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MEMORANDUM

TO: The Honorable Sen. Elizabeth Steiner Hayward, Senate Co-Chair
The Honorable Rep. Dan Rayfield, House Co-Chair
Subcommittee on Human Services

FROM: Janell Evans, Budget Director, Oregon Health Authority

DATE: March 2, 2017

SUBJECT: Responses to February 28 Public Hearing Questions

During OHA's presentation before your committee on Tuesday, February 28, committee members asked questions that required additional follow-up. Here are those questions and our responses:

Rep. Hayden: Have you done a cost analysis on the cost of having the universities in PEBB versus having them out? Can we ask you to do that analysis?

> In January 2011, Mercer, acting as PEBB's consultant, did an impact analysis of OUS members leaving PEBB coverage. They estimated that PEBB's funding rates would increase 4.7%, translating into a $51 million impact for the 2013-15 biennium.
>
> Mercer is available to update the analysis using current plans and enrollments, however it will take about a week to complete.

Rep. Buehler: So how does that percentage of employee contribution compare to other states? Would you say it's one of the lowest in the country?

Mercer conducted a national survey of employer-sponsored health plans in 2016. A summary of the findings is attached. Below is a chart showing the average monthly premium contribution for a PEBB member, an employee with a national employer with 500+ employees, an employee in an Oregon employer group with 500+ employees and other government groups with 500+ employees. This data can be found in the summary on Page 5.

The first set of charts shows the dollar and percent of premium share for employee only coverage. The second set of charts shows the dollar and percent of premium share for employee and family coverage.

Average Monthly Employee Contribution for Individual Coverage

In Dollars	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	$46	$132	$91	$83
HMO	$45	$139	$69	$101
HSA-eligible CDHP	N/A	$84	$41	$47
HRA-based CDHP	N/A	$108	ID*	ID*
Dental	$1	$17	$8	$15

As % of Premium	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	5%	24%	17%	13%
HMO	5%	24%	11%	15%
HSA-eligible CDHP	N/A	19%	12%	10%
HRA-based CDHP	N/A	20%	ID*	ID*
Dental	1%	50%	15%	47%

Average Monthly Employee Contribution for Family Coverage

In Dollars	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	$91	$467	$435	$349
HMO	$89	$487	$208	$325
HSA-eligible CDHP	N/A	$321	$278	$248
HRA-based CDHP	N/A	$377	ID*	$299
Dental	$1	$57	$36	$50

As % of Premium	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	5%	33%	28%	24%
HMO	5%	32%	11%	19%
HSA-eligible CDHP	N/A	25%	23%	21%
HRA-based CDHP	N/A	25%	ID*	ID*
Dental	1%	53%	23%	54%

*Insufficient Data

Rep. Rayfield: Satisfaction survey: What's the improvement from prior years?

PEBB and OEBB conduct customer service survey's every year following their respective open enrollment periods.

PEBB experience an improvement in scores from 2015 to 2016.

PEBB Key Performance Measures

Measure	2015	2016
Employee Helpfulness	85%	86%
Employee Knowledge	84%	86%
Overall Quality of Service	74%	85%

OEBB's satisfaction scores dropped from 2015 to 2016. OEBB made several changes to the plans offered to members for 2016-17 plan year, resulting in many members needing to make difference plan choices. OEBB experience very high volume phone activity during open enrollment.

Staff have reviewed all comments made in the survey and will use this information to inform next year's communication materials and the manner in which we share information with members.

OEBB Key Performance Measures

Measure	2015	2016
Employee Helpfulness	85%	83%
Employee Knowledge	85%	83%
Overall Quality of Service	83%	81%

Rep. Buehler: Who's your acting administrator for OEBB? My understanding is that the previous director left. Can you shine some light on that situation? **Rep. Buehler**: The media has been critical of the vetting of your predecessor. Have you been vetted differently because of that? Has the vetting process changed?

Every employee hiring or resignation is an opportunity to review how we recruit and train staff, particularly on issues that involve ethical conduct, public's trust and leadership. The protocol for human resources vetting includes reference checks and criminal background checks. We verify work history and if education is a specific requirement then we verify that as well.

The state prides itself on providing equal access to individuals and hiring a workforce without considering, even implicitly, protected information – especially information that is published without consent or context. Due to these reasons, OHA has disfavored extensive Internet searching of candidates; however, OHA may revise its protocols or practices in the future to permit some degree or manner of Internet searching if it can be assured that the information gathered will be used in a controlled, fair, and lawful manner.

Sen. Gelser: Can you tell me about your RFP process for how you chose the companies you chose [for OEBB]? The concern I'm hearing from my school district is that the financial status for the RFP was not made public. Is it possible to get that information?

OEBB's recent Medical RFP divided proposals into two categories that were evaluated separately: PPOs and OSC plans (Organized Systems of Care, which

include HMOs, CCOs, ACOs, etc.). The RFP's point allocation and weighting incorporated the triple aim and innovation/transformation. For example, the medical questionnaire was weighted as follows: 12.5% dedicated to better health, 12.5% to better care, 40% to lower cost, 25% to network/access, and 10% for innovation/transformation.

While OEBB has selected Apparent Successful Proposers (ASPs) for this RFP, the contracts are not scheduled to be fully negotiated and executed until April 28. Since the contracts are still being negotiated and the negotiations involve discussing information that includes trade secrets, much of the detailed financial information has not yet been discussed publicly; however, the main elements of the proposers' financial offerings have been presented and discussed publicly. We've provided copies of the presentation materials where the financial offerings were discussed.

Included is a copy of the presentation made at a public OEBB board meeting on January 3, 2017. The board relied on the information found in this presentation to make final decisions.

The aggregate scores of finalists can be found on pages 18 and 25- 28. One line item on each of these sheets is related to lower costs and sustainability of lower costs for the medical and pharmacy proposals.

Sen. Gelser: Is it true that Moda has the contract but that it does not have an AM best rating? Given that, what was the thought process that went into that and what would you say to a district that thinks it's paying more than it should be to an insurer with a troubled financial history? Can that information be made available in the next week?

Moda currently maintains a "bb" credit rating by A.M. Best Company, Inc. Moda and OEBB continue to operate under the same contract that existed when Moda was first placed under supervision. OEBB's consultant evaluates contractors' rates annually and recommends to the Board the final acceptance or rejection of the rates. This evaluation includes evaluating whether the proposed premiums adequately fund the plans' covered benefits.

After Moda's financial situation was made public, PEBB and OEBB consulted with DOJ about what the supervision order meant short-term as well as how it could impact PEBB and OEBB long-term, including discussing the different impacts to the group market versus the individual policy market. DCBS was also consulted about Moda's overall financial health. OEBB's current ASP negotiations with Moda include ensuring that the final financial arrangement is sustainable in

the long run to both OEBB and Moda. Furthermore, OEBB will check in with DOJ, DCBS, and others as needed prior to the contract being executed.

Rep. Alonso Leon: Slide 8 (obesity status) – We have data on obesity, but what other data do we have about the ailments of our state employees? What other information do you have? How many of the employees identified on the obesity slide take advantage of the services you offer, like WeightWatchers?

The Behavioral Risk Factor Surveillance Survey for State and School Employees is conducted every other year. The 2016 final report is not yet available, however the preliminary results are included as attachments.

PEBB and OEBB offer a variety of wellness programs at no cost to the member. Below are charts showing the enrollments and costs for the past two plan years.

In addition to the programs listed below, health plans offer health coaching and nutritional counseling. PEBB will be hiring a Wellness Manager to promote worksite wellness as described in Governor Brown's Executive Order 17-01.

OEBB Wellness Program Enrollments and Costs

	Plan Year 2014-15	Plan Year 2015-16	Total Enrollments	Costs
Healthy Team Healthy U	5,027	6,794	11,821	$1,234,680
Moodhelper	131	100	231	$748
Fitness rewards	N/A	1,694	1,694	$181,219
Diabetes Prevention Program	11	391	402	$129,582
Better Choices Better Health	71	759	830	$165,950
Weight Watchers	4,513	4,005	8,518	$2,543,072
Total	9,753	13,743	23,496	$4,255,251

PEBB Wellness Program Enrollments and Costs

	Plan Year 2014	Plan Year 2015	Total Enrollments	Costs
Healthy Team Healthy U	9,496	15,871	25,367	$3,702,137
Moodhelper	795	335	1,130	$226,000
Exercise Rewards	3,822	5,100	8,922	$1,475,635
Weight Watchers	12,356	11,940	24,296	$4,650,000
Total	26,469	33,246	59,715	$10,053,772

Rep. Hayden: We've seen a lot of percentage comparisons, but I haven't seen a comparison of the actual cost between the commercial rate on the open market and OEBB/PEBB. Do you compare to that at all?

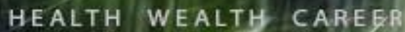
> Mercer conducted a national survey of employer-sponsored health plans in 2016. A summary of the findings is attached. PEBB's closest comparator is the Oregon 500+, as this group has the majority of their employees enrolled in either a PPO/POS type plan or an HMO (see page 3).
>
> However, there some differences between these two groups that will affect the utilization experience and costs. The demographic profile shows the Oregon 500+ have an average age of 43, PEBB's average age is 46. An aging population tends to have higher utilization and costs than a younger population. (see page 3)
>
> PEBB's plan designs are also richer than the Oregon 500+ as illustrated on page 10 and page 12.
>
> A comparison of PPO/POS cost per employee can be found on page 10. The comparison of HMO cost per employee can be found on page 12.

Rep. Malstrom: Incentives for chronic health conditions – is that something that's been tried or considered? Why would that be a cost [to incentivize health behaviors] to the program rather than savings?

PEBB and OEBB have taken steps to incentivize appropriate care and management of chronic conditions through benefit plan design:

- Members have no copayment, coinsurance, or deductible for office visits associated with management of certain chronic conditions (asthma, diabetes, cardiovascular disease and congestive heart failure)
- Value pharmacy benefit provides medications used to manage common chronic conditions with $0 copayment
- Condition management and prevention programs offered at no out-of-pocket cost to members under PEBB and OEBB medical plans, including evidence-based programs for members living with a chronic condition and prevention programs that specifically target members at risk for development of diabetes.
- Members who complete an annual health assessment to identify personal health risks and commit to engage in health activities to reduce their risk receive an incentive in the form of a lower medical plan deductible, and for PEBB members, an additional monthly incentive payment added to their paycheck.

Providing direct incentives to members outside of plan benefits bears an initial up front cost to fund and administer the incentive. This would appear as a direct cost to the program for any and all years the incentive is provided. Several years of claims data would be required to analyze whether or not the incentive has a measurable, sustained impact on participant health care claims costs. This type of analysis is possible and in theory could show an impact on costs, however any potential cost savings would not be realized until future years after the upfront costs of the incentive have been incurred.



NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

A SPECIAL REPORT FOR PEBB

MAKE TOMORROW, TODAY

A SPECIAL REPORT FROM THE 2016 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

More employees moving into lower-cost medical plans in 2016 contributed to one of the smallest increases in total health benefit cost per employee in decades. Total health benefit cost rose by just 2.4% to reach an average of $11,920 per employee. Employers predict that in 2017 their cost will rise by 4.1% on average. This increase reflects changes made to hold down cost, such as switching carriers, adding a CDHP, or changing plan design. If they made no changes to their 2016 plans, they estimate that cost would rise by an average of 6.3%, well above inflation. This underlying cost trend is being driven by sharp increases in prescription drug benefits costs, largely due to newer specialty medications to treat complex diseases. Large employers (those with 500 or more employees) predict an increase in drug cost of 7.9% per employee at their next renewal.

Enrollment in high-deductible consumer-directed health plans jumped to 29% of all covered workers, from 25% in 2015. Coverage in a CDHP eligible for a health savings account cost 22% less, on average, than traditional PPO plan coverage among large employers. CDHPs have been a key strategy for employers concerned about the ACA's excise tax -- and with the new administration signaling support for expanding HSA use, their growth is likely to continue. Most employers still offer CDHPs as a choice and not as a full replacement; 61% of large employers offered a CDHP in 2016 but just 9% offer it as the only plan. Employers have been taking steps to mitigate employees' growing financial risk by making telemedicine and other less-expensive types of care available. They are also using new tactics to personalize employees' interactions with health and well-being programs to keep them engaged on a daily basis: encouraging them to track their physical activity with “wearable” devices and use mobile apps to motivate healthy behavior. In addition, more than half of large employers now provide employees with a health advocacy service to help members find the right healthcare provider, compare costs, and resolve claims problems.

Using a scientific random sample and supplemental convenience sample, we collected data from 2,544 employers with 10 or more employees. The national and regional results are based on the random sample only and are weighted to be projectable. However, results for city, state and other special employer groups include the convenience sample and are unweighted. In cases where there are too few data to report, "ID" (insufficient data) appears instead of a figure.

NUMBER OF PARTICIPANTS	
Oregon PEBB	1
National 500+	1,584
Oregon 500+	28
Government 500+	195

GEOGRAPHIC REGIONS USED IN THIS SURVEY

EMPLOYER PROFILE

Demographics

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Average employee age	46	43	43	44
Average % of female employees	54%	50%	48%	43%
Average % of union employees	67%	13%	33%	35%

MEDICAL PLAN PREVALENCE

Type of medical plan offered

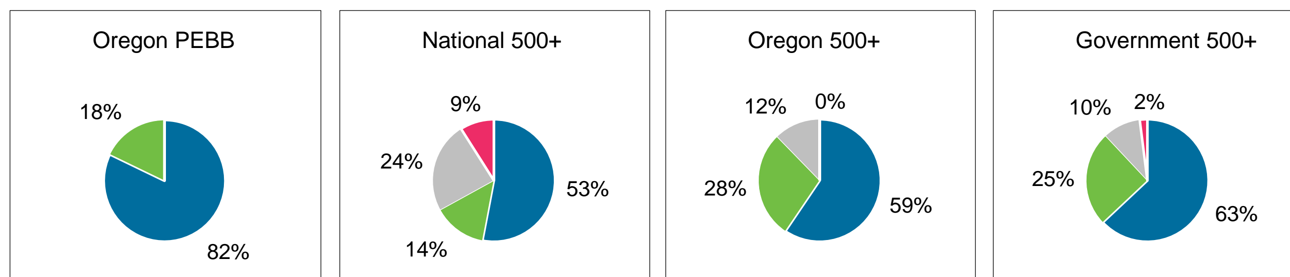
Percent of employers offering each type of medical plan

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS*	Yes	87%	89%	91%
HMO	Yes	31%	64%	21%
HSA-eligible CDHP	No	53%	39%	34%
HRA-based CDHP	No	12%	0%	15%
Either type of CDHP	No	61%	39%	45%

*includes traditional indemnity plans

Employee enrollment

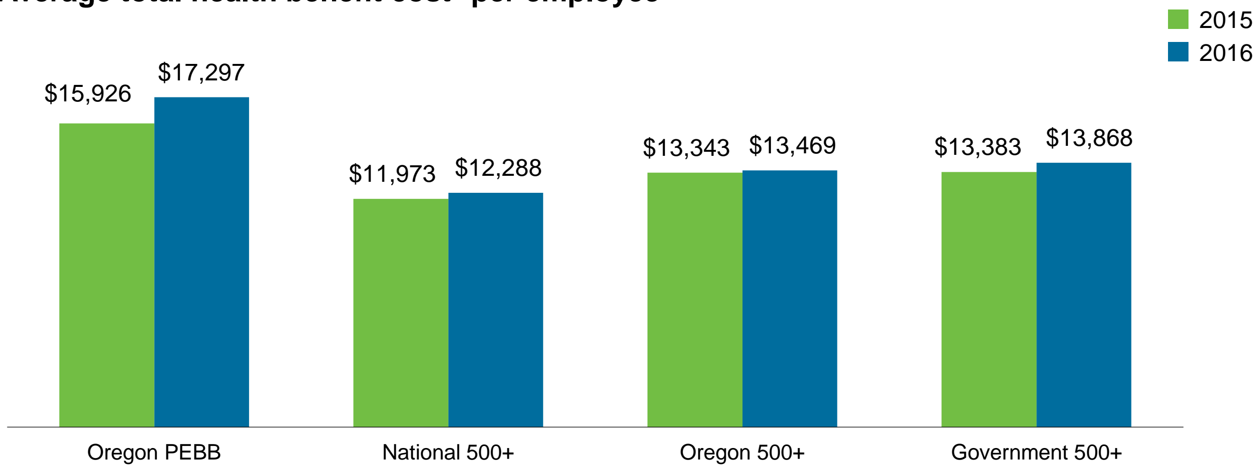
Percent of all covered employees enrolled in each type of medical plan



*includes traditional indemnity plans

COST, CONTRIBUTION AND FUNDING

Average total health benefit cost* per employee

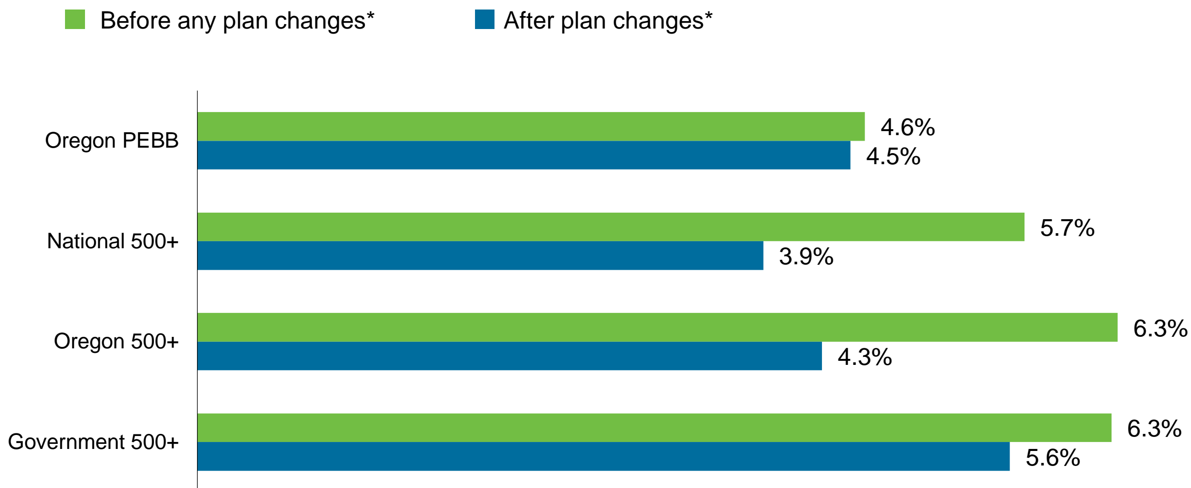


*Total health benefit cost includes medical, dental, Rx, vision and hearing benefits

Health benefit cost as a percentage of payroll

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Average total health benefit cost as a percentage of payroll	ID	14.8%	14.3%	18.0%

Expected average increase in total health benefit cost per employee for 2017



*Changes to plan design or health plan vendor

Employee contribution for individual coverage

Average monthly contribution for individual coverage ($)

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	$46	$132	$91	$83
HMO	$45	$139	$69	$101
HSA-eligible CDHP	N/A	$84	$41	$47
HRA-based CDHP	N/A	$108	ID	ID
Dental	$1	$17	$8	$15

Average contribution for individual coverage as a % of premium

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	5%	24%	17%	13%
HMO	5%	24%	11%	15%
HSA-eligible CDHP	N/A	19%	12%	10%
HRA-based CDHP	N/A	20%	ID	ID
Dental	1%	50%	15%	47%

Employee contribution for family coverage*

Average monthly contribution for family coverage ($)

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	$91	$467	$435	$349
HMO	$89	$487	$208	$325
HSA-eligible CDHP	N/A	$321	$278	$248
HRA-based CDHP	N/A	$377	ID	$299
Dental	$1	$57	$36	$50

