

**Washington State Office of the Insurance Commissioner**  
**K–12 School District Data Collection Project**  
**Exhibit A19b**  
**Efforts and Achievements by District**  
**Calendar Year 2015**

District	Category	Efforts and Achievements
<b>Aberdeen School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Aberdeen School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p>

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		<p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p>

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K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Aberdeen School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan

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		<p>choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Aberdeen School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Aberdeen School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Adna School District</b>	<b>Administrative Cost Reduction</b>	The ASD works with AON Hewitt to provide the most efficient administering of employee health benefits. There is no specific cost to the district.
<b>Adna School District</b>	<b>Cost Savings</b>	<p>Annually the ASD seeks premium quotes from various insurance companies or agencies in order to ensure our employees are receiving the most affordable premiums and coverage. In addition the Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage. The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p>

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		<p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Adna School</b>	<b>Customer</b>	The ASD works with AON Hewitt to provide the most efficient methods of administering health benefits to employees.

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<b>District</b>	<b>Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Adna School District</b>	<b>Part-Time Employee Coverage</b>	<p>The ASD includes part-time employees with a minimum amount of hours to be included in the pooling arrangement based on the same eligibility criteria and proration of employer contributions used for allocations for basic benefits as defined by the bargaining unit. The WEA Select Medical Plans through Premera:</p>

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	<b>Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Adna School District</b>	<b>Premium Differential Reduction</b>	<p>The Adna School District is working with the WEA to seek out the most affordable health care coverage for family coverage, as well as working with the insurance companies to bridge the premium cost gap between family coverage and employee-only coverage. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Almira School District</b>	<b>Administrative Cost Reduction</b>	<p>We don't have internal or external administrative expenses</p>
<b>Almira School District</b>	<b>Cost Savings</b>	<p>The District contracts with PEBB program for cost saving measures</p>
<b>Almira School District</b>	<b>Customer Service</b>	<p>The district follows the PEBB guidelines for determining eligibility</p>

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<b>Almira School District</b>	<b>Part-Time Employee Coverage Protection</b>	HCA requires opportunity to cover employees working 32 hrs/week or more
<b>Almira School District</b>	<b>Premium Differential Reduction</b>	HCA complies with progress towards full family and employee only coverage
<b>Anacortes School District</b>	<b>Administrative Cost Reduction</b>	Premera has implemented Lean Thinking since 2005. Goal is to improve quality, improve enrollee experience and improve efficiency. Through "Lean" Premera has reduced admin cost from 8.8% in 2005 to 5.9% in 2015. BlueCard provides significant savings to enrollees traveling or residing outside Premera service.
<b>Anacortes School District</b>	<b>Cost Savings</b>	High number of Premera members, Provider contracting, BlueCard, Evidence-based medical initiatives, consumer decision-support resources, provider advisory groups, member 360 dashboard (proprietary tool), copayments, controlled medication substances programs, open 4-tiered drug formulary, Child COBRA rate, premium rate for dependent children, prior authorization, 7 plans to choose, waiver of insurance, (money put back to insurance pool).
<b>Anacortes School District</b>	<b>Customer Service</b>	Provide a website with access to information about the employee's benefits, including a cost estimator. Use Ulysses Learning, Internally conduct "Lean" workshops, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance. Premera works to resolve claim issues for enrollees, creates newsletters for WEA enrollees, works with enrollees or their provider with escalated or complex issues, Accept input from enrollees or school districts.
<b>Anacortes School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as the EasyChoice plan, Basic plan, and/or the QHDHP.
<b>Anacortes</b>	<b>Premium</b>	Offer lower cost options, such as the EasyChoice plan, Basic plan, and/or the QHDHP. Plans include a composite rate for

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<b>School District</b>	<b>Differential Reduction</b>	child(ren) meaning rate is the same whether one child or more. Offer dependent children child rate for COBRA rather than subscriber rate.
<b>Arlington School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p> <p>GROUP HEALTH:</p> <p>In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.</p>

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On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.

By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington state.

**Arlington School District**      **Cost Savings**

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

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- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
- J. The premium rate for dependent children is the same whether there is one or more enrolled.
- K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
- L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

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M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

GROUP HEALTH:

We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.

In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits.

Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

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Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care.

With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)

The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions,

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assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.

We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.

In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.

The outpatient CM staff work on improving outcomes for members by working with them on improving their health and their self-management skills; navigating the health care system; evaluating and working through barriers to meeting goals; and accessing routine care. All this work is done with the understanding of the patient's benefits and specific needs. Our efforts in

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identifying patients for case management are focused on those individuals with chronic conditions, including diabetes and congestive heart failure, recent hospitalizations, and new diagnoses of serious conditions. By working with these higher risk, higher need patients to improve their outcomes, and assisting them in accessing care more effectively, we are also avoiding additional costs.

We have one Care Management RN who is dedicated to pediatric and perinatal care. She provides support to families of premature infants and seriously ill infants and children in inpatient and outpatient settings to optimize their outcomes and manage costs. Her responsibilities include utilization management activities associated with facility-based care.

The efforts of the Emergency Patient Resources and Options (EPRO) physicians and staff also save costs by avoiding unnecessary hospital admissions and providing alternatives, including home health and same or next day appointments with medical and behavioral health providers. We are also supporting the avoidance of unnecessary testing when we can provide results of recent labs, ECG's, and imaging procedures. The social work clinicians in EPRO are trained to complete assessments of patients with chemical dependency concerns to determine if admission or outpatient care is most appropriate, often avoiding an unnecessary admission and coordinating prompt access to outpatient care.

The CNS program also contributes to the improved outcomes and saving costs for patients and the health plan by offering 24/7 access to advice from registered nurses. In addition to the RN staff, CNS is also staffed with a Physician's Assistant and physician. This allows for RN consultation with the provider and direct treatment of patients by the providers. The CNS MD/PA is also able to assist patients with abnormal lab results after hours to prevent Emergency Department and Urgent Care visits. The CNS program also includes standing physician orders for the RN's to use in the treatment of some common diagnoses. This allows members to begin treatment earlier, avoid additional appointments and costs, and avoid costs for the health plan.

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We have recently started a pilot project to improve the pre-operative planning of patients undergoing elective joint replacement procedures. This project is focused on patients from a contracted orthopedic practice and includes a phone call to patients several days prior to their admission to review the expectations and plans for post-discharge care. We have consistently identified the perception of many members and providers that not having caregiver support following discharge is reason to admit to a skilled nursing facility, which is not a legitimate reason for SNF care according to CMS. By working with the patients prior to admission to help them problem-solve any anticipated issues, plan for help at home, and expect discharge to home, we believe we can improve patient outcomes by avoiding more exposure to infections in facility-based care and also avoid the associated costs.

**Arlington School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

- A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
- B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.
- C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.
- D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
- E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

**GROUP HEALTH:**

Group Health’s Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries.

Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health’s mission and values on every contact.

Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at [www.ghc.org](http://www.ghc.org), or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many

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		<p>features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times.</p> <p>From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.</p> <p>Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include:</p> <ul style="list-style-type: none"> <li>• Access to lab/test/radiology results</li> <li>• After-visit summaries</li> <li>• Allergy and immunization records</li> <li>• Medication histories, blood pressure, weight, and current health conditions</li> <li>• Secure messaging with their primary care team</li> </ul> <p>The WEA Select Medical Plans through Premera:</p>
<b>Arlington</b>	<b>Part-Time Employee</b>	

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<b>School District</b>	<b>Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p> <p>DISTRICT:</p> <p>There has been no change in eligibility for part-time employees. Employees have access to coverage when working 17.5 hours per week. These eligibility terms are dictated by collective bargaining agreements. For employees who are eligible for benefits, there are low cost medical plan options for employees to choose from including a QHDHP, a PPO \$750 deductible plan and a PPO \$1,500 deductible plan.</p>
<b>Arlington School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>

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		<p>DISTRICT:</p> <p>Excess pooling funds are allocated to those employees covering dependents instead of to employees who are enrolled in self-only coverage.</p> <p>In order to offer more affordable plans to families, Arlington Public Schools raised the deductible on their \$350 deductible plan to a \$750 deductible plan. Additionally, they opted to provide up-front benefits on this plan including the first four office visits covered at a \$25 copay then covered at 100% (deductible is waived) and the plan covers the first \$500 of outpatient lab and X-ray at 100% (deductible is waived). Arlington Public Schools offers two additional lower cost plan options that include a \$1,500 deductible PPO plan and a QHDHP with an HSA account option.</p> <p>A self-funded vision plan is offered to employees at a composite rate in order to provide affordable vision coverage to families.</p>
<b>Asotin- Anatone School District</b>	<b>Administrative Cost Reduction</b>	We work with the WEA/AON Hewitt to met these guidelines.
<b>Asotin- Anatone School District</b>	<b>Cost Savings</b>	We work with the WEA/AON Hewitt to met these guidelines.
<b>Asotin- Anatone School District</b>	<b>Customer Service</b>	We work with the WEA/AON Hewitt to met these guidelines.

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<b>Asotin- Anatone School District</b>	<b>Part-Time Employee Coverage Protection</b>	We met the ACA guidelines, in which all employees working 6 hours or more per day are entitled to benefits.
<b>Asotin- Anatone School District</b>	<b>Premium Differential Reduction</b>	We only offer Composite rate for employee and ALL Dependents.
<b>Auburn School District</b>	<b>Administrative Cost Reduction</b>	ASD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average.

In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The annual Open Enrollment was conducted in October, and was completed online, eliminating the need to so many paper enrollment forms. However, ASD was specifically allowed to implement their own internal online enrollment system, and did not move forward with WEA's platform. This allowance has proved to be very successful. ASD can set the open enrollment timeframe in a manner that makes sense administratively, and the system itself has proven to be successful in reducing paper and administrative work for the District.

The WEA Select Medical Plans through Premera have reduced admin costs through the following:

A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced

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overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.

B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

**Auburn School District**    **Cost Savings**

Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.

ASD has made progress by aggressively negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national

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accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

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J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

Waiver – employees can waive medical coverage under WEA or Group Health. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums, usually being employees with families.

**Auburn School District**    **Customer Service**

1. District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District’s benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.

The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period, in a period of 30 workdays, the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high.

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In addition, the District's Health Benefits Committee works with Brokers for ASD and the Administrators, to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.

Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use "Ulysses Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional

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support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

Group Health has an award-winning website that allows employees to order prescriptions online, email their doctors, access test results, engage in virtual visits, and see their medical records.

**Auburn School District**    **Part-Time Employee Coverage Protection**

ASD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck.

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ASD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.

The WEA Select Medical Plans through Premera:

A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.

B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.

**Auburn School District**    **Premium Differential Reduction**

The WEA Select Medical Plans through Premera:

A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.

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		<p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p> <p>ASD has continued to discuss in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.</p>
<b>Bainbridge Island School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Premera partners with outside organizations to collaborate on the use of Lean methodology, including several Washington State agencies, local non-profits and varied employer groups. In order to reduce ongoing administrative expenses, the WEA continues to use an secure web-based online enrollment system, eliminating the need for many paper enrollment forms.</p>
<b>Bainbridge Island School District</b>	<b>Cost Savings</b>	<p>Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its innovative approach to member care through their lifetimes.</p> <p>BISD offers an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.</p> <p>1. BlueCard – Premera’s national “Blue”network – has negotiated discounts that are the highest within the state and provides</p>

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		<p>significant savings to Premera enrollees who travel or reside outside the Premera service area. Group Health is consistently recognized for its ability to provide care very low medical trend inflation.</p> <ol style="list-style-type: none"> <li>2. Evidence-based medical initiatives allow Premera and Group Health to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs.</li> <li>3. Consumers have real-time access to resources to help them understand and direct their health care needs.</li> <li>4. Provider advisory groups for medical and pharmacy continually monitor Premera’s policies and procedures and make changes to formularies to ensure they are appropriate and cost and care-efficient.</li> <li>5. Plans include copayments for emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.</li> <li>6. Programs monitor controlled medical substances to provide protection for members.</li> </ol>
<b>Bainbridge Island School District</b>	<b>Customer Service</b>	<ol style="list-style-type: none"> <li>1. District employees enjoy both a Benefits Website and a Benefits Helpline managed by our benefits broker. The Benefits Website contains information for all the District’s benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.</li> </ol> <p>The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. During the most recent Open Enrollment period the Benefits Helpline took a large number of phone calls on a wide variety of topics, from the HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. Satisfaction with the Benefits Helpline and website is extremely high.</p> <ol style="list-style-type: none"> <li>2. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.</li> </ol>

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		<p>3. Group Health has an award-winning website that allows employees to order prescriptions online, email their doctors, access test results, and see their medical records.</p> <p>4. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.</p>
<b>Bainbridge Island School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>BISD has not changed part-time employees' access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. Part-time employees can choose to enroll in medical as long as they have sufficient salary each month from which the employee's share of the costs (if applicable) may be deducted from their paycheck.</p>
<b>Bainbridge Island School District</b>	<b>Premium Differential Reduction</b>	<p>WEA Premera plan applied greater premium increases to the employee-only premiums in order to help offset premium increases for families. Single employees pay a minimum of 1% of the premium cost out-of-pocket in order to increase availability for employees covering their families.</p> <p>Due to a concerted education effort on costs, district enrollment on the inexpensive EasyChoice plans increased significantly in 2015. The district continues to offer the HSA-Qualified High Deductible Health Plan. These changes in enrollment helped make more funding available for employees covering families.</p> <p>Dependents on the Premera/WEA plans continue to be audited to ensure that ineligible dependents are not enrolled on school district plans.</p>
<b>Battle Ground School District</b>	<b>Administrative Cost Reduction</b>	<p>Regence uses a process to evaluate and improve internal and external processes to eliminate wasted time and work effort to lower costs. Kaiser uses their own doctors and a referral system to help reduce unnecessary specialty visits. Regence offers the Blue Card which allows members to receive services when out of the area at the in-network costs. Regence has a process in place that allows for auto adjudication, reducing the need for manual intervention, lowering administrative costs. We use online enrollment for employees reducing the amount of time we need to put in for new hires.</p>

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<b>Battle Ground School District</b>	<b>Cost Savings</b>	<p>Because of the number of covered lives Regence has, they are able to negotiate greater discounts. Regence has the highest number of in-network providers with substantial provider discounts and allowing for employees to have the lower co-pay at the time of service. Regence offers the BlueCard which allows members to receive services at the in-network cost even when traveling out of the service area. Both Kaiser and Regence have Evidence-based medical initiatives allowing them to provide efficient and cost-effective care as well as to identify appropriate alternative care. Both plans offer decision making support to help enrollees understand and select the health care they need. Both Kaiser and Regence have advisory groups that continually monitor medical and pharmacy policies and procedures and make formulary changes to ensure appropriate level/tiers and cost efficient care. Both plans monitor claims and identify healthcare needs to ensure enrollees are receiving the appropriate services. Both plans require a co-pay for emergency room visits (waived if admitted). Regence offers a lower child rate for COBRA coverage for over age dependents. Premium rates for dependent children under all plans is the same whether there is one child or more enrolled in the plan. Pre-authorization is required or a referral from PCP before planned medical services or procedures. The district offers 7 Premiera plans and 2 Kaiser plans to allow employees to select the plan that works best for their situation and offers several lower cost options for them. Both Kaiser and Premiera as well as union contracts allow for waiver of medical coverage when an employee is covered under another plan, this allows more dollars to be returned to the pool to help employees with out of pocket medical premiums costs.</p>
<b>Battle Ground School District</b>	<b>Customer Service</b>	<p>Kaiser and Regence both have websites for members to access plan information, costs and educational information. As well as wellness information, available discounts for health clubs and programs. Customer satisfaction surveys are conducted. Regence offers on-site staff to come help employees understand benefits and answer questions on claims, giving employees one-on-one face time. Newsletters are sent out and available online.</p>
<b>Battle Ground School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The district offers benefits to employees working 17.5 for certificated and 20 hours per week for classified staff. We offer several different plan options allow employees to select a plan that works best for them. And we offer the High Deductible plan.</p>
<b>Battle Ground School District</b>	<b>Premium Differential Reduction</b>	<p>Kaiser and Regence both have given lower rate increases for dependents than the employee only rates. Added lower cost premium options such as the Choice plans. Regence offers a child only rate, lower than then employe only rate for COBRA coverage for dependents.</p>

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<b>Bellevue School District</b>	<b>Administrative Cost Reduction</b>	Reviewed Annually
<b>Bellevue School District</b>	<b>Cost Savings</b>	Reviewed Annually
<b>Bellevue School District</b>	<b>Customer Service</b>	Employee Access to Benefit Advocates
<b>Bellevue School District</b>	<b>Part-Time Employee Coverage Protection</b>	Assign Hours Sufficient for Benefit Eligibility
<b>Bellevue School District</b>	<b>Premium Differential Reduction</b>	Review Plan Options and Premiums Each Year
<b>Bellingham School District</b>	<b>Administrative Cost Reduction</b>	By working with our employee benefits consultant, we have negotiated both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We also worked with our benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Bellingham School District</b>	<b>Cost Savings</b>	We have implemented the following steps: 1. Offered Consumer Driven High Deductible Health Plan with an optional Health Savings Account as of 10/1/2012. 2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars. 3. Used purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. 5. Reviewed plan usage on a regular basis and met with insurance representatives and community benefits providers to discuss and collaborate on ideas for cost savings.
<b>Bellingham</b>	<b>Customer</b>	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contracts. 2. Hosting an employee benefits fair with hours allowing for

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<b>School District</b>	<b>Service</b>	all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>Bellingham School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. We also provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
<b>Bellingham School District</b>	<b>Premium Differential Reduction</b>	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents due to pooling from employee only minimum contributions. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. 4. Worked with employee benefits consultant to evaluate and offer alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Bellingham School District ranked 42nd out of 116 districts with more than 100 employees for the 2013-14 school year. Bellingham's equity ratio, multiple was 8.2 compared to an average multiple of 11.3 for the rest of the 116 districts.
<b>Benge School District</b>	<b>Administrative Cost Reduction</b>	Administrative cost are low due to the small number of employees.
<b>Benge School District</b>	<b>Cost Savings</b>	Provider has high numbers of "in network" providers and an open drug formulary that reduces the cost for the prescribers.
<b>Benge School District</b>	<b>Customer Service</b>	All plans have a website that employees can utilize for a variety of

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		medical and educational resources.
<b>Benge School District</b>	<b>Part-Time Employee Coverage Protection</b>	If an employee works 4 hours or half time they qualify for benefits
<b>Benge School District</b>	<b>Premium Differential Reduction</b>	Initiated a percentage of out-of-pocket for all contributing members
<b>Bethel School District</b>	<b>Administrative Cost Reduction</b>	Broker offers additional services without increasing the district cost
<b>Bethel School District</b>	<b>Cost Savings</b>	We continue to work with our brokers to make sure we are providing good coverage at competitive rates while maintaining compliance with ACA regulations.
<b>Bethel School District</b>	<b>Customer Service</b>	We offer two benefit fairs each fall and meet with all new employees to insure understanding of all benefits offered.
<b>Bethel School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer health insurance coverage to all our contracted employees regardless of FTE status.
<b>Bethel School District</b>	<b>Premium Differential Reduction</b>	Our brokers continue to negotiate competitive rates that help reduce the differential between employee only and full family coverage.
<b>Bickleton</b>	<b>Administrative</b>	Goal met

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<b>School District</b>	<b>Cost Reduction</b>	
<b>Bickleton School District</b>	<b>Cost Savings</b>	Goal met
<b>Bickleton School District</b>	<b>Customer Service</b>	Goal met
<b>Bickleton School District</b>	<b>Part-Time Employee Coverage Protection</b>	They have full access
<b>Bickleton School District</b>	<b>Premium Differential Reduction</b>	No differential to address
<b>Blaine School District</b>	<b>Administrative Cost Reduction</b>	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Blaine School District</b>	<b>Cost Savings</b>	We have implemented the following steps: Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012, Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars, Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts, Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums
<b>Blaine School District</b>	<b>Customer Service</b>	We have worked to provide improved customer service by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits; Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; Having regular Benefits Advisory

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		Committee meetings with representation from all bargaining groups.
<b>Blaine School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
<b>Blaine School District</b>	<b>Premium Differential Reduction</b>	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars; Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars; Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
<b>Boistfort School District</b>	<b>Administrative Cost Reduction</b>	N/A
<b>Boistfort School District</b>	<b>Cost Savings</b>	Employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Boistfort School District</b>	<b>Customer Service</b>	Work with enrollees or their provider to address escalated or complex issues.
<b>Boistfort School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. Additionally, a Qualified High Deductible Health Plan is available.
<b>Boistfort School District</b>	<b>Premium Differential</b>	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. Additionally, a Qualified High Deductible Health Plan is available.

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<b>Reduction</b>		
<b>Bremerton School District</b>	<b>Administrative Cost Reduction</b>	BSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average.

The WEA Select Medical Plans through Premera have reduced admin costs through the following:

- A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
- B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.
- C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

Group Health has reduced admin costs through the following:

In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and

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		<p>other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.</p> <p>On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.</p> <p>By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.</p>
<b>Bremerton School District</b>	<b>Cost Savings</b>	<p>In 2014-2015, Premera Blue Cross, KPS and Group Health continued to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.</p> <p>In the fall of 2015 BSD moved to a suite of plans through Group Health Access PPO, HMO and one Premera plan. This was after an RFP process in which other medical carriers plans and rates were evaluated. With assistance from our brokers, SIG negotiated with Group Health, and BSD was able to move to a suite of plans that were competitively priced, while still offering comprehensive coverage. Through effective communication outlined in open enrollment documents, meetings and the Benefits Fair, employees were educated on what plans made the most sense for them based on premium and out-of-pocket</p>

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costs. The District saw a shift in enrollment, with more employees choosing lower cost plans, freeing up more money to be pooled and shifted to employees with dependents.

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

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F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

Group Health provides the following:

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Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.

In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.

Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

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Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)

The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.

We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.

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In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.

**Bremerton  
School District**      **Customer  
Service**

BSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District’s benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.

The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare.

In addition, BSD works with our broker SIG to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them

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determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

Group Health places a strong emphasis on Customer Service through these services:

Group Health’s Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and

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walk-in inquiries.

Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health’s mission and values on every contact.

Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at [www.ghc.org](http://www.ghc.org), or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times.

From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.

Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include:

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- Access to lab/test/radiology results
- After-visit summaries
- Allergy and immunization records
- Medication histories, blood pressure, weight, and current health conditions
- Secure messaging with their primary care team

**Bremerton  
School District**     **Part-Time  
Employee  
Coverage  
Protection**

Part-time employees’ access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. BSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 could potentially subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.

A. This district currently allows part-time employees who have a contract or agreement to work access to health benefits.

B. New Group Health plans offered lower cost options in November 2015.

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		<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Bremerton School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>District: Please indicate if your district has done something specific in this area.</p> <p>BSD will continue to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through insurance committee meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding.</p> <p>The District continues to consider all options carefully. The insurance committee has continued to engage in active discussions about making progress, and intends to review additional methods moving forward.</p> <p>BSD will continue to work with the insurance carriers to offer benefits that meet the criteria outlined in the law.</p> <p>Historically - WEA Select Plans – Passed on lower increases to dependents than to employee only tiers</p>

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		<p>New medical plans offered by Group Health offered lower premiums on most plans than the proposed renewal from Premera – freeing up additional money for employees with dependents. The new plans offered through Group Health Access PPO beginning in the fall of 2015, in the aggregate offered lower premiums than the alternative carriers, based on the district’s enrollment.</p> <p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Brewster School District</b>	<b>Administrative Cost Reduction</b>	The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.
<b>Brewster School District</b>	<b>Cost Savings</b>	The high number of Premera Members, helps Premera negotiate greater discounts.
<b>Brewster School District</b>	<b>Customer Service</b>	Employees are encourage to contact WEA/Aon Hewitte customer service for all their questions.

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<b>Brewster School District</b>	<b>Part-Time Employee Coverage Protection</b>	Added lower cost options, such as the EasyChoice plans.
<b>Brewster School District</b>	<b>Premium Differential Reduction</b>	Added lower cost options, such as the EasyChoice plans.
<b>Bridgeport School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Bridgeport School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provide coverage to enrollees on the state Exchange, individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to Wee Premera enrollees who travel or reside outside the</p>

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		<p>Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-efficient. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Bridgeport School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA Claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also</p>

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		works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their providers to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Bridgeport School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Bridgeport School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Brinnon School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces</p>

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		<p>the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Brinnon School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital</p>

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		<p>admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Brinnon School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p>

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B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

**Brinnon  
School District**      **Part-Time  
Employee  
Coverage  
Protection**

The WEA Select Medical Plans through Premera:

A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.

B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.

**Brinnon**      **Premium**

The WEA Select Medical Plans through Premera:

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<b>School District</b>	<b>Differential Reduction</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Burlington-Edison School District</b>	<b>Administrative Cost Reduction</b>	<p>There has been no reduction in administration expenses. The additional reporting requirements and increase in number of insurance plans offered has increased the number of hours spent processing these changes both for Human Resources and Payroll staff. ACA has increased questions regarding health care choices for both new and existing employees. We added additional hours to our payroll assistant to handle the increase in workload.</p>
<b>Burlington-Edison School District</b>	<b>Cost Savings</b>	<p>We offer a variety of plans to employees including QHDHPs that meet the minimum essential requirements. Our insurance brokers negotiate with our vendors for the lowest rates possible. We use Premera, Group Health, Regence and PEBB. The broker has set up an insurance consortium with nearby districts for more negotiating/buying power that our classified bargaining group has joined. These rates have also helped our certificated staff although they have not yet chosen to join the consortium.</p>
<b>Burlington-Edison School District</b>	<b>Customer Service</b>	<p>We have been providing ongoing emails, benefits fairs, employee guide to benefits booklets, additional seminars by benefits broker, prompt responses to employee questions, increased awareness in both HR and payroll of employee needs so more time is spent with new hires and existing employees to improve their experience and alleviate frustrations with the process of selecting benefits.</p>
<b>Burlington-Edison School District</b>	<b>Part-Time Employee Coverage</b>	<p>Employees who work .5 FTE and above qualify for benefits. This equates to 18.75 hours/week qualifies for benefits as opposed to the Federal mandate of 30 hours per week.</p>

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	<b>Protection</b>	
<b>Burlington-Edison School District</b>	<b>Premium Differential Reduction</b>	In the past, our certificated staff bargained for the district to pay additional funds toward the pool for employees who covered full family. This was bargained out of the contract last year. Now additional funds add to the total insurance pool -not specifically targeting a small group of employees who cover full family. The insurance companies have worked toward structuring the premiums so full family premium does not increase at as high a rate as the individual plan.
<b>Camas School District</b>	<b>Administrative Cost Reduction</b>	It's been impossible to reduce administrative expenses with all the new reporting requirements.
<b>Camas School District</b>	<b>Cost Savings</b>	Offer lower cost options, such as Premera EasyChoice Plan, Premera Basic Plan and the Premera High Deductible Health Plan These plans offer a range of benefits and rate levels to meet the needs of our employees and their families.The EasyChoice Plan provides two different options at the same rate. Employee have the choice to choose the option that best fits their needs. This plan has copays for office visits and generic drugs are covered in full. With the WEA plans overage dependents pay the lower child rate rather than a subscriber rate when enrolling in COBRA. Employees can waive medical coverage and any left-over state allocation is put back into the insurance pool to help reduce employees paying out-of-pocket each month for medical coverage.
<b>Camas School District</b>	<b>Customer Service</b>	Provide a website with access to information about the employee's benefits, including a cost estimator. Email communications, Employee Benefit Handbook, Benefits Fair
<b>Camas School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have provided access to coverage for certificated part-time employees working 17.5 hours a week and classified staff working 20 hours a week for many years. Currently we are offering two affordable options, the EasyChoice plan that has lower premiums which have many first dollar benefits and a QHDHP Plan.
<b>Camas School District</b>	<b>Premium Differential Reduction</b>	Implemented a mimiumn deduction for all employees enrolled in medical. All employees enrolled in medical coverage are now paying a portion of their premium.
<b>Cape Flattery</b>	<b>Administrative</b>	The WEA Select Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and

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<b>School District</b>	<b>Cost Reduction</b>	<p>improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Cape Flattery School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage for many large, national accounts, including Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting-Premera has the highest number of providers "in network" in the state (resulting in 98%+ of all paid claims are "in network") Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA plan. b. Bluecard -(Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plan that include co-payments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization -Some services require an approval for coverage from Premera before a planned medical</p>

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		<p>service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Cape Flattery School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school district which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Cape Flattery School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The district offers equal sharing of pooled dollars regardless of hours regularly assigned. The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual district can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>

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<b>Cape Flattery School District</b>	<b>Premium Differential Reduction</b>	The district has met with the bargaining units and have agreed to work together to address this issue. Plans are in the making for bringing these goals to fruition. The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Carbonado School District</b>	<b>Administrative Cost Reduction</b>	A. Premera has been a leader in implementing "Lean" thinking since 20005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in "Lean" workshops so they can incorporate them into their own business. - including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8 o/o in 2005 to 6o/o for over 10 years. C. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.
<b>Carbonado School District</b>	<b>Cost Savings</b>	A. Premera has the following included in all the WEA medical programs. A. Provider contracting-has the highest number of providers "in network" in the state (98 o/o + of all claims are paid "in network". B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhauser, Alaska Air, etc. c. BlueCard-Premera's national "Blue" network-has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member's needs. E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. F. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient. G. Member 360 dashboard -proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting. H. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. I. Programs that monitor controlled medical substances to provide protection for members. J. An open drug formulary that provides choice for members and their

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		physicians while being prudent and ensuring the drugs are cost and care effective.
<b>Carbonado School District</b>	<b>Customer Service</b>	A. Premera provides a website with access to information about the employee benefits-this included a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits. C. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction. D. Premera has "Ulysess Learning" which leads to first call resolution and a higher level of overall satisfaction from enrollees. E. Premera's "Lean" workshop includes Customer Service, Claim and Billing processes which we continue to focus on in order to improve the member experience. F. WEA Select Plans-The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees. G. WEA Select Plans - Semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions. H. WEA - has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.
<b>Carbonado School District</b>	<b>Part-Time Employee Coverage Protection</b>	A. WEA Select Plans - when a full time employee's hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program. B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HSHP Plan.
<b>Carbonado School District</b>	<b>Premium Differential Reduction</b>	A. WEA Select Plans passed on lower increases to dependents than to employee only tiers for the past two years. B. WEA Select Plans- added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan. C. WEA Select Plans- used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage
<b>Cascade School District</b>	<b>Administrative Cost Reduction</b>	There has been nothing done to reduce admin costs for insurance.

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<b>Cascade School District</b>	<b>Cost Savings</b>	We are in the process of comparing other companies and rates.
<b>Cascade School District</b>	<b>Customer Service</b>	Flyers, Health groups come in for questions, vendor fair.
<b>Cascade School District</b>	<b>Part-Time Employee Coverage Protection</b>	Bargaining units
<b>Cascade School District</b>	<b>Premium Differential Reduction</b>	Premera sets the rates we have no say
<b>Cashmere School District</b>	<b>Administrative Cost Reduction</b>	We have reduced administrative expenses by contracting with PEBB.
<b>Cashmere School District</b>	<b>Cost Savings</b>	The District contracts with the PEBB program, whose cost saving measures include: managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; adopting PEBB's dependent verification eligibility processes, to ensure family members receive benefits.
<b>Cashmere School District</b>	<b>Customer Service</b>	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
<b>Cashmere School District</b>	<b>Part-Time Employee Coverage</b>	We offer insurance benefits to our part-time employees.

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	<b>Protection</b>	
<b>Cashmere School District</b>	<b>Premium Differential Reduction</b>	As a member of PEBB, this differential is being addressed at the State level.
<b>Castle Rock School District</b>	<b>Administrative Cost Reduction</b>	We do not have administrative expenses as described in this survey. Although new reporting requirements and ESSB 5940 have contributed to increased costs.
<b>Castle Rock School District</b>	<b>Cost Savings</b>	We meet annually with Kaiser to review costs and look at other health provider company rates. The district committee reviews and chooses the best plans with the lowest premiums for the year.
<b>Castle Rock School District</b>	<b>Customer Service</b>	A benefit fair is held annually, and health newsletters are provided periodically to all employees.
<b>Castle Rock School District</b>	<b>Part-Time Employee Coverage Protection</b>	Board policy and bargaining agreements provide for offers of coverage to all employees who work 17.5 hours or more per week. All plan options, including lower cost plans, are available to all employees.
<b>Castle Rock School District</b>	<b>Premium Differential Reduction</b>	We offer Easy Choice, Basic, and High Deductible plans that provide lower cost options. Also, the plans offered include composite rates for dependents.
<b>Centerville School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
<b>Centerville</b>	<b>Cost Savings</b>	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in

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<b>School District</b>		<p>collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.</p>
		<p>PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.</p>
<b>Centerville School District</b>	<b>Customer Service</b>	<p>Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time and historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.</p>
<b>Centerville School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>We allow coverage for part time employees.</p>
<b>Centerville School District</b>	<b>Premium Differential Reduction</b>	<p>We analyze our pooling to make it fair for all.</p>
<b>Central Kitsap</b>	<b>Administrative</b>	<p>In order to reduce ongoing administration expenses, the WEA launched an online enrollment system in January 2013. The</p>

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School District	Cost Reduction	annual Open Enrollment was conducted in August and September, and was completed online for all WEA plans.
Central Kitsap School District	Cost Savings	For the KPS, Group Health a  CKSD has made progress by working with their brokers to aggressively negotiate lower premiums on their Group Health and KPS medical plans, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that empl
Central Kitsap School District	Customer Service	District employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District’s benefits plans in one convenient place and is widely accessed by both employees and their family members. It conta
Central Kitsap School District	Part-Time Employee Coverage Protection	Part-time employees’ access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance i
Central Kitsap School District	Premium Differential Reduction	CKSD continues to examine in detail, various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through the IAC meetings and discussions with administrators and bargaining groups, it has been noted that any drastic changes in p
Central Valley School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following:  A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain

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		<p>approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Central Valley School District</b></p>	<p><b>Cost Savings</b></p>	<p>Most medical plans offered many "in network" providers and extensive wellness programs, newsletters/magazines, customer service departments, on-line tools a variety of health resources. The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p>

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		<p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance</p>

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		pool to reduce the cost for those with monthly co-premiums.
<b>Central Valley School District</b>	<b>Customer Service</b>	<p>Benefits are discussed with employees when they are hired, at New Teacher Orientation and in a Classified staff development class. A Benefits Fair is held each year at alternating locations where employees can obtain information and discuss their medical needs with providers. Worksheets for comparing/evaluating medical plans are available. We have a Benefits Page on our Intranet with customer service phone numbers, medical plan information and a worksheet for calculating out-of-pocket costs. Employees also have access to an Employee Assistance Program. Most medical plans offered perform customer surveys, have customer service departments, on-line tools and a variety of health resources. Insurance Committees were formed within each bargaining group to discuss and review benefits.                   Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p>

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G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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<b>Central Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Access to coverage and funding is provided to most part-time employees working at least 17.50 hours per week. Low cost medical plans, HDHPs and HSAs were offered. All employee groups pay a \$10 minimum for medical coverage. These funds are pooled and redistributed to employees with more costs. We pool available benefit dollars each month to account for any plan changes. We contribute to VEBA for all benefit eligible employees and offer several Section 125 Plans. In October 2014, the MSC medical plans were discontinued and we started offering Asuris Northwest Health medical plans with lower premiums. The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Central Valley School District</b>	<b>Premium Differential Reduction</b>	<p>Most medical plans offered gave lower increases to the dependent tiers than to the employee only tiers. Low cost medical plans, HDHPs and HSAs were offered. All employee groups pay a \$10 minimum for medical coverage. These funds are pooled and redistributed to employees with more costs. We pool available benefit dollars each month to account for any plan changes. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Centralia</b>	<b>Administrative</b>	<p>Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the</p>

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<b>School District</b>	<b>Cost Reduction</b>	<p>enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Centralia School District</b>	<b>Cost Savings</b>	<p>The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more</p>

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		<p>enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Centralia School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p>
<p><b>Centralia School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Centralia School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<p><b>Chehalis School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>We do not have a broker just the Premera plans and the overall administrative costs were reduced from 8.8% in 2005 to 5.9% in 2015.</p>
<p><b>Chehalis School District</b></p>	<p><b>Cost Savings</b></p>	<p>The premium rate for deendent children is the same whether there is on or more enrolled. Lots of medical choices available through the Blue Cross Pans that allow lower premiums. An open 4-tiered drug formulary that provided choice for enrollees.</p>

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<b>Chehalis School District</b>	<b>Customer Service</b>	Provide several enrollment sessions for help in enrolling. Provide correspondence for all health care information available. One on one assistance available.
<b>Chehalis School District</b>	<b>Part-Time Employee Coverage Protection</b>	Low cost options are available to all employees. Pooling is available in each bargaining group with some individuals gaining a huge advantage based on the selections in the group. District contributes extra dollars to some of the bargaining groups to increase the pooling dollars.
<b>Chehalis School District</b>	<b>Premium Differential Reduction</b>	We offer lower cost options, EasyChoice, Basic Plan and QHDHP. All employees pay a minimum to help increase the pooling dollars available.
<b>Cheney School District</b>	<b>Administrative Cost Reduction</b>	We worked with our insurance consultant to switch from a % of premium commission to a flat per member per month fee that will limit future increases in commission costs, and not provide an automatic increase in commission every time the premium increases.
<b>Cheney School District</b>	<b>Cost Savings</b>	Cheney School District works with a consultant to monitor the health insurance market and available plan options for school districts. Our consultant shops the market for our medical, dental, vision, life, and disability plans on a periodic basis to ensure that we provide the best possible plans, rates, and service for our employees.
<b>Cheney School District</b>	<b>Customer Service</b>	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to be planned. We provide the opportunity for each of our employees to receive one-on-one counselling about the benefit options available to them and offer presentations to groups of employees on changes to plans, rates, and general education on insurance plans. We provide a benefits handbook with contact information for each service provider, along with summaries of each of the plans available to them. Our benefits fair provides employees with an opportunity to interact with benefit carriers and consultants to become more familiar with their plan offerings. We also provide periodic communications on helpful benefit topics, along with wellness topics.
<b>Cheney School District</b>	<b>Part-Time</b>	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-

