Washington State Health Care Authority

School Employees Benefits Board
Meeting Minutes

June 4, 2020
Health Care Authority
Sue Crystal Rooms A & B
Olympia, Washington
9:00 a.m. – 11:30 a.m.

Members Present via Phone
Lou McDermott, Chair
Pete Cutler
Dan Gossett
Katy Henry
Terri House
Wayne Leonard
Dawna Hansen-Murray
Alison Poulsen

SEB Board Counsel
Katy Hatfield

Call to Order
Lou McDermott, Chair, called the meeting to order at 9:02 a.m. Sufficient members were present to allow a quorum. Board introductions followed. Due to COVID-19 and the Governor's Proclamation 20-28, today's meeting is telephonic only and will address only those topics necessary and routine to complete the regular cycle of activity in our Board season.

Chair McDermott shared a statement posted to the Health Care Authority website about health equity and social justice to acknowledge HCA's intent to dedicate resources to focus on these issues.

Our Director, Sue Birch, sent the following email to HCA staff:

"Dear HCA Team: I want to share with you the statement we have just posted about health equity and social justice. While it is unusual for a state agency to comment on social issues, it is more than just a current event. This is a moment for us to reexamine our own approach to health equity and make concrete steps forward to ensure equal access to quality health care for all residents of our state. This is the moment to acknowledge that black lives matter.

Too often, the quality and accessibility of health care is determined by someone's zip code, skin color, and income. That is wrong and is the result of many years of systemic racism. We can and must do better for those we serve.

We have an opportunity to acknowledge the intersection between health, poverty, and race, and act accordingly. This is not easy or comfortable work, but it is necessary, and must be done in partnership with the communities most impacted by health disparities.

In the coming weeks, we will share a draft Health Equity Strategic Plan and ask for input. I also welcome any conversation with you. Please reach out if you want to share your thoughts with me."

We are still working out the details of when and how to share the draft Health Equity and Strategic Plan but we'll share more information when it's available.

<u>Meeting Overview and Covid-19 Update</u>
Dave Iseminger, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of the agenda.

Covid-19 – The IRS issued guidance related to Cafeteria Plan benefits. The Cafeteria Plan allows employees to take pretax payroll deductions for various benefits, such as their employee premium of the medical benefits, or if they elect a Medical Flexible Spending Arrangement (FSA) or a Dependent Care Assistance Program (DCAP) benefit. In March, HCA began lobbying the IRS to make some changes. There are often very stringent IRS rules related to those benefits. The IRS came forward with a significant amount of flexibility for employers across the country related to FSA/DCAP benefits and medical plan premium deductions.

With that guidance, we plan to have a limited open enrollment occur in July. The start date is targeted for July 1 with an end date of July 31. This opportunity is for both the PEBB and SEBB Programs to allow employees to make a couple of changes. At a high level, those changes would include an employee who's currently in waived medical status to enroll without having to prove a qualifying event, like loss of coverage, marriage, or anything else. They could move from waived status into medical coverage. Also, any employee would have the ability to add a dependent with proof they met the dependent verification eligibility requirements. This limited enrollment period will not allow people to switch plans or drop coverage.

A second high-level piece, for medical FSAs and DCAPs individuals can change their elections prospectively. They can increase their election or decrease their election, though there are limitations on decreasing because you can't decrease below what you've already contributed or what you've already claimed year to date. Those who did not previously sign up for the benefit will have an opportunity mid-year to sign up for both of those benefits if they want. These changes are prospective and change future payroll deductions.

Normally you have to prove something happened in your life for an open enrollment event to occur. HCA lobbied the IRS to say COVID was big enough that nobody should have to acknowledge that it impacted all our lives. Ultimately, the IRS agreed with that philosophy and created this change opportunity for employers for this year only.

Since the Board last met, there has been quite a bit of discussion about coverage for antibody or serology testing. All plans have some level of coverage for at least one test. I want to assure you there are advancements within all the plans for coverage, in at least some circumstances, and we're working to be able to communicate those more widely to individuals.

I want to bring to the Board's attention impacts of the proclamation issued that non-elective surgeries and procedures would be prohibited, which lasted about 60 days from mid-March through mid-May. Effectively, dental practices had minimal to no services provided. As a result of that, Delta Dental came to us and indicated they would refund one month of the year's administrative fees back to the agency and the state.

In late April, the agency partnered with Limeade, our wellness vendor, to launch a similar SmartHealth type platform for about 10% of the Medicaid population. The contract we have for the PEBB and SEBB Programs now provides access to additional services, particularly, how to access various state services, how to access food banks, ways to coordinate unemployment claims. About 1,700 individuals on the Medicaid side have already registered and have been using that platform.

