Public Employees Benefits Board Meeting

January 30, 2020
Public Employees Benefits Board
January 30, 2020
1:30 p.m. – 4:00 p.m.

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

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TAB 1
Expanding Choices, Improving Care, and Empowering Consumers

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<th>Event</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>8:30 a.m.</td>
<td>Coffee and Light Refreshments</td>
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<tr>
<td>9:00 a.m.*</td>
<td>Welcome and Introductions</td>
<td>Sue Birch, Chair</td>
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<tr>
<td>9:10 a.m.</td>
<td>Retreat Overview</td>
<td>Marcia Peterson, Manager Benefits Strategy &amp; Design Section ERB Division</td>
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<tr>
<td>9:15 a.m.</td>
<td>PEB Board Clinical Update</td>
<td>Emily Transue, MD Associate Medical Director</td>
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<td>10:15 a.m.</td>
<td>Break</td>
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<tr>
<td>10:30 a.m.</td>
<td>Behavioral Health Panel Discussion</td>
<td>TAB 4 Marcia Peterson, Moderator Keri Waterland, DBHR, HCA Charissa Fotinos, CQCT, HCA Michael Garrett, Mercer Dustin Howard, Regence Alicia Eng, Kaiser</td>
</tr>
<tr>
<td>12 p.m.</td>
<td>Working Lunch</td>
<td>TAB 5 Renee Bourbeau, Manager Benefits Accounts Section, ERB Dave Iseminger, Director, ERB</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>2020 Supplemental Governor’s Budget Update</td>
<td>TAB 6 Tanya Deuel, ERB Finance Manage Financial Services Division Cade Walker, Special Assistant ERB Division</td>
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<tr>
<td>1:40 p.m.</td>
<td>Break</td>
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<tr>
<td>2:00 p.m.</td>
<td>Leveraging SEBB Program Medical Plan Contracts In PEBB Program</td>
<td>TAB 7 Lauren Johnston, SEBB Senior Account Manager, ERB Division</td>
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<td>Time</td>
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<tr>
<td>2:30 p.m.</td>
<td>Expanding PEBB Program Medicare Options Procurement Update</td>
<td>TAB 8</td>
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<td>2:50 p.m.</td>
<td>UMP Formulary Update</td>
<td>TAB 9</td>
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<tr>
<td>3:15 p.m.</td>
<td>Annual Rate Process</td>
<td>TAB 10</td>
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<tr>
<td>3:30 p.m.</td>
<td>Board Discussion: Policies for Next Year</td>
<td>TAB 11</td>
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<tr>
<td>3:45 p.m.</td>
<td>Public Comment</td>
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<tr>
<td>4:00 p.m.</td>
<td>Adjourn</td>
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*All Times Approximate*

The Public Employees Benefits Board will meet Thursday, January 30, 2020, at the Washington State Health Care Authority, Sue Crystal Rooms A & B, 626 8th AVE SE, Olympia, WA. The Board will consider all matters on the agenda plus any items that may normally come before them.

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

Direct e-mail to: [SEBboard@hca.wa.gov](mailto:SEBboard@hca.wa.gov). Materials posted at: [https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program](https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program) by close of business on January 28, 2020.
# PEB Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing</th>
</tr>
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<tbody>
<tr>
<td>Sue Birch, Director</td>
<td>Chair</td>
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<tr>
<td>Health Care Authority</td>
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<tr>
<td>626 8th Ave SE</td>
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<tr>
<td>PO Box 42713</td>
<td></td>
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<tr>
<td>Olympia WA 98504-2713</td>
<td></td>
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<tr>
<td>V 360-725-2104</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:sue.birch@hca.wa.gov">sue.birch@hca.wa.gov</a></td>
<td></td>
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| Greg Devereux, Executive Director         | State Employees               |
| Washington Federation of State Employees |                               |
| 1212 Jefferson Street, Suite 300         |                               |
| Olympia WA 98501                          |                               |
| V 360-352-7603                            |                               |
| greg.devereux@hca.wa.gov                  |                               |

| Vacant                                    | State Retirees                |
|                                          |                               |

| Tom MacRobert                             | K-12 Retirees                 |
| 4527 Waldrick RD SE                       |                               |
| Olympia WA 98501                          |                               |
| V 360-264-4450                            |                               |
| tom.macrobert@hca.wa.gov                   |                               |

| Tim Barclay                               | Benefits Management/Cost Containment |
| 9624 NE 182nd CT, D                       |                               |
| Bothell WA 98011                           |                               |
| V 206-819-5588                            |                               |
| tim.barclay@hca.wa.gov                    |                               |
# PEB Board Members

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<th>Name</th>
<th>Representing</th>
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<tbody>
<tr>
<td>Yvonne Tate</td>
<td>Benefits Management/Cost Containment</td>
</tr>
<tr>
<td>1407 169th PL NE</td>
<td></td>
</tr>
<tr>
<td>Bellevue WA  98008</td>
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<tr>
<td>V 425-417-4416</td>
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<tr>
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<tr>
<td>John Comerford*</td>
<td>Benefits Management/Cost Containment</td>
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<tr>
<td>121 Vine ST Unit 1205</td>
<td></td>
</tr>
<tr>
<td>Seattle WA  98121</td>
<td></td>
</tr>
<tr>
<td>V 206-625-3200</td>
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<tr>
<td><a href="mailto:John.comerford@hca.wa.gov">John.comerford@hca.wa.gov</a></td>
<td></td>
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<tr>
<td>Harry Bossi</td>
<td>Benefits Management/Cost Containment</td>
</tr>
<tr>
<td>19619 23rd DR SE</td>
<td></td>
</tr>
<tr>
<td>Bothell WA  98012</td>
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<tr>
<td>V 360-689-9275</td>
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<td><a href="mailto:harry.bossi@hca.wa.gov">harry.bossi@hca.wa.gov</a></td>
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<tr>
<td><strong>Legal Counsel</strong></td>
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<tr>
<td>Michael Tunick, Assistant Attorney General</td>
<td>Benefits Management/Cost Containment</td>
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<tr>
<td>7141 Cleanwater Dr SW</td>
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<tr>
<td>PO Box 40124</td>
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<tr>
<td>Olympia WA  98504-0124</td>
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<tr>
<td>V 360-586-6495</td>
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<td><a href="mailto:MichaelT4@atg.wa.gov">MichaelT4@atg.wa.gov</a></td>
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*non-voting members

1/26/20
PEBB MEETING SCHEDULE

2020 Public Employees Benefits Board Meeting Schedule

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

January 30, 2020  (Board Retreat)  9:00 a.m. – 3:00 p.m.
March 18, 2020  -  Noon – 5:00 p.m.
April 15, 2020  -  Noon – 5:00 p.m.
May 28, 2020  -  Noon – 5:00 p.m.
June 17, 2020  -  Noon – 5:00 p.m.
July 15, 2020  -  Noon – 5:00 p.m.
July 22, 2020  -  Noon – 5:00 p.m.
July 29, 2020  -  Noon – 5:00 p.m.

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

7/2/19
TAB 2
PEB BOARD BY-LAWS

ARTICLE I
The Board and its Members

1. Board Function—The Public Employee Benefits Board (hereinafter “the PEBB” or “Board”) is created pursuant to RCW 41.05.055 within the Health Care Authority; the PEBB’s function is to design and approve insurance benefit plans for State employees and school district employees.

2. Staff—Health Care Authority staff shall serve as staff to the Board.

3. Appointment—The Members of the Board shall be appointed by the Governor in accordance with RCW 41.05.055. Board members shall serve two-year terms. A Member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.

4. Non-Voting Members—Until there are no less than twelve thousand school district employee subscribers enrolled with the authority for health care coverage, there shall be two non-voting Members of the Board. One non-voting Member shall be the Member who is appointed to represent an association of school employees. The second non-voting Member shall be designated by the Chair from the four Members appointed because of experience in health benefit management and cost containment.

5. Privileges of Non-Voting Members—Non-voting Members shall enjoy all the privileges of Board membership, except voting, including the right to sit with the Board, participate in discussions, and make and second motions.

6. Board Compensation—Members of the Board shall be compensated in accordance with RCW 43.03.250 and shall be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.

