BOE		Present
Katie Blew	North Hunterdon-Voorhees Regional HS		Absent
Derek Jess	Summit BOE		Absent

FUND ADMINISTRATOR:

PERMA Risk Management

Brandon Lodics, Executive Director
Emily Koval, Ass. Executive Director

PROGRAM MANAGER:

Conner Strong & Buckelew

Crystal Bailey, Program Manager
Peter Mina

FUND ATTORNEY:

Ken Harris

FUND TREASURER:

Lorraine Verrill

FUND ACTUARY:

Absent

FUND AUDITOR:

Absent

MEDICAL TPA AMERIHEALTH:

Tyler Jackson

MEDICAL TPA AETNA:

Jason Silverstein

MEDICAL TPA HORIZON:

Michelle Witherspoon

EXPRESS SCRIPTS:

Absent

DELTA DENTAL

Crista O'Donnell

GUARDIAN NURSES: Andrea Spector

OTHERS PRESENT:

Joel Sand	Round Hill Risk
Joe Madera	Hardenbergh Insurance
Jorgelina Sime	Pennsauken BOE
Chuck Grande	Integrity Consulting Group
Anthony Tonzini	Integrity Consulting Group
Scott Davenport	Conner Strong & Buckelew
Susan Jarnigan	Gallagher
Sarah Scala	Conner Strong & Buckelew
John Ogunkanmi	Pennsauken BOE
Susan Panto	Conner Strong & Buckelew
Barbara Farquhar	Delran BOE
Jennifer Judilla	Brown & Brown
Patrick Yacovelli	Conner Strong & Buckelew
Lisa Gaeto	Advanta
Robert Cloutier	Eastern Regional BOE
Ken Verrill	Eastern Regional BOE
Pat Aust	Chesterfield BOE
Dinna Murray	Allen Associates
Tricia Malady	Voorhees BOE
Danielle Didio	Mansfield BOE
Mike Blake	Maple Shade BOE

MOTION TO APPROVE OPEN MINUTES OF FEBRUARY 28, 2024

Moved:	Commissioner Coleman
Second:	Commissioner Adler
Vote:	Unanimous

MOTION TO OPEN THE MEETING TO THE PUBLIC FOR AGENDA ITEMS ONLY

Moved:	Commissioner Adler
Second:	Commissioner Schimpf
Vote:	Unanimous

EXECUTIVE DIRECTORS REPORT

Fast Track Financial Reports – Mr. Lodics introduced the financial fast track through January 31, 2024. He said that there was a return in surplus of \$1.3 million, but seeing basically a break even for this year. The Fund is seeing a large return in investments, thanks to our treasurer. The Fund did not offer dividends at this point, which is good because there is small loss this year.

2024/2025 BUDGET ADOPTION - Enclosed is the 2024 SHIF Budget. There have been no changes to what was introduced. Draft rates have been released to all members and rates may be considered final. We are in receipt of a few rate correction/plan removal requests and those are being processed. Executive Director said there were no changes and asked for a motion to go in to public hearing. He thanked the committee for the positive conversations on this budget.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2024/2025 BUDGET

Moved:	Commissioner Adler
Second:	Commissioner Lessard
Vote:	Unanimous

Discussion of Budget and Assessments : None

MOTION TO CLOSE THE PUBLIC HEARING

Moved:	Commissioner Coleman
Second:	Commissioner Lessard
Vote:	Unanimous

MOTION TO ADOPT RESOLUTION 5-24 AND APPROVE THE 2024-2025 SCHOOLS HEALTH INSURANCE FUND BUDGET IN THE AMOUNT OF \$588,572,422

Moved:	Commissioner Adler
Second:	Commissioner Lessard
Vote:	Unanimous

HIF COOPERATIVE PRICING SYSTEM - At the February meeting, the SHIF agreed to join the HIF Cooperative Pricing System that was being developed. The MRHIF Fund Attorney has begun the filing process, we will continue to keep all Funds updated on status. Six out of the 7 Funds across the State have joined and now waiting on the last one and hope that we will be able move forward shortly.

OPERATIONS & NOMINATIONS COMMITTEE

NEW MEMBER OFFERINGS - Executive Director said the following Schools Boards have submitted applications to the Fund. Their underwriting details are included on page 11.

The Operations Committee have reviewed the same materials and are recommending offering membership. Resolution 6-24 is in Consent.

