



September 2016

For Your Benefit

Public Employees Benefits Board (PEBB) Program

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New life insurance carrier coming in 2017: MetLife

As part of the PEBB Program’s commitment to provide competitive benefits to our members, we will contract with MetLife as our new life insurance carrier in 2017. The new coverage will start January 1, 2017.

During this year’s open enrollment, November 1–30, 2016, **you will have a special one-time opportunity to enroll in or increase your supplemental life insurance** without answering any questions about your health and/or having a medical exam. **(Exception:** The opportunity to enroll in life insurance doesn’t apply to COBRA subscribers, or retirees not currently enrolled in PEBB retiree term life insurance.)

Some of the benefit changes for 2017 will include:

- Employer-paid basic life insurance for employees will increase from \$25,000 to \$35,000. This benefit is provided at no cost to you.
- Employees will be able to elect up to \$500,000 of supplemental life insurance without answering health questions and/or having a medical exam, and up to \$1,000,000 with health questions and/or a health exam. There is no benefit limit due to an employee’s age.
- Employees will be able to elect up to \$100,000 in spouse/registered domestic partner life insurance without answering health questions and/or having a medical exam, or up to \$500,000 with health questions and/or a health exam. Spouse/registered domestic partner life insurance amounts cannot exceed 50 percent of the employee’s supplemental life insurance

amounts, and there is no benefit limit due to the spouse’s or domestic partner’s age.

- Retirees who currently have PEBB life insurance will be able to elect \$5,000 without answering health questions and/or having a medical exam, up to \$20,000 (in \$5,000 increments) with health questions and/or a health exam. There will be no benefit reduction based on the retiree’s age.
- Eligible individuals retiring on or after January 1, 2017 will be able to elect up to \$20,000 (in \$5,000 increments) without answering health questions and/or having a medical exam.

More information will be coming in the next *For Your Benefit* newsletter and on the PEBB Program’s website, both in mid-October. You can also learn more about the new life insurance benefit on the SmartHealth website (www.smarthealth.hca.wa.gov) and earn points to qualify for the SmartHealth wellness incentive.

While MetLife will provide a dedicated website and customer service for PEBB members to discuss their life insurance starting in November, the open enrollment event will only be available November 1-30, 2016.

If you work for a PEBB-participating employer group (state civil service, county, municipality, political subdivision, tribal government, school district, educational service district, or charter school), contact your personnel, payroll, or benefits office to see if life insurance is part of your PEBB benefits package.

Washington State Health Care Authority
Public Employees Benefits Board

1-800-200-1004
360-725-0440

www.hca.wa.gov/public-employee-benefits

How does “paying for value” benefit me?

You may hear the terms “paying for value” and “value-based purchasing” used about health care. But what do these terms actually mean?

Simply put, value-based purchasing (also called “paying for value”) gives you better quality care at a lower price. The Health Care Authority (HCA) uses this innovative model to reward medical plan providers for high-quality care, rather than the number of services performed.

In paying for value, providers:

- **Commit to following best practices for treating patients.** “Best practices” means strategies and treatments proven to have the greatest impact on the patient’s medical condition.
- **Pledge to coordinate care with other providers in your plan’s network.** This means your providers communicate with each other about your health and treatments, including test results and medications. This is especially helpful for those with chronic or complex conditions who may see several providers.
- **Are expected to meet certain measures about the quality of care they provide.**

UMP Plus, Group Health, and Kaiser Permanente are considered value-based plans.

So how does this work in the real world?

