



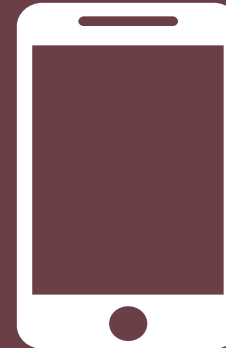
### Sign-In For Public Guests:

If you would like to be recorded in the minutes as in attendance, please send an email with names and organization represented to:  
[ETFSMBoardFeedback@etf.wi.gov](mailto:ETFSMBoardFeedback@etf.wi.gov).



### Meeting Materials

- Available at [etf.wi.gov](http://etf.wi.gov)



Please Mute  
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Public comments for future consideration accepted at: [ETFSMBoardFeedback@etf.wi.gov](mailto:ETFSMBoardFeedback@etf.wi.gov).



# Welcome to the Group Insurance Board

November 18, 2020

Meeting will begin at 8:30 a.m.



# Announcements

Item 1 - No Memo



# Consideration of: August 19, 2020 Open Meeting Minutes



Item 2 – Memo Only



# COVID-19 Update

## Item 3 – Group Insurance Board

Renee Walk, Lead Policy Advisor

Jessica Rossner, Data and Compliance Lead

Office of Strategic Health Policy



# Informational Item Only


No Board action is required.

# Legislative & Regulatory Update

Memo Pages 1 - 3

# Federal Activity


No new legislative activity; regulatory activities include:

 **September**

- CDC issued vaccine distribution Playbook

 **October**

- FDA issued Emergency Use Authorization guidance for COVID vaccines
- Federal Public Health Emergency Order extended

 **November**

- CMS released regulations on vaccine coverage, test prices, and hospital payments (implementation of CARES Act provisions)



# State Activity

- No new legislative activity
- Regulatory activity:
  - Emergency Order #2: Inter-state provider license reciprocity
  - Executive Order #94: Recommendation by Governor to take precautionary measures

# Vaccines & Treatments

Memo Pages 3 - 4

# Pfizer Vaccine Leads

- News on November 9 indicated vaccine is 90% effective in Phase 3 trials
- Still waiting for adequate positive cases to evaluate
- Company projects 50 million doses by end of 2020
- Requires two injections at three-week intervals
- Initial supply will be limited, not available to general public until early to mid 2021

# Other Vaccine Candidates

Moderna: targeting EUA filing at end of November

AstraZeneca: Phase 3 trials resumed October 23

Johnson & Johnson: Phase 3 trials resumed October 23

Novavax: Phase 3 not yet started

# Treatment Update

- New on November 9: FDA emergency use authorization for Eli Lilly antibody treatment
  - Specifically authorized for new infections, not hospitalized people
- Remdesivir received FDA approval in November

# Coverage Issues

## Memo Page 4

# Telehealth Guidance In Progress

Rapid growth in telehealth services has led to questions on how and when services are covered and at what cost



ETF working with plans to issue guidance

# Virtual Benefit Fairs & Flu Clinics

Memo Page 4 - 5



# Virtual Benefit Fairs

	Attended	Registered	Attendance Rate
 ETF Presentation for Members	1,796	2,467	73%
 Vendor Events for Employers	497	728	68%
 Vendor Events for Members	1,383	2,041	68%
<b>Total</b>	<b>3,676</b>	<b>5,236</b>	<b>70%</b>

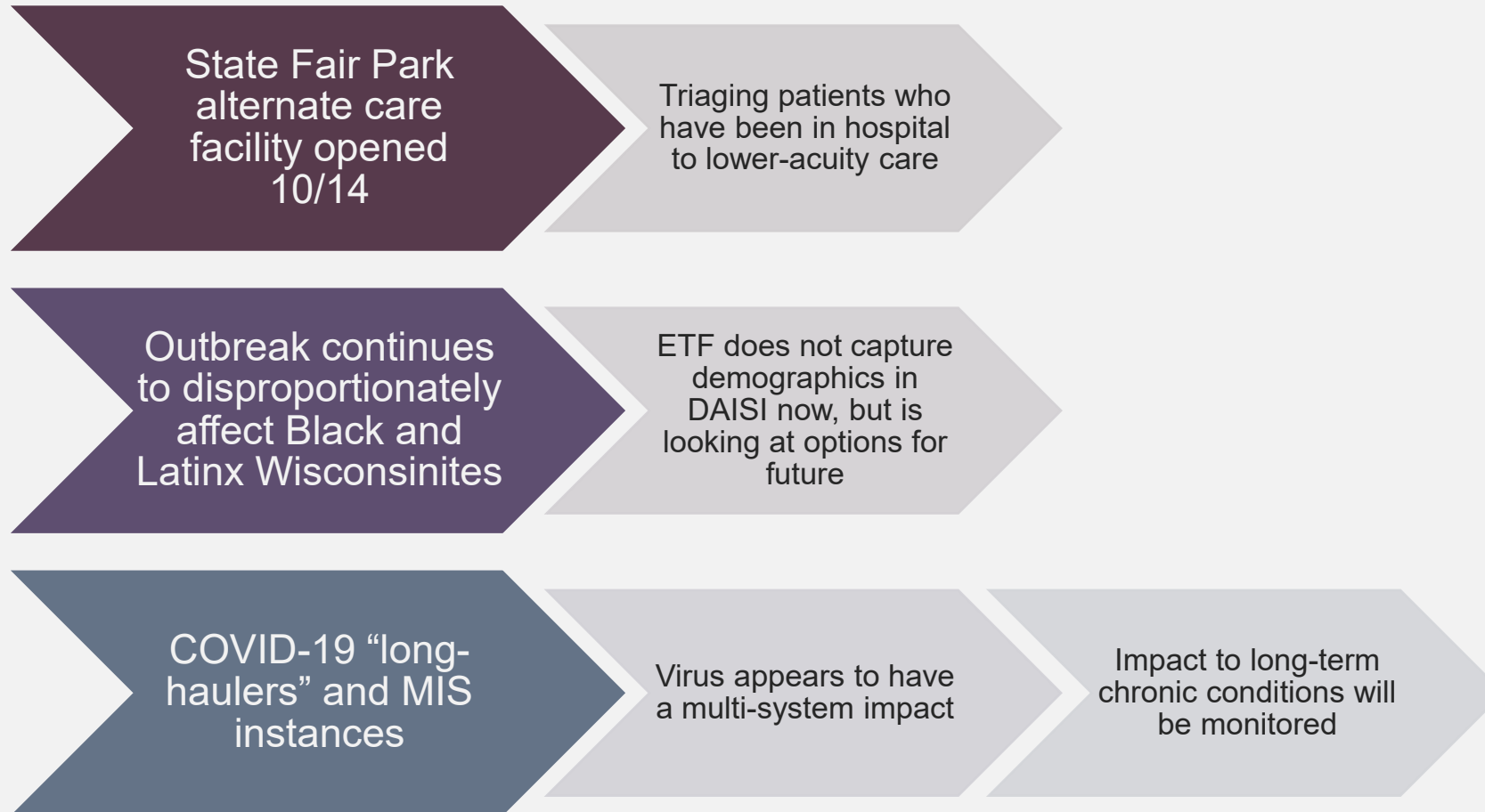
# Flu Clinics

- Drive-up onsite employer flu clinics
- Administered flu shots to 2,700 people at 61 different clinic events
- Total of 123 clinics scheduled for fall with 5,900 possible appointments
- Slightly higher than the number of flu clinics provided in 2019 (122 clinics and 5,100 vaccines administered)



