

Public Employees Benefits Board Retreat

January 27, 2021

Public Employees Benefits Board

January 27, 2021

9:00 a.m. – 4:00 p.m.

Zoom Attendance Only

Health Care Authority
Sue Crystal A & B
626 8th Avenue SE
Olympia, Washington

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TAB 1

Public Employees Benefits Board Retreat
January 27, 2021
9:00 a.m. – 4:00 p.m.

**Aligning with [Governor's Proclamation 20-28](#),
all Board Members and public attendees
will only be able to attend virtually**

TO JOIN ZOOM MEETING – SEE INFORMATION BELOW

9:00 a.m.*	Welcome and Introductions		Sue Birch, Chair	
9:10 a.m.	Meeting Overview		Dave Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
9:15 a.m.	COVID-19 Agency Response	TAB 3	Jean Bui, Manager Portfolio Management & Monitoring Section, ERB Division Tanya Deuel, ERB Finance Manager Financial Services Division	Information/ Discussion
9:55 a.m.	Achieving Health Equity for PEBB Program Members	TAB 4	Emily Transue, MD, MHA Medical Director for ERB Programs Mia Nafziger, Senior Health Policy Analyst, Policy Division	Information/ Discussion
10:25 a.m.	Break			
10:40 a.m.	Social Determinants of Health Roundtable	TAB 5	<u>Facilitator: Emily Transue, MD, MHA</u> Diane Oakes, Chief Mission Officer, Washington Dental Service & Delta Dental of Washington Kim Wicklund, Director of Community Health, KPWA John Kendrick, Service Area Director, Continuum of Care, KPNW Keith Bachman, MD, FACP, KPNW Rachel Andrew, MS, LMFT, CCM Director of Clinical Programs Premera Blue Cross	Information/ Panel Discussion

			<p>Naim Munir, MD Vice President Medical Management and Population Health Premera Blue Cross</p> <p>Chuck Levine, Vice President of Provider Network Management Premera Blue Cross</p> <p>Kimberly Hadeed, RN-BSN, CCM Regence BlueShield Case Management Supervisor BlueCare Path Team</p>	
11:40 a.m.	2020 Retirees' Survey	TAB 6	Ellen Wolfhagen, Senior Account Manager, ERB Division	Information/ Discussion
12:10 p.m.	Break			
12:25 p.m.	Working Lunch: 2021 Open Enrollment Summary	TAB 7	Renee Bourbeau, Manager Benefits Accounts Section ERB Division	Information/ Discussion
1:10 p.m.	Governor's Proposed Budget Update - PEBB	TAB 8	Tanya Deuel, ERB Finance Manager Financial Services Division	Information/ Discussion
1:35 p.m.	2021 Legislative Session	TAB 9	Cade Walker, Executive Special Assistant, ERB Division	Information/ Discussion
1:55 p.m.	PEBB/SEBB Consolidation Report	TAB 10	Sara Whitley, Fiscal Information & Data Analyst, Financial Services Division	Information/ Discussion
2:25 p.m.	Break			
2:35 p.m.	Leveraging SEBB Program Medical Contracts for PEBB Program	TAB 11	Lauren Johnston, SEBB Procurement Manager, ERB Division	Information/ Discussion
3:05 p.m.	Life and Long-Term Disability Insurance Update	TAB 12	Kimberly Gazard, Contract Manager ERB Division	Information/ Discussion
3:35 p.m.	Public Comment			
3:50 p.m.	Closing		Sue Birch	
4:00 p.m.	Adjourn			

***All Times Approximate**

The Public Employees Benefits Board Retreat will meet Wednesday, January 27, 2021. Due to COVID-19 and out of an abundance of caution, all Board Members and attendees will attend this meeting virtually.

The Board will consider all matters on the agenda plus any items that may normally come before them.

This notice is pursuant to the requirements of the Open Public Meeting Act, Chapter 42.30 RCW.

Direct e-mail to: board@hca.wa.gov.

Materials posted at: <http://www.pebb.hca.wa.gov/board/> by close of business on January 25, 2021.

Join Zoom Meeting

<https://zoom.us/j/96432200877?pwd=T210Qis0Z1doWGxhbnhRdnRJUGsydz09>

Meeting ID: 964 3220 0877

Passcode: 574824

One tap mobile

+12532158782,,96432200877# US (Tacoma)

Dial by your location

+1 253 215 8782 US (Tacoma)

Meeting ID: 964 3220 0877

Find your local number: <https://zoom.us/u/ad8b1nvKRD>

PEB Board Members

Name	Representing
Sue Birch, Director Health Care Authority 626 8 th Ave SE PO Box 42713 Olympia WA 98504-2713 V 360-725-2104 sue.birch@hca.wa.gov	Chair
Leanne Kunze, Executive Director Washington Federation of State Employees 1212 Jefferson Street, Suite 300 Olympia WA 98501 V 360-352-7603 leanne.kunze@hca.wa.gov	State Employees
Elyette Weinstein 5000 Orvas CT SE Olympia WA 98501-4765 V 360-705-8388 elyette.weinstein@hca.wa.gov	State Retirees
Tom MacRobert 4527 Waldrick RD SE Olympia WA 98501 V 360-264-4450 tom.macrobot@hca.wa.gov	K-12 Retirees
Scott Nicholson, Deputy Assistant Director State Human Resources Office of Financial Management PO Box 43113 Olympia WA 98504-3113 scott.nicholson@ofm.wa.gov	Benefits Management/Cost Containment

PEB Board Members

Name	Representing
Yvonne Tate 1407 169 th PL NE Bellevue WA 98008 V 425-417-4416 yvonne.tate@hca.wa.gov	Benefits Management/Cost Containment
John Comerford* 121 Vine ST Unit 1205 Seattle, WA V 206-625-3200 john.comerford@hca.wa.gov	Benefits Management/Cost Containment
Harry Bossi 19619 23 rd DR SE Bothell WA 98012 V 360-689-9275 harry.bossi@hca.wa.gov	Benefits Management/Cost Containment
Legal Counsel Michael Tunick, Assistant Attorney General 7141 Cleanwater Dr SW PO Box 40124 Olympia WA 98504-0124 V 360-586-6495 MichaelT4@atg.wa.gov	

*non-voting members

1/22/21



Washington State Health Care Authority
Public Employees Benefits Board
P.O. Box 42713 • Olympia, Washington 98504-2713
360-725-0856 • TTY 711 • FAX 360-586-9551 • www.pebb.hca.wa.gov

PEB BOARD MEETING SCHEDULE

2021 Public Employees Benefits (PEB) Board Meeting Schedule

The PEB Board meetings will be held at the Health Care Authority, Sue Crystal Center, Rooms A & B, 626 8th Avenue SE, Olympia, WA 98501.

January 27, 2021 (Board Retreat) 9:00 a.m. – 4:00 p.m.

March 17, 2021 - Noon – 5:00 p.m.

April 14, 2021 - Noon – 5:00 p.m.

May 12, 2021 - Noon – 5:00 p.m.

June 9, 2021 - Noon – 5:00 p.m.

June 30, 2021 - Noon – 5:00 p.m.

July 14, 2021 - Noon – 5:00 p.m.

July 21, 2021 - Noon – 5:00 p.m.

July 28, 2021 - Noon – 5:00 p.m.

If you are a person with a disability and need a special accommodation, please contact Connie Bergener at 360-725-0856

6/12/20

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 21, 2020

TIME: 11:23 AM

WSR 20-15-132

TAB 2

PEB BOARD BY-LAWS

ARTICLE I

The Board and its Members

1. **Board Function**—The Public Employees Benefits Board (hereinafter “the PEBB” or “Board”) is created pursuant to RCW 41.05.055 within the Health Care Authority; the PEBB’s function is to design and approve insurance benefit plans and establish eligibility criteria for participation in insurance benefit plans for Higher Education and State employees, State retirees, and school retirees.
2. **Staff**—Health Care Authority staff shall serve as staff to the Board.
3. **Appointment**—The Members of the Board shall be appointed by the Governor in accordance with RCW 41.05.055. Board Members shall serve two-year terms. A Member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.
4. **Non-Voting Member**—There shall be one non-voting Members appointed by the Governor because of their experience in health benefit management and cost containment.
5. **Privileges of Non-Voting Member**—The non-voting Member shall enjoy all the privileges of Board membership, except voting, including the right to sit with the Board, participate in discussions, and make and second motions.
6. **Board Compensation**—Members of the Board shall be compensated in accordance with RCW [43.03.250](#) and shall be reimbursed for their travel expenses while on official business in accordance with RCW [43.03.050](#) and [43.03.060](#).

ARTICLE II

Board Officers and Duties

1. **Chair of the Board**—The Health Care Authority Administrator shall serve as Chair of the Board and shall preside at all meetings of the Board and shall have all powers and duties conferred by law and the Board’s By-laws. If the Chair cannot attend a regular or special meeting, he or she shall designate a Chair Pro-Tem to preside during such meeting.
2. **Other Officers**—(*reserved*)

ARTICLE III
Board Committees

(RESERVED)

ARTICLE IV
Board Meetings

1. Application of Open Public Meetings Act—Meetings of the Board shall be at the call of the Chair and shall be held at such time, place, and manner to efficiently carry out the Board's duties. All Board meetings, except executive sessions *as permitted by law*, shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.
2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings. The schedule of regular Board meetings, and any changes to the schedule, shall be filed with the State Code Reviser's Office in accordance with RCW 42.30.075. The Chair may cancel a regular Board meeting at his or her discretion, including the lack of sufficient agenda items. The Chair may call a special meeting of the Board at any time and proper notice must be given of a special meeting as provided by the Open Public Meetings Act, RCW 42.30.
3. No Conditions for Attendance—A member of the public is not required to register his or her name or provide other information as a condition of attendance at a Board meeting.
4. Public Access—Board meetings shall be held in a location that provides reasonable access to the public including the use of accessible facilities.
5. Meeting Minutes and Agendas—The agenda for an upcoming meeting shall be made available to the Board and the interested members of the public at least 24 hours prior to the meeting date or as otherwise required by the Open Public Meetings Act.

Agendas may be sent by electronic mail and shall also be posted on the HCA website. An audio recording (or other generally accepted electronic recording) shall be made of the meeting. HCA staff will provide minutes summarizing each meeting from the audio recording. Summary minutes shall be provided to the Board for review and adoption at a subsequent Board meeting.

6. Attendance—Board Members shall inform the Chair with as much notice as possible if unable to attend a scheduled Board meeting. Board staff preparing the minutes shall record the attendance of Board Members at the meeting for the minutes.

ARTICLE V
Meeting Procedures

1. Quorum—Five voting members of the Board shall constitute a quorum for the transaction of business. No final action may be taken in the absence of a quorum. The Chair may declare a meeting adjourned in the absence of a quorum necessary to transact business.
2. Order of Business—The order of business shall be determined by the agenda.
3. Teleconference Permitted—A Board Member may attend a meeting in person or, by special arrangement and advance notice to the Chair, by telephone conference call, or video conference when in-person attendance is impracticable.
4. Public Testimony—The Board actively seeks input from the public at large, from enrollees served by the PEBB Program, and from other interested parties. Time is reserved for public testimony at each regular meeting, generally at the end of the agenda. At the direction of the Chair, public testimony at Board meetings may also occur in conjunction with a public hearing or during the Board’s consideration of a specific agenda item. The Chair has authority to limit the time for public testimony, including the time allotted to each speaker, depending on the time available and the number of persons wishing to speak.
5. Motions and Resolutions—All actions of the Board shall be expressed by motion or resolution. No motion or resolution shall have effect unless passed by the affirmative votes of a majority of the Board Members present and eligible to vote, or in the case of a proposed amendment to the By-laws, a 2/3 majority of the Board.
6. Representing the Board’s Position on an Issue—No Board Member may endorse or oppose an issue purporting to represent the Board or the opinion of the Board on an issue unless the majority of the Board approve of such position.
7. Manner of Voting—On motions, resolutions, or other matters a voice vote may be used. At the discretion of the Chair, or upon request of a Board Member, a roll call vote may be conducted. Proxy votes are not permitted, but the prohibition of proxy votes does not prevent a Chair Pro-Tem designated by the Health Care Authority Director from voting.
8. Parliamentary Procedure—All rules of order not provided for in these By-laws shall be determined in accordance with the most current edition of Robert’s Rules of Order. Board staff shall provide a copy of *Robert’s Rules* at all Board meetings.
9. Civility—While engaged in Board duties, Board Members’ conduct shall demonstrate civility, respect, and courtesy toward each other, HCA staff, and the public and shall be guided by fundamental tenets of integrity and fairness.
10. State Ethics Law and Recusal—Board Members are subject to the requirements of the Ethics in Public Service Act, Chapter 42.52 RCW. A Board Member shall recuse himself or herself from casting a vote as necessary to comply with the Ethics in Public Service Act.

ARTICLE VI
Amendments to the By-Laws and Rules of Construction

1. Two-thirds majority required to amend—The PEBB By-laws may be amended upon a two-thirds (2/3) majority vote of the Board.
2. Liberal construction—All rules and procedures in these By-laws shall be liberally construed so that the public's health, safety and welfare shall be secured in accordance with the intents and purposes of applicable State laws and regulations.