Lastly, I want to give you an update on the numbers of individuals who took advantage of the emergency COVID resolutions the Board passed in April. There were two resolutions, the hallmark of them allowing individuals who are self-paying for continuation coverage, like COBRA, the ability to extend that coverage longer than normally allowed if they were reaching the end of their maximum coverage period. This includes coverage that would have terminated in February, March, April, and May. In the SEBB Program, 117 individuals would have reached their maximum length of coverage, and 46 of them elected to continue paying for self-pay coverage.   There were 30 individuals in the PEBB Program who took advantage of a similar resolution passed by that Board.

In following up to the May 7, 2020 Board Meeting, there were several pieces of public comment related to various substitute topics. The first was from Mr. Henry, who at last month's meeting raised a question about a full- or part-time teacher, who is full- or part-time in one year, moves to a substitute position in the next school year, why is it that currently SEBB Organizations say that the prior year work is not included in the two-year look back eligibility determination. If you go back to 2018, the Board passed SEBB Resolution 2018-36. That resolution is the two-year look back policy resolution. It refers to an employee who is returning to “the same type of position.” So, effectively, the question raised is are full- or part-time positions as substitute positions “the same type of position?” After preliminarily reviewing this scenario and the prior discussion when the resolution was adopted in 2018, HCA believes the policy could benefit from additional clarification. Policy and rulemaking are an iterative process. This is the next iterative process for this resolution.

HCA will work on a policy resolution that will go through wider stakeholder evaluation to clarify this point. Since this issue came up in Public Comment, I wanted to provide preliminary insight now, even though this will go through our normal process. A proposed resolution will come before the Board for consideration, stakeholdering, and then back to the Board at a subsequent meeting for action.

The draft resolution we plan to bring forward would reinforce the way that SEBB Organizations are currently administering the policy meaning full- and part-time positions are not the same for two-year look back purposes. There are a variety of reasons, one of them for, purposes of this preliminary response, is that even though the type of work may be the same, the work pattern itself may be more intermittent. Therefore, working on a consistent schedule in a prior school year is not a predictive of the amount of work that would come in a future intermittent position. Again, there are a variety of reasons, and we can discuss them as we go further into the policy development process. I wanted to preview with you the intent of a draft we will bring to you at a subsequent meeting.

Regardless of this ultimate clarification, I want to remind both the Board and SEBB Organizations that they're currently already required to evaluate and make eligibility determinations for each way an employee could establish eligibility. HCA's recommendation and training to SEBB Organizations is that they should always start with evaluating if the employee is anticipated to work 630 hours in the upcoming or current school year before they evaluate the two-year look back rule. An employee only needs to meet eligibility under any one prong, and they’re benefits eligible.

Terri House: I have a question about COVID. The open enrollment period for July for those who waived, how is that being communicated?

Dave Iseminger: We will use our normal paths. We will send a print mailing to all school employees to their physical address of record in SEBB My Account. We will also send information, forwardable messages, and other electronic communications, that districts will be able to use to convey to their school employees. Navia, our FSA/DCAP vendor, will send e-communications directly to those that have an account with them.

Alison Poulsen: You said a retired teacher wanted to access SEBB rather than PEBB eligibility. I don't know if that's a clarification point for now, or will that be addressed, because wouldn't they qualify for retirement benefits? SEBB wouldn't be the normal course of action?

Dave Iseminger: We will definitely be able to describe this and make sure this is part of the policy. Generally, yes, when a K-12 individual retires, depending on what pension plan they are under, there is eligibility for PEBB retiree coverage for retired school employees. I think one of the reasons individuals may be interested in if they can access employee coverage if they come back as a substitute, is the employer contribution as an active employee is greater than the explicit subsidy provided for PEBB retiree coverage. But you are correct, there is at least that eligibility, or in most instances, there should be eligibility for PEBB retiree coverage.

Pete Cutler: I think the Health Care Authority is taking the right approach on this. I think it's great to clarify it. But in my mind, there's no doubt at all that there's a very big difference when applying that two-year rule in terms of the look back between somebody who’s continuing and for somebody who was signed up to leave the workforce as a retiree and then coming back on a substitute basis. I think you're taking the right approach in terms of clarifying it.

Wayne Leonard: I would agree with Pete simply because going from a full-time position into a substitute retired position is a significant change in job from year to year. You can't necessarily predict how much a retiree, even though they think they might want to sub more, whether they would want to actually continue to sub once they retire. I think it's a good idea to clarify that as well.