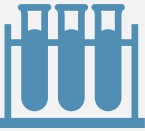
# Health Impacts

Memo Page 5 - 12

# Population Level Impacts

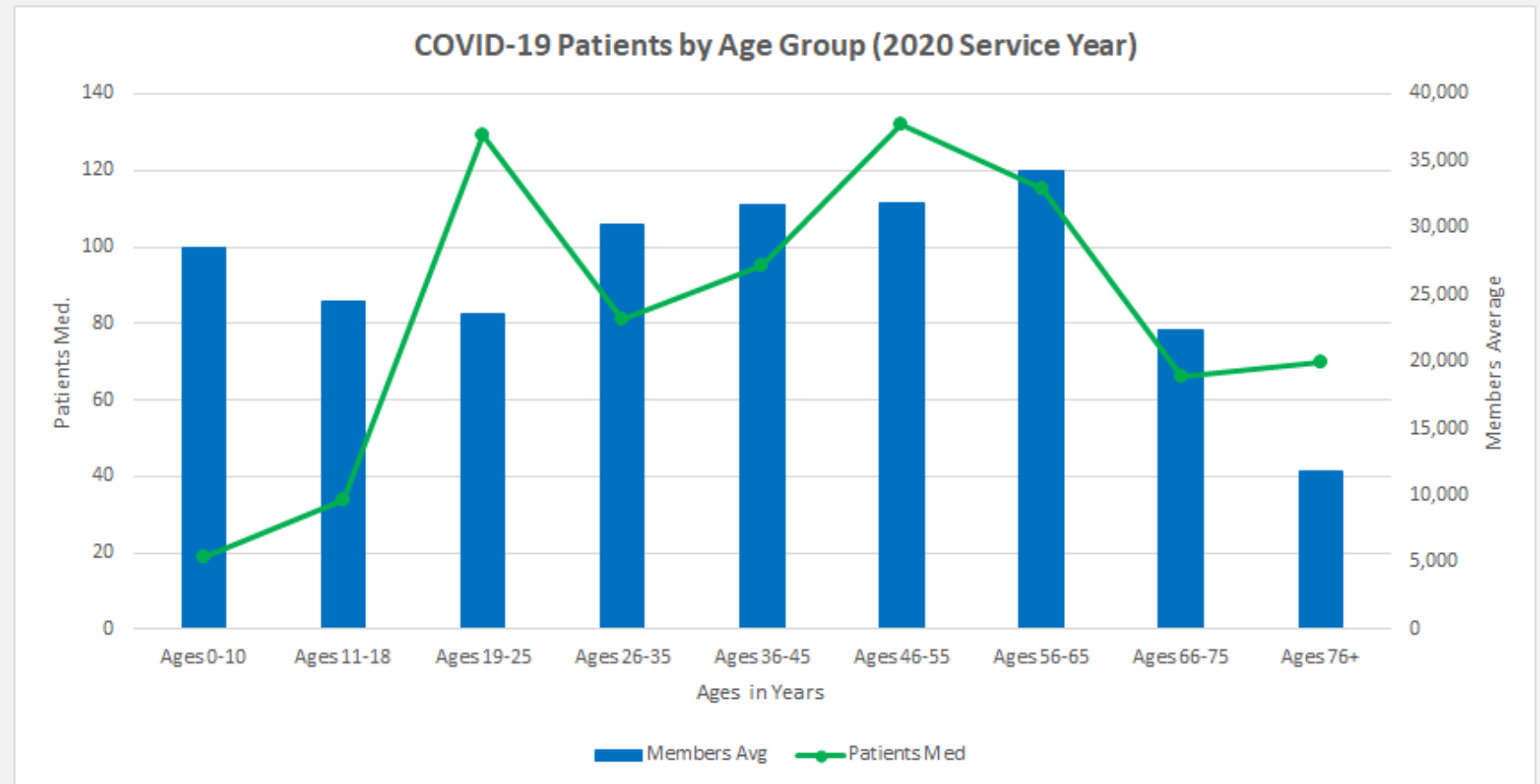


# GHIP COVID-19 Testing and Cost Experience

		Members	Average Cost Per Member	Total Allowed Amount
	Molecular Diagnostic	17,153	\$138	\$2,375,360
	Antigen Diagnostic	13	\$86	\$1,114
	Antibody	8,745	\$70	\$616,295

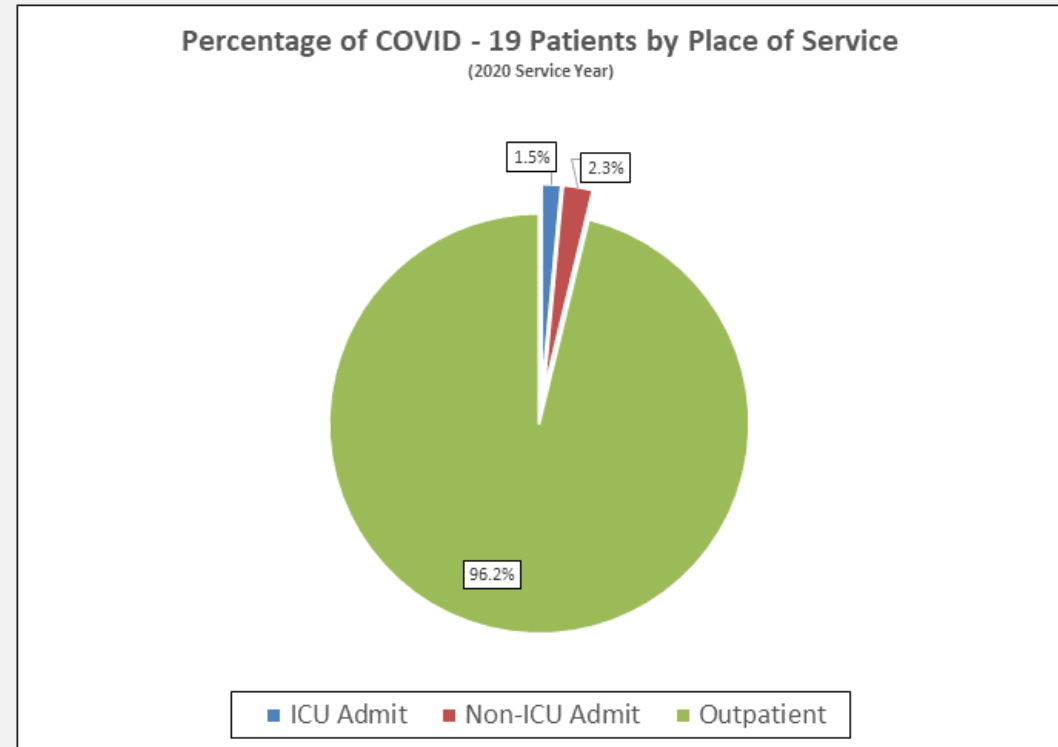
# Positive for COVID-19

- Total of 745 members with billed tests positive for COVID-19
- Higher prevalence of COVID-19 amongst the 19-25 and 46-55 age group



# COVID-19 Patients

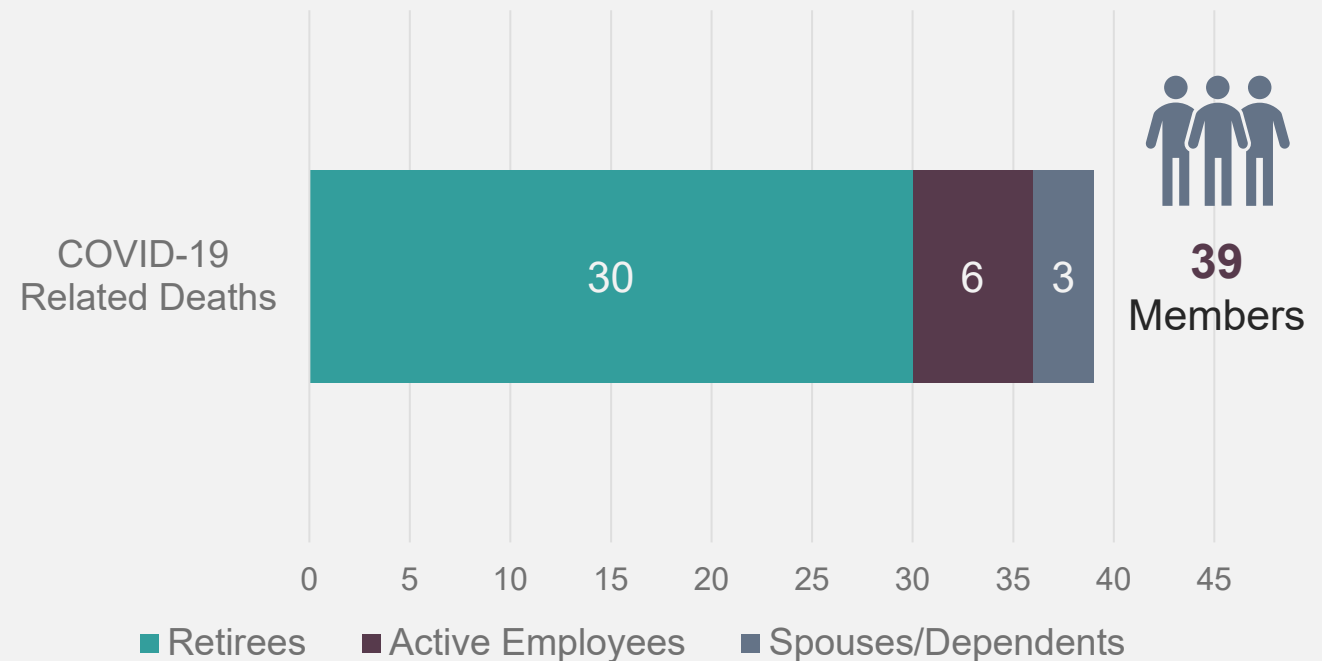
- Most receive medical services on an outpatient basis
- 3.8% receive inpatient medical care
- Only about 1.5% require intensive care unit (ICU) medical service



