



The latest JHP News and Announcements

## JHP Spring Semi-Annual Membership Meeting

Wednesday, April 20, 2022

Quest Conference Center

New Location: 9200 Worthington Road • Westerville, OH

Continental Breakfast @ 9:00 a.m.

Meeting Begins @ 10:00 a.m.

Lunch provided after the meeting.

*See you there!*

**Registration is live for the Jefferson Health Plan Spring Semi-Annual Membership Meeting on April 20, 2022. More information is available on our [website](#).**

Click the link above to register.

### *RENEWALS*

**July renewals will be distributed electronically prior to the semi-annual meeting.**

**Contact your JHP Account Manager if you have questions.**

**Remember to sign and return your renewal.**

### **A Foundation for Better Health**

The Jefferson Health Plan (JHP) is a regional council of governments that enables its members to provide flexible health benefit plans combined with the power of large group purchasing.

### **Sharing the Benefits of Group Purchasing**

Launched in 1985, JHP is a consortium that operates on a non-profit basis and is designed to coordinate services and health care related benefits to non-Federal political subdivision through group purchasing. Claims experience of an individual member organization is pooled with JHP's other member groups to provide greater stability to the individual member group's funding levels than a stand-alone insured or self-insured plans. JHP is focused on the delivery of the best care through a broad cross-section of regional and national healthcare networks that include local hospitals and familiar doctors.



**Jefferson**  
HEALTH PLAN

# Account Management Update

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## A Foundation for Better Health *continued* . . .

### A New Kind of Philosophy

JHP is dedicated to supporting the financial needs of its member's group benefit programs while responding to the employee's desire for access to high-quality care. JHP member groups maintain autonomy over plan design backed by JHP's strong cash reserves. Groups in JHP experience greater security and stability with their overall healthcare benefit plans. JHP is focused on helping members maximize healthcare dollars.

**The Jefferson Health Plan's HealthReach Programs were developed to promote and support the total well-being of plan participants in all JHP member organizations.**

The HealthReach Programs are offered as an enhancement to your existing health plan, giving JHP plan participants access to clinical advice, quality diabetic supplies, and cutting edge medical and wellness information. All components of the HealthReach program are integrated and supported by HealthReach registered nurses.

In addition to HealthReach Care Management, JHP offers health coaching, maternity support programs, tobacco cessation programs, and online health and wellness educational materials and interactive tools.



Care Management



Diabetes Management



Wellness Program



Maternicare



Tobacco Cessation



## JHP SERVICE CONTACTS

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Don't know who to contact?

Reach out to any

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## ***Account Management Update Continued***

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Qualifying life events are those situations that cause a change in your life that has an effect on your health insurance options or requirements. The IRS states that a qualifying event must have an impact on your insurance needs or change what health insurance plans that you qualify for. In either case, the qualifying life event would trigger a special enrollment period that would make you eligible to select a new coverage option. It's important to make any necessary plan changes during the enrollment period.



### **Examples of qualifying life events:**

#### **Loss of health care coverage:**

- Losing health insurance for any reason except not paying premiums
- Losing eligibility (Medicaid, Medicare or a Children's Health Insurance Program)
- Turning 26 and losing coverage through a parent's plan
- Loss of job-based coverage (quit or fired)

#### **Change in household:**

- Marriage, divorces or legal separation
- Pregnancy, adoption of a child or any adding of dependents
- Losing coverage due to a death in the family

#### **Changes in residence:**

- Moving to a different coverage area (state or county)
- Student moving schools
- Workers moving to and from the place they live and work

#### **Other qualifying events:**

- Changes in income that affect the coverage you qualify for
- Becoming a U.S. Citizen
- Released from incarceration
- Your spouse retires, which forces you to lose coverage
- Your spouse changes jobs



# Jefferson Health Plan EAP Program



## The Benefits of Good Sleep

Sleep is vital to your well-being. When you get the sleep you need, your ability to learn, solve problems and cope with change improves. But one in three American adults don't get enough sleep.

Ready to improve your sleep habits? Your Employee Assistance Program (EAP) benefit can help you:

- Understand the benefits of healthy sleep
- Identify obstacles to good sleep
- Get a better night's sleep

## Autism Awareness, Care and Support

According to the Centers for Disease Control and Prevention (CDC), autism affects an estimated 1 in 54 children in the U.S. As a spectrum disorder, each person with autism has their own strengths and challenges, and the emotional and physical stress parents, siblings, and caregivers can be significant.



