# OPERATING ENGINEERS TRUST FUND
# OF WASHINGTON, D.C.
# HEALTH AND WELFARE PROGRAM
# LOCAL NO. 77
# BOARD OF TRUSTEES MEETING

## AUGUST 19, 2024

# Operating Engineers Local No. 77
# Health & Welfare and Pension Funds

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Sparks, MD 21152-9451
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## HEALTH & WELFARE

## AGENDA

## August 19, 2024

**I. CALL TO ORDER**

**II. MINUTES**

- Regular meeting – May 15, 2024

**III. FINANCIAL REPORT**

- Investment Performance Services

**IV. CONSULTANT'S REPORT**

- Bolton – 2nd Quarter 2024
- Out of Network Discounter Analysis Update
- Short Term Disability Benefit Cost Analysis
- IUOE Coalition Pricing Through CVS

**V. ATTORNEY'S REPORT**

- Breach of Fiduciary Duty Litigation for Failure to Monitor PBMs
- Recent HIPAA Rule Prohibiting Disclosure of PHI re: Reproductive Health Care
- Status of Transitional Reinsurance Fee Litigation

**VI. ADMINISTRATIVE MANAGER'S REPORT**

- Gain/Loss Reports – June 2024

**VII. PARTICIPANT APPEALS**

**VIII. OTHER FUND BUSINESS**

**IX. NEXT MEETING DATE AND LOCATION**

- November 12, 2024

**X. ADJOURNMENT**

# MINUTES

# Operating Engineers Local No. 77
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**MINUTES OF THE MEETING OF THE**
**BOARD OF TRUSTEES OF THE**
**OPERATING ENGINEERS LOCAL 77 HEALTH & WELFARE TRUST FUND**
**TUESDAY, MAY 14, 2024**

The following Trustees were present:

| UNION TRUSTEES | EMPLOYER TRUSTEES |
|---|---|
| J. VanDyke | J. Knowles |
| Steve Faulkner | C. Burke |
| B. Gilroy | |
| Jose Ventura | |

**ALSO PRESENT:**

R. Devlin – Bolton
C. Fuller – McChesney & Dale, P.C.
D. Jensen – Associated Administrators, LLC
J. Mink – Investment Performance Services, LLC (Part of the Meeting)
K. Phillips – Associated Administrators, LLC

## I. CALL TO ORDER

The Chairman called the meeting to order.

## II. MINUTES

The Trustees, each having previously received a copy of the minutes of the regular meeting held on February 13, 2024, waived the reading, and,

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to approve the minutes of the regular meeting held on February 13, 2024 as written.**

## III. FINANCIAL REPORTS

### Investment Performance Services

The Trustees welcomed Ms. Jennifer Mink from Investment Performance Services (IPS) to the meeting. Ms. Mink reviewed the investment performance analysis for the First quarter 2024. The report indicated assets of $37,722,962 as of March 31, 2024 compared to $36,452,729 as of December 31 2023, producing a gain of $653,095 for the quarter. The report further indicated the total return for the quarter ending March 31, 2024 was 1.8%. For domestic large cap equity the returns were 13.2%; for investment grade fixed income the returns were 0.1%; for short duration high yield fixed income the returns were 1.4%; and for real estate the returns were negative 4.7% for the quarter ending March 31, 2024.

### Asset Allocation

Ms. Mink reviewed the current asset allocations. No changes were recommended at this time.

The Trustees thanked Ms. Mink for her report and she was excused from the meeting.

## IV. CONSULTANT'S REPORT

### Bolton - Fourth Quarter Financial Update

The Trustees welcomed Mr. Ryan Devlin of Bolton Partners to the meeting. Mr. Devlin distributed a report comparing the projected benefit cost to the actual benefit cost for the period January 1, 2024 through March 31, 2024. Contributions increased 7.7%. Total revenue for the first quarter of 2024 was $4,912,403. Disbursements were $3,856,278, resulting in a surplus of $1,056,125. Mr. Devlin stated the Fund currently has an estimated 22.6 net months in reserve.

### CVS 2023 Annual Reconciliation

Mr. Devlin reported that the Fund collected $14,296.75 from CVS for not achieving the minimum guaranteed pricing terms as part of the HCCC PBM Contract.

**Recovery Centers of America**

Recovery Centers of America submitted a pricing proposal. Further comparison and analysis will have to be completed before making any decision; the information that was supplied by RCA was not specific enough. The representative and main point of contact, Virginia Mical, resigned from RCA and the position is still open.

**IUOE International PBM**

The IUOE International has made the decision to change carriers from OptumRx to CVS, effective January 1, 2025. A savings analysis from Bolton will be forthcoming.

**Short Term Disability**

The Trustees would like Bolton to do a cost analysis of the Short Term Disability benefit. The current benefit is $250/week. They would like to see an increase in the payment of $100-$200 per week. Mr. Devlin will work on getting information. The Fund office will be providing reports to Bolton.

**Out of Network Discounter Analysis Update**

Mr. Devlin stated the Fund currently has no out of network repricing. An analysis is currently underway to find a company to provide this service. All necessary NDA's need to be in place before any claims data can be shared for analysis. The data was given to Zelis and Claimsbridge. The data will be shared with A&S Financial as soon as we receive their NDA. There will be an update on the pricing at the August meeting, after the results of the true net savings. If the results are close, presentations from the vendors may be requested.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to approve to have Bolton work with CVS to get information about the IUOE coalition to obtain better pricing through CVS.**

## V. ATTORNEY'S REPORT

1. Mr. Fuller reported that the hearing aid benefit change amendment has been signed. An SMM was created and given to the Fund Administrator for mailing to participants. The new IPS Investment Policy was distributed and signed, effective May 14, 2024.
2. On February 21st, 2024 there was a cyberattack on Change Healthcare. Change Healthcare is a provider of revenue and payment management for healthcare claims. An investigation is ongoing to see what, if any, Local 77 data was affected. In the meantime, individuals who are concerned that they may have been affected by this cyberattack can contact UHG's call center to opt-in to a free credit monitoring and identity protection service. A sample letter was sent to the Fund Administrator to be distributed to all members. The information will also be included in the next FYB.
3. The vendor Change Healthcare was employed in conjunction with Local 77 claims processing by Associated Administrators. The Fund office used Change Healthcare for Provider payments and EOB's. Because of the cyberattack on February 21st, 2024. Associated Administrators terminated their contract with Change Healthcare and are now processing all claims payments and EOB's through Zelis. The service agreement between Associated Administrators and IUOE Local 77 has been amended to include this information. The updated service agreement was reviewed by Fund Counsel and was presented to the Board for approval and signature.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to approve the letter provided by Change Healthcare for distribution to all participants.**

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to approve the updated services agreement between Associated Administrators and Local 77.**

The Trustees thanked Mr. Fuller for his report.

## VI. ADMINISTRATIVE MANAGER'S REPORT

### Gain/Loss Reports

Mr. Jensen presented the Administrative Manager's Report for the period January 1, 2024 through March 31, 2024. Such report indicated total contributions of $4,005,603, self-payments of $2,500, COBRA income of $5,130, net reciprocity income of $223,452, retiree self-pay income of $189,437, prescription subsidy of $4,981, interest on delinquent contributions of $520, liquidated damages of $2,460, miscellaneous income of $2, interest income of $26,510, interest on investments in the American Core Realty account of $26,197, interest on investments in the Wedge fixed Capital Management account of $537, interest on investments in the Wedge LG Capital Management account of $77,374, dividend on investments in the Wedge LG Capital Management account of $10,017, interest on investments in the Chartwell Investment account of $154,272, interest on investments in the Vanguard account of $0, a loss in investments in the American Realty account of $17,983, a loss in investments in the Boyd Watterson account of $156,608, a gain in investments in the Wedge LG Capital Management account of $338,789, a gain on investments in the Vanguard account of $814,804, a gain on the investment in the Chartwell account of $1,033, a loss in the Wedge fixed income account of $66,491. There were expenses totaling $3,910,739 for the period, producing a net gain for the period of $1,056,128.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

> **RESOLVED to accept the Administrative Manager's Report for the period January 1, 2024 through March 31, 2024 as presented.**

## VII. OTHER FUND BUSINESS

Mr. Jensen stated the Fiduciary Liability Insurance for all four Funds was renewed for May 1, 2024 – May 1, 2025. Premiums were paid, $2,848 the H&W portion ($21,008 total) and waiver of recourse letters were sent out April 24, 2024.

## VIII. PARTICIPANT/PROVIDER APPEALS

### Participant Appeal #RX24/117-3529

Mr. Fuller presented an appeal from the provider. The provider, Parul Jani, MD is appealing on behalf of the participant's spouse for coverage of Wegovy, which is an injectable prescription drug used for weight loss. It was noted that a Prior Authorization for Wegovy was denied by CVS/Caremark because anti-obesity medications are not covered under the Plan.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to deny the appeal to cover the drug Wegovy.**

**Participant Appeal #RX24/119-6543**

The provider, Sohan Varma, MD, is appealing on behalf of the participant's spouse for the coverage of Wegovy, which is an injectable prescription drug used for weight loss. It was noted that a Prior Authorization for Wegovy was denied by CVS/Caremark because anti-obesity medications are not covered under the Plan.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to deny the appeal for the drug Wegovy.**

**Participant Appeal #RX24/124-6543**

The provider, Deepali Parel, MD, is appealing on behalf of the participant's spouse for the coverage of Saxenda, which is an injectable prescription drug used for weight loss. It was noted that a Prior Authorization for Saxenda was denied by CVS/Caremark because anti-obesity medications are not covered under the Plan.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to deny the appeal for the drug Saxenda.**

**Participant Appeal #RX24/113-5651**

The provider, Meredith Tussing, NP, is appealing on behalf of the participant's spouse for the coverage of Zepbound, which is an injectable prescription drug used for weight loss. It was noted that a Prior Authorization for Zepbound was denied by CVS/Caremark because anti-obesity medications are not covered under the Plan.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to deny the appeal for the drug Zepbound.**

**Participant Appeal #M24/115-9481**

The provider, MedStar Medical Group, is appealing for payment of a claim for the participant's daughter that was denied. The provider states that their claim was coded correctly.

Funds records indicate MedStar Medical Group submitted a claim for an office visit with a primary diagnosis of "Encounter for administrative exam." Medical records received indicated that the participant's daughter presented on August 18, 2023 with paperwork from the DMV and was "sent for a medical evaluation due to them being notified she may have a medical condition that may impact her ability to drive." The claim was denied because the Plan does not cover any medical care, including examinations, procedures and treatments, which are not recommended or approved by a legally qualified physician or surgeon and which are not approved by the Board of Trustees.

Upon a motion made and seconded, the Trustees voted unanimous approval of the following resolution:

**RESOLVED to deny the appeal for payment.**

## IX. NEXT MEETING DATE AND LOCATION

After discussion, the Trustees affirmed August 19, 2024 and November 12, 2024 as the 2024 meeting dates, beginning at 9:00 a.m. and will be held at the Landover Office of Associated Administrators, LLC.

## X. ADJOURNMENT

There being no further business to come before the Trustees, the meeting was adjourned.

Respectfully submitted,

John Knowles - Chairman

# FINANCIAL REPORT

# CONSULTANT'S REPORT

Bolton

# Operating Engineers Trust Fund of Washington, D.C. Health & Welfare Fund Local No. 77

Consultant's Report

*Ryan Devlin, Senior Consultant*

August 19, 2024

# Agenda

- Q2 2024 Financial Update
- Short-Term Disability Analysis
- CVS Coalition Comparison
  - HCCCC vs. IUOE
- Out of Network Discounter Analysis Update
- GLP-1 Prescription Drug Class Discussion

# Projected vs. Actual

## Operating Engineers Local 77 Trust Fund

## Projected vs. Actual Results

**For the Six Months Ended June 30, 2024**

| | Projected Annual '24 | Projected Monthly | Projected 1/24 - 6/24 | Actual 1/24 - 6/24 | Actual Monthly | Variance 1/24 - 6/24 |
|---|---|---|---|---|---|---|
| **Receipts** | | | | | | |
| Total Contributions | $ 17,323,489 | $ 1,443,624 | $ 8,661,744 | $ 8,667,840 | $ 1,444,640 | $ 6,096 |
| Investment Earnings (net) | 1,431,926 | 119,327 | 715,963 | 1,072,878 | 178,813 | 356,915 |
| **Total Revenue** | **$ 18,755,415** | **$ 1,562,951** | **$ 9,377,707** | **$ 9,740,718** | **$ 1,623,453** | **$ 363,011** |
| **Disbursements** | | | | | | |
| Benefit Expense | $ 16,845,322 | $ 1,403,777 | $ 8,422,661 | $ 7,985,755 | $ 1,330,959 | $ (436,906) |
| Administrative Expense | 968,158 | 80,680 | 484,079 | 548,840 | 91,473 | 64,761 |
| **Total Disbursements** | **$ 17,813,480** | **$ 1,484,457** | **$ 8,906,740** | **$ 8,534,595** | **$ 1,422,433** | **$ (372,145)** |
| **Surplus/(Deficit)** | **$ 941,935** | **$ 78,495** | **$ 470,967** | **$ 1,206,123** | **$ 201,021** | **$ 735,156** |
| ***Estimated net months in reserve*** | | | | ***22.3*** | | |

# Short-Term Disability Analysis

| STD Per Week Benefit | Annual Expected Cost | Annual $ Increase |
|---|---|---|
| Current - $250 | $43,856.53 | |
| $350 | $61,399.14 | $17,542.61 |
| $450 | $78,941.75 | $35,085.22 |

- Current Short-Term Disability Benefit = $250 / Week

- Based on the short-term disability claims from calendar year 2023, the Fund can expect the following additional annual cost for a $100 and $200 weekly increase:
  - $350 / Week = $17,543
  - $450 / Week = $35,085

# PBM Deal Comparison – HCCCC vs. IUOE

| *Based on most recent 6 months of Rx claims data (Feb - Jul 2024) | | | CVS | | |
|---|---|---|---|---|---|
| | | | HCCCC - 2024 | HCCCC - 2025 | IUOE - 2025 |
| **Retail 30** | **Scripts** | **AWP** | | | |
| Brand | 1,238 | $ 37,770 | 20.05% | 20.00% | 20.00% |
| Generic | 10,948 | $ 1,958,020 | 85.35% | 87.00% | 86.20% |
| **Retail 90** | | | | | |
| Brand | 34 | $ 290,016 | 20.75% | 20.00% | 20.00% |
| Generic | 276 | $ 682,196 | 85.35% | 87.00% | 86.20% |
| **Mail** | | | | | |
| Brand | 426 | $ 473,912 | 25.00% | 20.00% | 20.50% |
| Generic | 5,654 | $ 1,470,328 | 89.10% | 91.80% | 94.75% |
| **Specialty** | 274 | $ 3,483,485 | 18.25% | 18.25% | 25.00% |
| **Total Pricing** | | | **$4,010,275** | **$3,952,902** | **$3,693,144** |
| **Rebates - Minimum Guarantees** | | | | | |
| Retail 30 | | | $310.59 | $364.79 | $345.89 |
| Retail 90 | | | $745.42 | $875.51 | $1,231.06 |
| Mail | | | $745.42 | $875.67 | $1,258.11 |
| Specialty | | | $3,849.43 | $3,906.40 | $3,143.11 |
| **Total Rebates** | | | **$1,782,147** | **$1,924,766** | **$1,867,235** |
| Dispensing Fee Retail Claims | | | $0.30 | $0.30 | $0.25 |
| Dispensing Fee Mail Claims | | | $0.00 | $0.00 | $14.50 |
| Dispensing Fee Specialty Claims | | | $0.00 | $0.00 | $150.00 |
| **Total Fees** | | | **$3,656** | **$3,656** | **$132,307** |
| **TOTAL COST - YEAR 1** | | | **$2,231,783** | **$2,031,791** | **$1,958,216** |
| **TOTAL COST - YEAR 2** | | | **$2,231,783** | **$1,846,495** | **$1,736,125** |
| **TOTAL COST - YEAR 3** | | | **$2,231,783** | **$1,714,643** | **$1,563,955** |
| **TOTAL COST - 3 YEARS COMBINED** | | | **$6,695,349** | **$5,592,929** | **$5,258,296** |
| **$ Difference from HCCCC** | | | | | **($334,633)** |
| **% Difference from HCCCC** | | | | | **-5.98%** |

- Earlier in 2024, the IUOE International announced they had struck a new PBM coalition partnership with CVS effective January 1, 2025

- The HCCCC and IUOE coalition pricing terms are similar, but the IUOE pricing terms are slightly better.

# HCCCC vs. IUOE – Year 2

| | | | CVS | | |
|---|---|---|---|---|---|
| | | | HCCCC - 2024 | HCCCC - 2026 | IUOE - 2026 |
| **Retail 30** | **Scripts** | **AWP** | | | |
| Brand | 1,238 | $ 37,770 | 20.05% | 20.00% | 20.00% |
| Generic | 10,948 | $ 1,958,020 | 85.35% | 87.10% | 86.30% |
| **Retail 90** | | | | | |
| Brand | 34 | $ 290,016 | 20.75% | 20.00% | 20.00% |
| Generic | 276 | $ 682,196 | 85.35% | 87.10% | 86.30% |
| **Mail** | | | | | |
| Brand | 426 | $ 473,912 | 25.00% | 20.00% | 20.50% |
| Generic | 5,654 | $ 1,470,328 | 89.10% | 91.80% | 94.75% |
| **Specialty** | 274 | $ 3,483,485 | 18.25% | 18.25% | 25.10% |
| **Total Pricing** | | | **$4,010,275** | **$3,950,262** | **$3,687,020** |
| **Rebates - Minimum Guarantees** | | | | | |
| Retail 30 | | | $310.59 | $433.66 | $373.11 |
| Retail 90 | | | $745.42 | $1,040.79 | $1,316.46 |
| Mail | | | $745.42 | $1,040.91 | $1,336.81 |
| Specialty | | | $3,849.43 | $3,984.44 | $3,706.43 |
| **Total Rebates** | | | **$1,782,147** | **$2,107,422** | **$2,091,713** |
| Dispensing Fee Retail Claims | | | $0.30 | $0.30 | $0.20 |
| Dispensing Fee Mail Claims | | | $0.00 | $0.00 | $16.00 |
| Dispensing Fee Specialty Claims | | | $0.00 | $0.00 | $150.00 |
| **Total Fees** | | | **$3,656** | **$3,656** | **$140,817** |
| **TOTAL COST - YEAR 2** | | | **$2,231,783** | **$1,846,495** | **$1,736,125** |

# HCCCC vs. IUOE – Year 3

| | | | CVS | | |
|---|---|---|---|---|---|
| | | | HCCCC - 2024 | HCCCC - 2027 | IUOE - 2027 |
| **Retail 30** | **Scripts** | **AWP** | | | |
| Brand | 1,238 | $ 37,770 | 20.05% | 20.00% | 20.00% |
| Generic | 10,948 | $ 1,958,020 | 85.35% | 87.20% | 86.40% |
| **Retail 90** | | | | | |
| Brand | 34 | $ 290,016 | 20.75% | 20.00% | 20.00% |
| Generic | 276 | $ 682,196 | 85.35% | 87.20% | 86.40% |
| **Mail** | | | | | |
| Brand | 426 | $ 473,912 | 25.00% | 20.00% | 20.50% |
| Generic | 5,654 | $ 1,470,328 | 89.10% | 91.80% | 94.75% |
| **Specialty** | 274 | $ 3,483,485 | 18.25% | 18.25% | 25.20% |
| **Total Pricing** | | | **$4,010,275** | **$3,947,621** | **$3,680,897** |
| **Rebates - Minimum Guarantees** | | | | | |
| Retail 30 | | | $310.59 | $486.70 | $403.86 |
| Retail 90 | | | $745.42 | $1,168.07 | $1,398.41 |
| Mail | | | $745.42 | $1,168.13 | $1,412.29 |
| Specialty | | | $3,849.43 | $4,002.78 | $4,077.04 |
| **Total Rebates** | | | **$1,782,147** | **$2,236,634** | **$2,266,269** |
| Dispensing Fee Retail Claims | | | $0.30 | $0.30 | $0.15 |
| Dispensing Fee Mail Claims | | | $0.00 | $0.00 | $17.50 |
| Dispensing Fee Specialty Claims | | | $0.00 | $0.00 | $150.00 |
| **Total Fees** | | | **$3,656** | **$3,656** | **$149,328** |
| **TOTAL COST - YEAR 3** | | | **$2,231,783** | **$1,714,643** | **$1,563,955** |

# Out-of-Network Claims Discounter

| Vendor | OON Claims Total | OON Claim Savings | OON Claims Total After Discount & Fees | OON Discount Cost | Shared Savings % |
|---|---|---|---|---|---|
| Current - None | $857,960 | $0 | $857,960 | 0.0% | n/a |
| A&S Financial Services | $857,960 | $394,662 | $463,298 | 54.0% | 20% |
| ClaimsBridge | $857,960 | $574,864 | $283,097 | 67.0% | 10% |
| Zelis | $857,960 | $554,410 | $303,550 | 64.6% | 20% |

- Each vendor was provided with the OON claims for the Fund for calendar years 2022 and 2023.
- The above results have been annualized so that everything reflects a 12-month basis.
- Zelis is the only vendor who is currently connected to Associated Administrators for data sharing purposes.