Dave Iseminger: In a separate public comment, a concern was raised, again in the context of substitutes, about eligibility requirements that permit stacking of worked hours only within a single SEBB Organization. Again, whether you could get eligibility by working at multiple schools within a district. But the policy that was recommended and passed during the program launch did not allow to add up hours across district lines. There was a question for the Board to either entertain revisiting the stacking rules, or at the very least, ensure clearer communications about the single district stacking rule. I believe the statement was that if there was more awareness of the single district stacking rule, individuals would have additional context, and they could consider offering perhaps their substitute services within a single district, so they could try to increase their opportunity to reach benefit eligibility.

On this issue, there are a couple of different moving parts, but I'll remind the Board that there is a JLARC study. JLARC is the policy studying wing of the Legislature. Under legislation passed this past session, JLARC will do an analysis related to substitutes and substitute eligibility. We’ll get into this later, but we know there are going to be significant economic impacts on both state and school district budgets when it comes to the results of the recent and ongoing pandemic. Revisiting the stacking rule would continue to potentially expand eligibility, and under these circumstances where substitute eligibility is being analyzed, there are tremendous challenges we'll all be facing at both state and school district levels with budgets. Our advice and recommendation is to not revisit the current single district stacking policy. However, HCA will plan to work with both SEBB Organizations and stakeholders, specifically organizations that represent substitutes, to help raise awareness about the stacking rule. We know that there was so much information that was provided on the massive change that was happening with the SEBB Program. The nuance about stacking could easily have been lost within the messaging. HCA will do a concerted effort with organizations for substitutes to make sure there's more awareness about that single stacking rule.

Alison Poulsen: I don't quite understand all the dynamics behind substitute teachers but one of the questions that gets raised for me - is there an equity issue of folks needing to be in multiple districts to blend together enough work to support their families and so forth? And would that disproportionately affect their ability to get health insurance?

Dave Iseminger: That is an area we are aware of and will need to dig into. I think that is the heart of any revisiting of the stacking rule. We are aware there are some positions, for example, a school nurse, or in some instances, a paraeducator, depending on the size of the school district, where there simply may not be enough work for that individual type of work that would require crossing district lines to be able to stitch together something that is more akin to a full-time position. That is an area we need to study more about the types of positions. I think our understanding, as an agency, is there is a substitute shortage in general, and there is likely significant opportunity to be able to focus an individual's substitute services within individual districts to maybe be able to reach the eligibility requirements. When we revisit the stacking rule, I think you've hit on the piece where the work needs to be done by the agency to understand the different types of positions where there might be that inequity. That gets back to the statement Lou read earlier from Director Birch about a commitment to working on various health equity issues. A subset of stacking is an area we could look at. Thank you for raising that thought.

Pete Cutler: I strongly approve of the effort to improve the communication on this. Obviously, folks when they retire, or when they're looking at substitute options, should understand the framework. I also think it's really important not to make any changes until we have the JLARC analysis. That's based, in part, on my prior experience with both the Health Care Authority and Retirement Systems of dealing with situations, and the incredible administrative headaches, and the incredible risk of miscommunication, which leads to litigation, when you have employment spread among multiple employers, and you're expecting them somehow to coordinate their reporting. I think it's an area to be very careful about doing an analysis of the administrative impacts, and then specifically the JLARC study, before trying to take on an expansion eligibility.

Dave Iseminger: As Board Members, you may have heard from some of your school employee colleagues, regarding a SEBB My Account breach. HCA has assessed and there is no evidence of a breach of SEBB My Account or Pay1. I know that it's been very frustrating for many Washingtonians, school employees, state employees, private sector employees, pretty much most Washingtonians, with some of the challenges related to fraudulent unemployment insurance claims that have been filed. We've had a couple of questions asking if there are security concerns related to SEBB My Account or Pay1. Anytime there has been a question about our systems, we have diligently researched it as quickly as possible. The few instances where a concern was raised ended up being confusion about the differences between SAW and SEBB My Account. SAW is Secure Access Washington, the state portal needed to create an account in order to access SEBB My Account. The confusion was about SAW not SEBB My Account.

2020 Annual Rulemaking

Rob Parkman, Policy and Rules Coordinator, ERB Division. I will provide a high-level overview on this year's rulemaking and highlight the most significant changes and rulemaking actions being considered.

Slide 2 – Rulemaking Timeline. This month we will file the CR 102, which is our proposed rulemaking, and conduct a public hearing on the proposed amendments and rules in July. After the public meeting, we'll file a CR 103, the final rules that go into effect next year. In September, we adopt what will be effective by October 1, to support the school year.

Slide 3 – Focus of Rulemaking. There are four categories of rulemaking. They are: Administration and benefits management, regulatory alignment, amendments within HCA authority, and implement SEB Board policy resolutions.

