

Oregon Educators Benefit Board

Activities and Programs

The Oregon Health Authority includes the Oregon Educators Benefit Board (OEBB) whose common vision is creating a healthy Oregon.

To address school districts' concern over health care coverage and the skyrocketing cost of insurance premiums, the 2007 State Legislature created the Oregon Educators Benefit Board (Senate Bill 426). OEBB is a statewide insurance pool for employees and eligible retirees of Oregon's school districts, community colleges and education service districts. The OEBB Board is charged with providing oversight and management of the pool. The goal of the OEBB is to provide high-quality health, dental and other benefit plans for eligible employees at a cost that districts, their employees and the taxpayers of Oregon can afford. OEBB was originally placed within the Department of Administrative Services and will operate fully under the Oregon Health Authority in the 2011-13 biennium.

OEBB's purpose is to work collaboratively with educational entities, its members, insurance carriers and providers to offer value-added benefit plans that support improvement in members' health status. OEBB also strives to provide affordable benefits and services, while holding carriers and providers accountable for successful outcomes.

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 the following guiding principles:

- **Employees' choice among high-quality plans**
OEBB will offer employees a range of benefit plans that provide high-quality care and services.
- **Encouragement of a competitive marketplace**
OEBB will encourage competition in the marketplace in the areas of quality, outcomes, service and cost.
- **Plan performance and information**
In making its decisions, OEBB will consider plan performance in quality, administrative processes and costs. It will promote system-wide transparency that provides comprehensive information on these issues.

- **Districts' flexibility in plan design and contracting**
OEBB will offer a range of benefit plan designs that provide districts with the flexibility to choose options that meet their and their employees' individual financial and health needs.
- **Quality customer service**
OEBB 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.
- **Creativity and innovation**
OEBB will seek out plans and providers that use creative and innovative methods and practices that are evidence-based and/or measurable.
- **Plan benefits as part of total compensation**
OEBB will recognize the impact of its decisions on employees' total compensation.
- **Improvement of employee health**
OEBB will promote employee health and wellness through plan design components, disease and case management and consumer education.
- **Affordable costs to the districts, employees and taxpayers**
OEBB will take into account the total costs of benefit plans, as well as levels of employee cost-sharing for services, in offering a range of benefit plan designs.

2011-17 Six-Year Plan

- Keep medical rate increases at trend or below. Implement additional value-based benefit design changes supported by scientific evidence.
- Finding resources to assist and support educational entities' efforts relating to health and wellness.
- Continue to involve stakeholders in all aspects of policy development.
- Improve data systems to give districts reporting tools that support their business needs.
- 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 the following program areas: Business and Operations, Communications, Plan Design and Quality.

- The Board will operate in a transparent manner that fosters public trust, input and understanding of OEGB decisions and policies. The Board will operate as a cohesive unit that holds open discussion among its members.
- Enhance the long-term communication plan adopted by the Board.

2011-13 Two-Year Plan

- Continued development of the “MyOEGB” Benefit Management System, which gives OEGB staff and school districts more control over the administration of benefit plans, the ability to access information related to benefit enrollments, and provide benefit carrier’s the necessary information needed to electronically enroll OEGB members into the appropriate benefits and plan offerings.
- Support school district administration through an online enrollment system, electronic invoices and fund transfers, and administrative reports to access and manage eligibility and enrollment information.
- Establish and monitor standards for customer response time. Continue to improve the administrative and customer-service models the Board adopted. The goal is to meet OEGB member needs and provide administrative support to the educational entities to manage their employees as efficiently as possible. This is measured by using annual performance evaluations and surveys to evaluate OEGB and its carriers.
- Continue to transition the business side of OEGB onto the Web. The infrastructure includes a Web portal, a single electronic payment process, a secure environment, and help with training and development. Emphasize technology as a way to raise efficiency and convenience.
- Minimize threats caused by unauthorized data access, both internally and externally.
- Mitigate the risks and costs that result from improper security planning.
- Prevent the compromise of information and network systems.
- Regularly review existing security standards and practices in state government to ensure that OEGB meets enterprise-wide security standards.
- Continued development and maintenance of a comprehensive and user-friendly Web site and On-line Benefit Enrollment System.

- Provide a central source of direct-access information that's available to OEGB members.
- Refine OEGB's communication plan, and include member educational materials and educational entity tools and resources that support the health of OEGB members.

The OEGB Board supports the Oregon Health Authority's goal to improve the lifelong health of all Oregonians. OEGB is focused on improving the health status of its members and access to quality care and has taken the following actions to increase the quality, reliability, and availability of care for all Oregonians as consistent with the OHA's goal.

