



Get ready for 2017—reserve your spot today at our essential Fall Producer Workshop

Our annual Fall Producer Workshop is a valuable tool designed to help our producer partners have a productive and successful open enrollment season.

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Group Health HMO rated top plan in the United States

Our commercial HMO plan has been rated the top-performing health plan in the United States in the 2016 [eValue8™](#) survey, an independent, third-party tool sponsored by the National Business Coalition on Health. eValue8 is licensed in Washington state by the Washington Health Alliance. This is great news for our members who are already enrolled in Group Health Cooperative's HMO plan, but it's also valuable information for you to share with any clients who are considering their coverage options.

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*Lonnie Goodell
Director
Producer Relations
and Small Business
Group*

GUEST COLUMN

In the face of change, our relationship is constant

By Lonnie Goodell

Consider all of the changes that our industry has experienced since President Obama signed the Affordable Care Act into law in 2010. Some of these changes have been good, and some simply needed to be made. But no matter what you think of them, you've had to accept them, adjust, and adapt.

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A summer summary

I hope you're enjoying blue skies and sunshine, getting time to rest, and spending quality time with your family. Fall open enrollment is right around the corner, our busiest time of year, and we anticipate a successful season.

We're excited about our positioning for 2017. Our competitive products include Access PPO, which gives employers one of the broadest defined networks in the market. And also our highly acclaimed Core HMO, which is supported by the highest-ranked medical group in the state, according to the Washington Health Alliance 2015 Community Checkup.

For specifics about our small group, individual and family, and Medicare Advantage plans, attend one of our Fall Producer Workshops. You'll hear from Sales Directors Lonnie Goodell and Rick Henshaw, plus members of our sales team, about the evolution of our portfolios, including updates to our individual and family plans offered direct from Group Health and on the exchange. The workshops are a great way to get the essential information you need to make 2017 a big success. [Reserve your seat now.](#)

By now you've seen the July press release announcing that Group Health Cooperative's commercial HMO was rated the top-performing health plan in the United States in the 2016 [eValue8™](#) survey. (See the story on [page 1.](#)) This is a testament to the value we bring to purchasers with products that focus on quality care and the member experience.

On Aug. 9, I brought the sales and account management team together for our annual retreat. The goal was to present our enhanced value stories, marketing campaigns, and communications tool kits to prepare for open enrollment. We also included messaging about our pending acquisition by Kaiser Permanente. The approval process is still currently undergoing regulatory review by the Washington State Office of the Insurance Commissioner, which held a series of public forums to hear from communities across the state about the proposed acquisition.

We have aggressive growth goals for the next few years and I'm very encouraged by how well aligned we are with Kaiser Permanente. There's a commitment to investing significant dollars and resources in our health plans and delivery system to improve our performance and service. If the acquisition is approved, we'll roll out a communication plan so you know what to expect on day one, day 30, day 90, and forward.

We're fortunate to have you as a partner for our mutual clients and we appreciate your dedication and expertise as we head into open enrollment.

Regards,

Debbie Huntington





Status update on industry issues at the federal level

Congress' current 7-week recess to focus on political conventions and re-election campaigns soon comes to a close when policymakers return to work after Labor Day. They'll have just 20 legislative days to fund the government for the 2017 fiscal year and tackle other unfinished business before adjourning on Oct. 7. Here's how they left a couple of notable issues.

Labor, HHS, Education funding bill

The House Appropriations Committee approved legislation that would provide funding in fiscal year 2017 for programs and agencies within the departments of Labor, Health and Human Services (HHS), and Education. It's highly unlikely that this legislation will be considered on the House floor as a stand-alone bill, although some of its provisions may be adopted in a lame-duck session following the election. Overall, the bill would provide \$161.6 billion in funding for fiscal year 2017, including \$73.2 billion for HHS programs and agencies.

The bill was accompanied by a committee report that includes nonbinding language on numerous issues, including:

- **Out-of-network emergency care:** Requesting that The Center for Consumer Information & Insurance Oversight clarify what constitutes "Usual, Customary, and Reasonable" using a fair and transparent standard
- **Quality improvement:** Requesting the secretary of HHS conduct a cross-agency review of programs, conducted in conjunction with public and private organizations, to evaluate the effectiveness of various approaches to promoting quality metrics that drive quality improvement within health care systems
- **Pharmacy Benefit Managers (PBM):** Requesting an update on the process used by the Centers for Medicare & Medicaid Services (CMS) to oversee that PBM Maximum Allowable Cost (MAC) lists are updated
- **Standard plan design:** Raising concerns about CMS' proposals on standardized plans and requesting an analysis of the impact such proposals would have on plan participation, premiums, and formulary and network designs for 2017

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Status update on industry issues at the federal level

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Opioid addiction legislation

After a year of debate, the Senate passed and sent to the president the Comprehensive Addiction and Recovery Act (CARA). The legislation is designed to address prescription opioids misuse and addiction. Some of the key provisions include:

- Allowing prescriptions for Schedule II drugs to be partially filled at the request of the prescribing physician or the patient.
- Allowing nurse practitioners and physician assistants to prescribe a drug to treat opioid-related substance abuse (medication-assisted treatment (MAT)).
- Expanding access to opioid overdose reversal drugs for first responders and others.
- Increasing National Institutes of Health (NIH) research and treatment, especially for vulnerable populations.
- Imposing stricter pre-market review of new opioids by the Food and Drug Administration (FDA).

