



The Jefferson Health Plan

July 2022
Issue 2022-03

The latest JHP News and Announcements

JHP Fall Semi-Annual Membership Meeting and Educational Seminar

October 26 & October 27, 2022

Columbus Marriott NW

5605 Blazer Parkway, Dublin



Wednesday, October 26

Semi-Annual Membership Meeting & Hospitality

Thursday, October 27

Technology Best Practices

Understanding Prescription Drugs Q & A

HIPAA Certification

Best Practices and Processes – JHP Finance

Wellness



Registration will be open in early August!

Questions: Contact your JHP Account Manager

Finance Update

ORC 9.833

Ohio Revised Code Section 9.833 requires the Jefferson Health Plan to obtain an actuarial certification of the consortium's reserves at the conclusion of each fiscal year. This actuarial certification confirms whether reserves are maintained in accordance with accepted loss reserving standards, and that reserves are sufficient to fund terminal liabilities of the consortium, as of the consortium's year end (June 30, 2022). The report must be prepared and completed within ninety (90) days following the fiscal year end. JHP has contracted with Parsons Risk Strategies for the preparation of this report. Reports will be available no later than September 30, 2022 and will be posted on the ShareFile where the monthly financial statements are located.

If you have questions, please contact Mark Schlagheck, JHP CFO,
mschlagheck@thejeffersonhealthplan.org.

Account Management Update

JHP & HealthReach Program Overview

Care Management Program



This comprehensive outreach program is designed to provide at-risk individuals assistance in making better health choices and decisions to help them reach their maximum health potential. Even minor improvements in plan participant habits and health can deliver measurable results, such as: fewer hospitalizations, fewer emergency room visits, less absenteeism, better outcomes, better quality of life, and lower anticipated long-term claim costs.

1. Nurse care managers begin by sending an introductory letter to identified participants, introducing themselves and the program.
2. The letter is followed by a phone call from the same nurse care manager to address gaps in care for preventive services and management of chronic health conditions.
3. Participants will have the same nurse the entire time they participate in the HealthReach Care Management Program.

Account Management Update Continued

Care Management Program *continued* . . .

The Jefferson Health Plan's (JHP) HealthReach Care Management Program identifies high risk plan participants based on medical and pharmacy claims in order to provide one-on-one care management services. JHP dedicated registered nurses outreach to participants who have been identified with chronic health conditions and/or care gaps to provide care management and health coaching.

Pharmacy & Preventive Care Support HealthReach then identifies any nationally recommended tests or screenings that do not appear in the claims data and provides this information to plan participants and their physicians. Preventive tests and screenings are a very important part of healthcare because they may result in early disease detection.

What if plan participants are maintaining their health and don't need help? If plan participants are managing their current health conditions and taking the precautionary measures to avoid catastrophic illness, it is unlikely they will be contacted by a care manager. This program will help those who need extra assistance and support in maintaining and improving their current medical conditions.



Care Management



Diabetes Management



Wellness Program



Maternicare



Tobacco Cessation

JHP SERVICE CONTACTS

Billing

billing@thejeffersonhealthplan.org

Investment (US Bank/ Audit)

invest@thejeffersonhealthplan.org

Moratoria

moratoria@thejeffersonhealthplan.org

Renewals

renewals@thejeffersonhealthplan.org

Legal and Compliance

legal@thejeffersonhealthplan.org

Ohio Valley Pool

ovp@thejeffersonhealthplan.org

Quotes

quotes@thejeffersonhealthplan.org

Employee with Questions
(Wellness & EAP)

jhpmember@thejeffersonhealthplan.org

Employer with Questions

jhpemployer@thejeffersonhealthplan.org

Broker with Questions

broker@thejeffersonhealthplan.org

Life Insurance

lifeinsurance@thejeffersonhealthplan.org

How Do You Get Started with Care Management?

Take The Call!

A Nurse Care Manager will be calling you to discuss the programs, so take the call to speak with your care manager and take control of your health!

Nurse Care Manager

1-800-582-1535



How does the nurse talk to my other benefit providers?

As part of this program, your nurse may contact your primary care physician. This will be to confirm your physician's plan of care and determine any health goals that the physician has established with you.

Is it confidential? All aspects of the program are confidential.

Do you and others decide what I should do without consulting me?

The nurse is strictly collaborating with your physician, with your knowledge, and does not attempt to change the plan of care in any way.

Will my employer see my information?

- HealthReach is HIPAA compliant, private and secure.
- The only information that the benefit plan sees is if you ARE or ARE NOT participating in the program.

What will happen when I complete the program?

- You will have completed the program when the goals have been met as determined between you and your RN coach.
- You will receive a survey to provide feedback regarding the program.
- You can always contact your nurse care manager in the future if you need additional education, support and coaching to help you continue on a path to wellness and a strong advocate for your own health.



Jefferson Health Plan EAP Program



Employee burnout is on the rise, with 52 percent of employees reporting feeling burned out, up 9 percent since the start of the pandemic. The World Health organization lists the three main symptoms of burnout as:

- feelings of energy depletion or exhaustion
- increased mental distance from your job
- reduced professional productivity

Encouraging employees to take their vacation time – and completely unplug from work – is one of the best ways to reduce burnout and ensure they return rested and recharged.