Bolton

# What Plan Sponsors Need to Know about Anti-Obesity Medications (AOMs)

# About Anti-Obesity Medications

- While weight-loss medications have been available for decades, recent developments in glucagon-like peptide-1 (GLP-1) receptor agonists have led to a dramatic increase in utilization in these injectable medications

- GLP-1 therapies mimic the hormones produced by the intestines, instructing the pancreas to release insulin The medications can also:
  - Increase feelings of fullness
  - Keep food in the stomach longer
  - Reduce blood sugar levels

# History of GLP-1s

## FDA Approval and Clinical Adoption:

- The first GLP-1 receptor agonist, exenatide (Byetta), was approved by the FDA in **2005** for the treatment of Type 2 Diabetes.
- Since then, several other GLP-1 receptor agonists, like liraglutide (Victoza) and semaglutide (Ozempic), have been developed and approved.

## Expansion to Obesity Management:

- Beyond Diabetes, GLP-1 drugs were observed to cause weight loss, leading to their exploration and eventual approval for weight management in certain cases.

It is the expansion beyond Diabetes that has led to much of the global media hype:

- "Miracle Drug for Diabetes?”
- "Beyond Diabetes: Weight Loss Wonder Drug”
- "Game-Changer for Heart Health?”

# GLP-1s: Why All the Fuss?

## GLP-1s: Why All the Fuss?

| | Saxenda | Wegovy | Ozempic | Mounjaro |
|---|---|---|---|---|
| Active Ingredient | liraglutide | semaglutide | semaglutide | tirzepatide |
| Annual Cost | $19,696 | $21,045 | $10,704 | $12,276 |
| Route | Self-Administered injection | Self- Administered injection | Self-Administered injection | Self-Administered injection |
| Dose Timing | Daily | Weekly | Weekly | Weekly |
| FDA Approval | Obesity | Obesity | Type II Diabetes | Type II Diabetes; Obesity, pending |
| Mean % Weight Loss | 5.4%–7.4% | 9.6%–16% | 5-10% | Up to 20% |

### The good . . .

- Highly effective
- Tolerable side effects
- High media attention
- Positive impact to other related chronic conditions

Source: Fierce Pharma—J.P. Morgan

### The bad . . .

- Costly drug
- High consumer demand
- Some not approved for obesity
- High off-label use impacting supply issues
- When drug is stopped, weight is re-gained unless lifestyle changes occur

### The results . . .

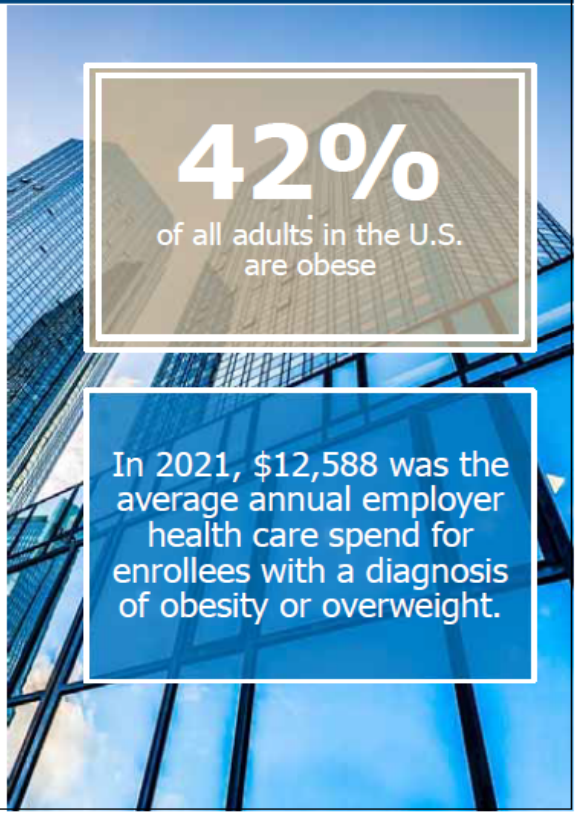
- ❑ GLP-1 spend rose by 40% in 2022
- ❑ Projected GLP-1 spend to reach $71B by 2032
- ❑ Ozempic® alone represents 4%-5% of total plan cost.
- ❑ Diabetes treatments account for ~18% of the total cost for pharmacy plans.

# GLP-1s: Key Considerations

## GLP-1s -Key Considerations

- Forecasted growth from 2023 to 2027 is +378% (+$8.1B) in spend
- Health plan, PBM coverage and ongoing monitoring
- Prior Authorizations
  - Initial trial or coverage period to assess effectiveness in the individual patient
    - requirements for periodic assessment for continuation of coverage
  - Inclusion of weight support program for initial and ongoing lifestyle change:
    - once target weight goal is met (or close to goal) a process for ongoing follow up with physician, including for discontinuation of the medication
    - refer to weight management program for ongoing lifestyle change support
- Behavior and lifestyle modification programs, while addressing SDOH (social determinants of health)
- Case management for complex situations
- Integration of programs impacting weight management
- Dynamic FDA-approved pipeline for GLP-1s

Source: Gallagher BenIntel; KFF Analysis of Merative MarketScan Commercial Database, 2011-2021

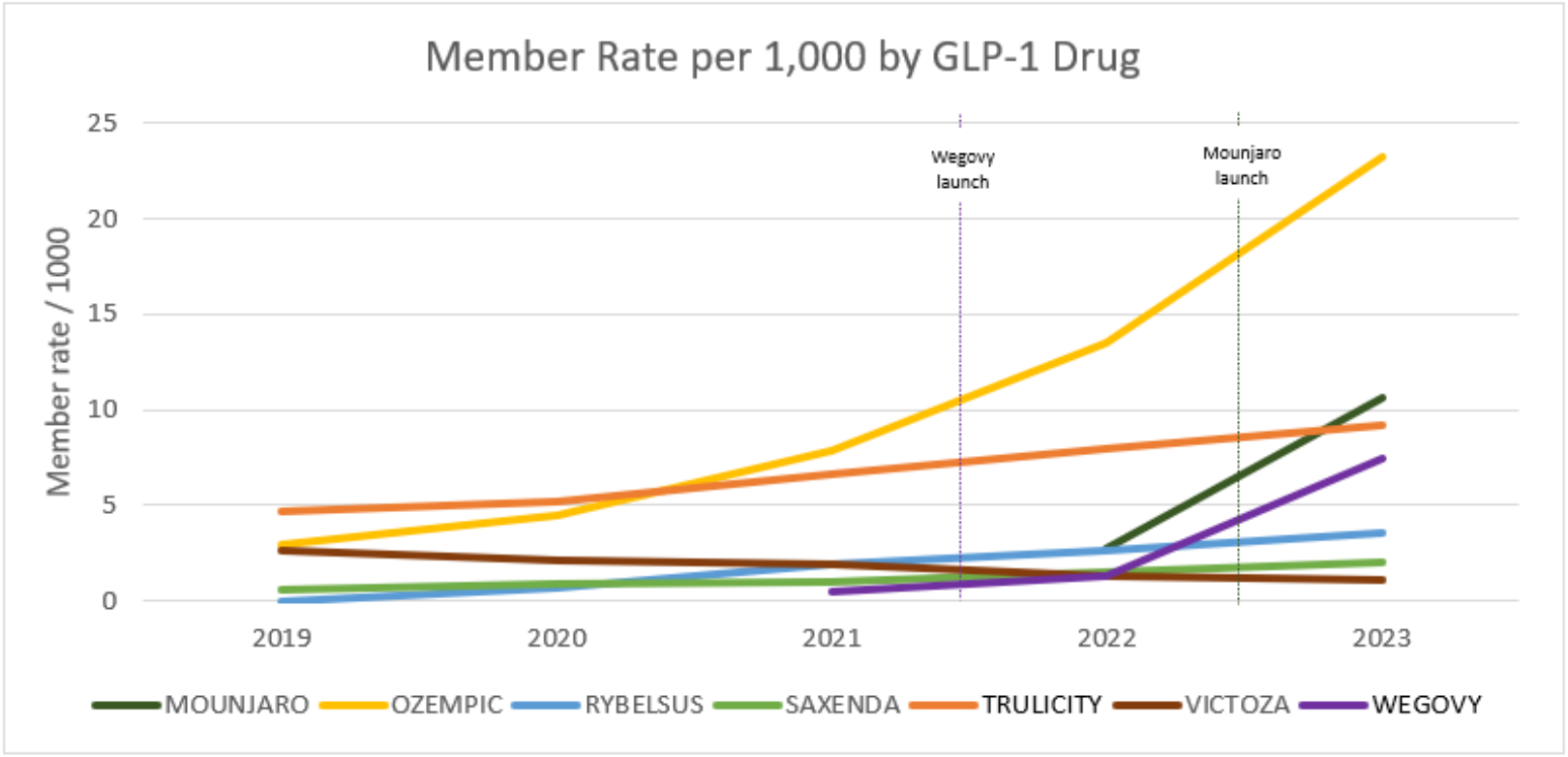


# The Tsunami of GLP-1's

- Member rate per 1,000 has increased from **11 in 2019 to 51 in 2023**
  - Varies by GLP1 drug, with Ozempic trending the highest
- More than $491 million has been spent on advertising in 2023, a 21% increase over 2022

Source: IQVIA , 2023

# The Tsunami of GLP-1's




*GLP1s: Mounjaro, Ozempic, Rybelsus, Saxenda, Trulicity, Victoza, Wegovy; Byetta & Bydureon had minimal impact).

# Potential Impact & Side Effects

- GLP-1 receptor agonists have demonstrated **15% to 20%** weight loss in adults with obesity
- Most common side effects of GLP-1 agonists include loss of appetite, nausea, vomiting and diarrhea
- Other side effects can include dizziness, mild increased heart rate, infections, headaches and indigestion

# Potential Impact & Side Effects

- Severe — but rare — side effects can include: pancreatitis, medullary thyroid cancer, acute (sudden) kidney injury, worsening diabetes-related retinopathy
- Most weight is gained back if medication is not continued

# Members are paying 5-9% of the total cost

Majority of the spend falls on the plan with little skin in the game for employees

| GLP1 | Average Monthly Total Cost | Member Paid Rx Per 30 Day Supply ($) | Member Paid Rx Per 30 Day Supply (%) |
|---|---|---|---|
| Total | $961 | $61.63 | 6% |
| BYDUREON | $781 | $35.60 | 5% |
| BYETTA | $755 | $66.88 | 9% |
| MOUNJARO | $1,024 | $87.60 | 9% |
| OZEMPIC | $880 | $46.09 | 5% |
| RYBELSUS | $849 | $46.30 | 5% |
| SAXENDA | $1,149 | $59.90 | 5% |
| TRULICITY | $921 | $64.18 | 7% |
| VICTOZA | $950 | $45.61 | 5% |
| WEGOVY | $1,352 | $95.67 | 7% |

Source: AEC Rx 2023

# The Cost of Non-Compliance

- One large study found that only 32% of GLP-1 users were persistent at one year and only 27% were adherent to therapy during the post-year
- A comprehensive actuarial analysis sited 26% potential waste in employer drug spend due to lack of persistency/adherence for GLP-1 users

Sources: Study by Prime Therapeutics and MagellanRx; actuarial analysis by Milliman

# Anti-Obesity Medications are NOT for Everyone

“Hungry Gut”

- Defined by a lack of feeling full between meals, since the body moves food out of the stomach more quickly than usual
- People within the Hungry Gut group are more likely than others to respond well to GLP-1 medications as part of a broader treatment plan that could also include a specialized diet and lifestyle modification
- New saliva tests are coming on the market to identify best candidates

# Define in Detail Your Prior-Authorization Process

- PBM instructed to inform party requesting pre-authorization that authorization for any weight management AOM will include the patient to be part of a comprehensive weight management program
- Member must be 18 years of age or older
- Medication prescribed must be specific for the treatment of obesity
  - Off-label use of medications is not acceptable
- Member agrees to actively participate in the offered weight management program
- Managing clinician certifies member has been actively involved in a dietary/ behavior modification and exercise program for weight loss

# Define in Detail Your Prior-Authorization Process

- Member must meet one of the following:
  - Has a BMI of 30 or greater
  - Has a BMI of 27-29.9 and one of the following co-morbid conditions:
    - Type 2 Diabetes
    - Hypertension
    - Hyperlipidemia
    - Coronary Artery Disease
    - Obstructive sleep apnea
- Initial approval period 3 months
  - Scripts dispensed maximum 30-day fills
- If able the member should engage with a weight management app to provide ongoing support

# Key Questions for Plan Sponsors

- What are the coverage requirements for GLP-1 drugs (e.g., >35 BMI)?
- Are GLP-1 users required to engage in health coaching and other supports?
- How effective are the health coaching and other supports offered to participants?
- What quantity limits and other Drug Utilization Review requirements has your PBM implemented?
- Are prescribing providers required to have specialization in obesity management?

# Key Questions for Plan Sponsors

- Do all participants have access to culturally-competent primary care / behavioral health support?
- How well are participants educated on potential benefits / side-effects of medications?
- What sorts of outcomes-based clinical performance guarantees are in place with vendors?
- To what degree have PBM pricing and rebate arrangements been optimized?
- What steps are in place to measure both the benefits and costs of covering these medications?

# Key Takeaways

- GLP-1s are here to stay
- They are not for everyone
- Offer a range of obesity management solutions
- Develop compliance “guardrails”
- With the potential costs to your plan, manage your fiduciary exposure
- Good luck!

# ATTORNEY'S REPORT

McChesney & Dale, P.C.

# Memo

To: Board of Trustees, Operating Engineers Local 77 Health & Welfare Trust Fund
From: Charles F. Fuller
Date: August 15, 2024
Re: Breach of Fiduciary Duty to Monitor Pharmacy Benefit Managers

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A case pending in the United States District Court for the District of New Jersey (*Lewandowski v. Johnson & Johnson*) is seeking to hold an employer sponsored health plan liable for mismanagement of the plan's prescription drug benefit. The plaintiff alleges that the defendants breached their fiduciary duties and mismanaged the prescription drug benefit program, costing the ERISA plan and the participants millions of dollars in the form of higher payments for prescription drugs, higher premiums, higher deductibles, higher coinsurance, higher copays, etc. Although the plan is a single employer sponsored plan, and contains aspect that are different that the Local 77 plan, the allegations could also apply to a multiemployer plan and warrant the attention of the trustees.

## Legal Background

ERISA requires that fiduciaries "discharge [their] duties with respect to a plan solely in the interest of the participants and beneficiaries and…with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent man acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and

with like aims." That requirement is commonly referred to as a duty of prudence. The allegations in the New Jersey case hinge on alleged violations of the duty of prudence.

**Allegations in Complaint**

The Complaint focuses on the plan's practices in selecting its pharmacy benefits manager ("PBM") and its contracting for, and monitoring of, the PBM services. The Complaint takes aim at certain fairly standard PBM practices, including the use of "spread" pricing, where a PBM retains the difference between what it pays a pharmacy and what the plan pays the PBM for any given drug. The Complaint contrasts "spread" pricing with "pass-through" pricing, where a PBM is compensated via a flat administrative fee and charges the plan the same price for any given drug that it pays to a pharmacy. The plaintiff alleges that "pass-through" pricing both keeps the PBM's interests aligned with the plan's and prevents PBMs from favoring the sale of any particular drug, which protects patients. The Complaint also focuses to some degree on the fact that the defendant's plan is funded through a trust, funded by both employer and employee contributions.

The Complaint alleges that PBMs are incentivized to work against the interests of plans. The Complaint alleges that payments from PBMs to brokers and consultants for recommendations to use a particular PBM provide incentives that conflict with the plan's interests. The Complaint also alleges PBMs are incentivized to steer participants to drugs with the highest profit margin for the PBM, including by arbitrarily designating certain pharmaceuticals as "specialty" drugs—which potentially allows the PBM to charge higher prices. Importantly, the complaint has been brought against the plan and those charged with administering it, and not the PBM.

The Complaint alleges three fiduciary breaches by the trustees in managing the Plan: (1) the trustees failed to adequately negotiate the contract with its PBM and failed to exercise its rights under the contract; (2) the trustees failed to properly consider either contracting with a separate PBM or a PBM that uses a "pass-through" pricing model; and (3) the trustees failed to consider carving out its specialty drug contract with its PBM.

The litigation is still in its early stages and the parties are briefing motions to dismiss the complaint. It is too early to weigh the validity of the plaintiff's claims and their impact on plans in the future. In its broadest sense, the litigation is a claim against those charged with administering the plan for failing to exercise prudence in choosing and monitoring the PBM. The claims against the health plan are similar to claims for breach of fiduciary duty that have been brought against 401(K) plans, failure to properly monitor charges and fees, and thus leading to greater cost to participants. Therefore, the trustees should be aware of this new potential area of litigation and consider whether any action to prevent any similar claims being brought against the plan and its trustees should be taken now or in the future.