Slide 4 – Administration and Benefits Management. This category adds additional detail about what happens if your health plan becomes unavailable due to either a change in the contracting area, or the eligibility for Medicare, to assist with the administration of this process. We added that you must select the new health plan within 60 days of your previous health plan becoming unavailable.

Amending SEBB Program rules to clean up inconsistencies includes global changes made across all three chapters of rules.

We rescinded rules specific to the SEBB Program's first open enrollment. These rules were related to Go Live and are no longer needed for the steady state of the program. Going forward, we will clean up rules and remove them as appropriate.

Slide 5 – Administration and Benefits Management (*cont.*). There is a list of entities a school employee could be awaiting the outcome of a hearing and we added a court to that list of entities.

Slide 6 – Regulatory Alignment. This area deals with how we implement new legislation. A new section of rule was added within our enrollment section, WAC 182-30, to implement House Bill 2458 from the 2020 legislative session. This bill was about SEBB Organizations who wanted to offer optional benefits. This WAC section provides additional details on the process of how that could be accomplished.

There was another area of confusion about when a school employee regains employment, they had eligibility, went out on one of the special leave without pay leaves for up to 29 months, and then come back. That is a regaining employee. The question was if they should receive 31 or 60 days to make the election. To align with IRS regulations, we're clarifying that they should receive 31 days to make new elections as a regaining employee.

Slide 7 – Amendments within HCA Authority. HCA is adding clarity to the eligibility certification process. There are two certification processes, and we have administrative policies that lay out these processes. One process addresses extended dependents, the other with disabled dependents. The clarification is you need either the event date or when the certification process is complete. Enrollment would follow. We need to be clear that the certification has to be complete.

Another amendment changed the words "entitled to" to "enrolled in" within our rules when someone is entitled to Medicare. This clarification more accurately reflects the meaning within our rules to mirror the federal rules.

HCA added additional details to the error correction rule to make it easier to administer. The Board has passed three resolutions dealing with error correction and we've added more detail to the actual process that needs to be followed to support those resolutions.

Slide 8 – Amendments within HCA Authority (*cont.*). RCW 41-05-009 contains the requirements for notification of eligibility. A change was made to ensure school employees have at least a minimum amount of time to make benefit elections.

HCA amended the Family and Medical Leave Act (FMLA) rule to remove the ability to take away benefits while still receiving the employer contribution, to align with other rules.

HCA clarified the steps in the appeals process when a SEBB Organization fails to render a decision. When an appeal is received, the SEB Board has 30 days to render a decision. If there is no timely decision, the rules now state the appeal is deemed denied allowing the employee to take the next step in the process, to come to HCA for the next level of appeal.

Slide 9 – Implement SEB Board Policy Resolutions. The Board passed the following resolutions this year:

- SEBB 2020-01 Inclusion of Paid Hours
- SEBB 2020-02 Benefits Eligibility After Returning to Work
- SEBB 2020-04 Amending SEBB 2019-02 (Anticipated Works Hours Eligibility Range Under RCW 41.05.740(6)(e)
- SEBB 2020-05 Amending SEBB 2018-12 (Effective Date of Coverage for School Employees Eligible for the Employer Contribution)
- SEBB 2020-06 Error Correction for Incorrect Information

Resolution SEBB 2020-03 is missing from this list. The resolution was passed at the May 2020 meeting and is about rate setting. It's not captured in rules but included within the procurement process.

Dave Iseminger: I'll add that HCA did not anticipate codifying in the formal Washington Administrative Code the COVID resolutions. They are intermittent and putting them forward would require repealing them, so we are relying on the Board's policy statements in the implementation. If somehow the pandemic goes on for several years, we might reevaluate codifying those rules, but for now, they won't go through the formal rulemaking process. The policy resolutions would be the basis for our continued implementation.

<u>COVID-19: Potential Financial Impacts</u>

Megan Atkinson, Chief Financial Officer, Financial Services Division. HCA is still gathering data on the impacts of COVID-19. We have not been in this time period very long and there is an inherent lag in getting health care utilization data. It takes time for a claim to work its way through the system and show up in our financials. We then allow time for those claims to mature. We are just now starting to get data from the actuaries and our managed care partners about the utilization we're seeing. The utilization will fall potentially in two buckets.

There is the utilization contraction from the Governor's initial Stay Home, Stay Healthy directive, and the restrictions on optional and non-emergent care. This significantly hit contractual areas in the health care system like dental and primary care visits. There is also unexpected utilization related specifically to COVID testing, COVID diagnosis, and COVID treatment. We are now in the gathering utilization information phase for calendar year 2020. We have initiated bid rate development and procurement with all of our plans. We are just getting ready to do the third turn of rates with our managed care partners. A lot of those conversations are looking at rate development for calendar year 2021. There is a lot of conversation about how much of the contracted utilization will bleed over into calendar year 2021, which none of us know, yet.

