

Public Employees Benefits Board Meeting

June 8, 2023

Public Employees Benefits Board Meeting

June 8, 2023

9:00 a.m. – 1:15 p.m.

**This meeting will be hybrid with
attendance options both in person
and via Zoom.**

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

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TAB 1

**Public Employees Benefits Board
June 8, 2023
9:00 a.m. – 1:15 p.m.**

This meeting will be hybrid with attendance options either in person or via Zoom. Masks are optional.

TO JOIN ZOOM MEETING – SEE INFORMATION BELOW

9:00 a.m.*	Welcome and Introductions		Lou McDermott, Chair Pro-Tem	
9:05 a.m.	Meeting Overview		Dave Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information
9:10 a.m.	Approval of Meeting Minutes: • May 11, 2023	TAB 3	Lou McDermott, Chair Pro-Tem	Action
9:20 a.m.	May Meeting Follow Up		David Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
9:30 a.m.	UMP Hearing Instruments Benefit	TAB 4	Janice McAlpin, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Action
9:45 a.m.	UMP CDHP IRS Minimum Deductible	TAB 5	Janice McAlpin, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:00 a.m.	Federal Public Health Emergency Unwind	TAB 6	Shawna Lang, Section Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:20 a.m.	Break			
10:30 a.m.	Coordination of Benefits State Analysis	TAB 7	Sara Whitley, Finance Manager Molly Christie, Fiscal Analyst Financial Services Division (FSD)	Information/ Discussion
10:55 a.m.	Medicare Update	TAB 8	Ellen Wolfhagen, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
11:10 a.m.	General Public Comment			
11:25 a.m.	Closing			
11:30 a.m.	Transition to Executive Session			
11:35 a.m.	Executive Session			

*All Times Approximate

The Public Employees Benefits Board will meet Thursday, June 8, 2023 at the Washington State Health Care Authority, Sue Crystal Rooms A & B, 626 8th Avenue SE, Olympia, WA. Attendance for this meeting can be in person or via Zoom. Masks are optional.

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

Pursuant to RCW 42.30.110(1)(L), the Board will meet in in Executive Session to consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026. The Executive Session will begin at 11:30 a.m. and will conclude no later than 1:15 p.m.

No “final action,” as defined in RCW 42.30.020(3), will be taken in the Executive Session.

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

To provide public comment by email, direct e-mail to: PEBBoard@hca.wa.gov.

Materials will be posted at <http://www.pebb.hca.wa.gov/board/> by close of business on June 5, 2023.

Join Zoom Meeting

<https://us02web.zoom.us/j/89373943437?pwd=WmdCMmlFODIXZHp6VGtjcnBEWTNEdz09>

Meeting ID: 893 7394 3437

Passcode: 804611

One tap mobile

+12532158782,,89373943437#,,,,*804611# US (Tacoma)

+12532050468,,89373943437#,,,,*804611# US

Dial by your location

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+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

Meeting ID: 893 7394 3437

Passcode: 804611

Find your local number: <https://us02web.zoom.us/u/kcypgVbsp3>

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
Kurt Spiegel WA Federation of State Employees 1212 Jefferson ST SE #300 Olympia WA 98501 V 833-622-9373 PEBBoard@hca.wa.gov	State Employees
Elyette Weinstein 5000 Orvas CT SE Olympia WA 98501-4765 V 360-705-8388 PEBBoard@hca.wa.gov	State Retirees
Tom MacRobert 4527 Waldrick RD SE Olympia WA 98501 V 360-264-4450 PEBBoard@hca.wa.gov	K-12 Retirees
Michaela Doelman Office of Financial Management 302 Sid Snyder Ave Olympia WA 98501 C 360-790-8315 PEBBoard@hca.wa.gov	Benefits Management/Cost Containment

PEB Board Members

Name	Representing
Monica McLemore 10002 Aurora Ave N Seattle WA 98125 V 510-239-7162 PEBBoard@hca.wa.gov	Benefits Management/Cost Containment
John Comerford* 121 Vine ST Unit 1205 Seattle, WA V 206-625-3200 PEBBoard@hca.wa.gov	Benefits Management/Cost Containment
Harry Bossi 19619 23 rd DR SE Bothell WA 98012 V 360-689-9275 PEBBoard@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

1/27/23



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

2023 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.

February 2, 2023 (Board Retreat) 9:00 a.m. – 4:00 p.m.

March 9, 2023 - 9:00 a.m. – 1:30 p.m.

April 13, 2023 - 9:00 a.m. – 1:30 p.m.

May 11, 2023 - 9:00 a.m. – 1:30 p.m.

June 8, 2023 - 9:00 a.m. – 1:30 p.m.

June 29, 2023 – 9:00 a.m. – 1:30 p.m.

July 12, 2023 - 9:00 a.m. – 12:00 p.m.

July 19, 2023 - 9:00 a.m. – 12:00 p.m.

July 26, 2023 - 9:00 a.m. – 12:00 p.m.

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

7/5/22

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 12, 2022

TIME: 9:19 AM

WSR 22-15-022

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. Opportunity for public testimony at Board meetings shall also be made available immediately before the Board’s vote on a resolution. At the direction of the Chair, opportunities for public testimony may also be made available at other times during Board meetings. 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 March 9, 2023

TAB 3

Draft
Public Employees Benefits Board
Meeting Minutes

May 11, 2023
Health Care Authority
Sue Crystal Rooms A & B
Olympia, Washington
9:00 a.m. – 12:30 p.m.

The Briefing Book with the complete presentations and an audio recording of the meeting can be found at:
<https://www.hca.wa.gov/about-hca/programs-and-initiatives/public-employees-benefits-board-pebb-program/meetings-and-materials#meeting-materials>

Members Present in Olympia

Sue Birch, Chair
Michaela Doelman

Members Present via Zoom

Kurt Spiegel
Elyette Weinstein
Monica McLemore
John Comerford
Harry Bossi
Tom MacRobert

Members Absent

None

SEB Board Counsel

Michael Tunick, AAG

Call to Order

Lou McDermott, Chair Pro-Tem, called the meeting to order at 9:02 a.m. Sufficient members were present to allow a quorum. Board members and the public were able to attend either in person or virtually via Zoom.

Meeting Overview

David Iseminger, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of the agenda.

Approval of Meeting Minutes

Kurt Spiegel moved, and Michaela Doelman seconded a motion to approve the April 13, 2023 meeting minutes. Minutes were approved as written by unanimous vote.

April Meeting Follow Up

David Iseminger, Director of the Employees and Retirees Benefits (ERB) Division, provided some follow up items in response to questions asked at the April Board meeting. Items brought back included information about SmartHealth registrant data and participation trends, as well as clarification regarding identification and certification requirements in order to be paid through the Dependent Care Assistance Program (DCAP).

Legislative Update

Cade Walker, Policy, Rules, and Compliance Section Manager in the Employees and Retirees Benefits (ERB) Division, provided a debrief on relevant bills and their outcomes during legislative session. The passage of bills tracked throughout session and the implementation of laws pertaining to the SEBB Program were discussed.

2023-25 Budget Update

Tanya Deuel, Finance Manager in the Financial Services Division (FSD), presented a final update on the 2023-25 biennial budget. The presentation included final funding rates, the Medicare explicit subsidy, final conference budget funding, and new proviso language.