## Actions for Consideration

In order to better administer the plan and to defend against any similar claims to be made by participants against the plan, the trustees should consider the following:

- Review the PBM contract and monitor the PBMs service providers regularly (annually)
- Review the plan documents to make sure there is not conflict between the terms of the plan and the PBM contract and/or services
- Audit the plan and PBM annually
- Conduct a routine market check which may include a Request for Information (RFI) or a Request for Proposal.

McChesney & Dale, P.C.

# Memo

To: Board of Trustees, Operating Engineers Local 77 Health & Welfare Trust Fund
From: Charles F. Fuller
Date: August 15, 2024
Re: Operating Engineers Local 77 Health & Welfare Plan

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On April 26, 2024, the U.S. Department of Health and Human Services' Office for Civil Rights (OCR) published a final rule to provide new protections for the privacy of reproductive health information under the Health Insurance Portability and Accountability Act (HIPAA). The final rule amends the privacy regulations promulgated under HIPAA (the Privacy Rule) by establishing new guardrails against certain uses and disclosures of individually identifiable reproductive health information. These amendments to the Privacy Rule (the Amendments) represent an important part of the Biden Administration's efforts to protect access to reproductive health care following the Supreme Court's decision regarding abortion rights in *Dobbs v. Jackson Women's Health Organization*.

The primary purpose of the Amendments is to restrict the circumstances in which HIPAA-regulated entities may disclose an individual's reproductive health information for the purpose of an investigation or proceeding against persons for seeking, obtaining, providing, or facilitating lawful reproductive health care, including abortion. During the comment period on the final rule, many comments confirmed to OCR fears of liability for involvement in reproductive health care post-*Dobbs*, detering individuals from seeking medical care, to their

detriment and to the effectiveness of the health care system. This outcome is at odds with the policies underlying the Privacy Rule (which was to increase medical care participation by protecting PHI).

The Amendments to the Privacy Rule become effective on June 25, 2024, and regulated entities must be in compliance with most of them by December 22, 2024.

## Background of the Privacy Rule

The Privacy Rule consists of detailed provisions designed to protect the privacy of individuals' "protected health information" (PHI), which comprises most individually identifiable health information created, received, maintained, or transmitted by "covered entities." Covered entities are defined in HIPAA rules as (1) health plans, (2) health care clearinghouses, and (3) health care providers who electronically transmit any health information in connection with transactions for which HHS has adopted standards.

Under the Privacy Rule, covered entities and their "business associates" (i.e., HIPAA-regulated entities) are prohibited from using or disclosing PHI without obtaining a written authorization from the individual to whom the PHI pertains, unless a specific exception applies. The Privacy Rule details many exceptions, including (1) for uses and disclosures necessary to treat a patient, or (2) to bill a patient's insurer for such treatment, as well as (3) uses and disclosures needed for various public policy purposes. Public policy purposes include law enforcement activities. The current Privacy Rule expressly permits covered entities and their business associates to disclose PHI to law enforcement officials under certain circumstances, including to respond to a subpoena or warrant issued as part of a law enforcement investigation.

## Implications of Law Enforcement Disclosures

The Privacy Rule's "law enforcement" exception to the general individual authorization requirement could, in the post-*Dobbs* environment, threaten to undermine the primary goal of the Privacy Rule "to provide greater protections to individuals' privacy to engender a trusting relationship between individuals and health care providers." As OCR has observed, actions by numerous states to restrict abortion access post-*Dobbs* has eroded individuals' expectation of privacy with regards to the use or disclosure of their reproductive health information. The Amendments thus aim to limit the scope of the Privacy Rule's law enforcement exception in a manner that does not interfere with recently enacted state restrictions on reproductive health care.

To achieve this goal, the Privacy Rule amendments add a prohibition on the disclosure of PHI where PHI is requested for the purpose of investigating or imposing liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify a person in connection with such a purpose **and**:

- The reproductive health care is/was obtained or provided in a state where such care is lawful, and outside of the state where the investigation or proceeding is authorized.
- The reproductive health care is/was "protected, required, or expressly authorized by Federal law," regardless of which state in which the health care is/was provided.
- The regulated entity receiving the request has no actual knowledge that the reproductive health care was unlawful and the requesting person has provided no factual information that "demonstrates a substantial factual basis" that the health care was unlawful.

To ensure compliance with this prohibition, the Amendments require regulated entities that receive requests for PHI potentially related to reproductive health care for law enforcement purposes, or for health oversight, judicial or administrative, or certain individual identification purposes, *to obtain a signed attestation from the requesting party to verify that the use or disclosure of that PHI is not prohibited as noted above*. Regulated entities must presume that the

reproductive health care at issue was lawful under the specific circumstances in which it was provided *unless* they have actual knowledge or factual information that demonstrates a "substantial factual basis" to the contrary.

## Conclusion

In order to prepare for compliance with the Amendments by December 22, 2024, regulated entities should update their HIPAA privacy compliance policies and procedures and retrain staff to understand when information regarding reproductive health care may and may not be provided to law enforcement entities and other officials. There is a February 16, 2026 requirement for updates to HIPAA Notices of Privacy Practices. OCR plans to provide a model notice to help with this update prior to the required date.

**Removed from final draft of memo**:

## Modifications to Proposed Rule

Although OCR largely retained in the final Amendments the provisions it proposed in 2023, it made a number of clarifying adjustments and a few substantive changes. Among those changes was the deletion of a proposed prohibition on relying on an individual's authorization as the basis for disclosure of the individual's reproductive health-related PHI in circumstances that would otherwise require an attestation. OCR had proposed that prohibition based on concern that persons seeking access to an individual's reproductive health-related PHI might exert pressure on the individual and effectively coerce the individual into signing an authorization to permit disclosure of the PHI to such persons. The comments OCR received in response to the proposed prohibition, however, convinced the agency that, on balance, it was preferable to leave intact an individual's right to authorize such disclosures. Although OCR made clear that it remains concerned about duress or coercion being exerted by persons seeking reproductive health-related PHI, it concluded that: "The right of individuals to access their PHI and choose to disclose their PHI to another person is a cornerstone of HIPAA, and as such, we are not proceeding with [that] proposal." OCR stated that it will, on an ongoing basis, monitor the complaints it receives and the outcome of agency enforcement actions to identify potential coercion.

CONCLUSION

(Removed after last sentence of conclusion):

With respect to the updates required to covered entities' Notices of Privacy Practices (mentioned in footnote 6 above), OCR plans to provide a model notice that will facilitate updates by the required date (February 16, 2026).

# ADMINISTRATIVE MANAGER'S REPORT

# OPERATING ENGINEERS TRUST FUND OF WASHINGTON D.C.
## STATEMENT OF GAIN OR LOSS

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL | AVERAGE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INCOME** | | | | | | | | | | | | | | |
| **CONTRIBUTIONS** | 1,595,484 | 957,855 | 1,452,265 | 1,431,814 | 1,250,465 | 1,355,618 | | | | | | | 8,043,500 | 1,340,583 |
| **CONTRI-SELF PAY** | 1,000 | 0 | 1,500 | 1,000 | 2,000 | 404 | | | | | | | 5,904 | 984 |
| **COBRA-SELF PAY** | 693 | 1,247 | 3,190 | 2,635 | 693 | 1,595 | | | | | | | 10,054 | 1,676 |
| **RECIPROCITY INCOME** | 69,827 | 66,001 | 87,623 | 119,792 | 64,707 | 56,164 | | | | | | | 464,116 | 77,353 |
| **RECIPROCITY PAYMENTS** | (39,675) | (42,292) | (37,878) | (32,022) | (51,299) | (27,607) | | | | | | | (230,772) | (38,462) |
| **RETIRED-SELF PAY** | 65,945 | 60,862 | 62,630 | 61,840 | 59,565 | 61,720 | | | | | | | 372,562 | 62,094 |
| **LIQUIDATED DAMAGES** | 0 | 2,220 | 240 | 0 | 0 | 0 | | | | | | | 2,460 | 410 |
| **INTEREST INCOME** | 8,203 | 8,672 | 9,635 | 10,574 | 10,226 | 9,486 | | | | | | | 56,796 | 9,466 |
| **INTER.INC-AMER.CORE REALTY** | 0 | 0 | 26,197 | 0 | 0 | 25,577 | | | | | | | 51,774 | 8,629 |
| **INT ON DELINQUENCY** | 52 | 461 | 8 | 0 | 13 | 35 | | | | | | | 569 | 95 |
| **WASHINGTON MERC DIVIDEND** | 0 | 0 | 0 | 0 | 24 | 0 | | | | | | | 24 | 4 |
| **WEDGE LG CAP - INTEREST INCOME** | 204 | 174 | 159 | 194 | 147 | 152 | | | | | | | 1,029 | 171 |
| **WEDGE LG CAP - DIVIDEND INCOME** | 3,823 | 2,318 | 3,877 | 2,909 | 2,318 | 4,758 | | | | | | | 20,002 | 3,334 |
| **WEDGE FIXED- INTEREST ON INVEST.** | 14,455 | 37,437 | 25,481 | 45,600 | 21,068 | 18,348 | | | | | | | 162,390 | 27,065 |
| **CHART - INTEREST ON INVESTM.** | 39,936 | 42,710 | 71,626 | 46,733 | 43,905 | 81,817 | | | | | | | 326,726 | 54,454 |
| **VANGUARD - INTEREST ON INVESTMENT** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **WEDGE LG CAP - GAIN & LOSS** | 59,900 | 138,605 | 140,284 | (136,518) | 104,004 | 7,653 | | | | | | | 313,928 | 52,321 |
| **WEDGE FIXED - GAIN & LOSS** | 14,394 | (128,504) | 47,620 | (169,924) | 101,960 | 65,450 | | | | | | | (69,005) | (11,501) |
| **AMER CORE REALTY - GAIN & LOSS** | 0 | 50,635 | (68,618) | 22,840 | 0 | (30,930) | | | | | | | (26,073) | (4,345) |
| **VANGUARD - GAIN & LOSS** | 53,622 | 170,520 | 34,837 | (110,955) | 161,971 | 177,257 | | | | | | | 487,251 | 81,209 |
| **CHART - GAIN & LOSS** | (16,683) | (23,386) | 41,103 | (78,709) | 50,636 | 43,747 | | | | | | | 16,707 | 2,784 |
| **BOYD WATTERSON - GAIN & LOSS** | 0 | (66,090) | (90,518) | 0 | 0 | (25,928) | | | | | | | (182,536) | (30,423) |
| **RETIREE DRUG SUBSIDY INTERIM PAYMENT** | 0 | 0 | 4,981 | 0 | 0 | 0 | | | | | | | 4,981 | 830 |
| ***MISC.INCOME** | 0 | 2 | 0 | 0 | 17 | 0 | | | | | | | 19 | 3 |
| **TOTAL INCOME** | **1,871,178** | **1,279,446** | **1,816,243** | **1,217,802** | **1,822,421** | **1,825,316** | **0** | **0** | **0** | **0** | **0** | **0** | **9,832,407** | **1,638,734** |
| **EXPENSES** | | | | | | | | | | | | | | |
| **ADMIN.FEE** | 43,808 | 43,808 | 43,808 | 43,808 | 43,808 | 43,808 | | | | | | | 262,848 | 43,808 |
| **ACTUARIAL FEES** | 6,300 | 0 | 0 | 6,300 | 0 | 0 | | | | | | | 12,600 | 2,100 |
| **AUDITING** | (3,100) | 0 | 0 | 0 | 12,850 | 0 | | | | | | | 9,750 | 1,625 |
| **BANK CHARGES** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **BENEFITS PAID** | 778,480 | 973,039 | 992,327 | 751,148 | 1,369,252 | 1,263,098 | | | | | | | 6,127,343 | 1,021,224 |
| **PRESCRIPT BEN PAID** | 309,505 | 316,385 | 18,600 | 405,952 | 275,541 | 118,210 | | | | | | | 1,444,192 | 240,699 |
| **FIDUC.RESPONSIB.INSUR.** | 0 | 0 | 0 | 2,848 | 0 | 0 | | | | | | | 2,848 | 475 |
| **INVEST COUNSEL FEE** | 11,781 | 29,870 | 8,258 | 12,237 | 15,444 | 8,096 | | | | | | | 85,684 | 14,281 |
| **INVEST CUSTODIAN FEE** | 0 | 0 | 0 | 1,447 | 0 | 0 | | | | | | | 1,447 | 241 |
| **INV PERF EVAL FEE** | 0 | 0 | 4,557 | 0 | 0 | 0 | | | | | | | 4,557 | 759 |
| **LEGAL FEES** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **MEETING EXPENSE** | 102 | 0 | 201 | 0 | 0 | 128 | | | | | | | 431 | 72 |
| **PAYROLL AUDIT FEE** | 0 | 8,033 | 1,125 | 1,476 | 0 | 0 | | | | | | | 10,634 | 1,772 |
| **POSTAGE** | 1,175 | 0 | 2,045 | 0 | 1,417 | 0 | | | | | | | 4,637 | 773 |
| **CARE FIRST FEE** | 15,732 | 15,252 | 15,768 | 15,443 | 14,879 | 15,964 | | | | | | | 93,038 | 15,506 |
| **CONIFER CASE MANAGEMENT** | 18,736 | 20,221 | 19,931 | 21,268 | 19,969 | 21,028 | | | | | | | 121,154 | 20,192 |
| **PRINT & STATIONERY** | 0 | 0 | 2,215 | 0 | 3,260 | 0 | | | | | | | 5,475 | 913 |
| **REGISTRATION FEE** | 0 | 0 | 1,148 | 0 | 0 | 0 | | | | | | | 1,148 | 191 |
| **TELEPHONE EXP** | 0 | 0 | 0 | 0 | 294 | 0 | | | | | | | 294 | 49 |
| **TRAVEL EXP** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **HIPAA** | 358 | 290 | 284 | 354 | 273 | 340 | | | | | | | 1,899 | 317 |
| **SWIFTMD MONTHLY MEMBERSHIP FEE** | 3,459 | 3,447 | 3,474 | 3,465 | 3,435 | 3,408 | | | | | | | 20,688 | 3,448 |
| **OFFICE SUPPLIES & EXP.** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **TRUSTEE EXPENSES** | 0 | 554 | 0 | 0 | 0 | 0 | | | | | | | 554 | 92 |
| **DUES & SUBSCRIPTIONS** | 843 | 0 | 0 | 0 | 0 | 0 | | | | | | | 843 | 140 |
| **DENTAL INSURANCE** | 54,225 | 58,348 | 55,763 | 75,695 | 52,343 | 54,209 | | | | | | | 350,582 | 58,430 |
| **VISION BENEFITS PAID** | 9,867 | 9,903 | 10,819 | 12,856 | 11,915 | 8,275 | | | | | | | 63,635 | 10,606 |
| **TAX RETURN FORM 720(PCORI)** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **MISC.EXPENSE** | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| **TOTAL EXPENSE** | **1,251,270** | **1,479,149** | **1,180,321** | **1,354,295** | **1,824,680** | **1,536,564** | **0** | **0** | **0** | **0** | **0** | **0** | **8,626,279** | **1,437,713** |
| **GAIN/LOSS** | **619,908** | **(199,703)** | **635,922** | **(136,493)** | **(2,258)** | **288,752** | **0** | **0** | **0** | **0** | **0** | **0** | **1,206,128** | **201,021** |

***Misc. Income Feb and May.: Litigation Proceeds**

OE Loc 77 Trust Fund of Wash. DC
Balance Sheet
June 30, 2024

ASSETS

| | | |
|---|---|---|
| Current Assets | | |
| Cash Basis Accounts Receivable | $ 1,675.76 | |
| PNC - Cash General 5501371443 | 1,180,764.38 | |
| H&W Cash 20-46-002-6809064 | 792,905.21 | |
| PNC - 5501371451 Benefit Acc. | 531,711.20 | |
| Due from Other Fund | 35.39 | |
| Interest Receivable | 189,354.14 | |
| Dividend Receivable | 1,071.62 | |
| Prepaid Insurance | 949.33 | |
| Total Current Assets | | 2,698,467.03 |
| Property and Equipment | | |
| Accum.Depreciation | (1,558.33) | |
| Property & Equipment | 1,558.33 | |
| Total Property and Equipment | | 0.00 |
| Other Assets | | |
| Due from Broker | 82,351.91 | |
| VANGUARD | 2,313,004.85 | |
| Vanguard - Market Value | 550,828.42 | |
| Wedge - MM | 40,980.63 | |
| Wedge - Govt.Bonds | 9,970,570.58 | |
| WEDGE Gov.Bonds -Market Value | (270,914.69) | |
| Wedge - Corp.Bonds | 3,579,181.08 | |
| WEDGE Corp.Bonds-Market Value | (232,700.18) | |
| WEDGE LG CAP-MM | 64,782.69 | |
| WEDGE LG CAP-EQUITIES | 1,963,511.43 | |
| WEDGE LG CAP-Market Value | 529,347.87 | |
| American Core Realty | 2,892,660.03 | |
| BOYD WATTERSON STATE GOV.FUND | 3,039,224.00 | |
| CHART - MM - 4782656 | 441,277.80 | |
| CHART - Corp.Bonds - 4782656 | 12,051,678.87 | |
| CHART - Corp.Bonds- Mark.Val. | (113,603.13) | |
| Total Other Assets | | 36,902,182.16 |
| Total Assets | | $ 39,600,649.19 |

LIABILITIES AND CAPITAL

| | | |
|---|---|---|
| Current Liabilities | | |
| Contractors Deposits | $ 3,011.57 | |
| Due to Check-Off Dues | 150,835.48 | |
| Total Current Liabilities | | 153,847.05 |
| Long-Term Liabilities | | |
| Total Long-Term Liabilities | | 0.00 |
| Total Liabilities | | 153,847.05 |
| Capital | | |
| Retained Earnings | 1,647,599.96 | |
| Equity - Retained Earnings | 36,593,427.68 | |
| Net Income | 1,205,774.50 | |
| Total Capital | | 39,446,802.14 |
| Total Liabilities & Capital | | $ 39,600,649.19 |

