DRAFT

MINUTES

August 30, 2017

Group Insurance Board
State of Wisconsin

Location:
Lussier Family Heritage Center
3101 Lake Farm Road, Madison, WI 53711

BOARD MEMBERS PRESENT:

Michael Farrell, Chair
Stacey Rolston, Vice Chair
Herschel Day, Secretary
Chuck Grapentine
Michael Heifetz
Nancy Thompson
Jennifer Stegall
Francis Sullivan
JP Wieske

BOARD MEMBERS ABSENT:

Ted Neitzke
Bob Ziegelbauer

PARTICIPATING EMPLOYEE TRUST FUNDS (ETF) STAFF:

Bob Conlin, Secretary
John Voelker, Deputy Secretary
Office of Strategic Health Policy:
Lisa Ellinger, Director
Eileen Mallow, Deputy Director
Sara Brockman, Board Liaison
Jeff Bogardus, Arlene Larson, Shayna Schomber, Joan Steele, Renee Walk
Division of Trust Finance:
Cindy Klimke-Armatoski

OTHERS PRESENT:

ETF Budget & Procurement:
Beth Bucaida
ETF Information Technology Services:
Ryan Perkins
ETF Legal Services:
Diana Felsmann, Daniel Hayes, David Nispel
Medical Associates:
Karen Brunton
MercyCare:
Sherrie Sargent
Michael Best Strategies:
Nathan Houdek

Board	Mtg Date	Item #
GIB	11.15.17	1

ETF Office of Communications:
Mark Lamkins
ETF Office of the Secretary:
Liz Doss-Anderson, Pam Henning, Tarna Hunter, James Kates, Mary Richardson, Cheryllynn Wilkins
ETF Office of Strategic Health Policy:
Sherry Etes, Tara Pray, Jessica Rossner
Anthem Blue Cross and Blue Shield:
Ted Osthelder
Association of Career Employees:
Jack Lawton
Baraboo Ambulance:
Troy Snow
City of Madison:
William Wick
Dean Health Plan:
Katie Beals, Mike Weber
Delta Dental
Sunshine Mikulak
Department of Administration:
Jennifer Kraus, Derek Sherwin, Nicole Zimm
Department of Justice:
Steven Kilpatrick
Division of Personnel Management:
Rachel Martin
Group Health Cooperative – South Central Wisconsin:
Elizabeth Dye, Emily Halter, Mark Huth, Al Wearing
Health Choice:
Cliff Morris, Bob Pearson
HealthPartners:
Sue Tobias
Legislative Audit Bureau:
Martha Czerniakowski
Momentum Insurance Plans:
Stephanie Steel
Navitus Health Solutions:
Steve Alexander, Tara Argall, Brent Eberle, Karen Markstahler, Tom Pabich, Tom Radloff
Network Health:
Kerry Arnold, Cara Techlin, Hannah Zillmer
Physicians Plus:
Ron Sebranek
Quartz:
Cari Alexander
Securian:
Kjirsten Elnser, Hans Larson, Paul Rudeen, Elias Vogen, Jody White
Segal Consulting:
Kirsten Schatten, Andrew Sherman, Ken Vieira
SeniorCare Insurance Services:
Kevin Kumpf
United HealthCare:
Jodie Tierney
UW Health:
Anthony Dix, Karen Hensal
UW Madison:
Diane Blaskowski, Deanna DeSlover
UW System Administration:
Jen Goytowski, Erin Schoonmaker, Zoua Vang
WEA Trust:
Greg Cieslewicz
Wisconsin Association of Health Plans:
Nancy Wenzel
Wisconsin State Journal:
David Wahlberg

Michael Farrell, chair, called the meeting of the Group Insurance Board (Board) to order at 8:30 a.m.

CONSIDERATION OF MAY 24, 2017 OPEN AND CLOSED MEETING MINUTES

MOTION: Ms. Thompson moved to approve the open session meeting minutes of the May 24, 2017, meeting as submitted by the Board Liaison. Mr. Wieske seconded the motion, which passed on a voice vote.