ARTICLE II
Board Officers and Duties

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

2. Other Officers—(reserved)
ARTICLE III
Board Committees

(RESERVED)

ARTICLE IV
Board Meetings

1. Application of Open Public Meetings Act—Meetings of the Board shall be at the call of the Chair and shall be held at such time, place, and manner to efficiently carry out the Board’s duties. All Board meetings, except executive sessions as permitted by law, shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.

2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings 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 10 days 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. Minutes summarizing the significant action of the Board shall be taken by a member of the HCA staff during the Board meeting, and an audio recording (or other generally accepted) electronic recording shall also be made. The audio recording shall be reduced to a verbatim transcript within 30 days of the meeting and shall be made available to the public. The audio tapes shall be retained for six (6) months. After six (6) months, the written record shall become the permanent record. Summary minutes shall be provided to the Board for review and adoption at the next board meeting.

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

1. **Quorum**—Five voting members of the Board shall constitute a quorum for the transaction of business. No final action may be taken in the absence of a quorum. The Chair may declare a meeting adjourned in the absence of a quorum necessary to transact business.

2. **Order of Business**—The order of business shall be determined by the agenda.

3. **Teleconference Permitted**—A Member may attend a meeting in person or, by special arrangement and advance notice to the Chair, a Member may attend a meeting by telephone conference call or video conference when in-person attendance is impracticable.

4. **Public Testimony**—The Board actively seeks input from the public at large, from enrollees served by the PEBB Program, and from other interested parties. Time is reserved for public testimony at each regular meeting, generally at the end of the agenda. At the direction of the Chair, public testimony at board meetings may also occur in conjunction with a public hearing or during the board’s consideration of a specific agenda item. The Chair has authority to limit the time for public testimony, including the time allotted to each speaker, depending on the time available and the number of persons wishing to speak.

5. **Motions and Resolutions**—All actions of the Board shall be expressed by motion or resolution. No motion or resolution shall have effect unless passed by the affirmative votes of a majority of the 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 Member of the Board 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.

8. **Parliamentary Procedure**—All rules of order not provided for in these By-laws shall be determined in accordance with the most current edition of Robert’s Rules of Order [RONR]. Board staff shall provide a copy of *Robert’s Rules* at all Board meetings.

9. **Civility**—While engaged in Board duties, Board Members conduct shall demonstrate civility, respect and courtesy toward each other, HCA staff, and the public and shall be guided by fundamental tenets of integrity and fairness.

10. **State Ethics Law**—Board Members are subject to the requirements of the Ethics in Public Service Act, Chapter 42.52 RCW.
ARTICLE VI
Amendments to the By-Laws and Rules of Construction

1. Two-thirds majority required to amend—The PEBB By-laws may be amended upon a two-thirds (2/3) majority vote of the Board.

2. Liberal construction—All rules and procedures in these By-laws shall be liberally construed so that the public’s health, safety and welfare shall be secured in accordance with the intents and purposes of applicable State laws and regulations.
PEB Board Clinical Update
January 2020

Emily Transue, MD, MHA, FACP
Medical Director for ERB
January 30, 2020
Roles and Opportunities

• Improving care, experience, and value for PEBB Program and SEBB Program patients
• Market transformation: using HCA’s influence and market share to improve health care for all Washingtonians
• *Expanding choices, improving care, empowering consumers*
Some Areas of Focus

• Primary Care
• Shared Decision Making
• Hepatitis C Elimination
• Public Option/Cascade Care
Primary Care
Primary Care: What should it look like?

• “Primary Care Medical Home” (PCMH) and similar models
• Whole-person approach, first contact for all needs
• “Quarterback” directing and coordinating care, communicating with specialists if needed (not a “gatekeeper”)
• Prevention and health maintenance, chronic disease management, acute care management
• Proactive, team-based approach to care
Primary Care Associated with Higher Quality...

**EXHIBIT 8**
Relationship Between Provider Workforce and Quality: General Practitioners Per 10,000 and Quality Rank In 2000

**Sources:** Medicare claims data; and Area Resource File, 2003.
**Notes:** For quality ranking, smaller values equal higher quality. Total physicians held constant.

Source: Baicker & Chandra, Health Affairs, April 7, 2004

Slides in this section adapted from Chris Koller, Milbank Fund, and from Lisa M. Letourneau’s presentation at Richard Engel Primary Care Symposium, 3/2019
...And Lower Costs

EXHIBIT 9
Relationship Between Provider Workforce And Medicare Spending: General Practitioners Per 10,000 And Spending Per Beneficiary In 2000

Spending per beneficiary (dollars)
8,000
7,000
6,000
5,000
4,000

General practitioners per 10,000

SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTE: Total physicians held constant.
Source: Baicker & Chandra, Health Affairs, April 7, 2004
But... A Fundamental Disconnect

- Hospital Care
- All Other Physician and Professional Services
- Prescription Drugs and Other Medical Nondurables
- Nursing Home Care
- Dental Services
- Home Health Care
- Medical Durables
- Other Health, Residential, and Personal Care

Source: CMS Actuary. All Payments
Why Focus on Primary Care Investment?

1. Supported by evidence
2. Number and implications easily understood, supported by patients/public
3. Non-partisan approach
4. Communicates misplaced social priorities and builds consensus on societally-oriented goals
5. Potential “gateway” policy to more attention to social services investing
Other States’ Efforts: The Rhode Island Experience

2010: RI Office Health Insurance Commissioner:

1. Required commercial health plans to invest in primary care, raise primary care spending by 1%/yr for 5 yrs
   - New payments had to be made through non-FFS payments
   - Could not increase overall health care spending

2. Promoted multi-payer primary care efforts

3. Invested in health information technology

4. Implemented Value-Based Payment models with caps on hospital rate increases
RI Requirements Increased Primary Care Spending

RI primary care payments by commercial insurers on primary care increased from $47M/yr to $73M/yr over 7yrs

Primary Care Spending as Percent of Total Medical Spending Insurer (2008-2017)
(Self-insured plan payments not captured)

Source: Office of the Health Insurance Commissioner, State of Rhode Island
RI’s Efforts Bent the Total Cost Curve

Risk Adjusted Commercial Insurance Spending per Enrollees in Rhode Island vs. Matched Control

Source: Landon et al, Academy Health Annual Research Meeting, 2018
And... RI Saw Increased Primary Care Supply (and no "Specialty Flight")

Primary Care:  
- US: 64.7 (2005), 67.6 (2015)

Specialists:  
- RI: 172.6 (2005), 182 (2015)  
- US: 134.8 (2005), 150.7 (2015)

Notes: MDs only; Primary Care: FP, Peds, IM; Sources: AMA Licensure and Census.Gov
Significant Long-Term Impact of RI Strategy

• Analyzed trends in health care commercial plan spending in RI compared to other states over 10yr period
• Saw $21pmpm* increase in non-FFS payments to primary care
• $76pmpm (8%) decrease in overall health care spending

*pmpm = per member per month
Challenges in Primary Care

• Workforce: Longer hours for lower pay, more stress than many specialties
• Not enough time to spend with patients
• Inadequate funding to staff primary care team
• Positive changes in health reform (quality measurement/improvement, cost containment, increased out-of-office contact) have often landed on the shoulders of primary care without compensation
Primary Care
Washington and HCA Efforts

• Measuring how much is spent on primary care
  – Office of Financial Management 2019
  – Reporting requirements in HCA contracts
  – Future directions: Possible legislation to require spending levels

• Bree Collaborative
  – Workgroup on Primary Care in 2020
  – May address primary care spend and other issues
  – Chaired by Judy Zerzan, MD, HCA CMO
WA State Primary Care Program

• HCA is working with primary care and health plan stakeholders to develop a Washington primary care model

• WA Primary Care program may include a new payment model, workforce changes, health IT strategy, accreditation

• HCA has been convening primary care providers and stakeholders since early 2019; additional meetings scheduled through mid 2020
Shared Decision Making
What is Shared Decision Making?

A process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

- National Learning Consortium
  HealthIT.gov, 2013
Don’t providers already do this?

• At first glance, most providers say “Yes”
• Good shared decision making (SDM) involves specific skills
  – Reviewing all appropriate options, including risks and benefits
  – Eliciting values
  – Helping the patient think about the implications of the choice in light of their options
  – Sharing control with the patient
What is/isn’t Shared Decision Making?