UMP Hearing Instruments Benefit

Janice McAlpin, Senior Account Manager in the Employees and Retirees Benefits (ERB) Division, and **Sara Whitley**, ERB Finance Manager in the Financial Services Division (FSD), gave an update on over-the-counter hearing instruments. The presentation included an overview of the evolution of the UMP hearing instruments benefit, details regarding House Bill 1222, hearing instruments utilization, insights gleaned from utilization data, assumed outcomes, and proposed resolution PEBB 2023-03 to align the UMP hearing instruments benefit with the new requirements from House Bill 1222. Stakeholders will be consulted before the next Board meeting and action on these resolutions is planned for the June 1, 2023 Board meeting.

The following members of the public provided comments regarding the UMP hearing instruments benefit:

- **Fred Yancey**, with concerns regarding the proposed resolution
- **Amy Fortier**, with questions regarding the provided data in the presentation

2023 Kaiser Permanente of Washington First Fill Insights

Christine Davis, Senior Account Manager in the Employees and Retirees Benefits (ERB) Division, provided an overview of the Kaiser Permanente first fill prescription program. The presentation included a recap of the Board vote in 2022 regarding the Kaiser Permanente premiums and changes, the Health Care Authority's standard communications methods after premium votes conclude, how the first fill program was communicated in open enrollment materials, lessons learned from the Health Care

Authority regarding plan benefit change implementation, and a statement from Kaiser Permanente of Washington.

Medicare Update

Ellen Wolfhagen, Senior Account Manager in the Employees and Retirees Benefits (ERB) Division, gave a Medicare update that included the Medicare pharmacy appeal processes, information about Independent Review Organizations (IRO), a UnitedHealthcare (UHC) CAHPS survey update, listening sessions update, public forums update, retiree communications update, and retiree engagement webpage location.

Public Comment

The following members of the public provided comments:

- **Linnea Mulder**, regarding the Medicare update presentation
- **Amy Fortier**, regarding resolution visibility
- **Nathan and Katie Johnson**, regarding the Kaiser Permanente pharmacy first fill program
- **Matt Groshong**, regarding the Kaiser pharmacy first fill program with comments
- **Aruna Bhuta**, regarding Senate Bill 5490

Their testimonies can be found in the audio recording for the May 11, 2023 PEB Board meeting at:

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/public-employees-benefits-board-pebb-program/meetings-and-materials#meeting-materials>

Next Meeting

June 8, 2023

9:00 a.m. – 1:30 p.m.

Preview of June 8, 2023 PEB Board Meeting

Dave Iseminger, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of potential agenda topics for the June 8, 2023 PEB Board Meeting.

Executive Session

Pursuant to RCW 42.30.110(1)(L), the Board met in in Executive Session to consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026. The Executive Session began at 11:38 a.m. and concluded at 12:19 p.m.

Meeting adjourned at 12:22 p.m.

TAB 4

UMP Hearing Instruments Benefit

Janice McAlpin
Senior Account Manager
Employees and Retirees Benefits Division
June 8, 2023

Follow Up from May Meeting

- ▶ Over-the-counter (OTC) hearing instruments coverage:
 - ▶ Health Savings Account (HSA): covered
 - ▶ Flexible Spending Arrangement (FSA): covered
 - ▶ Limited Purpose FSA: not covered

- ▶ Under HB 1222, are cochlear implants addressed?
 - ▶ No – bill calls for coverage of bone conduction hearing devices, which do not include cochlear implants

Hearing Instrument Coverage in Other States

▶ Oregon

- ▶ Public employees:
 - ▶ Variability in plan but generally full coverage per ear every 3 years, subject to deductible and coinsurance
- ▶ School employees:
 - ▶ Adults: \$4,000 total allowance for both ears every 4 years, benefit subject to deductible and coinsurance
 - ▶ Children (under age 26): \$4,000 total allowance for both ears every 3 years
- ▶ Retirees: Limited networks with most plans \$400 - \$700 per ear per year; one limited network plan \$2,400 for both ears combined per year

▶ Idaho

- ▶ State/higher education employees (and opted-in school districts):
 - ▶ Children only coverage: 1 device every 3 years, subject to deductible and coinsurance
- ▶ Retirees: eligible dependent children only. One device per ear, every three years

▶ California

- ▶ Employees in their large PPO network plans a \$1,000 total allowance for both ear every 3 years;
 - ▶ Exception: 100% coverage every 3 years for "when medically necessary to prevent or treat speech and language development delay due to hearing loss"
- ▶ Retirees: Medicare plans generally a max of \$1,000 every 3 years; richest plan is \$2,000 every 2 years with 20% coinsurance

Update on HB 1222

- ▶ Governor signed on May 4
- ▶ HB 1222:
 - ▶ Expires current law as of December 31, 2023
 - ▶ Effective date of legislation: January 1, 2024
 - ▶ Impacts the general large-group commercial market health plans, including employees and dependents of all PEBB Program and SEBB Program plans
 - ▶ Requires coverage for hearing instruments (excluding OTC hearing instruments) at **no less than \$3,000 per ear** with hearing loss **every 36 months**
 - ▶ Not subject to the enrollee's deductible, unless the plan is offered as a qualifying health plan for a health savings account

Examples of Implementation

- ▶ UMP member purchases a set of hearing aids in December 2023
 - ▶ Under resolution 2023-03:
 - ▶ Member would be able to purchase a new set of hearing aids as of January 1, 2024
- ▶ UMP member purchases a set of hearing aids in January 2024
 - ▶ Under resolution 2023-03:
 - ▶ Member would be able to purchase a new set of hearing aids as soon as January 1, 2027
- ▶ Under resolution 2023-03, UMP will continue to provide reimbursement for OTC hearing instruments if hearing exam and prescription requirements are met
- ▶ Under resolution 2023-03, coverage shall also include the initial assessment, fitting, adjustment, auditory training, and ear molds for optimal fit for members who intend to obtain or have already obtained any hearing instrument, including an OTC hearing instrument

Resolution PEBB 2023-03

UMP Hearing Instruments

Resolved that, beginning January 1, 2024, prescribed hearing instruments in all Uniform Medical Plan (UMP) plans will be covered up to \$3,000 per ear with hearing loss, at least every 36 months, without member cost share.

Coverage for members enrolled in UMP Classic, UMP Select, and UMP Plus are not subject to the member meeting the plan deductible.

Coverage for members enrolled in UMP Consumer-Directed Health Plan (CDHP) are subject to the member meeting the plan deductible.

Next Steps

- ▶ Updates to HCA member communications and websites to prepare for open enrollment
- ▶ Updates to Regence member communications and website to prepare for open enrollment
- ▶ Regence internal system updates

Questions?

Janice McAlpin, Senior Account Manager
Employees and Retirees Benefits Division

Janice.McAlpin@hca.wa.gov

TAB 5

UMP Consumer-Directed Health Plan (CDHP) IRS Minimum Deductible

Janice McAlpin
Senior Account Manager
Employees and Retirees Benefits Division
June 8, 2023

History & Timing of IRS Changes

- ▶ Historically, IRS issues guidance in each spring/summer

Year	Minimum Deductible (Self-Only)	Minimum Deductible (Family)
2024	\$1,600	\$3,200
2023	\$1,500	\$3,000
2020 – 2022	\$1,400	\$2,800
2018 – 2019	\$1,350	\$2,700
2015 – 2017	\$1,300	\$2,600
2013 – 2014	\$1,250	\$2,500
2010 – 2012	\$1,200	\$2,400

- ▶ Before 2023, UMP's HSA qualified plan had a deductible of \$1,400/\$2,800

Proposed Resolution PEBB 2023-04

UMP CDHP Deductible IRS Minimum Deductible

For plan years beginning on or after January 1, 2024, HCA shall set the annual deductible for the UMP Consumer-Directed Health Plan (CDHP) at the minimum annual deductible level established by the Internal Revenue Service (IRS) to qualify the plan as a high deductible health plan, without further action from this Board.

