

School Employees Benefits Board Meeting

January 25, 2024

School Employees Benefits Board

January 25, 2024

9:00 a.m. – 3:45 p.m.

Attendance In-person or by Zoom

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

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TAB 1

School Employees Benefits Board
January 25, 2024
9:00 a.m. – 3:45 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	
9:05 a.m.	Meeting Overview		David Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
9:10 a.m.	Equity in Health Care Access and Outcomes Panel Discussion		Facilitator: Heather Schultz, Associate Medical Director Clinical Quality & Care Transformation Panel Members: <ul style="list-style-type: none"> • Lan Nguyen, MD, Premera • Tracy Muday, MD, Regence • Geoffrey Ankeney, MD, Kaiser Permanente of Washington • Quyen Huynh, HCA 	Information/ Discussion
10:25 a.m.	SEBB Program Equitable Access to Health Care Workgroup	TAB 3	Missy Yates, Stakeholder Engagement Coordinator Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:40 a.m.	Break			
10:50 a.m.	Behavioral Health Network Adequacy Discussion	TAB 4	Andrea Philhower, Fully Insured Unit Manager Employees & Retirees Benefits (ERB) Division Heather Schultz, Associate Medical Director Clinical Quality & Care Transformation (CQCT)	Information/ Discussion
11:15 a.m.	Plan Year 2024 Open Enrollment Results	TAB 5	Alisa Richards, Section Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
11:55 a.m.	SmartHealth Update	TAB 6	Kristen Stoimenoff, Wellness Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
12:15 p.m.	Break			

12:25 p.m.	<u>Working Lunch</u> Benefits 24/7 Update	TAB 7	Amanda Neville, Senior Business Analyst Enterprise Technology Services (ETS)	Information/ Discussion
12:55 p.m.	Study on Contracting for Administration of UMP	TAB 8	Ryan Ramsdell, Uniform Medical Plan Unit Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
1:15 p.m.	Governor's Supplemental Budget and Legislative Update	TAB 9	Tanya Deuel, ERB Finance Manager Financial Services Division (FSD) Cade Walker, Section Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
1:45 p.m.	Procurement and Benefit Planning Cycles	TAB 10	John Partin, Section Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
2:00 p.m.	Retail Pharmacy Trends	TAB 11	Jenny Switzer, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
2:15 p.m.	Inflation Reduction Act Update	TAB 12	Luke Dearden, Clinical Pharmacist Clinical Quality & Care Transformation (CQCT)	Information/ Discussion
2:30 p.m.	Break			
2:40 p.m.	Medicare Update	TAB 13	Ellen Wolfhagen, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
3:00 p.m.	2024 SEB Board Preview		David Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
3:10 p.m.	General Public Comment			
3:40 p.m.	Closing			
3:45 p.m.	Adjourn		Lou McDermott, Chair	

*All Times Approximate

The School Employees Benefits Board will meet Thursday, January 25, 2024 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.

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: SEBBoard@hca.wa.gov.

Materials are posted at <https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program/meetings-and-materials> by close of business on Monday, January 22, 2024.

Join Zoom Meeting

<https://us02web.zoom.us/j/82989623544?pwd=aUJNdHNDZFpCVDC1QWRZKzEveExVZz09>

Meeting ID: 829 8962 3544

Passcode: 681793

One tap mobile

+12532050468,,82989623544#,,,,*681793# US

+12532158782,,82989623544#,,,,*681793# US (Tacoma)

Dial by your location

- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
- +1 719 359 4580 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
- +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

Meeting ID: 829 8962 3544

Passcode: 681793

Find your local number: <https://us02web.zoom.us/u/kJwEuSdg8>

SEB Board Members

Name	Representing
Lou McDermott, Deputy Director Health Care Authority 626 8 th Ave SE PO Box 42720 Olympia, WA 98504-2720 V 360-725-0891 louis.mcdermott@hca.wa.gov	Chair
Kerry Schaefer 1405 N 10 th St Tacoma, WA 98403 C 253-227-3439 SEBBoard@hca.wa.gov	Employee Health Benefits Policy and Administration
Omeid Heidari SEBBoard@hca.wa.gov	Employee Health Benefits Policy and Administration
Dawna Hansen-Murray 15535 104 th Place SE Yelm, WA 98597 C 360-790-4961 SEBBoard@hca.wa.gov	Classified Employees
Myra Johnson Park Lodge Elementary School 6300 100 th St SW Lakewood, WA 98499 V 253-583-5353 SEBBoard@hca.wa.gov	Certificated Employees

SEB Board Members

Name

Representing

Pamela Kruse
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and Administration
(WASBO)

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Employee Health Benefits Policy
and Administration

Legal Counsel

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1/18/2024



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue SE • PO Box 45502 • Olympia, Washington 98504-5502

SEB BOARD MEETING SCHEDULE

2024 School Employees Benefits (SEB) Board Meeting Schedule

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

January 25, 2024 (Board Retreat) - starting at 9:00 a.m.*

March 14, 2024 - starting at 9:00 a.m.

April 4, 2024 - starting at 9:00 a.m.

May 2, 2024 - starting at 9:00 a.m.

June 6, 2024 - starting at 9:00 a.m.

June 20, 2024 - starting at 9:00 a.m.

July 10, 2024 - starting at 9:00 a.m.

July 17, 2024 - starting at 9:00 a.m.

July 24, 2024 - starting at 9:00 a.m.

July 31, 2024 - starting at 9:00 a.m.

*Meeting times are tentative

If you are a person with a disability and need a special accommodation, please contact the Employees and Retirees Benefits (ERB) Board Operations Manager at 360-725-9400.

06/06/2023

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: June 07, 2023

TIME: 8:15 AM

WSR 23-12-098

TAB 2

SCHOOL EMPLOYEES BENEFITS BOARD BY-LAWS

ARTICLE I

The Board and Its Members

1. **Board Function**—The School Employees Benefits Board (hereinafter “the SEBB” or “Board”) is created pursuant to RCW 41.05.740 within the Health Care Authority; the SEBB’s function is to design and approve insurance benefit plans for school district, educational service district, and charter school employees, and to establish eligibility criteria for participation in insurance benefit plans.
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 41.05.740. A Board member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.
4. **Board Composition**—The composition of the nine-member Board shall be in accordance with RCW 41.05.740. All nine members may participate in discussions, make and second motions, and vote on motions.
5. **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 Director or his or her designee shall serve as Chair of the Board and shall conduct meetings of the Board. The Chair shall have all powers and duties conferred by law and the Board’s By-laws. If the regular Chair cannot attend a regular or special meeting, the Health Care Authority Director may designate another person to serve as temporary Chair for that meeting. A temporary Chair designated for a single meeting has all of the rights and responsibilities of the regular Chair.
2. **Vice Chair of the Board**—In December 2017, and each January beginning in 2019, the Board shall select from among its members a Vice Chair. If the Vice Chair position becomes vacant for any reason, the Board shall select a new Vice Chair for the remainder of the year. The Vice Chair shall preside at any regular or special meeting of the Board in the absence of a regular or temporary Chair.

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 shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW, but the Board may enter into an executive session as permitted by the Open Public Meetings Act.
2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings for adoption by the Board. 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 each 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 in 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 SEBB 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 the 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 temporary Chair designated by the Health Care Authority Director from voting.
8. 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.
9. 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 Newly Revised. Board staff shall ensure a copy of *Robert’s Rules* is available at all Board meetings.
10. 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.

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

1. Two-thirds majority required to amend—The SEBB 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.

TAB 3

SEBB Program Equitable Access to Health Care Workgroup

Missy Yates
Stakeholder Engagement Coordinator
Employees and Retirees Benefits Division
January 25, 2024

Memorandum of Understanding (MOU)

Review & Discuss:

- ▶ SEBB Program implementation
- ▶ Benefit eligibility data (JLARC report)
- ▶ Global issues regarding health care access

Goals:

- ▶ Gain better insight into possible health care disparities
- ▶ Confirm whether there are inconsistencies in benefit eligibility across districts
- ▶ Consider policies or other guidance that could bring greater consistency in the application of eligibility standards

SEBB Labor Coalition Workgroup

1

Discuss and understand issues leading to health inequities

2

Identify additional analysis and data needs

3

Evaluate benefit eligibility across school districts and identify possible inconsistencies

4

Consider ways to improve or increase consistency in the application of eligibility standards

Data Collection Strategy

- ▶ Protect data from public disclosure through passage of Senate Bill (SB) 5421
- ▶ Use Benefits 24/7 enrollment system to collect and store member data
- ▶ Establish a joint communications workgroup to create a member engagement strategy
- ▶ Ensure we collect meaningful data
- ▶ Track member engagement through analytics
- ▶ Adjust communications as needed

Collecting Meaningful Data

Quality

- ▶ Data connecting race/ethnicity with job type & SEBB benefit eligibility
- ▶ Data about benefit eligibility by district

Quantity

- ▶ Adequate amount of data to use for analysis
- ▶ Data from as many members as possible to truly represent all demographic variations

Data Workgroup Goals

1

Establish clearly defined data categories

2

Develop scalable data collection methodology

3

Develop comprehensive reports

4

Develop engagement strategy

5

Develop continuous improvement strategy

Communications Goals



Identify how to instill confidence for school employees to voluntarily provide the data



Identify concerns that school employees may have in providing the data we request



Identify ways to communicate how closely the labor coalition and HCA are working together in these efforts



Create key messages to relay to school employees as we begin the data collection efforts



Create communications to address the concerns identified and encourage participation

Questions?

Missy Yates, Stakeholder Engagement Coordinator
Employees and Retirees Benefits (ERB) Division

Missy.Yates@hca.wa.gov

Appendix

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE STATE OF WASHINGTON
AND
THE SCHOOL EMPLOYEES LABOR COALITION**

Equitable Access to Health Care

The Coalition and the State are both interested in ensuring equitable access to health care and consistent eligibility standards across the state in accordance with the statutes and policies determined by the Legislature and the School Employees Benefits Board.

The Coalition and the State agree to meet during 2021 and 2022 to review and discuss:

- a) The implementation of the SEBB program;
- b) Benefit eligibility data by district, including data regarding eligibility by job type that is a subject of a Joint Legislative Audit and Review Committee report (Section 1, Chapter 8, Laws of 2020) due in 2021; and
- c) Global issues around inequitable access and treatment in health care, with SEBB-specific information provided when possible.

This meeting is intended to provide a forum for the Coalition and the State to discuss and understand issues that lead to health inequities, including institutional racism in health care, and, where possible, to identify policy positions that could be jointly supported by the Coalition and the Governor before the Legislature.

The State and the Coalition will review the Joint Legislative Audit Committee report and identify any additional analysis the State can perform and share using any available underlying data from the report to evaluate the consistency of benefit eligibility across districts, including substitutes and part-time staff, and disproportionality of access to health benefits. If there are noticeable inconsistencies in health benefit eligibility across districts, the State and the School Employees' Benefit Board may consider policies and guidance that could bring greater consistency in the application of eligibility standards across the state.

This MOU is not precedent setting and does not establish a practice nor does it create a future obligation on either party other than what is contained here. Activities undertaken by the parties in fulfillment of this MOU should not be construed as modifying the scope of bargaining provided for in [RCW 41.56.500](#) or RCW [41.59.105](#).

This MOU will expire on December 31, 2022.

For the State:

For the Coalition:

/s/ 9/17/20
Diane Lutz, Lead Negotiator Date
OFM/SHR/Labor Relations

/s/ 9/17/20
Julie Salvi, Lead Negotiator Date
School Employees Labor Coalition

THE PARTIES, BY THEIR SIGNATURES BELOW, ACCEPT AND AGREE TO THE TERMS AND CONDITIONS OF THIS COLLECTIVE BARGAINING AGREEMENT.

Executed this 1st day of July 2021.