# Deaths Related to COVID - 19

- Mortality rates from COVID-19 continue to increase
- Total of 39 life insurance claims related to COVID-19 were filed
- Ages ranged from 22-94 years of age at time of death
- 64% male

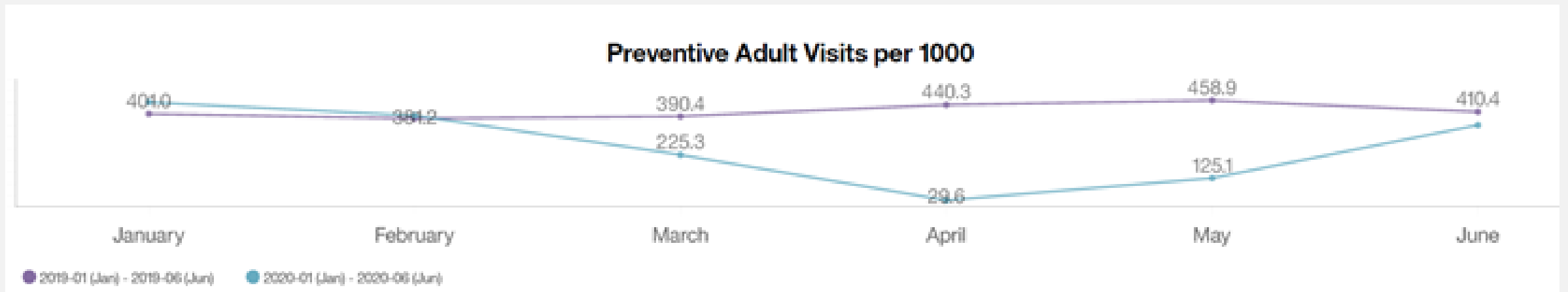
## Securian Death Claims Report through 11/10/2020



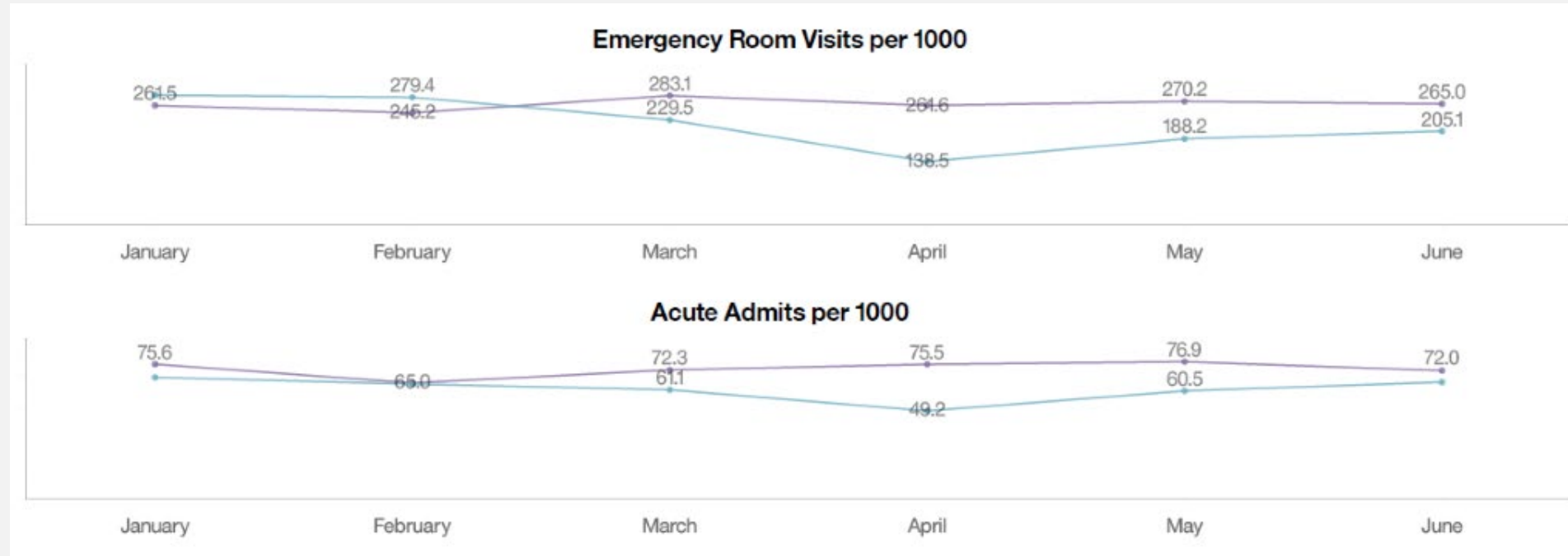


# Health Engagement and Utilization

- Marked drop in preventive visits, screenings, and immunizations from March through May
- Utilization starts to normalize to pre-COVID-19 rates starting in June



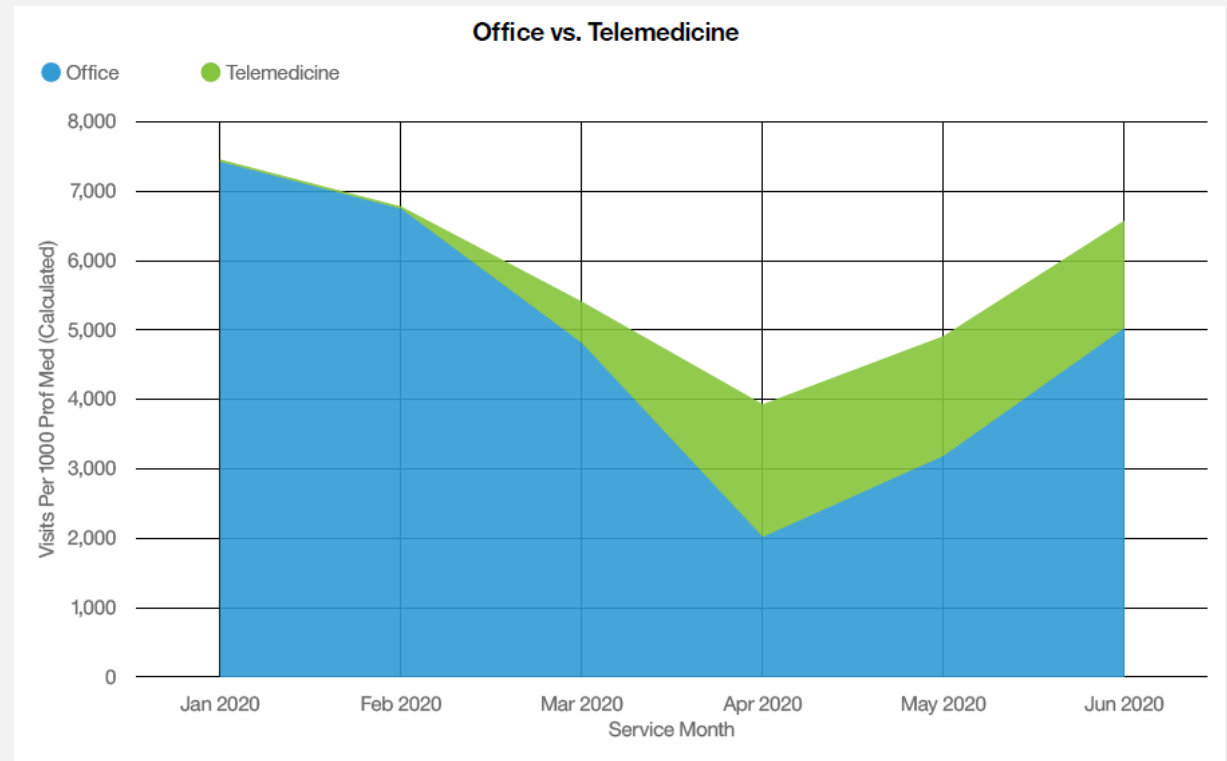
# Emergency Room/Acute Admits



- A marked decrease in the utilization rates for emergency room and acute hospital admits starting in March, which continues to trend slightly below 2019 rates

# Telehealth

- Substantial increase in telemedicine use by members
- Members finding ways to continue care and take advantage of the benefits offered by the Board