Next Steps

- ▶ Incorporate Board feedback in the proposed resolution
- ▶ Submit feedback by June 19, 2023 to HCAPEBSEBBoardPolicyFeedback@hca.wa.gov
- ▶ Bring recommended proposed resolution to the Board for action at the June 29, 2023 Board meeting

Questions?

Janice McAlpin, Senior Account Manager
Employees and Retirees Benefits Division

Janice.McAlpin@hca.wa.gov

TAB 6

Federal Public Health Emergency Unwind

Shawna Lang
Portfolio Management Monitoring Section Manager
Employees and Retirees Benefits Division
June 8, 2023

Federal Public Health Emergency (PHE) Unwind

COVID-19 Coverage	End Date
<p>Cost share waivers for FDA-approved COVID-19 diagnostic testing other virus/respiratory testing tied to a COVID-19 diagnosis (federal Families First Act and Washington State OIC mandate)</p> <p>Over-the-counter test kits are no longer required to be covered</p>	<p>May 11, 2023</p>
<p>Antibody tests covered when done in an inpatient setting, late illness onset, or outpatient inflammatory syndrome in children</p>	<p>May 11, 2023</p>
<p>Medicare Advantage members: cost shares waived for the health care provider visit and FDA-authorized COVID-19 diagnostic test for members who meet criteria for testing (CMS guidance)</p>	<p>May 11, 2023</p>

Washington Apple Health: Federally Declared COVID-19 PHE

- ▶ Families First Coronavirus Response Act (FFCRA)
 - ▶ Maintenance of eligibility prohibited states from terminating or reducing benefits for most Medicaid enrollees during the COVID-19 PHE
 - ▶ Washington Apple Health (Medicaid) enrollment increased by ~450,000 between March 2020 – April 2023
 - ▶ Stopped collecting premiums for Children's Health Insurance Program (CHIP) and Healthcare for Workers with Disabilities (HWD)
 - ▶ Stopped verifying income eligibility post enrollment

Washington Apple Health: Unwinding the PHE

- ▶ Consolidated Appropriations Act (CAA) of 2023
 - ▶ Maintenance of eligibility ended March 31st, 2023
 - ▶ HCA resumed normal operations effective April 1st, 2023
 - ▶ Termination of coverage for all reasons resumed
 - ▶ All 2.3 million Apple Health enrollees will be renewed during their annual renewal cycle over the next 12 months
 - ▶ Will resume collecting premiums for Children's Health Insurance Program (CHIP) and Healthcare for Workers with Disabilities (HWD) as of July 2023
- ▶ Federally declared PHE ended May 11th, 2023
 - ▶ Clinical policy updates

Washington Apple Health: Resources

▶ Information on HCA's response to the PHE

- ▶ www.hca.wa.gov/phe
 - ▶ End of PHE external guide
 - ▶ End of PHE communications toolkit

▶ End of PHE Talking points

- ▶ <https://www.hca.wa.gov/assets/free-or-low-cost/char-health-continued-coverage.pdf>

▶ Impacts of the PHE on Apple Health data

- ▶ hca.wa.gov/assets/free-or-low-cost/apple-health-phe-unwind-enrollment-data.pdf

▶ Contact us

- ▶ AHEligCOVID19@hca.wa.gov



PEBB Program: Unwinding the PHE – Premera

- ▶ After May 11, Premera made the following changes:
 - ▶ Treatment costs are still covered as a medical expense
 - ▶ COVID-19 testing - all lab tests for COVID-19 will revert to standard plan benefits, which may include cost shares
 - ▶ Premera will reimburse for antibody tests that are for the purpose of supporting a COVID-19 diagnosis as part of the treatment or management of a patient's medical condition
 - ▶ Member cost shares may apply
 - ▶ Over-the-counter home test kits were covered through May 11, 2023
 - ▶ Tests purchased after May 11, 2023 are not covered

PEBB Program: Unwinding the PHE – Kaiser Permanente

- ▶ After May 11, Kaiser made the following changes:
 - ▶ COVID-19 vaccines will be covered with applicable plan out-of-pocket costs, typically \$0
 - ▶ COVID-19 polymerase chain reaction (PCR) testing and treatment will be covered with applicable plan out-of-pocket costs
 - ▶ COVID-19 antigen home test coverage expires and will no longer be covered
 - ▶ Any COVID-10 related out-of-network (OON) services (e.g. testing, vaccines, and treatment) will only be covered for most emergency/urgent care situations or on plans that have specific OON coverage

PEBB Program: Unwinding the PHE – Uniform Medical Plan (UMP)

- ▶ After May 11, Uniform Medical Plan resumed paying the standard rate for covered services
 - ▶ UMP Coverage changes:
 - ▶ COVID-19 vaccinations, including boosters, will be covered under preventative benefits
 - ▶ COVID-19 tests ordered by a provider will include a cost share
 - ▶ COVID-19 over-the-counter (OTC) test kits will no longer be covered
 - ▶ UMP will pay the standard rate for covered services to treat COVID-19
 - Cost shares may apply
 - ▶ UMP will pay the standard rate for covered virtual services
 - ▶ All pre-authorization requirements will be reinstated
 - ▶ Personal protective equipment (PPE) will not be covered

UMP COVID-19 Coverage History

- ▶ During the PHE, OTC COVID-19 tests were required to be covered with no member cost share by group health plans
- ▶ Federal PHE ended on May 11, 2023
 - ▶ Members were mailed notification letter from Regence on April 28
- ▶ After May 11, 2023
 - ▶ UMP resumed paying the standard rate for covered COVID-19 services
 - ▶ Cost shares will apply
 - ▶ OTC COVID-19 tests will not be covered
- ▶ The 2023-2025 biennial operating budget included coverage for two OTC COVID-19 tests per member per month without cost share beginning July 1, 2023
 - ▶ Passed by legislature

Proposed Resolution PEBB 2023-05

UMP Over-The-Counter COVID-19 Tests

Beginning July 1, 2023, all Uniform Medical Plan (UMP) plans will cover up to two over-the-counter COVID-19 diagnostic tests per member per month, up to \$12 per test, without member cost-share.

If the Internal Revenue Service (IRS) issues future guidance that requires the deductible to be met prior to plan payment for over-the-counter COVID-19 diagnostic tests in high deductible health plans, the UMP High Deductible plan shall be amended to comply with IRS guidance without further action from this Board.

Questions?

Shawna Lang, Portfolio Management and
Monitoring Section Manager

Employees and Retirees Benefits Division

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Appendix

Resolution PEBB 2020-01

COVID-19 Continuation Coverage Eligibility

- ▶ 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.
- ▶ **What happens when state of emergency ends?**
- ▶ If your COBRA or Unpaid Leave coverage was extended because of the state of emergency, your coverage will end December 31, 2022. You will also receive a letter notifying you of the termination.

Resolution PEBB 2020-02

COVID-19 and Enrollment Timelines

- ▶ 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 30 days past the date the Governor terminates the state of emergency. During the state of emergency, the Health Care Authority was authorized to extend these deadlines and any other deadlines as needed to meet the needs of the state and PEBB Program subscribers.
- ▶ **What happens when state of emergency ends?**
- ▶ After November 30, 2022, continuity of care forms must be submitted to the PEBB Program during the regular 60-day election period.

