KAISER PERMANENTE®

April 27, 2018

Lesley Houghton
RFI Coordinator
Washington State Health Care Authority
PO Box 42702
Olympia, WA 98501

Dear Ms. Houghton,

One of the things we're most proud of at Kaiser Permanente is the trust placed in us by those who work daily to serve their fellow Washingtonians. [redacted]

As we look toward the prospect of serving the School Employees Benefits Board (SEBB), we are pleased to have the opportunity to continue our partnership with the HCA. In that regard, we submit on behalf of Kaiser Foundation Health Plan of Washington, Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente Washington) and Kaiser Foundation Health Plan of the Northwest the enclosed request for information (RFI). This includes SEBB and potentially any other programs administered by the Employees and Retirees Benefits (ERB) division of HCA.

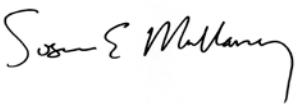
There is no organization serving our state that is as uniquely positioned to offer care to public educators and their dependents as Kaiser Permanente. In addition to our innovative care model and the recognized excellence of our medical group [redacted]. Additionally, Kaiser Permanente is taking on some of today's most pressing issues, assuming a leadership role by creating the Safe and Appropriate Opioid Prescription program, and making a $2M investment in research to better understand the causes of gun violence.

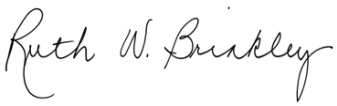
[redacted]

At Kaiser Permanente, we understand schools are at the heart of every community, and we believe in helping to create healthy communities. Our patient-centered approach to care, our top-performing medical group, programs such as Healthy Schools, combined with our long-term investment in the state, all support the vision of the SEBB program: to provide high-quality, affordable, accessible health to our state's public educators and their families.

On behalf of all of us at Kaiser Permanente and the state's highest rated medical group, we appreciate the opportunity to submit this RFI. We look forward to working with the Health Care Authority to provide the highest quality product and services to our school employees. If you have any questions, feel free to contact either of us directly, susan.e.mullaney@kp.org, or ruth.williams-brinkley@kp.org

Sincerely,





Susan Mullaney
President, Kaiser Permanente Washington

Ruth Williams Brinkley
President, Kaiser Permanente Northwest

cc: Lou McDermott, Deputy Director Health Care Authority, SEBB Chair

Washington State Health Care Authority
2020 School Employees Benefit Board (SEBB)
Request for Information 2646

SECTION 3: Purchasing Goals

Kaiser Permanente's highest priorities align with Washington Health Care Authority Purchasing Goals, and our members and their health are at the center of our commitment. Our goal is to achieve high-quality, cost effective care while delivering excellent service.

Member Satisfaction

Person-Centered Care
All Kaiser Permanente regions have received Patient-Centered Medical Home (PCMH) recognition from the National Committee on Quality Assurance (NCQA). Level-3 is the highest recognition.

The Patient-Centered Medical Home (PCMH) recognition from NCQA is given to health care organizations that provide high-quality primary care while managing the overall health of their patients. The program focuses on a set of standards about organizing care around patients, working in teams, coordinating care that supports access, involving patients in their care plans, and tracking care over time.

Kaiser Permanente created a fully integrated care delivery system long before the model was named patient-centered medical home. The principles of NCQA's PCMH designation are similar to how we already provide care to our members. It's an integrated approach that allows us to:

- enhance access and continuity,
- identify and manage patient populations,
- plan and manage care,
- provide self-care support and community resources,
- track and coordinate care, and
- measure and improve performance.

The benefits to our integrated approach are essential to higher quality, better outcomes, and sustainable affordable health care for our members.

Health Literacy
We're committed to communicating with our members and patients across the entire health care continuum as clearly and simply as possible. It is essential that our members understand their health information.

To get direct feedback, our National Market Research department conducts online surveys, member experience panels, and focus groups. All kinds of materials are tested for comprehension and ease of use, from individual pieces to full communication campaigns. If the data shows that we're not meeting member and patient needs, we use that feedback to simplify our materials as part of our continuous improvement efforts.

Health literacy is an essential aspect in the development of our member communications. Whether online or printed, all our member communications abide by our "Clear and Simple" guide, which requires all content in communications — textual and visual — to be clear, easy to understand, and user friendly. The goal of the guide is to help create materials that readers of any language background can understand the first time they read it. A sample of the 10 principles includes:

- put the most important information first
- include action steps
- write in plain language
- design materials for easy scanning
- use font size that is easy to read

Addressing health literacy through clear communication is fundamental to Kaiser Permanente's mission of helping people and communities become as healthy as they can be. We continuously review, update, and develop programs and materials to address the evolving needs of the communities we serve.

Pharmacy literacy
Dosage and proper use of medications is another area of health literacy that we address when members pick up or are sent their prescriptions. Medications are packaged with written instructions for use and background information on possible adverse reactions. Members may also email their doctor's office with questions, and can send queries to their pharmacist. To serve our diverse membership, many of our health care providers are bilingual or multilingual, and we offer interpreter and translation services to assist members with questions and concerns.

Health Equity
Diversity is a key element of Kaiser Permanente's business strategy, membership strategy and workforce strategy. Our National Diversity Council establishes initiatives to promote, support, and assist in coordinating the key elements of the Program's diversity strategy to provide culturally competent medical care and culturally appropriate services to improve the health and satisfaction of our increasingly diverse membership.

A critical and far-reaching example of our diversity integration efforts is the massive initiative to collect racial, ethnic and language preference information from our members, utilizing the vast capability of our electronic health record, Kaiser Permanente HealthConnect.®

This data is vital to our efforts to reduce racial and ethnic health disparities; assess the efficacy of culturally-informed medical interventions, inform development of new ones, and consequently validate replicable, best practices; guide our culturally competent care and linguistic services efforts and direction; and increase our capacity to customize care to various population segments – a critically important, competitive advantage in the marketplace.

To reduce cultural and communication barriers to health care, and to improve access for our ethnically and culturally diverse members, we also provide:

- bilingual caregivers
- multilingual signage

- onsite interpretation services for members with limited or no English proficiency for
- outpatient, inpatient, and emergency care
- phone translation services for more than 140 languages, 24 hours a day, 7 days a week
- TTY services for the deaf, hard of hearing, and speech impaired

Promote primary care by encouraging members to have a primary care physician
Evidence shows that a positive, ongoing relationship with a Primary Care Physician (PCP) helps to improve health outcomes and member satisfaction. That's why we encourage members to choose a PCP who's right for them and provide support and information to make it easy for them to do so.

New and existing members have a wide choice of doctors to choose from at **kp.org/mydoctor**. Here, members can view information on primary and specialty care physicians, including:

- language(s)
- gender
- culture
- specialty
- education
- credentials
- doctor's personal statement

This information helps members find a doctor they'll feel most comfortable with. If a member needs help choosing a doctor, we encourage them to call us at the phone number listed on their ID card. Once their first visit is scheduled, members will receive a letter from their personal physician with more information.

While we encourage members to establish a relationship with a PCP, we do not require them to select one. If a member doesn't choose a doctor by their first appointment, we'll select one on their behalf. Once a PCP is assigned, members can choose to keep the assigned physician, or change the selection at any time.

Clinical

Implementing the Bree Recommendations
To facilitate improvement in quality and outcomes, Kaiser Permanente has implemented defined policies and procedures regarding the development and approval of clinical practice guidelines and preventive health guidelines. Kaiser Permanente Northwest physicians are actively involved in the development and dissemination of guidelines. Clinical practice guidelines are evidence-based, data-driven tools developed by multidisciplinary teams of Permanente physicians and health care experts that provide systematic, detailed recommendations concerning the prevention and treatment of various medical conditions and are created based on experience and the current literature.

Our focus is on clinical areas of high cost, high variability, and high importance to our members. The medical group utilizes multiple factors, such as practice variations and opportunity for improved outcomes, in determining priorities for development of clinical guidelines and protocols. Clinical practice guidelines are reviewed at least every two years, consistent with NCQA standards, or more frequently as new evidence becomes available.

Our guidelines make current scientific and medical information accessible to physicians who are making decisions and promote appropriate care. Intranet Web sites make guidelines and protocols available at the point of service to Kaiser Permanente physicians, which facilitates plan-wide utilization and distribution. Permanente practitioners are responsible for applying recommendations to the specific clinical characteristics of each patient.

The Bree Collaborative's expertise has informed and influenced many of our treatment guidelines. Our treatment guidelines include extensive checklists of symptoms, therapies and practice resources to assist our care providers in guiding members through the appropriate decision points.

Limiting low-value care and team based care

From the beginning, Kaiser Permanente has been fundamentally different. Dr. Sidney Garfield, our founding physician, had the radical idea to put doctors together in a cross-specialty, group practice that focused on health, not sickness. He realized that by putting doctors together and incentivizing them for health, his model could change the way medicine was practiced. It was the invention of integrated care.

Because we're set up differently, we're aligned to better deliver what matters: improved health, more value, better clinical outcomes, and consistent service. We're different than other options; we're not just financing care. We're caregivers, hospitals, and health plans working in concert to set the benchmark for quality, affordability, and service. Integration is the model across our program in which hospital, primary care, and specialist providers in all areas work collaboratively to share information and simplify coordination of care. It allows us to deliver some powerful benefits:

- Consistent service and consistent value
- More stability and better cost management
- Many services under one roof so members spend less time driving from location to location to get the care they need (primary care visit→ driving to a specialist→ driving to the lab→ driving to the pharmacist, etc.)
- Limiting low-value care and leading team based care with fast and seamless coordination between primary and specialty care for efficient service and timely interventions that save lives
- A focus on prevention to avoid chronic conditions instead of costly treatments after the fact
- Evidence-based care (disseminated to doctors across our program using advanced technology) and a commitment to constant improvement so we can offer efficient care and better value for our members and our customers
- Delivering the right care at the right time for healthier, more productive members

Addressing the Opioid Use Public Health Crisis

Kaiser Permanente has been and continues to be on the front line of fighting the epidemic of opioid misuse and abuse. Although opioids are appropriate for treatment of acute pain, increased use in medical settings for chronic noncancer pain have been linked both to risk of adverse outcomes to patients and to diversion of these medicines in the community.

In 2016, we had a bold plan to reduce chronic opioid use with a focus on patients with a morphine equivalent dose of >90 mg *and* reduce opioids prescribed for acute needs, such as post-operative care. In response, we created our Opioid Use Improvement (OUI) program. The goals of the OUI include:

- improving safety and effectiveness of pain management for individuals with non-cancer pain
- limiting the quantity of opioids in the community to reduce the public health risk of diversion
- reducing overall costs attributed to opioid medications, particularly brand-name opioids

Because of the hard work of all clinicians, pharmacy partners, and our healthcare teams involved with the OUI program, we've seen *significant decreases* across all metrics. The OUI leverages Kaiser Permanente's integrated care delivery system with a strong partnership and a high level of integration between medical care providers and our pharmacy program to successfully implement this program and achieve these aims. The OUI work is a collaboration between NW Permanente Physicians and the Health Plan (e.g., primary care, specialty clinicians, pharmacy program, nurses and behavioral health specialists).

Earlier, in 2010, to aid primary care physicians (PCPs) in opioid management decisions, we created the Support Team Onsite Resource for Management of Pain (STORM). This team exemplifies the strength of our multidisciplinary approach and includes physicians, pharmacists, nurses, and social work leaders. Externally, our experts have served on panels to advise Multnomah County and the DEA about opioid prescription abuse.

STORM resources include pain support, mental health resources and Pharmacy Alert Services (PAS). An urgent consultation phone line was created to support PCPs with advice on tapering or converting opioids, use of adjuvant medications, and in interpreting results from urine drug screens. Assistance is also provided with referrals to our Pain Clinic and Addiction Medicine when appropriate. PAS staff proactively review members using opioids and work with clinicians to address possible concerning behaviors related to the use of controlled substances (e.g. multiple early refills, lost/stolen prescriptions, unexpected urine drug screens, reported/suspected diversion).

OUI Tactics

- Development of an Opioid Therapy Plan (OTP) for monitoring patients using chronic opioids. The plan includes use of an informed consent document outlining risks of opioid therapy and expectations surrounding use, routine urine toxicology tests, and clinical monitoring at specified intervals. The OTP is clearly identified in KP HealthConnect®, our electronic health record. All members of the health care team can see the OTP, and non-emergent opioid prescriptions are directed to a sole prescriber who is identified in the OTP.

