Oregon Educators Benefit Board
Meeting Minutes
May 5, 2015

The Oregon Educators Benefit Board held a special meeting on May 5, 2015, at the DAS General Services Building, 1225 Ferry Street SE, in Salem, Oregon. Chair Rick Shidaker called the meeting to order at 11:00 a.m.

Attendees

Board Members:
Rick Shidaker
Heather Cordie (via phone)
Ron Gallinat (via phone)
Cherie Maas-Anderson (via phone)
Jaimie Sorenson (via phone)
Holly Spruance (via phone)
Bob Stewart (via phone)

Board Members Absent:
Dave Fiore
Nancy MacMorris-Adix

I. PEBB/OEBB Administrator

Chair Rick Shidaker announced that no offer will be made for the PEBB/OEBB Administrator.

II. General Public Comment

There being no general public comment, nor further business to come before the Board, Chair Rick Shidaker adjourned the meeting at 11:01 a.m.

Oregon Educators Benefit Board
Meeting Minutes
June 2, 2015

The Oregon Educators Benefit Board held a regular meeting on June 2, 2015, at the DAS General Services Building, 1225 Ferry Street SE, in Salem, Oregon. Chair Rick Shidaker called the meeting to order at 2:00 pm.

Attendees

Board Members:
Rick Shidaker, Chair
Nancy MacMorris-Adix, Vice Chair
Dave Fiore
Ron Gallinat
Cherie Maas-Anderson
Jaimie Sorenson
Holly Spruance
Bob Stewart

Board Members Absent:
Heather Cordie

OEBB Staff:
Denise Hall, Deputy Administrator
Kathy Loretz, Interim Administrator
Heidi Williams, Director of Operations
Rose Mann, Executive Assistant

Consultants:
Kim Hickman, Towers Watson
Jenny Marks, Towers Watson
Steve Carlson, Towers Watson

Guests:

Debbie Jarrett, AllCare
Robin Richardson, Moda Health
Eliana Gall, BHS
Brian Riney, Providence
Shelia Jameson, Providence
Paul Tyo, RBH
David Scearce, The Standard
Andrea Lindsey, The Standard
Sally Kallianis, Willamette Dental

Gordon Hoberg, Moda
Sandra Coble, Pacific Source
Sophary Sturdevant, KP
Troy Kirk, Pacific Source
Freddy Sennhauser, AllCare

I. Welcome and Approval of April 28, 2015, meeting synopsis (Attachments 1)

MOTION - ***Video Recording - 0:00:42:*** ***Ron Gallinat moved to accept the April 28, 2015, Board meeting synopsis. Nancy MacMorris-Adix seconded the motion. The motion carried 7 – 0.***

II. Medical, Pharmacy, Vision Request for Proposal (RFP) Planning – Plan Design Considerations (Exhibit A) ***Video Recording - 0:01:04***

Kim Hickman, Steve Carlson & Jenny Marks reviewed the medical, pharmacy and vision RFP Proposed Plan Design considerations.

The Board came to consensus to postpone this agenda item to the July 7, 2015, meeting with staff and Towers Watson bringing back fewer options for consideration and additional information on the potential impacts.

III. RFP Next Steps – Revised Proposed Timeline and Release (Attachment 2) - ***Video Recording 1:14:35***

Kim Hickman, Steve Carlson & Jenny Marks reviewed the Medical and Pharmacy RFP Revised Proposed Timeline and Release.

MOTION - ***Video Recording - 1:19:15:*** ***Nancy MacMorris-Adix moved to adopt the revised proposed RFP timeline to release the RFP in September 2015. Ron Gallinat seconded the motion. The motion carried 5 – 2. Jaimie Sorenson and Holly Spruance voted nay.***

IV. Other Business

Denise Hall announced that OEBB was presented with an award from Truven for Consumer Outreach and Communications.

V. General Public Comment

There being no general public comment, nor further business to come before the Board, Chair Rick Shidaker adjourned the meeting at 3:35 p.m.

EFFECTIVE: July 1, 2014

OEBB BYLAWS
2014

I. Statutory Authority

ORS 243.862 establishes the Oregon Educators Benefit Board in the Oregon Health Authority.