OE Loc 77 Trust Fund of Wash. DC
Income Statement
For the Six Months Ending June 30, 2024

| | Current Month | | Year to Date | |
|---|---|---|---|---|
| Revenues | | | | |
| Contributions - Pavers | $ 335,973.53 | 18.41 | $ 1,833,676.04 | 18.56 |
| ER Contributions | 1,019,644.77 | 55.86 | 6,209,824.17 | 62.85 |
| Self-Pay Contributions | 404.00 | 0.02 | 5,904.00 | 0.06 |
| Cobra Self-Pay EE | 1,595.24 | 0.09 | 10,053.92 | 0.10 |
| Reciprocity Income | 56,164.20 | 3.08 | 458,277.31 | 4.64 |
| Reciprocity Payments | (27,606.89) | (1.51) | (177,727.34) | (1.80) |
| Retired Self-Pay | 61,720.00 | 3.38 | 372,561.62 | 3.77 |
| Liquidated Damages | 0.00 | 0.00 | 2,460.15 | 0.02 |
| Interest Income | 9,486.01 | 0.52 | 56,796.22 | 0.57 |
| Interest American Core Realty | 25,577.41 | 1.40 | 51,773.93 | 0.52 |
| Interest Income-Wedge LG CAP | 151.54 | 0.01 | 1,028.94 | 0.01 |
| Dividend - Washington Merc | 0.00 | 0.00 | 24.20 | 0.00 |
| Dividend Income-Wedge LG CAP | 4,758.18 | 0.26 | 20,002.00 | 0.20 |
| Interest on Delinquency | 35.25 | 0.00 | 569.06 | 0.01 |
| G/L on Invest. Vanguard | 177,256.81 | 9.71 | 487,251.03 | 4.93 |
| WEDGE(PNC) - Int. on Inv | 18,347.63 | 1.01 | 162,389.61 | 1.64 |
| CHART - Inter. on Investm. | 81,816.65 | 4.48 | 326,725.87 | 3.31 |
| Retiree Drug Subsidy | 0.00 | 0.00 | 4,981.23 | 0.05 |
| Realized Gain/Loss - CHART | (26,322.90) | (1.44) | (54,279.37) | (0.55) |
| Unrealized Gain/Loss - CHART | 70,069.54 | 3.84 | 70,986.36 | 0.72 |
| Realized G/L- Wedge LG CAP | 41,523.90 | 2.27 | 191,770.20 | 1.94 |
| Unrealized G/L- Wedge LG CAP | (33,870.50) | (1.86) | 122,157.77 | 1.24 |
| Unrealized Gain/loss WEDGE | 66,115.05 | 3.62 | 21,290.84 | 0.22 |
| Realized Gain/Loss WEDGE-001 | (665.53) | (0.04) | (90,295.72) | (0.91) |
| Unrealiz.Gain/Loss-Amer.Core R | (47,323.02) | (2.59) | (147,368.20) | (1.49) |
| Realiz.Gain/Loss Amer. Core Re | 16,393.06 | 0.90 | 121,295.69 | 1.23 |
| Realiz.Gain/Loss Boyd Watterso | (25,928.02) | (1.42) | (182,535.59) | (1.85) |
| Litigation Proceeds | 0.00 | 0.00 | 19.25 | 0.00 |
| Total Revenues | 1,825,315.91 | 100.00 | 9,879,613.19 | 100.00 |
| Cost of Sales | | | | |
| Total Cost of Sales | 0.00 | 0.00 | 0.00 | 0.00 |
| Gross Profit | 1,825,315.91 | 100.00 | 9,879,613.19 | 100.00 |
| Expenses | | | | |
| Actuarial Fee | 0.00 | 0.00 | 6,300.00 | 0.06 |
| Administration Fee | 43,808.00 | 2.40 | 262,848.00 | 2.66 |
| Audit Fee | 0.00 | 0.00 | 9,750.00 | 0.10 |
| Benefits Paid | 709,500.00 | 38.87 | 2,868,716.72 | 29.04 |
| Prescription Benefits Paid | 118,209.94 | 6.48 | 1,438,658.45 | 14.56 |
| CVS - Admin fee | 0.00 | 0.00 | 5,533.37 | 0.06 |
| Vision Benefits Paid - claims | 8,274.79 | 0.45 | 47,696.81 | 0.48 |
| Vision Benefits Paid-admin fee | 0.00 | 0.00 | 6,070.68 | 0.06 |
| Inv.Performance Eval.Fee | 0.00 | 0.00 | 4,556.59 | 0.05 |
| Invest.Mngmnt Fee | 8,095.59 | 0.44 | 44,033.59 | 0.45 |

| | Current Month | | Year to Date | |
|---|---|---|---|---|
| Invest.Custodian Fee | 0.00 | 0.00 | 1,446.71 | 0.01 |
| Meeting Exp. | 128.36 | 0.01 | 329.21 | 0.00 |
| Postage Exp. | 0.00 | 0.00 | 3,461.92 | 0.04 |
| Printing & Stationary Exp. | 0.00 | 0.00 | 5,263.13 | 0.05 |
| Payroll Audit Fee | 0.00 | 0.00 | 10,633.50 | 0.11 |
| Registration Fee | 0.00 | 0.00 | 1,147.50 | 0.01 |
| Fiduciary Resp.Insurance | 0.00 | 0.00 | 2,876.34 | 0.03 |
| Case Mngmnt | 21,028.41 | 1.15 | 102,417.40 | 1.04 |
| Telephone Exp. | 0.00 | 0.00 | 293.78 | 0.00 |
| HIPAA Charges | 340.20 | 0.02 | 967.26 | 0.01 |
| Trustee Exp. | 0.00 | 0.00 | 554.37 | 0.01 |
| IFEBP - Membership Dues | 0.00 | 0.00 | 842.50 | 0.01 |
| Dental Insurance - admin fee | 0.00 | 0.00 | 29,508.75 | 0.30 |
| Dental Insurance - claims | 54,208.90 | 2.97 | 321,073.47 | 3.25 |
| SwiftMD Monthly Membership fee | 3,408.00 | 0.19 | 24,147.00 | 0.24 |
| CareFirst - flexlink - admin | 12,324.10 | 0.68 | 82,387.84 | 0.83 |
| CareFirst - flexlink - claims | 444,852.08 | 24.37 | 2,601,797.82 | 26.34 |
| Care First - network lease fee | 3,640.14 | 0.20 | 22,006.08 | 0.22 |
| Labor First Limited Liability | 108,745.90 | 5.96 | 768,519.90 | 7.78 |
| Total Expenses | 1,536,564.41 | 84.18 | 8,673,838.69 | 87.80 |
| Net Income | $ 288,751.50 | 15.82 | $ 1,205,774.50 | 12.20 |

# OE Loc 77 Trust Fund of Wash. DC
## GENERAL JOURNAL
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Date | Account ID | Reference | Trans Description | Debit Amt | Credit Amt |
|---|---|---|---|---|---|
| 6/3/24 | 1260 | TO BENEFIT1 | Transfer from H&W Cash Benefit Acct. Check Run 6/3/24 | 119,191.15 | |
| 6/3/24 | 1120 | TO BENEFIT1 | Transfer from H&W Cash Benefit Acct. Check Run 6/3/24 | | 119,191.15 |
| 6/3/24 | 1120 | TRANSFDDA1 | Transferred from Cash General to H&W Cash for dep. 05/24/24-05/29/24; checks issued 05/31/24 | 180,044.71 | |
| 6/3/24 | 1110 | TRANSFDDA1 | Transferred from Cash General to H&W Cash for dep. 05/24/24-05/29/24; checks issued 05/31/24 | | 180,044.71 |
| 6/5/24 | 1260 | TO BENEFIT2 | Transfer from H&W Cash Benefit Acct. Check Run 6/5/24 | 25,590.48 | |
| 6/5/24 | 1120 | TO BENEFIT2 | Transfer from H&W Cash Benefit Acct. Check Run 6/5/24 | | 25,590.48 |
| 6/5/24 | 1120 | TRANSFDDA2 | Transferred from Cash General to H&W Cash for dep. 05/31/24;06/03/24 | 357,693.44 | |
| 6/5/24 | 1110 | TRANSFDDA2 | Transferred from Cash General to H&W Cash for dep. 05/31/24;06/03/24 | | 357,693.44 |
| 6/7/24 | 5150 | 941 WH Taxes Paid | A&S Tax W/H | 262.30 | |
| 6/7/24 | 1260 | 941 WH Taxes Paid | A&S Tax W/H | | 262.30 |
| 6/7/24 | 5150 | 945 DB WH Paid | DB WH Paid | 500.00 | |
| 6/7/24 | 1260 | 945 DB WH Paid | DB WH Paid | | 500.00 |
| 6/7/24 | 1260 | A&S1 | Transfer from H&W Cash Benefit Acct. Check Run 06/07/23 | 1,607.10 | |
| 6/7/24 | 1120 | A&S1 | Transfer from H&W Cash Benefit Acct. Check Run 06/07/24 | | 1,607.10 |
| 6/12/24 | 1260 | TO BENEFIT3 | Transfer from H&W Cash Benefit Acct. Check Run 6/12/24 | 45,014.80 | |
| 6/12/24 | 1120 | TO BENEFIT3 | Transfer from H&W Cash Benefit Acct. Check Run 6/12/24 | | 45,014.80 |
| 6/12/24 | 1120 | TRANSFDDA3 | Transferred from Cash General to H&W Cash for dep. 06/04/24-06/10/24; checks issued 06/07/24 | 27,874.70 | |
| 6/12/24 | 1110 | TRANSFDDA3 | Transferred from Cash General to H&W Cash for dep. 06/04/24-06/10/24; checks issued 06/07/24 | | 27,874.70 |
| 6/14/24 | 1260 | A&S2 | Transfer from H&W Cash Benefit Acct. Check Run 06/07/23 | 3,249.97 | |
| 6/14/24 | 1120 | A&S2 | Transfer from H&W Cash Benefit Acct. Check Run 06/07/24 | | 3,249.97 |
| 6/19/24 | 1260 | TO BENEFIT4 | Transfer from H&W Cash Benefit Acct. Check Run 6/19/24 | 442,479.54 | |
| 6/19/24 | 1120 | TO BENEFIT4 | Transfer from H&W Cash Benefit Acct. Check Run 6/19/24 | | 442,479.54 |
| 6/19/24 | 1120 | TRANSFDDA4 | Transferred from Cash General to H&W Cash for dep. 06/11/24-06/17/24; checks issued 06/14/24 | 362,593.86 | |
| 6/19/24 | 1110 | TRANSFDDA4 | Transferred from Cash General to H&W Cash for dep. 06/11/24-06/17/24; checks issued 06/14/24 | | 362,593.86 |
| 6/26/24 | 1110 | RETURN CK #236201 | PNC - Cash - Return ck#2362018 (ER#77-5568 SIH NEBT- JV) | | 12,512.75 |
| 6/26/24 | 1110 | RETURN CK #236201 | PNC - Cash - Return ck#2362018 (ER#77-5568 SIH NEBT- JV) | | 1,938.24 |
| 6/26/24 | 4510 | RETURN CK #236201 | PNC - Cash - Return ck#2362018 (ER#77-5568 SIH NEBT- JV) | 14,450.99 | |
| 6/26/24 | 1260 | TO BENEFIT5 | Transfer from H&W Cash Benefit Acct. Check Run 6/26/24 | 69,024.90 | |
| 6/26/24 | 1120 | TO BENEFIT5 | Transfer from H&W Cash Benefit Acct. Check Run 6/26/24 | | 69,024.90 |
| 6/26/24 | 1120 | TRANSFDDA5 | Transferred from Cash General to H&W Cash for dep. 06/21/24;06/24/24 | 282,600.59 | |
| 6/26/24 | 1110 | TRANSFDDA5 | Transferred from Cash General to H&W Cash for dep. 06/21/24;06/24/24; checks issued 06/14/24 | | 282,600.59 |
| 6/28/24 | 1260 | A&S3 | Transfer from H&W Cash Benefit Acct. Check Run 06/07/23 | 3,285.65 | |
| 6/28/24 | 1120 | A&S3 | Transfer from H&W Cash Benefit Acct. Check Run 06/07/24 | | 3,285.65 |
| 6/30/24 | 5150 | A&S, DB Net | A & S, DB Net | 7,519.81 | |
| 6/30/24 | 1260 | A&S, DB Net | A & S, DB Net | | 7,519.81 |
| 6/30/24 | 1895 | AMER.CORE REALIT | American Core Reality - Interest Income 06/24 | 25,577.41 | |
| 6/30/24 | 4635 | AMER.CORE REALIT | American Core Reality - Interest Income 06/24 | | 25,577.41 |
| 6/30/24 | 5370 | AMER.CORE REALIT | American Core Reality - Investment Mngmnt Fee 06/24 | 8,095.59 | |
| 6/30/24 | 1895 | AMER.CORE REALIT | American Core Reality - Investment Mngmnt Fee 06/24 | | 8,095.59 |
| 6/30/24 | 1895 | AMER.CORE REALIT | American Core Reality - Realized Gain 06/24 | 16,393.06 | |
| 6/30/24 | 4885 | AMER.CORE REALIT | American Core Reality - Realized Gain 06/24 | | 16,393.06 |
| 6/30/24 | 1895 | AMER.CORE REALIT | American Core Reality - Unrealized Loss 06/24 | | 47,323.02 |
| 6/30/24 | 4880 | AMER.CORE REALIT | American Core Reality - Unrealized Loss 06/24 | 47,323.02 | |
| 6/30/24 | 1895 | AMER.CORE REALIT | American Core Reality - Available for Reinvestment 06/24 | | 21,698.45 |
| 6/30/24 | 1405 | AMER.CORE REALIT | American Core Reality - Available for Reinvestment 06/24 | 21,698.45 | |
| 6/30/24 | 1895 | AMER.CORE REALIT | American Core Reality - Redemption Payable 06/24 | | 21,396.44 |
| 6/30/24 | 1405 | AMER.CORE REALIT | American Core Reality - Redemption Payable 06/24 | 21,396.44 | |
| 6/30/24 | 1896 | BOYD WATTERSON | Boyd Watterson Government - Loss on Investment 06/24 | | 25,928.02 |
| 6/30/24 | 4886 | BOYD WATTERSON | Boyd Watterson Government - Loss on Investment 06/24 | 25,928.02 | |
| 6/30/24 | 1896 | BOYD WATTERSON | Boyd Watterson Government - Distribution 06/24 | | 39,256.98 |
| 6/30/24 | 1405 | BOYD WATTERSON | Boyd Watterson Government - Distribution 06/24 | 39,256.98 | |
| 6/30/24 | 1260 | Benefits Paid | Benefit Paid | | 703,103.30 |
| 6/30/24 | 5150 | Benefits Paid | Benefit Paid | 703,103.30 | |
| 6/30/24 | 1260 | Benefits Paid | June Voids | 1,802.43 | |
| 6/30/24 | 5150 | Benefits Paid | June Voids | | 1,802.43 |
| 6/30/24 | 1915 | CHART | Chart - Corp.Bonds - Purchases 06/24 | 1,116,767.88 | |
| 6/30/24 | 1910 | CHART | Chart - Corp.Bonds - Purchases 06/24 | | 1,116,767.88 |
| 6/30/24 | 1910 | CHART | Chart - Corp.Bonds - Sales Proceeds 06/24 | 1,059,142.44 | |
| 6/30/24 | 1915 | CHART | Chart - Corp.Bonds - Sales at Cost 05/24 | | 1,085,465.34 |
| 6/30/24 | 4810 | CHART | Chart - Corp.Bonds - Realized Loss 06/24 | 26,322.90 | |
| 6/30/24 | 1916 | CHART | Chart - Corp.Bonds - MV - Unrealized Gain 06/24 | 70,069.54 | |
| 6/30/24 | 4820 | CHART | Chart - Corp.Bonds - MV - Unrealized Gain 06/24 | | 70,069.54 |
| 6/30/24 | 1910 | CHART | Chart - MM - Interest Income 06/24 | 81,816.65 | |
| 6/30/24 | 4730 | CHART | Chart - MM - Interest Income 06/24 | | 2,009.72 |
| 6/30/24 | 4730 | CHART | Chart - Corp.Bonds - MM - Interest Income 06/24 | | 79,806.93 |
| 6/30/24 | 1120 | INTEREST INCOME | Interest Income | 9,486.01 | |
| 6/30/24 | 4630 | INTEREST INCOME | Interest Income | | 9,486.01 |
| 6/30/24 | 1856 | VANGUARD | Vanguard - Gain on Investment 06/24 | 177,256.81 | |
| 6/30/24 | 4696 | VANGUARD | Vanguard - Gain on Investment 06/24 | | 177,256.81 |
| 6/30/24 | 1870 | WEDGE | Wedge - Gov.Bonds - Purchases 06/24 | 324,386.06 | |

| Date | Account ID | Reference | Trans Description | Debit Amt | Credit Amt |
|---|---|---|---|---|---|
| 6/30/24 | 1865 | WEDGE | Wedge - Gov.Bonds - Purchases 06/24 | | 324,386.06 |
| 6/30/24 | 1865 | WEDGE | Wedge - Gov.Bonds - Sales Proceeds 06/24 | 585,880.07 | |
| 6/30/24 | 1870 | WEDGE | Wedge - Gov.Bonds - Sales at Cost 05/24 | | 586,032.29 |
| 6/30/24 | 4875 | WEDGE | Wedge - Gov.- Realized Gain 06/24 | 152.22 | |
| 6/30/24 | 1865 | WEDGE | Wedge - Gov.Bonds - Return of Principal 06/24 | 28,997.84 | |
| 6/30/24 | 1870 | WEDGE | Wedge - Gov.Bonds - Return of Principal 06/24 | | 29,511.15 |
| 6/30/24 | 4875 | WEDGE | Wedge - Gov.Bonds - Return of Principal - Realized Loss 06/24 | 513.31 | |
| 6/30/24 | 1871 | WEDGE | Wedge - Gov.Bonds - MV - Unrealized Gain 06/24 | 54,642.05 | |
| 6/30/24 | 4860 | WEDGE | Wedge - Gov.Bonds - MV - Unrealized Gain 06/24 | | 54,642.05 |
| 6/30/24 | 1875 | WEDGE | Wedge - Corp.Bonds - Purchases- 06/24 | 300,633.70 | |
| 6/30/24 | 1865 | WEDGE | Wedge - Corp.Bonds - Purchases- 06/24 | | 300,633.70 |
| 6/30/24 | 1876 | WEDGE | Wedge - Corp.Bonds - MV - Unrealized Gain 06/24 | 11,473.00 | |
| 6/30/24 | 4860 | WEDGE | Wedge - Corp.Bonds - MV - Unrealized Gain 06/24 | | 11,473.00 |
| 6/30/24 | 1865 | WEDGE | Wedge - MM - Interest Income 06/24 | 18,347.63 | |
| 6/30/24 | 4720 | WEDGE | Wedge - MM - Interest Income 06/24 | | 1,396.20 |
| 6/30/24 | 4720 | WEDGE | Wedge - MM - Gov.Bonds - Interest Income 06/24 | | 14,916.63 |
| 6/30/24 | 4720 | WEDGE | Wedge - MM - Corp.Bonds - Interest Income 06/24 | | 2,034.80 |
| 6/30/24 | 1878 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - Purchases 06/24 | 155,542.92 | |
| 6/30/24 | 1877 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - Purchases 06/24 | | 155,542.92 |
| 6/30/24 | 1877 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - Sales Proceeds 06/24 | 171,845.87 | |
| 6/30/24 | 1878 | WEDGE LG CAP | Wedge LG Capt - Corp.Bonds - Sales at Cost 06/24 | | 130,321.97 |
| 6/30/24 | 4830 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - Realized Gain 06/24 | | 41,523.90 |
| 6/30/24 | 1879 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - MV - Unrealized Loss 06//24 | | 33,870.50 |
| 6/30/24 | 4835 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - MV - Unrealized Loss 06//24 | 33,870.50 | |
| 6/30/24 | 1877 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - MM - Interest Income 06/24 | 151.54 | |
| 6/30/24 | 4646 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - MM - Interest Income 05/24 | | 151.54 |
| 6/30/24 | 1877 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - MM - Dividend Income 06/24 | 4,758.18 | |
| 6/30/24 | 4656 | WEDGE LG CAP | Wedge LG Cap - Corp.Bonds - MM - Dividend Income 06/24 | | 4,758.18 |
| | | **Total** | | **7,085,615.81** | **7,085,615.81** |