The Board requires that OEGB carriers ensure contracted physicians, providers and facilities render quality care at a sustainable cost.

- Quality care means that care is consistent with evidence-based practice guidelines and within the context of individual clinical circumstances.
- Sustainable costs are costs that align with community reimbursement rates and, whenever possible, payment is made for outcomes rather than the provision of services.

The Board understands facilities and providers may not be included in carrier panels if they do not meet OEGB's requirements.

2009-11 Accomplishments

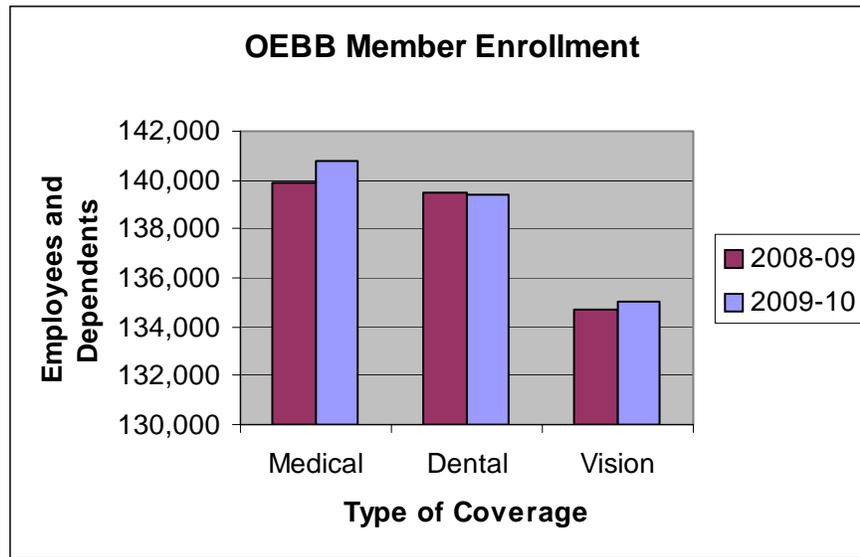
- Designed, contracted with vendors for and implemented a benefits program for Oregon's educational employees and their families. The benefits offered include medical, pharmacy, dental, vision, life, disability, accidental death and dismemberment, long-term care, and an Employee Assistance Program.
- More than 150,000 employees and dependents of employees now receive coverage through the Oregon Educators Benefit Board.

- Preventive care is emphasized through full-coverage for 17 preventive services (including well-baby care and immunizations) and a tobacco cessation program.
- Implemented an electronic, paperless benefit management and enrollment system which allows employees to enroll in benefits online, online payment reconciliation and electronic transfer of premiums.
- Held the average aggregate monthly premium increase for medical coverage to 11.2 percent (below the 12 percent trend) during the first year's rate renewals.
- Implemented evidence-based plan design changes to incentivize chronic disease management and dis-incentivize several surgeries and procedures that evidence shows are over-utilized, are ineffective or have questionable outcomes, or can have harmful side effects. Added an evidence-based medical benefit for morbid obesity.
- Established a Weight Management Program and Health and Wellness Support Program to improve health outcomes by: reduced prevalence of obesity/overweight; reduced prevalence of weight-related comorbidities; increased physical activity/healthy eating levels.
- Implementation of the HB 2557 group which granted part-time university and community college employees who met PERS eligibility criteria in the prior year eligible for OEGB benefits.

Customer Service Delivery

- The Board approved a model for administration and customer service to save money and increase efficiency through automation, process improvements, reporting capabilities, and standardization.
- The Board conducts on-going statewide trainings on MyOEGB, and presentations to educate members on rate, benefit, and plan design changes
- The Board converted a manual, paper-based billing process to a mandatory electronic funds transfer to improve efficiency and save money on administration.
- The Board conducted many statewide surveys to enable school districts to offer guidance to OEGB in developing policies on customer service.

Trends



Revenue Sources

ORS 243.880 establishes the Oregon Educators Benefit Account to cover administration expenses. The revenue source authorized for deposit in this account is generated through an administrative assessment built into benefit premiums offered through OEBB and capped at two 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 establishes the Oregon Educators Revolving Fund to pay premiums, control expenditures, provide self-insurance and subsidize premiums. There is no dedicated revenue source for the OEBB Revolving Fund other than interest earnings retained on the premium collection pass-through.

Debt Service

OEBB bears the obligation to repay \$927,955 for Certificates of Participation issued to fund development of the MyOEBB Benefit Management System. MyOEBB supports administration of employee benefits for members and also provides a source of real-time information for school districts, insurance carriers and OEBB employees to provide an efficient and cost-effective solution for the state of Oregon.