

February 14, 2025

Senator Winsvey Campos, Co-Chair
Representative Andrea Valderrama, Co-Chair
Joint Ways and Means Human Services Sub-Committee
900 Court Street NE
State Capitol
Salem, OR 97301

SUBJECT: Feb. 12 Subcommittee Questions

Dear Co-Chairs and Committee Members:

Please find below information requested by members of the Joint Ways and Means Human Services Sub-Committee at the Feb. 12 meeting on Oregon's Public Employee Benefit Board and Oregon Educators Benefit Board.

1. Double Coverage Surcharge Information

The Surcharge only pertains to OEBB/OEBB, PEBB/PEBB and OEBB/PEBB subscriber double medical coverage. It is only charged to ACTIVE employees (no Early Retirees or COBRA). It is only charged to full-time employees (not part-time). It is charged on a per month basis and mainly affects spouse/partners double covered - children are not included unless they are also an OEBB or PEBB subscriber (i.e. if their job makes them eligible for OEBB/PEBB benefits).

2. Chronic and Long-Term Illness Information

OEBB and PEBB offer a collection of programs to support members in diabetes prevention, weight management, musculoskeletal health, mental health, and other conditions. All of these programs are voluntary, and the specific programs offered vary based on the health plan members select for their medical

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coverage. While the costs associated with offering these condition-specific and wellbeing programs represent less than 1% of OEGB/PEBB's total spending on health care services, it is a priority the boards continue to invest in with each annual renewal. The goal of these programs is to supplement traditional medical care, provide education, support member self-care, and expand access to health resources through digital and virtual modalities. Certain programs, such as those focused on weight loss or diabetes prevention, can require sustained participation over a period of months or longer for members to reach health goals.

3. Incentive Program Utilization Rates and Marketing

OEGB and PEBB monitor participation and outcome measures for each program, and the specific measures vary based on the focus and goals for each program. Key metrics assess program engagement and utilization, member experience, equity, and outcomes. OEGB and PEBB also work to include performance guarantees in the contracts with each program provider so that if performance targets are missed, the program provider returns a portion of the fees paid back to OEGB and PEBB. Performance of programs is reviewed annually in public meetings of the boards' joint Strategies on Evidence & Outcomes Workgroup (SEOW), with the workgroup making recommendations to each board regarding program changes, additions, or cancellations based on the results of this review.

Some examples of recent outcomes for several programs OEGB and PEBB offer include:

- Of over 6,000 PEBB and OEGB members who engaged in WeightWatchers in 2024, 88% maintained or improved their BMI, with nearly 2,200 achieving weight loss at the clinically significant level of 5% or more
- Of 538 PEBB members who completed the first half of the Omada Diabetes Prevention Program, 28% had already achieved 5% weight loss.

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Further information on outcomes will be received as members progress through the program.

- 175 OEGB members enrolled in the Pre-D Diabetes Prevention Program lost on average 7.8% of their body weight

The boards have also partnered with their contracted insurance carriers to provide member navigation programs. An example of a Member Concierge support program is “Moda 360” where a Health Navigator Team serves as a concierge support system for OEGB and PEBB members, acting as a “single front door,” to provide navigational support throughout the members healthcare journey. The Health Navigators provide personalized assistance to ensure members receive the care and support they need at every step by:

1. Signing up for a PCP 360 for coordinated care
2. Scheduling appointment support
3. Connection to care programs for chronic conditions
4. Integrating your dental health into your overall health plan
5. Understanding claims and billing

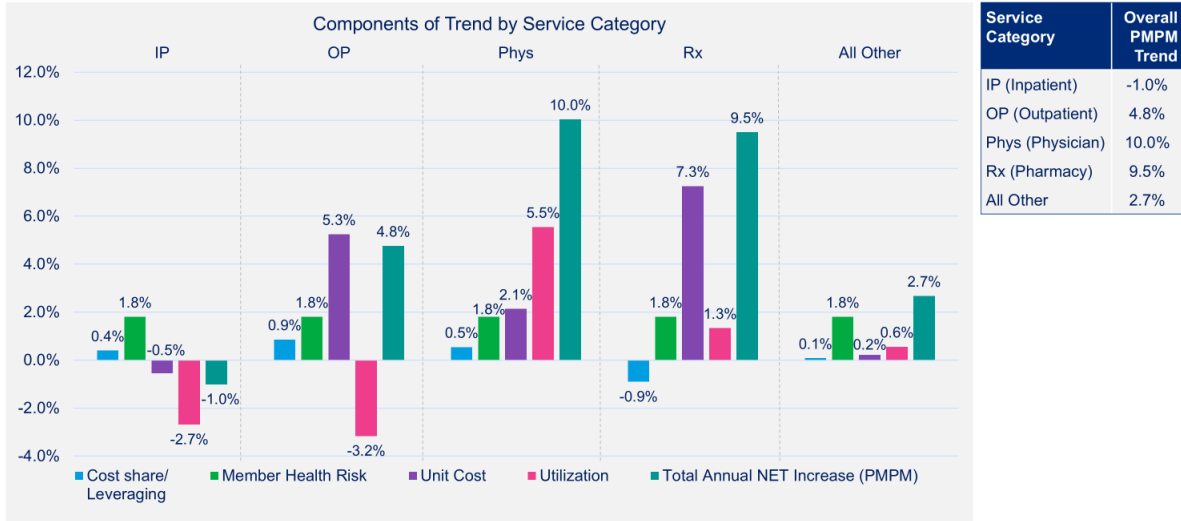
Additionally, Health Navigators aim to connect and support members with the best programs, resources, and providers.

3. Breakdown of the 20% of costs incurred by 1% of members

While OHA does not currently have Trend Components by Service Category broken down for the 1% highest risk population, it is available across PEBB overall. The charts below were just presented to the PEBB Board a week earlier with Cost Drivers broken-out by Category.

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Trend Components by Service Category



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Please do not hesitate to reach out if there are any further questions. Thank you.

Sincerely,

Ali Hassoun
PEBB and OEBC Director