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<b>District</b>	<b>Employee Coverage Protection</b>	represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
<b>Cheney School District</b>	<b>Premium Differential Reduction</b>	See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well. We also provide group and individual consultations for each of our employees to ensure that each employee is choosing the best plan to meet their needs instead of the richest plan option available.
<b>Chewelah School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Chewelah School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state</p>

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		<p>Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p>

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		<p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Chewelah School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional</p>

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		<p>assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Chewelah School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>We continue to provide coverage to part time employees, with eligibility requirements of .20 FTE for regular Certificated, or Admin employees, and 17.5 hours per week for regular Classified and Non Represented staff. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Chewelah School District</b>	<b>Premium Differential Reduction</b>	<p>We utilize our mandatory minimum out of pocket expense along with insurance benefit pooling to decrease the cost of full family coverage for our employees. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>

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		<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<p><b>Chimacum School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Chimacum School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p>

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- a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.
- b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.
- B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

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		<p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Chimacum School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional</p>

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		<p>support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Chimacum School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Chimacum School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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<b>Clarkston School District</b>	<b>Administrative Cost Reduction</b>	<p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p> <p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Clarkston School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to</p>

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- provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
- J. The premium rate for dependent children is the same whether there is one or more enrolled.
- K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
- L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

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		<p>generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Clarkston School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the</p>

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		plans.
<b>Clarkston School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Clarkston School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Cle Elum-Roslyn School District</b>	<b>Administrative Cost Reduction</b>	Premera implemented "Lean" thinking
<b>Cle Elum-Roslyn School District</b>	<b>Cost Savings</b>	Choice-7 freestanding medical plans available, broad range of benefits
<b>Cle Elum-Roslyn School District</b>	<b>Customer Service</b>	Provide year-round servicing to work directly with enrollees or families

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<b>District</b>		
<b>Cle Elum-Roslyn School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as EasyChoice and Basic plan
<b>Cle Elum-Roslyn School District</b>	<b>Premium Differential Reduction</b>	Composite rate for child/ren, rate is same whether 1 child or many
<b>Clover Park School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Clover Park School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally</p>

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		<p>and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p>

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I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Clover Park School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		<p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Clover Park School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Clover Park School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more</p>

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		enrolled.
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Colfax School District</b>	<b>Administrative Cost Reduction</b>	The District does not contract with a third party broker to provide their insurance. The business manager works with staff on their benefit options with information provided by the insurance companies. The business manager does receive insurance provider quotes and provides that information to union leadership.
<b>Colfax School District</b>	<b>Cost Savings</b>	Employees have access to a lot of resources to review to ensure they select the right plan for them. They have access to multiple plans that include lower premium options. The District also performs pooling for each employee group to decrease the amount of out of pocket for staff.
<b>Colfax School District</b>	<b>Customer Service</b>	Employees have access to health information on websites that include cost estimators, educational information, plan benefits, and wellness programs. Employees also receive newsletters from insurance companies providing information on a variety of topics. Employees also have access to call and work with insurance representatives.
<b>Colfax School District</b>	<b>Part-Time Employee Coverage Protection</b>	The district offers health insurance offers to all employees who work work half-time or 20 hours a week. The district offers a variety of plans to part staff that include lower cost options.
<b>Colfax School District</b>	<b>Premium Differential Reduction</b>	The insurance companies have gave lower premium increases to dependents than to employee only tiers. The District also offers lower cost options that include a high deductible plan. The District also requires each employee to pay at least \$10 out of pocket for medical insurance regardless if their allocation covers their premium. These additional funds are pooled together with other allocated funds to help decrease the cost of employees who are covering their dependents.
<b>College Place School District</b>	<b>Administrative Cost Reduction</b>	Work with carriers who keep their administrative costs low. Don't charge employees for any school district administrative costs. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in

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		<p>Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>College Place School District</b></p>	<p><b>Cost Savings</b></p>	<p>Compare carriers costs and employee choices. Choose the carriers who best fit our employees requests and work with carriers who have a high number of in network providers. WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes</p>

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		<p>to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>

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<b>College Place School District</b>	<b>Customer Service</b>	<p>Always providing hands on assistance, keeping employees updated on new information and updated services provide by carriers and website information availability and changes. Premera provides a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<b>College Place School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available. Have provided access to coverage for part-time employees working 20 hours a week or more.</p>
<b>College Place School District</b>	<b>Premium Differential Reduction</b>	<p>Lower increases were applied to dependents than to employee only tiers. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Colton School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external</p>

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		<p>processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p>
<p><b>Colton School District</b></p>	<p><b>Cost Savings</b></p>	<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.J. The premium rate for dependent children is the same whether there is one or more enrolled.K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This</p>

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		<p>plan has copays for office visits and generic drugs are covered in full.M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Colton School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.C. Use “Ulyssess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues.H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<p><b>Colton School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>WEA Select Medical Plans through Premera:A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<p><b>Colton School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>WEA Select Medical Plans through Premera:Lower increases were applied to dependents than to employee only tiers for the past four years.B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>

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<b>Columbia (Stevens) School District</b>	<b>Administrative Cost Reduction</b>	More administrative tasks can now be conducted on-line reducing expenses and providing convenience to our employees.
<b>Columbia (Stevens) School District</b>	<b>Cost Savings</b>	In addition to all the cost savings measures taken by Premera our district has reached out to Group Health to provide our employees a managed care alternative to provide cost savings.
<b>Columbia (Stevens) School District</b>	<b>Customer Service</b>	Employees have more information about their health benefits and choices because of on-line access to their health benefits.
<b>Columbia (Stevens) School District</b>	<b>Part-Time Employee Coverage Protection</b>	District pooled benefits to help part-time employees obtain affordable health coverage.
<b>Columbia (Stevens) School District</b>	<b>Premium Differential Reduction</b>	Premiums for full family coverage were not increased as much as other coverages.
<b>Columbia (Walla Walla) School District</b>	<b>Administrative Cost Reduction</b>	WEA Select Medical Plans through Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the State Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-Network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care

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		<p>based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same where there is one or more enrolled. K. Pre-Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Columbia (Walla Walla) School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p>

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		<p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p>

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Columbia (Walla Walla) School District	Customer Service	<p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p> <p>A. Desc Cust Service</p>

Row 8 District: Please indicate if your district has done something specific in this area.

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

Provide a website with access to information about the The WEA Select Medical Plans through Premera have reduced admin costs through the following:

B. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain

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		approximately 5% of premium and have been under 6% for over 13 years.
		C. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera se
<b>Columbia (Walla Walla) School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Columbia (Walla Walla) School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Colville School District</b>	<b>Administrative Cost Reduction</b>	<p>We utilize the services that WEA/AON Hewitt offer instead of hiring a Brokerage Firm which has eliminated this cost.</p>
<b>Colville School District</b>	<b>Cost Savings</b>	<p>We cut costs left, right and center in all these wonderful ways:</p>

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		We offer a high deductible medical plan that is affordable.
<b>Colville School District</b>	<b>Customer Service</b>	<p>We made all these service improvements:</p> <p>(i) We provide most information on our company website to allow them access wherever they are to much needed information such as contact information, benefit information, as well as contact information.</p> <p>(ii) 24 hour hotline</p>
<b>Colville School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offered full benefits to all part time employees working 20 hours or more per week
<b>Colville School District</b>	<b>Premium Differential Reduction</b>	<p>We did all these great things to reduce the cost of full family coverage as compared to to the cost of employee-only coverage:</p> <p>We offer a high deductible plan, as well as a Basic Plan that are very affordable in comparison between the two.</p>
<b>Concrete School District</b>	<b>Administrative Cost Reduction</b>	State Allocation
<b>Concrete School District</b>	<b>Cost Savings</b>	Continued HDHP Plan & Plans with lower premiums & first dollar benefits
<b>Concrete School District</b>	<b>Customer Service</b>	Yearly Benefit Fair

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Concrete School District</b>	<b>Part-Time Employee Coverage Protection</b>	Continued HDHP Plan & Plans with lower premiums & first dollar benefits
<b>Concrete School District</b>	<b>Premium Differential Reduction</b>	Continued HDHP Plan & Plans with lower premiums & first dollar benefits
<b>Conway School District</b>	<b>Administrative Cost Reduction</b>	No admin costs charged even though they are incurred
<b>Conway School District</b>	<b>Cost Savings</b>	A. Premera has the following included in all the WEA medical programs
<b>Conway School District</b>	<b>Customer Service</b>	A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
<b>Conway School District</b>	<b>Part-Time Employee Coverage Protection</b>	Covered by bargaining agreements
<b>Conway School District</b>	<b>Premium Differential Reduction</b>	A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years.
<b>Cosmopolis School District</b>	<b>Administrative Cost Reduction</b>	Premera has reduced admin cost

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Cosmopolis School District	Cost Savings	The WEA Select Medical Plans through Premera provide cost saving measures.
Cosmopolis School District	Customer Service	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington.
Cosmopolis School District	Part-Time Employee Coverage Protection	The District offers all the WEA Plan through Premera.
Cosmopolis School District	Premium Differential Reduction	The District offers Pooling employees. The WEA Plans through Premera, A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for Child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children election COBRA coverage the child rate and not a subscriber rate.
Coulee-Hartline School District	Administrative Cost Reduction	Cost is minimal, district size is very small
Coulee-Hartline School District	Cost Savings	<p>The district contracts with the PEBB Program, whose cost-saving measures include:</p> <ul style="list-style-type: none"> <li>• Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design.</li> <li>• Purchasing coverage for medical tools and procedures that are evidence based.</li> <li>• Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.</li> </ul>
Coulee-Hartline	Customer	PEBB offers disease management, wellness programs, health assessments, etc.

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School District	Service	
Coulee-Hartline School District	Part-Time Employee Coverage Protection	District policy is that all half-time employees are eligible for insurance.
Coulee-Hartline School District	Premium Differential Reduction	The District chose the composite rate structure through PEBB which is in line with ESSB 5940. Increase in state dollar allocation for full family coverage would reduce the differential between employee only and a full family coverage.
Coupeville School District	Administrative Cost Reduction	We have worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
Coupeville School District	Cost Savings	We have offered a Consumer Driven High Deductible Health Plan with an optional Health Savings Account since 10/1/12. We have established an Health Savings Account employer contribution of \$125 per employee per month, resulting in an increase in pooling dollars. We have worked with an employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
Coupeville School District	Customer Service	We have worked to provide improved customer service by providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates and vendor contact information. We host an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. We ensure that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. We also have regular Benefits Advisory Committee meetings with representation from all bargaining groups.
Coupeville School District	Part-Time Employee Coverage Protection	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. We have also provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014

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<b>Coupeville School District</b>	<b>Premium Differential Reduction</b>	We have done the following: Implemented minimum contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. We have encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase in pooling dollars. We have established an HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. Lastly, we have worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
<b>Crescent School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following:A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
<b>Crescent School District</b>	<b>Cost Savings</b>	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to

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		<p>consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan.b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.J. The premium rate for dependent children is the same whether there is one or more enrolled.K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put</p>

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District	Category	Efforts and Achievements
		back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Crescent School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Crescent School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Crescent School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Creston School District</b>	<b>Administrative Cost Reduction</b>	<p>District does not assess administrative expenses.</p>

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<b>Creston School District</b>	<b>Cost Savings</b>	Insurance carrier provides wellness incentives, health newsletters, and websites for participants and their plans.
<b>Creston School District</b>	<b>Customer Service</b>	Information that is given to Business Manager is forwarded to staff when instructed to. Employees reference PEBB website and customer service
<b>Creston School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part-Time employees are offered coverage with no restrictions on minimum full-time equivalency.
<b>Creston School District</b>	<b>Premium Differential Reduction</b>	N/A
<b>Curlew School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on</p>

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		payments for services and lower administrative costs.
<b>Curlew School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p>

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G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums

**Curlew School District**    **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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		<p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Curlew School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Curlew School District</b></p>	<p><b>Premium Differential</b></p>	<p>The WEA Select Medical Plans through Premera:</p>

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<b>District</b>	<b>Reduction</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Cusick School District</b>	<b>Administrative Cost Reduction</b>	<p>The district does not incur administrative expenses that are passed along to employee premium costs. Premera's administrative costs are approximately 5% of the premium cost and is currently looking at making additional changes as it relates to the ACA "Cadillac" tax that is coming. PEBB's administrative fee is insignificant and does not materially affect the overall cost of coverages. The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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<b>Cusick School District</b>	<b>Cost Savings</b>	<p>The district insurer is offering a new Basic Plan in the Premera Blue Cross offerings to ensure the lowest cost available plan still meets the Affordable Care Act minimum values. Premera has the highest number of In-Network providers which allows for nearly 98% of all claims paid are in-network. Evidence based medical initiatives, provider advisory groups, an open three-tiered drug offering, and a Member 360 Dashboard that allows Case Managers to identify enrollees with specific healthcare needs. PEBB in-network providers is extensive and gives participants many choices for care providers. PEBB also has healthcare management as well as other health related tools to assist participants in better health. The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare</p>

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		<p>needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Cusick School District</b>	<b>Customer Service</b>	<p>Premera provides website access for employees to estimate costs and also offers wellness programs, plan benefits, and necessary forms for processing. Field staff offer direct one-on-one service to employees who may need additional assistance. PEBB also offers wellness programs including Health Options and incentives for participants to achieve a high level of improved</p>

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		<p>health. Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Cusick School District</b>	<b>Part-Time Employee Coverage</b>	<p>Part-time employees have access to health insurance coverage through the district. We also alert employees to the Washington State Marketplace site where health insurance coverages are available if they choose not select district offered coverage. The WEA Select Medical Plans through Premera:</p>

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	<b>Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Cusick School District</b>	<b>Premium Differential Reduction</b>	<p>The district has increased its contribution to medical by \$ 50.00 per month above the state allocation of \$ 768.00. for certificated staff. Classified have a minimum deduction of \$ 5.00 per month for those taking medical coverage. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Damman School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within</p>

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		<p>Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Damman School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a) Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b) BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put</p>

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		back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Damman School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Damman School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Damman School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Darrington School District</b>	<b>Administrative Cost Reduction</b>	<p>Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout</p>

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		<p>the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Darrington School District</b></p>	<p><b>Cost Savings</b></p>	<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p>

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		<p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Darrington</b>	<b>Customer</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:A. Provide a website with access to information about the employee’s benefits, including a cost</p>

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<b>School District</b>	<b>Service</b>	<p>estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Darrington School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Darrington School District</b>	<b>Premium Differential</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.C. Includes a composite rate for</p>

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	<b>Reduction</b>	<p>child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Davenport School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Davenport School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket</p>

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		<p>costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or</p>

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procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Davenport School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		<p>including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Davenport School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Davenport School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p> <p>The WEA Select Medical Plans through Premera:</p>

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		<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Dayton School District</b>	<b>Administrative Cost Reduction</b>	<p>District: Please indicate if your district has done something specific in this area.</p> <p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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<b>Dayton School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p>

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I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Dayton School District**    **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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		<p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Dayton School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Dayton School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more</p>

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		enrolled.
		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Deer Park School District</b>	<b>Administrative Cost Reduction</b>	We worked with our insurance consultant to switch from a % of premium comission to a flat per member per month fee that will limit future increases in comission costs, and not provide an automatic increase in comission every time the premium increases.
<b>Deer Park School District</b>	<b>Cost Savings</b>	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are ma
<b>Deer Park School District</b>	<b>Customer Service</b>	Our benefits committee features representatives from each employee group at the district, along with administration and the district's benefit consultant. This group acts as a sounding board for employee needs, and allows for educational communication to
<b>Deer Park School District</b>	<b>Part-Time Employee Coverage Protection</b>	We continue to provide coverage to part time employees, with eligibility requirements of .5 FTE for Certificated, Admin, or Non-represented employees, and 20 hours per week for classified staff. This eligibility requirement is lower than the federal requi
<b>Deer Park School District</b>	<b>Premium Differential Reduction</b>	See above under Affordability. We removed some of the more expensive plans that had been offered at the district historically for lower cost plans. Carriers are working to shift costs from families to employee only enrollees as well.
<b>Dieringer School District</b>	<b>Administrative Cost Reduction</b>	Distrtict has not increased costs, however, state requirements have created more staff time demands.

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<b>Dieringer School District</b>	<b>Cost Savings</b>	District benefits committee will meet this summer to look at other insurance coverage to reduce minimum monthly charge for employees & families.
<b>Dieringer School District</b>	<b>Customer Service</b>	District has held various meetings w/bargaining units & all staff. Information is available on district website and sent to all staff members with paychecks and through e-mail.
<b>Dieringer School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offered health plan in which employee premium share does not exceed state employee share
<b>Dieringer School District</b>	<b>Premium Differential Reduction</b>	Achieved 1% progress toward 3:1 ratio on minimum monthly health insurance out of pocket deduction. Waiting on more direction from the state.
<b>Dixie School District</b>	<b>Administrative Cost Reduction</b>	Efforts are underway to improve administrative capabilities and care management solutions to respond to external forces, such as the evolving market of healthcare reform. They will continue to engage in comprehensive efforts to implement the affordable Care Act, which includes them investing in new capabilities and infrastructures that advance their abilities to meet the demands of an increasingly complex industry. The changes in the healthcare environment will continue to impact employer groups, health plans and care organizations are alike in a multitude of ways. At Group Health they have been on the forefront of understanding and implementing health care reform changes to ensure of customers have no disruption in receiving high quality, affordable service and care.
<b>Dixie School District</b>	<b>Cost Savings</b>	Group Health have teams of experts that strategize to minimize medical expense/claims cost trends through an optimized and collaborative model of patient care and tightly manage provider contracts. They also promote healthy living through easily accessible wellness solutions, such as health profiles, lifestyle coaching, tobacco cessation. They provide complex case management to help members with chronic or acute conditions receive the best medical treatment available.
<b>Dixie School District</b>	<b>Customer Service</b>	Thorough research on all possibilities and presentations from all.

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<b>Dixie School District</b>	<b>Part-Time Employee Coverage Protection</b>	All part time employees at our district have the option of Health coverage.
<b>Dixie School District</b>	<b>Premium Differential Reduction</b>	Everyone pay a portion the same to even out the insurance pool
<b>East Valley School District (Spokane)</b>	<b>Administrative Cost Reduction</b>	<p>Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>East Valley School District (Spokane)</b>	<b>Cost Savings</b>	<p>The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to</p>

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		<p>consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>East Valley School District (Spokane)</b>	<b>Customer Service</b>	<p>Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics</p>

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
<b>East Valley School District (Spokane)</b>	<b>Part-Time Employee Coverage Protection</b>	Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
<b>East Valley School District (Spokane)</b>	<b>Premium Differential Reduction</b>	Lower increases were applied to dependents than to employee only tiers for the past four years. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. Each child does not pay a separate premium, as the child premium is a composite rate.
<b>East Valley School District (Yakima)</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own businesses - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p> <p>D. The district is utilizing AON Hewitt's online open enrollment process to reduce the amount of time spent processing hard copy forms.</p>
<b>East Valley School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally</p>

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<b>(Yakima)</b>		<p>and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting- Premera has the highest number of providers "in network" in the state (resulting in 98% + if all paid claims are "in network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA plan.</p> <p>b. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care need.</p> <p>D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard-Proprietary tool used by Premera Case managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate- Over age dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p>

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		<p>M. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>East Valley School District (Yakima)</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and house forms commonly used by employers and enrollees.</p> <p>B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their providers to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to plans.</p>
<p><b>East Valley School District (Yakima)</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours (certificated) and 20.0 hours (classified) a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>East Valley School District</b></p>	<p><b>Premium Differential</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent tiers than to employee only tiers.</p>

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<b>(Yakima)</b>	<b>Reduction</b>	<p>B. Offer lower cost options, such as the EasyChoice Plan and the Basic Plan and a QHDHP.</p> <p>C. Includes composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Eastmont School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Eastmont School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid</p>

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		<p>claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p>

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		<p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Eastmont School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p>

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		<p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Eastmont School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Eastmont School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>

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<b>Easton School District</b>	<b>Administrative Cost Reduction</b>	PARTICIPATE IN HCA PEBB PLAN
<b>Easton School District</b>	<b>Cost Savings</b>	PARTICIPATE IN HCA PEBB PLAN
<b>Easton School District</b>	<b>Customer Service</b>	PARTICIPATE IN HCA PEBB PLAN
<b>Easton School District</b>	<b>Part-Time Employee Coverage Protection</b>	ALL ELIGIBLE EMPLOYEES ARE COVERED THROUGH HCA PEBB, ALL AT THE SAME RATE
<b>Easton School District</b>	<b>Premium Differential Reduction</b>	HCA PEBB RATES FULFILL THIS REQUIREMENT
<b>Eatonville School District</b>	<b>Administrative Cost Reduction</b>	Eatonville has reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication materials, forms, educational tools for employees and their families to access 24/7. We also negotiated with our Insurance Broker to Maintain their yearly fee for 3 years.
<b>Eatonville School District</b>	<b>Cost Savings</b>	Eatonville offers an interactive excel spreadsheet comparison that illustrates a high level side-by-side plan review of the estimated out-of-pocket. expenses that an employee and family will experience based on their estimated utilization of benefits and (pre-pooling) employee premium share. This gives employees and their families a better understanding of which plan could potentially be the best fit for them. In October 2013 we also changed our Medical Insurance from the WEA Premera Plans to Group health First Choice Options/Hmo Plans which saved well over the 17% increase in premiums WEA plans experienced.
<b>Eatonville School District</b>	<b>Customer Service</b>	Eatonville School District employees and their families have access to an Employee Service Advocate Programs available through our Employee Benefit Broker/Advisor. We have a benefits Committee that meets regularly and brings comments/concerns from employees to the table for discussion. We hold educational sessions as necessary to keep our

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		employees and their families informed. We hold annual benefits fair and send out monthly newsletters.
<b>Eatonville School District</b>	<b>Part-Time Employee Coverage Protection</b>	Our practice is to offer benefits to employees that work 17.5 hours and 20 hours per week depending on employee classification.
<b>Eatonville School District</b>	<b>Premium Differential Reduction</b>	Contribution strategy based on core Group Health First Choice Plan 4 plan as discribed on line #5.
<b>Edmonds School District</b>	<b>Administrative Cost Reduction</b>	Premera has been aleader in "Lean" thinking since 2005. The goal is to improve quality, enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Through "Lean" Premera had reduced administrative cost from 8.8% in 2005 to 5.9% in 2015. The administratove costs specific to the WEA pland is approximately 5% of the premium and had been under 6% for the last 13 year. The percentage of claims paid through auto adjudication remains some of the highest with Premera and Group Health, which reduces the need for manual intervention.
<b>Edmonds School District</b>	<b>Cost Savings</b>	The large number of Premera members helps Premera to negotiate greater discounts locally and nationally. Premera's large provider network results in 98% of claim being paid "in network", which results in lower claims costs. Blue Card (Premera's national network) has negotiated significant discounts which are passed on to Premera enrollees who travel or live outside the Premera service area. Evidenced-based medical initiatives allow Premera to provide cost-effective care as well as identify alternate care based on enrollees' needs. Provider advisory groups continue to monitor Premera's medical pharmacy & policy procedures and make changes to formularies to ensure they are at the appropriate level and tier. Member 360 Dashboard is a tool used to identify enrollees with specific healthcare needs and ensure they are receiving appropriate services. Our plans have instituted co-payment for ER visits & inpatient hospital admissions and higher co-payments for brand, non-preferred, and specialty drugs. Our programs monitor controlled medication substances to insure appropriate use for enrollees. Premera provides a open 4-tier drug formulary that provides choice for enrollees and their physicians while ensuring the drugs are care and cost-effective. Overage dependents pay the lower child rate for their COBRA premiums vs. the subscriber rate. The premium rate for children is the same reagrdless of the number of children covered on the plan. Prior authorization is required on some services before a planned medical service or procedure occurs - this provides financial protection and prevents

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		unnecessary services. Employees have the choice of 8 different medical plans within the district, which include lower cost plans such as the Basic Plan, Easy Choice, and and QHDHP. This allows employees to choose a lower cost plan that fits their needs.
<b>Edmonds School District</b>	<b>Customer Service</b>	All our carriers provide a website with access to information about employees' benefits. Each website includes tools about wellness, plan benefits, and health risk assessments.
<b>Edmonds School District</b>	<b>Part-Time Employee Coverage Protection</b>	The district has a long-time practice of offering and subsidizing coverage for part-time employees who work 17.5 hours per week or more (certificated @ .4 FTE or more per week). Also, the addition of lower cost plans through Premera (Easy Choice, Basic Plan & QHDHP) allows part-time employees a lower cost enrollment option.
<b>Edmonds School District</b>	<b>Premium Differential Reduction</b>	In some years we have applied lower increases to dependent tiers, we had added more low cost enrollment options to our menu of plans, we have a compisite rate for child coverage (the cost of coverage is the same if you have 1 child or multiple children) and we offer the dependent COBRA rate to children electing COBRA vs. the requiring the subscriber rate, which is higher.
<b>Ellensburg School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non- value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evlauate and improve external/ internal processes throughout the orginzation. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provifer groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative cost specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard providers significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on</p>

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payments for services and lower administration costs.

GROUP HEALTH: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best services to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.

**Ellensburg  
School District**      **Cost Savings**

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrolled, Premera also provides coverage to enrollees on the state exchange, individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Weyerhaeuser, Alaska Air Group, etc.

a. Provider Contracting- Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in network"). Substantial provider discounts result in lowest claims cost for enrolled on a WEA plan.

b. BlueCard- (Premera's national "BLUE" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

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		<p>B. Evidence - based medical initiatives that allow Premera to provide efficient and cost - effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real - time access to consumer decision - support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are receiving the appropriate services.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non - preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4 - tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care - effective.</p> <p>I. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more cancelled.</p> <p>K. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP, and the Easychoice Plan. The Easychoice Plan provides several options all at the same rate. It was developed so employees could pick</p>

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the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs covered with low copay.

M. Waiver - employees can waive medical coverage under WEA, any left - over state allocation is put back into the insurance pool to reduce the cost for those with monthly co- premiums.

GROUP HEALTH: We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We Offer patient - centered care that promotes collaboration between physicians, specialist, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/ subrogation opportunities. We perform pre-payment review of high dollar claims and post -payment audits. Group Health recently selected OptumRX to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry - leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with utilization of specific services and overall high utilization. Specifically, we use predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for

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<b>Ellensburg School District</b>	<b>Customer Service</b>	<p>their enrollees.</p> <p>Premeras WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. Ther Teams:</p> <p>A. Provide a website with access to informatin about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out - of - pocket costs. The website provides educational information about the wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use " Ulysses Learning" - leading the first call resolution and higher level of satisfaction from enrollees.</p> <p>C. Internally, condut "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year - round servicing and are avaiable to work directly with enrollees or family ,e,ners who mau need additional assistance wwith their plans. Premera provides an array of services from providing education about the benefits and plans choices to when a plab chane can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletter for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues,</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>

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		<p>GROUP HEALTH : In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services:</p> <p>a. Health Coaching - Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviours. Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team.</p> <p>b. Share Decision - Making Tools: To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference - sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives. Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits - and possible downsides - of a surgical procedure. The goal: health care that reflects a member's values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.</p>
<b>Ellensburg School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>

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<b>Ellensburg School District</b>	<b>Premium Differential Reduction</b>	<p>GROUP HEALTH: We continue to provide coverage to part time employees, down to 10 hours per week. This eligibility requirement is low than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. Group Health allows access for part-time employees working a minimum of 10 hours per week.</p> <p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only tiers.</p> <p>B. Offer lower cost options, such as EasyChoice plan and the Basic Plan and QHDHP.</p> <p>C. Includes composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Elma School District</b>	<b>Administrative Cost Reduction</b>	<p>GROUP HEALTH: According to the Year 3 K - 12 Health Benefits Data Collection Report from OIC to the Washington State Legislature, Ellensburg School District had a 4.536:1 ratio for Year 3, the 2014-2015 plan year, compared to 5.06:1 for Year 2.</p> <p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in</p>

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		<p>2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Elma School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p>

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		<p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Elma School</b>	<b>Customer</b>	Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in

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<b>District</b>	<b>Service</b>	<p>Washington. These teams: A. A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p>

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		<p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans</p>
<p><b>Elma School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Elma School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Endicott School District</b>	<b>Administrative Cost Reduction</b>	As a school district we don't track or charge for our administrative expenses. HCA-PEBB helps complete information and assists as needed.
<b>Endicott School District</b>	<b>Cost Savings</b>	HCA-PEBB offers a website of information easily accessible to all employees to seek out all aspects of their desired coverage. The premium rates for children are the same whether there is one or more enrolled.
<b>Endicott School District</b>	<b>Customer Service</b>	Employees have access to the HCA-PEBB website, the Smart Health program.
<b>Endicott School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer a QHDHP plan.
<b>Endicott School District</b>	<b>Premium Differential Reduction</b>	We offer a QHDHP and also our plans include rates for dependent children that are the same whether there is one or more child enrolled.
<b>Entiat School District</b>	<b>Administrative Cost Reduction</b>	WEA SELECT MEDICAL PLANS through PREMERA: Premera implements "Lean" thinking and has reduced their overall administrative costs 2.9% in 10 years.
<b>Entiat School District</b>	<b>Cost Savings</b>	WEA SELECT MEDICAL PLANS through PREMERA:  A. Provider contracting - Premera has the highest number of providers "in network" in the state (98% + of all claims paid are "in-network").  B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally.

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		<p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.</p> <p>E. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>F. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>G. Prior Authorization - prevents unnecessary services</p> <p>H. Premium rate for dependent children is the same regardless of the number of children.</p> <p>I. Employees can waive medical coverage, allowing unused state allocation to be put into the insurance pool to reduce cost for those with monthly co-premiums.</p>
<p><b>Entiat School District</b></p>	<p><b>Customer Service</b></p>	<p>WEA SELECT PLANS through PREMERA:</p> <p>A. Provides a website with access to information about the employee’s benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.</p> <p>B. “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Premera’s “Lean” workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.</p> <p>D. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for</p>

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		<p>enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.</p> <p>F. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.</p>
<b>Entiat School District</b>	<b>Part-Time Employee Coverage Protection</b>	Business Manager counsels part-time employees individually on how to maximize coverage. District offers coverage eligibility to all, regardless of hours a week.
<b>Entiat School District</b>	<b>Premium Differential Reduction</b>	For CLASSIFIED staff covered through PREMERA, the district implemented a \$1 minimum mandatory contribution for all employees to help increase the pool amount to reduce the differential between employee only and full family coverage.
<b>Enumclaw School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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Enumclaw School District	Cost Savings	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse</p>

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		<p>needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Enumclaw School District</b></p>	<p><b>Customer Service</b></p>	<p>Our District offers a Benefits Website with all provider links and information. Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Enumclaw School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>

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District	Category	Efforts and Achievements
Enumclaw School District	Premium Differential Reduction	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
Ephrata School District	Administrative Cost Reduction	There were no administrative expenses.
Ephrata School District	Cost Savings	The district has been analyzing PEBB and other alternatives.
Ephrata School District	Customer Service	The district has the documents for medical plans online as well as in the district office.
Ephrata School District	Part-Time Employee Coverage Protection	The district offers all part-time employees the option of taking medical insurance.
Ephrata School District	Premium Differential Reduction	The district uses pooling,
Evaline School	Administrative	Negotiated

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>District</b>	<b>Cost Reduction</b>	
<b>Evaline School District</b>	<b>Cost Savings</b>	Negotiated
<b>Evaline School District</b>	<b>Customer Service</b>	Negotiated
<b>Evaline School District</b>	<b>Part-Time Employee Coverage Protection</b>	Negotiated
<b>Evaline School District</b>	<b>Premium Differential Reduction</b>	Negotiated
<b>Everett School District</b>	<b>Administrative Cost Reduction</b>	We already have low administrative expenses. We try to continue to provide the best information at the lowest costs to our employees in this rapidly changing environment to make the most informed decision for their individual family coverage needs.
<b>Everett School District</b>	<b>Cost Savings</b>	1-Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. 2-Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs. 3-Awareness in health and weight loss with our Wellness Program offerings.
<b>Everett School District</b>	<b>Customer Service</b>	1-We are continually improving our activities in our Wellness Program offerings. 2-Open enrollment benefit fairs to have representatives on hand to explain benefits to the employees and their families. We include flu shots for those that want them. 3-Offer the supplemental programs that the employees are looking for at affordable costs.
<b>Everett School District</b>	<b>Part-Time Employee</b>	We offer our plans to benefit FTE .333 which is a lower FTE than the state provides to their employees. We continue to try and

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>District</b>	<b>Coverage Protection</b>	offer options for all employees needs.
<b>Everett School District</b>	<b>Premium Differential Reduction</b>	1-We continue to meet this requirement with all of our plan offerings for the percentages that the legislature has required of school districts.
<b>Evergreen School District (Clark)</b>	<b>Administrative Cost Reduction</b>	Consolidating our insurance plans under a broker has permitted the District to realize a cost savings related to the management of our insurances offered to our employees, resulting in rates that are lower.
<b>Evergreen School District (Clark)</b>	<b>Cost Savings</b>	District's Insurance Committee has reviewed rate increases and have in some cases made changes to coverages to permit a lower rate increase for our employees.
<b>Evergreen School District (Clark)</b>	<b>Customer Service</b>	All of our medical vendors have websites to assist those with coverage in their plans as well as our broker has specific websites for each of our different union groups that provide specific information related to the coverages offered to their specific union group. The broker also provides customer service via telephone.
<b>Evergreen School District (Clark)</b>	<b>Part-Time Employee Coverage Protection</b>	District provides insurance pooling for all union groups that permit part time employees to have access to additional funds for medical premiums they incur. District also provides some additional dollars for the part time hourly staff in the insurance pooling process.
<b>Evergreen School District (Clark)</b>	<b>Premium Differential Reduction</b>	District has in place a minimum 3% of their medical premium deduction that all employees pay, resulting in a higher amount of dollars available in the insurance pooling for those employees with higher out of pocket expense for their insurance coverage premiums.
<b>Evergreen School District</b>	<b>Administrative Cost Reduction</b>	Due to the small size of Evergreen, we do not have any direct administrative overhead related to providing our employees with benefits.

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(Stevens)		
Evergreen School District (Stevens)	Cost Savings	Evergreen continues to use WEA as the primary benefits provider and we rely on them to make sure that we continue to get the best possible rates.
Evergreen School District (Stevens)	Customer Service	Through Aon Hewitt's new employee portal website, employee's now have the ability to see there benefit information as well as make changes during open enrollment.
Evergreen School District (Stevens)	Part-Time Employee Coverage Protection	Evergreen School District has continued to offer benefits to all part time employees that work on a regular basis based upon their FTE. The district plans to continue this practice in the foreseeable future.
Evergreen School District (Stevens)	Premium Differential Reduction	The mix of employee's at Evergreen School District has been such that we do not have any full family coverage, therefore, this has not been a point of focus for our district.
Federal Way School District	Administrative Cost Reduction	FWPS's administrative expenses for health care are nominal.
Federal Way School District	Cost Savings	We continue to review our medical insurance choices to see if there are any areas we can save on or reduce the cost to the employee.
Federal Way School District	Customer Service	<p>A. We continue to struggle with information sharing for our WEA sponsored plans. While customer service has improved there is still an issue with timely reporting which leads to make up payments and / or premium adjustments every month. This not only affects the employer cost but also the employee's out of pocket premium. Between the 10 day hiring rule, the 30 day enrollment period and the weekly information reporting there is no way to prevent these situations but we do work closely with those employees to minimize the impact to their monthly payroll.</p> <p style="text-align: right;">B. We hold a benefit fair each year in an outreach effort to educate employee on the changes in coverage and what choices they can make to reduce</p>

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		<p>their costs. C. Benefit Booklets are prepared and posted on the District web site.</p> <p>We send a few hard copies to each site. D. In addition to a standing Benefits Committee, District staff are often invited to various union meetings to discuss various benefit offerings.</p>
<b>Federal Way School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Classified employees working a minimum of 20 hours per week during the school year are eligible for medical coverage. Certificated employees working 1/2 time or more are eligible for medical coverage. While state funding formulas translate the difference between certificated and classified "FTE" (1440 hours vs 2080 hours) as a 1.152 adjustment, classified staff in FWPS for benefit purposes are treated the same way as certificated staff. We added another lower cost plan this year. We are moving to the 3:1 ratio so that those employees with employee only coverage subsidize those covering dependents.</p>
<b>Federal Way School District</b>	<b>Premium Differential Reduction</b>	<p>We have a high deductible medical plan along with a medical spending account. We continue to pool the employer benefit dollars allocated to each group. We have worked to educate employees on the impact of their choice of coverage so people do not cover more than they need to. We have included the possible 3:1 ratio in our contract negotiations with our various bargaining units. We are working out a process to implement the 3:1 in our pooling.</p>
<b>Ferndale School District</b>	<b>Administrative Cost Reduction</b>	<p>By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.</p>
<b>Ferndale School District</b>	<b>Cost Savings</b>	<p>We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/12. 2. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts.</p>
<b>Ferndale School District</b>	<b>Customer Service</b>	<p>We have worked to provide improved customer service by: 1. Providing a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide a comprehensive nurse line and telephonic customer service and support for all members. 4. Continuing to work with AON Hewitt's online tool for those eligible employees.</p>
<b>Ferndale School District</b>	<b>Part-Time Employee</b>	<p>We have continued to work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs.</p>

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	<b>Coverage Protection</b>	
<b>Ferndale School District</b>	<b>Premium Differential Reduction</b>	We have done the following: 1.Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. We offer pooling in all bargaining groups. 3.Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 4. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars.
<b>Fife School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following:

A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.

B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on

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		payments for services and lower administrative costs.
<b>Fife School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the</p>

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plan and lower out-of- of pocket costs for enrollees on a WEA Plan.

WEA Premera enrollees who travel or reside outside the Premera service area.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to

identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care

needs.

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D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and

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ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service

or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the

diverse needs of school district employees and their families. Lower cost plans are available such as the Basic,

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QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was

developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the

table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the

insurance pool to reduce the cost for those with monthly co-premiums.