# Quality Impacts

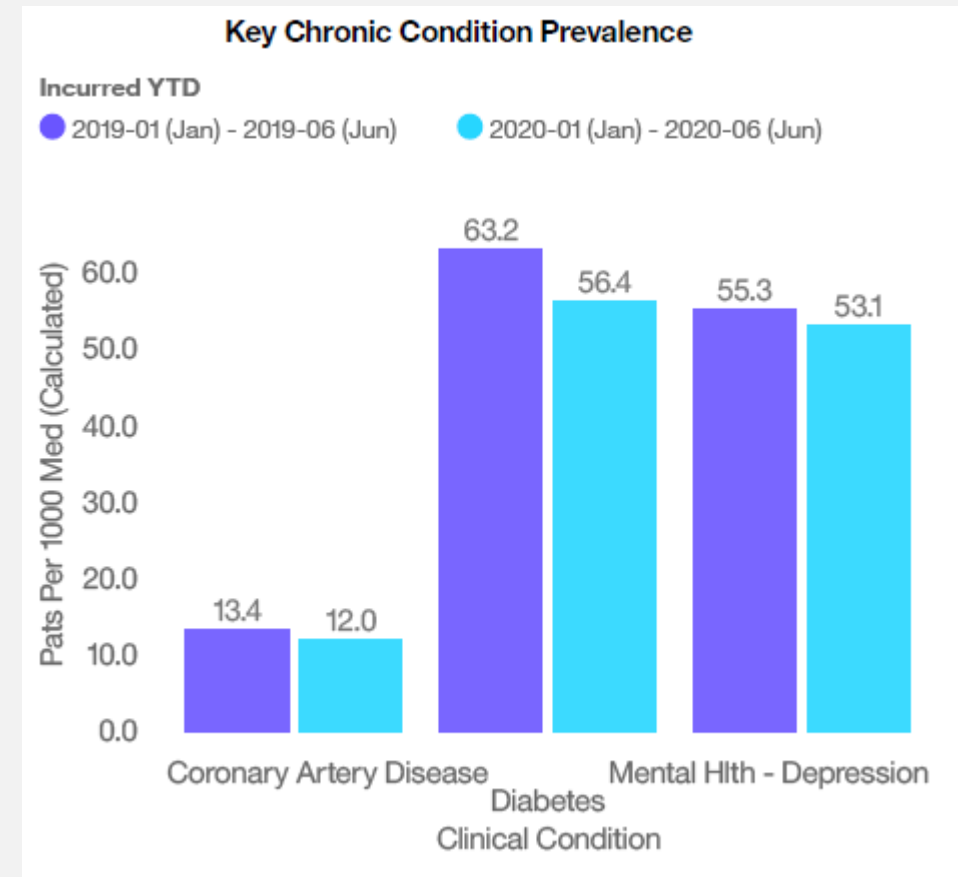
Memo Pages 12 - 13

# Quality Impact

- According to the CDC, an estimated 41% of U.S. adults delayed or avoided medical care
- Care avoidance was higher among:
  - Unpaid caregivers of adults
  - Persons with underlying medical conditions
  - Black adults
  - Hispanic adults
  - Young adults
  - Persons with disabilities

# Chronic Condition Care

- Decrease in the number of visits associated with chronic conditions beginning in March of 2020
- Indicates reduced engagement with chronic condition care



# Cost Impacts

Memo Pages 13 - 16

# Economic Impact

State budgets nationwide reporting lower tax collections in some sectors

- Wisconsin collections in September were only slightly below January projection



UW System has seen substantial revenue loss, leading to furloughs and layoffs

- ETF working with UW employers to help determine health coverage impacts



# Dental Experience

- 13.4% reduction in cost trend between 2019 and 2020
- Use has begun to decline again

	2019	2020	Percent Change
 Year-to-Date Claims Paid	\$45,793,955	\$39,667,910	-13.4%
 Year-to-Date Number of Claims	351,978	285,896	-18.8%

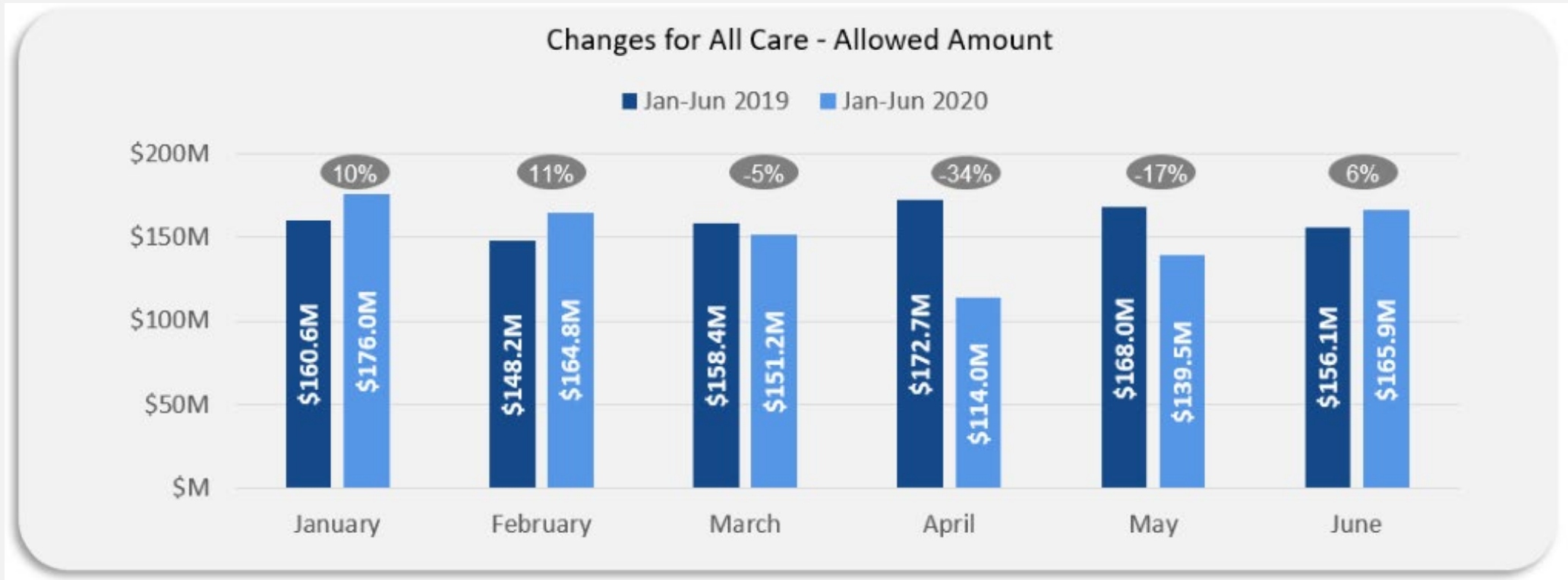
# COVID-19 Patient Costs

 Members	 Average Cost Per Member	 Total Allowed Amount
745	\$3,384	\$2.5

- From January through June 2020, the total allowed amount spent on members with COVID -19 was \$2.5 million
- Most costs were for members requiring inpatient medical care