Suppose you have a chronic medical condition such as depression or hypertension. Here’s how your treatment works under a plan that doesn’t coordinate care, versus a plan that participates in value-based purchasing:

How it works with no coordination of care:	How it works under value-based purchasing:
<ul style="list-style-type: none"> • You bring up your health concerns to your primary care provider. 	<ul style="list-style-type: none"> • You bring up your health concerns to your primary care provider.
<ul style="list-style-type: none"> • Your primary care provider refers you to a specialist. 	<ul style="list-style-type: none"> • Your primary care provider refers you to a specialist.
<ul style="list-style-type: none"> • Your specialist and primary care provider may not communicate about your treatment. One may not know all the medications you’re taking, and the other may not follow up with you to see how you’re doing. 	<ul style="list-style-type: none"> • Your primary care provider and specialist work together to ensure they are on the same page about your care. • Your primary care provider’s office will talk with you about how you are doing, including how your medications are working for you.
<p>Results: One provider may order tests; but when you visit the other provider, they don’t have your test results. You have to coordinate with both providers to get the test results where they need to go.</p> <p>This could delay your care. Or, the second provider may just order the same test again, which you pay for.</p> <p>You are billed for every visit, every test, and every treatment—even those not proven effective.</p>	<p>Results: Both providers have access to all tests ordered. They follow best practices on the most current medical science, so you know you’re receiving the right amount of care.</p> <p>Your care isn’t delayed, you don’t need to do anything, and you don’t pay for unnecessary duplicate tests.</p> <p>If a test or procedure doesn’t make sense for your condition, you won’t receive it. And if a test or procedure is necessary, your provider will recommend it to you.</p>

Examples of value-based purchasing:



Group Health will offer free virtual care visits in 2017

Starting in 2017, Group Health will combine its best practices for providing high-quality care with the convenience of a computer, smartphone, or tablet.

Members will be able to “see” a provider through CareNow, Group Health’s new virtual care office visits. Through CareNow, members can log in and create an account, then complete a short online interview. Group Health’s care team will review the member’s information, and deliver a treatment plan to the member generally within one hour (between 9 a.m. – 7 p.m., seven days per week).

A fast diagnosis is the quickest way to a speedy recovery. And it’s a great way to avoid taking time off for doctor visits, traffic, and long lines when you don’t feel well. CareNow is another way Group Health is delivering value-based care, enabling members to receive a diagnosis and treatment conveniently and quickly.

(continued on page 7)



THE SAVVY HEALTH CARE SHOPPER




Getting high-value health care

We should all be savvy shoppers when it comes to our health. You have the right to request high-value care at every step. Visit the Community Checkup at www.wacommunitycheckup.org to learn more.

“I want to make sure I’m getting the right care for me, when I need it.”

“I want to feel respected, listened to and understand the care I’m getting.”

“I don’t want to pay more than I have to for health care.”

	QUALITY 	PATIENT EXPERIENCE 	COST 
DURING OPEN ENROLLMENT	Compare the quality of medical groups and hospitals in your network at www.wacommunitycheckup.org	Compare patient experience at clinics and medical groups in your network at www.wacommunitycheckup.org/your-voice-matters	Make sure all of your doctors, medical groups and hospitals are in your health plan’s network.
BEFORE A VISIT	Come prepared with a list of issues and questions that are important to you.	Consider what you think is important for this visit.	Visit your primary care provider or urgent care clinic instead of the emergency room whenever possible.
DURING A VISIT	Make sure you understand your diagnosis and any recommended treatments.	Ask questions and take notes.	Ask about cost and alternatives for any recommended test, procedures or medications.
AFTER A VISIT	Stay on top of your health by following your doctor’s advice and taking prescribed medications.	If your expectations aren’t being met, talk with your doctor about your concerns or think about finding a new doctor.	Make sure your providers and hospitals are in-network for any recommended follow-up procedures.

Healthier Washington is a multi-agency, federally funded effort to improve health care and lower costs. The Washington Health Alliance brings together those who give, get and pay for health care to promote and improve quality and value by reducing the price, overuse and underuse of health care services.

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The right care for you— seven questions to ask

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

Every day in the U.S., an estimated one out of three patients receives tests, operations, drugs, or procedures that they don't need. Some result in serious harm, not to mention extra costs.

There are some important issues you should consider before, during, and after each health care provider visit so that you get the care that is just right for you. We encourage you to prepare for your visit by developing a list of questions to discuss with your provider. If you are uncomfortable asking your provider these questions, consider taking a friend or family member to the visit with you. Use the questions during your visit, and add notes to them after the visit.

