

Update from the Health Care Authority (HCA)

Apple Health (Medicaid) &
Employee and Retiree Health Care

Senior Lobby Annual Conference
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Senior Lobby Presentation: PEBB Retiree Portfolio for 2025

Ellen Wolfhagen
Retiree Benefits Manager,
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PEBB and Medicare

- ▶ You must be enrolled in Medicare Part A and Medicare Part B to enroll in a PEBB plan
- ▶ You pay your Part B premium directly to Medicare; it is **in addition** to what you pay HCA as a premium
- ▶ HCA offers different Medicare plan types – each works differently with Medicare

PEBB Medicare Plan Types

- ▶ Coordination of Benefits
 - ▶ Traditional Medicare (Fee for Service) pays primary on medical claims
- ▶ Medicare Advantage
 - ▶ Employer group waiver plans (not commercial plans)
 - ▶ Can be HMO or PPO
 - ▶ Include Part D prescription drug coverage (MAPD)
- ▶ Medicare Supplement
 - ▶ Designed to cover copays for Medicare covered services
 - ▶ Does not cover anything that Medicare does not
 - ▶ Offers **no drug coverage** (have to purchase Part D plan from the commercial market)

PEBB Plans by Type

- ▶ Coordination of Benefits
 - ▶ UMP Classic Medicare with Part D (PDP)
- ▶ Medicare Advantage
 - ▶ KPNW Senior Advantage with Part D
 - ▶ KPWA Medicare Advantage with Part D
 - ▶ UHC PEBB Complete (MAPD)
 - ▶ UHC PEBB Balance (MAPD)
- ▶ Medicare Supplement
 - ▶ Premera Plan F (closed for enrollment)
 - ▶ Premera Plan G

Medicare Plan Changes

Part D Overview

- ▶ All Medicare plan drug coverage offered by PEBB in 2025 will be Part D
- ▶ Part D does **not** cover drugs purchased outside the US (including Canada)
- ▶ Part D plans differ by plan
 - ▶ Copays
 - ▶ Tiers
 - ▶ Covered drugs

Reasons for Including Part D

- ▶ Lowers premiums significantly
 - ▶ Federal subsidy covers 75% of drug costs
- ▶ Minimal member impact
 - ▶ Some specialty drugs
 - ▶ Compounded drugs
 - ▶ A few pharmacies
- ▶ Inflation Reduction Act advantages
 - ▶ \$2,000 maximum out-of-pocket
 - ▶ negotiated drug costs for 2026 and beyond

UMP Part D Examples by Tier

Type of Drug	Part D Cost Share Per 30 Days	Part D Examples
Preventive/High value generics	\$0	Statins
Preferred generics	\$0	Levothyroxine, Lisinopril, Amlodipine, Metoprolol, Gabapentin
High cost generics	\$10	Potassium chloride ER, Fluticasone/salmeterol inhaler, many antibiotics
Preferred brands	\$40	Eliquis, Ozempic, Jardiance, Entresto, Trelegy Ellipta
Non-preferred brands	\$75	Auvelity
Preferred specialty	\$90	Stelara, Enbrel, Dupixent

Summary Benefit Comparisons

	Coordination of Benefits	Medicare Advantage with Part D		Medicare Supplement
Plan Options	UMP Classic Medicare with Part D (PDP)	Kaiser Senior Advantage; Kaiser WA Medicare Advantage (HMO)	United PEBB Balance; United PEBB Complete (PPO)	Premera Plan G
Nationwide Coverage	Yes	No	Yes	Yes
Medical Deductible?	Yes	No	No	Yes
Pharmacy Deductible?	Yes	No	Yes	N/A
Hearing Aids, Glasses/Contacts, Massage Therapy	Yes	Yes	Yes	No
Gym Membership	No	Yes	Yes	No
Drug Coverage	Yes	Yes	Yes	No