II. Purpose and Role

The Board was created to design, create, implement and administer a benefits program for Oregon's educational employees. By statute, the Board is directed to study all matters connected with providing adequate benefit plan coverage for eligible employees on the best basis possible with relation to both to the welfare of the employees and affordability for the districts. The Board is further directed to design benefits, prepare specifications, and analyze carrier responses to advertisements for bids and award contracts.

In carrying out these duties, the goal of the Board is to provide high quality plans for health, dental and other benefits for eligible employees at a cost affordable to the districts, the employees and the taxpayers of Oregon.

III. Composition of the Board

Membership

The Board consists of 12 members appointed by the Governor and confirmed by the Senate, including:

a. Two members representing district boards;
b. Two members representing district management;
c. Two members representing non-management district employees from the largest labor organization representing district employees;
d. One member representing non-management district employees from the second largest labor organization representing district employees;
e. One member representing non-management district employees who are not represented by labor organizations described in paragraphs (c) and (d) ;
f. Two members with expertise in health policy or risk management;

g. One member representing local government management; and
h. One member representing local government non-management employees.

IV. **Terms of office**

The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor will appoint a successor to take office upon the date of that expiration.

V. **Vacancies**

If there is a vacancy on the Board for any cause, the Governor will appoint a successor to serve the remainder of the former member's term.

VI. **Reappointments**

Board members are eligible for reappointment.

VII. **Compensation**

Members of the Board receive no compensation for their services, but will be paid for their necessary and actual expenses while on official business in accordance with ORS 292.495.

VIII. **Role and Representation**

Each Board member will contribute their individual expertise and may express the viewpoint of the stakeholder or constituent group they represent. However, individual Board members acknowledge his or her appointment requires he or she act in the best interest of all current and future participating entities and members and the public at large.

IX. **Officers**

a. Election of officers

The Board will elect one of its members as chair and another member as vice chair. The Board will elect or reaffirm the chair and vice chair each year at its

July Board meeting. Terms of office will be structured such that after serving as vice chair, the vice chair will move into the office of chair.

b. Representation among officers

Representation among officers of the Board will be structured such that the chair and vice chair offices are filled by representatives from different stakeholder constituencies. The Board will elect the chair and vice chair from a slate of eligible candidates.

c. Terms of office

An officer may be re-elected by Board members, but will generally serve no more than a total of four consecutive years, two years as vice chair and two years as chair.

d. Duties of officers

i. Duties of the Chair
   1. Preside over regular Board meetings
   2. Sign contracts or delegate signing of contracts
   3. Make workgroup and committee assignments when necessary
   4. Serve as ex-officio member of all workgroups

ii. Duties of the Vice Chair

   1. Preside over meetings in the absence of the Chair
   2. Assist the Chair; perform duties of the Chair in the Chair's absence

X. **Meetings**

a. Frequency

The Board will meet at times and places specified by the call of the Chair or a majority of the Board. Regular meetings will be scheduled as determined by a majority of the voting members of the Board. Special meetings may be held at the Chair or Board's discretion at a time and place to be determined by the Chair or Board.

b. Notice

Notice of all Board meetings will also be given to the public in accordance with Oregon Public Meetings Law.

Notice of special meetings will be delivered to each Board member personally, by telephone or electronic mail not less than two days prior to the meeting unless emergency situation requires otherwise.

c. Records

The Board will maintain all records in accordance with Oregon Public Records Law.

d. Meetings by telecommunication

A regular or special meeting may be held by telephone or telecommunication in which all Board members may hear each other so long as it complies with Oregon Public Meetings Law. If a Board member is unable to attend any meeting in person, the Member may participate via telephone or internet conferencing provided that all participants can hear each other and members of the public attending the meeting can hear any board member who speaks during the meeting. Board members attending through such electronic means will be included in constituting a quorum.

e. Attendance

Regular attendance at meetings is expected of each Board member. A Member will notify the Chair or the deputy administrator at least 24 hours in advance of a meeting if the Member is unable to attend. In an emergency, the Member will contact the Chair or deputy administrator as soon as reasonably possible.

f. Transparency

Board members will refrain from private meetings or communication on official Board business (electronic, by telephone, or in person) that involves a quorum of Board members outside of public meetings or executive session. Board member will also refrain from disclosing matters discussed in executive session unless these matters are part of the public record.

XI. Procedures

The Board will operate in accordance with Roberts Rules of Order. All procedural conflicts will be resolved in accordance with these rules.