Some key points to think about:

- You need trustworthy information to make good decisions.
- The seven questions below will help you get good information.
- Becoming an active health care partner with your provider will result in better care—the goal of which is obtaining the care that is right for you, personally.

The seven general questions patients want answered

The questions you need answered depend upon whether you are making a decision about some kind of medical test, a treatment, or some combination of these. Some questions may be more important to you than others, depending upon your circumstances. There are other questions you might have—such as your health care provider's background or experience doing a procedure, for example. These seven questions form a framework for how you can work with your provider to get the information you need to make good health care decisions.

- 1. What do I have or what might I get?**
- 2. Why do I have it or how did I get it? Or how might I get it?**
- 3. What might it do to me?**
- 4. What is known and unknown about what might happen to me? How certain are the outcomes?**
- 5. What choices do I have?** You need details such as:
 - How will each choice affect me (for example, what are the benefits and risks)?
 - What do we know about the quality of the evidence for each choice, including the choice of doing nothing?
 - What are the costs and other impacts?
- 6. What would you, as my health care provider, advise? And why?**
- 7. What details do I need to know to get it done?**

Important research has shown that many of these key questions are often not adequately addressed by health care providers unless they have received special communications training. So you want to be prepared by using this list. It is a good idea to make two copies of the questions and hand one copy to your provider. The reason for two copies is that you will want to ensure you have a copy for yourself to track your questions and take notes.

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





More success with SmartHealth

In our June issue we shared the first in our series of SmartHealth success stories, which are featured on the SmartHealth website at www.smarthealth.hca.wa.gov.

Our next success story comes to us from Chuck Hudgins of Washington Correctional Industries.

Chuck suffered a stroke in 2007 that he describes as a health wake-up call. But, life was busy, so Chuck's health needs got put on the back burner.

At the beginning of this year, with the help of his wife, Chuck decided to make a change. "I wanted to go on walks with my wife and keep up with her!" Hudgins said. "I also wanted to be right there with my two very active grandkids that are five and six."

He started by setting specific weight-loss goals and making some important lifestyle changes. "I joined a 12-week fitness challenge through SmartHealth with a group of coworkers. I am now routinely active, eating more fresh veggies, and losing weight. I have 30 more pounds to go to reach my weight-loss goal," Chuck said.

Read the full story of how SmartHealth helped Chuck get healthy again at www.smarthealth.hca.wa.gov.

You have until September 30, 2016, to qualify for a \$125 wellness incentive in 2017



You still have time to log in to SmartHealth and earn your 2,000 points to qualify for the incentive. There are a variety of activities to choose from to fit your lifestyle and wellness goals. Go to www.smarthealth.hca.wa.gov and try something new!

You can access SmartHealth on the go from your tablet or smartphone, too, and earn 100 points by selecting the *Go Mobile* activity.

Here's how to go mobile with SmartHealth and earn 100 points:

iPhone users	Android/Non-iPhone users
<p>Follow these steps to download the iPhone app:</p> <ul style="list-style-type: none"> • Open the app store on your iPhone and search for "Limeade." • Download and open the Limeade app. • Enter this code: SmartHealth • Login with your sign-in name (or email address) and password. • Use the app to join the <i>Go Mobile</i> activity and click "I did this" to earn 100 points 	<p>Follow these steps to add a shortcut to SmartHealth directly on your home screen:</p> <ul style="list-style-type: none"> • Open a web browser on your phone. • Go to www.smarthealth.hca.wa.gov. • Login with your sign-in name (or email address) and password. • Add a shortcut directly to your home screen. • Use your SmartHealth home screen shortcut to join the <i>Go Mobile</i> activity and click "I did this" to earn 100 points.

No change to your tobacco use premium surcharge because of FDA ruling on e-cigarettes

You may have heard that the federal Food and Drug Administration (FDA) will begin regulating e-cigarettes similar to the way it currently regulates tobacco products.