What will Congress consider in the fall?

Some are already looking past the Nov. 8 election, to the lame-duck session, for hopes of getting things done, but here's what they'll likely consider when they're back in session in September:

- **Stopgap funding bill.** Lawmakers will discuss measures to prevent a government shutdown this fall. They will be debating whether to write a short-term government spending bill that funds the government until December or a six-month stopgap measure that would expire in March under a new Congress and president.
- **Zika funding.** Before their recess, Senate Democrats blocked a bill, for a second time, aimed at combating the mosquito-borne Zika virus because it would prevent family planning clinics from receiving new Zika-related funds provided through Social Service Block Grants. They also have expressed concern that the bill would rescind \$543 million in unspent ACA funds that originally were provided to support the creation of exchanges. It's likely this will be a fight on the docket when Congress returns. ●

MACRA update: CMS considering alternative start date



In June, *Producer Pulse* included a story about the Medicare Access & CHIP Reauthorization Act (MACRA) and we have an update. As you may recall, [MACRA](#) will move Medicare payments further away from a fee-for-service model and toward a value-based purchasing strategy. It resulted from bipartisan legislation and is set to go into effect on Jan. 1, 2017.

In a recent Senate Finance Committee hearing, Andy Slavitt, Acting Administrator for the Centers for Medicare & Medicaid Services (CMS), said the agency is considering ways to delay the start of the measurement period for the new Merit-Based Incentive Payment System (MIPS) to give physicians more time to prepare.

CMS has taken unprecedented steps to involve stakeholders in the development and implementation of MACRA. The agency has had meetings with more than 64,000 people in various settings and received more than 4,000 formal comments, including comments from Group Health. Slavitt said that stakeholders have echoed common themes: the need for more time to prepare for implementation, worry that solo and small practices may lack necessary resources, concerns about the program's complexity and administrative burdens, requests for pathways to enable provider participation, and the need to maintain a focus on patients. A final rule is anticipated by Nov. 1; we will keep you updated.



LARGE GROUP

Group Health continues to expand its presence in private exchanges

Private exchanges are no longer a new concept, and their growing prevalence and relevance continues to transform the way we do business. While Group Health is not new to private exchanges, we have recently been invited to participate in one of the largest private exchanges in the large group market—the Aon Active Health Exchange.

A request from a large Seattle-based employer was our entrée into the Aon Active Health Exchange. For the first time, Group Health will be an option through Aon for this group's employees at their Oct. 1, 2016 effective date. And we're busy preparing to be offered to all of Aon's other existing clients for effective dates starting Jan. 1, 2017.

"We're pleased to be able to offer Group Health value and meet the needs of larger employers through this new distribution channel," says Melinda Hews, executive director, Health Insurance Exchanges.

The attractiveness of exchanges

Over the last 10–15 years, we've seen large national employers moving from regional carriers to national carriers

in an effort to ease the administrative burden of maintaining relationships with separate regional carriers. Exchanges, and particularly Aon for very large employers, change the picture in a few ways by:

- Bringing together national carriers and regional carriers to give employers and employees more choice.
- Taking on the responsibility of maintaining all national and regional carrier relationships, significantly simplifying the process for employers.
- Giving employers the ability to offer their employees a broader set of options that include medical coverage and all of the other kinds of benefits and coverage that are offered in the exchange.

"Our participation in exchanges—and now in Aon—offers us an opportunity to put our products in front of new business alongside national and regional competitors," says Debbie Huntington, vice president, Sales. "It's also an opportunity to win back business we may have lost over the years due to carrier consolidation."

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LARGE GROUP

Group Health continues to expand its presence in private exchanges

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Plans available through Aon

Our plans offered on the Aon Active Health Exchange are tailored to Aon’s specifications so it’ll be easy for shoppers to compare plans. That’s because all carriers’ plans on the Aon exchange have the same benefit designs—and all plans are PPOs here in Washington state. By standardizing the offerings, employees can base their health plan decision on the carrier’s brand, price, physician network, and unique value. The purer, apples-to-apples comparison takes some of the confusion out of the selection process.

“We’re thrilled to compete on the basis of the value of our provider network and the way we manage the total cost and quality of care,” says Hews.

How we’re standing out

As part of our implementation into the Aon Active Health Exchange, we were invited to create a preview site to tell Group Health’s story. Since employees shopping for health care through Aon don’t have to wade through benefit designs, they can use carrier preview sites to help inform their decision.

Our Aon preview site covers our PPO physician network, how we’re different than other carriers, the many ways our members can access care, member perks, and our community

service. Group Health patient stories are peppered throughout the site so that prospective enrollees can hear straight from our members about the kind of care they get with us. The site also provides quick access to the three things that interest prospective customers the most: a provider search, our drug formulary, and information about the transition of care into our system.

The Aon enrollment site will include a link to our preview site for all of Aon’s prospective enrollees.

Partnerships help us grow

Participating on private exchanges is one more way we’re working to meet employers’ needs and give employees more choice. What’s more, leading-edge partnerships like this one with Aon help us build our business as we head into 2017, and as we continue to ride the wave of changes that our industry has seen over the last several years.

We’re looking forward to the opportunity to serve Aon’s book of business, and to serving an even greater number of people with our unique brand of care and coverage—care that’s been consistently lauded and recognized for its quality and that lowers the total cost of care over time. ●

A snapshot of Group Health’s private exchange presence

Group Health products can be found on a few exchanges. Here’s a quick look.