More than one clinically appropriate treatment option,
Preference sensitive,
(Individualized Decisions)

Evidence For (encourage the intervention for all or almost all)
- e.g., MMR vaccine,
  Setting a broken bone

Shared Decision Making
- e.g., Hip or knee osteoarthritis,
  Advance care planning, prostate-specific antigen test

Evidence Against (Do not offer the intervention)
- e.g., Antibiotics for a common cold
History of Shared Decision Making in Washington

• In the early 2000s, Jack Wennberg, MD of Dartmouth, presented to the Legislature and Governor on clinical variation across regions of the state

• Response was legislation to support SDM, with goal of reducing variation without restricting choice

• Goal was appropriate utilization based on patient preferences, rather than decreased utilization
  – Evidence suggests SDM decreases overutilization, but also helps correct underutilization
Health Care Authority role in SDM

• Certification of Patient Decision Aids (PDAs)
  – Tools to educate patients and elucidate values
• Promotion of SDM and PDA use in HCA’s role as purchaser (Medicaid, PEBB, SEBB)
• Providing training and support to providers
• Convening statewide discussion around spread and sustainability
Bree SDM Workgroup 2019

• Focus on increasing implementation of SDM statewide
• Endorsed frameworks for provider implementation
• Defined roles for different stakeholders
  – Providers, patients/community, health plans, employers, etc.
• Identified high-priority clinical focus areas
Bree SDM: Areas of Focus

• Surgical/Procedural:
  – Knee and Hip Osteoarthritis*
  – Spine Surgery*
  – Abnormal Uterine Bleeding
  – Trial of Labor After Cesarean Section*

• Advance Care Planning*

• Screening:
  – Prostate Specific Antigen Testing
  – Breast Cancer Screening
  – Colon Cancer Screening

• Behavioral health:
  – Depression Treatment
  – Attention Deficit Hyperactivity Disorder Treatment
  – Opioid Use Disorder Treatment

*HCA certified PDAs available
Shared Decision Making

• Next steps/future efforts
  – Summit Spring 2020
  – Future contract requirements
  – Support for implementation efforts
Other Updates

- Hepatitis C Elimination
- Bree Collaborative
- Cascade Care
Hepatitis C Elimination
Hepatitis C Elimination

• Per Governor’s Directive 18-13, HCA is working with the Department of Health and others to eliminate Hepatitis C in Washington by 2030
Hepatitis C Elimination (cont.)

- AbbVie contract in place for Mavyret (Hep C drug)
  - Rate provisions include Moda (PEBB and SEBB) as well as Medicaid
  - May include fully insured plans going forward
- Prior authorization requirements reduced/removed
- SmartHealth tiles added
- DOH is ramping up statewide education/outreach efforts
Bree Collaborative
Bree Collaborative Update

• 2019 Recommendations:
  – Shared Decision Making
  – Palliative Care
  – Maternity Care Bundle*
  – Risk of Violence to Others*
  – Opioid Prescribing*

• 2020 Topics:
  – Primary Care
  – Colon cancer screening
  – Oncology treatment and inpatient care
  – Reproductive health

* Not yet finalized
Cascade Care/Public Option
Cascade Care (Senate Bill 5526) Three Main Parts

1. **Standard Plans**: Goal to make care more accessible by lowering deductibles, making cost-sharing more transparent, and providing more services before the deductible.

2. **Public Option Plans**: Goal to make more affordable (lower premium) options available across the state, that also include additional quality and value requirements.

3. **Subsidy Study**: Goal to develop and submit a plan for implementing premium subsidies through Exchange for individuals up to 500% FPL (study due to Legislature by November 15, 2020)
Multi-agency Joint Effort

Health Care Authority, Health Benefit Exchange, and the Office of the Insurance Commissioner

• Interdependent parts of the development, different phases of work
• Joint workgroup, multiple sub-groups, and multiple stakeholder groups
Cascade Care Implementation Timeline

- June 2019
- September 2019: Develop RFP criteria including value, quality, care management, and reimbursement rate requirements, in consultation with HBE
- October 2019
- December 2019
- January 2020
- May 2020: HCA procurement process
- September 2020: Review RFP submissions and negotiate contracts for 2021 public option plans
- Participate in standard plan stakeholder group
Quality, Value, and Affordability Standards for Cascade Care

• Affordability opportunity - Legislation outlines reimbursement caps and floors for health carrier payments to providers:
  – Cap set at aggregate of 160% of Medicare
  – Floors set such that primary care physicians may not be paid less than 135% of Medicare, and rural critical access hospitals or sole community hospitals not less than 101% of Medicare (allowable costs)

• Quality and value participation requirements:
  – Must incorporate recommendations of the Robert Bree Collaborative and health technology assessment program
  – Additional requirements that align to state agency value-based purchasing (VBP), focus on maintaining and improving health
Guiding Principles for Program Development

• Strive to increase affordability and value, while aligning with state purchasing standards
• Success is dependent on carrier and provider participation; administrative barriers to participation should be minimized
• Program development and refinement will be a continual process; initial development will lay the groundwork for phasing in additional requirements/standards
Questions?

Emily Transue, MD, MHA, FACP
Associate Medical Director
emily.transue@hca.wa.gov
Behavioral Health Panel

Marcia Peterson, Moderator
Benefits Strategy and Design Section
Employees and Retirees Benefits Division
January 30, 2020
Keri Waterland started working for the state ten years ago as an intern at Western State Hospital, and started her newest role at the Washington State Health Care Authority as the Assistant Director of the Division of Behavioral Health and Recovery on May 1, 2019. Prior to that, she was with the Washington State Senate for two legislative sessions working with the Human Services, Reentry and Rehabilitation Committee. Prior to her work with the Senate, Keri served in a variety of clinical and executive administrator positions with the Department of Social and Health Services, and the Department of Corrections. Keri holds a Doctorate in Forensic Psychology with an emphasis in public policy and law, as well as Master’s degrees in Counseling, Forensic Psychology, and Organizational Behavior.
Dr. Charissa Fotinos is the Deputy Chief Medical Officer and Director of Behavioral Health Integration at Washington State’s Health Care Authority. In this position, she provides support to both the Health Care Authority and the Department of Social and Health Services in support of the Apple Health/Medicaid programs. Her primary focus at this time is on improving access to and the care of persons with substance use and mental health disorders.

Dr. Fotinos has focused her career on providing care to and improving the systems of care for underserved populations. She has helped to develop mobile medical programs to deliver health care to persons living homeless and has spent a number of years providing care in the field for persons living homeless.

Prior to her current position, Dr. Fotinos was the Chief Medical Officer for Public Health Seattle-King County.

Dr. Fotinos is board certified in Family and Addiction Medicine. Before joining Seattle-King County, she was a physician-faculty member at the Providence Family Medicine Residency in Seattle, Washington.

She holds a Master of Science degree in evidence-based health care from Oxford University, Kellogg College, in England, and is a Clinical Associate Professor at the University of Washington in the Department of Family Medicine.
Michael Garrett, MS, CCM, CVE, NCP, BCPA has more than 30 years of experience in case and utilization management, healthcare quality, and population health management services. His experience includes developing and implementing new care delivery models and care transformation initiatives, such as patient centered medical homes and accountable care organizations. He currently works as a Principal for Mercer, a global consulting firm helping clients advance the health, wealth, and careers of their workforce. Michael has experience working in a range of benefit programs, including self-funded health plans, workers' compensation, Medicaid, government employee plans, and long-term disability. He has served as an author, editor, and contributor on six case/care management books, as well as the author of numerous journal articles in the field. He holds a Bachelor of Arts in psychology from Gonzaga University and a Master of Science in clinical psychology from the University of Idaho. He is a certified case manager, certified vocational evaluator, nationally certified psychologist, and a board certified patient advocate.
Dustin Howard is the Program Director of Behavioral Health for Regence Health Plans, driving the overall behavioral health strategy in Washington, Oregon, Idaho, and Utah in collaboration with Behavioral Health Medical Director Dr. Jim Polo. Dustin also oversees behavioral health clinical programs including utilization management and case management. Dustin holds a Master’s degree in Counseling, Master of Business Administration, and a Master of Health Systems Management. Dustin brings 15 years’ experience in behavioral health and social services, nine of those in health plan behavioral health programs. A Texan by birth, but Washingtonian by choice, Dustin enjoys spending his free time exploring the many hiking and nature opportunities in our beautiful state.
Alicia Eng, RN, MBA, MHO
Alicia.T.Eng@kp.org

Alicia Eng is the Vice President of Clinical Operations for the Western Washington at Kaiser Permanente of Washington. She is responsible for clinical operations in the Group Practice for Primary Care, Mental Health and Wellness, Women’s Health and retail clinics.