**Fife School  
District**      **Customer  
Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in

Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool

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helps them determine which providers require less out-of pocket costs. The website provides educational

information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that

support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need

additional assistance with their plans. Premera provides an array of services from providing education about the

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benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for

enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of

topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

**Fife School  
District**

**Part-Time  
Employee  
Coverage**

The WEA Select Medical Plans through Premera:

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	<b>Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Fife School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p>

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		<p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Finley School District</b>	<b>Administrative Cost Reduction</b>	3
<b>Finley School District</b>	<b>Cost Savings</b>	2
<b>Finley School District</b>	<b>Customer Service</b>	3
<b>Finley School District</b>	<b>Part-Time Employee Coverage Protection</b>	4
<b>Finley School District</b>	<b>Premium Differential Reduction</b>	4
<b>Franklin</b>	<b>Administrative</b>	1. The district doesn't currently have admin expenses that we charge to the employees. 2. WEA Select Medical Plans through

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<b>Pierce School District</b>	<b>Cost Reduction</b>	<p>Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non value added time work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Franklin Pierce School District</b>	<b>Cost Savings</b>	<p>1. Evaluate on a yearly basis which plans may cost less for our employees and evaluate if they are worth changing to. 2. WEA</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p>

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D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance

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Franklin Pierce School District	Customer Service	<p>pool to reduce the cost for those with monthly co-premiums.</p> <p>1. As a district we have various ways for the employees to find out about their medical choices. We have a yearly benefits fair, we have a link on our web page, and we provide to each employee each year a Benefit Guide of all of the options for medical available to them as well as individual new hire orientations. 2. WEA Select Medical Plans through Premera: Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use 'Ulysses Learning' - leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
Franklin Pierce School	Part-Time Employee	<p>1. The district offers Group Health as a medical option, Group Health offers medical to employees who work a minimum of 3.5 hours per day. 2. WEA Select Medical Plans through Premera:</p>

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<b>District</b>	<b>Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that has lower premiums. Additionally, QHDHP is available.</p>
<b>Franklin Pierce School District</b>	<b>Premium Differential Reduction</b>	<p>1. By each Bargaining group, the groups are agreeing to a cost out of pocket for employees to make progress towards the 3:1 ratio, all of the bargaining groups are doing this. 2. WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependents than to employee only tiers.</p> <p>B. Added lower cost options, such as the EasyChoice plans, Basic plan and a QHDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>
<b>Freeman School District</b>	<b>Administrative Cost Reduction</b>	<p>The District policy is to always look for ways to reduce expenses. We continually look at our offerings and review alternative options that we have available.</p>
<b>Freeman School District</b>	<b>Cost Savings</b>	<p>In order to save employee's money on insurance, the Freeman School District has went to self insured dental and vision plans so that we are able to better control the costs.</p>
<b>Freeman School District</b>	<b>Customer Service</b>	<p>In an effort to keep employee's informed of the options they have available when it comes to their health benefits, the Freeman School District keeps all benefit information available on our intranet, we have yearly benefits open house, an insurance packet is put together and handed out each year and our broker is available to meet with employees any time.</p>

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<b>Freeman School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer benefits to all part time employees. In order to make options more affordable, we have added the HDHP so that even part time employee's have an affordable option.
<b>Freeman School District</b>	<b>Premium Differential Reduction</b>	Conversations continue with the unions on this issue.
<b>Garfield School District</b>	<b>Administrative Cost Reduction</b>	<p>Describe progress on reducing administrative expenses: The WEA Select Medical Plans through Premera have reduced administrative costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Garfield School District</b>	<b>Cost Savings</b>	Describe progress on health care cost savings: The WEA Select Medical Plans through Premera provide the following cost saving measures:

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		<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the</p>

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		<p>drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Garfield School District</b></p>	<p><b>Customer Service</b></p>	<p>Describe efforts to improve service to employees for health benefits: Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p>

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		<p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Garfield School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>Describe efforts to protect part time employee access to health insurance coverage: The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Garfield School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>Describe efforts to reduce the differential between employee only and full family coverage: The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>

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		<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Glenwood School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentag
<b>Glenwood School District</b>	<b>Cost Savings</b>	Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safet
<b>Glenwood School District</b>	<b>Customer Service</b>	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered
<b>Glenwood School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have kept our part time employees benefit eligibility unchanged, so they have access to our benefit package.
<b>Glenwood School District</b>	<b>Premium Differential Reduction</b>	We complete market surveys of other carriers and options and use that data to negotiate with our current health plan carrier, which results in lower rates for our members.
<b>Goldendale School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also

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		not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
<b>Goldendale School District</b>	<b>Cost Savings</b>	<p>Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.</p> <p>PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.</p>
<b>Goldendale School District</b>	<b>Customer Service</b>	<p>Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time and historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.</p>
<b>Goldendale School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>We allow coverage for part time employees.</p>

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<b>Goldendale School District</b>	<b>Premium Differential Reduction</b>	We analyze our pooling to make it fair for all.
<b>Grand Coulee Dam School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Grand Coulee Dam School District</b>	<b>Cost Savings</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid</p>

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		<p>claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled</p>

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		<p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Grand Coulee Dam School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.</p> <p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p>

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		<p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p> <p>E. Premera’s “Lean” workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience.</p> <p>F. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees.</p> <p>G. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.</p> <p>H. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.</p>

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<b>Grand Coulee Dam School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<b>Grand Coulee Dam School District</b>	<b>Premium Differential Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Grandview School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve</p>

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		<p>the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Grandview School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p>

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- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
- J. The premium rate for dependent children is the same whether there is one or more enrolled.
- K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
- L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

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Grandview School District	Customer Service	<p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p> <p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>

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District	Category	Efforts and Achievements
		<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p>
<p><b>Grandview School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Grandview School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate. The WEA Select Medical Plans through Premera:</p>
<p><b>Granger School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State</p>

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		<p>of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Granger School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p>

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F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Granger**            **Customer**  
**School District**   **Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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		<p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Granger School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Granger School District</b>	<b>Premium Differential</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>

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	<b>Reduction</b>	<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Granite Falls School District</b>	<b>Administrative Cost Reduction</b>	Our medical carrier has a nation wide provider list, online health insurance programs, tier drugs with the lowest co-pay being \$2.00 for generic drugs, We offer 7 different medical plans from a traditional PPO , HMO and Health Savings Plans, employees waiving coverage have their funds going back into the insurance pool for others to use.
<b>Granite Falls School District</b>	<b>Cost Savings</b>	Combining groups kept costs level with no increases and gave a group much better benefits than before
<b>Granite Falls School District</b>	<b>Customer Service</b>	On line portal for your insurance plan, nationwide provider directory
<b>Granite Falls School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer medical coverage to any employee working 20 hours per week
<b>Granite Falls School District</b>	<b>Premium Differential Reduction</b>	We were able to not have a rate increase because we combined groups into one plan. Made family coverage a bit more affordable with actually better coverage than the one group had with WEA.
<b>Grapeview School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following:
		A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering

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		<p>expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Grapeview School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p>

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		<p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p>

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		M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Grapeview School District</b>	<b>Customer Service</b>	Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans
<b>Grapeview School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera:Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Grapeview School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera:In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Great Northern</b>	<b>Administrative</b>	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera

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<b>School District</b>	<b>Cost Reduction</b>	uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
<b>Great Northern School District</b>	<b>Cost Savings</b>	The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical

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		<p>plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Great Northern School District</b></p>	<p><b>Customer Service</b></p>	<p>Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<p><b>Great Northern School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<p><b>Great Northern</b></p>	<p><b>Premium Differential</b></p>	<p>Lower increases were applied to dependents than to employee only tiers for the past four years. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. Dependent children electing COBRA coverage</p>

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<b>School District</b>	<b>Reduction</b>	pay a child rate and not a subscriber rate. Each child does not pay a separate premium, as the child premium is a composite rate.
<b>Green Mountain School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Green Mountain School District</b>	<b>Cost Savings</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p>

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		<p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p>

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		<p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Green Mountain School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.</p> <p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p>

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		<p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<b>Green Mountain School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p>
		<p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<b>Green Mountain School District</b>	<b>Premium Differential Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p>
		<p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p>
		<p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p>
		<p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Griffin School</b>	<b>Administrative</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p>

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<b>District</b>	<b>Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Griffin School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify</p>

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appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

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		<p>generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Griffin School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the</p>

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<b>Griffin School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>plans.</p> <p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Griffin School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Harrington School District</b>	<b>Administrative Cost Reduction</b>	<p>Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in “Lean” workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA’s administrative costs have been under 6% for over 10 years.</p>

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Harrington School District	Cost Savings	<p>a. Provider contracting – has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”). j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.</p> <p>b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc.</p> <p>c. BlueCard – Premera’s national “Blue”network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.</p> <p>d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs.</p> <p>e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>f. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient.</p> <p>g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting.</p> <p>h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.</p> <p>i. Programs that monitor controlled medical substances to provide protection for members.</p> <p>j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs</p>

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		are cost and care effective.
<b>Harrington School District</b>	<b>Customer Service</b>	Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
<b>Harrington School District</b>	<b>Part-Time Employee Coverage Protection</b>	The District offers employees that work 20 hours a week benefits
<b>Harrington School District</b>	<b>Premium Differential Reduction</b>	There is a percentage of out-of pocket for all contributing members
<b>Highland School District</b>	<b>Administrative Cost Reduction</b>	Sent out open enrollment info electronically
<b>Highland School District</b>	<b>Cost Savings</b>	Added lower cost Basic plan
<b>Highland School District</b>	<b>Customer Service</b>	Keep employees informed of website with access to info about benefits, including cost estimator which helps them determine which providers require less out of pocket costs. Also provides info about wellness programs, etc.
<b>Highland School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer all medical plans to all employees.
<b>Highland</b>	<b>Premium Differential</b>	Offer lower cost options and have composite rate for children- same rate if 1 or more than 1 child enrolled.

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<b>School District</b>	<b>Reduction</b>	
<b>Highline School District</b>	<b>Administrative Cost Reduction</b>	<p>1. By working with our employee benefits consultant, we’ve negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.</p> <p>2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.</p> <p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Highline School District</b>	<b>Cost Savings</b>	<p>... We have implemented the following steps:</p> <p>1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012.</p> <p>2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars.</p>

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3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

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		<p>admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Highline School District</b>	<b>Customer Service</b>	<p>... We have worked to provide improved customer service by:</p> <ol style="list-style-type: none"> <li>1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information.</li> <li>2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their</li> </ol>

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benefits.

3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.

4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

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		G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Highline School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group’s benefits needs.</p> <p>2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.</p> <p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Highline School District</b>	<b>Premium Differential Reduction</b>	<p>... We have done the following:</p> <p>1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents.</p> <p>2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.</p> <p>3. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars.</p> <p>4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums,</p>

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which would increase pooling dollars available to those covering dependents.

5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Highline School District ranked 45th out of 116 districts with more than 100 employees for the 2013-14 school year. Highline’s equity ratio, multiple was 8.4 compared to an average multiple of 11.3 for the rest of the 116 districts. The WEA Select Medical Plans through Premera:

A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.

B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.

C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.

D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.

**Hockinson School District**      **Administrative Cost Reduction**

District:

1) We educated our staff on their options. We educated on how to compare plans as a whole not just based on the premium cost. In many instances folks chose plans with higher deductibles which in turn lowered premium costs. What they saved in premium cost would cover worst case scenario of having to meet the maximum out of pocket cost.

2) We created spreadsheets with various plan bundles at each tier level so they could see how much their state dollars would buy them. We paired this with Summary of Benefits so they could compare plan values. We also educate them on using flexible spending and voluntary plans such as accident insurance, critical illness, cancer all of which have hospital indemnity components. We continue to educate on the use of QHDHP paired with an HSA.

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3) We had an instruction sheet on what paperwork needed to be completed for each plan.

4) We have a website for benefits so all plans, summary of benefits and enrollment forms are in one spot.

5) We held a very well attended Benefits Fair where our carriers attended and provided education to staff.

It seemed to streamline the process.

REGENCE BCBS:

1) Regence has in place multiple review and audit processes and procedures in place, including the use of external vendor partners, to limit billing discrepancies saving in the overall administrative costs. The negotiated discounts continue to allow Regence to have strong provider pricing that affects our overall administrative costs as well.

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KAISER:

Kaiser Permanente Northwest (KPNW) has adopted a Lean Six Sigma management system and has been building the capability since 2006. This innovative approach includes National Labor Management Partnership at the frontline level. This system is based on the attributes of high-performing organizations and incorporates features of quality management systems—including Lean, Six Sigma, and the Institute for Healthcare Improvement’s Model for Improvement.

KPNW currently has a Greenbelt and Blackbelt program for our leaders and entire organization with 15 certified Blackbelts and 45 certified Greenbelts. In addition our National Improvement Institute program has trained over 400 frontline teams. Annual advanced skill training in process improvement is provided to our frontline teams for continuous development of these skill sets.

Our Lean Six Sigma Journey continues in 2013 and includes the following:

- Green Belt Certification Program
- Rapid Improvement Event Program
- Sponsor/Champion Program
- Consultant Development Program
- Experiential learning in Lean/Six Sigma tools and approaches for Leaders

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A number of managers have become Lean certified through creating systems improvements in scheduling, back office process design, and interdepartmental communication.

Our Major focus in 2012, 2013, 2014 and 2015 has been to improve the service experience by enabling more care inside our own system and by improving access. We were able to achieve breakthrough performance changes in both areas.

Specific examples of internalizations that have also improved service are Ventricular Assist Device, Retinal Surgery, Oncology in the Salem area, and Dialysis Access.

**Hockinson  
School District**      **Cost Savings**

District:

The district continues to educate employees on SB5940, Affordable Care Act and Cadillac Tax as well as making thoughtful choices when selecting their insurance plans.

The district negotiated out Long Term Disability from state allotment to a district expense to help the pool on all certificated and classified employees. This roughly equates to a 1% benefit to the pool.

The district shares information via email on a regular basis to our employees on ways to stay healthy. Our carriers provide us with information on a monthly basis as does our Director of Food Services. These topics include information on eating health, exercise, healthy habits, flu shot clinics. We view this a preventative measures - keeping the focus on health instead of

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healthcare!

The district continually tries to educate staff when making health care elections. We talk about using insurance appropriately i.e. making an appointment vs. urgent care, using urgent care instead of emergency room. We explain how preventative measures can help keep costs down and in turn keep premiums down.

EMPLOYEE:

Each employee contributes between 9.5% - 13.7% to the pool by keeping dental out of state allotment and agreeing to pay a minimum premium charge (certs).

CARRIERS:

REGENCE BC/BS

Strong provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on the Hockinson School District Regence plan. Regence BCBS of Oregon plan has the largest national and local network of any carrier. The BlueCard program and network has negotiated significant discounts when seeing services outside of our 4 state territory (OR,WA, UT, ID).

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KAISER PERMANENTE:

- In 2015, we are building on success and momentum from 2013 -2014 performance to execute over \$100m in initiatives through internalization, elimination of waste and care transformation.
  
- Expanded Onsite Wellness Partnerships
  
- The Drug Utilization Action Team is continuing improvement in pharmaceutical costs by effective and timely conversions to generic products, working with providers to ensure appropriate usage and prescribing patterns, and leveraging lower cost formulary products whenever clinically appropriate. Current work also includes providing unblinded data on physician prescribing patterns by provider name, location, and specialty for specific targeted drugs. Individual physicians have access on a protected website with click-through graphics and comparisons. This initiative saved over \$30M in 2012. Since the inception of this initiative in 2006, it has saved KPNW over \$150M.

We have several advantages inherent to our model which facilitate appropriate clinical and financial incentives to optimally manage specialty care, hospital care, ancillary care, and home health care. Our physician payment model is a combination of salary and variable compensation. The variable compensation is based on achieving key service, access, quality, resource stewardship, and productivity targets. Outcomes are tracked, reported and managed regularly using transparent data. We are able to deliver all of the elements listed within the current Kaiser Permanente delivery system. Our “glue” is our electronic medical record that is built around the patient with all elements of the delivery system using this singular tool. Our strength is the integration of our delivery system. We are one entity, so we have solved the financial issue around incentives for coordination and cooperation.

Northwest Permanente P.C. (NWP) is an integrated medical group that includes Primary Care and Specialty Care together under

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one organizational umbrella. All providers are salaried with pay for performance incentives which are balanced between Quality/Evidence-Based Medicine, Service, Productivity and Resource Stewardship. This reimbursement model creates appropriate alignment to deliver high-quality affordable care. We do not have an incentive payment model that results in perverse incentives to over-treat and compromise our commitment to evidence based medicine. We not only embed evidence-based guidelines into our electronic medical record, we design our referral process around the proper scope of practice between primary and specialty care. The electronic referral process is mutually worked by both primary and specialty care and uses evidence based medicine, and expert consensus opinion. This process discourages unnecessary variation in care for common conditions.

We use shared decision making to determine when a specialist or test is needed, but remain focused on the voice of the customer through the process. We ensure through our electronic systems that we do not duplicate tests. We have significantly reduced our re-admission rates through our transitions in care process which connects patients to primary care and pharmacy upon discharge.

Evidence-based guidelines are embedded into our electronic medical record. We have established agreements on evidence, and indications to allow primary care referrals to specialty care and specialist referrals to outside consultants for unusual circumstances. We track referrals regularly to monitor appropriate utilization and staffing needs. We track imaging utilization down to the individual provider level for critical imaging services in order to support evidence-based ordering.

The Kaiser Permanente Dental Care Program (KPDCP) has demonstrated with multi-disciplinary clinical teams, care coordination and integration with our medical services, that we are totally committed to fully integrate our dental capability within this total health model. Our Dental Care Program envisions a future where our dental and medical providers work side-by-side at a heightened level to coordinate our members' care. When both medical and dental plans are with Kaiser

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Permanente, members have access to:

- Services in one convenient location, or nearby: doctors, dentists, optometrists, pharmacy and lab.
- The ability to fill prescriptions at a Kaiser Permanente pharmacy located near, and sometimes, at the same location as the dental office.
- An integrated care model with our dental offices having access to pertinent member electronic medical information to help identify preventive screening gaps and provide member reminders for medical tests that are due.
- Electronic medical records dentists can access with the most updated list of medications and allergies. This ensures the unparalleled safety for patients that are receiving care in our integrated model
- Screenings at dental appointments to check for signs of diabetes, high blood pressure, and oral cancers with direct referrals made to a Kaiser Permanente medical physician when risks are identified.
- Use of Kaiser Permanente medical Tumor Registry TRAK electronic system for all oral tissue biopsies performed in the dental care program. This registry records biopsy results and tracks cases to ensure follow-up is appropriate and timely.
- Tobacco use screening for patients over the age of 13 at every exam appointment, and offered referral assistance to health coaches for those members who want assistance in quitting smoking.

We partner with community providers, including OHSU, Salem Hospital, Providence St. Vincent, and Legacy Salmon Creek Medical Center, along with others to provide care to our members. Our relationships with strategic hospital partners and providers are designed to closely mirror our Kaiser Permanente integrated care model. For example, Northwest Permanente

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hospitalists and specialists are part of the hospitals’ medical staff, and retain the responsibility of managing Kaiser Permanente members onsite at the contracted hospitals. Maximum integration of the hospitals’ and IT systems to ensure timely exchange of clinical data in support of patient care is an essential component of our relationships with our hospital partners. Northwest Permanente physicians actively collaborate with other physicians and hospital administration on joint quality improvement projects, and routinely share best practices to improve, not just the health of KP members, but the health of the community of patients served by the hospital.

Performance-based payment models are included in the contracts with our strategic hospital partners as well as our medical group partner, The Portland Clinic. We collaborate closely to select measures that will positively impact quality, patient satisfaction, and safety, and that have the greatest potential for positively impacting the care of the entire patient population served by the hospital or clinic. Selected hospital metrics include readmission rates, patient falls, surgical site infection rates, and patient satisfaction with care received at that hospital.

We set yearly inpatient utilization targets using PDR (patient day rate) and track them regionally and by medical office. We have a focused approach to optimizing inpatient care and utilization which we call IQM (inpatient quality management).

The key elements of IQM are:

- Ensure patients receive the right care in the right place, at the right time, with the right person.
- o Hospitalists make all medical admission decisions and determine appropriateness. If the patient needs a specialty admission,

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the specialist makes the decision (this approach contrasts with many systems in which admission decisions are made primarily by ED clinicians).

- Systems to ensure an appropriate “pause” to be sure all providers agree on the planned admission.
- Systems to ensure exceptional communication between hospitalists, Emergency Department (ED) clinicians, and specialists.
- Care coordinators are paired with ED, hospitalist teams and specialty teams.
- The admission teams are expected to plan the length of stay.
- Formal IQM rounds 3 days/week at Kaiser Sunnyside Medical Center (KSMC) to identify any system issues that are delaying necessary care.
- Our Skilled Nursing team is linked in with KSMC care coordinators to optimize timely placement of patients to Skilled Nursing Facilities.
- Our IQM rounds focus on the most common issues that delay care and result in lack of optimal care (uncontrolled pain, unidentified palliative care issues, long lengths of stay, family and social issues). We also track short length of stays to determine if there were potential alternatives to admission.

The core elements we track and monitor to ensure we deliver excellent inpatient care include:

- Patient Day Rate across the region and by medical office building.

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		<ul style="list-style-type: none"> <li>• Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. The HCAHPS survey is a national, standardized, publicly reported survey of patients’ perspectives of hospital care. We believe that as we improve communication and patient engagement, our HCAHPS scores improve and IQM improves. HCAHPS scores are individually measured by hospitalists and part of their performance evaluations. We have a dedicated team of physicians who are dedicated to ongoing improvements in physician communication with hospital staff, patients and families.</li>   <li>• Readmission rate is tracked overall for all hospitals and down to the individual clinician level when appropriate. We have a Transitions team that reviews all readmissions to identify potentially avoidable readmissions.</li>   <li>• Length of Stay is tracked to individual hospitalists and by specialty department and in selected circumstances to the individual specialist.</li>   <li>o Hospital acuity adjusted mortality</li>   <li>o TJC measures</li>   <li>• Our pathology department leads efforts to ensure appropriate laboratory testing utilization.</li>   <li>• Productivity targets set against national and local hospital benchmarks and departmental level tracking of performance utilizing Action OI national hospital database (Action OI (operational improvement) from Truven Health Analytics, formerly Thomson Reuters, is a database that contains operational benchmarks for the hospital industry).</li> </ul> <p>We have systems in place to ensure that the patients get the appropriate timely follow up in both primary and specialty care. Also, similar to the after-visit summary given to patients after every visit, the patient receives a personalized hospital discharge summary that is part of their global electronic medical record. This includes information about his or her hospital course, instructions, medications, follow-up plans, as well as whom to call.</p>

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Our dedicated preventive approach provides a remarkable combination of lower-cost, higher-quality care. Because we're set up differently, we're aligned to better deliver what matters to you: improved health, better clinical outcomes, more value, and consistent service.

**Hockinson School District**      **Customer Service**

DISTRICT:

We held a fantastic benefits fair with representatives from our carriers where they could learn more about specific plans. We also have a website where employees can go to get information on plans, summary of benefit coverage and enrollment forms.

REGENCE BCBS:

Regence BCBS of Oregon has the largest national and local network of any carrier. The Regence network has 9,300 of Oregon and SW Washington doctors and 59 Oregon and SW Washington hospitals guaranteeing strong provider discounts. Our pharmacy team, OmedaRx, was recently recognized by ICER for our excellence in health technology assessment. With pharmacy trend costs on the rise, you can be assured that OmedaRx and Regence will be ahead of the curve in our tools, services and pricing. The on-line Treatment Cost Estimator tool on regence.com allows members to research the cost of a specific treatment and shop for the most appropriate provider (via reviews, overall cost and location). There are multiple self-help tools and resources on the regence.com website that all members can access and review. Our Customer Service receives top marks for their commitment to helping provide employees with the most appropriate information.

KAISER:

Kaiser Foundation Health Plan of the Northwest received the highest numerical score among commercial health plans in the

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Northwest region in the proprietary J.D.Power and Associates 2012 U.S. Member Health Plan Studysm (jdpower.com). Proprietary study results are based on experience and perceptions for members surveyed December 2012 – January 2012. One way we provide better service to Washington School District employees is by providing a variety of clinical access alternatives that make it easy for school employees to access their physicians in a variety of ways. For example, employees can email their physicians, view lab results online, have telephone consultations with their physicians and access a 24 hour nurse advice line all at no additional cost or time away from work.

Quality Improvement Practices we are currently undertaking

- Reduction of Surgical Site Infections Kaiser Sunnyside Medical Center (KSMC)
  - o In 2010, reduced surgical site infections by 36% overall.
  - o Used a Lean approach to standardize certain surgical tasks, surgical apparel, and body temperature regulation.
  - o As a result, the patients are not exposed to an unnecessary risk of infection and their inpatient stays are not extended due to infection.
- Culture of Safety Work including Patient Safety University in the ED
  - o Implemented staff surveys to assess culture at the work-team level.
  - o Added a patient advocate to the hospital’s Quality Council, with a commitment to initiate a Patient Advisory Council in 2012.

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		<ul style="list-style-type: none"> <li>o Trained a pilot group of surgeons on specific behaviors designed to improve communication in the operating room.</li> <li>o Implemented surgical checklists and pre- and post-operative briefings.</li> <li>o This work produces higher quality and safer care for each patient that is hospitalized.</li> <li>• Contracted with Pascal to improve safety culture and teamwork in the ED.</li> <li>• Glycemic Control project (across ED and Patient Floors KSMC) <ul style="list-style-type: none"> <li>o Reduced 30-day readmission rates from 20% to 15% or lower (surpassed target of 18.34%) for diabetic patients in 2011. Since 2008 the organization has achieved a 15% improvement in the percentage of blood sugar tests that result within the targeted range 100% of the time.</li> <li>o Successful pilot demonstrated that a diabetic patient’s duration in the hospital is decreased if he or she receives coordinated follow-up following discharge from the hospital.</li> <li>o Integration with Transition and Ambulatory Care and engagement with member, family and care givers contributes to decreased readmission rates</li> </ul> </li> <li>• Sepsis and Early Goal Directed Therapy on patient floors at KSMC <ul style="list-style-type: none"> <li>o Reduced mortality rates from sepsis from 11.6% (2009) to 6.7% (2011).</li> <li>o Oral Health Classification System (OHCS) – the OHCS will be outcome-based and allow us to measure the dental wellness of an employer group. It will:</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>o Establish parameters to define the oral health of a member population/subpopulation.</li> <li>o Consist of four Oral Health indicator levels (OHI-1, OHI-2, OHI-3, OHI-4)</li> <li>• Use the OHI as a monitor to target at-risk groups (requiring emergent periodontal needs, caries control, root canals, extractions etc) and more expeditiously introduce preventive measures by vectoring resources to these populations.</li> <li>o Result in improved and sustained oral and consequently total health for our members and cost savings for employer groups.</li> <li>• Proactive Panel Support <ul style="list-style-type: none"> <li>o Pharmacist and support staff provide consistent population and evidenced-based proactive care (patient engagement, healthy lifestyles, treat to target, adherence, medication reconciliation, etc.) to all members of eligible populations. Current focus includes Diabetes, Hypertension, and Cardiovascular Risk.</li> </ul> </li> <li>• Unit-Based Team Process Improvement to streamline processes and decrease wait time of New Insulin Start Program <ul style="list-style-type: none"> <li>o RN Case Managers worked on process maps and applied lean principles to streamline work. Wait time decreased from 8 weeks to &lt; 1 week</li> </ul> </li> <li>•Piloting Webinar Nutrition and Health Education classes. <ul style="list-style-type: none"> <li>o Member feedback indicates webinar forums would be favored. Preliminary results indicate good participation. Expanding to other topics and experimenting with delivery formats and times.</li> </ul> </li> <li>• RN Complex Case Management which meets NCQA standards <ul style="list-style-type: none"> <li>o Re-defined populations</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>o Re-defined processes, developed HC tools and trained staff to provide consistent, documented complex case management</li> <li>o Enhanced patient engagement, patient-centered goal setting, extensive assessment, assessment of readiness, and consistent documentation of action plans</li> <li>• Diabetes One Stop – Successful pilot, rolled out to all members in all clinics. Provides Navigation support for diabetes members. Includes targeted outreach, in-reach, and provides a robust triage function. <ul style="list-style-type: none"> <li>o Further coordinated in-reach and outreach with a focus on healthcare disparities to further improve colorectal cancer screening rates</li> </ul> </li> <li>• Preventing Heart Attacks and Strokes Everyday (PHASE) – helping High-risk cardiovascular patients improve blood pressure control rates, lipids, glucose, and advocate tobacco cessation</li> </ul>
<b>Hockinson School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>District:</p> <p>The district offers 7 different medical plans to offer a wide variety in plans to meet the needs of different employee groups. We offer benefits to employees working as little as 17.5 hours per week so it was important to have plans such as the QHDHP and the \$1,000 deductible plans by both Regence and Kaiser to have a affordable premiums for those working less hours and have a reduced income.</p> <p>Carriers:</p> <p>Worked diligently to ensure we had affordable plan offerings for our lower income earners.</p>
<b>Hockinson</b>	<b>Premium</b>	<p>District:</p>

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School District

**Differential  
Reduction**

District is paying for LTD instead of state allotment dollars so that more can go towards medical and this helps the pool.

Employees:

All employees of the district have eliminated dental insurance from the state allotment funds which equates to a 9-10% contribution to the pool.

Certificated staff contribute a minimum premium charge of \$10 per month to help the pool.

Regence BCBS:

Regence looked at all plans as a whole and changed benefit levels based on participation in plans to keep premium costs down. This enabled them to reduce renewal rates from their initial proposal.

Kaiser Permanente:

Rather than lowering cost differentials to favor family coverage, Kaiser used cost saving efforts to keep total rate package affordable. On average we had a 2.5% REDUCTION in premiums for the 15/16 school year.

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<b>Hood Canal School District</b>	<b>Administrative Cost Reduction</b>	WEA's administrative costs have been under 6% for over 11 years.
<b>Hood Canal School District</b>	<b>Cost Savings</b>	Provider contracting - Premera has the highest number of providers "in network" in the state.
<b>Hood Canal School District</b>	<b>Customer Service</b>	Provides a website with access to information about the employee's benefits which includes a cost estimator to help the employee determine which plan has less out-of-pocket expenses.
<b>Hood Canal School District</b>	<b>Part-Time Employee Coverage Protection</b>	Added lower cost options, such as the EasyChoice and Basic plan that have lower premiums and many first dollar benefits, and also added the HDHP Plan.
<b>Hood Canal School District</b>	<b>Premium Differential Reduction</b>	Added lower cost options, such as the EasyChoice and Basic plan that have lower premiums and many first dollar benefits, and also added the HDHP Plan.
<b>Hoquiam School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduces admin costs through the following: A. Premera has been the leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them into their own business- including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative

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<b>Hoquiam School District</b>	<b>Cost Savings</b>	<p>costs.</p> <p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,00 enrollees, Premera also provides coverage to enrollees on state Exchange, individual, small and large group accounts. Furthermore, Premera also provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a- Provider contracting- Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in network"). Substantial provider discounts result in lower out-of-pocket costs for enrollees on a WEA plan. b- BlueCard- (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical incentives that allow Premera to provide efficient and cost-efficient care as well as to identify appropriate alternative care based on the enrollee needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard- Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and high copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drug are cost and care-effective. I. Child COBRA Rate- Coverage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization- Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice- 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver- employees can waive medical coverage under WEA. Any leftover state allocation is put back into the insurance pool to</p>

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		reduce the cost for those with monthly co=premiums.
<b>Hoquiam School District</b>	<b>Customer Service</b>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and house forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefits and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to make modifications to processes or benefit changes to the plans.</p>
<b>Hoquiam School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as EashChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Hoquiam School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Inchelium School District</b>	<b>Administrative Cost Reduction</b>	can't do anything about this

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Inchelium School District	Cost Savings	WEA is doing this
Inchelium School District	Customer Service	WEA is doing this
Inchelium School District	Part-Time Employee Coverage Protection	Obama has taken care of this
Inchelium School District	Premium Differential Reduction	WEA is doing this
Index School District	Administrative Cost Reduction	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on</p>

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		payments for services and lower administrative costs.
<b>Index School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p>

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G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premerabefore a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan.The EasyChoice Planprovides severaloptions all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Index School  
District**      **Customer  
Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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		<p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Index School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Index School</b>	<b>Premium Differential</b>	<p>The WEA Select Medical Plans through Premera:</p>

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<b>District</b>	<b>Reduction</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
Issaquah School District	<b>Administrative Cost Reduction</b>	Plan consolidation and online enrollment
Issaquah School District	<b>Cost Savings</b>	Plan consolidation and online enrollment
Issaquah School District	<b>Customer Service</b>	Online enrollment, benefits fairs, online benefits resource website
Issaquah School District	<b>Part-Time Employee Coverage Protection</b>	As a school system, a vast majority of our part-time employees have coverage due to negotiated collective bargaining agreements.
Issaquah School District	<b>Premium Differential Reduction</b>	Employee Only groups have minimum out-of-pocket requirements. These funds are redistributed in the benefits pooling process, making progression toward the 3:1 goal.
Kahlotus School District	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout

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		<p>the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p>
<b>Kahlotus School District</b>	<b>Cost Savings</b>	<p>Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p>
<b>Kahlotus School District</b>	<b>Customer Service</b>	<p>Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p>
<b>Kahlotus School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Kahlotus School District</b>	<b>Premium Differential Reduction</b>	<p>Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p>
<b>Kalama School District</b>	<b>Administrative Cost Reduction</b>	<p>Insurance Companies offer web sites for employees to access</p>
<b>Kalama School District</b>	<b>Cost Savings</b>	<p>Insurance Companies are offering new, lower cost plans</p>
<b>Kalama School District</b>	<b>Customer Service</b>	<p>Insurance Companies are offering web sites for employees</p>

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<b>Kalama School District</b>	<b>Part-Time Employee Coverage Protection</b>	Lower insurance premiums offered by the insurance companies
<b>Kalama School District</b>	<b>Premium Differential Reduction</b>	Insurance Companies are reducing the differential
<b>Keller School District</b>	<b>Administrative Cost Reduction</b>	Due to the small size of Keller School District we are fortunate to no have any direct administrative costs relating to benefits. All time spent on managing benefits is absorbed into the Business Management Contract that Keller has with the local ESD.
<b>Keller School District</b>	<b>Cost Savings</b>	We always encourage our staff to make healthy life choices and strive to support healthy lifestyles that will in turn keep health care costs down. We currently have a walking group at lunch (as weather permits) and many employee's that are participating in a friendlyweightloss competition between co-workers.
<b>Keller School District</b>	<b>Customer Service</b>	We have ensured the employee's have access to assistance for logging into the Aon Hewitt site. From this site they can review their beenfits and make changesg during open enrollment.
<b>Keller School District</b>	<b>Part-Time Employee Coverage Protection</b>	Keller School District Continues to offer benefits to all part time employees based upon their FTE.
<b>Keller School District</b>	<b>Premium Differential Reduction</b>	We have been reliant in the area on the premiums that are set by Premera. As a small District with a couple of employee's that waive medical we have been able to help subsidize full family coverage with our pooling efforts.
<b>Kelso School District</b>	<b>Administrative Cost Reduction</b>	The district has a broker to assist with benefits instead of having an employee dedicated to benefits. The cost is much less and the responsibilities in the district are spread among staff. The WEA Select Medical Plans through Premera have reduced admin costs through the following:

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A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.

B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

**Kelso School District**      **Cost Savings**

The District bids and compares rates every year by our brokers. The district has representatives from each bargaining group that is part of the benefits committee. Together they decide which options the district will choose. The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera

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		<p>enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse</p>

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		<p>needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Kelso School District</b></p>	<p><b>Customer Service</b></p>	<p>The District sends out constant communication about changes and open enrollment via email, flyers, post cards, newsletters, and the benefits fair. Benefit information is discussed during new employee orientation. Our website has a benefits page for where employees can go and get information about each of the available benefits. All of the HR/Payroll staff are trained on benefits and able to assist employees with questions or direct them appropriately. Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics</p>

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		<p>including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Kelso School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The District's bargaining units have medical benefits bargained into their bargaining agreements. We also have a benefits committee made up of members from each bargaining unit. The committee makes the decisions on options for the plans. The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Kelso School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The District offers multiple plans with a variety of choices. Bargained with each of our bargaining groups for a 3.5% minimum premium payment for each employee. Employees that normally wouldn't pay out of pocket now pay 3.5% of the premium. This helps the pooling amount that is spread to fully family coverage employees. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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<b>Kennewick School District</b>	<b>Administrative Cost Reduction</b>	D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Kennewick School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare</p>

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		<p>needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Kennewick School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p>

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		<p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Kennewick School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A) Part time employee working in a contracted position are protected for benefits per their Negotiated Bargaining Agreement. Here is also what Premera is doing to assist part with part employees: B) WEA Select Plans - when a full time employee’s hours are decreased, Premera works with the enrollee to review other plan options that allow the individual to remain covered on a medical program.</p> <p>C) WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar</p>

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		benefits and the HDHP Plan.
<b>Kennewick School District</b>	<b>Premium Differential Reduction</b>	<p>The KSD District started charging a minimum fee of 1% to all employees with zero out of pocket towards medical plans. Amount collected is used to lower premiums for Full Family Coverage. The KEA bargaining unit already distributes it's pooled dollars proportionally by type of coverage to help the family in their unit. Example: Employee only coverage is only eligible for \$16.00 from pool and full family coverage is eligible for up to 184.17 from pool. Here is what WEA Premera has been doing. Here is also what Premera is doing: <span style="float: right;">The WEA Select Medical Plans through Premera:</span></p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Kent School District</b>	<b>Administrative Cost Reduction</b>	<p>Kent School District has taken the following steps:</p> <ol style="list-style-type: none"> <li>1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.</li> <li>2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans. <span style="float: right;">The WEA Select Medical Plans through Premera have reduced admin costs through the following:</span></li> </ol> <p>A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes</p>

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		<p>throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Kent School District</b>	<b>Cost Savings</b>	<p>Kent School District has implemented the following steps:</p> <ol style="list-style-type: none"> <li>1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012.</li> <li>2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars. (If Applicable)</li> <li>3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal)</li> <li>4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.</li> </ol> <p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p>

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		<p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p>

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		<p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Kent School District</b></p>	<p><b>Customer Service</b></p>	<p>Kent School District has worked to provide improved customer service by:</p> <ol style="list-style-type: none"> <li>1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information.</li> <li>2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits.</li> <li>3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.</li> <li>4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.</li> </ol> <p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p>

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		<p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Kent School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Kent School District has taken the following steps:</p> <p>1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group’s benefits needs. 2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.</p> <p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Kent School District</b>	<b>Premium Differential</b>	<p>Kent School District has done following:</p> <p>1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents.</p> <p>2. Encouraged employees that do not</p>

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	<b>Reduction</b>	<p>need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.</p> <p>3. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. (If Applicable)</p> <p>4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.</p> <p>5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Kent School District ranked 114th out of 116 districts with more than 100 employees for the 2013-14 school year. Kent’s equity ratio, multiple was 42.9 compared to an average multiple of 11.3 for the rest of the 116 districts.</p> <p>*We strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Kent School District ranked 44th out those same 116 districts for the 2013-14 school year. Kent’s average monthly cost to for an employee purchasing full family health insurance was \$477 compared to an average of \$518 for the rest of the group. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child (ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Kettle Falls School District</b>	<b>Administrative Cost Reduction</b>	<p>The district currently does not charge employees for any district expenses associated with their health care premiums.A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout</p>

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		<p>the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years</p>
<p><b>Kettle Falls School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p>

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F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Kettle Falls School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them

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		<p>determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Kettle Falls School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The District continues to offer all parttime employees coverage. The pooling of unused premiums makes it very affordable for part time employees to cover themselves. Also; The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is</p>

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		available.
<b>Kettle Falls School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Kiona-Benton City School District</b>	<b>Administrative Cost Reduction</b>	N/A no administrative expences
<b>Kiona-Benton City School District</b>	<b>Cost Savings</b>	We compared prices and plans with other plans available
<b>Kiona-Benton City School District</b>	<b>Customer Service</b>	We offer a large range of medical plans to employees. And compare other medial providers plans. Employees can go online and compare benefits with Premera or Group Health
<b>Kiona-Benton City School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offering coverage at 3 hrs per day with district contribution toward medical

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<b>Kiona-Benton City School District</b>	<b>Premium Differential Reduction</b>	Pooling and start a mandatory contribution
<b>Kittitas School District</b>	<b>Administrative Cost Reduction</b>	District contracts solely with HCA PEBB for all employee coverage.
<b>Kittitas School District</b>	<b>Cost Savings</b>	District contracts with HCA PEBB to provide affordable health coverage for all eligible staff.
<b>Kittitas School District</b>	<b>Customer Service</b>	District contracts with HCA PEBB to deliver services.
<b>Kittitas School District</b>	<b>Part-Time Employee Coverage Protection</b>	District contracts with HCA PEBB to deliver services.
<b>Kittitas School District</b>	<b>Premium Differential Reduction</b>	District contracts with HCA PEBB to deliver services.
<b>Klickitat School District</b>	<b>Administrative Cost Reduction</b>	Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA.
<b>Klickitat School District</b>	<b>Cost Savings</b>	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources

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appropriately. PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. PHP has invested in preventive care and chronic Case and Disease Management Programs to improve health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complains and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.

Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.

Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Managment program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases.

Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to

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		<p>answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.</p> <p>We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.</p> <p>We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees.</p> <p>Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy management program.</p> <p>Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.</p> <p>Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium</p>

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administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases.

Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.

We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.

We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees.

Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array

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of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.

We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.

Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.

Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases.

Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based

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tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.

We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.

We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees.

Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy management program.

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Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not

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required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases.

Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.

We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.

We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees.

Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy

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managment program.

We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.

Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.

Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases.

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		<p>health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.</p> <p>We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.</p> <p>We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees.</p> <p>Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy managment program.</p> <p>We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.</p> <p>Providence Health Plan has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors. The Health Plan includes comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a best-in-class pharmacy management program.</p> <p>Providence has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative costs with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. Providence is also not required to refund any premiums due to not meeting the medical loss ration requirements of PPACA. Providence through our</p>

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Quality Medical Management program includes prior authorization for selected services, including high tech imaging and provider Pay-for-Performance quality care and evidence based medicine initiatives. Through our care management programs and provider contracting efforts, we have the best regional PPO medical trends per recent surveys conducted by various consulting firms. In addition, our pharmacy management program has been recognized nationally as having the highest generic adoption rate and realizing reduced pharmacy costs and trend through our pharmacy management efforts. Our pharmacy trend has been, and continues to be, the lowest in our regional market for several years. Providence will work with the districts and their producers or consultants to identify benefit strategies to help meet budget goals and mitigate future cost increases.

Providence has best-in-class medical care management services designed to achieve the Triple Aim (better care, better patient satisfaction at a lower cost). Providence customer service and claims are locally located in Beaverton, Oregon, hours of operation 8:00 a.m. to 5:00 p.m. PST, toll free 800 number for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, automated voice response system and call tracking software for real time and historical activity. Providence has invested heavily in web based tools for members outside of standard hours which includes a variety of self service options and tools, such as health trackers, health assessments, cost estimates, etc. BCI, our benefit consultant holds employee educational meetings for groups and has available one on one meetings for individuals. All employees can view our benefit website for up to date plan and wellness information.

We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.

We allow coverage for part-time employees. We are also complaint with PPACA regulations pertaining to coverage for part-time employees.

Providence has invested in preventative care and chronic care management to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventative services through our Fit Together program and a bst-in-class pharmacy

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		managment program.
Klickitat School District	Customer Service	Providence Health Plan Customer and Claims are located in Beaverton, Oregon with hours of operation 8:00 a.m. to 5:00 p.m. PST. A toll free 800 number is available for members. Customer service representatives are trained to answer all calls, with 92% of calls answered at the point of service. Translation services are available, as is automated voice response systems and call tracking software for real time and historical activity. The health plan has invested heavily in web based tools fro members for outside of standard business hours which includes a variety of self service options and tools.
Klickitat School District	Part-Time Employee Coverage Protection	We allow coverage for part-time employees.
Klickitat School District	Premium Differential Reduction	We are working with our benefit consultants . We negotiate with our health carrier and periodically complete a bid process to maintain competitive prices.
La Center School District	Administrative Cost Reduction	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the Sate of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. Kaiser Permanente - As a non-profit health plan, our focus is on reinvesting premiums to care for our members - not generating shareholder returns. Our margin is used exclusively to reinvest in the employees and resources that make it possible for us to maintain our leadership in health care

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		<p>research and connectivity. We play a role in improving environmental health and to deliver the best possible care to our members.</p>
<p><b>La Center School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts. a. Provider contracting - Premera has the highest number of provider "in network" in the state (resulting in 98% + of all paid claims are 'in network"). Substantial provider discounts result in lower claims cost for the plan and lower out of pocket costs for enrollees on a WEA Plan. b. BlueCard - (Premera's national "Blue network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost efficient and cost effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real time access to consumer decision support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care efficient. E. Member 360 dashboard - proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Kaiser Permanente - Kaiser focuses on affordability by integrating all medical services within our system rather than delivering disconnected or fragmented care. Our focus is on delivering high quality care to employees so they're healthier and costs are lower. Because we're all part of one organization, we carefully coordinate care, sharing information among primary care and specialty physicians, pharmacies, and laboratories through to our hospitals and specialty care centers. It enables us to improve quality, reduce costs and drive innovation. Our integrated electronic medical records system promotes care , access and convenience for members.</p>
<p><b>La Center School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "lean" workshops which improve policies and processes for all area within the company that support WEA enrollees. Premera places a</p>

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		<p>high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Kaiser Permanente - Access to care is enhanced through open scheduling, expanded hours and new options for communication with the health plan or providers. Patients not only communicate with the care team through secure email, but they can also see openings in the doctor's schedules and make appointments online, review lab results refill prescriptions, identify and take steps to close care gaps through their personal action plan. One of the innovations is IT tool call OpQ. Through this system, we know in real-time how many patients are in the waiting room, how long they've been awaiting, and how many referrals we have sent to each specialty that day. We also monitor the success of our office staff in closing care gaps as well as other performance indicators. This enable us to monitor and remediate potential service, quality or cost challengers in real time to ensure customer satisfaction.</p>
<p><b>La Center School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part time employees working 17.5 hours a week for over 30 years. Kaiser Permanente - We allow coverage for part time employees</p>
<p><b>La Center School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QGDHP. C. Includes a composite rate for child(ren) , meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children elcting COBRA coverage the child rate and not the subscriber rate. Kaiser Permanente - We analyze our pooling to make it fair for all.</p>
<p><b>La Conner School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business-including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8%</p>

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		<p>in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>La Conner School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting-Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost of the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard-(Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard-Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate-Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization-Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice-7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan.</p>

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		<p>The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver-employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>La Conner School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA claims, customer services and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employer's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use "Ulysses Learning"-leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources provider updates, and benefits and rate changes. F. Work with enrollees or their providers to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>La Conner School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>La Conner School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>

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<b>LaCrosse School District</b>	<b>Administrative Cost Reduction</b>	<p>A Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years.</p> <p>B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.</p>
<b>LaCrosse School District</b>	<b>Cost Savings</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”).</p> <p>B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.)</p> <p>C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.</p>

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- D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
  
- E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
  
- F. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient.
  
- G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.
  
- H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
  
- I. Programs that monitor controlled medication substances to provide protection for enrollees.
  
- J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

**LaCrosse School District**      **Customer Service**

WEA Select Medical Plans through Premera:

- A. Provides a website with access to information about the employee’s benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.
  
- B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction.

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- C. "Ulysess Learning™" – leading to first call resolution and a higher level of satisfaction from enrollees.
- D. Premera’s “Lean” workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.
- E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
- F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.
- G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.

**LaCrosse  
School District      Part-Time  
Employee  
Coverage  
Protection**

- WEA Select Medical Plans through Premera:
- A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan.
  - B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan.
  - C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also

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		added the HDHP Plan.
<b>LaCrosse School District</b>	<b>Premium Differential Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Gave lower increases to dependents than to employee only tiers for the past three years.</p> <p>B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.</p>
<b>Lake Chelan School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Lake Chelan School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower</p>

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		<p>claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard - (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate - Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Lake Chelan School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use "Ulysses Learning™" - leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly</p>

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		<p>with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Lake Chelan School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>Part time employees are offered the same plans as a full time employee</p>
<p><b>Lake Chelan School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<p><b>Lake Quinault School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, the enrollee experience, and efficiency while eliminating non-value added time and work effort and lowering expenses. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention.</p>
<p><b>Lake Quinault School District</b></p>	<p><b>Cost Savings</b></p>	<p>High Number of Premera members allows them to negotiate greater provider discounts. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost ad care-efficient.</p>

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<b>Lake Quinault School District</b>	<b>Customer Service</b>	Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams provide a website with access to information about the employee's benefits, including a cost estimator. Use "Ulysses Learning" - leading to first call resolution and a higher level of satisfaction from enrollees. Internally conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees.
<b>Lake Quinault School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Offer lower cost options, such as EasyChoice and Basic Plan that have lower premiums. Plus QHDHP is available.
<b>Lake Quinault School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera have in some years applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as EasyChoice plan and Basic Plan and a QHDHP. Includes composite rate for children, meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Lake Stevens School District</b>	<b>Administrative Cost Reduction</b>	More information available electronically. Some plans have online only enrollments.
<b>Lake Stevens School District</b>	<b>Cost Savings</b>	All employees pay 2% of the Employee only cost for the plan of their choice. Lower cost options available for employees to choose.
<b>Lake Stevens School District</b>	<b>Customer Service</b>	All carriers have websites employees can log onto to view their specific plan information. Premera's enrollment site has a plan cost comparison calculator to assist with plan choice.
<b>Lake Stevens School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees covered by a bargaining agreement are eligible for benefits at 20.00+ hours per week. Monies are available to help reduce the monthly premium costs.
<b>Lake Stevens</b>	<b>Premium Differential</b>	Charge employees a percentage of the premiums leaving more dollars available for those covering families. Lower cost

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<b>School District</b>	<b>Reduction</b>	premium options.
<b>Lake Washington School District</b>	<b>Administrative Cost Reduction</b>	Premera has instituted an online enrollment system to enhance efficiency and reduce paperwork. We have reduced administrative expenses: 1) By Working with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Lake Washington School District</b>	<b>Cost Savings</b>	We have implemented the following steps: 1) per requirements of SB 5940 we are offering a HDHP/HSA as of 10/01/2012; 2) annually we evaluate alternative carrier and plan designs for all health plans; and 3) worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums and changed four Premera Blue Cross plans to five new Group Health Access PPO plans for cost savings.
<b>Lake Washington School District</b>	<b>Customer Service</b>	We have worked to provide improved customer services by: 1) Providing a comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information and links on the District portal for more information and forms; 2) hosting an employee benefits and wellness fair which allows all employees to learn the most efficient way to access their benefits and learn how to stay healthy; 3) ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; 4) providing articles in employee newsletter notifying employees of changes in plans, enrollment processes, and links to information on-line on the staff portal; and 5) having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>Lake Washington School District</b>	<b>Part-Time Employee Coverage Protection</b>	Our current bargaining contracts provide coverage to all employees who are at least .5 FTE (20 hours per week for classified and 17.5 hours for certificated). Certificated substitutes are offered benefit coverage after working at least 6 months consistently for a minimum of 70 hours a month. We have provided all existing and new employees with the required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014.
<b>Lake Washington School District</b>	<b>Premium Differential Reduction</b>	We have done the following: 1) implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; 2) evaluated alternative carrier and plan designs for all health plans that could reduce premiums, which may increase pooling dollars available to those covering dependents.
<b>Lakewood School District</b>	<b>Administrative Cost Reduction</b>	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We worked with our employee benefits consultant to evaluate alternative carriers

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		for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.
<b>Lakewood School District</b>	<b>Cost Savings</b>	We have implemented the following steps: Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012; established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars; use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal); worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
<b>Lakewood School District</b>	<b>Customer Service</b>	We have worked to provide improved customer service by: Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits; ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members; having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>Lakewood School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
<b>Lakewood School District</b>	<b>Premium Differential Reduction</b>	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars; worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
<b>Lamont School District</b>	<b>Administrative Cost Reduction</b>	Administrative costs specific to WEA Plans have been under 6% for over 13 years

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<b>Lamont School District</b>	<b>Cost Savings</b>	Premera has the highest number of providers "in network" in the state
<b>Lamont School District</b>	<b>Customer Service</b>	Conduct independent surveys to measure enrollee satisfaction and make changes to improve satisfaction
<b>Lamont School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as Easy Choice Plan and High Deductible Health Plan
<b>Lamont School District</b>	<b>Premium Differential Reduction</b>	Lower increases were applied to dependents than to employee only tiers for the past 5 years
<b>Liberty School District</b>	<b>Administrative Cost Reduction</b>	Removing one insurance offering with only 2 participants since other equitable plans are available
<b>Liberty School District</b>	<b>Cost Savings</b>	Look for lower cost options with annual review of insurance plans
<b>Liberty School District</b>	<b>Customer Service</b>	Booklets with insurance info are given to all employees annually & broker is available compare and contrast the choice of insurances
<b>Liberty School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part-time employees continue to be eligible for benefit dollars at 3 hrs per day. All new hires are given info on the State health plans
<b>Liberty School District</b>	<b>Premium Differential</b>	District continues to require minimum out of pocket for all freeing up more benefit dollars for family coverage

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<b>District</b>	<b>Reduction</b>	
<b>Lind School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Lind School District</b>	<b>Cost Savings</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera</p>

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		<p>enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse</p>

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		<p>needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Lind School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.</p> <p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics</p>

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		<p>including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<p><b>Lind School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice and Basic plans that have lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<p><b>Lind School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Added lower cost options, such as the EasyChoice and Basic plans (which have many first dollar benefits) and a HDHP.</p> <p>B. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>C. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<p><b>Longview School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>Premera has reduced administrative costs specific to WEA Plans to approximately 5% of premium and have been under 6% for over 13 years.</p>
<p><b>Longview School District</b></p>	<p><b>Cost Savings</b></p>	<p>Employees can waive medical coverage. Any left-over state allocation is put back into the insurance pool to reduce cost for those with monthly co-premiums</p>

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<b>Longview School District</b>	<b>Customer Service</b>	Employee benefits information day offered to employees four times a year.
<b>Longview School District</b>	<b>Part-Time Employee Coverage Protection</b>	Benefits are available to employees who work 17.50 hours per week or greater.
<b>Longview School District</b>	<b>Premium Differential Reduction</b>	Minimum deduction for employees in three bargaining groups.
<b>Loon Lake School District</b>	<b>Administrative Cost Reduction</b>	There are no administrative expenses
<b>Loon Lake School District</b>	<b>Cost Savings</b>	The district continues to offer High Deductible to all employees
<b>Loon Lake School District</b>	<b>Customer Service</b>	Each year the district meets with the staff regarding all of the options that are available to them for health coverage.
<b>Loon Lake School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees regardless of hours worked are offered the opportunity to receive medical coverage
<b>Loon Lake School District</b>	<b>Premium Differential Reduction</b>	Each year the district brings the out of pocket expenses for full family coverage closer to the out of pocket for other coverages
<b>Lopez School</b>	<b>Administrative</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in

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<b>District</b>	<b>Cost Reduction</b>	<p>implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Lopez School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a</p>

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		<p>subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Lopez School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Lopez School District</b></p>	<p><b>Part-Time Employee Coverage</b></p>	<p>The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan</p>

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	<b>Protection</b>	and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Lopez School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Lyle School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
<b>Lyle School District</b>	<b>Cost Savings</b>	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.
		PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
<b>Lyle School</b>	<b>Customer</b>	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls

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<b>District</b>	<b>Service</b>	answered at the point of service. Translation services available, automated voice response system and call tracking software for real time an historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.
<b>Lyle School District</b>	<b>Part-Time Employee Coverage Protection</b>	We allow coverage for part time employees.
<b>Lyle School District</b>	<b>Premium Differential Reduction</b>	We analyze our pooling to make it fair for all.
<b>Lynden School District</b>	<b>Administrative Cost Reduction</b>	1. By working with our employee benefits consultant, we've negotiated with fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2. Worked with our employees benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Lynden School District</b>	<b>Cost Savings</b>	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional HSA offered as of 10/1/2012; 2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars.; 3. Use of purchasing consortium/interlocal to purchase some benefits at a lower cost across several districts.; 4. Worked with employee benefits consultant to evaluate alternative carries for all benefit plans that could reduce premuims.
<b>Lynden School District</b>	<b>Customer Service</b>	We have worked to provide improved customer service by: 1. Providing comprehensive benefits handbook that encompasses all benefit summaries, rates, and vendor contact information; 2. Hosting an employee benefits fair with hours allowing for a all employees to learn the most efficient wy to access their benefits.; 3. Ensuring that all health plans offered provide comrehensive nurse line and telephonic customer service and support for all members.; 4. Having regular Benefits Advisory Committee meetings with representtion from all bargaining groups.
<b>Lynden School District</b>	<b>Part-Time Employee</b>	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. 2. Provided all existing and new employees with required notifications regarding

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	<b>Coverage Protection</b>	availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
<b>Lynden School District</b>	<b>Premium Differential Reduction</b>	<p>We have done the following: 1. Implemented minimum premium contribution for most employees, effectively increasing the employee only cost and reducing the cost for covering dependents; 2. Encouraged employees that do not need health coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.; 3. Established HSA employer contribution of \$125 employee per month, resulting in increase to pooling dollars.; 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.; 5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric the Lynden Schhol District ranked 69th out of 116 districts with more than 100 employees for the 2013-14 school year. Lynden's equity ration, multiple was 10.8 compared to an average multiple of 11.3 for the rest of the 116 districts. *Despite being better than the average , we strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Lynden School District ranked 21st out of those same 116 districts for the 2013-14 school year. Lynden's average monthly cost for an employee purchasing full family health insurance was \$394 compared to an average of \$518 for the rest of the group.</p>
<b>Mabton School District</b>	<b>Administrative Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p>

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C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

**Mabton  
School District**      **Cost Savings**

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

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		<p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>

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District	Category	Efforts and Achievements
<b>Mabton School District</b>	<b>Customer Service</b>	<p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Mabton School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is</p>

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District	Category	Efforts and Achievements
		available.
<b>Mabton School District</b>	<b>Premium Differential Reduction</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Mansfield School District</b>	<b>Administrative Cost Reduction</b>	District cost is minimal
<b>Mansfield School District</b>	<b>Cost Savings</b>	None
<b>Mansfield School District</b>	<b>Customer Service</b>	Service is provided by PEBB
<b>Mansfield School District</b>	<b>Part-Time Employee Coverage Protection</b>	All half-time employees are eligible for insurance.
<b>Mansfield</b>	<b>Premium</b>	If state allocation benefit dollars are not fully used by the employees eligible for benefits, then that funding is used to benefit

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>School District</b>	<b>Differential Reduction</b>	employees with full family rates
<b>Manson School District</b>	<b>Administrative Cost Reduction</b>	see explanation below
<b>Manson School District</b>	<b>Cost Savings</b>	see explanation below
<b>Manson School District</b>	<b>Customer Service</b>	see explanation below
<b>Manson School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part time employees are offered the same plans as a full time employee
<b>Manson School District</b>	<b>Premium Differential Reduction</b>	see explanation below
<b>Mary M Knight School District</b>	<b>Administrative Cost Reduction</b>	Using auto adjudication reduces manual intervention
<b>Mary M Knight School District</b>	<b>Cost Savings</b>	Offer several plans with various costs and a waiver option
<b>Mary M Knight School District</b>	<b>Customer</b>	Accept modifications to process benefit changes to the plans

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<b>District</b>	<b>Service</b>	
<b>Mary M Knight School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options
<b>Mary M Knight School District</b>	<b>Premium Differential Reduction</b>	Offer lower cost options and a composite rate for children
<b>Mary Walker School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for Premera has been a leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Per Premera, WEA's administrative costs have been under 6% for over 10 years. over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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Mary Walker School District	Cost Savings	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p>

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H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Mary Walker**     **Customer**  
**School District**   **Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

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		<p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Mary Walker School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Mary Walker School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>

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		<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<p><b>Marysville School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Marysville School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support</p>

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		<p>resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Marysville School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics</p>

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		including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Marysville School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Marysville School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>McCleary School District</b>	<b>Administrative Cost Reduction</b>	Implemented the Lean processes
<b>McCleary School District</b>	<b>Cost Savings</b>	Premium rate for dependent children is the same whether there is one or more enrolled
<b>McCleary School District</b>	<b>Customer Service</b>	Web site for employee information
<b>McCleary School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as EasyChoice pland and Basic plan
<b>McCleary School District</b>	<b>Premium Differential</b>	Offer lower cost options, such as EasyChoice pland and Basic plan

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	<b>Reduction</b>	
<b>Mead School District</b>	<b>Administrative Cost Reduction</b>	Progress is limited in this area. While the carriers may claim they are making progress, from the district aspect we are continuing to deal with increasing cost and increasing requirements which drives up administrative expenses at the district level.
<b>Mead School District</b>	<b>Cost Savings</b>	Continue to offer a variety of plans with mutiple tier options to provide savings opportunities to our employees.
<b>Mead School District</b>	<b>Customer Service</b>	Continue to offer a variety of plans with different service levels so employees can select the plans that provide the service that best fit their needs.
<b>Mead School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer coverage to employees who work a .5 FTE or more with multiple plan options as defined in 5 above.
<b>Mead School District</b>	<b>Premium Differential Reduction</b>	Instituted Mandatory Minimums in most groups and utilize pooling to offset the cost to families when available.
<b>Medical Lake School District</b>	<b>Administrative Cost Reduction</b>	Utilizing software to process enrollments and to provide information to staff.
<b>Medical Lake School District</b>	<b>Cost Savings</b>	We offer an array of benefit plan options that intends to meet all employees needs related to both cost and benefits. We offer opportunities for our employees to meet one-on-one with benefits specialists prior to enrollment to ensure that employees are making the most cost effective decision to meet their needs.
<b>Medical Lake School District</b>	<b>Customer Service</b>	Have downloaded all materials to the district's website.

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<b>Medical Lake School District</b>	<b>Part-Time Employee Coverage Protection</b>	We continue to provide coverage to part time employees, with eligibility prorated according to their FTE. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.
<b>Medical Lake School District</b>	<b>Premium Differential Reduction</b>	We have initiated a mandatory cost share.
<b>Mercer Island School District</b>	<b>Administrative Cost Reduction</b>	<p>The District currently has no administrative expenses so no progress is required. The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Mercer Island School District</b>	<b>Cost Savings</b>	District - See response on affordability. The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

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- a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.
- b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.
- B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

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J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify

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appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

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		generic drugs are covered with low copay.
		M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Mercer Island School District</b>	<b>Customer Service</b>	<p>The district has implemented a web interface for employees to sign up for medical plans. We hold an annual benefits fair. Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>

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<b>Mercer Island School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>All employees who work over a .500 FTE are offered by medical insurance plans. The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Mercer Island School District</b>	<b>Premium Differential Reduction</b>	<p>The District has fully implemented all non-union employees groups and all collective bargaining agreements will be fully implemented at the time of their next opening. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Meridian School District</b>	<b>Administrative Cost Reduction</b>	<p>1.) By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.</p> <p>2.) Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.</p>
<b>Meridian School District</b>	<b>Cost Savings</b>	<p>We have taken the following Steps:</p> <p>1.) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012</p> <p>2.) Established an HSA employer contribution of</p>

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		<p>\$125 per employee per month. 3.) Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts. 4.) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.</p>
<b>Meridian School District</b>	<b>Customer Service</b>	<p>We have worked to provide improved customer service by: 1.) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2.) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3.) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4.) Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.</p>
<b>Meridian School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>1.) We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2.) Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014</p>
<b>Meridian School District</b>	<b>Premium Differential Reduction</b>	<p>We have done the following: 1.) Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2.) Established HAS employer contribution of \$125 per employee per month. 3.) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 4.) The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on the metric, the Meridian School District ranked 107th out of 116 districts with more than 100 employees for the 2013-14 school year. Meridian's equity ratio, multiple was 20.1 compared to an average multiple of 11.3 for the rest of the 116 districts.</p>
<b>Methow Valley School</b>	<b>Administrative Cost Reduction</b>	<p>We have reduced administrative expenses by contracting with PEBB.</p>

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<b>District</b>		
<b>Methow Valley School District</b>	<b>Cost Savings</b>	The District contracts with the PEBB program, whose cost saving measures include: managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design; purchasing coverage for medical tools and procedures that are evidence based; adopting PEBB's dependent verification eligibility processes, to ensure family members receive benefits.
<b>Methow Valley School District</b>	<b>Customer Service</b>	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
<b>Methow Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer insurance benefits to our part-time employees.
<b>Methow Valley School District</b>	<b>Premium Differential Reduction</b>	As a member of PEBB, this differential is being addressed at the State level.
<b>Mill A School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentag
<b>Mill A School District</b>	<b>Cost Savings</b>	Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on heath care outcomes, implementation of inteventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safet
<b>Mill A School District</b>	<b>Customer Service</b>	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered

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<b>Mill A School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have kept our part time employees benefit eligibility unchanged, so they have access to our benefit package.
<b>Mill A School District</b>	<b>Premium Differential Reduction</b>	We complete market surveys of other carriers and options and use that data to negotiate with our current health plan carrier, which results in lower rates for our members.
<b>Monroe School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs. The Group Health Medical Plan have reduced admin costs through the following: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.</p>

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On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.

By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington state.

**Monroe School District**      **Cost Savings**

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard

– (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes

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		<p>to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>

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The Group Health Medical Plan provides the following cost saving measures: We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.

In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits.

Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer

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readmissions and lower total cost of care.

With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)

The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.

We have also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and

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Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.

In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.

The outpatient CM staff work on improving outcomes for members by working with them on improving their health and their self-management skills; navigating the health care system; evaluating and working through barriers to meeting goals; and accessing routine care. All this work is done with the understanding of the patient's benefits and specific needs. Our efforts in identifying patients for case management are focused on those individuals with chronic conditions, including diabetes and congestive heart failure, recent hospitalizations, and new diagnoses of serious conditions. By working with these higher risk, higher need patients to improve their outcomes, and assisting them in accessing care more effectively, we are also avoiding additional costs.

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We have one Care Management RN who is dedicated to pediatric and perinatal care. She provides support to families of premature infants and seriously ill infants and children in inpatient and outpatient settings to optimize their outcomes and manage costs. Her responsibilities include utilization management activities associated with facility-based care.

The efforts of the Emergency Patient Resources and Options (EPRO) physicians and staff also save costs by avoiding unnecessary hospital admissions and providing alternatives, including home health and same or next day appointments with medical and behavioral health providers. We are also supporting the avoidance of unnecessary testing when we can provide results of recent labs, ECG's, and imaging procedures. The social work clinicians in EPRO are trained to complete assessments of patients with chemical dependency concerns to determine if admission or outpatient care is most appropriate, often avoiding an unnecessary admission and coordinating prompt access to outpatient care.

The CNS program also contributes to the improved outcomes and saving costs for patients and the health plan by offering 24/7 access to advice from registered nurses. In addition to the RN staff, CNS is also staffed with a Physician's Assistant and physician. This allows for RN consultation with the provider and direct treatment of patients by the providers. The CNS MD/PA is also able to assist patients with abnormal lab results after hours to prevent Emergency Department and Urgent Care visits. The CNS program also includes standing physician orders for the RN's to use in the treatment of some common diagnoses. This allows members to begin treatment earlier, avoid additional appointments and costs, and avoid costs for the health plan.

We have recently started a pilot project to improve the pre-operative planning of patients undergoing elective joint replacement procedures. This project is focused on patients from a contracted orthopedic practice and includes a phone call to patients several days prior to their admission to review the expectations and plans for post-discharge care. We have consistently identified the perception of many members and providers that not having caregiver support following discharge is reason to admit to a skilled nursing facility, which is not a legitimate reason for SNF care according to CMS. By working with the

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		<p>patients prior to admission to help them problem-solve any anticipated issues, plan for help at home, and expect discharge to home, we believe we can improve patient outcomes by avoiding more exposure to infections in facility-based care and also avoid the associated costs.</p>
<b>Monroe School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <ul style="list-style-type: none"> <li>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</li> <li>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</li> <li>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</li> <li>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</li> <li>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</li> <li>F. Work with enrollees or their provider to address escalated or complex issues.</li> <li>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</li> </ul> <p>Group Health’s Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for</p>

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members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries.

Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health’s mission and values on every contact.

Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at [www.ghc.org](http://www.ghc.org), or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times.

From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.

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		<p>Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include:</p> <ul style="list-style-type: none"> <li>• Access to lab/test/radiology results</li> <li>• After-visit summaries</li> <li>• Allergy and immunization records</li> <li>• Medication histories, blood pressure, weight, and current health conditions</li> <li>• Secure messaging with their primary care team</li> </ul>
<b>Monroe School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: <span style="float: right;">A. Have provided access to</span>  coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Monroe School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: <span style="float: right;">A. In some years have</span>  applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more</p>

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		<p>enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Montesano School District</b>	<b>Administrative Cost Reduction</b>	<p>Describe progress on reducing administrative expenses.</p> <p>1. By working with our employee benefits consultant, we've negotiated with fully-</p> <p>insured plans to reduce administrative expenses wherever possible.</p> <p>2. Worked with our employee benefits consultant to evaluate alternative carriers for all</p> <p>benefit plans that could result in either lower administrative expenses or simply reduce</p> <p>total premiums.</p>
<b>Montesano School District</b>	<b>Cost Savings</b>	<p>We have implemented the following steps:</p>

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1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account

offered as of 10/01/2012

2. Established an HSA employer contribution of \$125 per employee per month, resulting in

an increase to pooling dollars.

**Montesano**      **Customer**  
**School District**   **Service**

We have worked to provide improved customer service by:

1. Providing comprehensive employee benefits handbook that encompasses all benefit

summaries, rates, and vendor contact information.

2. Hosting an employee benefits fair with hours allowing for all employees to learn the

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most efficient way to access their benefits.

3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic

customer service and support for all members.

4. Having regular Benefits Advisory Committee meetings with representation from all

bargaining groups.

**Montesano  
School District    Part-Time  
Employee  
Coverage  
Protection**

1. We have continued to work with all purchasing / bargaining groups to determine the

appropriate eligibility requirements to meet their specific group’s benefits needs.

2. Provided all existing and new employees with required notifications regarding

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availability of health coverage through Washington Health Plan Finder as of January 1st,

2014.

**Montesano**  
**School District**

**Premium**  
**Differential**  
**Reduction**

We have done the following:

1. Implemented minimum premium contribution for all employees, effectively increasing

the employee only cost and reducing the cost for covering dependents.

2. Encouraged employees that do not need health plan coverage to waive off of the district

offered plan, resulting in an increase to pooling dollars.

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3. Established HSA employer contribution of \$125 per employee per month, resulting in

increase to pooling dollars.

4. Worked with employee benefits consultant to evaluate alternative carriers for all

benefit plans that could reduce premiums, which would increase pooling dollars

available to those covering dependents.

**Morton**            **Administrative**  
**School District**   **Cost Reduction**

The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating on-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business - including the state of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees

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<b>Morton School District</b>	<b>Cost Savings</b>	<p>with quick turnaround on payments for services and lower administrative costs.</p> <p>A. The High number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA;s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. B. Evidenc-based medical initiatives that allow Premera to provide efficient and cost effective carea as well as to identify appropriate alternatie care based on the enrollees needs. C. Real-time access to consuemr decision support resources to help enrollees understand and direct their health care needs. D Provider advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Mermber 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room serive (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tired drug formulary that provides choice for enrollees and their physicians while being purudent and ensuring the durgs are cost and care effective. I. Child COBRA RAtE -Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent childres is the same whethere there is one or more enrolled. K. Prior Authorization- Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides finanacial protection and prevents unnecessary services. L. Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are avialable such as the Basic, QHDHP and the EASYChoice plan. The EasyChoice Plan provides several ooptions all at the same rate. it was developed so employees could pick the plan most appropriate for their needs and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver-employees can waive medical coverage under WEA. Any left-over state allocation is put back intothe insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Morton School District</b>	<b>Customer Service</b>	<p>Premera's WEA cl;aims, customer service and field service teams are all dedicated to the WEA account and are based in Washington.</p>

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<b>Morton School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer medical to all part time employees that work on a daily schedule.
<b>Morton School District</b>	<b>Premium Differential Reduction</b>	A. In some years have applied loer increases to dependent rate tiers than to employee only rate tiers, lower cost plans.
<b>Moses Lake School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
<b>Moses Lake School District</b>	<b>Cost Savings</b>	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the

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		<p>Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Moses Lake School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on makding changes to improve satisfaction. C. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. D. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera</p>

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		<p>provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. G. Work with enrollees or their provider to address escalated or complex issues. H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Moses Lake School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Moses Lake School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Mossyrock School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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<b>Mossyrock School District</b>	<b>Cost Savings</b>	WEA is our third party broker and is implementing high number of premera members, provider contracting, BlueCard, Evidence-based medical initiatives, consumer decision-support resources, provider advisory groups, member 360 dashboard, copayments for ER services, controlled medication substances, open 4-tiered drug formulary, child COBRA rate, premium rate for dependent children, prior authorization, choice, and waiver.
<b>Mossyrock School District</b>	<b>Customer Service</b>	Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Mossyrock School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.  B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Mossyrock School District</b>	<b>Premium Differential</b>	The WEA Select Medical Plans through Premera: A. Have in some years applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. C.

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	<b>Reduction</b>	Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.  D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Mount Adams School District</b>	<b>Administrative Cost Reduction</b>	District charges no admin fees for insurance.
<b>Mount Adams School District</b>	<b>Cost Savings</b>	Each provider has a range of available plans with savings.
<b>Mount Adams School District</b>	<b>Customer Service</b>	N/A, Insurance company
<b>Mount Adams School District</b>	<b>Part-Time Employee Coverage Protection</b>	All part time employees with minimum of 20 hours/week get full medical benefits.
<b>Mount Adams School District</b>	<b>Premium Differential Reduction</b>	PSE membership has voted to require minimum of 5% premium to be paid by all and be given to the members w/families for premium.
<b>Mount Baker School District</b>	<b>Administrative Cost Reduction</b>	District manages plans along with TPG and administrative costs at this time appear reasonable for services received by TPG and for the plans offered
<b>Mount Baker School District</b>	<b>Cost Savings</b>	District is working with TPA (TPG) to ensure compliance with ACA & State insurance allotment & allocation
<b>Mount Baker</b>	<b>Customer</b>	District is and has worked heavily with TPG to ensure employees are provided detailed information on coverages available, cost,

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<b>School District</b>	<b>Service</b>	and options (e.g. - American Fidelity) for care services medical (and otherwise).
<b>Mount Baker School District</b>	<b>Part-Time Employee Coverage Protection</b>	The District has actively maintained a low threshold for coverage eligibility (e.g. - 10 hrs/week provides eligibility)
<b>Mount Baker School District</b>	<b>Premium Differential Reduction</b>	The District has worked with its TPA (TPG) to negotiate with medical providers for reasonable premiums at all levels.
<b>Mount Pleasant School District</b>	<b>Administrative Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p>
<b>Mount Pleasant School District</b>	<b>Cost Savings</b>	<p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket</p>

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		<p>costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or</p>

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		<p>procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Mount Pleasant School District</b>	<b>Customer Service</b>	<p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.</p> <p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics</p>

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		<p>including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<b>Mount Pleasant School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<b>Mount Pleasant School District</b>	<b>Premium Differential Reduction</b>	<p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Mount Vernon School District</b>	<b>Administrative Cost Reduction</b>	<p>We have had multiple changes over the last few years with all of our plans so we have not been about to decrease admin costs at this point</p>
<b>Mount Vernon School District</b>	<b>Cost Savings</b>	<p>Created Skagit Consortium</p>
<b>Mount Vernon</b>	<b>Customer</b>	<p>Communication about Benefit Fair, flu shot clinics</p>

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School District	Service	
Mount Vernon School District	Part-Time Employee Coverage Protection	We have very minimum hours to participate, most employee's are eligible
Mount Vernon School District	Premium Differential Reduction	Employee only pays a minimum of \$5
Mukilteo School District	Administrative Cost Reduction	Monitoring compliance with 5940 and ACA requirements have resulted in additional hours by payroll staff, so we have been unable to reduce administrative costs
Mukilteo School District	Cost Savings	Offering High Deductible plan.
Mukilteo School District	Customer Service	Meet with all new hires and retirees to go over benefit options. Have website with links to all carriers
Mukilteo School District	Part-Time Employee Coverage Protection	All employees who work at least 20 hours a day, or .40 fte for certificated staff are offered health care coverage, offer wide range of plan options, with varying premium costs
Mukilteo School District	Premium Differential Reduction	All employees pay a percentage of their total premium. The amount paid by individuals is added to a pool to be disbursed among anyone with more than the percentage out of pocket, most would go to those with families.
Naches Valley	Administrative	WEA Select Medical Plans through Premera:

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<b>School District</b>	<b>Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Naches Valley School District</b>	<b>Cost Savings</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p>

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- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
- J. The premium rate for dependent children is the same whether there is one or more enrolled
- K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
- L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.