# OE Loc 77 Trust Fund of Wash. DC
## NON-PAVERS CONTRIBUTIONS
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Debit Amt | Credit Amt | Balance |
|---|---|---|---|---|---|---|---|
| 4510 | ER Contributions | 6/3/24 | 04/24 | JOHN DRIGGS CO | | 813.00 | |
| 4510 | ER Contributions | 6/3/24 | 04/24 | CMR CRANE & RIGGING, LLC | | 23,343.00 | |
| 4510 | ER Contributions | 6/3/24 | 04/24 | WILLIAMS EQUIPMENT CO | | 10,483.90 | |
| 4510 | ER Contributions | 6/3/24 | 04/24 | J. FLETCHER CREAMER & SON, INC | | 1,100.85 | |
| 4510 | ER Contributions | 6/6/24 | 04/24 | EXTREME INC | | 47,193.75 | |
| 4510 | ER Contributions | 6/6/24 | 04/24 | EXTREME INC | | 5,278.75 | |
| 4510 | ER Contributions | 6/6/24 | 04/24SPLIT | CONSTRUCTION SUPPORT SERVI | | 1,962.00 | |
| 4510 | ER Contributions | 6/6/24 | 04/24SPLIT | SECA UNDERGROUND CORPORATI | | 1,386.00 | |
| 4510 | ER Contributions | 6/6/24 | 04/24SPLIT | TITAN CRANE INC | | 1,000.00 | |
| 4510 | ER Contributions | 6/7/24 | 04/24SPLIT | OPER ENGS APPR FUND | | 6,250.00 | |
| 4510 | ER Contributions | 6/7/24 | 05/24 | DAY & ZIMMERMAN NPS INC | | 2,315.00 | |
| 4510 | ER Contributions | 6/7/24 | 04/24 | Casper Colosimo & Son, Inc. | | 1,958.78 | |
| 4510 | ER Contributions | 6/7/24 | 04/24 | S & J SERVICE, INC. | | 9,626.29 | |
| 4510 | ER Contributions | 6/7/24 | 04/24SPLIT | METRO CRANE &RIGGING LLC | | 10,254.00 | |
| 4510 | ER Contributions | 6/7/24 | 04/24SPLIT | MCVAC | | 122.86 | |
| 4510 | ER Contributions | 6/7/24 | 04/24SPLIT | MCVAC | | 13,561.50 | |
| 4510 | ER Contributions | 6/7/24 | 05/24SPLIT | PETILLO INC | | 3,500.00 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | INTER UNION LOCAL 77 | | 8,437.50 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | INTER UNION LOCAL 77 | | 1,093.75 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | NATIONAL PIPELINE TRAINING | | 1,179.00 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | EAST WEST ERECTION SERVIC | | 5,868.75 | |
| 4510 | ER Contributions | 6/10/24 | 04/24 | CS SERVICES, LLC | | 1,509.38 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | Norair Engineering Associates, | | 3,306.25 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | Norair Engineering Associates, | | 810.00 | |
| 4510 | ER Contributions | 6/10/24 | 05/24 | SCHNABEL FOUNDATION CORP | | 6,728.13 | |
| 4510 | ER Contributions | 6/10/24 | 04/24 | PAUL MERRIT EXCAVATING | | 2,400.00 | |
| 4510 | ER Contributions | 6/11/24 | 05/24 | AMERICAN COMBUSTION INDUSTRIES | | 2,094.00 | |
| 4510 | ER Contributions | 6/12/24 | 05/24 | AIW, INC | | 6,223.44 | |
| 4510 | ER Contributions | 6/13/24 | 05/24SPLIT | CLEARSITE INDUSTRIAL | | 13,993.75 | |
| 4510 | ER Contributions | 6/13/24 | 04/24SPLIT | KIRILA EARTHWORKS,INC | | 2,208.00 | |
| 4510 | ER Contributions | 6/13/24 | 05/24SPLIT | BALTIMORE PILE DRIVING & | | 718.75 | |
| 4510 | ER Contributions | 6/14/24 | 04/24;05/24 | NEW YORK GEOMATICS INC | | 2,070.00 | |
| 4510 | ER Contributions | 6/14/24 | 04/24;05/24 | NEW YORK GEOMATICS INC | | 2,112.00 | |
| 4510 | ER Contributions | 6/14/24 | 05/24 | NICHOLSON CONSTRUCTION | | 356.25 | |
| 4510 | ER Contributions | 6/14/24 | 05/24 | DJB CONTRACTING, INC. | | 1,560.25 | |
| 4510 | ER Contributions | 6/14/24 | 05/24 | HUTCHINSON INTERNATIONAL CORP. | | 1,203.13 | |
| 4510 | ER Contributions | 6/14/24 | 05/24 | KELLER NORTH AMERICA | | 6,465.63 | |
| 4510 | ER Contributions | 6/14/24 | 05/24SPLIT | MIDWEST MOLE,INC | | 5,781.26 | |
| 4510 | ER Contributions | 6/14/24 | 05/24SPLIT | BADGER DAYLIGHTING CORP. | | 29,392.69 | |
| 4510 | ER Contributions | 6/14/24 | 05/24SPLIT | DELTA RAILROAD CONSTRUCTION | | 4,015.63 | |
| 4510 | ER Contributions | 6/14/24 | 06/24SPLIT | PETILLO INC | | 3,343.75 | |
| 4510 | ER Contributions | 6/14/24 | 05/24 | SKODA CONTRACTING CO | | 6,039.30 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | MILLER PIPELINE CORP. | | 46,149.00 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | CRANE SERVICE CO | | 97,120.63 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | CRANE SERVICE CO | | 2,526.88 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | GOETTLE EQUIPMENT CO | | 11,448.00 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | ANCHOR CONSTRUCTION CORP. | | 70,521.68 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | MAXIM CRANE WORKS | | 3,234.39 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | APPELLATION CONSTRUCTION | | 1,611.30 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | VECTOR SEVICES | | 16,635.00 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | BAY CRANE MID-ATLANTIC LLC | | 56,068.75 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | BAY CRANE MID-ATLANTIC LLC | | 92.50 | |
| 4510 | ER Contributions | 6/17/24 | 05/24 | RYAN INCORPORATED CENTRAL | | 3,100.00 | |
| 4510 | ER Contributions | 6/20/24 | 05/24SPLIT | CELTIC DEMOLITION | | 38,615.63 | |
| 4510 | ER Contributions | 6/20/24 | 05/24SPLIT | INDEPENDENT EXCAVATING,INC | | 98,975.00 | |
| 4510 | ER Contributions | 6/20/24 | 05/24SPLIT | KELLER NORTH AMERICA | | 19,556.25 | |
| 4510 | ER Contributions | 6/20/24 | 05/24SPLIT | KELLER NORTH AMERICA | | 4,293.75 | |
| 4510 | ER Contributions | 6/20/24 | 04/24;05/24SI | FLAT IRON | | 1,482.00 | |
| 4510 | ER Contributions | 6/20/24 | 04/24;05/24SI | FLAT IRON | | 4,956.25 | |
| 4510 | ER Contributions | 6/20/24 | 05/24 | EXTREME INC | | 63,293.69 | |
| 4510 | ER Contributions | 6/20/24 | 05/24 | EXTREME INC | | 142.78 | |
| 4510 | ER Contributions | 6/20/24 | 05/24 | EXTREME INC | | 9,280.71 | |

| Account ID | Account Description | Date | Reference | Customer Name | Debit Amt | Credit Amt | Balance |
|---|---|---|---|---|---|---|---|
| 4510 | ER Contributions | 6/21/24 | 05/24 | SIN NEBT-JV | | 12,512.75 | |
| 4510 | ER Contributions | 6/21/24 | Add.05/24 | AMERICAN COMBUSTION INDUSTRIES | | 87.25 | |
| 4510 | ER Contributions | 6/21/24 | 05/24SPLIT | SOUTHERN MD CRANE RENTAL | | 5,625.00 | |
| 4510 | ER Contributions | 6/21/24 | 05/24 | TURN-KEY TUNNELING | | 2,296.87 | |
| 4510 | ER Contributions | 6/24/24 | 05/24 | GRUMPY'S CONCRETE PUMPING | | 7,043.20 | |
| 4510 | ER Contributions | 6/24/24 | 05/24 | LEONARDO'S GRADAL RENTAL, LLC | | 2,409.40 | |
| 4510 | ER Contributions | 6/24/24 | 05/24 | TRAYLOR SHEA JV | | 56,253.00 | |
| 4510 | ER Contributions | 6/24/24 | 05/24 | B & M CRANE | | 3,929.13 | |
| 4510 | ER Contributions | 6/25/24 | 05/24 | LANE CONSTRUCTION | | 1,597.25 | |
| 4510 | ER Contributions | 6/25/24 | 05/24 | Lane Construction | | 41,331.63 | |
| 4510 | ER Contributions | 6/25/24 | 05/24 | SUBSURFACE CONSTRUCTORS, INC | | 5,493.75 | |
| 4510 | ER Contributions | 6/25/24 | 05/24 | MALCOM DRILLING | | 3,837.50 | |
| 4510 | ER Contributions | 6/25/24 | 05/24 | BERKEL & COMPANY | | 15,943.75 | |
| 4510 | ER Contributions | 6/26/24 | RETURN CK | SIH NEBT -JV | 14,450.99 | | |
| 4510 | ER Contributions | 6/27/24 | 04/24SPLIT | DELTA RAILROAD CONSTRUCTION | | 300.00 | |
| 4510 | ER Contributions | 6/27/24 | 05/24SPLIT | MCVAC | | 2,217.18 | |
| 4510 | ER Contributions | 6/27/24 | 05/24SPLIT | MCVAC | | 15,682.50 | |
| 4510 | ER Contributions | 6/27/24 | 05/24SPLIT | JOSEPH B FAY | | 1,212.50 | |
| 4510 | ER Contributions | 6/27/24 | 06/24SPLIT | PETILLO INC | | 3,665.63 | |
| 4510 | ER Contributions | 6/27/24 | 05/24SPLIT | MICHELS TRENCHLESS CROSSI | | 431.25 | |
| 4510 | ER Contributions | 6/28/24 | 05/24 | SIN NEBT-JV | | 2,544.00 | |
| 4510 | ER Contributions | 6/28/24 | 05/24 | SIN NEBT-JV | | 9,968.75 | |
| 4510 | ER Contributions | 6/28/24 | 06/24SPLIT | PETILLO INC | | 3,484.38 | |
| 4510 | ER Contributions | 6/28/24 | 05/24 | SOUTHERN MD HYDRAULICS | | 4,272.80 | |
| 4510 | ER Contributions | 6/28/24 | 06/24SPLIT | TITAN CRANE INC | | 1,000.00 | |
| 4510 | ER Contributions | 6/28/24 | 05/24SPLIT | ALL MECHANICAL AND PLUMBI | | 484.38 | |
| 4510 | ER Contributions | 6/28/24 | 05/24SPLIT | SECA UNDERGROUND CORPORATI | | 2,134.38 | |
| 4510 | ER Contributions | 6/28/24 | 05/24 | DIGMASTER | | 10,056.25 | |
| 4510 | ER Contributions | 6/28/24 | 05/24 | HOLCIM-MAR, INC | | 1,080.00 | |
| 4510 | ER Contributions | 6/28/24 | 05/224 | HOLCIM-MAR, INC | | 9,036.82 | |
| 4510 | ER Contributions | | | | 14,450.99 | 1,034,095.76 | 1,019,644.77 |
| | | **6/30/24** | | | | | **1,019,644.77** |

# OE Loc 77 Trust Fund of Wash. DC
## PAVERS CONTRIBUTIONS
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Credit Amt | Balance |
|---|---|---|---|---|---|---|
| 4500 | Contributions - Pavers | 6/3/24 | 04/24 | RUSSELL PAVING CO., INC. | 2,880.00 | |
| 4500 | Contributions - Pavers | 6/13/24 | 04/24SPLIT | BELTWAY PAVING OF SOUTNER | 7,857.00 | |
| 4500 | Contributions - Pavers | 6/24/24 | 05/24 | EUROVIA ATLANTIC COAST | 6,315.00 | |
| 4500 | Contributions - Pavers | 6/24/24 | 05/24 | EUROVIA ATLANTIC COAST | 1,458.00 | |
| 4500 | Contributions - Pavers | 6/24/24 | 05/24 | FORT MYER | 6,000.00 | |
| 4500 | Contributions - Pavers | 6/24/24 | 05/24 | CAPITAL PAVING OF DC | 19,836.00 | |
| 4500 | Contributions - Pavers | 6/24/24 | 05/24 | CAPITAL PAVING OF DC | 105,033.24 | |
| 4500 | Contributions - Pavers | 6/25/24 | 05/24 | CIVIL CONSTRUCTION, LLC | 2,013.00 | |
| 4500 | Contributions - Pavers | 6/26/24 | 06/24 | FORT MYER | 144,945.00 | |
| 4500 | Contributions - Pavers | 6/26/24 | 05/24 | FORT MYER | 38,280.00 | |
| 4500 | Contributions - Pavers | 6/26/24 | 05/24 | FT Myer Construction | 1,356.29 | |
| 4500 | Contributions - Pavers | | | | 335,973.53 | 335,973.53 |
| | | **6/30/24** | | | | **335,973.53** |

# OE Loc 77 Trust Fund of Wash. DC
## SELF-PAYMENTS
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Debit Amt | Credit Amt | Balance |
|---|---|---|---|---|---|---|---|
| 4530 | Self-Pay Contributions | 6/4/24 | 06/24 | TONI HARRISON | | 500.00 | |
| 4530 | Self-Pay Contributions | 6/17/24 | 06/24 | DARRELL BORST | | 500.00 | |
| 4530 | Self-Pay Contributions | 6/24/24 | 07/24 | DARRELL BORST | | 904.00 | |
| 4530 | Self-Pay Contributions | 6/28/24 | 9303 | DARRELL BORST | 1,500.00 | | |
| 4530 | Self-Pay Contributions | | | | 1,500.00 | 1,904.00 | 404.00 |
| | | **6/30/24** | | | | | **404.00** |

# OE Loc 77 Trust Fund of Wash. DC
## RETIREE SELF-PAYMENTS
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Credit Amt | Balance |
|---|---|---|---|---|---|---|
| 4580 | Retired Self-Pay | 6/3/24 | 07/24 | OE PENSION TRUST FUND | 58,680.00 | |
| 4580 | Retired Self-Pay | 6/3/24 | 08/24 | LINDA LOU POWERS | 80.00 | |
| 4580 | Retired Self-Pay | 6/4/24 | 08/24 | FLORENCE M CURTIN | 80.00 | |
| 4580 | Retired Self-Pay | 6/4/24 | 06/24 | NORMAN L BOWIE | 160.00 | |
| 4580 | Retired Self-Pay | 6/7/24 | 04/24-06/24 | CRISSIE YOW | 240.00 | |
| 4580 | Retired Self-Pay | 6/11/24 | 06/24 | BONNITA LEE CROSTON | 80.00 | |
| 4580 | Retired Self-Pay | 6/14/24 | 07/24-09/24 | HELEN D ANGLIN | 240.00 | |
| 4580 | Retired Self-Pay | 6/17/24 | 07/24-09/24 | REBA JEARLINE DENNISON | 240.00 | |
| 4580 | Retired Self-Pay | 6/17/24 | 04/24 | CHERYL PENCE | 550.00 | |
| 4580 | Retired Self-Pay | 6/17/24 | 07/24-09/24 | CALVIN E JOHNSON | 480.00 | |
| 4580 | Retired Self-Pay | 6/24/24 | 11/24 | PAUL MCMAHAN | 650.00 | |
| 4580 | Retired Self-Pay | 6/28/24 | 07/24-09/24 | NIPA WILDONER | 240.00 | |
| 4580 | Retired Self-Pay | | | | 61,720.00 | 61,720.00 |
| | | **6/30/24** | | | | **61,720.00** |

# OE Loc 77 Trust Fund of Wash. DC
## COBRA SELF-PAYMENTS
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Credit Amt | Balance |
|---|---|---|---|---|---|---|
| 4540 | Cobra Self-Pay EE | 6/4/24 | 06/24 | JUSTIN FOSTER | 902.00 | |
| 4540 | Cobra Self-Pay EE | 6/4/24 | 06/24 | SARAH D YOW | 346.62 | |
| 4540 | Cobra Self-Pay EE | 6/11/24 | 06/24 | SAMUEL KIRILA | 346.62 | |
| 4540 | Cobra Self-Pay EE | | | | 1,595.24 | 1,595.24 |
| | | **6/30/24** | | | | **1,595.24** |

# OE Loc 77 Trust Fund of Wash. DC
## INTEREST ON DELINQUENCY
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Credit Amt | Balance |
|---|---|---|---|---|---|---|
| 4660 | Interest on Delinquency | 6/6/24 | Inter.3/24SPLIT | BELTWAY PAVING OF SOUTNER | 35.25 | |
| 4660 | Interest on Delinquency | | | | 35.25 | 35.25 |
| | | **6/30/24** | | | | **35.25** |

# OE Loc 77 Trust Fund of Wash. DC
## RECIPROCITY INCOME
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Customer Name | Credit Amt | Balance |
|---|---|---|---|---|---|---|
| 4550 | Reciprocity Income | 6/7/24 | 04/24 | OE Local 37 | 9,484.89 | |
| 4550 | Reciprocity Income | 6/10/24 | 04/24 | LOC.18 - OHIO OPERATING E | 783.87 | |
| 4550 | Reciprocity Income | 6/10/24 | 04/24 | OE Local 4 | 2,430.00 | |
| 4550 | Reciprocity Income | 6/10/24 | 03/24;04/24 | OE Local 37 | 1,115.67 | |
| 4550 | Reciprocity Income | 6/12/24 | 04/24 | IUOE LOCAL 841 | 1,543.05 | |
| 4550 | Reciprocity Income | 6/17/24 | 04/24 | Upstate New York Engineers Benefit Fund | 6,914.93 | |
| 4550 | Reciprocity Income | 6/17/24 | 04/24 | Local 132 | 33.78 | |
| 4550 | Reciprocity Income | 6/17/24 | 04/24 | IUOE Local 324 | 1,603.13 | |
| 4550 | Reciprocity Income | 6/21/24 | 04/24 | IUOE LOC.487 | 1,124.95 | |
| 4550 | Reciprocity Income | 6/21/24 | 03/24;04/24 | TENNESSEE VALUE OE HEALTH FUND | 2,944.80 | |
| 4550 | Reciprocity Income | 6/21/24 | 04/24 | IUOE LOCAL 181,320 | 527.25 | |
| 4550 | Reciprocity Income | 6/24/24 | 04/24 | IUOE Pipe Line H&W Fund | 18,347.80 | |
| 4550 | Reciprocity Income | 6/24/24 | 04/24 | SOUTHERN OPERATORS HEALTH F | 2,111.13 | |
| 4550 | Reciprocity Income | 6/25/24 | 04/24 | OE Local 147 | 7,198.95 | |
| 4550 | Reciprocity Income | | | | 56,164.20 | 56,164.20 |
| | | **6/30/24** | | | | **56,164.20** |