For the School Employees' Benefits Board Healthcare Coalition:

/s/
Julie Salvi, Lead Negotiator

For the State of Washington:

/s/
Jay Inslee
Governor

/s/
Diane Lutz, Lead Negotiator
OFM/SHR, Labor Relations and
Compensation Policy Section

/s/
Franklin Plaistowe, Assistant Director
OFM/State Human Resources

TAB 4

Behavioral Health Network Adequacy Discussion

Andrea L. Philhower, RN, JD
Fully Insured Team Manager
Employees & Retirees Benefits Division
January 25, 2024

Heather Schultz, MD, MHA
Associate Medical Director
Clinical Quality & Care
Transformation Division

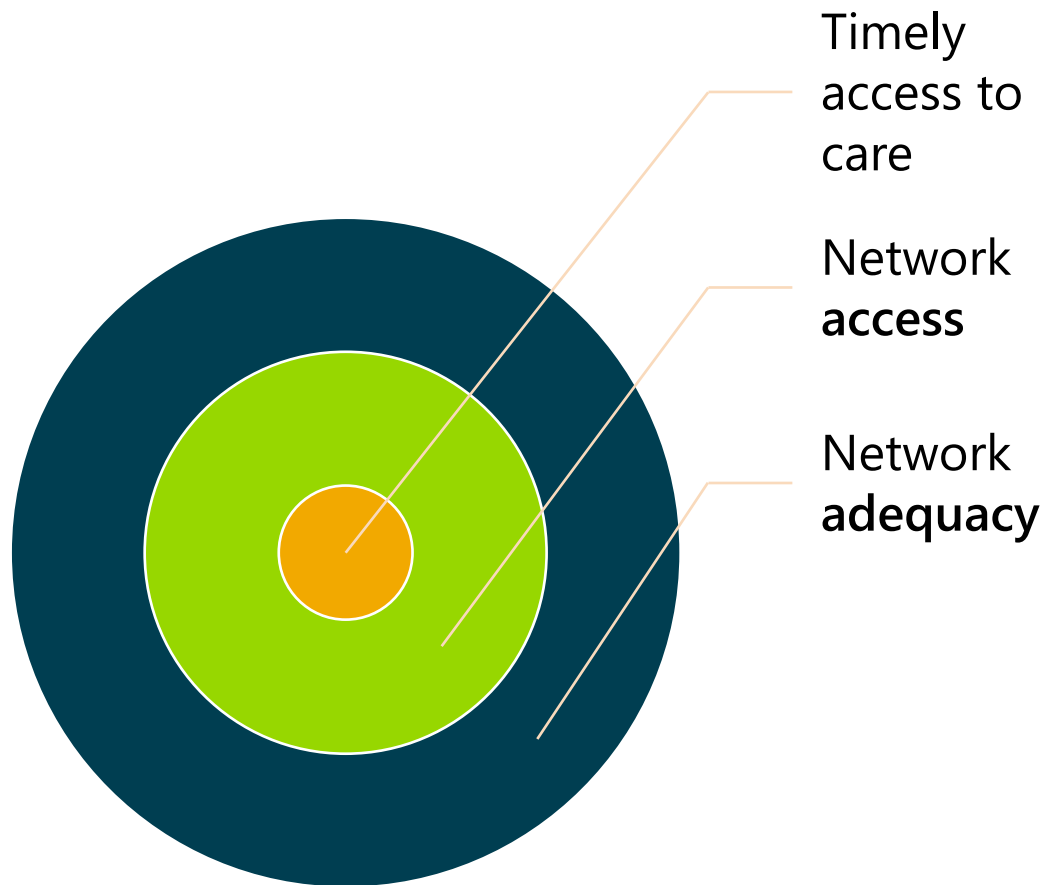
History of Network Access Standards

- ▶ Before the Affordable Care Act (ACA)
 - ▶ Loose, aspirational, vague
 - ▶ Difficult to enforce
- ▶ After the Affordable Care Act
 - ▶ Established essential health benefits, metal levels, and actuarial values
 - ▶ Plans had to figure out how to comply while controlling costs to remain profitable
 - ▶ States needed new, detailed, and enforceable network access laws and increased oversight of network practices

History of Network Access Standards

- ▶ Washington Office of the Insurance Commissioner (OIC) created Chapter 284-170 Washington Administrative Code (WAC)
- ▶ Established network access unit to analyze network service areas and provider contracts
- ▶ These requirements are not specific to behavioral health
 - ▶ Mental Health Parity and Addiction Equity Act MHPAEA (2008) was expanded by the ACA

Network Adequacy, Access, and Timely Access to Care



What's Included in Network Access

- ▶ Provider directories
- ▶ Provider attributes and services
- ▶ Service areas
- ▶ Referral processes
- ▶ Network structure
- ▶ Requirements for handling lack of in-network providers

“Adequate” Network Access

- ▶ Chapter 284-170 WAC Network Access General Standard:

“An issuer must ***maintain*** each provider network for each health plan ***in a manner that is sufficient*** in numbers and types of providers and facilities to assure that, ***to the extent feasible*** based on the number and type of providers and facilities in the service area, all health plan services provided to enrollees will be accessible ***in a timely manner appropriate for the enrollee’s condition***.

An issuer must demonstrate that for each health plan's defined service area, a comprehensive range of primary, specialty, institutional, and ancillary services are readily available ***without unreasonable delay*** to all enrollees and that emergency services are accessible 24 hours per day, seven days per week without unreasonable delay.”

When A Plan Can't Meet The Standards

- ▶ Alternate access delivery request
- ▶ Certain providers may use facilities in neighboring service areas for the following types of facilities if one is not available:
 - ▶ Tertiary hospitals
 - ▶ Pediatric community hospitals
 - ▶ Specialty or limited hospitals (e.g. burn units, rehabilitative hospitals)
 - ▶ Neonatal intensive care units
 - ▶ Facilities providing transplant services

Brennen's Law

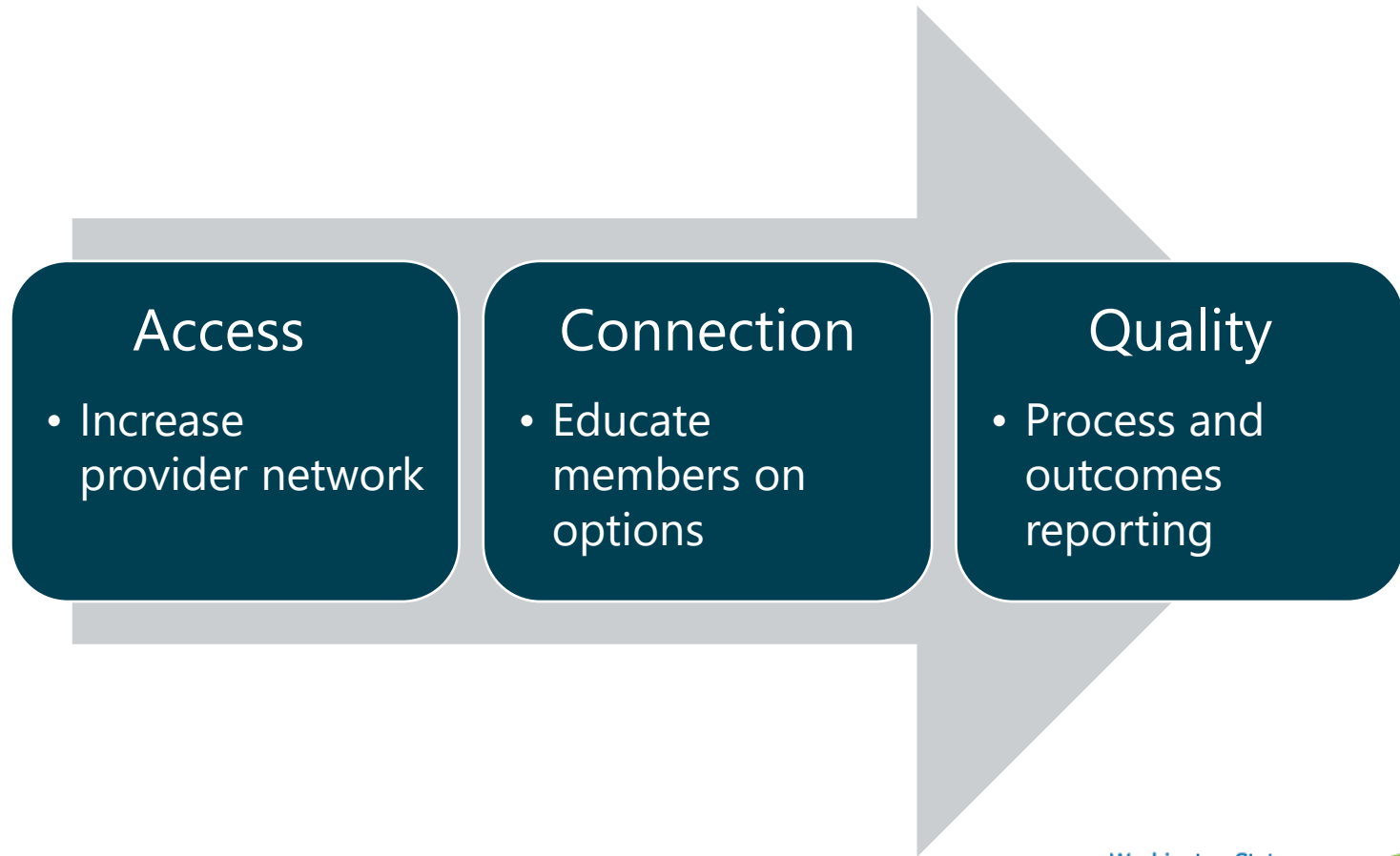
- ▶ As of 2020, requires health carriers “prominently” place the following information on their web sites in an easily understandable and obtainable format:
 - ▶ Whether behavioral health treatment is covered as primary or specialty care
 - ▶ Tools and resources to help find available providers
 - ▶ The number of business days within which the plan must ensure the member has access to covered behavioral health treatment
 - ▶ Information on what the member can do if they are unable to access covered behavioral health treatment within that timeframe
 - ▶ Resources for people experiencing a behavioral health crisis, including the national suicide prevention lifeline

SEBB Program Behavioral Health Network Adequacy Requirements

- ▶ For non-urgent covered mental health and substance use disorder treatment, an appointment must be made available:
 - ▶ Within 10 business days of request, or
 - ▶ Within 15 business days if the member needs a referral or the service is covered as specialty care
- ▶ If the member is unable to schedule an appointment within these time limits, the carrier must assist with scheduling an appointment
- ▶ WAC 284-170-200 (13)(b)(iii); WAC 284-170-300 (13)(c)(ii)

Carrier Network Access Insights

Regence (Uniform Medical Plan)



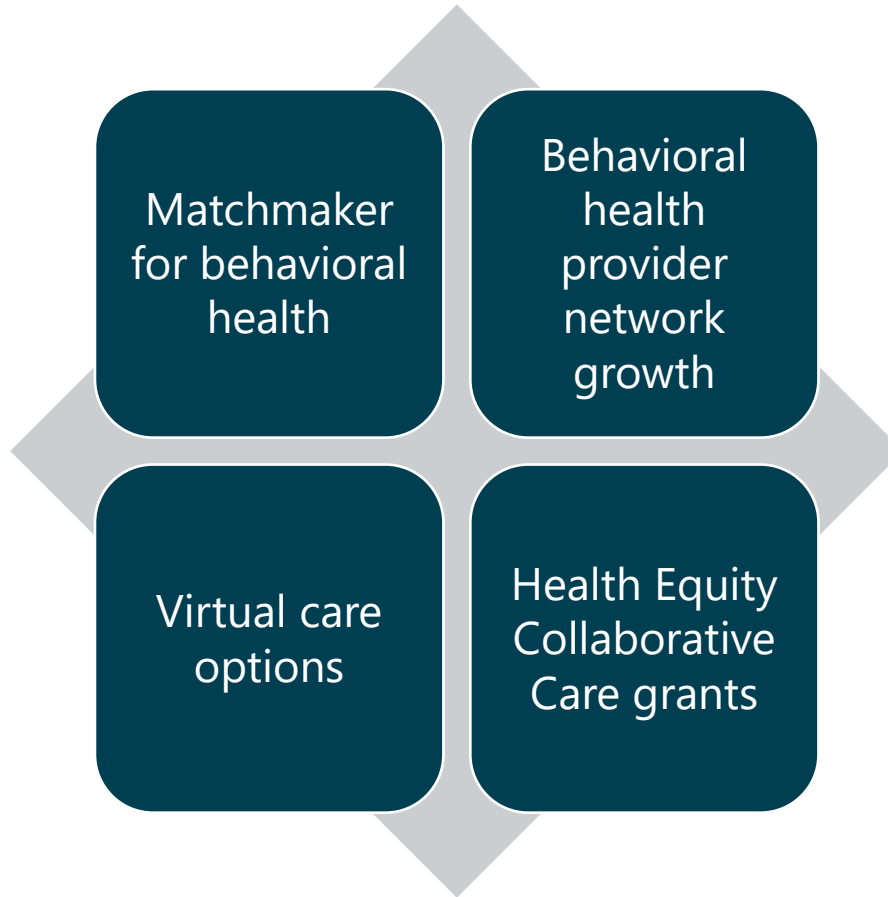
Kaiser Permanente

Virtual care
expansion

Digital mental
health tools

Collaborative
Care

Premera Blue Cross



Behavioral Health Services Communication To Members

- ▶ SEBB Program behavioral health services available by plan webpage
- ▶ School Employees Enrollment Guide for new employees
- ▶ Intercom newsletter for all SEBB Program members
- ▶ ERB news page

Questions?