MOTION: Ms. Thompson moved to approve the closed session meeting minutes of the May 24, 2017, meeting as submitted by the Board Liaison. Mr. Wieske seconded the motion, which passed on a voice vote.

ANNOUNCEMENTS

Ms. Ellinger made the following announcements:

- Jennifer Stegall, Executive Senior Policy Advisor at the Office of the Insurance Commissioner, will replace Terri Carlson as a member of the Board.
- Francis Sullivan, Assistant Attorney General at the Department of Justice, will replace Bonnie Cyganek as a member of the Board.
- WisconsinEye was not present to record the meeting.

ELECTION OF OFFICERS – VICE CHAIR VACANCY

MOTION: Ms. Thompson moved to nominate Stacey Rolston as Vice Chair of the Group Insurance Board. Mr. Grapentine seconded the motion, which passed unanimously on a voice vote, with Ms. Rolston abstaining.

LIFE INSURANCE

Wisconsin Public Employers Group Life Insurance 2016 Policy Report and 2018 Premium Rate Recommendations

Mr. Rudeen, with Securian, referred the Board to the memo, Wisconsin Public Employers (WPE) Group Life Insurance 2016 Policy Year Report and Recommendations (Ref. GIB | 8.30.17 | 4B). Mr. Rudeen presented 2016 policy year highlights and pricing recommendations for the state and local plans for 2018. Detailed information for the 2016 policy year experience is summarized in the Financial Experience Report (Ref. GIB | | 8.30.17 | 4B – Attachment A).

Mr. Rudeen stated that all components of the State Plan and Local Government Plans are on track financially. Securian recommended maintaining the existing premium rates and benefits of the state and local plans. In addition, ETF recommended accepting the annual report as presented by Securian.

MOTION: Mr. Day moved to approve the recommendation to maintain existing premium rates under the State and Local government portions of the Group Life Insurance Program and accept the annual report from Securian Financial Group. Mr. Heifetz seconded the motion, which passed unanimously on a voice vote.

OPTIONAL PLANS AND LONG-TERM CARE INSURANCE PLANS

Optional Insurance and Long-Term Care Insurance Program Proposals

Ms. Schomber presented the memo, Optional Insurance and Long-Term Care (LTC) Insurance Program Proposals (Ref. GIB | 8.30.17 | 5A). Ms. Schomber provided an overview of proposed premium changes from EPIC Benefits+, as well as premium and benefit changes from EPIC Dental Wisconsin PPO and Select Plans.

The benefit changes to Dental Wisconsin include:

- Change the annual benefit maximum
  - Existing enrollees: Increase from $1,000 to $1,250 per member
  - New enrollees*: Introduce a tiered annual maximum, similar to the Benefits+ dental coverage

Tiered Benefit Maximums	
Year 1	$600
Year 2	$800
Year 3+	$1,250

  - Remove the 3-month waiting period on basic and major restorative coverage
  - Remove the waiting period waiver and remove the creditable coverage provision for orthodontic coverage
  - Increase the waiting period on orthodontic coverage from 12 to 24 months for new enrollees

* New enrollees include employees who do not elect EPIC Dental Wisconsin at the time of hire, beginning in 2018.

Milliman, the Board's actuarial consultant for optional and LTC insurance, reviewed the proposals from EPIC and recommended changes to the proposed rates. EPIC submitted amended proposals in June 2017, based on recommendations from Milliman and ETF. With these adjustments, Milliman found the rates and benefits in the plans to be reasonable and expected to achieve the required 75% minimum medical loss ratio.

Mutual of Omaha submitted a letter to ETF in June 2017 requesting to renew its existing plan for 2018, with no changes to rates or contract terms. ETF requested Board approval to release a new contract for signature.