# OE Loc 77 Trust Fund of Wash. DC
## RECIPROCITY EXPENSE
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Account ID | Account Description | Date | Reference | Vendor Name | Debit Amt | Balance |
|---|---|---|---|---|---|---|
| 4560 | Reciprocity Payments | 6/19/24 | 9291 | IUOE Loc.132 - H&W Fund | 948.00 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9292 | IUOE Loc.147 - H&W Fund | 2,958.63 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9293 | IUOE Local 181 | 1,632.00 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9294 | OE Loc.37 - H&W Fund | 12,775.26 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9295 | IUOE Local 542 Welfare Fund | 192.00 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9296 | SOUTHERN OPERATORS H & W FUND | 318.75 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9297 | Local 926 | 5,106.00 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9298 | IUOE & Pipe Line Employers H&W | 2,794.25 | |
| 4560 | Reciprocity Payments | 6/19/24 | 9299 | IUOE LOCAL 487 H&W FUND | 882.00 | |
| 4560 | Reciprocity Payments | | | | 27,606.89 | 27,606.89 |
| | | **6/30/24** | | | | **27,606.89** |

# OE Loc 77 Trust Fund of Wash. DC
## CHECK REGISTER
## For the Period From Jun 1, 2024 to Jun 30, 2024

| Check # | Date | Payee | Amount |
|---|---|---|---|
| CareFirst5/25-31/24 | 6/7/24 | CareFirst Blue Cross Blue Shield | 31,761.31 |
| Delta5/25-5/31/24 | 6/7/24 | Delta Dental of Pennsylvania | 10,953.10 |
| 9282 | 6/7/24 | AA, LLC | 44,276.56 |
| 9283 | 6/7/24 | NCAS | 3,640.14 |
| 9284 | 6/7/24 | OE Apprenticeship Fund | 6,089.36 |
| 9285 | 6/7/24 | OE Loc 77 Pension Fund | 41,286.90 |
| 9286 | 6/7/24 | OE Annuity Fund | 27,148.00 |
| CareFirst 6/1-7/24 | 6/13/24 | CareFirst Blue Cross Blue Shield | 88,983.41 |
| Delta 6/1-6/7/24 | 6/13/24 | Delta Dental of Pennsylvania | 13,877.40 |
| 9287 | 6/14/24 | VSP VISION CARE, INC | 8,274.79 |
| 9288 | 6/14/24 | Telemedicine Mngmnt, Inc. | 3,408.00 |
| 9289 | 6/14/24 | Conifer Value-Based Care, LLC | 21,028.41 |
| CVS 6/8-6/15/24 | 6/18/24 | CVS Caremark | 45,662.93 |
| 9290 | 6/19/24 | OE Loc.77 Check Off Dues | 195,563.41 |
| 9291 | 6/19/24 | IUOE Loc.132 - H&W Fund | 948.00 |
| 9292 | 6/19/24 | IUOE Loc.147 - H&W Fund | 2,958.63 |
| 9293 | 6/19/24 | IUOE Local 181 | 1,632.00 |
| 9294 | 6/19/24 | OE Loc.37 - H&W Fund | 12,775.26 |
| 9295 | 6/19/24 | IUOE Local 542 Welfare Fund | 192.00 |
| 9296 | 6/19/24 | SOUTHERN OPERATORS H & W FUND | 318.75 |
| 9297 | 6/19/24 | Local 926 | 5,106.00 |
| 9298 | 6/19/24 | IUOE & Pipe Line Employers H&W Fund | 2,794.25 |
| 9299 | 6/19/24 | IUOE LOCAL 487 H&W FUND | 882.00 |
| CareFirst 6/8-15/24 | 6/20/24 | CareFirst Blue Cross Blue Shield | 262,703.35 |
| Delta 6/8-6/15/24 | 6/20/24 | Delta Dental of Pennsylvania | 15,459.70 |
| 9300 | 6/21/24 | OE Apprenticeship Fund | 13,163.42 |
| 9301 | 6/21/24 | OE Loc 77 Pension Fund | 62,515.51 |
| 9302 | 6/21/24 | OE Annuity Fund | 51,206.82 |
| CVS 6/16-23/24 | 6/26/24 | CVS Caremark | 72,547.01 |
| 07/24 | 6/27/24 | Labor First Limited Liability | 108,745.90 |
| Delta 6/15-21/24;6/2 | 6/27/24 | Delta Dental of Pennsylvania | 13,918.70 |
| CareFirst 6/15-21/24 | 6/27/24 | CareFirst Blue Cross Blue Shield | 61,404.01 |
| 9303 | 6/28/24 | Darrell Borst | 1,500.00 |
| 9304 | 6/28/24 | Christopher Craig | 346.62 |
| 9305 | 6/28/24 | CareFirst Blue Cross Blue Shield | 12,324.10 |
| **Total** | | | **1,245,395.75** |

# PARTICIPANT APPEALS

**NAME:** **SS#:**
**REGARDING:**

**Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program**

**EMPLOYER:** Lane Construction **STATUS:** Active

**ISSUE:** Prescription – Excluded Drug #Rx24/133-8996

**FUND RULE:**
"**Exclusions and Limitations**

The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

26. Treatment of obesity is not covered, nor are weight reduction or physical fitness programs."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 87, #26)

"**Prescription Drug Benefit**

**Exclusions**
The following drugs/supplies are excluded under your prescription benefit: […]

2. Vitamins, minerals, dietary supplements, dietary drugs, etc."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 106, #2)

**SUMMARY:** Appeal Received: May 20, 2024

The **provider,** Debora Vasquez, MD, is appealing on behalf of the participant's spouse for coverage of Saxenda, which is an injectable prescription drug used for weight loss. It is noted that weight loss medications are not covered under the Plan.

Dr. Vasquez states in the appeal that the participant's spouse is under her care for morbid obesity and failure to lose weight. Dr. Vasquez further states that the participant's spouse had bariatric surgery in 2019 but has been gaining weight for the past three years despite lifestyle modifications after her bariatric surgery. Included with the appeal were medical records.

Note: Records indicate the Fund office received a phone call from the participant's spouse on November 8, 2023 regarding coverage of weight loss programs. The participant's spouse was advised at that time treatment of obesity/weight loss programs are not covered.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**

**NAME:** **SS#:**
**REGARDING:**

**Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program**

**EMPLOYER:** Crane Rental Co., Inc. **STATUS:** Active

**ISSUE:** Prescription – Excluded Drug #Rx24/132-9367

**FUND RULE:**
"**Prescription Drug Benefit**

**Exclusions**

The following drugs/supplies are excluded under your prescription benefit:

16. Diabetic glucometers; […]
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 107, #16)

**SUMMARY:** Appeal Received: May 20, 2024

The **provider,** Sandra Salsberg, MD, is appealing on behalf of the participant's 6-year old son for coverage of Omnipod 5, which is an automated insulin delivery system. It is noted that CVS/Caremark denied a request for coverage of Omnipod 5 on May 17, 2024 because it is excluded from coverage.

Dr. Salsberg states in the appeal that the participant's son is already established on the "hybrid closed loop insulin pump therapy" with Omnipod 5 and abruptly changing therapy could cause several issues with his diabetic care. Included with the appeal were office notes dated March 1, 2024 indicating the participant's son was diagnosed with Type 1 diabetes in September 2021, has a Dexcom G6 continuous glucose monitor, and is using Omnipod 5 insulin pump cartridges.

After the appeal was received, the Fund office contacted CVS/Caremark. CVS/Caremark advised that they do not have a history of any paid claims for Omnipod 5. CVS/Caremark further confirmed that diabetic glucometers are not covered under the Plan, effective October 1, 2019.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**

**NAME:** **SS#:**

**Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program**

**EMPLOYER:** HOLCIM-MAR, Inc. **STATUS:** Active

**ISSUE:** Hospital/Medical – Benefit Level for Cologuard #M24/129-9373

**FUND RULE:**
"**MAJOR MEDICAL BENEFITS**

**Benefit Amount**
Covered medical expenses under Major Medical are payable at 80% up to the Usual, Customary, and Reasonable ('UCR') amount, as determined by the Plan. You must satisfy a $300 annual deductible per person or a $1,000 annual deductible per family before the Fund will begin paying benefits."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 70)

"**GRANDFATHERED STATUS**

The Trustees believe that the Operating Engineers Local No. 77 Trust Fund of Washington, D.C. is a 'grandfathered health plan' under the PPACA.

The Operating Engineers Local No. 77 Trust Fund of Washington, D.C. uses collectively bargained employer contributions to the Plan, and income from the investment of Plan assets, to provide the most generous health plan that is prudently possible given the assets of the Plan. To avoid the financial and other burdens on the Plan that would be associated with full implementation of the PPACA, the Trustees have decided to operate the Plan as a 'grandfathered health plan' under the PPACA.

A health plan that was in existence on March 23, 2010, the enactment date of the PPACA, is referred to under the PPACA as a 'grandfathered health plan.' As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Pages 126-127)

**SUMMARY:**

| | |
|---|---|
| Date(s) of Service: | November 15, 2023 |
| Claim(s) Received: | December 7, 2023 |
| Claim(s) Paid: | December 18, 2023 |
| Appeal Received: | May 7, 2024 |

The **provider**, Exact Sciences Laboratories, is appealing for additional payment on a claim for a Cologuard test. The provider states that there should be no patient cost-sharing for this preventive service under the Affordable Care Act.

Fund records indicate that Exact Sciences Laboratories submitted a claim for Cologuard testing performed on November 15, 2023. The claim was paid, up to the limits of the Plan, at 80% of the CareFirst PPO allowed amount.

Note: As a grandfathered health plan, the Affordable Care Act's requirement for the provision of preventive health services without any cost sharing does not apply.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**

**NAME:** **SS#:**
**REGARDING:**

**Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program**

**EMPLOYER:** Fort Myer **LOCAL:** 77
**STATUS:** Active

**ISSUE:** Hospital/Medical – Excluded Services #M24/136-3707

**FUND RULE:**
"**EXCLUSIONS AND LIMITATIONS**

The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

5. The Plan does not cover any medical care, including examinations, procedures and treatments, which are not recommended or approved by a legally qualified physician or surgeon and which are not approved by the Board of Trustees. All treatment must be medically necessary unless covered under preventive or otherwise specified as being covered in the booklet. […]

11. The Plan does not cover any services, treatments, drugs, or supplies which are experimental or investigational in nature, including any services, treatment, drugs or supplies which are not recognized as acceptable medical practice. A determination of whether service, care, or treatment is experimental in nature or not considered a generally accepted medical practice shall be solely within the discretion of the Board of Trustees, whose determination on that issue shall be final and binding on all concerned. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Pages 85-86, #5, #11)

"The Trustees have restated their longstanding interpretation of Exclusion Number 11 under the EXCLUSIONS AND LIMITATIONS section of the Plan. The Trustees have consistently interpreted this provision to exclude coverage for genetic testing, including any medical procedures or treatment related to genetic testing, including but not limited to gene therapy, because they were services, treatment, drugs, or supplies experimental and/or investigational in nature on March 23, 2010. […]"
(Quoted from the Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 Summary of Material Modifications)

**SUMMARY:**

| | |
|---|---|
| Date(s) of Service: | March 15, 2024 |
| Claim(s) Received: | March 27, 2024 |
| Claim(s) Denied: | April 9, 2024 |
| Appeal Received: | June 4, 2024 |

The **provider,** University of Virginia Health System on behalf of Labcorp, is appealing for payment of a laboratory claim for the participant's spouse that was denied. The provider states in summary that Non-Invasive Prenatal tests were necessary because the patient is of Advance Maternal Age and has a higher risk of genetic abnormailities.

Fund records indicate that LabCorp submitted a claim for genetic testing (CPT 81420) related to pregnancy on March 15, 2024. The claim was denied because genetic testing is not a covered benefit of the Plan.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**

**NAME:** **SS#:**
**REGARDING:**

**Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program**

**EMPLOYER:** WMATA 6-KIEWITT INFRA **LOCAL:** 77
**STATUS:** Active

**ISSUE:** Hospital/Medical – Excluded Services #M24/137-5185

**FUND RULE:**
"EXCLUSIONS AND LIMITATIONS

The following charges/expenses are excluded from payment under any benefit category (unless otherwise specified as being covered elsewhere in this SPD). […]

5. The Plan does not cover any medical care, including examinations, procedures and treatments, which are not recommended or approved by a legally qualified physician or surgeon and which are not approved by the Board of Trustees. All treatment must be medically necessary unless covered under preventive or otherwise specified as being covered in the booklet. […]

11. The Plan does not cover any services, treatments, drugs, or supplies which are experimental or investigational in nature, including any services, treatment, drugs or supplies which are not recognized as acceptable medical practice. A determination of whether service, care, or treatment is experimental in nature or not considered a generally accepted medical practice shall be solely within the discretion of the Board of Trustees, whose determination on that issue shall be final and binding on all concerned. […]"
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Pages 85-86, #5, #11)

"The Trustees have restated their longstanding interpretation of Exclusion Number 11 under the EXCLUSIONS AND LIMITATIONS section of the Plan. The Trustees have consistently interpreted this provision to exclude coverage for genetic testing, including any medical procedures or treatment related to genetic testing, including but not limited to gene therapy, because they were services, treatment, drugs, or supplies experimental and/or investigational in nature on March 23, 2010. […]"
(Quoted from the Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 Summary of Material Modifications)

"Appealing a Denied Claim
2. Time to Appeal. You have 180 days following receipt of a notification of an adverse benefit determination within which to appeal the determination."
(Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Program Local No. 77 SPD, Page 122, #2)

**SUMMARY:**

| | |
|---|---|
| Date(s) of Service: | February 22, 2021 |
| Received: | March 9, 2021 |
| Denied: | Mar 12, 2021 |
| Appeal Received: | June 27, 2024 (1023 Days Late) |

The **provider,** Jefferson Health, is appealing for payment of a fertility treatment claim for the participant's spouse that was denied. The provider's medical records show that the procedure was for a reversal of a tuba ligation.

Fund records indicate that Jefferson Health submitted a claim for tuba ligation reversal surgery, with the diagnosises of "Unspecified Ovarian Cyst- right side, Female Infertility, Nicotine Dependence- other tobacco product- uncomplicated, Obesity-unspecified, Latex Allergy Status, Body Mass Index (BMI) 39.0-39.9 Adult" on February 22, 2021. The claim was denied because this treatment is not a covered benefit.

**ACTION:** **Approved** ☐ **Denied** ☐ **Tabled** ☐
**COMMENTS:**

# OTHER FUND BUSINESS

CONIFER
HEALTH SOLUTIONS®


# Operating Engineers Local 77
# Plan Performance Report

2nd Quarter 2024

# Today's Agenda

**1. Executive Summary**

2. Population Overview
   a. Key Indicators
   b. Risk Stratification

3. Personal Health Management (PHM)
   a. Outreach
   b. Outcomes
   c. Cost Savings
   d. Case Studies
   e. Utilization Management

4. Appendix

# Executive Summary

| | |
|---|---|
| **Population Overview** | ▪ This report is based on paid claims data from January 1 through June 30, 2024 with historical data from January 1, 2022 through December 31, 2023. This report excludes Medicare Retiree plans.<br>▪ Total enrollment decreased slightly compared to the 2023 plan year. At the beginning of 2024, membership consisted of 1,231 employees and 3,021 total members; at the end of the second quarter these numbers were 1,185 and 2,942 respectively.<br>▪ Through June, total health care cost (medical & pharmacy) increased 10% compared to 2023. There were several high cost claimants during the second quarter. |
| **Engagement** | ▪ 97% **engagement** for Q2 2024 is an increase from Q1 2024 and is consistently higher than Conifer's Book of Business average each quarter.<br>▪ PHNs are able to reach 72% of members identified for management, which is higher than Conifer's Book of Business average. |
| **Results** | ▪ There was a decrease in all modifiable Priority Risk and High Risk triggers for engaged members quarter over quarter indicating improvements in health management and utilization of benefits.<br>▪ Medical Management savings ratio is 5.15:1 for Q2 2024 with the top categories including prevention of inpatient readmission and prevention of admission. |
| **Satisfaction** | ▪ 100% **member satisfaction** in Q2 2024 with Personal Health Management program.<br>▪ Comments include: "My nurse is very knowledgeable of my medical condition and has been very helpful. I am very lucky to have her helping me. She is very kind and very professional. Thank you for assigning her to me." |

# Today’s Agenda

1. Executive Summary

**2. Population Overview**
   a. Key Indicators
   b. Risk Stratification

3. Personal Health Management (PHM)
   a. Outreach
   b. Outcomes
   c. Cost Savings
   d. Case Studies
   e. Utilization Management

4. Appendix

# Monitoring Key Indicators

*3-Year Review*

- **Average enrollment** decreased slightly in the first half of 2024 when compared to 2023.
- **Medical PMPM** increased 20% in the second quarter compared to the first quarter due to multiple large claims. Overall, 2024 paid medical claims are up 9% compared to the 2023 plan year.
- **Rx PMPM i**ncreased 47% in the second quarter compared to the first quarter of 2024; for the year, costs are 14% higher than 2023. Generic drugs represented 91% of total scripts and 19% of total Rx spend.
- **High-Cost Claimants** – there were 21 claimants utilizing $50,000+ (Medical and Rx) thru the second quarter of 2024. These members represented 0.7% of membership and 47% of total paid claims.
  - There have been 5 claimants with paid claims over $250,000 and 9 claimants between $100,000 and $249,999 thru June. Of these 14 members, 6 engaged with the PHN and 1 declined; the others were unable to reach.
  - All claimants over $100,000 are currently active on the plan.

| Metric | PY 2022 | PY 2023 | Thru Q2 2024 |
|---|---|---|---|
| Number of Employees (avg) | 1,202 | 1,223 | 1,219 |
| Number of Members (avg) | 3,009 | 3,038 | 2,993 |
| Medical PMPM | $294.17 | $261.44 | $284.84 |
| RX PMPM | $81.39 | $100.36 | $114.13 |
| **Total PMPM** | **$375.56** | **$361.80** | **$398.97** |

| General COC PMPM | | | |
|---|---|---|---|
| Hospital Related | $171.25 | $149.80 | $177.88 |
| Professional | $116.56 | $104.99 | $97.14 |
| Other | $6.36 | $6.65 | $9.82 |
| Rx | $81.39 | $100.36 | $114.13 |
| **Total** | **$375.56** | **$361.80** | **$398.97** |

| Claimants over $50,000* | | | |
|---|---|---|---|
| Number of Claimants | 53 | 56 | 21 |
| % of Population | 1.8% | 1.9% | 0.7% |
| % of Total Paid | 54.3% | 54.8% | 47.4% |
| Largest Claimant Cost | $1,173,154 | $451,751 | $424,425 |

*Medical and Rx claims

# Monitoring Key Indicators *(continued…)*

*Members eligible at the end of each year and 6.30.2024*

| Predicted Trend | 2022 | | 2023 | | Q2 2024 | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Number of Members | 3,008 | n/a | 2,977 | n/a | 2,933 | n/a |
| Priority Risk | 3 | 0.1% | 9 | 0.3% | 9 | 0.3% |
| High Risk | 157 | 5.2% | 166 | 5.6% | 145 | 4.9% |
| Predicted to Spend $5,000+ in next 12 Months | 835 | 27.8% | 657 | 22.1% | 660 | 22.5% |
| ~Prevalent Chronic Conditions* | 337 | 40.4% | 344 | 52.4% | 326 | 49.4% |
| High Cost Cancers** | 13 | 0.4% | 15 | 0.5% | 19 | 0.65% |

- Priority Risk members continue to represent a small portion of the overall population and have remained steady thru the second quarter of 2024. The Priority risk classification is driven by readmission risks, cancers, and high cost pharmacy claims.
- The percentage of members considered High Risk decreased in the second quarter of 2024.
- Of the participants predicted to spend over $5,000 in the coming year, the main risk markers are screening & preventative care, cardiovascular risk, and metabolic disease. 49% of these members have chronic conditions.
- There were 19 high cost cancers on the plan at the end of the second quarter of 2024. One new high cost cancer claimant was identified during the quarter.