XII. Quorum and Voting Rights

a. Quorum

A majority of the members of the Board constitutes a quorum for the transaction of business. The continued presence of a quorum is required for any official vote or action of the Board throughout an official meeting.

b. Voting

Any of the 12 voting members of the Board who are present at a meeting may vote on motions raised during the meeting, with the exception of the chair.

On all motions or other matters, "voice" vote may be used. At the discretion of the chair, or at the request of a Board member, a show of hands or "roll-call" vote may be conducted. Proxy votes are not permitted.

A majority vote of the members present is necessary to pass any motion raised during a meeting.

c. Chair's Role in Voting

In accordance with Roberts Rules of Order, the chair may vote to produce a tie, and thus cause a motion to fail, or to break a tie when necessary.

d. Abstaining Votes

Abstaining votes will be recorded.

XIII. Conflict of Interest

Board members will declare any direct interest of potential financial gain for any issue to be discussed. Conduct of members will be consistent with ORS 244.010 to 244.400 and the Oregon Government Standards and Practices Laws.

When met with a potential conflict of interest, Board members will announce publicly the nature of the potential conflict prior to taking any action thereon.

Board members will refrain from participating in any discussion on the issue out of which an actual conflict of interest arises and refrain from voting on the matter in any circumstances.

XIV. **Committees**

a. Administrative Review Committee

i. Selection or appointment of committee members and officers

The committee will be comprised of three Board members. The Board chair will seek voluntary members to serve on the committee or otherwise appoint Board members to the committee as necessary. The Board chair will appoint a chair. Members of the committee will be selected or reaffirmed at the discretion of the Board chair.

ii. Meeting Frequency

The committee will meet on an as needed basis, unless otherwise determined by the chair.

iii. Authority

The committee will have decision-making authority regarding specific issues brought before the committee.

XV. **Workgroups**

a. Business and Operations Workgroup

i. Selection or appointment of workgroup members and officers

The Workgroup will be comprised of three Board members. The Board chair will seek voluntary members to serve on the Workgroup or otherwise appoint members to the Workgroup as necessary. The Board chair will appoint a workgroup chair. Members of the Workgroup will be selected or reaffirmed at the discretion of the Board chair.

ii. Meeting Frequency

The Workgroup will meet on a day and frequency determined by consensus of the Workgroup members, unless otherwise specified by the Workgroup chair.

iii. Authority

The Workgroup will discuss, reach a consensus and make recommendations for Board decisions.

b. Strategies on Evidence and Outcomes Workgroup

i. Selection or appointment of workgroup members and officers

The Workgroup will be comprised of three or four Board members and other individuals as deemed necessary. The Board chair will seek voluntary members to serve on the Workgroup or otherwise appoint members to the Workgroup as necessary. The Board chair will appoint a Workgroup chair. Members of the Workgroup will be selected or reaffirmed at the discretion of the Board chair.

ii. Meeting Frequency

The Workgroup will meet on a day and frequency determined by consensus of the Workgroup members, unless otherwise specified by the Workgroup chair.

iii. Authority

The Workgroup will discuss, reach a consensus and develop recommendations for Board decisions.

c. Healthy Futures and Member Engagement Workgroup

i. Selection or appointment of workgroup members and officers

The Workgroup will be comprised of three Board members. The Board chair will seek voluntary members to serve on the Workgroup or otherwise appoint members to the Workgroup as necessary. The Board chair will appoint a Workgroup chair. Members of the Workgroup will be selected or reaffirmed at the discretion of the Board chair.

ii. Meeting Frequency

The Workgroup will meet on a day and frequency determined by consensus of the Workgroup members, unless otherwise specified by the Workgroup chair.

iii. Authority

The Workgroup will discuss, reach a consensus and make recommendations for Board decisions.

d. Ad-hoc workgroups and committees

The Board or Board chair may elect to form additional workgroups or committees as needed to address issues as they arise. Selection, meeting frequency and authority of ad-hoc workgroups will be consistent with those of permanent workgroups or committees.

XVI. Authority

a. Legislative Authority

The Board recognizes the role of the state legislature in approving the biennial budget.

b. Actions Requiring Board authorization

The Board may authorize action in key administrative and operational areas, or may choose to delegate authority to authorize such action to a Board committee.