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M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Naches Valley School District**    **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.

C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

G. Work with enrollees or their provider to address escalated or complex issues.

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		H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.
<b>Naches Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<b>Naches Valley School District</b>	<b>Premium Differential Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Napavine School District</b>	<b>Administrative Cost Reduction</b>	Reducing administrative costs has not been an option for NSD. We are a small district and cannot incorporate "Lean" thinking. Because of the State and Federal requirements, our administration time needed has increased significantly.
<b>Napavine School District</b>	<b>Cost Savings</b>	NSD contributes \$30 through pooling to employees to help with medical insurance costs. WEA and Group Health both offer discounted rates because of volume.
<b>Napavine</b>	<b>Customer</b>	NSD holds a benefit fair annually. School website provides links for easy access to insurance carriers, nursing line, etc.

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<b>School District</b>	<b>Service</b>	
<b>Napavine School District</b>	<b>Part-Time Employee Coverage Protection</b>	Provide access to coverage for part-time employees working more than 15 hours a week. NSD offers WEA Select Plans with lower cost options/Easy choice options, Basic and a QHDP.
<b>Napavine School District</b>	<b>Premium Differential Reduction</b>	NSD contributes \$30 to employees in the pooling process to help with medical insurance costs. Lower cost option plans available; including EasyChoice plans, QHDHP and now Basic.
<b>Naselle-Grays River Valley School District</b>	<b>Administrative Cost Reduction</b>	WEA Select Medical Plans through Premera:  A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work e
<b>Naselle-Grays River Valley School District</b>	<b>Cost Savings</b>	WEA Select Medical Plans through Premera:  A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to en
<b>Naselle-Grays River Valley School District</b>	<b>Customer Service</b>	Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:  A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This
<b>Naselle-Grays River Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	WEA Select Medical Plans through Premera:  A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that th

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<b>Naselle-Grays River Valley School District</b>	<b>Premium Differential Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C.</p>
<b>Nespelem School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Nespelem School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well</p>

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		<p>as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Nespelem School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p>

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District	Category	Efforts and Achievements
		Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Nespelem School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Nespelem School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Newport School District</b>	<b>Administrative Cost Reduction</b>	Checking with various companies for help with ACA and other mandates
<b>Newport School District</b>	<b>Cost Savings</b>	We offer 8 different medical plans with a broad range of rates. Any left-over state allocation is put back into the insurance pool to reduce the out of pocket cost of premiums to our employees
<b>Newport School District</b>	<b>Customer Service</b>	Looking at rates and services from other carriers than those we are currently using.
<b>Newport School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer 8 plans to employees who work 20 hours per week or more and they are eligible for pooling
<b>Newport</b>	<b>Premium Differential</b>	Offer lower cost options such as HDHQ, Easy Choice and Basic plan

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<b>School District</b>	<b>Reduction</b>	
<b>Nine Mile Falls School District</b>	<b>Administrative Cost Reduction</b>	We've reduced administrative costs by continuint to self insure our dental and vision insurance plans.
<b>Nine Mile Falls School District</b>	<b>Cost Savings</b>	We bid insurance plans and our insurance committee which is comprised of equal representation of certificated and classified staff make the decisions which best suit our employees.
<b>Nine Mile Falls School District</b>	<b>Customer Service</b>	We have a broker that does advocate on behalf of each individual employee. We do annual review and selection of providers.
<b>Nine Mile Falls School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees who work 17.5 hours per week and have enough state allocation to cover their mandatory benefits are eligible for medical coverage. Almost all classified employees who select insurance have their premiums heavily subsidized with pooling dollars.
<b>Nine Mile Falls School District</b>	<b>Premium Differential Reduction</b>	We have composite rates available for all of our certificated staff.
<b>Nooksack Valley School District</b>	<b>Administrative Cost Reduction</b>	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and selfinsured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Nooksack Valley School District</b>	<b>Cost Savings</b>	we have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012 2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars. (If Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
<b>Nooksack</b>	<b>Customer</b>	we have worked to provide improved customer services by: 1. Providing comprehensive employee benefits handbook that

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<b>Valley School District</b>	<b>Service</b>	encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>Nooksack Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group’s benefits needs.2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014
<b>Nooksack Valley School District</b>	<b>Premium Differential Reduction</b>	We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Nooksack Valley School District ranked 113th out of 116 districts with more than 100 employees for the 2013-14 school year. Nooksack Valley’s equity ratio, multiple was 35.7 compared to an average multiple of 11.3 for the rest of the 116 districts.*We strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Nooksack Valley School District ranked 27th out those same 116 districts for the 2013-14 school year. Nooksack Valley’s average monthly cost to for an employee purchasing full family health insurance was \$427 compared to an average of \$518 for the rest of the group.
<b>North Beach School District</b>	<b>Administrative Cost Reduction</b>	We offer many levels of medical plans and we have mandatory 1% of cost of chosen plan for all employees.
<b>North Beach</b>	<b>Cost Savings</b>	The offering of 5 levels of plans available and a mandatory 1% of plan cost paid by all employees.

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<b>School District</b>		
<b>North Beach School District</b>	<b>Customer Service</b>	We have a benefit fair at the beginning of the year to offer the opportunity for employees to question the plans offered and provide paperwork for them to peruse.
<b>North Beach School District</b>	<b>Part-Time Employee Coverage Protection</b>	We maintained hours for part time employees so they are able to enroll in medical coverage.
<b>North Beach School District</b>	<b>Premium Differential Reduction</b>	The benefit pool is a great advantage to all employees.
<b>North Franklin School District</b>	<b>Administrative Cost Reduction</b>	We are making good progress
<b>North Franklin School District</b>	<b>Cost Savings</b>	We are making good progress
<b>North Franklin School District</b>	<b>Customer Service</b>	We are making good progress
<b>North Franklin School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer any employee over 17.5 hours a week coverage
<b>North Franklin School District</b>	<b>Premium Differential</b>	We are making good progress

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	<b>Reduction</b>	
<b>North Kitsap School District</b>	<b>Administrative Cost Reduction</b>	NKSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average.

The WEA Select Medical Plans through Premera have reduced admin costs through the following:

- A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
- B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.
- C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

Group Health has reduced admin costs through the following:

In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and

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other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.

On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.

By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.

**North Kitsap  
School District**      **Cost Savings**

Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.

NKSD has made progress by negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.

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The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

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H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

Group Health provides the following:

Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

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Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.

In order to ensure claims timeliness and accuracy, GH has online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.

Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from the current vendor, MedImpact, to OptumRx, GH will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

With Group Health’s Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including

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registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)

The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.

GH has also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.

In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication

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reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.

Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.

NKSD has made progress by negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify

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appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and

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generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

Group Health provides the following:

Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.

In order to ensure claims timeliness and accuracy, GH has online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.

Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from the current vendor, MedImpact, to OptumRx, GH will achieve significant savings and

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industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

With Group Health’s Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)

The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.

GH has also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and

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		<p>Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g. depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.</p> <p>In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.</p>
<p><b>North Kitsap School District</b></p>	<p><b>Customer Service</b></p>	<p>NKSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District’s benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.</p> <p>The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare.</p>

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In addition, NKSD works with insurance brokers to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

- A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
- B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.
- C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.
- D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
- E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.
- F. Work with enrollees or their provider to address escalated or complex issues.
- G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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Group Health places a strong emphasis on Customer Service through these services:

Group Health’s Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries.

Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health’s mission and values on every contact.

Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at [www.ghc.org](http://www.ghc.org), or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times.

From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their

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		<p>personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.</p> <p>Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include:</p> <ul style="list-style-type: none"> <li>• Access to lab/test/radiology results</li> <li>• After-visit summaries</li> <li>• Allergy and immunization records</li> <li>• Medication histories, blood pressure, weight, and current health conditions</li> <li>• Secure messaging with their primary care team</li> </ul>
<b>North Kitsap School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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		<p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p> <p>NKSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.</p>
<p><b>North Kitsap School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p> <p>NKSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.</p>
<p><b>North Mason</b></p>	<p><b>Administrative</b></p>	<p>Commission is paid on a PEPM Basis rather than a percentage of overall premium. This reduces costs over time as medical</p>

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<b>School District</b>	<b>Cost Reduction</b>	inflation increases.
<b>North Mason School District</b>	<b>Cost Savings</b>	District has maintained a 10% discount in premium by having only one carrier
<b>North Mason School District</b>	<b>Customer Service</b>	The district Payroll departments is able to directly assist employees with their enrollment and helps to intervene if there are any questions.
<b>North Mason School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees working more than 15 hours per week have access to all medical plans
<b>North Mason School District</b>	<b>Premium Differential Reduction</b>	Since 2012 our medical renewals have averaged 4.1% increase annually, this compares much better than the WEA Premera program over that same time period.
<b>North River School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing "Lean" thinking since 2005.WEA's administrative costs have been under 6% for 11 yrs.
<b>North River School District</b>	<b>Cost Savings</b>	Premera has the highest number of providers "in network" in the state.
<b>North River School District</b>	<b>Customer Service</b>	Semi-annual newsletters to enrolles to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.
<b>North River School District</b>	<b>Part-Time Employee Coverage Protection</b>	Added lower cost options, such as EasyChoice plan that have lowered premiums and also have added HDHP.

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<b>North River School District</b>	<b>Premium Differential Reduction</b>	Added lower cost options, such as EasyChoice plan that have lowered premiums and also have added HDHP.
<b>North Thurston Public Schools</b>	<b>Administrative Cost Reduction</b>	The District utilizes Propel Insurance Brokerage services to leverage both health care value and reduce administrative costs which are less than the overhead necessary to manage these programs within the district.
<b>North Thurston Public Schools</b>	<b>Cost Savings</b>	The District has made progress by aggressively negotiating lower premiums on their Group Health and made a decision to drop WEA Premera plans, and offered Aetna medical as a total replacement, and by offering Qualified High Deductible plan with Health Savings Account. Aetna's premium rate for 2015-16 sy came in lower than WEA's rate for 2014-15 sy.
<b>North Thurston Public Schools</b>	<b>Customer Service</b>	We have available the Benefits website which contains information on all the District's benefit plans and is widely accessed by both employee and family members. The website provides a cost estimator (which helps them determine cost), educational information, wellness programs and benefit plan summaries.
<b>North Thurston Public Schools</b>	<b>Part-Time Employee Coverage Protection</b>	The District maintains an eligibility threshold of 20 hours/week (minimum) which exceeds the new federal standard for access to health care.
<b>North Thurston Public Schools</b>	<b>Premium Differential Reduction</b>	The District and Propel will continue to review various plans and proposals to make progress toward a 3:1 premium ratio for employees. For the 2015-16 school year, the District made a decision to drop WEA Premera medical and offer Aetna medical as a total replacement for Premera and KPS plans.
<b>Northport School District</b>	<b>Administrative Cost Reduction</b>	The District Administrators & teachers switched to PEBB starting in November 2014.
<b>Northport School District</b>	<b>Cost Savings</b>	The District actively promotes wellness, fitness and exercise throughout the school. We have walking or running charts to post the mileage.

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<b>Northport School District</b>	<b>Customer Service</b>	We have had meetings displaying spreadsheets to inform the employee's of the costs.
<b>Northport School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part-time employee's are offered insurance.
<b>Northport School District</b>	<b>Premium Differential Reduction</b>	Premiums changes have increased. Most people have had to drop down a plan. We are working towards the 3 to 1 ratio to help with family coverage.
<b>Northshore School District</b>	<b>Administrative Cost Reduction</b>	As part of our annual review process, our broker benchmarks and negotiates plan cost to ensure maximum value. Dental and vision administration rates were renewed without an increase for calendar year 2015. Medical administration through Regence had a minimal increase of 2%.
<b>Northshore School District</b>	<b>Cost Savings</b>	Benefits on Value plan were enhanced to cover first \$1,000 of outpatient lab & X-ray with the deductible waived, plan formerly covered first \$500 in calendar year 2014.
		Continual education of plan offerings were provided through an annual benefits fair, individual consultations at the district, and through our broker employees have access to a HIPAA compliant Benefit Resource Center. Education focused on finding affordable plans for employees with benefits that provide comprehensive coverage for individual situations that are not necessarily the highest cost plan option.
		Transparency tool available through Regence enhances consumer engagement and allows for employees to identify where quality and affordable health care can be received.
		The Northshore wellness program provides employees with an opportunity to earn a \$15 monthly premium discount if they receive an annual preventive care exam.
<b>Northshore</b>	<b>Customer</b>	Through Regence.com, members have access to a dashboard that allows them to view claims, benefits, live chat with customer

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<b>School District</b>	<b>Service</b>	<p>service, take a general Health Assessment, access a monthly Wellness Wire newsletter, use the Treatment Cost Estimator tool, and find an in-network doctor or facility. Additionally, online wellness workshops allow employees to obtain support through articles and videos regarding tobacco cessation, stress management, depression and many other common health issues. During open enrollment, promotion of Benefit Resource Center and individual consultations assist employees in selecting coverage that is affordable and comprehensive for themselves and their families. Northshore benefits web site contains applicable forms, plan summaries, resources and is continually updated with carrier alerts.</p>
<b>Northshore School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>No change. Dictated by Collective Bargaining Agreements. There is no pro-ration of state allocation for employees with a 0.50 FTE – 0.99 FTE.</p>
<b>Northshore School District</b>	<b>Premium Differential Reduction</b>	<p>Increased the cost for individual subscribers at a greater percentage than for families as well as increased the funds available for pooling. Both of these factors reduced the family cost share. Offer low cost plan options such as the Value plan and Qualified High Deductible Health Plan (QHDHP) that gives families a place to transition to if they are looking for a more affordable plan.</p>
<b>Oak Harbor School District</b>	<b>Administrative Cost Reduction</b>	<ol style="list-style-type: none"> <li>1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.</li> <li>2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.</li> </ol> <p>Please note, that there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.</p>
<b>Oak Harbor School District</b>	<b>Cost Savings</b>	<p>We have implemented the following steps:</p> <ol style="list-style-type: none"> <li>1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012</li> <li>2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars. (If</li> </ol>

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		Applicable)
		<p>3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal)</p> <p>4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.</p>
<b>Oak Harbor School District</b>	<b>Customer Service</b>	<p>We have worked to provide improved customer service by:</p> <p>1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information.</p> <p>2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits.</p> <p>3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.</p> <p>4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.</p>
<b>Oak Harbor School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.</p> <p>2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.</p>
<b>Oak Harbor School District</b>	<b>Premium Differential</b>	<p>We have done the following:</p> <p>1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing</p>

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	<b>Reduction</b>	<p>the cost for covering dependents.</p> <p>2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.</p> <p>3. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. (If Applicable)</p> <p>4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.</p> <p>5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Oak Harbor School District ranked 102nd out of 116 districts with more than 100 employees for the 2013-14 school year. Oak Harbor’s equity ratio, multiple was 16.1 compared to an average multiple of 11.3 for the rest of the 116 districts.</p> <p>*We strongly believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Oak Harbor School District ranked 25th out those same 116 districts for the 2013-14 school year. Oak Harbor’s average monthly cost to for an employee purchasing full family health insurance was just \$415 compared to an average of \$518 for the rest of the group.</p>
<b>Oakesdale School District</b>	<b>Administrative Cost Reduction</b>	district is on PEBB
<b>Oakesdale School District</b>	<b>Cost Savings</b>	district is on PEBB

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Oakesdale School District</b>	<b>Customer Service</b>	district is on PEBB
<b>Oakesdale School District</b>	<b>Part-Time Employee Coverage Protection</b>	district is on PEBB
<b>Oakesdale School District</b>	<b>Premium Differential Reduction</b>	district is on PEBB
<b>Oakville School District</b>	<b>Administrative Cost Reduction</b>	Very small district with less than 50 employees. Admin costs few
<b>Oakville School District</b>	<b>Cost Savings</b>	Insurance carrier offers new health saving programs regularly
<b>Oakville School District</b>	<b>Customer Service</b>	Human Resource office available to employees daily
<b>Oakville School District</b>	<b>Part-Time Employee Coverage Protection</b>	All benefits are offered to all employees regardless of part/full time. Pooling is used to help employees who have out-of-pocket expenses.
<b>Oakville School District</b>	<b>Premium Differential Reduction</b>	Use of pooling of unused state allocation dollars
<b>Ocean Beach</b>	<b>Administrative</b>	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the

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<b>School District</b>	<b>Cost Reduction</b>	<p>enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. BlueCard provides significant savings to WEAPremera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick Turnaround on payments for services and lower administrative costs.</p>
<b>Ocean Beach School District</b>	<b>Cost Savings</b>	<p>The high number of Premera members helps Premera to negotiate greater provider discounts. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees' needs. Real-time access to consumer decision support resources. Provider advisory groups. Plans that include copayments for Emergency Room Service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. Open 4-tiered drug formulary. Child COBRA rate. Prior authorization - some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the needs of school district employees and families. Lower cost plans available.</p>
<b>Ocean Beach School District</b>	<b>Customer Service</b>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams provide a website with access to information about the employee's benefits, including a cost estimator. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Work with enrollees or their provider to address escalated or complex issues.</p>
<b>Ocean Beach School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Premera has provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Premera offers lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Ocean Beach School District</b>	<b>Premium Differential Reduction</b>	<p>In some years Premera has applied lower increases to dependent rate tiers than to employee-only rate tiers. Offer lower cost options, such as the EasyChoice Plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage</p>

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		at the child rate and not a subscriber rate.
<b>Ocosta School District</b>	<b>Administrative Cost Reduction</b>	District manages own insurance reconciliation and plan enrollment
<b>Ocosta School District</b>	<b>Cost Savings</b>	Searching for providers that can save the District and employees money by offering lower premiums.
<b>Ocosta School District</b>	<b>Customer Service</b>	Employees have access to WEA/Aon Hewitt for questions via internet or phone
<b>Ocosta School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offered EasyChoice , Basic and QHDHP Plans
<b>Ocosta School District</b>	<b>Premium Differential Reduction</b>	Offered EasyChoice , Basic and QHDHP Plans
<b>Odessa School District</b>	<b>Administrative Cost Reduction</b>	<p>Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, in an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs to the WEA plans remain approximately 5% of premium and have been under 6% for over 13 years.</p>
<b>Odessa School District</b>	<b>Cost Savings</b>	<p>The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state exchange, individual, small and large group accounts. Other measures include evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. There are provider advisory groups that continually monitor Premera's medical and pharmacy policies and procedures, and make</p>

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		<p>changes to formularies to ensure they are appropriate lever/tier, and cost and care-efficient. Premera has an open 4-tiered formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. The over-age dependents pay the lower child rate rather than a subscriber rate while on COBRA. The premium for dependent children is the same whether there is one or more enrolled. Employees can waive medical coverage under WEA -- any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Odessa School District</b>	<b>Customer Service</b>	<p>Premera's WEA claims, customer service and field service teams are dedicated to the WEA account and are based in Washington. These teams provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. The Premera team provides year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees, and additional support to the district as well as direct support to their employees. WEA enrollees receive a newsletter twice a year which provides information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p>
<b>Odessa School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Part-time employees have access to coverage if they work 17.5 hours per week through the Premera plans; however, our district required 20 hours. Premera has had this option for over 30 years. By offering the EasyChoice and Basic plans since they have lower premiums, this allows part-time employees affordable coverage.</p>
<b>Odessa School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA plans through Premera offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums as well as the QHDHP. In some years lower increases have been applied to dependent rate tiers than to employee only rate tiers. The composite rate for children is the same whether there is one or more enrolled. Dependent children electing COBRA coverage are enrolled at the child rate and not a subscriber rate.</p>
<b>Okanogan School District</b>	<b>Administrative Cost Reduction</b>	<p>N/A</p>

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<b>Okanogan School District</b>	<b>Cost Savings</b>	The district contracts with the PEBB and Premera Programs, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits. Premera does the same for the district.
<b>Okanogan School District</b>	<b>Customer Service</b>	The district follows the PEBB/Premera Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the Programs, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in coverage.
<b>Okanogan School District</b>	<b>Part-Time Employee Coverage Protection</b>	Emails announcing open enrollment annually.
<b>Okanogan School District</b>	<b>Premium Differential Reduction</b>	Plans offered have worked towards more equitable rates.
<b>Olympia School District</b>	<b>Administrative Cost Reduction</b>	None
<b>Olympia School District</b>	<b>Cost Savings</b>	None
<b>Olympia School District</b>	<b>Customer Service</b>	None
<b>Olympia School District</b>	<b>Part-Time Employee Coverage</b>	Collective bargaining agreement dictates eligibility

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	<b>Protection</b>	
<b>Olympia School District</b>	<b>Premium Differential Reduction</b>	increase mandatory out of pocket for employee only coverage.
<b>Omak School District</b>	<b>Administrative Cost Reduction</b>	WEA Select Medical Plans through Premera, Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera's "Lean" workshops so they can incorporate them in their own business--including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's administrative costs have been under 6% for over 11 years. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area. WEA Specific-- the WEA Plan's auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.
<b>Omak School District</b>	<b>Cost Savings</b>	WEA Select Medical Plans through Premera have provider contracting with the highest number of providers "in network" in the state (98% + of all claims pair are "in-network"). The volume of enrollment in Premera assists in negotiating higher discounts locally and national. (In addition to Premera's Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.). BlueCard, Premera's national blue network, has negotiated discounts that are at the highest level withing the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups for medical and pharmacy that continually monitor Premera's policies and procedures and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Member 360 dashboard--proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions and higher copayments for bran, non-preferred and specialty drugs. Programs that monitor controlled medication substances t provide

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		protection for enrollees. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
<b>Omak School District</b>	<b>Customer Service</b>	WEA Select Medical Plans through Premera provides a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction. "Ulysess Learning" leading to first call resolution and a higher level of satisfaction from enrollees. Premera's "Lean" workshops include customer service, claims and billing processes--which we continue to focus on improving the enrollee experience. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.
<b>Omak School District</b>	<b>Part-Time Employee Coverage Protection</b>	WEA Select Medical Plans through Premera have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan. Added lower cost options such as EasyChoice plan, that have lower premiums and many first dollar benefits and also added HDHP.
<b>Omak School District</b>	<b>Premium Differential Reduction</b>	WEA Select Medical Plans through Premera gave lower increases to dependents than to employee only tiers for the past three years and added lower cost options such as the EasyChoice plan that have lower premiums and many first dollar benefits and also add
<b>Onalaska School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to improve quality, improve the enrollee experience, and to improve efficiency while eliminating non-value added time and work. Through Lean, Premera has reduced overall administrative costs

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		<p>from 8.8-percent in 2005 to 5.9-percent in 2015. The administrative costs specific to the WEA Plans remains approximately 5-percent of the premium and have been under 6-percent for over 13-years.</p>
<p><b>Onalaska School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. With the high number of Premera members they are able to negotiate greater provider discounts locally and nationally. Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. There are seven freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP, and the EasyChoice plan. The EasyChoice plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. D. Employees can also waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Onalaska School District</b></p>	<p><b>Customer Service</b></p>	<p>Our district offers an annual benefits fair; a health care benefits specialist is available to educate employees on saving money by choosing the best plan to fit their individual needs. Aon Hewitt’s online benefits website provides a cost estimator for comparing insurance plans based on an employee’s projected health care needs. For employees without computer access, we have many computers available to them to utilize the access to the online benefits site. Employees may also contact Aon Hewitt and Premera via their telephone customer support line. Aon Hewitt is also launching a new site layout that will make it easier for employees to research and compare their options.</p>
<p><b>Onalaska School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>All part-time employees working 20 or more hours per week are eligible for benefits and allotted on a pro-rated share of the insurance benefit allocation from the state. They are also eligible to participate in insurance pooling as defined by the individual bargaining units. We offer the same plans to part-time employees as full-time employees. They have access to the lower cost options as well. We are also closely following guidelines with the new Affordable Care Act for variable hours employees with the “Look Back Measurement Method” and plan on offering coverage to those eligible variable hours employees.</p>
<p><b>Onalaska School District</b></p>	<p><b>Premium Differential</b></p>	<p>The WEA Select Medical Plans through Premera have in some years applied lower increases to dependent rate tiers than to employee only rate tiers. They have lower cost options, such as the EasyChoice plan, the Basic plan, and the QHDHP. They also offer dependent children electing COBRA coverage the child rate and not a subscriber rate. As a district we have bargained with</p>

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	<b>Reduction</b>	our union groups to have a minimum percentage out-of-pocket medical premium contribution required of all employees who elect coverage. The minimum medical premium paid by the employee is added to the insurance pool for their respective union group and then is distributed to its members. This benefits the employees who choose coverage levels above employee only.
<b>Onion Creek School District</b>	<b>Administrative Cost Reduction</b>	The district has cut from a part time administrator to one day a week administrator. However, this model is not sufficient.
<b>Onion Creek School District</b>	<b>Cost Savings</b>	The district contracts with the PEBB program, whose cost-saving measures include: Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design, Purchasing coverage for medical tools and procedures that are evidence based, Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
<b>Onion Creek School District</b>	<b>Customer Service</b>	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
<b>Onion Creek School District</b>	<b>Part-Time Employee Coverage Protection</b>	The district has been paying for all eligible employees. The employee only pays for the employee contribution and any amount above the state reimbursement rate.
<b>Onion Creek School District</b>	<b>Premium Differential Reduction</b>	The district pays a composite rate for all eligible employees.
<b>Orcas Island School District</b>	<b>Administrative Cost Reduction</b>	By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Orcas Island</b>	<b>Cost Savings</b>	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account has been offered as of 10/01/2012. 2. Use of purchasing consortium/Interlocal to purchase some benefits at a lower

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<b>School District</b>		cost across several districts. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. 4. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Orcas Island School District</b>	<b>Customer Service</b>	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting our employee benefits consultant onsite during open enrollment allowing all employees to learn the most efficient way to access and manage their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Employees have access to provider websites with information about the employee’s benefits. Websites typically provide education information about wellness programs and benefits. 5. All providers will work with enrollees to address escalated or complex issues.
<b>Orcas Island School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirement to meet their specific group's benefits needs. We have provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014. We have provided access to medical coverage for part-time employees working a minimum of ten (10) hours/week (Group Health Medical) and to employees working a minimum of 17.5 hours/week (Regence and Premera Medical).
<b>Orcas Island School District</b>	<b>Premium Differential Reduction</b>	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 4. Each dependent child does not pay a separate premium – the child premiums rate for all medical providers is a composite rate. 5. Premera Blue Cross dependent children electing COBRA coverage pay a child rate and not a subscriber rate.
<b>Orchard Prairie School District</b>	<b>Administrative Cost Reduction</b>	PEBB HCA Provides this

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<b>Orchard Prairie School District</b>	<b>Cost Savings</b>	PEBB HCA Provides this
<b>Orchard Prairie School District</b>	<b>Customer Service</b>	PEBB HCA Provides this
<b>Orchard Prairie School District</b>	<b>Part-Time Employee Coverage Protection</b>	PEBB HCA Provides this
<b>Orchard Prairie School District</b>	<b>Premium Differential Reduction</b>	PEBB HCA Provides this
<b>Orient School District</b>	<b>Administrative Cost Reduction</b>	PEBB
<b>Orient School District</b>	<b>Cost Savings</b>	PEBB
<b>Orient School District</b>	<b>Customer Service</b>	PEBB
<b>Orient School District</b>	<b>Part-Time Employee Coverage Protection</b>	PEBB

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<b>Orient School District</b>	<b>Premium Differential Reduction</b>	PEBB
<b>Orondo School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Orondo School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket</p>

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		<p>costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or</p>

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		<p>procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Orondo School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics</p>

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		<p>including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Orondo School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Orondo School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<p><b>Oroville School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>WE DO NOT CHARGE ADMINISTRATIVE FEES</p>

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<b>Oroville School District</b>	<b>Cost Savings</b>	WORKING WITH UNION AND WEA
<b>Oroville School District</b>	<b>Customer Service</b>	WORKING WITH UNION AND WEA
<b>Oroville School District</b>	<b>Part-Time Employee Coverage Protection</b>	WORKING WITH UNION AND WEA
<b>Oroville School District</b>	<b>Premium Differential Reduction</b>	WORKING WITH UNION AND WEA
<b>Orting School District</b>	<b>Administrative Cost Reduction</b>	PEBB plans reduce administrative work, which in turn reduces our cost for time spent to reconcile accounts and the monthly administration of health care. WEA has increased the administrative work, thereby taking much longer balance and administer (for classified staff).
<b>Orting School District</b>	<b>Cost Savings</b>	Implementing the new high deductible plans, along with increased enrollment in PEBB has made progress on health care cost saving for our employees.
<b>Orting School District</b>	<b>Customer Service</b>	All employees who have elected PEBB have seen improved service and communication regarding health benefits.
<b>Orting School District</b>	<b>Part-Time Employee Coverage Protection</b>	When we moved to PEBB, all employees with a .5 FTE or more were offered benefits. Classified employees have access at 15 hours per week or more.

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<b>Orting School District</b>	<b>Premium Differential Reduction</b>	Moving to PEBB plans has effectively reduced the differential between EE and ESC.
<b>Othello School District</b>	<b>Administrative Cost Reduction</b>	2015-16 district expanded plan options to include Health Care HRA plans; lower rates
<b>Othello School District</b>	<b>Cost Savings</b>	2015-16 district expanded plan options to include Health Care HRA plans; lower rates
<b>Othello School District</b>	<b>Customer Service</b>	Addition of HRA Health Plans; Provided several insurance information forums; annual employee benefits fair; employee benefits committee
<b>Othello School District</b>	<b>Part-Time Employee Coverage Protection</b>	OSD communicates access to coverage through new employee orientation, as well as the annual employee benefits fair and open enrollment
<b>Othello School District</b>	<b>Premium Differential Reduction</b>	Mandatory employee contribution; Expand plan options to include HRA plan; more plans with a smaller gap between employee only and family premiums
<b>Palisades School District</b>	<b>Administrative Cost Reduction</b>	as required
<b>Palisades School District</b>	<b>Cost Savings</b>	as required
<b>Palisades School District</b>	<b>Customer Service</b>	we provide full coverage for all employees

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<b>Palisades School District</b>	<b>Part-Time Employee Coverage Protection</b>	we provide full coverage for all employees
<b>Palisades School District</b>	<b>Premium Differential Reduction</b>	we provide full coverage for all employees
<b>Palouse School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Palouse School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state</p>

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		<p>Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p>

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		<p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Palouse School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional</p>

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		<p>assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Palouse School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Palouse School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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		D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Pasco School District</b>	<b>Administrative Cost Reduction</b>	Although it is difficult to quantify direct administrative costs, the District is actively involved with its health care providers and broker to reduce administrative costs in both our fully insured and self-insured plans.
<b>Pasco School District</b>	<b>Cost Savings</b>	As a result of competitive process all but one employee group has moved to Asuris for medical coverage, resulting in an overall reduction in health care costs for the District.
<b>Pasco School District</b>	<b>Customer Service</b>	Expanded Benefits Information Night, expanded Employee Online giving all employees electronic access to basic provider information, reduced size of orientation sessions for new employees.
<b>Pasco School District</b>	<b>Part-Time Employee Coverage Protection</b>	Coverage at differentiated cost level provided to all employee groups, benefits are negotiated with access in mind, sustained effort in communication of available benefits.
<b>Pasco School District</b>	<b>Premium Differential Reduction</b>	Lower cost plans are available. Minimum premium is charged to all employees allowing pooling dollars to be spread further, which generally benefits employees covering dependents.
<b>Pateros School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method. on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in in their own business-including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
<b>Pateros</b>	<b>Cost Savings</b>	Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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<b>School District</b>		
<b>Pateros School District</b>	<b>Customer Service</b>	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
<b>Pateros School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Pateros School District</b>	<b>Premium Differential Reduction</b>	Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
<b>Paterson School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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Paterson School District	Cost Savings	<p>WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p>

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H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Paterson**            **Customer**  
**School District**   **Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.

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		<p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<b>Paterson School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<b>Paterson</b>	<b>Premium</b>	<p>WEA Select Medical Plans through Premera:</p>

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School District	<b>Differential Reduction</b>	<p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Pe Ell School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing "Lean" thinking since 2005.
<b>Pe Ell School District</b>	<b>Cost Savings</b>	Waiver-employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Pe Ell School District</b>	<b>Customer Service</b>	Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
<b>Pe Ell School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums. Additionally, a Qualified High Deductible Health Plan (QHDHP) is available.
<b>Pe Ell School District</b>	<b>Premium Differential Reduction</b>	Offer lower cost options, such as the EasyChoice plan and Basic plan that have lower premiums.
<b>Peninsula</b>	<b>Administrative</b>	Benefit Committee evaluated the option of moving to one carrier for the premium cost savings. The District pays broker on a

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<b>School District</b>	<b>Cost Reduction</b>	fee basis rather than a PEPM or commission basis which reduces admin costs.
<b>Peninsula School District</b>	<b>Cost Savings</b>	Benefit Committee evaluated the option of moving to one carrier for the premium cost savings.
<b>Peninsula School District</b>	<b>Customer Service</b>	Benefit Committee evaluated the option of moving to one carrier for the premium cost savings. The District conducts a benefit fair at open enrollment giving employees opportunity to get questions answered prior to enrollment.
<b>Peninsula School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees working more than 20hrs/week currently have access to all plans
<b>Peninsula School District</b>	<b>Premium Differential Reduction</b>	Rates have increased by a greater margin for employee only coverage than for family coverage consistently for the past three years.
<b>Pioneer School District</b>	<b>Administrative Cost Reduction</b>	The WEA Medical plans through Premera: have reduced Admn costs by: improving quality, providing member services outside of area and processes claims quicker through auto adjudication.
<b>Pioneer School District</b>	<b>Cost Savings</b>	The WEA Medical plans through Premera: have over 2 million members which helps negotiate provider discounts, greater member choice of plan coverage and option to waive medical.
<b>Pioneer School District</b>	<b>Customer Service</b>	The WEA Medical plans through Premera: has a website for employee's to access benefit information, cost estimator and sends out bi-annual newsletters to members.
<b>Pioneer School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Medical plans through Premera: provide coverage to employees working part-time at 17.5 hours + per week for over 30 years. Individual districts can provide coverage to staff with less hours per week providing employer contributes towards the cost of the plan(s).

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<b>Pioneer School District</b>	<b>Premium Differential Reduction</b>	The WEA Medical plans through Premera: have applied lower increases to dependent rate tiers than to employee only rate tiers and offered lower cost plans (QHDHP and BASIC).
<b>Pomeroy School District</b>	<b>Administrative Cost Reduction</b>	We don't have much administrative expense.
<b>Pomeroy School District</b>	<b>Cost Savings</b>	None, the AFA makes our costs go up faster than if it weren't in place.
<b>Pomeroy School District</b>	<b>Customer Service</b>	I have been trying to work with different insurance brokers to get a bigger variety of plans, put it is extremely difficult in our small county.
<b>Pomeroy School District</b>	<b>Part-Time Employee Coverage Protection</b>	With the AFA and 5940 this is basically impossible.
<b>Pomeroy School District</b>	<b>Premium Differential Reduction</b>	We have been charging more for employee only plans. It doesn't make sense why we would do that just to be "fair" to people with full family plans, they are covering more people, so they should have to pay more.
<b>Port Angeles School District</b>	<b>Administrative Cost Reduction</b>	Our Premera Plan has been a leader in implementing "Lean" thinking since 2005. The goal is to improve quality, improve the enrollee experience' and improve efficiency of non value added time and work effort and lowering expenses. The costs have remained at 5% of premium and has been under 6% for over 13 years.
<b>Port Angeles School District</b>	<b>Cost Savings</b>	Have a consumer driven High Deductible Health Plan with an optional Health Savings Account; Use of purchasing consortium with Aon Hewitt that lowers cost across several districts
<b>Port Angeles</b>	<b>Customer</b>	Provide a website with access to information about employee's benefits, including a cost estimator. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used employers and enrollees.

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<b>School District</b>	<b>Service</b>	Newsletter for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits and wellness resources
<b>Port Angeles School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have been working with the bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. Provided all new employees with the required notifications regarding the availability of health coverage through Health Finder.
<b>Port Angeles School District</b>	<b>Premium Differential Reduction</b>	Implementing a minimum cost per employee for the start of the 2016.2017 school year. Encourage employees who do not need medical coverage to opt out. Have a high deductible plan with an HAS
<b>Port Townsend School District</b>	<b>Administrative Cost Reduction</b>	The District pays broker on a fee basis rather than a PEPM or commission basis which reduces admin costs.
<b>Port Townsend School District</b>	<b>Cost Savings</b>	The District quoted other medical carriers to see if there was a better value available. The District continued to maintain the Premera 10% rate discount for all employees. Overage dependents pay the lower child COBRA rate rather than a subscriber rate.
<b>Port Townsend School District</b>	<b>Customer Service</b>	The District conducts a benefit fair at open enrollment giving employees opportunity to get questions answered prior to enrollment. Our broker is available to help employees with any questions that they may have regarding their health benefits.
<b>Port Townsend School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees working more than 20hrs/week currently have access to all plans
<b>Port Townsend</b>	<b>Premium Differential</b>	District implemented a minimum premium amount for all employees, regardless of the level of coverage. This increased the

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<b>School District</b>	<b>Reduction</b>	amount available in collectively bargained pools that is distributed to those who cover dependents.
<b>Prescott School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years.</p> <p>B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.</p>
<b>Prescott School District</b>	<b>Cost Savings</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”).</p> <p>B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.)</p> <p>C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.</p>

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		<p>D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>F. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate, and cost and care-efficient.</p> <p>G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.</p> <p>H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>I. Programs that monitor controlled medication substances to provide protection for enrollees.</p> <p>J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p>
<b>Prescott School District</b>	<b>Customer Service</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Provides a website with access to information about the employee’s benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.</p> <p>B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction.</p> <p>C. “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p>

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		<p>D. Premera’s “Lean” workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.</p> <p>E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.</p> <p>G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.</p>
<p><b>Prescott School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan.</p> <p>C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.</p>
<p><b>Prescott</b></p>	<p><b>Premium Differential</b></p>	<p>WEA Select Medical Plans through Premera:</p>

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<b>School District</b>	<b>Reduction</b>	<p>A. Gave lower increases to dependents than to employee only tiers for the past three years.</p> <p>B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.</p>
<b>Prosser School District</b>	<b>Administrative Cost Reduction</b>	<p>In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: ~Health Coaching ~ Group Health provides a Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors. ~ Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on thier answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. ~ Shared Decision-Making Tools ~ To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatmetn options, and how differing treatments will affect their lives. ~ Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits - and possible downsides- of a surgical procedure. The goal: health care that reflects a member's values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.</p>
<b>Prosser School District</b>	<b>Cost Savings</b>	<p>In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federa, state, and other industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreemeten to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquistion may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. upon the completion of the acquistition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing</p>

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		<p>health plan contracts with employer group purchasers and other purchasers at the close of the the qccquisitions. By joining with the lager Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.</p>
<p><b>Prosser School District</b></p>	<p><b>Customer Service</b></p>	<p>We work closely with the employees to find the right benefit designs and network optiona dn integrate them with our own delivery system to ensure that the group can maximiz cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improvehealth through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumPx to handle our pharmacy benefits management (claims and related network administration.) As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significat savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transittions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO an dHMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower cost and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool- the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and hig risk of hospitalization or high cost. We also received routine reports of members with hish utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees.</p>
<p><b>Prosser School District</b></p>	<p><b>Part-Time Employee</b></p>	<p>We continue to provide coverage to part time employees, down to 20 hours per week. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in</p>

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<b>District</b>	<b>Coverage Protection</b>	the pooling process in their respective bargaining groups.
<b>Prosser School District</b>	<b>Premium Differential Reduction</b>	We offer many different plan choices with different amounts of premiums
<b>Pullman School District</b>	<b>Administrative Cost Reduction</b>	We reduced admin costs by up to 10-15% by moving to self-insured plans
<b>Pullman School District</b>	<b>Cost Savings</b>	Implemented self-insured dental and vision program to help offset future premiums or increase benefits
<b>Pullman School District</b>	<b>Customer Service</b>	All SOB's posted online and always researching the market for best plans and premiums
<b>Pullman School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees over 17.5 hours have the option of medical coverage
<b>Pullman School District</b>	<b>Premium Differential Reduction</b>	Gradually implementation of 5940. Would be nice to get direction and guidelines from legislature.
<b>Puyallup School District</b>	<b>Administrative Cost Reduction</b>	We are exploring options and efficiencies for reducing the costs associated with administering our benefit options for employees. However, this remains problematic with added data collection requirements and increased time necessary to fully implement ESSB 5940. Newly added implementation and reporting requirements for the ACA has currently increased the work load on the district's staff. We are making progress towards automating much of the information requested. As a result, we expect the time spent on full implementation of ACA will be lessened in the future.