** Prevalent Chronic Conditions include Diabetes, Hypertension and Ischemic Heart Disease*

*** High Cost Cancer(s) include breast, soft tissue, lung, leukemia, colon, liver, lymphoma, brain/spinal cord, multiple myeloma, pancreatic and prostate*

# Identifying Cost Drivers by Category of Care (COC)

*Year over Year Comparison*

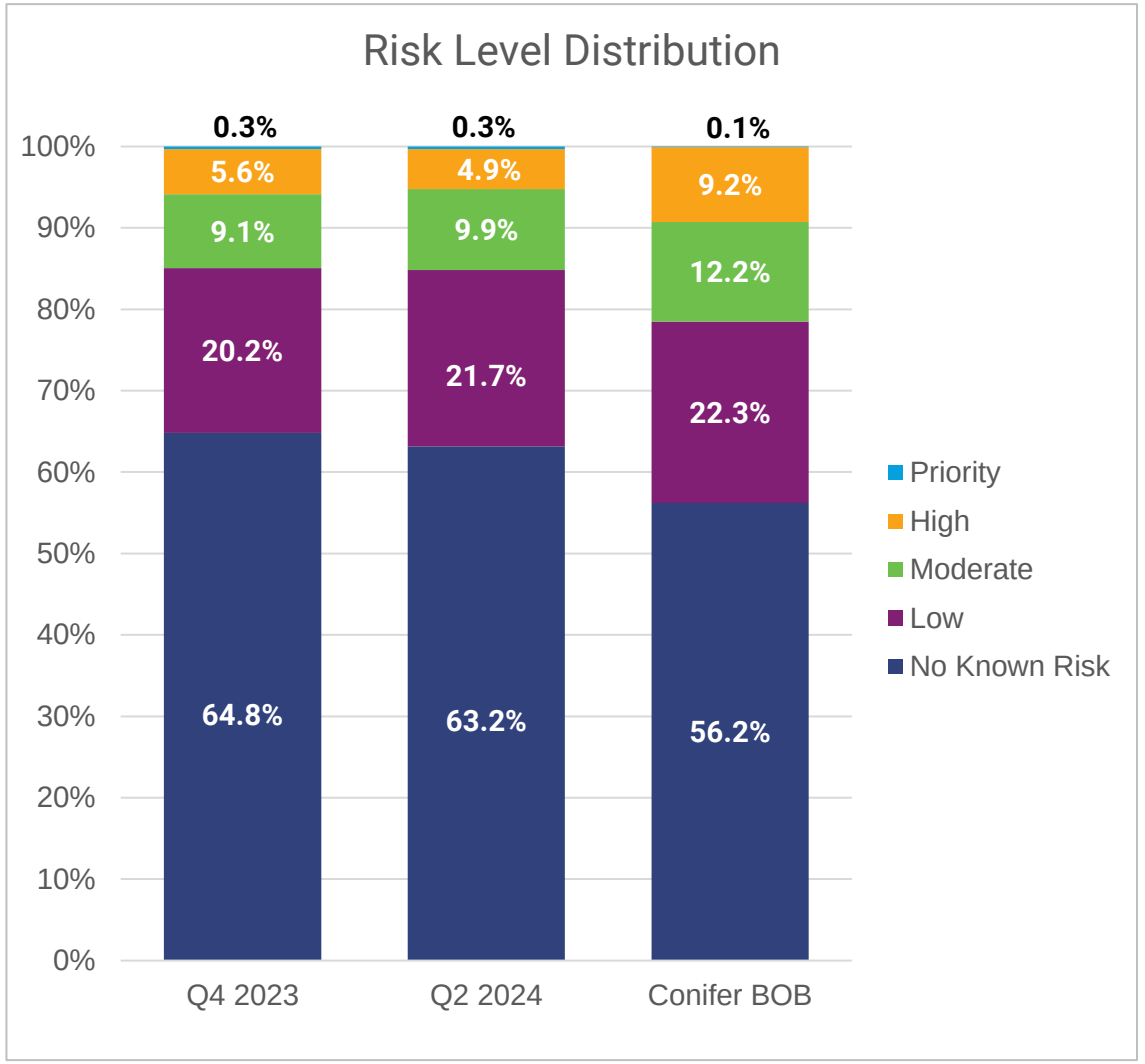
- **Overall, the key Medical cost drivers** increased 19% thru the second quarter when compared to 2023.
- **Inpatient Hospital** remains the highest cost driver and has increased 11% compared to 2023. Quarter over quarter, second quarter claims were 46% higher than the first quarter of 2024.
- **Medicine** costs had a spike during the first quarter of 2024 but fell back to historical numbers in the second quarter of 2024.
- **Emergency Room** expenses have doubled in 2024 due to increases in both average cost and demand. **Ambulance** expenses also increased significantly. Both of these categories are higher than similar health Funds within the Conifer book of business.

| COC | 2023 | Thru Q2 2024 | Δ |
|---|---|---|---|
| Inpatient Hospital | $94.30 | $105.09 | +11% |
| Facility | $43.22 | $48.27 | +12% |
| Medicine | $30.25 | $31.86 | +5% |
| Evaluation & Management | $29.83 | $26.37 | +12% |
| Emergency Room | $12.28 | $24.52 | +100% |
| Procedures | $16.66 | $15.70 | -6% |
| Outpatient Radiology | $16.57 | $11.49 | -31% |
| Ambulance | $1.35 | $5.91 | +338% |
| Outpatient Laboratory | $5.62 | $4.90 | -13% |
| Anesthesia | $4.41 | $4.55 | +3% |
| Other Outpatient Services | $4.93 | $3.54 | -28% |
| Outpatient Pathology | $1.65 | $2.27 | +38% |
| Undefined Services | $0.08 | $0.05 | -38% |
| **Totals** | **$261.15** | **$284.52** | **+19%** |

# Comparing Risk Stratification

*Members eligible on 12.31.2023 and 6.30.2024*

- The **Priority Risk** population has remained steady with 9 members reporting as Priority at the end of the second quarter.
- The percentage of members considered **High Risk** decreased in the second quarter of 2024 and remains lower than Conifer Book of Business.
- **Moderate** and **Low Risk** participants increased slightly during the second quarter but are lower than the Conifer Book of Business.
- The members with **No Known Risk** remains higher than the Conifer Book of Business. These members are participants that have some medical and pharmacy claims (but none that would stratify to a higher risk) or participants with no claim history in the past 12 months.



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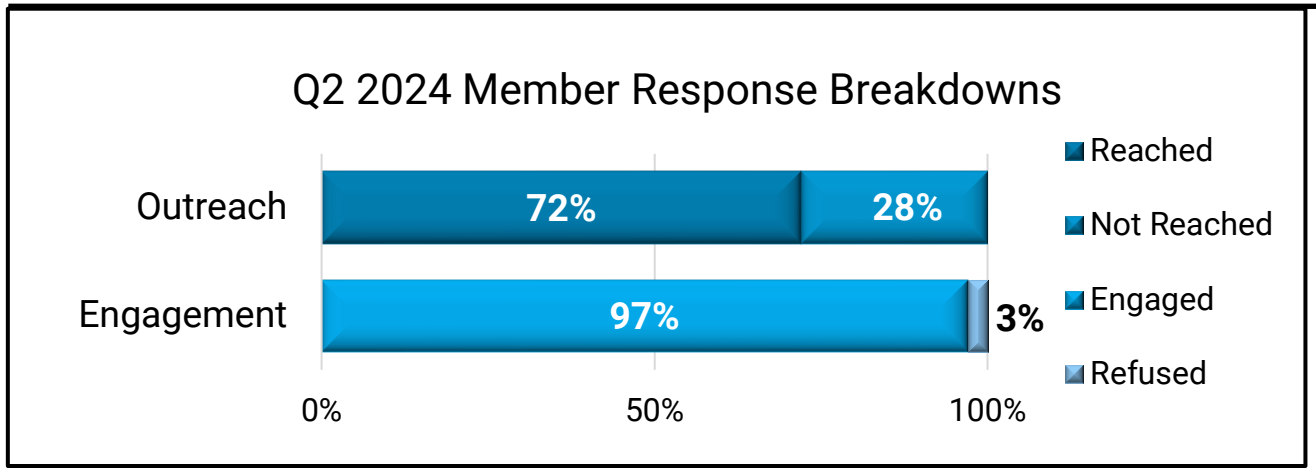
# Targeting and Engaging Members

*Q2 2024*

| | Total Population | Outreached | Not Reached | Reached | Refused | Engaged |
|---|---|---|---|---|---|---|
| Number of Unique Members | 2,933 | 91 | 27 | 65 | 2 | 63 |
| Number of Episodes | NA | 101 | 28 | 73 | 2 | 71 |
| Total Healthcare Costs last 12 months | $14.0M | $4.0M | $1.6M | $2.6M | $7.8K | $2.6M |
| Healthcare Costs/Member last 12 months | $4.7M | $44K | $59.3K | $40K | $3.9K | $41.3K |
| Average Risk Score | 8.64 | 66.01 | 78.06 | 63.03 | 24.40 | 64.28 |




## Quarterly Engagement Trend

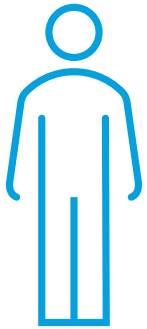
Q2 2024: 97%
Q1 2024: 94%
Q4 2023: 94%
Q3 2023: 93%

# Comparing Outreach Members Who Do Not Engage

*Q2 2024*

***Not Reached: 27 members***

| Utilization Risk Triggers | Primary Health Conditions | Average Health Care Costs | Outreach Results | Ongoing Focus |
|---|---|---|---|---|
| ▪ Claims Utilization- GT $25K in medical in prior 6 months<br>▪ Predicted claims- $25K and above<br>▪ Unique Prescribing Provider Interactions- 9+ in prior 12 months | ▪ Hypertension<br>▪ Hyperlipidemia<br>▪ Diabetes<br>▪ Obesity | ▪ $59.3K per member in the last 12 months<br>  ▪ 1 high-cost member with extended IP admission who expired while IP | ▪ 29% unable to locate (i.e., bad number)<br>▪ 71% no response (i.e., no answer) | ▪ Utilize providers, pharmacies, and online resources for contact information<br>▪ Continue Introduction to PHM letters with PHN bio linked |

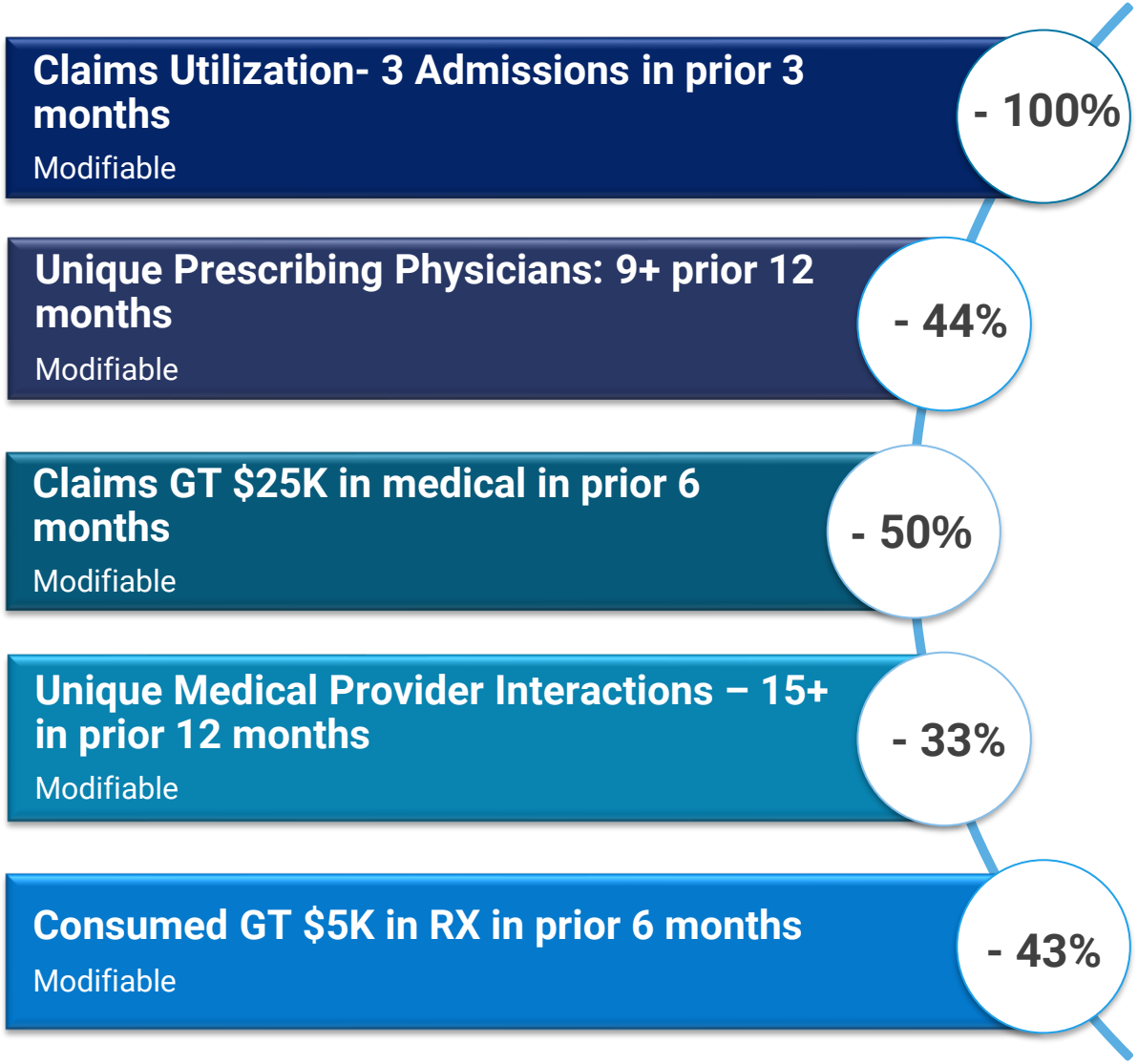


***Refused: 2 members***

| Utilization Risk Triggers | Primary Health Conditions | Average Health Care Costs | Outreach Results | Ongoing Focus |
|---|---|---|---|---|
| ▪ Predicted Costs between $10,000- $24,999 | ▪ Diabetes<br>▪ Obesity | ▪ $3.9K per member in the last 12 months | ▪ 100% member feels conditions are well managed | ▪ Utilize risk strat to identify future needs as appropriate |

# Identifying the Most Prevalent High-Risk Triggers

*Members Engaged Q2 2023 with High-Risk Triggers for Q2 2023 v. Q2 2024*




**Interventions Driving Change**

- Education on benefits and IN providers
- Education of complex chronic and acute disease management
- Encourage provider and specialist adherence
- Coordination of prescription assistance programs
- Resource integration addressing social determinants of health

**Observations and Next Steps**

- Monitor adherence to providers and treatment plan
- Continue to assess risk triggers and provide needed education and resources to modify these triggers
- Gaps in care are identified and coordinated as needed for all members who are outreached

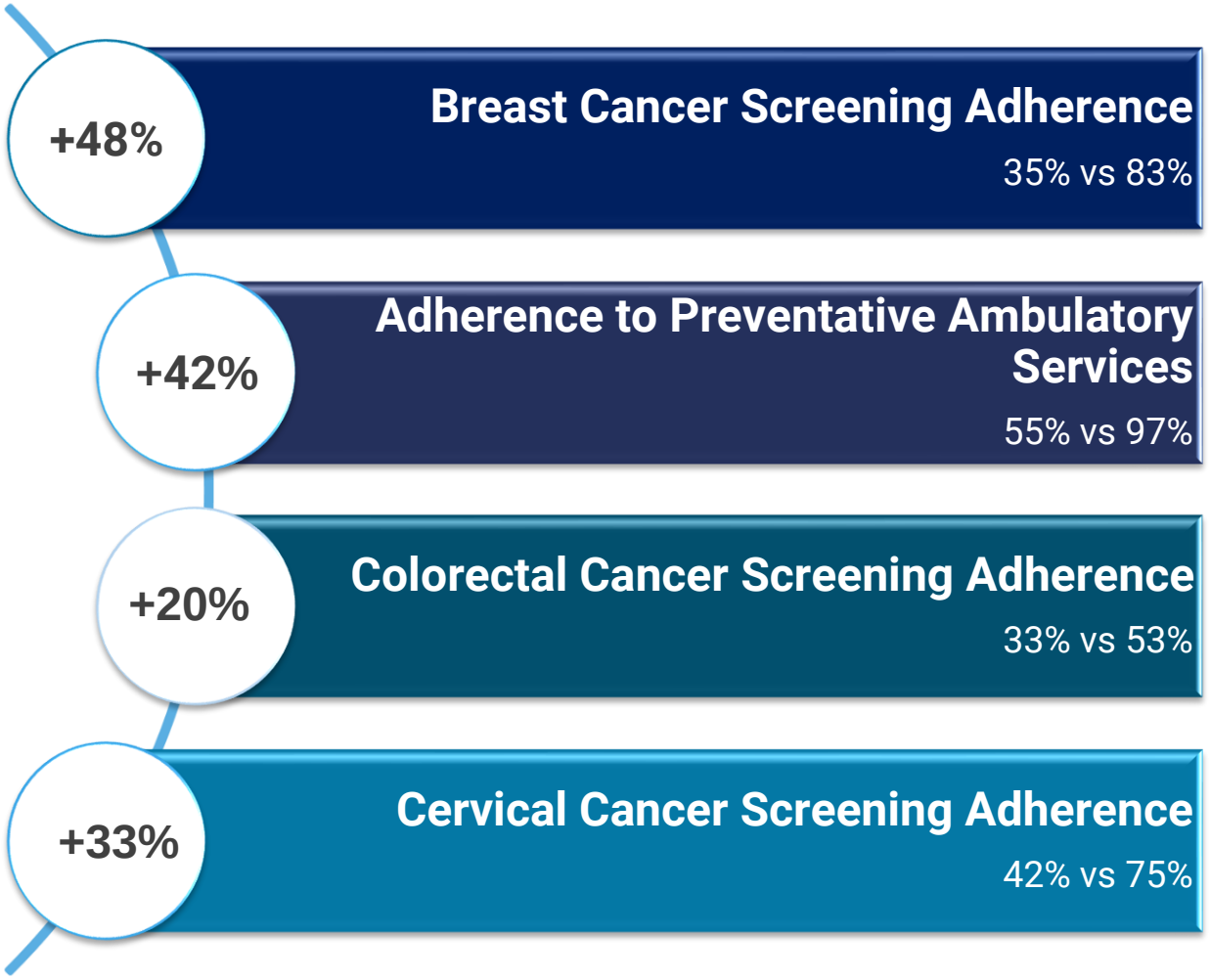
# Monitoring Preventive Screening Adherence

*Overall Population Q2 2024 vs. Members Engaged Q2 2024*

Personal Health Nurse impacts compliance to preventive screenings while assisting members with chronic and acute health needs. There is still a potential to impact adherence with the overall population.

