

OREGON EDUCATORS BENEFIT BOARD

Vision

The Oregon Educators Benefit Board (OEBB) is aligned with the vision of the Oregon Health Authority in creating a healthy Oregon. The OEBB vision is to provide high-quality benefits for eligible employees and early retirees at the lowest cost possible and work collaboratively with members, educational entities and insurance carriers to offer value-added benefit plans that support improvement in members' health while holding carriers accountable for outcomes.

Key components of the vision include:

- An innovative system that provides evidence-based medicine to maximize health and utilize dollars wisely;
- A focus on improving quality and outcomes, not just providing health care;
- System-wide transparency through explicit, available and understandable reports about costs, outcomes and other useful data; and
- Encouragement for members to take responsibility for their own health outcomes.

Goals

OEBB's goal is to provide high-quality medical, dental and other benefit plans for eligible employees at a reasonable cost.

The statutes governing OEBB (ORS 243.860 to 243.886) outline specific criteria that OEBB must follow in considering whether to enter into a contract for a benefit plan. In September 2007, the board further defined those criteria and adopted guiding principles.

Guiding principles

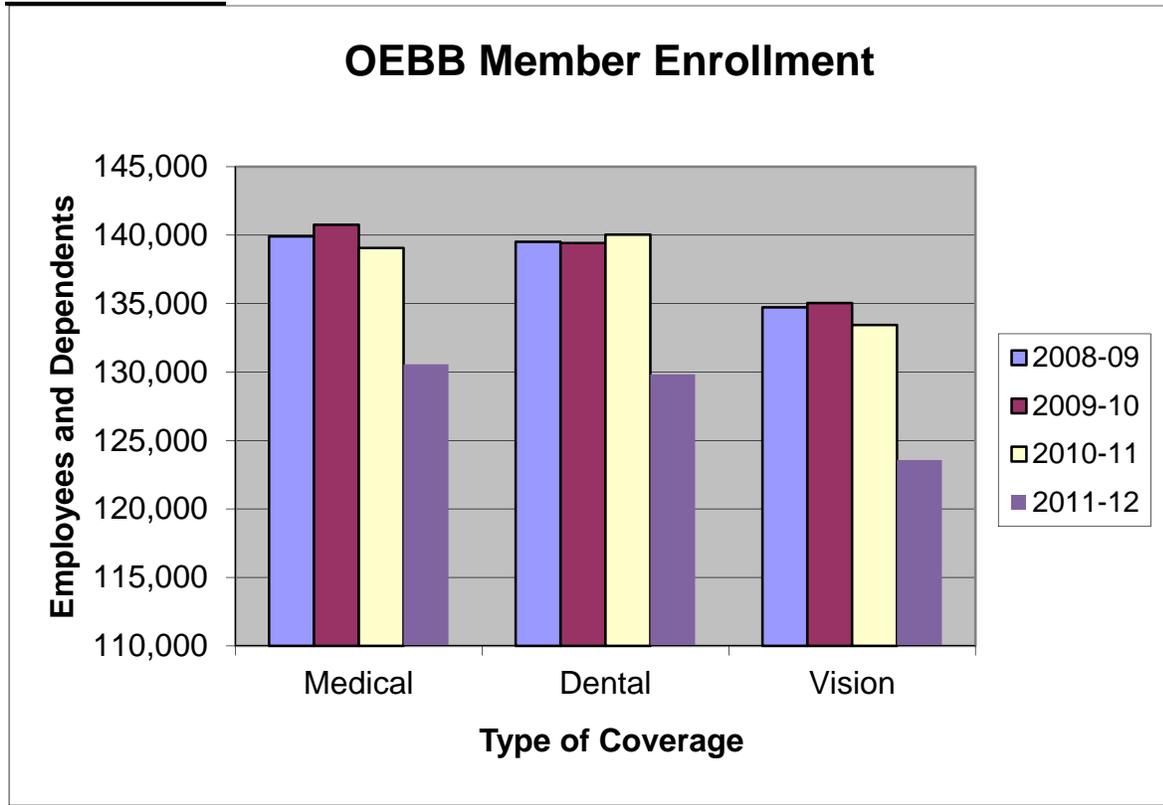
- OEBB will offer employees a range of benefit plans that provide high-quality care and services.
- OEBB will encourage competition in the marketplace in the areas of quality, outcomes, service and cost.

