

DRAFT

MINUTES

November 13, 2019

Group Insurance Board

State of Wisconsin



Location:

Hill Farms State Office Building – CR N108
4822 Madison Yards Way, Madison, WI 53705

BOARD MEMBERS PRESENT:

Herschel Day, Chair
Nathan Houdek, Vice-Chair
Nancy Thompson, Secretary
Harper Donahue
Malika Evanco

Walter Jackson
Dan Fields
Katy Lounsbury
Brian Pahnke
Bob Wimmer

PARTICIPATING EMPLOYEE TRUST FUNDS (ETF) STAFF:

Office of the Secretary

Bob Conlin, Secretary
John Voelker, Deputy Secretary
Lisa Gurley, Board Liaison

Benefit Services Bureau

Jim Guidry

Office of Strategic Health Policy

Eileen Mallow, Brian Stamm,
Jeff Bogardus, Sara Brockman,
Rachel Carabell, Molly Heisterkamp,
Arlene Larson, Tricia Sieg,
Xiong Vang, Renee Walk

OTHERS PRESENT

Apex

Nathan Spencer

Association of Career Employees

Jack Lawton

Baraboo Ambulance

Troy Snow

Common Ground Healthcare

Melissa Duffy

Dean Health Plan

Penny Bound, James Biese,

Amber Wirtz

Delta Dental

Megan Wohlfeil

Department of Administration

Derek Sherwin

Legislative Audit Bureau

Sara Sanders, Lisa Kasel,

Nick Lardinois,

MercyCare

Sherrie Sargent

Milliman

Dan Skwire

Momentum

Stephanie Steel

Navitus

Tara Argall, Karen Markstahler,

Ryan Olson

Network Health

Elizabeth Benz, Vanessa Cagal,

Board	Mtg Date	Item #
GIB	2.5.20	2

Department of Employee Trust Funds

Monica Anderson, Greg Beach,
Liz Doss-Anderson, Diana Felsmann,
John Freidheim, Dan Hayes,
Pam Henning, Michelle Hoehne,
Patrick Hughes, Tarna Hunter,
Bruce Johnson, Nancy Ketterhagen,
Joanne Klaas, Mark Lamkins,
Doug Michelz, Kristi Mulcahey,
David Nispel, Tom Rasmussen,
Mary Richardson, Jessica Rossner,
Yikchau Sze, Sarat Tadi,
Erik Tierney, Douglas Wendt,
Cheryllynn Wilkins, Mona Yee,
Yu Zheng

HealthChoice

Jeff Mandell, Cliff Morris,
Bob Pearson

Health Partners

Katherine Siqueiros

Quartz

Kara Gullickson, Linsey Tennyson

Securian

Kjirsten Elsner, Hans Larsen,

Segal Consulting

Patrick Klein, Ken Vieira

UnitedHealthCare

John Thompson

United Health Group

Karla Brunnert

UW System

Brianne Jobke, Amanda Sonnenburg

UW Hospital and Clinics

Anthony Dix

WEA Trust

Greg Cieslewicz, Kyle Humphrey

Wisconsin Hospital Association

Lisa Ellinger

Wisconsin Association of Health Plans

Tim Lindquist, Nancy Wenzel

Herschel Day, Chair, called the meeting of the Group Insurance Board (Board) to order at 8:30 a.m.

ANNOUNCEMENTS

Ms. Mallow announced Sarat Tadi joined ETF in the Office of Strategic Health Policy as a data scientist and Tara Pray is no longer with ETF as she accepted a position with another state agency. She also announced Sara Brockman will be filling the vacancy created with Tara Pray's departure effective in two weeks.

CONSIDERATION OF OPEN MINUTES OF THE AUGUST 21, 2019 MEETING

MOTION: Ms. Thompson moved to approve the open session meeting minutes of the August 21, 2019, meeting as submitted by the Board Liaison. Mr. Donahue seconded the motion, which passed unanimously on a voice vote.

LAB AUDIT FINAL REPORT

Ms. Mallow provided an update on the Legislative Audit Bureau (LAB) audit of the Group Health Insurance Program (GHIP). She referred the Board to LAB Audit Final Report (Ref. GIB | 11.13.19 | 3) and provided a summary of changes adopted, which included:

- Feasibility of transferring responsibility for managing assets of the life insurance program to the State of Wisconsin Investment Board;
- Better reporting on various aspects of program administration;
- Formal discussions with the Board regarding expected program outcomes and progress towards achieving them;
- Work hour reporting towards cost allocation across each of the insurance programs administered by ETF; and
- Providing information to Board members and the public to ensure adequate review time prior to meetings.