Average contribution for family coverage as a % of premium

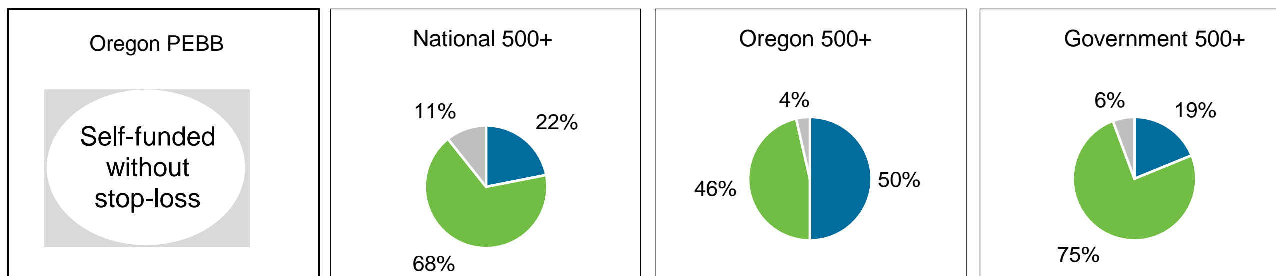
	Oregon PEBB	National 500+	Oregon 500+	Government 500+
PPO/POS	5%	33%	28%	24%
HMO	5%	32%	11%	19%
HSA-eligible CDHP	N/A	25%	23%	21%
HRA-based CDHP	N/A	25%	ID	ID
Dental	1%	53%	23%	54%

*Family coverage is defined as coverage for employee, spouse and two children

Use salary-based contributions

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Use salary bands	No	14%	4%	3%
Median number of salary bands	0	3	3	ID
Contribution is the same percentage of salary for all employees (% of employers)	No	2%	0%	1%

Funding method for most prevalent plan



COVERAGE ELIGIBILITY, ELECTION

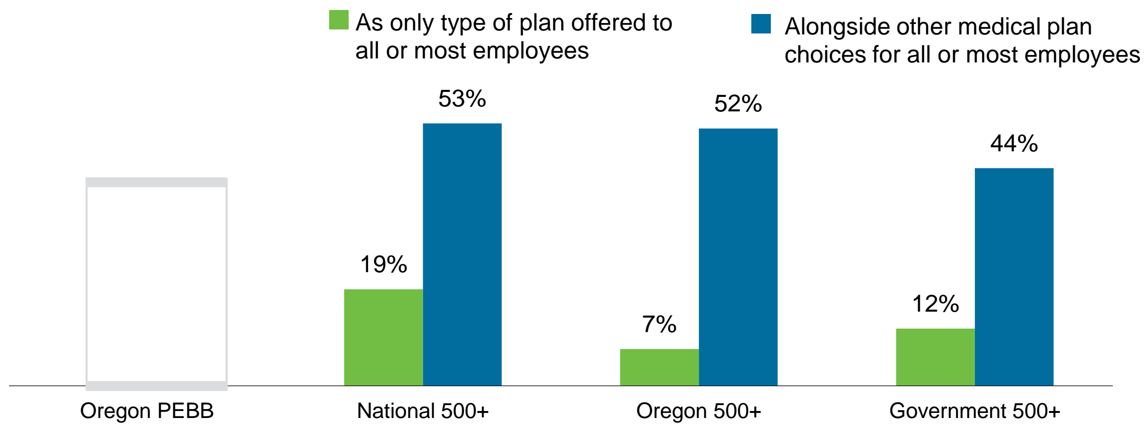
	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Coverage waivers				
Average % of eligible employees waiving own coverage	5%	19%	8%	9%
% of employers offering incentive to waive coverage	No	14%	32%	30%
Spousal provisions				
Spouses with other coverage available are not eligible	No	11%	0%	7%
Surcharge applies for spouses with other coverage available	Yes	14%	21%	10%
Median monthly surcharge amount ($)	$50	$100	$100	ID
Domestic partner coverage				
Offer to same-sex partners only	No	11%	7%	8%
Offer to both same-sex and opposite-sex partners	Yes	47%	70%	39%
Dropped coverage because of Supreme Court decision	No	11%	19%	9%
Average % of employees electing dependent coverage	75%	54%	58%	57%
Part-time employees				
Offer coverage to part-time employees[1]	Yes	51%	70%	45%
Average number of hours / week required for eligibility[2]	20	21	20	20
Average contribution as a percent of premium for employee-only coverage	19%	32%	18%	38%
Average contribution as a percent of premium for family coverage	38%	39%	18%	43%

[1]Among employers that have part-time employees

[2] Among employers with a minimum hour requirement

STRATEGIC PLANNING

Expect to offer an account-based CDHP in the next three years



Private health exchanges

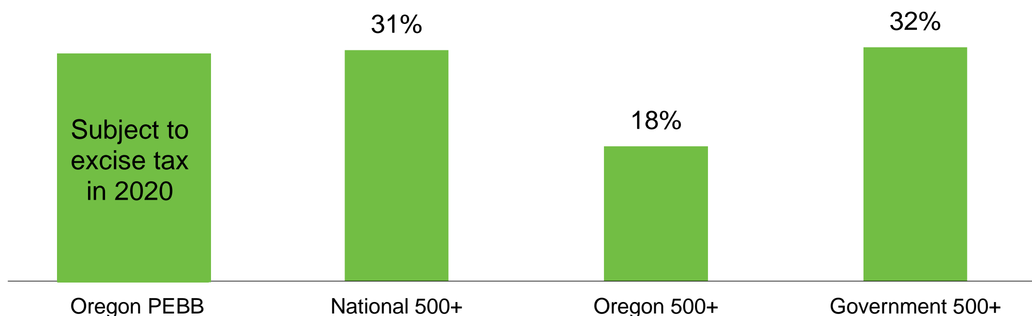
Offer private health exchange for:	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Active employees (or plan to by 2018)	No	5%	4%	0%
Pre-Medicare-eligible retirees	No	6%	4%	14%
Medicare-eligible retirees	No	9%	7%	12%

"Defined contribution" approach to funding health coverage

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Employer makes same dollar contribution for all plans, employees pay more for more expensive coverage	No	11%	12%	17%
Considering using this approach within 2 years	No	12%	12%	10%

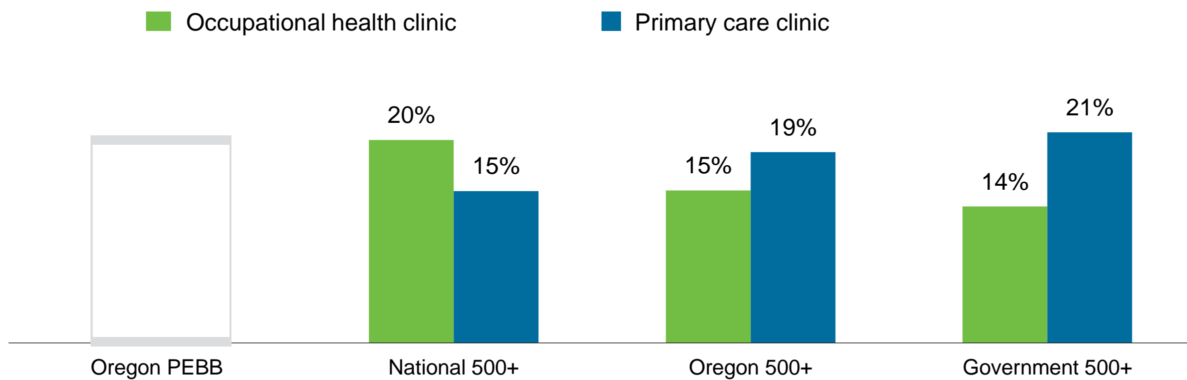
Excise tax*

Estimated percentage of employers subject to excise tax in 2020 if they make no changes to current plans



* Among employers with 50 or more employees. Estimate based on employer's current premium for highest-cost plan, trended at 6%. Tax threshold estimated at $10,750 for employee-only coverage and $28,950 for family coverage.

Offer on-site or near-site health clinic[1]



How transparency tools* are provided[1]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Through health plan only	Yes	72%	73%	74%
Through specialty vendor	No	15%	8%	11%
No transparency tools are provided	No	13%	19%	15%

*Tool to deliver price and quality information about specific health care providers or service to employees. Tool can be accessed online, telephonically or via mobile applications.

Program strategies[1]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Use flexible benefits strategy (employees have a fixed amount of dollars / credits to spend on medical and non-medical benefit choices)	No	7%	4%	20%
Considering using	No	8%	4%	3%
Use total rewards strategy (formal framework for employer-provided programs including comp & benefits, career and lifestyle)	No	28%	31%	16%
Considering using	No	23%	27%	14%

[1]Based on employers with 500 or more employees

Telemedicine services[1]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Offer through the health plan	Yes	46%	59%	47%
Offer through a specialty plan	No	14%	7%	5%
Cost-sharing				
% requiring copay	No	64%	41%	50%
% requiring coinsurance	No	13%	24%	8%
No cost-sharing is required	Yes	25%	41%	43%
Median copay amount	$0	$25	$8	$30

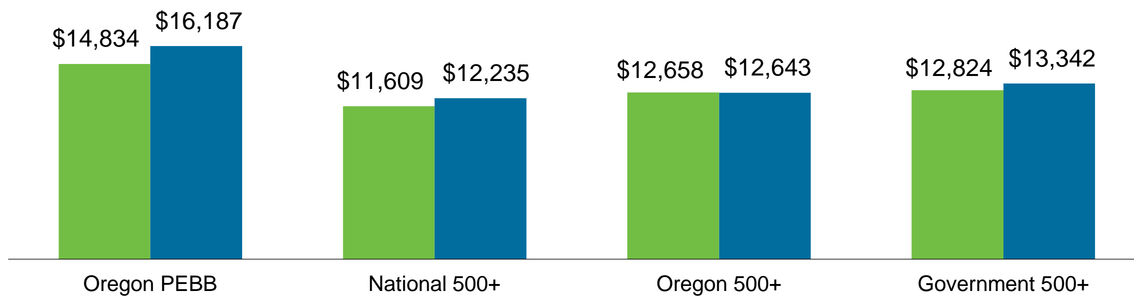
Advanced strategies used[1]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Offer patient-centered medical home (primary care-driven model designed to provide enhanced access, quality and integrated care)	Yes	55%	72%	45%
Offer, and members have incentives to use PCMH	Yes	5%	8%	4%
Offer surgical center(s) of excellence, other than for transplants (surgeries are provided in hospitals selected for superior outcomes in the U.S.)	Yes	66%	64%	58%
Offer, and members have incentives to use surgical COE	No	13%	4%	12%
Offer center(s) of excellence for non-surgical treatments (women's health, cancer, neonatal, etc.)	No	64%	64%	58%
Offer, and members have incentives to use COE	No	8%	4%	5%
Offer accountable care organization (affiliations of providers working together to treat individuals across care	No	56%	62%	48%
Offer, and members have incentives to use ACO providers	No	5%	4%	4%
Offer narrow network of providers selected based on quality / cost performance	No	55%	73%	55%
Offer, and members have incentives to use narrow network	No	6%	4%	9%
Use reference-based pricing (health plan sets a maximum amount payable for specific procedures; higher than normal cost-sharing applies for providers charging above reference price)	No	12%	8%	17%
Considering using	Yes	13%	15%	9%

[1]Based on employers with 500 or more employees

PREFERRED PROVIDER ORGANIZATION (PPO) / POINT-OF-SERVICE PLANS (POS)

Average PPO / POS* cost per employee, for active employees



*includes traditional indemnity

PPO / POS cost sharing

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Average actuarial value[1]	95%	87%	89%	89%
Deductible for in-network services				
Deductible required (% of employers)	Yes	94%	96%	93%
Median individual deductible amount	$250	$600	$450	$500
Median family deductible amount	$750	$1,500	$1,000	$1,000
Deductible for out-of-network services				
Deductible required (% of employers)	Yes	96%	96%	94%
Median individual deductible amount	$500	$1,200	$550	$1,000
Median family deductible amount	$1,500	$3,000	$1,500	$2,000
In-network primary care physician (PCP) visit				
% requiring copay	Yes	82%	63%	84%
% requiring coinsurance	No	24%	46%	27%
No cost-sharing is required	No	2%	0%	1%
Median copay amount	$5	$25	$25	$25
In-network specialist visit				
% requiring higher copay for specialist	No	58%	29%	53%
Median copay amount, when higher than PCP	$0	$40	$38	$40
Out-of-network primary care physician visit				
% requiring copay	No	14%	8%	22%
% requiring coinsurance	Yes	89%	96%	87%
No cost-sharing is required	No	1%	0%	1%
Median coinsurance amount	30%	40%	40%	40%

[1]Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions.

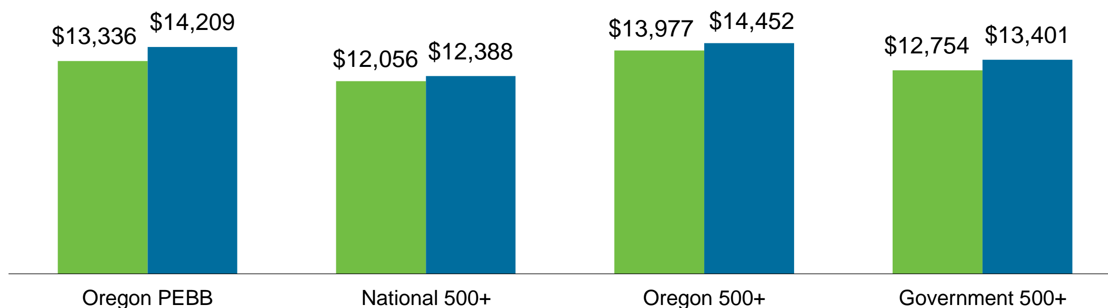
PPO / POS cost sharing, continued

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
In-network hospital stay				
% requiring deductible / per-admission copay	Yes	19%	4%	23%
% requiring coinsurance	No	82%	96%	75%
No cost-sharing is required	No	7%	0%	12%
Median deductible amount	$50/day to $250 max	$275	$100	$250
Median coinsurance amount	N/A	20%	20%	20%
Out-of-network hospital stay				
% requiring deductible / per-admission copay	No	12%	9%	17%
% requiring coinsurance	Yes	92%	100%	90%
No cost-sharing is required	No	2%	0%	4%
Median coinsurance amount	30%	40%	40%	40%
Emergency room visit				
% requiring copay	Yes	79%	92%	85%
% requiring coinsurance	No	56%	76%	57%
No cost-sharing is required	No	2%	0%	4%
Median copay amount	$100	$150	$113	$150
Median coinsurance amount (% of eligible expenses)	N/A	20%	20%	20%
Individual out-of-pocket maximum*				
Median for in-network services	$1,500	$3,000	$2,750	$2,500
Median for out-of-network services	$2,500	$6,000	$3,500	$4,500
Family out-of-pocket maximum*				
Median for in-network services	$4,500	$6,600	$6,900	$5,000
Median for out-of-network services	$7,500	$12,000	$9,000	$9,000
Out-of-pocket limit includes prescription drug expenses	No	65%	75%	63%

*Includes deductible

HEALTH MAINTENANCE ORGANIZATION (HMO)

Average HMO cost per employee, for active employees



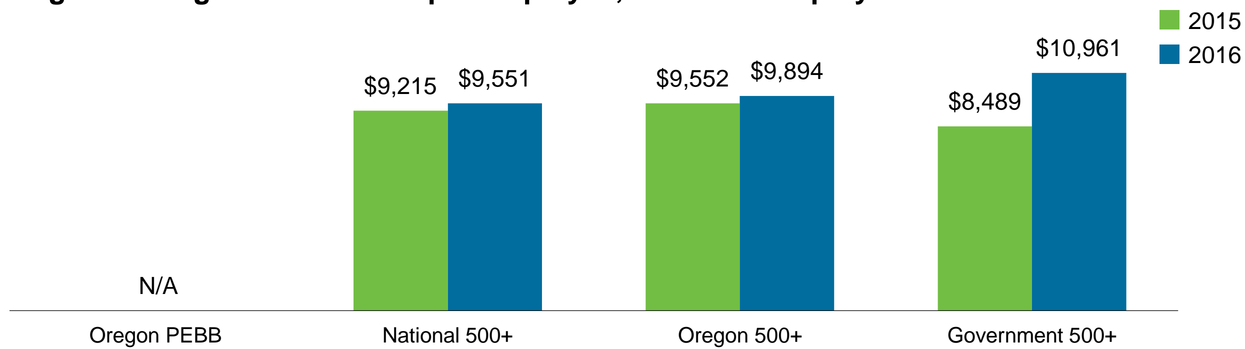
HMO cost sharing

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Average actuarial value[1]	99%	93%	94%	94%
Primary care physician (PCP) visit				
% requiring copay	Yes	95%	94%	96%
% requiring coinsurance	No	3%	6%	3%
Median copay amount	$5	$20	$15	$20
In-network specialist visit				
% requiring higher copay for specialist	No	68%	47%	53%
Median copay amount, when higher than PCP	$5	$40	$30	$30
Inpatient hospital stay				
% requiring deductible / per-admission copay	Yes	54%	41%	39%
% requiring coinsurance	No	34%	35%	20%
No cost-sharing is required	No	17%	24%	42%
Median deductible amount	$50/day, up to $250 max	$250	$250	$250
Median coinsurance amount	N/A	20%	20%	ID
Outpatient surgery				
% requiring copay per procedure that is higher than PCP / specialist copay	No	42%	24%	25%
% requiring copay per procedure that is the same as PCP / specialist copay	Yes	16%	29%	37%
% requiring coinsurance	No	33%	41%	21%
No cost-sharing is required	No	16%	6%	23%
Median copay amount per procedure when higher than PCP / specialist copay	$5	$125	$50	ID
Emergency room visit				
% requiring copay	Yes	85%	76%	92%
Median copay amount	$75	$100	$100	$100
% requiring overall deductible	No	38%	35%	28%

[1]Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions.

HSA-ELIGIBLE CONSUMER-DIRECTED HEALTH PLANS (CDHP)

Average HSA-eligible CDHP cost per employee, for active employees



HSA cost sharing

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Average actuarial value[1]	N/A	80%	83%	81%
Individual deductible				
Median for in-network services	N/A	$1,800	$1,500	$2,000
Median for out-of-network services	N/A	$3,000	$2,550	$3,000
Family deductible				
Median for in-network services	N/A	$3,900	$3,500	$4,200
Median for out-of-network services	N/A	$6,000	$5,200	$6,000
In-network physician visit				
% requiring copay	N/A	4%	9%	10%
% requiring coinsurance	N/A	76%	82%	64%
No cost-sharing is required	N/A	20%	9%	27%
Median coinsurance amount	N/A	20%	20%	20%
Out-of-network physician visit				
% requiring copay	N/A	1%	0%	2%
% requiring coinsurance	N/A	92%	100%	89%
No cost-sharing is required	N/A	8%	0%	9%
Median coinsurance amount	N/A	40%	40%	40%
Individual out-of-pocket maximum*				
Median for in-network services	N/A	$3,750	$4,000	$3,000
Median for out-of-network services	N/A	$6,550	$6,550	$6,000
Family out-of-pocket maximum*				
Median for in-network services	N/A	$7,000	$9,000	$6,000
Median for out-of-network services	N/A	$13,600	$13,950	$12,000

*Includes deductible

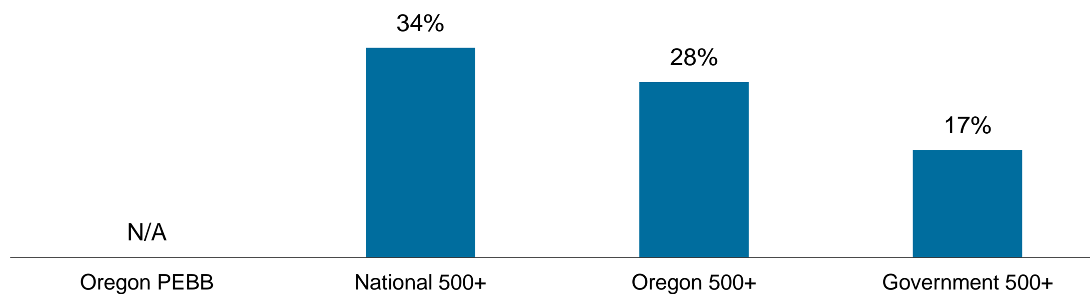
[1]Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions.