Last Revised July 15, 2020

TAB 3



COVID-19 Agency Response

Jean Bui, Manager
Portfolio Management & Monitoring Section
Employees & Retirees Benefits Division
January 27, 2021

Tanya Deuel, Manager
ERB Rates & Finance Unit
Financial Services Division

Select Governor's Proclamations

Proclamation 20-05

- Issued 2/29/20; Declares a State of Emergency for the entire state due to the COVID Pandemic

Proclamations 20-25 & 20-46

- Extenders for the duration of the State of Emergency

PEBB Passed Resolutions

- Resolution 2020-01
COVID-19 Continuation Coverage Eligibility
- Resolution 2020-02
COVID-19 and Enrollment Timelines
- Resolution 2020-03
COVID-19 Related Eligibility for Newly Hired or Rehired State Employees

Carrier Actions

Covid-19:

- Testing coverage
- Treatment Coverage
- Prescription Refill too soon
- Vaccine

Select Agency Actions

- Telehealth Policies and Infrastructure Support
- Medicaid State Plan Amendments
- Distribution of federal monies to hospitals and providers
- PPE distribution assistance
- Interagency Support
- IRS Cafeteria Plan Flexibility Advocacy

Limited Open Enrollment: Overview

- Timeline:
 - July 1, 2020 to July 31, 2020
- Purpose:
 - As a result of COVID-19, and without any other required qualifying event, allow members to modify certain benefits that require payroll deductions

Scope of Limited Open Enrollment (LOE)

- Highlight of what was included in the scope:
 - Members that waived their medical coverage can enroll in medical
 - Members with medical coverage can add dependents
 - Members may enroll in or change their Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program (DCAP) election amount

Scope of LOE (*cont.*)

- Highlight of what was excluded from the scope:
 - Adding dependents to dental or vision coverage
 - Disenrolling from medical coverage
 - Elections that decrease annual contributions to an amount lower than what has been contributed (DCAP) or claimed (FSA)

Medical Enrollment Data

METRIC	PEBB Results
NUMBER OF SUBSCRIBERS THAT TOOK ACTION	654
TOTAL MEMBERS ADDED	898
OVERALL INCREASE IN MEDICAL ENROLLMENT FROM JUNE 2020	0.32%
SUBSCRIBERS RETURNED FROM WAIVED	212
TOTAL DEPENDENTS ADDED	686
CHILDREN	366 (53%)
SPOUSES	322 (47%)

Participation: Tax-Advantaged Accounts

PEBB LOE Participation	Enrollments		Election Changes		
	New	Percentage Growth	Increased	Decreased	Percentage of Accounts
Medical FSA					
State Agencies	325		739	341	
Higher Ed	527		1,018	541	
TOTAL PEBB	852	6.1%	1,757	882	18.8%
Dependent Care FSA (DCAP)					
State Agencies	52		5	168	
Higher Ed	136		33	335	
TOTAL PEBB	188	7.1%	38	503	20.4%

- Roughly 20% of PEBB Program account enrollees participated
- Over 1,000 new accounts were created
- For those changing their annual election:
 - FSA elections tended to increase
 - DCAP elections were overwhelmingly decreased

Annual Elections: Tax Advantaged Accounts

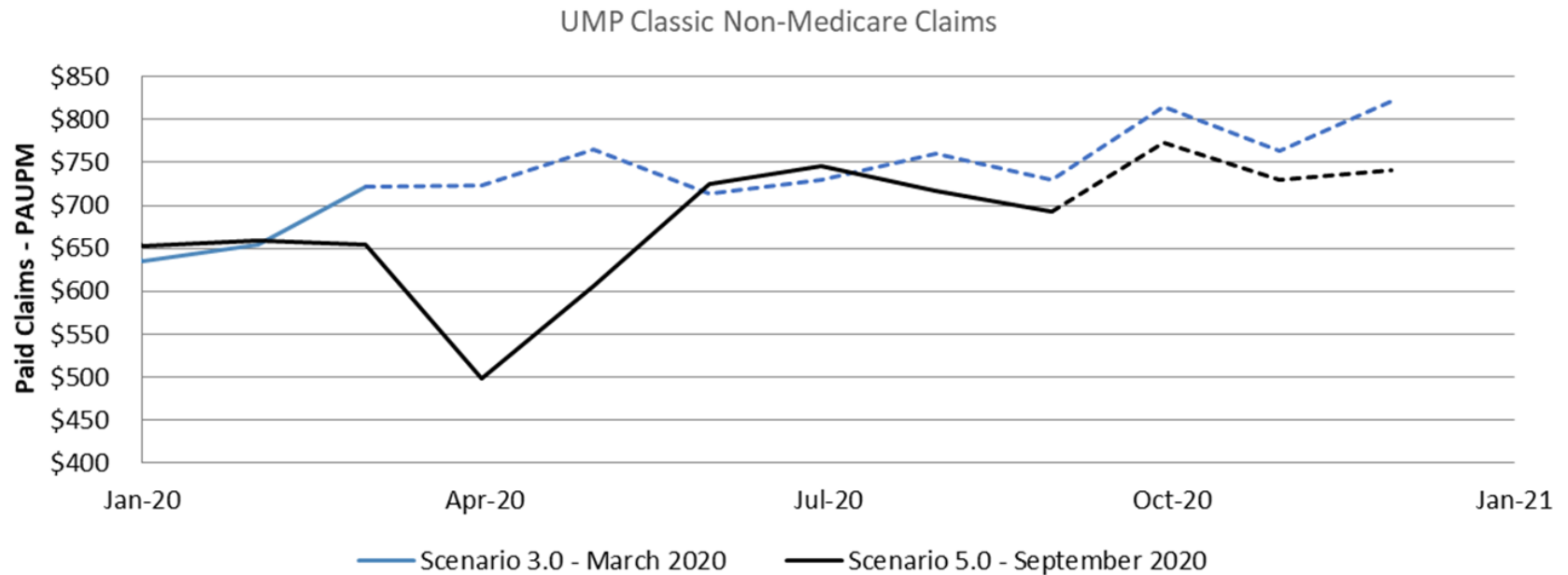
DATE	PEBB LOE: Elections		
	State Agencies	Higher Ed	TOTAL
Medical FSA			
1-Jul-20	\$15,374,924.93	\$14,935,439.47	\$30,310,364.40
17-Aug-20	\$16,002,509.92	\$15,837,267.67	\$31,839,777.59
\$ Change	\$627,584.99	\$901,828.20	\$1,529,413.19
% Change	4.1%	6.0%	5.0%
Dependent Care FSA (DCAP)			
1-Jul-20	\$3,673,100.64	\$8,047,338.19	\$11,720,438.83
17-Aug-20	\$3,615,136.36	\$8,018,526.73	\$11,633,663.09
\$ Change	-\$57,964.28	-\$28,811.46	-\$86,775.74
% Change	-1.6%	-0.4%	-0.7%

- FSA: annual elections increased by \$1.5 million, or 5.0%
- DCAP: annual elections decreased by \$86,000, or 0.7%

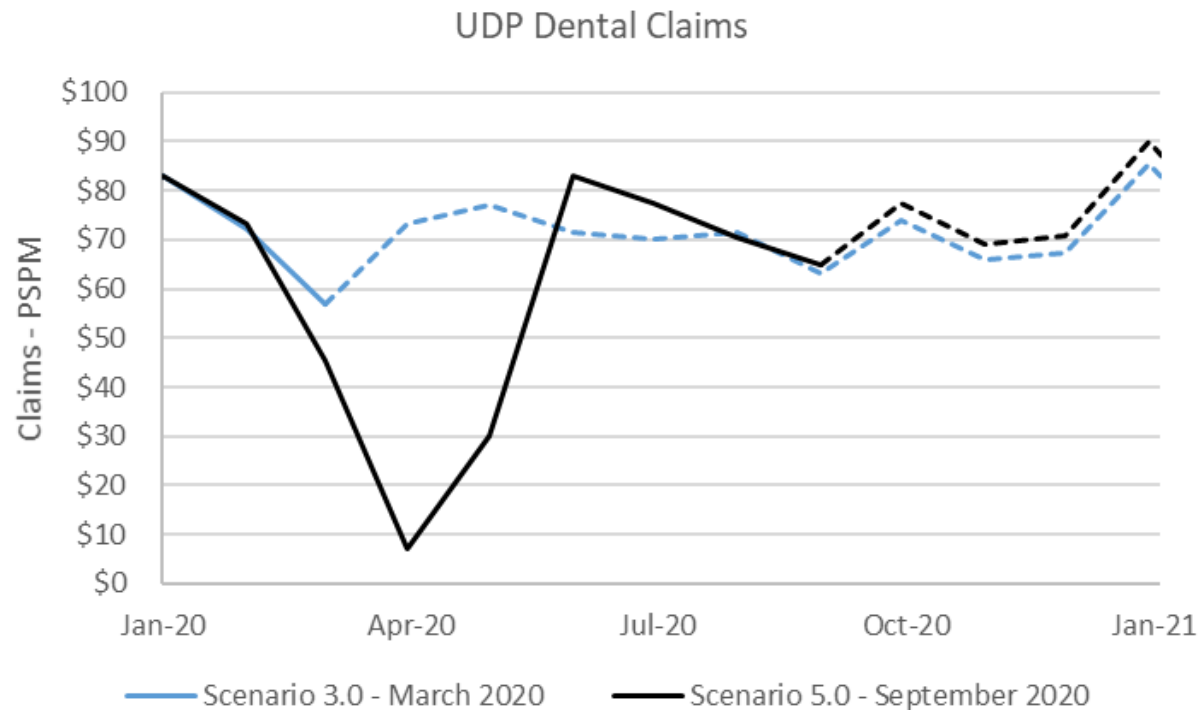
COVID Utilization

- PEBB Program Medical Utilization
 - Uniform Medical Plan (UMP) – non-Medicare Population
- PEBB Program Dental Utilization
 - Uniform Dental Plan (UDP)

PEBB Program COVID-19 Medical Utilization



PEBB Program COVID-19 Dental Utilization



Questions?

Jean Bui, Manager

Portfolio Management & Monitoring Section

Employees and Retirees Benefits Division

jean.bui@hca.wa.gov

Tanya Deuel, Manager

ERB Rates and Finance Unit

Financial Services Division

tanya.deuel@hca.wa.gov

Appendix

Board Resolutions

- PEBB 2020-01 COVID-19 Continuation Coverage Eligibility
- PEBB 2020-02 COVID-19 Enrollment Timelines
- PEBB 2020-03 COVID-19 Related Eligibility for Newly Hired or Rehired State Employees

Resolution PEBB 2020-01 COVID-19 Continuation Coverage Eligibility

Resolved that, beginning February 29, 2020, the date that Governor Inslee declared a state of emergency in Proclamation 20-05, the maximum period of continuation coverage is extended until two months after the date the Governor terminates the state of emergency.

Resolution PEBB 2020-02

COVID-19 and Enrollment Timelines

Resolved that, beginning February 29, 2020, the date that Governor Inslee declared a state of emergency in Proclamation 20-05, any enrollment timelines established for continuation coverage and retiree subscribers will be extended to 30 days past the date the Governor terminates the state of emergency.

The Health Care Authority is authorized, during the state of emergency as described above, to extend this deadline further and extend any other enrollment deadlines as needed to meet the needs of the state and PEBB Program subscribers.

Resolution PEBB 2020-03 COVID-19 Related Eligibility for Newly Hired or Rehired State Employees

Resolved that, beginning April 1, 2020, and through the last day of the month in which the Governor terminates the COVID-19 state of emergency declared in Proclamation 20-05, an employee hired or rehired by a state agency to respond to the Covid-19 emergency in the following position types, first responders (firefighters, police, EMTs, public safety personnel, etc.), health care professionals (doctors, nurses, pharmacists, behavioral health specialists, etc.), any position worked in medical facilities (health care professionals, lab technicians, administrative staff, sanitation workers, etc.), public health officials, and any COVID-19 research positions, is eligible for the employer contribution toward PEBB benefits in any month they work a minimum of 8 hours. If the employee becomes eligible under this temporary criteria for establishing eligibility, PEBB coverage will begin the first day of the month in which the employee becomes eligible. PEBB benefits for this resolution includes the following: medical, dental, basic life, basic AD&D, and basic LTD.

The Health Care Authority is authorized during the state of emergency to include additional position types to the list above, as needed, to meet the needs of the state and PEBB Program subscribers.

Once the COVID-19 state of emergency is terminated, the temporary criteria for establishing eligibility ends and the standard PEBB benefits and maintenance eligibility rules apply.

HCA's COVID-19 Response Efforts

A snapshot of the agency's actions to support Washington residents, providers, and communities during the COVID-19 pandemic

Technology

- Distributed about 6,000 smart phones (donated by cell phone companies) to Apple Health (Medicaid) clients and tribal members
 - 400 talk minutes and unlimited data per month
- Distributed about 800 laptops to physical and behavioral health providers, including Indian health care providers and tribal members
- Purchased and distributed 2,000 free Zoom telehealth licenses to providers, focused on those providing care to the most vulnerable
- Hosted technical assistance webinars to providers about the laptop, cell phone, and Zoom license programs

Technology (*cont.*)

- Serve on the Behavioral Health Institute's Broadband Subcommittee to address access to affordable and stable broadband
- Implemented over-the-phone interpretation (OPI) and video remote interpreting (VRI) for interpreter services
- Serve on the interagency COVID-19 modeling workgroup to support data-informed pandemic response
- Worked with Epic and Ochin to develop, prototype, and pilot an app-based COVID-19 symptom monitoring and testing tool for long-term care settings and community-based partners
- Supported COVID-related clinical program initiatives with ProviderOne system changes and data requests

Mental Health and Substance Use

- Stood up the Washington Listens support line for people experiencing stress due to COVID-19
- Led statewide public messaging around mental and emotional well-being during COVID-19
- Partnered with the state's Spread the Facts campaign to include mental health messaging
- Produced an extensive library of infographics, articles, and resources, available at coronavirus.wa.gov
- Produced a list of federal and state flexibilities to enable telehealth for people with behavioral health needs

Mental Health and Substance Use (*cont.*)

- Ensured opioid treatment remains available to people with substance use disorder
- Supported youth and adolescent behavioral health providers in navigating service delivery
- Implemented a process for documenting telework for those who require supervision under the Medicaid Behavioral Health State Plans
- Coordinated a statewide plan for Behavioral Health Telehealth Rapid Response Team
- Invested in the Behavioral Health Institute to support tele-behavioral health for providers
- Secured federal funds to support increased mental health and substance use disorder treatment for low-income, non-Medicaid individuals

Community

- Partnered with Accountable Communities of Health to distribute 4.4 million masks statewide
- Expanded flexibilities with the Medicaid Alternative Care Program for local health jurisdictions, school districts, and tribes

Testing

- Implemented new testing codes and guidance for testing
- Led a multi-agency and private insurer approach to develop consistent models for testing

Health Coverage

- First state to obtain Medicaid emergency waivers to ensure coverage
- Stopped termination of coverage for all existing Apple Health clients for the duration of the public health emergency
- Implemented policy to allow Children's Health Insurance Program (CHIP) premium payments to be written off if clients are unable to pay
- Initiated procedures to allow Apple Health, PEBB, and SEBB Program members to refill prescriptions early
- Held a limited open enrollment that added 892 PEBB Program members and 1,710 SEBB Program members to medical coverage

Health Coverage (*cont.*)

- Spearheaded changes at the IRS for employee flexibility to change Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) accounts
- Extended the grace period for 2019 FSA/DCAP account holders
- PEB Board and SEB Board resolutions to extend timelines/continuation coverage beyond the State of Emergency
- Expanded clinical eligibility criteria for the Alien Emergency Medical (AEM) Program to include COVID-19 testing and treatment

Hospitals

- Expedited Disproportionate Share Hospital (DSH) and (SNAF) payments
- Provided \$2 million to certain rural hospitals with federal disaster relief funding
- Implemented 20 percent increase for COVID-related inpatient stays at DRG hospitals

Provider Financial Support

- Worked with managed care organizations to support providers, including increased primary care management fees and payment in advance; bonus payments; provider access payments; accelerated claims payments; and sub-capitated arrangements
- Increased rates for after-hours and weekend telehealth minutes
- Increased private duty nursing (PDN) rates

FQHCs and Rural Health Clinics

- Expedited underpayments
- Implemented new telehealth codes and guidance
- Temporarily suspended payment for clinics on a payment plan

Dental

- Increased rate for oral surgeries
- Added new PPE payment
- Added new code for dental phone triage

Transportation

- Increased rate for providers transporting COVID-19 patients and facility-to-facility transport
- Provided masks for non-emergency medical transportation (NEMT) contractors
- Expanded flexibility for NEMT to serve Medicaid beneficiaries