MOTION: Mr. Day moved to approve the following, effective January 1, 2018:

- ***EPIC Benefits+***
  - ***Core Benefits Premium Changes:***
    - ***Active decrease 0.8%***
    - ***Annuitant decrease 0.6%***
  - ***Vision Add-on Premium Changes:***
    - ***Active decrease 10.0%***
    - ***Annuitant decrease 25.0%***
- ***EPIC Dental Wisconsin***
  - ***PPO and Select Plan Benefit Changes***
  - ***PPO Premium Changes:***
    - ***Active decrease 9.0%***
    - ***Annuitant rate change 0.0%***
  - ***Select Premium Changes:***
    - ***Active increase 2.5%***
    - ***Annuitant increase 7.5%***
- ***Renew Mutual of Omaha contract with no changes***

Ms. Rolston seconded the motion, which passed unanimously on a voice vote.

PHARMACY BENEFITS

Audit of Pharmacy Benefit Manager and Employee Group Waiver Plan (Medicare Part D) by Tricast

Mr. Bogardus referred the Board to the memo, Audit of Pharmacy Benefit Manager (PBM) services and Medicare Part D Employer Group Waiver Plan (Ref. GIB | 8.30.17 | 6A). Mr. Bogardus provided a summary of the annual audit performed by TRICAST, Inc. of PBM administrative services provided by Navitus Health Solutions, LL (Navitus).

The audit report covered the following segments:

- 2016 Commercial (non-Medicare) Claims Pricing
- 2015 Pharmacy Network
- 2015 Fourth Quarter Rebates
- 2016 Commercial (non-Medicare) Plan Design
- 2015 Medicare Part D Employer Group Waiver Plan (EGWP)

TRICAST's Executive Summary and Audit Results Report concluded that TRICAST considered this a passing audit. All variances identified were validated as appropriate by Navitus. TRICAST concluded that overall, the programs are being administered in accordance with the plan designs and contractual provisions.

2018 Pharmacy Benefit Manager Contract & Program Changes

Mr. Bogardus and Ms. Walk referred the Board to the memo, 2018 Pharmacy Benefit Manager Contract & Program Changes (Ref. GIB | 8.30.17 | 6B).

They provided a brief overview of the PBM contract negotiation process and outcomes. Negotiated program changes included a mail order vendor change to Serve You; the implementation of three pharmacoadherence programs; a 90-Day prescription at retail promotion; the development of a discounted drug list; and formulary changes. The negotiated cost estimated for 2018 is $9.6M lower than the original best and final offer.

An additional $4.1M in potential savings was identifed with two additional proposed changes, which were tentatively accepted by the ETF negotiation team, pending Board approval:

- Selection of a mandatory specialty pharmacy; and
- Implementation of a narrow pharmacy network.

MOTION: Mr. Wieske moved to approve the following pharmacy benefit program modifications to maximize program savings in 2018:

1. ***Mandatory specialty pharmacy benefit***
2. ***Narrower pharmacy network***

Ms. Stegall seconded the motion, which passed unanimously on a voice vote.

HEALTH INSURANCE

2018 Health Insurance Program Overview

Ms. Ellinger referred the Board to the memo, 2018 Health Insurance Program Overview (Ref. GIB | 8.30.17 | 7A). She provided an overview of contract negotiations, plan changes, member impact and disruption, Medicare changes, and the ETF communications plan.

On June 15, 2017, the legislature's Joint Committee on Finance (JCF) rejected the contracts to self-insure the state employee health insurance program. ETF and the Board's consulting actuary, Segal Consulting (Segal), solicited fully insured bids from all participating health plans for both the current and regional structures.

After evaluating the bids and consulting with the Board Chair, it was determined that moving to a regional structure would be unlikely to achieve meaningful savings in 2018. ETF and Segal proceeded with negotiations for the current program structure for 2018.

Health Plan Negotiations

Ms. Ellinger cited three key influencing factors that affected health plan negotiations and ETF's approach to the 2018 renewal. The first factor was the uncertainty at the national level about the future of the Affordable Care Act (ACA), including the withdrawal of national insurers from state exchanges and markets across the country. Second, the State Biennial Budget included several provisions related to the state employee program, including significant required program savings, but had yet to be passed. Finally, ETF aimed to be consistent with the Board's direction to maintain benefits for 2018.