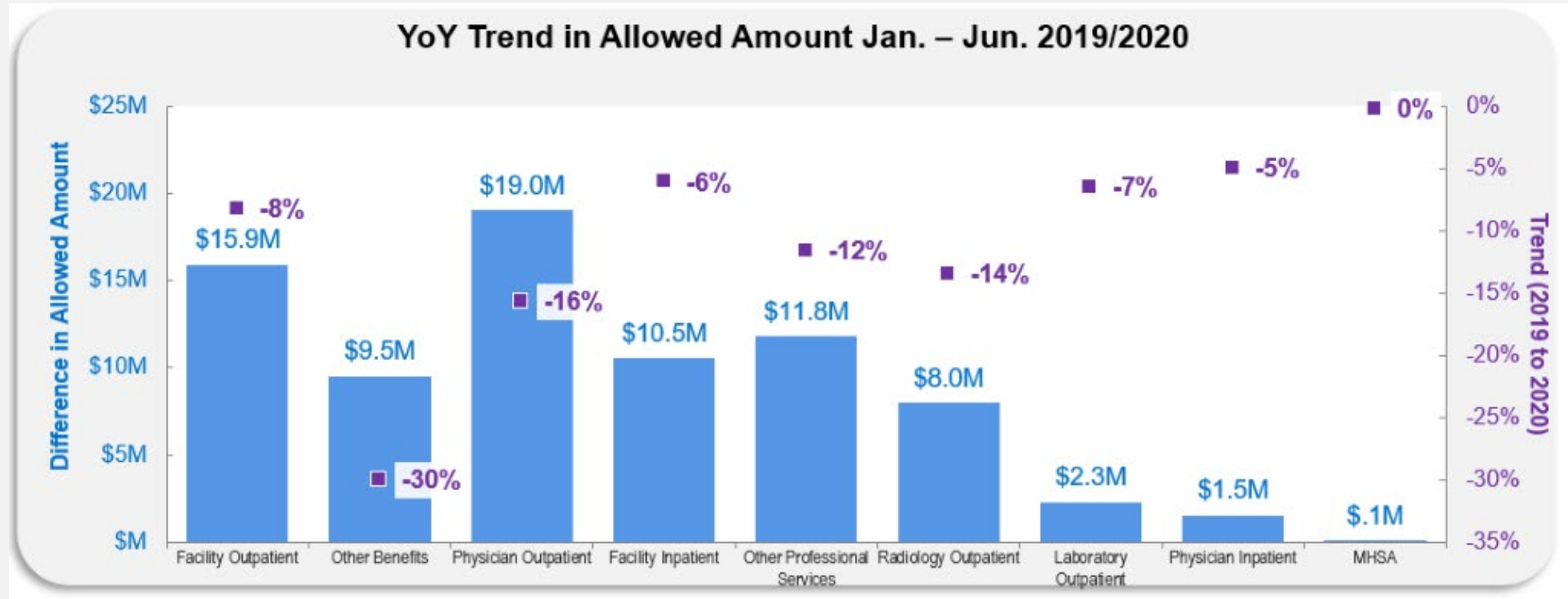


# All Care – Total Allowed Amount



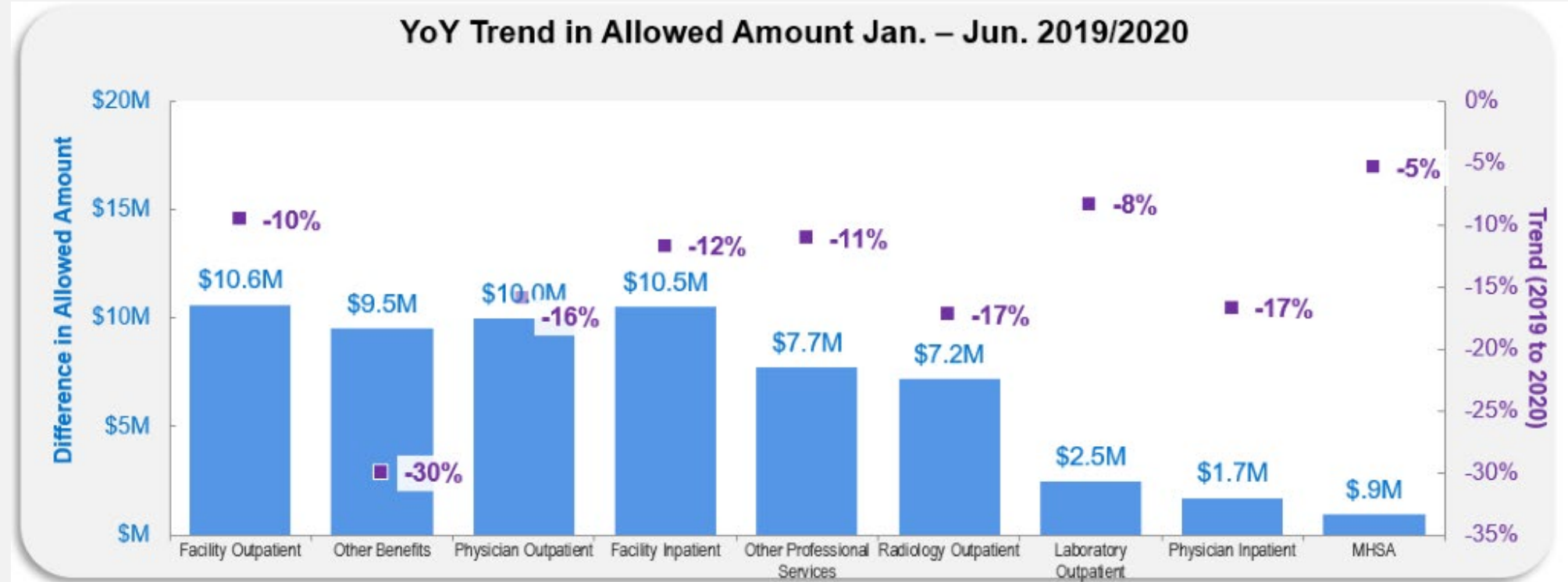
5.5% reduction in cost trend for the first 6 months of 2020 v. 2019

# All Care by Service Category



- Reduction in nearly all categories for first six months of 2020 v 2019
- Other benefits is largely dental services

# Elective Care by Service Category



- Most decreases in elective care are larger than all care; reflects clinic service reductions in Q1 – Q2

# Future Areas of Investigation

- Continue monitoring impacts to Triple Aim
- Examining non-COVID-related costs
- Options for supporting mental and physical health



**Questions?**

# Strategic Plan Update: Emergency Room Usage

## Item 4A – Group Insurance Board

Rachel Carabell, Senior Health Policy Advisor

Molly Heisterkamp, Wellness and Disease Management Program Manager

Tom Rasmussen, Life Insurance Program Manager

Brian Stamm, Deputy Director

Office of Strategic Health Policy





# Information Item

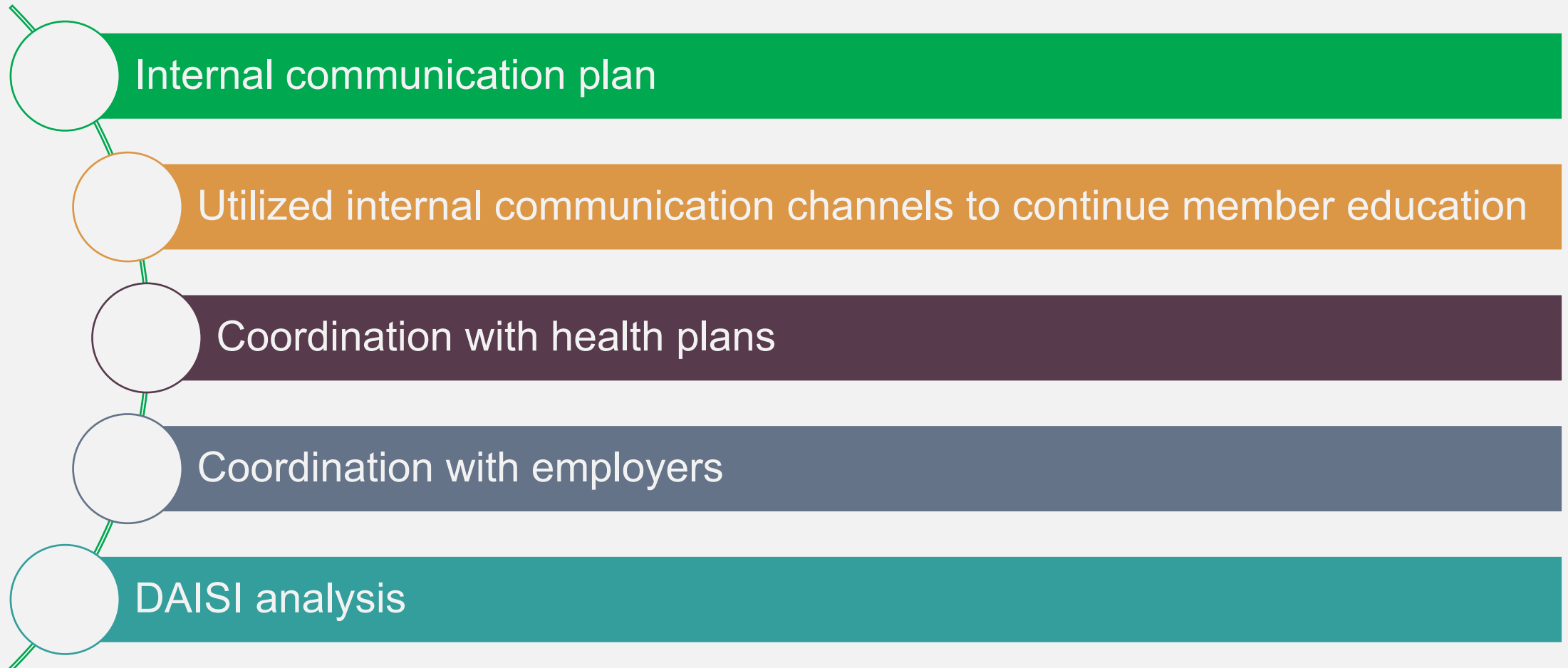
**Informational purposes only. No Board action is required.**

# Overview

## Goal: Reduce Costs for Emergency Room Visits

- Reduce visits to the emergency room that can be served at alternative sites of care that are more appropriate and lower costs

# Current Activities



# Communication Plan

Develop infrastructure for a sustained education effort

Initial efforts on branding and dedicated resource page on ETF's website

Additional content includes templates to coordinate efforts with health plans to targeted audiences

# Need Care Fast? Know Your Options

When you need medical care, it's important to know where to turn. See [etf.wi.gov/video/get-medical-care-when-you-need-it-fast](https://etf.wi.gov/video/get-medical-care-when-you-need-it-fast) for a video that explains your options, including what makes sense for you and your wallet. Many health plans also offer a 24-hour nurseline. A nurseline may be useful to determine what type of care is most appropriate for your symptoms.