Prior to this role, Alicia was the Executive Director for Primary Care Services, as well as operational leader in the design and implementation of the Patient Centered Medical Home at Group Health. She is a Registered Nurse by background and holds a Master’s in Health Administration, as well as a Master’s in Business Administration.

Prior to her current role, Alicia was the Regional Director of Clinical Operations for East King and Executive Director for Primary Care Services. She was a key operational leader in the design and implementation of the Patient Centered Medical Home at Group Health, now KP Washington. She is a Registered Nurse by background and holds a Master’s in Health Administration, as well as a Master’s in Business Administration.
TAB 5
Open Enrollment

• Subscribers could log in until 11:59 p.m. on November 30
  – All open enrollment changes were accepted via PEBB My Account until that time
  – No technical difficulties with PEBB My Account server

• HCA staff reviewed envelopes for postmark dates:
  – If the date was postmarked by November 30, documents were “date stamped” with that date
  – Documents postmarked or received after the November 30 date were stamped with the actual date they were received
Open Enrollment Engagement

Benefits Fairs and Messaging

- 21 benefits fairs conducted across the state
  - 7 benefits fairs in Eastern Washington
  - 14 benefits fairs in Western Washington
- Approximately 2,200 attendees at these fairs
- Health plans and vendors participated
- Five GovDelivery email messages distributed to employees’ personnel, payroll, and benefits offices at Open Enrollment

PEBB My Account

- Access from www.hca.wa.gov/my-account
- Use of PEBB My Account for open enrollment change rather than paper form
- For 2018: 86.4% changes made online out of 10,811 plan changes
- For 2019: 86.1% changes made online out of 8,187 plan changes
- For 2020: 82.3% changes made online out of 4,910
Open Enrollment Engagement

E-Subscription

- 2015: 22% subscribers signed up (42,781 subscribers/out of 193,188)
- 2016: 28% subscribers signed up (55,785 subscribers/out of 199,068)
- 2017: 29% subscribers signed up (58,862 subscribers/out of 203,851)
- 2018: 32% subscribers signed up (66,939 subscribers/out of 208,856)
- 2019: 29% subscribers signed up (68,516 subscribers/out of 232,957)
Changes Effective 1/1/2020

- Premera Blue Cross (PBC) Plan Medicare Supplement Plan F is closed to new enrollment
- PBC Medicare Supplement Plan G is offered as a new PEBB medical plan:
  - Only PEBB Medicare Supplement plan available for members enrolling on or after January 1, 2020
  - Only benefit difference between Plan F and Plan G is that Plan G does not cover the Medicare Part B deductible
- 14 new Employer Groups joined PEBB benefits
  - Six groups withdrew or reduced participation in PEBB Benefits
- 3,000 employees of NW Hospital and UW Physicians now covered by PEBB
- K-12 employees enrolled in PEBB benefits transitioned to SEBB benefits
Changes effective 1/1/20 (cont.)

UMP Plus – Spokane County:

– MultiCare exited UMP Plus – Puget Sound High Value Network (PSHVN) and became an exclusive partner with UMP Plus – UW Medicine Accountable Care Network (ACN)

– Change impacted 1,200 members

– MultiCare is the major UMP Plus – UW Medicine ACN provider group in Spokane County
Changes effective 1/1/2020: UMP Plus Outreach Efforts

August:
- HCA mailed a targeted letter to subscribers in Spokane County notifying them of the UMP Plus change in the Puget Sound High Value Network (PSHVN)
- Sent a GovDelivery message to agencies to alert their employees

September:
- Regence added information on their Provider Search tool regarding the provider network changes for 2020

October:
- MultiCare sent a targeted letter to subscribers about network change
- For Your Benefit Newsletter included information
- HCA held a webinar
- HCA added a targeted message in PEBB My Account for Spokane County subscribers in UMP Plus - PSHVN
November:

- PEBB Program Benefits Fairs in Cheney and Spokane included presentations on UMP Plus and the MultiCare network change
- Second webinar conducted
- Mid-November: HCA made 413 targeted calls to subscribers in UMP Plus - PSHVN in Spokane County who had not yet made a plan change

December:

- 293 enrollees actively made a health plan change to UMP Plus – UW Medicine ACN
# PEBB Program Enrollment Changes 2019 - 2020

## Employees and Non-Medicare Retirees

<table>
<thead>
<tr>
<th>Carrier</th>
<th>2019</th>
<th>2020</th>
<th>Change</th>
<th>% Change</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser NW CDHP</td>
<td>556</td>
<td>570</td>
<td>14</td>
<td>2.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Kaiser NW Classic</td>
<td>3,341</td>
<td>3,302</td>
<td>(39)</td>
<td>-1.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Kaiser WA CDHP</td>
<td>5,167</td>
<td>4,927</td>
<td>(240)</td>
<td>-4.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Kaiser WA Classic</td>
<td>26,014</td>
<td>25,089</td>
<td>(925)</td>
<td>-3.6%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Kaiser WA Sound Choice</td>
<td>6,012</td>
<td>7,332</td>
<td>1,320</td>
<td>22.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Kaiser WA Value</td>
<td>39,085</td>
<td>36,881</td>
<td>(2,204)</td>
<td>-5.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>UMP Plus–Puget Sound High Value Network</td>
<td>10,741</td>
<td>8,260</td>
<td>(2,481)</td>
<td>-23.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>UMP Plus–UW Medicine Accountable Care Network</td>
<td>20,631</td>
<td>22,841</td>
<td>2,210</td>
<td>10.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Uniform Medical Plan CDHP</td>
<td>21,130</td>
<td>22,271</td>
<td>1,141</td>
<td>5.4%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Uniform Medical Plan Classic</td>
<td>152,963</td>
<td>157,618</td>
<td>4,655</td>
<td>3.0%</td>
<td>54.5%</td>
</tr>
<tr>
<td><strong>Total Members</strong></td>
<td>285,640</td>
<td>289,091</td>
<td>3,451</td>
<td>1.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

## Medicare Retirees

<table>
<thead>
<tr>
<th>Carrier</th>
<th>2019</th>
<th>2020</th>
<th>Change</th>
<th>% Change</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser NW Classic</td>
<td>2,536</td>
<td>2,535</td>
<td>(1)</td>
<td>0.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Kaiser WA Classic</td>
<td>451</td>
<td>397</td>
<td>(54)</td>
<td>-12.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Kaiser WA Medicare</td>
<td>23,962</td>
<td>23,932</td>
<td>(30)</td>
<td>-0.1%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Kaiser WA Value</td>
<td>385</td>
<td>337</td>
<td>(48)</td>
<td>-12.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Premera Blue Cross Medicare Supplement Plan F</td>
<td>16,993</td>
<td>17,540</td>
<td>547</td>
<td>3.2%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Premera Blue Cross Medicare Supplement Plan G</td>
<td>N/A</td>
<td>363</td>
<td>363</td>
<td>N/A</td>
<td>0.4%</td>
</tr>
<tr>
<td>Uniform Medical Plan Classic</td>
<td>54,941</td>
<td>54,706</td>
<td>(235)</td>
<td>-0.4%</td>
<td>54.8%</td>
</tr>
<tr>
<td><strong>Total Members</strong></td>
<td>99,268</td>
<td>99,810</td>
<td>542</td>
<td>0.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Customer Service Strategies

Pre-Open Enrollment Activities:
• Redesigned forms to be more user-friendly and easier to read
• Eliminated backlog in document processing

Open Enrollment (November 1-30):
• Offered an additional self-service online interactive tutorial on completing the Retiree Coverage Election form
• Had 13 fully trained staff available to take calls compared to 7 last year
• Put rolling messages on the main phone menu about Premera Blue Cross Medicare Supplement Plan G
# Yearly Open Enrollment Comparison

1-800 Line and Documents Received

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Received</td>
<td>18,790</td>
<td>8,652</td>
<td>8,581</td>
</tr>
<tr>
<td>Calls Answered</td>
<td>4,217</td>
<td>5,325</td>
<td>6,644</td>
</tr>
<tr>
<td>Wait Time Average</td>
<td>25 minutes and 15 seconds</td>
<td>24 minutes and 44 seconds</td>
<td>12 minutes and 13 seconds</td>
</tr>
<tr>
<td>Callback Feature Utilized by Caller</td>
<td>969</td>
<td>882</td>
<td>1,104</td>
</tr>
<tr>
<td>Open Enrollment Forms Received</td>
<td>1,651</td>
<td>1,600</td>
<td>1,146</td>
</tr>
</tbody>
</table>
Customer Service Improvements Results

Compared to last year:

• Wait time average improved by 12 minutes
• Number of calls answered improved by 17%
• Customer service satisfaction improved by 18%
• Trained staff processed all open enrollment forms in December
Questions?