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<b>Puyallup School District</b>	<b>Cost Savings</b>	Our school district continues to offer a low cost medical plan option that passes the Minimum Value and Affordable test as required by ESSB 5940. Our Benefits Committee is currently exploring and reviewing various lower cost alternatives to potentially replace some of the high cost plans currently offered.
<b>Puyallup School District</b>	<b>Customer Service</b>	We are moving more fully to electronic media by continually revising and updating the delivery of information available to employees through our district website. As a district practice, we are driving employees to more fully use the district's electronic resources. Additionally, we've added weekly meetings to review benefits options with new hires or newly eligible employees. During open enrollment, we hold numerous benefit depots allowing employees the opportunity to meet one on one with representatives from the benefits office and insurance brokers for the sole purpose of counseling employees about their benefit options and costs. Further, through a benefits fair format during open enrollment, vendor representatives provide formal presentations to every interested employee regarding their plan options. Wellness newsletters, broker information, and other general information regarding benefit options are routinely and regularly uploaded to our district website.
<b>Puyallup School District</b>	<b>Part-Time Employee Coverage Protection</b>	It has been our district's policy to provide medical benefit eligibility for anyone who works 20+ hours/week for many years. This is more proactive towards availability for part time employees than the state's requirement.
<b>Puyallup School District</b>	<b>Premium Differential Reduction</b>	Our progress toward full implementation has stalled. In spite of communication with leaders of our various bargaining groups and member representatives through the benefits advisory committee, two groups have made progress, all others have moved in the opposite direction of the legislation. In some cases, because of bargaining agreements, the cost for full family coverage is now higher than before the legislation was passed. Current breakdown is as follows: 3:1=1 bargaining group; 6:1=4 bargaining groups; 9:1=2 bargaining groups; 15:1=5 bargaining groups
<b>Queets-Clearwater School District</b>	<b>Administrative Cost Reduction</b>	Online enrollment reduces staff hours for data entry and therefore provides a cost savings
<b>Queets-Clearwater</b>	<b>Cost Savings</b>	Provide Premera only plans to receive 10% premium discount.

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<b>School District</b>		
<b>Queets-Clearwater School District</b>	<b>Customer Service</b>	Provide on-line access to healthcare information including service providers
<b>School District</b>		
<b>Queets-Clearwater School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees are offered access to health insurance.
<b>Queets-Clearwater School District</b>	<b>Premium Differential Reduction</b>	Implemented a minimum deduction for all employees
<b>Quilcene School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
<b>Quilcene School District</b>	<b>Cost Savings</b>	The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large

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		<p>group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Quilcene School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use</p>

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		<p>“Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Quilcene School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Quilcene School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Quillayute Valley School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the</p>

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		<p>Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Quillayute Valley School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are</p>

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<b>Quillayute Valley School District</b>	<b>Customer Service</b>	<p>covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
		<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p>
		<p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p>
		<p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p>
		<p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p>
		<p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p>
		<p>F. Work with enrollees or their provider to address escalated or complex issues.</p>
<b>Quillayute Valley School</b>	<b>Part-Time Employee Coverage</b>	<p>The WEA Select Medical Plans through Premera:</p>
		<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts</p>

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<b>District</b>	<b>Protection</b>	<p>can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Quillayute Valley School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Quincy School District</b>	<b>Administrative Cost Reduction</b>	Describe progress on reducing administrative expenses
<b>Quincy School District</b>	<b>Cost Savings</b>	Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options at the same rate. It was developed so employees could pick the plan most appropriate for their needs and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with a low copay.
<b>Quincy School District</b>	<b>Customer Service</b>	Describe efforts to improve service to employees for health benefits

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<b>Quincy School District</b>	<b>Part-Time Employee Coverage Protection</b>	Describe efforts to protect part time employees access to health insurance coverage
<b>Quincy School District</b>	<b>Premium Differential Reduction</b>	Describe efforts to reduce the differential between employee-only and full family coverage
<b>Rainier School District</b>	<b>Administrative Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Rainier School District</b>	<b>Cost Savings</b>	<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid</p>

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		<p>claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p>

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		<p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Rainier School District</b></p>	<p><b>Customer Service</b></p>	<p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p>

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		<p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Rainier School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Rainier School District</b>	<b>Premium Differential Reduction</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Raymond School District</b>	<b>Administrative Cost Reduction</b>	<p>District: Please indicate if your district has done something specific in this area.</p> <p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the state of Washington, various</p>

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		<p>provide groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA’s administrative costs have been under 6% for over 11 years.</p> <p>B. BlueCard provides significant savings to Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. WEA Specific – the WEA Plan’s auto adjudication rates remain some of the highest within Premera, which reduces the need for manual intervention and provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services.</p>
<p><b>Raymond School District</b></p>	<p><b>Cost Savings</b></p>	<p>District: Please indicate if your district has done something specific in this area.</p> <p>WEA Select Medical Plans through Premera:</p> <p>A. Provider contracting - Premera has the highest number of providers “in network” in the state (98% + of all claims paid are “in-network”).</p> <p>B. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally. (In addition to Premera’s Exchange, Individual, small and large group accounts, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.)</p> <p>C. BlueCard – (Premera’s national “Blue” network) has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.</p> <p>D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>E. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>F. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make</p>

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changes to formularies to ensure they are appropriate, and cost and care-efficient.

G. Member 360 dashboard - Proprietary tool that uses more than claims to identify enrollees with specific healthcare needs.

H. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

I. Programs that monitor controlled medication substances to provide protection for enrollees.

J. An open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

**Raymond**      **Customer**  
**School District**   **Service**

District: Please indicate if your district has done something specific in this area.

WEA Select Medical Plans through Premera:

A. Provides a website with access to information about the employee’s benefits which includes a cost estimator which helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs and their plan benefits.

B. Does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve satisfaction.

C. “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

D. Premera’s “Lean” workshops include Customer Service, Claims and Billing processes – which we continue to focus on improving the enrollee experience.

E. The dedicated Premera Sales team provides year-round servicing and is available to work directly with enrollees or family

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		<p>members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.</p> <p>G. Dedicated staff in Customer Service and in Sales who work to address escalated or complex issues with the enrollees/designated representative and/or their provider. Input from the enrollee can often help in making adjustments or benefit changes to the Plans.</p>
<p><b>Raymond School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>District: Please indicate if your district has done something specific in this area.</p> <p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees with even fewer hours worked, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Premera works with the enrollees to review other plan options that allow the individual to remain covered on a medical plan.</p> <p>C. Added lower cost options, such as the EasyChoice plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.</p>
<p><b>Raymond School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>District: Please indicate if your district has done something specific in this area.</p> <p>WEA Select Medical Plans through Premera:</p>

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		<p>A. Gave lower increases to dependents than to employee only tiers for the past three years.</p> <p>B. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added the HDHP Plan.</p>
<b>Reardan-Edwall School District</b>	<b>Administrative Cost Reduction</b>	<p>The district does not incur administrative expenses that are passed along to employee premium costs. Premera's administrative costs are approximately 5% of the premium cost and is currently looking at making additional changes as it relates to the ACA "Cadillac" tax that is coming. The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Reardan-Edwall School District</b>	<b>Cost Savings</b>	<p>The district insurer is offering a new Basic Plan in the Premera Blue Cross offerings to ensure the lowest cost available plan still meets the Affordable Care Act minimum values. Premera has the highest number of In-Network providers which allows for nearly 98% of all claims paid are in-network. Evidence based medical initiatives, provider advisory groups, an open three-tiered drug offering, and a Member 360 Dashboard that allows Case Managers to identify enrollees with specific healthcare needs. The WEA Select Medical Plans through Premera provide the following cost saving measures:</p>

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A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

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		<p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Reardan- Edwall School District</b>	<b>Customer Service</b>	<p>Premera provides website access for employees to estimate costs and also offers wellness programs, plan benefits, and necessary forms for processing. Field staff offer direct one-on-one service to employees who may need additional assistance. Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p>

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		<p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Reardan- Edwall School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Part-time employees are eligible for insurance coverage. Notice also given concerning the Washington State Marketplace offerings if they choose to waive coverage. The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available</p>
<b>Reardan- Edwall School</b>	<b>Premium Differential</b>	<p>Certificated staff agreed to a minimum out-of-pocket of 3% of the lowest cost employee only medical premium offered by the district. Classified have not bargained for any minimum out-of-pocket. The current certificated bargaining contract is up for</p>

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<b>District</b>	<b>Reduction</b>	<p>renewal this year and discussions will take into consideration any changes to the minimum deduction. The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Renton School District</b>	<b>Administrative Cost Reduction</b>	<p>RSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average.</p> <p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p>

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C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

Group Health has reduced admin costs through the following:

In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers.

On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition.

By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.

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<b>Renton School District</b>	<b>Cost Savings</b>	Both Premera Blue Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes.

RSD has made progress by negotiating lower premiums on the Group Health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums.

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

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D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance

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pool to reduce the cost for those with monthly co-premiums.

Group Health provides the following:

Group Health works closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls.

Group Health offers patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. Group Health empowers employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs.

In order to ensure claims timeliness and accuracy, GH has online systems that catch inappropriate billing, review coding, identify duplicate billings and COB/subrogation opportunities. Group Health performs pre-payment review of high dollar claims and post-payment audits.

Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from the current vendor, MedImpact, to OptumRx, GH will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future.

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With Group Health’s Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities.

Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. Group Health also receives routine reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes. The key concepts in working with these members are to support identification of and bonding with a primary care provider, to offer education regarding ways to access same day care through their provider, urgent care centers, and the use of our Consulting Nurse Service (CNS.)

The work with members identified by the ACG focuses on supporting the medical treatment plan for any chronic conditions, assisting the member in improving their self-management skills and offering various organizational and community resources. This work may include focus on improved compliance with medications, routine care, and preventive care; management of sick days, education tailored to each individual and resolving any barriers to success that are identified by the patient or caregiver.

GH has also implemented a collaborative process between the Consulting Nurse Service, Behavioral Health Access (BHA) and Care Management (CM) areas. This process identifies individuals with high utilization of CNS and includes a review by CNS managers to determine if the calls were appropriate for the CNS program to manage. When it appears that members are accessing CNS for support with behavioral health concerns or because a behavioral health concern is driving frequent calls, e.g.

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		<p>depression, anxiety; BHA reviews and reaches out to the individuals or forwards the referrals to the CM case managers, who then reach out to the patients directly. If appropriate, the behavioral health and CM clinicians will collaborate on the care offered to members with co-occurring behavioral health and medical concerns.</p> <p>In addition to the utilization management activities discussed above, Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. The CM staff working with hospitalized patients and following recently discharged patients are also focused on effective transition management to provide patients with a plan for a safe transition that includes post-discharge telephone calls, follow up appointments, confirmation that home health, etc. is in place, and medication reconciliation. These efforts are planned to mitigate the risk of readmission, thereby improving outcomes for patients and avoiding additional costs. Care Management staff track financial savings associated with working with patients in all areas.</p>
<b>Renton School District</b>	<b>Customer Service</b>	<p>RSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District’s benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers.</p> <p>The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare.</p> <p>In addition, RSD works with insurance brokers to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.</p>

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Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

- A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
- B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.
- C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.
- D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
- E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.
- F. Work with enrollees or their provider to address escalated or complex issues.
- G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

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Group Health places a strong emphasis on Customer Service through these services:

Group Health’s Customer Service Centers in Seattle and Spokane serve as a vital source of quick, accurate information for members, staff, providers, and brokers. Available Monday through Friday, from 8:00 AM to 5:00 PM, they support inquiries for all lines of business and provide support for our health plans and clinics, as well as the self-service tools on our website and mobile app. In addition to taking over 4,000 calls each day, representatives also handle e-mails, written correspondence, and walk-in inquiries.

Customer Service Representatives are prepared to answer all manners of health care inquiries, including questions about health plan benefits, enrollment, billing, and accessing care. While striving to resolve questions or concerns on the first contact, they also work with partner departments, care teams, and individuals throughout Group Health to ensure every issue is handled thoroughly and professionally. Whether welcoming a new member, answering a question, or solving a problem for someone in need of help, Customer Service makes it a priority to embody Group Health’s mission and values on every contact.

Additionally, members can conveniently access customer service 24/7 via our member website, MyGroupHealth, at [www.ghc.org](http://www.ghc.org), or our mobile app, which is available for download on the iPhone and Android Smartphones. It includes many features available on our MyGroupHealth for Members Website and has added features, such as Symptom Checker and clinic locations and wait times.

From the website, members can use online forms to order a new ID card, file a claim, view plan information, update their personal information, order prescriptions and have them delivered to their homes, and provide feedback about Group Health. Patients are able to communicate directly with their primary care team – at their convenience – which improves service and builds a stronger provider-patient relationship.

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Using MyGroupHealth, members receiving care in Group Health medical centers have online access to a shared electronic health record (EHR) consisting of their entire medical record (except chart notes). Features available to them include:

- Access to lab/test/radiology results
- After-visit summaries
- Allergy and immunization records
- Medication histories, blood pressure, weight, and current health conditions
- Secure messaging with their primary care team

**Renton School District**    **Part-Time Employee Coverage Protection**

The WEA Select Medical Plans through Premera:

A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.

B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.

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		<p>RSD has not changed part-time employees’ access to coverage in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked.</p> <p>RSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.</p>
<p><b>Renton School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <ul style="list-style-type: none"> <li>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</li> <li>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</li> <li>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</li> <li>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</li> </ul> <p>RSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.</p>
<p><b>Republic</b></p>	<p><b>Administrative</b></p>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A: Premera has been a</p>

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<b>School District</b>	<b>Cost Reduction</b>	<p>leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Pemera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Pemera's Lean workshops so they can incorporate them in their own business- including the State of Washington, various provider groups, etc. Through Lean, Pemera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B: BlueCard provides significant savings to WEA/Pemera enrollees traveling or residing outside the Pemera service area. C: The percentate of WEA claims paid through auto adjudication remains some of the highest within Pemera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Republic School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Pemera provide the following cost saving measures: A: The high number of Pemera members, currently over 2 million, helps Pemera negotiate greater provider discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Pemera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Pemera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider Contracting: Pemera has the highest number of providers "in network" in the state (resulting in 98%+ of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for the enrollees on a WEA Plan. Blue Card - (Pemera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Pemera enrollees who travel or reside outside the Pemera service area. B: Evidence-based medical initiatives that allow Pemera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C: Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D: Provider advisory groups continually monitor Pemera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E: Member 360 dashboard - Proprietary tool used by Pemera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F: Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G: Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H: An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I: Child COBRA Rate - overage dependents</p>

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		<p>pay the lower child rate rather than a subscriber rate. J: The premium rate for dependent children is the same whether there is one or more enrolled. K: Prior Authorization - Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L: Choice - 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M: Waiver - employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Republic School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera's WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington., These teams: A: Provide a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. C: Internally, conduct "Lean" workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D: Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E: Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F: Work with enrollees or their provider to address escalated or complex issues. G: Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Republic School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The school district offers insurance to part time employees working 17.5 hours a week. The WEA Select Medical Plans through Premera: A: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B: Offer lower cost options, such as the EasyChoice plan and the Basic plan that have</p>

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		lower premiums. Additionally, QHDHP is available.
<b>Republic School District</b>	<b>Premium Differential Reduction</b>	<p>The school district has developed a spreadsheet ensuring families out of pocket cost for medical coverage meets the 3:1 ratio.</p> <p>The WEA Select Medical Plans through Premera: A: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B: Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C: Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D: Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Richland School District</b>	<b>Administrative Cost Reduction</b>	<p>:Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Richland School District</b>	<b>Cost Savings</b>	<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C.</p>

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		<p>Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Richland School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide</p>

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		information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Richland School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Richland School District</b>	<b>Premium Differential Reduction</b>	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Ridgefield School District</b>	<b>Administrative Cost Reduction</b>	As a non-profit health plan, our focus is on reinvesting premiums to care for our members--not generating shareholder returns. Our margin is used exclusively to reinvest in the employees and resources that make it possible for us to maintain our leadership.
<b>Ridgefield School District</b>	<b>Cost Savings</b>	Kaiser focuses on affordability by intergrating all medical services within our system rather than delivering disconnected or fragmented care. Our focus in on delivering high-quality care to employees so they're healthier and costs are lower. Because we
<b>Ridgefield School District</b>	<b>Customer Service</b>	Access to care is enhanced through open scheduling, expanded hours and new options for communication with the health plan or providers. Patients not only commnicate with the care team through secure email, but they can also see openings in their doctor's
<b>Ridgefield School District</b>	<b>Part-Time Employee Coverage Protection</b>	We allow coverage for part time employees.

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<b>Ridgefield School District</b>	<b>Premium Differential Reduction</b>	We analyze our pooling to make it fair for all.
<b>Ritzville School District</b>	<b>Administrative Cost Reduction</b>	PEBB
<b>Ritzville School District</b>	<b>Cost Savings</b>	PEBB
<b>Ritzville School District</b>	<b>Customer Service</b>	PEBB
<b>Ritzville School District</b>	<b>Part-Time Employee Coverage Protection</b>	PEBB
<b>Ritzville School District</b>	<b>Premium Differential Reduction</b>	PEBB
<b>Riverside School District</b>	<b>Administrative Cost Reduction</b>	In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing

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		<p>health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.</p>
<p><b>Riverside School District</b></p>	<p><b>Cost Savings</b></p>	<p>We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees.</p>
<p><b>Riverside</b></p>	<p><b>Customer</b></p>	<p>In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services: Health Coaching - Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are</p>

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<b>School District</b>	<b>Service</b>	<p>skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors. Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team. Shared Decision-Making Tools - To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives. Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits—and possible downsides—of a surgical procedure. The goal: health care that reflects a member’s values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.</p>
<b>Riverside School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>We continue to provide coverage to part time employees, down to 10 hours per week. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups. Group Health allows access for part-time employees working a minimum of 10 hours per week.</p>
<b>Riverside School District</b>	<b>Premium Differential Reduction</b>	<p>See #1 above.</p>
<b>Riverview School District</b>	<b>Administrative Cost Reduction</b>	<p>The Riverview School District has addressed the cost of administrative expenses by working with our employee benefits consultant in negotiating with both fully insured and self insured plans to reduce administrative expense wherever possible and to evaluate alternative carriers for all benefits plans that could result in either lower administrative expenses or simply reduce total premiums.</p>
<b>Riverview</b>	<b>Cost Savings</b>	<p>The Riverview School District has taken the following steps: offered a consumer driven High deductible health plan with an optional health savings account, offered as of 10/01/2012 and worked with our employee benefits consultant to evaluate</p>

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<b>School District</b>		alternative carriers for all benefit plans that could reduce premiums.
<b>Riverview School District</b>	<b>Customer Service</b>	The Riverview School District has worked to provide improved customer service by providing comprehensive employee benefits handbooks that encompass all benefit summaries, rates and vendor contact information, host an employee benefits fair with hours that allow for all employees to learn the most efficient way to access their benefits, ensuring that all health plans offered provide comprehensive nurse lines and telephonic customer service and support for all members and finally by holding Benefits Advisory Committee meetings.
<b>Riverview School District</b>	<b>Part-Time Employee Coverage Protection</b>	The Riverview School District has continued to work with purchasing and bargaining groups to determine the appropriate eligibility requirements to meet specific bargaining group needs and has provided all existing and new employees with required notifications regarding availability of health coverage through the Washington Health Plan Finder as of January 1, 2014.
<b>Riverview School District</b>	<b>Premium Differential Reduction</b>	The Riverview School District has made the efforts to reduce the differential between employee only and full family coverage: implemented minimum premium contribution for all employees, effectively increasing employee only cost and reducing the cost for covering dependents, worked with the district's employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents and finally, the JLARC K-12 Report, released in January of this year, ranked all Washington State School District based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Riverview School District ranked 12th out of 116 districts with more than 100 employees for the 2013-2014 school year. Riverview's equity ratio multiple was 5.3 compared to an average multiple of 11.3 for the rest of 116 districts.
<b>Rochester School District</b>	<b>Administrative Cost Reduction</b>	Due to the fact that we are not a large district, our administrative costs are minimal. We have one employee who works in this area; however, if she were not working in this area she would still have a full time job so no cost savings would be realized.
<b>Rochester School District</b>	<b>Cost Savings</b>	All insurance plans are bargained through local bargaining agreements
<b>Rochester</b>	<b>Customer</b>	At the start of each school year, a benefits fair is held in which insurance providers are present and all employees have the

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<b>School District</b>	<b>Service</b>	ability to ask specific questions. In addition, we work with Propel Insurance to provide a benefits website that summarizes all our benefit information as well as provides newsletters and other health information. Since we are a smaller size district, we have one person managing benefits. She is in constant contact with providers to stay up-to-date with any changes and quickly communicates updates to employees through email or newsletters.
<b>Rochester School District</b>	<b>Part-Time Employee Coverage Protection</b>	Employees working 20 hours per week or more in permanent positions are eligible for benefits.
<b>Rochester School District</b>	<b>Premium Differential Reduction</b>	Bargaining language in place for certificated staff allowing pooling dollars to be received only if covering a dependent
<b>Roosevelt School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing "Lean" thinking. The goal is to be able to improve quality, employee experience, and efficiency while eliminating non-value added time and work effort lowering expenses. The percentage of WEA claims paid through auto adjunction remains some of the highest within Premera, which reduces the need for intervention.
<b>Roosevelt School District</b>	<b>Cost Savings</b>	Premera has the highest number of providers "in network" in the state (resulting in 98%+ claims are paid "in-network"). Significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Member 360 dashboard is a tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they're receiving the appropriate services. Plans that include co-payments for ER services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and speciality drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate- Overage dependents pay the lower child care rate rather than the subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization- Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. There are 7 freestanding medical plans available

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		statewide with a broad range of benefits and rate levles to meet the diverse needs of school district employees and their families. Employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Roosevelt School District</b>	<b>Customer Service</b>	Provide website with access to information about the employee's benefits, including cost estimator. Provides educational infomration about wellness programs, plan benefits, and houses forms commonly used for employers and enrollees. Sue Ulysses Learning- leading to first call resolution and a higher level of satisfaction from enrolless. Conduct "Lean" workshops which improve policies and processess for all areas within the company that support WEA enrollees. Provide year round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Create newsletters on topics that maiximize enrollees benefits, wellness resources, provider updates, and benefit/rate changes.
<b>Roosevelt School District</b>	<b>Part-Time Employee Coverage Protection</b>	Have provided access to coverage for part-time employeess working 17.5 hours a week for over 30 years. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums.
<b>Roosevelt School District</b>	<b>Premium Differential Reduction</b>	Applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the Easy Choice plan and the Basic plan and QHDHP. Composite rate for children, meaning the rate for dependent children is the same whether there is on or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Rosalia School District</b>	<b>Administrative Cost Reduction</b>	The Premeral Plans offer Lean workshops to provider groups to improve efficiency and lowering expenses.
<b>Rosalia School District</b>	<b>Cost Savings</b>	Lower cost savings through the Basic, QHDHP and EasyChoice Plans. The Easy Choice Plan provides several options all at the same rate.
<b>Rosalia School District</b>	<b>Customer Service</b>	Provide a website with access to information about the employee's benefits including a cost estimator. The website provides education information about wellness programs and benefits.

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<b>Rosalia School District</b>	<b>Part-Time Employee Coverage Protection</b>	All employees offered Health Care
<b>Rosalia School District</b>	<b>Premium Differential Reduction</b>	Offer lower cost options such as the EasyChoice, Basic, and QHDHP Plans.
<b>Royal School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Royal School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the</p>

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		<p>Premera service area. B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. J. The premium rate for dependent children is the same whether there is one or more enrolled. K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Royal School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera</p>

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		<p>provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues. G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Royal School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Royal School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate</p>
<b>San Juan Island School District</b>	<b>Administrative Cost Reduction</b>	1) By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible 2) Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums
<b>San Juan Island School District</b>	<b>Cost Savings</b>	We have implemented the following steps: 1) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2) Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars 3) Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4) Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.

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<b>San Juan Island School District</b>	<b>Customer Service</b>	We have worked to provide improved customer service by: 1) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information 2) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members 4) Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>San Juan Island School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs 2) Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
<b>San Juan Island School District</b>	<b>Premium Differential Reduction</b>	We have worked to provide improved customer service by: 1) Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information 2) Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3) Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members 4) Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>Satsop School District</b>	<b>Administrative Cost Reduction</b>	The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
<b>Satsop School District</b>	<b>Cost Savings</b>	Offer lower cost insurance options.
<b>Satsop School District</b>	<b>Customer Service</b>	Premera's WEA provides a website with access to information about the employee's benefits, including a cost estimator. This tool helps them determine which providers require less out of pocket costs.
<b>Satsop School District</b>	<b>Part-Time Employee Coverage</b>	WEA Select Medical Plans through Premera provide access to coverage for part-time employees working 17.5 hours a week.

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	<b>Protection</b>	
<b>Satsop School District</b>	<b>Premium Differential Reduction</b>	Offer lower cost options such as EasyChoice Plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). A High Deductible Health Plan (HDHP) is available.
<b>Seattle Public Schools</b>	<b>Administrative Cost Reduction</b>	In 2014, SPS vetted current brokerage and benefits administration services with a thorough competitive bidding process. As a result of this competitive bidding process, the District enjoyed significantly reduced administrative expenses in 2015.
		<p>For the November 2015 plan year, SPS piloted online enrollment for a sample group of District employees through the District's Human Resources Information System. This pilot group's successful enrollment resulted in faster and more efficient data transfer to the insurance carriers, and a reduction in administrative and mailing costs. SPS plans to expand this online Open Enrollment to additional groups of employees in 2016.</p>
<b>Seattle Public Schools</b>	<b>Cost Savings</b>	SPS has made progress by aggressively negotiating lower premiums, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at significantly lower premiums. For the plan year beginning November 1, 2015, the District reviewed competitive bids from multiple insurers and replaced the

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two plans offered by KPS Health Plans with competitive PPO plans offered by Group Health Options, Inc.

Once again this year, the Joint Insurance Committee met with a Group Health Medical Director and the Senior Wellness Consultant to review claims experience and utilization for the medical plans offered to SPS employees. Having access to experience and utilization has enabled SPS to make decisions regarding targeted benefit designs and changes to copays or coinsurance in order to increase the number of employees affiliated with primary care physicians so as to improve network utilization, to incentivize usage of generic drugs for chronic conditions, and to take advantage of the wellness opportunities available to enrollees.

The District's primary insurer, Group Health Options Inc., has developed highly effective Care Management systems in order to identify and categorize individuals with high plan utilization. Group Health uses predictive modeling tools to identify members with specific conditions and high risk of hospitalization or other high cost health care services, and monitors reports of members with high utilization of Emergency Department Services. Care Management clinical staff (including registered nurses and licensed independent clinical social workers) reach out to individuals identified through these processes.

Group Health recently selected OptumRx to handle their pharmacy benefits management (claims and related network administration). By switching from MedImpact to OptumRx, they expect to achieve significant savings and industry-leading capabilities to better manage this fastest growing component of health care costs into the future.

Group Health Care Management has recently implemented a strategy to further ensure that short hospital stays are appropriately coded as observation stays, which is anticipated to yield significant savings. Through their transition management

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program, the Care Management staff works with hospitalized patients and follows recently discharged patients to provide safe transition, which includes, for example, post-discharge telephone calls, follow-up appointments, confirmation that home health services are in place, and medication management. These efforts are planned to reduce the risk of readmission, thereby improving outcomes for patients and avoiding additional costs.

All of these strategies are expected to result in cost savings that will benefit SPS employees and their families.

**Seattle Public Schools**      **Customer Service**

In 2014, SPS vetted current brokerage and benefits administration services with a thorough competitive bidding process. Evaluation of competitive proposals included experience with school district employees, performance metrics, educational tools, and regular communication.

The current benefits broker/benefits administrator was maintained. District employees enjoy a Benefits Website and a Benefits Helpline - two very popular and well-received services that enable District employees to become knowledgeable health care consumers. Compared to the previous year, the number of benefits website hits increased by 20% from 2014 to 2015, and the number of Helpline calls taken during the annual Open Enrollment period increased by 8%.

In addition, SPS employees enjoy access to enhanced information about their benefits by logging into Delta Dental, Group Health and the Premera websites to access, among other things, cost comparisons, wellness tools, and prescription drug information.

Using MyGroupHealth, members have online access to their electronic health records. Features available include:

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		<ul style="list-style-type: none"> <li>• Access to lab/test/radiology results</li> <li>• After-visit summaries</li> <li>• Allergy and immunization records</li> <li>• Medication histories, blood pressure, weight, and current health conditions</li> <li>• Secure messaging with their primary care team</li> </ul>
<b>Seattle Public Schools</b>	<b>Part-Time Employee Coverage Protection</b>	<p>Part-time employees’ access to coverage has not changed in recent years. Part-time employees remain eligible for the same benefits as full-time employees when they work at least 0.50 FTE for their position. At 0.50 FTE, most employees receive a pro-rated district contribution for their benefits based on their FTE.</p>
		<p>SPS has also evaluated eligibility rules for substitutes and other variable-hour employees who average 30 hours per week, but who are currently not offered coverage. In order to avoid penalties under the Employer Shared Responsibility Provision of the Affordable Care Act, the District may choose to change eligibility rules to allow coverage to be offered to these employees.</p>
<b>Seattle Public Schools</b>	<b>Premium Differential Reduction</b>	<p>Recognizing that premiums for the mandatory benefits (dental, vision, life, LTD) are deducted from the District Contribution before the medical insurance premiums, in 2013 SPS introduced a new lower-cost dental insurance plan. The lower premium for this new plan provides employees with families additional funds for medical coverage, and it adds funds to the insurance pools.</p>

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		<p>For the 2015-2016 plan year, SPS underweighted dependent premiums for the two most popular PPO plans to make them more affordable.</p>
		<p>SPS continues to evaluate various proposals to make progress towards a 3:1 premium sharing ratio for employees. The District and bargaining groups have added language to their agreements that acknowledges that states that they will work together toward this goal. SPS and bargaining groups recognize that an incremental approach is best, because any large changes in premium shares would cause significant and unpredictable enrollment shifts and likely cause the district significant financial loss.</p>
<b>Sedro- Woolley School District</b>	<b>Administrative Cost Reduction</b>	N/A
<b>Sedro- Woolley School District</b>	<b>Cost Savings</b>	Variety of plans available to employees.
<b>Sedro- Woolley School District</b>	<b>Customer Service</b>	Ongoing emails, publications, and training for access to web services.
<b>Sedro- Woolley School District</b>	<b>Part-Time Employee Coverage Protection</b>	The bargaining agreements dictate when employees are eligible.
<b>Sedro-</b>	<b>Premium</b>	Bargaining groups dictate which plans are offered to the employees. Some of our groups have searched out Consortiums to

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<b>Woolley School District</b>	<b>Differential Reduction</b>	seek out lower cost.
<b>Selah School District</b>	<b>Administrative Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on</p>

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		payments for services and lower administrative costs
<b>Selah School District</b>	<b>Cost Savings</b>	<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p>

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H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

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		<p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p>

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		<p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p>

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		<p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Selah School</b>	<b>Customer</b>	<p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness</p>

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<b>District</b>	<b>Service</b>	<p>programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Selah School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Selah School District</b>	<b>Premium Differential</b>	<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>

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<b>District</b>	<b>Reduction</b>	<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Selkirk School District</b>	<b>Administrative Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the member experience while eliminating wasted time and work effort, and improving efficiency while lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in “Lean” workshops so they can incorporate them into their own business. – including the state of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2012. WEA’s administrative costs have been under 6% for over 10 years.</p> <p>B. BlueCard provides significant savings to Premera employees traveling or residing outside the Premera service area.</p>
<b>Selkirk School District</b>	<b>Cost Savings</b>	<p>A. Premera has the following included in all the WEA medical programs</p> <p>a. Provider contracting – has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”).</p> <p>b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc.</p> <p>c. BlueCard – Premera’s national “Blue”network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.</p> <p>d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying</p>

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- appropriate alternative care based on the member’s needs.
- e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
  - f. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient.
  - g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting.
  - h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.
  - i. Programs that monitor controlled medical substances to provide protection for members.
  - j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.
- A. Premera has the following included in all the WEA medical programs
- a. Provider contracting – has the highest number of providers “in network” in the state (98%+ of all claims are paid “in network”).
  - b. The volume of enrollment in Premera assists in negotiating higher discounts locally and nationally (with over 1.7 million members and over 127,000 of those are enrolled in a WEA medical plan). In addition to the WEA account, Premera provides coverage for many large, national accounts such as Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air, etc.
  - c. BlueCard – Premera’s national “Blue” network – has negotiated discounts that are the highest within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area.

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- d. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as identifying appropriate alternative care based on the member’s needs.
- e. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- f. Provider advisory groups for medical and pharmacy that continually monitor Premera’s policies and procedures, and make changes to formularies to ensure they are appropriate and cost and care-efficient.
- g. Member 360 dashboard – proprietary tool that uses more than just claims to identify members with specific healthcare needs to make sure the enrollee is receiving cost-effective care in an appropriate setting.
- h. Plans include copayments for Emergency room services (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand name and specialty drugs.
- i. Programs that monitor controlled medical substances to provide protection for members.
- j. An open drug formulary that provides choice for members and their physicians while being prudent and ensuring the drugs are cost and care effective.

**Selkirk School District**      **Customer Service**

- A. Premera provides a website with access to information about the employee benefits – this includes a cost estimator which helps them determine what provider may require less out-of-pocket costs for the enrollee or their family. The website provides educational information about wellness programs and their plan benefits.
- B. Premera does independent surveys to measure member satisfaction and then puts a focus on making changes to improve satisfaction.
- C. Premera has “Ulysess Learning” which leads to first call resolution and a higher level of overall satisfaction from enrollees.