HSA-ELIGIBLE CONSUMER-DIRECTED HEALTH PLANS (CDHP), CONTINUED

HSA cost sharing, cont'd

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Preventive Rx covered at separate, higher benefit level				
Not subject to deductible	N/A	20%	18%	15%
100% coverage for at least some Rx categories	N/A	26%	36%	16%
Lower cost-sharing, but not 100% coverage	N/A	7%	9%	1%
Non-preventive prescription drugs subject to same coinsurance as any other medical expense	N/A	70%	64%	57%

Average % of eligible employees enrolled in HSA-eligible CDHP when offered as an option



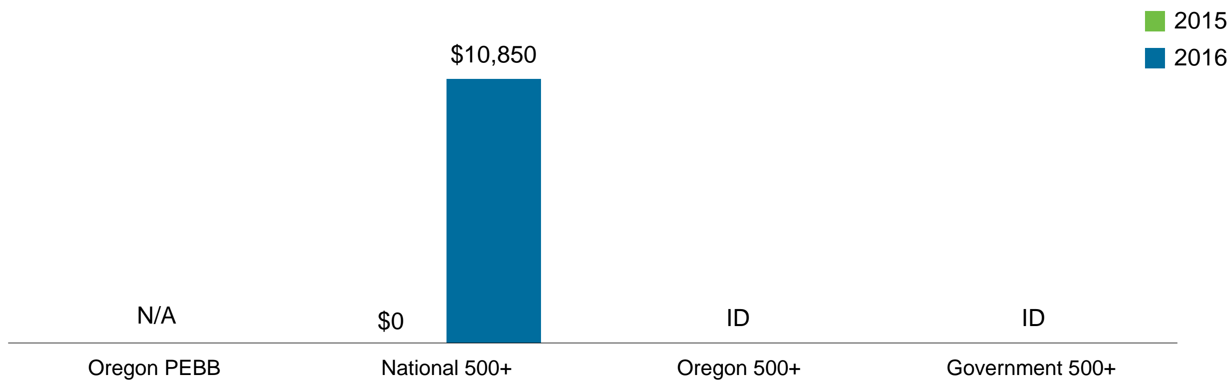
Plan funding / features

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Percent of employers making an account contribution	N/A	75%	100%	80%
Employer contribution to account*				
Median for employee-only coverage	N/A	$500	$650	$600
Median for family coverage	N/A	$1,000	$1,364	$1,000
Funding schedule for employer account contributions*				
Fully pre-fund	N/A	37%	27%	46%
Fund every paycheck	N/A	32%	36%	27%
Fund monthly or on other schedule	N/A	31%	36%	27%
Offer a limited-purpose FSA in conjunction with HSA	N/A	52%	55%	49%

*Among employers contributing to the account

HRA-BASED CONSUMER-DIRECTED HEALTH PLANS (CDHP)

Average HRA-based CDHP cost per employee, for active employees



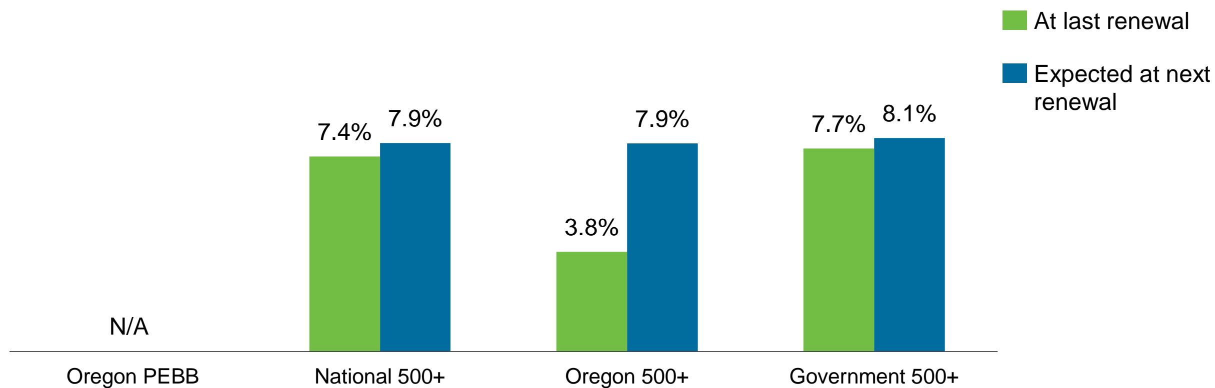
HRA plan design

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Individual deductible				
Median for in-network services	N/A	$1,500	ID	$2,000
Median for out-of-network services	N/A	$3,000	ID	$4,000
Family deductible				
Median for in-network services	N/A	$3,000	ID	$4,200
Median for out-of-network services	N/A	$6,000	ID	$7,000
In-network physician visit				
% requiring copay	N/A	16%	ID	23%
% requiring coinsurance	N/A	78%	ID	64%
No cost-sharing is required	N/A	8%	ID	12%
Median coinsurance amount	N/A	20%	ID	ID
Out-of-network physician visit				
% requiring copay	N/A	5%	ID	6%
% requiring coinsurance	N/A	90%	ID	93%
No cost-sharing is required	N/A	7%	ID	1%
Median coinsurance amount	N/A	40%	ID	40%
Individual out-of-pocket maximum*				
Median for in-network services	N/A	$3,750	ID	$4,000
Median for out-of-network services	N/A	$6,000	ID	$6,000
Family out-of-pocket maximum*				
Median for in-network services	N/A	$7,750	ID	$8,000
Median for out-of-network services	N/A	$12,000	ID	$12,900
Employer contribution to account				
Median for employee-only coverage	N/A	$500	ID	$750
Median for family coverage	N/A	$1,200	ID	$1,500
Make incentive-based contributions to account	N/A	31%	ID	48%
Limit on HRA accumulations (% of employers)	N/A	51%	ID	62%

*Includes deductible

PRESCRIPTION DRUG (RX) BENEFITS[1]

Annual change in cost per employee for prescription drug benefits



Employee cost-sharing requirements for prescription drug plans

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Retail				
Same level for all drugs	No	8%	14%	3%
2 levels: generic, brand	No	6%	14%	5%
3 levels: generic, formulary, non-formulary	Yes	57%	39%	63%
4 or more levels	No	28%	32%	26%
Use coinsurance for 1 or more drug categories	No	45%	57%	32%
Mail-order				
Same level for all drugs	No	9%	15%	4%
2 levels: generic, brand	No	8%	19%	8%
3 levels: generic, formulary, non-formulary	Yes	62%	42%	69%
4 or more levels	No	21%	23%	19%
Use coinsurance for 1 or more drug categories	No	37%	50%	22%

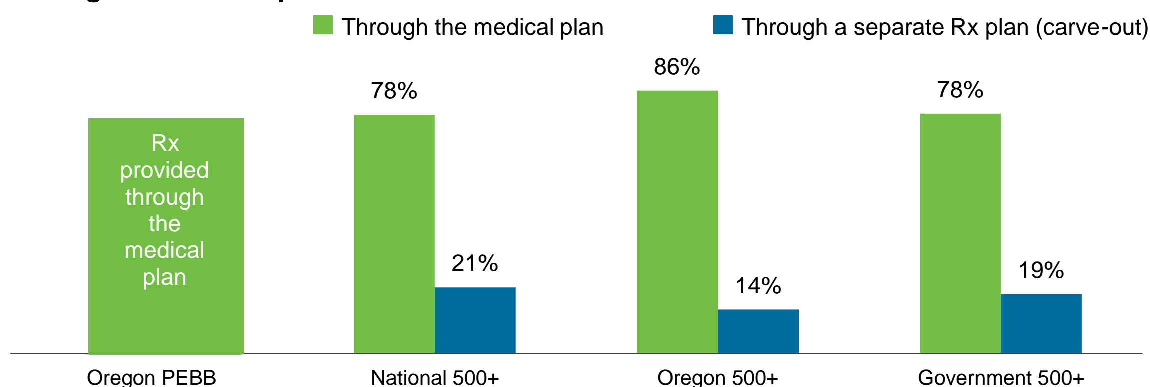
Average copayments in prescription drug plans

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Retail				
Generic	$10	$11	$12	$10
Brand-name formulary	$30	$32	$35	$29
Brand-name non-formulary	$30	$55	$47	$49
Specialty or biotech drugs (when separate)	$100	$115	$124	$131
Mail-order (for 90-day supply)				
Generic	$25	$22	$26	$18
Brand-name formulary	$75	$66	$72	$56
Brand-name non-formulary	$75	$114	$89	$93
Specialty or biotech drugs (when separate)	N/A	$179	$135	$232

[1]Offered to employees enrolled in the largest medical plan of any type

PRESCRIPTION DRUG (RX) BENEFITS[1], CONTINUED

How drug benefits are provided



Drug plan features among employers with 500+ employees

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Mandatory generics (with or without physician override)	No	35%	26%	29%
Step therapy (generics / preferred brands required before non-preferred brands)	Yes	60%	56%	56%
Mandatory drug exclusions	No	21%	22%	14%
Mandatory mail-order (maintenance drugs must be filled by mail after 2-4 fills at a retail pharmacy)	No	13%	7%	9%
Members may fill 90-day maintenance drugs at specific retail pharmacy	Yes	16%	26%	12%
Retail penalty program (maintenance drugs are subject to higher cost sharing after 2-4 fills at a retail pharmacy)	No	17%	7%	12%

Encourage use of specialty pharmacy (among employers with 500+ employees)

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Offer lower cost-sharing when filled at specialty pharmacy	No	11%	11%	11%
Exclude some / all specialty medications from coverage under the retail pharmacy benefit or medical benefit	No	28%	33%	31%
Other method	No	15%	7%	12%
Do not steer members to specialty pharmacy	Yes	49%	48%	49%

[1]Offered to employees enrolled in the largest medical plan of any type

HEALTH AND WELL-BEING PROGRAMS[1]

Health and well-being programs and policies offered

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Health assessment	Yes	79%	89%	86%
Any disease management program	Yes	80%	85%	87%
Face-to-face health / lifestyle coaching	Yes	35%	56%	44%
Telephone or online health / lifestyle coaching	Yes	68%	89%	63%
Health advocate services	Yes	54%	59%	47%
Sleep disorder diagnosis and treatment programs	No	33%	60%	47%
Resiliency program	No	41%	60%	47%
Dependents are eligible for key elements of health and well-being program[2]				
Spouses	Yes	57%	61%	64%
Children	No	21%	52%	24%
Spouses eligible for incentives associated with program	Yes	56%	25%	51%
Health plan non-participants eligible for at least some elements of the health and well-being program[2]	Yes	60%	61%	69%
Financial health resources (other than retirement planning)				
Offer through the health plan	No	10%	7%	12%
Offer through specialty vendor	No	37%	59%	40%

Other wellness initiatives

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Business unit / location group challenges	Yes	46%	50%	62%
Personal challenges	Yes	42%	43%	50%
Worksite biometric screening event	No	58%	61%	69%
Onsite exercise or yoga classes / weight loss program	No	44%	64%	57%
Peer-to-peer support	Yes	21%	21%	29%
None of the above	No	23%	4%	12%
Technology-based resources used to promote program participation / engagement				
Mobile applications	Yes	37%	36%	41%
Wearables/apps to monitor activity	Yes	31%	50%	37%
Devices to transmit health measures to providers	No	5%	4%	9%
Onsite kiosks at work place	No	9%	14%	10%
Other web-based resources or tools	Yes	42%	68%	46%
None of the above	No	33%	18%	30%

[1]Offered to employees enrolled in the largest medical plan of any type

[2]Based on employers with 500 or more employees

HEALTH AND WELL-BEING PROGRAMS[1], CONTINUED

How employee health and well-being programs are offered

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Through health plan, standard services only	Yes	42%	48%	36%
Through health plan, optional services	No	31%	36%	38%
Through one or more specialty vendors	No	52%	68%	55%

Program participation rates[2]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Health assessment (% of eligible employees)	ID	47%	43%	48%
Validated biometric screening (% of eligible employees)	ID	43%	40%	48%

Health and well-being incentives / penalties

Use incentives in connection with health and well-being program	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Financial rewards	Yes	64%	48%	67%
Financial penalties	No	17%	9%	16%
Make charitable contribution on behalf of members	No	4%	4%	1%
Non-financial rewards	No	24%	35%	37%
Do not use any incentives	No	23%	35%	15%
Incentives for participating in health and well-being programs[2]				
Provide participation incentives	Yes	66%	55%	74%
Maximum annual value of incentive* (median)	$310	$300	$163	$150
Outcomes-based incentives[2]				
Provide outcomes-based incentives	No	29%	9%	31%
Maximum annual value of incentive* (median)	N/A	$350	$400	ID
Provide incentive for non-tobacco users				
Lower premium contribution	Yes	26%	21%	9%
Other incentive	No	11%	4%	14%

*Among employers that offer financial incentives

[1]Offered to employees enrolled in the largest medical plan of any type
[2]Based on employers with 500 or more employees

SPECIAL COVERAGES[1]

Mental health / substance abuse[2]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
MH / SA benefits provided by medical plan	Yes	93%	100%	94%
MH / SA carved out, provided by a specialty vendor	No	4%	0%	4%
MH / SA benefits not provided	No	2%	0%	2%

EAP, autism, bariatric surgery, infertility and gender reassignment surgery

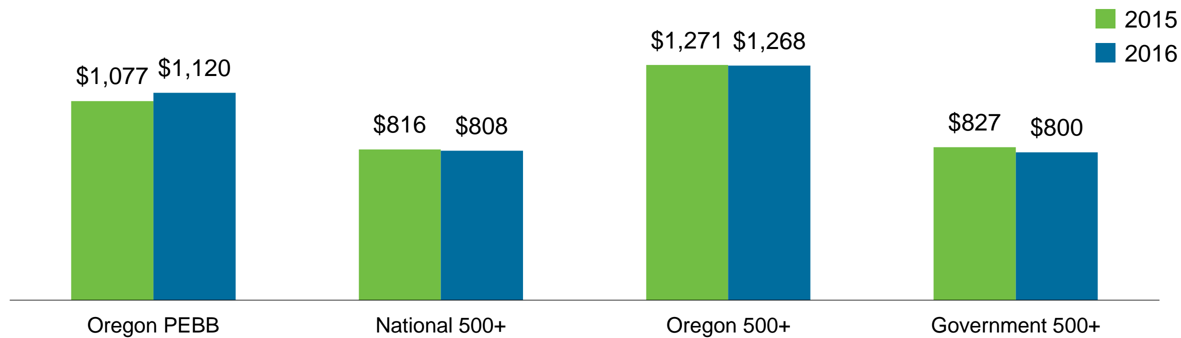
	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Provide employee assistance program (EAP)	Yes	90%	96%	96%
Provide coverage for autism[2]				
Diagnostic services	Yes	79%	92%	81%
Medication management	Yes	66%	88%	72%
Speech, occupational and physical therapies	Yes	73%	92%	84%
Inpatient and outpatient treatment services	Yes	62%	85%	73%
Applied behavior analysis / other intensive behavioral therapies	Yes	42%	50%	50%
Autism spectrum disorders are excluded conditions	No	13%	4%	7%
Provide coverage for bariatric surgery[2]				
Limited eligibility (must comply with behavior modification program or standards)	No	34%	29%	31%
Covered the same as other medically necessary procedures	Yes	26%	25%	25%
Infertility services covered[2]				
Evaluation by a specialist	Yes	53%	59%	51%
Drug therapy	Yes	33%	33%	29%
In vivo fertilization	Yes	25%	19%	16%
In vivo fertilization available to same-sex partners	Yes	16%	7%	9%
In vitro fertilization	Yes	25%	11%	15%
Egg freezing	No	5%	7%	2%
No infertility services are covered	No	43%	37%	46%
Gender reassignment surgery				
Surgery is covered	Yes	14%	50%	11%
Not covered, but considering	No	10%	11%	6%

[1]Offered to employees enrolled in the largest medical plan of any type

[2]Based on employers with 500 or more employees

DENTAL BENEFITS

Average cost of dental coverage, per employee



Type of dental plan offered

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Active PPO	Yes	54%	61%	53%
Passive PPO	Yes	42%	32%	43%
Dental HMO	Yes	12%	46%	13%
No provider network	No	5%	0%	5%

Dental plan design

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Services covered				
Sealants	Yes	84%	86%	87%
Implants	Yes	69%	71%	68%
Treatment of TMJ	No	27%	14%	26%
Posterior composites	No	51%	50%	54%
Individual deductible for restorative services				
% requiring deductible	Yes	83%	61%	76%
Median deductible	$50	$50	$50	$50
Family deductible for restorative services				
% requiring deductible	Yes	81%	57%	74%
Median deductible	$150	$150	$150	$100
Preventive care is subject to deductible	No	7%	7%	6%
Annual maximum benefit (median)	$1,750	$1,500	$1,750	$1,500
Lifetime maximum orthodontic benefit (median)	$1,500	$1,500	$1,500	$1,500

OTHER BENEFITS

Voluntary insurance benefits offered

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Accident	No	60%	43%	66%
Cancer / critical illness	No	49%	32%	70%
Individual disability	No	42%	36%	62%
Whole / universal life	No	44%	18%	58%
Hospital indemnity	No	22%	11%	31%
Long-term care	Yes	27%	32%	38%
Auto / homeowners	No	21%	14%	7%
ID theft	No	25%	14%	15%
Legal benefit	Yes	34%	29%	23%
Investment advisory	Yes	21%	18%	16%
Discount purchase program	No	32%	21%	20%
Pet insurance	No	15%	4%	4%

Most important objectives for voluntary benefit program[1]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Give employees opportunity to fill gaps in employer-paid benefits	No	69%	67%	81%
Help drive participation in lower-cost plans	No	23%	13%	20%
Reduce risk of triggering excise tax	No	11%	8%	10%
Help employees reduce financial stress / improve financial health	No	60%	58%	63%
Accommodate employee requests	No	55%	54%	63%
Offer additional benefits at no cost to the employer	No	66%	46%	73%
Maintain employee benefit options as core benefit plans change	No	34%	29%	37%

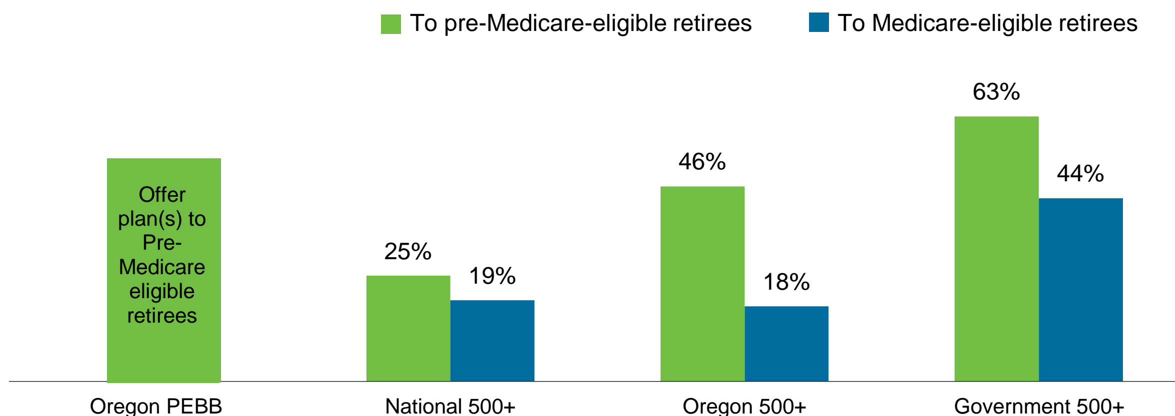
Flexible spending accounts (FSA)