 <b>Telehealth</b>	 <b>Doctor's Office</b>	 <b>Urgent Care</b>	 <b>Emergency Care</b>
Fast, usually within 30 minutes	Same day appointments may be available	Expanded hours, open evenings and weekends	24/7 access
\$	\$\$	\$\$\$	\$\$\$\$
Minor, non-emergency medical needs	When you need in-person care	Non-life threatening, immediate medical needs	Serious medical needs

# Coordination with Health Plans

Met with 3 health plans in June

Agreed to coordination through enhanced branding, ETF website, and shared communication templates

Two health plans introduced educational materials regarding care options consistent with ETF's Get Care Fast materials

ETF will expand efforts to additional health plans in 2021

# Coordination with Employers

Met with DOA and agreed to communicate care options to state agency employees

Messaging included in the landing page of state employees' payroll and benefit system

ETF and DOA will work with HR staff at state agencies with high rates of avoidable emergency room use to identify additional educational opportunities

# DAISI Analysis

Data Analytics Team developing insights into utilization data available in DAISI

Flexible dashboard reporting

Analysis of urgent care locations relative to high avoidable emergency room use





# Survey

# Member Survey

ETF conducted a survey of GHIP members on their knowledge, use and preferences regarding emergency rooms and other sites of care

Provide a baseline to determine the effectiveness of the Board's initiative

Results will be used to highlight unmet needs and guide educational materials

Second member survey scheduled for 2022

# Development

Prepared by OSHP and Bureau of Data Management

Statistical Analysis Provided by OSHP's Data Analytic Team

Office of Communications Distributed

Utilized Survey Monkey

Distributed to Active and Retirees Enrolled in GHIP

# Types of Survey Questions

Asked 19 Questions

Preference and Experience of Site of Care

Demographic Information

Health Plan Enrollment

# Implementation

Sent in July 2020

Two Separate Email Waves

Second Email Sent to Those That Had Not Responded

Variety of Communication Channels for Awareness

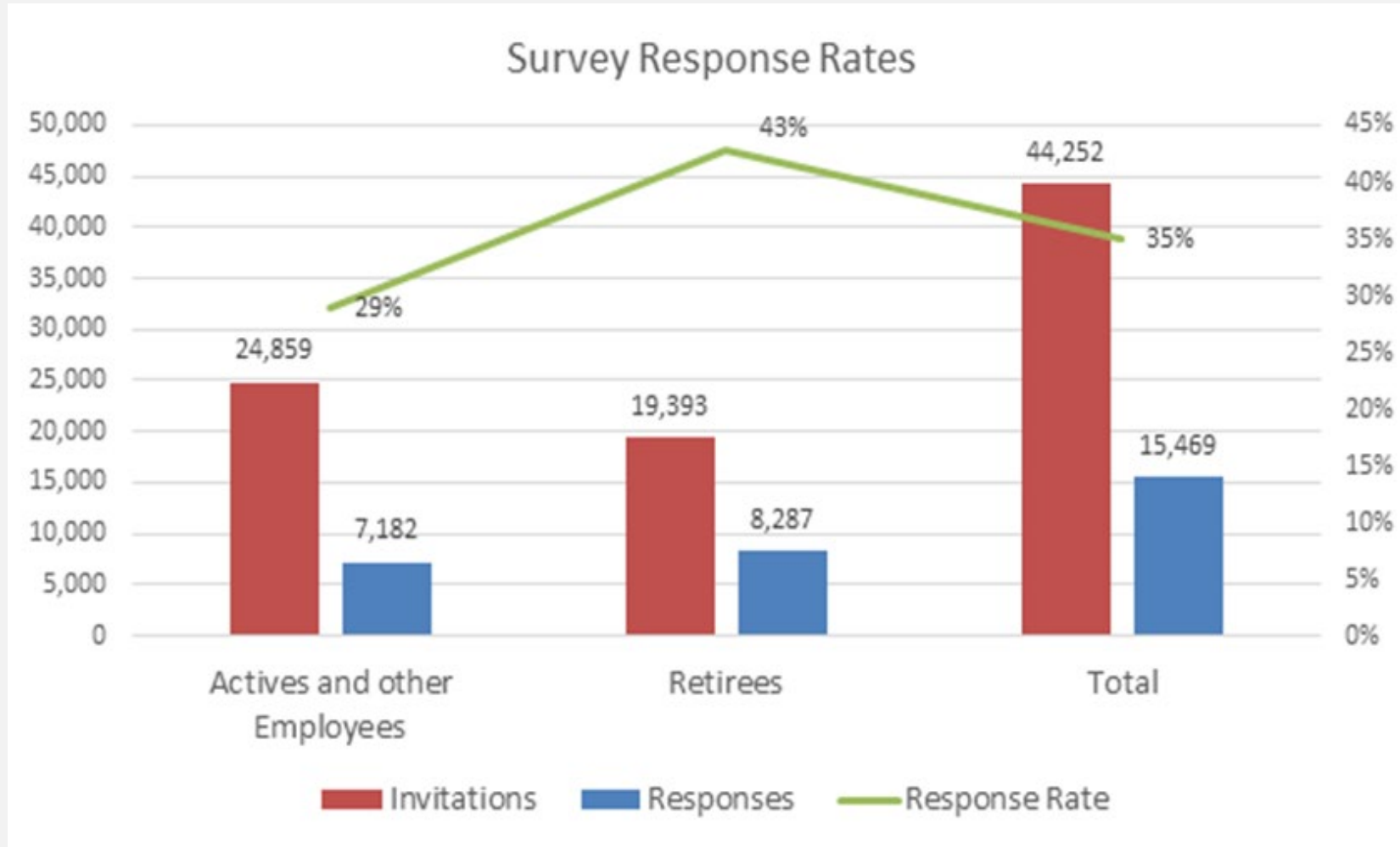
# Responses

35% Overall Response Rate (Statistically Valid)