Andrea L. Philhower, RN, JD, Fully Insured Team
Manager

Employees and Retirees Benefits Division

Andrea.Philhower@hca.wa.gov

Heather Schultz, MD, MHA, Associate Medical
Director

Clinical Quality and Care Transformation Division

Heather.Schultz@hca.wa.gov

TAB 5

Plan Year 2024 Open Enrollment Summary

Alisa Richards
Benefits Accounts Section Manager
Employees and Retirees Benefits
January 25, 2024

Benefits Accounts

- ▶ The two primary units involved in open enrollment activities within the Benefits Accounts section are Customer Service and Outreach and Training
- ▶ Customer Service is the first line of contact for retirees and continuation coverage enrollees
- ▶ Staff perform three primary functions:
 - ▶ Answer calls via a toll-free line (and respond to HCA Support inquiries)
 - ▶ Provide in-person lobby services for walk-in members
 - ▶ Review members' retiree or continuation coverage eligibility as they process enrollment forms

Benefits Accounts (*cont.*)

- ▶ The Outreach and Training (O&T) unit provides training and support to agencies and organizations who act as their first line of customer service for their employees
 - ▶ When these agencies or organizations need additional assistance, they reach out to O&T through a dedicated toll-free line and/or a secure message through HCA Support
 - ▶ O&T supports in-person benefits fairs

Open Enrollment Readiness

- ▶ The Customer Service and Outreach and Training units work with other HCA divisions on open enrollment activities year-round
- ▶ Some examples are:
 - ▶ Prepare enrollment system
 - ▶ Secure vendors' locations and schedules for the in-person benefits fairs
 - ▶ Continue work on the virtual benefits fairs
 - ▶ Pre-open enrollment training for benefits administrators

Communications Strategy

- ▶ Weekly notifications to all members
- ▶ Social media posts
- ▶ Forwardable email messages to benefits administrators
- ▶ Banners in PEBB My Account
- ▶ Open enrollment webpage
 - ▶ New open enrollment page for retirees
- ▶ The October newsletter provided essential information upfront
 - ▶ Front page described the steps to make enrollment changes and included prominent alerts about premium and benefit changes

Open Enrollment Highlights

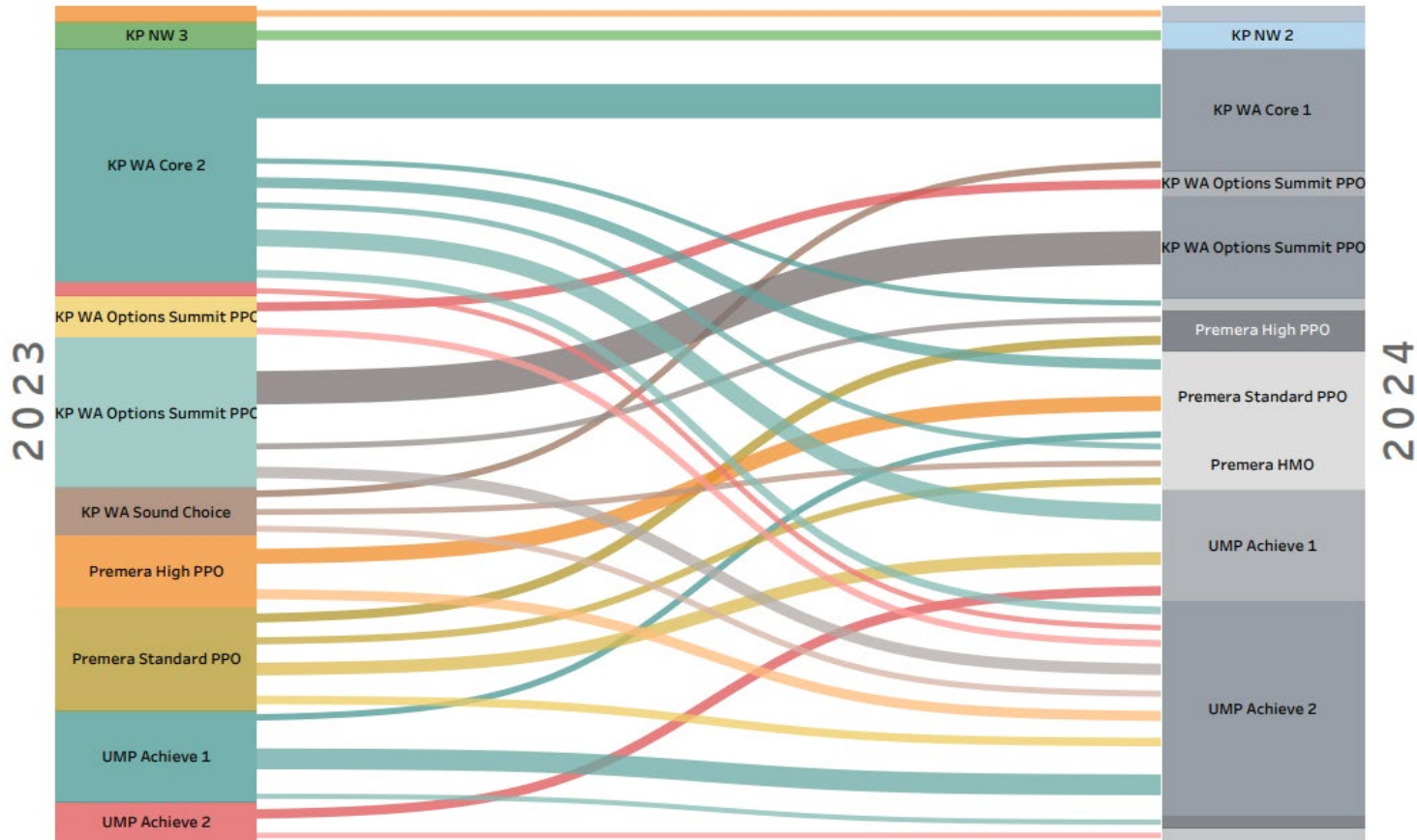
October 30 – November 22

- ▶ Open enrollment extended one day
- ▶ 10,813 visits to the virtual benefits fairs
 - ▶ Appeared to be the preferred method of employees to learn about their benefits and plan choices
- ▶ Offered 15 in-person benefits fairs around the state of Washington to SEBB Program employees
 - ▶ Hours were scheduled to accommodate school district employees' schedules
 - ▶ Minimal employees attended

SEBB Program Enrollment Net Changes 2023 to 2024

Carrier	2023	2024	Change	% Change	% of Total
Kaiser Permanente NW 1	1,731	2,376	645	37.3%	0.9%
Kaiser Permanente NW 2	3,428	3,669	241	7.0%	1.3%
Kaiser Permanente NW 3	4,379	3,037	(1,342)	-30.6%	1.1%
Kaiser Permanente WA Core 1	4,148	7,769	3,621	87.3%	2.8%
Kaiser Permanente WA Core 2	18,994	11,762	(7,232)	-38.1%	4.2%
Kaiser Permanente WA Core 3	3,957	3,351	(606)	-15.3%	1.2%
Kaiser Permanente WA Opt 1	4,951	5,446	495	10.0%	2.0%
Kaiser Permanente WA Opt 2	9,051	10,237	1,186	13.1%	3.7%
Kaiser Permanente WA Opt 3	12,031	6,661	(5,370)	-44.6%	2.4%
Kaiser Permanente WA SoundChoice	25,681	23,555	(2,126)	-8.3%	8.5%
Premera High PPO	29,032	28,473	(559)	-1.9%	10.3%
Premera HMO	1,764	3,781	2,017	114.3%	1.4%
Premera Standard PPO	36,756	37,883	1,127	3.1%	13.6%
UMP Achieve 1	38,698	42,641	3,943	10.2%	15.4%
UMP Achieve 2	50,244	57,393	7,149	14.2%	20.7%
UMP ACP - PSHVN	6,023	7,566	1,543	25.6%	2.7%
UMP ACP - UW Medicine	5,510	6,658	1,148	20.8%	2.4%
UMP High Deductible	13,985	15,425	1,440	10.3%	5.6%
Total Members	270,363	277,683	7,320	2.7%	100.0%

SEBB Program Open Enrollment Switching Flow



SEBB Program Open Enrollment Deductible Switching

Deductible Groupings

\$125/250

- KP NW 3
- KP WA Core 3
- KP WA Opt Summit 3
- KP WA SoundChoice
- UMP Achieve 2
- UMP ACP - PSHVN
- UMP ACP - UW Med

\$750

- KP NW 2
- KP WA Core 2
- KP WA Opt Summit 2
- Premera High PPO
- Premera HMO
- UMP Achieve 1

\$1250/1400

- KP NW 1
- KP WA Core 1
- KP WA Opt Summit 1
- Premera Standard PPO
- UMP High Deductable

New Plan Deductible	Old Plan Deductible			Total
	125/250	750	1250	
125/250	1,258	958	165	2,381
750	2,123	1,127	370	3,620
1250	663	2,209	273	3,145
Total	4,044	4,294	808	9,146



Questions?

Alisa Richards, Benefits Accounts Section Manager
Employees and Retirees Benefits Division

Alisa.Richards@hca.wa.gov

Appendix

2024 SEBB Employee Monthly Premiums, Deductibles, and Out-of-Pocket Limits



Effective January 1, 2024

There are no employee premiums for dental, vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, or employer-paid long-term disability insurance. These benefits are paid for by your employer. You only pay the employee share of the monthly medical premium as shown in the table below. See next page for premium surcharge information. Deductibles and out-of-pocket limits are shown to help compare plans based on other out-of-pocket costs.

Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon. UMP is administered by Regence BlueShield and Washington State Rx Services. Kaiser Foundation Health Plan of Washington Options costs shown are only for Tier 1 providers and pharmacies. Formerly Access PPO plans.

Spouse may be used interchangeably with state registered domestic partner (SRDP) throughout this document.

What you pay	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Foundation Health Plan of the Northwest			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Annual costs								
Medical deductible	\$1,250/person \$2,500/family	\$750/person \$1,500/family	\$125/person \$250/family	\$1,250/person \$3,750/family	\$750/person \$2,250/family	\$250/person \$750/family	\$125/person \$375/family	\$750/person \$1,500/family
Medical out-of-pocket limit	\$4,500/person \$9,000/family	\$4,000/person \$8,000/family	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family	\$3,000/person \$6,000/family	\$2,000/person \$4,000/family		\$3,500/person \$7,000/family
Prescription drug deductible	None			None				None
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit				Comb. with medical limit
Monthly premiums								
Subscriber only	\$67	\$105	\$196	\$48	\$98	\$149	\$115	\$20
Subscriber & spouse	\$134	\$210	\$392	\$96	\$196	\$298	\$230	\$40
Subscriber & children	\$117	\$184	\$343	\$84	\$172	\$261	\$201	\$35
Subscriber, spouse, & children	\$201	\$315	\$588	\$144	\$294	\$447	\$345	\$60

Some plans have symbols to represent additional information as described below:

† Applies to Tier 2 drugs only, except covered insulins.

▲ Out-of-pocket limit not to exceed \$7,000.

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options			Premera Blue Cross		Uniform Medical Plan			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible

Annual costs

Medical deductible	\$1,250/ person \$2,500/ family	\$750/ person \$1,500/ family	\$250/ person \$500/family	\$750/ person \$1,875/ family	\$1,250/ person \$3,125/ family	\$750/ person \$2,250/ family	\$250/ person \$750/family	\$125/ person \$375/family	\$1,600/ person \$3,200/ family
Medical out-of-pocket limit	\$4,500/ person \$9,000/ family	\$3,500/ person \$7,000/ family	\$2,500/ person \$5,000/ family	\$3,500/ person \$7,000/ family	\$5,000/ person \$10,000/ family	\$3,500/ person \$7,000/ family	\$2,000/person \$4,000/family		\$4,200 ▲/ person \$8,400 ▲/ family
Prescription drug deductible	None			\$125/ person \$312/family	\$250/ person \$750/family	\$250 †/ person \$750 †/ family	\$100 †/ person \$300 †/ family	None	Comb. with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit		\$2,000/person \$4,000/family			Comb. with medical limit

Monthly premiums

Subscriber only	\$100	\$143	\$237	\$115	\$64	\$44	\$113	\$86	\$21
Subscriber & spouse	\$200	\$286	\$474	\$230	\$128	\$88	\$226	\$172	\$42
Subscriber & children	\$175	\$250	\$415	\$201	\$112	\$77	\$198	\$151	\$37
Subscriber, spouse, & children	\$300	\$429	\$711	\$345	\$192	\$132	\$339	\$258	\$63

Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges when required. Visit Surcharges on HCA's website at hca.wa.gov/sebb-employee.

- A monthly \$25-per-account medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled in SEBB medical coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in SEBB medical coverage, and they have chosen not to enroll in another employer-based group medical plan that is comparable to PEBS's Uniform Medical Plan Classic.

TAB 6






SmartHealth Update

Kristen Stoimenoff
Washington Wellness Program Manager
Employees and Retirees Benefits Division
January 25, 2024

Transition Overview

- ▶ As of January 2, 2024, WebMD is the new SmartHealth vendor
- ▶ Key changes
 - ▶ Shift to WebMD web-based platform
 - ▶ Shift to WebMD “Wellness at Your Side” mobile app
 - ▶ New features and opportunities to qualify for the \$125 wellness incentive
- ▶ Staying the same
 - ▶ SmartHealth name
 - ▶ SmartHealth URL – www.smarthealth.hca.wa.gov
 - ▶ Incentive requirements and deadlines

Program Participation 2022-2023

	 Registration	 Assessment	 Incentive	 Participated in an Activity	 Satisfaction
2022	31,846	10,256 (32%)	5,547 (17%)	34%	4.3/5
2023*	33,022	9,558 (29%)	5,104 (15%)	30%	4.2/5

