

Chair Siobhan Martin will convene a public meeting of the PEBB Board on Tuesday, October 18, 2022, at 9:35 a.m. The meeting will be held via Microsoft Teams teleconference - [Click here to join the meeting](#)

PEBB BOARD AGENDA OCTOBER 18, 2022

- | | |
|---|---|
| I. 9:35 a.m. – 9:40 a.m.
Attachment 1
ACTION | Welcome & Approval of September 20, 2022 meeting minutes

<i>Siobhan Martin Chair</i> |
| II. 9:40 a.m. – 10:00 a.m.
Attachment 2
Information | Hospital Cap Year-end Audit update from IW

<i>Brad Lawson and Linh Ebbers, Willis Towers Watson</i> |
| III. 10:00 a.m. – 10:45 a.m.
Attachments 3, 3a and 3b | Dental Plans Provider Diversity/Member Access – PEBB Carriers

<i>DELTA DENTAL – Teri Barichello, DMD, Vice President and Chief Dental Officer and</i>

<i>WILLAMETTE DENTAL - Mark Chambers, DDS, Director of Clinical Operations, Nick Skourtes, DMD, Vice President, Executive Sponsor DEIC and Tiffany Nicholson, Key Account & Client Service Supervisor</i>

<i>KAISER DENTAL – Daniel Pihlstron, DDS, Dental Director, Evidence-based Practice and Santo Graziano, Director, Dental Operations and Ancillary Services</i> |
| 10:45 a.m. – 10:55 a.m. | BREAK |
| IV. 10:55 a.m. – 11:25 a.m.
Attachment 4 | Pharmacy Benefit Trends

<i>Kendra Lofgren, R.Ph. – Principal West Marketing Pharmacy Lead, Mercer</i> |

V. 11:25 a.m. – 12:10 p.m.
Attachments 5, 5a and 5b

Pharmacy Services and Programs

PROVIDENCE HEALTH PLANS - Helen Noonan-Harnsberger, PharmD, AVP Pharmacy Division, Heidi Chinwuba, PharmD, BCPS, BCACP, Clinical Pharmacy Manager and Gina Korab, PharmD, BCPS, BCCP, Sr. Clinical Pharmacy Specialist

MODA HEALTH PLANS - Katie Scheeler, PharmD, Senior Clinical Program Manager

KAISER PERMANENTE - Keith Bachman, MD, PEBB Medical Director and Sunshine Sommers, MS, RPh, Director, Clinical Pharmacy Services

VI. 12:10 p.m. – 12:20 p.m.

Innovation Workgroup Update

Shaun Parkman, IW Vice Chair

VII. 12:20 p.m. – 12:25 p.m.

Other Business/Public Comment

- **Written Public Comment (2)**
 - ✓ PC 1 - Schattenkerk, Tia
 - ✓ PC 2 - Adams, Jodey

Adjourn

Public Employees' Benefit Board Meeting Minutes September 20, 2022

The Public Employees' Benefit Board held a regular meeting on September 20, 2022, via Microsoft Teams. Chair Siobhan Martin called the meeting to order at 9:35 a.m.

Attendees

Board Members:

Siobhan Martin, Chair
Greg Clouser
Andria Fultz
Kimberly Hendricks
Dawn Mautner
Shaun Parkman

PEBB Board Members Excused/Absent:

Kate Nass
Representative Rob Nosse (non-voting member)

PEBB Staff:

Ali Hassoun, Director
Cindy Bowman, Director of Operations
Margaret Smith-Isa, Program Development Coordinator
Rose Mann, Board Policy and Planning Coordinator
April Kelly, Program Benefits and Services Coordinator

Consultants and Presenters:

Andrew Hoffheimer, Mercer Health and Benefits, LLC
Prachi Nagda, MD, Mercer Health and Benefits, LLC
Cindy Crozier, RN, Mercer Health and Benefits, LLC
Carmen Cook, MS, MPH, CHES, Mercer Health and Benefits, LLC
Cella Blumenfield, Mercer Health and Benefits, LLC
Keith Bachman, Kaiser Permanente NW
Camille Applin-Jones, RN, BSBM, MBA – VP Ambulatory Care and Clinical Services
Michelle Teeple, Senior Director of Mental Health, Behavioral Health and Addiction Medicine
Sophary Sturdevant, Executive Account Manager
Erica Hedberg, Director Government Programs
Karis Stoudmire-Philips, VP DEI and Community Initiative
Dan Thoma, Director Behavioral Health, Moda Health Plans

Melisa Strong, Manager Provider Strategy, Moda Health Plans
Melissa Topp, Senior Director of Care Management, Providence
Darcy White, Director Provider Relations, Providence Health Plans
Robert Gluckman, MD, Chief Medical Officer, Providence Health Plans

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Roll call and approval of July 19, 2022, Meetings Minutes (Attachment 1)

NOTE: Chair Siobhan Martin explained that Jeremy Vandehey has left State service after many years to take a position in the private sector. This leaves the Vice Chair position vacant and Dawn Mautner has been asked to fill this position and she has accepted.

Greg Clouser seconded the nomination of Dawn Mautner as vice chair. The motion carried.

Chair Siobhan Martin called the meeting to order and called for a motion to approve the minutes of the July 19, 2022, PEBB Board meeting.

MOTION

Greg Clouser moved to approve the minutes from the August 16, 2022, PEBB Board meeting. Shaun Parkman seconded the motion. The motion carried.

OAR 101-0015-0056 and OAR 101 - 015-0061(Attachment 2)

April Kelly, Program Benefits and Services Coordinator reviewed OAR 101-0015 – 0056 and OAR 101-015-0061 and requested the Board approve filing a repeal of the permanent rules with the Secretary of State.

MOTION

Dawn Mautner moved to approve the request to file a repeal of OAR 101-0015-0056 and 0061 with the Secretary of State. Greg Clouser seconded the motion. The motion carried.

Centers of Excellence Update (Attachment 3)

Cindy Crozier and Prachi Nagda, Mercer Health and Benefits, LLC presented an update on Centers of Excellence.

In April 2022, Willis Towers Watson transitioned to Mercer the support for the Innovation Workgroup project around developing a recommendation for a custom Musculoskeletal Center of Excellence program for OEGB members.

The program will target total hip and knee joint replacements in this initial phase

- Target implementation date is for next plan year renewal cycle (October 2023)
- Goals of the program include:
 - ✓ Steerage to high quality facilities and providers
 - ✓ Improved outcomes for OEBB members
 - ✓ Early identification of members and promoting conservative therapies, where appropriate, before surgery
 - ✓ Consistency of reimbursement in terms of defining bundles and establishing warranties

Mercer is working collaboratively with Moda, Providence Health Plan and Kaiser to assess Oregon facilities and providers, to identify top performers based on both quantitative (e.g., volume of surgeries, complication rates, etc.) and qualitative (e.g. Board certification, quality oversight committee, etc.) data.

The approach to the COE.

- Identify OEBB markets/regions within the state of Oregon
- Utilize multiple data sources to identify high quality providers and facilities within each market/region; build consensus with all stakeholders

Mercer/QualPic

- Focused on episodes of care for knee & hip replacements, at both facilities and providers' level
- Data represents Oregon residents statewide
- Clarify database is estimated to contain 100% of claims for 20% of Oregon residents
- Carrier reported metrics/experience – based on book of business
- Facility and provider responses to a request for information
- Collaborate with the IWG to determine strategy recommendations for OEBB Board
- Consider the number of facilities and providers needed to support OEBB members to avoid access or capacity issues
- Develop network strategy recommendations
- Plan design incentives/disincentives
- Actuarial modeling to identify potential impacts to outcomes and costs based on quality improvements

Next Steps:

- Evaluate individual physician quality by region
- Summarize the list of high quality, efficient orthopedic surgeons and facilities by region
- Develop standard policy guidelines and define bundles for COE
- Analyze the financial data to develop plan design recommendations
- Design incentive structure
- Work with carriers to begin contracting discussions
- Review the recommendations with OEBB Board

Network Access and Provider Diversity Update (Attachments 4, 4.1, 4.2 and 4.3)

The following consultants and provider staff presented updates on carrier network access and provider diversity.

Andrew Hofheimer, Mercer Health & Benefits, LLC

Kaiser Permanente – Camille Applin-Jones, RN, BSBM, MBA VP Ambulatory Care & Clinical Services and Michelle Teeples, Senior Director of Mental Health, Behavioral Health and Addiction Medicine

Moda – Erica Hedberg, Director Government Programs; Karis Stoudmire-Philips, VP DEI and Community Initiative; Dan Thoma, Director Behavioral Health; Melisa Strong, Manager Provider Strategy and Karis Stoudamire-Phillips, VP DEI and Community Issues

Providence –Melissa Topp, Senior Director of Care Management and Darcy White, Director Provider Relations

Other Business and Public Comment

There being no public comment nor further business to come before the Board, Chair Siobhan Martin adjourned the meeting at 12:32 p.m.

Innovation Workgroup Summary

2021 SB1067 Audit of Hospital Reimbursements

PB Attachment 2
October 18, 2022

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- We do not assume any responsibility or accept any duty of care or liability to any other party who may obtain a copy of this material and any reliance placed by such party on it is entirely at their own risk.
- In preparing this document, we have relied upon information provided to us by OEBB and PEBB medical carriers regarding medical claims and related elements. The scope of our engagement did not call for us to perform an audit or independent verification of this information, but we have reviewed this information for overall reasonableness and consistency. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. We have relied on all the information provided as complete and accurate. The results presented in this document are dependent upon the accuracy and completeness of the underlying data and information. Any material inaccuracy in the data and information provided to us may have produced results that are not suitable for the purposes of this document, and such inaccuracies, as corrected by [client] or its third-party claim administrators, may produce materially different results that could require that a revised report be issued.

Agenda

- Background & Data Disclosures
- Executive Summary
- Audit Results
- SB1067 Savings Estimates
- Key Take-Aways
- Appendix



Background

- Senate Bill (SB) 1067 was signed into law by Governor Kate Brown Aug.16, 2017. The bill relates to government cost containment measures that directly affect OEBB and PEBB. The bill limits OEBB and PEBB's payments for in-network hospitals to 200% of Medicare allowable, and 185% of Medicare for out-of-network hospitals
- In 2021, Willis Towers Watson was retained by OEBB/PEBB to perform an audit analysis based on PY2020 hospital claims data to ensure that the SB 1067 directives were met to its intended purposes
- Following the conclusion of the 2021 work, OEBB/PEBB requested Willis Towers Watson to refresh this analysis with CY2021 hospital claims data in 2022 and re-evaluate the audit findings and estimated financial savings that were realized because of the bill
- OEBB and PEBB are on different plan years:
 - OEBB's PY2020: 10/2019 – 9/2020
 - PEBB's PY2020: 1/2020 – 12/2020

Data disclosures

- To perform the analyses, Willis Towers Watson relied on CY2021 facility data, with at least 2 months of runout submitted by the carriers for review (runout differs by carriers). In accordance with standard actuarial practices, we reviewed the data for reasonableness and consistency but generally relied on the carrier data to be complete and accurate
- Throughout the report, you will see reference to overpayment by hospital and overpayment by admission/encounter. Payments are assessed at the admission level for inpatient and at the encounter level for outpatient. At the hospital level, we allow underpayment from one admission/encounter to offset overpayment from a separate admission/encounter
- The audit process is detailed in the appendix. Note that there are some de minimis re-pricing elements that Willis Towers Watson was not able to quantify. For this reason, we deem that 5% variation in payment compliance to be within the realm of reasonability (see appendix for details).
- As part of this audit analysis, we also perform a benchmarking exercise, comparing OEGB/PEGB reimbursement rates against regional benchmark data, which is derived from a Merative US L.P. program licensed by WTW known as MarketScan (“MarketScan Data”). You agree not to reference, disclose or distribute any MarketScan Data to any third party. MarketScan Data shall remain the property of WTW and/or Merative US L.P. You are not granted a license, express or implied, under any trade secret right, trademark, patent, copyright or other proprietary right in the MarketScan Data.

Executive summary

- Audit results remain consistent with PY2020 analyses, with higher savings observed in CY2021 due to the following:
 - Implementation of clarified rules improving inpatient facility reimbursements
 - Return to “normalcy” after the deferred services in 2020 due to COVID-19
- Moda, Providence and Kaiser all separately meet the criteria per SB 1067. In general, reimbursements at the hospital level are in compliance
 - At the individual claim level, there does appear to be opportunity for further review with carriers
- In addition to the audit, Willis Towers Watson was requested to review the savings achieved from SB1067
 - Preliminary savings estimate from 2018 was \$81M, or 23% of facility claims subject to SB1067
 - Actual savings in 2020 were estimated to be \$59M, or 14% of facility claims subject to SB1067
 - In 2021, estimated savings were \$112.7M, or 33% of facility claims subject to SB 1067, 10% better than the 2018 estimates and 19% improvement from 2020.
- Compared to benchmark, it is estimated that OEBB/PEBB reimbursements were 5% higher pre-SB1067. After the clarified rules in 2021, it is estimated that OEBB/PEBB reimbursements are 20% lower than benchmark, further solidifying the effect of the rule

2021 SB1067 Audit Results



2021 SB1067 Audit - Overall results

By Program

Inpatient & Outpatient	OEBB/PEBB Combined	OEBB	PEBB
Claims within Oregon (\$M) <i>(subject to SB1067)</i>	\$371.9	\$169.0	\$202.9
% Medicare	163%	166%	161%
Overpayment (\$M) <i>(By Admission/Encounter)</i>	\$12.6	\$5.7	\$6.9
Overpayment (\$M) <i>(By Hospital)</i>	\$0.3	\$0.1	\$0.2

By Carrier

Inpatient & Outpatient	Providence	Moda	Kaiser
Claims within Oregon (\$M) <i>(subject to SB1067)</i>	\$147.3	\$151.5	\$73.1
% Medicare	166%	172%	144%
Overpayment (\$M) <i>(By Admission/Encounter)</i>	\$5.2	\$4.9	\$2.6
Overpayment (\$M) <i>(By Hospital)</i>	\$0.1	\$0.2	\$0.0

Observations

- There are ~\$372M of claims subject to SB1067 in CY2021 for OEBB/PEBB combined
- Average facility reimbursement for CY2021 is at 163% of Medicare vs. 179% in 2020, a 9% decrease
- Similar decrease is observed for OEBB/PEBB and by carrier
- Overpayment by admission/encounter remains relatively low (3.4% of total allowed or \$12.6M: \$3.5M IP and \$9.1M OP)
- By hospital, we observed virtually no overpayment (<0.1% of total allowed, or \$0.3M)

2021 SB1067 Audit – Inpatient Facility (IPF) detailed results

	OEBB/PEBB	OEBB			PEBB			
	Total	Moda	Kaiser	Total	Providence	Moda	Kaiser	Total
Inpatient Claims (\$M) <i>(subject to SB1067)</i>	\$188.4	\$64.3	\$23.9	\$88.2	\$69.1	\$10.3	\$20.7	\$100.2
Allowed as % Medicare	150%	164%	136%	155%	154%	150%	125%	146%
Overpayment \$M <i>(by Admission)</i>	\$3.5	\$1.2	\$0.7	\$1.9	\$1.2	\$0.2	\$0.3	\$1.7
% Overpayment <i>(by Admission)</i>	1.9%	1.9%	2.9%	2.2%	1.7%	1.8%	1.4%	1.7%
Overpayment \$M <i>(by Hospital)</i>	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Observations

- Inpatient facility on average reimbursed at ~150% of Medicare (vs. 180% in 2020). The decrease in inpatient reimbursement suggests that the clarification rules had the intended effect
- Some overpayments were observed at the admission level (1.9% or \$3.5M). Reconciliation was carried out with carriers to understand the payment discrepancies. Findings can be found in the Appendix
- At the hospital level, < 0.1% of total inpatient facility costs were observed as overpayment, indicating general compliance by carriers

2021 SB1067 Audit – Outpatient Facility (OPF) detailed results

	OEBB/PEBB	OEBB			PEBB			
	Total	Moda	Kaiser	Total	Providence	Moda	Kaiser	Total
Outpatient Claims (\$M) <i>(subject to SB 1067)</i>	\$183.5	\$65.5	\$15.3	\$80.8	\$78.2	\$11.4	\$13.2	\$102.7
Allowed as % Medicare	179%	183%	173%	181%	178%	187%	173%	178%
Overpayment \$M <i>(by Admission)</i>	\$9.1	\$3.0	\$0.8	\$3.8	\$4.0	\$0.5	\$0.7	\$5.3
% Overpayment <i>(by Admission)</i>	5.0%	4.6%	5.2%	4.7%	5.1%	4.4%	5.3%	5.2%
Overpayment \$M <i>(by Hospital)</i>	\$0.3	\$0.1	\$0.0	\$0.1	\$0.1	\$0.1	\$0.0	\$0.2

Observations

- Outpatient Facility on average reimbursed at ~179% (vs. 177% in 2020)
- Some overpayments were observed at the encounter level (5% of total OPF allowed or \$9.1M). Reconciliation was carried out with carriers to understand the payment discrepancies. Findings can be found in the Appendix
- At the hospital level, < 0.1% of total OPF allowed were observed as overpayment, indicating general compliance by carriers

SB1067 – Est. Savings in 2021



SB1067 – 2021 Est. Savings summary

Facility Claims	CY 2021					PY 2020				
	2021 Allowed (\$M)	% Medicare Pre SB1067	% Medicare After SB1067	Est. Earned Savings (\$M)	Est. Savings (%)	2020 Allowed (\$M)	% Medicare Pre SB1067	% Medicare After SB1067	Est. Earned Savings (\$M)	Est. Savings (%)
Inpatient	\$157.5	175%	140%	\$38.5	24%	\$190.0	176%	180%	-\$4.5	-2%
Outpatient	\$181.0	251%	178%	\$74.2	41%	\$169.5	243%	177%	\$63.7	38%
Total	\$338.6	215%	160%	\$112.7	33%	\$359.5	208%	179%	\$59.2	16%

Observations

- To evaluate the hypothetical costs in 2020 and 2021 absent of SB1067, Willis Towers Watson reviewed carriers' reimbursements prior to the SB1067 effective date and applied the same reimbursement rates to the utilization mix observed in 2020 and 2021
- 91% of the facility costs (\$338.6M out \$371.9M) in 2021 were analyzed. Of which, we estimated \$112.7M in earned savings, or 33%
- Comparison to original savings estimates (Nov 2018) prior to the implementation of SB1067:
 - Carriers provided high level savings estimate in 2018 at \$81M (or 23% of facility claims subject to SB1067). Of which, \$24M (15%) for Inpatient, and \$57M (30%) for Outpatient
 - Actual savings in CY2021 are ~10% higher for both Inpatient and Outpatient, realizing \$38.5M (24%) for Inpatient, and \$74.2M (41%) for Outpatient
 - Inpatient costs improved significantly after the clarified rules in 2021

SB1067 – 2021 Est. Savings summary – Carrier details

Carriers	CY 2021					PY 2020				
	2021 Allowed (\$M)	% Medicare Pre SB1067	% Medicare After SB1067	Est. Earned Savings (\$M)	Est. Savings (%)	2020 Allowed (\$M)	% Medicare Pre SB1067	% Medicare After SB1067	Est. Earned Savings (\$M)	Est. Savings (%)
Providence	\$138.5	228%	163%	\$54.8	40%	\$148.3	214%	183%	25.8	17%
Moda	\$140.0	224%	168%	\$44.6	32%	\$147.4	221%	182%	31.8	22%
Kaiser	\$60.1	173%	142%	\$13.3	22%	\$63.8	165%	160%	1.5	2%
Total	\$338.6	215%	160%	\$112.7	33%	\$359.5	208%	179%	\$59.2	16%

Observations

- Carriers with already lower reimbursement rate pre-SB1067 have less savings opportunity. In CY2021, the following savings were earned by the carriers: Providence \$54.8M (40%), Moda \$44.6M (32%), and Kaiser \$13.3M (22%). Kaiser already had lower reimbursement rate pre-SB1067 at 173% Medicare compared to Providence (228%) and Moda (224%)
- We observed savings improvement across all carriers from 2020 to 2021. Providence and Kaiser lowered facility costs by ~20%, Moda by ~10%

SB1067 – 2021 Est. Savings by DRG – Inpatient facility

OEBB/PEBB Combined		CY 2021		PY 2020	
DRG Description	DRG Code	% Medicare Pre SB1067	% Medicare After SB1067	% Medicare Pre SB1067	% Medicare After SB1067
Full term neonate with major problems	793	61%	56%	62%	157%
Neonate with other major problems	794	49%	36%	49%	143%
ECMO or tracheostomy excluding face, mouth & neck w maj O.R.	003	105%	185%	127%	190%
Neonate with minor problems	791	125%	101%	134%	178%
Neonate with other minor problems	792	120%	67%	131%	167%
Chemo w acute leukemia	837	176%	159%	159%	189%

Observations

- Shown above are the top 6 DRGs that had negative earned savings in PY2020 after SB1067 took effect
- After the clarification rules in 2021, reimbursement rates were lower than the pre-SB1067 level except for ECMO or Tracheostomy (DRG 003). In PY2020, we observed 13 admissions with DRG 003. For CY2021, only 3 admissions
- Neonate cases (DRG 793 and 794) experienced significant rate increases in PY2020 after SB1067 took effect, but are now back below the pre-SB1067 level