Plan Choice Considerations

- ▶ Coverage
 - ▶ Additional benefits? Gym?
 - ▶ Drug coverage in Part D?
- ▶ Costs
 - ▶ Premiums
 - ▶ Copays
 - ▶ Out-of-pocket limits
- ▶ Convenience
 - ▶ Providers and facilities where you live? Travel?
 - ▶ Network limitations?
 - ▶ Pharmacy network?
- ▶ Continuity of coverage
 - ▶ Change may NOT be the right choice

2025 Medicare Single Subscriber Monthly Premiums

	Monthly Premiums
Kaiser NW Senior Advantage with Part D	\$171.19
Kaiser WA Medicare Advantage with Part D	\$177.41
Premera Plan G (eligible by age)	\$114.80
UMP Classic Medicare with Part D (PDP)	\$419.36
UnitedHealthcare PEBB Balance (MAPD)	\$153.56
UnitedHealthcare PEBB Complete (MAPD)	\$181.55

Premium after Medicare Explicit Subsidy (\$183 or 50% of premium, whichever is less) applied. Includes administrative fee of \$5.71 for 2025.

2025 Medicare Subscriber and Spouse Monthly Premiums

	Monthly Premiums
Kaiser NW Senior Advantage with Part D	$\$171.19 \times 2 = \$342.38 - 5.71 = \mathbf{\$336.67}$
Kaiser WA Medicare Advantage with Part D	$\$177.41 \times 2 = \$354.82 - 5.71 = \mathbf{\$349.11}$
Premera Plan G (eligible by age)	$\$114.80 \times 2 = \$229.60 - 5.71 = \mathbf{\$223.89}$
UMP Classic Medicare with Part D (PDP)	$\$419.36 \times 2 = \$838.72 - 5.71 = \mathbf{\$833.01}$
UnitedHealthcare PEBB Balance (MAPD)	$\$153.56 \times 2 = \$307.12 - 5.71 = \mathbf{\$301.41}$
UnitedHealthcare PEBB Complete (MAPD)	$\$181.55 \times 2 = \$363.10 - 5.71 = \mathbf{\$357.39}$

Assumes both spouses are enrolled in Medicare Part A and B

Drug Benefit Comparisons



Plan	30-Day Supply Copays (After Deductible is Met)				
	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty*
UMP Classic Medicare with Part D (PDP)	\$0 (Tier 1)	\$10 (Tier 2)	\$40 (Tier 3)	\$75 (Tier 4)	\$90 (Tier 5)
Kaiser NW Senior Advantage with Part D	\$20 (Tier 1)	\$20 (Tier 2)	\$40 (Tier 3)	\$100 (Tier 4)	\$200 (Tier 5)
Kaiser WA Medicare Advantage with Part D	\$20 (Tier 1)	\$20 (Tier 2)	\$40 (Tier 3)	\$100 (Tier 4)	\$250 (Tier 5)
UnitedHealthcare PEBB Balance	\$5 (Tier 1)	\$5 (Tier 1)	\$45 (Tier 2)	\$100 (Tier 3)	\$100 (Tier 4)
UnitedHealthcare PEBB Complete	\$5 (Tier 1)	\$5 (Tier 1)	\$45 (Tier 2)	\$100 (Tier 3)	\$100 (Tier 4)
Preferred Insulins - \$10 for UMP and UHC					
Non-preferred Insulins - \$35 maximum					
*Limited to 30-day supply					

90-day supply is 2x 30-day supply copay for all Tiers

Worldwide Travel

Coverage of Emergency Services

UMP Classic Medicare

UHC PEBB Complete & PEBB Balance

Kaiser Northwest and Kaiser Washington Medicare plans

Premera Plan F/G

Coverage of Non-Emergency Services*

UMP Classic Medicare

UHC PEBB Complete & PEBB Balance

PEBB Retiree Dental Coverage

- ▶ Managed care plans
 - ▶ Operate like HMOs
 - ▶ Have to use their network
 - ▶ Service are restrictions
 - ▶ Fixed copays for each service

- ▶ Uniform Dental Plan
 - ▶ Better coverage (Plan pays more) if you use a Preferred Provider
 - ▶ Can also use a Premier Provider
 - ▶ Plan maximum – limit on what plan pays, not member

Retiree Dental Premiums

- ▶ Applies whether Medicare eligible or not
- ▶ Subscriber and spouse = 2x single rate

- ▶ Delta Care (managed care plan) - \$41.50

- ▶ Willamette (managed care plan) - \$48.87

- ▶ Uniform Dental Plan - \$52.23

Why choose PEBB?