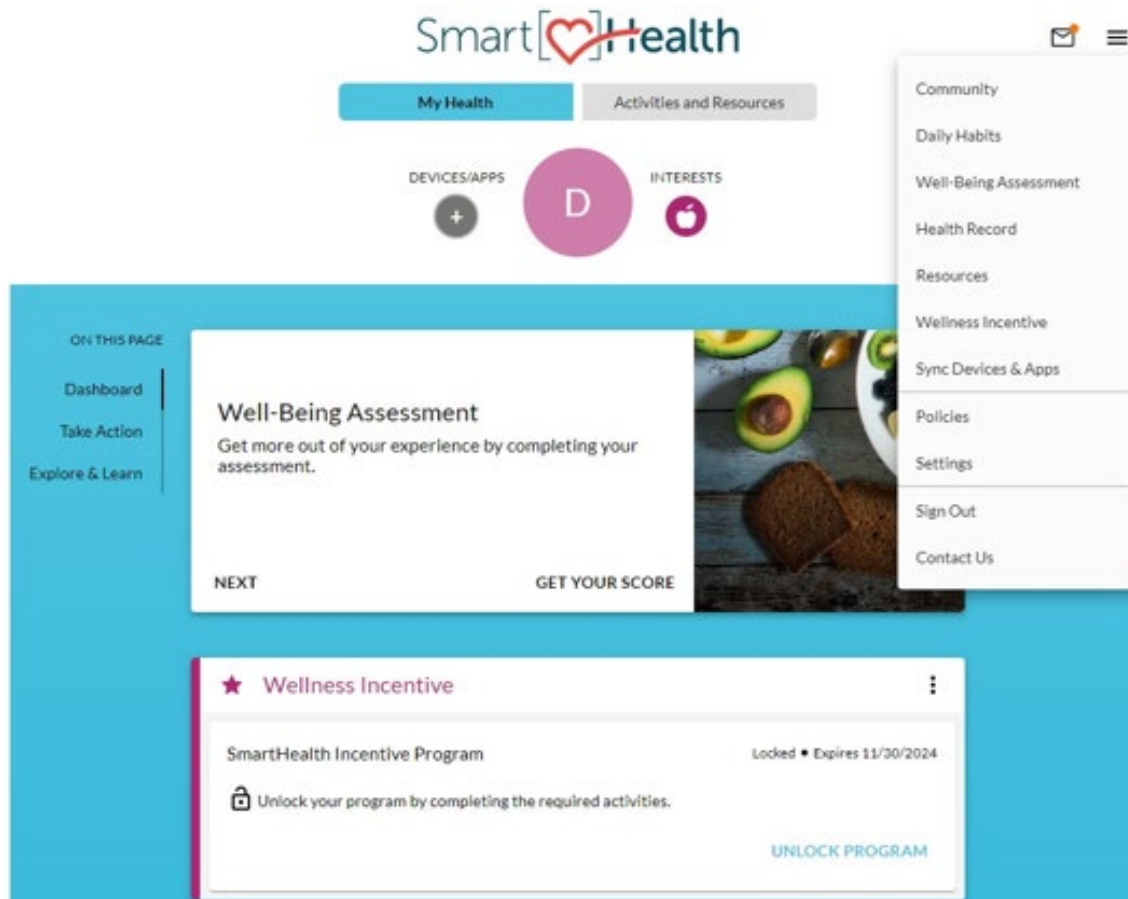
Launch Experience

- ▶ The new SmartHealth launched on January 2, 2024
- ▶ Communications
 - ▶ Email to members from the School Employees Benefits Board (SEBB) Program
 - ▶ Email from wellness coordinators & benefits administrators to employees
 - ▶ Home mailer to all eligible SEBB & PEBB Program members
- ▶ Data as of January 12
 - ▶ 1,258 SEBB Program subscribers registered
 - ▶ 879 completed WBA
 - ▶ WebMD customer support
 - ▶ 130 calls, 125 emails (SEBB & PEBB Programs)

2024 SmartHealth Program Overview



Navigating SmartHealth



Menu Bar:

- ❖ Community
- ❖ Daily Habits
- ❖ Well-being assessment
- ❖ Health Record
- ❖ Resources
- ❖ Wellness Incentive
- ❖ Resources
- ❖ Sync Devices & Apps

My Health

Activities and Resources

DEVICES/APPS



INTERESTS



ON THIS PAGE

Dashboard

Take Action

Explore & Learn

Diabetes

Take steps to prevent diabetes complications.



NEXT

PUT A PLAN IN ACTION

★ Wellness Incentive



SmartHealth Incentive Program

Expires 11/30/2024

2,150 Points

★ Earn your next Milestone in 1,850 Points



CONTINUE

Daily Habits

Today's Status

Work Life Balance

Today's Status

0

MISSED

6/6

TODAY

9

UPCOMING

+ Add A New Plan

Health Trackers



Exercise

5 hours ago

45 mins



Steps

a day ago

8,352 steps

FILTER

THINGS I'M WORKING ON



Community Group

Connect with the
Community

Check in with your
Community and see what
you've missed.



CONNECT

WorkLifeBalance

Progress Recorded!

Consistency is the key to change and today
you're on track!

VIEW PROGRESS



Great job!

You finished your assessment and you're on
the way to well-being!


VIEW RESULTS

Well-Being Assessment

Well-being assessment | Results

DOWNLOAD REPORT

Wellness Score




76
Out of 100

[Learn more about your score](#)

TAKE IT AGAIN


TOP ITEMS FOR IMPROVEMENT

Asthma




High Risk

Coronary Heart Disease



High Risk


Diabetes - Type 2



High Risk

Your score went up!


You have raised your score to 76. Your last score was 71 on 12/14/23. Prior to that, your score was 73 on 12/7/23.



Last score was 71

The average score is 70

You scored better than the average person your age.



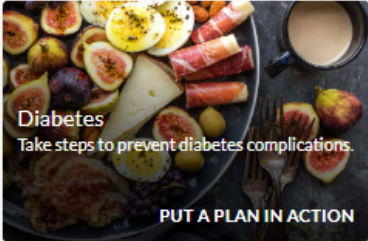
Average person

TAKE ACTION

These important well-being activities help you maintain your healthiest you

Diabetes

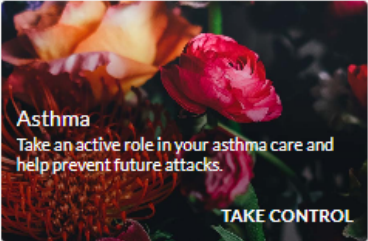
Take steps to prevent diabetes complications.



PUT A PLAN IN ACTION

Asthma

Take an active role in your asthma care and help prevent future attacks.



TAKE CONTROL

Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

9

Welcome to SmartHealth

CORE ACTIVITIES



Well-being Assessment

Complete the well-being assessment to unlock your incentive program.

800 POINTS

GO NOW



Daily Habits

Start and track to completion, one of several Daily Habit Plans.

150 POINTS

START A PLAN



Sync Your Device

Keep track of activity! Sync your device with WebMD and earn 50 Points.

50 POINTS

LET'S GO!



Join a Community Group

Join a Community Group and interact with your peers by posting comments.

25 POINTS

GO NOW



Join the Million Steps Challenge

Track 1 million steps in 2024.

200 POINTS

SEE YOUR PROGRESS



Wellness at Your Side

Download the WAYS app to access your SmartHealth account on your mobile device!

50 POINTS

DOWNLOAD NOW

BENEFIT ACTIVITIES



How do I find my \$125?
Find your Kaiser Permanente WA \$125 wellness incentive.

125 POINTS **LEARN HOW**



Learn About MetLife Advantages
Review the MetLife Advantages overview.

100 POINTS **LEARN MORE**



Get an Annual Eye Exam-MetLife Vision
To complete this, get an eye exam.

100 POINTS **FIND A PROVIDER**



Find a Vision Provider-MetLife Vision
Find a vision provider.

100 POINTS **LEARN HOW**



Protect Your Loved Ones' Future
Review your life and AD&D insurance.

150 POINTS **LEARN MORE**



Who is your life insurance beneficiary?
Review your beneficiary designations.

100 POINTS **REVIEW NOW**



Create a MySmile Account-DeltaCare
Create a MySmile account online.

100 POINTS **LEARN MORE**



Preventive Dental Visit-DeltaCare
See your dentist for preventive care.

100 POINTS **LEARN MORE**







Cancer Screenings-Kaiser Permanente WA
Learn about cancer screenings.


50 POINTS **LEARN MORE**

EARN POINTS

Complete the following by November 30, 2024.

 Overall Well-being	Earn up to 1,400 Points You've earned 800/1,400 Points	▼
Physical Well-being	Earn up to 300 Points	▼
 Social Well-being	Earn a maximum of 300 Points You've earned 75/300 Points	▼
 Kaiser Permanente WA Activities	Earn up to 1,325 Points You've earned 625/1,325 Points	▼
 MetLife Activities	Earn up to 350 Points You've earned 250/350 Points	▼

COMPLETED

 Required Activity	You completed this on 12/8/2023	 Milestone Program unlocked!
 Dental Wellness	You completed this on 12/7/2023	★ 200 Points earned
 Vision Wellness	You completed this on 12/7/2023	★ 200 Points earned

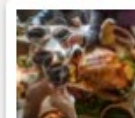
Explore

Your Personalized Content Hub

All Your Pins



Article
What Causes Obesity? More Science Points to the Brain
A new way of looking at a misunderstood disease is revolutionizing treatments and transforming lives.



Article
The W...



Article
Re...
Pr...
En...



Video
Niacin (Vitamin B3)



Video
What Is a Rotator Cuff Tear?

- Community
- Content Hub**
- Daily Habits
- Well-being assessment
- Health Record
- Resources
- Wellness Incentive
- Sync Devices & Apps
- Policies
- Settings
- Sign Out
- Contact Us

Today's Feed





Video




Filter By Topic

Interests & Conditions

 Exercise

 High Cholesterol

 Nutrition

Welcome to the Community!


Find support, offer encouragement, and work toward goals together.



Activity **My Groups** Discover


- Community
- Content Hub
- Daily Habits
- Well-being assessment
- Health Record
- Resources
- Wellness Incentive
- Sync Devices & Apps
- Policies
- Settings
- Sign Out
- Contact Us

My Groups

 Exercise

Be Active

Share your workouts and connect with others around staying active.



VISIT


 Social Wellbeing

Be Social

Connect and collaborate with others on ways to stay social.




VISIT


 Nutrition

Eat Well

Join other foodies to eat healthy and share favorite recipes.




VISIT


 From Sponsor

General

View important announcements for all Community members.




VISIT


 Weight

Healthy Weight

Collaborate with others as you move toward your weight goals.




VISIT


 Healthy Aging

Joyful Longevity

Connect with others who care about healthy aging and living a balanced life.




VISIT


 Sleep

Sleep Tight

Find support and learn what others are doing to stay rested.




VISIT

 Stress

Stress Less

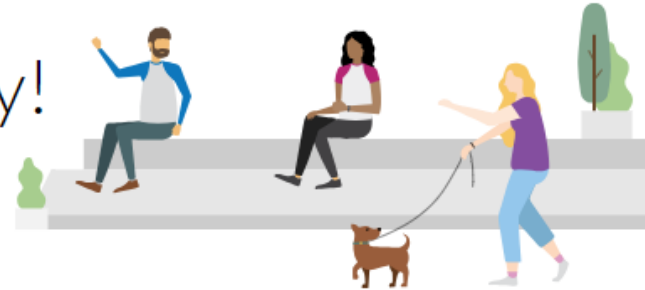
Learn from others and explore strategies to support a low-stress life.



VISIT

Welcome to the Community!



Find support, offer encouragement, and work toward goals together.



Activity

My Groups




Discover

 Ask a question, share your progress, or encourage your community! 

 Last One >  Eat Well 
Dec 12 at 5:59 pm

What is everyone's favorite type of pasta?

 LIKE  COMMENT



 Rocky Raccoon >  General 
Dec 11 at 2:41 pm

Does anyone have a running shoe recommendation?

 2 4 Comments

 LIKE  COMMENT

[Load Previous Comments](#)

 Last One 
I love my running shoes from walmart!

Like | Reply 1w

Filter Activity By:

All

Be Active

Be Social

Eat Well

General

Healthy Weight

Joyful Longevity

My Activity

Sleep Tight

Stress Less

Wellness At Your Side Application

Smart[Heart]Health

My Health Activities and Resources

Connection Center

Find your device or app and link its data to help you reach your health goals.

• BACK TO ALL APPLICATIONS

Wellness at Your Side

Let's get your phone connected

- 1 Install the FREE Wellness app from one of these stores:
- 2 Open the app and enter this Connection Code:
smarthealth

3:20

Connect to your wellness provider

Connection Code

The connection code is provided by your employer or health plan provider.

Continue

AT&T Wi-Fi 3:18 PM 50%

WebMD health services

Welcome

Sign in using company's SSO

v. 4.25.9.1349

Questions?

Kristen Stoimenoff, Washington Wellness Program Manager
Employees and Retirees Benefits Division

Kristen.Stoimenoff@hca.wa.gov

TAB 7

Benefits 24/7 Application

Amanda Neville
Senior IT Business Analyst
Enterprise Technology Services
January 25, 2024

Launch of Benefits 24/7

- ▶ Tuesday January 16, 2024
- ▶ SEBB My Account closed at 11:59pm on January 9th
- ▶ Number of users logged in since launch
- ▶ Any issues - mitigations

Improvements for SEBB Organizations

- ▶ How 1st day of school is reported
- ▶ Dual enrollment resolved in real-time with shared database
- ▶ Subscriber enrollment history visible to benefit administrators
- ▶ Continuation/retiree coverage applications initiated within Benefits 24/7
- ▶ Streamlined special open enrollments
- ▶ Visibility of wellness program participants
- ▶ Removed FSA/DCAP tile due to use of Navia's employer portal for monthly deductions
- ▶ Reduced ability to incorrectly report locally eligible for benefit administrators