Comparisons against benchmark

By Program

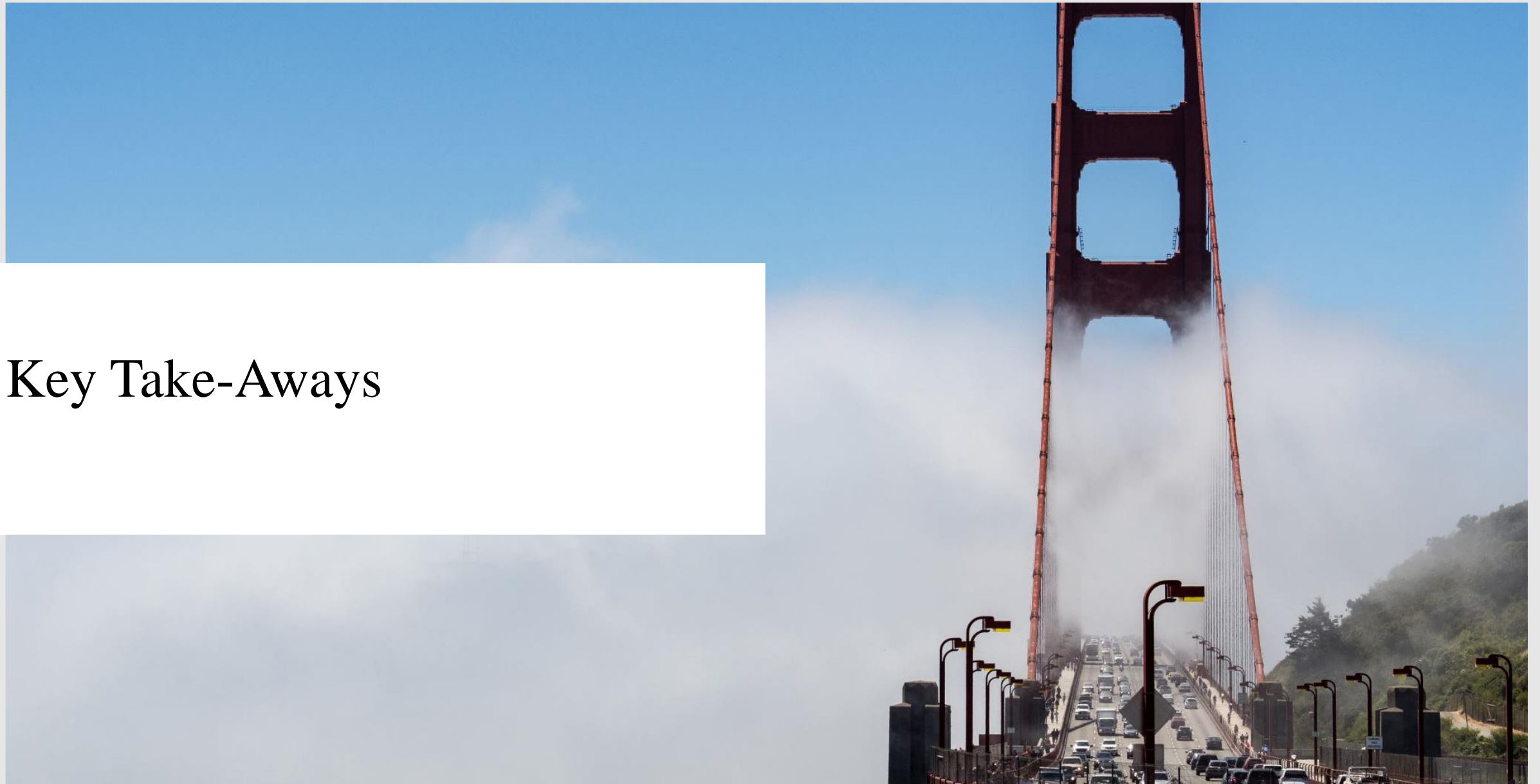
OEBB				
Service Category	2021 Allowed (\$)	% Medicare Pre SB1067	% Medicare After SB1067	Benchmark
Inpatient	\$76.0	168%	145%	180%
Outpatient	\$79.8	256%	179%	239%
Total	\$155.9	213%	163%	210%
PEBB				
Service Category	2021 Allowed (\$)	% Medicare Pre SB1067	% Medicare After SB1067	Benchmark
Inpatient	\$81.5	180%	136%	167%
Outpatient	\$101.2	247%	177%	227%
Total	\$182.7	217%	159%	200%
Total OEBB/PEBB				
Service Category	2021 Allowed (\$)	% Medicare Pre SB1067	% Medicare After SB1067	Benchmark
Inpatient	\$157.5	175%	140%	173%
Outpatient	\$181.0	251%	178%	232%
Total	\$338.6	215%	160%	205%

By Carrier

Providence				
Service Category	2021 Allowed (\$)	% Medicare Pre SB1067	% Medicare After SB1067	Benchmark
Inpatient	\$60.9	197%	145%	173%
Outpatient	\$77.5	251%	177%	232%
Total	\$138.5	228%	163%	205%
Moda				
Service Category	2021 Allowed (\$)	% Medicare Pre SB1067	% Medicare After SB1067	Benchmark
Inpatient	\$64.4	172%	152%	173%
Outpatient	\$75.6	269%	182%	232%
Total	\$140.0	224%	168%	205%
Kaiser				
Service Category	2021 Allowed (\$)	% Medicare Pre SB1067	% Medicare After SB1067	Benchmark
Inpatient	\$32.2	145%	116%	173%
Outpatient	\$27.9	205%	171%	232%
Total	\$60.1	173%	142%	205%

- Benchmark data is derived from 2019 MarketScan data, a product of Merative US L.P., licensed by WTW for Oregon
- Pre-SB1067, OEBB/PEBB reimbursement rate is at 215% of Medicare, 4.9% higher than benchmark
- In 2020, average reimbursement rate was lowered to about 180%, ~10% lower than benchmark
- In 2021, average reimbursement rate sits at 160%, ~22% lower than benchmark
- The observations are consistent by program and by carrier

Key Take-Aways



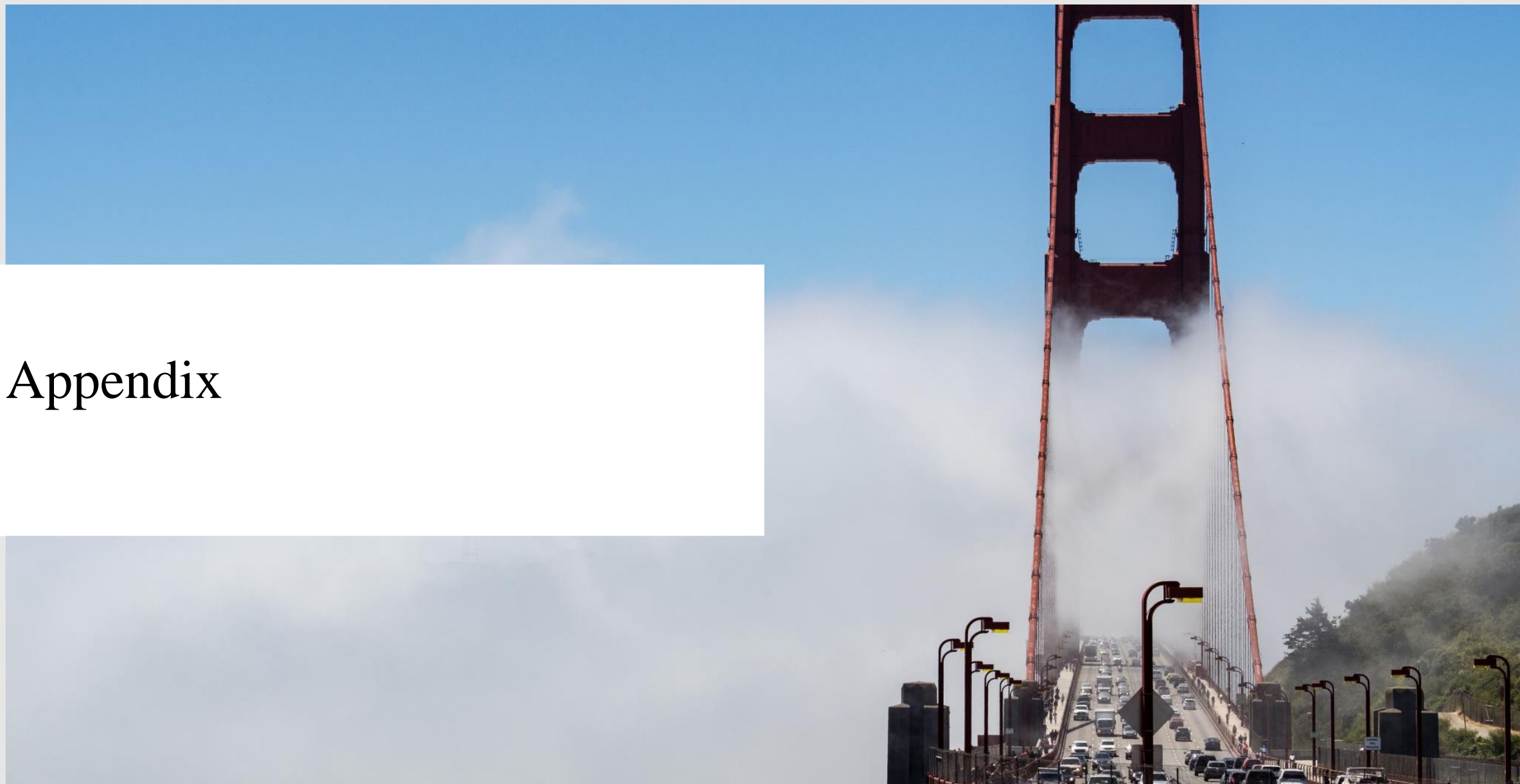
Key Take-Aways

- Moda, Providence and Kaiser all separately meet the criteria per SB 1067. In general, reimbursements at the hospital level are in compliance
 - At the individual claim level, there does appear to be opportunity for further review with carriers
- 2 years after the implementation of SB1067 and additional clarification rules, earned savings exceeded the initial savings estimates performed in November 2018
- Compared to benchmark, OEBC/PEBC facility reimbursements are slightly higher pre-SB1067. After SB1067, reimbursements are very favorable, 20% lower than benchmark



Questions?

Appendix



24 Hospitals subjected to SB1067

Hospital	Include / Exclude	Hospital	Include / Exclude
Albany General Hospital	Included	Providence Willamette Falls Medical Center	Included
Asante Rogue Regional Medical Center	Included	Sacred Heart Riverbend	Included
Asante Three Rivers Medical Center LLC	Included	Salem Health	Included
Good Samaritan Regional Medical Center	Included	St Charles Medical Center Bend	Included
Legacy Emanuel Hospital and Health Center	Included	Tuality Healthcare	Included
Legacy Good Samaritan Hospital and Medical Center	Included	Asante Ashland Community Hospital	Excluded
Legacy Meridian Park Hospital	Included	Bay Area Hospital	Excluded
Legacy Mount Hood Medical Center	Included	Legacy Silverton Medical Center	Excluded
McKenzie Willamette Medical Center Associates LLC	Included	Mid-Columbia Med Center	Excluded
Mercy Medical Center Inc	Included	Providence Newberg Medical Center	Excluded
Oregon Health and Science University Hospital	Included	Santiam Memorial Hospital	Excluded
PeaceHealth Sacred Heart University District	Included	Sky Lakes Medical Center	Excluded
Portland Adventist Medical Center	Included	St Charles Health System-Redmond	Excluded
Providence Medford Medical Center	Included	Willamette Valley Medical Center	Excluded
Providence Milwaukie Hospital	Included	Legacy Salmon Creek Hospital	WA - Excluded
Providence Portland Medical Center	Included	Peacehealth Southwest Medical Center	WA - Excluded
Providence St Vincent Medical Center	Included		

Analysis approach – SB1067 Audit analysis

- Carrier data were repriced using CMS' latest 2021 Medicare fee schedules to ensure that hospital payments were capped at 200% of Medicare for in-network services and 185% of Medicare for out-of-network services
- Note that Medicare fee schedules are updated and released at different times through out the year. To the extent that carriers utilize a different fee schedule available at the time of payment, this could result in 1-2% variation in pricing
- Through our limited pricing reconciliation with the carriers, we noted some data anomalies from the carrier data where multiple payments were made for what we consider to be the same admission (same member, same DRG, same discharge date). These data anomalies impacted a small percentage of claims received
- In addition to the Medicare base payments, there are also hospital specific payments made to the hospitals such as uncompensated care payments, or additional COVID-19 relief payments. These hospital specific payments are excluded from our audit, which would raise the cap by 1-2%, reducing some of the overpayment shown in this report
- Medicare also makes additional payments for outlier claims, which are identified based on bill charges. Some carriers suppressed bill charges in their claims data, which may impact the accuracy of the pricing by 1-2%
- Kaiser's data did not include an "Unit" field. For some services such as injectable drugs or Ambulance, Medicare payments are on a per unit rate (per 15ml or per mile). Without this information, Kaiser's cap was set at 1 unit payment for these services. For other carriers, unit fields typically have a lot of variation. For example, a 15ml drug injection could be recorded as 15 units for 1 carrier and 1 unit by another. Hence, for payments that are made on a per "unit" basis, there inherently some variation in the pricing, which could result in another 1-2% variation

Methodology – Glossary

Name	Definition
Uncompensated Care Adj. (UC)	An adjustment made for hospital care provided for which no payment was received from the patient or insurer.
Hospital Specific Payment (HSP)	Additional revenue for sole community hospitals (SCHs) and Medicare-dependent hospitals (MDHs), which are types of rural hospitals.
Low Volume Adj.	Additional revenue given to hospitals with discharges under a certain threshold and were located a certain amount of distance from another acute care hospital paid under IPPS.
Value Based Purchasing Adj. (VBP)	An adjustment made based on the quality of care that the hospital delivers.
Readmission Reduction Adj.	Reduces payments to IPPS hospitals for excess readmissions, starting October 1, 2012. CMS calculates the payment reduction and component results for each hospital based on its performance during a rolling three-year performance period.
Indirect Medical Education Adj. (IME)	Medicare increases the operating and capital payment rates of hospitals paid under the IPPS to reflect the teaching hospitals' higher indirect patient care costs compared to non-teaching hospitals, referred to as indirect medical education (IME).
Disproportionate Share Hospital Adj. (DSH)	An adjustment for hospitals that serve a proportionately large volume of low-income patients or other patients under the Medicaid program.
GAF	Capital Geographic Adjustment Factor
CCR	Cost to Charge Ratio: Cost required to operate a hospital divided by total revenue

Analysis approach – Financial savings estimates and benchmark

- Reviewed pre-SB1067 carriers' reimbursements at the service category level
- Applied pre-SB1067 reimbursements to CY2021 utilization (constant basket of goods) to calculate the estimated costs if services were reimbursed at the pre-SB1067 level. The difference between the estimated costs and actual CY2021 costs represent the estimated savings in CY2021 due to SB1067
- It is important to note that carriers do periodically increase their reimbursements at a faster rate than Medicare. The approach outlined above does not account for any reimbursement rate increases above the Medicare level that carriers may have from 2019 to 2021 in absence of the SB1067 rule
- For benchmarking purposes, Oregon data from MarketScan data was used. There are approximately 290,000 lives in the benchmark data used
- Similar to the savings estimates, OEBB/PEBB 2021 utilization was used to arrive at the average % Medicare reimbursed in Oregon



Delta Dental of Oregon & Alaska

Dental provider diversity and member access

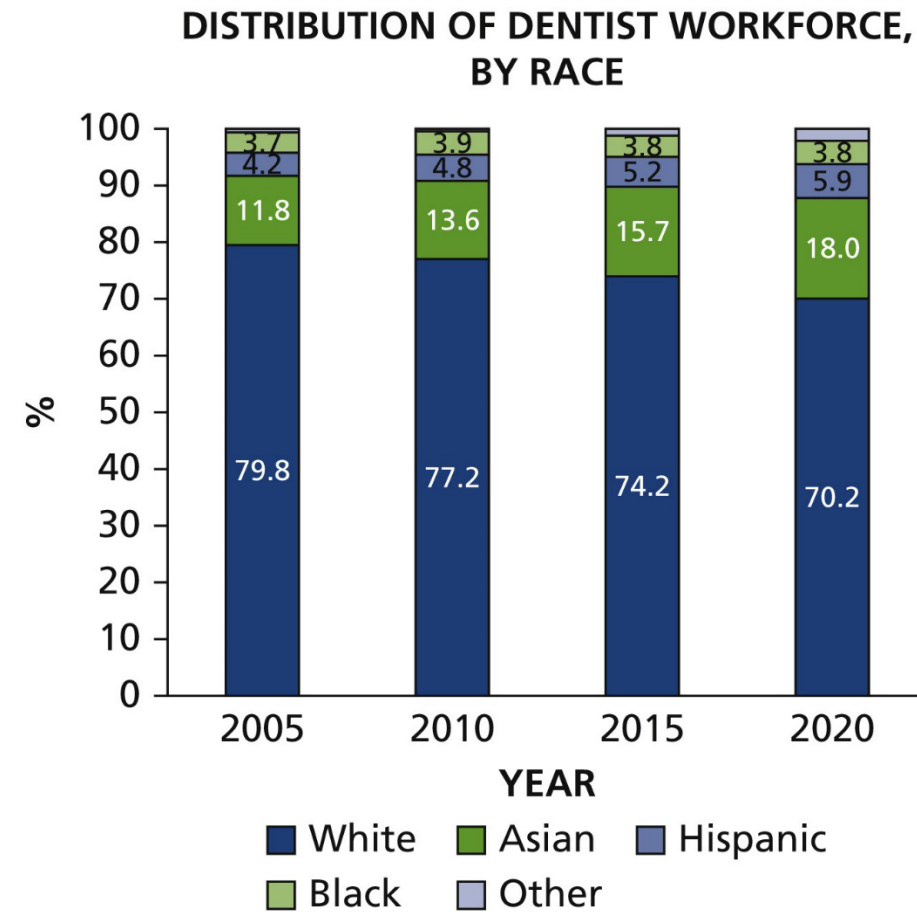
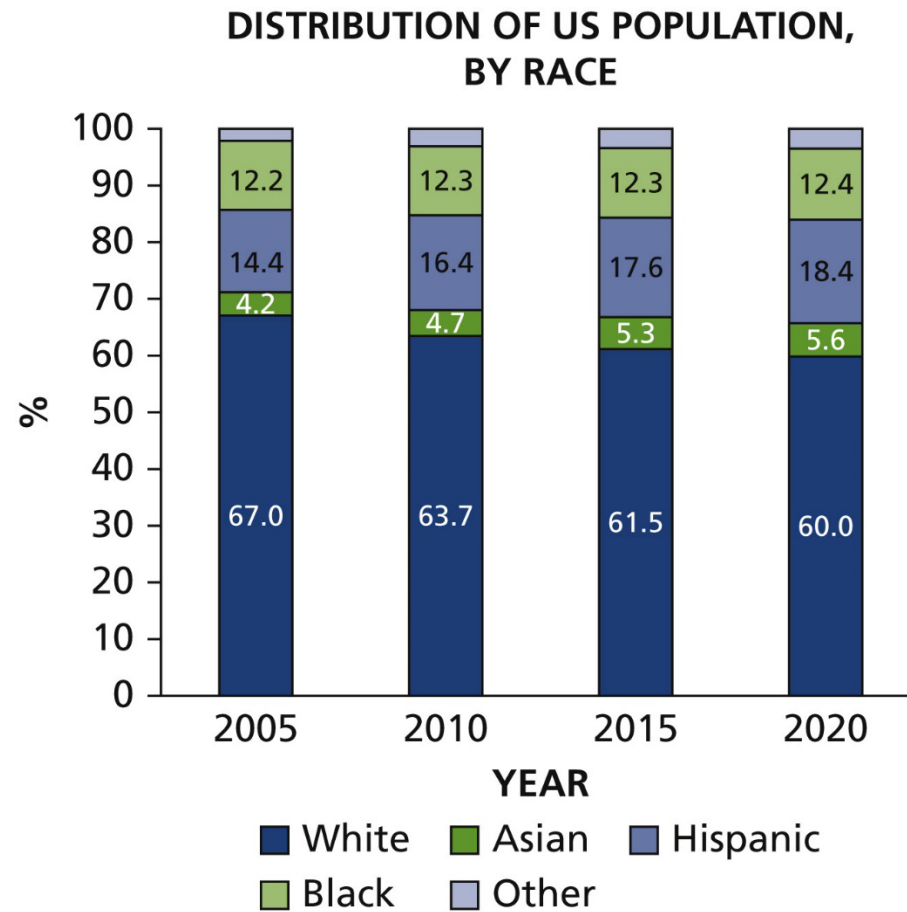
Teri Barichello, DMD
Vice President and Chief Dental Officer
October 18, 2022



Objectives

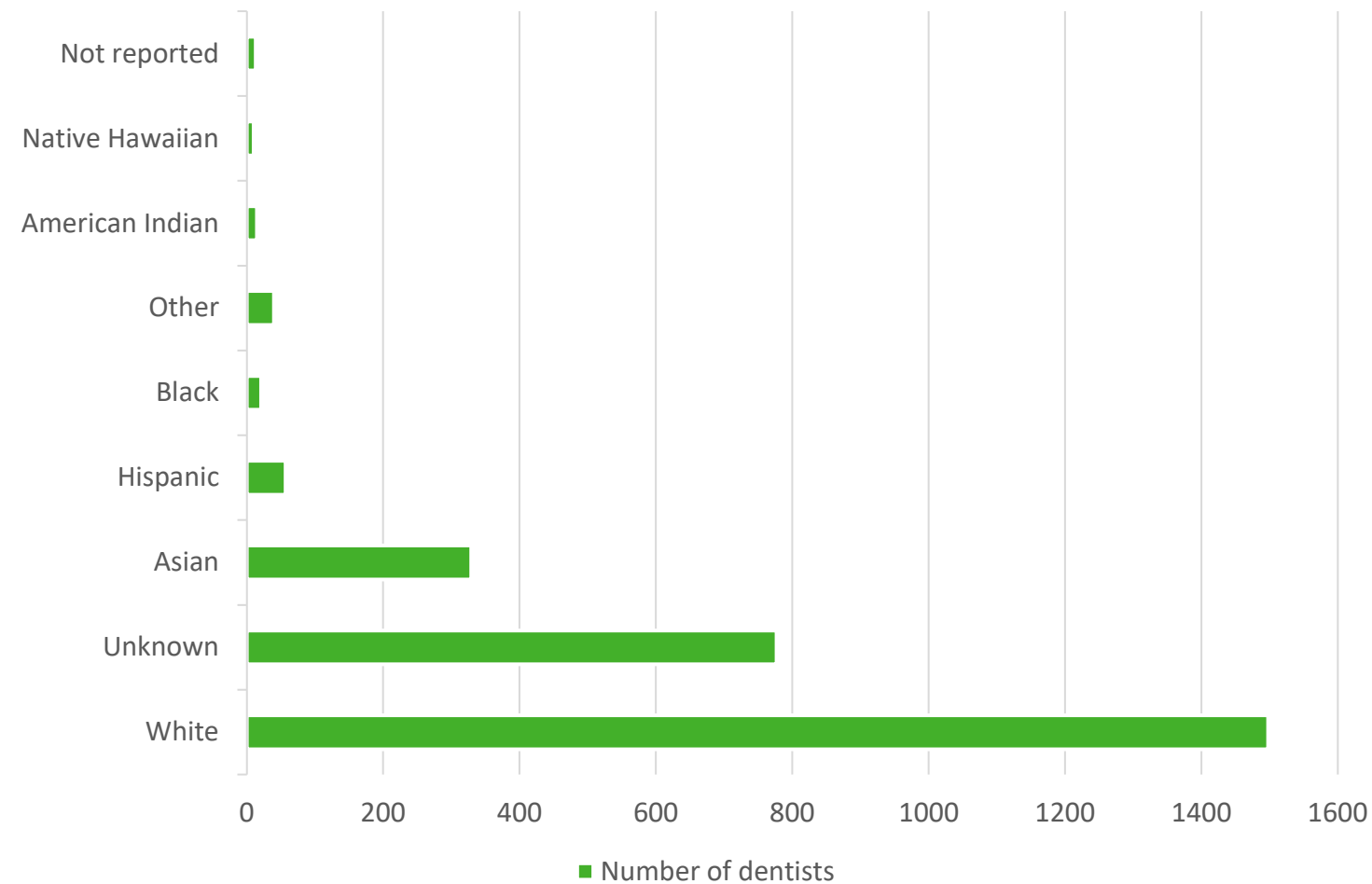
- Provider diversity overview
- Delta Dental initiatives to increase workforce diversity
- Find care provider search tool enhancements
- Member access to dental providers