The Board acknowledged agreement with the actions taken by ETF in response to the LAB audit findings.

Life Insurance Reserves

Ms. Mallow stated ETF's recommendation to the Board is to keep the current funding arrangement of the Life Insurance Program Reserves, as outlined in the memo that was received in the Board packet. She stated the memo contained proprietary funding strategy information of the current vendor and would not be made public, due to the upcoming RFP.

HEALTH PLAN RESERVE POLICY

Mr. Viera provided an overview of the Health Plan Reserve Policy (Ref. GIB | 11.13.19 | 4A) and discussed the difference between the two main reserves held by the Board; unpaid claims liability reserve and premium stabilization reserves. He discussed the background of the Premium Stabilization Reserve Policy and the reserves previously approved by the Board:

- Medical: 3% to 5% of premiums (unchanged from prior);
- Pharmacy: 8% to 10% of projected claims (reduced from 15% to 25%); and
- Dental: 3% to 5% of projected claims (reduced from 15% to 25%)

Mr. Klein provided an overview of the reserve surplus calculations, stating the State plan has a projected surplus of \$180 million and the Local plan has a projected surplus of \$16.9 million as of December 31, 2019. Mr. Klein stated based on the new policy reserve target, the State has a surplus of \$102.8 million and the Locals have a surplus of \$5.8 million.

Mr. Vieira stated the State's fund balance decreased \$6.4 million in 2018 and is projected to decrease an additional \$20.2 million in 2019. He also stated the Local's fund balance increased \$3.1 million in 2018 and is projected to decrease \$5.1 million in 2019.

Mr. Vieira provided an overview of the projected state premium increase options discussed at the August meeting (Ref. GIB | 8.21.19 | 5F2) and reminded the Board

they had voted on Option 3 which provided the smoothest rate increase and produced the same 3-year annual increase of 5.5%.

The Board requested Segal include year-over-year changes in premiums by product and group in future presentations under projection calculations to allow for tracking on future changes and trends.

The Board requested ETF add time to the May agenda for earlier reserve balances discussions and a pharmacy value review in order to allow more time to make changes if the Board feels it is appropriate.

Ms. Mallow stated ETF has scheduled a check-in meeting with Navitus in early 2020 and will bring pharmacy projections to the May meeting.

Mr. Conlin stated the Reserve Policy is a tool to help the Board manage costs over time and that it is not intended to be a straight jacket. He said the Board owns the policy, and how the surplus is distributed, the policy can be changed based on changing conditions. Mr. Conlin also reminded the Board there is constant visibility, as the surplus is reviewed at least once per year.

MOTION: Ms. Evanco moved to maintain the 3-year group health insurance program premium rate reserve strategy approved at the August 21 board meeting and adopt the health plan reserve policy recommendations as presented by Segal Consulting. Mr. Wimmer seconded the motion, which passed unanimously on a voice vote.

INFORMATION SYSTEMS SECURITY AUDIT UPDATE

Ms. Brockman referred the Board to the Information Systems Security Audit Update memo (Ref. GIB | 11.13.19 | 4B) and stated ETF requested information systems security audits from participating health plans for calendar year 2018.

Ms. Brockman provided a summary of outcomes and next steps from the audit:

- ETF learned that a few of the Board's contracted plans currently conduct a SOC 2, Type 2 audit or have satisfactory alternate attestation documentation in place;
- ETF added health plan-specific language to the 2020 Health Program Agreement clarifying the information systems security audit requirement. The language is complementary to the Department Terms and Conditions language and intended to improve health plan compliance and ease of administration;
- ETF will work with health plans to improve overall audit submission compliance; and
- Information systems security audit reporting outcomes will be reported to the Board on an annual basis.

BOARD STRATEGY DISCUSSION

August Long-Term Strategy Discussion

Ms. Mallow provided an overview of the previous strategic plan set by the Board a few years ago. She stated ETF has completed work items included in the strategic plan and is looking for input from the Board on current programs and potential new areas the Board would like ETF to research.

Ms. Walk referred the Board to the Summary of August Long-Term Strategy Discussion and Next Steps memo (Ref. GIB | 11.13.19 | 5A), explaining that it summarized a planning and information-gathering discussion held by ETF on August 21, in which no action was taken. The goal of the discussion was to help determine an appropriate approach for a more in-depth discussion at today's meeting. Ms. Walk stated items discussed at that meeting included:

- The Healthcare Triple Aim
- Gaps in the current approach and measurement
- The Board's role in pursuing the Triple Aim
- Next steps and tentative items for the November meeting.