What's Changing For Subscribers

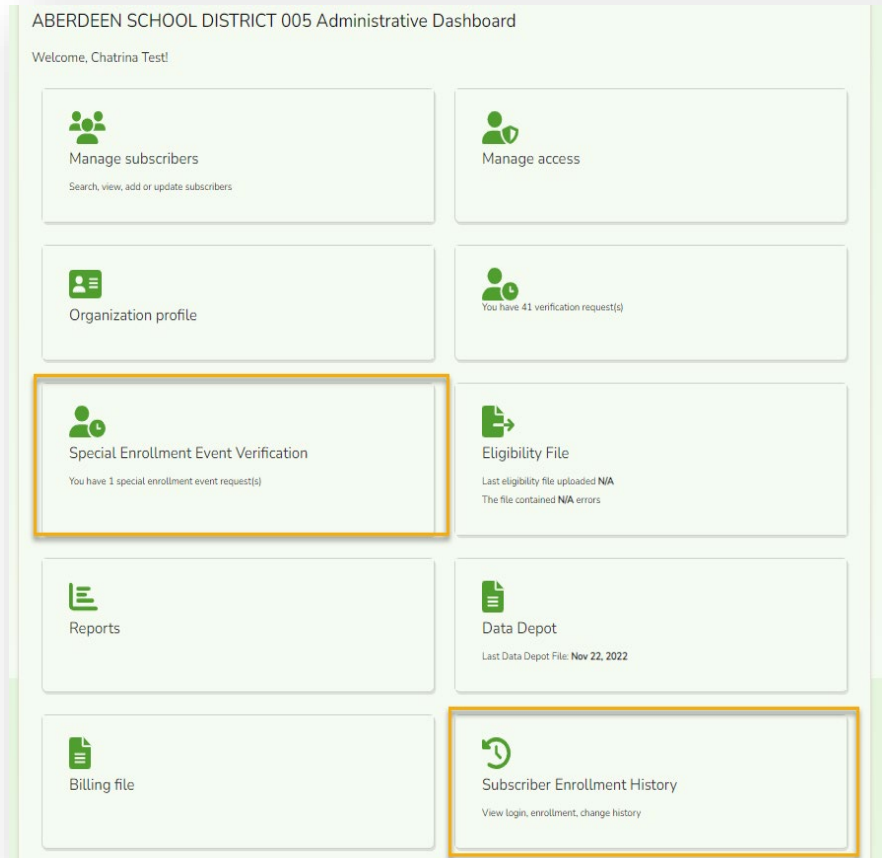
Task	PEBB My Account	SEBB My Account	Benefits 24-7
Choose health plans when newly eligible or waive	No	Yes	Yes
Defer retiree coverage	No	N/A	Yes
Submit requests for retiree coverage or continuation coverage	No	No	Yes
Enroll dependents in benefits and manage their enrollment throughout the year	No	Yes	Yes
Upload documents to prove dependent eligibility	No	Yes	Yes
Use links to visit vendor websites to enroll in supplemental benefits (Life, FSA/DCAP, etc.)	No	Yes	Yes
Make long-term disability insurance elections	No	Yes	Yes
Submit special open enrollment requests	No	Yes	Yes
Add or remove dependents during open enrollment	No	Yes	Yes
Select medical, dental, and vision (SEBB vision only) plans during open enrollment	Yes	Yes	Yes
Attest to premium surcharges	Yes	Yes	Yes
View and print your statement of insurance	Yes	Yes	Yes
Sign up to receive emails from the Program	Yes	Yes	Yes
Access application through SecureAccess WA (SAW)	No	Yes	Yes

What Stays The Same

- ▶ Access through Secure Access Washington (SAW) for both benefit administrators and subscribers
- ▶ Reports (enhancements to existing)
- ▶ Data depot for ad hoc delivery of data sets
- ▶ HCA support request channel
- ▶ Billing file format & date
- ▶ Eligibility file upload remains available
- ▶ Dependent & special open enrollment verification functions

Benefit Admin Dashboard

- ▶ Same navigation
- ▶ Subscriber enrollment history
- ▶ Special enrollment events



First Day of School

- ▶ Only displays with date of eligibility in September
- ▶ If checkbox is checked, coverage is effective same day

TUMWATER SCHOOL DISTRICT 033

Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

Search by: First Name, Last Name, Last 4 SSN, Full SSN

First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
No records available.						

« ‹ › » 0 - 0 of 0 items

Add subscriber

SSN*

Date of Eligibility*

Subscriber's first day of work is on or before the first day of school

Benefit Administrator Training Support

▶ Training provided

- ▶ Training environment available
- ▶ Benefits 24/7 user manuals
- ▶ Instructional videos
 - ▶ Overview, access, managing eligibility, enrollment, dependent verification, etc.
- ▶ Recorded webinars
 - ▶ Q&A sessions April-May 2023
- ▶ Pre-launch webinars – December 2023

▶ Upcoming training

- ▶ Post launch webinar: January 26, 2024

Communications

▶ Subscriber

- ▶ Help with Benefits 24/7 webpage – January 16th
- ▶ Quick start guides and post cards – January 23rd
- ▶ February newsletter – Benefits 24/7 article

▶ Benefit Administrators

- ▶ Project updates and reminder for upcoming training in Spring 2023 – January 2024
- ▶ Benefits 24/7 launch webinars – December 2023

Questions?

Amanda Neville, Senior IT Business Analyst
Enterprise Technology Services Division

Amanda.Neville@hca.wa.gov

TAB 8

Study on Contracting for Administration of UMP

Ryan Ramsdell
Uniform Medical Plan Team Account Manager
Employees and Retirees Benefits Division
January 25, 2024

Engrossed Substitute Senate Bill (ESSB) 5693 Background

- ▶ ESSB 5693 (2022), Section 212(7) directed the Health Care Authority (HCA) to study and report on options for transferring administrative functions for the Uniform Medical Plan (UMP) from its currently contracted third-party administrator (TPA) to HCA
- ▶ HCA must prepare a report on the Uniform Medical Plan administrative services that addressed several items including the history, current services, and resources utilization of HCA and TPA functions

Engrossed Substitute Senate Bill (ESSB) 5693 (*cont.*) Background

The report must also compare the cost of the administration of components before and after the transition to the current contracts, and include:

- ▶ Assumptions about the impacts on claims
- ▶ Description of the performance guarantees
- ▶ An implementation plan to enable the health care authority to resume self-administration for some or all of the administrative services

Uniform Medical Plan Pre-2011

- ▶ Prior to 2011, HCA administered the provider network contracting in-house
- ▶ HCA directly contracted with health service providers and hospitals within Washington state
- ▶ Other UMP administrative services were performed by the UMP TPA at that time, which was UMR, a United Healthcare company

Uniform Medical Plan 2011 to Current

- ▶ In 2011, the UMP TPA contract consolidated all UMP medical administrative services into a single contract: Regence BlueShield of Washington
- ▶ UMP TPA contract was set to expire at the end of 2019, a competitive procurement was conducted
- ▶ Regence was again awarded the UMP TPA contract for an initial term of 2020 to 2029 (with a possible 7-year extension after 2029)
- ▶ In 2020, the School Employees Benefits Board (SEBB) Program population was eligible to participate in the UMP

What Does the UMP TPA Currently Manage?

The current TPA contract for UMP consists of the following administrative services:

- ▶ Provider network contracting
- ▶ Claims administration and appeals
- ▶ Utilization complex case, chronic condition, quality management, and improvement

What Does the UMP TPA Currently Manage?

The current TPA contract for UMP consists of the following administrative services:

- ▶ Provider network contracting
- ▶ Claims administration and appeals
- ▶ Utilization, complex case, chronic condition, quality management, and improvement

What Does the UMP TPA Currently Manage? (*cont.*)

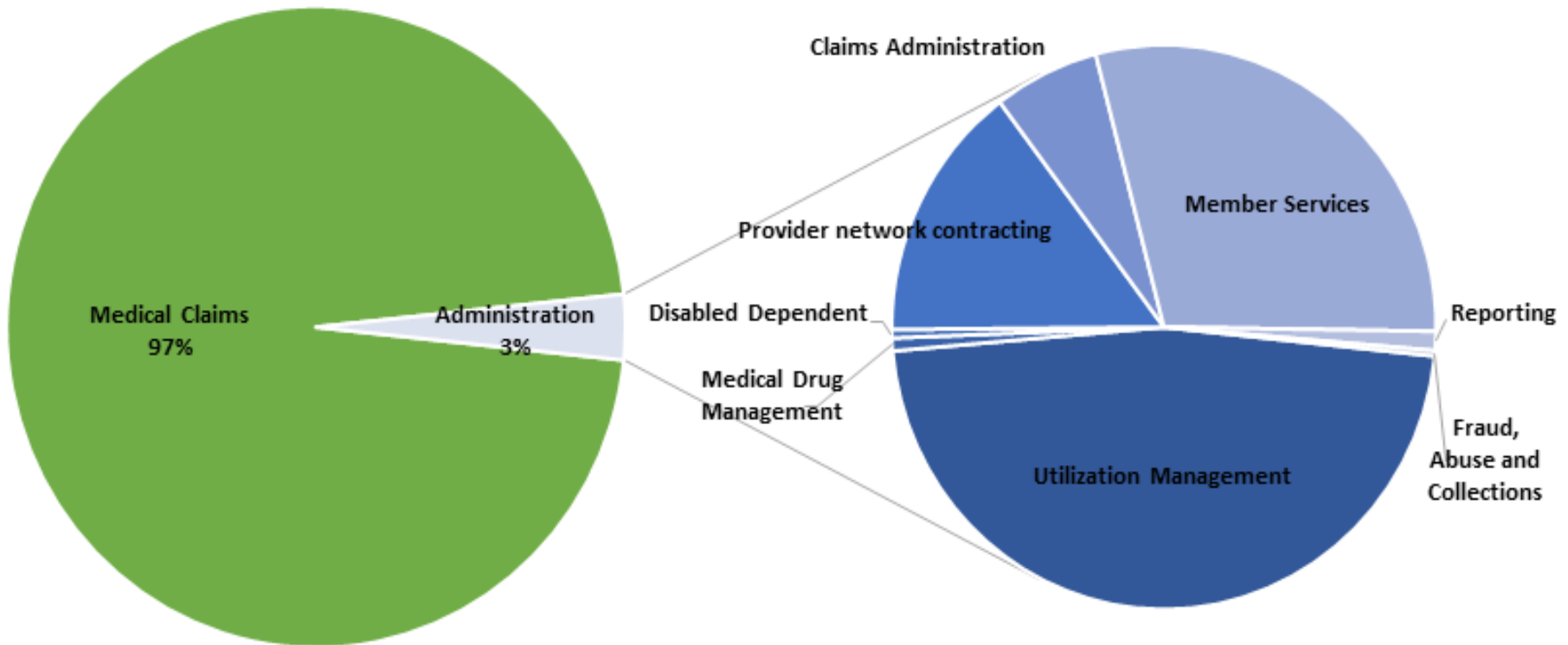
- ▶ Medical drug management
- ▶ Member services, member communications, and online services
- ▶ Fraud, waste and abuse detection
- ▶ Operations and data reporting

Scaling UMP TPA Efforts

The current TPA contract for UMP consists of the following administrative services:

- ▶ Administrative costs for UMP represent 3 percent of the total annual costs of UMP, compared to the approximately \$1.8 billion in medical claims costs each year
- ▶ The UMP TPA contract's administrative costs are paid on a per-subscriber per-month (PSPM) basis
- ▶ As of December 2023, more than half of all PEBB and SEBB Program members are enrolled in a UMP plan (387,000 out of 675,000 members)

Scaling UMP TPA Efforts (*cont.*)



Returning Provider Contracting to HCA

- ▶ HCA contracted with Mercer Health & Benefits, LLC to provide insights into current self-insurance industry practices and to analyze potential cost impacts
- ▶ Mercer concluded that, of the eight administrative services in the current UMP TPA contract, the provider network contracting and disabled dependent certifications might reasonably be administered by HCA
- ▶ The remaining administrative services would best be done by a TPA due to the high startup costs and efficiencies of scale

Returning UMP TPA Functions Considerations

- ▶ The legacy HCA provider contracts likely cannot be transferred back to HCA
- ▶ HCA would likely have to execute new provider contracts to build the UMP network
- ▶ It is estimated that HCA would require at least 58 full-time employees (FTEs) if the agency were to resume provider contracting
- ▶ New contracts may not be able to secure the same historical preferred discounts UMP experiences today, which could increase claims costs
- ▶ Significant hospital and provider network consolidation, including regional and several large national systems entering the state since 2011 impacting market competition

Returning UMP TPA Functions Considerations (*cont.*)

- ▶ The current UMP TPA contract also contains numerous performance standards and guarantees (PGs) that put more than a third of the total administrative cost at risk
- ▶ It is assumed that HCA taking direct contracting in-house would have a direct contracting disadvantage compared to a TPA due to commercial market share
- ▶ The TPA's staffing structure benefits from an economy of scale. HCA may not benefit from a comparable economy of scale, which may result in an increase in staffing costs compared to the current contract

Conclusion of Report

- ▶ HCA could assume some UMP administrative services that are currently provided by the UMP TPA contract, however the likely increase in claims costs could far exceed any potential administrative cost savings
- ▶ Maintaining the current UMP TPA contracted services and the established provider network contracting terms would continue substantial claims savings to the state and reasonable premiums for UMP members
- ▶ The marketplace of third-party administrators, has existing infrastructure that allows it to scale with emerging innovations and established partnerships that offer competitive advantages

Important Consideration

- ▶ If HCA did more direct administrative services of UMP, increased costs to the state might be offset as part of broader health policy reform that could make accepting the claims increase an acceptable trade-off
- ▶ If an overall systemic change was implemented, such as regulatory reforms around provider participation or contracting, it may be acceptable for HCA to leverage new in-house responsibilities to consider how provider contracting incentives and structure could help reinforce new purchasing concepts and payment models within the commercial market

The Report

<https://www.hca.wa.gov/about-hca/data-and-reports/legislative-reports>

Questions?

Ryan Ramsdell, Uniform Medical Plan Account Team
Manager

Employees and Retirees Benefits (ERB) Division

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Appendix

Study on Contracting for Administration of UMP

UMP Third Party Administration

Engrossed Substitute Senate Bill 5693; Section 212(7); Chapter 297; Laws of 2022

December 31, 2023

Study on Contracting for Administration of UMP

Acknowledgements

This report was supported by Mercer Health & Benefits LLC, which provided expert opinion on Third Party Administrator fees and the impacts on UMP claim projections for the report. With special thanks to Mercer Health & Benefits LLC staff: Mickelle Shults, ASA, MAAA, FCA Partner; Mary Kay O'Neill, MD, MBA; and Ernest Clayton Levister III, Principal.