Distribution of dentist workforce in U.S. by race



[Elevating dentistry through diversity - The Journal of the American Dental Association \(ada.org\)](https://www.ada.org)

Distribution of Oregon dentists by race (2021)



Delta Dental initiatives to increase provider diversity

Delta Dental Plans Association Board strategic initiative:

Drive Greater Diversity in the Oral Health Workforce

Delta Dental Oral Health Diversity Fund

- \$1 million annual fund

- Focused on addressing gaps in the workforce pipeline to help create greater oral health equity

Delta Dental Institute (DDI) activities

- Partnership with the American Association for Dental, Oral, and Craniofacial Research

- Health Equity Research Awards

2023 Oregon legislative concept: Dental workforce budget request

Provider search tool enhancements

Provider diversity – FindCare

- Beginning July 2021, we made the following fields available to display in our online provider directory:
 - Race
 - Ethnicity
 - Gender Identity
 - Preferred Pronouns
 - Ages Serviced
 - Professional Expertise
 - Cultural Competency Training Completed
 - ADA Accessibility
 - Materials available in other formats
 - Bi-lingual Staff Available



Provider network strength

Geo-access overview*

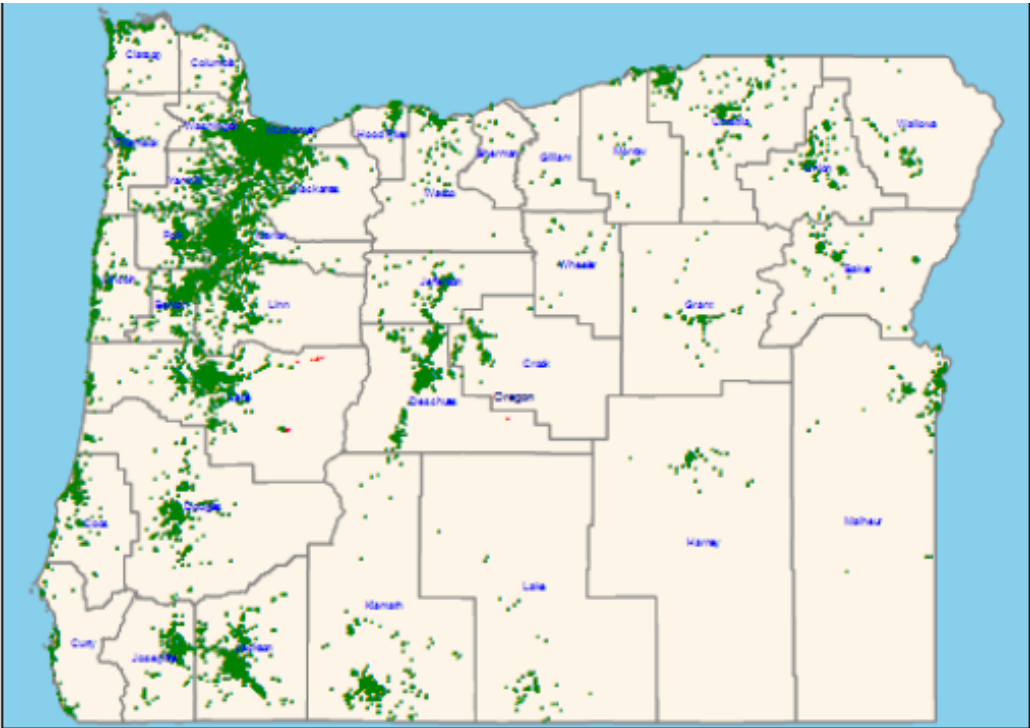
*As of October 6, 2022

88,298 PEBB Members

- With access
- Without access

	W/access	W/O access
PPO	88,243	55
Premier	88,265	33

	Average distance
1 st closest provider	2.5 miles
2 nd closest provider	3.1 miles
3 rd closest provider	3.5 miles



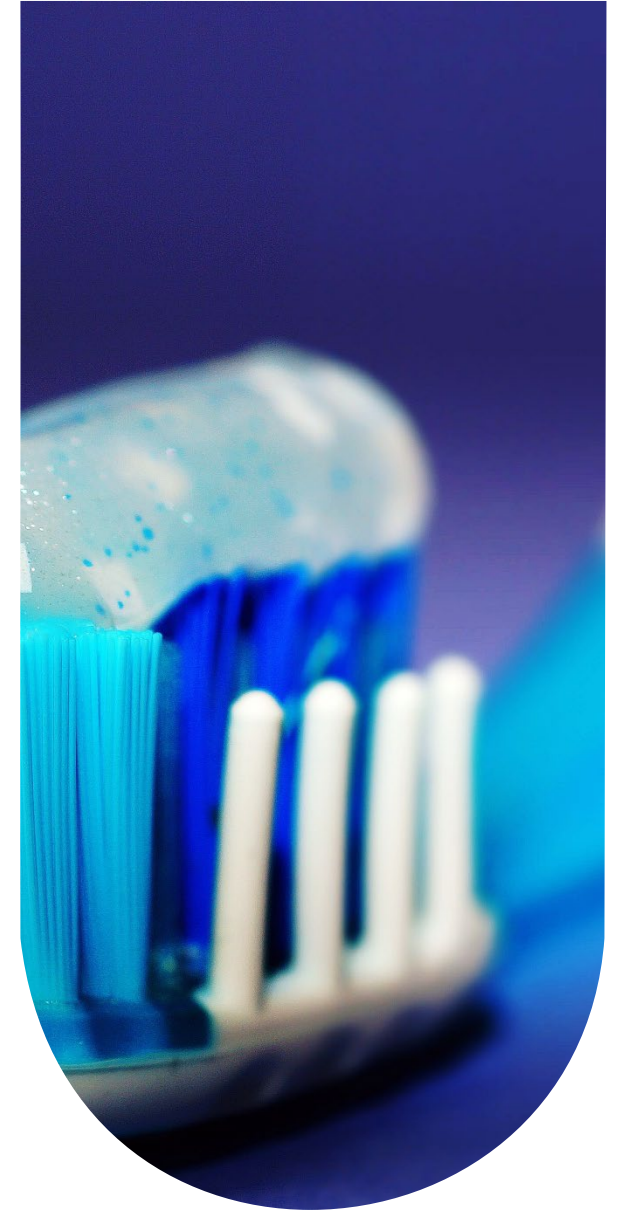
Access Standard definitions
Large metro & metro areas =1/30 miles
Micro and rural areas= 1/60 miles
CEAC areas = 1/110 miles

Access by utilization

Overall, **97.9%** of PEBB members' claims were processed as in-network (based on claims 7/2021 6/2022)

Nationally, in 2021 and YTD 2022, 79% of dental services were provided by in-network dentists

(Source: P & R Dental Strategies' multi-payer database)

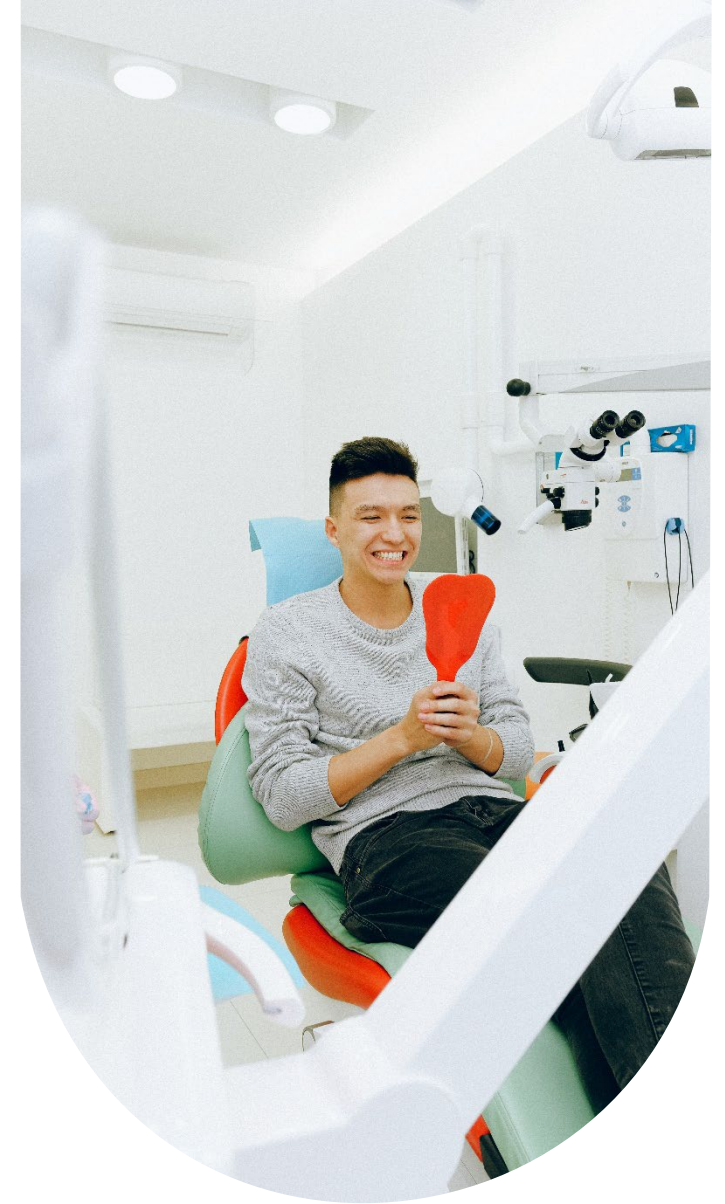


Network maintenance

Recruitment and retention remain the highest priorities for our Dental Professional relations team

Ongoing activities include:

- Provider nominations
- Targeted outreach including in-person visits
- Provider workshops



Thank you



Delta Dental of Oregon & Alaska



Willamette Dental Group 

PROVIDER DIVERSITY & ACCESS

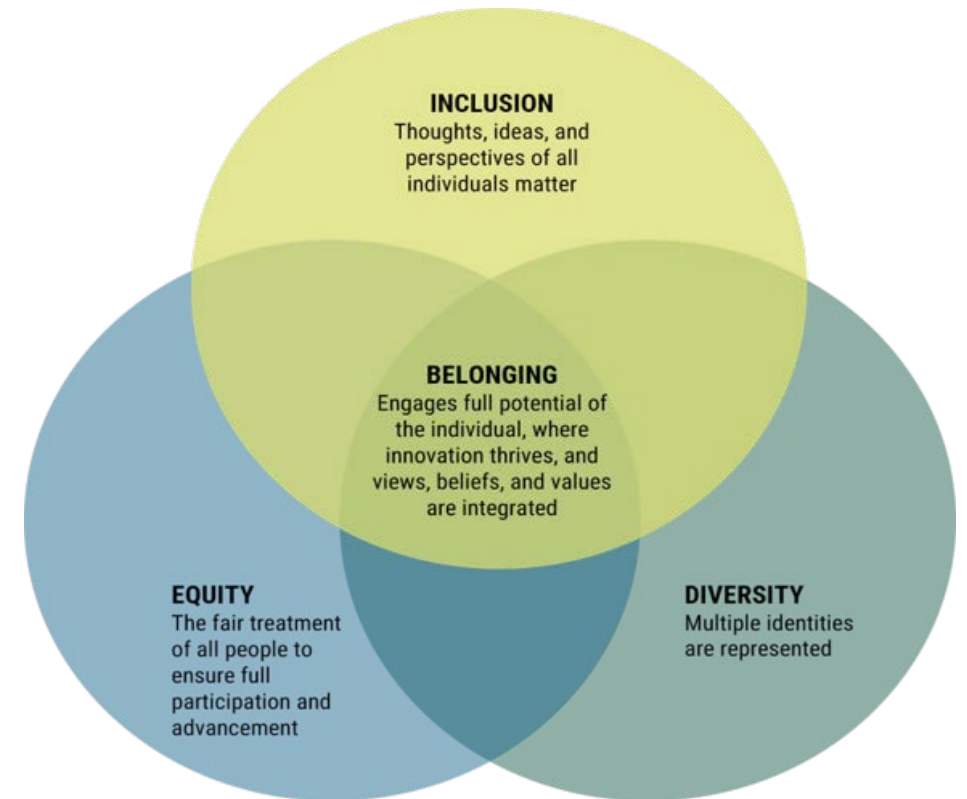
October 18, 2022
Attachment 3a

Presented by:

Nick Skourtes, DMD – Vice President, Executive Sponsor DEIC
Mark Chambers, DDS – Director of Clinical Operations
Tiffany Nicholson - Key Account & Client Service Supervisor


DIVERSITY, EQUITY AND INCLUSION

- Building diversity, equity and inclusion into the fabric of the company's culture in attitudes, values, policies and practices.
- Committed to building strategies to create a fair, equitable and inclusive work environment
- Annual cultural sensitivity training for all employees





DIVERSITY, EQUITY AND INCLUSION


- Provider Profiles – Pictures, biographies, language(s) spoken
- Integrated DEI interview questions
- Focused recruitment to increase doctor diversity

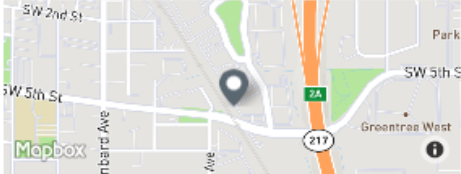


Mimi Poon Whittemore, DMD
General Dentist
★★★★★ 4.8 out of 5.0 | [30 Ratings, 5 Comments](#)

**By Appointment Only**
To schedule an appointment, call:
1-855-4DENTAL (1-855-433-6825)

**Willamette Dental Group**
Beaverton

**4925 SW Griffith Drive**
Beaverton, OR 97005
[Get Directions](#)



Dr. Mimi Whittemore's Biography

Dr. Whittemore approaches dentistry with compassion, integrity, and empathy. Her conservative approach to dental treatment and being proactive about dental health directly aligns with her passion to work at Willamette Dental Group. Getting to know her patients and understanding their dental needs is very important to her. Dr. Whittemore and her team's continued focus to educating and providing care in a caring manner has gained her the trust and connection of her patients. Through the years Dr. Whittemore continues to make a positive impact on her patients and strives for dental excellence. Willamette Dental Group, being provider-centric, has allowed her to be collaborative with her peers to create the best treatment options available for her patients.

In her spare time she enjoys spending time with her family and is an avid gardener.

Languages

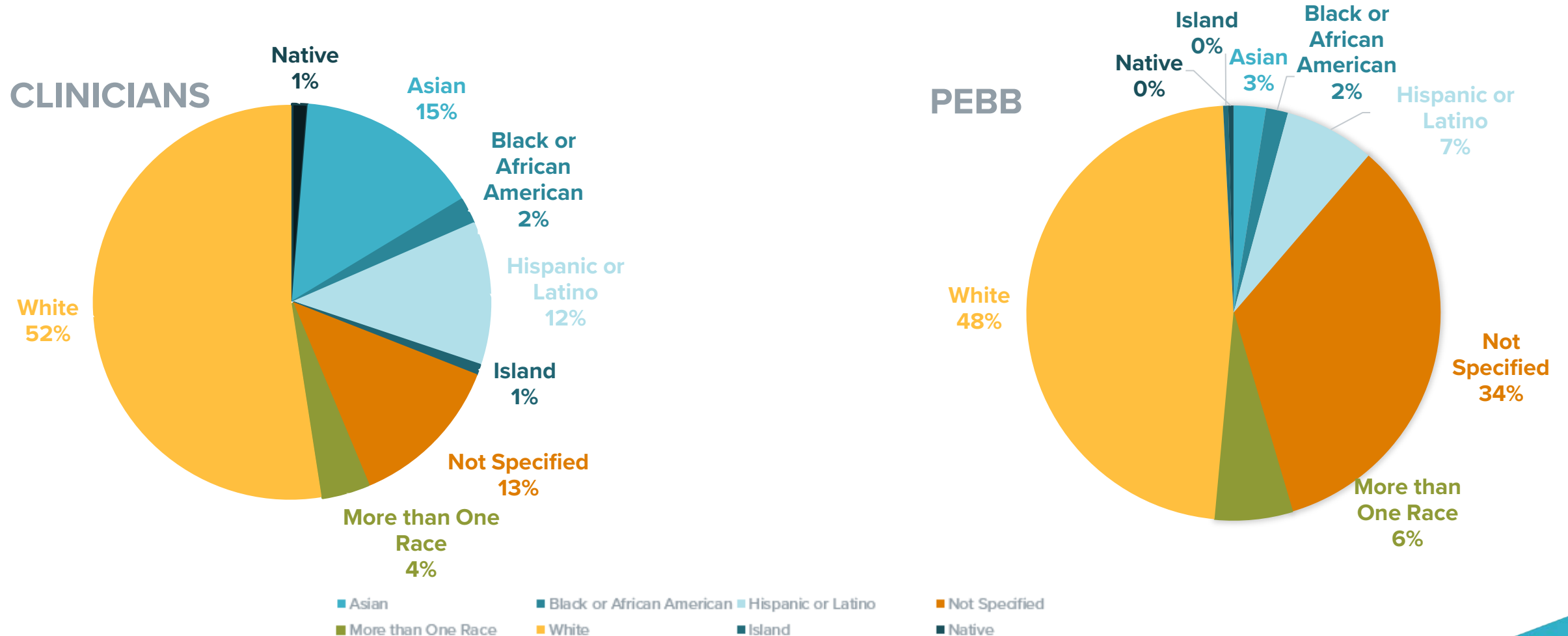
- English
- Cantonese

DIVERSITY, EQUITY AND INCLUSION



- Internal workgroups – Affinity Groups
- 43% increase in employee membership in 2022
- Added DEI questions to employee satisfaction survey

RACE & ETHNICITY OF CLINICIANS & PEBB PATIENTS



- 26 languages spoken by WDG Dentists
- 46% WDG Dentists speak two or more languages

INTERPRETER SERVICES FOR MEMBERS

- Available for every member interaction via telephonic interpreters
- Interpreters available in any language
- Chairside interpreters for hearing impaired patients
- Ongoing efforts to obtain more detailed information regarding volume of interpretive services and languages requested
 - Initial data shows predominant requested language is Spanish
 - 40% of appointments for PEBB patients have had in office translation by a WDG bilingual employee
 - All other translation provided by interpreter service or family member

ACCESS

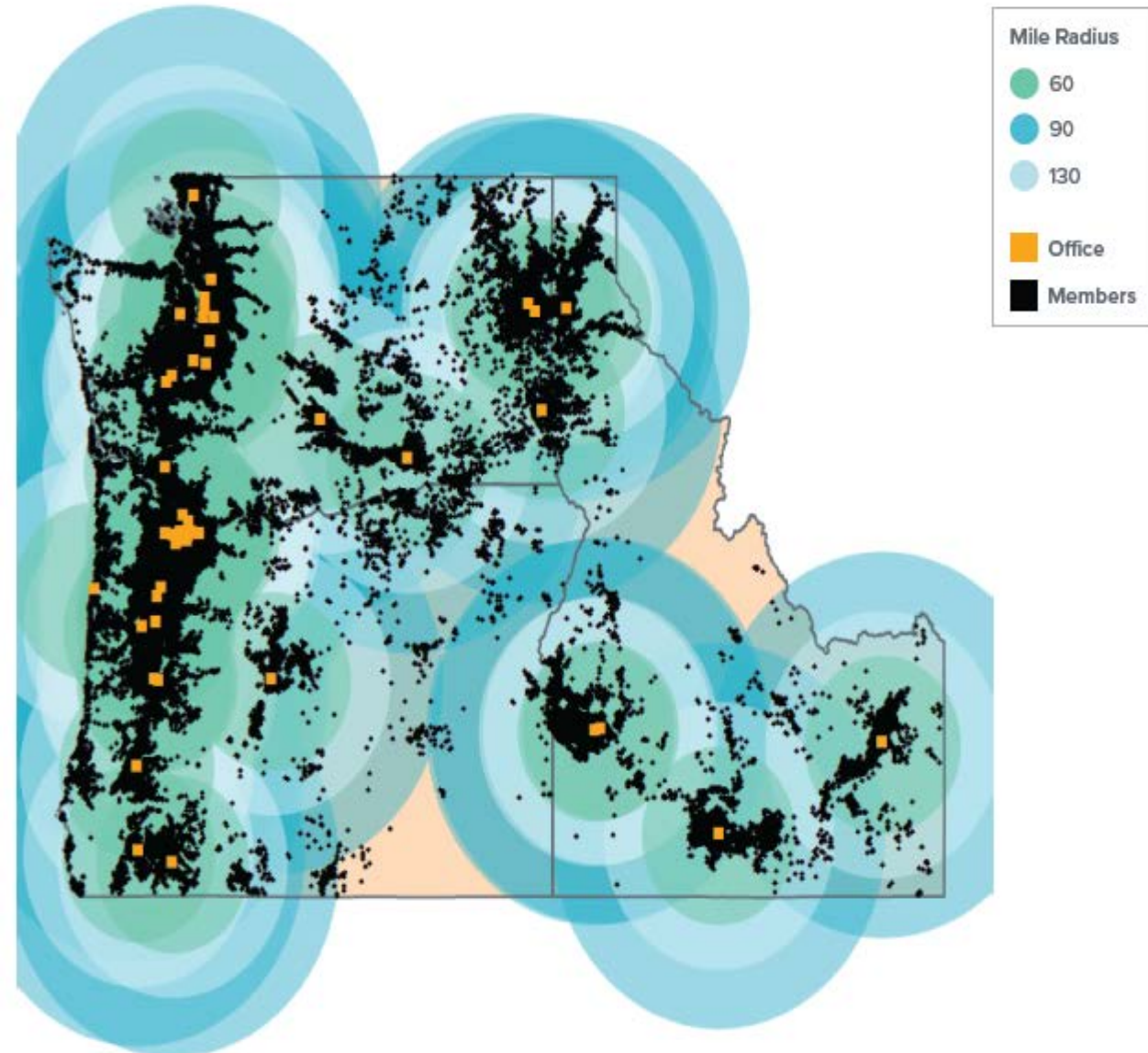
- COVID created a clinician shortage, negative affect on appointment availability
 - Primarily due to staffing challenges and no shows/late cancelled appointments
- According to ADA study in August 2022, new patients average wait time is 24 days
- Current WDG average wait time –26 days
- Emergency Services – Triage 24/7; appointment within 24-48 hours
- Executive Leadership's top priority to improve

ROSEBURG CLOSURE UPDATE

- After much consideration, decision made and communicated early August 2022
- Roseburg office will be closed effective 12/31/2022
- Continued challenges recruiting dentist coverage for more than year and a half, reduced patient appointment availability
- Members can transition care to any WDG office, if they choose
 - Nearest offices can be found in Springfield and Eugene to the north, and Grants Pass and Medford to the South
 - Dr. Nguyen who is currently practicing at Roseburg will be transferring his practice to Eugene
- Members currently in orthodontic treatment that will not be completed before the end of year
 - Contracting with a local orthodontic provider in Roseburg to finish treatment
 - Continue to see Dr. Wiater at our Medford office, if they prefer
 - Transfer to Dr. Reddy at Springfield office

POSSIBILITY OF NEW LOCATIONS?