Resolution PEBB 2020-03

COVID-19 Related Eligibility for Newly Hired or Re-Hired State Employees

- ▶ 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 is eligible for the employer contribution toward PEBB benefits in any month they work a minimum of 8 hours. These position types include:
 - ▶ First responders (firefighters, police, emergency medical technicians [EMTs], public safety personnel, etc.)
 - ▶ Health care professionals (doctors, nurses, pharmacists, behavioral health specialists, etc.)
 - ▶ Any position working in medical facilities (health care professionals, lab technicians, administrative staff, sanitation workers, etc.)
 - ▶ Public health officials
 - ▶ Any COVID-19 research positions
- ▶ If the employee becomes eligible under these 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 include medical, dental, basic life, basic accidental death and dismemberment (AD&D), and basic long-term disability (LTD).
- ▶ The Health Care Authority was 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.

Resolution PEBB 2020-03 (cont.)

- ▶ **What happens when the state of emergency ends?**
- ▶ Once the COVID-19 state of emergency ends October 31, 2022, the temporary criteria for establishing eligibility ends and the standard PEBB eligibility and maintenance rules apply. See Washington Administrative Code (WAC) [182-12-114](#) for eligibility rules and WAC [182-12-131](#) for maintenance rules.

Survey Submitters

January 2023 Fully-Insured Enrollment

COVID-19 Vaccines

COVID-19 Testing

COVID-19 Treatment

COVID-19 Vaccine Survey Results



Survey Submitters

Submitter

Health carrier	NAIC Number
Aetna Life Insurance Company	60054
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	53902, 47350, 95303, 54933
Cigna Health and Life Insurance Company	67369
Community Health Plan of Washington	47049
Coordinated Care Corporation	95831
Premera Blue Cross	47570

January 2023 Fully-Insured Enrollment

fully-insured covered lives for submitting carriers

Carrier	NAIC Number	Enrollment
Aetna Life Insurance Company	60054	48325
Asuris NW Health	47350	18122
BridgeSpan Health Company	95303	3471
Cigna Health and Life Insurance Company	67369	53416
Regence BlueCross BlueShield of Oregon	54933	29104
Community Health Plan of Washington	47049	5681
Coordinated Care Corporation	95831	48264
Premera Blue Cross	47570	326593
Regence Blue Shield	53902	238476

COVID-19 Vaccines

Question 1: Out-of-network vaccine coverage without cost-sharing

Out-of-network vaccine coverage without cost-sharing

Carrier	Are there any circumstances under which you will cover COVID-19 vaccine administration without cost-sharing when administered by an out-of-network provider?	If yes, what circumstances?	If no, why not?	If yes, how will you notify consumers of the policies related to coverage of out-of-network COVID-19 vaccine administration without cost-sharing?
Aetna Life Insurance Company	No	NA	Aetna will treat COVID vaccines in the same manner as all other covered preventive vaccines.	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	Like other vaccines, COVID-19 vaccines are covered according to the preventive benefits. As a preventive benefit, members will not have cost-sharing if they receive the vaccine from an in-network provider. Vaccines received from out of network providers may have cost sharing.	NA
Cigna Health and Life Insurance Company	Yes	Cigna would allow for Network Adequacy Provision, when a state mandates coverage out-of-network, or when a client requests non-standard coverage of out-of-network at 100%.	NA	The consumers would be notified via their plan documents.

Carrier	Are there any circumstances under which you will cover COVID-19 vaccine administration without cost-sharing when administered by an out-of-network provider?	If yes, what circumstances?	If no, why not?	If yes, how will you notify consumers of the policies related to coverage of out-of-network COVID-19 vaccine administration without cost-sharing?
Community Health Plan of Washington	Yes	For PY2023; CHPW will cover all Out of Network Covid-19 vaccine administration.	NA	Web, and email.
Coordinated Care Corporation	Yes	Coordination Care Corporation is an HMO and does not have an OON benefits. If the health plan authorized it, the health plan will pay to the INN benefits and process at \$0 cost-sharing.	NA	N/A
Premera Blue Cross	Yes	We cover seasonal immunizations in full INN and OON unless a group decides to customize.	NA	They are notified by policy coverage.

Question 2: Equity in COVID-19 Vaccine Access

Equity in COVID-19 Vaccine Access

Carrier	How have you considered equity in access to COVID-19 vaccinations when making your decision?
Aetna Life Insurance Company	We considered the initiatives we have undertaken over the last 3 years to expand access and education to underserved communities, which are detailed on this website (https://www.cvshealth.com/services/covid-19.html) and in this report (https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/2021/cvs-health-covid-19-response-report-2021.pdf) (https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/2021/cvs-health-covid-19-response-report-2021.pdf). We believe these efforts, coupled with our robust network of pharmacies and other providers offering in-network coverage, provide equitable access to COVID-19 vaccines.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Equity in access is considered in the overall plan design, therefore how the COVID-19 vaccines will be paid was based on the Federal guidelines.
Cigna Health and Life Insurance Company	Cigna constantly makes efforts to ensure it has a viable network of providers to deliver immunizations, whether for the latest flu shot or the latest COVID vaccination. We also generally make coverage of vaccinations available under both Pharmacy and Medical plans for expanded access and convenience.
Community Health Plan of Washington	Yes
Coordinated Care Corporation	Yes
Premera Blue Cross	During the COVID PHE, we helped sponsor mobile vaccine units as well as working with local government agencies to support outreach. We continue to support outreach through various methods. We don't anticipate an issue with lack of access because of the end of PHE. We will continue to cover seasonal immunizations out of network the same as INN.

Question 3: Out-of-network vaccine coverage under EPO and HMO plans

Out-of-network vaccine coverage under EPO and HMO plans

Carrier	Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Exclusive Provider Organization (EPO) and Health Maintenance Organization (HMO) plans?	Market	enrollee_responsibility
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Individual health plans	Individual plans in Washington are EPO's. By design, EPOs are in-network only plans, therefore the out of network member cost share is 100%
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Small group health plans	By design, EPOs are in-network only plans. The WA small group health plans that are EPO's have an out of network member cost share of 100%.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Large group health plans	By design, EPOs are in-network only plans. Two of our large group health plans are EPO's – both of which have an out of network member cost share of 100%.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	PEBB/SEBB plans	N/A, no EPO's for PEBB/SEBB plans.

Question 4: Out-of-network vaccine coverage under PPO plans

Out-of-network vaccine coverage under PPO plans

Carrier	Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?	Market	enrollee_responsibility
Aetna Life Insurance Company	Yes	Individual health plans	N/A
Aetna Life Insurance Company	Yes	Small group health plans	50% after deductible
Aetna Life Insurance Company	Yes	Large group health plans	50% after deductible
Aetna Life Insurance Company	Yes	PEBB/SEBB plans	N/A
Cigna Health and Life Insurance Company	Yes	Individual health plans	NA
Cigna Health and Life Insurance Company	Yes	Small group health plans	NA

Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?

Carrier	Market	enrollee_responsibility
Cigna Health and Life Insurance Company	Large group health plans	Although not all PPO plans cover out-of-network for Preventive specifically, those that do cover will cover with cost share. Cigna plans have many options for cost sharing depending on the plan benefits. There is no fixed coinsurance. The coinsurance the enrollee pays may range anywhere from 0% to 50%.
Cigna Health and Life Insurance Company	PEBB/SEBB plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Individual health plans	N/A - All our individual plans are EPO's.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Small group health plans	Small group PPO plans have an out of network coinsurance of 50% after deductible.