Health care FSA	Oregon PEBB	National 500+	Oregon 500+	Government 500+
% offering health care FSA	Yes	87%	93%	86%
Average employee participation	ID	21%	20%	24%
Average annual voluntary contribution	ID	$1,306	$1,179	$1,186
Average % of contribution dollars forfeited in 2015	ID	4%	6%	3%
Dependent care FSA				
% offering dependent care FSA	Yes	84%	96%	86%
Average employee participation	ID	6%	4%	4%
Average annual voluntary contribution	ID	$3,417	$3,089	$3,062
Average % of contribution dollars forfeited in 2015	ID	2%	3%	1%
Provisions concerning unused funds in health care FSA at year end[1]				
Carry over up to $500 to the next plan year	No	43%	68%	57%
Roll over entire balance to pay for expenses incurred in the first 2 1/2 months of next plan year	No	35%	24%	29%
All funds forfeited at year-end	Yes	22%	8%	14%

[1]Based on employers with 500+ employees

RETIREE HEALTH CARE

Offer an employer-sponsored medical plan or private exchange to retirees*



*Offer to some or all retirees, on an ongoing basis (new hires will be eligible)

Offer private medical exchange to retirees (among retiree plan sponsors)

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Pre-Medicare-eligible retirees	No	14%	7%	15%
Medicare-eligible retirees	No	28%	25%	21%

Current approach to providing Medicare Part D prescription drug benefit[1]

	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Receive 28% subsidy for all / most covered retirees	ID	19%	0%	13%
Offer a plan that wraps around a PDP	ID	29%	40%	29%
Contract with vendor to offer PDP, EGWP or MA-PD plan	ID	15%	20%	10%
Continue to provide drug coverage through standard plan and do not receive subsidy	ID	26%	40%	39%
Some other approach	ID	4%	0%	5%

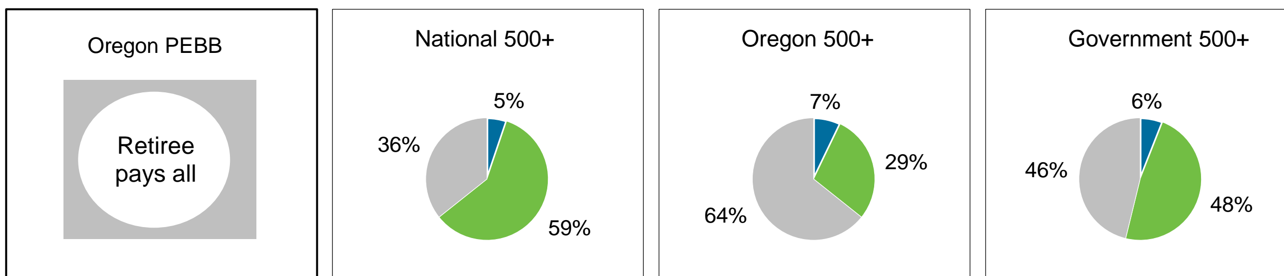
[1]Based on employers with 500 or more employees

RETIREE HEALTH CARE, CONTINUED[1]

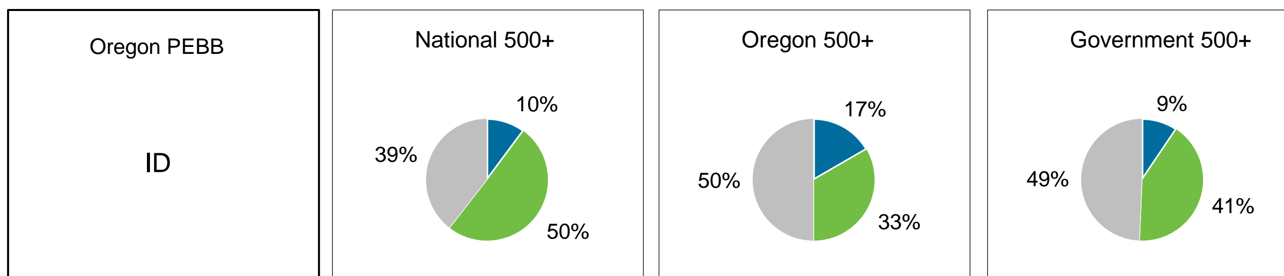
Contribution requirements for retiree-only coverage

Employer pays all | Cost is shared | Retiree pays all

Pre-Medicare-eligible retirees



Medicare-eligible retirees

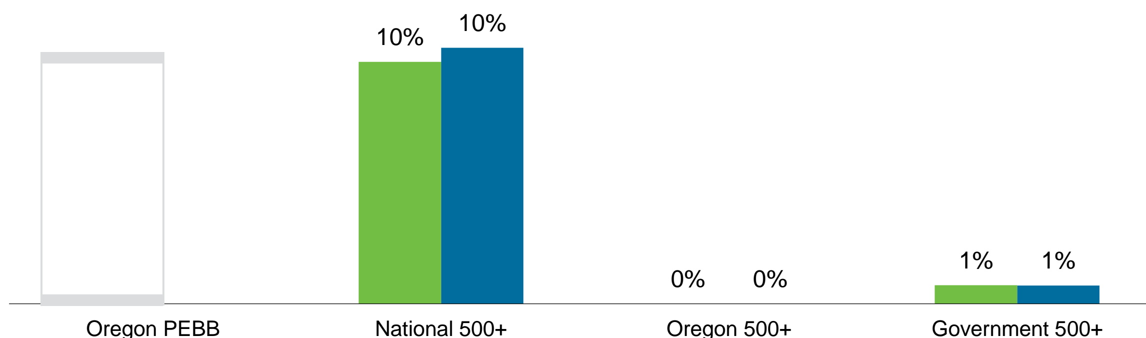


Average retiree contribution as a percent of premium, when cost is shared

Retiree-only coverage for:	Oregon PEBB	National 500+	Oregon 500+	Government 500+
Pre-Medicare-eligible retirees	ID	36%	47%	33%
Medicare-eligible retirees	ID	37%	38%	37%

Will likely terminate retiree coverage for new hires within the next 5 years

Pre-Medicare-eligible retirees | Medicare-eligible retirees



[1]Based on employers with 500 or more employees

DEFINITIONS

HEALTH PLAN PREVALENCE AND ENROLLMENT

A **consumer-directed health plan eligible for a Health Savings Account** is a high-deductible health plan with an employee-controlled account. Employer contributions are optional. Account funds roll over at year end and are portable.

A **consumer-directed health plan with a Health Reimbursement Account** is a health plan with an employer-funded spending account. Account funds may roll over at year end, but are not portable.

HEALTH PLAN COST

Total health benefit cost is the total gross cost for all medical, dental, prescription drug, MH / SA, vision and hearing benefits for all covered active employees and their dependents divided by the number of enrolled employees. Total gross annual cost includes employee contributions but not employee out-of-pocket expenses.

Medical plan cost is the total gross cost for medical and prescription drug benefits divided by the number of enrolled employees. Mental health, vision and hearing benefits for all active employees and their covered dependents are included if part of the plan. Dental benefits, even if a part of the plan, are not included in these costs. CDHP cost includes any employer account contribution.

EMPLOYEE CONTRIBUTIONS, PPO/POS, HMO, CDHP, DENTAL

Unless otherwise noted, employers with multiple plans of the same type were asked to respond for the **largest plan of each type** (i.e., the one with the largest enrollment).

Family coverage is the coverage level for an employee, spouse and two children.

STRATEGIC PLANNING

A **private exchange** is a marketplace for insurance run by a private company or non-profit corporation that offers a choice of health plans and possibly voluntary products and services. Employers often provide a set contribution for each employee to spend on insurance. The exchange also typically provides an enrollment and administration platform with decision-support tools for employees to help them select appropriate coverage.

"ID" = Insufficient data.

OEBB Medical, Rx and Vision Request for Proposal (RFP)

January 3, 2017

Summary of final results

OEBB Board Meeting — Exhibit A

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Agenda:

- Overview of RFP process
- Overview of finalist interview process
- Final scoring: PPO finalists
- Final scoring: OSC finalists
- ASP scenarios — medical/Rx
- Final scoring: vision finalists
- ASP scenarios — vision
- Next steps
- Appendix

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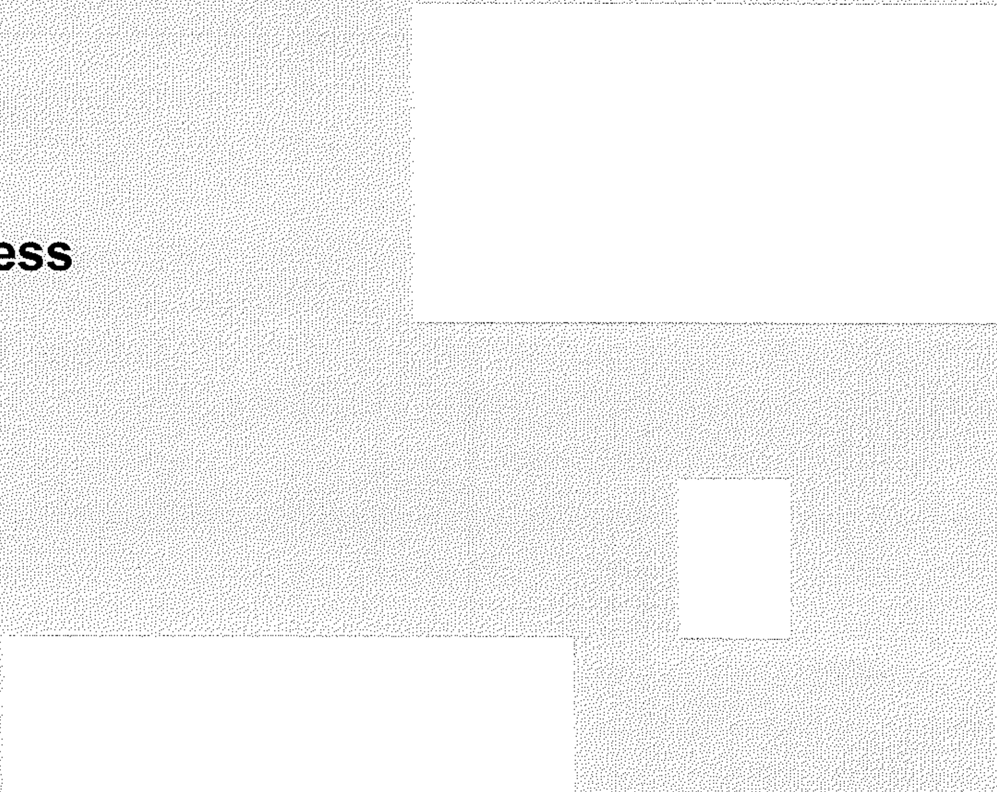
Overview of RFP process



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OEBB medical/Rx/vision RFP

Overview of final results

- The purpose of today's discussion is to review the final scoring results for all finalist proposers and to select the Apparent Successful Proposers (ASPs)

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Overview of RFP process

Timeline

RFP timeline	
Request for proposal released	June 10, 2016
Proposals due	August 5, 2016 (extended from July 22, 2016)
Scoring and evaluation	August 6, 2016 – October 14, 2016
Selection of proposers for finalist interviews	November 1, 2016
Finalist interviews	November 14, 15, 21, 2016
Final scoring and evaluation	November 23, 2016 – December 20, 2016
January 3, 2017	Selection of apparent successful proposers
January 24, 2017	Vendor summit with apparent successful proposers
January- April 2017	Negotiation process with apparent successful proposers

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Overview of RFP process (continued)

Proposals solicited in the RFP

The RFP solicited two types of medical/Rx proposals:

1. PPO proposals
2. Organized Systems of Care (OSC) proposals
   - Includes CCM plans, ACOs, HMOs, etc.

Proposal type	Service coverage	Plan design	Rates	Notes
PPO	Statewide	All PPO plan designs in RFP	Statewide	✓ Proposers to provide services in all areas serving OEBB's current members
OSC	Any or all of four regions in Oregon	All OSC plan designs in RFP	Statewide (if available) ***and*** regional basis	✓ Four evaluation regions ✓ Preference for proposals covering entire region(s) or multiple regions ✓ Proposals ranked within regions

- Proposers had the option of providing a medical only proposal or medical + pharmacy proposal.

3. Vision proposals

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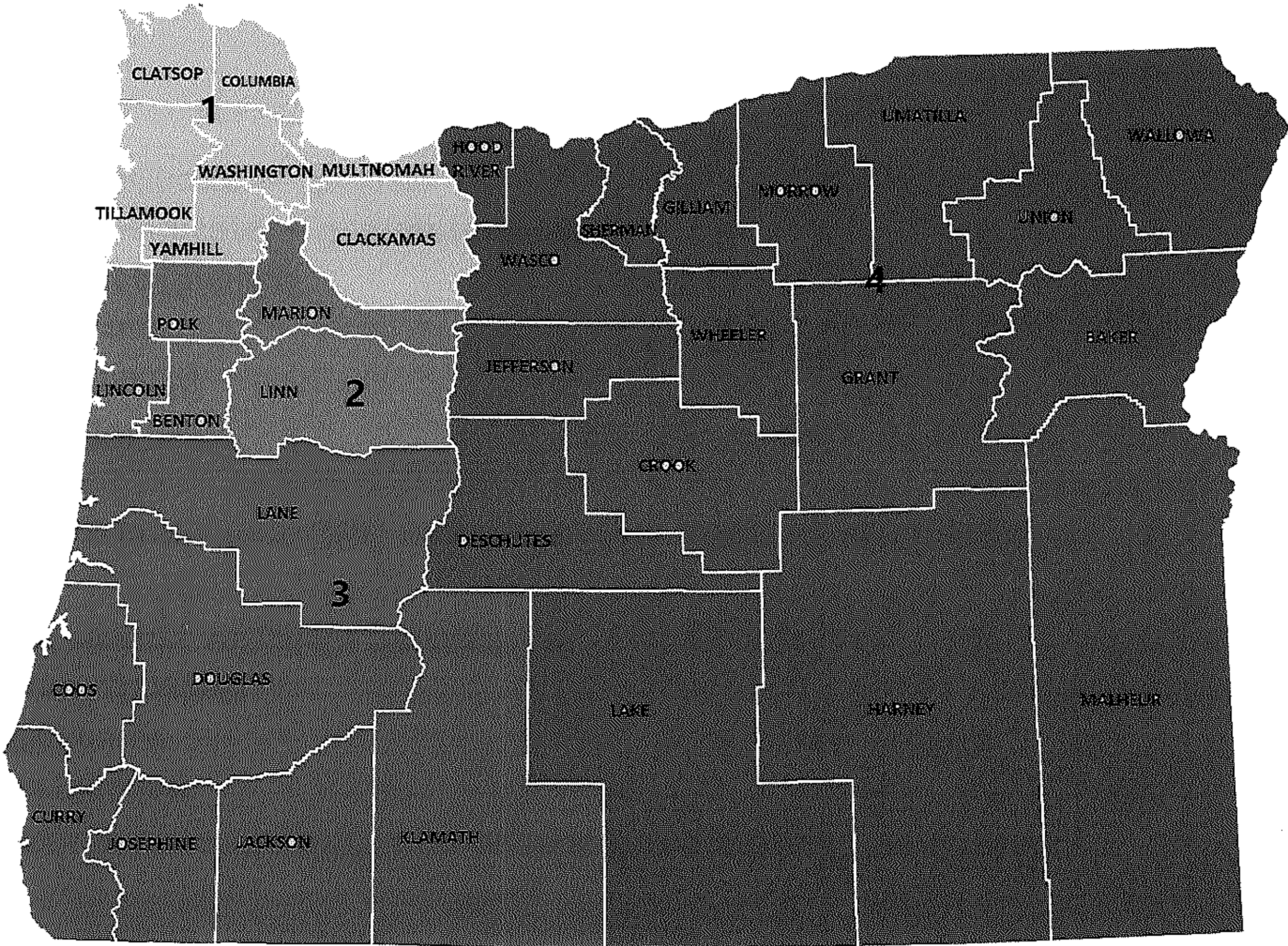
Overview of RFP process (continued)

RFP evaluation regions



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Overview of RFP process (continued)

Medical proposals received

- Four carriers submitted PPO proposals, three selected as finalists:
  - **Moda (finalist)**
  - PacificSource
  - **Regence (finalist)**
  - **United Healthcare (UHC) (finalist)**

- Six carriers submitted OSC proposals, four selected as finalists:
  - Atrio
  - **Kaiser (finalist)**
  - **Moda (finalist)**
  - PacificSource
  - **Providence (finalist)**
  - **United Healthcare — Charter (finalist)**
  - United Healthcare — Navigate

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Overview of RFP process (continued)

Vision proposals received

- Seven carriers submitted vision proposals, five selected as finalists
  - Atrio
  - **Kaiser (finalist)**
  - **Moda (finalist)**
  - PacificSource
  - **Regence (finalist)**
  - **United Healthcare (finalist)**
  - **VSP (finalist)**

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Overview of RFP process (continued)

Medical/pharmacy proposal scoring

RFP segment	% of total possible points	Points
Administrative	**11.25%**	**450**
Administrative capability	5.6%	225
Operational excellence	5.6%	225
Medical	**46.25%**	**1,850**
Better health	5.7%	231
Better care (quality)	5.7%	231
Lower/sustainable cost (financial)	18.5%	740
Network/access	11.6%	463
Innovation and transformation	4.6%	185
Pharmacy	**17.5%**	**700**
Better health	2.2%	88
Better care (quality)	2.2%	88
Lower/sustainable cost (financial)	7.0%	280
Network/access	4.4%	175
Innovation	1.7%	69
Interview	**25%**	**1,000**
Total		**4,000**

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Overview of RFP process (continued)

Vision proposal scoring

RFP segment	% of total possible points	Points
Questionnaire	30%	90
Financial	30%	90
Network/access	23.3%	70
Interview	16.7%	50
Total possible points		300

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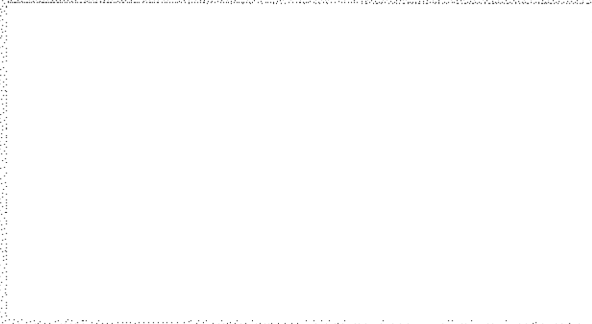
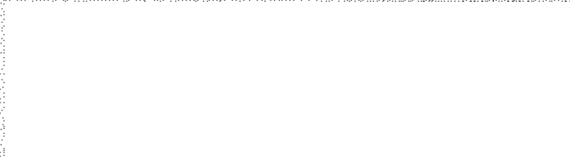
Overview of finalist interview process





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Overview of the finalist interview process

- Consultants presented preliminary scoring of the questionnaire elements of the RFP to the Board on November 1, 2016