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Health Care Authority



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Executive summary

Background

Engrossed Substitute Senate Bill 5693 (2022), Section 212(7) directed the Health Care Authority (HCA) to study and report on options for transferring administrative functions for the Uniform Medical Plan (UMP) from its currently contracted third-party administrator (TPA) to HCA.

...The health care authority must prepare a report on the uniform medical plan administrative services that were provided by contract prior to 2010, those that have been procured through the third-party administration contract since, what elements of those services could be provided either directly or through discrete provider contracts, and the resources the authority would need to administer these functions. The report must also compare the cost of the administration of components before and after the transition to the current contracts; include assumptions about the impacts on claims; include a description of the performance guarantees in the current contracts; and provide an implementation plan to enable the health care authority to resume self-administration for some or all of the administrative services at the end of the current contract.

As of November 2023, more than half of all PEBB and SEBB members are enrolled in a UMP Plan (385,000 out of 673,000 members).

UMP Administrative Services – Current and Pre-2011

The current TPA contract for UMP consists of the following administrative services:

- Provider network contracting
- Claims administration and appeals
- Utilization, complex case, chronic condition, and quality management and improvement
- Medical drug management
- Disabled dependents certifications
- Member services, member communications, and online services
- Fraud, waste, and abuse detection
- Operations and data reporting

Prior to 2011, HCA administered the provider network contracting in-house. HCA directly contracted with health service providers and hospitals within Washington State. Other UMP administrative services were performed by the UMP TPA at that time, which was [UMR](#)¹, a United Healthcare company.

The 2011 UMP TPA contract consolidated all UMP medical administrative services into a single contract, which was awarded to Regence BlueShield of Washington. When the 2011 UMP TPA contract was set to expire at the end of 2019, a competitive procurement was conducted, and Regence was again awarded the UMP TPA contract for an initial term of 2020 to 2029 (with a possible 7-year extension after 2029).

[View the current UMP TPA contract online](#). Out of Regence's concern over proprietary information, data

¹ <https://www.umar.com/tpa-ap-web/?navDeepDive=publicHomeDefaultContentMWienu>

pertaining to performance standards and guarantees, network requirements, and administrative costs have been redacted.

This report will not include the cost of the administrative components before the transition to the current contract because those records were beyond retention limits.

Returning UMP TPA Administrative Functions to HCA

To assess the feasibility of HCA providing some or all of the UMP TPA administrative services, HCA contracted with Mercer Health & Benefits, LLC to provide insights into current self-insurance industry practices and to analyze potential cost impacts.

Mercer concluded that, of the eight administrative services in the current UMP TPA contract, the provider network contracting, and disabled dependent certifications could reasonably be administered by HCA. Mercer concluded that the remaining administrative services would best be done by a TPA due to the high startup costs and efficiencies of scale. However, such costs might be offset as part of broader health policy reform or investments in the agency that could bring scale or efficiencies to this work.

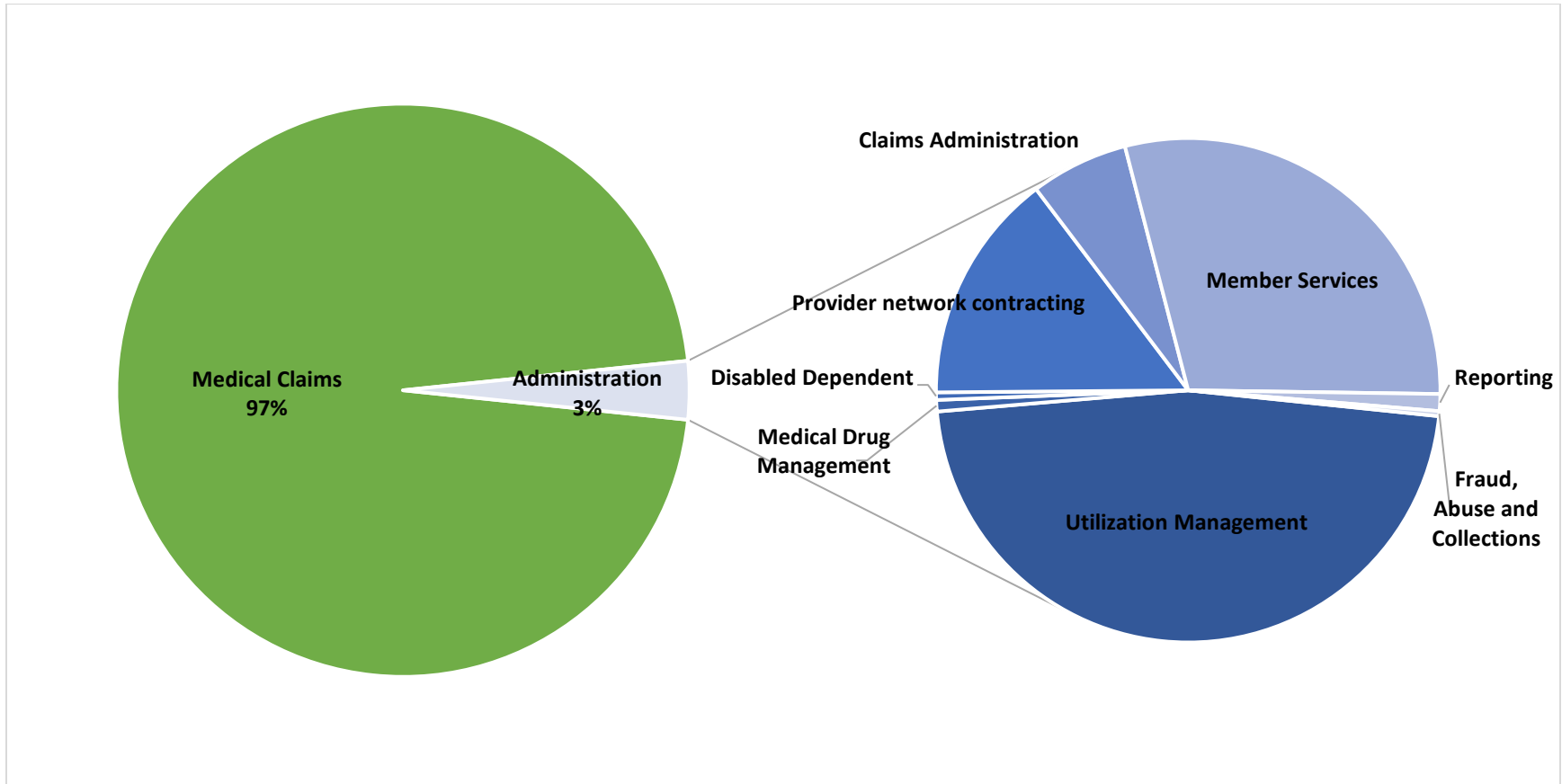
This report analyzes the option of bringing the provider network contracting back into HCA or keeping the network contracting with a third-party administrator.

Operationally, bringing the provider network contracting back in-house at HCA would require 58 additional FTEs as detailed in the [FTE contractor list document](#). (for comparison, the combined PEBB and SEBB Programs currently have a approximately 170 FTEs). Including the costs for program support staff, contracted staff, and additional implementation costs, HCA would need an additional \$39 million over the three-year implementation period to bring provider network contracting back in-house. Disabled dependent certifications represent a nominal cost that does not require separate accounting.

Administrative and Claims Costs

Administrative costs for UMP represent 3 percent of the total annual costs of UMP, compared to the approximately \$1.8 billion in medical claims costs each year. The UMP TPA contract's administrative costs are paid on a Per-Subscriber Per-Month (PSPM) basis, meaning that the UMP TPA contractor is paid a monthly amount for each subscriber (the "subscriber" is either the employee or retiree who is enrolled in a UMP medical plan and does not include dependents). As shown in the chart below, utilization management and member services are the largest portions of the administrative cost, followed by provider network contracting, and claims administration.

Medical claims vs administration costs



Mercer estimated that if the enrollment in UMP medical plans remained flat after a transition of provider network contracting to HCA, there could be an administrative cost savings of approximately \$10.6 million (again, using numbers based on the 2022 plan year) by bringing provider contracting in-house. However, the medical claims costs under HCA-negotiated provider network contract rates are unlikely to match existing medical claims costs, and may result in higher overall UMP costs.

To assess the impact of HCA administering provider network contracting in-house, Mercer modeled adjustments to network discounts to reflect reasonable outcomes of restated 2022 actual medical claims. Mercer estimated UMP would have experienced an increase of medical claims costs between \$104 million (6 percent increase) and \$267 million (15 percent increase) in 2022 if the provider contracts had been negotiated by HCA directly. As unit costs continue to rise and utilization patterns change over time, Mercer would expect overall increases to future claims costs for all populations, which was not included in the modeling.

In 2011 when HCA transferred the UMP TPA provider network services to Regence, HCA transferred its existing provider contracts to Regence to use in its provider network services for UMP. The terms of these legacy HCA provider contracts contained UMP-favorable rates with hospitals and provider groups. Due to contractual terms, state procurement rules, and other legal barriers, the legacy HCA provider contracts likely cannot be transferred back to HCA. Thus, HCA would likely have to execute new provider contracts to build the UMP network. New contracts may not be able to secure the same historical preferred discounts UMP experiences today, which could increase claims costs.

There has been significant hospital and provider network consolidation, including regional and several large national systems entering the state since 2011. With this consolidation comes larger providers who take up more of the market space and in turn less market competition.

Estimated implementation and medical claims costs

	Implementation Costs			Go-Live Costs Per Year	
	Calendar Year 1: 2027	Calendar Year 2: 2028	Calendar Year 3: 2029	Most Likely Outcome	Worst Case Outcome
Claims Costs Increase				\$ 103,988,000	\$ 267,397,000
TPA Administrative Savings - Provider Contracting	\$ -	\$ -	\$ -	\$ (10,656,000)	\$ (10,656,000)
HCA Staffing and Associated Costs	\$ 8,104,000	\$ 8,117,000	\$ 8,117,000	\$ 8,117,000	\$ 8,117,000
Other Contracted Costs	\$ 2,831,000	\$ 3,351,000	\$ 8,371,000	\$ 3,867,000	\$ 3,867,000
Net Cost Increase	\$ 10,935,000	\$ 11,468,000	\$ 16,488,000	\$ 105,316,000	\$ 268,725,000

The current UMP TPA contract also contains numerous performance standards and guarantees (PGs) that put more than a third of the total administrative cost at risk, with the specific performance guarantee tied to provider network contracting (Overall Trend Performance Guarantee) being the largest component. The provider network contracting-specific PG has not been missed since the contract was entered into. PGs are crucial elements in the UMP TPA contract in holding the TPA accountable for its services' performance.

Implementation Plan

HCA developed an implementation plan based on Mercer's recommendation transferring to HCA two administrative services that are currently done by UMP's TPA, with the rest of the services being contracted to outside organizations. The implementation would require three years, leading up to the first year after the current UMP TPA contract expires.

TAB 9

Governor's Supplemental Budget Update

Tanya Deuel
ERB Finance Manager
Financial Services Division
January 25, 2024

2024 Supplemental Budget Funded Decision Packages

Decision Package Title	FTE	Dollars
Breast Exam Screenings: Aligning UMP with SB5396 to cover diagnostic and supplemental breast exams at \$0 cost-share.	NA	\$220,000

SEBB Funding Rates

- ▶ \$1,100 Funding Rate (2023-2024 School Year)
- ▶ \$1,197 Funding Rate (2024-2025 School Year)
 - ▶ Per eligible employee per month
 - ▶ Adequate to maintain current level of benefits

Questions?