	Liazon’s Bright Choices	Mercer Marketplace	Aon Active Health Exchange
Implementation	April 1, 2015	March 1, 2016	Oct. 1, 2016
Lines of business served	Small groups (10+), Large groups	Large groups	Large groups (5,000+)
Plans offered	HMO & PPO	HMO & PPO	PPO
Employer funding	Defined contribution	Defined benefit or defined contribution	Defined contribution
Employee choice	Employees have access to one employer-selected carrier.	Employers can choose to offer employees access to one carrier or several.	Employees will have access to every carrier on the Aon Active Health Exchange.



Group Health HMO rated top plan in the United States

continued from page 1

In addition to achieving best national performance overall, our HMO product also rated best national performance in two of eValue8's eight modules, "Helping Members Get and Stay Healthy" and "Helping Members Manage Chronic Conditions."

"The outcome of this independent review of our plan reflects the hard work we do every day to ensure our patients have an excellent experience, that our clinicians offer the very best clinical outcomes for our members, and that we provide high-quality integrated care and coverage at affordable rates," says Bob O'Brien, Health Plan Division executive vice president.

This is the first time since the Washington Health Alliance began conducting eValue8 surveys in 2008 that a Washington-based health plan has achieved the best overall score in the nation. Other Washington-based health plans that participated in the 2016 survey were Aetna, Cigna, Group Health Options, Inc., Regence Blue Shield, and UnitedHealthcare.



"Over the years Group Health has shown that we provide the best quality care in this region, as demonstrated by prior years' Washington Health Alliance reports," says

Debbie Huntington, vice president, Sales. "The 2016 eValue8 report demonstrates that Group Health provides the best quality care in the nation, and that's something we're very proud of. As you have conversations with your clients, we hope you share the difference that Group Health can make to their health and their lives."

eValue8 is an evidence-based resource created by business coalitions and employers, such as Marriott and General Motors, to measure and evaluate health plan performance. Managed by the [National Business Coalition on Health](#), eValue8 asks health plans probing questions about how health plans manage critical processes that control costs, reduce and eliminate waste, ensure patient safety, and improve health and health care. ●



SMALL GROUP

Sole proprietors, common law employees, and you

Each month as the next set of groups get ready to renew, we now must determine whether groups of one—a number of which are sole proprietors—can renew as a small employer group.

If you have helped any such groups go through the renewal process already, you probably have heard their confusion and even their frustration. Why are these small business owners no longer eligible for small group plans? Who made a mistake?

There was no mistake; just a conflict between state and federal regulations, which has now been resolved.

Before November 2015, Washington state laws were okay with a sole proprietor being a small employer group of one. They were a “group” even if the owner or the owner’s spouse worked for the business or was the owner’s business partner.

However, federal regulations no longer allow this. For insurance purposes, the federal government said a small group had to have at least one “common law” employee, as defined by ERISA. To quickly determine if the group has a “common law” employee, we have found the best way is to ask if the group has an employee on the payroll, if the

employer pays payroll tax for them, and if the employee is not the owner or the owner’s spouse. If the answer is “yes,” then they likely have a common law employee.

In November 2015, the Washington State Office of the Insurance Commissioner (OIC) revised the language of its regulation to get rid of the conflict and conform with federal regulations. Under federal law, the term “group health plan” excludes plans that do not have employees and in which the only participant is a sole proprietor. To be eligible for a small group plan, a group must have at least one common law employee.

So if your groups include businesses that do not have at least one common law employee, by the new definition that means they no longer qualify for group plans.

They can, however, buy an individual and family plan outside of the open enrollment period because the effect of this new ruling comprises a qualifying event.

To smooth the transition, it’s a good idea to reach out to your small groups now—before annual renewal—to let them know what’s coming. ●



Producer tip

Reminder to brokers and groups: Be sure that ALL fields of enrollment forms are complete, accurate, and legible. This allows for seamless and timely enrollment for our clients, and prompt commission payments for you. Enrollment templates for small and large groups are available on our producer site for you to use in lieu of enrollment forms.



Group Health networks stick with what works

Sometimes staying the course and sticking to your business values make you look like a maverick—a smart one.

That's the case as Group Health retains its broad, rich network of health care professionals and facilities while other carrier networks leave behind a trail of jettisoned facilities and providers.

Recently, [Premera Blue Cross announced cuts to its networks](#). Providence, CHI Franciscan, and portions of the Swedish health system will leave Premera's network in January 2017. Regence has also focused in recent years on offering their narrowed ACO networks, such as UW Medicine, The Everett Clinic, and MultiCare, around the state.

Meanwhile, Group Health networks remain consistent in care and provider availability. Members enrolled in our HMO products can get care from Group Health Medical Centers in 25 locations around the state as well as from 9,000 contracted providers.

"We have been talking to the producer community for a number of years about the robust provider network we have aligned our commercial HMO products with—a network featuring the quality care provided by Group Health clinicians," says Lonnie Goodell, director, Producer Relations and Small Business Group. "We have made a concerted effort to put together a consistent HMO provider network that provides value and quality care. It's the foundation of who we are."

That's why Group Health has become the go-to carrier for groups looking for plans that offer high-quality care at competitive rates, with well-controlled administrative costs. ●



INDIVIDUAL AND FAMILY

Reminder: Get credit (and get paid!) for your work



You work hard to help your clients. Be sure to get paid for it. Make sure they select you as their appointed broker when applying for Group Health individual and family coverage on Washington Healthplanfinder. When they do, you can also keep track of your clients' needs through your Healthplanfinder dashboard.