- ▶ PEBB is an employer group (like a union)
- ▶ PEBB consolidates the market basket to drive negotiations for the best possible plans
- ▶ Part D in PEBB plans usually has better benefits
 - ▶ Lower copays
 - ▶ More drugs
 - ▶ Over-the-counter products
- ▶ PEBB can intervene when escalation is needed

Why choose PEBB? continued

- ▶ You can change your Medicare plan every year during Open Enrollment
 - ▶ No restriction on rejoining UMP
 - ▶ No medical exam
 - ▶ No added fees for health condition
- ▶ PEBB Medicare plans are richer and provide lower costs overall than anything on the commercial market
 - ▶ \$0 premium plans have very high out-of-pocket limits

Split Accounts

- ▶ At least one retiree member on Medicare
- ▶ At least one retiree member not on Medicare
- ▶ Non-Medicare member can choose an optional standalone vision plan
 - ▶ Davis Vision
 - ▶ EyeMed
 - ▶ MetLife Vision

2025 Split Account Premiums

Medicare/Non-Medicare Plan	Premium for Subscriber/Spouse
Kaiser NW Senior Advantage/Classic	\$1,119.02
Kaiser WA Medicare Advantage/Classic	\$1,064.70
Kaiser WA Medicare Advantage/Value	\$1,054.98
Kaiser WA Medicare Advantage/Sound Choice	\$1,009.07
UMP Classic Medicare/UMP Classic	\$1,311.77
United PEBB Complete/UMP Classic	\$1,073.96
United PEBB Balance/UMP Classic	\$1,045.97

Excludes Tobacco and Spousal Surcharges

Non-Medicare Retiree Standalone Vision Premiums

- ▶ Davis Vision - \$5.02
- ▶ EyeMed - \$6.57
- ▶ MetLife Vision - \$8.30
- ▶ Subscriber and spouse – 2x single rate
- ▶ Medicare plans *include* vision coverage

Resources

- ▶ HCA Website – www.hca.wa.gov as of October 4
 - ▶ Virtual benefits fair
 - ▶ Retiree OE page
 - ▶ Premiums

- ▶ PEBB Customer Service 1-800-200-1004, TTY: 711
 - ▶ Monday-Friday 8am-4:30pm
 - ▶ Lobby Services 8am-4pm

- ▶ SHIBA 1-800-562-6900
 - ▶ Monday-Friday 8am-5pm
 - ▶ TDD: 360-586-0241

Questions?

HCAPEBBMedicare @hca.wa.gov

Apple Health eligibility groups

- ▶ Modified adjusted gross income (MAGI):
 - ▶ Adults up to 133% of federal poverty level (FPL) for a 3-person household (up to \$2,969 per month)
 - ▶ Pregnancy/After-Pregnancy Coverage (APC) up to 210% FPL for a 3-person household (up to \$4,626 per month)
 - ▶ Children up to 312% FPL for a 3-person household (up to \$6,821 per month)
- ▶ Non-MAGI:
 - ▶ People aged 65 and older, blind, or disabled (by Social Security standards)
 - ▶ Are eligible for Medicaid based on income, resources, and their living arrangements

MAGI-Based Medicaid Programs

- ▶ MAGI-based medical programs are administered by HCA through the Washington Healthplanfinder portal:

MAGI Programs	
Washington Apple Health for Parent/Caretaker Relative	Medical Healthcare Extension for Parent/Caretaker Relative
Washington Apple Health Pregnancy/After-Pregnancy Coverage (APC)	Washington Apple Health for Adults
Washington Apple Health for Kids	Washington Apple Health for Kids with Premiums (CHIP)
Washington Apple Health Alien Emergency Medical (AEM)	Washington Apple Health for Newborns