Areas where Board authorization is required include, but are not limited to the following:

i. Filing of administrative rules
ii. Release of Requests For Proposals
iii. Awarding of any and all contracts after a formal bid process
iv. Any decisions to terminate active contracts with vendors
v. Approval of all benefit plan designs
vi. Approval of premium rates
vii. Approval of administrative rates
viii. Approval of consultant fees
ix. Stabilization Fund expenditures
x. Hiring of Board Administrator

c. Authority Delegated to Board Staff

The Board may delegate authority to OEBB administrative staff. Areas where this authority is delegated to staff include, but are not limited to the following:

i. Direct rate negotiations with vendors through OEBB's contracted consultant
ii. Direct contract negotiations for implementation and renewal of OEBB programs and benefits once the Board has awarded contracts to successful vendors or has approved renewals of existing program and service contracts
iii. Authority to initiate contracts for specific services that fall under the definition of a Small Procurement as established under OAR 111-005-0044 (Small Procurement Process)
iv. Authority to initiate transfer of excess reserve funds held by contracted carriers or refunds from contracted vendors to OEBB Stabilization Fund
v. Authority to pay all invoices, purchase orders and travel expenses
vi. Operational and administrative actions required to administer services to members and implement benefits (e.g., system enhancement work orders, amendments to statements of work under Board-approved contracts)
vii. Other activities as determined by the chair and vice chair

XVII. Requests for Staff Assistance

Board members will direct individual requests for staff or consultant assistance through the Board chair, the OEBB administrator, or the OEBB deputy administrator.

XVIII. Amendments to Bylaws

These bylaws may be amended or repealed, and new bylaws adopted, by the Board by a majority vote of members present, if a majority of the full membership of the Board is present.

OEBB BOARD, COMMITEES/ WORKGROUP CONTACT INFORMATION

Name		Position	Email	Phone	Cell Phone
BOARD					
Rick Shidaker	Second Largest Labor Org.	Chair	rick@osea.org	503-588-0121	541-912-2223
Nancy MacMorris-Adix	District Board Representative	Vice Chair	Nancymac93@gmail.com	541-364-3787	541-999-8148
Heather Cordie	District Management Rep.	Bd. Mem.	hcordie@sherwood.k12.or.us	503-825-5003	503-953-0667
David Fiore	Largest Labor Organization	Bd. Mem.	dave.fiore@oregoned.org	541-276-4013	541-377-6014
Ron Gallinat	District Board Representative	Bd. Mem.	coemployeebenefits@bendcable.com	541-617-9111	541-410-3121
Cherie Maas Anderson	Labor Organization	Bd. Mem.	cmaas@pcc.edu	971-722-4266	503-803-9403
Jaimie Sorenson	Local Government; Non Mgmt.	Bd. Mem.	jsorenson@oregonAFSCME.com	503-239-9585	503-309-6460
Bob Stewart	District Management Rep.	Bd. Mem.	bob@gladstone.k12.or.us	503-655-2777	503-901-5584
Holly Spruance	Largest Labor Organization	Bd. Mem.	hs@oeachoice.com	503-495-6259	503-799-9922
VACANT	Health Policy	Bd.Mem			
VACANT	Health Policy	Bd. Mem.			
VACANT	Local Government; Mgmt.	Bd. Mem.			
Kathy Loretz		Admin.	kathy.loretz@oregon.gov	503-378-3899	
Denise Hall		Admin.	denise.hall@oregon.gov	503-378-5133	503-871-7049
Rose Mann		Exec. Asst.	rose.mann@oregon.gov	503-378-4606	
Kim Hickman		Consult.	kimberly.hickman@towerswatson.com		
BUSINESS & OPERATIONS WORKGROUP					
David Fiore	Largest Labor Organization	Chair	dave.fiore@oregoned.org	541-276-4013	541- 377-6014
Jaimie Sorenson	Local Government; Non Mgmt.	Bd. Mem.	jsorenson@oregonAFSCME.com	503-239-9585	503-309-6460
Rick Shidaker	Second Largest Labor Org.	Bd. Mem.	Rick@osea.org	541-485-1832	541-912-2223
Heather Cordie	District Management Rep.	Bd. Mem.	hcordie@sherwood.k12.or.us	503-825-5003	503-953-0667
Rose Mann		Exec Asst.	rose.mann@oregon.gov	503-378-4606	
Heidi Williams		Staff Lead	heidi.williams@oregon.gov	503-378-4695	
ADMINISTRATIVE REVIEW COMMITTEE					
Ron Gallinat	District Board Representative	Chair	coemployeebenefits@bendcable.com	541-617-9111	541-385-4755
Cherie Maas-Anderson	Labor Organization	Bd. Mem.	cmaas@pcc.edu	971-722-4266	503-803-9403
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SEOW					
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VACANT	Health Policy	Bd. Mem.			
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Heidi Williams		Admin.	heidi.williams@oregon.gov	503-378-4695	
Rose Mann		Exec Asst	rose.mann@oregon.gov	503-378-4606	
Kim Hickman		Consult.	kim.hickman@towerswatson.com		
HEALTHY FUTURES & MEMBER ENGAGEMENT WORKGROUP					
Bob Stewart	District Management Rep.	Chair	bob@gladstone.k12.or.us	503-655-2777	503-901-5584
David Fiore	Largest Labor Organization	Bd. Member	dave.fiore@oregoned.org	541-276-4013	541- 377-6014
Cherie Maas-Anderson	Labor Organization	Bd. Member	cmaas@pcc.edu	971-722-4266	503-803-9403
Glenn Baly		Staff Lead	glenn.w.baly@oregon.gov	503-378-4960	
Rose Mann		Exec. Assist.	rose.mann@oregon.gov	503-378-4606	
Heidi Williams		Admin.	heidi.williams@oregon.gov	503-378-4695	
OEBB BUDGET NOTE WORKGROUP (2013)					
Alison Little	Health Policy	Chair	No longer on the Board		
Steve McNannay	Largest Labor Organization	Bd. Member	No longer on the Board		
Kelly Ballas (Interim Admin.)		Admin.	Retired		
Denise Hall		Admin.	denise.hall@oregon.gov	503-378-5133	503-871-7049