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

• Legislative history of school employees’ health care benefit consolidation
  – EHB 2242 (2017 session)
  – ESSB 6241 (2018 session)
  – HB 2140 (2019 session)

• Collective bargaining occurred summer 2018

• Program funded at PEBB Program funding rate levels and collective bargaining agreement ratified April 28, 2019

• Open Enrollment occurred October 1 - November 15, 2019

• Administrative start and benefits began for the SEBB Program January 1, 2020
SEBB Program Launch Key Activities

October 23, 2017
1st SEB Board Meeting

- Board Established & Background
- Benefit Options
- Eligibility & Participation (Rules)
- Procurement & Contracting
- Setting Rates & Employee Contributions
- Open Enrollment

Enrollment & Claims Data Collection

Stakeholder Communications

K-12 Retiree Study

SEBB My Account Online Enrollment Development

Employer Outreach & Assistance

January 1, 2020
Benefits Launch

Stakeholder & Member Communications

Q4 '17  Q1 '18  Q2 '18  Q3 '18  Q4 '18  Q1 '19  Q2 '19  Q3 '19  Q4 '19

Collective Bargaining
Major Program Launch Accomplishments

• 23 SEB Board meetings with action on 68 policy resolutions
  ▪ Established benefit designs for 17 medical plans, 3 dental plans, 3 vision plans, a life, an accidental death and dismemberment, and a long term disability plan
  ▪ Authorized monthly medical plan employee premiums for 2020
• 3 benefit procurements and contract negotiations with 24 vendors
• Ongoing regular stakeholder engagement
• IT systems built, tested, and rolled out
• Open enrollment held
SEBB Medical Plans: Rates and Premiums Set

• Funding rate established by Legislature
• The PEBB and SEBB employer contributions are bargained separately
• School employee premium insights
  o Subscribers covering only themselves have premium options starting at $13 a month, depending on the plan service area
  o School employees can cover themselves and multiple eligible dependents from $39-$348 a month
    ▪ Prior to the SEBB Program, some school employees could not afford to cover dependents or had monthly premiums of $1,500-$2,000 to cover them
IT Systems Built and Tested

- SEBB My Account - online user friendly enrollment system
  - Build started end of October 2018
  - Benefit Administrator(s) functions went live 9/3/19
  - Member enrollment functions went live 10/1/19
SEBB Program Open Enrollment

- Initial open enrollment 10/1/2019 – 11/15/2019
- 20 statewide onsite benefits fairs – ~10,000 participants
- Virtual Benefit Fair (VBF) – over 21,500 unique participants
- Benefits advisor (ALEX) – over 137,500 visits
- Benefit Administrator and subscriber training videos online
- Initial Enrollment Guide book

SEBB Program Website: [www.hca.wa.gov/sebb](http://www.hca.wa.gov/sebb)
SEBB Program Open Enrollment Key Results

<table>
<thead>
<tr>
<th>(approximate)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>146,000</td>
<td>Eligible employees</td>
</tr>
<tr>
<td>98%</td>
<td>Enrolled in or affirmatively waived a medical plan</td>
</tr>
<tr>
<td>2%</td>
<td>Automatically enrolled in benefits</td>
</tr>
<tr>
<td>13%</td>
<td>Employees who waived coverage</td>
</tr>
<tr>
<td>183,000</td>
<td>Eligible dependents</td>
</tr>
</tbody>
</table>

As of January 16, 2020
SEBB My Accounts Claimed per Day

Accounts Claimed per Day during Open Enrollment

145,250
Total Eligible Employees

142,661 (98.2%)
Total Accounts Claimed

Average: 3,101

Date:
- 10/1
- 10/4
- 10/7
- 10/10
- 10/13
- 10/16
- 10/19
- 10/22
- 10/25
- 10/28
- 10/31
- 11/3
- 11/6
- 11/9
- 11/12
- 11/15

Claimed per Day
- 7K
- 6K
- 5K
- 4K
- 3K
- 2K
- 1K
- 0K
SEBB Medical Plan Enrollment by Member Type

As of January 16, 2020

- Total Medical Enrolled Population: 256,819
- Employee Only: 65,925
- Employee also Enrolling a Spouse/Dependent: 61,736
- Spouses: 36,947
- Dependents: 93,111
SEBB Member Dental Enrollment by Plan

- **DeltaCare**: 51,433 (16%)
- **Willamette Dental**: 35,148 (11%)
- **Uniform Dental Plan***: 236,941 (73%)

*Default plan
SEBB Member Vision Enrollment by Plan

- Metlife Vision*: 215,390 (67%)
- EyeMed: 43,466 (14%)
- Davis Vision: 62,820 (20%)

*Default plan
Questions?

David M. Iseminger, JD, MPH
Director
Employees and Retirees Benefits Division
Phone: 360-725-1108
David.Iseminger@hca.wa.gov
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Subscriber</th>
<th>Subscriber &amp; Spouse/SRDP*</th>
<th>Subscriber &amp; Child(ren)</th>
<th>Subscriber, Spouse/SRDP*, and Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente NW 1</td>
<td>$28</td>
<td>$56</td>
<td>$49</td>
<td>$84</td>
</tr>
<tr>
<td>Kaiser Permanente NW 2</td>
<td>$41</td>
<td>$82</td>
<td>$72</td>
<td>$123</td>
</tr>
<tr>
<td>Kaiser Permanente NW 3</td>
<td>$106</td>
<td>$212</td>
<td>$186</td>
<td>$318</td>
</tr>
<tr>
<td>Kaiser Permanente WA Core 1</td>
<td>$13</td>
<td>$26</td>
<td>$23</td>
<td>$39</td>
</tr>
<tr>
<td>Kaiser Permanente WA Core 2</td>
<td>$19</td>
<td>$38</td>
<td>$33</td>
<td>$57</td>
</tr>
<tr>
<td>Kaiser Permanente WA Core 3</td>
<td>$89</td>
<td>$178</td>
<td>$156</td>
<td>$267</td>
</tr>
<tr>
<td>Kaiser Permanente WA SoundChoice</td>
<td>$49</td>
<td>$98</td>
<td>$86</td>
<td>$147</td>
</tr>
<tr>
<td>Kaiser Permanente WA Options Access PPO 1</td>
<td>$39</td>
<td>$78</td>
<td>$68</td>
<td>$117</td>
</tr>
<tr>
<td>Kaiser Permanente WA Options Access PPO 2</td>
<td>$69</td>
<td>$138</td>
<td>$121</td>
<td>$207</td>
</tr>
<tr>
<td>Kaiser Permanente WA Options Access PPO 3</td>
<td>$116</td>
<td>$232</td>
<td>$203</td>
<td>$348</td>
</tr>
<tr>
<td><strong>Subscribers may be subject to the following surcharges</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Surcharge</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Spousal Surcharge</td>
<td>N/A</td>
<td>$50</td>
<td>N/A</td>
<td>$50</td>
</tr>
</tbody>
</table>

- State-Registered Domestic Partner (SRDP)
- Rounded to the nearest dollar
### SEBB 2020 Monthly Medical Plan Employee Contributions by Tier (cont.)

