



Coverage for treatment of opioid use disorder

Nationwide epidemic

Opioid use disorder (misuse and addiction) is a national public health crisis. Over the past decade, an average of 700 Washingtonians have died every year from opioid-related overdoses. Since 1999, the number of overdose deaths per year in America has more than quadrupled.

Opioids can be appropriate for treating moderate to severe pain, typically resulting from surgery or a serious injury. They may also be appropriate for managing acute or chronic pain, such as that caused by cancer. Commonly prescribed opioids include Codeine, Fentanyl, Vicodin, Methadone, Morphine, Oxycodone, and Percocet. They are the chemical cousins of heroin. Opioids can lead to addiction or overdose if taken for too long, if too large a dose is taken, or if used when an over-the-counter pain medication (Tylenol, Motrin, Aleve) would be an equally effective treatment.

Health Care Authority's response

To help combat the crisis, Governor Jay Inslee issued the Executive Order 16-09 in 2016. To implement this directive, the Health Care Authority (HCA) is focused on two primary objectives:

1. Preventing members from becoming dependent on opioids.
2. Supporting the recovery of those who are already dependent.



HCA implemented an Opioid Use Disorders (OUD) policy that limits the number of opioids providers can prescribe to members:

- **For members ages 20 or younger:** 18 pills or 90 milliliters of liquid per prescription (about a three-day supply)
- **For members ages 21 or older:** 42 pills or 210 milliliters of liquid per prescription (about a week's supply)

Providers can prescribe amounts above these limits if it is medically necessary. The policy does not apply if you are:

- Already receiving ongoing opioid therapy, meaning you have filled at least one opioid prescription per month in three of the last four months.
- Receiving cancer treatment.
- In hospice care, palliative care, or end-of-life care.

The HCA policy also requires prescribers to attest that the care they provide to members who need long-term opioid treatment meets state and national guidelines.

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Coverage for treatment of opioid use disorder *(continued)*

Treatment of OUD

Effective treatment of OUD can reduce the risk of overdose and help overdose survivors live healthier lives. Multiple studies have shown that medications are the most effective treatment of OUD. HCA's health care plans cover medications approved by the Food and Drug Administration for the treatment of OUD, whether prescribed in an outpatient, emergency room, or hospital setting. HCA's plans also cover inpatient and outpatient OUD treatment. Please see your plan's certificate of coverage (COC) for details or contact customer service.

Each plan's COC outlines the coverage of treatments and services for OUD. The information is generally listed under chemical dependency or substance abuse disorder treatment. To find your plan's COC, visit www.hca.wa.gov/erb and select *Medical plans & benefits* under your subscriber type.

Getting help

If you're in pain, talk with your doctor about non-opioid pain treatments and how you can get the most effective pain relief with the least risk. If you are prescribed a medication for pain management, ask your provider if it is an opioid. If it is, discuss precautions you can take to prevent addiction.

If you are seeking treatment for OUD or are in recovery, please contact your medical plan to find out what treatments and services are covered. To find your plan's contact information, visit www.hca.wa.gov/erb and select *Contact*.

Retirees, COBRA, and Continuation Coverage members: PEBB Customer Service hours have changed

Note: Employees must contact their personnel, payroll, or benefits office directly with questions about account-related issues.

The new hours for PEBB Customer Service are Monday through Friday, **8 a.m.–4:30 p.m.** During these hours, retirees and COBRA or Continuation Coverage members can:

- Call 1-800-200-1004 (TRS: 711). Please note that other business activities may result in the phones being unavailable at times during business hours.
- Visit our office to meet with a customer service representative. The PEBB Program does not take appointments. We see visitors on a first-come, first-served basis.

Health Care Authority
Cherry Street Plaza
626 8th Avenue SE
Olympia, WA 98501

Not sure who to contact?

To learn when to contact the PEBB Program and when to contact your plans, visit www.hca.wa.gov/erb and click *Contact* in the blue banner. This web page will also show you how to sign up for email notifications or send a secure email to the PEBB Program.



Trying to quit tobacco? Use your medical benefits

Quitting tobacco is very difficult; most people try several times before they are able to quit for good. Never quit quitting!

If you have been trying to quit tobacco and need more support, your PEBB medical plan can help. Research shows that a combination of cessation counseling and medication is more effective than either counseling or medication alone, and PEBB medical plans (except Premera Blue Cross Medicare Supplement Plan F) cover both.

Struggling with quitting?

Talk to your doctor or pharmacist about medications that help smokers quit. Nicotine replacement can help people using tobacco quit and are available over the counter. Nicotine replacement products are commonly available as a gum, patch, or lozenge.