It's an important and simple step. Don't miss it. ●



MEDICARE

MAPD members moving to OptumRx

There's good news in the new year for our mutual Medicare Advantage Part D (MAPD) clients. Group Health will transition their Pharmacy Benefits Manager (PBM) to OptumRx as of Jan. 1, 2017. Starting then, our 56,000 MAPD members

will benefit from the lessons we learned when we transitioned all other Group Health plans on Jan. 1 of this year.

We're excited about the move and all the advantages OptumRx offers our

members. With a customer base of over 66 million and an outstanding record of service, OptumRx is an industry leader. That translates into real benefits for your clients. With their extensive membership, OptumRx also has the purchasing power to get great rates on prescription drugs.

Great service for your members. Better business for you.

OptumRx is known as a customer service leader. The switch will give our Medicare members access to their state-of-the-art systems for a better total experience. They'll get easy access to online self-service tools and benefit from expert medication management and efficiency. A range of clinical and utilization management strategies help ensure safe medication use, improve formulary adoption, and promote cost-effective treatment options.

A new ID card backed by a great experience

What will the transition look like to your clients? This December, they'll receive a new Group Health ID card for their coverage starting Jan. 1, 2017. At that time, they'll need to discard their old cards as their "RxBin" and "RxPCN" numbers will have

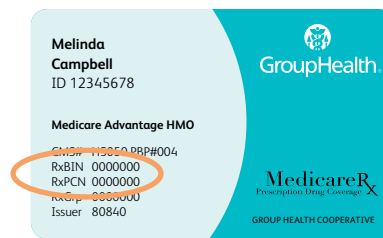
changed. By using the new card, customers can make sure pharmacy benefits continue to be processed accurately and efficiently. They will also see a new online portal linked from MyGroupHealth for Members at ghc.org. There they'll have a single convenient dashboard to manage all their prescription medications.

The customized portal allows members to quickly and easily:

- View their prescription drug history at any pharmacy they've used—not only Group Health pharmacies.
- Price medications based on their pharmacy benefit and selected pharmacy.
- Look up general drug information.
- Find pharmacies according to our Medicare Advantage HMO plans' network.
- View information about reimbursement claims the member has submitted.
- Link to MyGroupHealth for Members at ghc.org for Mail Order Pharmacy information, ID card replacement, formulary lists, appeals information, and more.

Everything continues—only better

Members will continue to have the option to use our popular Mail Order Services. And those who receive specialty drugs like cancer, HIV, and osteoporosis medications through the Group Health Specialty Pharmacy will continue their access to our specially trained pharmacists, meticulous pre- and post-dispensing protocol, ongoing patient evaluations, and open communication with both patients and physicians. Members who use these services and are impacted by this change can expect to hear from our Specialty Pharmacy to reassure them that there will be no disruption in the delivery of their prescriptions.



New ID cards will have updated RxBIN and RxPCN numbers.

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MEDICARE

MAPD members moving to OptumRx [continued from page 10](#)

Current members won't have to take any action for prior authorization from Group Health to work after the transition. Their prescriptions and records will be transferred to the new system automatically. We know many Medicare Advantage Part D members will want to make sure they continue to receive their coverage gap tracking report. Not to worry. They will still receive the monthly Part D coverage tracking report as well as having their information available at MyGroupHealth.

The transition to OptumRx will bring benefits we think your clients will love and service that's already proven to be outstanding. We're looking forward to working with you to help them get the most from it. ●

MEDICARE

Get ready for the 2017 go-to-market period

The 2017 Medicare Annual Enrollment Period (AEP) will be here before you know it. We're currently preparing all of the sales materials you'll need to educate yourself and our mutual clients about our Medicare Advantage offerings for the upcoming year. You'll be able to order these materials in September through the MyGroupHealth for Producers site, for use beginning Oct. 1.

As you gear up for what we hope will be a successful enrollment season, keep in mind that only those election forms received between Oct. 15 and Dec. 7 will be processed for a Jan. 1, 2017, effective date, unless the beneficiary has a special enrollment period (SEP). ●



Producer tip

You can help our mutual clients stay healthy by encouraging preventive care visits. See the schedules for adults [here](#) and for children [here](#).



MEDICARE COMPLIANCE

Medicare marketing guidelines you'll want to know about

As you know, Chapter 3 of the Centers for Medicare & Medicaid Services (CMS) Medicare Managed Care Manual provides the [Medicare marketing requirements and guidance](#) for plan sponsors such as Group Health, and their First Tier, Downstream, and Related Entities (FDR), including producers like you. Here's an overview of this document, including a few of the key changes that impact you and our mutual clients.



Our responsibilities concerning producers

As a plan sponsor, we're responsible for making sure that everyone who sells our Medicare plans complies with CMS' current marketing requirements. If we don't follow all the rules, and make sure that you do too, CMS may take actions that can include sanctions and civil money penalties (section 10).

We're also required to make sure that everyone selling our Medicare products is trained and tested annually on Medicare rules, regulations, and details specific to the plan products that we sell. Please [see the story](#) about Medicare annual certification in this issue.



What we need to submit to CMS

We're responsible for all marketing materials—including websites—used and/or created by our producer partners to market our plans. We must submit all of these materials to CMS for review and approval on your behalf (section 30.3).