- Decision support tools within the member's electronic health record are triggered to alert the clinician when high-risk medications are prescribed.

- NW Permanente Medical Group leadership supports this work, including mandatory clinician training related to safe and effective use of opioids, zero tolerance for clinicians practicing outside of established recommendations, and support for physicians who are practicing within the guidelines as it relates to member concerns or complaints.

- Development of a multidisciplinary pharmacy service (STORM) to help members and support clinicians to reduce and optimize non-opioid therapy while tapering doses. Medications of concern include high-dose opioids and medications with heightened risk, including methadone, Oxycontin, and opioids co-prescribed with benzodiazepines (e.g., Xanax, Ativan).

- Enhanced capacity of chronic pain specialty care, including increased availability of multidisciplinary programs and specialist consultations.

- Pharmacy alert system to tag and flag concerning opioid-related behaviors and to monitor for misuse.

- Development of consensus recommendations and related EHR tools for limited yet appropriate opioid use in the Emergency Room and hospital discharge setting (e.g., after surgery).

- Decreased default prescriptions to a smaller number of tablets after surgery, Emergency Room visits, and dental work.

- Availability of a phone-based consultation service for challenging patient situations, interpretation of toxicology results, recommendations for referrals, tapering, and new starts.

Recent Outcomes

- Active opioid therapy plans for >95% of members on chronic opioids of any dosage.
- 91% reduction in the number of individuals on high-dose opioid therapy (>300 mg. morphine equivalent dose) since November 2013 and 68% reduction for those with a dose of 120 mg – 299 mg in the same timeframe.
- 39% reduction in the average dose of opioids prescribed
- Reduction of pharmacy costs by up to $2 million dollars yearly, largely due to reductions of higher dose prescriptions and reduced use of more expensive opioids such as Oxycontin.
- Reduction of Emergency Room utilization related to opioid therapy and its complications
- Kaiser Permanente Emergency Departments at Sunnyside and Westside Medical Centers are among the Emergency Departments lowest prescription rates of in Oregon.
- Kaiser Permanente pediatricians have collaborated to lower the use of codeine in pediatric settings.
- Kaiser Permanente Dentists have collaborated to reduce the number of tablets per prescription by 30%.

Most importantly, we are working together to change the lives of patients battling their pain and addiction. Members often state that they feel as if they "have their lives back" after moving to a lower, safer dose of opioids or even successfully stopping use altogether.

The work of the OUI continues and is an integral part of Kaiser Permanente Northwest's care delivery. Other regional healthcare organizations have looked to our model as a best practice for organized systems of care to promote safe and effective management of chronic pain. We will continue to stay on the forefront of evidence-based management of chronic pain and utilize opioid alternatives whenever possible. Our integrated approach allows us to keep the patient at the center and provide each member an individualized treatment plan for their non-cancer chronic pain.

Financial

Long-term financial sustainability

Kaiser Permanente is committed to providing the highest-quality care at an affordable rate. Nationally, healthcare costs continue to increase at rates that our customers and members cannot afford. Our

focus on affordable care has positioned Kaiser Permanente Northwest to offer competitive rates for our customers and set the foundation to maintain reasonable, predictable increases in the future. Continuing our affordability journey is a key component of our strategy and includes improved processes, efficiency, and input cost control initiatives.

Support HCA in purchasing goal of connecting 90% of payments to quality and value as defined by HCP-LAN 2c-4b by 2021.

In 2015, Kaiser Permanente joined former U.S. Health and Human Services (HHS) Secretary Sylvia M. Burwell in Washington, D.C. as she announced the creation of a Health Care Payment Learning and Action Network (HCP-LAN). This plan created measurable goals and a timeline to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patients. HHS is working with experts like Kaiser Permanente to support the adoption of alternative payment models through traditional Medicare plans.

Kaiser Permanente's highly integrated financing, delivery model and aligned incentives places us in the highest Category 4 of the Alternative Payment Model (APM) Framework. As a leader and innovative pioneer with over 70 years of experience, we can attest to the durability of the model.

Kaiser Permanente was born out of the challenge of providing Americans with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. We applied multiple innovative ideas during those early years. Prepaid insurance spread the cost to make it more affordable. Physicians in group medical practice maximized their abilities to care for patients. They began to focus as much on preventing illness as on caring for the sick.

That foundation has allowed us, from day one, to incentivize our physicians and care teams to focus on maximizing the health of their patients through a long-term relationship, rather than rewarding them for the volume of services they perform. Our philosophy, structure, and incentives are aligned and enable our physicians, nurses, and staff to work collaboratively and create a culture of healing.

We are excited to participate in this Learning Action Network and support the Washington HCA in their purchasing goals. With our own prepaid payment model, Kaiser Permanente has shown that financial and health incentives can be aligned to deliver high quality, affordable care.

Improve management of underlying cost and reduce health care waste

We control costs by reducing waste and engaging members in their health — that is, helping healthy members stay that way and motivating those with unhealthy habits to make positive lifestyle changes. Our investment in KP HealthConnect, the largest civilian and industry-leading electronic health record (EHR) system, is not only our most effective member engagement tool, it also reduces overutilization and greatly enhances efficiency by maximizing information sharing. All Kaiser Permanente providers can securely access this system and view a member's previous test results and physician notations, which help reduce duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors. With the integrated care supported by KP HealthConnect, we're able to give members the right care at the right time.

Reward improved performance of the contracted health systems

In our integrated care delivery system most of our members receive all their care, both inpatient and outpatient, from Kaiser Permanente physicians at medical facilities and hospitals we own and operate. We provide our members with exclusive access to a network of providers that's recognized as high

performing by independent quality evaluators, including the Integrated Healthcare Association and NCQA, which use nonproprietary, publicly reported metrics to measure quality.

As a result, Kaiser Permanente members don't have to waste time and energy, particularly when they're in a health crisis, searching for trustworthy, relevant performance information, making comparisons of nonaffiliated physicians and hospitals, or worrying about whether they've chosen a high-quality provider — which is often the case in fragmented care delivery systems. Additionally, we don't have to create complicated benefit designs — such as tiered networks with higher copays or cost sharing that discourage the use of lower-performing providers — to ensure that our members access high quality, cost-effective care.

We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage members care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. Our "glue" is our electronic medical record built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation.

Section 4: Content of Responses

A: Types of Plans and Contracts

1. **Identify all of the following plans that are offered by your organization: HMO, PPO, ACO, HDHP, High Performance Network, or other? If "other" please provide a brief description. Of the plans identified, which are offered in Washington State?**

   For Commercial groups with Washington contracts, the Kaiser Permanente Northwest service area includes all of Multnomah, Washington, Columbia, Polk, and Yamhill counties and portions of Benton, Clackamas, Clatsop, Linn, Marion, and Hood River counties in Oregon. In Washington, it includes all of Clark and Cowlitz counties.

   In Washington and Oregon our license is filed as a Health Care Service Contractor (HCSC). In Washington we used to have two licenses for Kaiser Permanente Health Alternatives and Kaiser Foundation Health Plan of the Northwest. As of January 1, 2006, we are an HCSC under both licenses and have relinquished our Federally Qualified HMO status.

   HMO

   Kaiser Permanente has moved away from the term HMO and use either the description of traditional or managed care plans or products. We included our Traditional, Deductible and High Deductible Health Plans in this category, as we think it speaks to the spirit of the request.

   The plans listed under HMO provide access to our integrated health care delivery system and our network of Permanente Medical Group providers. We have a total of 65 HMO plan designs: 10 traditional Copay plans, 34 deductible plan designs and large accounts have the option to customize benefits beyond the standard offering.

   - **Traditional Plans**
     Our traditional plans offer members predictable copays and out-of-pocket maximums to make it easier for employees to manage their health care spending and offer financial peace of mind. There are five core plans to choose from with a variety of copay options and large accounts have the option to customize benefits beyond the standard offering.

   - **Deductible Plans**
     To address the needs of employees and employers who want to have more control over their health care options and decisions, we offer a comprehensive portfolio of Consumer Directed Health Care (CDHC) products. The goal of CDHC is to provide alternatives for employers, who purchase health benefits on behalf of their employees, with plans and tools to help them maintain the viability of their benefit offerings, and moderate the impact of rising health care costs on their businesses through employee cost-sharing.

     We offer a host of deductible plans that can help groups lower their premiums while expanding their choices to fit individual needs. Groups can choose from plans with varying copayment amounts, coinsurance levels, deductibles, and out-of-pocket maximums. Most preventive services are covered at no cost.

- **HDHP**
  The Kaiser Permanente HSA-qualified high deductible health plan is a deductible health plan that is compatible with an IRS-regulated health savings account (HSA) that allows employees to use pre-tax funds for qualified medical expenses. An HSA can reduce health care costs for employers by encouraging members to engage in their own health care decisions, while enabling them to plan, pay, and save for current or future medical expenses. The plan generally offers lower premiums than other plan types. Your members will have more control over their health care dollars, helpful online decision-support tools, and the same high-value access to Permanente physicians.

PPO

Employees living and working outside Southwest Washington are eligible to enroll in a plan that gives them the flexibility to see a broad network of providers at the richest benefit level. Our PPO Plus plans are part of a total solution to address employees living outside Southwest Washington.

Other

We included Kaiser Permanente Point of Service (POS) plans as these plans don't fully fit under HMO or PPO, and include a different network with an expanded choice of providers.

Kaiser Permanente offers Added Choice POS plans featuring a range of premiums, coinsurance, copayments, and deductible levels to meet diverse needs and budgets. Added Choice POS plans include both traditional copay and deductible plans. Members experience the predictable copayments associated with our traditional plans with the expanded choice of providers that comes with a POS plan. Members have access to all that Kaiser Permanente offers, plus the option to seek covered services from licensed providers across the county.

With these plans, members decide how to spend their health care dollars. Kaiser Permanente's Added Choice POS plan, offers both choice and convenience with three levels of coverage, called tiers. Members choose which doctors they see, which medical facilities they use and how much they pay. With Added Choice, members can:

- Choose their doctor.
- Choose the medical facility or hospital.
- Manage out-of-pocket costs by choosing the tier in which they receive care.
- Choose a different tier the next time they receive a health care service.

High Performance Network

While other health plans have sought broad participation by community physicians and hospitals, Kaiser Permanente Northwest has focused on creating a delivery system of physicians and hospitals carefully selected to provide high-quality, affordable care. Quality of care is rigorously monitored and improved.

The heart of our commitment to high-quality, affordable care is the exclusive partnership between Kaiser Foundation Health Plan of the Northwest, and Northwest Permanente, Physicians and Surgeons, PC. The two entities have joint credentialing processes to maintain professional competency, appropriate clinical practices, utilization, and patient safety. Clinical

guidelines and practice resources are developed jointly, and are embedded into the electronic medical record (EMR) system to make them easier to follow in daily clinical practice.

Physicians receive regular feedback on quality of care, service and utilization data related to their practices. Each physician is a member of a formal clinical department with its own leadership and peer review process. One of the strongest features of peer review is the transparency of clinical data. All clinical interactions, diagnoses, and care plans are documented in the EMR, making these readily available to all other physicians. Concerns about quality of care or service are addressed as they arise, and not just from a hospital medical staff perspective. All clinical encounters, outpatient as well as inpatient, are subject to the same review and resolution.

It requires three years to become a Senior Physician in Northwest Permanente with regular review of all the elements of practice during that time. After becoming Senior Physician, the clinical feedback process continues with equal intensity. Re-credentialing with formal review of all elements including medical/legal issues occurs every 2 years.

Kaiser Permanente Northwest has both its own hospitals (Kaiser Sunnyside Medical Center and Kaiser Westside Medical Center) and relationships with community facilities (Legacy Salmon Creek, Doernbecher Children's Hospital, and Salem Hospital). As Kaiser Foundation Hospitals, Kaiser Sunnyside Medical Center and Kaiser Westside Medical Center are completely part of the Kaiser Permanente delivery system. When we choose to affiliate with community hospitals, we move all the critical elements of our high-quality delivery system into that facility. The foundation is our electronic medical record, Kaiser Permanente HealthConnect®, and all clinical information is present in real-time for all those who participate in the care of our members. Northwest Permanente physicians provide most physician services in these contracted institutions. Where other physicians participate, clear contractual relationships are established with guarantees of credentialing and quality review. The Health Plan has established quality monitoring reporting requirements with the community hospitals so that the quality of care for Kaiser Permanente members is ensured.