111-020-0010

Entities Electing to Join OEBB

(1) Effective January 1, 2014 an Entity can elect to participate in benefit plans provided by the Board subject to the following conditions:

(a) The Entity completes and submits a Notice of Intent to join OEBB at least 90 days prior to the date OEBB coverage is to go into effect;

(b) OEBB will not transfer any deductibles or annual out-of-pocket maximums met with the prior carrier;

(c) For those members with an existing life insurance policy through the Entity, OEBB will transfer the life insurance amount in force on the last day the prior group coverage was in effect, rounded to the next highest $10,000 increment, if requested and documented by the Entity.

(d) Early retiree participation in the OEBB plans will be limited to those individuals and eligible dependents currently enrolled in the Entity's medical, dental and/or vision plans and those Early Retirees who retire on or after the effective date of OEBB coverage and their eligible dependents.

(2) Entities electing to participate in benefit plans provided by the Board are limited to offering the coverages and plans provided by OEBB for medical, dental, vision, life, AD&D, disability plans, Employee Assistance Program (EAP) and Long Term Care (LTC). Entities cannot choose to offer some coverages or plans through OEBB and other coverages or plans outside of the OEBB benefits program.

(**3**~~2~~) A Local Government must provide OEBB with medical plan premium rates and loss ratios for the two most-recent years, if available, with its Notice of Intent to join OEBB to allow OEBB's Consultant to perform an actuarial plan comparison. For self-funded groups, two years of claims experience data should be submitted in lieu of premium rates or loss ratios. The results of the actuarial analysis shall be used as follows:

(a) If the actuarial plan comparison for a Local Government demonstrates that costs are less than 10 percent over OEBB's costs during the same two-year period, the Local Government may participate in the OEBB plan(s) at current OEBB rates.

(b) If an actuarial plan comparison for a Local Government demonstrates that costs are equal to or greater than 10 percent higher than OEBB's costs during the same two year period, the Local Government may participate in the OEBB plan(s) subject to a special rate category, or surcharge, for up to three years.

(**4**~~3~~) The Local Government must submit a final Letter of Participation to OEBB at least 30 days prior to the effective date of participation.

(**5**~~4~~) Local Governments providing a cash incentive to a member for opting-out of medical coverage that exceeds 75 percent of the cost of employee only coverage of the lowest cost OEBB medical plan may be assessed a surcharge of up to $100 per month per opt-out election.

(**6**~~5~~) Local Governments who elect to participate in benefit plans provided by the Board and then subsequently elect to leave OEBB and offer a plan or plans available through the health insurance exchange may re-elect to participate in benefit plans provided by the Board under the rate category the

Local Government was in just prior to leaving OEBB on a one-time basis provided the Local Government completes and submits a Letter of Participation to OEBB at least 60 days prior to the date OEBB coverage is to go into effect.