Tanya Deuel, ERB Finance Manager

Financial Services Division

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Legislative Update

Cade Walker
Policy, Rules, & Compliance Section Manager
Employees and Retirees Benefits Division
January 25, 2024

Legislative Reports

Study on Contracting for Administration of UMP

- ▶ Submitted to Legislature on December 31, 2023
- ▶ Assess the feasibility and cost implications of HCA providing some or all UMP Third Party Administration (TPA) services
- ▶ Would require new FTEs (~58) and funding (~\$39M) for implementation and on-going operations
- ▶ Estimation of a significant increase (~\$104-267M) in claims costs due to changes in provider contracts

Legislative Reports (*cont.*)

PEBB Retiree Medicare Benefits

- ▶ Submitted to Legislature on December 21, 2023
- ▶ Gather member feedback and provide analysis about PEBB retiree Medicare benefits
- ▶ HCA-PEBB retiree listening sessions held Feb – May 2023; 193 participants
- ▶ Analysis of 50 states' government plan offerings found wide variance, but none equal or "richer" than UMP Classic Medicare with lower premiums
- ▶ Retiree premium savings could come from pharmacy & medical coverage alternatives

Legislative Reports (*cont.*)

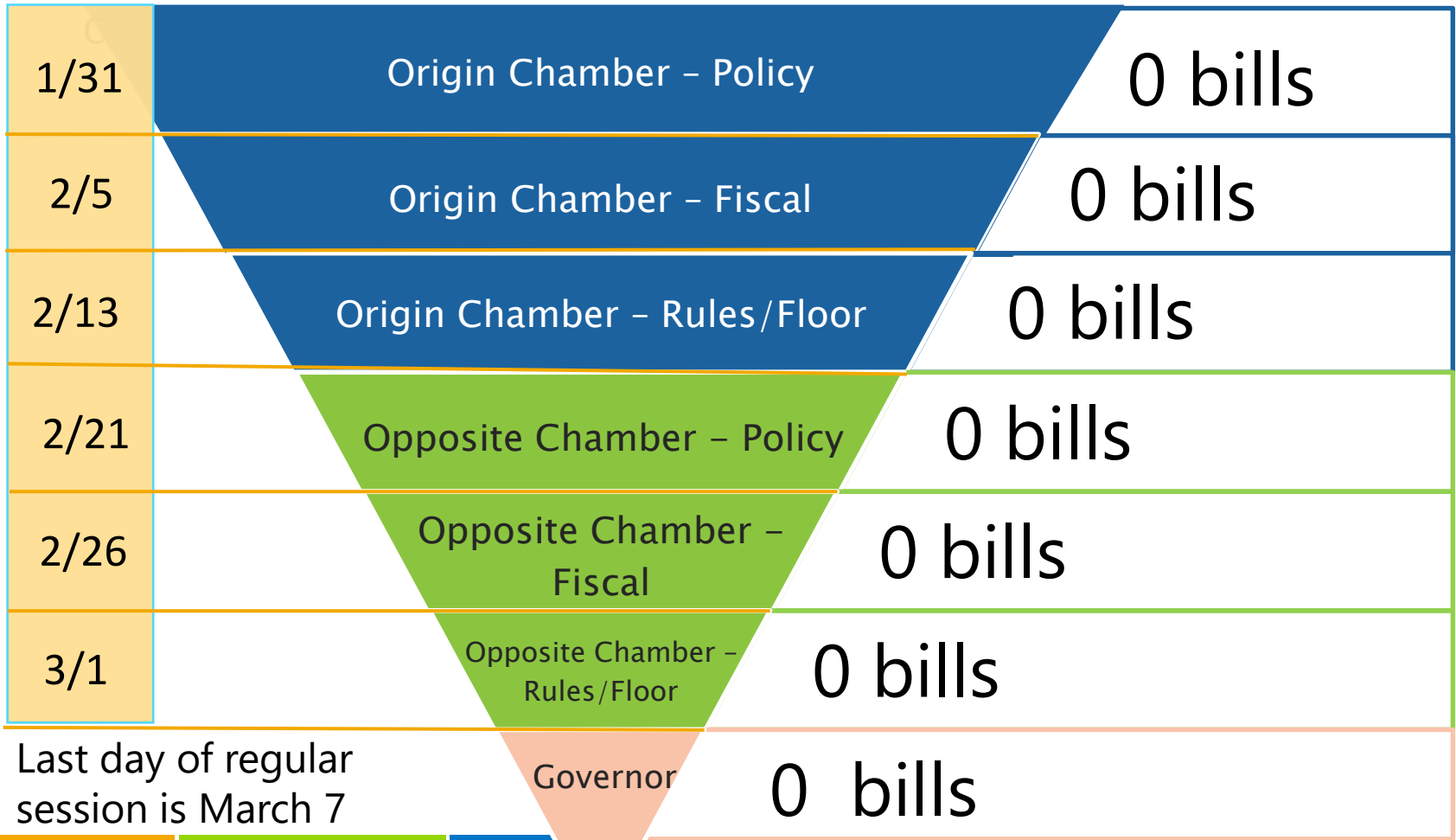
Mandated Fertility Benefits in Washington State

- ▶ Submitted to Legislature on June 30, 2023
- ▶ Analysis on the cost to implement a fertility treatment benefit based on Department of Health's December 2021 report on fertility treatment for PEBB Program/SEBB Program/Apple Health
- ▶ Included services: infertility diagnosis, assisted and non-assisted reproductive technology treatments, fertility preservation, and medication
- ▶ Estimated costs: PEBB ~ \$12.4M; SEBB ~ \$12.4M

Bills Analyses by ERB Division

	ERB Lead	ERB Support	
High Priority	5	8	13
Low Priority	9	24	33
	14	32	46
Fiscal Notes	8	16	

2024 Legislation Progress



Agency Requested Legislation

- ▶ Senate Bill 6094: Aligning statutory language concerning the retired state employee and retired or disabled school employee health insurance subsidy with the historical interpretation and implementation of the relevant subsidy language in the operating budget
 - ▶ Sponsored by Senator Robinson
 - ▶ Cleans-up differences between long-standing statutory and operating budget language related to the explicit subsidy for all PEBB Medicare plans
 - ▶ It does not limit, eliminate, add or otherwise change plan choices or plan designs, nor does it change the Board's plan offering authority for PEBB Medicare plans

2024 Legislation

▶ **PEBB/SEBB Programs**

- ▶ HB 2125: Eligibility for contingent faculty at community and technical colleges

▶ **Retirees**

- ▶ HB 2013: Paying state retirement benefits until the end of the month in which the retiree or beneficiary dies
- ▶ HB 2188/SB 6139: Changing the health insurance subsidy rate for retired state employees and retired or disabled school employees

2024 Legislation (*cont.*)

▶ **Medical Services Cost Sharing**

- ▶ HB 1957: Preserving coverage of preventive services without cost sharing
- ▶ HB 2285/SB 5986: Protecting consumers from out-of-network health care services charges

▶ **Pharmacy**

- ▶ HB 1884/SB 5814: Coverage of prescription drugs for advanced metastatic cancer
- ▶ HB 1979: Reducing the cost of inhalers and epinephrine autoinjectors
- ▶ SB 5776: Accessing an emergency supply of insulin
- ▶ SB 6127: Increasing access to HIV-postexposure prophylaxis drugs or therapies
- ▶ SB 6128: Providing prescription drug coverage for the treatment of obesity

Questions?

Cade Walker, Policy, Rules, and Compliance Section
Manager

Employee & Retiree Benefits Division

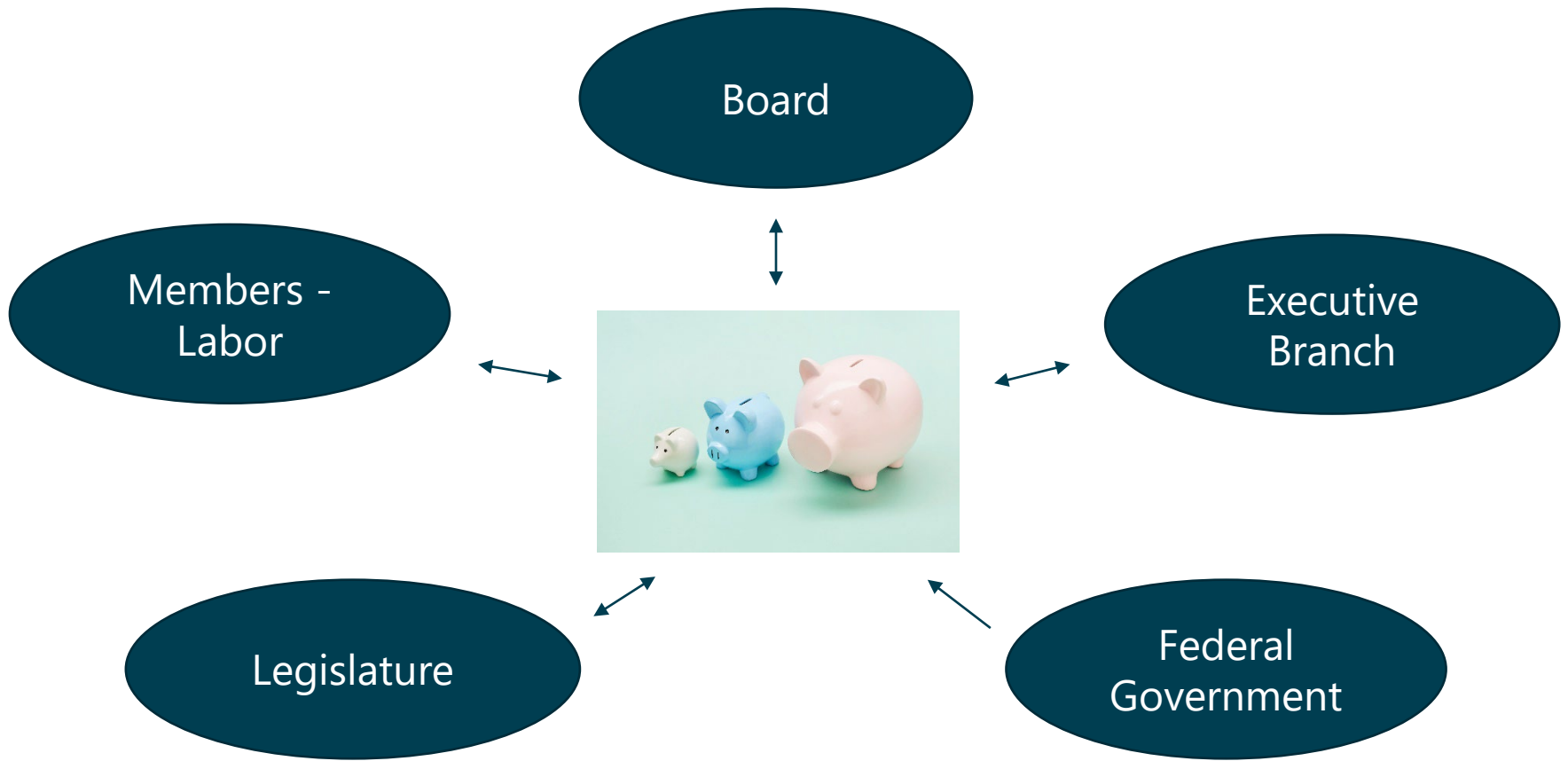
Cade.Walker@hca.wa.gov

TAB 10

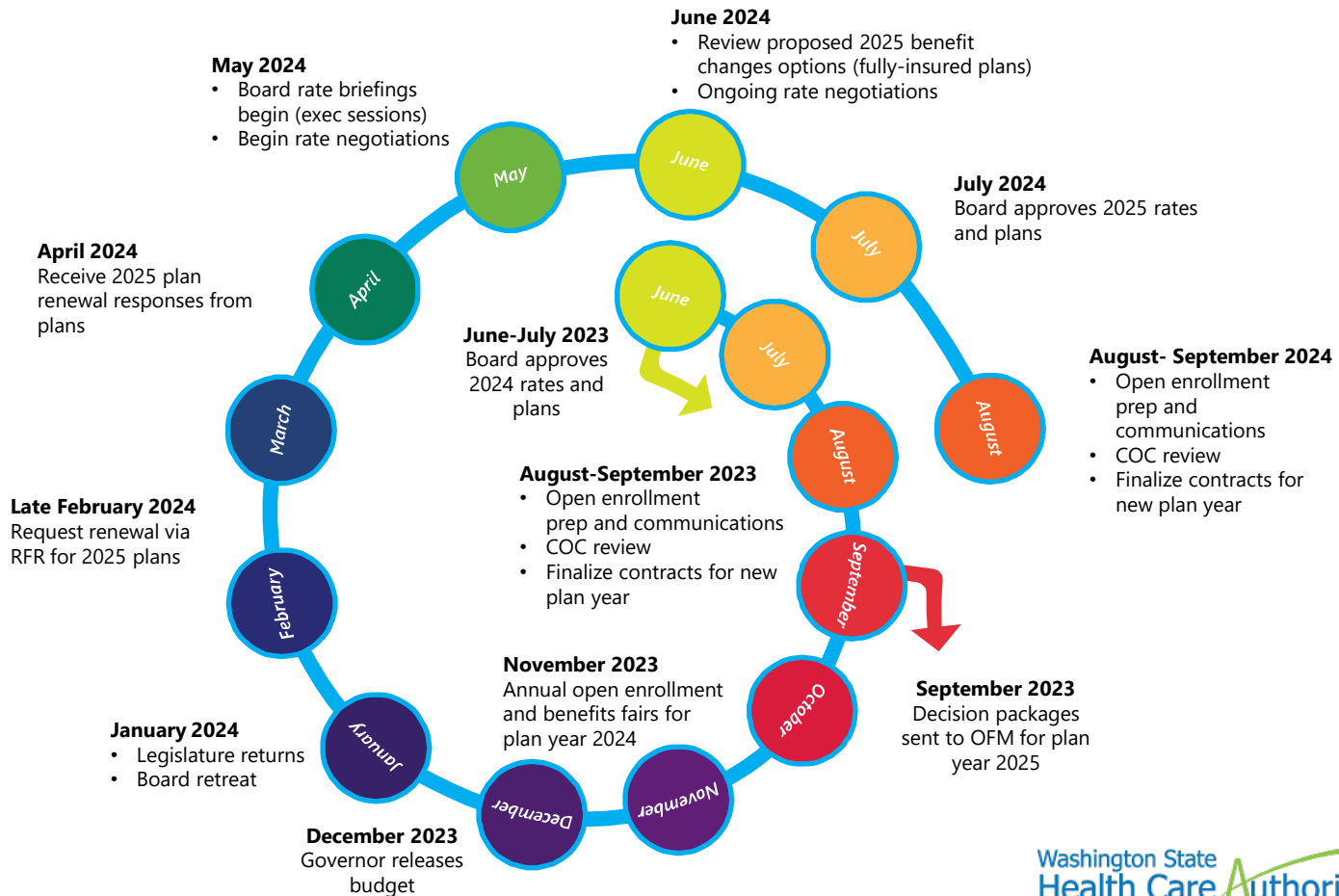
Procurement and Benefit Planning Cycles

John Partin
Benefit Strategy and Design Section Manager
Employees and Retirees Benefits Division
January 25, 2024