- Currently no plans to open a new location in the Roseburg area
- Currently no plans to open a new location in Douglas, Coos or Curry county
- WDG does not define service area, covered members may obtain care at any of our locations.
- In evaluation of current membership, we know members travel 60+ miles to access care.



QUESTIONS?



NICK SKOURTES, DMD
VICE PRESIDENT



MARK CHAMBERS, DDS
DIRECTOR OF CLINICAL OPERATIONS



TIFFANY NICHOLSON
KEY ACCOUNT & CLIENT SERVICE SUPERVISOR

pebb@willamettedental.com

<https://willamettedental.com/pebb>



KAISER PERMANENTE DENTAL

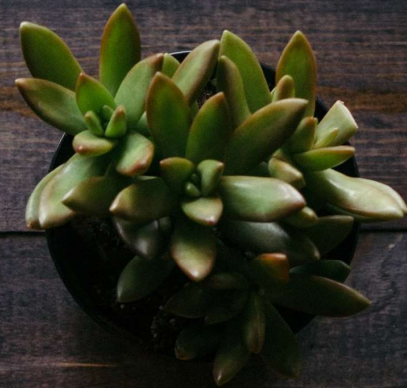
Healthy You = Healthy Smile

KP DENTAL UPDATES
PEBB Board Meeting

October 18, 2022

Presenters:

Daniel Pihlstrom, DDS, Dental Director, Evidence-Based Practice
Santo Graziano, Director, Dental Operations and Ancillary Services



 **KAISER PERMANENTE®**

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CONVENIENT ACCESS

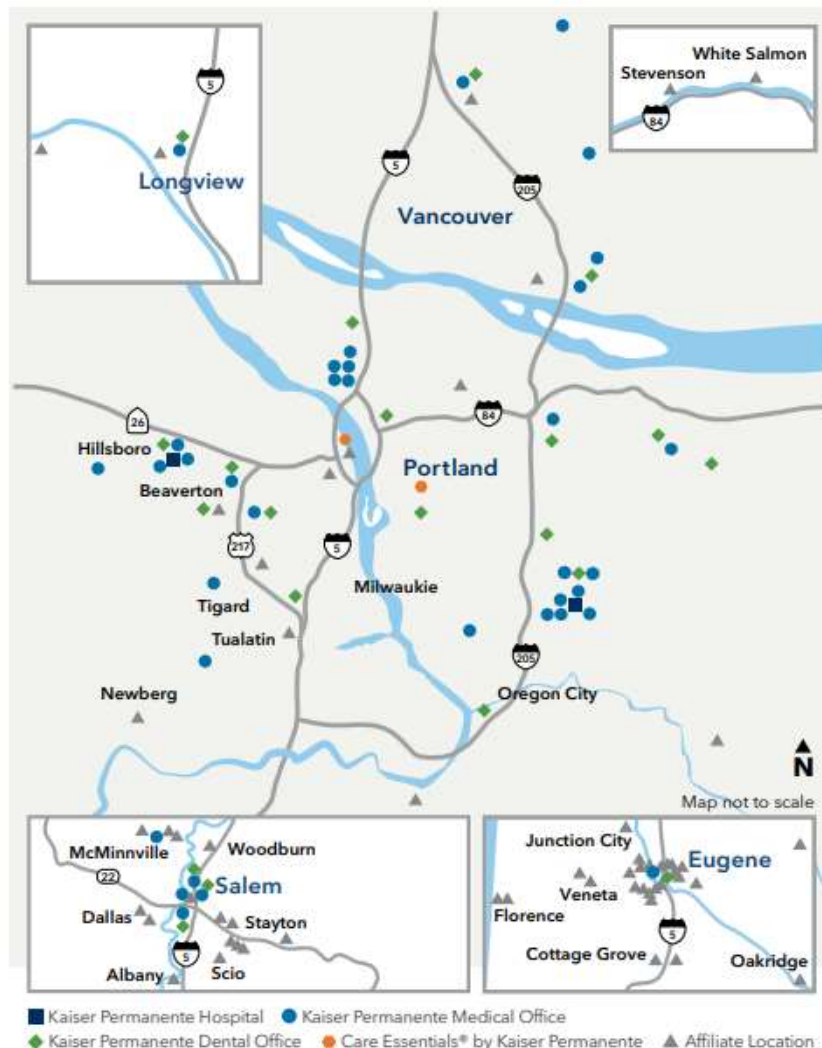
OREGON/WASHINGTON

HMO Network

21 offices

162 dentists

Our service area extends from Eugene, Oregon, to Longview, Washington, with Dental offices on or nearby a Medical facility.



DENTAL OFFICES WITH NURSE/LPN

GLISAN + NURSE



Specialty: General Dentist, Endodontist, Pediatric, Periodontist, Orthodontist

BEAVERTON + NURSE



Specialty: General Dentist

CEDAR HILLS + NURSE



Specialty: General Dentist, Pediatric

TANASBOURNE + NURSE



Specialty: General Dentist, Pediatric, Oral Surgeon, Orthodontist

ACCESS & SERVICE

Improve Access & Care Experience

- Average wait times for dental appointments September 30, 2022:
 - ✓ Hygiene: 3.7 weeks (goal of 3.2 weeks)
 - ✓ General Dentists: 5 weeks (goal of 4.5 weeks)
- Hygiene, General Dentist, Endodontic, Pediatric and Orthodontic services are being offered via scheduling tickets (40% have accepted YTD)
- Kaiser Permanente Dental is partnering with Portland Community College (PCC) to pay tuition for 20 Dental Assistant students for 2022 and 2023 with guaranteed job placement at Kaiser Permanente Dental



Kaiser Permanente
mobile app

kp.org



Fast pass

Text or email messages to notify members who has a scheduled appointment and on a wait list when a sooner appointment is available.



Kiosks, express check-in and eArrival

Use of Kiosks for Dental at all co-located offices; expansion of 24- hour advanced check-in and contactless check-in via arrival text message.



Dental only access on kp.org

Dental only members able to register on kp.org and enjoy a customized digital experience.



Online dental appointing

Scheduling Tickets initiated by existing members treatment plan make most dental appointments online and on the mobile app. This includes **Hygiene, General Dentist, Endodontic, Pediatric and Orthodontic services**. New members can also schedule their first dental appointment using our online appointing or the mobile app.



Virtual dentistry

Connect to dental care, anytime, anywhere at no additional member copay. Available 24/7 telephone advice, emails through kp.org for nonurgent issues, and video appointments.

DENTAL CARE MADE EASY

95% of our members would recommend us to family and friends*

*According to the Press Ganey survey for January 2021–December 2021.



KAISER PERMANENTE®

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HEALTH EQUITY AND KAISER PERMANENTE DENTAL

Race, ethnicity and activities to support a diverse population:

- ❖ Bilingual and multi-lingual literature and signage
- ❖ Real-time interpreters to support 200 languages
- ❖ Oral health risk assessment and after visit summary to help members better engage in their oral health and programs built in to support those at greater risk of periodontal disease and chronic health conditions (such as diabetes and hypertension).
- ❖ Ongoing communications with clinicians about effective patient communication to provide culturally competent care are in place throughout our service area.
- ❖ Regular input from patient advisory councils on user friendliness and effectiveness of materials used by members.

Future Programs/Initiatives:

- ❖ Black Center of Excellence program launching at our East Interstate campus to provide culturally competent care focused on improving adherence with preventative medicine.
 - Dental expansion of this program tentatively planned for Q4-2023
- ❖ Dental's contribution to the medical high priority measure for diabetes (targeting the Latino population).

Social Determinants of Health (SDOH)

- ❖ SDOH Support in Dental using a survey focused on four core domains; financial hardship, food insecurity, housing instability, and transportation, for shared accountability across KPNW (Primary Care, Specialty Care, Dental, Hospitals, etc.). Actions include sharing resources or sending a community resource referral if the member has an unmet social need.
- ❖ Financial assistance of \$2,000 per year is offered to Dental member's whose annual gross household income is no greater than 300% of the Federal Poverty Guidelines

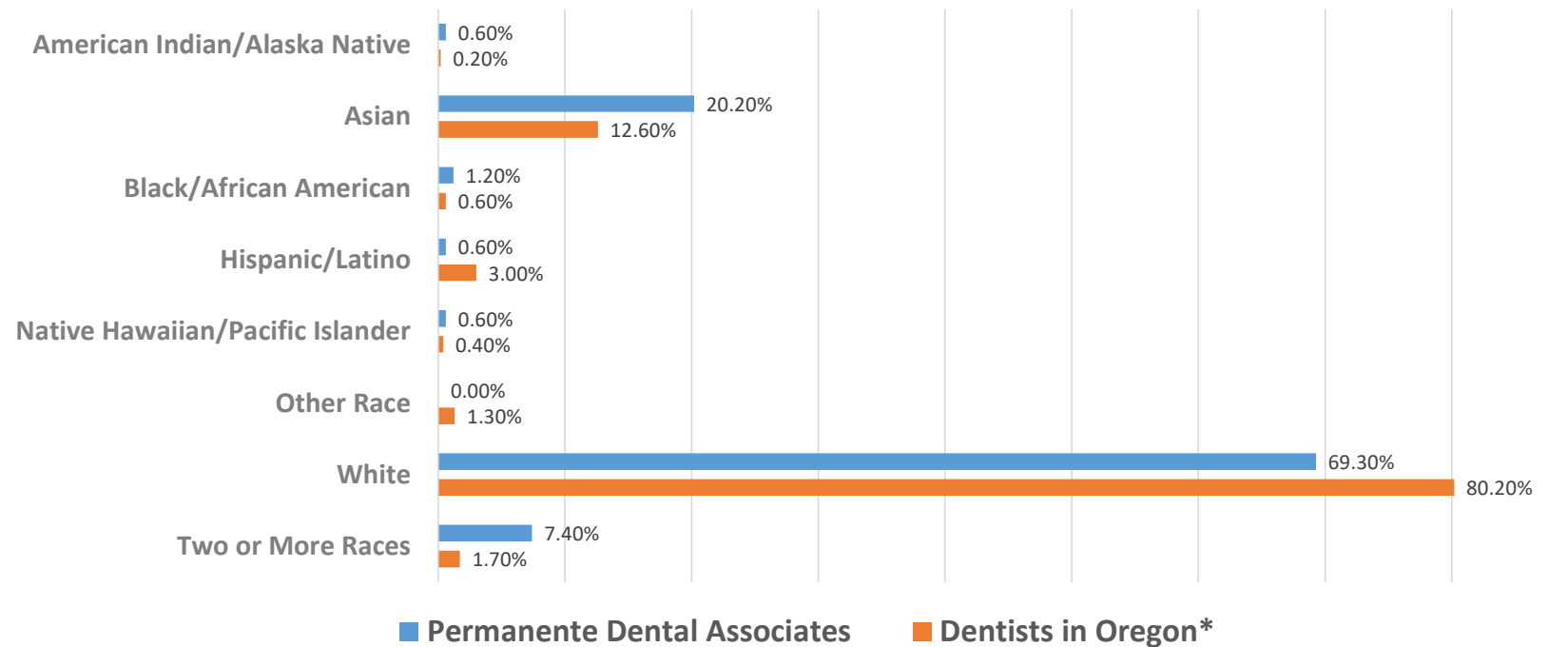
Dental - Closing Care Gaps In 2021*

- 5,000 flu vaccines
- 1,600 COVID-19 vaccines
- 70k care gaps closed by dental offices
- 8,700 diabetic members had their care gaps closed

*Program wide care gap closure in dental offices 1-1-2021 through 12/31/2021

RACE & ETHNICITY WORKFORCE

Permanente Dental Associates Compared to Dentists in Oregon



Note: KP Dental Supports 200 languages with onsite interpreter services available in every office to help with communication during the members dental appointment.

*Source: Oregon Health Authority. (2017). Oregon's dental workforce: Based on data collected during 2015 and 2016. Portland, OR: Oregon Health Authority

Licensees who did not report race and ethnicity data are excluded from this chart. 13.1% of workforce are either missing data (0.3%) or declined to answer (12.9%). Racial categories exclude Hispanic

A close-up photograph of a group of diverse children, likely at a community event or festival. They are all wearing red hats and have their arms raised in the air, cheering and smiling broadly. The children are of various ethnicities and ages, creating a vibrant and joyful scene. The background is slightly blurred, showing more people and greenery.

**Thank you for the
opportunity to serve you.**

Appendix

DENTAL + A FLU SHOT

10 Dental Clinics Are Now Offering Flu Vaccines

MDI LPNs Locations

Tanasbourne Dental
Glisan Dental
Beaverton Dental
Cedar Hills Dental

Stand-Alone Dental Locations

Clackamas Dental	North Interstate Dental	Tigard Dental
Oregon City Dental	Eastmoreland Dental	Grand Dental
Keizer Station		

KP Dental is excited, once again, to be offering flu vaccines to our members this flu season at 10 of 21 dental clinics. Our team of dentists, approximately 3-5 dentists per each location, will be providing flu vaccines to our members during their dental visits. **During check-in the above dental offices will be informing members who haven't yet received a flu shot that they have an opportunity to receive their vaccination during their dental visit.**

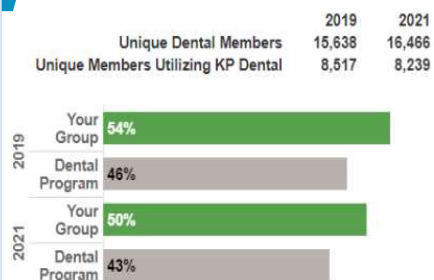
This integrated effort is a great convenience for our members with Kaiser Permanente Medical and Dental coverage, allowing them to save time and receive their no-cost flu shot as part of their dental visit.

We will not be actively marketing our flu effort to members, but we hope to see a successful outcome similar to prior years (i.e. 5,000 flu shots provided in 2021).

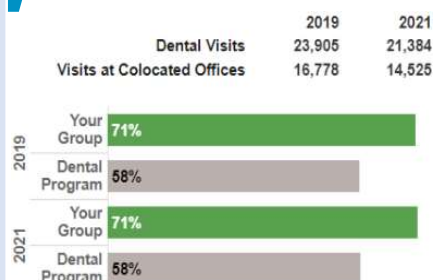
Your Value Summary Dental Dashboard

Kaiser Permanente dentists and embedded dental nurses serve as extenders to primary care. Our shared electronic health record makes it easy for members to do the right thing and stay healthy.

Your members utilizing dental services at all dental offices



Your members utilizing at co-located offices



Your members with prophylaxis teeth cleanings



1 in 3 members seen at our medical-dental integrated clinics had not seen their PCP in 2+ years.¹

Your members with 1 or more medical care gap closures

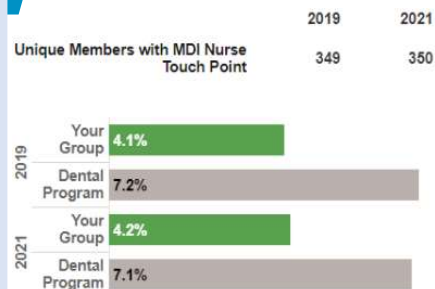


Your members Top 5 care gaps closed



	2019	2021
IMMUNIZATION	1,358	1,645
NURSE-OTHER	419	352
LAB TESTS	438	224
CANCER SCREENING	256	289
EXAM	268	270

Your members utilizing with nurse touch point at dental



¹ KP Insight Medical-Dental Integration (MDI) report for 26,000 unique members seen by Dental Nurses (August 2018 – December 2019).



Your Value Summary Dental Dashboard

At Kaiser Permanente, we're here for you – mind, body, and smile. We collaborate with your Kaiser Permanente medical providers to help prevent illness and manage chronic conditions.

DIABETES

Unique members identified with Diabetes (per PST)

	2019	2021
Unique Members with Diabetes	854	902
Unique Members Utilizing with Diabetes	475	459



Your Estimated Savings

\$ 710,532

Calculation: Annual estimate is based on total number of members with diabetes receiving dental care in 2021 and a direct medical cost savings of \$129 per member per month.²

SMOKING

Unique members utilizing who smoke

	2019	2021
Unique Members Utilizing who Smoke	479	457
Unique Members Receiving Tobacco Counseling	77	68
Unique Members Utilizing with Tobacco Referral	11	9



² A recent study conducted by Kaiser Permanente Northwest's Center for Health Research found a correlation between chronic condition members with dental care and an annual reduction in future medical costs, though factors such as severity of illness and lifestyle choices may contribute to the difference.





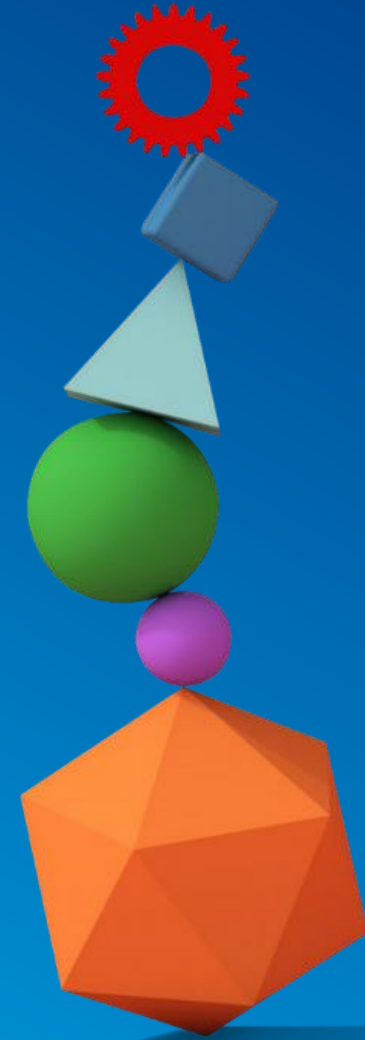
Pharmacy Marketplace Update

Oregon Public Employees' Benefit Board

October 18, 2022

Kendra Lofgren, RPh., Sr. Principal
West Market Pharmacy Practice Lead

welcome to brighter



- 1.Retail pharmacy service evolution
- 2.Biosimilar therapies
- 3.Gene & cellular therapies

Agenda

Retail pharmacy service evolution



Pharmacy in a virtual-first world



How can employers capitalize?

Invest in virtual care solutions that leverage the expertise of pharmacists.

Drive member engagement and lower costs with tools to manage health.

Use trusted and accessible healthcare providers in the local community to address basic care needs.

Biosimilar therapies

2

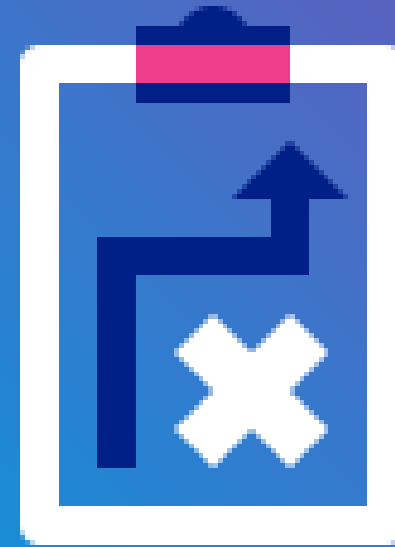
Today's key market trend in pharmacy

Biosimilars

Emerging class of medications

Why should plan sponsors care about biosimilars?