Staff Support

- Provided the Rethink platform, offering resources for staff who are balancing work and child care
- Deployed OneX Agent, a telephony platform, for call center agents to work remotely
- Held multiple live Q&A sessions for staff to ask questions about COVID-related issues, furloughs, unemployment, telework, etc.
- Transitioned the Results HCA/Results Washington quarterly target review process to virtual format across all divisions
- Continue to host monthly agency all-staff meeting, Currents, virtually
- Created a COVID-19 resource page on Inside HCA, the agency's intranet site
- Implemented wellness time to encourage staff to focus on their health and wellbeing during work hours

Interagency Support

- Supported Department of Social and Health Services Community Service Division by:
 - Answering and triaging about 31,000 calls
 - Processing about 1,000 Classic Medicaid applications
- Supported the Employment Security Department by answering nearly 12,000 calls into the unemployment income and fraud call centers
- Supported the Health Benefit Exchange by redirecting renewal calls while their agents were setting up remote work

TAB 4



Achieving Health Equity for PEBB Program Members

Emily Transue, MD, MHA
Medical Director for ERB Programs
Clinical Quality and Care Transformation
January 27, 2021

Mia Nafziger
Senior Health Policy Analyst
Policy Division

A tale of two patients

- Both of them are:
 - 35 years old
 - Pregnant
 - Mildly overweight
 - Borderline BP
 - Otherwise healthy

A tale of two patients (*cont.*)

- The provider recommends to both women:
 - Healthier diet (increase fruits/vegetables, decrease processed foods)
 - Stress reduction
 - Regular exercise (walking or similar)
 - Follow up with obstetrician
 - Regular blood pressure checks

A tale of two patients (*cont.*)

- Even if the underlying health of both women, and medical advice, are the same, the likelihood of clinical outcomes may be very different

A tale of two patients (*cont.*)

- For example, one would be:
 - Twice as likely to have a stillbirth or infant death
 - 3 times as likely to die in pregnancy and childbirth
 - In the future, twice as likely to have a stroke
 - 2-3 times as likely to have heart disease; IF:
 - She is Black and the other is white
- These differences largely disappear if the woman was raised and treated in a country with greater equity; not a genetic difference

A tale of two patients (*cont.*)

- Race is a complex example
 - Direct impacts of discrimination and racism
 - Proxy for other factors
- Clinical outcomes are heavily influenced by a variety of social and societal factors that are not traditionally considered “medical”
 - Income, education, housing, language, etc.

A tale of two patients (*cont.*)

- How do these impacts occur?
 - Many intersecting factors
 - Consider the above recommendations:
 - Healthier diet
 - Stress reduction
 - Regular exercise
 - Follow up with obstetrician
 - Regular blood pressure checks

Dependencies of recommendations:

- Healthier diet (more fruits/vegetables, less processed foods)
 - Requires access to grocery stores with fresh produce, \$ to pay for these, time to prepare
- Stress reduction
 - Requires social supports, supportive family and work environment, freedom from violence, discrimination, financial stress, etc.
- Regular exercise (walking or similar)
 - Requires a safe neighborhood to walk in or transportation to a safe place, or a gym membership or equipment
- Follow up with obstetrician
 - Requires access to providers who are taking new patients, and who are able to communicate effectively (language, cultural appropriateness) with the patient about her needs
- Regular blood pressure checks
 - Requires equipment or a local resource (pharmacy or clinic), and a responsive provider to monitor and treat issues

What is health equity?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.¹

Health disparities are differences that exist among specific population groups in the United States in the attainment of full health potential that can be measured by differences in incidence, prevalence, mortality, burden of disease, and other adverse health conditions.²

¹ <https://www.rwjf.org/content/dam/farm/reports/issuebriefs/2017/rwjf437343>

² Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

What is health equity? (*cont.*)

Equality



Equity



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What are the social determinants of health?

The social determinants of health are the conditions in which people are born, grow, live, work, and age.

These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. **The social determinants of health are mostly responsible for health inequities** – the unfair and avoidable differences in health status seen within and between countries.¹

¹ World Health Organization

What are the social determinants of health? (*cont.*)

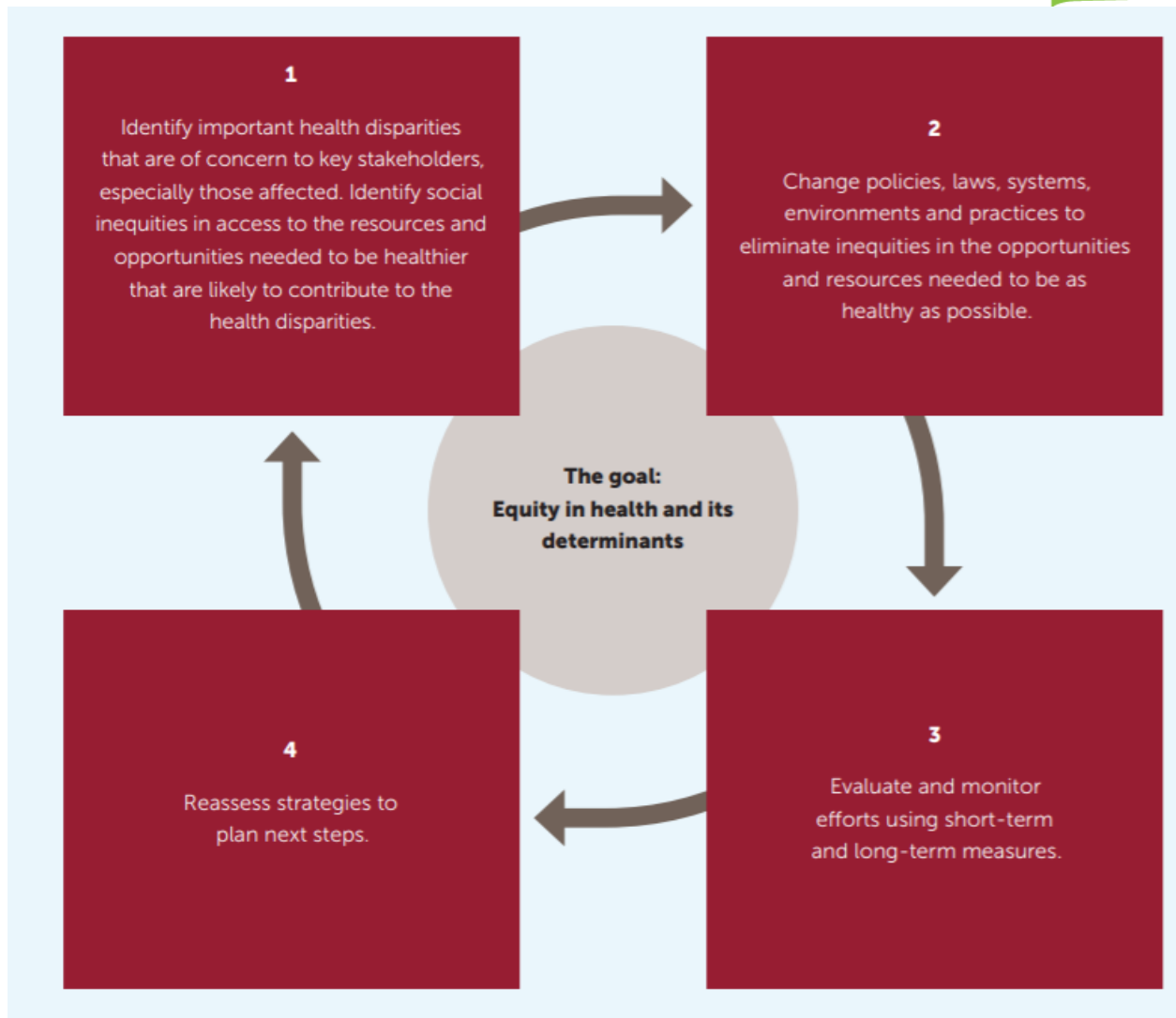
Many definitions exist, but social determinants include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Clean versus polluted air and water
- Language and literacy skills

How do the social determinants of health shape health outcomes?

- Poor-quality housing → Lead and allergens, temperature extremes, unsafe building factors → Chronic disease, mental health
- Homelessness → Higher rates of substance abuse and infectious disease
- Limited access to supermarkets → Poor diet → Higher risk of cancer, diabetes, hypertension, birth defects, heart disease
- Lack of social connection → Depression and depressive symptoms, dementia, premature death
- Incarceration → Depression, anxiety, infant mortality (among many other factors)

Addressing social determinants of health can improve health and reduce health disparities



Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Example of care intervention to target a health disparity

- Goal: Reduce cardiovascular disease risk factors among African Americans
- Partial root cause of disparity: Treatment non-adherence and providers' lack of treatment intensification
- Intervention: Patients receive monthly calls from nurses to discuss their disease risk management
 - Rationale: Target patients and providers to address multiple chronic conditions
- Outcome: Increase medication management, lower blood glucose

https://www.solvingdisparities.org/sites/default/files/FA_2015GranteePortfolio_FIN.pdf

Health Equity at HCA: Data and Analysis

- Expand the collection of race/ethnicity and other demographic data in the PEBB and SEBB Programs
- Standardize and expand use of health screening tools to obtain data on key social determinants of health
- Stratify quality measures by demographic and social determinants of health factors to identify inequitable results
- Analyze inequitable results and related factors to identify potential causes for those results

Health Equity at HCA: Collaborate with Communities to Develop Targeted Strategies

- Develop general strategies to address inequitable health outcomes and better coordinate across programs and different state, tribal, and local agencies
- Collaborate with communities to:
 - Prioritize what inequitable health outcomes to focus on
 - Adapt general strategies for individual communities

Health Equity at HCA: Sustainable and Continuous Implementation

- Amend HCA contracts with health plans and other vendors to incentivize reductions in health disparities
- Support efforts to expand trauma-informed and culturally and linguistically appropriate services
- Host annual event or forum with contractors, service providers, and community partners on emerging best practices to advance health equity

Questions?

Mia Nafziger
Senior Health Policy Analyst
Mia.Nafziger@hca.wa.gov

Emily Transue, MD, MHA
Medical Director, ERB Programs
Emily.Transue@hca.wa.gov

TAB 5



Social Determinants of Health Roundtable

Facilitator:
Emily Transue, MD, MHA
Medical Director for ERB Programs
January 27, 2021



Diane Oakes

Chief Mission Officer

Washington Dental Service & Delta Dental of Washington

Diane Oakes is the Chief Mission Officer for Washington Dental Service (WDS), a mission-driven enterprise that encompasses Delta Dental of Washington (DDWA), Arcora Foundation, and additional investments in strategies to move the needle on oral health in Washington. In this newly created role, Diane is responsible for developing strategy, leading initiatives, and influencing processes and systems across the WDS Enterprise to transform oral healthcare delivery and improve health equity. Most recently Diane was President and CEO of Arcora Foundation. Prior to that Diane worked for the Centers for Disease Control and Prevention. When Diane isn't diving deep into oral health, she is running around with her two rambunctious boys. Diane holds master's degrees in public health and social work from the University of Washington.

Kaiser Board Bios

Kim Wicklund, Director of Community Health, KPWA

Kim Wicklund is Director of Community Health for Kaiser Permanente's Washington region. She leads KP's regional efforts to create the conditions of health so that people in the areas KP serves live in thriving, equitable communities. Kim leads a team of dedicated community health professionals who partner closely with community organizations on a variety of initiatives related to economic opportunity, thriving schools, social health, equity, and the clinical and social net. Those community partnerships are at the heart of their work.

Driven by a commitment to social justice and health equity, Kim has extensive experience working to improve social factors that impact health in communities that have histories of marginalization and disinvestment. Prior to joining KP, Kim worked in public and non-profit sectors on various issues, including asthma, diabetes, lead poisoning and safe housing.

Kim's passion for community health was sparked as a Peace Corps volunteer in Papua New Guinea. She earned her Bachelor's degree in Global Studies and Spanish from Pacific Lutheran University, and her Master's in Public Health from the University of Minnesota. Kim spends her free time enjoying the wilderness and rowing on Lake Washington.

John Kendrick, Service Area Director, Continuum of Care, KPNW

John Kendrick has a passion for service, working in a variety of non-profit and healthcare leadership roles. John began his professional career working with those experiencing homelessness and struggling with the challenges of addiction. In 2014, John accepted a role at Kaiser Permanente Northwest, within the developing Complex Care Medical Home program, where he could parlay compassion and activism into growing partnerships with community-based and health-forward organizations, focusing on self-sufficiency and resource access for our members.

John currently acts as Service Area Director for the Continuum of Care, where he currently oversees evolving post-acute, care management, ancillary, and population health services. John has helped lead a system-wide redesign of continuing care services, increasing hospice revenue, reducing readmissions in SNF, and improving home health access, as well as developed strong partnerships with external agencies and provider groups throughout the region, to assure that Kaiser Permanente members experience quality care regardless of location. John continues to focus on system integration and collaboration, and is driving social health initiatives forward within Kaiser Permanente nation.

He is leading the KPNW universal social needs screening and Thrive Local implementation efforts, to assure that all social care needs are addressed, and our community is working holistically to create lasting change and improvements. Outside of work, John serves as the Vice President on the Board of Directors at the Council for the Homeless and has served on the Regional Health Improvement Plan Council through the Washington Accountable Community of Health.

Keith Bachman, MD, FACP, KPNW

Keith Bachman MD FACP is a primary care internist in the Northwest Region practicing in Portland, Oregon since 1998. In addition to his clinical work, he serves as a Permanente Quality Ambassador, connecting the needs of our employer group customers to Kaiser Permanente Care delivery. He has served as the Clinical Lead for the Care Management Institute's Obesity Prevention and Treatment Initiative and as the medical director for the Severe Obesity/Bariatric Surgery program. In the community, he has served on the Oregon Health Improvement Commission for the Oregon Health Authority, and on the Portland Public Schools Wellness Advisory Committee.

Dr Bachman is passionate about healthy eating and active living in his own life and tries to be a role model for his family including children age 13 and 16. In his clinical practice, he believes that upstream disease prevention is critical and tries to motivate and guide his patients toward healthy lifestyle choices and is working toward making changes in the healthcare system to make this work easier for himself and colleagues. He is very proud of his work within KP to make the healthcare system safer and more responsive to patients of all sizes and weights. He was also thrilled to represent the KP community in sharing our early national learnings about "Exercise as a Vital Sign" at the CDC's Weight of the Nation Conference in 2011.

He usually succeeds at getting his 5-9 servings of veggies and fruits a day, and strives to (but does not always succeed) at getting the recommended 30- 50 minutes of physical activity most days of the week, including paddling with the KP Thriving Dragons dragon boat team.

Director of Clinical Programs

Rachel Andrew

MS, LMFT, CCM»

DIRECTOR OF CLINICAL PROGRAMS



At Premera, Rachel leads a multidisciplinary team including case management, care transition management, disease management and wellness activities.