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		<p>D. Premera’s “Lean” workshops include Customer Service, Claims and Billing processes which we continue to focus on in order to improve the member experience.</p> <p>E. WEA Select Plans –The dedicated Premera sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera will work to resolve claim issues for the enrollees as well. This provides additional support to the district as well as direct support to the employees.</p> <p>F. WEA Select Plans - semi-annual newsletters are sent to enrollees to educate them on their plans and access to information to help support decision making and healthier lifestyle decisions.</p> <p>G. WEA – has their own separate claim review process that allows enrollees to go before a board of their peers and have the claim upheld, denied or have an administrative allowance made. Enrollee input has assisted the WEA in developing additional benefits or modifications to their plans.</p>
<p><b>Selkirk School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>A. Some of the innovative programs Premera has made available have consisted of:</p> <p>a. Patient-centered medical home program enabled members to select a clinic at which they received their non-emergent health care without having a copayment.</p> <p>b. Palliative care program was specifically designed to coordinate all care for patients identified to be terminally ill.</p> <p>B. Global Outcomes Contracting – Premera’s efforts have been acknowledged by the Robert Woods Johnson Foundation and by Forbes Magazine. This has also drawn interest from the National Institute of Health Care Management (NIHCM) and Premera has been asked to present information on this to the NIHCM May Board meeting. (Forbes article can be found at: <a href="http://www.forbes.com/sites/davechase/2013/03/17/div-health-reform-proof-of-how-easy-it-is-to-slay-the-healthcare-cost-beast/">http://www.forbes.com/sites/davechase/2013/03/17/div-health-reform-proof-of-how-easy-it-is-to-slay-the-healthcare-cost-beast/</a>)</p> <p>C. WEA Select Plans - offers surviving dependents medical coverage for up to 12 months following the employees death, at no</p>

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		cost.
<b>Selkirk School District</b>	<b>Premium Differential Reduction</b>	<p>A. WEA Select Plans – Passed on lower increases to dependents than to employee only tiers for the past two years.</p> <p>B. WEA Select Plans - added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and the HDHP Plan.</p> <p>C. WEA Select Plans – used the projected savings from the dependent eligibility audit to apply toward the dependent tiers to provide additional rate relief for family coverage.</p>
<b>Sequim School District</b>	<b>Administrative Cost Reduction</b>	<p>1. By working with our employee benefits consultant, we've negotiated with both fully insured and self insured plans to reduce administrative expenses wherever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.</p>
<b>Sequim School District</b>	<b>Cost Savings</b>	<p>We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars. 3. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.</p>
<b>Sequim School District</b>	<b>Customer Service</b>	<p>Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.</p>
<b>Sequim School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.</p>
<b>Sequim School</b>	<b>Premium</b>	<p>We have done the following: Implemented minimum premium contribution for all employees, effectively increasing the</p>

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<b>District</b>	<b>Differential Reduction</b>	employee only cost and reducing the cost for covering dependents. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Sequim School District ranked 1st out of 116 districts with more than 100 employees for the 2013-14 school year. Sequim’s equity ratio, multiple was just 2.1 compared to an average multiple of 11.3 for the rest of the 116 districts. *Despite being ranked 1st in the state, we believe a more accurate reflection of true cost reduction would have been achieved by measuring the average monthly costs for an employee to purchase full family medical coverage expressed in raw dollars. Based on that metric, the Sequim School District ranked 4th out those same 116 districts for the 2013-14 school year. Sequim’s average monthly cost to for an employee purchasing full family health insurance was just \$185 compared to an average of \$518 for the rest of the group.
<b>Shaw Island School District</b>	<b>Administrative Cost Reduction</b>	We are a very small district with only one admin person who does a variety of jobs
<b>Shaw Island School District</b>	<b>Cost Savings</b>	The following steps taken by WEA have benefitted our district: Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums
<b>Shaw Island School District</b>	<b>Customer Service</b>	We are a very small district with only 3 employees with health benefits. We were able to meet and review plans
<b>Shaw Island School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part-time, year-round employees over .4 receive health benefits
<b>Shaw Island</b>	<b>Premium Differential</b>	The following steps taken by WEA have benefitted our district: Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents; worked with employee benefits

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<b>School District</b>	<b>Reduction</b>	consultatn to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. As a district, the three covered employees carefully reviewed plans. The two employees without dependents were able to choose lower premium plans that met their needs leaving more pooling dollars for the one employee with dependents.
<b>Shelton School District</b>	<b>Administrative Cost Reduction</b>	Currently no direct costs are associated to benefit administration with the district.
<b>Shelton School District</b>	<b>Cost Savings</b>	We are continuing to review our premiums and look for other carriers that may have more affordable prices. At this point will receive a 10% discount from Premera because we only offer only Premera plans and one HMO choice. We do offer the full range of Premera plans including the basic and high deductible plans that have lower premiums.
<b>Shelton School District</b>	<b>Customer Service</b>	We are continuing to work to provide employees with insurance information and options on the district web site. Links are provided for our carriers who offer additional resources on their websites. The providers are offering a wide range of information and plan comparisons on-line.
<b>Shelton School District</b>	<b>Part-Time Employee Coverage Protection</b>	Regular employees working at least half time qualify to receive medical insurance benefits and are included in the pooling process. We offer a range of options with lower premium rates so part time employees have an affordable choice.
<b>Shelton School District</b>	<b>Premium Differential Reduction</b>	By having a minimum payment for individuals, more of the districts insurance dollars have been able to be pooled to help cover the cost of family coverage. By offering the high deductible plan and the lower premium plans, family insurance is more affordable. Premera has applied lower increases to dependent tiers of their premiums that last few years.
<b>Shoreline School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The

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		<p>administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. Group Health has reduced administrative costs through a continued effort on existing technology and making needed improvements in order to meet federal, state and industry guidelines and continue to provide the best service to our customers.</p>
<p><b>Shoreline School District</b></p>	<p><b>Cost Savings</b></p>	<p>Our health plan renewals continue to include changes to deductibles and other cost sharing.</p>
<p><b>Shoreline School District</b></p>	<p><b>Customer Service</b></p>	<p>HR Staffing continues to provide support staff available to provide information and support to staff seeking benefits questions during and after the school work day. The District hosts an annual Benefits Fair to provide information and materials to staff regarding benefits options and choices. Our employees have access to The Benefits Website and The Benefits Helpline. These websites contain information for all the District's benefit plans in one convenient place and is widely accessed by both employees and their families. The helpline is available for employees and their families when they have questions about their available benefits. There is also access to a cost estimator, which helps employees determine which plans require less out-of-pocket costs.</p>
<p><b>Shoreline School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>Shoreline School District continues to offer benefit packages to part time employees (Classified staff working as little as 3.5 hrs per day; Certificated staff working a minimum .4 FTE). They include; medical, dental, vision, long term disability, and life insurance.</p>
<p><b>Shoreline School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>Shoreline SD continues to provide better education to increase enrollment on the lower-premium plans in order to reduce the premiums paid by employees with families.</p>
<p><b>Skamania School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>As we have regularly completed a competitive bid process, and have reviewed and negotiated lower administrative costs. Our selected health carrier, Providence Health Plan, has significantly reduced administrative costs over the last few years. We have t</p>
<p><b>Skamania</b></p>	<p><b>Cost Savings</b></p>	<p>We have annually negotiated with our health carrier on benefits and rates. This negotiation has successfully reduced the rates.</p>

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<b>School District</b>		In addition, we have regularly completed a competitive bid process and have been able to use this information in our negotiat
<b>Skamania School District</b>	<b>Customer Service</b>	We provide an annual open enrollment group meeting, one on one counseling, a customized website and have a dedicated claims advocate for our employees via BCI Group, our benefit consultant. In addition, Providence Health Plan Customer Service and Claims
<b>Skamania School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer benefits to part time employees who work 20 hours or more per week. We will also be compliant with PPACA regulations pertaining to coverage for part-time employees.
<b>Skamania School District</b>	<b>Premium Differential Reduction</b>	We are scheduling meetings with BCI Group, our benefits consultant.
<b>Skykomish School District</b>	<b>Administrative Cost Reduction</b>	A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.
<b>Skykomish School District</b>	<b>Cost Savings</b>	The WEA Select Medical Plans through Premera provide the following cost saving measures:
<b>Skykomish School District</b>	<b>Customer Service</b>	A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

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Skykomish School District	Part-Time Employee Coverage Protection	A. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.
Skykomish School District	Premium Differential Reduction	Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.
Snohomish School District	Administrative Cost Reduction	A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
Snohomish School District	Cost Savings	A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. B. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. C. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. D. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. E.

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		Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
<b>Snohomish School District</b>	<b>Customer Service</b>	A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction. C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.
<b>Snohomish School District</b>	<b>Part-Time Employee Coverage Protection</b>	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.
<b>Snohomish School District</b>	<b>Premium Differential Reduction</b>	A. Lower increases were applied to dependents than to employee only tiers for the past four years. B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP. C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate. D. Each child does not pay a separate premium, as the child premium is a composite rate.
<b>Snoqualmie Valley School District</b>	<b>Administrative Cost Reduction</b>	By working with our employee benefit consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. We worked with our employee benefit consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Snoqualmie Valley School</b>	<b>Cost Savings</b>	We have Implemented the following steps: 1.) Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/1/2012. 2.) Established an HSA employer contribution of \$125 per employee per month, resulting in

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<b>District</b>		an increase to pooling dollars. 3.) Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. 4.) Added a new lower cost Basic Plan.
<b>Snoqualmie Valley School District</b>	<b>Customer Service</b>	We have worked to improve customer service by providing comprehensive employee benefit handbook that encompasses all benefit summaries, rates and vendor contact information. We host an employee benefit fair with hours allowing for all employees to learn the most efficient way to access their benefits. We ensure that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. We have regular Benefit Advisory Committee meetings with representation from all bargaining groups. We provide a benefit website page on our district website that has detailed information regarding all plans and carriers, including phone numbers and website links.
<b>Snoqualmie Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. We have provided all existing and new employees with required notification regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2015.
<b>Snoqualmie Valley School District</b>	<b>Premium Differential Reduction</b>	We have implemented a minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. We have encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. The JLARC K-12 Report, released in January this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only costs). Based on that metric, the Snoqualmie Valley School District ranked 56th out of 116 districts with more than 100 employees for the 2013-2014 year. Snoqualmie Valley's equity ratio, multiple was 9.3 compared to an average multiple of 11.3 for the rest of the 116 districts.
<b>Soap Lake School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing "Lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera's Lean workshops so they can incorporate them in their own business – including the State

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		<p>of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Soap Lake School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their</p>

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District	Category	Efforts and Achievements
		<p>families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Soap Lake School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Soap Lake School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Soap Lake School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>

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		Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>South Bend School District</b>	<b>Administrative Cost Reduction</b>	The percentage of WEA claims paid through adjudication remains some of the highest in Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as enrollees with quick turnaround on payments for services and lower administrative costs.
<b>South Bend School District</b>	<b>Cost Savings</b>	The premium rate for dependent children is the same whether there is one or more enrolled. Seven medical plans to choose from with wide range of benefits and rate levels. Employees can waive insurance and leftover state allocation is pooled to reduce the cost for those with monthly co-premiums
<b>South Bend School District</b>	<b>Customer Service</b>	Premera's WEA claims, customer service and field service teams provide website access to information about the employee's benefits, a cost estimator and educational information about wellness programs, plan benefits, commonly used enrollee and employer forms.
<b>South Bend School District</b>	<b>Part-Time Employee Coverage Protection</b>	District offers lower cost options: EasyChoice, Basic, QHDHP
<b>South Bend School District</b>	<b>Premium Differential Reduction</b>	Lower cost WEA Select Medical plan options are offered. Medical plans include a composite rate for children whether there is one or more enrolled. Dependent children are offered COBRA coverage at the child rate and not a subscriber rate.
<b>South Kitsap School District</b>	<b>Administrative Cost Reduction</b>	SKSD purchases medical plans through the WEA benefits program, in addition to one HMO plan purchased through Group Health Cooperative. The WEA program is an efficiently run program with low administrative costs built into the premiums for the management and maintenance of these plans, and the administrative costs on the Group Health plan are below average.
<b>South Kitsap School District</b>	<b>Cost Savings</b>	Both Premera Blude Cross and Group Health continue to evaluate their patient populations for early identification of costly chronic conditions. Group Health is nationally recognized for its' innovative approach to member care through their lifetimes. SKSD has made progress by negotiating lower premiums on the Group health medical plan, making strategic benefit plan alterations, and by offering an HSA-Qualified High Deductible Health Plan so that employees may cover family members at

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		significantly lower premiums.
<b>South Kitsap School District</b>	<b>Customer Service</b>	Some SKSD employees enjoy both a Benefits Website and a Benefits Helpline. The Benefits Website contains information for all the District's benefits plans in one convenient place and is widely accessed by both employees and their family members. It contains summaries, comparisons, calculators, forms, and links to information and resources provided by the insurance carriers. The very popular Benefits Helpline is available for employees and their families when they have questions about their District benefits. The phone calls received range on a wide variety of topics, from the new HSA-qualified HDHP, to LTD claims, vision provider searches, retirement and Medicare. In addition, Classified Employee Representatives and Administrators works with Brokers for SKSD to evaluate communication needs, provide surveys, newsletters, meetings, and one on one assistance when necessary.
<b>South Kitsap School District</b>	<b>Part-Time Employee Coverage Protection</b>	SKSD did not change part-time employees' access to coverage in the 2014-2015 plan year. Part-time employees remain eligible for the same benefits as full-time employees when they meet the definition of eligibility under their bargaining agreement. Medical insurance is optional and the district contribution for part-time employees is prorated based on the number of hours worked. SKSD and bargaining groups are aware that for part-time employees working 30 hours per week or more, full implementation of the 3:1 premium sharing as required by ESSB 5940 may subject the district to penalties under the Shared Responsibility Provision of the Affordable Care Act.
<b>South Kitsap School District</b>	<b>Premium Differential Reduction</b>	SKSD has continued to discuss various proposals to make progress towards a 3:1 premium sharing ratio for employees. Through meetings and discussions with administrators, it has been noted that any drastic changes in premium shares would cause significant changes in employee enrollment and could cause the district to overspend available funding. We continue to consider all options carefully in an effort to make progress.
<b>South Whidbey School District</b>	<b>Administrative Cost Reduction</b>	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses whenever possible. 2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative fees or simply reduce total premiums.
<b>South Whidbey</b>	<b>Cost Savings</b>	We have implemented the following steps: 1. Consumer driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit

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School District		plans that could reduce premiums.
South Whidbey School District	Customer Service	We have worked to provide improved customer service by: 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.
South Whidbey School District	Part-Time Employee Coverage Protection	1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. 2. Providing all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.
South Whidbey School District	Premium Differential Reduction	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increase the employee only cost and reducing the cost for covering dependents. 2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase in pooling dollars. 3. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents. 4. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the South Whidbey Island School District ranked 82nd out of 116 districts with more than 100 employees for the 2013-14 school year. South Whidbey's equity ratio, multiple was 11.9 compared to an average multiple of 11.3 for the rest of the 116 districts.
Southside School District	Administrative Cost Reduction	NA
Southside School District	Cost Savings	NA
Southside School District	Customer Service	NA

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Southside School District</b>	<b>Part-Time Employee Coverage Protection</b>	Coverage is offered
<b>Southside School District</b>	<b>Premium Differential Reduction</b>	Negotiations with Unions
<b>Spokane School District</b>	<b>Administrative Cost Reduction</b>	We have no direct administrative expense.
<b>Spokane School District</b>	<b>Cost Savings</b>	We had a 25% increase in enrollment in our State comparable plan.
<b>Spokane School District</b>	<b>Customer Service</b>	Employee Benefits fair services, Benefits outreach sessions during open enrollment.
<b>Spokane School District</b>	<b>Part-Time Employee Coverage Protection</b>	The bulk of pooling dollars goes to those with the largest out of pocket amounts (ie part time employees).
<b>Spokane School District</b>	<b>Premium Differential Reduction</b>	Encourage use of State comparable plan using a 1:3 cost share
<b>Sprague School District</b>	<b>Administrative Cost Reduction</b>	Offered administrators more affordable plans.

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<b>Sprague School District</b>	<b>Cost Savings</b>	We encourage employees to use in-network providers
<b>Sprague School District</b>	<b>Customer Service</b>	Premera provides a website with access to info about the employee benefits-this includes a cost estimator which helps them determine which plan offers out of pocket costs.
<b>Sprague School District</b>	<b>Part-Time Employee Coverage Protection</b>	By adding lower cost options, Easy Choice Plans & HDHP Plans
<b>Sprague School District</b>	<b>Premium Differential Reduction</b>	We offered employees lower cost options, such as the Easy Choice plan that have lower premiums & the HDHP Plan.
<b>St. John School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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District	Category	Efforts and Achievements
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**St. John  
School District**

**Cost Savings**

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

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		<p>admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>St. John School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them</p>

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		<p>determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>St. John School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is</p>

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District	Category	Efforts and Achievements
		available.
<b>St. John School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Stanwood-Camano School District</b>	<b>Administrative Cost Reduction</b>	<p>1)By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible. 2)Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums. Please note, there are some carriers such as Premera Blue Cross that don't provide the district with a summary of administrative costs so it is not possible to have an impact on those plans.</p>
<b>Stanwood-Camano School District</b>	<b>Cost Savings</b>	<p>We have implemented the following steps: 1) Consumer driven high deductible health plan with an optional Health Savings Account offered as of 10/01/2012 2)Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars 3)Use of purchasing consortium/Interlocal to purchase some benefits at a lower cost across several districts 4)Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.</p>
<b>Stanwood-Camano School District</b>	<b>Customer Service</b>	<p>We have worked to provide improved customer service by: 1)Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information 2)Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits 3)Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members 4)Having regular Benefits</p>

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District	Category	Efforts and Achievements
		Advisor Committee meetings with representation from all bargaining groups.
<b>Stanwood-Camano School District</b>	<b>Part-Time Employee Coverage Protection</b>	1)We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs. 2)Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1, 2014. 3) Offer several lower cost medical plan options
<b>Stanwood-Camano School District</b>	<b>Premium Differential Reduction</b>	We have done the following: 1)Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2)Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars. 3)Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. 4)Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
<b>Star School District</b>	<b>Administrative Cost Reduction</b>	Looking at other health care plans.
<b>Star School District</b>	<b>Cost Savings</b>	Offered Lower cost plans.
<b>Star School District</b>	<b>Customer Service</b>	District too small to get bids.
<b>Star School District</b>	<b>Part-Time Employee Coverage Protection</b>	District too small to get bids.
<b>Star School District</b>	<b>Premium Differential</b>	District too small to get bids.

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	<b>Reduction</b>	
<b>Starbuck School District</b>	<b>Administrative Cost Reduction</b>	Implementing smart reports on line for confirmation and balancing. Point of contact one on one assures a live person answering questions.
<b>Starbuck School District</b>	<b>Cost Savings</b>	10% discounts are available to employee groups/school districts when only the WEA Select Premera Blue Cross Medical Plans and one licensed HMO plan from one HMO carrier are offered.
<b>Starbuck School District</b>	<b>Customer Service</b>	Presentation of plans available at early Sept staff mtg. Considering an insurance fair with several other districts.
<b>Starbuck School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part-time employees must be over 1/2 time or they are offered topay their percentage of time to premium %.
<b>Starbuck School District</b>	<b>Premium Differential Reduction</b>	Not mandating but pooling allows any difference from allocation to be used for spousal or family coverage.
<b>Stehekin School District</b>	<b>Administrative Cost Reduction</b>	District has no administrative expenses, District has only one employee eligible. Same expenses as last year.
<b>Stehekin School District</b>	<b>Cost Savings</b>	No measurement for health care cost.
<b>Stehekin School District</b>	<b>Customer Service</b>	No measurement to improve service.
<b>Stehekin</b>	<b>Part-Time Employee</b>	No measurement to protect access.

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>School District</b>	<b>Coverage Protection</b>	
<b>Stehekin School District</b>	<b>Premium Differential Reduction</b>	District only has 1 employee eligible for coverage.
<b>Steilacoom Hist. School District</b>	<b>Administrative Cost Reduction</b>	We have reduced the cost of paper and additional internal administrative costs by offering an electronic platform that houses communication materials, forms, educational tools for employees and their families to access 24/7.
<b>Steilacoom Hist. School District</b>	<b>Cost Savings</b>	We offer an interactive Excel spreadsheet comparison that illustrates a high-level side-by-side plan review of the estimated out-of-pocket expenses that an employee and family would experience based on their estimated utilization of benefits and (pre-pooling) employee premium share. This gives employees and their families a better understanding of which plan could potentially be the most cost-effective for them.
<b>Steilacoom Hist. School District</b>	<b>Customer Service</b>	District employees and their families have access to an Employee Service Advocate Program available through our employee benefit broker/advisor. We hold educational sessions as necessary to keep our employees and their families informed, and we regularly hold an annual benefits fair.
<b>Steilacoom Hist. School District</b>	<b>Part-Time Employee Coverage Protection</b>	It is our practice to offer benefits to employees that work 15 hours or more per week.
<b>Steilacoom Hist. School District</b>	<b>Premium Differential Reduction</b>	Minimum contribution set at 1% of Employee Only premium for all employees enrolling in a medical plan
<b>Step toe</b>	<b>Administrative</b>	Built in to the Business Manager's job

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School District	Cost Reduction	
Step toe School District	Cost Savings	The district contracts with the PEBB Program, whose cost-saving measures include: Managing the medical plans'prescription-drug costs by promoting generic drug use through a lower-cost benefit design. Purchasing coverage for medical tools and procedures that are evidence based. Adopting PEBB's dependent verification eligibility processes, to ensure only eligible family members receive benefits.
Step toe School District	Customer Service	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents through valid documentation before the employer enrolls the dependents in PEBB coverage.
Step toe School District	Part-Time Employee Coverage Protection	District does its best to offer half time ee at prorated amount
Step toe School District	Premium Differential Reduction	Defer to PEBB value for premium differential
Stevenson- Carson School District	Administrative Cost Reduction	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.

As a non-profit health plan, our focus is on reinvesting premiums to care for our members--not generating shareholder returns. Our margin is used exclusively to reinvest in the employees and resources that make it possible for us to maintain our leadersh

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<b>Stevenson- Carson School District</b>	<b>Cost Savings</b>	<p>Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration</p> <p>Kaiser focuses on affordability by intergrating all medical services within our system rather than delivering disconnected or fragmented care. Our focus in on delivering high-quality care to employees so they're healthier and costs are lower. Because we're all part of one organization, we carefully coordinate care, sharing information among primary care and specialty physicians, pharmacies, and laboratories through to our hospitals and specialty care centers. It enables us to improve quality, reduce costs and drive innovation. Our integrated electronic medical records system promotes care, access and convenience for members.</p>
<b>Stevenson- Carson School District</b>	<b>Customer Service</b>	<p>Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered</p> <p>Access to care is enhanced through open scheduling, expanded hours and new options for communication with the health plan or providers. Patients not only communicate with the care team through secure email, but they can also see openings in their doctor's schedules and make appointments online, review lab results, refill prescriptions, identify and take steps to close care gaps through their personal action plan. One of the innovations is IT tool called OpQ. Through this system, we know in real-time how many patients are in the waiting room, how long they've been waiting, and how many referrals we have sent to each specialty that day. We also monitor the success of our office staff in closing care gaps as well as other performance indicators. This enables us to monitor and remediate potential service, quality or cost challengers in real time to ensure customer satisfaction.</p>

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Stevenson-Carson School District</b>	<b>Part-Time Employee Coverage Protection</b>	We allow coverage for part time employees.
<b>Stevenson-Carson School District</b>	<b>Premium Differential Reduction</b>	We analyze our pooling to make it fair for all.
<b>Sultan School District</b>	<b>Administrative Cost Reduction</b>	By working with our employee benefit consultant we have negotiated both fully insured and self insured plans to reduce administrative costs wherever possible. Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could result in lower administrative costs or total premiums.
<b>Sultan School District</b>	<b>Cost Savings</b>	Implemented consumer driven high deductible health plan with an optional HSA offered as of 10/01/2012. Established an HSA employer contribution of \$125 per employee per month resulting in an increase to pooling. Worked with employee benefits consultant to evaluate carriers for all benefit plans that could reduce premiums.
<b>Sultan School District</b>	<b>Customer Service</b>	We are working to provide customer service by providing comprehensive employee benefits handbooks that encompasses all benefit summaries, rates, and vendor contact information. We host an annual benefits fair allowing employees the opportunity to ask questions and learn the most efficient way to access their benefits. Ensuring all health plans offered provide a comprehensive nurse line and telephonic customer service and support for all members.
<b>Sultan School District</b>	<b>Part-Time Employee Coverage Protection</b>	We continue to work with all bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefit needs. We provide all existing and new employees with the required notifications regarding availability of health coverage through Washington State Health Finder as of January 1, 2014.
<b>Sultan School District</b>	<b>Premium Differential Reduction</b>	Implemented minimum premium contribution for all employees, effectively increasing employee only cost and reducing cost of dependent coverage. Encouraged employees that do not need health plan coverage to waive district offered plan resulting in an increase of pooling dollars. Established HSA contribution of \$125 per employee per month, resulting in an increase to

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		pooling dollars. Worked with employee benefit consultant to evaluate alternative carriers for all benefit plans that could reduce premiums. The JLARC K-12 Report, released in January 2016m ranked all Washington State School Districts based on the dependent equity ratio and Sultan School District ranked 73rd out of 116 districts with more than 100 employees for 2013-2014 school year. Sultan SD's equity ratio, multiple was 11.0 compared to an average multiple of 11.3 for the rest of the 116 districts.
<b>Summit Valley School District</b>	<b>Administrative Cost Reduction</b>	PEBB provides
<b>Summit Valley School District</b>	<b>Cost Savings</b>	PEBB provides
<b>Summit Valley School District</b>	<b>Customer Service</b>	PEBB provides
<b>Summit Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	PEBB provides
<b>Summit Valley School District</b>	<b>Premium Differential Reduction</b>	PEBB provides
<b>Sumner School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced</p>

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		<p>overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Sumner School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes</p>

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		<p>to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>

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<b>Sumner School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Sumner School District</b>	<b>Part-Time Employee Coverage</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the</p>

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	<b>Protection</b>	<p>cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Sumner School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Sunnyside School District</b>	<b>Administrative Cost Reduction</b>	<p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>

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		<p>D. Group Health - In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.</p>
<p><b>Sunnyside School District</b></p>	<p><b>Cost Savings</b></p>	<p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p>

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		<p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>

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N. Group Health - We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our purchasers around ED utilization for their enrollees.

**Sunnyside School District**      **Customer Service**

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve

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satisfaction.

C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

G. Work with enrollees or their provider to address escalated or complex issues.

H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.

I. Group Health - In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services:

Health Coaching

Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors.

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Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team.

Shared Decision-Making Tools

To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives.

Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits—and possible downsides—of a surgical procedure. The goal: health care that reflects a member’s values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.

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<b>Sunnyside School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p> <p>C. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.</p>
<b>Sunnyside School District</b>	<b>Premium Differential Reduction</b>	<p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate</p> <p>E. See #1 above.</p>
<b>Tacoma School District</b>	<b>Administrative Cost Reduction</b>	<p>The administrative costs of the benefits staff are paid by the trust and not the Tacoma School district. The trust works with Gallagher &amp; Co., a benefits consultant company to negotiate administrative costs associated with our medical plans, dental, vision, long term disability, etc.</p>
<b>Tacoma School District</b>	<b>Cost Savings</b>	<p>The Group Health plans offer access to personal health and wellness tools that help employees stay on top of their health. Also, these plans have an integrated health and case management system in place that help to ensure employees receive appropriate and cost-effective medical care.</p>

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<b>Tacoma School District</b>	<b>Customer Service</b>	Employees of the Tacoma School District have direct access to The Sound Partnership staff for all enrollment, orientation, questions, and concerns relating to their benefits.
<b>Tacoma School District</b>	<b>Part-Time Employee Coverage Protection</b>	Tacoma School District through its collective bargaining agreements have continued to provide benefits to part time employees.
<b>Tacoma School District</b>	<b>Premium Differential Reduction</b>	We continue to work towards compliance. Four of the five plans offered are in alignment with this provision.
<b>Taholah School District</b>	<b>Administrative Cost Reduction</b>	Use of LEAN program. Use of auto adjudication
<b>Taholah School District</b>	<b>Cost Savings</b>	Premera negotiated rates. Multiple choices, waiver and pooling available
<b>Taholah School District</b>	<b>Customer Service</b>	Employee website
<b>Taholah School District</b>	<b>Part-Time Employee Coverage Protection</b>	No PT coverage
<b>Taholah School District</b>	<b>Premium Differential Reduction</b>	Offer of multiple options
<b>Tahoma</b>	<b>Administrative</b>	Worked with out employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>School District</b>	<b>Cost Reduction</b>	lower administrative expenses or simply reduce total premiums.
<b>Tahoma School District</b>	<b>Cost Savings</b>	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
<b>Tahoma School District</b>	<b>Customer Service</b>	We have worked to provide improved customer service by 1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information. 2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits. 3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members. 4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.
<b>Tahoma School District</b>	<b>Part-Time Employee Coverage Protection</b>	We have continued to work with all purchasing/bargaining groups to determine the appropriate eligibility requirements to meet their specific group's benefits needs.
<b>Tahoma School District</b>	<b>Premium Differential Reduction</b>	We have done the following: 1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents. 2. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.
<b>Tekoa School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain</p>

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		<p>approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Tekoa School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p>

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		<p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance</p>

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		pool to reduce the cost for those with monthly co-premiums.
<b>Tekoa School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Tekoa School</b>	<b>Part-Time Employee</b>	The WEA Select Medical Plans through Premera:

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<b>District</b>	<b>Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Tekoa School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Tenino School District</b>	<b>Administrative Cost Reduction</b>	N/A
<b>Tenino School District</b>	<b>Cost Savings</b>	Our District continues to be part of a large high volume plan which allows carries to negotiate lower costs and higher discounts. We have insurance pooling of surplus dollars that result from employees who have the option to waive medical coverage.
<b>Tenino School District</b>	<b>Customer Service</b>	Employee Resources link on District Home Page, Online enrollment and interactive website for plans.
<b>Tenino School District</b>	<b>Part-Time Employee Coverage</b>	Continue of offer health benefits to employees who work 12.5 hours per week (or a daily average of 2.5 hrs/day) or more. Continue to offer Easy Choice plans with lower premiums options and a High Deductible plan is also an option for our

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	<b>Protection</b>	employees.
<b>Tenino School District</b>	<b>Premium Differential Reduction</b>	Continue to give lower increases to coverage tiers with dependents. Continue to offer Easy Choice plans with lower premiums options and a High Deductible plan is also an option for our employees. Premiums for children on both of the plans we offer are one set amount and are not a seperate premium for each child.
<b>Thorp School District</b>	<b>Administrative Cost Reduction</b>	District contracts with WEA for Healthcare Benefits
<b>Thorp School District</b>	<b>Cost Savings</b>	District contracts with WEA for Healthcare Benefits
<b>Thorp School District</b>	<b>Customer Service</b>	District contracts with WEA for Healthcare Benefits
<b>Thorp School District</b>	<b>Part-Time Employee Coverage Protection</b>	District contracts with WEA for Healthcare Benefits
<b>Thorp School District</b>	<b>Premium Differential Reduction</b>	District contracts with WEA for Healthcare Benefits
<b>Toledo School District</b>	<b>Administrative Cost Reduction</b>	District manages own insurance reconciliation and plan enrollment
<b>Toledo School District</b>	<b>Cost Savings</b>	We are searching for providers that can save both the district and employees money by offering lower premiums.

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Toledo School District</b>	<b>Customer Service</b>	Employees can contact WEA/Aon Hewitt for all questions via phone or internet
<b>Toledo School District</b>	<b>Part-Time Employee Coverage Protection</b>	Our district continues to offer health benefits to all employees who are contracted to work at least 3.5 hours a day
<b>Toledo School District</b>	<b>Premium Differential Reduction</b>	Less premium increase for family coverage as compared to individual coverage
<b>Tonasket School District</b>	<b>Administrative Cost Reduction</b>	Administrative expenses have increased. Cost of implementation of new insurance mandates has been absorbed by district and not passed on to employee.
<b>Tonasket School District</b>	<b>Cost Savings</b>	Lower cost plans are available such as the HDHP or the Easy Choice Plan. Waiver - Employees can waive medical coverage. Any left over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.
<b>Tonasket School District</b>	<b>Customer Service</b>	Work with enrollees or their provider to address escalated or complex issues.
<b>Tonasket School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer health care coverage to all of our employees.
<b>Tonasket School District</b>	<b>Premium Differential Reduction</b>	Lower increases were applied to dependents than to employee only tiers for the past four years. Added lower cost options, such as the EasyChoice plans, New Basic Health plan and the HDHP. Dependent children electing COBRA coverage pay a child rate nad not a subscriber rate.

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Toppenish School District</b>	<b>Administrative Cost Reduction</b>	Bid out insurance coverage; more employee online enrollment versus paper;
<b>Toppenish School District</b>	<b>Cost Savings</b>	high number of members w/ insurance providers helps negotiate greater discounts; evidence based medical initiatives that allow carriers to provide efficient/cost-effective care and identify appropriate alternative care based on enrollee's needs; consumer driven-support services to help employees understand and direct their health care needs;
<b>Toppenish School District</b>	<b>Customer Service</b>	Distribute benefit summaries and as much information online for easy access to employees to make educated decisions regarding plan choice and health care
<b>Toppenish School District</b>	<b>Part-Time Employee Coverage Protection</b>	Access to coverage for part-time employees; offerings of lower cost options and a High Deductible Health Plan
<b>Toppenish School District</b>	<b>Premium Differential Reduction</b>	Lower increases applied to dependents than to employee tiers, added lower cost options, each child does not pay a separate premium-child premium is a composite rate.
<b>Touchet School District</b>	<b>Administrative Cost Reduction</b>	None
<b>Touchet School District</b>	<b>Cost Savings</b>	Attempting to replace higher premium options with more affordable ones.
<b>Touchet School District</b>	<b>Customer Service</b>	Work closely with benefit providers to provide employee benefit needs.
<b>Touchet School District</b>	<b>Part-Time Employee Coverage</b>	Part-time employees must work 4 or more hours per day to be eligible for benefits

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	<b>Protection</b>	
<b>Touchet School District</b>	<b>Premium Differential Reduction</b>	Attempting to replace higher premium options with more affordable ones.
<b>Toutle Lake School District</b>	<b>Administrative Cost Reduction</b>	No Administrative Cost
<b>Toutle Lake School District</b>	<b>Cost Savings</b>	We offer an HAS which is attached to the QHDP
<b>Toutle Lake School District</b>	<b>Customer Service</b>	Information given to employees regularly/and Aon YBA web-site access
<b>Toutle Lake School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer Kaiser and Premera with a 10% discount
<b>Toutle Lake School District</b>	<b>Premium Differential Reduction</b>	Minimum out of pocket for everyone
<b>Trout Lake School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
<b>Trout Lake</b>	<b>Cost Savings</b>	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in

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<b>School District</b>		<p>collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.</p>
		<p>PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.</p>
<b>Trout Lake School District</b>	<b>Customer Service</b>	<p>Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time and historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard business hours which includes a variety of self service options and tools.</p>
<b>Trout Lake School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>We allow coverage for part time employees.</p>
<b>Trout Lake School District</b>	<b>Premium Differential Reduction</b>	<p>We analyze our pooling to make it fair for all.</p>
<b>Tukwila</b>	<b>Administrative</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p>

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School District	Cost Reduction	

A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.

B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.

C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

**Tukwila**  
**School District**      **Cost Savings**

The WEA Select Medical Plans through Premera provide the following cost saving measures:

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts

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locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on

the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many

large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in

98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the

plan and lower out-of- of pocket costs for enrollees on a WEA Plan.

WEA Premera enrollees who travel or reside outside the Premera service area.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to

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B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to

identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care

needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make

changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific

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healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

admissions, and higher copayments for brand, non-preferred and specialty drugs.

G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.

H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and

ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

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J. The premium rate for dependent children is the same whether there is one or more enrolled.

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service

or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the

diverse needs of school district employees and their families. Lower cost plans are available such as the Basic,

QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was

developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the

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table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the

insurance pool to reduce the cost for those with monthly co-premiums.

**Tukwila**            **Customer**  
**School District**   **Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

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D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.

F. Work with enrollees or their provider to address escalated or complex issues.

G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.

**Tukwila  
School District**      **Part-Time  
Employee  
Coverage  
Protection**

The WEA Select Medical Plans through Premera:

A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.

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District	Category	Efforts and Achievements
<b>Tukwila School District</b>	<b>Premium Differential Reduction</b>	<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
		<p>The WEA Select Medical Plans through Premera:</p>
		<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>
		<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p>
<b>Tumwater School District</b>	<b>Administrative Cost Reduction</b>	<p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p>
		<p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Tumwater School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in</p>

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District	Category	Efforts and Achievements
		<p>2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Tumwater School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides</p>

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		<p>several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Tumwater School District</b></p>	<p><b>Customer Service</b></p>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Tumwater School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Tumwater School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>

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<b>Union Gap School District</b>	<b>Administrative Cost Reduction</b>	<p>Premera provides a website with access to information about employee benefits, including a cost estimator. The website also provides educational information about wellness programs, plan benefits and houses forms commonly used by employers and enrollees. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera also works to resolve claim issues for enrollees. Offer a newsletter providing information a variety of topics including how to maximize their benefits, wellness resources, provider updates and benefit and rate changes.</p>
<b>Union Gap School District</b>	<b>Cost Savings</b>	<p>Premera provides the following cost savings measures: they negotiate greater provider discounts locally and nationally. They provide coverage to enrollees on the State Exchange, Individual, small and large group accounts. They use evidence-based medical initiatives that allow them to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. They have real-time access to consumer decision-support resources. Advisory groups continually monitor Premera's medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier and cost and care-efficient. Plans include copayments for emergency room service (waived if admitted), copayments for inpatient hospital admissions and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tier drug formulary that provides choice for enrollees and their physicians. The premium rate for dependent children is the same whether there is one or more enrolled. Seven freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available. Employees can waive medical coverage. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Union Gap School District</b>	<b>Customer Service</b>	<p>Premera provides a website with access to information about employee benefits, including a cost estimator. The website also provides educational information about wellness programs, plan benefits and houses forms commonly used by employers and enrollees. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera also works to resolve claim issues for enrollees. Offer a newsletter providing information a variety of topics including how to maximize their benefits, wellness resources, provider updates and benefit and rate changes.</p>
<b>Union Gap</b>	<b>Part-Time</b>	<p>Premera has provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual</p>

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<b>School District</b>	<b>Employee Coverage Protection</b>	disttict can choose to allow participation for employees working fewer hours, providing that the employer is contributing toward the cost of the medical plan. In our district, all employees, are allowed to participate in our group medical coverage. We offer lower cost options, such as the Premera EasyChoice pland and the Basic plan that have lower premiums. Additionally, QHDHP is available.
<b>Union Gap School District</b>	<b>Premium Differential Reduction</b>	In some years, Premera has applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options such as the EasyChoice plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Dependent children electing COBRA coverage is at the child rate, not the the subscriber rate.
<b>University Place School District</b>	<b>Administrative Cost Reduction</b>	Commission is paid on a PEPM Basis rather than a percentage of overall premium. This reduces costs overtime as medical inflation increases.
<b>University Place School District</b>	<b>Cost Savings</b>	District has maintained a discount in premium by having only one carrier. We locked in a rate cap for the current year which helped lower our costs
<b>University Place School District</b>	<b>Customer Service</b>	The district Payroll departments is able to directly assist employees with their enrollment and helps to intervene if there are any questions.
<b>University Place School District</b>	<b>Part-Time Employee Coverage Protection</b>	Certificated employees working more than 17.5 hours per week or all other employees working 20 hours per week have access to all medical plans.
<b>University Place School District</b>	<b>Premium Differential Reduction</b>	Rates have increased by a greater margin for employee only coverage than for family coverage consistently for the past three years.