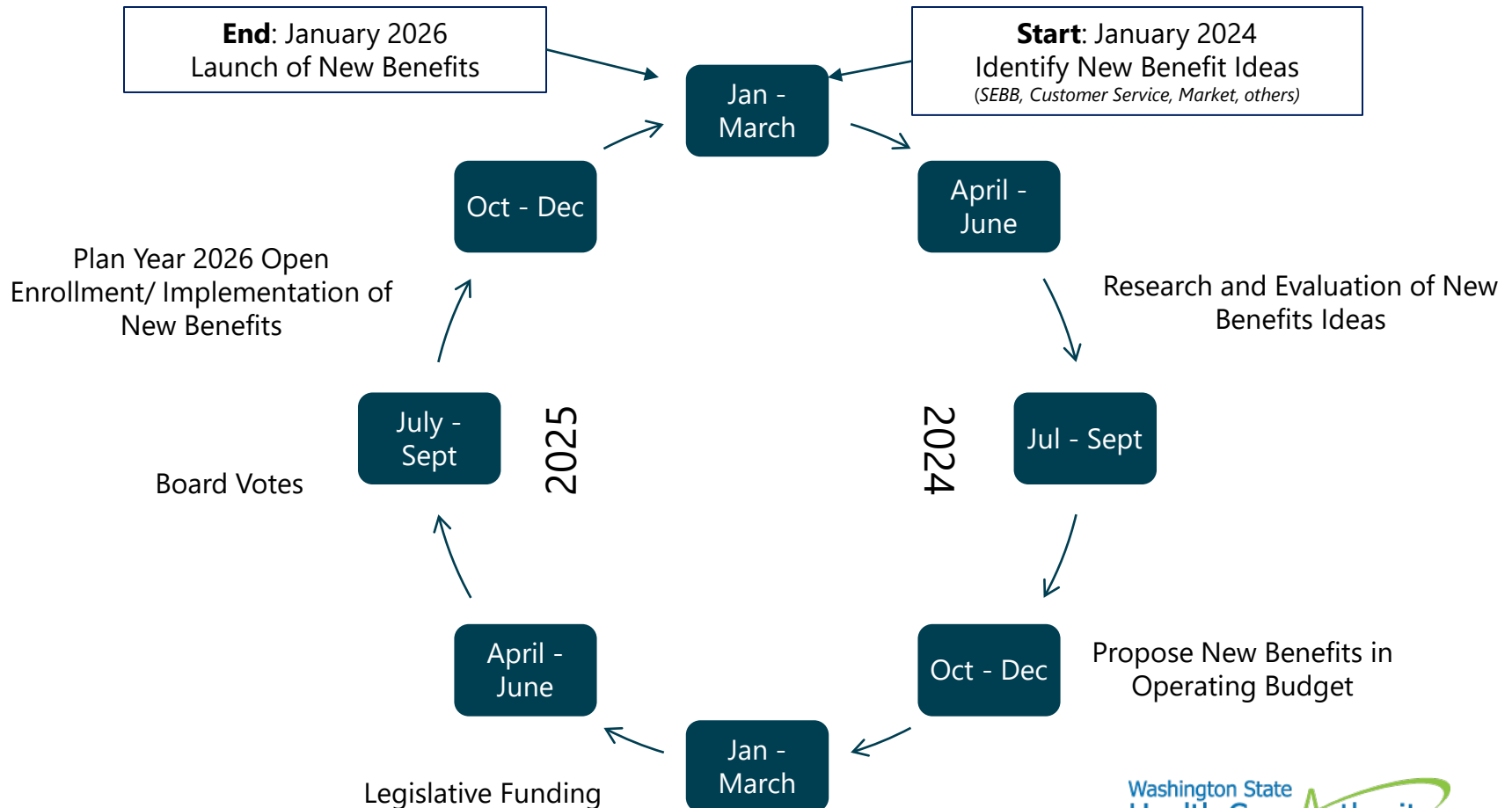
Development of Benefit Designs



SEBB Program Contracts Renewal Cycle For Benefit Year 2025



SEBB Program Benefit Planning Cycle for Benefit Year 2026



Questions?

John Partin, Section Manager
Benefit Strategy and Design
Employees and Retirees Benefits (ERB) Division
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TAB 11

Retail Pharmacy Trends

Jenny Switzer
Senior UMP Pharmacy Account Manager
Employees and Retirees Benefits Division
January 25, 2024

United States Pharmacy Types

Pharmacy Type	Key Notes
Retail Chains	Mergers & acquisitions 2010-2020 Closures & bankruptcies 2019-Current
Regional Pharmacies (e.g., mass retail, grocers)	Large grocers growing through acquisitions, smaller grocers acquired
Independent Pharmacies	Number of independent pharmacies has decreased by nearly 50% since 1980
Mail-Order & Online Pharmacies	In the past 15 years, many direct-to-consumer online pharmacies have been established

Uniform Medical Plan (UMP) Network Pharmacy Changes 2019 - 2023

Pharmacy	2019 Count	2023 Count	Difference
Rite Aid Nationwide	2,465	1,836	(629)
Walgreens Nationwide	8,353	8,633	280
Pharmacy Total Nationwide	10,818	10,469	(349)
Network Pharmacies Nationwide	52,497	52,180	(317)
Pharmacy	2019 Count	2023 Count	Difference
Walgreens WA	136	131	(5)
Rite Aid WA	137	105	(32)
Bartell WA	70	46	(24)
Network Pharmacies WA	1,141	1,136	(5)

Pharmacy Closures

- ▶ Pharmacies are closing for multiple reasons
 - ▶ Increased competition
 - ▶ Reduced drug reimbursements
 - ▶ Reduced in-person sales during COVID reduced profits
 - ▶ Regulations that require heavier administrative burdens driving up operational costs
 - ▶ Financial impacts as a result of lawsuits relating to opioid drug distribution

UMP's Response

- ▶ Ensuring a comprehensive network for members
 - ▶ 99.95% of urban members had access to a retail pharmacy within 10 miles
 - ▶ 99.87% of suburban members had access to a retail pharmacy within 10 miles
 - ▶ 99.73% of rural members had access to a retail pharmacy within 30 miles
- ▶ Fair pharmacy reimbursements in contracting
 - ▶ No transaction fees are charged to pharmacies
 - ▶ No fees are assessed to pharmacies based on performance outcomes such as medication utilization or adherence

Rite Aid Bankruptcy

- ▶ Rite Aid acquisition of Bartell Drugs in 2020
- ▶ In October 2023, Rite Aid filed for bankruptcy
- ▶ In November 2023, Rite Aid and Bartell Drug stores started closing as a results of the bankruptcy
- ▶ First store closure on November 6, 2023
- ▶ The bankruptcy process will not be finalized until March 1, 2024

Washington Store Closures

- ▶ Auburn – 1 location
 - ▶ 45 UMP SEBB utilizers
- ▶ Bellevue – 1 location
 - ▶ 37 UMP SEBB utilizers
- ▶ Everett – 1 location
 - ▶ 31 UMP SEBB utilizers
- ▶ Federal Way – 1 location
 - ▶ 80 UMP SEBB utilizers
- ▶ Issaquah – 1 location
 - ▶ 137 UMP SEBB utilizers
- ▶ Kent – 1 location
 - ▶ 61 UMP SEBB utilizers
- ▶ Kirkland – 2 locations
 - ▶ 86 UMP SEBB utilizers
- ▶ Lacey – 1 location
 - ▶ 127 UMP SEBB utilizers
- ▶ Lake Stevens – 1 location
 - ▶ 125 UMP SEBB utilizers
- ▶ Marysville – 1 location
 - ▶ 75 UMP SEBB utilizers
- ▶ Seattle – 4 locations
 - ▶ 150 UMP SEBB utilizers
- ▶ Spokane – 2 locations
 - ▶ 127 UMP SEBB utilizers
- ▶ Tacoma – 1 location
 - ▶ 54 UMP SEBB utilizers
- ▶ Tukwila – 1 location
 - ▶ 60 UMP SEBB utilizers
- ▶ Vancouver – 1 location
 - ▶ 103 UMP SEBB utilizers

Distance to Nearest Network Pharmacies

- ▶ 19 locations that closed have at least one network pharmacy within a half a mile of the closed location
 - ▶ Everett has a network pharmacy within 0.7 miles
- ▶ All locations that closed have at least two network pharmacies within one mile of the closed location
- ▶ All locations that closed have at least three network pharmacies within 2 miles of the closed location

Outreach to Members

- ▶ Letters
 - ▶ Letters have been mailed to all impacted SEBB Program members
- ▶ SmartHealth activities
 - ▶ Network pharmacy information
 - ▶ How to transfer prescriptions to a new pharmacy
- ▶ UMP website alert

Questions?

Jenny Switzer, Senior UMP Pharmacy Account Manager
Employees and Retirees Benefits Division

Jenny.Switzer@hca.wa.gov

TAB 12

Inflation Reduction Act Update

Luke Dearden
Clinical Pharmacist
Clinical Quality and Care Transformation Division
January 25, 2024

Objective

- ▶ Provide an overview of pharmacy provisions within the Inflation Reduction Act (IRA)

IRA Overview

- ▶ Signed by President Biden in August 2022
- ▶ Pharmacy provisions center around Medicare Part D
 - ▶ Restructures Medicare Part D benefit design
 - ▶ Enables the federal government to negotiate drug prices with manufacturers
 - ▶ Limits manufacturer's ability to increase drug prices at a higher rate than inflation
 - ▶ Caps insulin cost share at \$35 per month
- ▶ These provisions do not directly impact the SEBB Program population

Part D Benefit Design

- ▶ Fully effective in 2025, with smaller modification starting in 2024
- ▶ Costs are shifted away from members
 - ▶ Maximum out of pocket cost will be \$2,000 starting 2025
- ▶ Increases responsibility of the drug manufacturer in the catastrophic coverage phase
- ▶ Limits premium increases to no more than 6% from the previous year

Drug Price Negotiations

- ▶ Negotiated prices will be effective 2026
- ▶ Drugs eligible for negotiation include:
 - ▶ No generic availability
 - ▶ At least 7 years since FDA approval or 11 years for biologics
- ▶ Drugs picked for negotiation must be covered by all Part D plans

Effective Year	Number of Drugs Eligible
2026	10
2027	15
2028	15 (may include Part B drugs)
2029 +	20

Drugs Picked for 2026

Drug Name	Participating Manufacturer
Eliquis	Bristol Myers Squibb
Jardiance	Boehringer Ingelheim
Xarelto	Janssen Pharms
Januvia	Merck Sharp Dohme
Farxiga	AstraZeneca AB
Entresto	Novartis Pharms Corp
Enbrel	Immunex Corporation
Imbruvica	Pharmacyclics LLC
Stelara	Janssen Biotech, Inc.
Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill	Novo Nordisk Inc.

Source: Centers for Medicare and Medicaid Services (CMS)

Drug Price Increase Protection

- ▶ Effective 2023
- ▶ Applies to Part D drugs and some Part B drugs
- ▶ Drug manufacturers will be required to pay the federal government for price increases above the rate of inflation
- ▶ Speculation that manufacturers will inflate launch prices of new drugs as a result

Cap On Insulin Cost-Share

- ▶ Effective 2023
- ▶ Requires maximum cost share of \$35 per month for insulins for Medicare Part D members
 - ▶ Shifts cost from member to payer
- ▶ This was already in effect for SEBB Program members per WA law
 - ▶ Senate Bill 5546 (2022)
 - ▶ Senate Bill 5729 (2023)

Questions?

Luke Dearden, Clinical Pharmacist
Clinical Quality and Care Transformation Division

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TAB 13

Medicare Update

Ellen Wolfhagen
Retiree Benefits Manager
Employees and Retirees Benefits Division
January 25, 2024

Overview

- ▶ Retiree Engagement
- ▶ 2023 Feedback Activities
- ▶ K-12 Activities

General Retiree Engagement

- ▶ Preparing for retirement materials
- ▶ Retiree engagement webpage – FAQs and common myths
- ▶ Retiree newsletters (2024)
- ▶ Updated format for Retiree Enrollment Guide
- ▶ More benefits fairs – more HCA representation

2023 Feedback Activities

- ▶ Listening sessions
- ▶ Webinars
- ▶ HCAPEBBMedicare@hca.wa.gov

K-12 Activities

- ▶ WEA webinar
 - ▶ Over 200 people
- ▶ WSSRA webinar
 - ▶ Over 100 people
- ▶ Benefits fairs
 - ▶ Preparing folks for retirement
 - ▶ Highlighting differences between SEBB and PEBB Program coverage

2023-2025 Operating Budget Language

Engrossed Substitute Senate Bill 5187 (2023)

Requires the Health Care Authority (HCA) to ***gather member feedback*** about Public Employee Benefits Board (PEBB) retiree Medicare benefits and provide a final report to the legislature with the intent to inform future health care plan selections.

By December 1, 2023, the authority must report to the legislature with its findings, including ***an analysis of government self-insured plans with benefits that are equal to or richer, and with more affordable premiums, than Uniform Medical Plan Classic Medicare.*** (Sec. 212(6))

Legislative Report

- ▶ Report on listening sessions
 - ▶ 24 sessions February through May 2023
 - ▶ 3 public forums
 - ▶ Total attendance 225 participants
- ▶ Analysis of 50 states and what they offer for public employee retirees
- ▶ Potential impacts of various options to reduce UMP Classic Medicare premiums
- ▶ Full report available [here](https://www.hca.wa.gov/assets/program/pebb-retiree-medicare-benefits-2023.pdf)*

*<https://www.hca.wa.gov/assets/program/pebb-retiree-medicare-benefits-2023.pdf>

Questions?

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