Given these factors, ETF and Segal took an aggressive negotiation stance based on the budget-required savings, aiming for minimal 2018 medical premium increases and tight requirements for Tier 1 participation.

Six health plans chose to not to participate in the program for 2018:

- Anthem Blue Preferred Northeast (serves Northeast WI, 4,300 members)
- Arise Health Plan (serves Northeast WI, 1,700 members)
- Health Tradition Health Plan (serves Western WI, 4,600 members)
- Humana Eastern and Western, including Medicare Advantage (serves Eastern and Western WI, with Medicare Advantage providing nationwide access, 18,100 members)
- UnitedHealthcare of Wisconsin (serves Eastern WI, 14,000 members)
- WPS contract terminates December 31, 2017 (serves all of WI, nationwide and the MedicarePlus population; 10,600 members)

Ms. Ellinger noted that several of the lower-performing plans in terms of quality, grievances, and customer service terminated participation for 2018. She also noted that terminating health plans are not allowed to re-enter the program for 3 years, as stipulated by contract.

2018 Health Plans

Pending Board approval, ten health plans will be available in 2018:

- Dean Health Insurance and Dean Health Insurance-Prevea360
- Group Health Cooperative of Eau Claire
- Group Health Cooperative of South Central Wisconsin
- HealthPartners Health Plan
- Medical Associates Health Plans
- MercyCare Health Plans
- Network Health
- Security Health Plan – Central and Valley
- Quartz – Community and UW Health
- WEA Trust – East, Northwest Chippewa Valley and Mayo Clinic Health System (also IYC Access Plan, Medicare Plus and State Maintenance Plan)

Quartz is a new offering for 2018, and is the result of a merger between Gundersen Health Plan, Physicians Plus, and Unity Health Insurance. Current participants in these plans will be automatically enrolled in either Quartz-Community or Quartz-UW Health if they do not select a different plan during It's Your Choice (IYC) open enrollment.

WEA Trust will replace WPS as the new administrator for the IYC Access Plan, Medicare Plus, and the State Maintenance Plan (SMP). These programs will be offered on a fully insured basis in 2018. Participants will be automatically transitioned to WEA Trust if they do not select a different plan during IYC open enrollment.

Member Impact
As a result of the plan changes, approximately 53,000 members will be required to change health plans for 2018. This figure does not include members who will be migrated to Quartz.

Ms. Ellinger stated that most members (99%) will be able to keep their current doctors. She cited the number of counties that require the SMP offering (where there is no Tier 1 plan available) as an indication of health plan access. Only one county (Florence) will have SMP placement in 2018, compared to eight SMP counties in 2017.

ETF worked with the remaining health plans to identify key gaps in the state employee network. Some plans were able to make affordable expansions to networks to minimize disruption.

Medicare Options
ETF currently offers three Medicare options:

- IYC Health Plan – Medicare (Uniform Benefits)
- IYC Medicare Plus (Medicare supplement plan)
- IYC Medicare Advantage (Uniform Benefits, nationwide coverage)

IYC Health Plan – Medicare will be available through all participating health plans in 2018. The plan is designed to replicate the Uniform Benefits Package members have pre-Medicare enrollment, and currently enrolls approximately 63% of ETF Medicare eligible-members.

IYC Medicare Plus is a supplemental plan that currently enrolls approximately 29% of ETF Medicare-eligible members. The administrative contract with WPS for this plan expires on December 31, 2017. WEA Trust will be the new administrator for this plan beginning in 2018. Members currently enrolled in the IYC Medicare Plus plan will be automatically enrolled in the WEA Trust Medicare Plus plan if they do not select another plan during open enrollment.