Strategic Session Summary

Ms. Walk provided an overview of the Group Insurance Board Strategic Session Summary memo (Ref. GIB | 11.13.19 | 5B). She stated that ETF, following the completion of the projects set forth previously by Segal Reports and RFPs, completed an internal analysis of the administration of the programs overseen by the Board and developed a Business Improvement Plan to ensure that existing programs are operating at their fullest potential. At the August meeting, the table officers (chair, vice-chair and secretary) acknowledged the need for a full board discussion surrounding how the Board might align around a set of principles to guide program development and approval.

Ms. Walk stated the goals of the discussion with the Board include:

- Providing baseline information on programs;
- Introducing Triple Aim as Board program vision;
- Discussing projects and priorities; and
- Addressing Board questions and concerns.

Summary of Programs Overseen by the Board

Ms. Walk referred the Board to the Summary of Programs Overseen by the Group Insurance Board memo (Ref. GIB | 11.13.19 | 5C) and provided an overview of Wis. Stats. §40.03(6), which charges the Board with overseeing the group insurance plans. She stated, the current programs managed by the Board include:

- Fully-insured medical benefits;
- Self-insured pharmacy benefits;
- Self-insured dental benefits;
- Wellness program;

- Supplemental insurance plans;
- Life insurance;
- Employee reimbursement account and health savings account programs; and
- Income Continuation Insurance program.

Ms. Larson provided an overview of the Health and Medical Insurance transition, which included:

- Group Life Insurance Board expanding to medical in 1959
- Begins offering standard plan
- Managed care and managed competition model started in the 1990s
- Today most employees are in managed care

Ms. Larson discussed Uniform Benefits, which included medical and prescription drug benefits standardization in 1994 and the update in 2010 for the Affordable Care Act. She also stated prescription drug benefits moved from Uniform Benefits to Uniform Pharmacy Benefits in 2019.

Ms. Larson discussed 2011 Wisconsin Act 10 & 2011 Wisconsin Act 32, which focused on:

- Setting a savings target of 5%;
- Increasing employee cost share;
- Capping employer contribution; and
- Requesting a study of first High Deductible Health Plan.

Ms. Larson stated 2013 Wisconsin Act 20 allowed the Board to modify benefits if costs would be neutral or reduced in current or future years, required new HDHP with Health Savings Account (HSA) plan to be offered, and HDHP was also offered to local employers without an HSA.

Mr. Bogardus provided the history of the pharmacy benefit carve out in 2002. He stated the State was first client in 2004 with DeanPoint, now known as Navitus, and this was a single, consistent pharmacy benefit provided to all members. Mr. Bogardus provided an overview of the pharmacy program model, stating it is a full-pass through and fully transparent model. He also stated ETF is on the Pharmacy & Therapeutics Committee, which allows ETF to have a say in how the formulary is developed.

Ms. Larson discussed the Employee Reimbursement Accounts, which were established under 1987 Wisconsin Act 399 with the goal of offering a Flexible Spending Account, Limited Purpose FSA and dependent day care. She stated the qualified transportation benefit began in 2002 with the Health Spending Account and Local Program Flexible Spending Account beginning in 2014.

Ms. Walk discussed supplemental plans and stated:

- Accident, dental, vision and long-term care are included for state employees;
- Plans are “employee pay all”;
- Requirements for plans standardized in 2015;
- Board approved alignment strategy in 2017; and
- Broadened dental offering to local employers in 2020.

Ms. Walk provided an overview of the Segal Reports, Self-Insurance RFP and Segal recommendations. She stated Segal recommendations included:

- Adding deductibles to meet savings targets;
- Adding copays to office visits;
- Aligning the standard plan benefits with Uniform Benefits;
- Developing a data warehouse; and
- Using sole-source wellness vendor.

Ms. Walk discussed Uniform Dental Benefits (UDB) and stated the background and current state of UDB will be covered later in the meeting (Ref. GIB | 11.13.19 | 7). She stated UDB was carved out in 2016 from a Strategic Workgroup recommendation, is a preventative-focused benefit, is self-funded and has a single administrator like pharmacy benefits.

Ms. Heisterkamp provided a history of the wellness program and stated participation rates have more than doubled since 2016 when StayWell was awarded the contract for the wellness vendor. She also noted the \$150 incentive for the wellness program is approximately half of what other government entities are offering. Ms. Heisterkamp stated ETF is moving toward implementing a premium differential in 2022.