Good news about quitting

- Your lungs, heart, and circulatory system will begin to function better.
- Your chance of having a heart attack or stroke will drop.
- Your breathing will improve.
- Your chance of getting cancer will be lower.
- Food tastes better.
- Ordinary activities become easier.
- You no longer need to go to smoking areas.

Quitting can also help your smile. Read this blog post for more information: www.deltadentalwa.com/blog/entry/2017/11/smoking-cessation-dental-health-benefits.

In addition to living tobacco-free, you can also save the money that you would use to buy tobacco products and pay the monthly tobacco use premium surcharge.

Have a smartphone? Consider using the *2Morrow Health* app to help you quit. Register by going to www.doh.wa.gov/quit, responding to the questions, and downloading the app.



How do I get started?

Find more information about your plan's tobacco cessation benefits using the resources below:

	Kaiser Permanente NW	Kaiser Permanente WA	Uniform Medical Plan
Telephone counseling	Breathe 1-866-301-3866, option 2	Quit for Life® 1-866-784-8454	
		www.quitnow.net/kpwa	www.quitnow.net/ump
Other counseling and cessation medications	www.kp.org/quitsmoking	www.kp.org/wa/pebb	www.hca.wa.gov/ump
	1-800-813-2000 or TRS: 711	1-888-901-4636 or TRS: 711	1-888-849-3681 TRS: 711

The Great American Smokeout

Every year on the third Thursday of November, people who smoke across the nation take part in the American Cancer Society's Great American Smokeout event. This year, it's November 15.

Encourage someone you know to use the date to make a plan to quit, or plan in advance and then quit smoking that day. By quitting — even for one day — people who smoke will be taking an important step toward a healthier life and reducing their cancer risk.

Visit the Great American Smokeout Event for tools and resources:
www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout.html.



Things to consider when choosing a dental plan

When making changes to your dental plan, it's important to understand the differences between the plans to make sure you're choosing the one that's right for you. Before you make a change, compare the plans to find out what services are covered, which providers are in-network, and what your costs will be.

Here are some things to keep in mind:

- **DeltaCare (Group 3100) and Willamette Dental Group (Group WA82) are managed-care plans.** You must choose and receive care from a primary dental provider within their networks. Under the DeltaCare plan, if you do not choose a primary dental provider, DeltaCare will choose one for you. These plans will not pay claims if you see a provider outside of their network. You will be responsible for paying these charges. Referrals from your primary care dental provider are required to see a specialist.
- **Uniform Dental Plan (UDP) (Group 3000) is a preferred-provider organization plan.** You can choose any dental provider and change providers at any time. A referral to see a specialist is not required, but you may want to ask your dentist for a recommendation.
- **Check with the dental plan to see if your provider is in the plan's network and group number.** Search the online provider directories at www.hca.wa.gov/erb under *Find a provider*, or contact the plan's customer service. Since

Delta Dental administers both UDP and DeltaCare, it is important to correctly identify which network your provider is in. If you call Delta Dental's customer service, please mention the group numbers to identify the plans: DeltaCare (Group 3100) or UDP (Group 3000). Carefully review the selection you make before submitting your enrollment form.

- **Retirees (Medicare and non-Medicare) only:** If you're a retiree, you must be enrolled in PEBB medical to enroll in dental. Once enrolled in dental, you and your enrolled dependents must keep dental coverage for at least two years unless you defer or cancel enrollment in PEBB health plan coverage as allowed under PEBB Program rules. However, you may change dental plans within those two years during the

PEBB Program's open enrollment (November 1–30) or if you have a special open enrollment event.

If you're unsure which dental plan you're currently enrolled in, you can check online using *My Account* by visiting www.hca.wa.gov/my-account. (UW employees use Workday.) Or, you can confirm one of these ways:

- **Employees:** Contact your personnel, payroll, or benefits office.
- **Retiree, COBRA, and Continuation Coverage members only:** Contact the PEBB Program Monday through Friday, 8 a.m. to 4:30 p.m., at 1-800-200-1004 (toll-free) (TRS: 711).

For more information, visit www.hca.wa.gov/erb and select *Dental plans & benefits*, then *Compare dental plans*.



Protecting yourself from medical misinformation

By Michael E. Stuart, MD, and Sheri A. Strite, Delfini Group

Do you know when you should have the following tests or treatments?