- In making its decisions, OEGB will consider plan performance in quality, administrative processes, costs and outcomes. It will promote system-wide transparency that provides comprehensive information on these issues.
- OEGB will offer a range of benefit plan designs that provide educational entities with the flexibility to choose options that meet their and their employees' financial and health needs.
- OEGB will encourage benefit plans and providers to offer members consistent access to care and services; integrated care systems that provide effective treatment; and personal and prompt service that meets customers' needs.
- OEGB will seek plans and providers that use creative and innovative methods and practices that are evidence-based or otherwise measurable.
- OEGB will recognize the impact of its decisions on employees' total compensation.
- OEGB will promote employee health and wellness through plan design components, disease and case management, and consumer education.
- OEGB will take into account the total costs of benefit plans, as well as employee cost-sharing for services, in offering a range of benefit plan designs.

Guiding principles of board operations

The board will operate as a cohesive unit that provides for open discussion on topics. The board also will operate in a transparent manner that fosters public trust, input and understanding of OEGB decisions and policies.

Who we serve



2013-19 six-year plan

- Keep medical rate increases at trend or below.
- Implement additional value-based benefit design changes supported by scientific evidence.
- Identify resources to support educational entities' health and wellness efforts.
- Continue to involve stakeholders in all aspects of policy development.
- Improve data systems to give educational entities reporting tools that support their business needs.
- Continue to operate in a transparent manner that fosters public trust, input and understanding of OEBB decisions and policies.
- Ensure the board operates as a cohesive unit that holds open discussion among its members.
- Continue to use workgroups to help the board make decisions based on analysis, discussion and development of options and recommendations. The board has established workgroups in three areas: business and operations, communications and engagement, and strategies on evidence and outcomes.

- Continue to enhance the board’s long-term communication plan to include member engagement and wellness strategies.

2013-15 two-year plan

- Continue developing the “MyOEBB” benefit management system to increase efficiencies by providing OEBB members the ability to manage their benefits online, providing OEBB staff and educational entities the ability to access information related to benefit enrollments and communicating enrollment and eligibility information to benefit carriers electronically.
- Continue supporting educational entity administration through the use of electronic invoices and fund transfers and administrative reports that allow administrators to access and manage eligibility and enrollment information.
- Continue monitoring standards for customer response time and improving the Board’s administrative and customer service models.
- Continue transitioning the business side of OEBB onto the internet.
- Emphasize technology as a way to increase efficiency and convenience.
- Regularly review existing security standards and practices in state government to ensure that OEBB meets enterprise wide security standards.
- Continue developing and maintaining a comprehensive and user-friendly website and online benefit enrollment system.
- Minimize the threat of unauthorized data access, both internally and externally.

OEBB supports the Oregon Health Authority’s goal to improve the lifelong health of all Oregonians. OEBB is focused on improving the health status of its members and their access to quality care. The board is taking action to increase the quality, reliability and availability of care for all Oregonians, consistent with OHA’s goal.

To facilitate the goals of OHA and OEBB, the board requires OEBB carriers to ensure that contracted physicians, providers and facilities render quality care at a sustainable cost. Facilities and providers may not be included in carrier panels if they do not meet these requirements.

- Quality care is consistent with evidence-based practice guidelines and within the context of individual clinical circumstances.

- Sustainable costs align with community reimbursement rates and, whenever possible, payment is made for outcomes rather than the provision of services.