Ms. Walk provided an overview of ETF initiatives to support the group health insurance programs (GHIP) and stated one initiative is a requirement that plans focus on certain areas of disease management or care quality. She stated an additional initiative involved adding language into contracts regarding adding pilot programs to the GHIP. Ms. Walk stated pilot programs are added as a means for exploring new benefits while respecting statutory limits and offered by health plans to the Board at no cost. She stated the first pilots were in 2019 with second round pilots to begin in 2020 and ETF will bring a summary of the first pilots to the Board for a decision on the programs in 2020.

Ms. Heisterkamp discussed the program population, stating there are currently approximately 240,000 total enrollees for state and local members in the State of Wisconsin benefit programs. She stated members live in all 50 states and members in Wisconsin live in all 72 counties.

Mr. Bogardus discussed pharmacy program costs, stating employers and employees pay premiums for benefits and rates have been bought down in recent years due to reserve surplus. He also stated additional reserve funds are maintained by the Board,

which are designed to smooth payments. Mr. Bogardus also provided an overview of premium administrative fees.

The Board engaged in discussion pertaining the current programs it manages under the Group Health Insurance Program and supplemental plans.

The Board requested additional information on the following areas for discussion and future consideration:

- Utilization and cost impacts for potential pilot programs;
- Source literature to support evidence-based changes and best practices information for pilot programs; and
- Feasibility of carving out specialty drugs from the pharmacy benefits program.

The Board took a break from 10:12 a.m. until 10:24 a.m.

Healthcare Triple Aim Principle and Board Programs

Ms. Walk provided an overview of the Healthcare Triple Aim Principle and how it relates to the Board. She stated the cost dimension under the Institute for Healthcare Improvement's Triple Aim is focused on reducing per capita costs and many organizations modify this triple aim to focus on reducing the growth of costs. Ms. Walk stated ETF adapts the Triple Aim to focus on member quality of life (health), program quality (service quality/experience) and affordability (cost). She stated the Triple Aim approach leads to greater stability than does the pursuit of any one of its component parts, with each component being equally important to a well-designed healthcare system. She stated the hope for implementing the Triple Aim approach is to offer a more holistic approach on how the Board approaches decision-making for future programs.

The Board embraced the Healthcare Triple Aim Principle for use by ETF.

Current Projects and Priorities

Ms. Walk referred the Board to the Current Group Health Insurance Projects and Priorities memo (Ref. GIB | 11.13.19 | 6). She stated the table officers of the Board requested ETF inform the Board about projects, concepts and issues that 1) have been worked on by ETF; 2) requested by the Board but not completed; and 3) identified for future consideration.

Ms. Walk discussed areas of focus for consideration, which could include:

- Wisconsin Public Employers health insurance program;
- High-Deductible Health Plan program (HDHP);
- Value-based insurance design;
- Value-based payments/contracting;
- Onsite clinics;
- Avoidable emergency room utilization;
- Specialty drugs provided under the medical benefit;
- Mental health access and parity analysis; and

- Social determinants of health.

The Board requested additional information be brought back at a future meeting regarding:

- Feasibility of frontloading HSA contributions;
- Tools currently in place after enrollment to keep members informed on the HDHP options; and
- Feasibility and capabilities of an onsite clinic versus traditional providers.

Next Steps

Ms. Walk asked the Board for future project recommendations and feedback on previously discussed areas of focus.

The Board requested ETF research all areas presented, except for value-based insurance design and value-based payments/contracting and bring additional information to future meetings for discussion. After considering all focus areas presented, the Board determined ETF should prioritize emergency room utilization, mental health and parity review and HDHP, and to bring information to the Board in February.

The Board took a break from 11:30 a.m. until 12:04 p.m.

DELTA DENTAL (DELTA) AUDIT RESULTS AND UNIFORM DENTAL BENEFITS (UDB) REQUEST FOR PROPOSAL (RFP)

Ms. Sieg referred the Board to the Delta Dental Audit Results and Request for Proposal for Uniform Dental Benefits memo (Ref. GIB | 11.13.19 | 7). She provided the background information on the Uniform Dental Benefits offered to plan participants dating back to 1984.

Ms. Sieg provided an overview of the objectives for the Delta Audit and discussed instances discovered by CTI that could have an impact on the program. These instances included incorrect procedure codes, services that were covered under the Certificate of Coverage and incorrectly denied, and claims paid by Delta but filed by members who were not covered under UDB at the time. ETF has established a process to recover money from people who had claims paid after the termination of benefits.