Carrier	Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?	Market	enrollee_responsibility
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Large group health plans	: Large group PPO plans have an out of network coinsurance of 30%, 40% or 50% after deductible.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	PEBB/SEBB plans	PEBB/SEBB plans have an out of network coinsurance of 100%/deductible waived for children preventive services, 50% or 60%/deductible waived for adults.

Question 5: Cost sharing variation

Cost sharing variation

Carrier	Will cost sharing vary based upon the particular COVID-19 vaccine administered?
Aetna Life Insurance Company	No

Carrier	Will cost sharing vary based upon the particular COVID-19 vaccine administered?
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No
Cigna Health and Life Insurance Company	No

Question 6: COVID-19 vaccine incentives

COVID-19 vaccine incentives

Carrier	Will you offer any incentives for enrollees to receive COVID-19 vaccinations?	If no, why not?
Aetna Life Insurance Company	No	Aetna does not offer incentives for any preventive vaccinations.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	No – Cambia Health Solutions has determined that we will not offer incentives.
Cigna Health and Life Insurance Company	No	NA
Community Health Plan of Washington	No	Administrative costs. We are looking at incentives for PY2024.

Carrier	Will you offer any incentives for enrollees to receive COVID-19 vaccinations?	If no, why not?
Coordinated Care Corporation	No	The idea of offering incentive for COVID-19 vaccination is still under consideration.
Premera Blue Cross	No	We expect to treat as seasonal immunizations. No specific reasoning as to why not. Just a reasoning as to why we will be treating it as seasonal immunization.

COVID-19 Testing

Question 7: Cost sharing for PCR and point-of-care antigen testing

Cost sharing for PCR and point-of-care antigen testing

Carrier	Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Aetna Life Insurance Company	Yes	Individual health plans	N/A
Aetna Life Insurance Company	Yes	Small group health plans	In-network: 20% after deductible Out-of-network: 50% after deductible
Aetna Life Insurance Company	Yes	Large group health plans	In-network: 20% after deductible Out-of-network: 50% after deductible

Carrier	Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Aetna Life Insurance Company	Yes	PEBB/SEBB plans	N/A
Cigna Health and Life Insurance Company	Yes	Individual health plans	NA
Cigna Health and Life Insurance Company	Yes	Small group health plans	NA
Cigna Health and Life Insurance Company	Yes	Large group health plans	Cigna plans have many options for cost sharing depending on the plan benefits. There is no fixed copay or coinsurance. The coinsurance the enrollee pays may range anywhere from 0% to 50%.
Cigna Health and Life Insurance Company	Yes	PEBB/SEBB plans	NA
Community Health Plan of Washington	Yes	Individual health plans	20.00 not subject to deductible
Community Health Plan of Washington	Yes	Small group health plans	NA
Community Health Plan of Washington	Yes	Large group health plans	NA
Community Health Plan of Washington	Yes	PEBB/SEBB plans	NA

Carrier	Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Coordinated Care Corporation	Yes	Individual health plans	Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.
Coordinated Care Corporation	Yes	Small group health plans	N/A
Coordinated Care Corporation	Yes	Large group health plans	N/A
Coordinated Care Corporation	Yes	PEBB/SEBB plans	N/A
Premera Blue Cross	Yes	Individual health plans	NA
Premera Blue Cross	Yes	Small group health plans	NA
Premera Blue Cross	Yes	Large group health plans	NA
Premera Blue Cross	Yes	PEBB/SEBB plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Individual health plans	In-network depends on the plan and ranges from 0% to 50% after deductible. Out of network is 100%.

Carrier	Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Small group health plans	In-network depends on the plan and ranges from 0% to 50% after deductible. Out of network is 50% or 100% after deductible on EPO's.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Large group health plans	Large group PPO plans in-network cost-sharing depends on the plan and ranges from 0% - 70%, and out of network coinsurance is 30%, 40% or 50% after deductible. Large group EPO plans in-network cost-sharing ranges from 0%-30% and out of network is 100%.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	PEBB/SEBB plans	In-network: deductible then 80% or 85%. Out of network: deductible then 60% or 50%.

Cost sharing for PCR and point-of-care antigen testing

Carrier	Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?	If no, why not?
Aetna Life Insurance Company	Yes	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	NA
Cigna Health and Life Insurance Company	Yes	NA

Carrier	Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?	If no, why not?
Community Health Plan of Washington	Yes	NA
Coordinated Care Corporation	Yes	NA
Premera Blue Cross	Yes	NA

Question 8: Limit on testing cadence

Limit on testig cadence

Carrier	Will there be any limit on the cadence of covered physician ordered PCR and point-of-care antigen testing?	If yes, please describe:	If no, why not?
Aetna Life Insurance Company	Yes	Beginning May 12, 2023, Aetna will cover one point-of-care antigen test and one PCR test per day.	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	The expectation is that these tests are ordered by a member's physician based on medical necessity thus we determined no need for limits.
Cigna Health and Life Insurance Company	Yes	Coverage will vary depending on plan design and place of service.	NA

Carrier	Will there be any limit on the cadence of covered physician ordered PCR and point-of-care antigen testing?	If yes, please describe:	If no, why not?
Community Health Plan of Washington	Yes	12	NA
Coordinated Care Corporation	No	NA	There will be no imposed limit. Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.
Premera Blue Cross	No	NA	No, we will follow standard benefits

Question 9: Over-the-counter test coverage

Over-the-counter test coverage

Carrier	Will you continue to cover at-home over-the-counter COVID-19 tests, including over-the-counter PCR tests?	If yes, what quantity limit be?	If yes, what will the limits on access be, e.g., do the at-home over-the-counter tests need to be dispensed by an in-network pharmacy?	If no, why not?	If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?	If no, why not?
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Aetna Life Insurance Company	No	NA	NA	Beginning May 12, 2023, Aetna will treat over-the counter COVID tests in the same manner as over-the-counter tests for any other illness/condition.	NA	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	NA	Cambia has determined that we will not be covering OTC COVID-19 tests at the end of the Public Health Emergency.	NA	NA
Cigna Health and Life Insurance Company	No	NA	NA	Customers may use funds from HSAs and FSAs to pay for OTC kits separate from the health plan.	NA	NA
Community Health Plan of Washington	Yes	Still working to determine.	Do not need to be dispensed by an in-network pharmacy for PY2023	NA	No	For PY2023, would like to continue with the same PHE benefit to ensure no disruption and confusion and to ensure equitable access to underserved populations

Coordinated Care Corporation	No	NA	NA	NA	NA	NA
Premera Blue Cross	No	NA	NA	No, we will follow standard benefits	NA	NA

Cost sharing for over-the-counter COVID-19 tests

Carrier	If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Aetna Life Insurance Company	NA	Individual health plans	NA
Aetna Life Insurance Company	NA	Small group health plans	NA
Aetna Life Insurance Company	NA	Large group health plans	NA
Aetna Life Insurance Company	NA	PEBB/SEBB plans	NA
Cigna Health and Life Insurance Company	NA	Individual health plans	NA
Cigna Health and Life Insurance Company	NA	Small group health plans	NA
Cigna Health and Life Insurance Company	NA	Large group health plans	NA
Cigna Health and Life Insurance Company	NA	PEBB/SEBB plans	NA

Carrier	If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Community Health Plan of Washington	No	Individual health plans	NA
Community Health Plan of Washington	No	Small group health plans	NA
Community Health Plan of Washington	No	Large group health plans	NA
Community Health Plan of Washington	No	PEBB/SEBB plans	NA
Coordinated Care Corporation	NA	Individual health plans	NA
Coordinated Care Corporation	NA	Small group health plans	NA
Coordinated Care Corporation	NA	Large group health plans	NA
Coordinated Care Corporation	NA	PEBB/SEBB plans	NA
Premera Blue Cross	NA	Individual health plans	NA
Premera Blue Cross	NA	Small group health plans	NA
Premera Blue Cross	NA	Large group health plans	NA