The new FDA regulation does not impact the PEBB Program's tobacco use premium surcharge attestation. The PEBB Board chose to continue exempting e-cigarettes from the surcharge.

This means you **do not** need to reattest to the tobacco use premium surcharge if you only use e-cigarettes. You **do not** have to pay the \$25 monthly tobacco surcharge if you only use e-cigarettes.

As a reminder, during open enrollment, you **do not** need to reattest to the tobacco use premium surcharge. Instead, you must reattest to the tobacco use premium surcharge at any point in the year if you or a family member enrolled on your medical account starts or stops using tobacco products.

For more information on the tobacco use premium surcharge, visit the PEBB website at www.hca.wa.gov/public-employee-benefits or contact the resources below:

- Employees: Contact your personnel, payroll, or benefits office directly.
- COBRA, Leave Without Pay, and non-Medicare retirees: Contact PEBB Benefits Services at 1-800-200-1004 (TTY 711).

Keep your contact information up to date

Make sure you get important open enrollment and plan information: It is your responsibility to keep your contact information current.

Email: If you have signed up for the PEBB Program's email subscription service, log in to *My Account* at www.hca.wa.gov/public-employee-benefits and make sure your email address is correct.

Mailing address:

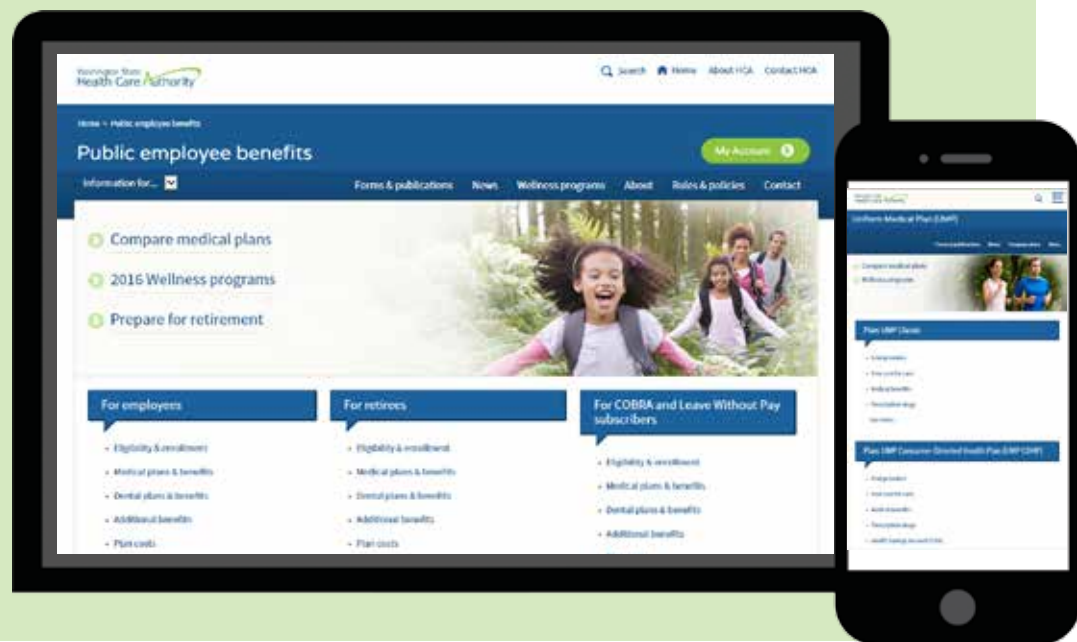
- Employees: Report mailing address changes to your personnel, payroll, or benefits office.
- Retirees, COBRA, or Leave Without Pay members: Report mailing address changes to PEBB Benefits Services at 1-800-200-1004 (360-725-0440 in the Olympia area).