Specialized Programs

- ▶ Some specialized medical coverage groups that are administered by HCA include:

Program Names	
Foster Care / Adoption Support / Former Foster Care	Breast & Cervical Cancer Treatment program
Refugee Medical Assistance	Confidential Teen Pregnancy
Family Planning Only	COFA Islander

Apple Health enrollment options

- ▶ Apply for or renew if you are:
 - ▶ Adults age 19 to 64 years old
 - ▶ Children
 - ▶ Parent or caretaker with children
 - ▶ Pregnant or applying for someone who is pregnant
- ▶ **Online:** Go to [Washington Healthplanfinder](#) - log in and select "Report a change in income or household" under Quick Links.
- ▶ **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account"
- ▶ **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633.
- ▶ **Paper:** Submit an [Application for health care coverage \(18-001P\)](#).
- ▶ **In-person:** Local resources who, at no additional cost, can help you apply for health coverage.
 - ▶ [Local enrollment assistance](#) | [Map](#)

The screenshot displays the Washington Healthplanfinder website interface. At the top, there is a navigation bar with links for Home, Español, and Customer Support, along with a SIGN IN button. Below the navigation bar, a banner indicates that Open Enrollment is from November 1st through December 15th. The main content area is divided into two sections. On the left, a box titled "What would you like to do today?" contains several buttons: Sign In to Your Account, Renew Your Coverage, Apply Now, Browse Plans, Free or Low-Cost Coverage, Your Payment Options, and Report a Change. On the right, a larger section titled "Get Covered, Washington! Sign up or renew your health and dental coverage, including free or low-cost Washington Apple Health." features a testimonial from a woman and a "Need help getting started?" button with the text "Get the right help for you". At the bottom of the page, there are three columns of service options: "Get Financial Help" (Free or low-cost coverage through Washington Apple Health), "Submit Your Documents" (Submit from your account or use the mobile app), and "Update Your Information" (Report a change in income, address and other details). Each column includes a "LEARN MORE", "HOW TO SUBMIT DOCUMENTS", or "REPORT A CHANGE" link respectively.

Classic Apple Health Programs

- ▶ The Health Care Authority (HCA) partners with the Department of Social and Health Services (DSHS) to administer some Apple Health programs for individuals who are age 65 or older or have blindness or a disability.
- ▶ These programs are referred to as Classic Apple Health or our non-MAGI programs.

Classic Apple Health Programs

► Coverage groups that are administered by the Community Services Division of DSHS include Aged, Blind and Disabled (ABD) programs:

Classic Programs	
Medical Care Services (ABD Recipients)	Medical Care Services (HEN Referral Recipients)
SSI Categorically Needy (CN)	SSI Related Categorically Needy
Qualified Medicare Beneficiary	Specific Low-Income Medicare Beneficiary
Qualifying Individual	Alien Emergency Program (AEM)
Medically Needy SSI Related with No Spenddown	Medically Needy SSI Related with Spenddown

Classic Apple Health Programs

▶ Coverage groups that are administered by Aging and Long-Term Support Administration at DSHS include:

Classic Programs	
SSI/SSI-related LTSS	State funded LTC for non-citizens
1915(c) home and community based waivers	Child/parent LTSS
SSI related in an Alternative Living Facility	SSI/SSI-related Hospice/PACE
Community First Choice	Medicaid Alternative Care (MAC)
Roads to Community Living	Tailored Supports for Older Adults
State-funded Long Term Services and Support (LTSS) for non-citizens (home	Apple Health for Workers with Disabilities (HWD)

Updates to the Medicare Savings Programs

▶ **Changed in January 2023**

- ▶ Medicare Savings Programs no longer require an asset test to qualify

▶ **April 2024**

- ▶ Through a budget proviso HCA increased the income limit for the Qualified Medicare Beneficiary program from 100% FPL to 110%.
- ▶ The Qualified Individual program also increased from 135% FPL to 138%

Classic (non-MAGI) Medical Programs

- ▶ Staff at DSHS determine eligibility for Apple Health programs for individuals who are age 65 and older, or have blindness or a disability, and for long term care services and support.
- ▶ Applications for these programs can be submitted:
 - ▶ Online: www.washingtonconnection.org/home/
 - ▶ Mail: PO Box 11699, Tacoma WA 98411-6699
 - ▶ In person: [visit your local Community Services Office](#) or the local [Home and Community Service office](#) for LTSS
 - ▶ Phone: DSHS at 1-877-501-2233 / Fax: (888) 338-7410
- ▶ Eligibility criteria varies for each program and is based on household size, income, and resources.