If you're wondering what this includes, here are some rules to guide you:

- If something mentions plan-specific rates, benefits, and/or use of our logo, it must be submitted for review and approval.
- Any materials that include your phone number must clearly indicate that calling that number will direct the caller to a licensed insurance agent/broker.
- If you make website changes to plan benefits, premiums, or cost sharing-related content, the site must be resubmitted for review (section 90.2.2).

When it comes to representing our plans alongside other plans (multiplan filing), we are required to follow the guidance outlined in section 90.2.3. This clarifies your responsibility to file the entire site through a Lead Plan (LP), and to notify us within 60 days of the LP approval from CMS. This is necessary so that we can file our specific portion of your site (without changes), as the Non-Lead Plan. Failure to file within 60

days will result in the longer standard CMS review time of up to 45 days.

In the spirit of efficiency, we request the opportunity to review and provide our initial feedback prior to the LP submission. This will alleviate any potential rework and resubmissions.



Social media and mobile

CMS offers guidance for mobile applications and social media (section 90.2.4 and section 100). Mobile apps that are used for marketing to prospective enrollees must be submitted to CMS for approval prior to use.

We also must submit to CMS any social media posts (for example, Facebook, Twitter, YouTube, LinkedIn, Scan Code, or QR Code) that you create that may meet the Chapter 3 definition of marketing materials. This includes, but is not limited to, those that contain plan-specific benefits, premiums, cost sharing, or star ratings. It's important to use caution before posting, and if in doubt, check with your sales executive.



Reporting of terminated agents

CMS provides guidance about what they expect us to report to them and to the Washington State Office of the Insurance Commissioner (section 120.2). Our policies align with these expectations.

[more on page 13](#)



MEDICARE COMPLIANCE

Complete your annual Medicare certification now

All producers who now represent—or who would like to represent—our Group Health Medicare Advantage plans for 2017 will be required to complete the annual Medicare certification by Friday, Sept. 30.

Access to the online Medicare certification program is available now through our secure producer site—MyGroupHealth for Producers.

Adhering to this deadline will ensure that you are qualified to represent our plans by Oct. 1. Our goal is to have the 2017 Medicare Advantage sales material in your hands by Oct. 1, well in advance of the Annual Enrollment Period that begins on Oct. 15.

As in past years, certification training and product testing includes:

- Original Medicare, Medicare Advantage, and Part D plan types and structure.
- Permissible and prohibited marketing practices.
- Enrollment and eligibility compliance.
- Fraud, Waste, and Abuse training.

- General Compliance.
- Group Health Medicare Advantage plan training.

A score of 90 percent or higher on the final exams is required to obtain certification.

If you've already obtained your 2017 Medicare certification and the required general compliance and Fraud, Waste, and Abuse certificates through AHIP or Gorman Health Group, you'll be able to upload PDF copies of your certificates through the training website.

If the documents are deemed acceptable, the 2017 Group Health Medicare Advantage plan training will be made available to you.

Details regarding login, password resets, and registration can be found on [MyGroupHealth for Producers](#).



MEDICARE COMPLIANCE

Medicare marketing guidelines you'll want to know about continued from page 12

We will report:

- The termination of any agents/brokers to the state, and reasons for termination.
- For-cause terminations to CMS account managers via email or letter.
- Any sales of Medicare products which were made by agents without a valid license.
- If an enrollment application was submitted by an unlicensed agent or broker, we will immediately

terminate the agent or broker and report this action to the Washington Office of the Insurance Commissioner.

Additionally, we will notify any beneficiaries who were enrolled by unqualified agents/brokers (for example, unlicensed, not appointed, or has not completed the annual training/testing) and advise those beneficiaries of the agents'/brokers' status. Beneficiaries may request to make a plan change under 42 CFR 422.62(b)(3) (i) or 423.38(c)(8)(i).



New brand campaign touts “This Is Healthy”

Wrestling with your brother. Hanging out with friends. Snuggling with the kids. They’re all part of Group Health’s new brand campaign. Called “This Is Healthy,” the effort broadens the conversation about what health is and how we all can achieve it.

“This campaign invites people to think of healthy beyond just carrot sticks and gym workouts,” says Diana Birkett Rakow, executive vice president of Marketing & Public Affairs. “It’s true to who we are, grounded in our mission of improving lives and helping you do what is important to *you* to live a full and healthy life.”

“For me, that includes running after a toddler. For others, healthy means time with family and friends, reading a great book, or enjoying a summer sunset. We want everyone to be able to live their best life and we’re there to take care of you no matter what life brings.”

By expanding upon the notion of what contributes to good health, we’re inviting more people into the conversation than just doctors and patients. Group Health members are able to submit their own stories, helping convey that healthy is more than keeping our bodies in good working order. It’s also about being human and living our lives every step of the way.

The campaign is structured to build regard for Group Health, while amplifying loyalty among current members and staff and encouraging potential new members to become part of Group Health. In addition to redefining what’s healthy, the campaign will play out in new and different ways with an emphasis on digital channels, and it will include bus posters and billboards.

“More and more of our audience is seeking information via social channels,” Rakow notes. “People are sharing aspects of their lives online every day, and this campaign provides a great platform for them to share their This Is Healthy moments. These conversations are designed to engage people in their health and, by being clearer about the value and values we represent, to generate more interest in Group Health.”