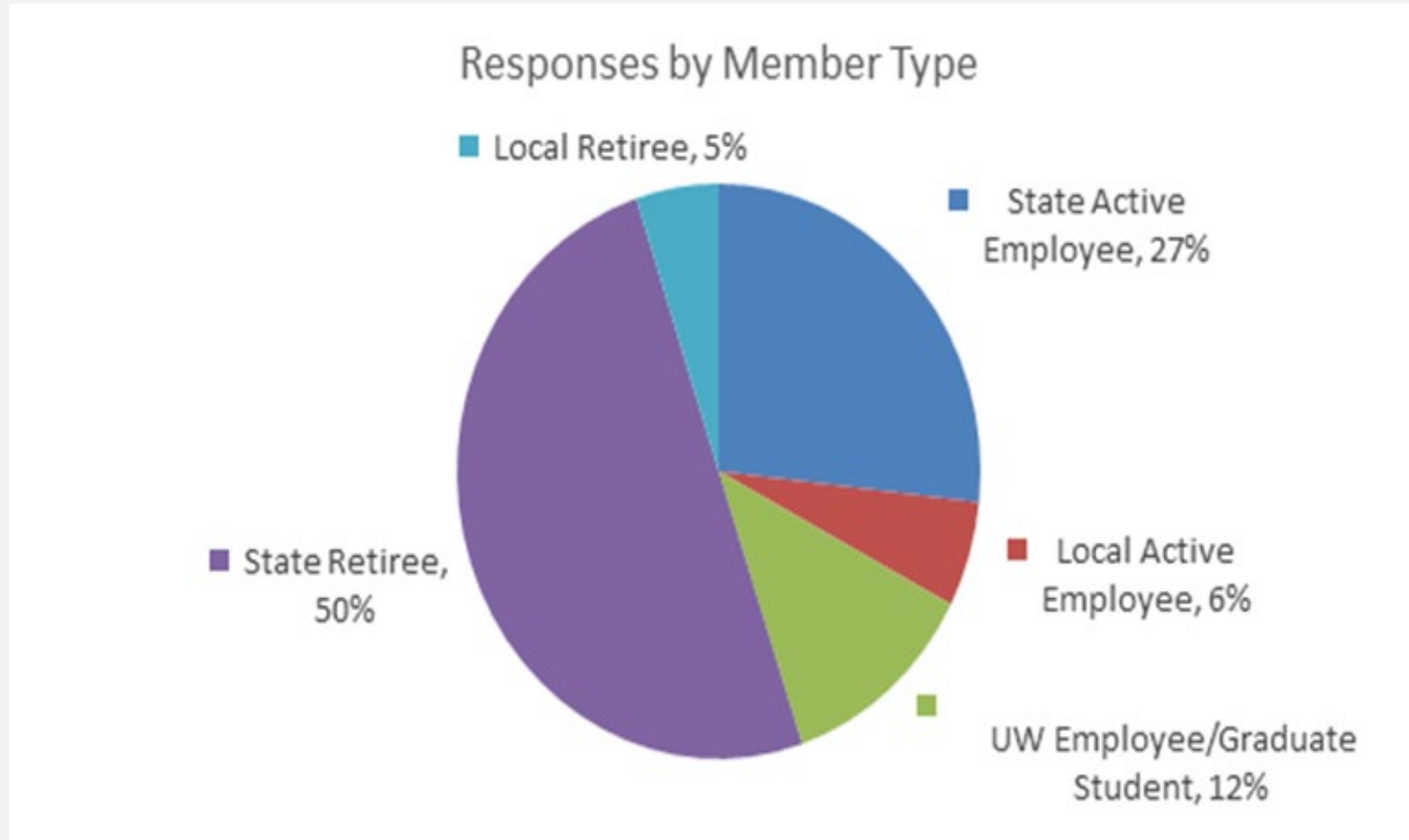
43% Retiree Response Rate

29% Active Employee rate

# Survey Response Rate

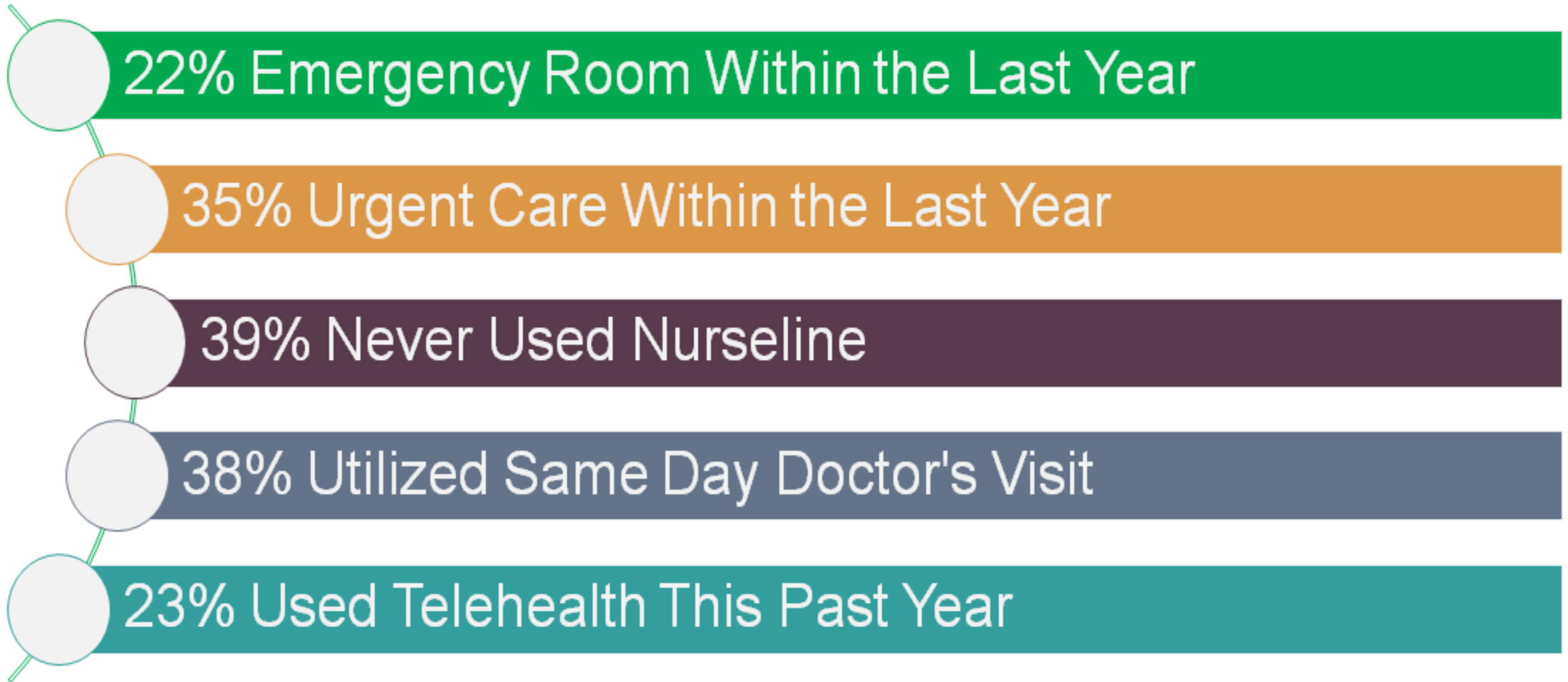


# Responses by Member Type





# Key Findings



# Next Steps

Complete further data analysis

Incorporate survey feedback into ETF's communication plan

Share survey feedback with health plans, employers, members and internal ETF staff

Repeat survey in 2022 to evaluate impact



**Questions?**

# Strategic Plan Update: GIB Initiatives Update

Item 4B – Memo Only

Renee Walk, Lead Policy Advisor

Arlene Larson, Manager of Federal Health Programs & Policy

Tricia Sieg, Pharmacy Program Manager

Office of Strategic Health Policy



# Group Health Insurance Program Reserve Policy Discussion



Item 5 – Memo Only

Eileen Mallow, Director

Office of Strategic Health Policy

Ken Vieira, Actuary

Segal Consulting



# IBM Benefits Mentor Discussion



## Item 6 – Group Insurance Board

Rachel Carabell, Senior Health Policy Advisor  
Office of Strategic Health Policy

Joanne Klaas, Contract Specialist  
Bureau of Budget, Contract Administration  
and Procurement





# Action Item

- ETF requests the Board approve an amendment to the current contract with IBM Watson Health to include the Benefits Mentor virtual health benefits counseling tool starting January 1, 2021.



# Background

## Memo Page 1



# ALEX – Current Tool

- Interactive, on-line benefits education tool
- Asks members a series of questions
- Recommends a health plan design option based on the member' answers
- Questions are used to identify eligible plans and estimated health care costs

# ALEX – Current Tool

First launched  
summer 2018

Designed for State  
and UW Hospital and  
Clinic employees  
and retirees

UW Board of  
Regents has  
separate contract for  
its own ALEX

Not designed for  
local employees

Contract with  
Jellyvision

Current annual cost  
is \$360,000

Contract is renewed  
annually

Current contract  
expires September  
15, 2021 if not  
renewed by June 30,  
2021

# ALEX – Current Tool

21,000 visits during 2019 Open Enrollment

500-800 visits per month during non-Open Enrollment months

Credited with a 36% increase in enrollment for the High Deductible Health Plan

# IBM Watson Health Contract

- Currently contract with IBM Watson Health for DAISI, a data warehouse and set of business intelligence tools
- Current contract through December 31, 2022
- Board approved extending the contract for an additional seven (7) years with one, three-year extension starting January 1, 2023
- DAISI includes medical, pharmacy, and dental claims data, wellness data, and member demographic and enrollment data provided by ETF



# Why Recommend a New Tool?

Memo Pages 2-5

# Concerns with Alex

## Plan Design Recommendation

- ALEX almost universally recommends the HDHP as the most financially advantageous plan for members

## Accuracy of Health Care Projections

- ALEX relies on members to accurately estimate their anticipated health care utilization for the next year
- Does not use the member's actual health costs as a basis

# Concerns with Alex

## Style

- Feedback from members and employers suggests that many members don't appreciate the tool's light-hearted style and overall tone

## Cost

- ETF's cost for ALEX is currently \$360,000 annually
- The UW incurs an additional \$225,000 annually for its version of ALEX

# IBM's Benefits Mentor

- ETF is recommending the Board amend its contract with IBM Watson Health to include the Benefits Mentor education tool
- Benefits Mentor will provide more appropriate plan recommendations and an improved customer experience over ALEX



# IBM's Benefits Mentor – Plan Recommendations

## Actual Healthcare Utilization Data

- Benefits Mentor will be integrated with DAISI
- Members can modify estimates to reflect future needs
- Uses national average data for new or future members

## Plan Recommendation Methodologies

- Lowest total cost at end of year
- Lowest doctor and pharmacy costs
- Lowest premium

# IBM Benefits Mentor – User Experience

## Watson's Artificial Intelligence Technology

- Embedded in digital chat experience
- Users ask questions in natural language
- Can address some health literacy issues

## Plan Options Display

- Clear side-by-side comparisons (See Memo Attachment)

## Style

- User-friendly and intuitive
- Customizable to reflect ETF language

# IBM Benefits Mentor – Other Factors

## Cost

- Estimates for Benefits Mentor are approximately \$110,000 less than ETF currently spends on ALEX

