

2018 Group Health Benefit Program Changes

Group Insurance Board

Renee Walk, Strategic Health Policy Advisor

Office of Strategic Health Policy



ETF Requests Approval for:

- Wellness premium differential for 2019
- Medication Therapy Management (MTM) expansion for pharmacy benefit
- Addition of comprehensive audit reporting requirements
- Contract changes resulting from SIR procurement/negotiation

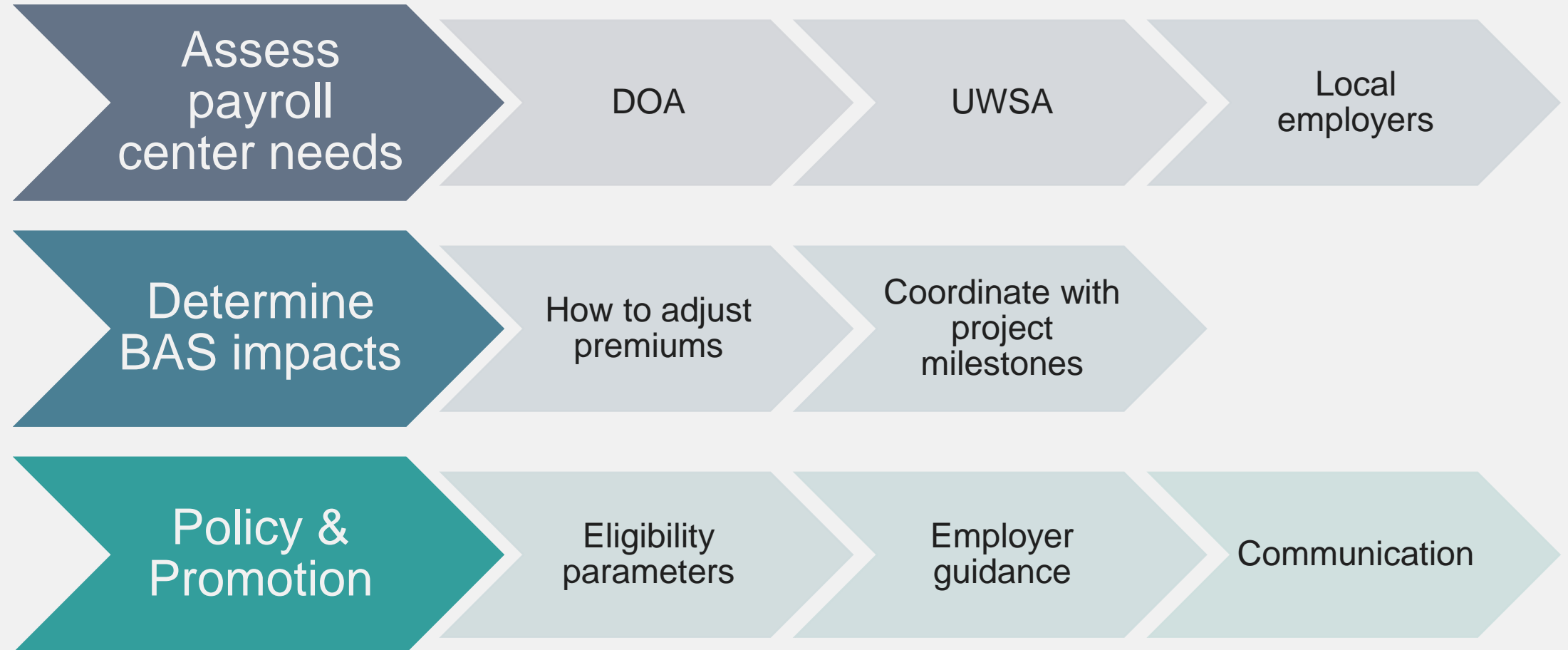
Wellness Premium Differential

Begin
promotion in
fall 2017

Activities
count in 2018

Premiums
reduced in
2019

Wellness Premium Differential



Medication Therapy Management (MTM)

- Medication counseling at the pharmacy
- Provided by pharmacists
- Helps manage drug interactions, new medications