- Mammograms
- Prostate-specific antigen (PSA) tests (blood tests to detect prostate cancer)
- Spinal surgery for sciatica (a pinched nerve in your spine, with leg or foot pain)

The answer is: It depends on how you weigh the benefits against the risks. Decisions will differ because of patients' different needs, circumstances, preferences, and values. The important thing is to get reliable information before making any decision.

Here are some examples to emphasize how important this is.

Case 1: Lewis, a 44-year-old accountant, hurt his lower back putting a suitcase into the trunk of his car. He is otherwise healthy. After a week of pain, Lewis saw his doctor, who ordered an x-ray and an MRI scan to make sure nothing serious was going on. The cost for both tests was more than \$1,300.

What is the problem here? The doctor didn't provide Lewis with any information about acute low back pain. For people like Lewis, the pain is likely to go away in two to six weeks, and no testing is necessary at one week. Lewis needed heat, pain relievers, recommendations about sleeping and sitting positions, and information about his recovery. If Lewis had asked his provider more about his condition and treatment options, he would have received better care, saving him money and time taken for appointments.

Case 2: Janice, a 55-year-old instructor, has stable angina (heart disease). She is doing well on her medications and healthy lifestyle. Her cardiologist took a leave of absence and, during a routine visit with a new cardiologist, Janice agrees to an arteriogram (blood vessel study) and a cardiac artery stent to prevent problems "down the road," even though nothing has changed.

What is the problem here? Janice did not receive reliable information about the risks and benefits of having a stent or surgery compared to staying on her current treatment. Every year in the United States, thousands of people with stable angina receive stents that they don't need. This is an example of not asking specific questions before making treatment decisions where the risks may outweigh benefits.

Bottom line: If you actively engage with your provider and get good information before you make health care decisions, you will likely be more satisfied with your decisions and receive better care.



Delfini Group is dedicated to improved clinical care through the use of reliable and clinically helpful medical evidence. They are authors of the Delfini Evidence-Based Practice Series and creators of the popular training program: How to Read the Medical Literature — A Simplified Approach. Learn more at www.delfini.org. More information for patients is available at www.delfnigrouppublishing.com/patientguide.htm.



SmartHealth wellness incentive deadlines approaching

Note: This information does not apply to retirees or COBRA members enrolled in Medicare Part A and Part B. The wellness incentives apply to eligible subscribers only.

There is still time to qualify for the \$125 wellness incentive! Complete your Well-being Assessment and earn a total of 2,000 points by September 30 to qualify. Plus, after you complete your Well-being Assessment, you'll qualify for a \$25 Amazon.com gift card*. **You have until December 31, 2018, to claim your gift card.**

How do I claim the gift card?

Claim your Amazon.com gift card via the SmartHealth portal. The code will appear on your home page after you complete your Well-being Assessment. Click "Claim my gift card" and follow the instructions.

Why SmartHealth?

SmartHealth has activities for everyone. Try new things and track what you already do; it all counts! Download the Limeade app on your mobile device and take SmartHealth with you. (Program code: **Smartealth**)

Find more information about SmartHealth by visiting www.hca.wa.gov/pebb-smarthealth.

**The gift card is a taxable benefit.*

We appreciate you! SmartHealth Week was awesome

Thank you to all who participated during SmartHealth Week. Collectively, we donated over **9,100 items** to food banks across Washington State and completed **227,778 acts of kindness**. "Together is what we do best" sums up what we can do when we work together. Kindness does matter. Let's keep it going and make acts of kindness part of every day.

Keep your contact information current

The PEBB Program's annual open enrollment is coming in November. Keep your contact information current to make sure you get important plan and open enrollment information.

To update your email address:

If you signed up for the PEBB Program's email subscription service, log in to *My Account* at www.hca.wa.gov/my-account to make sure your email address is correct. Once you log in, you can update your account with a new email address by clicking *My login information* on the blue bar along the top of the page.

Note: *My Account* is not available to University of Washington (UW) employees. UW employees must sign in to Workday to make sure their email address is correct.

To update your home or mailing address:

- **Employees:** Contact your personnel, payroll, or benefits office. The PEBB Program cannot update your address. Your employer is in the best position to help you with your account-related issues.
- **Retirees, COBRA, or Continuation Coverage members only:** Contact the PEBB Program in one of these ways:
 - o Send your address changes to:
Health Care Authority
PEBB Program
PO Box 42684
Olympia, WA 98504-2684

- o Fax your address changes to 360-725-0771.
- o Send a secure message (secure login required) requesting an address change at www.fuzeqna.com/pebb/consumer/question.asp.
- o Call PEBB Customer Service at 1-800-200-1004 (TRS: 711) and select option 5.