Carrier	If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?	Market	enrollee_responsibility
Premera Blue Cross	NA	PEBB/SEBB plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	Individual health plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	Small group health plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	Large group health plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	PEBB/SEBB plans	NA

COVID-19 Treatment

Question 10: Changes to cost-sharing or medical management policies for COVID-19 treatment

Changes to cost-sharing or medical management policies for COVID-19 treatment

Carrier	Will you alter any applicable deductible, cost-sharing or medical management policies with respect to inpatient or outpatient treatment for COVID-19?	If yes, please explain:	If no, why not?
Aetna Life Insurance Company	No	NA	Treatment for COVID-19 is currently subject to applicable cost-sharing and medical management policies and no changes are planned.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	COVID 19 treatment after the end of the Public Health Emergency will be paid at regular contract benefits.
Cigna Health and Life Insurance Company	No	NA	Cigna has elected to maintain continued coverage with cost share based on plan design and place of service.
Community Health Plan of Washington	No	NA	Offer the best benefit for equitable coverage and less confusion
Coordinated Care Corporation	Yes	Authorization will be required, as well as those services for OON providers. Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.	NA

Carrier	Will you alter any applicable deductible, cost-sharing or medical management policies with respect to inpatient or outpatient treatment for COVID-19?	If yes, please explain:	If no, why not?
Premera Blue Cross	No	NA	No, we will follow standard benefits

Question 11: Reducing barriers to therapeutics

Reducing barriers to therapeutics

Carrier	Will you reduce barriers, whether cost-sharing or otherwise, to access Paxlovid or other therapeutics, such as but not limited to through telehealth consultation and prescribing?	If yes, please explain:	If no, why not?
Aetna Life Insurance Company	No	NA	Once the government supply of anti-viral therapeutics, such as Paxlovid, is exhausted, Aetna will revert to pre-PHE policies and COVID therapeutics will be covered in the same manner as those for any other illness/condition.

Will you reduce barriers, whether cost-sharing or otherwise, to access Paxlovid or other therapeutics, such as but not limited to through telehealth consultation and prescribing?

Carrier		If yes, please explain:	If no, why not?
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Paxlovid will be covered at the Preferred Brand Tier, which has a lower member cost-share. All other antiviral treatments will be covered at the Brand Tier. A member can contact a Telehealth provider for Paxlovid or another therapeutic.	NA
Cigna Health and Life Insurance Company	No	NA	Cigna offers telehealth services through existing provider arrangements and is continuing coverage of therapeutics based on plan design.
Community Health Plan of Washington	Yes	Still under discussion but our goal is to reduce barriers to accessing this drug.	NA
Coordinated Care Corporation	No	NA	Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.
Premera Blue Cross	Yes	We will continue to offer access and telehealth and follow standard benefits	NA

TAB 7

Coordination of Benefits (COB) State Analysis

Molly Christie
Fiscal Information & Data Analyst
Financial Services Division
June 8, 2023

Background

- ▶ **Question:** How do other states provide health benefits to retirees who are enrolled in Medicare?
 - ▶ What types of plans are offered?
 - ▶ What benefits are covered?
 - ▶ What are the premiums, and do states contribute toward costs?
- ▶ **Methodology:** Milliman completed an analysis of all 50 states using their proprietary data library for health plan benchmarking, the Milliman Atlas of Public Employer Health Plans
- ▶ **Results:** There is great variability in whether and how states supplement Medicare coverage for retirees
 - ▶ Washington is the only state that offers every plan type

Plan Options for Retiree Health Coverage

- ▶ **Employers have several options for offering health benefits to retirees who are enrolled in Medicare:**
 - ▶ Medical
 - Coordination of coverage with original Medicare
 - Medicare Advantage (MA)
 - Medicare Supplement
 - ▶ Pharmacy
 - Medicare Part D: standalone or integrated with medical
 - Standard drug coverage: integrated with medical; creditable or non-creditable

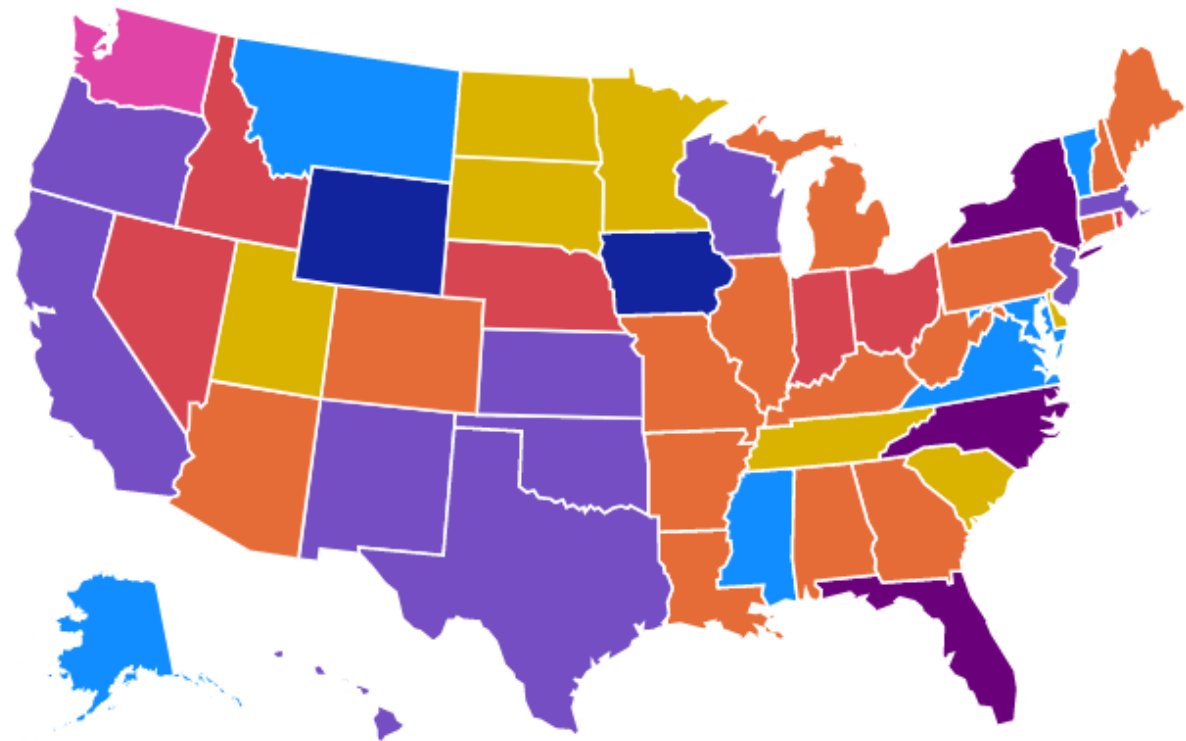
Benefit Provisions & Premium Contribution Strategies

- ▶ **Benefits vary widely by state and by plan**
 - ▶ HMO vs. PPO
 - ▶ Deductibles, out-of-pocket limits, cost-share (coinsurance and copays), visit limits, etc.
 - ▶ Covered benefits
 - ▶ Some states do not offer any plans to public retirees
- ▶ **States vary widely in the amount of premium charged to public retirees**
 - ▶ Fixed dollar or fixed percentage, regardless of what plan a retiree selects – most common (including Washington)
 - ▶ Variable contribution amount based on years of service
 - ▶ No contribution