- The Board selected six carriers to participate in the finalist interview process
  - Moda: PPO, OSC, vision
  - Kaiser: OSC, vision
  - Providence: OSC
  - Regence: PPO, vision
  - United Healthcare: PPO, OSC, vision
  - VSP: vision

- Finalist interviews were held on November 14, 15 and 21

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Overview of the finalist interview process (continued)

- Finalist interview process was worth 1,000 points and included:
  - Questions asked during the interview by the board members and consultants
  - Questions asked in advance of the interview
    - General questions posed to all proposers and required a written response by November 9, 2016
    - Questions specific to the carrier's proposal which required a written response by November 9, 2016
    - Questions/topics that required the response to be addressed during the interview presentation
- All board members attended all of the finalist interviews
- All board members scored the finalist interviews
- Final interview scores are included in the final scores presented today

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Selection of Apparent Successful Proposers (ASP)

- After review of the final scoring, board members will select:
  - One PPO carrier to be offered to all OEBB members
  - One or more OSC carriers as an alternative to the PPO offering
  - One or more vision carriers to be offered to all OEBB members
- The Board will review proposals' scores as well as analyze system considerations
  - Network coverage
  - Natural breaks in scoring
  - Number of qualified proposals
  - Interrelationships among proposals
  - Regional considerations

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Selection of Apparent Successful Proposers (ASP)

- The Board may select a lower scoring Proposal over a higher one when the following requirements are met:

1. The number of OEBB members does not support selecting both Proposals
2. Lower scoring proposal offers something different or unique, such as:
   - Coverage throughout entire region while higher scoring proposal does not (OSC only)
   - Less disruption and greater continuity of care
   - A care delivery model to which OEBB wants its members to have access
   - Promoting greater efficiency or economies of scale given the statewide PPO selected
   - Ability to better meet OEBB's desire to offer as many affordable plan options to members as possible
   - Ability to better meet OEBB's and its members' best interests
3. The lower scoring Proposal's aggregate score is within 10% of the next highest scoring Proposal

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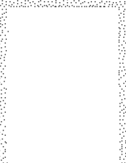
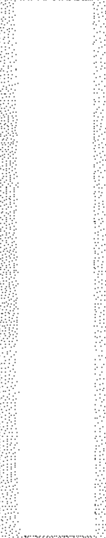
Final scoring: PPO finalists





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PPO final aggregate scores

- Moda has the highest overall final score
- Moda scored the highest number of interview points
  - Consensus of a majority of board members

Proposer		Moda	Regence	UHC
Administrative	**Available points**			
Administrative capability	225	205	186	151
Operational excellence	225	146	134	131
Subtotal – administrative	**450**	**351**	**320**	**282**
Medical (PPO)				
Better health	231	140	137	169
Better care (quality)	231	154	150	142
Lower/sustainable costs (financial)	740	531	461	687
Network/access	463	403	384	342
Innovation and transformation	185	120	84	80
Subtotal – medical	**1,850**	**1,348**	**1,216**	**1,420**
Pharmacy				
Better health	88	62	61	59
Better care (quality)	88	55	55	38
Lower/sustainable costs (financial)	280	174	240	153
Network/access	175	133	167	103
Innovation and transformation	69	38	29	37
Subtotal – pharmacy	**700**	**462**	**552**	**390**
Interview				
Total interview score	**1,000**	**833**	**769**	**754**
Combined total	**4,000**	**2,994**	**2,857**	**2,846**

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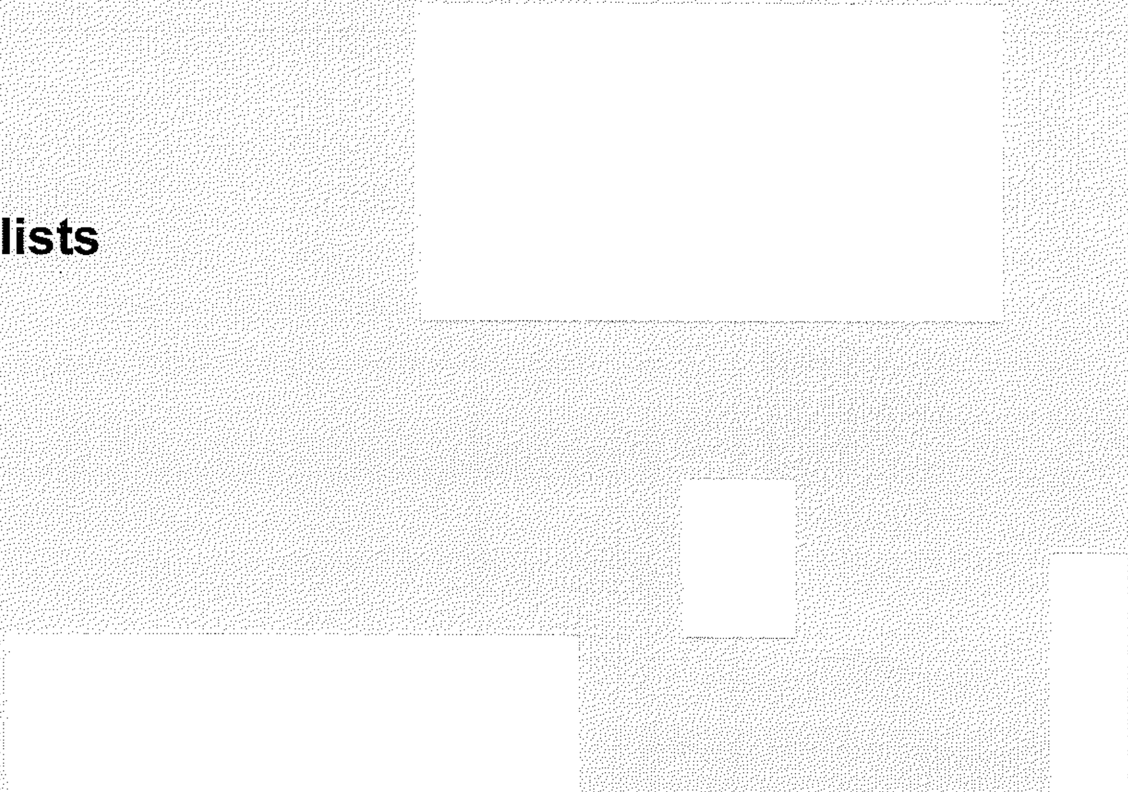
Final scoring: OSC finalists



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OSC proposal results

- Moda and United Healthcare provided an OSC proposal that would be offered statewide
- Kaiser and Providence offered OSC proposals for a limited/select service area

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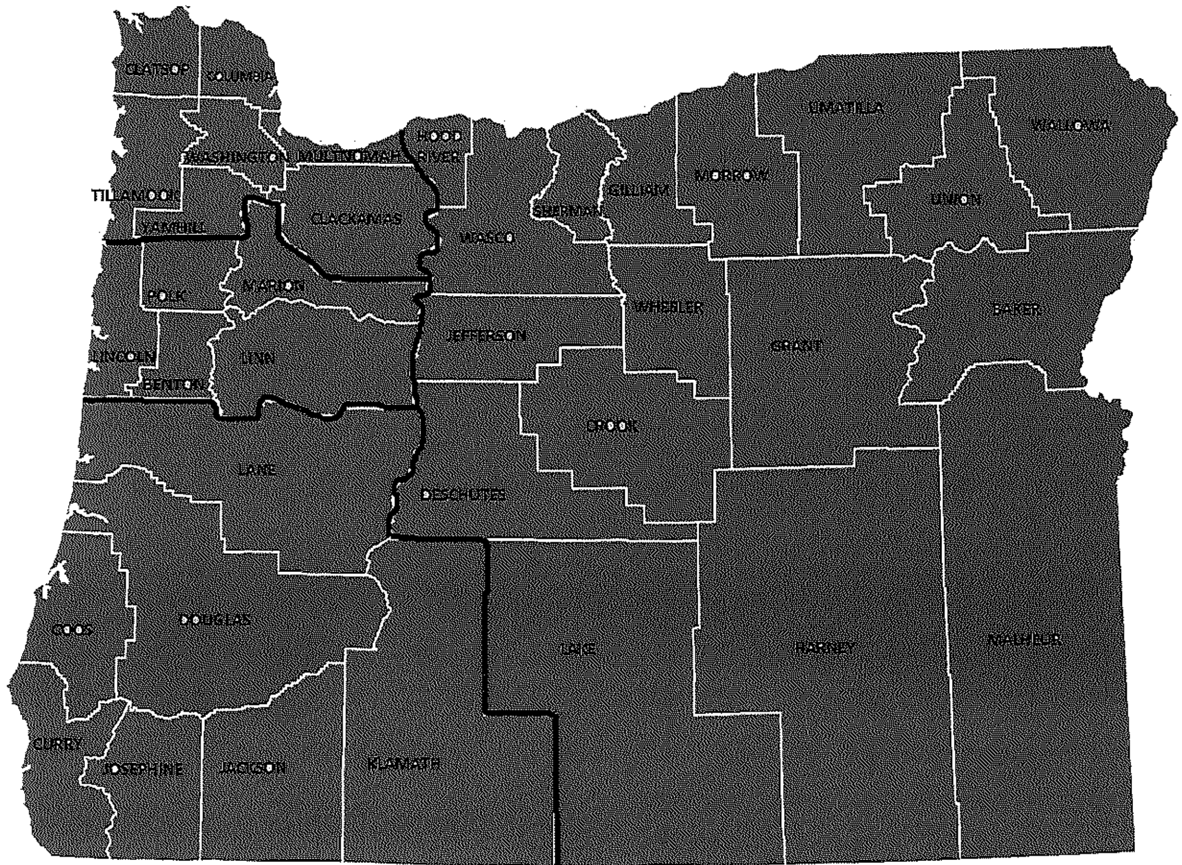
Proposed service area — Moda

Moda's proposed Summit/Synergy service area would provide an option for all OEBB members in Oregon and in neighboring states



OEBB members covered	
Region 1:	54,334
Region 2:	31,281
Region 3:	30,006
Region 4:	25,742
Total:	141,363

■ Summit/Synergy network

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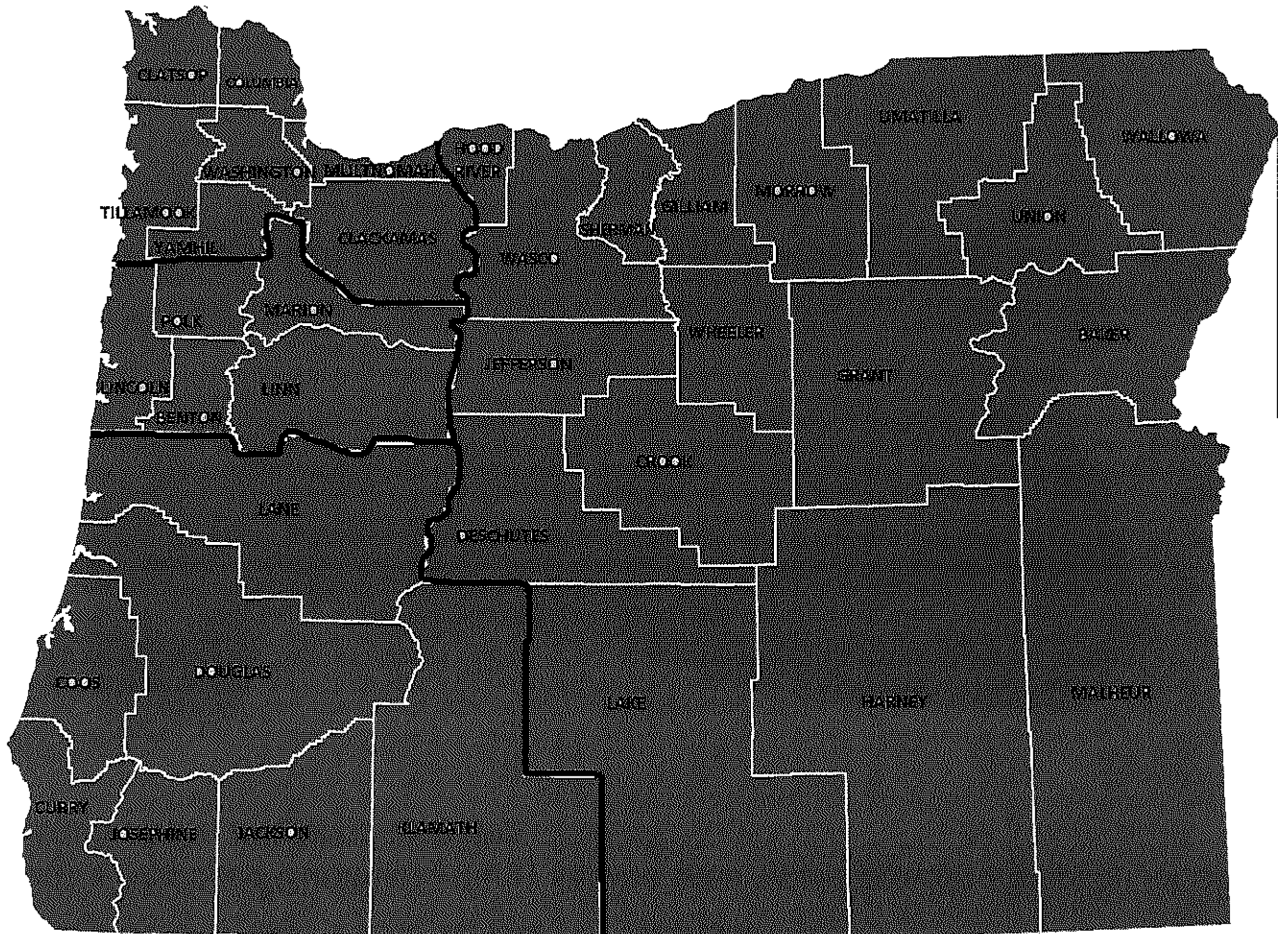
Proposed service area — United Healthcare

United Healthcare's proposed Charter service area would provide an option for all OEBB members in Oregon and in neighboring states



OEBB members covered
Region 1: 54,334
Region 2: 31,281
Region 3: 30,006
Region 4: 25,742
Total: 141,363

■ Charter network

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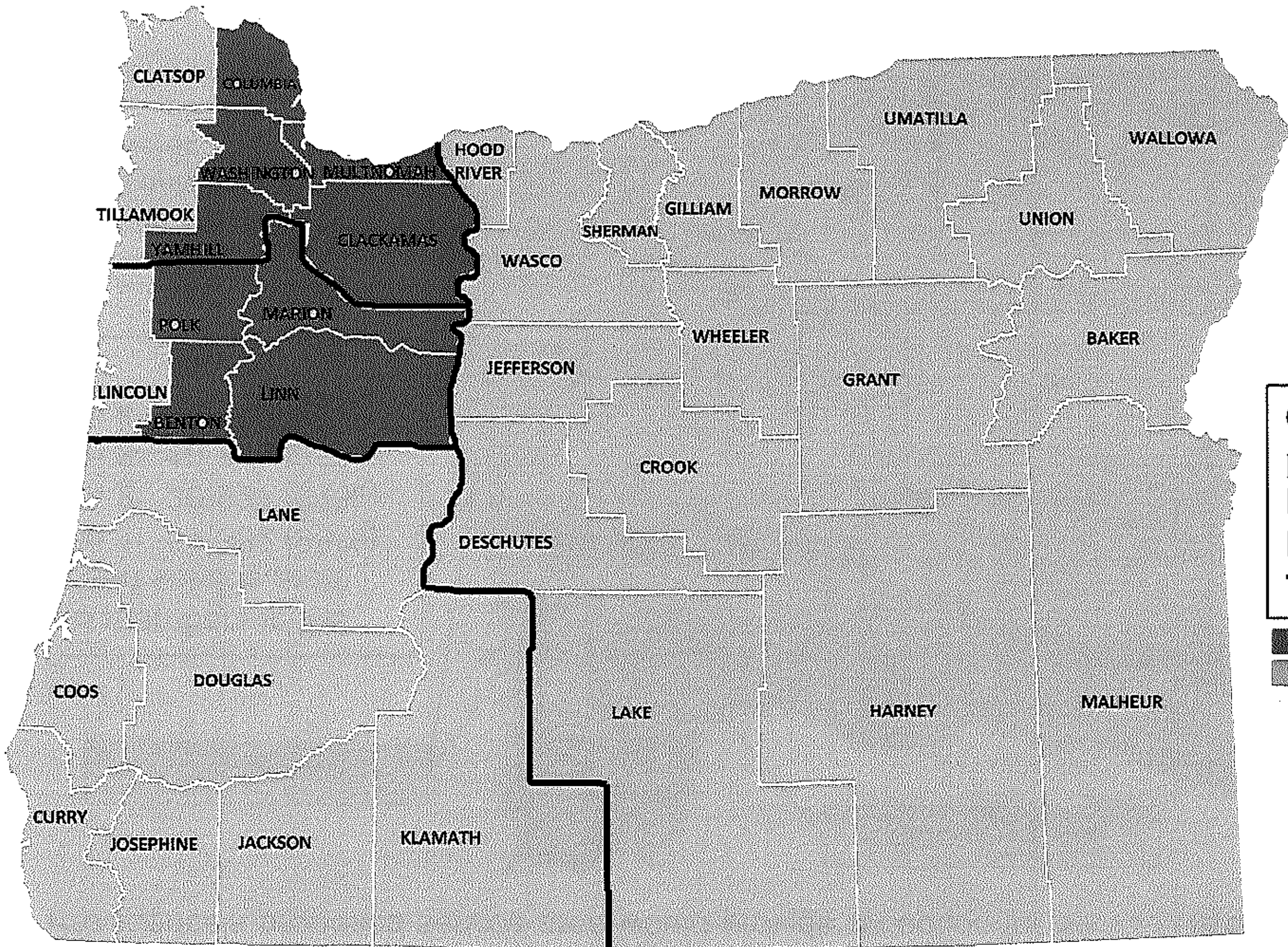
Proposed OSC service area — Kaiser

Kaiser's proposed service area would provide an option for 81,140 OEBB members



OEBB members in the proposed service area:
Region 1: 51,281 (94%)
Region 2: 29,859 (95%)
Total: 81,140