ACO

As health care costs escalate, and other health care plans discuss ways to deliver accountable care organizations (ACOs), it sounds a lot like what Kaiser Permanente has been doing for the past 70 years. We're an advocate for ACOs — integrating physicians and rewarding them for controlling costs and improving quality. Our health plan, hospitals, and medical groups function as one organization — with an aligned purpose, goals, and performance expectations. Our unique integrated system ensures that not only the providers, but our entire system, functions at optimal efficiency to manage costs.

To keep members healthy and productive, improve outcomes, and reduce the risk of hospitalization and Emergency Department visits, our physicians, specialists, registered nurses, pharmacists, and labs all work together in our integrated care delivery system.

We accomplish this with our groundbreaking health information technology platform, which brings patient information into the physician's hands and allows patients to take an active role in their own care. Members receive most of their care within our integrated system. Our physicians — focus on providing the right care at the right time, not whether they'll receive

reimbursement for costs.

One advantage of our integrated system over patient-centered medical homes (PCMHs) is that we are much better at using our electronic health record (EHR) to promote care coordination. Many PCMHs claim to use EHRs to promote care coordination, but suffer from disjointed, misaligned priorities which inhibits proper coordination.

Our providers are held accountable by ensuring they deliver appropriate care. We accomplish this by avoiding duplicate tests and services using: utilization management review, evidence-based prescribing, and adoption of best practices. In addition, our Northwest Permanente Medical Group incentives are tied to quality, service, and positive outcomes. Finally, we have advocated for, and participated in, public accountability efforts from the National Committee for Quality Assurance (NCQA), The Joint Commission, and other evaluators.

Dental

For more than 40 years Kaiser Permanente Dental has been providing care and coverage to our dental members. We are committed to fully integrating medical and dental care to support a total health model. Our uniquely coordinated, evidence-based model delivers affordable, high-quality care and services for our members. This includes dentists assisting in closing care gaps for medical members, physicians closing care gaps for dental members, and much more. Our dentists and physicians use the same electronic health record, and in many cases deliver care in co-located facilities, enhancing convenience and health outcomes for our members.

Customers can choose from a wide range of plan choices and mix and match a number of deductibles or office visit copays to customize plans. In addition to our Traditional plans, we offer our Dental Choice PPO plans with a wide range of options. The PPO plans include the Permanente Dental Associates network to provide medical and dental integration for our members who choose to receive care through Permanente providers. Sample plan summaries are included for both our Traditional and Choice products.

Please find additional information on the value of integrated medical and dental care and coverage and benefit summaries for suggested plans attached with our response.

2. **Please identify how many accounts (employer or purchaser) you have for each type of plan, and the total number of covered lives for each plan. For purchaser contracts, please identify any limitations to providing employer level data.**

3. **Given the response to item 2, does your organization have a preference for contracting as a fully-insured HMO or a fully-insured PPO plan under a consolidated statewide procurement? If yes, please explain your preference.**

[redacted]

B: Cost and Plan Design

1. **Based on the assumptions listed in Exhibit 2 – Financial Assumptions, please provide premium quotes for each Sample Plan listed in Exhibit 3 – Cost Sharing, Benefits, and Covered Services (Table 1 and 2). To provide insight into the population used to develop premiums and the adjustments used to project required revenue for that population to calendar year 2020, please complete Exhibit 4 – SEBB Rate Form. Please provide any additional assumptions or insights that inform your organization's RFI response.**

   *****CONFIDENTIAL AND PROPRIETARY RESPONSE*****

   Please see the attached KPNW 2020 WA SEBB RFI 2646-Exhibit 4-SEBB Rate Form. Kaiser Permanente has provided rates for illustration purposes only. It is non-binding and does not constitute a formal offer to contract. Kaiser Permanente is not legally obligated to honor the rates explicitly outlined in this quote.

   Rates are provisional and subject to regulatory approval.

   These rates assume a risk adjustment that would not adversely affect the contribution status in comparison to other carriers. If the risk adjustment produces a result that allows a competing plan to offer a similar plan at a lower contribution then the rates would need to be adjusted.

   - **Quotes for each plan must have the same service area, include all counties in which the Carrier participates, and be based on the experience of all currently covered lives. If you have Washington State school employee covered lives, please base your quotes on this population. If you do not, please provide a written description of the population used for development of rates.**

     Kaiser Permanente Northwest has provided rates assuming our current population of Washington School District employees and dependents. We are utilizing over 7,000 members for this rating, and our calculations are 100% experience rated. If there are any adjustments in contributions or benefits that would encourage a substantially different population mix, we reserve the right to adjust rates accordingly.

- **Quotes should include a screen snapshot of the Federal actuarial value (Federal AV) calculator used to calculate the Federal AV section of the form, including inputs and results.**

  Confirmed. Please see the attached KPNW 2020 WA SEBB RFI 2646-Federal AV Screenshots

- **The pricing actuarial value (Pricing AV) for any plan quoted should reflect only the following:**
  - **Plan Type (HMO, PPO, POS, etc.)**
  - **Provider network reimbursement levels**
  - **Provider network utilization management**
  - **Both point of service cost sharing and overall plan level cost sharing**
  - **Benefit induced utilization**

  Confirmed. Please see the attached KPNW 2020 WA SEBB RFI 2646-Federal AV Screenshots.

- **All premium quotes should include the same non-benefit expense load as a percentage of premium.**

  Confirmed.

2. **Based on the Assumptions in Exhibit 2—Financial Assumptions, please provide up to four (4) plan options in addition to the Sample Plan quotes. At least one of the four (4) plan options must be a tax qualified High Deductible Health Plan (HDHP) with a health savings account (HSA). The benefits and covered services outlined in Exhibit 3 – Cost Sharing, Benefits, and Covered Services (Table 2) is to be used as starting point. Any proposed carve-outs and additions to benefits and covered services must be included and captured in the attached SEBB Rate Form.**

   *****CONFIDENTIAL AND PROPRIETARY RESPONSE*****

   - **Quotes for the alternative plan options must include the same coverage area as the Sample Plans, and be based on the same experience.**

     Confirmed.

   - **Quotes should include a screen snapshot of the Federal AV calculator used within the individual market.**

     Please see the attached KPNW 2020 WA SEBB RFI 2646-Federal AV Screenshots.

   - **The Pricing AV for any of the other plan options you have proposed is under all the same restrictions as Sample Plans, and must reflect only the following:**
     - **Plan type**
     - **Provider network reimbursement levels**

- **Provider network utilization management**
- **Both point of service cost sharing and overall plan level cost sharing**
- **Benefit induced utilization**

Confirmed.

- **The Federal AV of any such plan option should not be lower than 76 percent (76%). The 76% Sample Plan should have the lowest premium rate of all proposed premium rates. When developing the Pricing AV for such plans, assumptions should be developed on a consistent basis with the Sample Plans.**

  Confirmed. Kaiser Permanente Northwest's HDHP Federal AV rounds up to 76%.

- **For any HDHP, note the impact on AV from any assumed HSA contribution.**

  At this time there is no rate impact whether the Employer funds the HSA plan design or not at this time.

- **The goal of providing information on other plans is to help HCA understand what Carriers believe will be viable, meaningful options for the SEBB Program. Therefore, such plans must have Federal AVs that are separated by at least two percentage points from any of the other plans provided in your response.**

  Confirmed. Kaiser Permanente Northwest has at least a 2 percent difference between the required 3 plans and the 3 alternates plans. Please see the attached benefit summaries for our alternate plan suggestions.

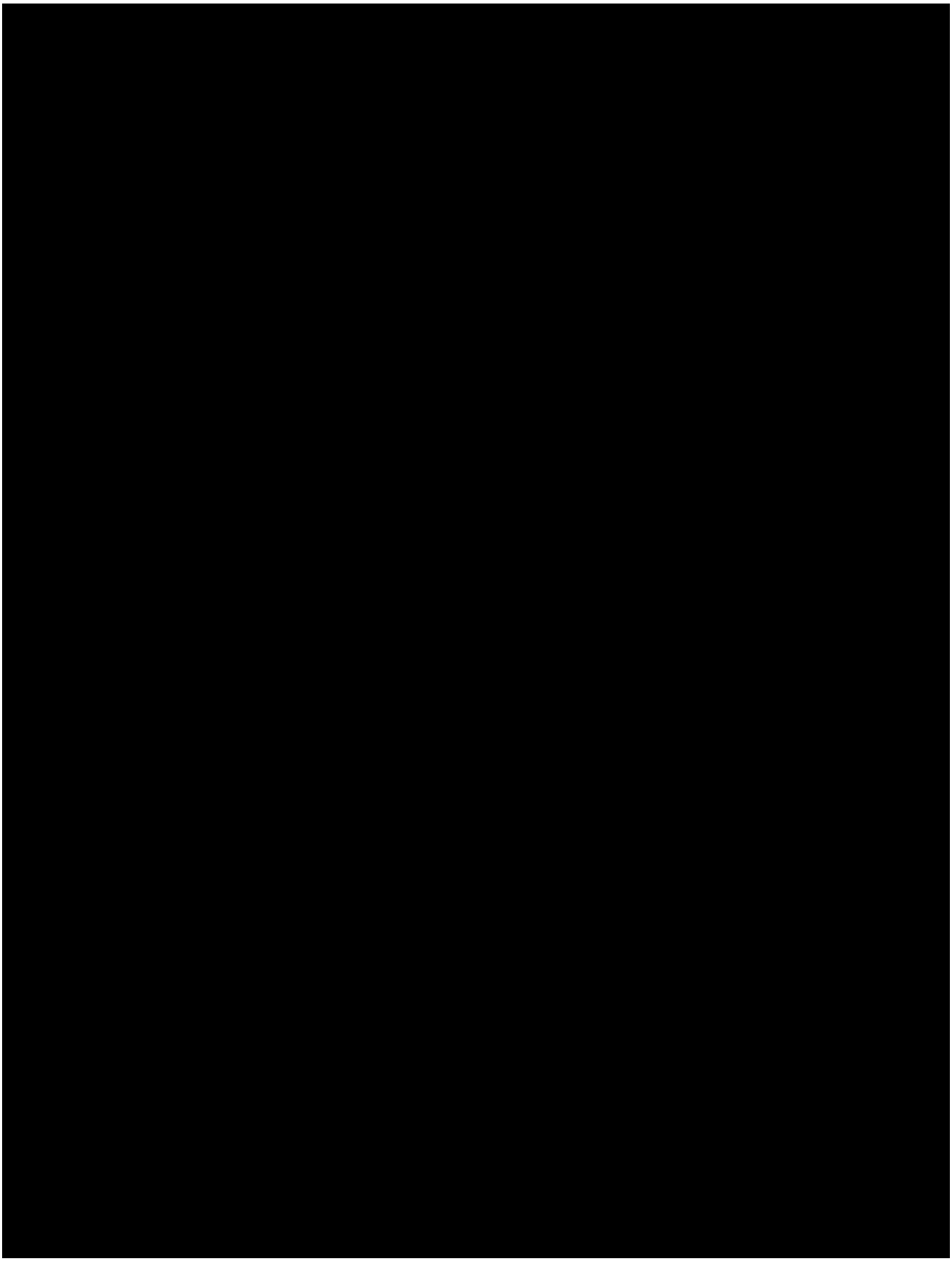
- **All plans should be loaded with the same non-benefit expense load.**

  Confirmed.