Summary of Plan Options by State

Plan Type

- Coordination - 6
- Coordination + Medicare Supplement - 2
- MA - 15
- MA + Coordination - 3
- MA + Coordination + Medicare Supplement - 1
- MA + Medicare Supplement - 10
- Medicare Supplement - 7
- None - 6



Summary of Plan Options by State (*cont.*)

▶ Number of plans offered*:

- ▶ Average 4 plans
- ▶ Range of 1 to 20 plans
 - ▶ More plans correlated with larger retiree population and/or regional availability

▶ Funding status

- ▶ 20 states have only fully-insured plans (MA, Medicare Supplement)
- ▶ 13 states have only self-insured plans (COB, Medicare Supplement)
- ▶ 11 states have both fully-insured and self-insured plans
- ▶ 6 states offer no plans for Medicare eligible retirees

*Excludes 6 states that do not offer plans and grandfathered plans (i.e., plans that are not offered to new retirees)

Summary of Premium Contributions by State

Total 2023 monthly premium by plan type
(before employer contribution, if any)

	Medicare Advantage	Medicare Supplement	Coordination of Benefits
Median	\$200	\$411	\$462
Minimum	\$0	\$96	\$213*
Maximum	\$625	\$660	\$699

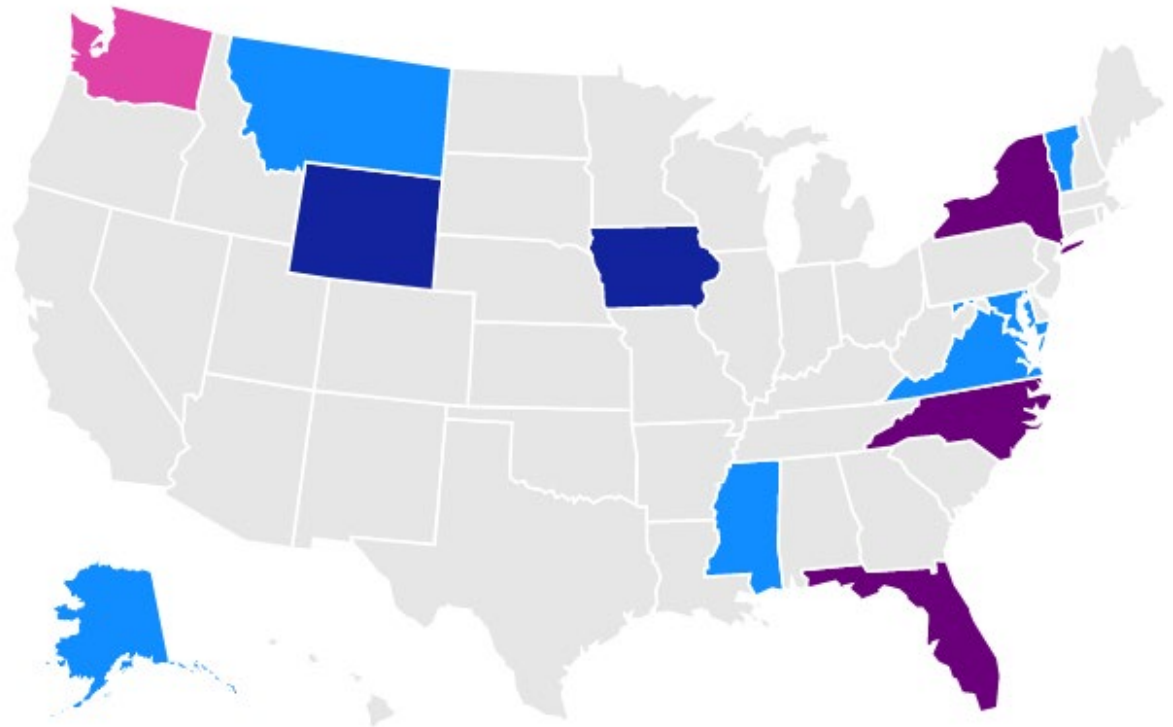
Total premiums unavailable for NY, PA and GA
Benefit coverage levels vary significantly

*Lowest cost plan does not include prescription drug coverage

States with Coordination Plan(s)

Plan Type

- Coordination
- Coordination + Medicare Supplement
- MA
- MA + Coordination
- MA + Coordination + Medicare Supplement
- MA + Medicare Supplement
- Medicare Supplement
- None



Types of Coordination Plans

- ▶ There are several ways that plans can design COB provisions for retirees who have Medicare as primary
 - ▶ **Carve-out:** Benefits costs are determined based on total plan eligible charges assuming no Medicare payment, less the amount of Medicare payment
 - ▶ **Maintenance of Benefits (MOB):** Subtracts Medicare payments from total plan eligible charges, then applies the plan's benefit limits and cost-sharing provisions to the remaining charges
 - ▶ **Coordination of Benefits (COB):** Medicare is treated as primary carrier and plans pay all amounts not covered by Medicare up to the amount that would be paid in the absence of Medicare
 - ▶ Only 6 states have COB plans: Florida, Mississippi, Montana, Virginia, Washington, and Wyoming

Types of Coordination Plans (*cont.*)

Illustration

	Carve-out	Maintenance of Benefits	Coordination of Benefits
Provider billed	\$200	\$200	\$200
Plan allowed amount	\$100	\$100	\$100
Plan normal benefit	\$85	\$85	\$85
Medicare pays	\$80	\$80	\$80
Plan pays	\$5	\$17	\$20
Member cost-share	\$15	\$3	\$0