Kaiser network
Not covered

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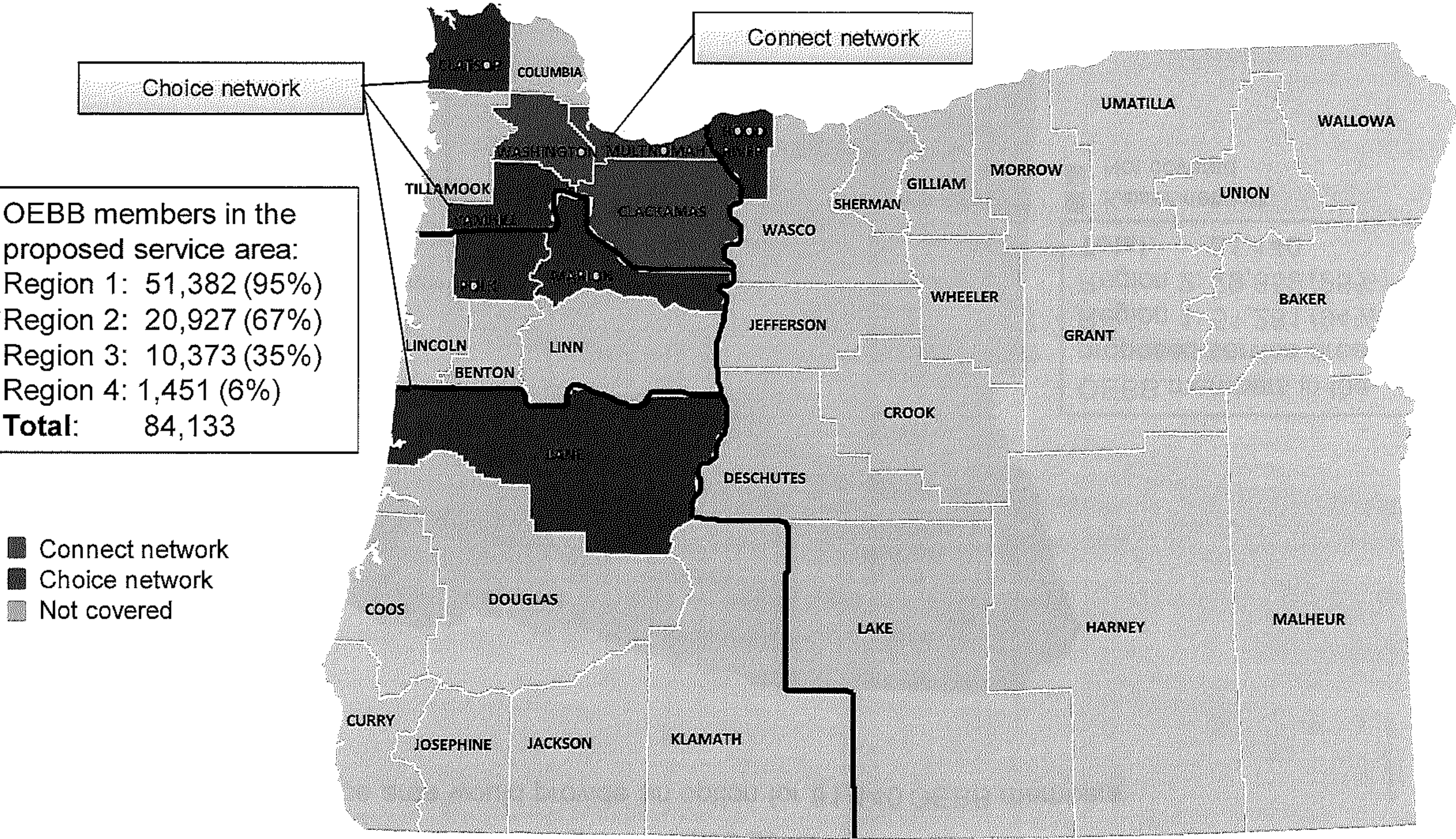
Proposed OSC service area — Providence

Providence's proposed service area would provide an option for 84,133 OEBB members



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OSC final aggregate scores
Region 1

Proposer		Kaiser	Moda	Providence	UHC (Charter)
Administrative	**Available points**				
Administrative capability	225	198	203	198	164
Operational excellence	225	122	128	140	120
Subtototal – administrative	**450**	**320**	**331**	**338**	**284**
Medical (OSC)					
Better health	231	183	153	197	161
Better care (quality)	231	169	159	165	142
Lower/sustainable costs (financial)	740	495	630	536	446
Network/access	463	305	383	334	117
Innovation and transformation	185	132	125	126	77
Subtotal – medical	**1,850**	**1,284**	**1,450**	**1,358**	**943**
Pharmacy					
Better health	88	63	62	42	59
Better care (quality)	88	51	55	49	38
Lower cost (financial)	280	232	126	137	93
Network/access	175	134	130	141	125
Innovation and transformation	69	28	38	26	37
Subtotal – pharmacy	**700**	**508**	**411**	**395**	**352**
Interview	**1,000**	**906**	**820**	**788**	**556**
Combined total	**4,000**	**3,018**	**3,012**	**2,879**	**2,135**

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OSC final aggregate scores (continued)

Region 2

Proposer		Kaiser	Moda	Providence	UHC (Charter)
Administrative	**Available points**				
Administrative capability	225	198	203	198	164
Operational excellence	225	122	128	140	120
Subtototal – administrative	**450**	**320**	**331**	**338**	**284**
Medical (OSC)					
Better health	231	183	153	197	161
Better care (quality)	231	169	159	165	142
Lower/sustainable costs (financial)	740	506	597	386	456
Network/access	463	305	383	334	117
Innovation and transformation	185	132	125	126	77
Subtotal – medical	**1,850**	**1,295**	**1,417**	**1,208**	**953**
Pharmacy					
Better health	88	63	62	42	59
Better care (quality)	88	51	55	49	38
Lower cost (financial)	280	232	126	137	93
Network/access	175	134	130	141	125
Innovation and transformation	69	28	38	26	37
Subtotal – pharmacy	**700**	**508**	**411**	**395**	**352**
Interview	**1,000**	**906**	**820**	**788**	**556**
Combined total	**4,000**	**3,029**	**2,979**	**2,729**	**2,145**

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OSC final aggregate scores (continued)

Region 3

Proposer		Moda	Providence	UHC (Charter)
Administrative	**Available points**			
Administrative capability	225	203	198	164
Operational excellence	225	128	140	120
Subtototal – administrative	**450**	**331**	**338**	**284**
Medical (OSC)				
Better health	231	153	197	161
Better care (quality)	231	159	165	142
Lower/sustainable costs (financial)	740	451	438	481
Network/access	463	383	334	117
Innovation and transformation	185	125	126	77
Subtotal – medical	**1,850**	**1,271**	**1,260**	**978**
Pharmacy				
Better health	88	62	42	59
Better care (quality)	88	55	49	38
Lower cost (financial)	280	126	137	93
Network/access	175	130	141	125
Innovation and transformation	69	38	26	37
Subtotal – pharmacy	**700**	**411**	**395**	**352**
Interview	**1,000**	**820**	**788**	**556**
Combined total	**4,000**	**2,833**	**2,781**	**2,170**

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OSC final aggregate scores (continued)

Region 4

Proposer		Providence	Moda	UHC (Charter)
Administrative	**Available points**			
Administrative capability	225	198	203	164
Operational excellence	225	140	128	120
Subtototal – administrative	**450**	**338**	**331**	**284**
Medical (OSC)				
Better health	231	197	153	161
Better care (quality)	231	165	159	142
Lower/sustainable costs (financial)	740	508	217	483
Network/access	463	334	383	117
Innovation and transformation	185	126	125	77
Subtotal – medical	**1,850**	**1,330**	**1,037**	**980**
Pharmacy				
Better health	88	42	62	59
Better care (quality)	88	49	55	38
Lower cost (financial)	280	137	126	93
Network/access	175	141	130	125
Innovation and transformation	69	26	38	37
Subtotal – pharmacy	**700**	**395**	**411**	**352**
Interview	**1,000**	**788**	**820**	**556**
Combined total	**4,000**	**2,851**	**2,599**	**2,172**

Note: Providence's proposed service area in Region 4 includes one county: Hood River County. Providence's higher score is being driven by their favorable rates in this one county.

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OSC final ranking by region

- Kaiser had the highest overall final OSC score, followed by Moda
- Kaiser scored the highest number of interview points, followed by Moda
  - Consensus of a majority of board members
- Providence's service area includes one county each in Regions 3 and 4

Proposer rank	Region 1	Region 2	Region 3	Region 4
1	Kaiser	Kaiser	Moda	Providence
2	Moda	Moda	Providence	Moda
3	Providence	Providence	UHC (Charter)	UHC (Charter)
4	UHC (Charter)	UHC (Charter)		

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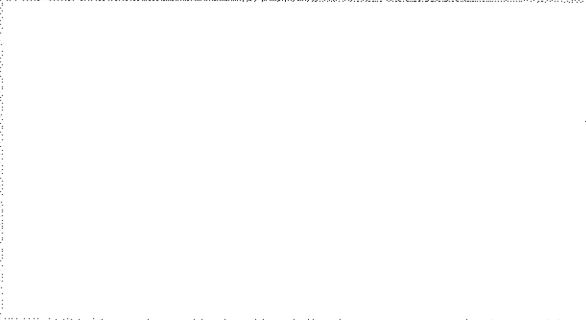
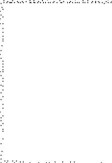
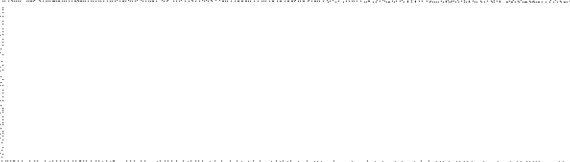
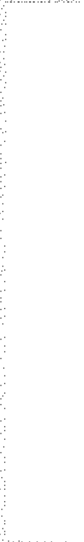
ASP scenarios — medical/Rx









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Medical/Rx ASP scenarios

- Scenario 1: Status Quo
  - PPO: Moda
  - OSC: Kaiser and Moda
- Scenario 2: add Providence Connect
  - PPO: Moda
  - OSC: Kaiser, Moda, Providence in Multnomah, Clackamas and Washington counties
- Scenario 3: add Providence Connect and Choice
  - PPO: Moda
  - OSC: Kaiser, Moda, Providence in additional selected counties

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Consultant recommendation

- Consultants and staff recommend Scenario 1
  - Retain Moda as the statewide PPO vendor
  - Retain Kaiser and Moda Summit/Synergy as OSC vendors

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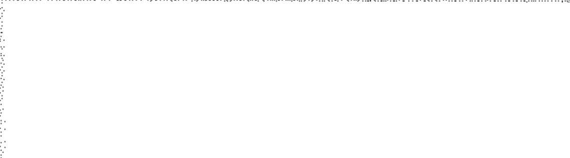
Final scoring: vision finalists



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Vision final aggregate scores

- Kaiser and VSP have the highest overall scores
- Kaiser and VSP scored the highest number of interview points
  - Consensus of a majority of board members

Proposer		Kaiser	VSP	Moda	Regence	UHC
Summary	**Available points**					
Questionnaire	90	58	65	62	64	49
Financial	90	90	64	52	50	58
Network/access	70	60	53	56	53	45
Interview	50	44	42	40	39	36
Total	**300**	**252**	**224**	**210**	**206**	**188**

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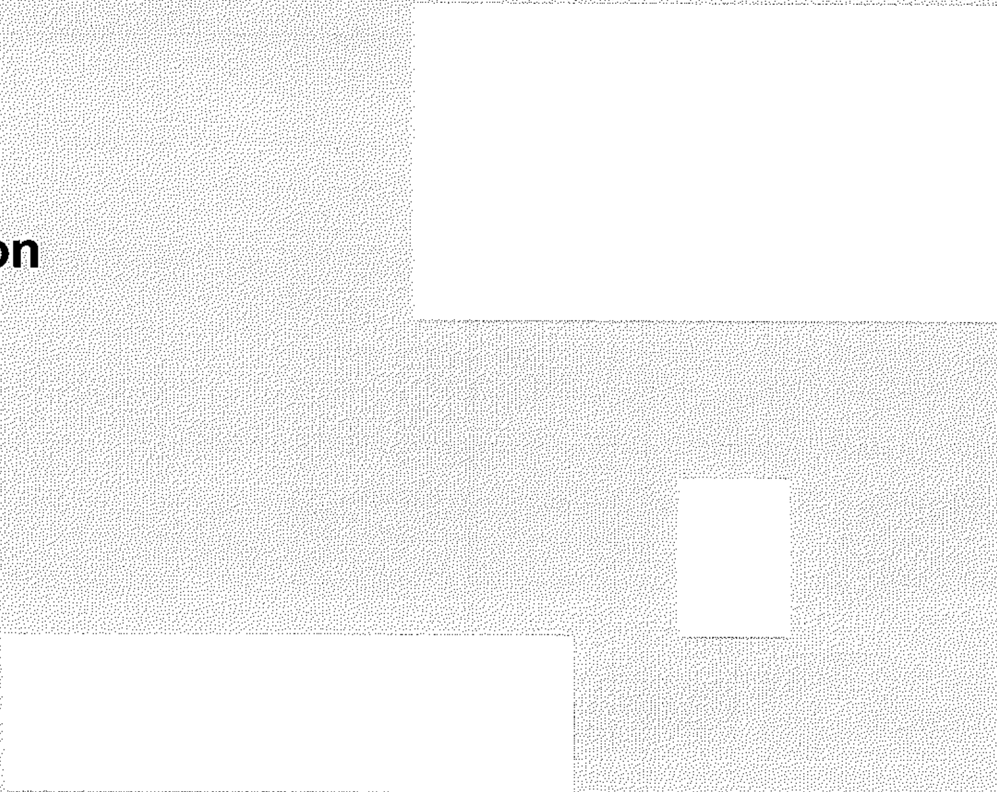
ASP scenarios — vision



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Vision ASP scenarios

- Scenario 1: Kaiser and VSP
- Scenario 2: Kaiser, VSP and Moda

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Consultant recommendation

- Consultants and staff recommend Scenario 1
  - Select Kaiser and VSP as vision vendors

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Next steps

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Next steps

- Selection of Apparent Successful Proposers
- Notify vendors selected as the Apparent Successful Proposers
  - Invitation to attend an ASP vendor summit with OEBB staff and consultants
- Begin negotiations phase

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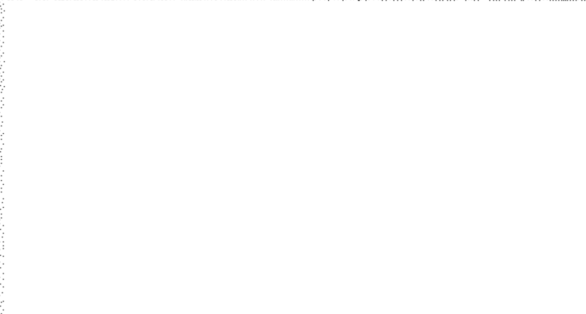
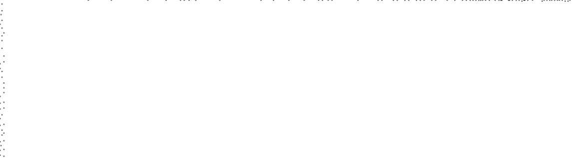
Appendix





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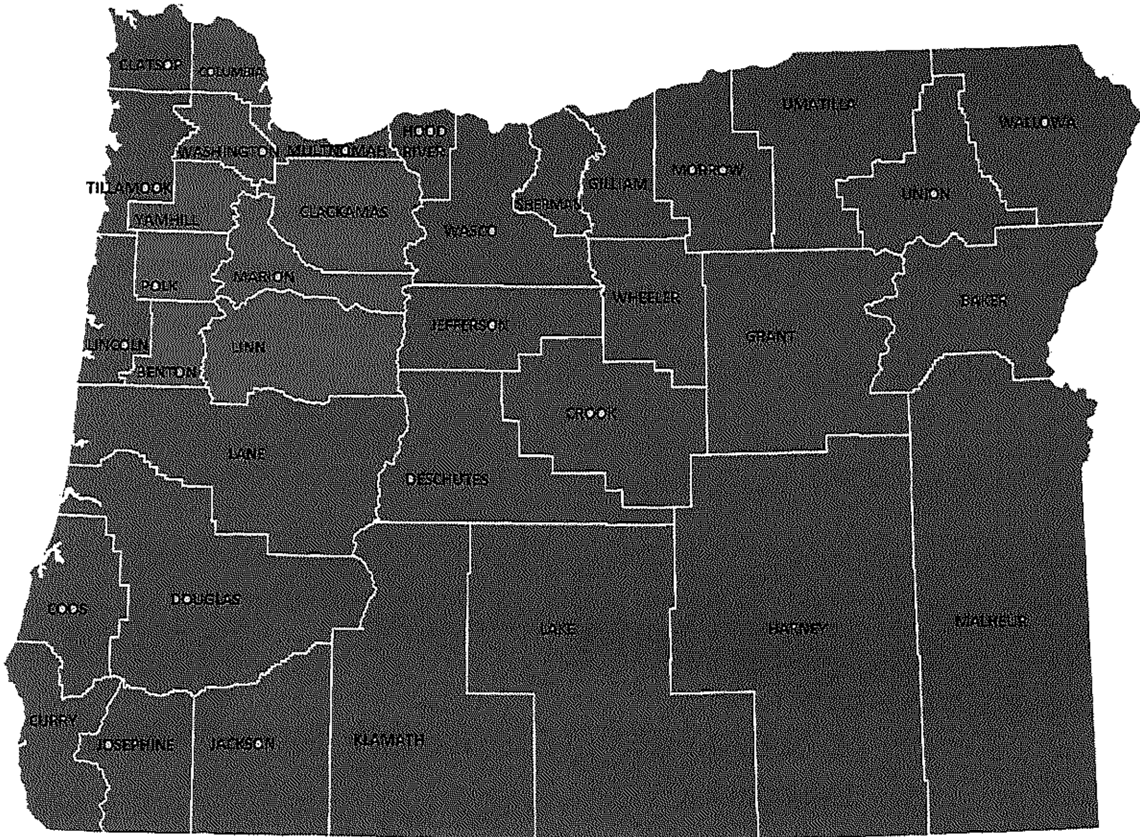
Medical/Rx ASP scenarios

- Scenario 1: Status Quo
  - One PPO (Moda) and two OSC Choices

- Choice of PPO and 1 OSC
- Choice of PPO and 2 OSC (Moda and Kaiser)



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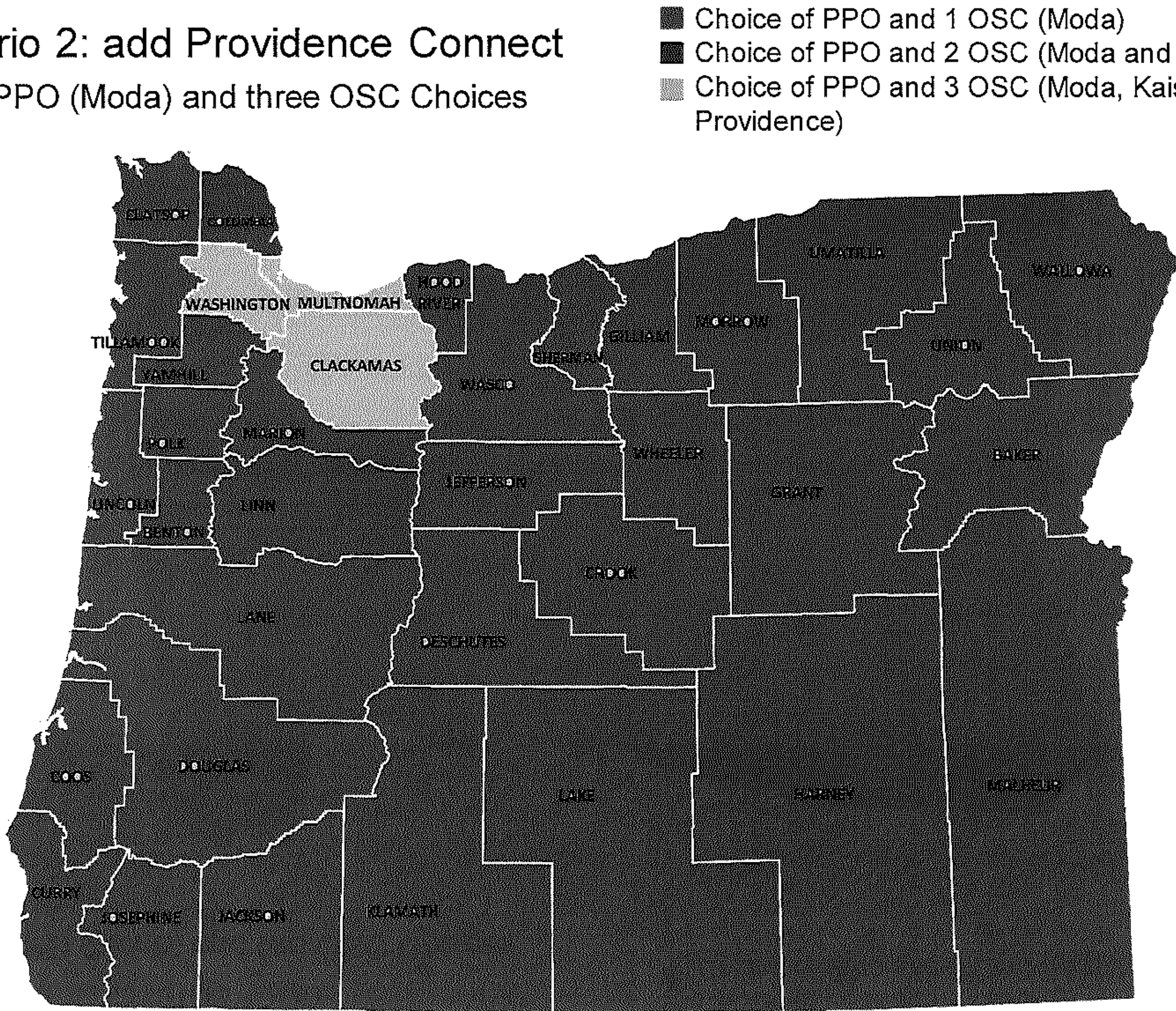
Medical/Rx ASP scenarios