Health Home Program
Washington

The Washington State Health Homes Program

What is Health Homes?

Health Homes is a set of services supporting eligible clients. The Health Homes program helps clients:

- Develop a person-centered health action plan
- Improve self-management of chronic conditions
- Ensure care coordination and care transitions



Provides a bridge

The Health Homes program can provide a bridge between the client and all of the client's systems of care, including non-clinical support such as food, housing, legal services and transportation.



Who is Eligible



- Must be on active Medicaid, includes dually eligible (Medicaid and Medicare)
- Screening with a PRISM risk score of 1.5 or greater
- Has one chronic condition and is at risk for a second
- All ages are eligible

The Basics

- No cost to the client
- Participation is voluntary
- Does not duplicate or change any current providers or benefits
- Community-based intensive care coordination across the existing delivery system
- Not to be confused with “Home Health”



Ensuring a Person-Centered Model



The Health Homes program:

- Promotes person-centered health action planning to empower clients to take charge of their own health care
- Ensures clients receive the right care, at the right time, with the right provider
- Is person-centered by providing the tools and supports to empower clients to improve their health

The Six Health Home Services

- 1 Comprehensive care management
- 2 Care coordination
- 3 Health promotion
- 4 Comprehensive transitional care
- 5 Individual and family support
- 6 Referral to community and social support services

The Health Action Plan

The Health Action Plan is a plan that the client writes with assistance from the care coordinator. The Health Action Plan:

- Is person-centered
- Is reviewed and updated regularly
- Identifies what the client wishes to do to improve their wellness and quality of life
- Includes health-related goals and non-health-related goals
- May include social determinates of health

Role of Care Coordinator: Care Coordination

- Provides support to implement the Health Action Plan
- Coordinates with service providers
- Provides monthly face-to-face visits and phone calls as needed to support the Health Action Plan
- Participates in multidisciplinary care teams



Role of Care Coordinator: Health Promotion



- Provides wellness and prevention information specific to the client's chronic conditions
- Acts as a health coach to support the client in initiating and sustaining behavioral change
- Provides educational materials and other resources as needed to parents, caregivers and others involved with the client's health needs to manage their chronic conditions

Client Health Outcomes



Increased engagement
in self-management of
chronic health
conditions

Increased use of home-
and community-based
long-term services and
supports



Decreased
inpatient
admissions

Decreased
nursing facility
admissions

How Do I Refer Someone to the Program?

- **Contact your Managed Care Organization or HCA**
- **Reach out to a Care Coordination Organization or Lead in your area. You can find one by visiting: [Workbook: HealthHome \(wa.gov\)](#)**
- **Other resources:**
 - Health Home email box HealthHomes@hca.wa.gov
 - DSHS website: <https://www.dshs.wa.gov/altsa/washington-health-home-program>
 - HCA website: <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/health-homes>

A note about our webpage redesign

HCA Website rebuild to help the people we serve

- 1. Refresh the look of the website.
- 2. Maintain the basic structure.

This approach allowed us to align the site with our current print publications for a visually cohesive brand, at the same time keep the overall structure consistent and familiar for our audiences.

To this end we kept the four primary “buckets” on the site:

Section	Audience
Free or low-cost health care (formerly “Health care services and supports” but this labeling was confusing for employees and retirees)	Apple Health and behavioral health clients and assistors
Employee and retiree benefits	Public and school employees and retirees, and PEBB and SEBB Continuation Coverage members
Billers, providers, and partners	Apple Health and behavioral health providers and partners, and those that assist with billing
About HCA	All other stakeholders interested in the administrative aspects of HCA