She is the co-author of *The Integrated Case Management Manual: Value-Based Assistance for Complex Medical and Behavioral Health Patients, Second Edition* (2018). Her prior experience includes over 25 years of teaching in bachelor and master's behavioral health and education programs and speaks nationally on the topic of Value-Based Integrated Case Management. She has over 10 years' experience in community mental health, including as a director for five clinics and leading grassroots community projects focused on improving the well-being of the community. She has practiced as a mental health therapist in psychiatric hospitals, inpatient facilities including pediatrics, cardiology and oncology, school-based counseling, and community mental health clinics. Rachel's work in other settings includes insurance case management and utilization management clinical roles, and she was an elementary school teacher. Rachel holds certificates in minority mental health, integrated case management, LEAN, Synectics creative problem-solving and is a certified case manager and child mental health specialist.

Naim Munir, M.D

VP MEDICAL MANAGEMENT AND POPULATION HEALTH

Naim Munir is the Vice President of Medical Management and Population Health at Premera.

He is a board-certified family physician with over 20 years of experience in managed care and population health. Naim is passionate about leading large and complex teams to achieve meaningful quality, experience, and affordability outcomes to improve the health of populations.

His experience has included leadership positions in the New York, Michigan, and Texas markets and with provider-sponsored, regional, and national health plans. He has served in leadership roles in Medicare Advantage, commercial, and Medicaid health plans. Naim's experience also includes serving as the chief medical officer at a large health plan of a regional integrated delivery system.

Naim has been committed to healthcare quality throughout his career and served on NCQA's national accreditation oversight committee for two terms. Over his career, Naim has built strong and collaborative relationships with physicians and key stakeholders to improve the health of populations.

Charles Levine

VICE PRESIDENT, PROVIDER NETWORK MANAGEMENT



Charles (Chuck) Levine is Premera's vice president of Provider Network Management.

In this role, he is responsible for network development, provider contracting and relationship management for the Premera and LifeWise markets in multiple states.

Chuck has nearly 30 years of experience working with provider networks. He previously worked at Coordinated Care in Tacoma (Centene Corporation), where he served as vice president of Network Development and Contracting. At Coordinated Care, Chuck oversaw provider network strategy, network development, contract implementation, and provider relations for Medicaid and Washington Exchange products.

After leaving Coordinated Care in 2015, Chuck opened a healthcare consulting business. He also worked at Cigna for 12 years, leading network strategy in multiple states, including Washington, Alaska, and Oregon.

Chuck earned a bachelor's degree from the University of Pittsburgh, and a master's degree from the University of Iowa.

Chuck lives in downtown Seattle with his wife, Jackie, and has three children in the Seattle area. He enjoys photography, music, a good book, and the outdoors.



Kimberly J. Hadeed, RN-BSN, CCM
Regence BlueShield. Case Management, Supervisor. BlueCare Path Team.

My educational background is in Nursing both in the United States and Internationally. This is how I came to be so passionate about studying and learning about Social Determinants of Health, Health Disparities and Health Equity. Living among a vastly different culture than my own with their own long-standing traditions, ways of life and limited resources taught me to utilize creativity in order to accomplish much. I've always been drawn to Community Health and have clinical experience in Maternity/Gynecology, Long Term Care, Hospice, Skilled Nursing Facility and Case Management within two different health insurance payers.

My personal background includes a love for travel, reading, and spending time with my family and 2-year-old daughter, Gabby. Our family is a blend of American and Middle Eastern heritage. This makes for a vibrant, loud and food centered household. We live near Mount Hood, Oregon and are both nature and animal lovers.

TAB 6



2020 Retirees' Survey

Ellen Wolfhagen
Senior Account Manager
Employees and Retirees Benefits Division
January 27, 2021

Survey Background

- Conducted in August 2020
- 7,364 responses
- Over 4,500 narrative answers to:

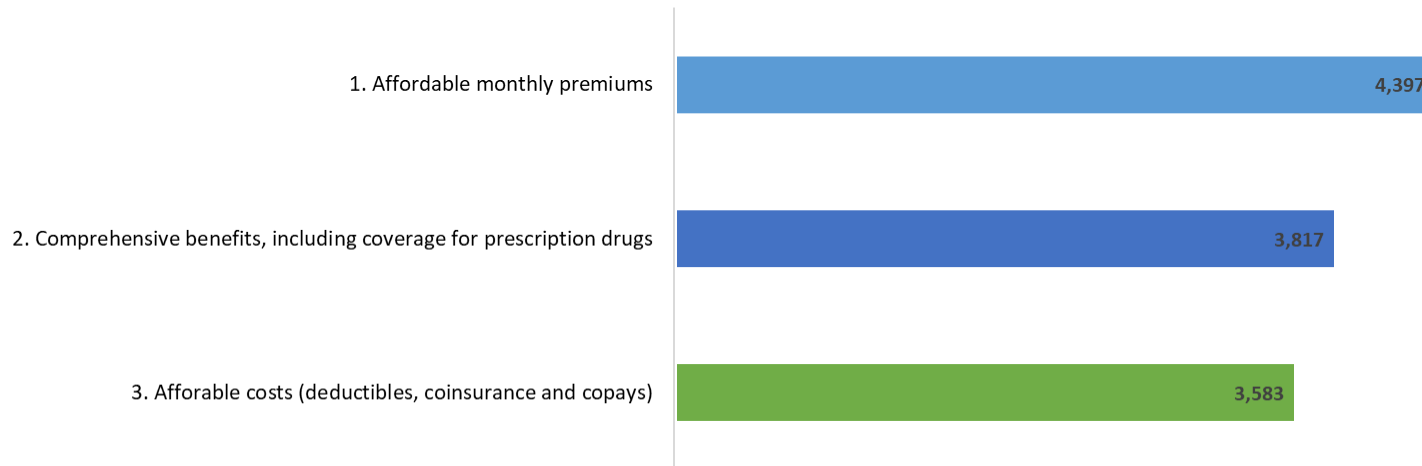
How could we improve your experience as a PEBB Program retiree?

Key Findings

- Cost is the **main** concern
- People want more flexible, more extensive coverage
- Retirees are often confused about the role of the PEBB Program and HCA
- Retirees found enrollment policies restrictive

Top 3 Priorities about Coverage

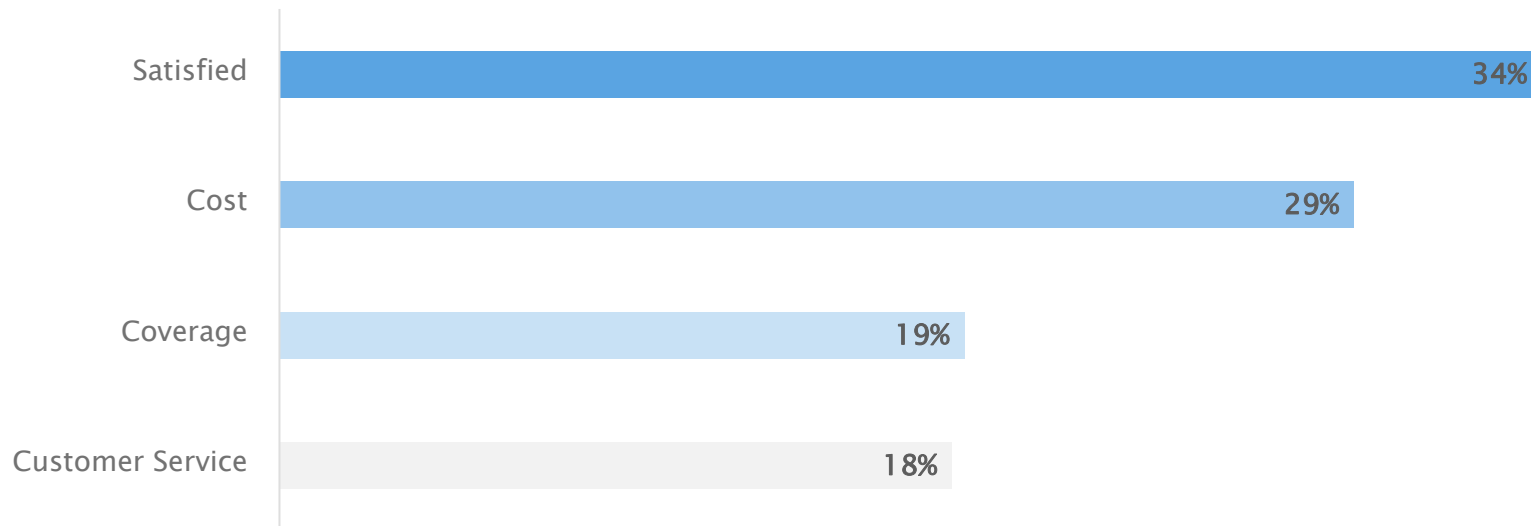
Top 3 priorities about PEBB retiree health plan coverage



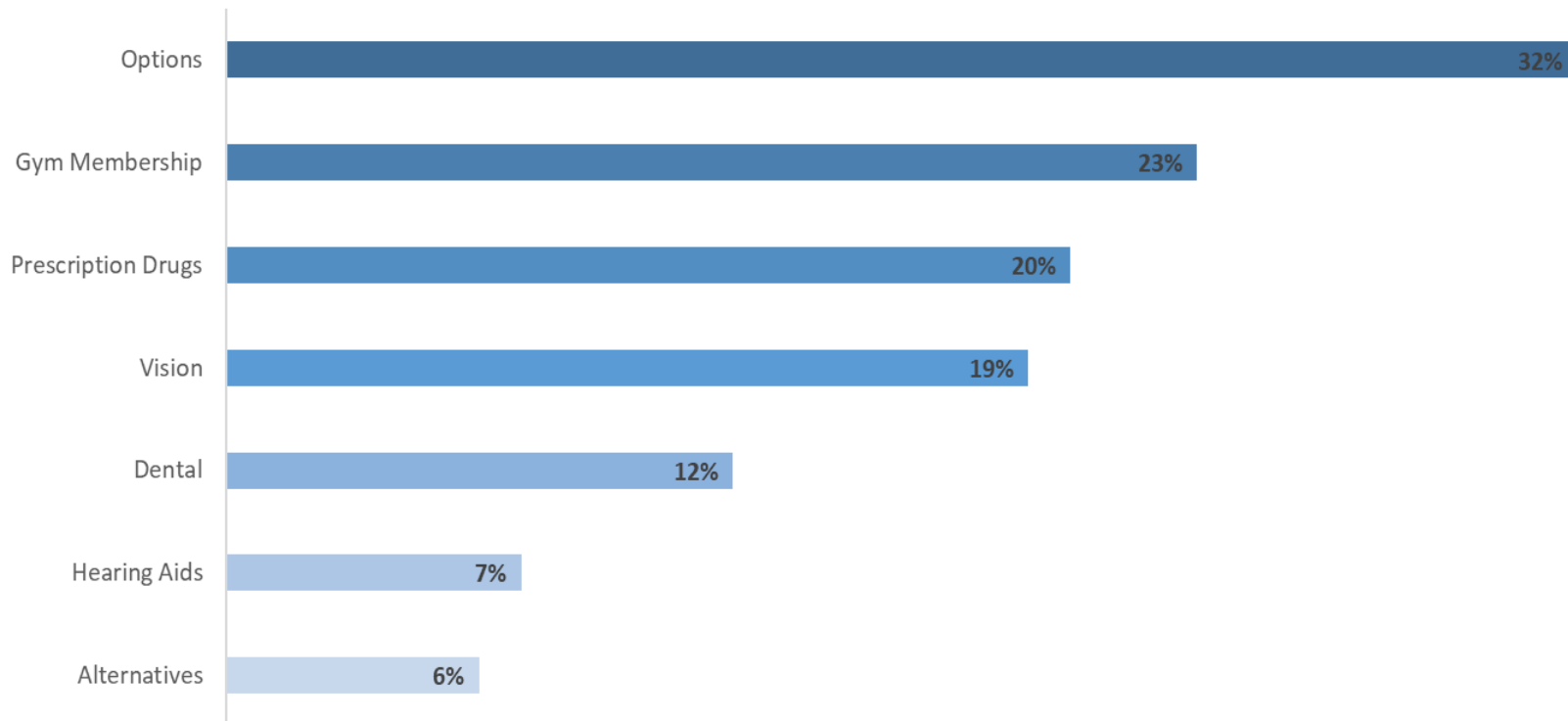
Note: These values represent the frequency of selection out of a total of 6,766 total responses to this question.

Narrative Responses

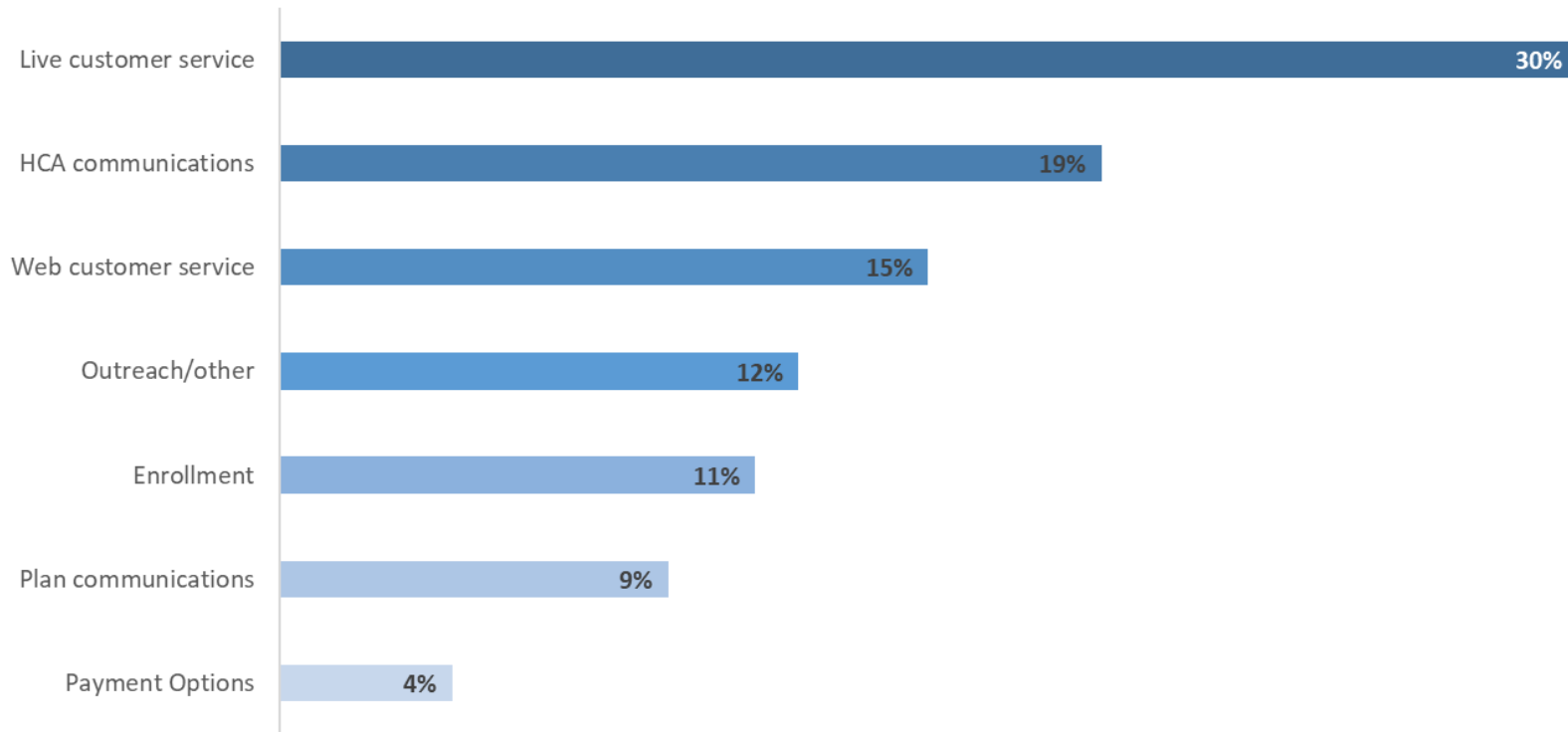
*"How could we improve your experience as a PEBB retiree?"
(4,212 total responses)*



***"How could we improve your experience as a PEBB retiree?" - Coverage
(929 total responses - could provide up to 3 options)***



*"How could we improve your experience as a PEBB retiree?" - Customer service
(767 total responses)*



Current PEBB Member Services Support

- Electronic debit services
- Newsletter schedule
- E-Subscription services
- PEBB My Account – electronic enrollment
- Secure online messaging
- Lobby Services (suspended during pandemic)

Opportunities

- How does the PEBB Program/HCA interact with pension plans?
- How are PEBB group plans different from what is available on the open market?
- What is the role of the PEBB Program?