Everyone is encouraged to share their This Is Healthy stories at #ThisIsHealthy. You can view major elements at thisishealthy.org.

Look for This Is Healthy advertising throughout the region, and feel free to join the conversation at thisishealthy.org, or follow us on Twitter, Facebook, Instagram, or Pinterest. #ThisIsHealthy. ●



Construction to begin on new Burien Medical Center

Groundbreaking was held in July for our new Burien Medical Center, which will be adjacent to the current clinic. Site work is now underway and construction will begin in September. The clinic is scheduled to open in summer 2017.

“Our cost-reduction efforts over the past three years created a healthy margin for Group Health, allowing us to once again begin planning investments back into the organization,” says Alicia Eng, vice president, Clinical Operations and Market Integration. “Burien Medical Center is outdated and the facility does not meet the current needs of our patients and staff. We are excited to see the new facility move forward.”



The new clinic will feature our current clinicians and services, plus Eye Care, all under one roof. It will also have a more spacious lobby, waiting areas, and exam rooms; and a covered drop-off area.

The existing clinic will remain open, with normal operations, during construction of the new facility. ●

Northwest Health magazine coming soon

The fall issue of *Northwest Health* magazine will be available in late September—packed with details about the great care we provide our patients—from birth to centenarianism—and why partnering with a Group Health doctor is good for your health.

You’ll also find an article on how Medicare Advantage enrollees are putting their fitness benefit to good use, including sharing their morning walks with hippos and grizzlies, tips for restful winter sleep, information about our Annual Membership Meeting in December, and more.



All members will be able to access the magazine online, and a print version will be sent to all Medicare Advantage members to help ensure they receive important notices and disclosures.

In addition to our annual magazine, our blog and monthly email newsletters provide a rich source of information for our members throughout the year. ●



Group Health now managing and operating Spokane Laboratory Services

Group Health has internalized lab services in Spokane, allowing patients to receive services within the internal Group Health care delivery setting instead of the external care delivery system.

A thorough analysis of laboratory services in Spokane validated that providing this service with our own staff and equipment could maximize the efficiency of lab services. In December, a project team kicked off the work and within three months laboratory testing was transitioned to our

own Group Health laboratory in Tukwila. Within three days of the March 14 go-live date, lab orders were crossed to our laboratory information system without issue and Spokane laboratories were working smoothly and officially internalized.

Since the transition, lab services continue to run smoothly and the main benefit to Group Health—the standardization of lab services across the organization—is eclipsed only by the benefit to members: It helps us provide better service and quality to our patients in a financially responsible way. ●

A recipe for healthy engagement

One of the many things to love about summer is the appearance of local farmers markets and the gorgeous, healthy produce sprouting up around us. As part of our community events program, Group Health is sponsoring farmers markets in parts of the Puget Sound, including Tumwater and Poulsbo.

To Director of Member Engagement LuAnn Wolfe, this seemed like a natural opportunity to offer Group Health members and the general public some high-value materials that tied into the universal love of food. To that end, we've created a series of health-literacy recipe cards, the first of which debuted in June.

"A key aspect of getting members to more deeply engage in their health is to make sure they understand how to use their health plan. Health care coverage topics are not something most people are rushing out to learn about, so we're coming up with creative ways to get this information in front of them," says Wolfe.



Each oversized card features a recipe built around a seasonal fruit or vegetable. Cards are designed for maximum visual appeal so passers-by will grab one and take it home. The back side features colorful health-literacy information and graphics that help people understand key aspects of care and coverage, prompts them to engage with us, and equips them to make more informed decisions. Topics include preventive care reminders, alternate ways to access care, understanding health insurance terms, and more. The cards are also promoted through social channels, and drive people to [our blog](#), where they'll find additional health and wellness content as well as more recipes.

There will be six cards in circulation through September. Based on their success, an additional series of healthy holiday recipes may be released for fall and winter.

Cards can also be used for acquisition efforts, and have been made available to our sales staff to use at non-Medicare open enrollment fairs and other events. To date they've been very well received and we're excited about this fresh new way to showcase Group Health's expertise and value. ●



Classic Group Health: The 2016 Group Health STP Bicycle Classic

The weekend of July 16–17 everything came together beautifully for the 10,413 riders participating in the 2016 Group Health STP Bicycle Classic. The weather even cooperated, with overcast skies keeping temperatures in a cycle-friendly range all along the 206-mile course from Seattle to Portland. A southerly headwind on Saturday challenged the riders. But even the wind turned around later in the day and on Sunday, giving the 2,568 one-day riders a push for the final miles into Portland.

This year marks the thirteenth year Group Health has sponsored the extremely popular ride, the largest multi-day bicycling event in the Northwest. The STP sold out as it does every year with riders from 45 states and seven countries coming together to enjoy fitness, community, and the great Northwest summer. And Group Health was there from rider registration to the finish line.

Group Health volunteers added to the excitement in the days leading up to the ride at registration package pick-up. At this festive event at REI, hundreds of riders gathered, compared training regimens and strategies, and collected swag from sponsors. Group Health brought in a pre-ride photo booth where riders took pictures with the “Mile 1” sign. Of course, the corresponding “Mile 206” sign was waiting at the finish line (where we hear there was even a wedding!).



Group Health CEO Scott Armstrong (right) and former Medical Director Hugh Staley celebrate at the 2016 STP finish line.