COB Benefits Comparison

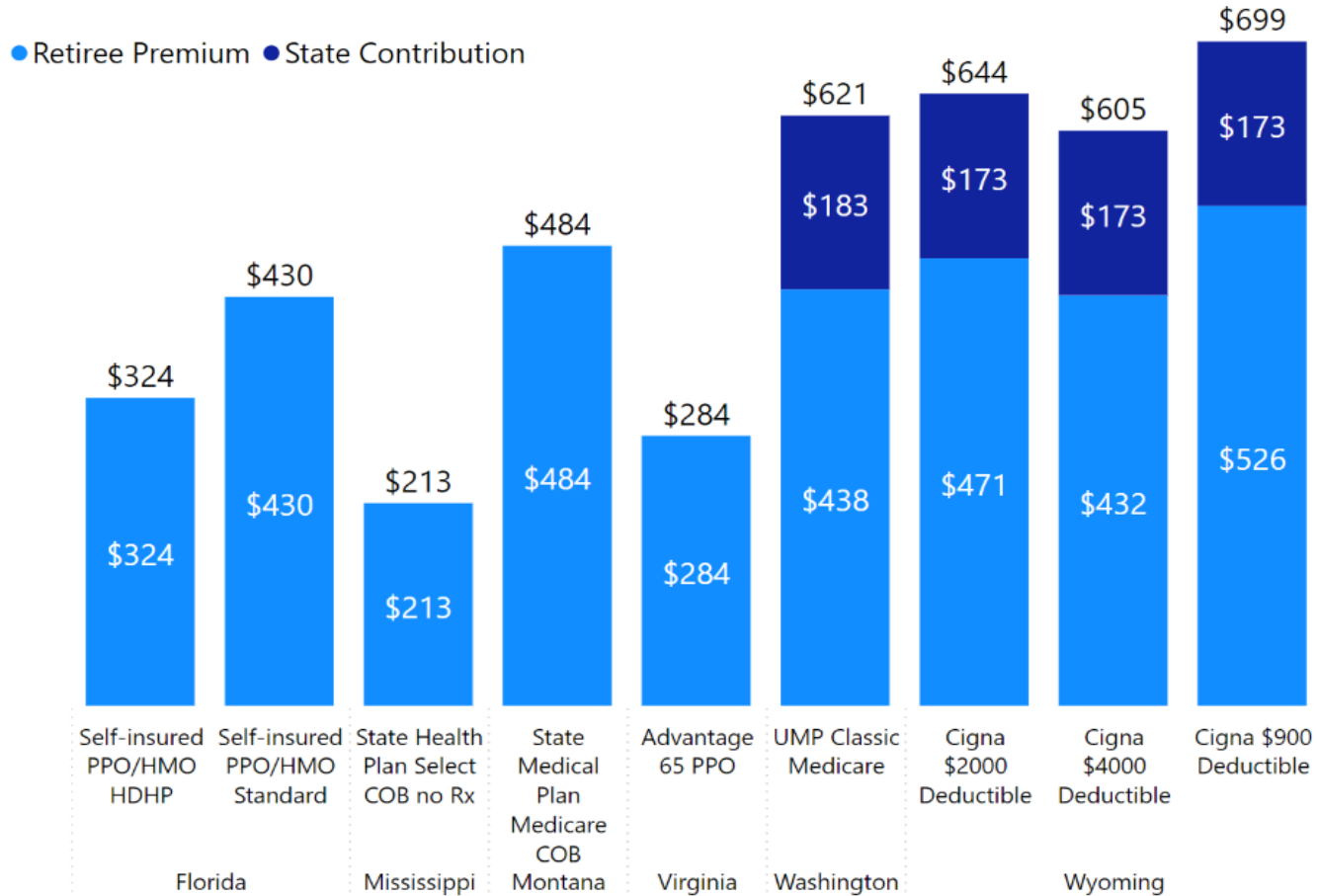
	Medical	Pharmacy	Vision Hardware	Hearing aids	State Premium Contribution
Florida	COB	Standard	Offered separately	Not covered	No
Mississippi	COB	None	Offered separately	Not covered	No
Montana	COB	Part D	Offered separately	Not covered*	No
Virginia	COB	Part D	Offered separately	Included in medical**	No
Washington	COB	Standard	Included in medical	Included in medical	Yes
Wyoming	COB	Part D	Offered separately	Not covered	Yes

*Hearing aids (for dependent children under age 19, and medically necessary cochlear implants, per medical policy)

**\$40 copayment for one hearing test every 48 months; up to \$1200 limit for hearing aids and/or supplies every 48 months

- Other covered services and benefit design features, including member cost-shares (deductibles, co-insurance/copay, out-of-pocket limits), are not easily comparable across states due to differences in COB provisions and plan administration.

2023 COB Premium Comparison



Summary

There is extensive variability in state sponsored retiree health coverage:

▶ Plan options

- ▶ Most states offer at least one health plan for retirees who are enrolled in Medicare
- ▶ WA is the only state that offers all plan types – MA, Medicare Supplement, and COB

▶ Benefits

- ▶ There is a broad range of cost-shares and supplemental benefits
- ▶ UMP offers very rich benefits (hearing aids, routine vision, prescription drugs, little to no member cost-share for medical services), which contributes to a higher premium

▶ State contribution

- ▶ Many states (~2/3) subsidize retiree premiums, but only 2 of out the 6 states with COB plan(s) provide any subsidy (WA and WY)

Questions?

Sara Whitley, ERB Finance Manager

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TAB 8

Medicare Update

Ellen Wolfhagen
Senior Account Manager
Employees and Retirees Benefits Division
June 8, 2023

Presentation Topics

- ▶ Listening Sessions and Public Forum Recap
- ▶ Retiree Communications Update

Listening Sessions Recap

- ▶ 24 Sessions held as of May 31
 - ▶ Includes 4 in-person sessions
 - ▶ Tumwater, Cheney, Yakima, and Bothell
- ▶ Total of 268 registrants and 193 participants
- ▶ Initial high-level themes:
 - ▶ Keep UMP Classic Medicare
 - ▶ Costs are too high (UMP premiums, UHC pharmacy)
 - ▶ Listening sessions are highly appreciated for opportunity to give HCA feedback and listen to others

Public Forum Update

- ▶ April 26, May 17, and May 24
- ▶ 32 registrants and 18 participants
- ▶ Initial feedback:
 - ▶ Keep options that work with traditional Medicare
 - ▶ Dissatisfaction with privatization of health plans
 - ▶ Increase HCA transparency and interaction with retirees
 - ▶ Look for ways to lower UMP costs – work with other states, lobby federal government, change benefits

Retiree Communications Update

- ▶ Website updates
 - ▶ FAQs
 - ▶ Common myths

- ▶ FAQs from listening sessions
 - ▶ Most common questions first
 - ▶ Will keep updating

Retiree Engagement Webpage Location

Home > Employee and retiree benefits

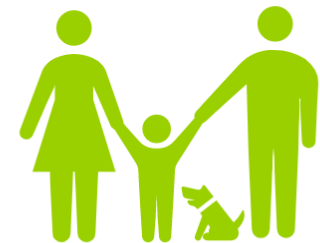
Employee and retiree benefits

Retiree engagement



Register for PEBB Medicare listening sessions

Benefits 24/7 to replace PEBB My Account and SEBB My Account



Retiree Engagement Webpage Location (*cont.*)

Retiree engagement

We want to know what retirees like about the Public Employees Benefits Board (PEBB) Medicare medical plans and what could be better. The insights our members provide will help HCA and the PEB Board shape future policy discussions as well as how we communicate important information about changes.

On this page

How is HCA connecting with retirees?

How will feedback be used?

Why are we doing retiree engagement?



FAQs

Medicare myths

Retiree Engagement Webpage Location (*cont.*)

FAQs

Have a question not listed below? Email [HCA PEBB Medicare](#).

Is UMP Classic Medicare closing? 

If I enroll in a PEBB Medicare Advantage plan, can I enroll in a different PEBB plan later? 

I'm a Medicare retiree. Where can I find a comparison of PEBB plans available to me? 

Is UMP Classic Medicare the only Medicare plan that is available statewide and nationwide? 

How are UMP, HCA, PEBB, SEBB, and Regence related? 

Will my prescription drugs be covered by PEBB Medicare plans, and at what cost? 

If I am in Uniform Medical Plan (UMP), do I have to be in Uniform Dental Plan (UDP)? 

Are Delta Dental plans available out of state? 

Is Fred Hutchinson/Seattle Cancer Care Alliance in network for UnitedHealthcare? 

Retiree Engagement Webpage Location (*cont.*)

Medicare myths

Myth: If I sign up for a Medicare Advantage plan through PEBB and I want to go back to Original Medicare, I will be subject to pre-existing conditions or underwriting limits. ∨

Myth: UMP Classic Medicare is a Medicare Supplement plan. ∨

Myth: I've been in my plan for years, so I don't have to pay attention to what PEBB offers. ∨

Myth: My brother has a Medicare Advantage plan with a \$0 premium. That's a much better deal than anything I could get through PEBB. ∨

Myth: All Medicare Advantage plans are the same. ∨

Myth: If a plan costs less it must not be able to offer the same coverage. ∨

Myth: PEBB has no information about what you need to do when you plan to retire. ∨

Myth: I need a separate Medicare drug plan to be on any of the PEBB Medicare plans ∨

Myth: UMP doesn't provide vision or hearing benefits. ∨

Questions?

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