The IYC Medicare Advantage Plan currently enrolls approximately 8% of ETF Medicare-eligible subscribers. This plan is currently administered by Humana and offers members the same Uniform Benefits as Medicare-eligible members in other IYC health plans. The key difference between this plan and IYC Health Plan – Medicare is nationwide access (which is also available through the Medicare Plus plan). This plan will no longer be available in 2018, due to Humana's departure from the program. ETF is developing a Request for Proposal (RFP) to solicit proposals from vendors to offer a group Medicare Advantage plan to Medicare members starting in 2019. The goal of the RFP is to provide Medicare members more high-quality choices at more affordable monthly premiums.

While members enrolled in the Medicare Advantage plan will have to switch plans, they will have a number of other options. All the other IYC Health Plans have the same benefit designs and are available throughout the state. In addition, these members will have access to the IYC Medicare Plus plan through WEA, which has a national provider network, and lower monthly premium.

Communication Plan
ETF has an extensive communications plan underway for the 2018 health plan changes. The plan targets various audiences, including staff, active members, retirees, employers (state and local), health plans, the media, the Legislature, and other stakeholders.

2018 participating health plans will also provide information via annual subscriber letters. Terminating health plans sent a mailing to members in mid-August, and will send a second mailing in September.

For retirees, ETF's communication channels will include the health plans, advocacy groups, direct mail, and the ETF website.

Health Benefit Program Agreement & Uniform Benefits for the 2018 Plan Year
Ms. Larson, Ms. Steele, and Ms. Walk presented the memo, Health Benefit Program Agreement & Uniform Benefits for the 2018 Plan Year (Ref. GIB | 8.30.17 | 7B).

2018 Agreement Changes
Ms. Walk provided an overview of ETF standardized terms and conditions and the rewritten Agreement, which replaced the former Guidelines document. Service requirement changes include provisions requiring dedicated telehealth and 24-hour nurse lines, dedicated phone lines and web content, and expert resources. Technical requirement changes include provisions requiring county-based qualifications, contractually-stipulated compliance plans and audits, and overpayment recovery. All participating health plans for 2018 have accepted these changes.

Provider Access Standards
Based on a recommendation from Segal, the provider access standards in the 2018 Agreement will include an option to achieve plan qualification status by meeting at least 90% GeoAccess requirements in the county for hospitals and primary care providers.

Changes to the Statewide/Nationwide Plan
The JCF's rejection of self-insured contracts for 2018 included rejecting the longstanding self-insured contract for the statewide/nationwide health plan, known as the Access Plan (formerly Standard Plan). ETF developed an Agreement Addendum for this as a fully-insured program. Language specific to offering Medicare Plus was added, as well as provisions pertaining to the Access Plan's Preferred Provider Organization (PPO) schedule of benefits, matching in-network benefits to Uniform Benefits for 2018, and an SMP section with vendor requirements.

Removal of Domestic Partner Coverage
On July 15, 2017, the JCF agreed to a change proposed in the biennial budget that removes health benefits coverage for domestic partners, excluding a small number of surviving domestic partners. Pending State budget approval, this change will be effective January 1, 2018.

Development of Telehealth Guidelines
The 2018 Agreement includes brief language instructing health plans participating in the program to provide telehealth services "as directed by the DEPARTMENT." This language was included in the original revision of the 2018 Agreement. ETF is working on guidance documents for the health plans. Guidelines will be issued following health plan feedback.

MOTION: Mr. Sullivan moved to grant ETF staff the authority to make the changes and clarifications as detailed in the memorandum, and additional technical changes to the health program agreement as necessary. Mr. Wieske seconded the motion, which passed unanimously on a voice vote.

The Board took a break from 10:24 to 10:32 a.m.

Health Plan Financial Status
Ms. Klimke referred the Board to the memo, Financial Review of Alternate Health Providers (Ref. GIB | 8.30.17 | 7D). Ms. Klimke reviewed the audited financial statements of the health plans requesting to participate in the state's group health insurance program for 2018; she evaluated the plans on the following factors:

- Liquidity
- Earnings experience
- Reserve accumulations
- Office of the Commissioner of Insurance (OCI) surplus requirements.