The 2023-2024 growth to current membership was 7.7%. A new growth capacity table is included with the possibly of these new groups.

1. Metuchen BOE - 7/1/2024
2. Readington BOE - 7/1/2024
3. Washington BOE - 7/1/2024
4. Avon BOE - 7/1/2024
5. Matawan - Aberdeen BOE- 7/1/2024

6. Morris Hills BOE – 7/1/2024
7. West Orange BOE – 7/1/2024

Financial Disclosure Statements - Executive Director encouraged these filings as soon as possible, need to do one for each filing.

Executive Director said that the State health benefits is supposed to be double digit increases because their surplus is very low. He said that this Fund's surplus is due to prudent financial decisions and we have the right programs in place and make good decisions. If anyone interested in the fund, let us know.

Executive Director said there is a group asking about claims experience break outs, they requested for data on the EHP vs. the rest of the fund. We would not be able to do this for 7/1, but we can offer this in 2025 once we set it up in our data system to easily provide.

Would like to issue this group individually for this type of report – and they are going into collective bargaining. The Trustees agreed that this was fine to include, strategically.

Mr. Grande asked for Loss ratios as well. Executive Director said he would take this back.

Chair Collins said in response to the State, we made some good decisions.

FEBRUARY MRHIF MEETING - Executive Director said the MRHIF had their reorganization meeting on February 15, 2024. Commissioner Sekelsky was present to represent the Fund.

Below are some of the key highlights:

1. The Fund Attorney provided an overview of the **Cooperative Pricing System Initiative**.
2. Approval was granted for the Fund Attorney to manage the **Cooperative Pricing System** filing.
3. Approval to go out to RFP for a **Data Warehouse system** was approved.
4. Approval to go out to **RFP for Reinsurer** for multi-year contract was approved.

CLAIMS & WELLNESS

WELLNESS - Mr. Lodics stated that the Wellness Committee is recommending the release of two Wellness RFPs for the 24-25 Wellness Vendors and Wellness Coordinator. Although, both RFPs were released last year, the Committee would like to seek additional vendors for the wellness grants. The Coordinator responses were rejected last year and additional, more specific services were included for 24-25. He stated that a Wellness Committee meeting will need to be scheduled to discuss design and options for next year. Commissioner Lessard explained the two RFPs and stated that if anyone knows of anyone who would be interested to let Emily know.

2024 MEL, MR HIF & NJCE JIF EDUCATIONAL SEMINAR: The 14th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 19th and Friday April 26th from 9AM to 12PM. More information is included in the flyer in the appendix. In response to Secretary Coleman, this does include QPA CE credits.

PROGRAM MANAGER'S REPORT

Mrs. Bailey reviewed the following Program Manager agenda items:

ELIGIBILITY/ENROLLMENT: Please direct any eligibility, enrollment, or system related questions to our dedicated SHIF enrollment team. To contact the team, email shifenrollments@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 (except June's training will be held Tuesday June 18th). Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE: National Preferred Formulary and Exclusions lists effective July 1, 2024 were sent to brokers the week of March 25th. There are 15 SHIF members impacted by the updated formulary.

OPERATIONAL UPDATES: 2024 Open Enrollment – April 22nd – May 10th

All enrollments and/or changes must be entered in WEX by **May 17th** in order for members to receive ID cards timely. As a reminder, only medical ID cards are issued via U.S. Mail. Prescription and dental ID cards are available through the carrier portal.

Updated communications for open enrollment were sent to brokers on March 20, 2024.

2024 LEGISLATIVE REVIEW

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

Medical and Rx Reporting: None

No Surprise Billing and Transparency – Continued Delays

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

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

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

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

Appeals

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
12/12/2023	Medical/ Aetna	SHIF 2023-12-03	Prosthetic services	Upheld	03/07/2024
09/18/2023	Medical/ Aetna	SHIF 2024-02-01	Pathology services	Upheld	09/27/2023
02/09/2024	Medical/ Aetna	SHIF 2024-02-02	Injectable drug	Upheld	02/13/2024
02/15/2024	Medical/ Aetna	SHIF 2024-02-03	Physical Therapy	Upheld	03/11/2024
02/19/2024	Medical/ Aetna	SHIF 2024-02-05	Behavioral Health services	Upheld	03/11/2024
12/19/2024	Medical/ Aetna	SHIF 2024-02-07	MRI	Upheld	01/02/2024
02/26/2024	Medical/ Aetna	SHIF 2024-02-08	Out of pocket amounts	Upheld	03/07/2024
01/19/2024	Medical/ Aetna	SHIF 2024-02-09	CT services	Upheld	01/30/2024
01/03/2024	Medical/ Aetna	SHIF 2024-03-01	Surgical services	Upheld	01/12/2024