2011-13 major accomplishments

- Designed and implemented additional benefit plans for Oregon’s educational employees and their families. Health savings account (HSA) and flexible spending account (FSA) options were added to the life, disability, accidental death and dismemberment, long-term care, employee assistance program, medical, dental, pharmacy and vision benefits previously available through OEGB.
- Added eligible dependent coverage under the evidence-based weight management program to improve health outcomes by reducing the prevalence of obese and overweight members and weight-related illnesses. More than 12,000 OEGB members have participated in the weight management program through meetings held at worksite meeting locations and lost more than 127,000 lbs.
- Performed a Dependent Eligibility Verification (DEV) audit to evaluate and ensure the integrity of the member enrollment in the OEGB benefit plans.
- Maintained an average per employee medical coverage premium increase below trend every plan year since OEGB began renewals in 2009.
- Implemented value-based plan design changes to provide incentives for chronic disease management and disincentives for several surgeries and procedures that evidence shows are over-utilized, ineffective, have questionable outcomes, or can have harmful side effects.
- Established a health and wellness support program including implementing “Champs!,” a diverse group of OEGB members that meet to share ideas for wellness activities, success stories and identify various resources available to assist in implementing or maintaining worksite wellness programs and activities.

Customer service delivery

OEGB continues to enhance efficiencies, creating a reporting repository for use by educational entities human resources and payroll staff responsible for employee benefits and allowing easy data migration through a payroll interface. OEGB also automated mid-year changes for members and enhanced e-mail communications

for new hire and open enrollment information. OEGB continues to conduct requested trainings on the benefit enrollment system and processes, and to make presentations educating members on rate, benefit and plan design changes.

OEGB expanded its administrative activities to offer educational entities the option for OEGB to administer benefits for benefit-eligible early retirees. Early retirees no longer have to enroll for benefits through their former employer or through a third party administrator. This allows more consistent and efficient managing and processing of enrollments and payments. In some cases, this also allows an educational entity to reduce costs associated with benefits administration.

Performance measures

OEGB uses measures and checkpoints to evaluate progress and success in implementing its business plan with regards to customer service. The target sets the performance benchmark. Checkpoints are actions taken to evaluate progress or the success of efforts being developed as part of the business plan. The board is in the process of developing a set of measures designed to provide information to the board, educational entities, members and lawmakers.

Goal Excellent Customer Service	Measures or Checkpoint Percentage of customers who rate OEBB customer service as good or excellent*.	Target 90 percent
Overall Customer Service	2009 Member Survey Results	97 percent
Overall Customer Service	2010 Member Survey Results	89 percent
Overall Customer Service	2011 Member Survey Results	92 percent

**2010 & 2011 Member Survey used the terminology “satisfied or very satisfied” in place of “good or excellent”*

Results from the 2011 member survey results show:

- 92 percent of members who reported having contact with OEBB were satisfied or very satisfied with OEBB’s customer service.
- 94 percent of members reported they were satisfied or very satisfied with the information OEBB sent to them.
- 91 percent of web users reported they were satisfied or very satisfied with the OEBB website.

Quality and efficiency improvements

OEBB is committed to ongoing process improvement and continually identifying and implementing administrative efficiencies. The strategic plan for improving quality and efficiency provides for:

- Gathering information, data and input from educational entities to develop or modify plan designs for medical, dental, vision and optional benefit plans.
- Reviewing and evaluating proposals and existing contracts and negotiating rates to provide high-quality plans at the lowest possible cost.

- Identifying potential policy and plan design changes to improve outcomes, quality of care and members' health status.
- Measuring provider performance based on improved quality of health services to members and outcomes, and minimizing avoidable costs.
- Monitoring carrier compliance with performance standards set in vendor contracts.
- Maintaining a viable and secure electronic benefit management system to process enrollment, eligibility, premium collection and disbursement.
- Participating in key initiatives to reform the health care system in Oregon.

Revenue sources

ORS 243.880 established the Oregon Educators Benefit Account to cover administration expenses. The account's revenue is generated through an administrative assessment included in premiums for OEGB benefits. The administrative assessment is capped at 2 percent of total monthly premiums. ORS 243.882 prohibits the balance in the account from exceeding five percent of the monthly total of employer and employee contributions for more than 120 days.

ORS 243.884 established the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and subsidize premiums. There is no dedicated revenue source for the OEGB Revolving Fund other than interest earned on the premium collection pass-through.