Ms. Klimke stated that she concluded the plans are in a financial position to adequately serve ETF's members and are not at financial risk at this time.

MOTION: Ms. Thompson moved to approve the recommendation that all the health plans have met the financial requirements for participation in 2018. Mr. Grapentine seconded the motion, which passed unanimously on a voice vote.

Health Plan Service Area Qualifications
Mr. Vieira and Ms. Schatten of Segal referred the Board to the memo, Alternate Health Plan Service Area Qualification for 2018 (Ref. GIB | 8.30.17 | 7C). Mr. Vieira provided an overview of qualification criteria, definitions of qualification and non-qualification, notable health plan changes for 2018, WPE health plan tiering status for 2018, and SMP placement.

Highlights of the 2018 recommendations include Tier 3 designation in the WPE Local program for the following plans:

- Security Central
- Security Valley
- WEA Trust Mayo
- WEA Trust Chippewa Valley

Motion: Mr. Wieske moved to accept the Alternate Plan Service Area Qualifications for 2018. Mr. Day seconded the motion, which passed unanimously on a voice vote.

Board Reserve Policy

Mr. Vieira and Ms. Schatten of Segal referred the Board to the memo, Board Reserve Policy (Ref. GIB | 8.30.17 | 7E). Mr. Vieira provided an overview of the current reserve policy and available funds, and provided a justification of Segal's recommended revisions.

Mr. Vieira stated that Segal believes the current 3% to 5% level on the fully insured medical program is adequate, but would recommend changing the self-insured pharmacy and dental levels. The following is a summary of Segal's proposed reserve levels:

Program	Insured	Current	Recommended
Medical	Fully-Insured	3% to 5%	3% to 5%
Pharmacy	Self-Insured	15% to 25%	8% to 10%
Dental	Self-Insured	15% to 25%	3% to 5%

Segal also recommended a multi-year reserve draw strategy, which would involve drawing down the reserve to the current reserve target over 2018-2019. Then over the following two years, 2020-2021, draw the reserve down to the midpoint of the recommended policy. Mr. Vieira stated that Segal feels this approach best minimizes premium fluctuations.

The table below illustrates the recommended draw over the 4-year period:

State Reserve Multi-Year Strategy						
Year	Balance*	Target**	% of Claims/FI Prem	Surplus***	Draw	Surplus After Draw
2018	$184.9	$117.5	8.1%	$67.4	$29.0	$38.4
2019	$155.9	$117.5	8.1%	$38.4	$38.4	$0.0
2020	$117.5	$73.7	5.1%	$43.8	$21.9	$21.9
2021	$95.6	$73.7	5.1%	$21.9	$21.9	$0.0

* Assumes there are no future gains or losses that would impact the fund balance

** New Reserve Target Policy in 2020. No trend was applied.
*** The Surplus refers to the money in the fund that exceeds the midpoint Target Reserve.

MOTION: Mr. Grapentine moved to accept Board Reserve Policy for 2018. Mr. Wieske seconded the motion, which passed unanimously on a voice vote.

Health Plan 2018 Tier Assignment

Mr. Vieira and Ms. Schatten of Segal referred the Board to the presentation, Health Plan 2018 Tier Assignment (Ref. GIB | 8.30.17 | 7H). Mr. Vieira provided an overview of the overall renewal process, collection of addendum reports and data, tier breakpoint development, preliminary tier placement and negotiations, and 2018 recommendations.

MOTION: Mr. Day moved to accept the 2018 Tier Assignments. Ms. Rolston seconded the motion, which passed unanimously on a voice vote.

Rate Setting for Self-Insured Programs

Mr. Vieira and Ms. Schatten of Segal Consulting presented the 2018 Rate Setting for State (Ref. GIB | 8.30.17 | 7G1) and Local (Ref. GIB | 8.30.17 | 7G2) programs. Mr. Vieira provided an overview of net fund balance, program impacts, and rates for the State and Local programs.