Opportunities (*cont.*)

- Presentation Initiatives
 - Washington State School Retirees Association
 - Employee Retiree Outreach Group
 - Open to other opportunities
- Coming in late Spring 2021, new Online Retiree Journey tool

Expanding Retiree Options

- For 2021, added 2 new plans – Medicare Advantage plus Prescription Drug (MA-PD) coverage
 - Offered by UnitedHealthcare
 - Include Medicare Part D (prescription drug) at no additional premium cost

Expanding Retiree Options (*cont.*)

- MA-PD plan features
 - Low premiums
 - No medical deductible for either plan
 - \$0 copay option
 - Nationwide access

Additional MA-PD Plan Features

- Increased massage therapy benefit;
combined chiropractic and acupuncture limit
- Gym membership
- Worldwide travel coverage
- Over-the-counter allowance

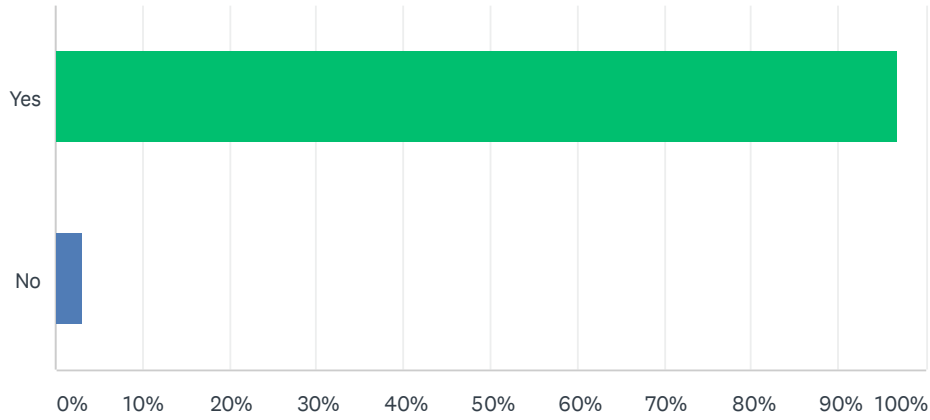
Questions?

Ellen Wolfhagen, Senior Account Manager
Employees and Retirees Benefits Division
ellen.wolfhagen@hca.wa.gov

Appendix

Q1 Are you currently enrolled in PEBB retiree health plan coverage?

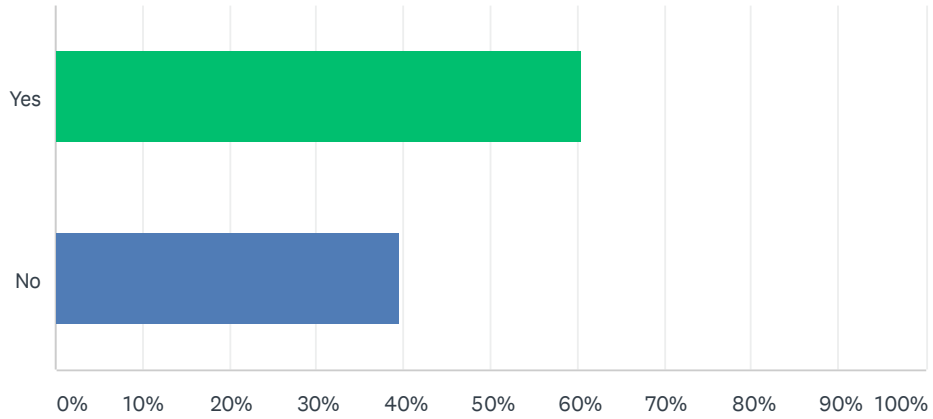
Answered: 7,364 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	96.80% 7,128
No	3.20% 236
TOTAL	7,364

Q2 Have you deferred (postponed) your PEBB retiree health plan coverage because you are currently enrolled in other medical coverage?

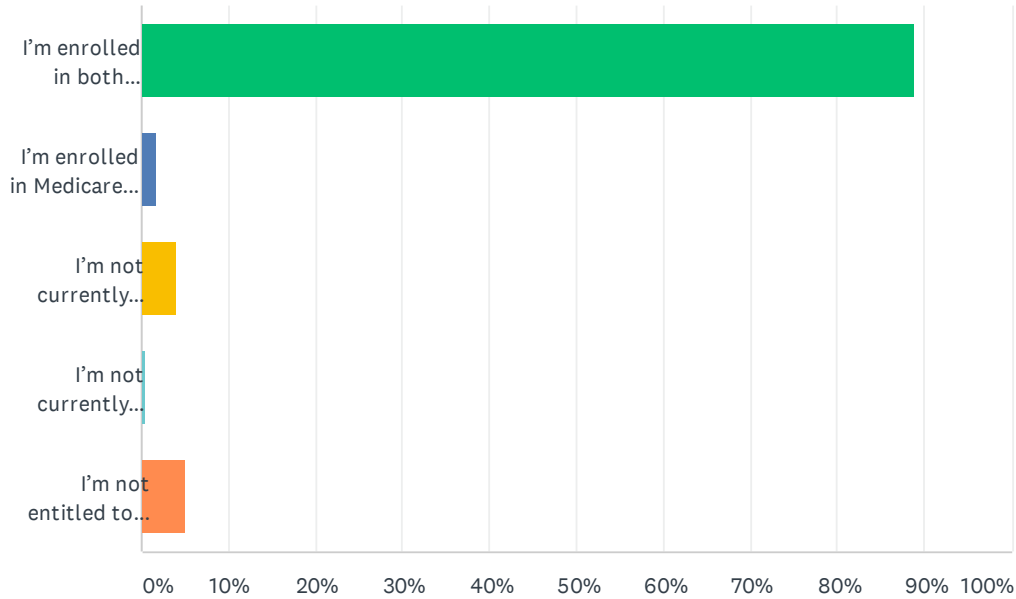
Answered: 213 Skipped: 7,151



ANSWER CHOICES	RESPONSES	
Yes	60.56%	129
No	39.44%	84
TOTAL		213

Q3 Which statement best reflects your current retiree health plan coverage? Select one.

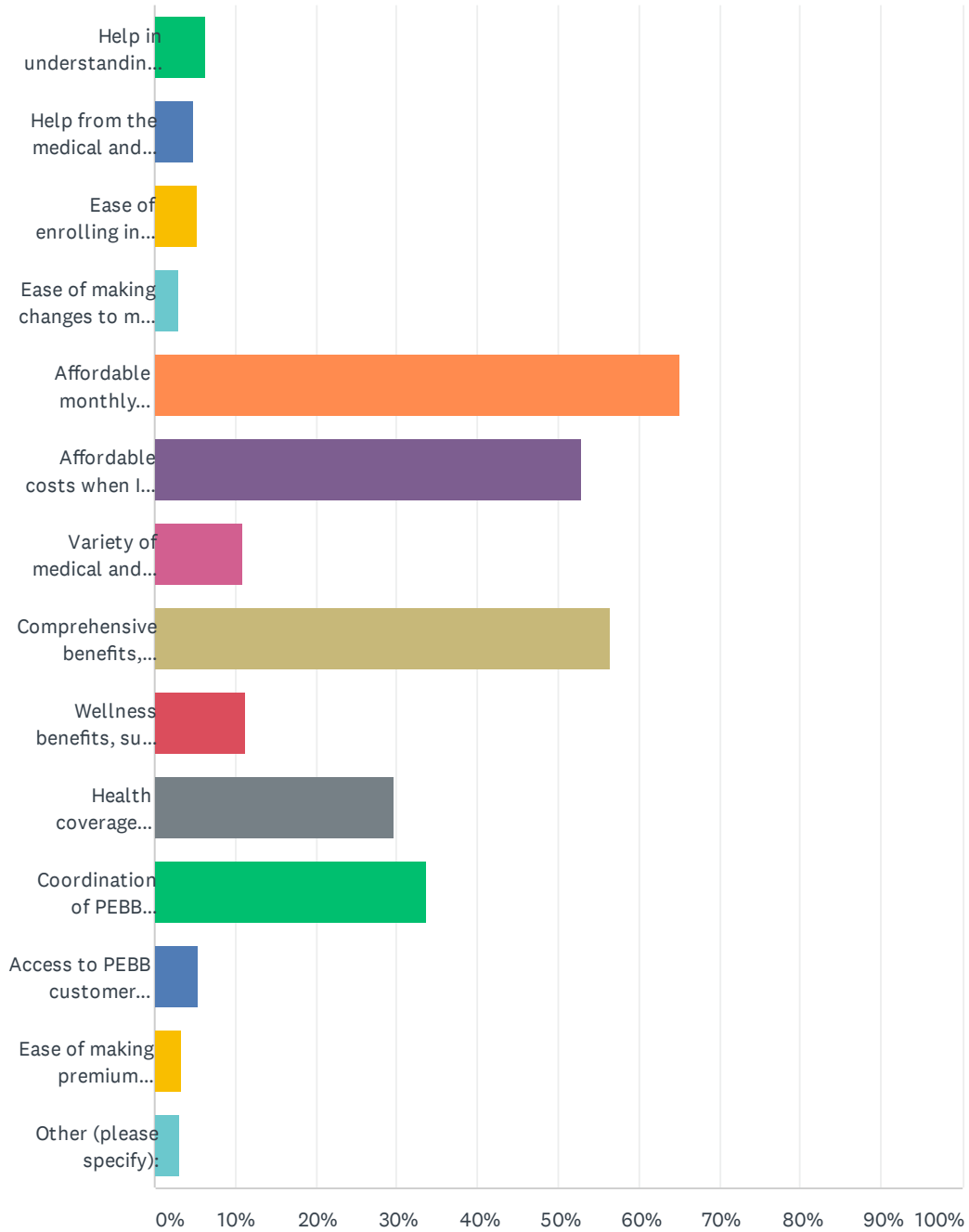
Answered: 7,018 Skipped: 346



ANSWER CHOICES	RESPONSES
I'm enrolled in both Medicare Part A and Part B and PEBB retiree health plan coverage.	88.97%
I'm enrolled in Medicare Part A and Part B, but I have deferred (postponed) my PEBB retiree health plan coverage for other health coverage.	1.68%
I'm not currently enrolled in Medicare Part A and Part B, but I am enrolled in PEBB retiree health plan coverage.	3.93%
I'm not currently enrolled in Medicare Part A and Part B, and have deferred (postponed) my PEBB retiree health plan coverage.	0.47%
I'm not entitled to enroll in Medicare, but I am enrolled in PEBB retiree health plan coverage.	4.94%
TOTAL	7,018

Q4 What are the top three priorities about PEBB retiree health plan coverage that are important to you? Pick up to three.

Answered: 6,766 Skipped: 598



PEBB retiree survey

ANSWER CHOICES	RESPONSES
Help in understanding and choosing a PEBB medical plan.	6.27%
Help from the medical and dental plans in answering benefits questions.	4.80%
Ease of enrolling in PEBB retiree health plan coverage.	5.29%
Ease of making changes to my PEBB account (like adding dependents or changing health plans).	2.94%
Affordable monthly premiums.	64.99%
Affordable costs when I receive health care services (such as deductibles, coinsurance, and copays).	52.96%
Variety of medical and dental plan options available.	10.83%
Comprehensive benefits, including coverage for prescription drugs.	56.41%
Wellness benefits, such as SmartHealth incentives, resources for living tobacco free, Silver Sneakers gym discounts, etc. (currently only available to non-Medicare retirees).	11.32%
Health coverage availability outside of Washington State.	29.60%
Coordination of PEBB benefits with Medicare benefits.	33.77%
Access to PEBB customer service help when I need it.	5.48%
Ease of making premium payments.	3.40%
Other (please specify):	3.15%
Total Respondents: 6,766	

TAB 7



2021 Open Enrollment Summary

Renee Bourbeau, Manager
Benefits Accounts Section
Employees and Retirees Benefits Division
January 27, 2021

Open Enrollment Readiness

- Redesigned the 1-800 toll-free line for a more user-friendly phone navigation
- Added a new self-service tool from the phone menu (Interactive Voice Response or IVR)
- Added new United Healthcare Plan customer service phone number on our 1-800 line
- Devoted more time for staff to process retiree applications

Open Enrollment Readiness (*cont.*)

- Created a new online tool called Virtual Benefits Fair
- Alternative way for members to learn about their benefits
- Some carriers also provided:
 - Direct interactive webinars
 - Pre-recorded webinars
 - Teleconferences to share plan specific information

Open Enrollment Updates

- No technical difficulties with the *PEBB My Account* server
- All enrollment changes were accepted throughout open enrollment
- 10 GovDelivery email messages distributed to agencies' payroll and benefits offices to forward to their employees
- Good success with the Virtual Benefits Fair tool:
 - Over 108,000 visits
 - Over 4,800 members checked the site more than once

Open Enrollment Updates (*cont.*)

PEBB My Account: Access from www.hca.wa.gov/my-account

- Use of PEBB *My Account* for open enrollment change rather than paper form
- For 2018: 86.4% changes made online out of 10,811 plan changes
- For 2019: 86.1% changes made online out of 8,187 plan changes
- For 2020: 82.3% changes made online out of 4,910
- For 2021: 87.8% changes made online out of 3,889

PEBB/My Account login

Log into My Account to view your coverage and premium surcharge information, get your statement of insurance, and make open enrollment changes. To learn more about working with My Account, visit our [Help with My Account](#) webpage. We recommend using your personal email address to access your account.