- Scenario 2: add Providence Connect
  - One PPO (Moda) and three OSC Choices

- Choice of PPO and 1 OSC (Moda)
- Choice of PPO and 2 OSC (Moda and Kaiser)
- Choice of PPO and 3 OSC (Moda, Kaiser and Providence)



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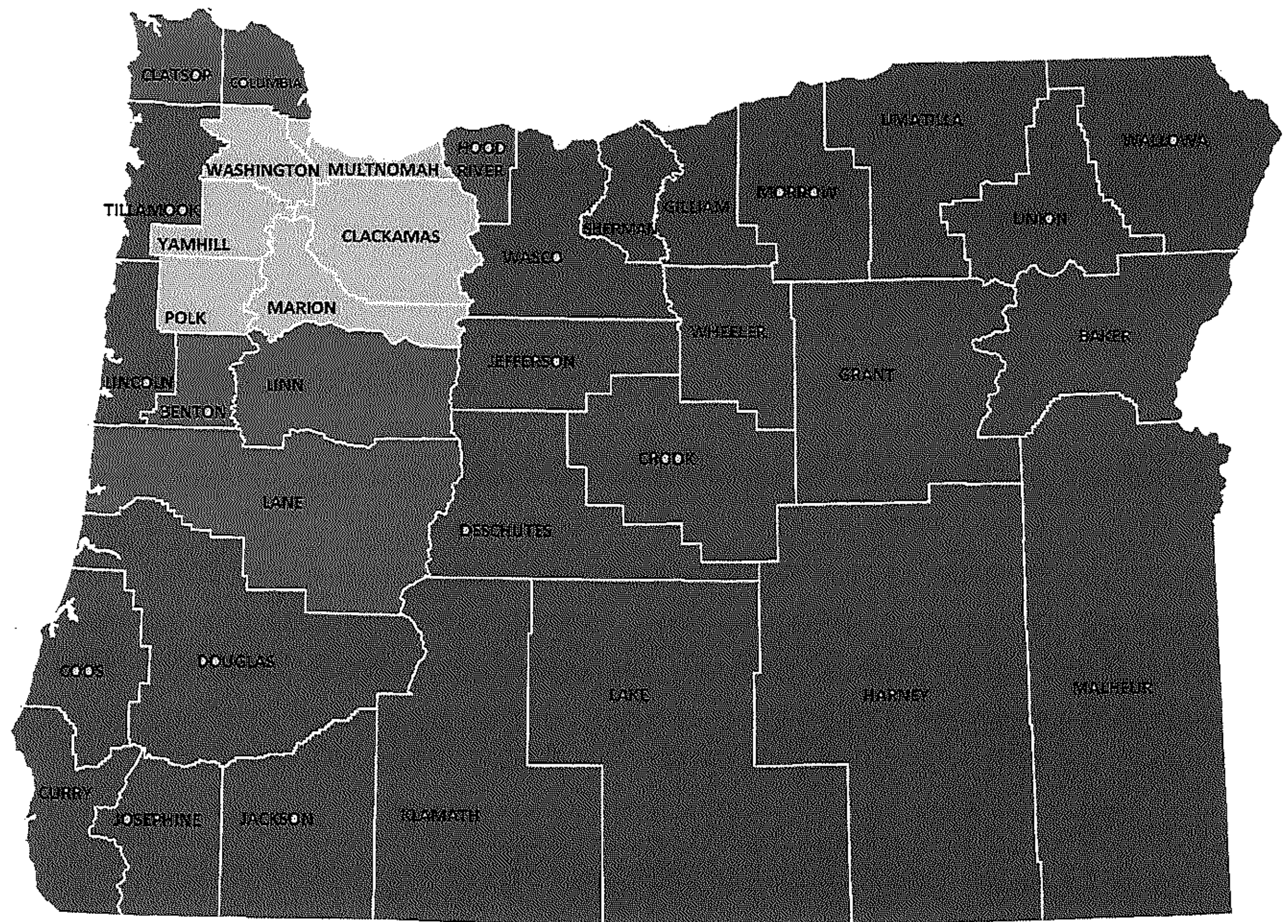
Medical/Rx ASP scenarios

- Scenario 3 :
  - Add Providence Connect/Choice
  - One PPO (Moda) and three OSC Choices



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Using the BRFSS Survey of School Employees to inform Worksite Wellness action (2016 Preliminary Results)

Vicky Buelow, MA

Rebecca Pawlak, MPH

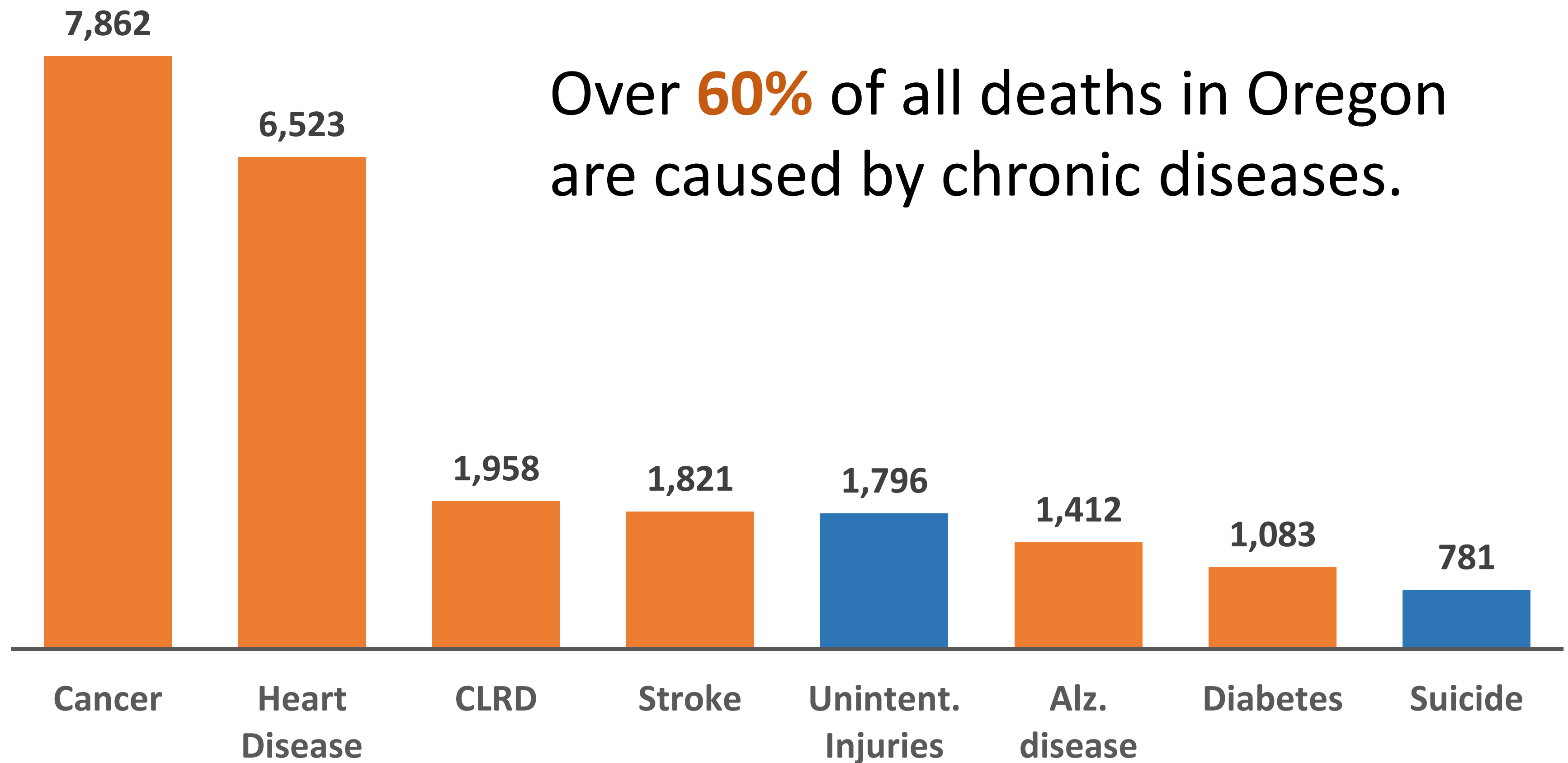
SEOW Meeting

November 1st, 2016

Overview

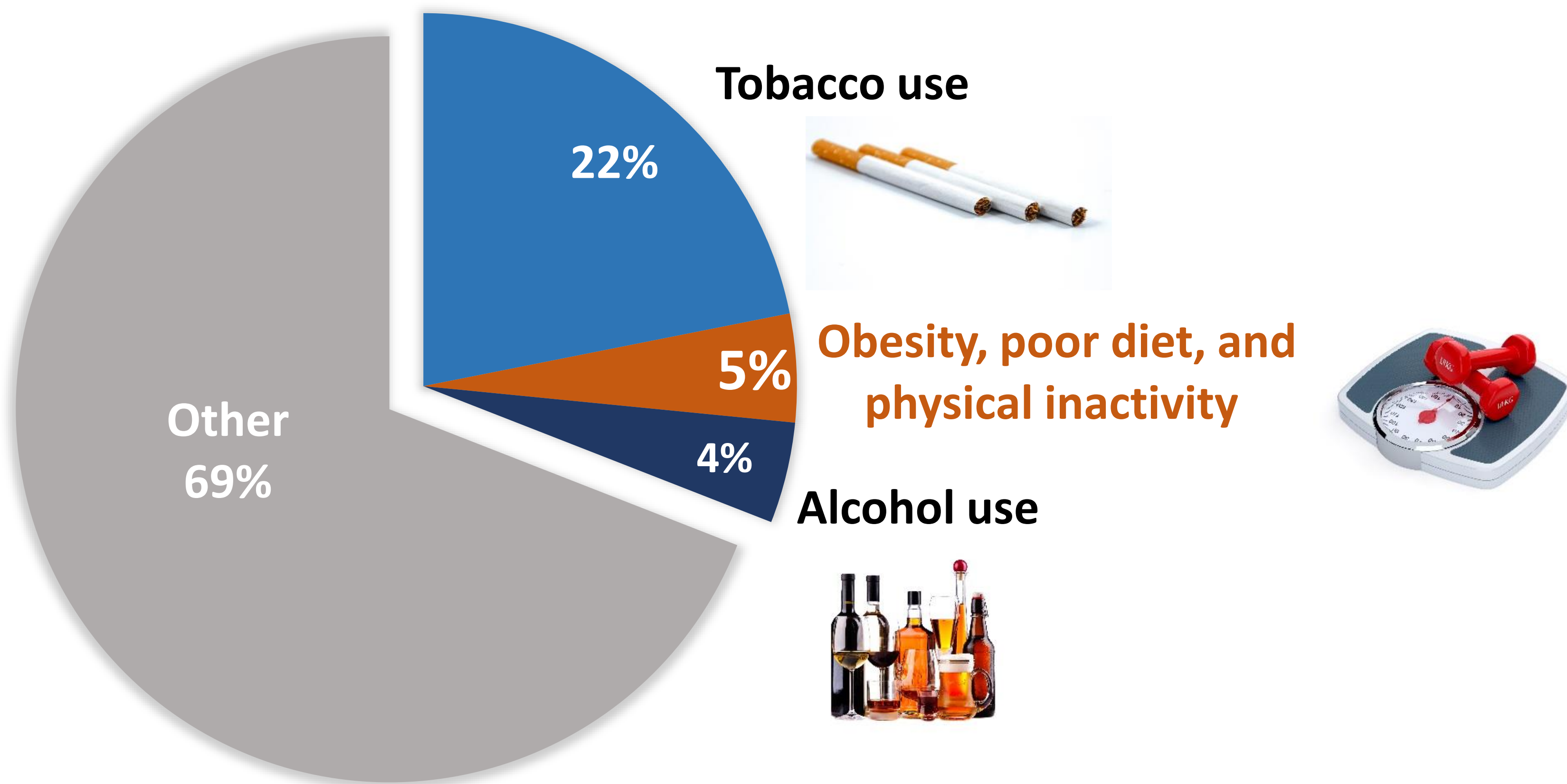
1. OHA's Worksite Wellness efforts
2. BRFSS Survey of School Employees: background and methods
3. 2016 preliminary results
    - Protective factors
    - Risk factors
    - Outcomes
    - Worksite

Leading causes of death in Oregon



Source: Oregon death certificates (2014)

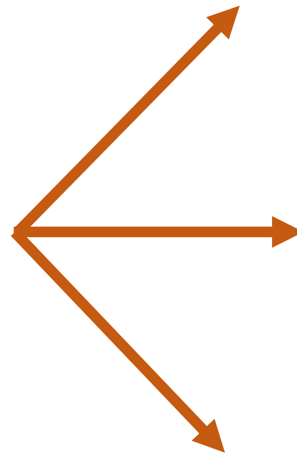
Actual causes of death in Oregon



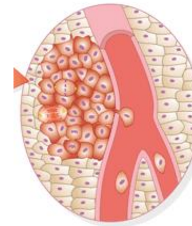
Source: What is Killing Oregonians? The Public Health Perspective CD Summary 61, no. 15 (July 17, 2012)

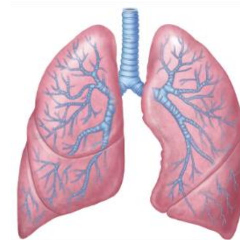
Focus on risk factors of chronic disease

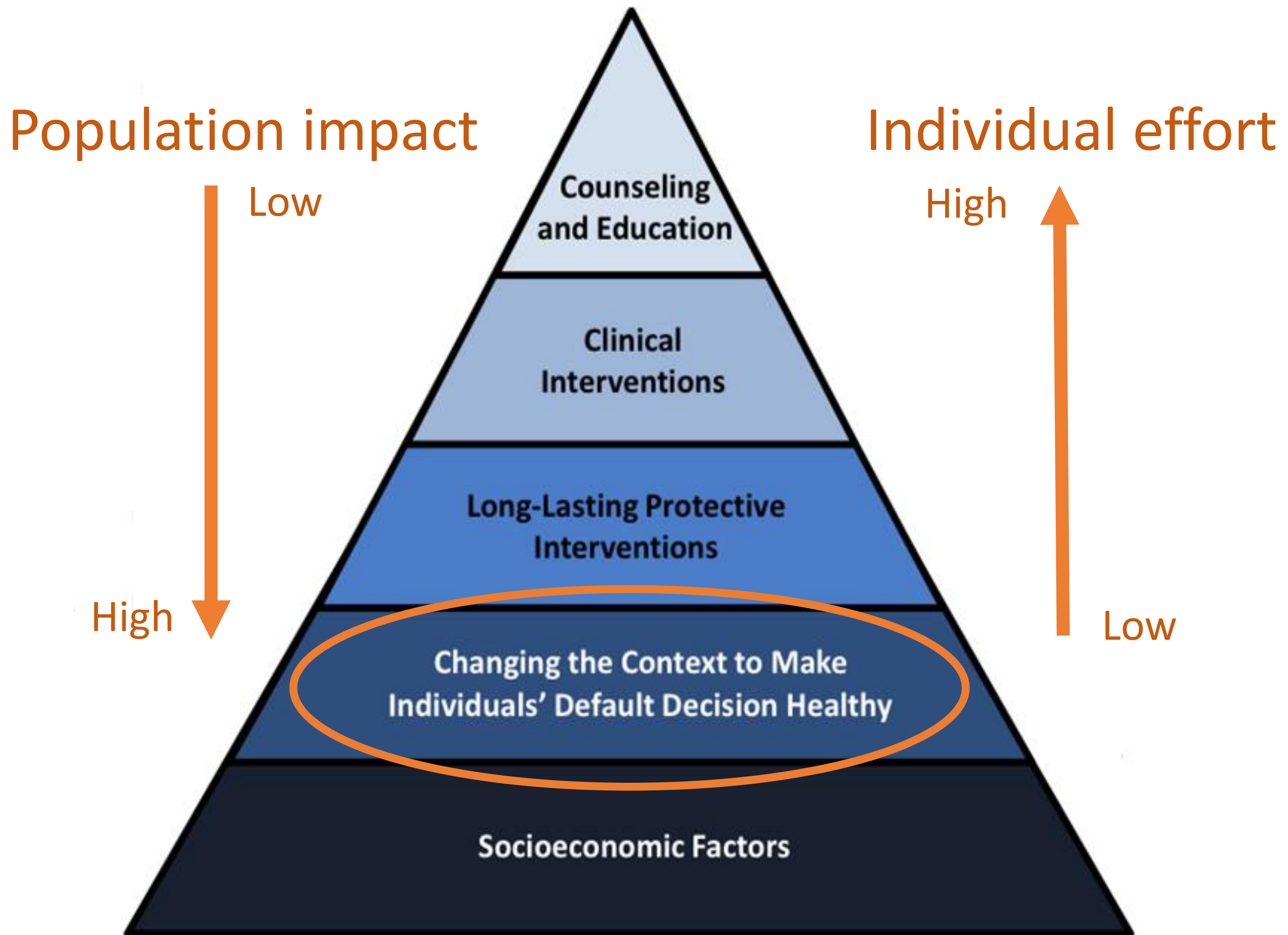
Behavior



Disease







The Health Impact Pyramid

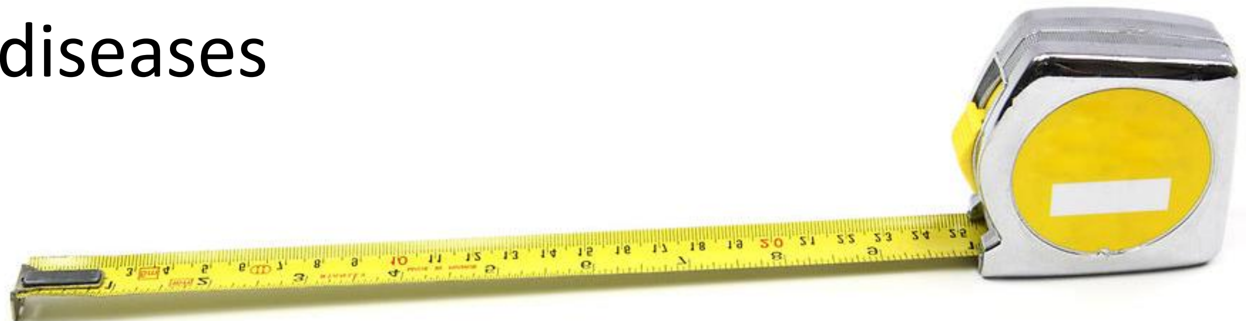
Q: How can we help change the context?