- 10-37% potential savings
- Top class cost drivers (insulins and autoimmune)
- Contract implications
- More prescriber and member choice



Taking action

- Understanding opportunity
- Placement within benefit
- Interested party implications

Biosimilar vs. Generic

Generic

- Copy of a traditional drug
- Active ingredient – same
- Approval – Must demonstrate they are **equal in safety and equivalence to their brand-name counterparts**
- Approved for the same FDA-approved indications as the equivalent brand
- Naming – Single generic name
- Interchangeability – No additional test required; **interchangeable** and a pharmacist can switch without new prescription
- **Do not provide rebates**
- Savings potential – **up to 95%**¹

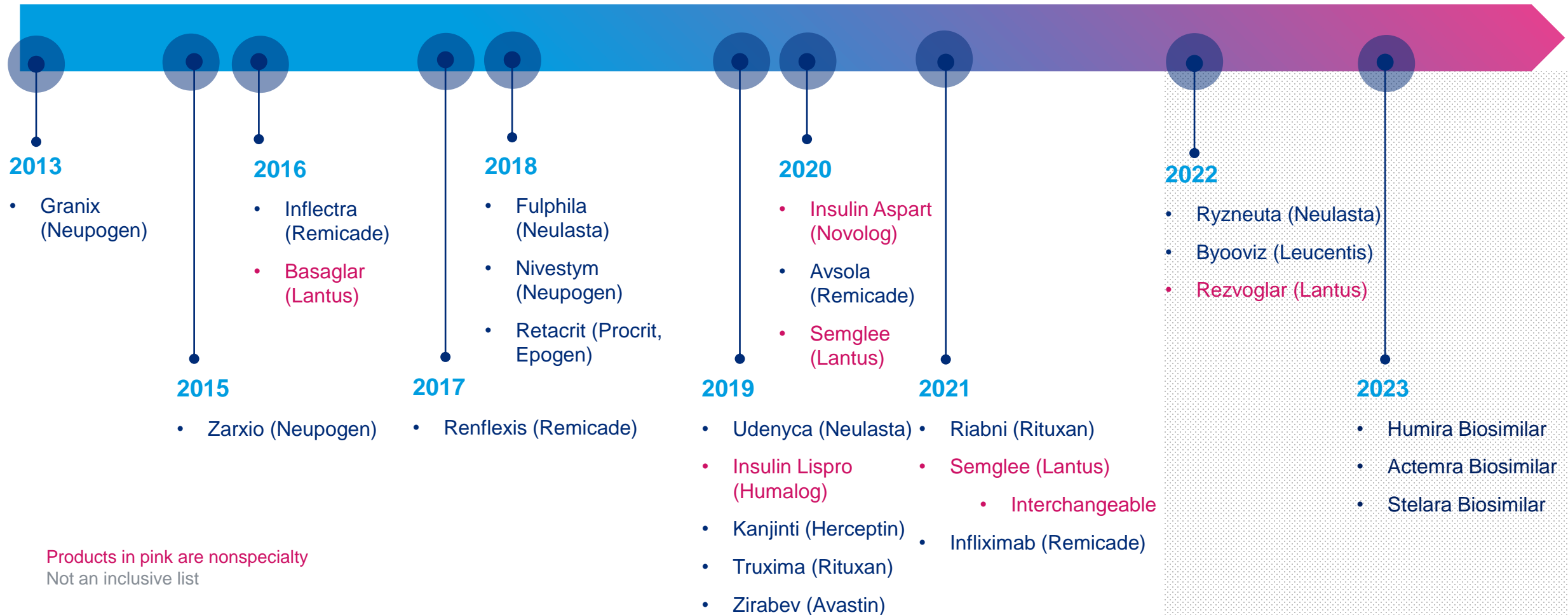
Biosimilar

- Copy of a biologic drug (manufactured in living systems)
- Active ingredient – similar
- Approval – More complex and must demonstrate **no clinically meaningful differences** in terms of safety, purity, potency and efficacy compared to the innovator product
- May only be approved for some of the same FDA-approved indications as the innovator product
- Naming – Designated with a suffix of four randomly assigned letters
- Interchangeability - Must go through additional studies; **majority are not interchangeable** and require the need for a new prescription
- **Rebates are available**
- Savings Potential – **10-37% less expensive**²
- Additional approval requirements

¹van de Vooren K, Curto A, Garattini L. Biosimilar versus generic drugs: same but different? *Appl Health Econ Health Policy*. 2015;13(2):125-127

²Biosimilar Discounts Vary by Category. AJMC. The Center for Biosimilars.

Biosimilar approvals were slow at first, but in recent years there have been significant increases in the number of biosimilars coming to market



The promise of biosimilars

Lower cost specialty alternatives are on the horizon

- Biosimilars are available now, but **patent litigation has stalled launch** of impactful biosimilars
- Availability of multiple biosimilars help **drive down drug cost**
- **Pharmacy and medical benefit** medications are impacted
- **Current biosimilars on the market** include biosimilars for the autoimmune drug Remicade, and biosimilars for white and red blood cell production, breast cancer, and insulin products

Key market releases and upcoming potential approvals:

- **Semglee** – insulin; first interchangeable biosimilar approved
- **Humira biosimilars** – indicated for autoimmune conditions; biosimilars are already FDA approved but pending market launch until 2023
- **Stelara biosimilars** – indicated for autoimmune conditions; patent expires 2023
- **Enbrel biosimilars** – indicated for autoimmune conditions; competitor to Humira; biosimilars expected in 2029

On average, biosimilars are **10-37% less expensive** than originator biologic counterparts¹
Biosimilar **savings** through 2025 could total **\$38.4 Billion**²

¹ Biosimilar Discounts Vary by Category. AJMC. The Center for Biosimilars.

² Projected US Savings From Biosimilars, 2021-2025, AM J Manag Care. 2022;28(7)

Interested party considerations

Plan Sponsors

- Pricing
- Rebates
- Contract Exclusions
- Performance Guarantees
- Benefit Design

Prescribers

- Dosing/Strengths
- Components/Preservatives
- Delivery Devices
- Approved Uses

Patients

- Out of Pocket Cost
- Patient Assistance Changes
- Interchangeability
- Stability of Biosimilar Supply

Why increased interest?

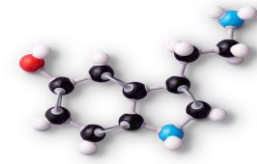
Biosimilars for Humira should be the biggest market dynamic change yet for biosimilars

Gene & Cellular therapies

3

Million dollar therapies continue to arrive

Gene & Cellular therapy pipeline



Currently on the Market



ZOLGENSMA: \$2.1M
Spinal Muscular Atrophy



LUXTURN A: \$900K
Rare Eye Disease



ZYNTEGLO: \$1.8M
Rare Blood Disorder



SKYSONA: \$3M
Rare Neurological Disorder



IMLYGIC: \$65K
Cancer (*Melanoma*)



YESCARTA: \$475K
Cancer (*Lymphoma*)



TECARTUS: \$373K
Cancer (*Lymphoma*)



BREYANZI: \$410K
Cancer (*Lymphoma*)



PROVENGE: \$93K
Cancer (*Prostate*)



KYMRIAH: \$475K
Blood Cancers



ABECMA: \$420K
Cancer (*Lymphoma*)

2023+ (Possible Launch)



LENTIGLOBIN: \$1.8M
Rare Blood Disorder



ROCTAVIAN: \$2-3M
Rare Blood Disorder:



PF-06838436: \$2M
Rare Blood Disorder



AMT-0661
Rare Blood Disorder



CTX001
Rare Blood Disorder



AAV-RPGR
Rare Eye Disease



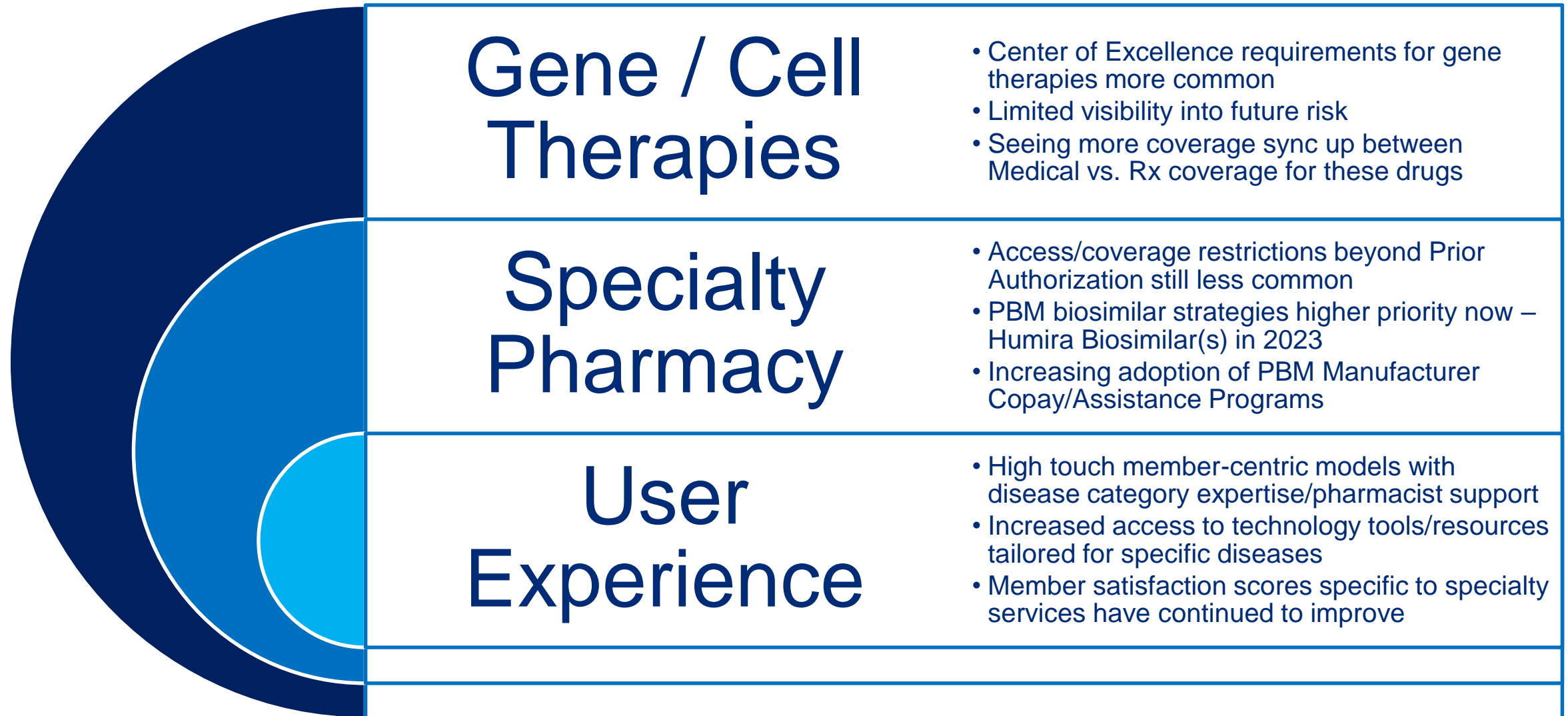
AGTC-501
Rare Eye Disease



PTC-AADC
Enzyme Deficiency

- Gene and cell therapy **development experienced a slowdown in 2021** due to focus on the COVID-19 pandemic and increased FDA scrutiny after severe adverse events occurred during clinical trials. This slowdown resulted in **less potential candidates for approval in 2022**.
- However, this slowdown is only temporary; the gene and cell therapy **pipeline is very robust** and deserves attention from plan sponsors. **By 2025**, the FDA expects it will be **reviewing and approving between 10 and 20 gene and cellular therapies each year**

Super-specialty therapies: Current landscape



2022-2024 Pipeline and Approved Therapy

High Cost Gene Therapies

Condition	Product	Earliest Potential Approval	Prevalence in USA	Potential Therapy Cost*	Member Review
Spinal Muscular Atrophy (SMA)	Zolgensma® (onasemnogene abeparvovec-xioi)	Approved May 2019	1 in 10,000 births	\$2.125 million	No current members identified; historical Zolgensma® utilization by 1 member noted
Transfusion-Dependent β-Thalassemia (TBT)	Zynteglo® (beti-cel)	Approved August 2022	1,000 individuals	\$2.8 million	No members identified
Cerebral Adrenoleukodystrophy (CALD)	Skysona® (eli-cel)	Approved September 2022	17-24 infants born each year	\$3 million	No members identified
Hemophilia B	EntranaDez® (entranacogene dezparvovec)	11/24/2022	1 in 20,000 males	\$2.0-\$3.0 million	No members identified
Hemophilia A	Roctavian® (valoctocogene roxaparvovec)	3/29/2023	1 in 5,000 males	\$2.0-\$3.0 million	2 members with eligible severity level, 3 members identified with Hemophilia A
Sickle Cell Disease (SCD)	lovotibeglogene autotemcel	2024	20,000* eligible for therapy	\$2.0-\$3.0 million	No members with eligible severity level; 18 members identified with SCD
Duchenne muscular dystrophy (DMD)	delandistrogene moxeparvovec	2024	4,000 individuals	\$2.0-\$3.0 million	No current members identified

*Cost listed is per member for a one-time gene therapy; does not include potential cost offsets

**Incidence rate varies by state; OR incidence rate is lower than US average. Reference: [Incidence of Sickle Cell Trait — United States, 2010 \(cdc.gov\)](https://www.cdc.gov/nchs/data/hestat/incidence-of-sickle-cell-trait-united-states-2010.pdf)

Drug Review: Roctavian® for Hemophilia A



Roctavian® for Hemophilia A

- Cost estimates: ~\$2,000,000 to \$3,000,000+ for a one-time gene therapy treatment
- Approval previously delayed, currently expected to be approved March 29, 2023
- Prevalence: ~1/5,000 males. Gene therapy limited to higher-cost, clinically severe members



Hemophilia A Gene Therapy Risk Assessment

- 3 members identified with Hemophilia A
- 2 members with potentially eligible disease severity level
 - Members' current annual Hemophilia drug spend (blood factor, Hemlibra): > \$500,000/member
- No more than 1 member is expected to be eligible for and ultimately seek gene therapy treatment
 - Exclusion criteria: once screened, ~50% of members may have factors present that exclude them from receiving treatment
- Cost offsets for this population include the current standard of care: blood factor products and Hemlibra (factor-like therapy)
 - Average annual cost offset expected to be ~\$500,000 per member, as blood factor and Hemlibra utilization is expected to decrease significantly or be replaced entirely by gene therapy

Questions?



PEBB Pharmacy Program

Trends and Future Direction

Helen Noonan-Harnsberger, PharmD, VP Pharmacy

Heidi Chinwuba, PharmD, Director Pharmacy Client Services & Programs

Gina Korab, PharmD, BCPS, BCCP, Sr. Clinical Pharmacy Specialist

October 18th, 2022

Agenda

Total Cost Trends

Brand and Specialty Drug Cost and Utilization Trends

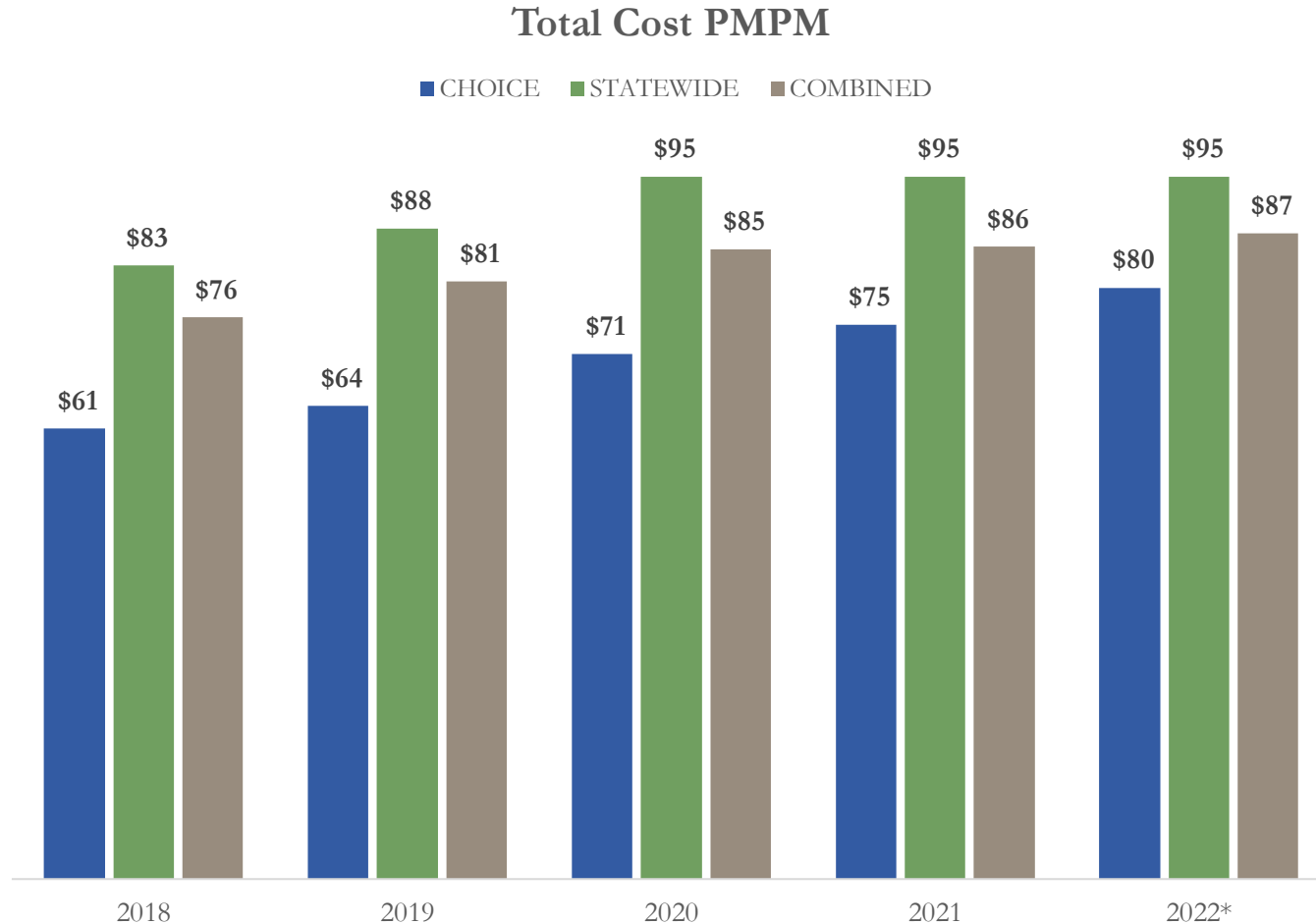
Diabetes Therapy Trends

Pharmacy Program Highlights

Gene and Cell Therapy

Covid-19 Testing Trends

Total Retail Rx Costs & Trends



5-year trends

- Choice – 7%,
- Statewide – 5%, flat since 2020
- Combined – 4%

Costs include Covid-vaccine fees starting in 2021

- 2021 - \$1.55 PMPM
- 2022 - \$0.65 PMPM

Cost and Utilization Trends - Choice

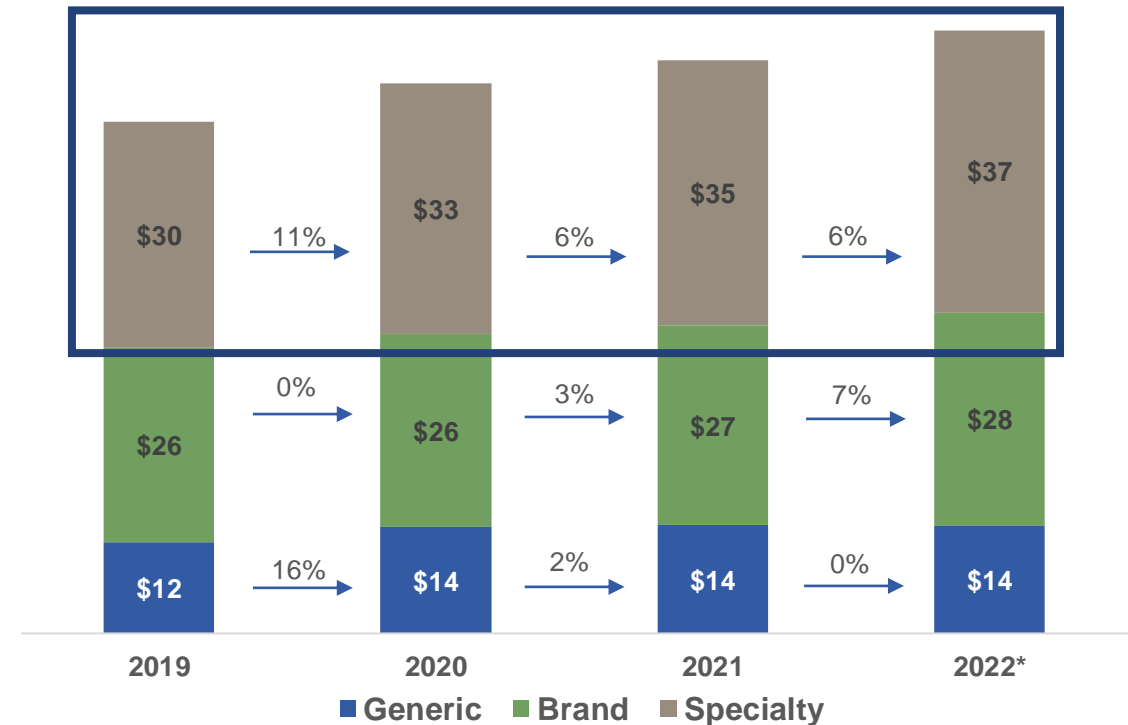
- **Persistent increase in specialty drug costs**

- Dermatological: Dupixent, Stelara
- Endocrine: Norditropin, Menopur (fertility drug)
- Anti-Inflammatory: Humira, Enbrel, Stelara