There are conversations about the care that has been taken out of the system, currently, how much of that care is lost care, and how much of that care is postponed care. Before the pandemic, there may have been visits to urgent care that might not be happening now. That is a care visit that is not going to come back. However, well visits or routine checkups that were postponed will eventually be scheduled.

What needs to be modeled is how that care comes back into the system. How much of it comes back in calendar year 2020? How much of it will come back into calendar year 2021? Essentially, the utilization patterns are changing. We are having to make assumptions, collect data, make more assumptions, and then lock down modeling. Currently we are assessing what has happened to date, trying to predict how that will play out over the next 18 to 24 months, and work on rate development calendar year 2021 based on those predictions.

On the self-insured Uniform Medical Plan (UMP) side, we pay Regence (our third party administrator) a per member/per month amount to adjudicate claims, provide customer service, and do our contracting. But the actual payment of claims comes out of a state account. As the utilization contraction has happened, the balance in that account is continuing to grow because we are not paying the volume of claims we anticipated. The modeling described earlier about the utilization contraction, and then assumptions about how the utilization comes back into care, will directly impact the balance in that fund if we end the year with a balance that is materially different than what we have been modeling at the point in time the funding rates were set. Potentially, the balance in the fund will be taken into consideration when setting the following year's funding rate. This dynamic is well known and experienced in our PEBB Program. Obviously SEBB is new and so we haven't been in this subsequent year dynamic yet. This is additional information we will bring to you as we progress in our procurement cycle, in rate setting, and as we talk with you later in the summer about Board approval of employer and employee premiums.

We're having similar conversations with our managed care partners about the utilization contraction they're experiencing and how that plays out for their business and financial models. Our partners, Premera and Kaiser, have very different business models so the utilization contraction will probably play out differently for our two partners.

Dave Iseminger: Lest anyone thinks that this balance Megan described is suddenly a robust amount of money, I wanted to remind the Board that when the initial funding rate was set up, there is a reserve requirement for all of these accounts. The reserves need to be built up over time, and the modeling that was put into the funding rate, ultimately passed by the Legislature, had the building of those reserves over multiple years to ensure the accounts have a cash flow, a solvency around them, and meet various Office of the Insurance Commissioner (OIC) recommendations for reserve requirements for a plan of our size. The reserves cannot be used for other things in state government.

Megan Atkinson: I want to always caveat utilization with the fact that, again, it generally takes a long time for health care plans to mature. In addition, from a health care utilization perspective, January and February of 2020, were "normal." We ended up with our Stay Home, Stay Healthy directive hitting hard in March and April, with additional clarification from the Governor in May, where some utilization started picking up. Now we're into June where more and more counties are moving into Phase 2 with utilization picking up. None of us know what's going to happen in the future, but if we stay on that trend line, by the time we annualize the utilization contraction over the 12 months, it will be less of an impact than what it felt like when we were all Staying Home, Staying Healthy in March and April.

Lou McDermott: Didn't the SEBB Program borrow money?

Megan Atkinson: Yes. There were startup loans with assumptions about the payback of those loans in our funding rate. This is always going to be the case as we move into our second year of SEBB where we have the loan repayment requirements, initial funding rates set with a lot of assumptions, and not as much data as we would have preferred. And then we have the impact of the pandemic. We have so many puts and takes happening in the SEBB financials for a program that we're only in our second year.

Pete Cutler: I very much appreciate Megan's overview of the different factors, the puts and takes. I don't see that it has a lot of relevance in terms of decision making by the Board, but I imagine you're going to have some really interesting conversations with OFM, and legislative staff, and legislators who are dealing with a very large state budget shortfall. But I wish you luck on those discussions.

SmartHealth

Heidi Helsley, SEBB Health Promotion Consultant, Wellness Washington, ERB Division. I support school organizations with their employee wellness programs and promote SEBB wellness benefits.

Slide 3 – Why Does Wellness at Work Matter? HCA offers school employees opportunities to improve their well-being with free SEBB wellness benefits. This is a proactive approach investing in helping employees build healthy habits that can reduce health risks and manage chronic health conditions. This is beneficial to both the employee and the employer. Studies show when employees believe their employers care about their well-being, they're likely to be more engaged, satisfied, and productive, which means better employee retention, better productivity, and an overall better experience for both the employer and the employee.

Slide 4 – SmartHealth. SmartHealth is a free wellness benefit. It's a secure online, mobile friendly, voluntary wellness program that both supports and rewards employees as they work towards their well-being goals.

