



Joint Legislative Task Force on Family Leave Insurance

September 26, 2007

What we do well	Challenges
<p>The Health Care Authority's (HCA's) core business is procurement and administration of health and other benefit plans for enrollees of the Public Employees Benefits Board (PEBB) plans and the Basic Health plan (BH), to include:</p> <ul style="list-style-type: none"> • Health plan procurement - 2 contractors in PEBB, 5 in BH. • PEBB contracts for dental, life, long term disability, and other insurance coverage • Eligibility determination – in conjunction with employing agencies for PEBB – through agency for BH. • Premium billing and collection. • Customer service regarding eligibility, billing, & open enrollment. • Appeals relating to eligibility. • Outreach efforts, such as benefit fairs for PEBB enrollees. 	<ul style="list-style-type: none"> • Data-sharing occurs only with contracted vendors, employing agencies (PEBB) and ESD (BH income verification). • HCA does not process claims. • Information technology system changes would be required to capture data & perform withholding functions referenced in the law. • BH eligibility is based on income, not hours worked. Information is self-reported and verified by IRS tax returns and ESD data match. • Delegated communications to employing agencies in PEBB and employer sponsors in BH. • Employer participation is voluntary except for state agency participation in PEBB and school districts assessed a remittance to pay for school district retiree participation. • Focus on market based approaches to achieve goals.
<p>Manage two PEBB self funded medical plans</p> <ul style="list-style-type: none"> • Uniform Medical Plan – HCA PPO program contracts with health care providers and claims management vendors. • Self-Insured PPO through a third party administrator. 	<ul style="list-style-type: none"> • Contracts with vendors to process claims and other functions. • Use industry and market based approaches.
<p>Administer grant programs to promote health care access - Community Health Services (CHS)</p> <ul style="list-style-type: none"> • Community clinics for dental, medical, and migrant health care. • Dental Residency • Community Health Care Collaborative • Health Literacy 	<ul style="list-style-type: none"> • Select and contract with successful grantees. • Audit grantee performance. • Promote local health care initiatives through collaborative processes.



What we do well	Challenges
<p>Develop and manage cross agency programs, Governor and legislative health policy initiatives</p> <ul style="list-style-type: none"> • Prescription Drug Program (PDP) – UMP, HRSA, & L&I • Health Technology Assessment (HTA) - UMP, HRSA, & L&I • Washington Wellness - State employees & retirees • Health Insurance Partnership (HIP) – provide access to health insurance alternative for small employers and their employees • Health Information Technology - consumer health care transparency & and provider access to health records. • 5930 reports and projects / Blue Ribbon Commission on Health Care Costs and Access 	<ul style="list-style-type: none"> • Substantial focus on health care policy initiatives that promote access and improved health care quality. • Focus on outcome based and collaborative approaches to accomplish initiatives.

Other considerations identified:

- HCA does not interface with the Division of Child Support for purposes of court-ordered obligations.
- HCA does not interface with employers outside of governmental entities and does not have access to information about employers or employees outside of PEBB and BH enrollees and sponsors.
- HCA is in the process of implementing the BAIAS Project – the procurement and implementation of replacement technology for the Health Care Authority’s Benefits Administration and Insurance Accounting Systems to provide needed improvements in service delivery processes for over 400,000 persons enrolled in PEBB and BH. The BAIAS system design standards are not compatible with the requirements necessary to implement a family leave insurance program as described in Chapter 357 Laws of 2007. Modifying the project scope at this point in the process would not be possible. Development of a separate system would be required.
- HCA is not a regulatory agency and does not enforce employer standards.
- HCA is a relatively small to mid-size state agency (300 employees) focusing on health care that is currently implementing a number of recent legislatively directed initiatives. Is this program consistent with the HCA’s role? Which directive would take precedence when the agency is making decisions with limited resources – BRC or the family leave task force initiative?