(**7**~~6~~) Once a Local Government re-elects to participate in benefit plans provided by the Board after leaving, they are not eligible to offer alternative plans through any other source or sponsor.

(8) Local Governments electing to join OEBB on or after April 1, 2015, are limited to using the tiered rate structure for medical, dental and vision plans.

111-040-0040

Qualified Status Changes (QSC's)

(1) An Eligible Employee experiencing a change in family or work status as noted below after an annual open enrollment, or anytime during the plan year, has 31 calendar days beginning on the date of the event to make allowable changes. If the event is gaining a child, as defined by 111-040-0040(4)(c), or results in a loss of eligibility, the Eligible Employee has 60 calendar days after the event to make allowable changes.

(2) An Eligible Employee can only make changes that are consistent with the event for them self and/or dependents.

(3) An Eligible Employee must report the Qualified Status Change (QSC) to the employee's Entity within the specified timeframe. Failure to report a QSC that will result in removal of a spouse, domestic partner, or child within the timeframe stated in 111-040-0040(1) may be considered intentional misrepresentation, and OEBB may rescind the individual's coverage back to the last day of the month in which the individual lost eligibility. Please refer to the QSC matrix for details on what changes can occur with each event.

(4) Qualified Status Changes which allow an employee to make changes to his or her coverage are:

(a) Gaining a spouse by marriage or domestic partner by meeting domestic partner eligibility;

(b) Loss of spouse or domestic partner by divorce, annulment, death or termination of domestic partnership,

(c) Gaining a child by birth, placement for/or adoption, or Domestic Partner's children (by affidavit of domestic partnership),

(d) Change in employee group which affects plan option availability;

(e) Spouse, ~~or~~ domestic partner **or child** starts new employment or other change in employment status which affects eligibility for benefits;

(f) Spouse, ~~or~~ domestic partner's **or child's** employment ends or other change in employment status resulting in a loss of eligibility for benefits under their employer's plan;

(g) Event by which a child satisfies eligibility requirements under OEBB plans;

(h) Event by which a child ceases to satisfy eligibility requirements under OEBB plans~~;~~

(i) Changes in the residence of the active eligible employee, spouse, domestic partner, or child (i.e., moving out of the service area of an HMO **or limited network service area plan**);

(j) Significant changes in cost of the Eligible Employee's or Early Retiree's current plan and tier level that result in a negative impact of 10 percent or more to:

(A) The amount an active Eligible Employee or Early Retiree must contribute toward benefits.

(B) The amount a spouse or domestic partner must contribute toward his or her group health insurance plan cost.

(k) Different Open Enrollment/Plan Year under a spouse/domestic partner's employer plan.

(l) Related laws or court orders. For example: Qualified Medical Child Support Order (QMSCO), Entitlement to Medicare or Medicaid, HIPAA, or Children's Health Insurance Program (CHIP) Changes are determined by the applicable law or court order.

(5) Changes in coverage, or contribution amounts that result in a reduced amount that an employee or eligible dependent must contribute toward benefits, do not constitute a Qualified Status Change.

(6) The following applies to the Long Term Care benefit plans only:

(a) Cancel the plan at any time without a QSC event.

(b) Plan additions or changes require a QSC event as defined 111-040-0040(2). The addition of a plan or change in plans with a QSC is subject to a medical evidence review by the LTC carrier.

DIVISION 30

PLAN DESIGN DEVELOPMENT AND SELECTION

111-030-0011

Bronze Medical Plan Offering

(1) Effective October 1, 2015, a bronze medical plan option or options will be available for entities to offer employees who:

(a) Meet the definition of a full-time employee under the Affordable Care Act (ACA);

(b) Are not employed in a benefit-eligible position or eligible for benefits under a collective bargaining agreement; and

(c) Do not receive any form of benefit contribution from the entity.

(2) The bronze medical plan option(s) will be limited to;

(a) Employee only and employee plus child(ren) coverage using the tiered rate structure; and

(b) Active employees as described in section (1) and COBRA participants eligible due to loss of coverage as an active employee, or dependent of an active employee, as described in section (1).

(3) The bronze medical plan availability, enrollments and application of criteria set forth in sections (1) and (2) are subject to ongoing monitoring and review by OEBB to confirm compliance.