A: Create a worksite culture of health

Healthy Communities - Healthy People

Worksite Wellness Measures

- Obesity
- Tobacco use
- General health
- Soda consumption
- Physical activity
- 1+ health risk factors
- 1+ chronic diseases
- Soda purchases at work
- Use flex time policy
- Discounted public transportation
- Missed work



Behavioral **R**isk **F**actor **S**urveillance **S**ystem Survey of School* Employees

(**B**RFSS **S**urvey of **S**chool **E**mployees)

BSSE

(bee-zee)

*and local government as of 2016

BRFSS Survey of School Employees

What? Cross-sectional telephone survey

Who? Primary subscribers

When? Every other year since 2009 (Feb - April 2016)

Why? Surveillance of health and health behaviors

Sampling and methods

- Random sample selection (N=10,000)
- Primary phone numbers called
- **1506** completed surveys
- Average survey length: **19 minutes**
- Overall response rate: **12%**
  - 19% Refused
  - 25% Answering machine
  - 26% No answer
  - 6% Disconnected

2016 Preliminary Results

Demographics

Compared to the general employed and insured population, more OEBB enrolled employees:

- Are **married**
- Are **women**
- Are **college graduates**
- Have a **mid-range household income**

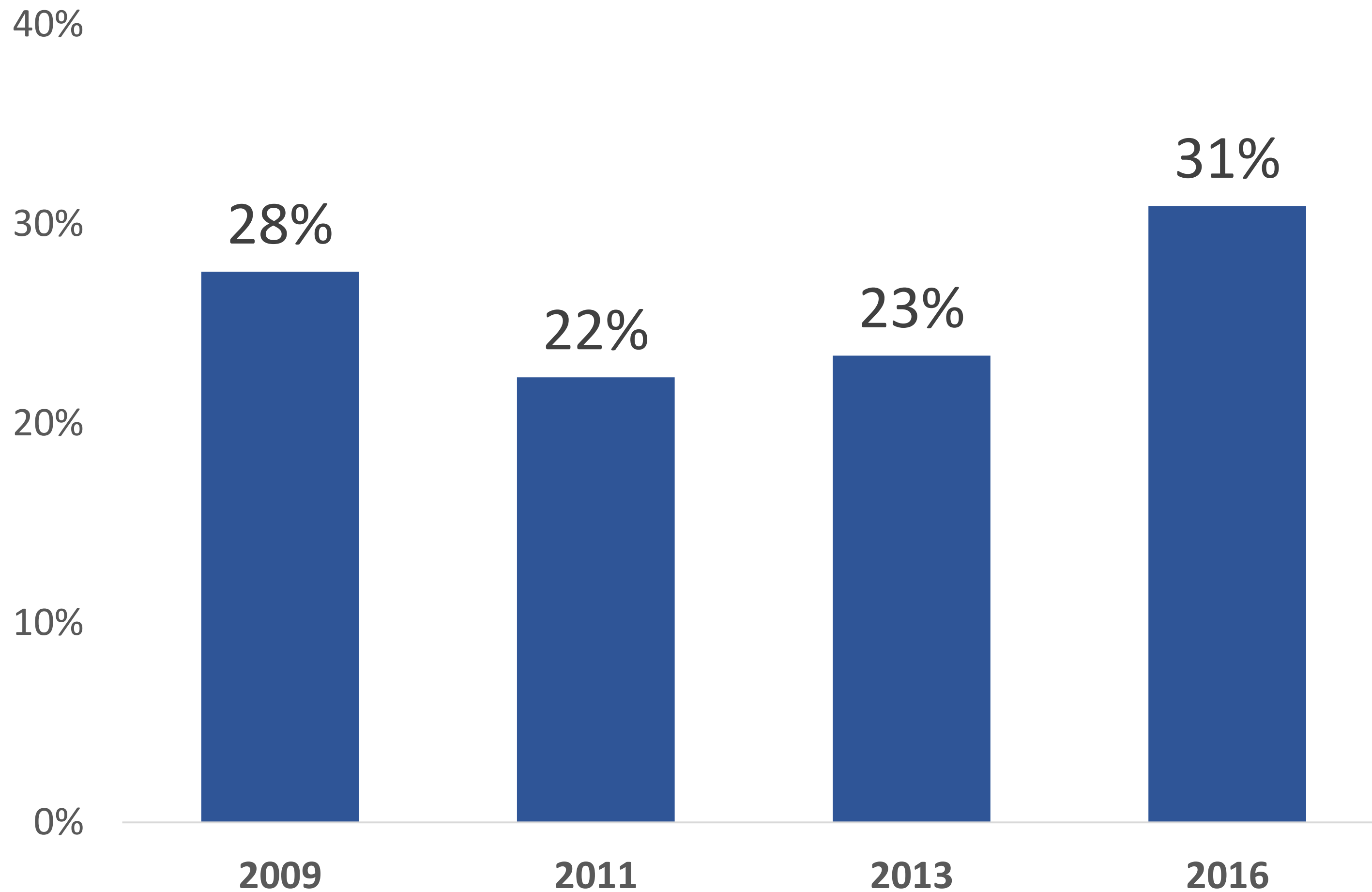
Health protective factors

• Consumes 5+ fruits/veg per day	**33%**	↑↓
• Meets CDC PA recommendations	**25%**	↔
• Mammogram screening (50-74)	**83%**	↔
• Pap screening (21-65)	**87%**	↓
• Colorectal cancer screening (50-75)	**76%**	↑
• Cholesterol check	**76%**	↔
• Blood sugar test (45+)	**60%**	↔
• Flu immunization	**37%**	↔
• Very good/excellent general health	**65%**	↓

Health risk factors

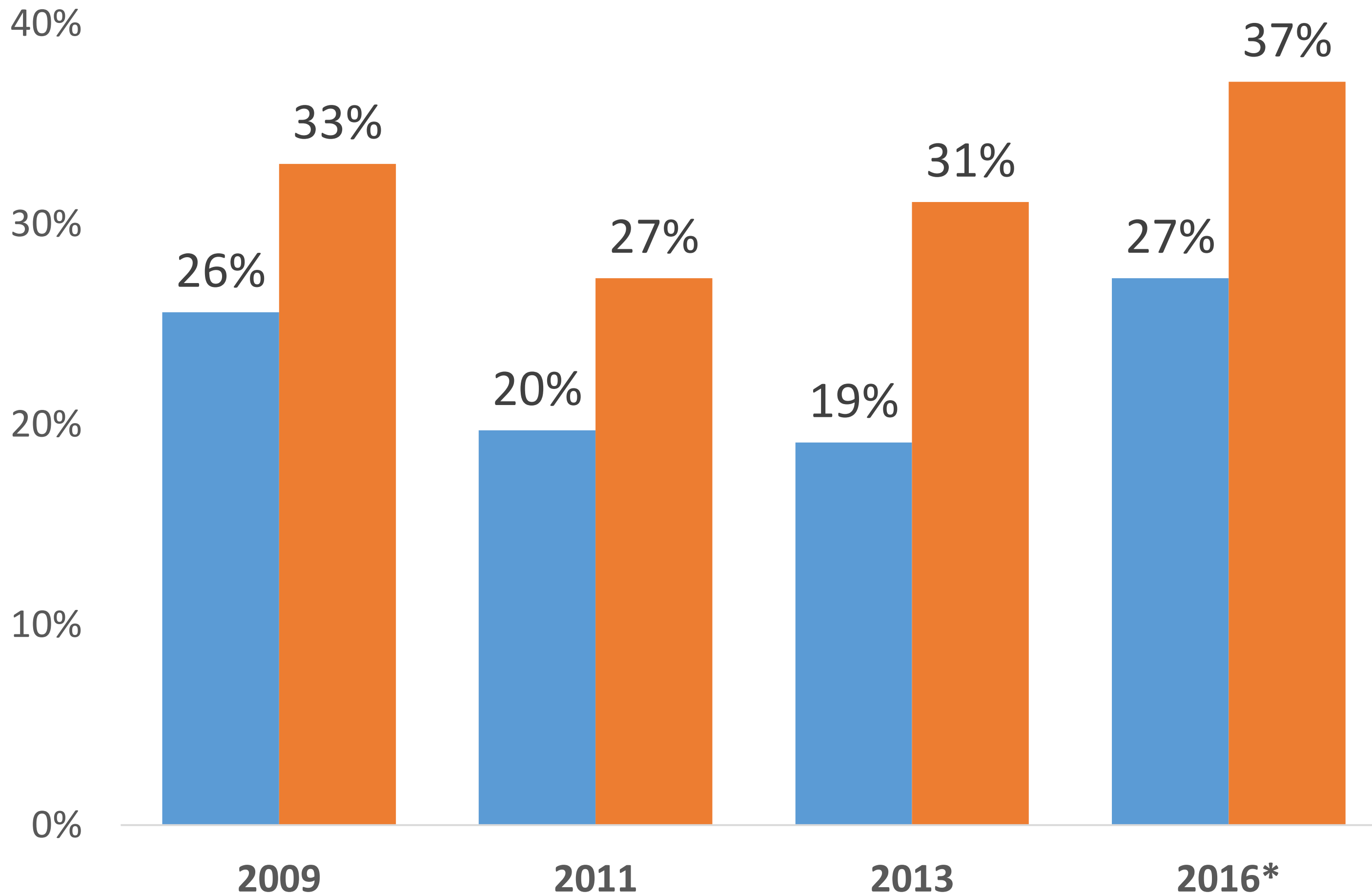
Risk factor	%	Trend
Obese	31%	↓↑
Current cigarette smoker	4%	↔
Current tobacco use	8%	NA
Binge drinking	14%	↔
High blood pressure	20%	↓↑
High cholesterol	20%	↓
Prediabetes awareness	8%	↔
Daily sugary drink consumption	12%	↔

Obesity over time (total OEBB)



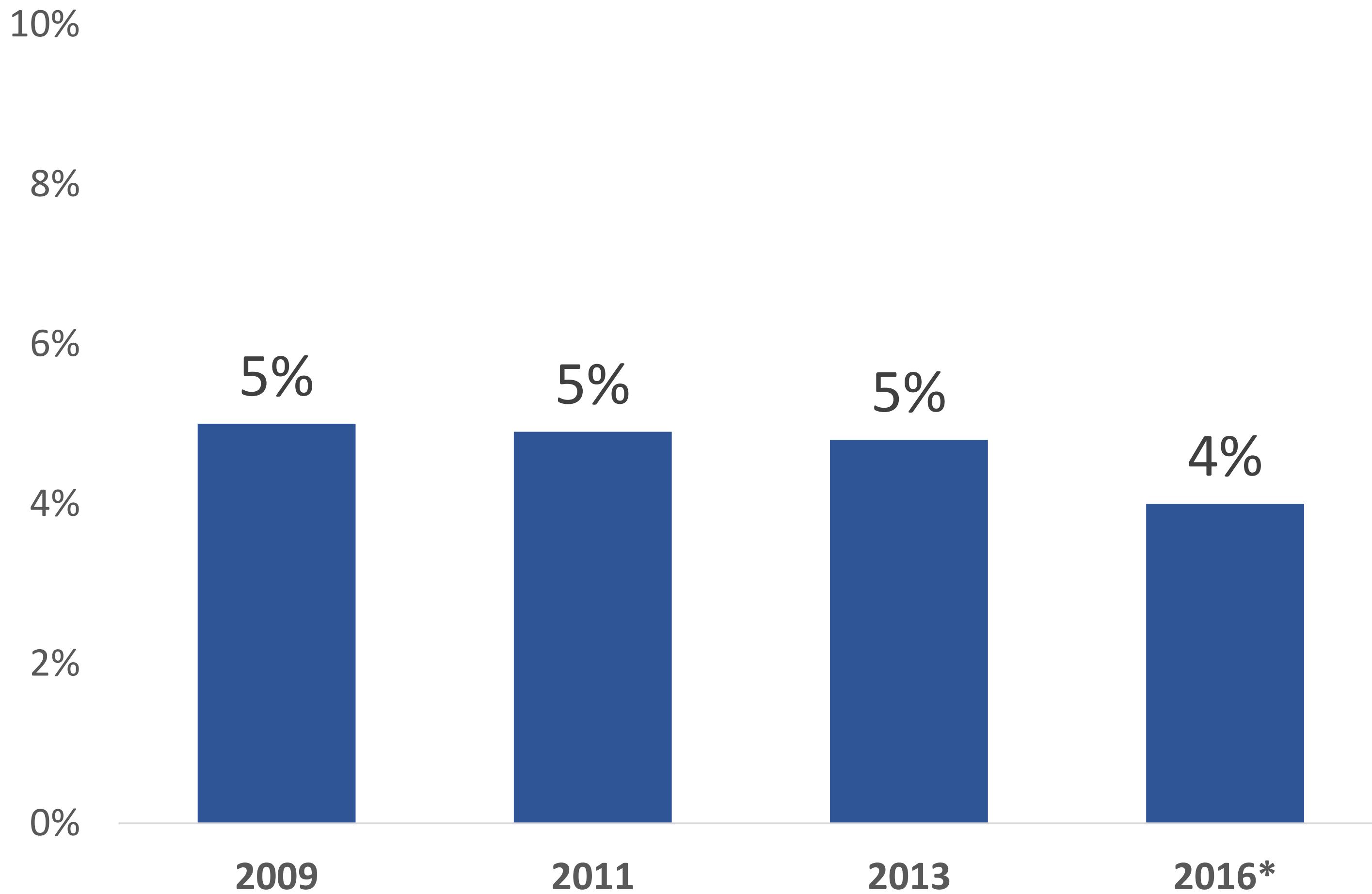
*preliminary data

Obesity over time by employee type



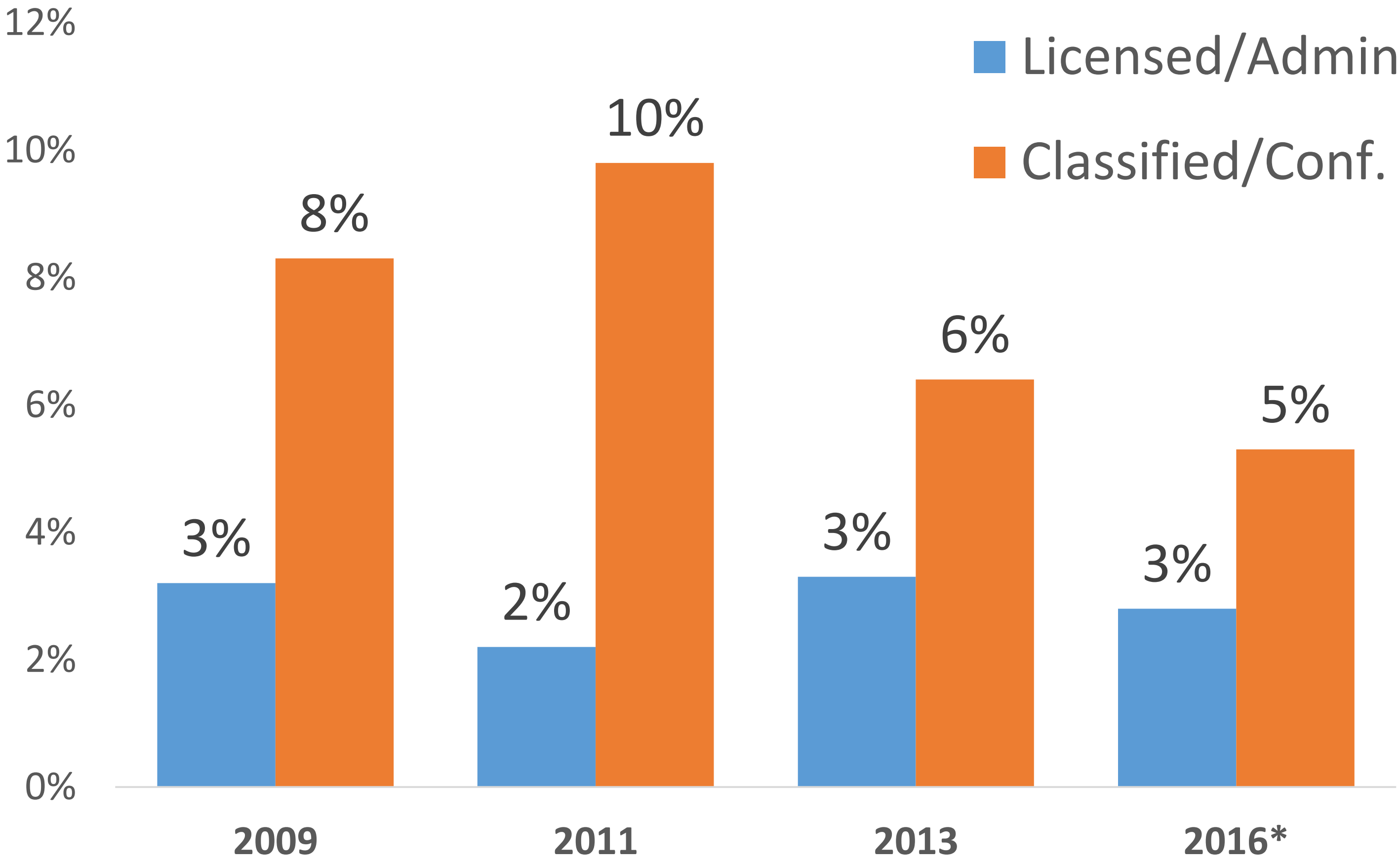
*preliminary data

Cigarette smoking over time (total OEBB)



*preliminary data

Cigarette smoking over time by employee type



*preliminary data

Health outcomes

- Heart disease 1% ↓
- Diabetes 6% ↔
- Arthritis 18% ↔
- Cancer (skin or other) 5% ↔
- Current depression 12% ↔
- Asthma 10% ↔

Missed work and caregiving

Missed 1+ work days due to **own** health — **31%**

Missed 1+ work days due to **family member's** health — **19%**

or — **43%**

Regularly providing **care or assistance** to family member — **24%**

Worksite

Environment

• Vending machines	**48%**
• Cafeteria	**75%**
• Candy dishes in public places	**44%**
• Free snacks regularly available	**30%**
• Beverages available for purchase	**80%**
• Free parking	**94%**
• Discounted public transportation	**11%**
• Flex time policy for physical activity	**23%**
• Employee wellness committee	**47%**

Worksite

Attitudes and behaviors

- OEBB puts emphasis on health **84%**
- Employer puts emphasis on health **63%**
- Uses flex time for PA **58%**
- Mostly sitting at work **38%**
- Buys sugary drinks at work 1+x/wk **5%**

Tobacco rules

- Believe employees are following rules **96%**
- Seen employees smoking on grounds **18%**

2013

Behavioral Risk Factor Surveillance System Survey

of SCHOOL EMPLOYEES

Final data product forthcoming late 2016/early 2017

Google "Oregon Healthy Worksites" (first result)

https://public.health.oregon.gov/PreventionWellness/HealthyCommunities/HealthyWorksites/Pages/index.aspx

School Employee Health and Wellness

Nearly 53,000

school employees receive health benefits through OEBB.

Ensuring that teachers and school staff are healthy and feel at their best is critical to supporting students' achievements.

However, among school employees:

1 in 5 have high blood pressure.

1 in 5 have had depression.

1 in 4 have high cholesterol.

1 in 3 sit for most of the work day.

1 in 2 are overweight or obese.

Having one or more of these health risk factors can lead to developing chronic diseases such as diabetes and heart disease.

Providing comprehensive benefits and supportive work environments can help school employees take charge of their own health.

How can work sites support employee health?

Form a wellness committee dedicated to employee health.

Establish guidlines for healthy food at meetings or in the break room.

Create a policy that promotes physical activity during the day.

90% of school employees already believe that OEBB promotes employee health.

By supporting the health of teachers and school staff, schools can continue to be places where children and employees can learn and thrive.

Source: 2013 BRFSS Survey of School Employees

Questions?

Thank you!

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