Slide 5 – 2020 SmartHealth Levels. In addition to the intrinsic value employees gain through SmartHealth participation, they can qualify for a $125 wellness incentive by earning 2,000 SmartHealth points by November 30, 2020. The $125 wellness incentive is applied to next year's medical deductible or deposited into their health savings account. Level 1 is to complete the well-being assessment to earn 800 SmartHealth points, which counts toward the 2,000 points needed to complete Level 2 to qualify for that $125 incentive. We encourage participants to keep going even when they reach Level 2. At Level 3, which is 4,000 points, participants earn a wellness champion badge.

Slide 6 – SmartHealth: Whole Person Approach. HCA's SmartHealth focuses on for key life areas: physical, emotional, financial, and work life. Individuals use this SmartHealth well-being assessment to self-report how they're doing in 34 different life dimensions. The assessment results identify the employee's strengths and areas for improvement, then SmartHealth offers activities that align with these individual assessment outcomes to support them in improving their well-being.

Slide 7 is a snapshot of the SmartHealth portal. There are a variety of activities in addition to the ones offered to individuals based on their well-being assessment. Activities have been added to help participants learn about COVID-19 resources.

SmartHealth is also available to employees covered under the Public Employees Benefit Board Program, which includes state agencies, public agencies, and higher education organizations. Recently, 230,000 Apple Health Medicaid members were given access to SmartHealth.

Slide 8 – SmartHealth & Generation Wellness. HCA partnered with Generation Wellness, a leader in workplace wellness, who has been working with schools throughout the world to teach educators techniques to help kids regulate and reduce their stress so they can focus on learning. Through our partnership with Generation Wellness, we're able to offer trainings to Washington school employees that teach them simple practices, based on neuroscience, to help reduce their stress, improve connections with self and others, and enhance their well-being. Staff can earn SmartHealth points by participating in these trainings and earn continuing education clock hours. Generation Wellness developed exclusive videos for SmartHealth, focusing on a different wellness topic each month like goal setting, mindful eating, and gratitude. Each video is accompanied by an activity used to apply that concept.

Slide 9 – Participant Comments. Participants have shared positive comments about the trainings and videos, indicating they like and appreciate these offerings, and can apply what they learned to their work and lives.

Slide 10 – Secure. Private. Confidential. SmartHealth adheres to stringent HIPAA privacy standards. Federal law prohibits disclosure of participants' identifiable information to employers. Only anonymized and aggregate data is shared. Limeade, the company that manages SmartHealth, doesn't share participants' identifiable health data with employers, medical plans, health savings accounts, or HCA. They do provide a data file to medical plans and health savings accounts so they can apply the incentive the participant earned, but no health data is shared. We can provide information about the types of activities and organizations employees collectively are engaged in, and the top areas identified for improvement so the organization can plan their employee wellness activities. However, if a school district has fewer than 20 participants, no data is revealed to protect confidentiality.

Slide 11 – SEBB Program Initial Open Enrollment. This open enrollment was the first opportunity for school employees participating in SEBB to connect with SmartHealth. During that 45-day period, nearly 17,000 school employees signed up for SmartHealth. Completing the well-being assessment during open enrollment qualified the primary subscriber for a one-time $50 Wellness incentive, which was applied to their 2020 deductible or deposited into their health savings account. 14,363 employees took advantage of that opportunity. SmartHealth participation numbers slowly continue to increase. As of June 3, an additional 3,393 employees joined SmartHealth, totaling 20,177 school employees currently using SmartHealth.

Slide 12 – Support and Resources. HCA is working with SEBB Benefit Administrators in identifying others in schools who are championing employee wellness efforts asking for their help in encouraging staff participation in SmartHealth and other SEBB wellness benefits. HCA offers support and resources such as ready-made promotional messages, video links that can be emailed to staff, tool kits with promotional posters, flyers, and digital monitor slides. Custom activity tiles to support a district's employee wellness campaign or activities can also be developed.

Slide 13 – 2020 Outreach. COVID-19 caused us to pivot our 2020 outreach strategy, but our approach remains the same: connecting and supporting. When we can, we'll attend health and wellness events and Benefits Fairs and trainings to directly promote SmartHealth and other SEBB wellness benefits to employees. We're continuing to reach out to Benefit Administrators and other school employee influencers who can share SmartHealth with coworkers.

In April, each superintendent was individually emailed a message they could share with employees to encourage participation in SmartHealth for their well-being, especially during COVID-19. We're connecting virtually with representatives as much as we can.

HCA is looking at ways to partner with programs like Healthy Schools Washington and Child Nutrition to support school organizations' wellness committees, share SEBB benefit information with employees through the Office of the Superintendent of Public Instruction (OSPI) newsletters, trainings, and their email contacts. We continue to explore using social media, the SmartHealth community feed, and modifying our promotion materials.