Returning member login

Email Address

Password

Log into My Account

[Forgot Email?](#) [Forgot Password?](#)

New to My Account? [Register now](#)

Actions you can take using My Account year-round

- View your medical and dental coverage information
- View your employer-paid basic life and basic AD&D insurance information (employees only)
- View your long-term disability insurance information (employees only)
- Download your Statement of Insurance
- View your premium surcharge attestations (if applicable)
- Make changes to your tobacco use premium surcharge attestation (if applicable)

Actions you can take during open enrollment (November 1-30) (some restrictions may apply)

- Make changes to your medical and dental coverage
- Attest to the spouse or state-registered domestic partner coverage premium surcharge
- Make changes to a family member's medical and/or dental coverage
- Waive coverage for yourself (employees only)

PEBB Enrollment Changes 2020 - 2021

Employees and Non-Medicare Retirees

Carrier	2020	2021	Change	% Change	% of Total
Kaiser NW CDHP	593	593	-	0.0%	0.2%
Kaiser NW Classic	3,286	3,477	191	5.8%	1.2%
Kaiser WA CDHP	5,101	5,022	(79)	-1.5%	1.8%
Kaiser WA Classic	24,833	23,692	(1,141)	-4.6%	8.3%
Kaiser WA Sound Choice	8,219	8,707	488	5.9%	3.1%
Kaiser WA Value	34,571	31,412	(3,159)	-9.1%	11.1%
UMP Plus–Puget Sound High Value Network	8,242	8,753	511	6.2%	3.1%
UMP Plus–UW Medicine Accountable Care Network	23,647	23,150	(497)	-2.1%	8.2%
Uniform Medical Plan CDHP	22,967	23,739	772	3.4%	8.4%
Uniform Medical Plan Classic	153,718	153,185	(533)	-0.3%	54.0%
Uniform Medical Plan Select - New for 2021		2,067	2,067	N/A	0.7%
Total Members	285,177	283,797	(1,380)	-0.5%	100.0%

PEBB Enrollment Changes 2020 – 2021 (*cont.*)

Medicare Retirees

Carrier	2020	2021	Change	% Change	% of Total
Kaiser NW Classic	2,542	2,532	(10)	-0.4%	2.5%
Kaiser WA Classic	375	330	(45)	-12.0%	0.3%
Kaiser WA Medicare	24,117	23,838	(279)	-1.2%	23.5%
Kaiser WA Value	384	359	(25)	-6.5%	0.4%
Premera Blue Cross Medicare Supplement Plan F	16,377	15,887	(490)	-3.0%	15.6%
Premera Blue Cross Medicare Supplement Plan G	2,378	2,860	482	20.3%	2.8%
Uniform Medical Plan Classic	55,436	54,020	(1,416)	-2.6%	53.2%
UnitedHealthcare PEBB Balance - New for 2021		79	79	N/A	0.1%
UnitedHealthcare PEBB Complete - New for 2021		1,624	1,624	N/A	1.6%
Total Members	101,609	101,529	(80)	-0.1%	100.0%

Open Enrollment Customer Service 2017-2020 Matrix Comparison

	2017	2018	2019	2020
Calls Received	18,790	8,652	8,581	10,707
Calls Answered	4,217	5,325	6,644	6,457 + 1,583 (IVR) 8,040 total
Wait Time Average (minutes:seconds)	25:15	24:44	12:13	24:24
Callback Feature Utilized by Caller	969	882	1,104	555
Open Enrollment Forms Received	1,651	1,600	1,146	2,808

Future Customer Service Strategies

- Continue to enhance technology for more self-service options
- Assess feasibility of other HCA call center staff helping with some activities
- Promote the use of FUZE for members to send their forms online

Future Customer Service Strategies (*cont.*)

- Improve the Virtual Benefits Fair (provide more information to the retiree group)
- Online Retiree Journey Tool – coming Summer 2021

Questions?

Renee Bourbeau, Manager
Benefits Accounts Section
Employees and Retirees Benefits Division
Renee.bourbeau@hca.wa.gov

TAB 8



Governor's Proposed Budget Update PEBB

Tanya Deuel
ERB Finance Manager
Financial Services Division
January 27, 2021

PEBB Funding Rate

- \$988 FY22 State Funding Rate
- \$1,018 FY23 State Funding Rate
 - Per eligible employee per month
 - Adequate to maintain current level of benefits

Covered Lives Assessment

- The Covered Lives Assessment is a proposed funding source for the state of Washington to fully fund foundational public health
 - Assessment of \$3.25 per covered life in Washington State in FY23 (pro rata share of specified total amount thereafter)
 - Funding was provided in Governor's budget, in addition to the funding rate, and would be collected by HCA

Medicare Explicit Subsidy

- \$183 Medicare Explicit Subsidy (per Medicare retiree per month)
 - Maintained level from Calendar Year 2021

Collective Bargaining Agreement

- Employer/Employee split remained at 85%/15%
 - *“The employer will contribute an amount equal to eighty-five percent (85%) of the total weighted average of the projected medical premium for each bargaining unit employee eligible for insurance each month...”*
- \$25 CBA Wellness Gift Card Eliminated
 - Enrolled subscribers who complete the Well-Being Assessment will no longer receive a twenty-five dollar (\$25) gift card
 - Planned implementation to retire the gift card is 12/31/2021

2021-23 Biennium Fully Funded Decision Packages

Title	FTE	Dollar
TPA Spending Authority Increased spending authority to align with the increased self-insured medical and dental enrollment.	NA	\$6M
Scheduling Tool Replacement Funds to replace the staff scheduling tool for the customer service center.	NA	\$285K
Benefit Administrator Customer Support Increase Outreach & Training staffing levels to support the agencies.	.5 FTE	\$102K

2021-23 Biennium Partially Funded Decision Packages

Title	FTE	Dollar
PEBB My Account Funding to support enhancements and more robust maintenance and operation of PEBB My Account.	2 FTE	\$1.2M

Questions?

Tanya Deuel, ERB Finance Manager

Financial Services Division

Tanya.Deuel@hca.wa.gov

TAB 9



Washington State
Health Care Authority

PUBLIC EMPLOYEES BENEFITS BOARD

2021 Legislative Session

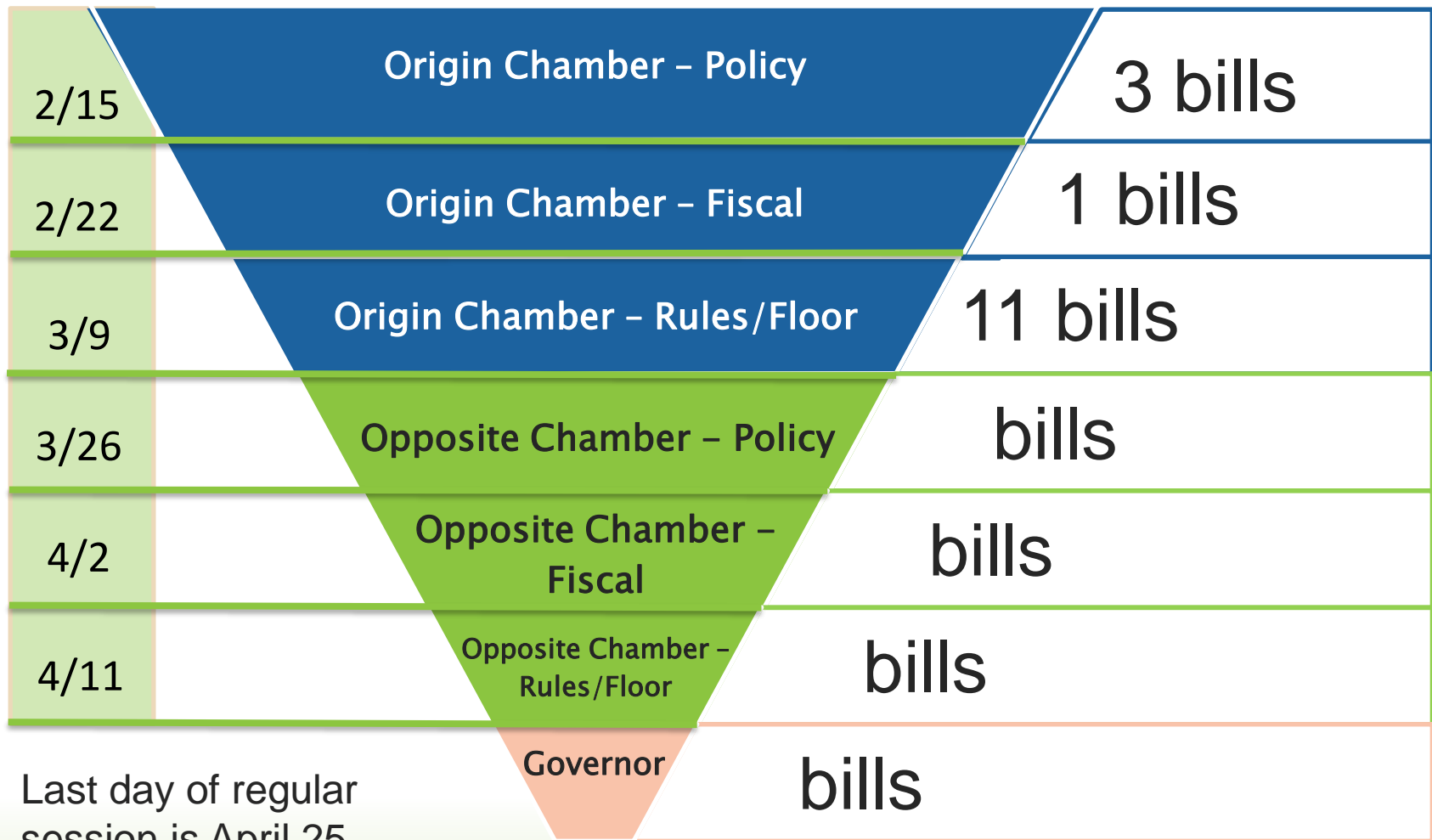
Cade Walker
Executive Special Assistant
Employees & Retirees Benefits (ERB) Division
January 27, 2021

Number of 2021 Bills Analyzed by ERB Division

	ERB Lead	ERB Support	
High Impact	5	9	14
Low Impact	2	15	17
	7	24	31

As of January 20, 2021

2021 Legislative Session – ERB high lead bills



Agency Request Legislation

- SB 5322: Clarifying the prohibiting of dual enrollment between SEBB and PEBB Programs
 - Sponsored by Senator Robinson
 - Clarification to 2020 ESSB 6189(4)
 - Would require an eligible member to enroll in the health benefits (medical/dental/vision) in a single program
 - Currently, state law prohibits dual enrollment but it is unclear whether an eligible member could enroll in a combination of health benefits from the two programs

HB 1052 – Group Insurance Contracts

- HCA submitted written testimony in support
- Aligns the insurance code with long-standing HCA statutory requirements that state agencies engage in performance-based contracting
- Performance standards (or performance guarantees) allow HCA to hold carriers accountable for service to PEBB/SEBB Program members
- Examples:
 - Health care claim processing timeliness/accuracy
 - Customer service metrics

Topical Areas of Introduced Legislation

- Paid Family & Medical Leave
 - HB 1073
 - SB 5097
- Pharmacy
 - SB 5020 – Rx drug price increases
 - SB 5076 – Mail order Rx services
 - SB 5195 – Opioid overdose medication
- Eligibility
 - HB 1040 – Health care coverage for retired or disabled school employees

Topical Areas of Introduced Legislation (*cont.*)

- Provider/health care services
 - SB 5018 – Acupuncture and Eastern medicine
 - SB 5088 – Naturopath scope of practice
 - SB 5222 – ARNP reimbursement rates
- Expanded Durable Medical Equipment (DME)
 - HB 1047 – Hearing instruments for children
- Open Public Meetings Act
 - HB 1056 – Public meetings/emergencies

Questions?

Cade Walker, Executive Special Assistant
Employees and Retirees Benefits Division

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TAB 10

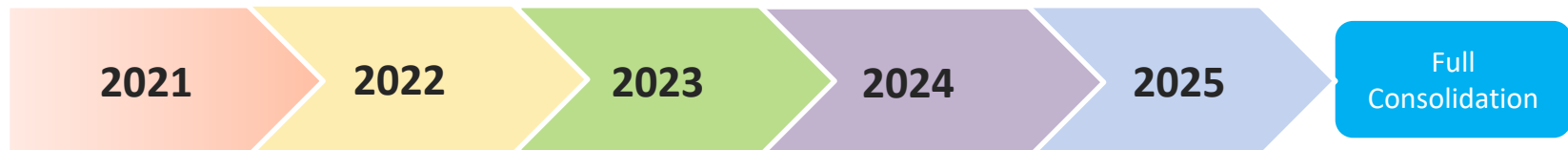


PEBB/SEBB Consolidation Report

Sara Whitley
Fiscal Information & Data Analyst
Financial Services Division

PEBB/SEBB Consolidation Report

- ESHB 1109 – submitted to Legislature 11/13/2020
 - Required an analysis of the potential fiscal impacts and administrative efficiencies of consolidating the PEBB and SEBB Programs.
 - Requested steps to reach consolidation by 2022. However, analysis of timeline, and what full consolidation would entail, revealed full consolidation could result by 2025.
 - Collective Bargaining schedule (2022 and 2024)
 - Timing of required Legislative or Board action



Link to report: <https://www.hca.wa.gov/assets/program/consolidation-pebb-sebb-20201115.pdf>

Analysis of potential fiscal impacts

Potentially minor fiscal impact

Alignment of Plan offerings

Addition of SEBB plans to the
PEBB portfolio

Alignment of tier factors

Adjustment of Tier 4 factor to
match SEBB, removal of \$10
spousal charge

Alignment of vision benefit*

Analyzed the impact of vision
benefit carve-in or carve-out of
medical benefit

Potentially significant fiscal impact

Consolidated non-Medicare risk pool

Consolidation of PEBB and SEBB
non-Medicare risk pools to
include all early retirees