(4) Employees eligible for coverage on the bronze medical plan option(s) may not be offered or enroll in any the following OEBB benefits as an eligible subscriber: dental, vision, life, AD&D, disability**,** ~~or~~ long term care **or any other medical plan offered through OEBB.**

(5) Employees eligible for coverage on the bronze medical plan option(s) may be included in an entity's Employee Assistance Program (EAP) ~~and can contribute to the entity's flexible spending account (FSA)~~, if available, and at the entity's discretion.

(6) Use of the bronze medical plan option or options for any other purpose or by any unauthorized employee or employee group is prohibited and misuse of the options will result in loss of access to the bronze medical plan option(s).

Dependent Eligibility Verification (DEV) Program Update

Oregon Health Authority

Why?

- Required by OAR 111-080-0055 to complete a dependent eligibility verification (DEV) review for each entity participating in OEBB at least once every three years
  - The DEV reviews require subscribers (employees/early retirees) to provide documentation to ensure that each dependent meets the OEBB eligibility criteria
- Supports OEBB's and OHA's mission to provide access to quality, affordable health care
  - Important practice for OEBB as part of the commitment to fiscal responsibility to ensure healthcare dollars are being used appropriately
  - Covering ineligible dependents on a benefits program increases costs for all members and entities

Who? When?

- Includes dependents of all actives and early retirees active in the MyOEBB system
  - Spouses, domestic partners and children
  - Even if they are not enrolled in coverage

- A schedule for the following calendar year is posted on the OEBB website in September
  - OEBB contacts entities by email about four months prior to review start date to schedule onsite visit
  - OEBB sends first communication to members about three months prior to onsite visit
  - Second communication is sent to members about six weeks prior to onsite review

How?

- Members can mail, fax, or upload documents to a secure web site
- Members can also bring documents to onsite visit to have OEBB verify documents in person
- After documents have been verified, members receive confirmation letter
- If incomplete documentation is received, members receive letter stating what is needed to verify dependents
- At end of review, all members who did not respond receive a confirmation letter that lists each dependent and their status of “not verified” along with the termination date

How? (cont)

- A spreadsheet is given to the entity that lists the dependents who were terminated as a result of the DEV review
- Coverage for dependents for whom a member cannot provide appropriate documentation will end on the last day of the month in which the determination was made and no later than the last day of the month in which the review was completed
- All dependents losing coverage are locked so the dependent cannot be added back onto coverage during a future enrollment period unless appropriate documentation is provided

Appeals

- Members have the right to appeal all eligibility decisions as provided for under OAR 111-080-0030
- Appeals received within 60 days, accompanied by the required documentation and approved, have coverage reinstated back to the termination date
- Appeals received after 60 days, accompanied by the required documentation and approved, are handled on a case-by-case basis
  - Dependents are generally unlocked and can be added back to coverage at the next enrollment period

Third Party Vendor

- An entity may choose to contract with a third party vendor to complete their DEV review
- The vendor must be approved by OEBB before the review begins in order to qualify as meeting the once every three year requirement
- The entity must submit:
  - A formal review plan prepared by the third party vendor specifically for that entity
  - A template of the communications that will be sent to members
  - A third party vendor approval form that must be signed by OEBB
- The entity requests a list from OEBB that contains all dependents to be included in the review at least six weeks before start of review
- At end of review, entity sends OEBB a report that lists status of all members included in the review

DEV Results – Through January 2015

Overall Results

- # of entities reviewed: 82 (34.5%)
- # of dependents reviewed: 27,744 (23.7%)
- # of ineligible dependents terminated: 506 (1.8%)

In Progress

- # of entities currently under review: 63 (26.5%)
- # of dependents currently under review: 23,485 (27.6%)

Outstanding

- # of entities left to review by March 2017: 93 (39.1%)
- # of dependents left to review (estimate as of May 31, 2015): 33,735 (39.7%)

Dev Results – By Relationship Type

Relationship Type	# Terminated	% Terminated
Child	329	65.0%
Overage Child	3	0.6%
Spouse	154	30.4%
Domestic Partner	17	3.4%
Child of Partner	3	0.6%
Total Terminated	**506**	**100%**

DEV Savings –

Rate renewals for the 2015-16 Moda Health medical plans were reduced by 0.27% for an estimated $1.35 million annual savings