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
02/08/2024	Medical/ Aetna	SHIF 2024-02-01	Pathology services	Overtaken	03/01/2024
02/21/2024	Medical/ Aetna	SHIF 2024-02-07	MRI	Overtaken	03/04/2024
02/27/2024	Medical/ Aetna	SHIF 2024-02-09	CT Services	Upheld	03/06/2024
03/01/2024	Medical/ Aetna	SHIF 2024-03-01	Surgical services	Under Review	N/A

Small Claim Committee Appeals: None

GLP Program through ESI - Ms. Bailey said that there is a GLP-1 program with ESI available, but want to review further to make sure the Fund is not affecting diabetics that currently have this. Grandfathering them without the PA process having to be redone. We will look at it and bring to the operations committee. We believe that if we can grandfather, this will help financially.

Appeals

14 appeals – 8 IRO submissions – 1 Small Claims decision

GUARDIAN NURSES (“GN”) – Ms. Spektor reviewed the report included in the agenda which covered January and Feb of 2024 vs. 2023 of the same month. She said the new nurse has good experience with the diabetic program. She said the acuity programs need more time than the complex. She said that the Fund would see \$123,000 in savings with

the diabetic program just based off A1C and ER remissions. In addition, a lower A1C avoids catastrophic claims in the future.

TREASURER – Fund Treasurer reviewed the reports included the agenda for March. In addition, she said the total interest earned for January was \$913,000. She said there is another bank offering 5.4% in a money market account that she will include next month.

FUND ATTORNEY – Fund Attorney was not in attendance but a report was provided to the Committee.

AETNA – Mr. Silverstein reviewed the Aetna report through January. He said that yesterday, Inspira has signed a contract so resign letters will be sent today. In addition, Hackensack is up for 7/1 but discussions are not looking positive at this point. Finally, New York Pres also came to a decision.

AMERIHEALTH – Mr. Jackson reviewed the report included in the agenda.

HORIZON- No report

EXPRESS SCRIPTS – Report included in the agenda.

DELTA – Crista O'Donnell introduced herself as the new account manager and stated no report.

CONSENT AGENDA

Resolution 5-24: 2024-2025 Budget Adoption

Resolution 6-24: New Member Approvals

Resolution 7-24: March 2024 Bills List

Moved:	Commissioner Schmipf
Second:	Commissioner Lessard
Vote:	Unanimous

OLD BUSINESS – None.

NEW BUSINESS – None

PUBLIC COMMENT – None

MOTION TO ADJOURN:

MOTION:	Commissioner Giovanelli
SECOND:	Commissioner Adler
VOTE:	Unanimous

MEETING ADJOURNED: 12:41 pm

NEXT MEETING: May 22, 2024
Moorestown Community House
12:00pm

SHIF Operations Committee Meeting

New Member Review

5.8.2024

9:30am

ZOOM

Participants:

Beth Ann Coleman, Committee Chair

Evon DiGangi, Committee Member

Michael Blake, Committee member

Brandon Lodics, Executive Director

Emily Koval, Associate Executive Director

New Member Review - Mr. Lodics reviewed 2 new member reviews. Clark BOE was sent prior to the call and there were no questions as it was straight forward, standard underwriting. The Committee will include a recommendation for approval.

As for Morris Hills BOE, while the group was looking for coverage, the broker was changed. The broker that did the sale is no longer involved with the district. The Commission has been updated to reflect the response of the new broker. In addition, one other change in the special request which is the formulary. The National Preferred Formulary is the Fund's standard Formulary. There certain classes of meds that are preferred and another brand would be excluded. In order to get the excluded drug, one would have to go through a clinical review to get it approved. The RMP says that protocols of the plans have to be approved, but allowed to have exclusions for various reasons. Last year, there was an exception for Roxbury BOE where there were union issues with the formula and the Fund agreed to allow the basic formulary. Most recently, West Orange BOE also was approved with the basic formulary for those legacy plans – NOT EHP plans. EHP plans are legislatively required to be on the preferred formulary.