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Subscriber</th>
<th>Subscriber &amp; Spouse/SRDP*</th>
<th>Subscriber &amp; Child(ren)</th>
<th>Subscriber, Spouse/SRDP*, and Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premera Blue Cross High PPO</td>
<td>$70</td>
<td>$140</td>
<td>$123</td>
<td>$210</td>
</tr>
<tr>
<td>Premera Blue Cross Peak Care EPO</td>
<td>$31</td>
<td>$62</td>
<td>$54</td>
<td>$93</td>
</tr>
<tr>
<td>Premera Blue Cross Standard PPO</td>
<td>$22</td>
<td>$44</td>
<td>$39</td>
<td>$66</td>
</tr>
<tr>
<td>Uniform Medical Plan (UMP) Achieve 1</td>
<td>$33</td>
<td>$66</td>
<td>$58</td>
<td>$99</td>
</tr>
<tr>
<td>UMP Achieve 2</td>
<td>$98</td>
<td>$196</td>
<td>$172</td>
<td>$294</td>
</tr>
<tr>
<td>UMP High Deductible (with a health savings account)</td>
<td>$25</td>
<td>$50</td>
<td>$44</td>
<td>$75</td>
</tr>
<tr>
<td>UMP Plus</td>
<td>$68</td>
<td>$136</td>
<td>$119</td>
<td>$204</td>
</tr>
</tbody>
</table>

Subscribers may be subject to the following surcharges:

- Tobacco Surcharge: $25
- Spousal Surcharge: N/A

- State-Registered Domestic Partner (SRDP)
- Total Composite Rate for the SEBB UMP High Deductible includes an employer HSA contribution of $375 per year for Tier 1 and $750 per year for all other tiers
- Rounded to the nearest dollar
Questions?

More Information:
http://xxxxx.xxx

Name of Presenter, Title
Division
email@hca.wa.gov
Tel: 360-555-5555
2020 Supplemental Governor’s Budget Update - PEBB

Tanya Deuel
ERB Finance Manager
Financial Services Division
January 30, 2020
PEBB Funding Rate

• $939 FY20 State Funding Rate
  – Remained unchanged

• $980 FY21 State Funding Rate
  – Increased from $976
  – Per employee per month
  – Adequate to maintain current level of benefits
Medicare Explicit Subsidy

• $183 Medicare Explicit Subsidy (per Medicare retiree per month)
  – Maintained level from Calendar Year 2020
## Funded Decision Packages

<table>
<thead>
<tr>
<th>Title</th>
<th>FTE</th>
<th>Dollar</th>
</tr>
</thead>
</table>
| **Audit Capabilities**  
Staffing to support audit functionality.                               | 4 FTE Total  
2 PEBB  
2 SEBB                       | $233K (PEBB)                |
| **PEBB Program Enrollment Process**  
Funding to modernize the enrollment capabilities to the PEBB My Account enrollment system. | 7.5 Temporary FTE           | $1.9M ($3.867 Requested)    |
Other Items of Interest

<table>
<thead>
<tr>
<th>Title</th>
<th>Dollar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing Aid Benefit</strong> – Language provided to align with E2SSB 5179, which states hearing instrument coverage must include a new instrument every five years.</td>
<td>NA – Claims based</td>
</tr>
<tr>
<td><strong>Diabetes Management Request For Information (RFI)</strong> – One time administrative funding to complete an RFI related to diabetes management program.</td>
<td>$150K ($75K PEBB/$75K SEBB)</td>
</tr>
</tbody>
</table>
Questions?

Tanya Deuel, ERB Finance Manager

Financial Services Division

Tanya.Deuel@hca.wa.gov

Tel: 360-725-0908
Number of 2020 Bills Analyzed by Employees & Retirees Benefits Division

<table>
<thead>
<tr>
<th></th>
<th>ERB Lead</th>
<th>ERB Support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Impact</td>
<td>14</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Low Impact</td>
<td>40</td>
<td>52</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>54</td>
<td>65</td>
<td>119</td>
</tr>
</tbody>
</table>

*As of January 21, 2020
**Legislative Update – ERB High Lead Bills**

<table>
<thead>
<tr>
<th>Date</th>
<th>Chamber</th>
<th>Bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7</td>
<td>Origin Chamber – Policy</td>
<td>14</td>
</tr>
<tr>
<td>2/11</td>
<td>Origin Chamber – Fiscal</td>
<td>4</td>
</tr>
<tr>
<td>2/19</td>
<td>Origin Chamber – Rules/Floor</td>
<td>2</td>
</tr>
<tr>
<td>2/28</td>
<td>Opposite Chamber – Policy</td>
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<tr>
<td>3/2</td>
<td>Opposite Chamber – Fiscal</td>
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<tr>
<td>3/6</td>
<td>Opposite Chamber – Rules/Floor</td>
<td>0</td>
</tr>
<tr>
<td>Cut-offs</td>
<td>Governor</td>
<td>0</td>
</tr>
</tbody>
</table>

Last day of the regular session: **3/12/20**

*As of January 21, 2020*
Topical Areas of Introduced Legislation

• Provider/health carrier credentialing
• Pharmacy
  • Diabetes medication
  • Rx tourism
• Expanded DME coverage
  • Hearing aides
  • Prosthetics/orthotics
SEBB Program Impact Bills

• SB 6189 – Eligibility for school employees’ benefits board coverage
• SB 6290 – Contribution to and eligibility for school employee benefit plans
• SB 6296 – Health care benefits for public school employees
• HB 2458/SB 6479 – Optional benefits offered by school districts
Questions?

Cade Walker, Executive Special Assistant
Employees and Retirees Benefits Division
cade.walker@hca.wa.gov
TAB 7
Leveraging SEBB Medical Plan Contracts in PEBB Program

Lauren Johnston
SEBB Procurement Manager
Employees and Retirees Benefits Division
January 30, 2020
Objective

Inform PEB Board of advantages and disadvantages to future leveraging the SEBB Program fully insured medical plan contracts for the PEBB Program (non-Medicare).
SEBB Medical Plans

• Four (4) fully insured medical carriers:
  – Kaiser Northwest (3 plans)
  – Kaiser Washington (4 plans)
  – Kaiser Washington – Options (3 plans)
  – Premera Blue Cross (3 plans)

• Self-insured option:
  – Uniform Medical Plan (5 plans)
## SEBB & PEBB 2020 Plan Offerings (Employee Only)

<table>
<thead>
<tr>
<th>Carrier</th>
<th>SEBB Plans</th>
<th>PEBB Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier</td>
<td>Deductible (Single)</td>
<td>Single Out-of-Pocket Max</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>UMP</td>
<td>$1,400</td>
<td>$4,200</td>
</tr>
<tr>
<td>KPWA</td>
<td>$1,250</td>
<td>$4,000</td>
</tr>
<tr>
<td>Premera</td>
<td>$1,250</td>
<td>$5,000</td>
</tr>
<tr>
<td>KPNW</td>
<td>$1,250</td>
<td>$4,000</td>
</tr>
<tr>
<td>KPWAO</td>
<td>$1,250</td>
<td>$4,500</td>
</tr>
<tr>
<td>KPWA</td>
<td>$750</td>
<td>$3,000</td>
</tr>
<tr>
<td>Premera</td>
<td>$750</td>
<td>$3,500</td>
</tr>
<tr>
<td>UMP</td>
<td>$750</td>
<td>$3,500</td>
</tr>
<tr>
<td>KPNW</td>
<td>$750</td>
<td>$3,500</td>
</tr>
<tr>
<td>KPWAO</td>
<td>$750</td>
<td>$3,500</td>
</tr>
<tr>
<td>Premera</td>
<td>$250</td>
<td>$2,000</td>
</tr>
<tr>
<td>KPNW</td>
<td>$250</td>
<td>$2,500</td>
</tr>
<tr>
<td>KPWA</td>
<td>$125</td>
<td>$2,000</td>
</tr>
<tr>
<td>UMP</td>
<td>$125</td>
<td>$2,000</td>
</tr>
<tr>
<td>KPNW</td>
<td>$125</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

- **SEBB UMP High Deductible** includes an employer HSA contribution of $375 per year for Tier 1 and $750 per year for all other tiers.
- **PEBB UMP CDHP** includes an employer HSA contribution of $700.04 per year for Tier 1 and $1400.08 per year for all other tiers.
Advantages to Members

• More plan options with different cost share levels.

• Two more preferred provider organizations (PPOs) to choose from: Kaiser Washington, Options and Premera Blue Cross.
  – May appeal to members who appreciate knowing what they will pay up front when seeing certain providers, while also having freedom to choose their provider.
Disadvantages

Concerns about too many plan options and not being able to distinguish the differences between them.
Impacts to Program

• Ability to leverage provisions that are in the SEBB contracts which are not in the PEBB contracts.