3. **HCA currently uses the risk model by Verscend Technologies DxCG® Intelligence Commercial All-Medical Predicting Total Risk version 5.1.0 to measure morbidity differences within the PEBB Program population. Please provide feedback on the use of this model to adjust the plans' rates within the risk pool for the SEBB Program population and whether a concurrent or prospective risk score is preferred for 2020.**

   *****CONFIDENTIAL AND PROPRIETARY RESPONSE*****

[redacted]



C: Geographic Coverage

*****CONFIDENTIAL AND PROPRIETARY RESPONSE*****

1. **HCA would like to know how many fully insured HMO, PPO, and other plan types your organization currently offers in Washington, Oregon, and Idaho counties, as well as any changes anticipated for the future. Please complete columns c-h in Exhibit 5 – County Coverage**

   Please see the attached KPNW 2020 WA SEBB RFI 2646-Exhibit 5-County Coverage_Proprietary Information

D. Provider Network

1. **If a new client were transitioning members onto your plan(s), would your organization be open to the idea of adding providers to your current network(s)?**

   Yes. Kaiser Permanente Northwest ensures an adequate network of providers by assessing the needs of members and consistently monitoring access to care. When awarded a contract for a client with significant membership, we evaluate the need to add additional providers to our network. At least annually, we identify and evaluate primary care and high-volume services utilized by our Members and assesses the following to determine the sufficiency of the network to ensure adequate access to care and services:

- Geographical availability of providers according to Nationally recognized standards per OAR 836-053-0330, primary care and high-volume specialty care services
- Member to practitioner ratios and panel status reports per established standards for primary care, general dentistry care and high-volume specialties
- Appointment access for primary care, specialty care, Dental and other services according to established standards by states
- Member complaints and satisfaction surveys

2. **Please provide the typical timeframe for adding the following provider types to your network (e.g. 4-6 weeks, 2-3 months, etc.)?**
   a. **Primary care physicians**
   b. **Ancillary providers (physical therapists, occupational therapists, massage therapist, chiropractors, etc.)**
   c. **Specialists**
   d. **Urgent care**
   e. **Hospitals**

   The typical time frame to add new providers is 4 – 9 months. Daily, weekly and quarterly summary reports of various access metrics in addition to those indicated above are evaluated by primary care and specialty care leadership, the Northwest Permanente Board of Directors and our Regional Operations and Quality Group to monitor compliance with standards and sufficiency of the network. These reports inform staffing, provider contracting and recruitment strategies which are modified as needed based on the results. Referral rates and provider panel sizes are monitored daily and adjustments are made to schedules and provider panels to accommodate the needs of members, ensuring that they can be seen in a timely manner based on clinical need.

   Kaiser Permanente Northwest also incorporates findings from local public health Community Needs Assessments, standardized outcome measures, and uses assessment data and findings to further refine and develop networks in our service area. Additionally, membership forecasting efforts assist in capital planning and expansion efforts by projecting where new facilities and additional providers may be needed based on anticipated growth.

   Better doctors provide better care — and that's a smarter way to invest in employee health. We have world-class physicians who are leaders in their fields of medicine. And we're very selective about the doctors we hire — only about 1 in 10 who apply are selected.

   There are no industry standards for hiring quality physicians — doctors can contract with health plans as soon as they have a license. Doctors in other health plans may keep the same care protocols in place for years, long after they're outdated. Since they aren't subject to performance evaluations by the health plan, they aren't incentivized to stay up-to-date with current medical advances.

   At Kaiser Permanente, our applicants submit an employment and credentialing application that includes questions about licenses and certifications, hospital staff/organization membership, training, work history, professional liability history, and references. Then we conduct multiple interviews with each applicant to evaluate their interpersonal skills, practice patterns, and

clinical qualifications.

We hire and train our own doctors who are all part of the same organization, and held to our high-quality standards. Many of our doctors have attended and still teach at leading medical schools such as Johns Hopkins, Yale, Harvard, Stanford, and UCLA. Respected by their peers — many of our physicians have held posts with prestigious organizations like the National Quality Forum, Pacific Business Group on Health, and The Joint Commission. Several of our physicians have served as national policy advisors for Congress.

Physician Board Certification
All our physicians must be certified by the American Board of Medical Specialties or have met all requirements for taking the board certification exams. Our regional credentialing departments verify the certification status of every doctor as part of our rigorous credentialing and re-credentialing process. We initiate the re-credentialing process as our physician's certification is expiring.

Across our organization, 98% of our family medicine physicians and 100% of our pediatricians are board certified. By contrast, fewer than 85% of licensed physicians across the United States are board certified. Doctors who are board certified go beyond what's required for general licensing, participating in a rigorous evaluation of their experience, knowledge, and skills in their specialty.

3. **Do you add providers on a rolling basis throughout the year or only at set times during the year?**

Yes. Primary care physicians (PCPs) and specialists are added to the Permanente Medical Group on a rolling basis as needed with membership growth, increased volume of patient visits, and cost/benefit analysis.

E. Administrative

1. **Is your organization NCQA/URAC accredited? If yes, for what certification period, and what is your organization's status? If not, what is your organization's plan, if any, to become accredited?**

Kaiser Permanente Northwest is accredited by NCQA. Our Commercial Accreditation is Commendable and our Medicare plan is accredited as Excellent. The certification period is April 2016 – April 2019, and our next review is scheduled for March 2019.

There are currently 12 Commercial plans accredited in the state of Oregon and 17 in Washington. At Commendable status, we are tied with Providence for having the highest level of accreditation in Oregon and tied with Kaiser Permanente Washington, Regence and United Health Care for having the highest accreditation level in Washington.

Kaiser Permanente owns our own hospitals and its contracts with providers. Kaiser Permanente hospitals (Kaiser Sunnyside Medical Center and Kaiser Westside Medical Center) are accredited by the following:

- Joint Commission – for our hospitals, and Home Care. Kaiser Sunnyside Medical Center's is accredited as a Primary Stroke Center and the Ventricular Assist Device program is accredited. Kaiser Westside Medical Center's Joint Replacement (Hip & Knee) program is accredited.
- College of American Pathologists – Laboratory Accreditation
- American College of Surgeons' Commission on Cancer
- American College of Radiology – Breast MRI, Computed Tomography, Diagnostic Ultrasound, Mammography, MRI, Nuclear Medicine, Computed Tomography, PET Scans

Additionally, for the seventh year in a row, Kaiser Permanente leads the nation with the most 5-star plans in the Centers for Medicare & Medicaid Services star quality ratings. For seven years in a row, the Northwest region received the highest possible rating of 5 out of 5 stars. The Centers for Medicare & Medicaid Services' 2018 star ratings offer the most comprehensive and objective measure of a plan's quality, service, and member satisfaction.

2. Does your organization have experience in providing an employee assistance program (EAP) for subscribers to access through your fully-insured medical plans?

No. While Kaiser Permanente does not offer EAP services, we recognize the importance of this employer-sponsored benefit program designed to assist employees with early intervention via short-term consultation for behavioral health and work/life problems that can affect overall health and productivity. Our full Behavioral Health (mental health and addiction medicine) program and wellness services through our integrated health care plans are described below.

Kaiser Permanente members may need to transition care if/when their EAP counseling benefit exhausts and they require ongoing medically necessary behavioral health care. Ensuring smooth member transitions from an EAP to Kaiser Permanente care can help our customers better manage costs. If there's a gap in care, employees can lose treatment progress and momentum, which can lead to more days off work and increased absenteeism. No referral is required to access our behavioral health services, so transferring care is simple.

Kaiser Permanente is aware that transitioning an individual from EAP care to Kaiser Permanente Behavioral Health services must be done quickly and smoothly for the benefit of the employer group, the EAP provider, and, most importantly, the member. Our latest improvement to this process is the introduction of live help on the EAP provider helpline.

- We have a single, national EAP provider helpline. This automated line routes EAP providers to the member's appropriate Kaiser Permanente Behavioral Health Department.
- When an EAP provider calls, a Kaiser Permanente member service representative will answer the call and warm transfer the EAP provider to the correct Kaiser Permanente Behavioral Health Department for the member.

a. If yes, please provide a list of the types of EAP benefits you have experience providing (e.g. counseling/assessment/referral, management workplace consultation, employee

workplace consultation, critical incident management and debriefing, training, additional work/life benefits such as legal or financial counseling, or other services).

We have a wide range of Behavioral Health and Wellness programs to help inform and motivate our members to be proactive participants in their health by; addressing potential problems before they become serious, reaching their health goals, and realizing the long-term benefits of a healthy lifestyle. All of these programs are embedded in our whole-person total health practice of care delivery and most are connected to a member's personal health information (PHI) through Kaiser Permanente HealthConnect®, our award-winning, state-of-the-art electronic health record (EHR) system.

Behavioral Health

Our behavioral health programs focus on access and availability of services, proactive screening, educational resources and wellness tools, and providing care that is coordinated among primary physicians and behavioral health practitioners as part of a fully integrated medical/behavioral health care delivery program. These factors are needed to help ensure that members receive necessary and timely behavioral health treatment and that care plans and information are appropriately available to all members of the healthcare team.

Kaiser Permanente offers a full-range of clinical and support services for children, teens, families and adults dealing with substance abuse, emotional, and/or mental health problems. All of Kaiser Permanente's Behavioral Health services are "open access" which means an appointment can be made without a referral from the member's primary care physician.

Members seeking help can use the following resources:

- Call or email their Kaiser Permanente physician.
- Make a non-urgent appointment online to see their physician.
- Contact our Member Services or the mental health department at their local Kaiser Permanente facility to make an appointment.
- Use the location finder, where they can find the phone number for the nearest mental health services and offices close to the member's home or office. Region-specific links are included below for easy access to this information.
- Talk to an advice nurse by calling the advice telephone number
- Sign up to take a class to explore conditions and treatment options for depression, anxiety disorders, insomnia, couple's communication, chemical dependency, anger, parenting and more.

Wellness Tools

- **Online tools**
  All members have access to a wide variety of free or low-cost wellness tools and resources. A first stop for members is to use Succeed, an interactive total health assessment (THA, also known as a health risk assessment or HRA) program. Developed by Johnson & Johnson Health and Wellness Solutions, Inc., and available to members on **kp.org**, Succeed invites them to answer questions about their health and lifestyle,

evaluating such factors as physical activity, stress, weight, nutrition, and smoking to generate a Personal Health Profile of the member's health and well-being. Based on this, the THA offers links to other online programs.

- **Classes and counseling**
  Many of our medical facilities offer healthy lifestyle classes and health counseling services. Information and availability can be found through the "Health & wellness" tab on the welcome page of **kp.org**, calling Member Services, or calling a local medical facility. Class topics include:

  - asthma/chronic obstructive pulmonary disease (COPD)
  - cardiovascular health
  - children and teen health
  - chronic conditions self-management
  - depression overview
  - diabetes
  - fitness/movement
  - healthier living
  - mind/body medicine
  - perinatal health
  - smoking cessation
  - stress management
  - weight management

We also offer a range of counseling programs to our members, including in-person, online, and telephone sessions. Most of our educational programs are offered at no cost to members as part of our integrated care delivery system. Providing guidance and motivation, we have several health coaching options to meet members' needs.

Our coaching teams consist of nurses, registered dietitians, licensed counselors, social workers, and other health education professionals trained in motivational interviewing. Setting us apart from other plans, our coaches have access to a member's clinical records to determine the need for reminders about scheduling preventive services and information on health promotion classes, online programs, and other tools that may be of value to individual members. Coaches can keep the member's physician apprised of their progress and difficulties and can consult with that physician for member-specific expertise when needed.

Workplace health
Unhealthy employees and lost productivity outweigh what employers spend on direct medical costs and employer groups are realizing the value of wellness on improving workplace productivity and helping to manage employee health care costs. To help reduce absenteeism and presenteeism costs, we have several customized workplace wellness options. We work with employers to create effective communications campaigns to encourage employee participation in wellness programs and foster a workplace culture of wellness. To accomplish this, we:

- identify audiences and select appropriate communication vehicles

- determine the types of employer-sponsored communications — newsletters, posters, flyers, paycheck inserts, postcards, and online microsites — that will be the most effective in reaching employees
- ensure all communication graphics and content are on-message and complement each other
- help distribute communications at the worksite

We can create customized web portals that offer group-specific access to features, programs, and health promotions. Developed and maintained without charge to mid- to large-size groups, they're a convenient way for an employer group's employees to stay informed about healthy lifestyle programs.

b. What is the per employee per month (PEPM) cost to employers for providing EAP services to subscribers?

Behavioral Health benefits and the EAP transition services are included in our base benefits and there is no additional premium cost.

c. What is the average utilization rate of counseling services for school employees?

Not applicable.

3. Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client (this information will help HCA in the development of a procurement and implementation schedule):

a. After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 6 – Group Structure Example)?

Kaiser Permanente will require that the group structure be built in our systems prior to testing the HIPAA 834 eligibility file. We will provide a highly qualified team to smoothly implement a new group. Our implementation team will ensure that the group is correctly set up in all systems and will work with you on how to effectively administer the plan. This includes providing open enrollment materials, conducting employee meetings, and being available for group and employee questions. This service is provided at no charge as part of our ongoing efforts to assist and serve our clients.