More than a name sponsor, the healthy and active Group Health culture makes STP a natural fit for our employees, community, and executives. About 150 Group Health staff and members saddled up and took to the road on Saturday morning, including Group Health CEO Scott Armstrong, who made the ride in two days. Also making the ride for the first time was Tami Lamp, executive vice president of Human Resources.

The timing of the ride couldn't have been better for people to share their STP stories. Our new [“This Is Healthy” campaign](#) launched just as the STP got underway. This Is Healthy encourages members and others to share what healthy means to them through

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Classic Group Health: The 2016 Group Health STP Bicycle Classic continued from page 17



About 70 kids with the Major Taylor Project completed the ride.

words, pictures, and video online, on social media, and through mobile uploads. Scores of STP participants shared images, stories, and comments at our website, thisishealthy.org, where you can see colorful and inspiring shots and stories.

In keeping with This Is Healthy, official stops along the way offered new, healthier snacks to the riders who needed refueling. About 50 miles in, at the Spanaway rest stop, cyclists were treated to a Mexican chicken salad. At the Lexington stop just short of the harrowing Lewis and Clark Bridge into Oregon, there was a hearty potato and chickpea salad with nut-free kale pesto.

One of the 2016 STP success stories you'll see is the Major Taylor Project (MTP). About 70 kids from diverse backgrounds completed the STP this year as part of

MTP. Produced by Cascade Bicycle Club's Diversity and Inclusion department, MTP introduces kids from diverse communities to recreational cycling who otherwise may never even consider it as an activity. Through events and rides like STP, and education about riding and bicycle maintenance, MTP helps youth expand their worldview and empowers them to take action for themselves and their communities.

Cycling is a naturally joyful activity. Gliding along with the wind whistling in your ears, you can't help but smile. Study after study has found that biking is beneficial to everything from longevity to intelligence, and from bone health to cancer mitigation. Group Health is not only proud to sponsor this event, we're really happy to participate in it. ●



Get ready for 2017—reserve your spot today at our essential Fall Producer Workshop

continued from page 1

This year, we've added a ninth location—Bellevue—to our usual eight for the convenience of our Eastside producer partners. "We have a good number of small group and individual and family enrollees on the Eastside and we want to make sure we're supporting Eastside brokers by going to them," says Lonnie Goodell, director, Producer Relations and Small Business Group.

The workshops, which frequently reach a capacity audience, are an essential method for us to launch our plan portfolios for the upcoming year and for producers to engage, learn, and ask questions. It's important to come if you sell Group Health, or if you or your clients have an interest in Group Health.

"This is a real opportunity for producers to learn what we've done. It's also an opportunity for us to hear from them and to understand what we could do better. It gives us the ability to take that feedback and incorporate it or to determine if we can address it in a different way," says Goodell.

He added that over the past few years, the feedback that we've received from brokers—including at the Producer Workshops—has led to some of the portfolio changes and advantages that we've made to our portfolios in 2016 and for 2017.

The upcoming workshops will include a formal presentation, time for questions, and an opportunity to meet members of our individual and family, small group, and Producer Relations teams. Workshop highlights will include:

- Details about our small group, individual and family, and Medicare Advantage offerings.
- Specifics about the decision process for crafting the 2017 portfolios.
- Reassurance about our stability in 2017, in the face of change.
- Additional information to help you serve our mutual clients.

"It's important to us to have this opportunity to talk about what we've done with our product portfolios and why—and to have the face-to-face interaction that includes questions, answers, and thoughts that come from producers," says Goodell. "It really is a valued exchange from our perspective and, we hope, from theirs."

[Sign up now](#) to attend a location convenient to you. ●

Fall Producer Workshops

BELLINGHAM | TUE., SEPT. 27
Bellingham Golf & Country Club
7:30 a.m.–10:30 a.m.

EVERETT | TUE., SEPT. 27
Holiday Inn
1 p.m.–4 p.m.

SEATTLE | WED., SEPT. 28
Washington Athletic Club
7:30 a.m.–10:30 a.m.

BELLEVUE | WED., SEPT. 28 **NEW**
Overlake Hospital - PACCAR Education Center
1 p.m.–4 p.m.

TACOMA | THU., SEPT. 29
Hotel Murano
7:30 a.m.–10:30 a.m.

YAKIMA | MON., OCT. 3
Holiday Inn Downtown Yakima
8:30 a.m.–11:30 a.m.

RICHLAND | TUE., OCT. 4
Courtyard by Marriott
7:30 a.m.–10:30 a.m.

WALLA WALLA | TUE., OCT. 4
NEW VENUE
Courtyard Marriott Walla Walla
1 p.m.–4 p.m.

SPOKANE | THU., OCT. 6
The Davenport Hotel
7:30 a.m.–10:30 a.m.



GUEST COLUMN: LONNIE GOODELL

In the face of change, our relationship is constant continued from page 1

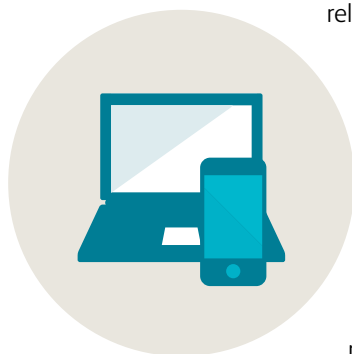
Group Health has been riding this wave of change with you, but we've also felt the surge of the proposed Kaiser Permanente acquisition—a process that is ongoing. All of this can seem overwhelming at times, but with good counsel, great partners, and a positive outlook, we've been able to adjust to the many changes that have come our way. We've even been able to embrace them and make improvements that have made a difference and had a positive impact for you and our mutual clients. The launch of our Access PPO comes to mind.