**Recommendations**:

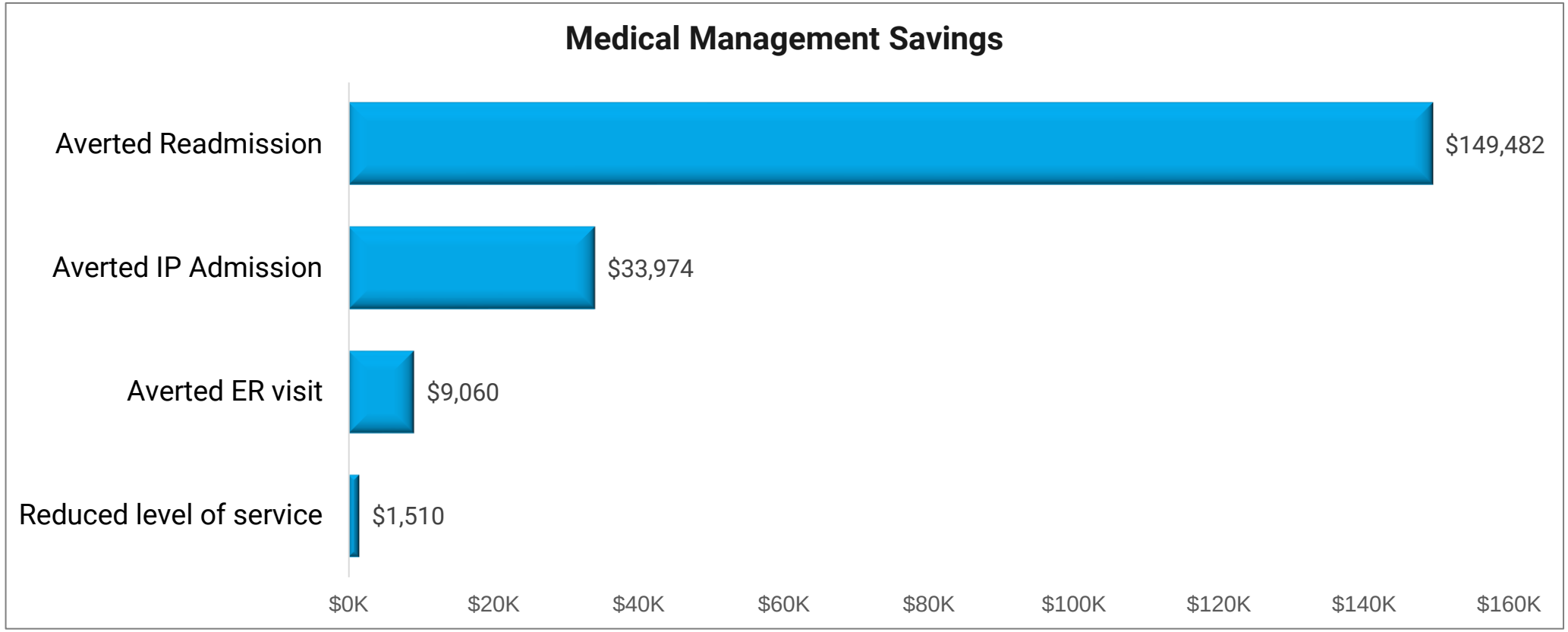
- Focus member education on the importance, benefits, and recommended frequency of preventive screenings
- Assess barriers to completion of recommended screenings and coordinate resources as needed
- Possibly send educational mailings to all members who are nonadherent to recommended screenings



# Saving on Services while Helping Members

*Q2 2024*

| Savings Ratio | 5.15 |
|---|---|
| Cost of medical management services | $37,659 |
| Savings from medical management services | $194,026 |



# Utilization Management Q2 2024

| Referral Summary | Q1 2024 | Q2 2024 |
|---|---|---|
| Total UM Referrals Completed | 133 | 118 |
| Inpatient Pre-certifications | 33 | 29 |
| # of Denials | 6 | 3 |
| # of Partial approvals | 2 | 1 |

| Top Pre Auth Services | Q1 2024 | Q2 2024 |
|---|---|---|
| Outpatient Procedures | 41 | 37 |
| Inpatient Admission: Acute Care | 30 | 24 |
| Outpatient Behavioral Health | 31 | 20 |
| Outpatient PT/OT/ST | 54 | 10 |
| DME | 13 | 11 |

| Adverse Determinations | Q1 2024 | Q2 2024 |
|---|---|---|
| IP Acute Care Extended Stay | 2 | 2 |
| DME | 1 | 1 |
| Outpatient Surgery | 3 | 1 |
| Substance Abuse IOP | 1 | NA |
| Habilitative Services | 1 | NA |

Q2 UM Fees for Services: $25,589
Q2 UM Savings: $33,754

Primary rationale for adverse determinations:

- Can be provided at lower level of care
- Does not meet standard of practice

# Going the Distance Every Day

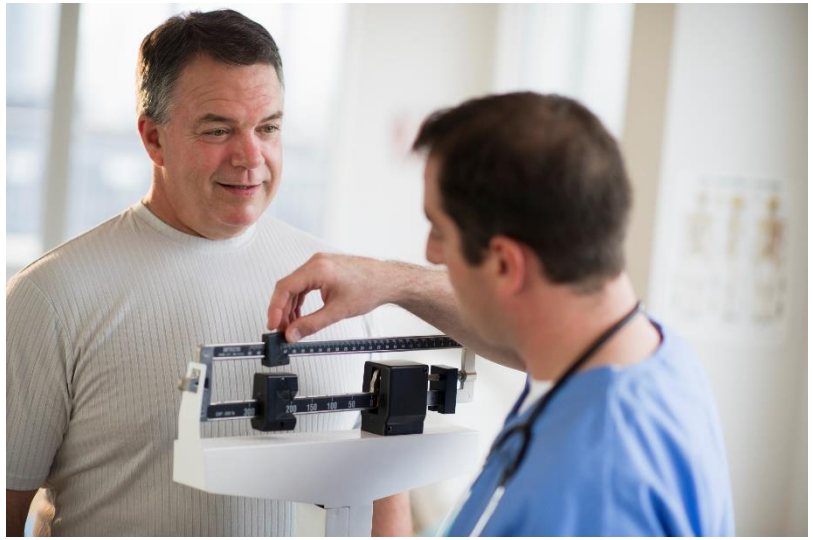
Preventing a readmission through adherence.

## Member Situation

- 58-year-old male
- Member had an Inpatient Admission for septic arthritis in both of his knees and needed continued IV antibiotics after he was discharged.
- Member was unaware he needed to follow up with Infectious Disease (ID) provider.
- Member was going to run out of his antibiotics 5 days early

## How a Conifer VBC Personal Health Nurse (PHN) Helped

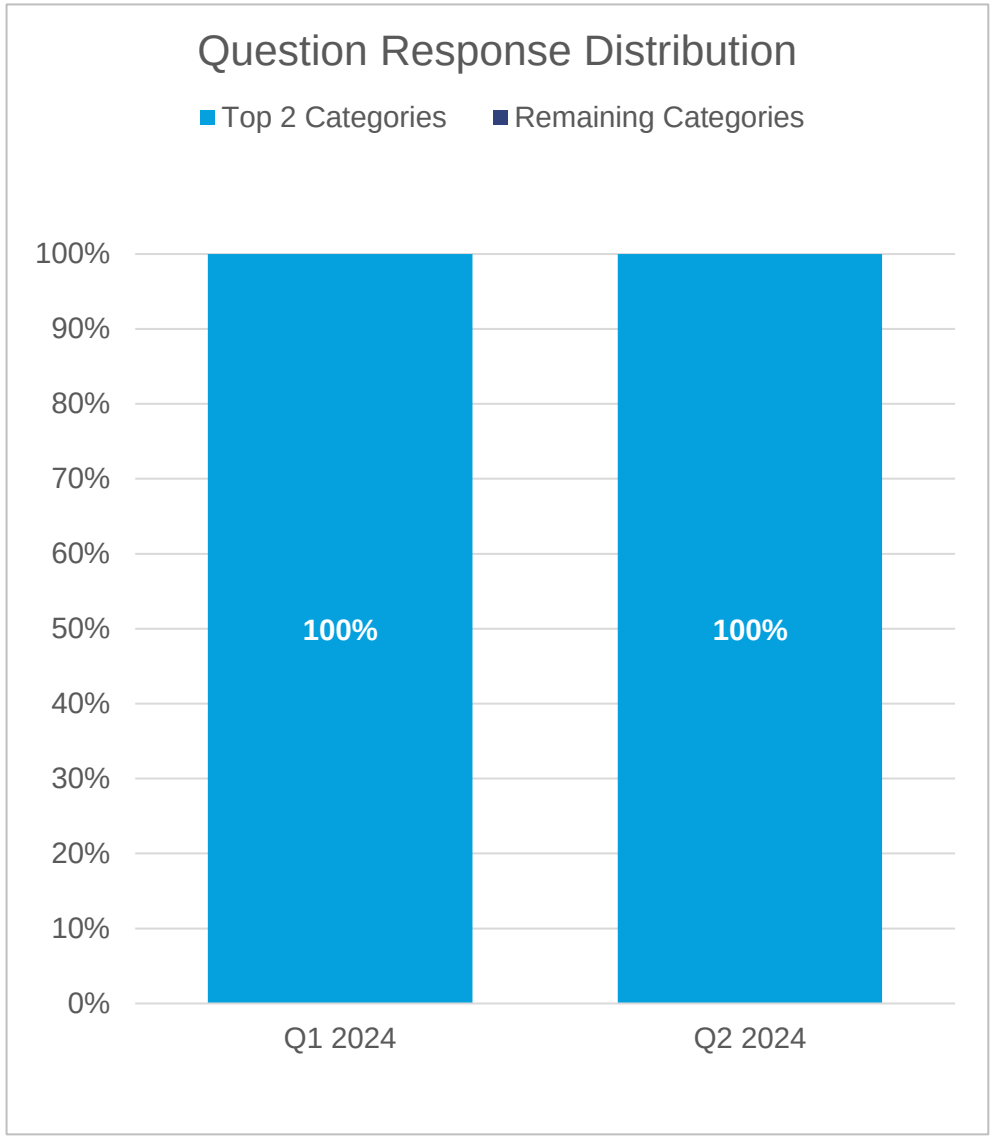
- PHN utilized Transperfect language translator, as member is Spanish speaking which created a language barrier.
- PHN went over discharge instructions with member and advised he needed to make appointment with ID provider.
- PHN followed up with provider to verify member made his appointment.
- PHN coordinated with ID provider and advised them that member was going to run out of his IV antibiotics 5 days prior to what the discharge instructions stated he needed them through.



## Member's Results

- Member was able to get a refill on the IV antibiotics needed to complete the full treatment.
- Member completed the full course of antibiotics.
- Member was adherent to follow up with the infectious disease provider.
- Member did not have complications from the infection or a readmission due to adherence to treatment plan.

# Averaging 100% Member Satisfaction

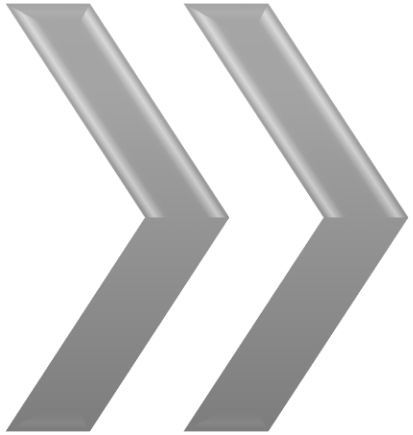



"She is great. I know if I have need of anything I can just call."

"[My nurse] is so nice. She calls me and checks on how I'm doing, gives good advice and I really enjoy talking to her. She is very helpful."

"[My nurse] is very knowledgeable of my medical condition and has been very helpful. I am very lucky to have her helping me. She is very kind and very professional. Thank you for assigning her to me."

# Working Together to Support Your Members


- Partnership to increase awareness and participation
- Chronic condition adherence
- Priority and high risk member outreach
- Continue to engage members identified from Utilization file feed

- Possible Gaps in Care campaign targeting members without a PCP and/or members without claims utilization.
- Link Gaps in Care letter to Introduction Letters
- Conifer contributions to Newsletters

# APPENDICES

Team Structure
EBM Measures
Acronyms
Glossary of Terms
Cost Savings Definitions
Provider Engagement Definitions

# Conifer Team Structure

| | | Interaction | |
|---|---|---|---|
| Regional VP, Client Delivery Population Health | Joe Sears | **Operations** *Weekly/Monthly/Quarterly* | Account Lead, escalation point; manage overall account performance |
| Manager, Population Health | Lindsey Luma | ***Daily*** | Direct oversight of clinical operations and PHN team; Only resourced through Client Delivery request |
| Director, Population Health | Allyson Pierce | **Operations** *Weekly/Monthly/Quarterly* | Operational oversight of PHN teams |
| Sr Director Clinical Operations | Michele Hamilton | **Operations** *Quarterly/As Needed* | Operational oversight of clinical operations |
| VP, Population Health | Justin Berry | **Sr. Leadership** *Quarterly/As Needed* | Executive Oversight for Client Delivery |

# Acronyms

| Acronym | Expansion |
|---|---|
| **A1C or HgbA1C** | Hemoglobin A1c |
| **ALOS** | Average Length of Stay |
| **BMI** | Body Mass Index |
| **BOB** | Book of Business |
| **CAD** | Coronary Artery Disease |
| **CHF** | Congestive Heart Failure |
| **COC** | Category of Care |
| **CMI** | Case Mix Index |
| **EBM** | Evidence Based Medicine |
| **ED** | Emergency Department |
| **EOS** | Episode of Service |
| **ER** | Emergency Room |
| **GT** | Greater Than |
| **ICD** | International Classification of Diseases |
| **IP** | Inpatient |
| **LDL** | Low Density Lipids |

| Acronym | Expansion |
|---|---|
| **LOS** | Length of Stay |
| **PEPM** | Per Employee Per Month |
| **PHM** | Personal Health Management |
| **PHN** | Personal Health Nurse |
| **UM** | Utilization Management |

# Glossary of Terms

| Term | Definition |
|---|---|
| **Case Mix Index (CMI)** | a means to measure the relative health of a population where each Episode of Care (EOC) for a patient is assigned an Episode Treatment Grouping (ETG) and each ETG is assigned a relative value or weight to calculate the rate by summing the relative values for the population and then dividing that number by the number of episodes encountered for the population |
| **Eligible** | the total unique members who are eligible for medical management |
| **Engaged** | the total unique reached members who agreed to engaged in medical management |
| **Hemoglobin A1c (HgbA1C)** | Diabetic Control Measurement |
| **ICD-10** | patient diagnosis or procedure codes (i.e., ICD-10-CM or ICD-10-PCS, respectively);<br>the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO) |
| **Not Reached** | the total unique members who a personal health nurse (PHN) attempted to reach by phone but were either unable to locate (UTL) because of a bad phone number or were unresponsive and did not pick up the phone |
| **Outreached** | the total unique members who a personal health nurse (PHN) attempted to reach by phone and were either reached or not reached |
| **Pending** | the total unique triggered members a personal health nurse (PHN) is still attempting to reach by phone |
| **Reached** | the total unique triggered members with whom a personal health nurse (PHN) has spoken on the phone and who either agreed to engaged in medical management or refused to participate at the given time |

# Glossary of Terms

| Term | Definition |
|---|---|
| **Refused** | the total unique reached members who refused to participate in medical management at the given time |
| **Targeted** | the total unique members identified as “Priority” or “High” risk in Conifer’s proprietary “Risk Stratification” application |

# Cost Savings Definitions

| Cost Savings Description | Definition |
|---|---|
| **Alternative Funding for Pharmaceuticals** | The case manager seeks alternative funding for a service. If this is for medications that are not covered by the plan the case manager cannot claim that the cost of the pharmaceuticals was saved. They can, however, claim savings if the receipt of such equipment service or pharmaceutical averted further costly complications. |
| **Averted ER Visit** | Averted ER Visit category is appropriate when the Medical Management Nurse directly works with the member/member caregiver to address acute health issue(s) to avoid need for emergent care. |
| **Averted IP admission** | Medical Management Nurse directly works with member/member caregiver and healthcare team to address acute health issue(s) that would likely result in an inpatient admission without intervention. |
| **Averted Readmission** | Averted Readmission category is appropriate when the Medical Management Nurse directly works with member/member caregiver and healthcare team following an acute inpatient admission. MMN is actively involved in the Transitions of Care process. MMN works with healthcare team to ensure instructions are in place, and member safely transitions to home. |
| **In Network Savings** | The case manager coordinates an alternative facility than the one proposed. The facility provides the same quality of service and meets the clinical needs of the participant. |
| **Reduced Level of Service** | This category is used when the case manager has assessed the needs of the individual and the goals of the care and determined that the services are not required at the level at which they are being delivered. This will apply to therapy and other outpatient visits, as well as in acute care situations where the case manager has been involved in making sure that a participant is moved from a higher level of care (ICU) to a lower level of care (med-surg unit). |
| **Savings based on improved health related behaviors** | After engagement with PHN, member shows improvement in clinical and behavioral outcomes. |
| **Self-care in lieu of previous utilization pattern** | The case manager has educated the participant re: management of their condition. The participant demonstrates effective engagement in self management and their previous utilization pattern has changed. This pattern could be a pattern of frequent hospitalizations and/or emergency room visits. The documentation must be specific regarding the previous pattern of utilization. This can be obtained by reviewing the CCC. |

# Provider Engagement Definitions

| Provider Engagement Description | Definition |
|---|---|
| **Attempting Engagement** | nurse is actively attempting outreach |
| **Awaiting consent required by provider-** | Provider / Office requiring written consent from the member. PHN awaiting returned signed consent. |
| **Decline from Provider / Office** | Provider / Office refuses to engage with PHN |
| **Fully Engaged** | The PHN is actively working with the Provider(s) (MD, RN, PA, NP, Home Health, Medical Assistant, PT, SW, etc) to establish goals with the member and to strategize on actions to be taken to accomplish the goals. |
| **Member declines Provider Engagement** | Member refuses PHN's request to outreach provider(s) |
| **No response from Provider / Office** | PHN has made attempts for outreach with no response from provider or office. |
| **Office Engaged** | The PHN is exchanging information on goals and the treatment plan with the provider(s) via unlicensed office staff. |