The following proposed implementation time line can be altered to meet your needs.

Action	Responsible Party/Person	Due Date
Proposal delivered	Kaiser Permanente	August 30
Decision made to offer Kaiser Permanente	Employer and/or Broker	September 15
Kaiser Permanente team meets with Employer/Broker to develop open enrollment, group structure, billing, and other administrative strategies	Kaiser Permanente, Employer and/or Broker	September 30

Schedule local onsite open-enrollment meetings for Q&A presentations	Employer Kaiser Permanente	October
Open-enrollment period begins	Employer	October
Eligibility sent to Kaiser Permanente	Employer	December 1
Information processed and identification cards requested	Kaiser Permanente — Membership Accounting	December 1 - 15
ID cares delivered & contract begins	Kaiser Permanente	January 1

b. After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization's IT systems?

Programming will take 7-10 business days

c. After completion of the programming, on average how long would it take your organization to test?

Testing time line is 16 days

4. Does your organization contract directly with an HSA vendor to administer your subscribers' qualified HSA benefits? If so, which vendor do you use?

Yes. We've simplified account administration by contracting with:

- WEX Health (one of the nation's largest CDHC plan administrators)
- HealthcareBank, a division of Bell Bank (member FDIC)
- Devenir serves as our HSA investment advisor.

The Health Payment Account administration is powered by WEX Health, a cloud-based health care financial management platform that drives efficiency for benefit administration technology, consumer engagement, and advanced billing and payments. However, Kaiser Permanente members can access their financial account (HRA, HSA, & FSA) information through the kp.org website which offers single sign-on capability. The kp.org integrated consumer portal provides 24/7 secure online access. From the portal, members can view account balances; file claims; upload receipts; view account activity, claims history and reimbursement history. In addition, members can email questions and receive responses within 24 hours.

There are many convenient features available only to customers and account holders with a Kaiser Permanente Health Payment Account. However, we do have customers that have long-standing relationships with other third-party administrators (TPAs) for their FSA, HRA and HSA administration. To help facilitate the sharing of claims information with external vendors and TPAs, we provide Kaiser Permanente Claims Share as a service for our customers. We have established file feeds to share claims with certain external vendors and TPA, which includes HealthEquity. Parameters, requirements and fees are less restrictive for existing KP Claims Share Approved Partners, but will need to be discussed with your account manager.

5. **Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.**

   Please contact:
   Hilary Getz, Executive Account Manager
   Hilary.k.getz@kp.org
   503-813-4616

F. Additional Questions

1. **What factors would you consider as you look to expand coverage into a new county?**

   Kaiser Permanente looks for opportunities to bring our affordable, high-quality, integrated, and evidence-based care to new markets. Factors we consider when entering new markets include rising local cost of care, lack of choice and competition, primary care access needs, dental provider shortage, and membership opportunity. We also look for market interest in Kaiser Permanente's unique value proposition as a leader in wellness, preventive care and coverage together. In expanding to new markets, Kaiser Permanente seeks to fulfill our mission of improving the health of the communities we serve.

2. **What information would your organization typically need from a new client to be able to develop a proposal for a fully-insured group medical insurance plan (data requirements, file exchange requirements, claims and census data, timeline, etc.)?**

   To provide a quote for a new client, Kaiser Permanente Northwest requires the following information:

   - Current and renewal rates
   - Current and requested plan design(s)
   - Employer and employee contribution amount
   - Claims experience – rolling 24 months
   - 4th quarter deductible carry over – included or not included
   - Employee census (Excel format) including:
     - Date of birth
     - Zip code
     - Gender
     - Enrollment level (e.g., eligible employee, eligible spouse, etc.)
     - Enrollment status (e.g., active, COBRA, etc.)
   - Probationary period for new hires

   Additionally, we think having a robust Clinical/Health Outcome Performance Guarantee (PG) program is key to long term success of SEBB. This type of program will incent carriers to improve quality of care for SEBB members and impact future costs.

   We have partnered with a few large public-sector clients, including the Oregon Educator's Benefit Board, to implemented PG programs that we feel are best in class with the following key elements:

- PGs measures are consistent among carriers
- PGs utilize already established measures, like HEDIS- ensuring aligned methodology
- Targets are set with national benchmarks (HEDIS 75 percentile)
- Client works with carriers to prioritize measures based on their goals- input from carriers can shine light on best measures and potential issues
- Client uses a "scorecard approach" when enforcing penalties. The penalty amount is not based on an individual measure, rather, it is based on an overall outcome. For instance, if a carrier meets 9 out of 12 measures they keep 100% of fees at risk, 7 out of 12 they keep 50%, and below 7 they would keep 0% of the fees at risk
- There is an improvement incentive. If a carrier starts out below target an improvement target is set (reducing the gap between the current performance and the target by 10%). This method gives the carrier incentive to improve without the target being unattainable.

Washington State Health Care Authority
2020 School Employees Benefit Board (SEBB)
Request for Information 2646

Section 6. Administrative Terms and Conditions

F. Public Records and Proprietary Information

Any information contained in the response that is proprietary or confidential must be clearly designated as such. The page and the particular exception(s) from disclosure must be identified. Each page claimed to be exempt from disclosure must be clearly identified by the word "confidential" or "proprietary" printed on the page. Marking the entire response as confidential will be neither accepted nor honored and may result in disclosure of the entire response.

Document	Question or Item	Protected from Disclosure
Section 4 Content of Responses	B.1. and B.2. Exhibit 4	Pursuant to RCW 42.56.270: contains proprietary, confidential, and trade secret information pertaining to Kaiser Permanente Northwest's current and prospective health plan strategies, pricing/rates for services, unique methods of conducting business, and data associated with Kaiser Permanente Northwest's strategies. This information includes, but is not limited to, Kaiser Permanente's rates and plan details developed for SEBB.
Section 4 Content of Responses	B.3.	Pursuant to RCW 42.56.270: contains proprietary, confidential, and trade secret information pertaining to Kaiser Permanente Northwest's current and prospective health plan strategies, pricing/rates for services, unique methods of conducting business, and data associated with Kaiser Permanente Northwest's strategies. This information includes, but is not limited to, Kaiser Permanente's current and prospective health plan strategies related to risk adjustment methodologies.

Section 4 Content of Responses	C.1. Exhibit 5	Pursuant to RCW 42.56.270: contains proprietary, confidential, and trade secret information pertaining to Kaiser Permanente Northwest's current and prospective health plan strategies, pricing/rates for services, unique methods of conducting business, and data associated with Kaiser Permanente Northwest's strategies. This information includes, but is not limited to, Kaiser Permanente's future prospective health plan strategies related to expansion plans.

Washington State Health Care Authority
2020 School Employees Benefit Board (SEBB)
Request for Information 2646

Sample Plan Benefit Deviations from RFI:

We're offering Rx plans with flat copays (other than the non-preferred brand), more closely modeling our standard plan offerings.

For inpatient cost-sharing, we are valuing the coinsurance after deductible.

Kaiser Permanente Northwest

Medical-Dental Integration (MDI)

For more than 40 years, we've been giving our Northwest neighbors the power to thrive with clean, healthy smiles and dental care that connects seamlessly to their overall health and wellness plans. Kaiser Permanente is committed to fully integrating medical and dental care to support our members total health. When both medical and dental plans are with Kaiser Permanente, members have access to multiple services under one roof or nearby. These include doctors, dentists, optometrists, pharmacy, and lab.

Kaiser Permanente's integrated medical and dental care is designed to support SEBB's guiding principles and initiatives.

- Evidence-based medicine, developing common performance measures with a focus on outcomes for individuals with chronic diseases
- Increased utilization of appropriate preventive health services, through appropriate incentives and adoption and use of information technology
- Better coordination, including electronic health records that promote efficient electronic physician order entry and increased access to health information for consumers and their providers that lead to improved health outcomes

Here are examples of the benefits of members having both medical and dental coverage through Kaiser Permanente:

Service

MDI helps increase member satisfaction by making it more convenient to access care:

- Members can fill prescriptions at a Kaiser Permanente pharmacy located near, and sometimes at the same location as the dental office.
- A fully integrated single health record includes both the medical and dental history, giving the member's personal doctor and personal dentist access to the same information, saving time, and ensuring that the care team has the most accurate and up-to-date records.
- Dental offices are strategically located throughout our service area and nearly half our dental offices are within or near one of our Kaiser Permanente medical facilities.

Quality

MDI helps improve care quality and patient safety:

- Dentists can access electronic health records with a current list of medications and allergies.
- Medical doctors can access the electronic dental record to help close dental care gaps.
- The Kaiser Permanente Tumor Registry TRAK system records biopsy results for all oral tissue biopsies performed in the dental office and tracks cases to ensure timely and appropriate follow up care.
- Screenings at dental appointments check for signs of diabetes, high blood pressure, and oral cancers — with direct referrals made to a Kaiser Permanente physician when risks are identified.

Affordability

MDI encourages preventive treatment, improves speed of service, and promotes high-value appointments:

- An integrated care model helps identify preventive screening gaps and reminds members of recommended medical tests and preventive dental treatment.

- Members over age 13 are screened for tobacco use at every exam appointment and are offered referral assistance if they want to quit smoking. 5.7% of our dental patients were referred to a tobacco cessation program or offered nicotine replacement products in 2016.

- The Cedar Hills model (case study examples below) provides members with unique access to medical and dental services in one location, increasing convenience and reducing the number of visits.

Here are examples of strategies being implemented to support MDI integration:	
Medicare 5- Star Rating	Kaiser Permanente Dental helped close 271 A1C blood test care gaps at a 66% success rate (typically 30% seen in medical departments), connecting members to labs after their dental appointment. For added convenience, dental staff talk with members during their dental appointment. If a member consents to having the lab work completed, the dental office calls ahead to get him or her to the front of the lab queue.
Improving Flu Vaccination Rates	Embedded medical assistants in dental offices provided flu shots to 194 patients in the dental chair for two weeks in late October and early November.
Oral Care Gap Closures	Implemented oral care gap closure in our Vancouver and Longview medical offices. Care gap reminders include all diabetic patients without a dental visit in the past 15 months or more, and children 1 through 4 who have not had a dental appointment.
Oral Health Assessment at Well-Child Visits	Family practice and pediatric clinicians complete an oral health assessment and apply fluoride varnish to the primary teeth of infants and children at well-child visits.
Opioid Prescription and Management	Kaiser Permanente Dental reduced the number of opioid-based tablets dispensed per encounter by 30% during a six-month period last year. With the Dental Program's adoption of Kaiser Permanente's electronic health record in 2017, our dentists can prepopulate opioid prescriptions to limit the number of doses to a 1- to 3-day supply, depending upon expected need for pain control.
Case Studies	An end-stage renal disease patient received a "three-in-one" visit (new member dental exam, cleaning, and blood draw) to expedite clearance for kidney transplant list. A patient with high blood pressure received dental care within 2 weeks instead of the standard 8 weeks through care coordination. 8 weeks is an industry-standard norm where typically patients need to schedule separate medical and dental appointments between tests because they need test results before being released to make the next appointment. A pediatric patient received a physical exam in the same office before her oral surgery while her siblings received their vaccinations. A patient with a chronic autoimmune condition benefited from our electronic health record, which allowed her dentist to see a prescription she takes that can affect the jaw.

Background on Kaiser Permanente Dental

Kaiser Permanente Dental serves more than 277,000 members at 20 convenient locations as far south as Eugene, Oregon, and as far north as Longview, Washington. We have been independently recognized for more than 25 years as a leader in providing high-quality, patient-centered, comprehensive care.

We have a diverse, highly skilled group of more than 160 general and specialty dentists, as well as a broad PPO network with more than 8,000 dentists in Oregon and Washington.

Our integration with the Kaiser Permanente medical team allows us to offer more comprehensive, coordinated care. Our electronic health record system helps our doctors and dentists work closely together with and for our members.