Audio Clip: “Progressive Muscle Relaxation Exercise”-

<https://www.achievesolutions.net/achievesolutions/en/jhp/Content.do?contentId=18637>

Articles:

“Grown-ups Need to Play”-

<https://www.achievesolutions.net/achievesolutions/en/jhp/Content.do?contentId=7925>

“Mindfulness: The Art of Being Present”-

<https://www.achievesolutions.net/achievesolutions/en/jhp/Content.do?contentId=40305>

“Little Changes, Big Rewards”-

<https://www.achievesolutions.net/achievesolutions/en/jhp/Content.do?contentId=9620>

“On Vacations: Is Relaxing a Forgotten Art”-

<https://www.achievesolutions.net/achievesolutions/en/jhp/Content.do?contentId=3103>



The Achieve Solutions website contains many articles.

Please visit the site www.achievesolutions.net/jhp to locate the information.

Contact your Account Manager for more EAP information.
information or achievesolutions.net/jhp • 877-233-0976
Free • Confidential • 24/7

IRS Announces 2023 HSA/HDHP and Excepted Benefit HRA Limits

The Internal Revenue Service (IRS) recently issued [Revenue Procedure 2022-24](#) which announced the inflation-adjusted maximum contribution limits for health savings accounts (HSAs), along with minimum deductible and maximum out-of-pocket expenses for high-deductible health plans (HDHPs) for calendar year 2023. The table below summarizes those adjustments and other applicable limits:

Contribution and Out-of-Pocket Limits for Health Savings Accounts and High-Deductible Health Plans			
Type of Limit	2023	2022	Change
HSA Maximum Annual Contribution	Self-only: \$3,850 Family: \$7,750	Self-only: \$3,650 Family: \$7,300	Self-only: +\$200 Family: +\$450
HSA Maximum Catch-up contribution (age 55 or older)	\$1,000	\$1,000	No change
HDHP Minimum Annual Deductible	Self-only: \$1,500 Family: \$3,000	Self-only: \$1,400 Family: \$2,800	Self-only: +\$100 Family: +200
HDHP Maximum Annual out-of-pocket amounts	Self-only: \$7,500 Family: \$15,000	Self-only: \$7,050 Family: \$14,100	Self-only: +\$450 Family: +\$900

IRS's new higher HSA contribution limit and HDHP out-of-pocket maximum will take effect January 1, 2023. HDHP deductible limits will increase for plan years that begin on or after that date.

In [Revenue Procedure 2022-24](#), the IRS also announced that the maximum newly available amount for 2023 in an Excepted Benefit HRA (EBHRA) is \$1,950 (up from \$1,800 in 2022). EBHRAs, first available in 2020, are limited-dollar, nonintegrated HRAs that qualify as excepted benefits. They can be offered by employers of any size and must meet specified requirements.

CMS Online Disclosure for 7/1 and 8/1 Renewals

As you may recall, the Centers for Medicare and Medicaid Services require all employers who offer prescription drug plans to electronically file a confirmation with CMS verifying some general plan information and that the notices were sent to participants on or before October 15. For CMS creditable coverage reporting purposes, “plan year” means annual renewal period. Disclosure to CMS must be made within 60 days after the beginning of the “plan year” (annual renewal period). Therefore, 7/1/2022 renewals must file online on or before 8/29/2022 and 8/1/2022 renewals must file online on or before 9/29/2022. The website is as follows:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm>

The CMS Guidance and Screen Prints for the electronic filing can be found to the left of the fields of entry. When reviewing the screen print examples, please note that some sections of the Disclosure Form may not apply to your plan. Only fields relevant to your plan may appear on your screen. Also note that Total Number of Medicare Part D Eligible Individuals covered as of Plan Year Beginning Date can be acquired from your TPA.



No Surprises Act Update – Posting of Machine-Readable Files

Effective July 1, 2022, employers offering group health plans to their employees must begin complying with the federal No Surprises Act Transparency in Coverage (TiC) Rule requiring employers to create machine-readable files (MRFs). The MRFs must contain negotiated rate information for healthcare services that are provided in-network as well as allowed amounts for services derived from historical claims from out-of-network providers. Employers were required to make these MRFs available through a publicly available website beginning July 1, 2022.

Since the adoption of the No Surprises Act, the Jefferson Health Plan has remained in contact with the various third-party administrators (TPAs) utilized by JHP members to ensure that the necessary information is being created for member compliance with the TiC Rules. Most of the TPAs utilized by JHP members have created a website link where the MRFs can be accessed with the MRFs updated on a monthly basis as required by the TiC Rule. This link supplied by the TPA can then be posted on the employer’s website for the employer to comply with the TiC Rule.

If you have not received yet instructions from your TPA about posting MRFs or a website link where the MRFs will be available, please contact your TPA for further information. Likewise, if your TPA already has provided information and instructions about accessing MRFs, but you have not yet added the link (or MRFs) to the employer’s website, please add this information to the website now to ensure compliance.

As another way to reach out to current JHP groups and communicate issues that directly impact our members, we will be providing updates on what is happening in the consortium.

If you have items that you would like to see in these updates, feel free to let us know!

Email: jhpemployer@thejeffersonhealthplan.org

The Jefferson Health Plan has an APP? Download the free APP to your mobile device. (Apple or Android). Stay up to date with events and happenings.



Search for *The Jefferson Health Plan* in your APP store.



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