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<b>Valley School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Valley School District</b>	<b>Cost Savings</b>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p>

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- B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
- J. The premium rate for dependent children is the same whether there is one or more enrolled.
- K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
- L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the

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		<p>EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Valley School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p>

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		G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.
<b>Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	The WEA Select Medical Plans through Premera:
		<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Valley School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera:
		<p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Vancouver School District</b>	<b>Administrative Cost Reduction</b>	Administration expenses at the District level are a very small portion of total insurance costs. New state and federal regulations have required us to add staff.
<b>Vancouver School District</b>	<b>Cost Savings</b>	The WEA/Premera online enrollment system allows employees to compare the previous years expenses with estimated coverage under alternate WEA/Premera plans. Benefit staff also work closely with employees asking questions and highlighting benefits of lower cost plans to help employees discover their true health insurance needs. The two highest cost plans, Plans 5

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		and 2, had an enrollment decrease of 55% and 29% respectively.
<b>Vancouver School District</b>	<b>Customer Service</b>	We strive to offer our new employees the highest level of customer service by providing benefit orientations individually or in small groups. We devote multiple days in August to new educator benefit processing. Our comprehensive Benefit Guide is distributed each year at open enrollment and is available 24/7 via our staff portal. The staff portal also includes contacts, education pieces, monthly health topic newsletters, and forms. We host weekly benefit help sessions during open enrollment and a large benefit fair with all vendors in attendance. Employees may meet with a Premera representative at any of seven monthly Premera Assistance Days to gather information to assist them in making proactive decisions regarding their health care.
<b>Vancouver School District</b>	<b>Part-Time Employee Coverage Protection</b>	Employees that work 17.5 hours or more per week are eligible to participate in health benefits. Our district offers a wide range of plans and premiums to all employees.
<b>Vancouver School District</b>	<b>Premium Differential Reduction</b>	Signed Memorandum of Understanding with all bargaining groups that both parties agree to explore options for making progress toward a 3:1 ratio between family and employee only rates. Held multiple insurance oversight committee meetings to discuss necessary changes to premium rate structure. The district collaborated with unions to look at adding a minimum premium charge at the end of their collective bargaining agreement.
<b>Vashon Island School District</b>	<b>Administrative Cost Reduction</b>	Administrative costs continue on a downward trend and are under 6%. High claims paid through auto adjudication reduces need for manual intervention which lowers administration costs.
<b>Vashon Island School District</b>	<b>Cost Savings</b>	Provider contracting and volume of enrollment help negotiate higher discounts. We offer plans that include copayments for Emergency Room service (waived if admitted). Copayments for inpatient hospital admissions and higher copayments for brand, non-preferred and speciality drugs. Some services require prior authorization which provides financial protection against unnecessary services. Overage dependents pay the lower child rate rather than subscriber for COBRA. BlueCard program offers enrollees discounts if traveling outside Premera service area. If employee waives medical coverage, any leftover state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

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<b>District</b>	<b>Category</b>	<b>Efforts and Achievements</b>
<b>Vashon Island School District</b>	<b>Customer Service</b>	A website is available with access to information about employee benefits which includes a cost estimator. We send out a comprehensive packet annually via e-mail summarizing plans costs and coverages that include links to every insurance plan. As well as have providers available at our annual benefits fair for employees.
<b>Vashon Island School District</b>	<b>Part-Time Employee Coverage Protection</b>	We offer medical insurance to any employee who works at least 15 hours per week. The same plans are available as with full time employees.
<b>Vashon Island School District</b>	<b>Premium Differential Reduction</b>	All of our employee unions/groups pay 1% of the cost of their premium or any amount not covered in pooling whichever is greater. Each child does not pay a separate premium as the child premium is a composite rate.
<b>Wahkiakum School District</b>	<b>Administrative Cost Reduction</b>	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and proc
<b>Wahkiakum School District</b>	<b>Cost Savings</b>	The district contracts with the PEBB Program, whose cost-saving measures include: 1. Managing the medical plans' prescription-drug costs by promoting generic drug use through a lower-cost benefit design. 2. Purchasing coverage for medical tools and proc
<b>Wahkiakum School District</b>	<b>Customer Service</b>	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents t
<b>Wahkiakum School District</b>	<b>Part-Time Employee Coverage Protection</b>	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents t
<b>Wahkiakum</b>	<b>Premium Differential</b>	The district follows the PEBB Program's guidelines for determining employee eligibility and enrollment procedures to ensure

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<b>School District</b>	<b>Reduction</b>	consistency. As required by the PEBB Program, the district is also required to verify eligibility for each employee's dependents t
<b>Wahluke School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization.
<b>Wahluke School District</b>	<b>Cost Savings</b>	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts.
<b>Wahluke School District</b>	<b>Customer Service</b>	A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.
<b>Wahluke School District</b>	<b>Part-Time Employee Coverage Protection</b>	A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.
<b>Wahluke School District</b>	<b>Premium Differential Reduction</b>	A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.
<b>Waitsburg School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing "lean" thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Premera has reduced overall administrative costs from 8.8% in 2005 to 6.3% in 2013. WEA's admin costs have been under 6% for over 11 years. The reduction have been passed on to our District. Premera's BlueCard provides significant saving to Premera enrollees traveling or residing outside the Premera service area.

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<b>Waitsburg School District</b>	<b>Cost Savings</b>	<p>Districts provider Premera provided a plan that has the highest number of providers "in network" in the state. Providers' volume of enrollment assists in negotiating high discounts locally and nationally. Provider has negotiated discounts that are at the highest level within the state and provides significant savings to Premera enrollees who travel or reside outside the Premera service area. Provider has evidence-based medical initiatives that allow them to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Provider has advisory groups for medical and pharmacy that continually monitor its policy and procedures and make changes to formularies to ensure they are appropriate, and cost and care-efficient. Premera's member 360 dashboard, a proprietary tool that uses more than claims to identify enrollees with specific healthcare needs. Premera provides plans that include copayments for Emergency Room service waived if admitted, copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Premera's has programs that monitor controlled medication substances to provide protection for enrollees. Premera has an open drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p>
<b>Waitsburg School District</b>	<b>Customer Service</b>	<p>Premera offers a website with access to information about the employee's benefits which includes a cost estimator which helps them determine which providers require less-out-of-pocket costs. The website provides educational information about wellness programs and their plan benefits. Premera does independent surveys to measure enrollee satisfaction and then puts a focus on making changes to improve enrollees satisfaction. Premera's Sales team provides year-round servicing and is available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from education about benefits and plan choices to when a plan can be made. Working to help resolve claim issues. Carrier provides a semi-annual newsletters to enrollees to educate them on their plans and provide access to information to help support decision making and healthier lifestyle decisions.</p>
<b>Waitsburg School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>WEA Select Medical Plans offered through Premera provided access to coverage for part-time employees working 17.5 hours a week. Added lower cost options, such as the EasyChoice Plan, that have lower premiums and many first dollar benefits and also added the HDHP Plan.</p>
<b>Waitsburg School District</b>	<b>Premium Differential</b>	<p>District provider gave lower increases to dependents than to employee only tiers for the past three years. Added lower cost options, such as the EasyChoice plan that have lower premiums and many first dollar benefits and also added HDHP Plan.</p>

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	<b>Reduction</b>	
<b>Walla Walla Public Schools</b>	<b>Administrative Cost Reduction</b>	With the ability to access our census/utilization data this allows our broker to better negotiate and minimize premium increases and administrative costs - these savings are passed onto employees
<b>Walla Walla Public Schools</b>	<b>Cost Savings</b>	Working directly with our broker we have local control over plan design and receive guidance on how plan design changes can have a positive impact on costs while also engaging employees for better decision making and utilization of their plan. In addition we eliminate WEA Vision coverage @ \$31.2 in exchange for MetLife-same VSP network with better coverage @ \$19.97. Premium savings of \$11.28 back to pooling to help with medical premiums.
<b>Walla Walla Public Schools</b>	<b>Customer Service</b>	Increased communication to employees regarding health and wellness tools available via their health plan as well as on site health plan representative to answer questions
<b>Walla Walla Public Schools</b>	<b>Part-Time Employee Coverage Protection</b>	Since we direct negotiate our health plan we were able to establish lower minimum work hours for employee participation
<b>Walla Walla Public Schools</b>	<b>Premium Differential Reduction</b>	We eliminated our "Platinum" plan and restructured deductibles on lower premium plans to encourage enrollment on those plans which as a ration are more affordable
<b>Wapato School District</b>	<b>Administrative Cost Reduction</b>	For Premera: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.

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		<p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p> <p>For Group Health: In 2015, Group Health continued to focus our efforts on existing technology, making needed improvements to Premier and other legacy systems in order to meet federal, state, and industry guidelines and continue to provide the best service to our customers. On December 4, 2015, Group Health Cooperative announced that it signed an agreement to be acquired by Kaiser Foundation Health Plan of Washington. The approval process for the acquisition may take up to a year or more to complete. The acquisition was approved by Group Health's voting membership and is pending regulatory approval. Group Health's operations will not change right away. Upon the completion of the acquisition process, Kaiser Foundation Health Plan of Washington will become the parent company of Group Health Cooperative, Group Health Options, Inc., and certain other current Group Health subsidiaries. Group Health Cooperative and Group Health Options, Inc. will continue to hold their existing health plan contracts with employer group purchasers and other purchasers at the close of the acquisition. By joining with the larger Kaiser Permanente organization, Group Health will have access to greater resources and capital that will expand our capacity to care for and attract more people in Washington State.</p>
<p><b>Wapato School District</b></p>	<p><b>Cost Savings</b></p>	<p>For Premera: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA's over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers "in network" in the state (resulting in 98% + of all paid claims are "in-network"). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera's national "Blue" network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p>

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- B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.
- C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.
- D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.
- E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.
- F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.
- G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.
- H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.
- I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.
- J. The premium rate for dependent children is the same whether there is one or more enrolled
- K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.
- L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan.

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The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

For Group Health: 2. We work closely with the client to find the right benefit designs and network options and integrate them with our own delivery system to ensure that the group can maximize cost controls. We offer patient-centered care that promotes collaboration between physicians, specialists, and other members of the health care team. We empower employees to improve health through cost effective care management, wellness solutions, and occupational health services. All of these can result in a more productive workforce and lower overall costs. In order to ensure claims timeliness and accuracy, we have online systems that catch inappropriate billing, review coding, and identify duplicate billings and COB/subrogation opportunities. We perform pre-payment review of high dollar claims and post-payment audits. Group Health recently selected OptumRx to handle our pharmacy benefits management (claims and related network administration). As part of our continuing focus on cost savings across the enterprise, we identified our PBM relationship as a potential opportunity. By switching from our current vendor, MedImpact, to OptumRx, we will achieve significant savings and industry-leading capabilities to better manage the fastest growing component of health care costs into the future. Optimizing and actively managing transitions of care is a core competency and differentiator for Group Health. With onsite hospitalists and CMLNs to assist with transitions of care from one site to another and referrals to specialty programs or services, for both PPO and HMO members, Group Health is able to achieve better outcomes and lower costs. Coordinating these "hand-offs" results in lower costs and fewer days in the hospital. The most apparent objective measure of this performance is fewer readmissions and lower total cost of care. With our Optum Impact Intelligence tool, Group Health is able to analyze and dissect clinical and financial data to track utilization trends, patient outcomes, and provider performance and better manage the total cost of care and identify improvement opportunities. Group Health Care Management uses a number of approaches to identify individuals with high utilization of specific services and overall high utilization. Specifically, we use a predictive modeling tool - the Johns Hopkins Adjusted Clinical Groups (ACG) system - to identify members with specific conditions and high risk of hospitalization or high cost. We also receive routine reports of members with high utilization of Emergency Department Services. Additionally, we work with one of our

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		<p>purchasers around ED utilization for their enrollees.</p>
<p><b>Wapato School District</b></p>	<p><b>Customer Service</b></p>	<p>For Premera: Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.</p> <p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>

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For Group Health: In addition to the specific innovations listed in the next Section, Group Health offers the following innovative services:

Health Coaching

Group Health provides Health Coaching to all of our adult members. Coaches are health care professionals who are skilled in motivational interviewing. These health coaches provide telephonic coaching to our enrollees to improve their readiness to engage in healthier behaviors.

Primary areas of focus include nutrition, physical activity, early depression, and tobacco cessation. Depending on their answers to the Health Profile, members may be contacted by a coach who can help them meet their personal health goals. Patients can also reach out directly to coaches for assistance or be referred to a coach by a member of their care team.

Shared Decision-Making Tools

To help members make decisions related to elective surgical procedures. Group Health is using shared decision making aids for 12 preference-sensitive health conditions. With topics such as knee and hip arthritis, back problems, and heart disease, the videos give members a detailed rundown on their medical condition, the treatment options, and how differing treatments will affect their lives.

Through the shared decision making process, members and their physicians can engage in an active, informed discussion about the benefits—and possible downsides—of a surgical procedure. The goal: health care that reflects a member’s values and priorities, rather than only what a medical diagnosis recommends. Group Health is not only aiming to change our own standards for assuring our patients make well informed decisions, we are also leading public policy and clinical collaborative efforts at both the state and national levels to take aim at unwarranted variation, in part through promoting wide scale adoption of shared decision making.

**Wapato**

**Part-Time**

For Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years.

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<b>School District</b>	<b>Employee Coverage Protection</b>	<p>Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p> <p>For Group Health: We continue to provide coverage to part time employees, down to 10 hours per week. This eligibility requirement is lower than the federal requirement. Part time employees receive benefit allocations from the state, and are also eligible to participate in the pooling process in their respective bargaining groups.</p> <p>Group Health allows access for part-time employees working a minimum of 10 hours per week.</p>
<b>Wapato School District</b>	<b>Premium Differential Reduction</b>	<p>For: Premera: A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p> <p>For Group Health: See affordability response.</p>
<b>Warden School District</b>	<b>Administrative Cost Reduction</b>	<p>Using a FTE based system reduces some administrative costs as employees with a lower FTE would contribute to their offered benefits.</p>
<b>Warden School District</b>	<b>Cost Savings</b>	<p>PEBB offers a Health Savings Account which the employer as well as employees contribute to. The HSA has a high deductible and contributions can be banked for when they are needed. This account can build over time and is not lost at the end of the</p>

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		year like a flex plan. PEBB offered lower rates than other insurance plans which allows for a lower cost to employees. Many in-network providers available to our employees with PEBB offer lower out of pocket costs.
<b>Warden School District</b>	<b>Customer Service</b>	We communicate questions or concerns between our employees and the insurance provider. Payroll/Personnel assists employees with issues that arise with their insurance, upload and submit documents such as enrollment changes, and communicates with insurance provider representatives to clarify questions as well as resolve issues.
<b>Warden School District</b>	<b>Part-Time Employee Coverage Protection</b>	Part time employees are offered insurance based on their FTE. Calculating premium costs using an employee's FTE allows for the employee to receive a percentage of the district/state contribution amount, this increases the amount the employee contributes towards the premium and decreases the amount the district/state contributes towards the premium.
<b>Warden School District</b>	<b>Premium Differential Reduction</b>	Our district uses Health Care Authority/PEBB as our insurance provider. For a full time employee the premium is only \$301.00 for full family coverage as the district/state contributes up to a set amount to offset the cost for full coverage to employees.
<b>Washougal School District</b>	<b>Administrative Cost Reduction</b>	1. By working with our employee benefits consultant, we've negotiated with both fully-insured and self-insured plans to reduce administrative expenses wherever possible.
<b>Washougal School District</b>	<b>Cost Savings</b>	2. Worked with our employee benefits consultant to evaluate alternative carriers for all benefit plans that could result in either lower administrative expenses or simply reduce total premiums.
<b>Washougal School District</b>	<b>Cost Savings</b>	We have implemented the following steps: 1. Consumer Driven High Deductible Health Plan with an optional Health Savings Account offered as of 10/01/2012 2. Established an HSA employer contribution of \$125 per employee per month, resulting in an increase to pooling dollars. (If Applicable) 3. Use of purchasing consortium / Interlocal to purchase some benefits at a lower cost across several districts (applicable for districts purchasing some benefits through an interlocal) 4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums.
<b>Washougal</b>	<b>Customer</b>	We have worked to provide improved customer service by:

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<b>School District</b>	<b>Service</b>	<ol style="list-style-type: none"> <li>1. Providing comprehensive employee benefits handbook that encompasses all benefit summaries, rates, and vendor contact information.</li> <li>2. Hosting an employee benefits fair with hours allowing for all employees to learn the most efficient way to access their benefits.</li> <li>3. Ensuring that all health plans offered provide comprehensive nurse line and telephonic customer service and support for all members.</li> <li>4. Having regular Benefits Advisory Committee meetings with representation from all bargaining groups.</li> </ol>
<b>Washougal School District</b>	<b>Part-Time Employee Coverage Protection</b>	<ol style="list-style-type: none"> <li>1. We have continued to work with all purchasing / bargaining groups to determine the appropriate eligibility requirements to meet their specific group’s benefits needs.</li> <li>2. Provided all existing and new employees with required notifications regarding availability of health coverage through Washington Health Plan Finder as of January 1st, 2014.</li> </ol>
<b>Washougal School District</b>	<b>Premium Differential Reduction</b>	<ol style="list-style-type: none"> <li>1. Implemented minimum premium contribution for all employees, effectively increasing the employee only cost and reducing the cost for covering dependents.</li> <li>2. Encouraged employees that do not need health plan coverage to waive off of the district offered plan, resulting in an increase to pooling dollars.</li> <li>3. Established HSA employer contribution of \$125 per employee per month, resulting in increase to pooling dollars. (If Applicable)</li> <li>4. Worked with employee benefits consultant to evaluate alternative carriers for all benefit plans that could reduce premiums, which would increase pooling dollars available to those covering dependents.</li> </ol>

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		<p>5. The JLARC K-12 Report, released in January of this year, ranked all Washington State School Districts based on the dependent equity ratio, (differential between full family coverage costs and employee only costs, expressed as a multiple of the employee only cost). Based on that metric, the Washougal School District ranked 48th out of 116 districts with more than 100 employees for the 2013-14 school year. Washougal’s equity ratio, multiple was 8.6 compared to an average multiple of 11.3 for the rest of the 116 districts.</p>
<p><b>Washtucna School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Washtucna School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket</p>

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		<p>costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or</p>

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procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Washtucna School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.

C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.

D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.

E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics

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		<p>including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Washtucna School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Washtucna School District</b>	<b>Premium Differential Reduction</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>Waterville School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and</p>

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		<p>improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<p><b>Waterville School District</b></p>	<p><b>Cost Savings</b></p>	<p>The WEA Select Medical Plans through Premera provide the following cost saving measures: The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior</p>

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		<p>Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Waterville School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Waterville School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>

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<b>Waterville School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera: In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Wellpinit School District</b>	<b>Administrative Cost Reduction</b>	The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.
<b>Wellpinit School District</b>	<b>Cost Savings</b>	The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.
<b>Wellpinit School District</b>	<b>Customer Service</b>	Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams: A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational

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		<p>information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p>
<p><b>Wellpinit School District</b></p>	<p><b>Part-Time Employee Coverage Protection</b></p>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<p><b>Wellpinit School District</b></p>	<p><b>Premium Differential Reduction</b></p>	<p>The WEA Select Medical Plans through Premera: A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p> <p>A. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>B. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<p><b>Wenatchee School District</b></p>	<p><b>Administrative Cost Reduction</b></p>	<p>Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for A. over 13 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p>

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C. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.

**Wenatchee  
School District**      **Cost Savings**

A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.

a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.

b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.

B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.

C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.

D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.

E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.

F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital

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		<p>admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p> <p>H. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.</p> <p>I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.</p> <p>J. The premium rate for dependent children is the same whether there is one or more enrolled.</p> <p>K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.</p> <p>L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>Wenatchee School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:</p> <p>A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.</p>

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		<p>B. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>C. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>D. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>E. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>F. Work with enrollees or their provider to address escalated or complex issues.</p> <p>G. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<b>Wenatchee School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums. Additionally, QHDHP is available.</p>
<b>Wenatchee School District</b>	<b>Premium Differential</b>	<p>The WEA Select Medical Plans through Premera:</p> <p>A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers.</p>

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	<b>Reduction</b>	<p>B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP.</p> <p>C. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled.</p> <p>D. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.</p>
<b>West Valley School District (Spokane)</b>	<b>Administrative Cost Reduction</b>	Again, looking at and seeing where health benefit dollars can be saved. Still want to make sure we receive service for the costs expended.
<b>West Valley School District (Spokane)</b>	<b>Cost Savings</b>	The District is working continually looking at plans that offer good coverage but are affordable for employees of all groups.
<b>West Valley School District (Spokane)</b>	<b>Customer Service</b>	The District works closely with all collective bargaining groups. We hold an annual benefit fair (attendance is not mandatory) with our medical vendors present to answer questions and explain coverages in detail. Our bargaining groups may also ask a vendor to come to a union meeting to answer questions from their group. We supply each employee with a folder containing information on all plans offered to their group. We are available for questions also.
<b>West Valley School District (Spokane)</b>	<b>Part-Time Employee Coverage Protection</b>	We offer medical to all of our employees. Whether they are 1.5 hours a day up to 8 hours. They understand that their position may not generate a lot of benefit dollars and that their out of pocket will be higher.
<b>West Valley School District (Spokane)</b>	<b>Premium Differential Reduction</b>	This is ongoing and we have employees who are only working for benefits for their family. Generally it is due to a spouse being self employed, etc. Some of our groups have pooling (left over \$\$ if another employee doesn't take medical benefits) and those \$\$ help those who have a higher out of pocket.

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<b>West Valley School District (Yakima)</b>	<b>Administrative Cost Reduction</b>	Going out for quotes to minimize costs.
<b>West Valley School District (Yakima)</b>	<b>Cost Savings</b>	Premera has the highest number of providers in network in the state. 98% of all paid claims are in network. Substantial provider discounts result in lower claims cost for the plan and lower out of pocket costs for enrollees on a WEA plan.
<b>West Valley School District (Yakima)</b>	<b>Customer Service</b>	Employees have access to view coverage and benefits online.
<b>West Valley School District (Yakima)</b>	<b>Part-Time Employee Coverage Protection</b>	Employees with .50 are eligible for benefits and have the same benefits offered.
<b>West Valley School District (Yakima)</b>	<b>Premium Differential Reduction</b>	Offer lower cost options, such as the EasyChoice plan and the Basic Plan and a QHDHP. Also, including a composite rate for children, meaning the rate for dependent children is the same whether there is one or more enrolled.
<b>White Pass School District</b>	<b>Administrative Cost Reduction</b>	Employees now enroll online themselves and reprt to us what they have opted to take
<b>White Pass School District</b>	<b>Cost Savings</b>	Have a HSA offered through Americaan Fidelity that goes along with our High Deductible Plan we also offer a cafeteria plan
<b>White Pass School District</b>	<b>Customer Service</b>	Offer a open door policy that they can come ask questions anytime and willing to get them any literature they may need. They also have access to the YBR website anytime.

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<b>White Pass School District</b>	<b>Part-Time Employee Coverage Protection</b>	Added lower cost options such as the Basic Plan
<b>White Pass School District</b>	<b>Premium Differential Reduction</b>	Part of the WEA Select Medical Plan that is a tiered medical plan
<b>White River School District</b>	<b>Administrative Cost Reduction</b>	We have no additional administrative costs.
<b>White River School District</b>	<b>Cost Savings</b>	<p>Each year we ask our broker to go out to bid on insurance packages to compare cost. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.</p> <p>M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<b>White River School District</b>	<b>Customer Service</b>	We have benefit orientations for all new hires. Existing employees receive email and online notifications of all benefits offered. Employees have access to online enrollment, as well as an intranet site with links to benefit plan information. Payroll staff is readily available to assist and answer quest
<b>White River School District</b>	<b>Part-Time Employee Coverage Protection</b>	The bargaining units have written language in their agreements addressing the rights of their members to medical coverage. The district also runs reports to see if there are employees at year end that need to be offered medical insurance under the Federal guidelines.

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<b>White River School District</b>	<b>Premium Differential Reduction</b>	The district has imposed a 5% minimum employee paid cost for all medical plans. The 5% goes into a pool to reduce the out of pocket cost for employees on family plans.
<b>White Salmon Valley School District</b>	<b>Administrative Cost Reduction</b>	Providence Health Plan has significantly reduced administrative costs over the last few years. We have targeted cost increases closer to CPI, rather than associating administrative cost with medical cost inflation. This has resulted in reduced percentage of premium administrative cost. As such, as much as 90%-91% of premium dollars go towards claims expense costs. PHP is also not required to refund any premiums due to not meeting the MLR (medical loss ratio) requirements of PPACA.
<b>White Salmon Valley School District</b>	<b>Cost Savings</b>	Providence Health Plan (PHP) continues to employ a robust care management program that aims to improve care outcomes for our members, ensuring that the right care is being received in the right place, at the right time. Care managers work in collaboration with providers, health professionals, and health plan medical directors to provide a coordinated approach for members with complex care needs. This approach aims to educate and assist members in utilizing health care resources appropriately.
		PHP has implemented interventions to prevent inpatient hospital readmissions and initiatives to reduce complaints and potential medical errors. PHP provides a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program. Providence Health Plan has invested in preventive care and chronic Case and Disease Management Programs to improve on health care outcomes, implementation of interventions to prevent inpatient hospital readmissions, early adoption of voluntary patient safety reporting, initiatives in place to reduce complaints and potential medical errors, the Health Plan includes a comprehensive array of health and wellness promotion and preventive services through our Fit Together program and a best-in-class pharmacy management program.
<b>White Salmon Valley School District</b>	<b>Customer Service</b>	Providence Health Plan Customer Service and Claims are located in Beaverton, Oregon, hours of operation 8:00 am to 5:00 pm PST, toll free 800 number for members. Customer Service Representatives are trained to answer all calls with 92% of calls answered at the point of service. Translation services available, automated voice response system and call tracking software for real time an historical activity. The Health Plan has invested heavily in web based tools for members for outside of standard

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		business hours which includes a variety of self service options and tools.
<b>White Salmon Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	We allow coverage for part time employees.
<b>White Salmon Valley School District</b>	<b>Premium Differential Reduction</b>	We analyze our pooling to make it fair for all.
<b>Wilbur School District</b>	<b>Administrative Cost Reduction</b>	District switched to HCA PEBB in 2014
<b>Wilbur School District</b>	<b>Cost Savings</b>	District switched to HCA PEBB in 2014
<b>Wilbur School District</b>	<b>Customer Service</b>	District switched to HCA PEBB in 2014
<b>Wilbur School District</b>	<b>Part-Time Employee Coverage Protection</b>	District switched to HCA PEBB in 2014
<b>Wilbur School District</b>	<b>Premium Differential Reduction</b>	District switched to HCA PEBB in 2014
<b>Willapa Valley</b>	<b>Administrative</b>	A

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<b>School District</b>	<b>Cost Reduction</b>	
<b>Willapa Valley School District</b>	<b>Cost Savings</b>	<b>F</b>
<b>Willapa Valley School District</b>	<b>Customer Service</b>	<b>C</b>
<b>Willapa Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	<b>B</b>
<b>Willapa Valley School District</b>	<b>Premium Differential Reduction</b>	<b>B</b>
<b>Wilson Creek School District</b>	<b>Administrative Cost Reduction</b>	<b>2</b>
<b>Wilson Creek School District</b>	<b>Cost Savings</b>	<b>2</b>
<b>Wilson Creek School District</b>	<b>Customer Service</b>	<b>2</b>
<b>Wilson Creek School District</b>	<b>Part-Time Employee Coverage Protection</b>	<b>2</b>

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<b>Wilson Creek School District</b>	<b>Premium Differential Reduction</b>	2
<b>Winlock School District</b>	<b>Administrative Cost Reduction</b>	Premera has been a leader in implementing lean thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses.
<b>Winlock School District</b>	<b>Cost Savings</b>	7 freestanding medical plan available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the Easy Choice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay.
<b>Winlock School District</b>	<b>Customer Service</b>	Provide year round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera also works to resolve claim issue for enrollees.
<b>Winlock School District</b>	<b>Part-Time Employee Coverage Protection</b>	Offer lower cost options, such as EasyChoice & Basic plan that have lower premiums. Additionally, a QHDHP is offered.
<b>Winlock School District</b>	<b>Premium Differential Reduction</b>	The WEA Select Medical Plans through Premera offer lower cost options, such as the EasyChoice plan the Basic plan and a QHDHP.
<b>Wishkah Valley School District</b>	<b>Administrative Cost Reduction</b>	Our administrators receive the same amount of employer contributions as all other employees and have the same access to cost efficient plans.
<b>Wishkah Valley School</b>	<b>Cost Savings</b>	We are continuing to offer the most cost effective coverage to our employees with multiple plans ranging in cost

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<b>District</b>		
<b>Wishkah Valley School District</b>	<b>Customer Service</b>	They have more accessibility to their plan through the Aon Hewitt website which includes more service from their carrier and a designated employee available to help them
<b>Wishkah Valley School District</b>	<b>Part-Time Employee Coverage Protection</b>	Employees are offered several choices of low cost low premium coverage
<b>Wishkah Valley School District</b>	<b>Premium Differential Reduction</b>	Employees are offered the choice of several plans that include low cost and low premium for either employee only or family
<b>Wishram School District</b>	<b>Administrative Cost Reduction</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating wasted time and work effort and lowering expenses. Premera uses this method to continue to evaluate and improve internal/external processes. Other organizations participate in Premera’s “Lean” workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean Premera has reduced overall administrative costs from 8.8% in 2005 to 6.6% in 2014. The administrative costs specific to the WEA Plans are approximately 5% of premium and have been under 6% for over 12 years.</p> <p>B. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area.</p> <p>C. The percentage of WEA claims paid through auto adjudication remain some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs</p>

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Wishram School District	Cost Savings	<p>WEA Select Medical Plans through Premera:</p> <p>A. The high number of Premera members, currently over 2 million, helps Premera negotiate greater discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc.</p> <p>a. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan.</p> <p>b. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area.</p> <p>B. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs.</p> <p>C. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs.</p> <p>D. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient.</p> <p>E. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services.</p> <p>F. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs.</p> <p>G. Programs that monitor controlled medication substances to ensure appropriate use for enrollees.</p>

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H. An open 3-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective.

I. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate.

J. The premium rate for dependent children is the same whether there is one or more enrolled

K. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services.

L. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the HDHP or the EasyChoice Plan. The EasyChoice Plan provides three options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered in full.

M. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.

**Wishram School District**      **Customer Service**

Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:

A. Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of-pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees.

B. Conduct independent surveys to measure enrollee satisfaction and then put a focus on making changes to improve satisfaction.

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		<p>C. Use “Ulysess Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees.</p> <p>D. Conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience.</p> <p>E. Through Field Service staff, provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees.</p> <p>F. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes.</p> <p>G. Work with enrollees or their provider to address escalated or complex issues.</p> <p>H. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the Plans.</p>
<b>Wishram School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>WEA Select Medical Plans through Premera:</p> <p>A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan.</p> <p>B. Offer lower cost options, such as the EasyChoice plan that has lower premiums and many first dollar benefits (such as generic drugs paid in full). Additionally, a High Deductible Health Plan (HDHP) is available.</p>
<b>Wishram</b>	<b>Premium</b>	<p>WEA Select Medical Plans through Premera:</p>

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School District	<b>Differential Reduction</b>	<p>A. Lower increases were applied to dependents than to employee only tiers for the past four years.</p> <p>B. Added lower cost options, such as the EasyChoice plans (which have many first dollar benefits) and a HDHP.</p> <p>C. Dependent children electing COBRA coverage pay a child rate and not a subscriber rate.</p> <p>D. Each child does not pay a separate premium, as the child premium is a composite rate.</p>
<b>Woodland School District</b>	<b>Administrative Cost Reduction</b>	<p>The WEA Select Medical Plans through Premera have reduced admin costs through the following: A. Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and i</p>
<b>Woodland School District</b>	<b>Cost Savings</b>	<p>Bids were received and changes were made in 14-15, however the renewal rate was very high so we switched back to Premera. The WEA Select Medical Plans through Premera provide the following cost saving measures:</p> <p>A. The high number of Premera members, curr</p>
<b>Woodland School District</b>	<b>Customer Service</b>	<p>Premera’s WEA claims, customer service and field service teams are all dedicated to the WEA account and are based in Washington. These teams:A. Provide a website with access to information about the employee’s benefits, including a cost estimator.</p>
<b>Woodland School District</b>	<b>Part-Time Employee Coverage Protection</b>	<p>The WEA Select Medical Plans through Premera: A. Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing th</p>
<b>Woodland School District</b>	<b>Premium Differential</b>	<p>The WEA Select Medical Plans through Premera: A. A. In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. B. B. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. C. C. In</p>

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<b>Reduction</b>		
<b>Yakima School District</b>	<b>Administrative Cost Reduction</b>	<p>Premera has been a leader in implementing “Lean” thinking since 2005. The goal is to be able to improve quality, improve the enrollee experience, and improve efficiency while eliminating non-value added time and work effort and lowering expenses. Premera uses this method, on an ongoing basis, to continue to evaluate and improve internal/external processes throughout the organization. Other organizations participate in Premera’s Lean workshops so they can incorporate them in their own business – including the State of Washington, various provider groups, etc. Through Lean, Premera has reduced overall administrative costs from 8.8% in 2005 to 5.9% in 2015. The administrative costs specific to the WEA Plans remain approximately 5% of premium and have been under 6% for over 13 years. BlueCard provides significant savings to WEA/Premera enrollees traveling or residing outside the Premera service area. The percentage of WEA claims paid through auto adjudication remains some of the highest within Premera, which reduces the need for manual intervention. This provides peace of mind for providers as well as for enrollees with quick turnaround on payments for services and lower administrative costs.</p>
<b>Yakima School District</b>	<b>Cost Savings</b>	<p>The high number of Premera members, currently over 2 million, helps Premera negotiate greater provider discounts locally and nationally. In addition to WEA’s over 110,000 enrollees, Premera also provides coverage to enrollees on the state Exchange, Individual, small and large group accounts. Furthermore, Premera provides coverage for many large, national accounts, including: Microsoft, Amazon, Starbucks, Weyerhaeuser, Alaska Air Group, etc. Provider contracting - Premera has the highest number of providers “in network” in the state (resulting in 98% + of all paid claims are “in-network”). Substantial provider discounts result in lower claims cost for the plan and lower out-of-of pocket costs for enrollees on a WEA Plan. BlueCard – (Premera’s national “Blue” network) has negotiated significant discounts which are passed on to WEA Premera enrollees who travel or reside outside the Premera service area. Evidence-based medical initiatives that allow Premera to provide efficient and cost-effective care as well as to identify appropriate alternative care based on the enrollees needs. Real-time access to consumer decision-support resources to help enrollees understand and direct their health care needs. Provider advisory groups continually monitor Premera’s medical and pharmacy policies and procedures, and make changes to formularies to ensure they are appropriate level/tier, and cost and care-efficient. Member 360 dashboard - Proprietary tool used by Premera Case Managers to identify enrollees with specific healthcare needs and ensure they are receiving the appropriate services. Plans that include copayments for Emergency Room service (waived if admitted), copayments for inpatient hospital admissions, and higher copayments for brand, non-preferred and specialty drugs. Programs that monitor controlled medication substances to</p>

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		<p>ensure appropriate use for enrollees. An open 4-tiered drug formulary that provides choice for enrollees and their physicians while being prudent and ensuring the drugs are cost and care-effective. Child COBRA Rate – Overage dependents pay the lower child rate rather than a subscriber rate. The premium rate for dependent children is the same whether there is one or more enrolled. Prior Authorization – Some services require an approval for coverage from Premera before a planned medical service or procedure occurs, which provides financial protection and prevents unnecessary services. Choice – 7 freestanding medical plans available statewide with a broad range of benefits and rate levels to meet the diverse needs of school district employees and their families. Lower cost plans are available such as the Basic, QHDHP and the EasyChoice Plan. The EasyChoice Plan provides several options all at the same rate. It was developed so employees could pick the plan most appropriate for their needs, and take the cost decision off the table. This plan has copays for office visits and generic drugs are covered with low copay. Waiver – employees can waive medical coverage under WEA. Any left-over state allocation is put back into the insurance pool to reduce the cost for those with monthly co-premiums.</p>
<p><b>Yakima School District</b></p>	<p><b>Customer Service</b></p>	<p>Provide a website with access to information about the employee’s benefits, including a cost estimator. This tool helps them determine which providers require less out-of pocket costs. The website provides educational information about wellness programs, plan benefits, and houses forms commonly used by employers and enrollees. Use “Ulysses Learning™” – leading to first call resolution and a higher level of satisfaction from enrollees. Internally, conduct “Lean” workshops which improve policies and processes for all areas within the company that support WEA enrollees. Premera places a high value on continuing to enhance the enrollee experience. Provide year-round servicing and are available to work directly with enrollees or family members who may need additional assistance with their plans. Premera provides an array of services from providing education about the benefits and the plan choices to when a plan change can be made. Premera also works to resolve claim issues for enrollees. This provides additional support to the district as well as direct support to their employees. Create the newsletters for WEA enrollees, which are published twice a year and provide information on a variety of topics including how to maximize their benefits, wellness resources, provider updates, and benefit and rate changes. Work with enrollees or their provider to address escalated or complex issues. Accept input from enrollees or school districts which has led to making modifications to processes or benefit changes to the plans.</p>
<p><b>Yakima School District</b></p>	<p><b>Part-Time Employee Coverage</b></p>	<p>Have provided access to coverage for part-time employees working 17.5 hours a week for over 30 years. Individual districts can choose to allow participation for employees working fewer hours, providing that the employer is contributing towards the cost of the medical plan. Offer lower cost options, such as the EasyChoice plan and the Basic plan that have lower premiums.</p>

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	<b>Protection</b>	Additionally, QHDHP is available.
<b>Yakima School District</b>	<b>Premium Differential Reduction</b>	In some years have applied lower increases to dependent rate tiers than to employee only rate tiers. Offer lower cost options, such as the EasyChoice plan and the Basic plan and a QHDHP. Includes a composite rate for child(ren), meaning the rate for dependent children is the same whether there is one or more enrolled. Offer dependent children electing COBRA coverage the child rate and not a subscriber rate.
<b>Yelm School District</b>	<b>Administrative Cost Reduction</b>	Unknown
<b>Yelm School District</b>	<b>Cost Savings</b>	Multiple medical plans are available with a broad range of benefits/rates to meet the diverse needs of school district employees
<b>Yelm School District</b>	<b>Customer Service</b>	Provide website with access to information about employee benefits
<b>Yelm School District</b>	<b>Part-Time Employee Coverage Protection</b>	Have provided coverage for employees working over 17.5 and 20 hours a week depending on bargaining group
<b>Yelm School District</b>	<b>Premium Differential Reduction</b>	Offer low cost plans including EasyChoice and QHDHP
<b>Zillah School District</b>	<b>Administrative Cost Reduction</b>	None
<b>Zillah School District</b>	<b>Cost Savings</b>	None

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District	Category	Efforts and Achievements
Zillah School District	Customer Service	None
Zillah School District	Part-Time Employee Coverage Protection	None
Zillah School District	Premium Differential Reduction	None