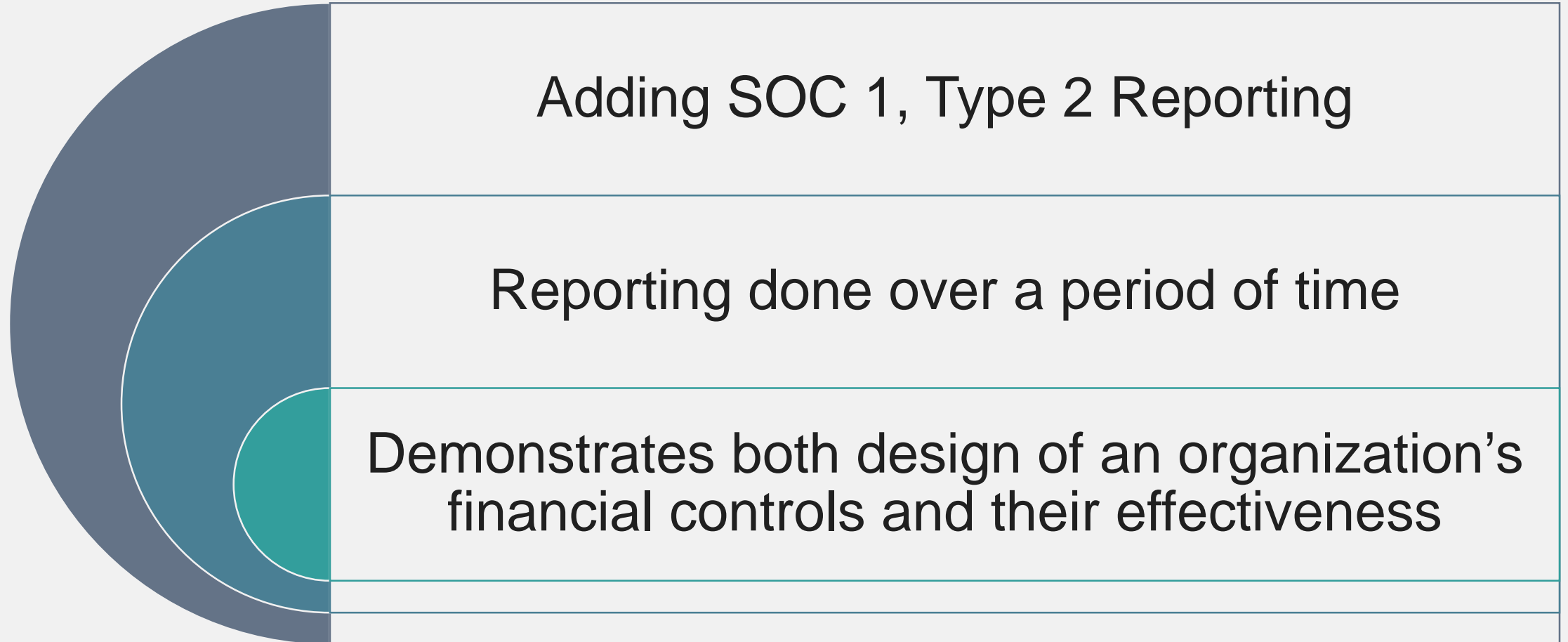
GIB Item 3D page 2

MTM Expansion to All Members

- Currently available to Medicare eligible retirees
- Benefit to broader ETF program
- Expansion recommended pending pricing negotiations



Comprehensive Audit Requirements



Changes Resulting from Contract Negotiations

- Finalize changes brought to August 2016 Board meeting
- Additional clarifications resulting from negotiations
- Some changes apply regardless of program structure
- Some changes would only apply to self-insured program
- Staff plans to use updated 2018 Agreement for either self-insured or fully-insured plan

GIB Item 3D page 2

Agreement Changes

All Program Structures

Topic	Description of Change
Plan qualification status	Remove references to qualification status
Primary care provider (PCP)	Add requirement that each participant must select or be assigned a PCP
Biometric screenings	Clarification of incentive payment tax reporting requirements and coverage language
DEPENDENT definition for legal wards	Clarification
SUBSCRIBER definition	Clarification

GIB Item 3D page 3

GIB Item 3D 2018 Group Health Benefit Program Changes – May 24, 2017

Agreement Changes

All Program Structures

Topic	Description of Change
Re-enrollment rights due to member fraud or acts of abuse	Modify language to reflect the Board's authority to limit re-enrollment
Provider guarantee	Replace existing provider guarantee language with continuity of care provisions from Wisconsin Statutes.
Clinical performance guarantees	Add clinical quality measure requirements as outlined in GIB Item 3C

GIB Item 3D page 3

Agreement Changes

Self-Insured Plan Only

Topic	Description of Change
Organ re-transplantation	Remove limitation
Rate-making process	Remove description of rate-making process
Proposal process	Remove description of proposal process and requirements
Independent/external review	Modify review process to reflect HHS-administered federal external review language
Mid-year plan transfers	Modify language to allow accumulations for cost sharing to transfer when members make mid-year plan changes

GIB Item 3D page 4

Other Items of Note

In February 2017, ETF staff proposed removing the dual-enrollment requirement for HDHP/HSA

- ETF counsel has advised this would required Wisconsin statutory change
- ETF staff does not recommend pursuing this change for plan year 2018

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Questions?

Thank you



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