We collaborate with our members' Kaiser Permanente medical providers to help prevent illness and manage chronic conditions with reminders for needed health screenings and care. For example, all adults receive a blood pressure screening at dental exams. If a patient has an elevated reading, our dental team will refer him or her to the appropriate primary care provider for follow-up utilizing Kaiser Permanente's integrated medical and dental record.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible
Apply Inpatient Copay per Day
Apply Skilled Nursing Facility Copay per Day
Use Separate MOOP for Medical and Drug Spending
Indicate if Plan Meets CSR or Expanded Bronze AV Standard
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)						
Coinsurance (%, Insurer's Cost Share)						
MOOP ($)						
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical										
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatient Services										
Imaging (CT/PET Scans, MRIs)										
Speech Therapy										
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization										
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services										
Drugs										
Generics										
Preferred Brand Drugs										
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay	
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits	
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number o Copays	
# Copays (1-10)	

Plan HIOS ID: 0
Issuer HIOS ID: 0

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time: 0.1484 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

[redacted]

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design		
	Medical	Drug	Medical	Drug	Combined
Deductible ($)					
Coinsurance (%, Insurer's Cost Share)					
MOOP ($)					
MOOP if Separate ($)					

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to	Tier 1 Subject to	Tier 1 Coinsurance, if	Tier 1 Copay, if	Tier 2 Subject to	Tier 2 Subject to	Tier 2 Coinsurance, if	Tier 2 Copay, if	Tier 1 Copay applies only after	Tier 2
Medical										
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, an X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatient Services										
Imaging (CT/PET Scans, MRIs)										
Speech Therapy										
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization										
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services										
Drugs										
Generics										
Preferred Brand Drugs										
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										

[redacted]

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payment Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	

Plan HIOS ID: 0
Issuer HIOS ID: 0

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: [redacted]
Metal Tier:

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	[redacted]
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate MOOP for Medical and Drug Spending?	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	
Desired Metal Tier	

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	[redacted]
Deductible ($)		
Coinsurance (%, Insurer's Cost Share)		
MOOP ($)		
MOOP if Separate ($)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical	[redacted]									
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatient Services										
Imaging (CT/PET Scans, MRIs)										
Speech Therapy										
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization										
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services										
Drugs										
Generics										
Preferred Brand Drugs										
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payment	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	
# Copays (1-10):	

Plan HIOS ID: 0
Issuer HIOS ID: 0

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: [redacted]
Metal Tier:

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	[redacted]
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate MOOP for Medical and Drug Spending?	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	
Desired Metal Tier	

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	[redacted]
Deductible ($)		
Coinsurance (%, Insurer's Cost Share)		
MOOP ($)		
MOOP if Separate ($)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to	Tier 1 Subject to	Tier 1 Coinsurance, if	Tier 1 Copay, if	Tier 2 Subject to	Tier 2 Subject to	Tier 2 Coinsurance, if	Tier 2 Copay, if	Tier 1 Copay applies only after	Tier 2
Medical										
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, an X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatient Services										
Imaging (CT/PET Scans, MRIs)										
Speech Therapy										
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization										
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services										
Drugs										
Generics										
Preferred Brand Drugs										
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payment	
Specialty Rx Coinsurance Maximu	
Set a Maximum Number of Days for Charging an IP Copa	
# Days (1-10	
Begin Primary Care Cost-Sharing After a Set Number of Visit	
# Visits (1-10	
Begin Primary Care Deductible/Coinsurance After a Set Number	
Copay	
# Copays (1-10):	

Plan HIOS ID: 0
Issuer HIOS ID: 0

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time:
Final 2019 AV Calculator

[redacted]

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	[redacted]
Apply Inpatient Copay per Day?	
Apply Skilled Nursing Facility Copay per Day?	
Use Separate MOOP for Medical and Drug Spending?	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	
Desired Metal Tier	

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			
	Medical	Drug	[redacted]
Deductible ($)			
Coinsurance (%, Insurer's Cost Share)			
MOOP ($)			
MOOP if Separate ($)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to	Tier 1 Subject to	Tier 1 Coinsurance, if	Tier 1 Copay, if	Tier 2 Subject to	Tier 2 Subject to	Tier 2 Coinsurance, if	Tier 2 Copay, if	Tier 1 Copay applies only after	Tier 2
Medical										
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, an X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatien Services										
Imaging (CT/PET Scans, MRIs)										
Speech Therapy										
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization										
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services										
Drugs										
Generics										
Preferred Brand Drugs										
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Paymen	
Specialty Rx Coinsurance Maxim	
Set a Maximum Number of Days for Charging an IP Cop	
# Days (1-	
Begin Primary Care Cost-Sharing After a Set Number of Visi	
# Visits (1-	
Begin Primary Care Deductible/Coinsurance After a Set Numbe	
Copa	
# Copays (1-10):	

Name: [redacted]
Plan HIOS ID: 0
Issuer HIOS ID: 0

Output

Calculate

Status/Error Messages: [redacted]
Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2019 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductibl
Apply Inpatient Copay per Da
Apply Skilled Nursing Facility Copay per Da
Use Separate MOOP for Medical and Drug Spendin
Indicate if Plan Meets CSR or Expanded Bronze AV Standar
Desired Metal T

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug		Medical	Drug	Combined
Deductible ($)						
Coinsurance (%, Insurer's Cost Share)						
MOOP ($)						
MOOP if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate	Tier 1 Copay applies only after deductible?	Tier 2 Copay applies only after deductible?
Medical										
Emergency Room Services										
All Inpatient Hospital Services (inc. MH/SUD)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, ar X-rays)										
Specialist Visit										
Mental/Behavioral Health and Substance Use Disorder Outpatien Services										
Imaging (CT/PET Scans, MRIs)										
Speech Therapy										
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization										
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services										
Drugs										
Generics										
Preferred Brand Drugs										
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	

Plan Description:

Name: HDHP
Plan HIOS ID: 0
Issuer HIOS ID: 0

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2019 AV Calculator

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: $800 Deductible, Plan Type: Deductible

General Information	
Website	www.kp.org/nw
Member Services Number	1-800-813-2000 or (503) 813-2000
Member Services Weekday Hours	8am-6pm
Member Services Weekend Hours	Closed
Annual Deductible: Individual/Family	$800 Individual/$2,400 Family
Annual Out-of-Pocket Max: Individual/Family	$3,000 Individual/$9,000 Family
Office Visits (Outpatient)	
Primary Care	$20 copay
Specialty Care	$30 copay
Preventive Care	100% covered
Scheduled Prenatal Visits and 1st Postpartum Visit	100% covered
Well-Baby Care (23 months or younger)	100% covered
Vision Exam - Optometrist	$20 copay (No copay age 18 and under)
Vision Exam – Ophthalmologist	$30 copay
Vision Hardware	$150 allowance every 2 calendar years for lenses, frames or contact lenses (One no-charge pair glasses every calendar year for age 18 and under)
Physical, Occupational, Speech Therapy	$30 copay; limited to 20 visits per therapy per year
Outpatient/Ambulatory Surgery	20% coinsurance after deductible; 100% covered for preventive care services
Lab and X-Ray	
Laboratory	$20 copay per department visit; 100% covered for preventive care services
X-Ray	$20 copay per department visit; 100% covered for preventive care services
MRI/CT/PET/Nuclear Medicine	$100 copay per department visit; 100% covered for preventive care services
Emergency Care	
Ambulance	20% coinsurance after deductible
Emergency Room	20% coinsurance after deductible
Urgent Care	$40 copay
Hospital Care (Inpatient)	
Inpatient	20% coinsurance after deductible
Delivery and Inpatient Baby Care	20% coinsurance after deductible

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: $500 Deductible, Plan Type: Deductible

Mental Health and Chemical Dependency	
Mental Health Outpatient (Individual)	$20 copay
Mental Health Outpatient (Group)	$20 copay
Mental Health Inpatient	20% coinsurance after deductible
Chemical Dependency Outpatient (Individual)	$20 copay
Chemical Dependency Outpatient (Group)	$20 copay
Chemical Dependency Inpatient	20% coinsurance after deductible
Prescription Drugs	
Pharmacy/Retail: Generic	$15 copay
Pharmacy/Retail: Brand Formulary	$30 copay
Pharmacy/Retail: Brand Non-Formulary	$50 copay
Pharmacy/Retail: Specialty	$150 copay
Pharmacy/Retail: Day Supply	30 days
Mail Order – Generic	$30 copay
Mail Order – Brand Formulary	$60 copay
Mail Order—Brand Non-Formulary	$100 copay
Mail Order--Specialty	Specialty medications are typically not available for mail order delivery
Mail Order - Day Supply	90 days
Other	
Skilled Nursing Facility (SNF)	20% coinsurance after deductible; limited to 100 days per calendar year
Infertility Services	50% coinsurance after deductible
Hospice Care	100% covered for patient diagnosed with life expectancy of 6 months or less
Home Health Care	20% coinsurance after deductible; limited to 130 days per year
Durable Medical Equipment (DME)	20% coinsurance after deductible
Chiropractic Care/ Alternative Care	$30 copay chiropractic, naturopathic, acupuncture. $25 copay massage therapy. Chiropractic, acupuncture, massage therapy 12 visits each per calendar year. $1,000 combined annual benefit maximum.
Hearing Exam and Hearing Aids	$30 copay for exam; $800 benefit maximum every 36 months for hearing aid

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: $500 Deductible, Plan Type: Deductible

Notes

Non-grandfathered plans only:

- Deductible Plan Out-of-Pocket Maximum: All Deductible, Copayment and Coinsurance amounts count toward the maximum unless otherwise noted.
- If covered, chiropractic care and vision hardware copayments are not included in Out-of-Pocket Maximum

.

HDHP HSA plans only:

- **HSA Plan Embedded Deductible and Out-of-Pocket Maximum.** For Services that are subject to the Deductible, you must pay charges for the services when you receive them, until you meet your deductible. If you are the only member in your family, then you must meet the member deductible. If there is at least one other member in your family, then you must each meet the member deductible, or your family must meet the family deductible, whichever occurs first. Each member deductible amount counts toward the family deductible amount. Once the family deductible is satisfied, no further member deductible will be due for the remainder of the year. After you meet the deductible, you pay the applicable copayments and coinsurance for covered services for the remainder of the year, until you meet your out-of-pocket maximum.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: CDHP $1,500 Deductible, Plan Type: CDHP HSA Deductible

General Information	
Website	www.kp.org/nw
Member Services Number	1-800-813-2000 or (503) 813-2000
Member Services Weekday Hours	8am-6pm
Member Services Weekend Hours	Closed
Annual Deductible: Individual/Family	$1,500 Individual/$3,000 Family
Annual Out-of-Pocket Max: Individual/Family	$5,000 Individual/$10,000 Family
Office Visits (Outpatient)	
Primary Care	5% coinsurance after deductible
Specialty Care	5% coinsurance after deductible
Preventive Care	100% covered
Scheduled Prenatal Visits and 1st Postpartum Visit	100% covered
Well-Baby Care (23 months or younger)	100% covered
Vision Exam - Optometrist	5% coinsurance after deductible (No copay age 18 and under)
Vision Exam – Ophthalmologist	5% coinsurance after deductible
Vision Hardware	$150 allowance every 2 calendar years for lenses, frames or contact lenses (One no-charge pair glasses every calendar year for age 18 and under)
Physical, Occupational, Speech Therapy	5% coinsurance after deductible
Outpatient/Ambulatory Surgery	5% coinsurance after deductible; 100% covered for preventive care services
Lab and X-Ray	
Laboratory	5% coinsurance after deductible; 100% covered for preventive care services
X-Ray	5% coinsurance after deductible; 100% covered for preventive care services
MRI/CT/PET/Nuclear Medicine	5% coinsurance after deductible; 100% covered for preventive care services
Emergency Care	
Ambulance	5% coinsurance after deductible
Emergency Room	5% coinsurance after deductible
Urgent Care	5% coinsurance after deductible
Hospital Care (Inpatient)	
Inpatient	5% coinsurance after deductible
Delivery and Inpatient Baby Care	5% coinsurance after deductible

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: CDHP $1,500 Deductible, Plan Type: CDHP HSA Deductible

Mental Health and Chemical Dependency	
Mental Health Outpatient (Individual)	5% coinsurance after deductible
Mental Health Outpatient (Group)	5% coinsurance after deductible
Mental Health Inpatient	5% coinsurance after deductible
Chemical Dependency Outpatient (Individual)	5% coinsurance after deductible
Chemical Dependency Outpatient (Group)	5% coinsurance after deductible
Chemical Dependency Inpatient	5% coinsurance after deductible
Prescription Drugs	
Pharmacy/Retail: Generic	$15 copay after deductible
Pharmacy/Retail: Brand Formulary	$30 copay after deductible
Pharmacy/Retail: Brand Non-Formulary	$50 copay after deductible
Pharmacy/Retail: Specialty	$150 copay after deductible
Pharmacy/Retail: Day Supply	30 days
Mail Order – Generic	$30 copay after deductible
Mail Order – Brand Formulary	$60 copay after deductible
Mail Order—Brand Non-Formulary	$100 copay after deductible
Mail Order--Specialty	Specialty medications are typically not available for mail order delivery
Mail Order - Day Supply	90 days
Other	
Skilled Nursing Facility (SNF)	5% coinsurance after deductible; limited to 100 days per calendar year
Infertility Services	50% coinsurance after deductible
Hospice Care	100% covered for patient diagnosed with life expectancy of 6 months or less, after deductible
Home Health Care	5% coinsurance after deductible; limited to 130 days per year
Durable Medical Equipment (DME)	5% coinsurance after deductible
Chiropractic Care/ Alternative Care	After deductible, 20% chiropractic, naturopathic, acupuncture, after deductible. $25 copay massage therapy, after deductible. Acupuncture and massage therapy 12 visits each per calendar year. $1,000 combined annual benefit maximum.
Hearing Exam and Hearing Aids	After deductible, 5% coinsurance for exam; $800 benefit maximum every 36 months for hearing aid

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: CDHP $1,500 Deductible, Plan Type: CDHP HSA Deductible

Notes

Non-grandfathered plans only:

- Deductible Plan Out-of-Pocket Maximum: All Deductible, Copayment and Coinsurance amounts count toward the maximum unless otherwise noted.
- If covered, chiropractic care and vision hardware copayments are not included in Out-of-Pocket Maximum

.