Ms. Sieg provided a background on the current contract with Delta Dental, which expires December 31, 2021.

MOTION: Ms. Thompson motioned to approve the development and release of an RFP to select an administrator for the UDB Program to be effective for the 2022 plan year. Mr. Wimmer seconded the motion, which passed unanimously on a voice vote.

REVISIONS TO SUPPLEMENTAL PLANS GUIDELINES AND STANDARDS

Ms. Sieg referred the Board to the Revisions to Supplemental Plans Guidelines and Standards memo (Ref. GIB | 11.13.19 | 8) and provided background information on supplemental insurance plans. She stated these are any insurance plans other than group health, life, income continuation or long-term care insurance as provided in Wis. Stats. §40.03(6) that are approved by the Board as a voluntary group plan.

Ms. Sieg stated ETF, with the Board's approval, has made changes to the *Supplemental Insurance Plan Guidelines* (ET-7422) and *Long-Term Care Insurance Standards* (ET-7423) over the last three years. These changes include basic plan design criteria, program administration simplification and clarifications to requirements for service level agreements. She stated proposed changes for the *2021 Supplemental Insurance Plan Guidelines* include:

- Providing more details on calculation of insurer's administrative fee;
- Information on how to pay third-party actuarial review fee;
- Adding penalties when contract requirements are not met;
- Creating a new year-end reporting requirement;
- Requiring a State of Wisconsin employer group specific website;
- Adding language to include local retirees and local employers;
- Removing requirement that hard copies be provided to ETF; and
- Stating all reports to ETF be for ETF's subscribers not vendors overall book of business.

Mr. Day requested ETF add the overall book of business report as well as the ETF subscribers report for comparison purposes.

Ms. Sieg also highlighted the proposed changes for the *2021 Long-Term Care Insurance Standards*, which include:

- Offering a discount to long-term care policies approved by the Office of the Commissioner of Insurance;
- Making sure plan is an individual policy;
- Updating of the entire document to reflect the possibility of a three-party contract;
- Adding requirements for one-year end report from vendor;
- Allowing prospective vendors to provide policy holders as references;
- Removing administrative and third-party actuarial fees;
- Adding a provision to ensure insurer and agents only sell Board approved long-term care insurance plans to members; and
- Updating various definitions to reflect changes in program.

Mr. Day requested ETF add that the LTC provider report an aggregate of what the members have paid on the annual year-end report.

Ms. Lounsbury requested ETF add a change to the Long-Term Care Insurance Standards, which tracks claim denials under other items requested by ETF.

MOTION: Mr. Fields motioned to approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) and Long-Term Care Insurance Standards (ET-7423) for contracts effective for the 2021 plan year. Mr. Pahnke seconded the motion, which passed unanimously on a voice vote.

HEALTH DATA WAREHOUSE

IBM Watson Health Audit Results

Ms. Carabell provided an overview of the IBM Watson Health Audit Results (Ref. GIB | 11.13.19 | 9A) and provided highlights of the methodology used for the audit. She said Segal did not separately validate IBM's controls. Ms. Carabell stated findings of the audit included Segal finding no critical or high-level risks in its review and that Segal had recommendations for ETF to address, which included:

- ETF requesting and reviewing a variety of IBM security-related documents;
- Reducing the amount of time spent on data validation to allow more time for data analysis; and
- ETF implementing solid and measurable performance standards.

IBM Watson Health Contract Renewal

Ms. Carabell provided an overview of the IBM Watson Health Contract Renewal memo (Ref. GIB | 11.13.19 | 9B) and provided information on the current contract. She highlighted examples of the current uses of Data, Analytics and InSights (DAISI) tools. Ms. Carabell discussed the recommendation to extend the contract with IBM Watson, which included ETF's satisfaction with the vendor, satisfactory audit results and cost.

MOTION: Mr. Pahnke motioned to approve extending the current IBM Watson Health contract from January 1, 2021 through December 31, 2022 and incorporating the contract amendments as recommended to the Board. Mr. Wimmer seconded the motion, which passed unanimously on a voice vote.

ERA/HSA PLANS

IRC 132: Commuter Fringe Benefits

Mr. Vang referred the Board to the Section 132: Commuter Fringe Benefits memo (Ref. GIB | 11.13.19 | 10A) and provided background information on the program. He highlighted information regarding participant eligibility, the transit and parking plan document, provisions and revisions of the plan document, program changes for 2020 and payment card functionality.