Alignment of Employee/Employer contribution structure*

Move to an SIR or EMC
methodology for both programs

*Impacted by Collective Bargaining Agreements

Analysis of potential administrative efficiencies*

Potentially minor increase to administrative efficiency

Alignment of accounting processes

Contract and Carrier management**

Potentially significant increase to administrative efficiency

Consolidation of PEB and SEB Boards

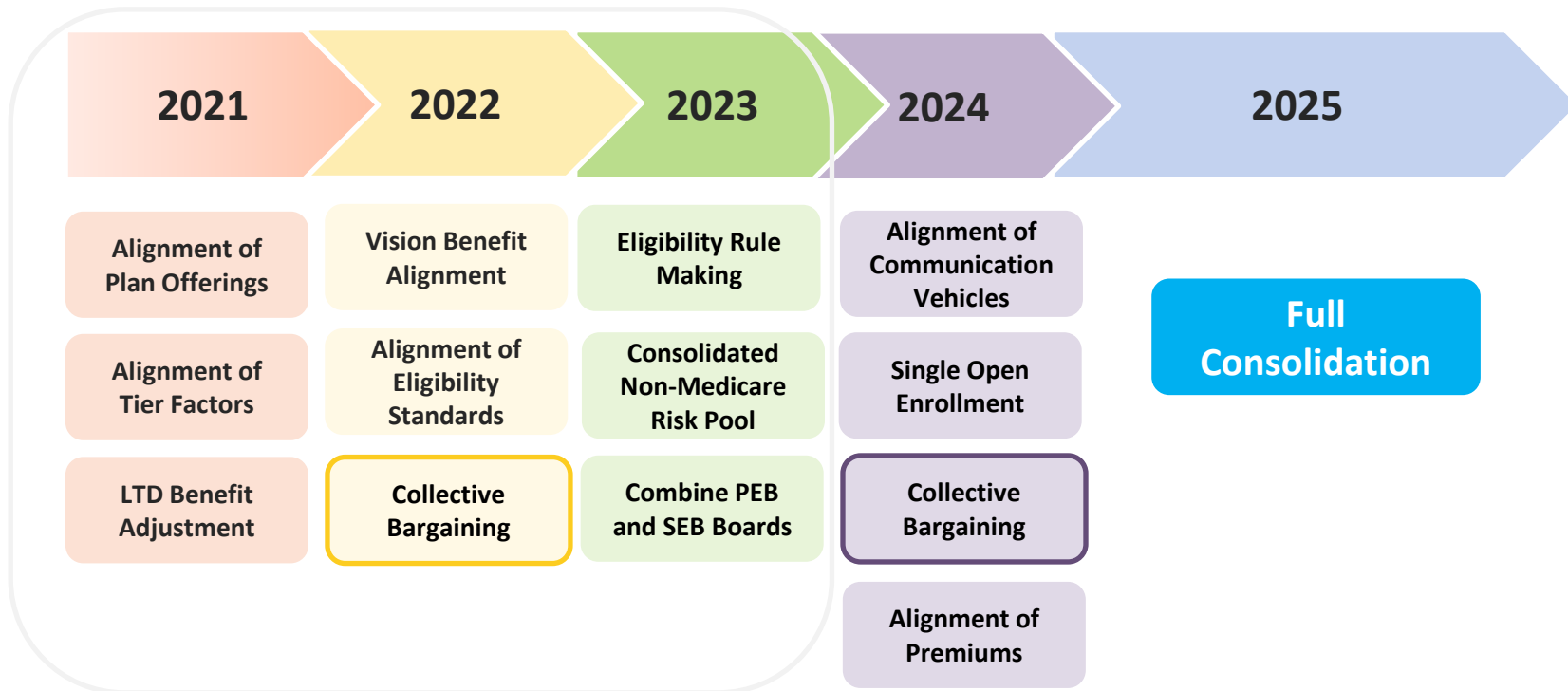
Enrollment and eligibility processes

Communication vehicles

*Not an exhaustive list, please see the report for additional potential administrative efficiencies of consolidation.

**Parallels currently exist between PEBB and SEBB Contracts, established via initial procurement to encourage effective and efficient Carrier Management.

Consolidation Roadmap - Summary



Consolidation Roadmap – Detail



	<u>Legislative Action</u>	<u>Collective Bargaining*</u>	<u>PEB/SEB Board Action</u>
2021			<ul style="list-style-type: none"> • LTD Supplemental Benefit Adjustment • Possible Adjustment of PEBB Tier 4 Factor, \$10 Spousal Charge (PEBB only) • Plan Offering Alignments
2022	<ul style="list-style-type: none"> • Alignment of Eligibility Standards Between Programs • Direction from Legislature for 2022 Bargaining Sessions 	<ul style="list-style-type: none"> ★ Align Collective Bargaining Processes ★ Align SIR/EMC Methodologies ★ Alignment of Vision Benefits in PEBB & SEBB 	<ul style="list-style-type: none"> • Alignment of Vision Benefits in PEBB & SEBB
2023	<ul style="list-style-type: none"> • Consolidated Non-Medicare Risk Pool • Combine PEB and SEB Boards 		<ul style="list-style-type: none"> • Eligibility Rule Making

*Collective Bargaining for both PEBB and SEBB occurs biannually (even years, Summer)

Questions?

Link to Report:

<https://www.hca.wa.gov/assets/program/consolidation-pebb-sebb-20201115.pdf>

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TAB 11



Leveraging SEBB Program Medical Contracts for PEBB Program

Lauren Johnston
SEBB Procurement Manager
Employees & Retirees Benefits Division
January 27, 2021

Objectives

- Outline differences and similarities between the PEBB and SEBB Programs (non-Medicare plans only)
- Describe 2022 RFR Process
- Discuss opportunities to leverage recent SEBB contracts for additional PEBB medical plan offerings

2021 SEBB and PEBB Medical Contractors

SEBB	# of Plans	PEBB	# of Plans
Kaiser Northwest	3	Kaiser Northwest	2
Kaiser Washington	4	Kaiser Washington	4
Kaiser Washington Options, Inc.	3	Not available to PEBB Program members	
Premera Blue Cross	3		
Uniform Medical Plans (administered by Regence Blue Shield)	5	Uniform Medical Plans (administered by Regence Blue Shield)	5
Total # of SEBB Plans	18	Total # of PEBB Plans	11

2021 SEBB Medical Service Area



- Kaiser NW
- Kaiser WA
- Kaiser WA Options
- Premera
- Uniform Medical Plan

2021 PEBB Medical Service Area



- Kaiser NW
- Kaiser WA
- Uniform Medical Plan

2021 UMP Only Counties

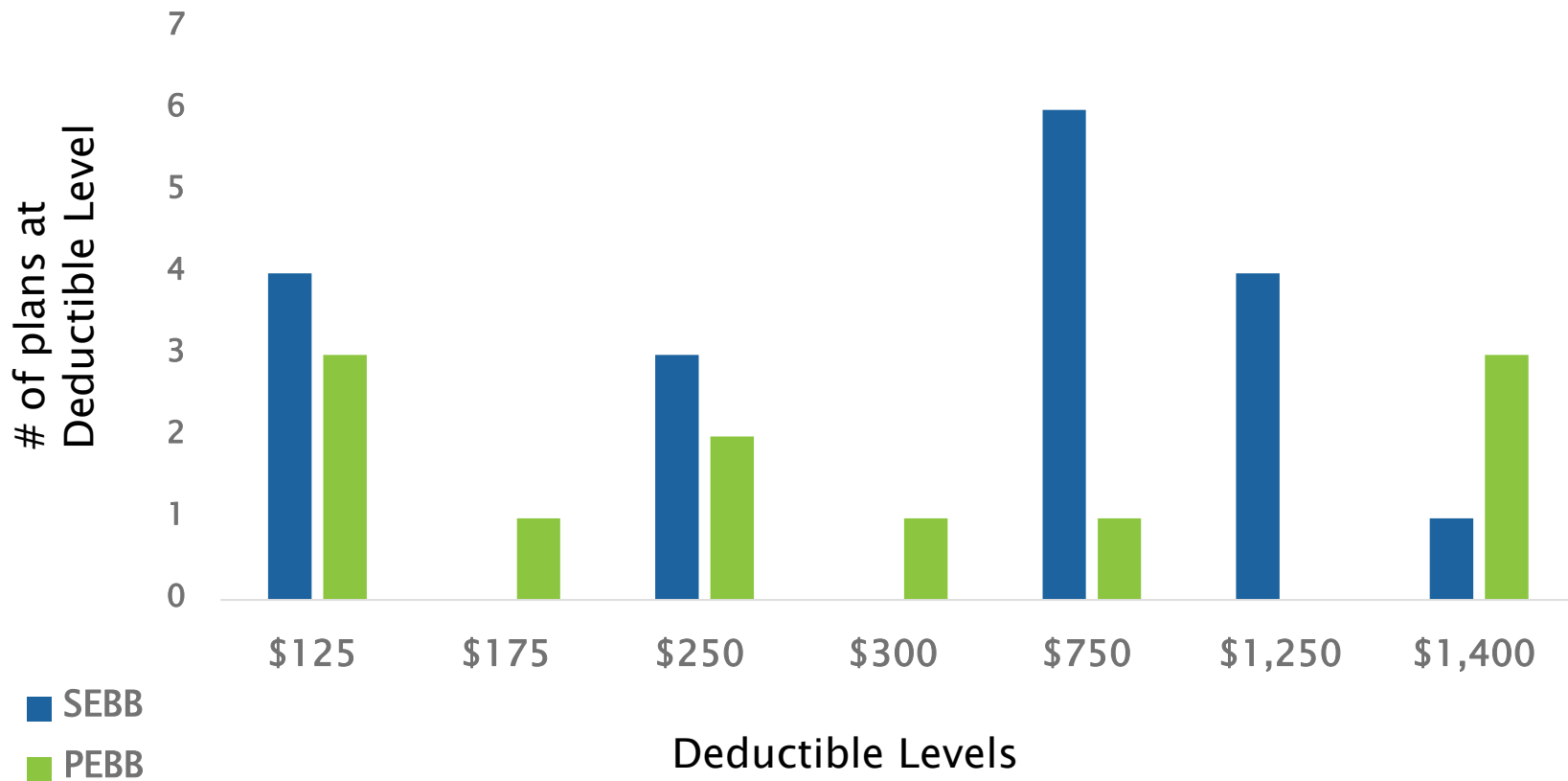
SEBB UMP Only Counties (3)



PEBB UMP Only Counties (19)