• Potential to eliminate confusion. For example, a PEBB Program member accessing a certificate of coverage for a plan available only in the SEBB Program.

• We’ll likely need to do an active open enrollment.
Examples of Differences Between PEBB and SEBB Plans

- Deductible, out-of-pocket maximums, and coinsurance and copayment amounts.
- Chiropractic, acupuncture, and massage therapy visit limits (massage visits under SEBB Kaiser has its own limits – not combined with other therapies).
- Physical, occupational, speech, and neurodevelopmental therapy visit limits.
Questions?

Lauren Johnston
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Employees and Retirees Benefits Division
Lauren.johnston@hca.wa.gov
Tel: 360-725-1117
Appendix
<table>
<thead>
<tr>
<th></th>
<th>Kaiser NW</th>
<th>Kaiser WA</th>
<th>Kaiser WA Options</th>
<th>Premera</th>
<th>Uniform Medical Plan (UMP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KPNW 1</td>
<td>KPNW 2</td>
<td>KPNW 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible (single/family)</td>
<td>$1,250/ $2,500</td>
<td>$750/ $1,500</td>
<td>$125/ $250</td>
<td></td>
<td>$750/ $2,250</td>
</tr>
<tr>
<td>Max out-of-pocket limit</td>
<td>$4,000/$8,000</td>
<td>$6,000/$ 8,000</td>
<td>$2,000/$ 2,000</td>
<td></td>
<td>$4,000/$ 8,400**</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Ambulance (air/ground, per trip)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Diagnostic tests, lab, and x-rays</td>
<td>$30</td>
<td>$25</td>
<td>$20</td>
<td>$750</td>
<td>$2,250</td>
</tr>
<tr>
<td>Emergency room</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>$150+</td>
<td>$150+</td>
<td>$150+</td>
<td>$150+</td>
<td>$150+ 20%</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Preventive care</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Spinal manipulations</td>
<td>$40</td>
<td>$35</td>
<td>$30</td>
<td>$30</td>
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<tr>
<td>Primary care</td>
<td>$30</td>
<td>$25</td>
<td>$20</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$35</td>
<td>$30</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50</td>
<td>$45</td>
<td>$40</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Mental health (outpatient)</td>
<td>$30</td>
<td>$25</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Physical, occupational, and speech therapy</td>
<td>$40</td>
<td>$35</td>
<td>$30</td>
<td>$40</td>
<td>$40</td>
</tr>
</tbody>
</table>

^ In-network
* UMP High Deductible has a combined medical and prescription drug deductible.
** Out of pocket expenses for a single member under a family account are not to exceed $6,850.
# SEBB Program Medical Benefits Comparison Chart

Note: Subject to legislative funding and final decisions by the SEB Board

<table>
<thead>
<tr>
<th>Annual Costs/ Benefits (in network)</th>
<th>Kaiser NW</th>
<th>Kaiser WA</th>
<th>Kaiser WA Options</th>
<th>Premera</th>
<th>Uniform Medical Plan (UMP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx deductible (single/family)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Tier 2 and specialty; $250/ $750</td>
</tr>
<tr>
<td>Rx out-of-pocket limit</td>
<td>Applies to max</td>
<td>Applies to max</td>
<td>Applies to max</td>
<td>Applies to max</td>
<td>$2,000 per member; $4,000 family maximum</td>
</tr>
<tr>
<td>Retail: Value tier</td>
<td>$20</td>
<td>$15</td>
<td>$10</td>
<td>$5</td>
<td>$10</td>
</tr>
<tr>
<td>Retail: Tier 1 (Generics)</td>
<td>$40</td>
<td>$30</td>
<td>$20</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Retail: Tier 2 (Preferred Brand)</td>
<td>50% up to $100</td>
<td>50% up to $100</td>
<td>50% up to $100</td>
<td>50% up to $125</td>
<td>$30</td>
</tr>
<tr>
<td>Retail: Tier 3 (Non-preferred)</td>
<td>50% up to $150</td>
<td>50% up to $150</td>
<td>50% up to $150</td>
<td>50% up to $150</td>
<td>$50</td>
</tr>
</tbody>
</table>

Note: All plans cover legally-required preventive prescription drugs at 100 percent, with no deductible.

*Waived for preferred generic prescription drugs.

**After deductible met.

Note: The retail pharmacy benefit member costs are based on a 30-day supply.

12/3/2019
TAB 8
Expanding PEBB Program Medicare Options Procurement Update

Ellen Wolfhagen
Senior Account Manager
Employees and Retirees Benefits Division
January 30, 2020
Today’s Agenda

• Request for Proposals (RFP) Recap
  – Apparently Successful Bidders (ASBs) awarded for national Medicare Advantage plus Prescription Drug (MA-PD) plans*

• Contract Negotiation & Request for Completion (RFC)
  – Where we are in the process

• Timeline
  – Putting it all together

* See appendix for additional background
MA-PD Request for Proposals Recap

- RFP released July 2019
  - National & Regional MA-PD PPO plans to supplement the current PEBB Program Medicare retiree portfolio

- Apparent Successful Bidders (ASBs) announced September 18, 2019 – **National MA-PD PPOs only**
  - United Healthcare
  - Regence BlueShield
Contract Negotiation & RFC

- Contract negotiations began in November 2019 and are nearing finalization

- Request for Completion will be released shortly to further refine plan design and rates
  - RFP bids showed significant premium reduction compared to UMP Classic Medicare, with similar benefit levels and coverage
  - Intention to prioritize supplemental benefits that are responsive to members’ preferences including:
    - Fitness/gym membership program (Silver&Fit or SilverSneakers)
    - Alternative therapies (naturopathy, acupuncture, massage)
    - Virtual care
Rate Development Phases

January – May
Release RFC – negotiate final rates and plan design; review negotiations in Board Executive Sessions

May – June
Additional negotiation as needed to align with 2020 supplemental budget & any CMS changes to reimbursement methodology

June – August
PEB Board vote on 2021 rates
Timeline

2018
- July: Present progress to PEB Board
- May - June: Present progress to OFM
- September: Release RFI & submit decision package request
- December: Analyze RFI results & finalize proposal

2019
- January: PEB Board Retreat presentation and begin RFP process
- June - July: PEB Board update & release RFP
- September: Begin plan negotiations and evaluate funding needs

2020
- January: Finalize Contracts/Begin implementation process
- June: PEB Board update
- March - June: 2020 Supplemental Budget Request for Completion
- July: PEB Board vote on premiums
- November: Open Enrollment

2021
- January: Launch new plan(s)
Appendix
Medicare Advantage Plus Prescription Drug (MA-PD) Recap

• MA-PDs are private insurance plans that cover all Medicare benefits, including Part D drug benefits
  - CMS* pays Medicare Advantage Organizations (MAOs) a capitated (per enrollee) subsidy to provide coverage for all Original Medicare** benefits
  - MA-PD plans also receive subsidies from CMS that cover at least 74.5% of the cost of Part D drug benefits, as well as drug manufacturer discounts
  - Medicare Advantage plans set their own limits on how much members pay for covered services
  - Many Medicare Advantage plans offer benefit enhancements over Original Medicare, such as vision, dental, hearing, and alternative therapies (chiropractic, acupuncture, massage)

*Centers for Medicare & Medicaid Services
**Medicare Parts A & B
National MA-PD Coverage Recap

Some large MAOs are able to offer national MA-PD coverage through an Extended Service Area (ESA) waiver from CMS. These plans are called Non-differential PPO* ESAs, and:

- Members are able to receive care from any Medicare-participating provider who accepts the plan
- Member cost-sharing levels are the same regardless of whether providers are ‘in’ or ‘out’ of the plan’s network

*Preferred Provider Organization
Questions?

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TAB 9
UMP Formulary Update

Ryan Pistoresi, PharmD, MS (HCA)
Sital Patel, PharmD, MBA (Moda Health)
Cole Ahnberg, Operations Manager (Moda Health)
January 30, 2020
Why the value formulary?