- **Smaller increases in brand drug costs**

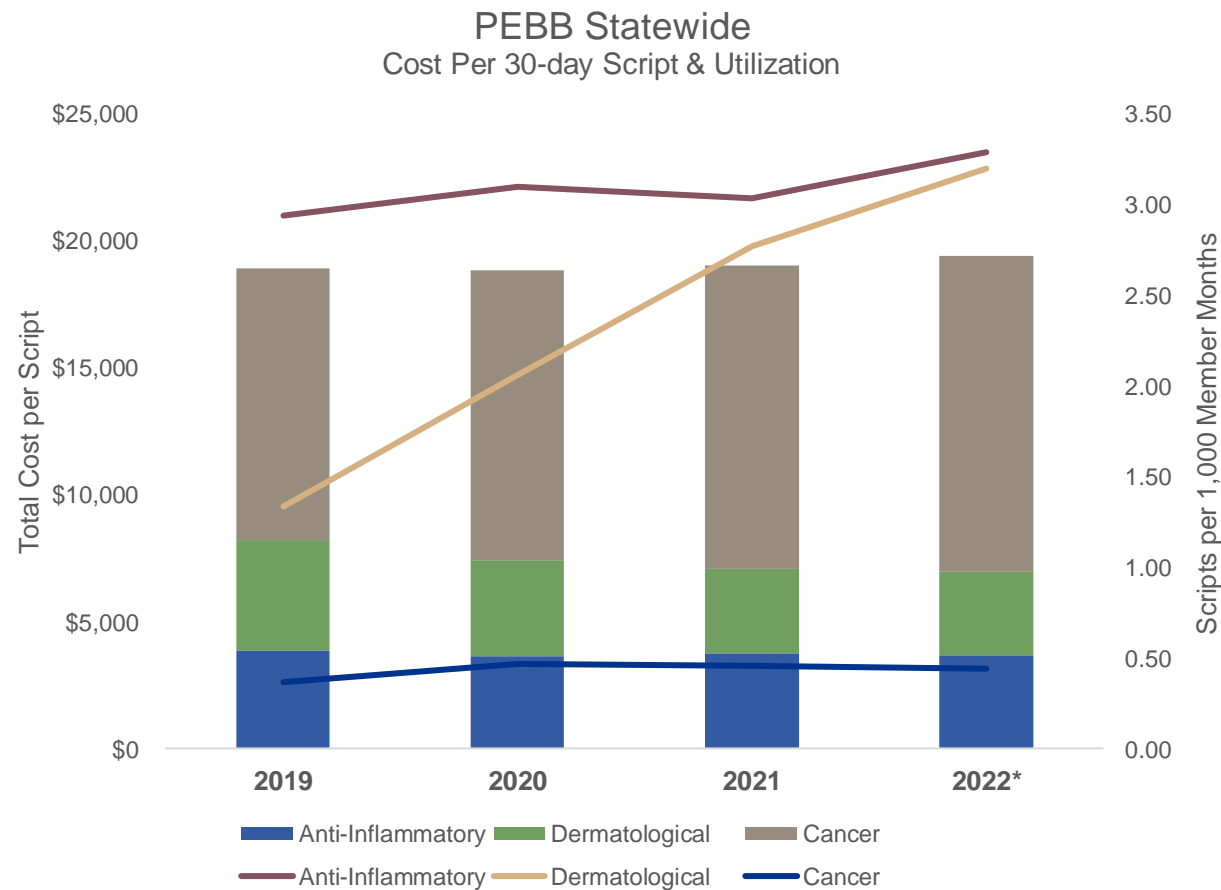
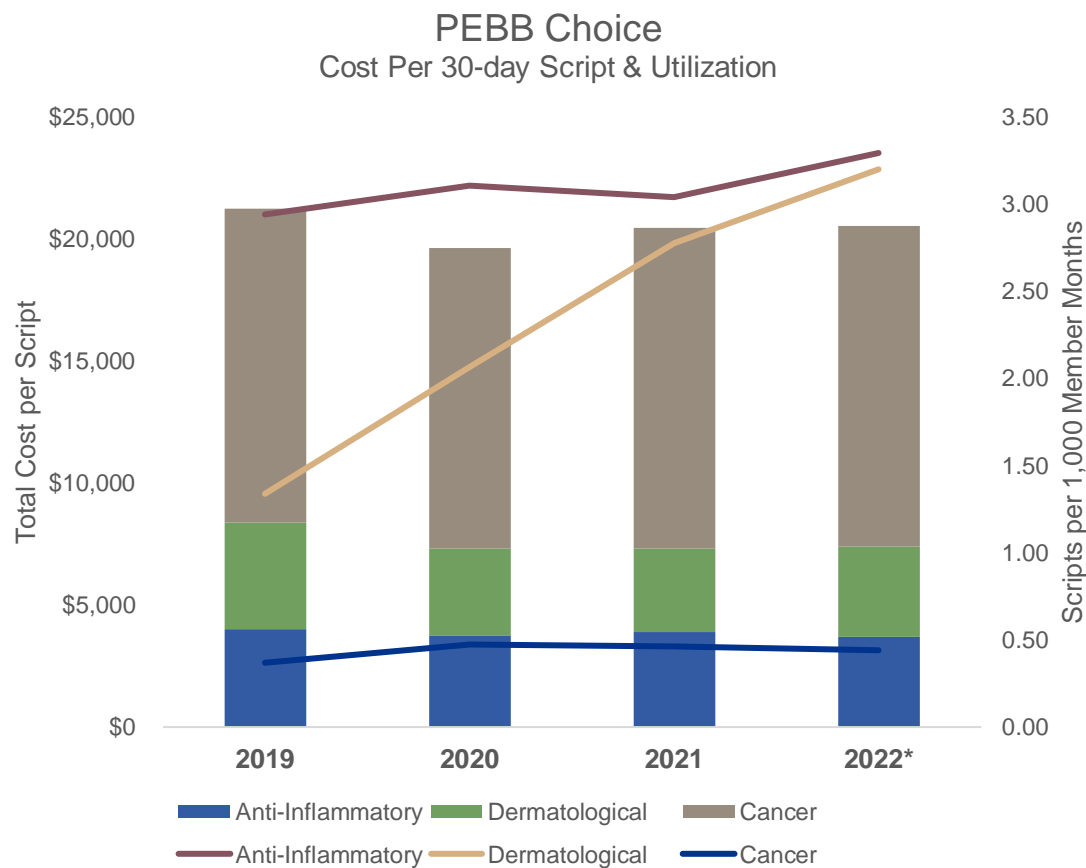
- Diabetes Therapies: Ozempic, Jardiance
- Blood Thinning Agents: Eliquis

PEBB Choice – Cost PMPM by Drug Type



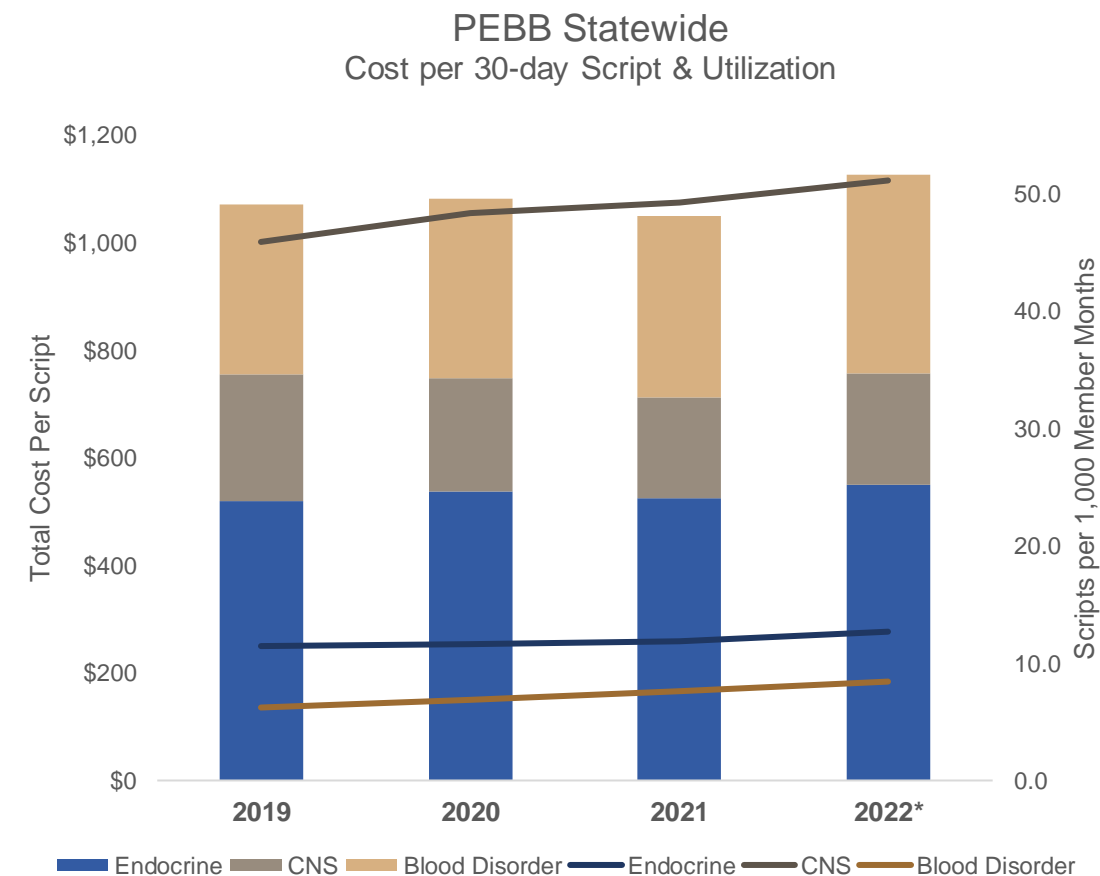
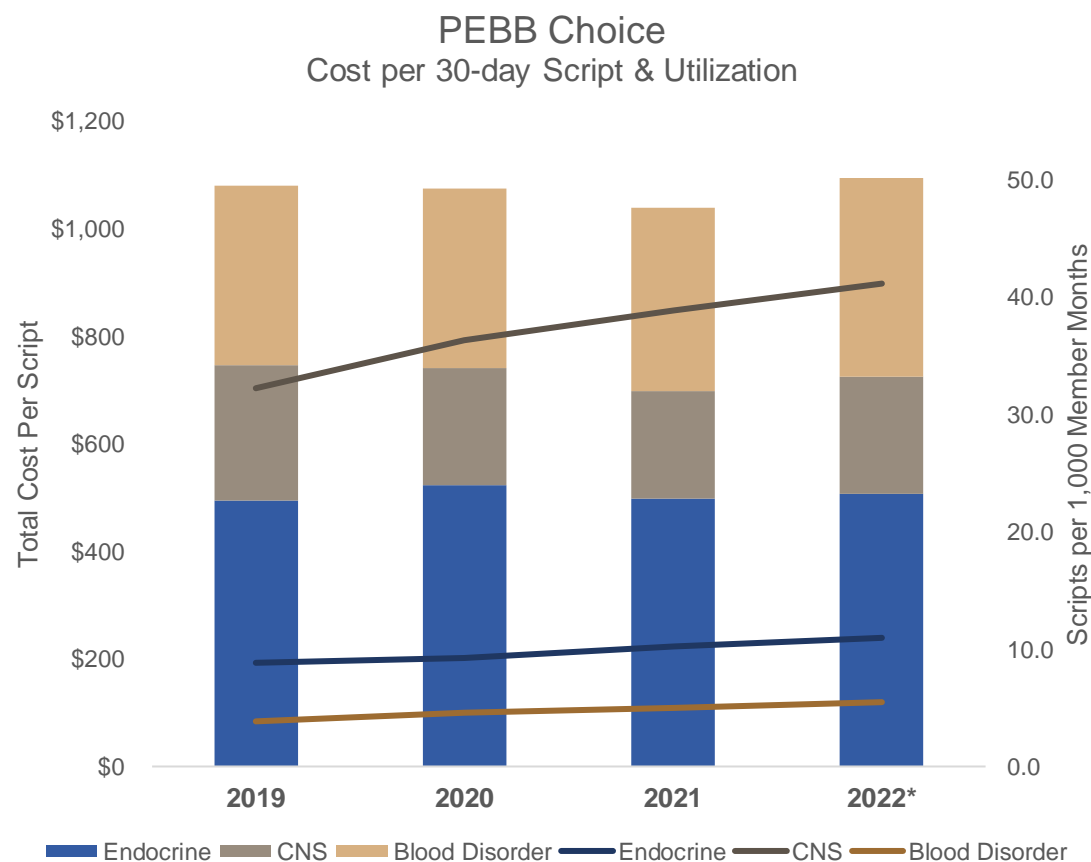
Specialty: Top 3 Drug Categories of Spend

Costs per 30-day script stable; utilization increasing significantly in Anti-Inflammatory and Dermatologic Category



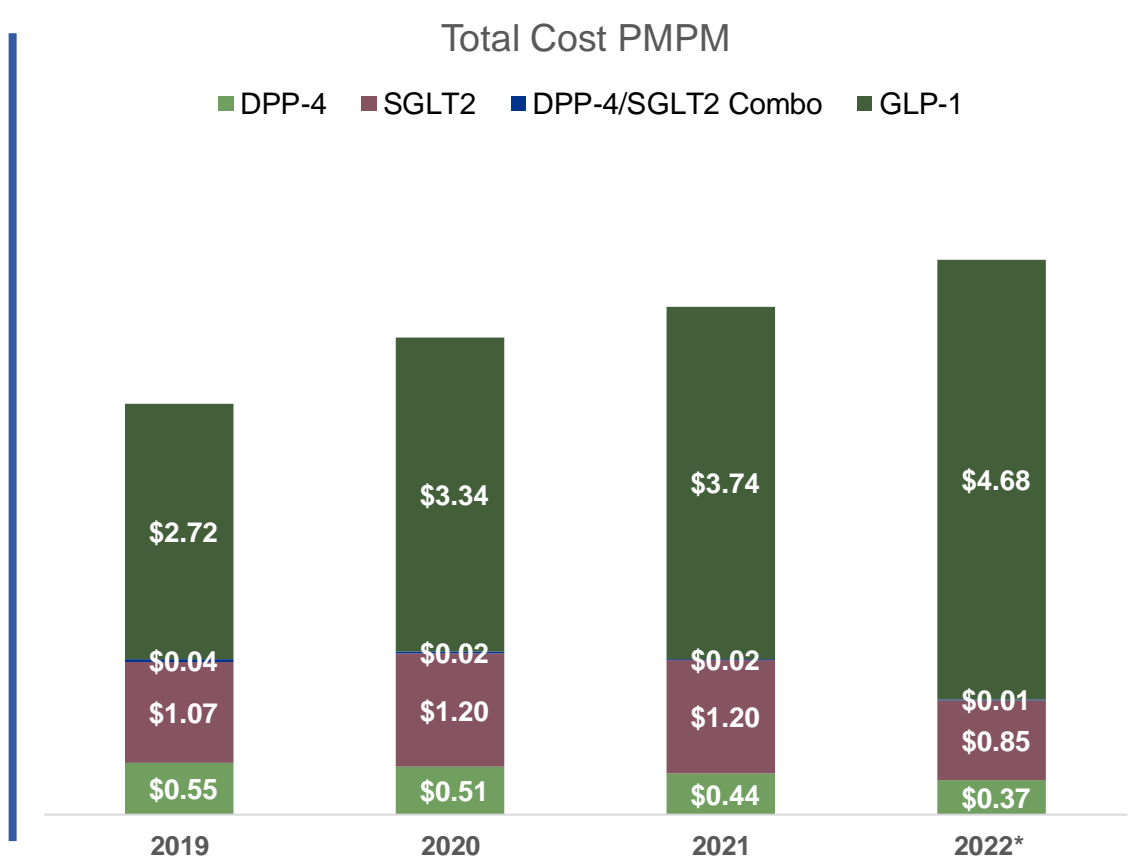
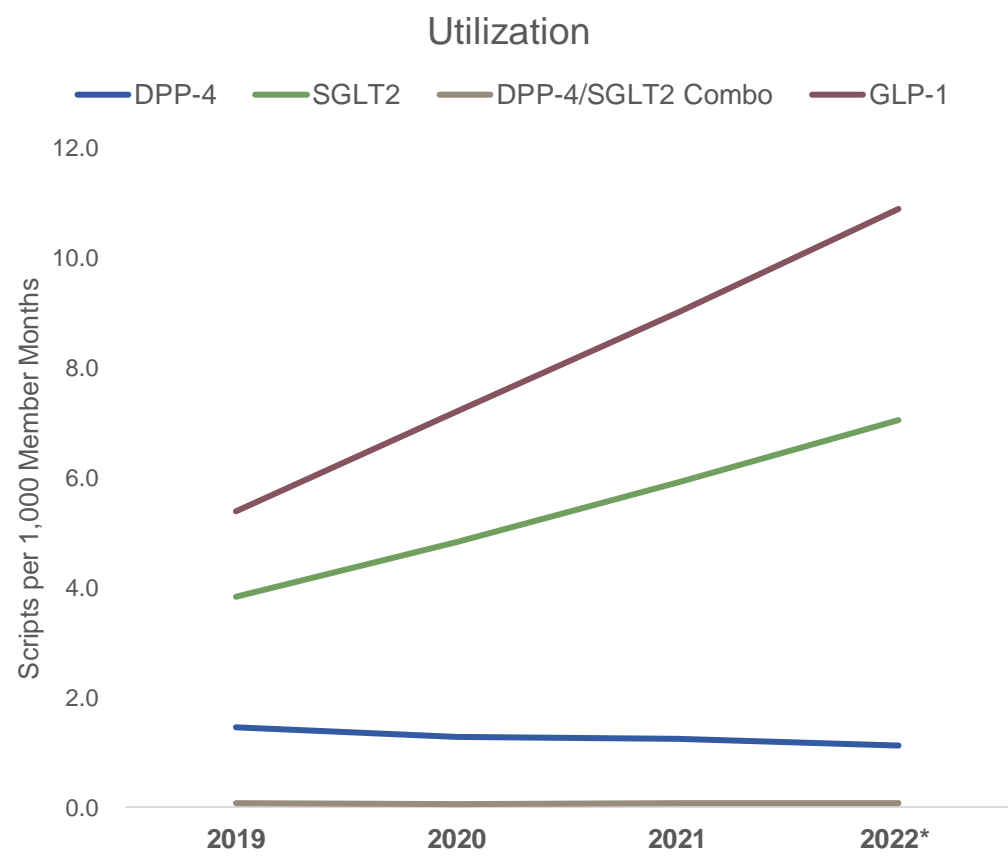
Brand Non-Specialty: Top 3 Categories of Spend

Costs per 30-day script increased in 2022; utilization increasing in all categories



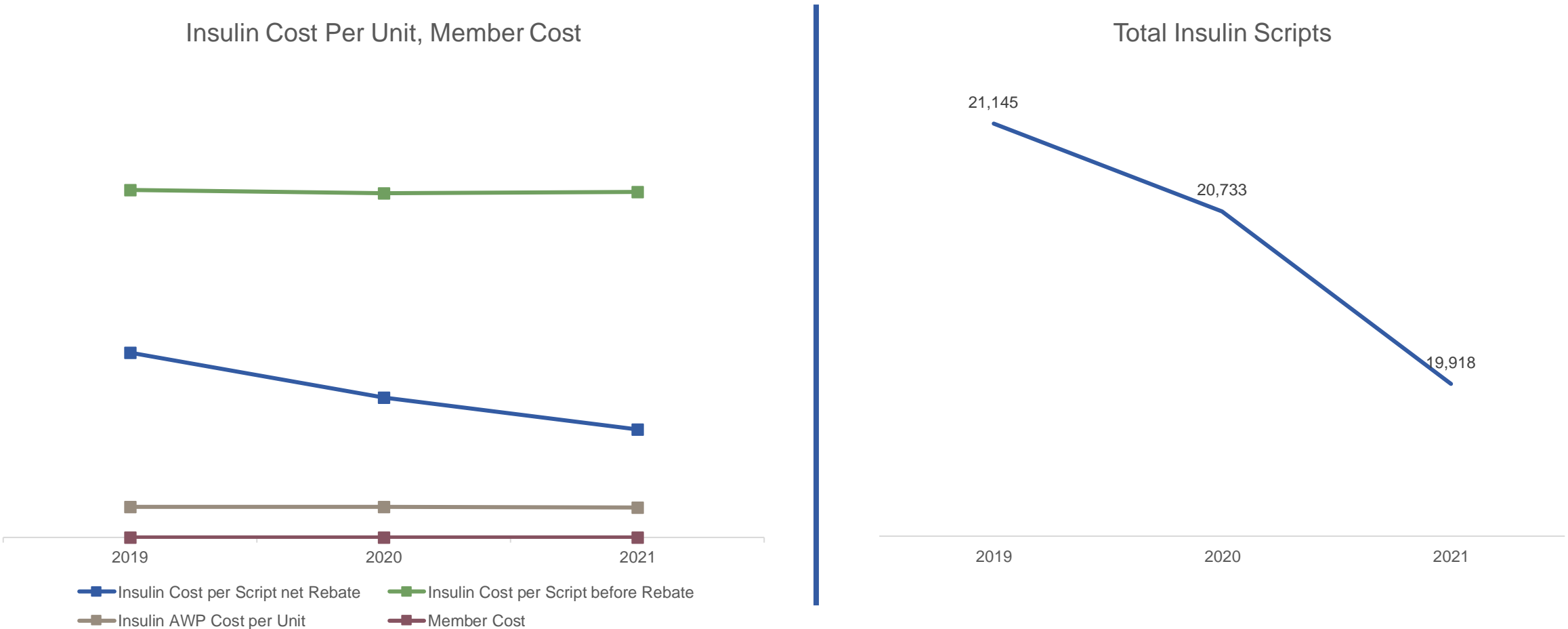
Diabetes Treatment Trends

Trend driven by utilization of newer, evidence and guideline-directed therapies. HEDIS Diabetes control in Choice is in 90th percentile and is best performing PEBB Plan.



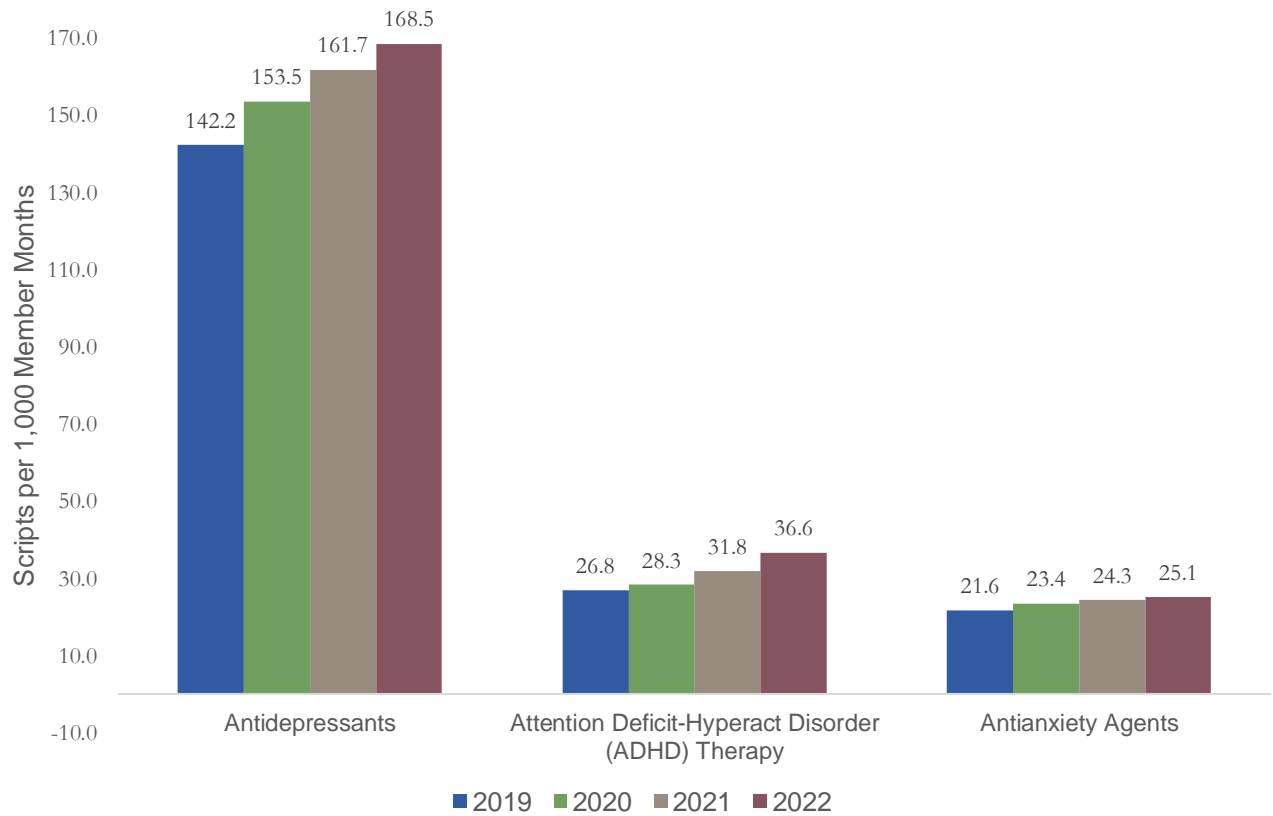
Spotlight: Insulin Therapy

The net cost of insulin has decreased over time for PEBB. As newer therapies are now preferred in T2DM, insulin use has also decreased.