The broker requested the non EHP plans to have this open formulary. The rates were increased to reflect this change because the contract with ESI includes better discounts and rebates for the preferred formulary. If this continues, we may have to budget these specific changed plans with the open formulary differently to receive a greater increase because of this. Including this group, there will now be about 1000 lives on this basic formulary, which is significant.

We are asking for approval for this specific plan and the future budgeting for these plans. In response to Commissioner Blake, Mr. Lodics said its hard to provide a dollar amount that we are losing with this formulary. We aren't losing rebates all together, but there are more rebates for the preferred drug.

The Committee agreed to approve the formulary ratings for Morris Hills BOE and the future budgeting. PERMA will write a resolution for the next meeting.

GLP-1 Program through Express Scripts – Mr. Lodics said that there was a forum for the operations committee for this program. Overall, he said this program for these new GLP-1s for weight loss will change the BMI requirement from 30 to

32. There is also a behavioral program to weight in 4 times a month and work with a coach. This will help those that get off the medication to continue to keep the weight off. The prescription increase was about 10% due to these weight loss drugs. Mr. Lodics confirmed that if there is a diabetic or co-morbidities, the drug renewal will not be affected. Those that are already having a PA for weight loss will be grandfathered until the end of their PA so there is no disruption to those who use it. Once the PA is up, they will be subject to the new program. In response to Commissioner DiGangi, Mr. Lodics said that there have been PERC cases that resulted the decision that PAs are not considered a change in benefit.

He said if all protocols are met, the prescription will be filled. If something is missed in one month, it can be made up. The goal of this program is to have a lifelong program and to weed out those that are using for short term fix. In response to Commissioner Blake, Mr. Lodics said he will ask ESI if there are enough coaches for this immediate program implantation. This is a national program so he hopes that there are enough resources. In addition, a scale is provided to the member that automatically links to the application.

APPENDIX II



Date: May 22, 2024

To: Schools Health Insurance Fund Commissioners and Wellness Coordinators

Re: 2024-2024 Wellness Grant Program

For the 11th year in a row, the Schools Health Insurance Fund is excited to offer wellness programs to its members. The Fund has budgeted \$773,000 for such projects.

This year, to promote participation and streamline the administration, the Fund has directly contracted with a menu of different vendors offering various wellness-based programs for our members to choose from. Depending on the demand on the budget, most administrative costs of these program will be paid by the Fund. The Wellness Committee will continue the Build Your Own Program for another year.

The Fund will have marketing materials and videos available to all members for the Vendors listed below.

The following programs are available:

Option 1	Advanta – An incentive based program to help boost, track and reward physical and emotional wellbeing. <i>Employee Incentives are not sponsored by the Fund.</i>
Option 2	Color - Cancer and Cardiovascular Screenings
Option 3	Fitness Knocking - Fitness evaluations, personal training and health education programs primarily for Northern NJ
Option 4	Telligen - Certified Health coaches that provide behavioral health, diabetic and chronic health support.
Option 5	US Wellness – on and offsite biometric screenings, wellness app, health risk assessment, coaching, seminars, health fairs and cancer testing.
Option 6	Valley Health – Health and Wellness educational webinars
Option 7	Ramp Health – In person and virtual Wellness Coaching
Option 8	Lifeline Screening – Heart and Cardiovascular Screening events
Option 9	Vernon Nutritional Center – Offers educational seminars, in person metabolic testing and nutritional counseling
Option 10	Teacher Coach – Offers virtual and on campus wellness visits, musculoskeletal Management, Metabolic Disease and Cancer Management

Option 7	Design Your Own Program – This option will allow the district to design a new wellness plan for this school year. Please include a detailed description of the plan, timeframes and associated costs that the district will be responsible for and total grant money requested by the Fund. Expenses are to be paid directly by the BOE and will be reimbursed by the Fund twice a year. Due dates for these vouchers are January 15 and July 15
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The _____ Board of Education selects Option _____ and is **willing to commit to management resources and will be financial responsible for any wellness expenses outside of the program, including employee incentives.**

The School Board elects _____ to be its

Wellness Champion/Leader who will be paid \$_____ for the year. Please explain estimated hours of work to promote and coordinate. Also include total locations in your district. *Stipends are capped at \$2,500.*

Applications are due by July 10, 2024 Please send all completed and signed applications to: Emily Koval at PERMA Risk Management Services 9 Campus Drive, Suite 216 | Parsippany, NJ 07054 or email to: emilyk@permainc.com

Agreed to and authorized by:

Name:	
Title:	
Date:	