Mr. Vang discussed the roles and responsibilities of the Board, ETF and ConnectYourCare regarding Commuter Fringe Benefits.

MOTION: Ms. Thompson motioned to approve the Transit and Parking Plan Document, effective January 1, 2020. Mr. Donahue seconded the motion, which passed unanimously on a voice vote.

Total Administrative Services Corporation (TASC) Audit Results

Mr. Vang referred the Board to the TASC Audit Results memo (Ref. GIB | 11.13.19 | 10B) and provided a brief overview of the audit recommendations and results. He stated two of the eight payroll centers were not able to reconfigure their file interface to the standard file format requested from TASC and with the vendor change, payroll centers decided not to add further development and efforts to the file specifications. Mr. Vang stated most file interfaces have been integrated into the production environment with TASC; however, in the 2020 plan year, all nine payroll centers will be submitting standard file format to ConnectYourCare to meet this audit control.

Mr. Vang stated ETF concluded that, overall, the programs are being administered in accordance with the plan designs and considers this an acceptable progress toward resolving audit findings with diligent efforts from TASC, payroll centers and ETF.

ConnectYourCare Implementation Update

Mr. Vang referred the Board to the ConnectYourCare (CYC) Implementation Update memo (Ref. GIB | 11.13.19 | 10C) and provided an overview of its' contents. Mr. Vang stated CYC has completed 80% of the implementation tasks since the contracts were signed May 7, 2019, and they are on track to be ready to go on January 1, 2020. Mr. Vang stated communication will be a continuous process, with emphasis on educating and training employers payroll and benefits staff. Targeted communications for those who have completed an HSA Transfer of Assets will be released in early December 2019.

INCOME CONTINUATION INSURANCE (ICI) PROGRAM RESERVES

Mr. Guidry referred the Board to the ICI Program Reserves Policy memo (Ref. GIB | 11.13.19 | 11). He stated the ICI program is a voluntary disability income replacement program payable to enrolled participants. Mr. Guidry also provided how premiums are calculated for both the state and local ICI programs.

Mr. Guidry reviewed the ICI Reserve Policy objectives and reserve target and stated the Board has the flexibility to set premium rates outside of the range and the policy will be reviewed, at minimum, every three years.

Mr. Skwire discussed the surplus and plan funding. He stated:

- ICI liabilities reflect expected future benefits and expenses;
- Surplus provides funding for unexpected losses;
- ICI experience can be volatile; and
- Surplus can help mitigate risk of plan being underfunded.

Mr. Skwire reviewed target surplus calculations based on the National Association of Insurance Commissioners Risk Based Capital formula and December 31, 2018, valuation date. He stated the State ICI target surplus of \$29.3 million is roughly 32% of the liability of \$90.5 million and the Local ICI target surplus of \$2.8 million is roughly 47% of the liability of \$6 million.

Mr. Day requested the Board look at the current Local ICI program surplus to determine what options are available. Mr. Guidry stated he will bring this information to the Board at the May meeting.

MOTION: Mr. Jackson motioned to approve the ICI Program Reserve Policy as recommended to the Board and approve Milliman's recommendation of a fund reserve target of 135% for the State ICI program and 150% for the Local ICI program. Ms. Lounsbury seconded the motion, which passed unanimously on a voice vote.

OPERATIONAL UPDATES

Ms. Mallow referred the Board to the Operational Updates in the Board packets (Ref. GIB | 11.13.19 | 12A - 12M) and offered that staff were available if the Board had questions. She stated multiple memos were added to the operational updates for this meeting to allow for extra time for the Board strategic planning discussion. She highlighted:

- Quarterly Health Plan Performance report;
- 2020 Open Enrollment Campaign;
- Navitus Audit Results;
- Pharmacy Cost Studies;
- Intent to Issue an RFP for the ICI Program; and
- GIB Correspondence.

FUTURE ITEMS FOR DISCUSSION

Ms. Mallow referred the Board to the Tentative February 2020 Agenda (Ref. GIB | 11.13.19 | 13) and asked the Board for feedback or suggestions for additional items to address at that meeting.

ADJOURNMENT

MOTION: Ms. Thompson moved to adjourn the meeting. Mr. Fields seconded the motion, which passed unanimously on a voice vote.

The meeting adjourned at 1:38 p.m.

Date Approved: _____

Signed: _____
Nancy Thompson, Secretary
Group Insurance Board