You have been and continue to be an integral part of our ability to move forward, and that's why we're always looking for new ways to support you and the relationship we have with you. Our

upcoming Producer Workshops are a great example of an incredibly useful way to exchange information and ideas.

So it is with great anticipation and excitement that I'm announcing the next evolution of how we communicate with you—our valued producer partners. In the next few weeks

we'll launch the *Producer Pulse* blog. The blog is our next step in providing you with easily accessible, timely, and important information that will make it easy for you to stay current.



The evolution of *Producer Pulse*

More than six years ago, we launched the first edition of *Producer Pulse* in an effort to connect with you in a meaningful way. *Producer Pulse*—an interactive PDF delivered via email since its inception—has evolved over time in content, look, and feel, but our constant intention with the production of each issue has been to provide you with relevant, useful, insightful, and interesting topics. That intention won't change when we launch the blog.

There are many benefits of moving *Producer Pulse* to a blog format:

1. You'll get more current news and stories.

We'll deliver content to you as news breaks, when our products are updated or launched, or as interesting stories come across our desks.

2. It'll be easy to access.

Bookmark it and you'll be there with a click of your mouse or a tap of your finger.

3. It will be a repository of information.

If you were keeping our *Producer Pulse* PDFs to read or reference later, you no longer have to do that.

4. There'll be one place to go for all resources.

The blog will be hosted on our producer site, which means that all the producer tools we offer you will now be in one, centralized place.

5. You'll be able to share information more easily.

You can simply click to share stories you think might be relevant to your colleagues.

What's not changing?

We know many of you are used to the bimonthly cadence of *Producer Pulse*. That's why we'll deliver a digest email to your inbox every other month that will summarize some of the recent blog posts and allow you to link to them. The email will serve as a reminder that our blog is a constant resource for you to access anytime.

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GUEST COLUMN: LONNIE GOODELL

In the face of change, our relationship is constant continued from page 20

We'll continue to share with you information about Group Health, our products and their features, and the value proposition of our medical providers and all the great work they do to keep Group Health members healthy. You'll still be able to read about state and federal regulations, health insurance industry news, and our work in the community. And you'll continue to hear from Group Health leaders as they contribute their thoughts.

We hope this particular change comes as welcome news. We think it's the kind of evolution that makes us all better informed and prepared to serve our mutual clients.

A steady commitment to you

The upcoming year will bring change with it, as every year always does. In light of the pending acquisition by Kaiser

Permanente, 2017 might bring even bigger change. But Group Health products remain in the market in 2017 no matter what happens, and we remain your steadfast partners. We truly value our relationship with you, the work you do on our behalf, the time you put into learning about our products and selling them, and the relationships we've forged.

We're looking forward to seeing you at this year's Producer Workshops, where we'll share a sneak peek of the blog and give you all the information you need to sell our products for 2017. ●



Producer tip

The Resources section of our [producer site](#) includes news, events, forms, tools, and guides. It also has an [Industry Resources](#) page that you can bookmark for one-click access to many essential industry resources.



We're here to help

The Group Health Producer Management Team can always assist with any of the following:

PRODUCER OPERATIONS

- Licensing and appointing
- Onboarding a new producer
- Onboarding new staff at an agency

COMMISSIONS

- General commission inquiries
- Monthly statement questions and discrepancies
- ACH setup for electronic deposit of monthly commission

PRODUCER UPDATES

- New mail or email address
- Notification of mergers, acquisitions, or business transfers

PRODUCER RELATIONS

- Producer website** at producer.ghc.org
- Questions about access to the website
 - Troubleshooting
 - Training/navigation of site

Producer events

- RSVP
- CE credit certificates, when applicable
- Questions about upcoming producer events

PRODUCER MANAGEMENT TEAM

- Lonnie Goodell, goodell.l@ghc.org
Director, Producer Management and Small Business Group
- Kelly Chrisman, chrisman.k@ghc.org
Manager, Producer Management and Small Business Group
- Matt Cotto, cotto.m@ghc.org
Producer Operations Analyst
- Lori Stanford, stanford.l@ghc.org
Producer Relations Consultant

Event calendar

Sept. 15

Employee Benefits Planning Association (EBPA)

Education Seminar
7:15 a.m.
Washington Athletic Club, Seattle
For information, visit [EBPA](#)

Sept. 22

Spokane Association of Health Underwriters (SAHU) and National Association of Insurance and Financial Advisors (NAIFA)

Tee up for Team St. Luke's golf tournament
1 p.m. start, followed by dinner
Kalispel Golf and Country Club, Spokane
[Click here](#) for information and registration.

Fall Producer Workshops

SEPT. 27 | BELLINGHAM

SEPT. 27 | EVERETT

SEPT. 28 | SEATTLE

SEPT. 28 | BELLEVUE **NEW**

SEPT. 29 | TACOMA

OCT. 3 | YAKIMA

OCT. 4 | RICHLAND

OCT. 4 | WALLA WALLA
NEW VENUE

OCT. 6 | SPOKANE

Contact us



Phone

206-448-4384 or 1-800-337-3196

Press 1 for Producer Operations (commissions, licensing, and appointments).

Press 2 for Producer Relations (producer website and events).

Email

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Producer Relations: brokerinfo@ghc.org