The Achieve Solutions website contains many articles. Please visit the site [www.achievesolutions.net/jhp](http://www.achievesolutions.net/jhp) to locate the information.

Contact your Account Manager for more EAP information.  
information or [achievesolutions.net/jhp](http://achievesolutions.net/jhp) • 877-233-0976  
Free • Confidential • 24/7

## ***Legal Update***

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### **Annual PCORI Fee Adjustment and Filing**

You may recall that the Affordable Care Act (ACA) imposes an annual fee on health insurance issuers and plan sponsors of self-insured health plans to help fund the Patient-Centered Outcomes Research Institute (PCORI). The Further Consolidated Appropriations Act, 2020 extended the PCORI Fee through plan years ending before October 1, 2029. The fee is calculated by multiplying the average number of lives covered under the policy or plan by a dollar amount. The dollar amount is adjusted for inflation each year based on increases in the projected per capita amount of national health expenditures. The IRS recently published [Notice 2022-04](https://www.irs.gov/pub/irs-drop/n-22-04.pdf) ([www.irs.gov/pub/irs-drop/n-22-04.pdf](https://www.irs.gov/pub/irs-drop/n-22-04.pdf)), announcing that the adjusted dollar amount or PCORI fee is \$2.79 per covered life for policy and plan years that end on or after Oct. 1, 2021, and before Oct. 1, 2022, up from \$2.66 for the prior period. Accordingly, payment amounts due in 2022 will differ based on the employer's plan year:

- \$2.66 per covered life for plan years ending in January 2021 through September 2021 (see [Notice 2020-84](#))
- \$2.79 per covered life for plan years ending in October 2021 through December 2021 (see [Notice 2022-04](#))

The IRS put together a chart showing applicable fee amounts depending on the plan year end date.

<https://www.irs.gov/affordable-care-act/patient-centered-outreach-research-institute-filing-due-dates-and-applicable-rates>

Employers that sponsored self-insured health plans are required to report and pay this fee on the second quarter Form 720, Quarterly Federal Excise Tax Return due by July 31 of the year following the last day of the plan year. Since July 31, 2022 falls on a Sunday, the PCORI fees are due by August 1, 2022 for plan years ending in 2021.

The Jefferson Health Plan will again work to prepare the Form 720 used for filing the PCORI fee. They will coordinate payment by issuing checks from each member group's reserve account for the amount of the fee. Filing and payment will be submitted for each member organization prior to the August 1, 2022 deadline. You will be receiving the completed Form prepared for your signature in the coming months in an email. Please review your Form and upon approval, sign, scan, and return the documents electronically per the instructions in the email provided for filing and payment.



## ***Legal Update Continued***

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### **2023 Maximum Annual Out-Of-Pocket Limit**

The Affordable Care Act (ACA) provides that a non-grandfathered group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under sections 1302(c)(1) and (c)(2) of the Affordable Care Act. These are known as out-of-pocket maximum limits. The Department of Health and Human Services (HHS) has issued the 2023 out-of-pocket maximums for non-grandfathered group health plans, which are effective for plan years beginning on or after January 1, 2023. See [HHS.gov](https://www.hhs.gov) for more information.



U.S. Department of  
Health and Human  
Services

<b>ACA Maximum Out-of-Pocket</b>	<b><u>2023</u></b>	<b><u>2022</u></b>	<b><u>Change</u></b>
<b>Self-Only</b>	<b>\$9,100</b>	<b>\$8,700</b>	<b>+ \$400</b>
<b>Family</b>	<b>\$18,200</b>	<b>\$17,400</b>	<b>+ \$800</b>



### **HRSA Updates the Affordable Care Act Preventive Health Care Guidelines to Improve Care for Women and Children**

Under Section 2713 of the ACA, non-grandfathered group health plans are required to provide coverage of certain specified preventive services without cost sharing (such as a copayment, coinsurance, or a deductible). These preventive services include:

- Evidence-based items or services that have an “A” or “B” recommendation rating from the United States Preventive Services Task Force (USPSTF).
- Immunizations recommended for routine use in children, adolescents, and adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).
- Evidence-informed recommendations to improve the health and wellbeing of infants, children, and adolescents that are included in the Health Resources and Services Administration’s (HRSA’s) Bright Futures Project.
- Recommended services included in the HRSA-supported Women’s Preventive Services Guidelines, including all Food and Drug Administration (FDA)-approved contraceptives, sterilization procedures, and patient education and counseling for women with reproductive capacity, as prescribed by a health care provider (collectively, contraceptive services).