Behavioral Health Medication Utilization

Medication Utilization for Select Behavioral Health Conditions



- **From 2020 – June 2022**
 - 10% increase in use of antidepressants
 - 30% increase in use of stimulants to treat ADHD, which are predominantly used in children and adolescents
- **HEDIS: Antidepressant Medication Management**
 - Acute Phase: Adults who remained on AD for at least 12 weeks
 - PEBB Choice 75th percentile, PEBB SW 66th percentile*
 - Continuation Phase: Adults who remained on AD for at least 6 months
 - PEBB Choice 75th percentile, PEBB SW 66th percentile*

Pharmacy Program Highlights

\$8M in Savings from Initiatives in 2021 (medical & pharmacy benefit)

\$4.2M in Savings in 2022 (through August)

• Biosimilars

- 2021 Savings of \$1.2M
- Shift to biosimilar oncology products and Remicade biosimilar
- Closely watching entrance of Humira biosimilars in 2023, may not see pricing relief until 2024

• Specialty Generics

- 2021 Savings of \$800K
- Rapid formulary adoption and close management of unit cost pricing
- New generics for Gleevec (cancer), Tecfidera (multiple sclerosis), abiraterone (prostate cancer)

• Channel Management

- Expansion of the Site of Care program
 - Over 28 Outpatient hospital facilities located in all Oregon regions
- Self Administered Drugs Program
 - Ensuring drugs intended for self-administration are moved from being administered by provider to patient self-administration

Gene & Cell Therapy Strategies

- **Proactive, Pipeline approach**

High Impact Medications

- New Clinical Value
- Clinical quality and Affordability

- **Assessment Process**

Evidence based predictive analytics

- Prevalence of population
- Incidence of potential members
- Budget Impact Analysis

- **Actionable initiatives**

Specialty pharmacy

- Channel management
- Coordination of care delivery
- Centers of Excellence



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New & Emerging Cellular & Gene Therapy Treatments

Generic Name	Brand Name	Indication	Estimated Cost	Estimated Prevalence within PEBB*	Estimated Prevalence in US	Status
Betibeglogene Autotemcel	Zynteglo®	Gene therapy: Transfusion dependent Beta-thalassemia	\$2.8 million	None	1300-1500 people in US	Approved 8/17/2022 (hematopoietic stem cell-based gene therapy). Available early 2023
Valoctocogene roxaparvovec	Roctavian®	Gene therapy: Hemophilia A	\$2-3 million	Only 2 members with claims and diagnosis*	1700 people in the US	Pending: FDA decision (? launch 2023) AAV5 vector and factor VIII gene therapy
		CAR T Cell	\$500,000**	Known Member		
Idecabtagene vicleucel	Abecma®	Multiple myeloma	\$420,000	One in 2021	Multiple myeloma (MM): 2020: New cases 32,270	FDA approved for Multiple myeloma, Relapsed or refractory, after 4 or more prior lines of therapy
Ciltacabtagene autoleucel	Carvykti®	Multiple myeloma	\$425,000	One in 2022		

PHP is working on a partnership with network providers within and outside of our delivery system in order to:

- Set rates in contracts and evaluate opportunities around value-based contracting
- Optimize care coordination

*List of potential candidates based on diagnosis codes and claims is a gross overestimation of eligible candidates. FDA approval is pending, clinical criteria and exclusion has yet to be defined. Clinical trials include multiple exclusion criteria for safety. Novel gene therapy will likely be a slow update given current treatment options and therapeutic stability.

** Estimated total costs ~ \$750,000 to 1.5 million based on pretreatment infusions, costs associated with adverse events, hospitalizations, etc.

Covid-19 Updates - At Home Testing

PCR testing

- Average Cost of PCR test: \$105
- Total Spend through Sept. 2022: \$5.6M

OTC testing:

- Average Cost of OTC test \$10
- Total Spend through Sept. 2022: \$260,240

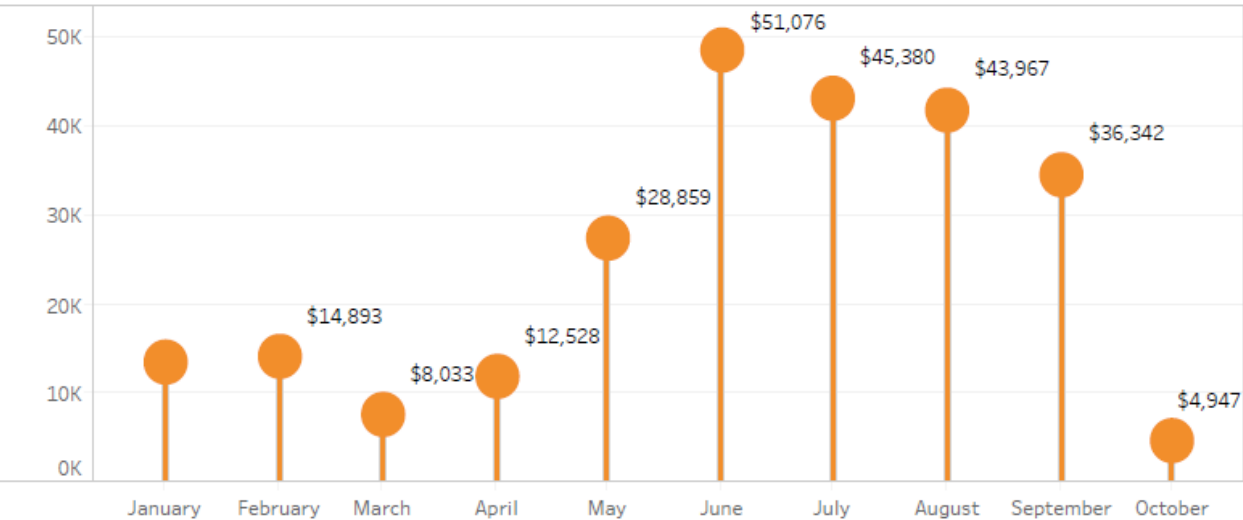
Where to buy OTC COVID-19 Home Tests

- In-network Pharmacy: Pharmacy will directly bill insurance
 - Available at the pharmacy counter
 - Direct-to-Home order through Costco Pharmacy Website
 - OTC tests contain 5 tests per package; each member is allowed up to 10 tests (2 x 5 test packages) per 30-day period because of this special arrangement with Costco for direct-to-home delivery via the Costco Mail Order Pharmacy
- Out-of-network Pharmacy: Members can get direct reimbursement for up to 8 tests per member (up to \$12 per test) over a 30-day period

COVID-19 Pharmacy Over the Counter Tests

Quantity of Tests	Amount Allowed	Distinct Members
25,402	\$260,240	3,077

Amount Allowed by Month



Administered by

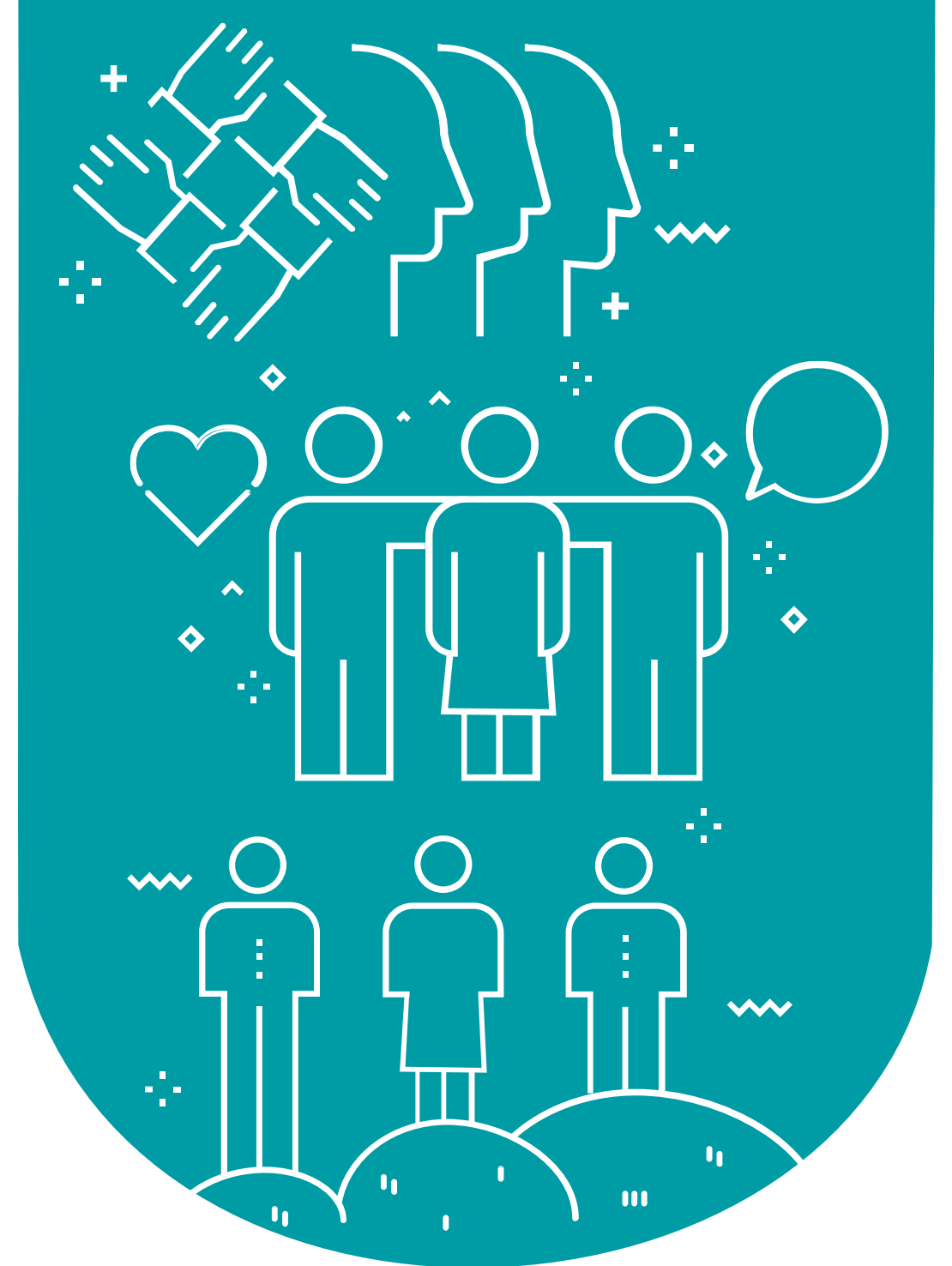


Providence
Health Plan

Thank You

Moda Pharmacy Program

Katie Scheelar, PharmD
Senior Clinical Program Manager





Overview

- Pharmacy Program updates:
 - Site of Care
 - Oncology Biosimilar management
 - Sempre Health
 - Drug Wastage
- Navitus transition:
 - Formulary and network update
- Moda 360 enhancements:
 - Care Reminder Alerts
- Future Considerations:
 - Copay Max Plus

Pharmacy Program Update

Site of Care program

- Background
 - Infused/injectable medication can be administered in a variety of settings
 - Significant variability in infusion drug cost depending on the site of service
- Program
 - Original Site of Care program effective date: 10/1/2017
 - Guide administration to the most cost-effective and clinically appropriate site of service through PA process
- Phase I expansion (effective 1/1/2021)
 - Supportive oncology medications scoped into the existing program
 - These therapies treat or prevent side effects associated with therapeutic oncology medications
 - Often dosed on different days than the chemotherapy
- Savings (phase I expansion)
 - Approximate **\$62,000** through 8/2022 (14 members)



Biosimilar Management program

- Background
 - As biologic medications lose patent protection, biosimilar products enter the market, often at lower cost
 - Biosimilar FDA approval determines high similarity to the reference in function
 - Studies must show no clinically meaningful difference in safety, purity, or effectiveness
- Program
 - Effective date: 10/1/2019
 - Supports use of biosimilars by preferring over reference product
 - “Biosimilar first” similar to “generic first” strategy
 - Managed through prior authorization for new starts to therapy only
 - Reference products included: Oncology (Rituxan, Avastin, Herceptin), insulin, etc.
- Savings
 - Non-oncology biosimilar savings: ~\$41,000 through 8/2022 (33 members)
 - Oncology biosimilar savings: ~\$83,000 through 12/2021



Sempre Health program

- Background
 - Non-adherence contributes to poor health outcomes, increasing direct and indirect cost annually
- Program
 - Effective date: 4/1/2021
 - Solution built to address adherence and affordability issues for those with chronic conditions
 - Text based program using point of service prescription copay discounts and reminders
 - Acts to improve adherence, decrease downstream medical costs, and improve member experience

How it works



Moda has partnered with Sempre Health to identify members taking preferred cardiovascular and diabetes medications



Eligible members receive invitations to enroll via direct mail & email (enrolling takes < 5 seconds)



Once enrolled, members automatically begin receiving discounts at the pharmacy where they usually fill



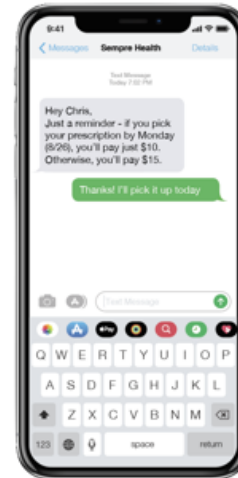
Each month, members receive SMS reminders when it's time to refill + the option to submit refills over text. The more they refill on time, the less they pay

Sempre Health program continued

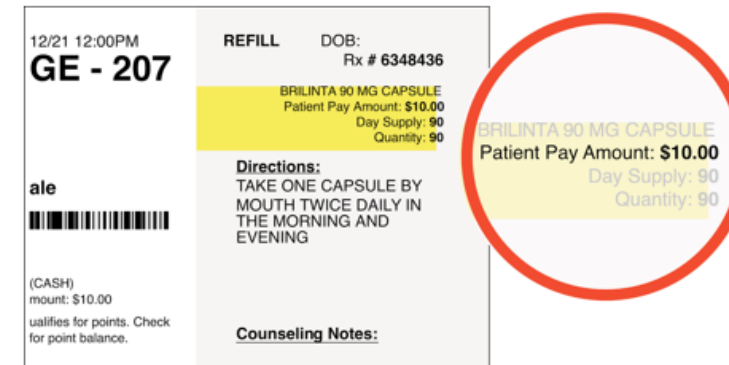
Enrollment



Engagement



Point-of-sale discounts



No apps, downloads, accounts, or passwords

- Refill reminders
- Individualized detail on out-of-pocket costs and savings
- Automatic refill requests

No change to pharmacy workflow

Results for PEBB

- Enrollment rate: **41%** of eligible
- Over **653** total fills; **95%** on time
- Savings: **\$18,500** on member copays
- Average discount: **\$29** per fill
- Enrolled members with PDC \geq 80%: **36% greater** than those not enrolled

Drug Wastage program

- Background
 - Limit drug wastage of injectable drugs due to limited vial size availability
 - Some medications can be rounded down to a dose within 10% of the prescribed dose, resulting in the ability to use a more efficient vial size
 - Consistent with clinical evidence and treatment guidelines
- Program
 - Effective date: 1/1/2020
 - Voluntary program considered during the prior authorization request
 - Prescriber determines if dose rounding is appropriate for the member
- Savings
 - Approximate **\$54,100** through 6/2022



Navitus transition update: Effective 1/1/2022


- **Formulary timeline**
 - Changes defined results in both positive and negative member impact
 - Negative disruption
 - Individualized letters sent and included alternative products for prescriber consideration
 - 496 unique members impacted by the formulary change (2.7% of total members)
- **Network update**
 - Walgreens did move in-network while CVS moves out-of-network
 - Overall, 45 more pharmacies became in-network with this change
 - Disruption notices provides the three nearest alternative pharmacies based on location
 - Critical access pharmacies in rural Oregon remain in-network

SUCCESS!

Moda 360 Enhancements

Care Reminders

- Care reminders alert members to preventive services that are past due
- Care reminders were added to the Member Dashboard on 1/1/2022

Powered by 

Care Reminders

Statin Therapy - Diabetes

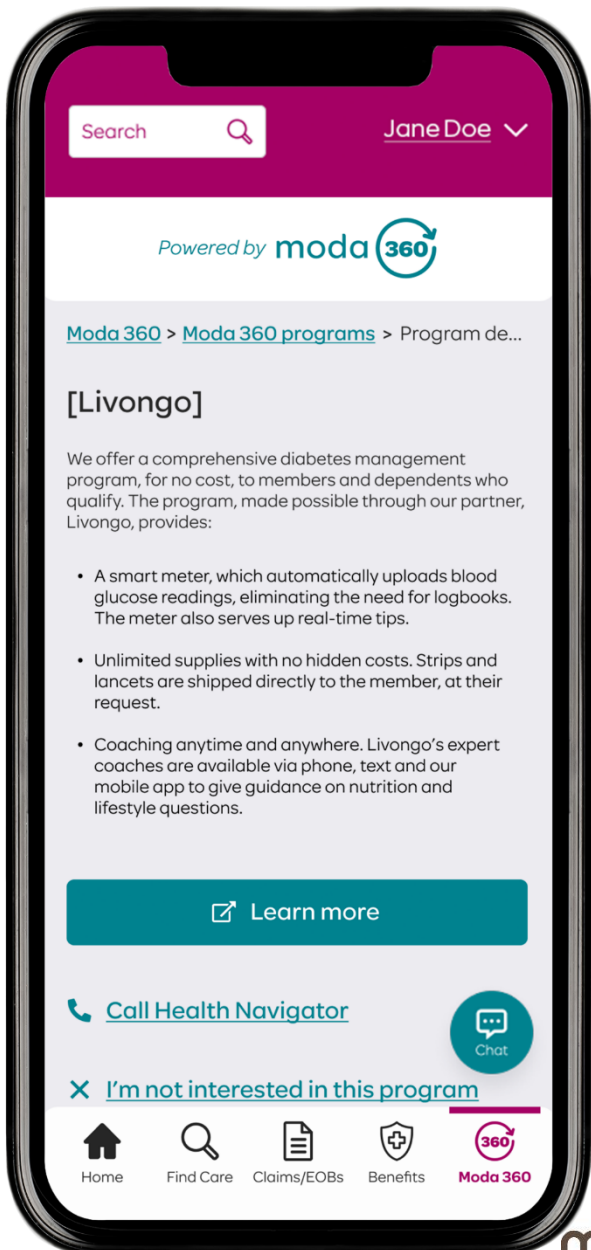
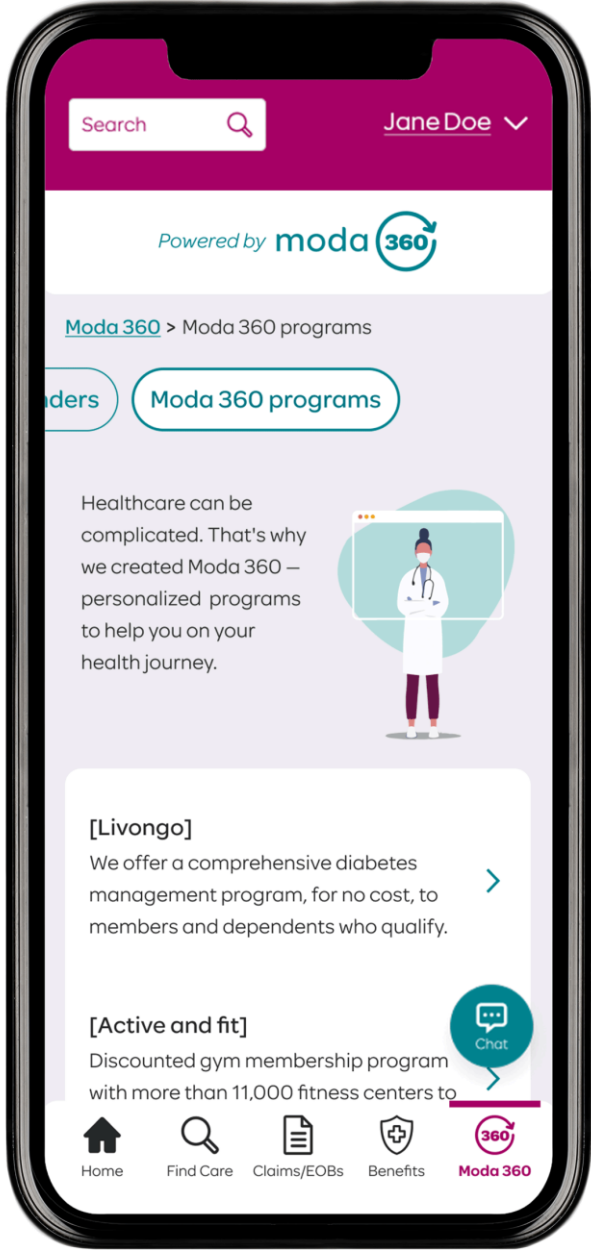
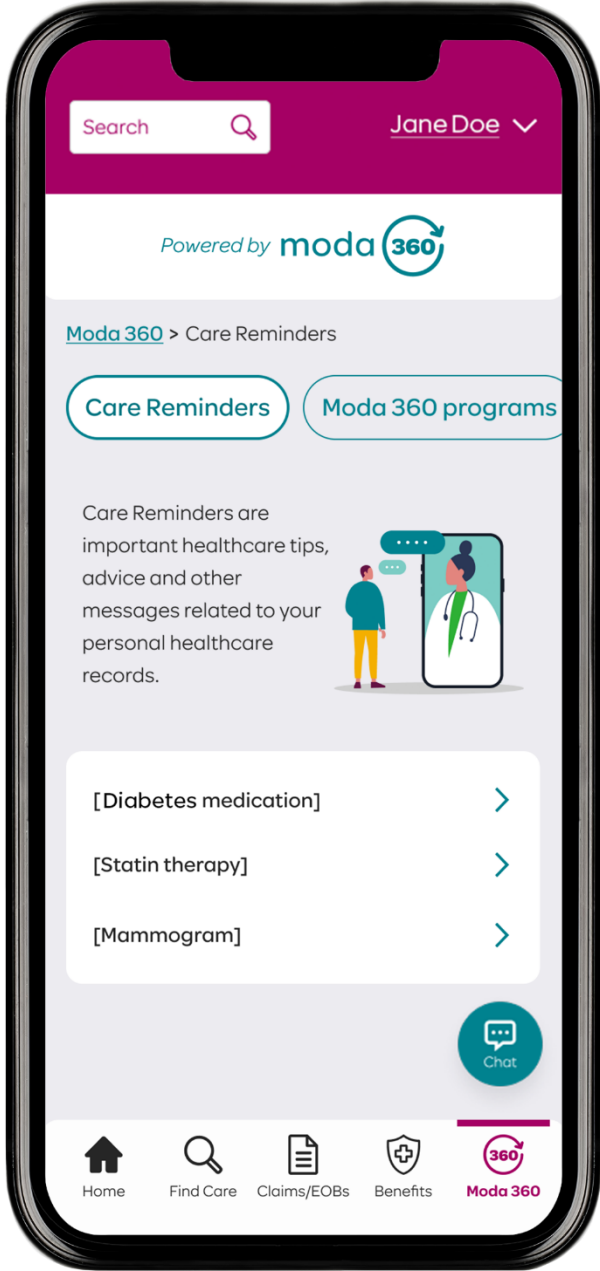
When you have diabetes, it is recommended that you take statin medicines to help prevent heart attacks. A Health Navigator can assist you.