Check out the HCA's new website

The Health Care Authority (HCA) recently launched a fully redesigned website including changes to the PEBB Program's and Uniform Medical Plan's (UMP) web pages. The new website improves the experience users will have when visiting www.hca.wa.gov by helping you find the information you need.

Go online and take a look around to familiarize yourself with the new PEBB Program (www.hca.wa.gov/public-employee-benefits) and UMP (www.hca.wa.gov/ump) web pages before open enrollment begins on November 1.



How does “paying for value” benefit me? (continued from page 2)

Examples of value-based purchasing (cont.)

In 2017, virtual visits will be covered at no cost to Group Health members. (**Exception:** Group Health members enrolled in a consumer-directed health plan [CDHP] with a health savings account [HSA] may have to pay their annual deductible first.)

Look for more details about this new benefit on Group Health’s website (<https://www1.ghc.org/html/public/employer/pebb.html>) starting in mid-October.



UMP Plus is expanding in 2017

 UMP Plus+	Counties plan currently available in	NEW COUNTIES FOR 2017
UMP Plus– Puget Sound High Value Network	<ul style="list-style-type: none"> • King • Kitsap • Pierce • Snohomish • Thurston 	<ul style="list-style-type: none"> • Grays Harbor • Spokane • Yakima (plus all currently available counties)
UMP Plus– UW Medicine Accountable Care Network	<ul style="list-style-type: none"> • King • Kitsap • Pierce • Snohomish • Thurston 	<ul style="list-style-type: none"> • Grays Harbor • Skagit (plus all currently available counties)

New total joint replacement benefit coming in 2017 for Uniform Medical Plan Classic and Consumer-Directed Health Plan members

Starting in 2017, Uniform Medical Plan (UMP) will offer a special knee and hip replacement benefit for qualifying UMP Classic and UMP Consumer-Directed Health Plan members (UMP CDHP).

Members of these plans who meet medical and other criteria as defined by UMP can receive their total hip or knee joint replacement procedure, including pre- and post-operative care, at Virginia Mason Medical Center at lower or no cost.

UMP Classic members’ care is covered in full. UMP CDHP members are covered in full after they meet their annual deductible. Approved travel and lodging costs for the patient and caregiver may be covered for eligible patients who live more than 60 miles from Virginia Mason Medical Center. The program is voluntary; members may still receive care from local providers and pay their applicable deductible(s), coinsurance, and copays.

Virginia Mason Medical Center is a Center of Excellence for total joint replacement. This means the medical center follows evidence-based best practices to improve the care you receive before, during, and after your surgery.

Look for more details about this benefit in your October *For Your Benefit* newsletter and on the UMP website (www.hca.wa.gov/ump) in mid-October. Beginning November 1, UMP Customer Service will be able to answer questions about this new benefit: Call 1-888-849-3681 or TTY 711.

RETURN SERVICE REQUESTED

Open enrollment coming in November

Open enrollment is coming soon. From November 1–30, you have the opportunity to make changes to your medical and dental coverage, including adding or removing family members from your PEBB benefits coverage. You may also enroll or re-enroll in a Medical Flexible Spending Arrangement (FSA)* and/or the Dependent Care Assistance Program (DCAP).

Note: The Medical FSA and DCAP are offered **only** to PEBB benefits-eligible employees who work at state agencies, higher-education institutions, and community and technical colleges. The Medical FSA is not available to subscribers who enroll in a consumer-directed health plan (CDHP) with a health savings account (HSA) in 2017.

Watch for the October *For Your Benefit* newsletter, or visit

www.hca.wa.gov/public-employee-benefits starting in mid-October to learn about benefit changes and your plan options for 2017. Get informed to choose the best options for you and your family.

See more about upcoming changes to your benefits at:

- “New life insurance carrier coming in 2017” on page 1.
- “UMP Plus is expanding in 2017” on page 7.

The October newsletter will also feature 2017 medical plan premiums, which you can also access at **www.hca.wa.gov/public-employee-benefits** in mid-October.



HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call 1-800-200-1004. People who have hearing or speech disabilities please call 711 for relay services.