The deadline for this year's $125 incentive is November 30.

<u>SEBB Open Enrollment Member Communications Survey Results</u>
Michelle George, Communications Manager, HCA Communications Division. Slide 2: Purpose of Survey. HCA conducted a survey in January of our SEBB Program members to better understand enrollees' experiences during their first annual open enrollment. We specifically wanted information about open enrollment communications to improve member experiences for future open enrollments. Not in scope of the survey was enrollee satisfaction with plan choices, benefit costs, or program rules.

Slide 3 – Survey Timeline & Methodology. The survey was conducted by DHM Research. We invited participants to take the survey by email. We also sent out forwardable messages to our SEBB Organizations to forward to their employees. We reached out to unions to get the message out about the survey. The survey was also posted on the HCA's website. We had nearly 5,700 participants complete the survey in the month of January.

Slide 4 – Demographics of Survey Participants. Participants self-identified themselves and they were 18% male, 80% female, 2% did not disclose. The majority were in the 35 to 54 age range. They also responded to their location, whether they worked in Eastern or Western Washington, and whether the staff was certificated or classified. This slide also compared those numbers to the general SEBB Program population and a lot of those numbers align with the general SEBB Program population.

Slide 5 – Key Takeaways. We found that the majority of our participants were satisfied with our open enrollment communications. They were mostly satisfied with the availability, the quality of the information, and how easy it was to enroll. Most participants said they accessed all types of information about the SEBB Program easily, and information about the benefits was the easiest to access. Most participants felt like they had enough information to make an informed decision during.

Slide 6 – Key Takeaways (*cont.*). Both SEBB My Account, our online enrollment portal, and the School Employee Initial Enrollment Guide, were used most often during SEBB open enrollment. Both the employee Enrollment Guide and HCA's website were viewed as the most helpful communications. Participants preferred to receive their information either from their employer or HCA as most trusted sources. Rather than just being dissatisfied with member communications, the participants were more likely unaware of some aspects of our communications and customer service. An example of that would be the SEBB My Account technical support call center.

Slide 7 – Satisfaction with SEBB Program's Open Enrollment. 64% of the survey participants were very or somewhat satisfied with open enrollment communications and 34% were somewhat or very dissatisfied.

Slide 8 – Satisfaction with These Aspects. For availability and quality of information, two-thirds were very or somewhat satisfied. The ease of enrollment, about two-thirds were very or somewhat satisfied. Customer Service Center for SEBB My Account, a vendor we hired to provide customer service support for people having difficulty using SEBB My Account, about one-third said they were very or somewhat satisfied with that customer service center. Another one-third said it was not applicable, they did not use the customer service center. Customer service from our health plans or other providers, 43% said they were very or somewhat satisfied, 24% said it was not applicable, they did not call customer service for our health plans or other providers.

Slide 9 – Ease with Finding Information. 68% said it was very or somewhat easy to find information on costs, including their premiums, premium surcharges, or deductibles. 57% found it easy to find information about the provider networks. 67% of the participants said it was easy to find plan options where they lived. Nearly 70% said it was also very easy or somewhat easy to find information on the benefits, or general information about the SEBB Program.

Slide 10 – Have Enough Information for an Informed Decision? Overall, about two-thirds of the SEBB Program members said they had enough information to make an informed decision during open enrollment.

Slide 11 – Ways You Received Information Before *Initial Enrollment* Guide? Helpful? Survey participants said that mostly they heard from their employer. And was that information helpful? About 40% of the time. They also listened to coworkers, friends, or family. They received a few mail pieces from the HCA, such as the Intercom newsletter in June, and a reminder postcard about open enrollment in August. These were the three top ways they found information about the SEBB Program before they received the *Initial Enrollment Guide* in mid-September. Based on survey results, it's important to send out the *Initial Enrollment Guide* in mid-September because it was a comprehensive communication piece that gave them all the details and answered a lot of the questions members had.

Slide 12 – SEBB My Account. Overwhelmingly, 97% employees enrolled in SEBB My Account and 77% found it very or somewhat helpful for them to enroll.

Slide 13 – ALEX Online Benefits Advisor. ALEX is an outside vendor HCA hired to provide the ALEX Online Benefits Advisor. It was hosted on the HCA's website, and it was not only a consumer education tool about the different types of benefits the SEBB Program offered, but it helped in choosing plans based on answers participants provided about how they and their families used health care. 43% used ALEX and 73% of those found it very helpful in choosing their plans.

Slide 14 – Virtual Benefits Fair. HCA provided a Virtual Benefits Fair hosted on HCA's website for people to access before and during the open enrollment period. Only 15% used the Virtual Benefits Fair, but out of those 15% who did, 74% found it very or somewhat helpful in choosing their SEBB plans.