MOTION: Mr. Day moved to accept the 2018 Rate Setting (State). Mr. Grapentine seconded the motion, which passed on a voice vote with Mr. Heifetz and Ms. Rolston opposed.

MOTION: Mr. Day moved to accept the 2018 Rate Setting (Local). Mr. Grapentine seconded the motion, which passed on a voice vote with Mr. Heifetz and Ms. Rolston opposed.

Navitus Financial Contract Provisions

The Chair announced the Board would convene in closed session pursuant to Wis. Stats. § 19.36 (5) in accordance with the exemptions contained in Wis. Stats. § 19.85 (1) (e) to deliberate or negotiate the investing of public funds or to conduct other specified public business, whenever competitive or bargaining reasons require a closed session. Staff from ETF, Office of the Commissioner of Insurance (OCI), the Department of Administration (DOA), and actuarial advisors from Segal were invited to remain during the closed session.

MOTION: Mr. Neitzke moved to convene in closed session, pursuant to Wis. Stats. §. 19.85(1) (e) and 19.36 (5) to: deliberate or negotiate the investing of public funds or to conduct other specified public business, whenever competitive or bargaining reasons require a closed session; and, presentations that may contain information that has been designated as confidential and proprietary. Ms. Thompson seconded the motion, which passed on the following roll call vote:

Members Voting Aye: Day, Farrell, Grapentine, Heifetz, Rolston, Stegall, Sullivan, Thompson, Wieske

Members Absent: Neitzke, Ziegelbauer

The Board convened in closed session at 12:18 p.m.

The Board took a break from 12:18 p.m. to 12:44 p.m.

The Board reconvened in open session at 1:29 p.m.

ANNOUNCEMENT OF ACTION TAKEN ON BUSINESS DELIBERATED DURING CLOSED SESSION

Mr. Farrell announced that no action was taken during closed session. He stated that given the Board's interest in the financial aspects of the PBM procurement, the Board asked Navitus to present financial negotiations in detail.

OPERATIONAL UPDATES

Mr. Farrell referred the Board to the Operational Updates in the Board packets (Ref. GIB | 8.30.17 | 9) and offered that staff were available if the Board had questions.

CONSULTATION WITH LEGAL COUNSEL CONCERNING CURRENT ADMINISTRATIVE AND JUDICIAL LITIGATION REGARDING HEALTH INSURANCE BENEFITS AND HSS NONDISCRIMINATION REGULATIONS

The chair announced the Board would convene in closed session pursuant to the exemptions contained in Wis. Stats. s. 19.85 (1) (g) to confer with legal counsel for the governmental body concerning current administrative and judicial litigation regarding health insurance benefits and applicable HHS nondiscrimination regulations. Mr. Kilpatrick and select ETF staff were invited to remain during the closed session.

MOTION: Ms. Rolston moved to convene in closed session, pursuant to the exemptions contained in Wis. Stats. s. 19.85 (1) (g) to confer with legal counsel for the governmental body concerning current administrative and judicial litigation. Ms. Thompson seconded the motion, which passed on the following roll call vote:

Members Voting Aye: Day, Farrell, Grapentine, Heifetz, Rolston, Stegall, Sullivan, Thompson, Wieske

Members Absent: Neitzke, Ziegelbauer

The Board convened in closed session at 1:32 p.m. and reconvened in open session at 2:14 p.m.

ANNOUNCEMENT OF ACTION TAKEN ON BUSINESS DELIBERATED DURING CLOSED SESSION

Mr. Farrell announced that no action was taken during closed session.

ADJOURNMENT

> ***MOTION: Mr. Heifetz moved to adjourn the meeting. Mr. Grapentine seconded the motion, which passed unanimously on a voice vote.***

The meeting adjourned at 2:15 p.m.

Date Approved: _____

Signed: _____
Herschel Day, Secretary
Group Insurance Board