HDHP HSA plans only:

- **HSA Plan Embedded Deductible and Out-of-Pocket Maximum.** For Services that are subject to the Deductible, you must pay charges for the services when you receive them, until you meet your deductible. If you are the only member in your family, then you must meet the member deductible. If there is at least one other member in your family, then you must each meet the member deductible, or your family must meet the family deductible, whichever occurs first. Each member deductible amount counts toward the family deductible amount. Once the family deductible is satisfied, no further member deductible will be due for the remainder of the year. After you meet the deductible, you pay the applicable copayments and coinsurance for covered services for the remainder of the year, until you meet your out-of-pocket maximum.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: GPBW, Plan Type: PPO Dental

General Information	
Website	www.kp.org/dental/nw/ppo
Member Services Number	1-844-621-4577
Member Services Weekday Hours	8am-6pm
Member Services Weekend Hours	Closed
Annual Deductible: Individual/Family	No Deductible
Annual Benefit Maximum	$2,000 (preventive services do not reduce the benefit maximum)

Office Visits	In Network Providers (MAC)*	Out Network Providers (UCC)*
Office Visit	None	None
Preventative and Diagnostic Services: Oral exams and X-rays, teeth cleaning, fluoride treatments, prescribed space maintainers	100% Covered	100% Covered
Basic Restorative Services: Routine fillings, plastic and stainless-steel crowns	80% Coinsurance	80% Coinsurance
Simple Extractions	80% Coinsurance	80% Coinsurance
Oral Surgery: Surgical tooth extractions, including diagnosis and evaluation	80% Coinsurance	80% Coinsurance
Periodontics: Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	80% Coinsurance	80% Coinsurance
Endodontics: Root canal and related therapy, including diagnosis and evaluation	80% Coinsurance	80% Coinsurance
Major Restorative Services: Gold or porcelain crowns, inlays, and bridge abutments and pontics	50% Coinsurance	50% Coinsurance
Removable Prosthetic Services: Full and partial dentures, relines and rebases	50% Coinsurance	50% Coinsurance
Orthodontics	Member pays 50% of charges up to a maximum lifetime plan payment of $1,000. Benefit for children under age 18.	Member pays 50% of charges up to a maximum lifetime plan payment of $1,000. Benefit for children under age 18.
Nitrous Oxide	100% Covered for ages 0-12; $25 copay for ages 13 and up.	100% Covered for ages 0-12; $25 copay for ages 13 and up.

*Provider reimbursent: “MAC” means Maximum Allowable Charge; ”UCC” means Usual and Customary Charge.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

Kaiser Foundation Health Plans of the Northwest

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: LHCM, Plan Type: Traditional Dental

General Information	
Website	www.kp.org/dental/nw
Member Services Number	1-800-813-2000 or (503) 813-2000
Member Services Weekday Hours	8am-6pm
Member Services Weekend Hours	Closed
Annual Deductible: Individual/Family	No Deductible
Annual Benefit Maximum	No Annual Benefit Maximum

Office Visits	
Office Visit	$5.00 Copay
Preventative and Diagnostic Services: Oral exams and X-rays, teeth cleaning, fluoride treatments, prescribed space maintainers	100% Covered
Basic Restorative Services: Routine fillings, plastic and stainless-steel crowns	100% Covered
Simple Extractions	100% Covered
Oral Surgery: Surgical tooth extractions, including diagnosis and evaluation	100% Covered
Periodontics: Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	100% Covered
Endodontics: Root canal and related therapy, including diagnosis and evaluation	100% Covered
Major Restorative Services: Gold or porcelain crowns, inlays, and bridge abutments and pontics	80% Coinsurance
Removable Prosthetic Services: Full and partial dentures, relines and rebases	50% Coinsurance
Orthodontics	Member pays first $100, plus 30% of charges over $100, to a maximum additional payment of $200. Total member payment of $300. Benefit for children under age 18.
Nitrous Oxide	100% Covered for ages 0-12; $25 copay for ages 13 and up.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

Kaiser Foundation Health Plans of the Northwest

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: HMO Plan D, Plan Type: Traditional No Deductible

General Information	
Website	www.kp.org/nw
Member Services Number	1-800-813-2000 or (503) 813-2000
Member Services Weekday Hours	8am-6pm
Member Services Weekend Hours	Closed
Annual Deductible: Individual/Family	$0 Individual/$0 Family
Annual Out-of-Pocket Max: Individual/Family	$600 Individual/$1,200 Family
Office Visits (Outpatient)	
Primary Care	$15 copay
Specialty Care	$25 copay
Preventive Care	100% covered
Scheduled Prenatal Visits and 1st Postpartum Visit	100% covered
Well-Baby Care (23 months or younger)	100% covered
Vision Exam - Optometrist	$15 copay (No copay age 18 and under)
Vision Exam – Ophthalmologist	$25 copay
Vision Hardware	$150 allowance every 2 calendar years for lenses, frames or contact lenses (One no-charge pair glasses every calendar year for age 18 and under)
Physical, Occupational, Speech Therapy	$25 copay; limited to 20 visits per therapy per year
Outpatient/Ambulatory Surgery	$20 copay; 100% covered for preventive care services
Lab and X-Ray	
Laboratory	$15 copay per department visit; 100% covered for preventive care services
X-Ray	$15 copay per department visit; 100% covered for preventive care services
MRI/CT/PET/Nuclear Medicine	$50 copay per department visit; 100% covered for preventive care services
Emergency Care	
Ambulance	$75 copay
Emergency Room	$200 copay (waived if admitted)
Urgent Care	$35 copay
Hospital Care (Inpatient)	
Inpatient	$50 copay per day up to $250 per admission
Delivery and Inpatient Baby Care	$50 copay per day up to $250 per admission

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: HMO Plan D, Plan Type: Traditional No Deductible

Mental Health and Chemical Dependency	
Mental Health Outpatient (Individual)	$15 copay
Mental Health Outpatient (Group)	$15 copay
Mental Health Inpatient	$50 copay per day up to $250 per admission
Chemical Dependency Outpatient (Individual)	$15 copay
Chemical Dependency Outpatient (Group)	$15 copay
Chemical Dependency Inpatient	$50 copay per day up to $250 per admission
Prescription Drugs	
Pharmacy/Retail: Generic	$15 copay
Pharmacy/Retail: Brand Formulary	$30 copay
Pharmacy/Retail: Brand Non-Formulary	$50 copay
Pharmacy/Retail: Specialty	$150 copay
Pharmacy/Retail: Day Supply	30 days
Mail Order – Generic	$30 copay
Mail Order – Brand Formulary	$60 copay
Mail Order—Brand Non-Formulary	$100 copay
Mail Order--Specialty	Specialty medications are typically not available for mail order delivery
Mail Order - Day Supply	90 days
Other	
Skilled Nursing Facility (SNF)	No copay; limited to 100 days per calendar year
Infertility Services	50% coinsurance
Hospice Care	100% covered for patient diagnosed with life expectancy of 6 months or less
Home Health Care	100% covered, limited to 130 days per year
Durable Medical Equipment (DME)	20% coinsurance
Chiropractic Care/ Alternative Care	$25 copay chiropractic, naturopathic, acupuncture, massage therapy. Massage therapy 12 visits per calendar year. $1,000 combined annual benefit maximum.
Hearing Exam and Hearing Aids	$25 copay for exam; $800 benefit maximum every 36 months for hearing aid

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

KAISER PERMANENTE®

School Employees Benefits Board (January 1, 2020 to December 31, 2020)

Plan Name: HMO Plan D, Plan Type: Traditional No Deductible

Notes

Non-grandfathered plans only:

- Plan Out-of-Pocket Maximum: All Copayment and Coinsurance amounts count toward the maximum unless otherwise noted.
- If covered, chiropractic care and vision hardware copayments are not included in Out-of-Pocket Maximum.

.

HDHP HSA plans only:

- **HSA Plan Embedded Deductible and Out-of-Pocket Maximum.** For Services that are subject to the Deductible, you must pay charges for the services when you receive them, until you meet your deductible. If you are the only member in your family, then you must meet the member deductible. If there is at least one other member in your family, then you must each meet the member deductible, or your family must meet the family deductible, whichever occurs first. Each member deductible amount counts toward the family deductible amount. Once the family deductible is satisfied, no further member deductible will be due for the remainder of the year. After you meet the deductible, you pay the applicable copayments and coinsurance for covered services for the remainder of the year, until you meet your out-of-pocket maximum.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC.

Washington State Health Care Authority
SEBB Bid Rate Form
Instructions

Worksheet 1 - Base Rate Development

(1) Base Period

Base period experience information for the population used to develop rates. Rates are to be developed based on a single population for all plans, with plan-based variation defined separately in Worksheet 2.

(1a) Base Period Start Date: Start date for base period experience
(1b) Base Period End Date: End date for base period experience
(1c) Experience Allowed : Allowed claims incurred during the base period, completed for IBNP, excluding any other adjustments. Allowed claims are defined as claims after carrier discounts but before the deduction of member cost sharing.
(1d) Member Months : Member Months during the base period
(1e) Allowed PMPM : (1b) / (1c)

(2) Projection Factors

Standard projection adjustments between the base period and projection period (Calendar Year 2020).

(2a) Utilization Trend : Secular utilization trend between base and projection period, including impact of service mix changes
(2b) Management Adjustment : Expected change in claims costs due to changes in utilization management practices
(2c) Unit Cost Trend: Secular unit cost trend between base and projection period, inflation component only
(2d) Contracting Adjustment : Changes in claims costs due to updates to overall contracting

(3) Raw Projected PMPM: (1) * (2)

(4) PMPM Other Adjustments

Additional adjustments to projected PMPM. Please describe any additional adjustments and justify why they are necessary. HCA reserves the right to limit any adjustments (positive or negative) in the rates provided.

(4a) Covered Benefits : Adjustment from covered benefits in the experience to required benefits in the sample plans (i.e. consistent with the PEBB

Uniform Medical Plan Classic benefits)
(4b) Morbidity : Placeholder - This adjustment will be made at a later time based upon a carrier specific adjustment relative to the risk pool
(4c) Other 1 (please include a description)
(4d) Other 2 (please include a description)

(5) Adjusted Projected Allowed PMPM: (**3) * (4)**

(6) Retention

Projected retention, expressed as a percentage of premium. The same percentage load will be applied to every plan in Worksheet 2.

(6a) Administrative or Non-Benefit Expense (NBE): Projected administrative costs
(6b) Quality Improvements (QI): As defined in the MLR calculation requirements for the individual ACA market
(6c) Taxes and Fees
(6d) Profit /Margin

(7) Total Retention: Sum of (6a) through (6d)

(8) Base Rate Tier Mix

Subscriber month counts in each tier for the base period experience. We understand that the tier mix could potentially be significantly different in the projection period than the base period. This section should reflect the base period tier mix. We also understand that many groups use different tier structures - please adjust subscriber month counts to conform to the tier structure definitions below.