• Value-based purchasing
  – Direct members and their health care providers to the highest value, most affordable prescription drugs
  – Non formulary drugs
    • Have no additional benefit in safety or efficacy when compared to preferred alternatives
    • Often cost significantly more than preferred alternatives
  – Exception process
    • When a formulary drug is deemed ineffective or not appropriate for an individual member, an exception will be granted and the member can get UMP coverage for the non formulary drug
What We Did to Prepare

• Washington State Rx Services staff training
  – Orientation to new formulary

• Staggered approach to implementation
  – Reduce member wait times to speak to customer service and better serve member needs

• Reviewed lessons learned from Oregon Educators Benefit Board (OEBB)
  – Additional refill protected drug classes
Refill Protected Classes

<table>
<thead>
<tr>
<th>Original</th>
<th>Additional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antidepressants</td>
<td>1. ADHD drugs for Pediatrics</td>
</tr>
<tr>
<td>2. Antiepileptics</td>
<td>2. Antiarrhythmics</td>
</tr>
<tr>
<td>3. Antipsychotics</td>
<td>3. Anticoagulants</td>
</tr>
<tr>
<td>4. Antiretrovirals</td>
<td>4. Antiparkinsons</td>
</tr>
<tr>
<td>5. Chemotherapy</td>
<td>5. Antivirals</td>
</tr>
<tr>
<td>7. Immunosuppressives</td>
<td>7. Compounded drugs</td>
</tr>
<tr>
<td></td>
<td>8. Gout drugs</td>
</tr>
<tr>
<td></td>
<td>9. Insulin with no therapeutic equivalent</td>
</tr>
<tr>
<td></td>
<td>10. Irritable Bowel Disease (IBD) drug</td>
</tr>
<tr>
<td></td>
<td>11. Pancreatic enzymes</td>
</tr>
<tr>
<td></td>
<td>12. Rare disease medications (e.g. Cuvposa)</td>
</tr>
<tr>
<td></td>
<td>13. Specialty drugs (previously authorized)</td>
</tr>
<tr>
<td></td>
<td>14. Thyroid drugs</td>
</tr>
</tbody>
</table>

Communications

• Drug specific letters to members
• Published Open Enrollment information by October 1
• PEBB and UMP Newsletters
• Certificate of Coverage (COC)
• UMP Website
Customer Service

Calls Per 1,000 Members: 2017-2019

2017 & 2018 include PEBB only
2019 includes PEBB and SEBB
Customer Service
Wait Time Average: 2017 - 2019

Goal: <= 30 seconds
Customer Service
Abandonment Rate: 2017-2019

Goal: <= 3%
Customer Service Calls: January 2020

Date / Day

# of Call

PEBB
SEBB
Customer Service
Average Speed to Answer: January 2020

Goal: <=30 seconds
Customer Abandonment Rate: January 2020

Percentage vs. Date/Day

Goal: <= 3%
Exception Requests

Top 5 drugs requested for exception in Q4 2019:
• Myrbetriq, Mydayis, Xiidra, Trulicity, and Ozempic
Questions?

Ryan Pistoresi, PharmD, MS
Assistant Chief Pharmacy Officer
Clinical Quality and Care Transformation

ryan.pistoresi@hca.wa.gov
Tel: 360-725-0473
Appendix
Member letter sample
<<Date>>

Member Name
Address
City, State Zip

Re: The Uniform Medical Plan will no longer cover <DRUG> effective January 1, 2020

An important change to the Uniform Medical Plan (UMP) Preferred Drug List will affect how UMP covers your prescriptions. You are receiving this letter because our records show you recently filled a prescription for <DRUG>.

Beginning January 1, 2020, <DRUG> will no longer be covered under your UMP prescription drug benefit because it is no longer on UMP’s Preferred Drug List (PDL). This means that UMP will not pay for <DRUG> and that you will be responsible for the entire cost of your prescription drug.

Below is a list of alternative drug(s) to consider. These drugs may be an option for the treatment of your condition because they are effective alternatives in treating this condition, and they may be less costly for you:

- Alt 1
- Alt 2
- Alt 3
- Alt 4
- Alt 5

*Drugs marked with an asterisk (*) may require preauthorization or step therapy.

If you would like to switch to another prescription drug, please talk with your provider to get a new prescription.

Beginning January 1, 2020, tier 3 (nonpreferred) prescription drugs, such as <DRUG>, will become noncovered drugs unless you or your provider request an exception by contacting Washington State Rx Services (WSRxS), and WSRxS approves the exception. WSRxS has reviewed Tier 3 (nonpreferred) prescription drugs and found they do not have a clinically significant therapeutic advantage over the PDL alternative(s). They are also less cost-effective than the PDL alternative(s).

If you have tried all of the alternative drugs listed above and found none of them to be effective, or if the alternatives are not medically appropriate, you or your prescriber can request an exception by calling WSRxS at 888-361-1611 (TRS: 711). Your provider can also request an exception using CoverMyMeds, a provider portal (website).

Your provider will need to submit documentation for WSRxS to make a decision.
If WSRxS approves an exception, the amount you will pay is based on your plan (see below):

- **UMP Classic and UMP Plus**: You will pay the Tier 2 cost-share* (30% of the allowed amount, up to $75 maximum payment per 30-day supply)
- **UMP CDHP**: You will pay 15% coinsurance*

*This assumes UMP Classic and UMP CDHP members have met their deductibles.

If WSRxS denies an exception, you will receive a letter about the denial. The letter will list all the alternative drug(s) that you will need to try before you or your provider can request another exception.

If you continue to fill the noncovered drug and you are a resident of Washington State or Oregon State, you can register for the Washington or Oregon Prescription Drug Programs (WPDP and OPDP) Discount Card. This discount card provides discounts for prescription drugs not covered by your plan. All Washington State and Oregon State residents are eligible for a discount card, regardless of age or income. To learn more about the WPDP and OPDP Discount Cards, visit:

- **Washington State residents**: www.hca.wa.gov/pdp
- **Oregon State residents**: www.opdp.org

For detailed information on exceptions, refer to your certificate of coverage by visiting [hca.wa.gov/ump-pebb-coc](http://hca.wa.gov/ump-pebb-coc). If you have any questions, please contact WSRxS at 888-361-1611 (TRS: 711). You can also find the PDL and more information about your UMP prescription drug benefit at [regence.com/ump/pebb/benefits/prescriptions](http://regence.com/ump/pebb/benefits/prescriptions).

Serving your prescription needs is important to us. Appropriate and cost-effective use of prescription drugs can help improve our members’ health and make healthcare costs reasonable for everyone.

Sincerely,

**Washington State Rx Services**
| TAB 10 |
PEB Board Premium Setting Authority

• RCW 41.05.065 (Public Employees’ Benefits Board) – the board has the final authority on authorizing employee premium contributions

• Until the Board takes action, the rate development and premium setting process is not complete

• The Board can clarify what information it will consider in setting premiums
Proposed Resolution PEBB 2020-01
Rate Development Procedure

Beginning with the rate development process in 2020 (to set premium contributions for plan year 2021), and annual rate development processes thereafter, the PEB Board will not review or consider unsolicited revised rates after proposed employee premium contributions are published publicly by the Health Care Authority on its website.
Next Steps

• Incorporate Board feedback in the proposed policy
• Send the proposed policy to stakeholders
• Bring a recommended policy resolution to the Board for action at the March 18, 2020 Board Meeting
PEBB Plan Year 2021 RFR Process

• Updating RFR language regarding the process for final premiums and Board adoption

• Standardizing the bid rate process between the PEBB and SEBB Programs to provide for better comparative insight
Questions?

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Financial Services Division
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TAB 11
Annual Benefits Planning Cycle

Marcia Peterson, Manager
Benefit Strategy and Design Section
Employees and Retirees Benefits Division
January 27, 2020
PEBB Benefits Cycle

for Benefit Year 2022

End: January 2022 Launch of New Benefits

Start: January 2020 New Benefits Prioritization

Jan – March

Oct – Dec

2021 Open Enrollment/and Implementation of New Benefits

July – Sept

2021 Board Vote

April – June

Research and Evaluation of New Benefits Ideas

Jan – March

April – June

Propose New Benefits in Governor’s Budget

Oct – Dec

2021 Legislative Funding

Jul – Sept

2020
Discussion

Are there new benefit ideas you would like to explore in the upcoming benefit cycle?
Questions?

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Benefit Strategy and Design Section
Employees and Retirees Benefits Division
office: 360.725.1327
marcia.peterson@hca.wa.gov