Dave Iseminger: I am drawn to this data point about the utility of the Benefits Fair once individuals accessed it because I think our public health officials have foreshadowed that we could have a COVID-19 resurgence this fall. We are making a robust Virtual Benefits Fair that is a centerpiece of this fall's open enrollment. Our importance will be focusing on making sure people are aware of it, how to access it, and knowing we can always improve. I'm encouraged those who used it found it helpful.

Michelle George: Slide 15 – In-Person Benefits Fairs. 18% attended an in-person Benefits Fair hosted by their employer and only 8% attended one hosted by the HCA. Those who did attend an HCA Benefits Fair, 61% found it very or somewhat helpful.

Slide 16 – HCA's Website. 70% visited HCA's website to learn about their SEBB Program benefits. Overwhelming 84% found HCA's website very or somewhat helpful.

Slide 17 – *School Employee Initial Enrollment Guide*. This booklet was mailed to all school employees who are eligible in mid-September. 88% of the responders remember receiving it and 87% found it very or somewhat helpful.

Slide 18 – Next Steps. HCA is looking forward to identifying improvement opportunities for member communications, continuing to work with our SEBB Organizations Benefits Administrators as trusted sources for employee benefit information, and working with our SEBB Organizations to ask about their open enrollment experiences.

Slide 19 – SEBB 2021 Open Enrollment Period. The SEBB Program's upcoming open enrollment period is October 26 through November 23.

Stakeholder Training Update

Jesse Paulsboe, Outreach and Training Unit Manager, ERB Division. Slide 2 – Benefits Administrator Training: Webinars. The SEBB Program continues to transition into its steady state, shifting back to external training. In February, Outreach and Training scheduled a series of webinars addressing topics and issues the SEBB Benefits Administrators were likely to experience as the SEBB Program moved forward. The initial round of webinar training ended on May 1 and addressed the appeals process, SEBB My Account, making changes and additions (special open enrollment), terminations/loss of eligibility, eligibility training, and end of school year training. The webinars were recorded and added to the SEBB Benefits Administrator website for reference at any time.

Slide 3 – Benefits Administrator Training: Webinars (May – August 2020). Due to COVID-19, in-person training was changed to a webinar series. This series expanded on the original list of training topics and information pertaining to changes due to COVID-19. Training topics were changes related to COVID-19; eligibility and notification worksheets C & D; special open enrollment events; retirement, accounting, and billing; error correction; and preparing for the upcoming school year.

Public Comment

Julie Salvi, Washington Education Association. I wanted to bring up a comment that I had raised two meetings ago, where we have an ongoing question of how employees will be treated in the next two years given the disruptions of this year. We would request the Board at least look at, and discuss, if there would be any changes to the way the current two-year look back is written in the policies.

There are essentially two types of employees that I'm hearing from. Some are the part-time employees who may have had their schedule disrupted this year, who would normally be working 630 hours, but may not have reached that. They are having their benefits maintained this school year, given legislative action, but if there are questions about their eligibility in the next two years, if it's not obvious that they will meet 630 hours, they may not, if the district reverts to the two-year look back rule, there's questions about how this year would be treated.

Another set of employees are those who had not been determined to be eligible this year but had significant hours at the time school closed. These are primarily, but not exclusively, substitutes who may have been two days away from having the hours to qualify for benefits this year, but then substitute work dried up this year. There's a question for those employees given the shortened school year and they worked hours in a single district, how may they be treated in the next two years?

I sometimes hear this rule talked about as expanding eligibility. I do not agree with that. It did not establish different eligibility than 630 hours, even under the policy you have now if a district reverts to the two-year look back rule. There is also the language that will allow them to state their case as to why that person would not be deemed eligible. So instead of characterizing it as expanding eligibility, I would say it is worker protection so workers will be treated fairly by their employers and so that reasons are outlined. I would ask that the Board entertain this and discuss options. Lack of action by the Board could impact the lowest wage workers in K-12 and raise equity questions going forward. Thank you for your time.

Dave Iseminger: I want the Board to know HCA has been looking at these questions. I had not brought information back as a follow up, but the agency will have insights at a future Board Meeting. We have been evaluating this topic.

Next Meeting

June 24, 2020
9:00 a.m. – 1:00 p.m.

Preview of June 24, 2020 SEB Board Meeting

Dave Iseminger, Director, Employees and Retirees Benefits Division, provided an overview of potential agenda topics for the June 24, 2020 Board Meeting.

Executive Session

The SEB Board met in Executive Session Pursuant to RCW 42.30.110(1)(l), to consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026.

The SEB Board reconvened to adjourn the meeting.

Meeting adjourned at 11:47 a.m.