(8a) Employee Only
(8b) Employee + Spouse
(8c) Employee + Child(ren)
(8d) Employee + Family

(9) MM/AU Ratio: Calculated based on (8)

Adult Units (AU) are defined by counting the tier factor for each subscriber. For example, a population with one employee only (tier factor = 1) and one employee + child(ren) (tier factor = 1.75) has 2.75 adult units.

Worksheet 2 - Plan-Level Details

(1) CY2020 Base Allowed: WS1 (5)

(2) Actuarial Value (Federal AV): As defined by the Federal Actuarial Value Calculator for the Individual ACA market. CDHP plans should include the proposed employer HSA contribution.

(3) Plan Factors

Plan-specific variation for allowed and paid claims.

(3a) Induced Utilization: Variation in plan specific allowed claims costs based on induced demand from higher or lower cost sharing
(3b) Actuarial Value (Pricing AV) : Variation in paid to allowed ratios based on plan cost sharing. Pricing AV can vary from the Federal AV and should consider all benefits covered. CDHP plans should not include the AV impact of proposed employer HSA contributions.

(4) Other Adjustments

Additional adjustments independent of plan benefit offerings. Please describe any additional adjustments and justify why they are necessary. HCA reserves the right to limit any additional adjustments in the rates provided.

(4a) Network: Utilization or contracting impacts based on network-specific considerations that serve a plan
(4b) Morbidity: Not used at this time
(4c) Other 1 (please include a description)
(4d) Other 2 (please include a description)

(5) Plan Paid: (2) * (3) * (4)

(6) Additional Benefits

Mandatory Carve outs
(6a) Vision

Optional Carve outs
(6b-6f) Additional carveouts (please include a description)

Optional Additions
(6g-6k) Additional included benefits (please include a description)

(7) Total Paid w/Alternatives: (5) + (6)

(8) Retention: WS1 (6)

(9) PMPM Payment: (7) / (1 - (8))

(10) MM/AU Ratio: **WS1 (9)**

(11) PAUPM Payment Rate: **(9) * (10)**

(12) HSA Contributions

Proposed employer contributions for CDHP Plans

(12a) Contributions for single employees
(12b) Contributions for families

(13) Expected Member Months

This section is for informational use only. Please provide an estimate of expected member distribution by plan and enrollment tier, based on the expectation that the ratio of employee contributions will match the tier factors in Worksheet 1.

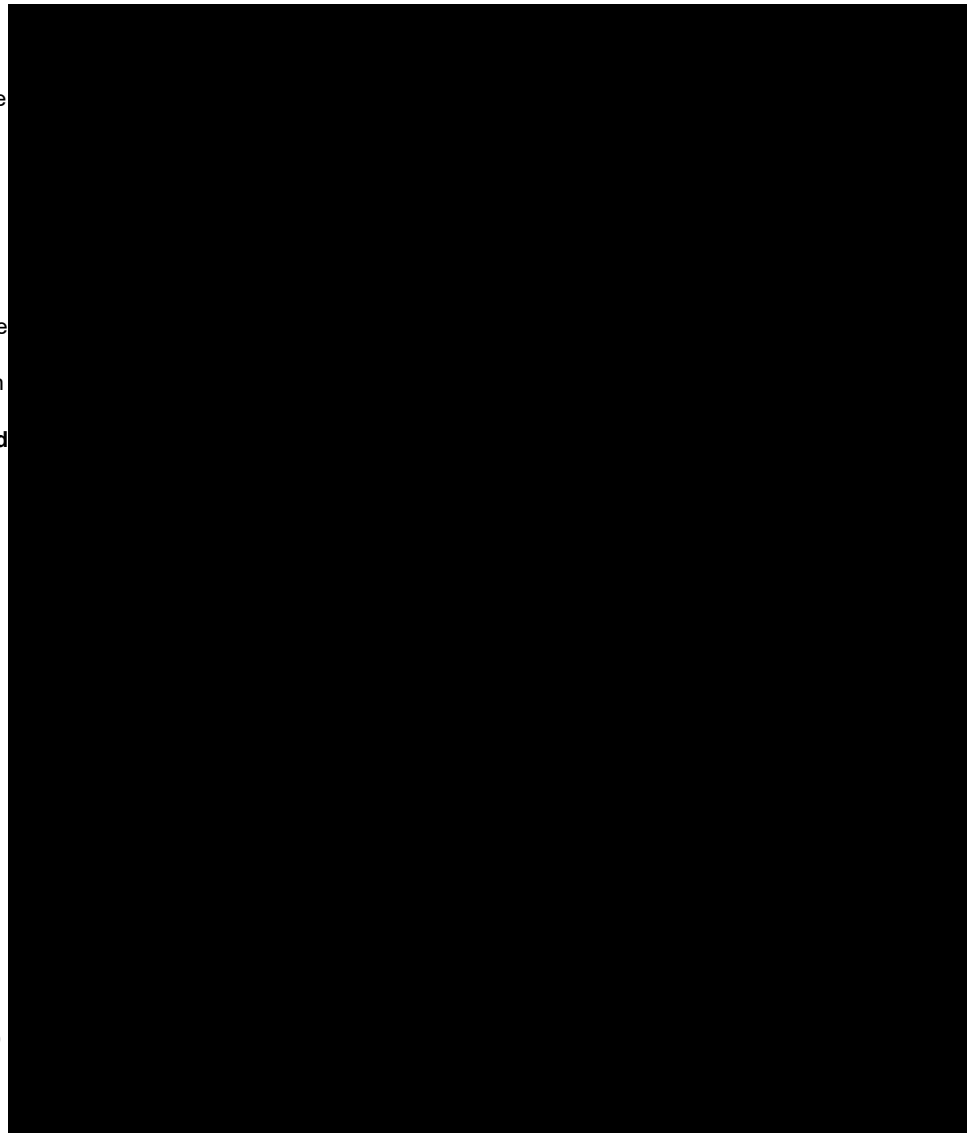
Worksheet 3 - Base Population Demographics

Member month counts by age, gender, and employee/dependent for the population used in the base period experience, consistent with the categories in the OIC K-12 Carrier Data Call. Age should be defined based on the member's age at the conclusion of the base period.

Worksheet 5 - Base Population Area Distribution

Washington State Health Care Authority
SEBB Bid Rate Form
Worksheet 1
Base Rate Development

Item Number		
(1)	**Base Period**	
(1a)	Base Period Start Date	
(1b)	Base Period End Date	
(1c)	Experience Allowed	
(1d)	Member Months	
(1e)	Allowed PMPM	
(2)	**Projection Factors**[1]	
(2a)	Utilization Trend	
(2b)	Management Adjustme	
(2c)	Unit Cost Trend	
(2d)	Contracting Adjustmen	
(3)	**Raw Projected Allowed**	
(4)	**Other Adjustments**[1]	
(4a)	Covered Benefits	
(4b)	Morbidity	
(4c)	Other 1	
(4d)	Other 2	
(5)	**Adjusted Projected All**	
(6)	**Retention**	
(6a)	Admin	
(6b)	QI	
(6c)	Taxes and Fees	
(6d)	Profit	
(7)	**Total Retention**	
(8)	**Tier Mix**	
(8a)	Employee Only	
(8b)	Employee + Spouse	
(8c)	Employee + Child(ren)	
(8d)	Employee + Family	
(9)	**MM/AU Ratio**	



Notes:(1) Projected amounts should reflect calendar year 2020 values.

Washington State Health Care Authority
SEBB Bid Rate Form
Worksheet 2
Plan-Level Details

Item Number	Plan	Description of Optional Adjustment
[redacted]		

Washington State Health Care Authority
SEBB Bid Rate Form
Worksheet 3
Base Population Demographics

Age Band	Gender	Employee/Dependent
0-19	F	Employee
20-24	F	Employee
25-29	F	Employee
30-34	F	Employee
35-39	F	Employee
40-44	F	Employee
45-49	F	Employee
50-54	F	Employee
55-59	F	Employee
60-64	F	Employee
65+	F	Employee
0-19	M	Employee
20-24	M	Employee
25-29	M	Employee
30-34	M	Employee
35-39	M	Employee
40-44	M	Employee
45-49	M	Employee
50-54	M	Employee
55-59	M	Employee
60-64	M	Employee
65+	M	Employee
0-19	F	Dependent
20-24	F	Dependent
25-29	F	Dependent
30-34	F	Dependent
35-39	F	Dependent
40-44	F	Dependent
45-49	F	Dependent
50-54	F	Dependent
55-59	F	Dependent
60-64	F	Dependent
65+	F	Dependent
0-19	M	Dependent
20-24	M	Dependent
25-29	M	Dependent
30-34	M	Dependent
35-39	M	Dependent
40-44	M	Dependent
45-49	M	Dependent
50-54	M	Dependent
55-59	M	Dependent
60-64	M	Dependent
65+	M	Dependent

[redacted]

Washington State Health Care Authority
SEBB Bid Rate Form
Worksheet 4
Base Population Area Distribution

State	County	Member Months
WA	Adams	[redacted]
WA	Asotin	
WA	Benton	
WA	Chelan	
WA	Clallam	
WA	Clark	
WA	Columbia	
WA	Cowlitz	
WA	Douglas	
WA	Ferry	
WA	Franklin	
WA	Garfield	
WA	Grant	
WA	Grays Harbor	
WA	Island	
WA	Jefferson	
WA	King	
WA	Kitsap	
WA	Kittitas	
WA	Klickitat	
WA	Lewis	
WA	Lincoln	
WA	Mason	
WA	Okanogan	
WA	Pacific	
WA	Pend Oreille	
WA	Pierce	
WA	San Juan	
WA	Skagit	
WA	Skamania	
WA	Snohomish	
WA	Spokane	
WA	Stevens	
WA	Thurston	
WA	Wahkiakum	
WA	Walla Walla	
WA	Whatcom	
WA	Whitman	
WA	Yakima	
OR	Clackamas	
OR	Clatsop	
OR	Columbia	
OR	Gilliam	
OR	Hood River	
OR	Morrow	
OR	Multnomah	
OR	Sherman	
OR	Umatilla	

	Missing Counties
State	County
OR	Marion
ID	Ada

OR	Union	[redacted]
OR	Wallowa	
OR	Wasco	
OR	Washington	
ID	Adams	
ID	Benewah	
ID	Bonner	
ID	Boundary	
ID	Idaho	
ID	Kootenai	
ID	Latah	
ID	Lewis	
ID	Nez Perce	
Out of State	Other	

Exhibit 5 - County Coverage

a. State	b. County	c. # of HMO Plans Currently Available	d. # of PPO Plans Currently Available	e. # of Other Plan Types Currently Available	f. # of HMO Plans Anticipated for 1/1/2020	g. # of PPO Plans Anticipated for 1/1/2020	h. # of Other Plan Types Anticipated for 1/1/2020
WA	Adams	[redacted]					
WA	Asotin						
WA	Benton						
WA	Chelan						
WA	Clallam						
WA	Clark						
WA	Columbia						
WA	Cowlitz						
WA	Douglas						
WA	Ferry						
WA	Franklin						
WA	Garfield						
WA	Grant						
WA	Grays Harbor						
WA	Island						
WA	Jefferson						
WA	King						
WA	Kitsap						
WA	Kittitas						
WA	Klickitat						
WA	Lewis						
WA	Lincoln						
WA	Mason						
WA	Okanogan						
WA	Pacific						
WA	Pend Oreille						
WA	Pierce						
WA	San Juan						
WA	Skagit						
WA	Skamania						
WA	Snohomish						
WA	Spokane						
WA	Stevens						
WA	Thurston						
WA	Wahkiakum						
WA	Walla Walla						
WA	Whatcom						
WA	Whitman						
WA	Yakima						
OR	Clackamas						
OR	Clatsop						
OR	Columbia						
OR	Gilliam						
OR	Hood River*						
OR	Morrow						
OR	Multnomah						
OR	Sherman						
OR	Umatilla						
OR	Union						
OR	Wallowa						
OR	Wasco						
OR	Washington						
ID	Adams						
ID	Benewah						
ID	Bonner						
ID	Boundary						
ID	Idaho						
ID	Kootenai						
ID	Latah						
ID	Lewis						
ID	Nez Perce						

* Hood River, we only cove