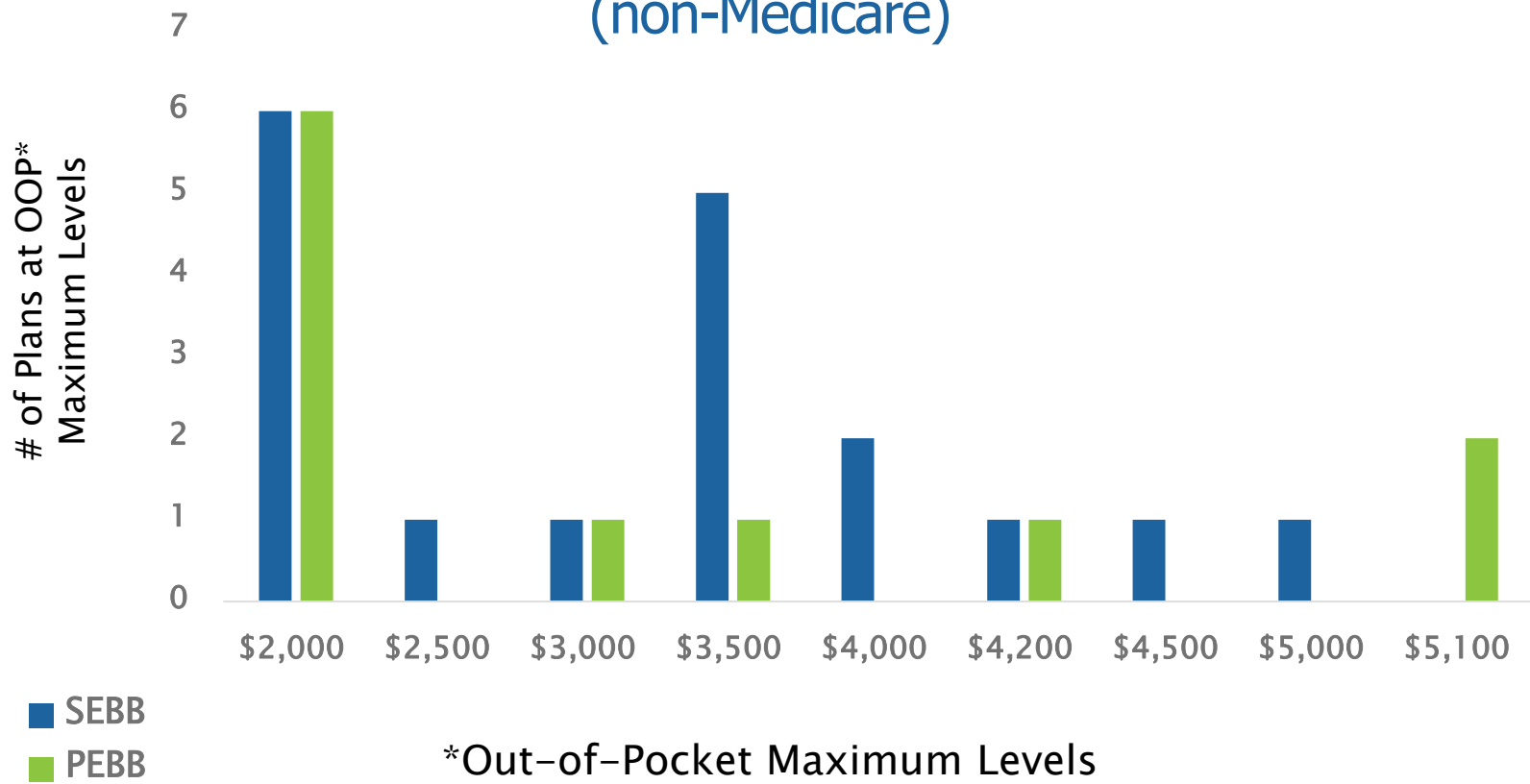


2021 Employee Only Medical Deductible Levels (non-Medicare)

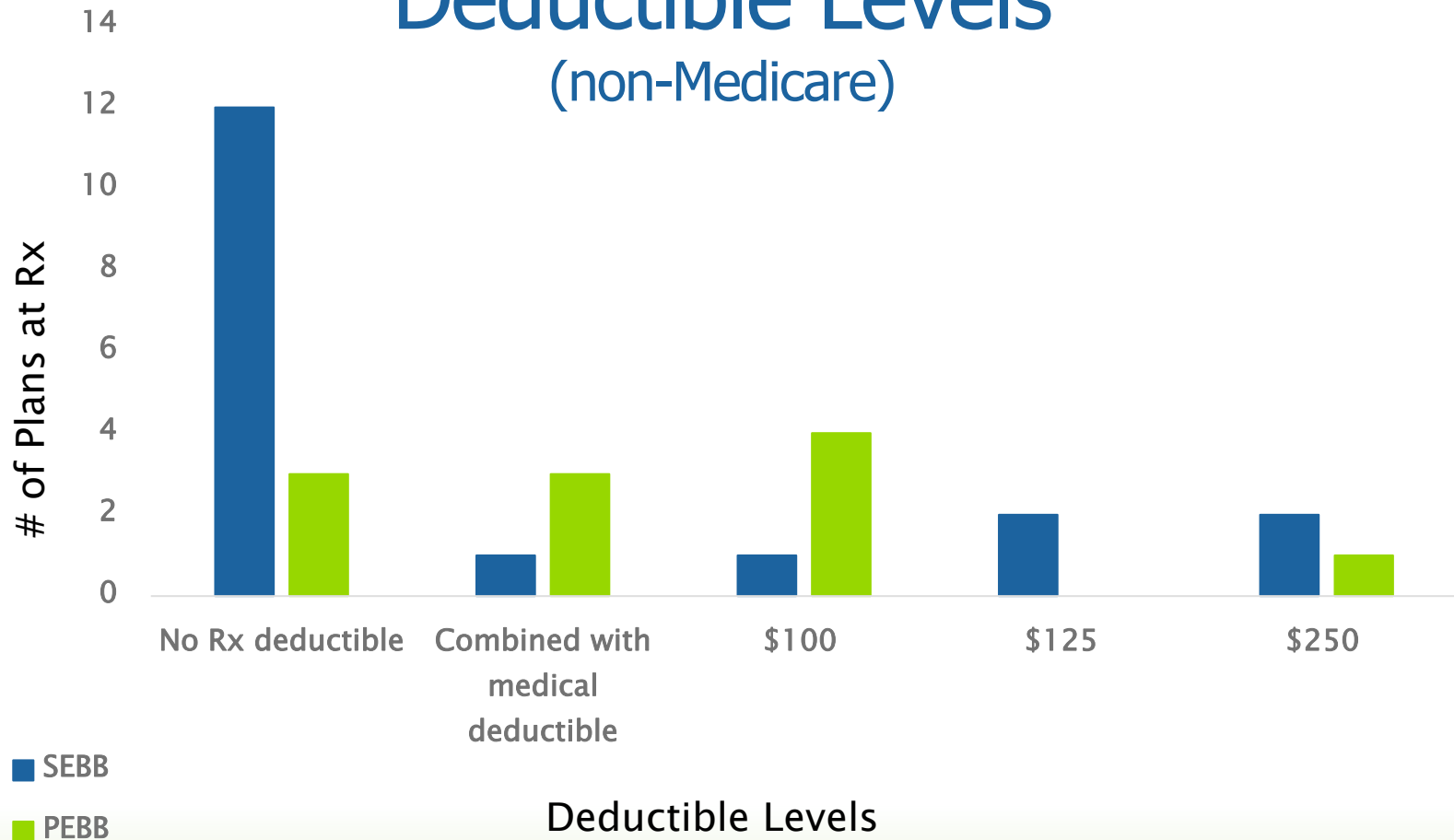


2021 Employee Only Medical Out-of-Pocket Maximum Levels

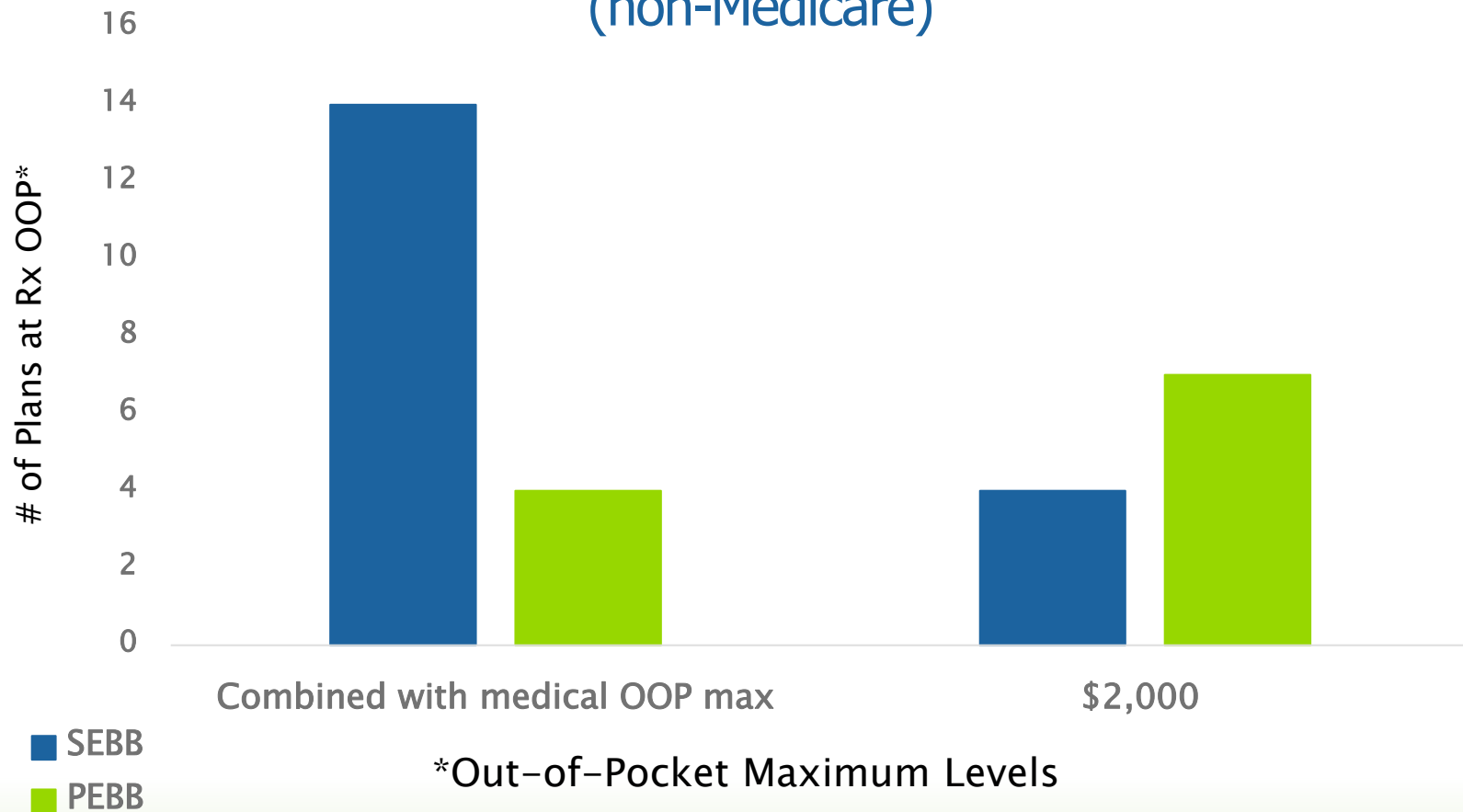
(non-Medicare)



2021 Employee Only Prescription (Rx) Deductible Levels (non-Medicare)



2021 Employee Only Rx Out-of-Pocket Maximum Levels (non-Medicare)



Other Major Plan Consideration Similarities Between Programs

	Kaiser NW	Kaiser WA	Kaiser WA Options	Premera	UMP
Provider Network	✓	✓	Not available to PEBB Program members		✓
Covered Services	✓	✓			✓
Exclusions	✓	✓			✓
Treatment Limitations	Only slightly different for plans across PEBB and SEBB Programs				

Other Portfolio Benefit Offerings

- Dental and life insurance are offered via the same carriers with the same benefit design for both Programs
- Vision is different in both Programs:
 - Embedded in the medical benefit in the PEBB Program
 - Offered separately from medical in the SEBB Program via different carriers (Davis Vision, EyeMed Vision Care, and MetLife Vision)

Other Portfolio Offerings (*cont.*)

Long-Term Disability (LTD)	PEBB	SEBB
Plan Option	<p>Basic: \$240 for monthly maximum Supplemental: \$6,000 maximum</p>	<p>Basic: \$400 for monthly maximum Supplemental: \$10,000 maximum</p>
Benefit Waiting Period	<p>Whichever is longer of:</p> <ul style="list-style-type: none"> • 90, 120, 180, 240, 300 or 360 days • The period of sick leave (excluding shared leave) for which you are eligible under your employer’s sick leave, and/or • The period of Washington Paid Family and Medical Leave for which you are receiving benefits. 	<p>Whichever is longer of:</p> <ul style="list-style-type: none"> • 90 days • The period of sick leave (excluding shared leave) for which you are eligible under your employer’s sick leave, paid time off (PTO), or other salaried continuation plan (excluding vacation leave), and/or • The period of Washington Paid Family and Medical Leave for which you are receiving benefits.
Minimum Monthly Benefit	\$50	\$100 or 10% of your LTD Benefit before reduction by Deductible Income, whichever is greater

2022 Request for Renewals

- Proposed release early March 2021
- The RFR will include question about a carrier's desire and potential participation to offer, or alter, plan designs to be more similar in the PEBB and SEBB Program
- We will bring information about the impact of potential plan offering changes on rates to executive sessions

Discussion Questions

- What additional information would you like HCA to prepare and present to the Board on this topic?
- Do you have specific information you'd like HCA to request in the RFR?

Questions?

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TAB 12



Washington State
Health Care Authority

PUBLIC EMPLOYEES BENEFITS BOARD

Life & Long-Term Disability Insurance Update

Kimberly Gazard
Contract Manager
Employees and Retirees Benefits (ERB) Division
January 27, 2021

Overview

- **Life Insurance**
 - 2020 Beneficiary Designation Solicitation
 - HCA will kick off a “beneficiary designation” communication plan
- **Long-Term Disability (LTD)**
 - Background on the need to improve the LTD benefit
 - Areas previously explored to improve disability coverage
 - Discuss the option of a new benefit design
 - Timeline for presentation and voting

Life Insurance Beneficiary Campaign

- Campaign completed in June 2020
- MetLife's system shows 2,572 beneficiary updates were processed comparing current data to the data prior to the campaign
- The count of coverages still without a beneficiary designation are:
 - Basic Life: 58,580
 - Basic AD&D: 58,695
 - Supplemental Life: 6,662
 - Supplemental AD&D: 3,711
 - Retiree Term Life: 6,333

Life Insurance Beneficiary Communication Strategies

- HCA will be planning in the first quarter of 2021 more strategies on how to increase beneficiary designations
- HCA has used several strategies in recent years to increase beneficiary designations:
 - Created a SmartHealth tile that awards points to subscribers who name a beneficiary
 - Life Insurance beneficiary campaigns completed June 2020 & 2018
 - Highlighted designating a beneficiary during PEBB's 2020 open enrollment materials

LTD: Comparison from 1977 to 2020

- The \$240 PEBB Basic LTD monthly benefit has not changed since 1977
 - In 1977 the median household income in the US was \$13,570 compared to \$74,073 in Washington State in 2018
- While household income has increased 445% during the last 43 years, the Basic LTD benefit has not
- Only 34% of PEBB Program subscribers have enrolled in the supplemental LTD benefit. This means the majority of employees are faced with a monthly LTD benefit of up to only \$240/month when they experience a disability that prevents them from working.

Areas previously explored to improve disability coverage

- Offered a one-time enrollment period without evidence of insurability for the supplemental plan in March 2019
- Described benefit trades that could be made between existing benefits within existing funding
- Requested additional funding during the 2020 session to increase the basic benefit to a maximum monthly benefit of \$1,500
 - Estimated cost to the state for PEBB = approximately \$12.8 Million
 - No additional funding received to increase the basic benefit
- We are now proposing an opt-out benefit design for all PEBB Program subscribers, who would have the option to opt-out of coverage at any time

Proposed New Benefit Design Overview

- All subscribers automatically enrolled in coverage equal to 60% of their salary (up to \$16,667 of month salary) with no evidence of insurability required
 - Coverage resulting in a maximum monthly benefit up to \$10,000 per month is an increase from the current plan design allowing up to a \$6,000 per month benefit
- A subscriber could opt-out, or reduce coverage to 50% of their salary, at any time effective the first of the next month
 - To later access or increase coverage evidence of insurability would be required
- If a subscriber opts-out of coverage, there would still be minimum coverage provided (employer paid coverage up to a \$240/month benefit)

Proposed New Benefit Design Overview (*cont.*)

- Subscriber would have premiums deducted from their pay each month
- Benefit Waiting Period (whichever duration is greater):
 - 90 days
 - The period of sick leave (excluding shared leave) for which you are eligible under your employer's sick leave, paid time off (PTO), or other salaried continuation plan (excluding vacation leave), and/or
 - The period of Washington Paid Family and Medical Leave for which you are receiving benefits
- The minimum monthly benefit would increase from “\$50” to “\$100 or 10% of the LTD benefit before deductible income reduction, whichever is greater”

Proposed Opt-out Supplemental LTD Starting January 1, 2022

- Existing subscribers
 - All PEBB Program subscribers *who have not already enrolled* in supplemental Long-Term Disability (LTD) coverage
 - Subscribers would receive a letter in fall 2021 letting them know they are being auto-enrolled in Supplemental LTD (90-day benefit waiting period & 60% plan)
 - Evidence of Insurability (EOI) will not be required for the Opt-out transition
 - The Standard has agreed to allow prior EOI declines under the Opt-out design
 - First payroll deduction in January 2022
 - Subscribers can opt-out but would be subject to EOI if they choose to re-enroll. The cancellation/termination would be effective the first day of the month following the termination date.

Proposed Opt-out Supplemental LTD Starting January 1, 2022 (*cont.*)

- New hires
 - PEBB Program subscribers **would be automatically enrolled** (90-day benefit waiting period & 60% plan)
 - New hires would receive a letter letting them know they have their 31-day new hire period to opt-out
 - Coverage would be effective the first calendar day of the following month (similar to all other benefits election)
 - Subscribers can opt-out but would be subject to EOI if they choose to re-enroll. The cancellation/termination would be effective the first day of the month following the termination date.

Additional Supplemental LTD Plan

- Offering a 50% buy down plan with a 90-day benefit waiting period
 - This would be an **additional plan option** to the PEBB Supplemental LTD portfolio
 - The 50% buy down plan is administrated in the same manner as the 60% plan but offers the flexibility of insuring 50% of insured earnings with lower premium rates
 - PEBB Program subscribers enrolled in the 50% buy down plan can also opt out at any time.

Preliminary Proposed Supplemental LTD Rates

	Benefit Waiting Period (BWP)	Current Rates	60% Default / 50% Buy Down		Rate Difference Compared to Current	
			60% Default Plan All 90-Day BWP	50% Buy Down Plan All 90-Day BWP	60% Plan	50% Plan
Basic LTD (PMPM)	90	\$2.10	\$2.10	\$2.10		
Supplemental: TRS, PERS, or Other	90	0.60	0.47	0.28	-22%	-53%
	120	0.36				
	180	0.28				
	240	0.27				
	300	0.25				
	360	0.24				
Supplemental: Higher Education	90	0.72	0.59	0.35	-18%	-51%
	120	0.42				
	180	0.32				
	240	0.30				
	300	0.28				
	360	0.27				

*Note: Rates & Design are subject to WA State Office of the Insurance Commissioner approval

Calculating Supplemental LTD Premium

60% LTD Plan

(90-day benefit waiting period)

Calculating an employee's insured monthly pre-disability earnings (not to exceed \$10,000)

Example 2:

Monthly Earnings	\$7,500
(\$90,000 ÷ 12 months)	
Rate (0.0047)	x 0.0047
Monthly Premium Due	\$35.25

50% LTD Plan

(90-day benefit waiting period)

Calculating an employee's insured monthly pre-disability earnings (not to exceed \$10,000)

Example 2:

Monthly Earnings	\$7,500
(\$90,000 ÷ 12 months)	
Rate (0.0028)	x 0.0028
Monthly Premium Due	\$21.00

Board Action & Rule Making Timeline

March 2021	PEB Board Introduction to proposed policy resolutions
April 2021	PEB Board acts on policy resolution
May 2021	File proposed amendments (CR-102) and distribute new rules for public comments
June 2021	Conduct public hearing and adopt final rules (CR-103)
January 2022	Adopted rules effective January 1, 2022

Questions?

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