## ***Legal Update Continued***

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Recommendations and guidelines are updated periodically and plans generally must cover newly recommended services in plan years beginning on or after the date that is one year after the guideline is issued.

On January 11, 2022, the U.S. Department of Health & Human Services (HHS) announced that HRSA has updated comprehensive preventive care and screening guidelines for women and for infants, children, and adolescents, which HRSA accepted on December 30, 2021. See HHS.gov for more information.

HRSA's updated guidelines for women's preventive services and screenings include:

- Counseling to prevent obesity in women aged 40 to 60 years with normal or overweight body mass index;
- Double electric breast pumps, pump parts and maintenance, and breast milk storage supplies;
- The full range of women's contraceptives listed in the recently updated FDA Birth Control Guide;
- Screening for HIV infection for all adolescent and adult women aged 15 and older at least once during their lifetime, and risk assessment and prevention education beginning at age 13; and
- Pre-pregnancy, prenatal, postpartum, and interpregnancy well-woman visits.

HRSA's [Bright Futures Program](#) develops recommended evidence-informed guidelines for preventive care screenings and routine visits for newborns through adolescents up to age 21. The American Academy of Pediatrics (AAP) convenes a team of pediatric primary care experts with funding from HRSA to review scientific evidence and new standards annually and recommend updates to the [Bright Futures Periodicity Schedule](#) based on the latest research and public comments. On December 30, 2021, HRSA also accepted updates to existing Bright Futures guidelines. HRSA's revised guidelines for infants, children, and adolescents preventive care and screenings include: (1) adding universal screening for suicide risk to the current Depression Screening category for individuals ages 12 to 21; (2) new guidance for behavioral, social and emotional screening (for all ages); (3) new guidelines for assessing risks for cardiac arrest or death for individuals ages 11 to 21; and (4) a new risk assessment for hepatitis B virus infection in newborn to 21-year-olds.

Non-grandfathered group health plans subject to these requirements will be required to provide coverage without cost-sharing of new and updated services in the Women's Preventive Services Guidelines and the Bright Futures Periodicity Schedule during plan years beginning in 2023.



## *Legal Update Continued*

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**COVID.gov** a New One-Stop Shop Website for Vaccines, Tests, Treatments, Masks, and the Latest COVID-19 Information

The Biden administration, on Wednesday, March 30, 2022, has launched COVID.gov, a new website that will help people find out where to get vaccines, test kits, testing site locations, treatments, and high-quality masks. COVID.gov also provides people an easy way to find the level of COVID-19 in their community. See <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/30/fact-sheet-biden-administration-launches-covid-gov-a-new-one-stop-shop-website-for-vaccines-tests-treatments-masks-and-the-latest-covid-19-information>.

The White House provides that:

- The Administration has worked over the past 14 months to set up over 90,000 vaccination sites, make more than 400 million high-quality masks available for free, send free tests to peoples' homes, and stand up new test-to-treat sites where people can get tested and receive life-saving antivirals all in one place. Now, with a click of a button, people will be able to find where to access all of these tools, as well as receive the latest CDC data on the level of COVID-19 in their community.
- As part of COVID.gov, the Administration launched a new Test-to-Treat locator tool (<https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/>) to help the individuals access the over 2,000 Test-to-Treat Sites across the country where they can get COVID-19 tests and receive treatment, and access lifesaving drugs if they are sick with COVID-19.
- The website also links to places where people can order free COVID-19 tests, locate vaccination clinics and places to obtain free high-quality masks (N95 respirators).
- COVID.gov will be available in English, Spanish, and Simplified Chinese and is accessible for those using assistive technologies. The Administration is also making all of these COVID-19 tools available over the phone through the National Hotline at 1-800-232-0233 (TTY 1-888-720-7489), which supports over 150 languages. For individuals with disabilities who may need additional support, the Disability Information and Access Line (DIAL) is also available to help at 1-888-677-1199 or via email at [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org).



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](mailto:jhpemployer@thejeffersonhealthplan.org)



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