[Contact Health Navigator](#)

[I've already done this](#)

[Live Chat](#)

Personalized programs



Health Navigator - member story

A PEBB member left some very nice feedback about their experience with Alex. She said she will be **thanking him every step of her 150-mile hike** she is going on for his assistance in getting her pharmacy prior authorization approved. She said that he **went over and above** and **really advocated for her**. She wanted to make sure he knew that **he made her day *and* her hike!**

Future Considerations

Future Considerations

- **Copay Max Plus: 1/1/2024 recommendation:**
 - A copay accumulator and maximizer program applicable at all pharmacies
 - Applies to over 350 specialty medications
 - Uses copay manufacturer assistance programs to offset costs at point-of-sale
 - Allows a true reporting of out-of-pocket (OOP) costs when used to offset member cost share



Questions/Comments?

Thank you



Kaiser Permanente Pharmacy Trends

Public Employees Benefit Board

October 18, 2022

Board Attachment 5b

Presented by:

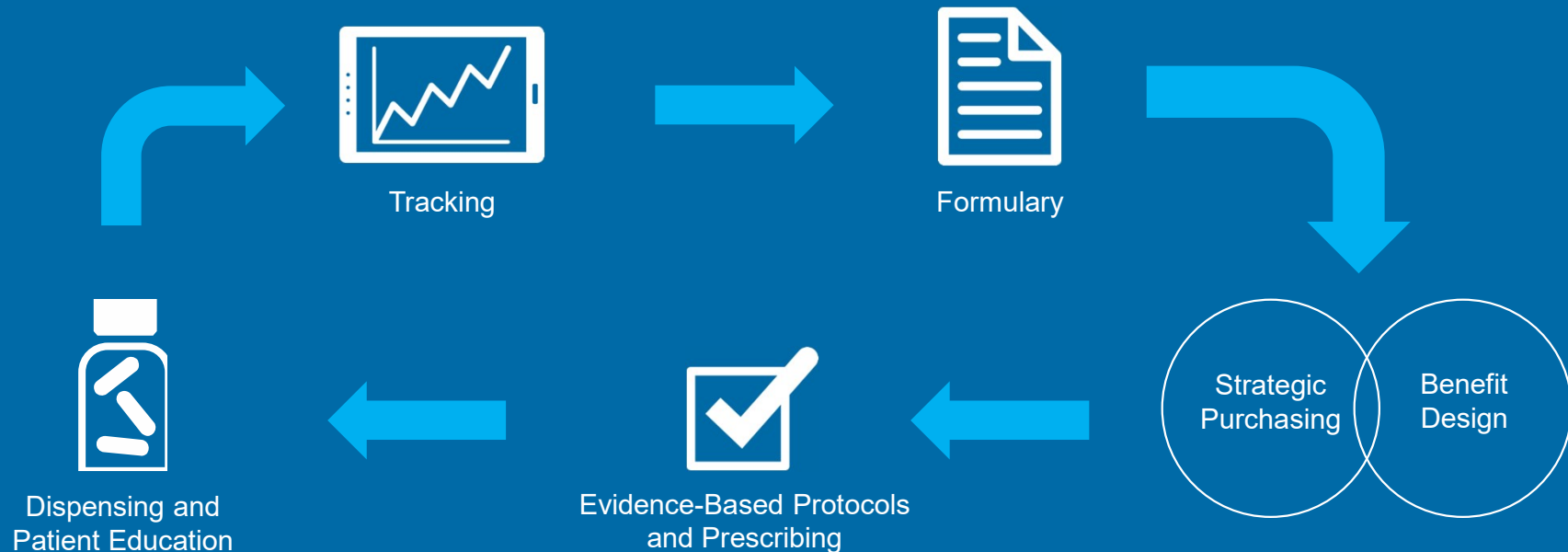
Sunshine Sommers, MS, RPh,
Director, Clinical Pharmacy Services

Keith Bachman, MD,
Internal Medicine, PEBB Medical Director



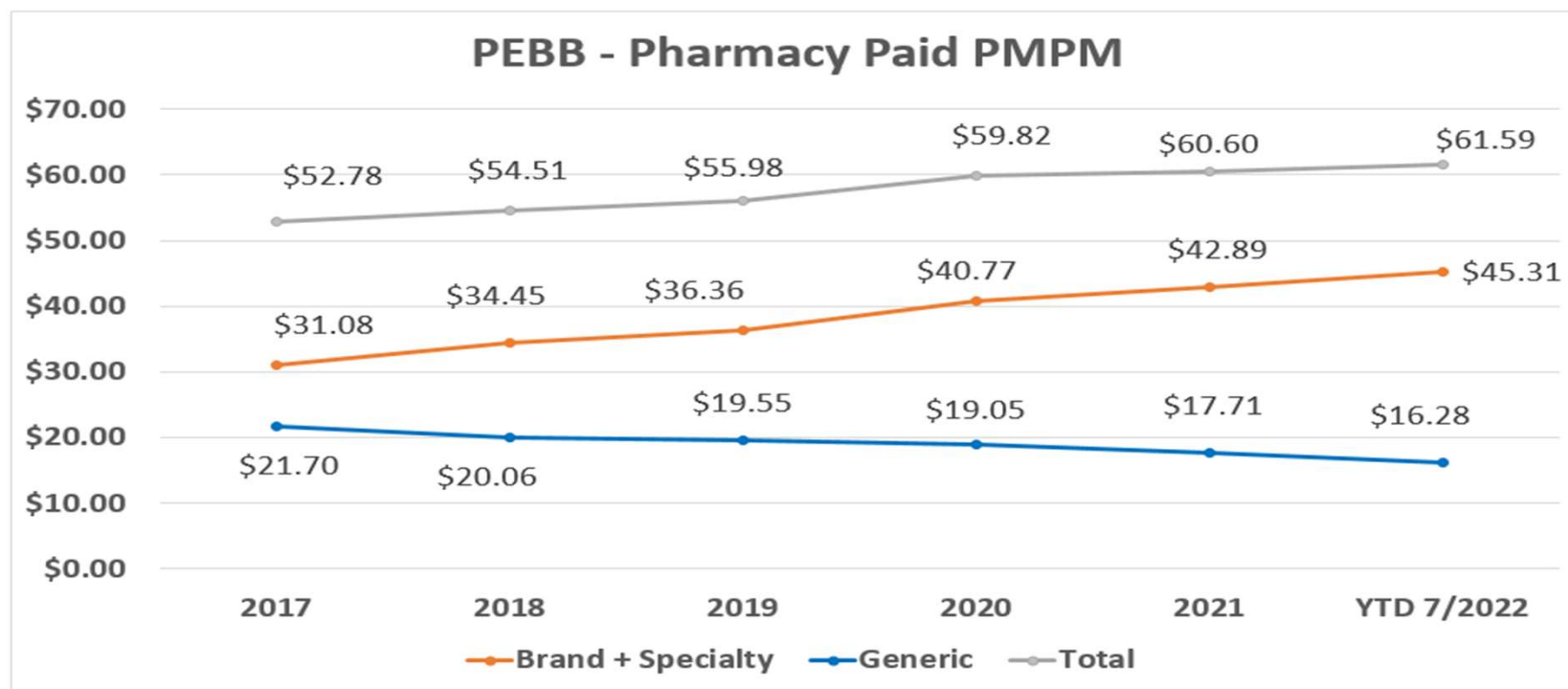
INTEGRATED PHARMACY SYSTEM

End-to-end management approach reduces costs and improves utilization



Pharmacy Trends

PEBB PMPM TREND



PEBB PHARMACY DATA - \$ Per Script

Category	2019		2020		2021		YTD 7/2022	
	Scripts	\$ Per Script	Scripts	\$ Per Script	Scripts	\$ Per Script	Scripts	\$ Per Script
Generic	178,764	\$32.66	185,336	\$31.51	189,271	\$29.04	114,376	\$25.51
Brand	12,104	\$404.11	13,638	\$494.52	22,542	\$391.60	10,453	\$541.15
Specialty	1,222	\$4,881.95	1,063	\$5,414.64	839	\$5,345.17	485	\$5,082.59

MEDICAL/RX COST TREND

	2019	2020	2021	2022
Med/Rx \$PMPM	\$28.96	\$25.72	\$26.63	\$31.85

TOP DRUG CLASS IN 2022 (Combined Traditional/Specialty)

Inflammatory

- 2021: \$13.39 PMPM
- 2022: \$13.30 PMPM

Psoriasis

- 2021: \$2.93 PMPM
- 2022: \$4.11 PMPM

Infectious Disease – Viral

- 2021: \$5.18 PMPM
- 2022: \$4.50 PMPM

Other Respiratory (includes CF)

- 2021: \$7.54 PMPM
- 2022: \$7.84 PMPM

MENTAL HEALTH/DIABETES RX UTILIZATION

Mental Health Rx

Year	PMPM	Rx/1000
2021	\$5.04	265.5
2022	\$5.11	281.2

Diabetes Rx

Year	PMPM	Rx/1000
2021	\$4.09	100.9
2022	\$4.14	106.3

COVID PCR TEST - UTILIZATION AND COST

COVID-19 Tests - Facilities

Time Period	Tests Performed	% Positive
March - December 2020	12,494	6.20%
January - December 2021	30,010	5.80%
January - September 2022	18,811	13.23%

COVID-19 At Home Test Kits

Total Distributed (Feb.- Oct. 2022)	176,328
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COVID-19 Costs (Aug 2021 - Jul 2022)

Paid COVID-19 Tests	Paid Claims	Paid Tests	PMPM
Covid-19 testing	\$2,356,947	25,824	\$7.64

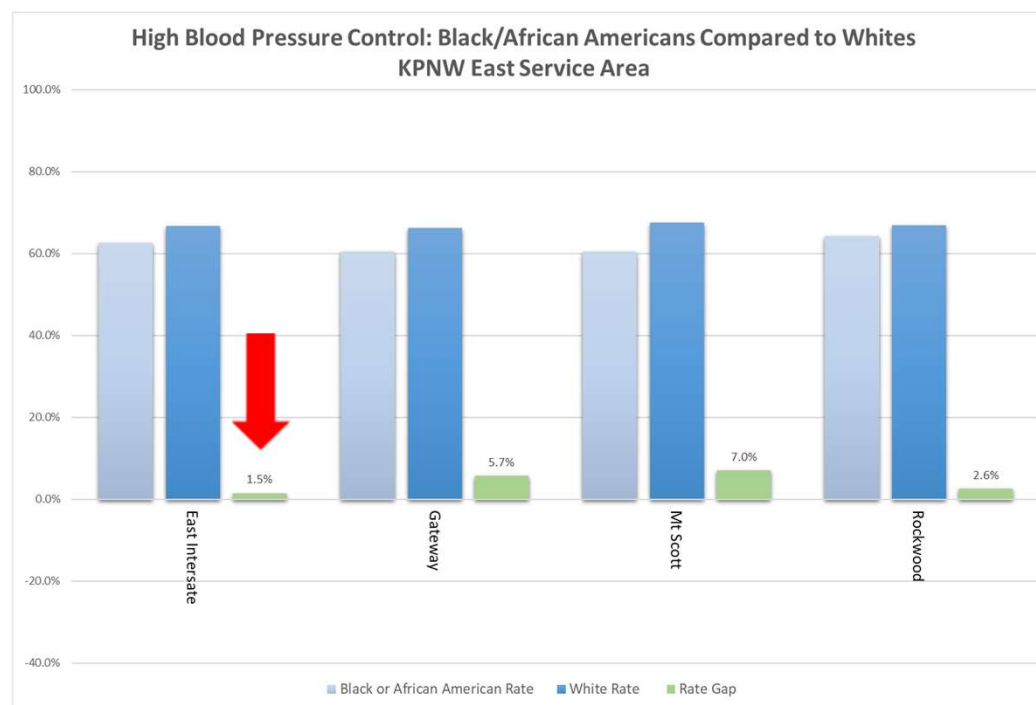
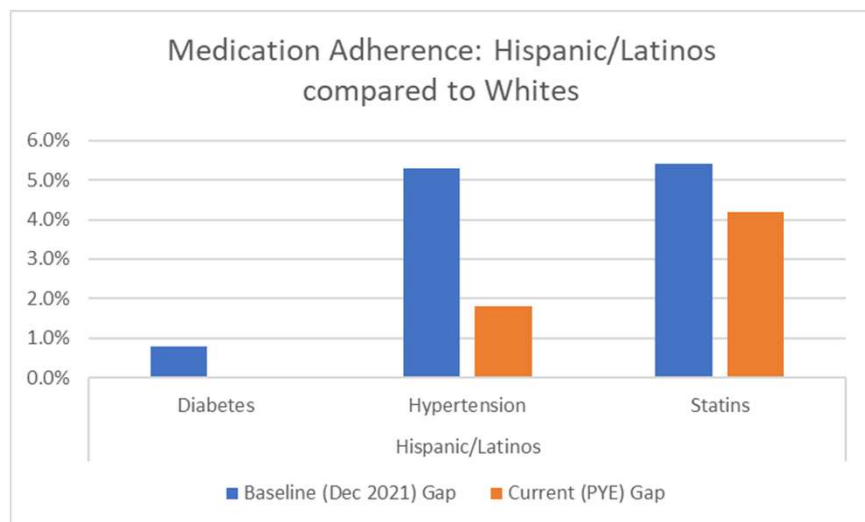
Continued Enhancements



DRIVING TOWARD HEALTH EQUITY

- Providing patient education materials in multiple languages to support medication adherence
- Offering prescription labels and drug information sheets in 14 additional languages to further reduce barriers and increase quality
- Assessing and following up on social determinants of health during patient outreaches
- Offering weekly BIPOC Blood Pressure Clinics
- Improving access and reducing disparities

NARROWING GAPS BETWEEN POPULATIONS



MAIL ORDER PHARMACY

63.7%

Mail Order Utilization
August 2022 YTD

- Convenient for members, free shipping
- Order via phone, app, or website
- Savings — 90-day supply for the price of 60

CONTINUOUS IMPROVEMENT

- Streamlined order process
- Faster delivery times

Summary

- Implementing many tools to improve quality and cost of care with medication therapy
 - Physician expert review
 - Clinical pharmacists working with physician and patient
 - Appropriate use of non-drug therapy
 - Stopping ineffective treatments
- Uniquely positioned to deploy coordinated drug cost management strategies

When attempting to set dental appointments for myself and my husband Willamette Dental had zero appointments available. They gave me the option to be on the call back list or to call daily as their system adds one day to their open appointment days each morning. It's a first come first serve and it may take days to get on the schedule if you are able to call during their early morning business hours. I chose call back. I missed the first call back, which was literal months after I put myself on the list, and it took further months before they called me back. When I attempted to call the central scheduling office again, they said that they couldn't even transfer me to the local office and that the office in my area wasn't accepting appointments. I did eventually get a call back to schedule the time for my husband and I, however, even after all the waiting to get an appointment, I am still waiting further months before our newly scheduled appointment. I was told that their Roseburg office is down to a single dentist and may be closing, which leaves us with the option of no dental, or to drive more than an hour to see a dentist with Willamette.

From: Jodey Adams

To: Public Employees Benefit Board

RE: Inability to use limited benefits

I would like to present written testimony for the October 18, 2022 PEBB meeting.

I began working for Oregon Department of Human Services in February 2022. I had rebuilt my life after domestic violence and homelessness while completing undergraduate and graduate studies in Mental Health and Wellness. Part of my reasoning for taking a position as a Benefits and Eligibility worker was to help Oregonians overcome challenges and empower them to reach their best potential.

After several years of ineffective healthcare prior to working at ODHS, I carefully chose the best benefits available to me at that time. That included Moda Synergy Health Care, VSP Plus Vision Care and Willamette Dental Care. Both vision and healthcare were available in my tiny, rural Oregon town of Gold Beach, while I was aware I would have to travel up to three hours away for dental care, as the local dental offices were understaffed. Since beginning coverage in March, I have had numerous issues with dental and vision care, as well as a very traumatic experience in the Curry General Hospital.

Dental Care: I had one visit to Willamette Dental care office in Medford in March for an emergency tooth infection/extraction. At that time, an appointment was made for September to establish care. The week before that appointment, I had another infection and abscess, and called to ensure that could be addressed. I was assured this could happen. Upon traveling through 100-degree weather with delays and detours for forest fires, I arrived to the 2:20 appointment to find it was scheduled as a cleaning. At my insistence, only after a very intense cleaning that left my gums irritated and bleeding, the dentist was brought in and ordered more x-rays. At that point, the abscess was found and the tooth was extracted. I was released with another appointment scheduled for October 13, 2022 again to establish care. This appointment was not able to be confirmed until after 5pm on October 11 due to staffing in that office, leaving me one day to notify my work. I traveled 350 miles round trip, spending over \$100 in gas. After yet another cleaning, the dentist performed an examination, telling me that I had baby tooth with a cavity that needed to be extracted as soon as possible, but could not be done that day. It is now scheduled for December 28, 2022, 2.5 months away and will require 3 months of healing before proceeding. I was also told I need a referral to an orthopedic specialist, likely in Portland, as I likely need extensive bone removal in order to fit dentures. This will be a year from my first appointment with no real plan in place with an open cavity and two tooth infections in the past six months.

Vision Care: I began care at Curry Eye Center in April 2022. I had initial appointments and then vision field tests scheduled, as visual field defects and other conditions were found. I was notified in the midst of these tests that the provider was no longer accepting VSP Plus as of June 30, leaving me with hundreds of dollars in unpaid bills. This now leaves me with no coverage for vital ongoing vision care, after significant vision loss was found after a seizure and possible head trauma on August 22, 2022.

Health Care: I have a seizure disorder that has been called Psychogenic nonepileptic seizures, meaning that traumatic events and anxiety from PTSD as well as lighting changes, environment, and an allergy to black mold can all trigger seizures. After two years of being seizure free, I have had 15 episodes in the past 8 months. On August 22, 2022, I had a grand mal seizure and was not reaching baseline afterwards,

leading my partner to call 911. In our small town, the fire chief lives next door, and responded to what was the third call in 8 months, as I was not stable, unable to sit or stand and unable to see, and I appeared to be in danger of another seizure. The EMT's and fire chief determined I needed further evaluation, and I was transported via ambulance to the Emergency Room at Curry General Hospital, where I was not treated. The EMT's were told that they should not have brought me there, and I was immediately told by the ER doctor that they do not treat seizures or anxiety. Despite telling them that I was still experiencing vision and trembling and felt that it was something more than a seizure, I was still in an unstable state when they left me unattended with the right railings down on the ER bed. In an attempt to keep from falling while still trembling and in a seizure event, I rolled to my left and held onto the one rail that was up. During this event, I apparently hit my forehead on the rail, as I reported a bruise to my partner later. They released me, stating in medical records that it was a hyperventilation syndrome, not a seizure. I was given a prescription for antibiotics for a sinus infection with no examination of my sinuses and not looking in my mouth to see an abscessed tooth and the bite marks on my tongue from the seizure.

Upon returned to the room, the ER physician asked if anything had "set me off" that day, and I attempted to explain I had been in training all day with a headset that may have triggered the Paroxysmal Positional Vertigo and vestibular damage from a previous brain and back injury. Again, I stated that I did not feel the same, as the "aura" and light sensations were not the same as the numerous other seizure events I've had. The ER doctor told me to see my regular physician when I got home from training. When I stated I lived in town and I had already planned to contact my physician, whose wife runs the hospital, he stated that he'd heard I came from a motel and said to the nurse that he "suspected inappropriate activity in a motel and illicit drug use". He asked me if I was just looking for "something to help". I attempted to explain that I do use medical marijuana, having gotten a medical marijuana card in 2020 with the help of my doctor here in town, and do not even like taking Tylenol. I only take Keppra, an anti-seizure medication.

I was released still unstable. The eye doctor asked if I had hit my head during the episode. My partner had been with me the entire day and night, to the point that I was taken in the ambulance. The only time I could have struck my head was in the ER. Focusing on something or someone is a practice that I use to fight off the vertigo and the seizures. I remember the buttons being right in front of my face, and the complaints of bruising on my forehead lead me to believe I may have struck my head on the bed rails while unattended.

I was not at any time evaluated for possible stroke, nor was I given a CT scan, which has happened in the past after grand mal seizures when I have been taken via ambulance to other hospitals. I believe that this was negligent and feel that I was dismissed and was definitely misdiagnosed. A referral to a neurologist has been delayed because the ER doctor stating that I did not have a seizure, but had hyperventilation syndrome. This is approaching two months ago that I suffered a life-changing seizure event. The loss of vision benefits has made the situation worse and left me essentially with no care and possibly causing more damage every day.

The loss of these benefits with no options during open enrollment is very concerning, as VSP is the only vision insurance with coverage in my area. Dental offices in the local and surrounding area are lacking providers or beyond the scope of optional travel.