## Flexibility and Customization

- Far more customizable than ALEX

## Data Security

- IBM is following best practices for data security and user authentication

## Simplified Implementation

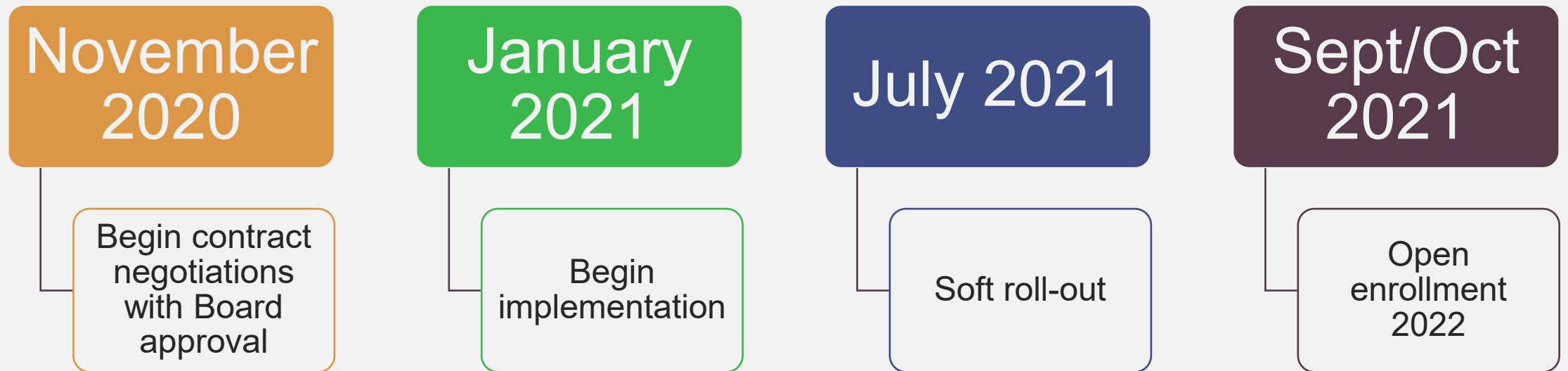
- Fewer ETF resources required since IBM already has claims and eligibility data in DAISI



# Timeline

## Memo Page 5

# Timeline





# Action Item

- ETF requests the Board approve an amendment to the current contract with IBM Watson Health to include the Benefits Mentor virtual health benefits counseling tool starting January 1, 2021.



**Questions?**

# Wellness Program: StayWell Audit Results

 Item 7A – Group Insurance Board

Molly Heisterkamp, Disease Management & Wellness Program Manager

Office of Strategic Health Policy





# Informational Item Only

- No Board action is required

# Background

## Memo Page 1

# Key Audit Activities

ETF contracted with Segal Consulting to conduct audit for January 1, 2017 – December 31, 2019

- Wellness incentive processing and payments
- Performance metric calculations

# Wellness Incentive Processing and Payment

## Memo Page 1

# Audit Findings

Random sample of 150 payments in 2019 were processed and payed at 100% accuracy.

Targeted sample of 100 payments from 2017 and 2018:

- 10 overpayments
- 1 tax processing error

# 10 Overpayments

## 2 duplicate payments:

- Caused by system issue where members were inadvertently issued a second gift card.
- StayWell credited ETF for these and will be auditing all payments.

## 8 overpayments related to eligibility coverage discrepancies

- StayWell attests to participants being eligible based on information known at time of incentive being issued.
- Discrepancies possibly due to delays in system updates from employer, ETF or StayWell.
- Starting in 2020, StayWell has automated daily eligibility file loading process.

# Tax Processing Error

Segal identified one tax processing issue.

Upon further review, taxes were processed correctly, and the error was removed.

# Performance Metrics

## Memo Page 2



# Performance Metrics Reviewed

Health  
assessment  
portal survey

Helpline survey

Lifestyle  
management  
survey

Participant  
onsite screening  
survey

Disease  
management  
health coaching  
survey

Telephone  
response time

First call  
resolution

Call  
abandonment  
rate

**22 instances out of ~776 had a variance greater than 1%**

# In Conclusion

Audit findings present a few areas for improvement.

ETF does not believe any of the findings are an obstacle to continuing to work with StayWell.



**Questions?**

# Wellness Program: Options for Possibly Extending the StayWell Contract and Issuing an RFP



Item 7B – Group Insurance Board

Molly Heisterkamp, Disease Management & Wellness Program Manager

Office of Strategic Health Policy





# Action Needed

ETF recommends the Board approve extending the StayWell contract two additional years, through December 31, 2023

# Background

## Memo Pages 1 – 2

# Background: Well Wisconsin

Essential component of ETF's approach to addressing the Healthcare Triple Aim

Drives member engagement in their own health before and/or between medical encounters

Includes: screenings, health assessment, coaching, education, challenges and more

# Contract with StayWell

Contract began in 2017

Current extension ends December 31, 2021

WebMD acquired StayWell in 2020

- Well Wisconsin will transition to WebMD services in January 2021
- New member portal and products will be available in the current rate structure with no cost increases



# Program Participation

Participation rates have increased by over 70% since StayWell began program administration in 2017

Largest increase was seen in year one and has since leveled off

Expecting 2020 participation rates to be lower due to COVID-19 pandemic

# Program Health Outcomes

Memo Pages 2 - 3

# DAISI: Relative Risk and Healthcare Utilization

- Participants in Well Wisconsin have a lower rate of increased relative risk scores compared to those who do not participate
  - 9.4% lower for actives
  - 29.8% lower for retirees
  - 19% lower for all
- Participants also show better healthcare utilization rates

# StayWell: Assessment Results

- Results have remained relatively flat for participants from 2017 through 2019, except for those who participate in health coaching
  - 10.2% improvement between 2017 – 2018
  - 5.9% improvement between 2018 – 2019

# Quality and Satisfaction

## Memo Page 3

# Survey Results

Participants continue to be satisfied with most program services and resources

Survey results continue to show a higher than 90% satisfaction rate for most services

There is a slight dip in overall satisfaction rates for the health assessment and portal for 2020 compared to prior years

ETF is performing member focus groups to identify areas of opportunity

# Finances

## Memo Page 4

# Program Costs

- Program is funded via health insurance premiums; \$13.50/month per contract in 2020
- WebMD is holding 2020 costs flat through extension; savings of \$813,000 over three years
- WebMD offering a credit of \$50,000 to cover costs with IBM for file layout changes



# Cost Savings

- DAISI can compare expected allowed amount to actual costs retrospectively from 2016 through 2019
  - Active members:
    - Participants saved \$1,738
    - Non-participants saved \$1,454
  - Retired members:
    - Participants lost \$788
    - Non-participants lost \$3,434

# Return-on-Investment (ROI)

- Planned for 2021 to understand direct connection between program and its impact on costs and healthcare utilization
- ETF staff interpreting health care regulations related to data sharing and updating agreements

# Contract Options

# Option 1

- Extend contract for one year, through 2022 – release RFP for program year 2023
  - ETF/Board could learn about other service providers and could implement in 2023
  - Services for participants could be interrupted in 2023, after going through one in 2020 and 2021
  - Trending capabilities in DAISI interrupted after two years of data with WebMD
  - RFP would be released prior to completion of ROI analysis

# Option 2 (Recommended)

- Extend contract for two years, through 2023
  - Three years of services/data trending with WebMD
  - Could complete ROI analysis prior to releasing an RFP
  - This option goes beyond the original end date of all contract renewals

# Option 3

- Do not extend contract and release RFP for program year 2022
  - Tight turnaround time; would impact other staff projects
  - Seeing no major issues with StayWell/WebMD's administration of the program and minimal benefit of this option, ETF staff do not recommend this



# Action Needed

ETF recommends the Board approve extending the StayWell contract two additional years, through December 31, 2023

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**Questions?**



# Pharmacy Benefits Manager and Employee Group Waiver Plan: Navitus Audit Results

Item 8A – Group Insurance Board

Tricia Sieg, Pharmacy Benefit Programs Manager

Office of Strategic Health Policy





# Audit Results

# Informational Item Only

- No Board action is required

Memo page 1

Item 8: – Group Insurance Board – November 18, 2020

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# PBM Audit Background



Ninth annual audit or phase by PillarRx Consulting, LLC. (PillarRx) of the Board's Pharmacy Benefit Program

PillarRx is an independent auditing firm specializing in the pharmaceutical marketplace

PillarRx found this audit to be a passing audit

Memo page 1

# What Did This Audit Examine?

Employer Group Waiver Plan (EGWP) pharmacy claims January 1, 2018 - December 31, 2018

Commercial pharmacy claims January 1, 2019 - December 31, 2019

Pharmacy Network January 1, 2018 - December 31, 2018

Pharmacy Rebates October 1, 2018 - December 31, 2018

Memo page 1

# Commercial Discounts January 1, 2019- December 31, 2019

Component Description	No. of Claims	Contracted Discount Rate	Actual Discount Rate	Contracted Claim Ingredient Cost	Actual Claims Ingredient Cost	Contract to Actual Cost Difference
<b>Retail Brands</b>	225,249	18.20%	18.43%	\$91,314,749	\$91,056,496	\$258,253
<b>Retail Generics</b>	1,075,256	83.00%	85.39%	\$25,167,178	\$21,629,197	\$3,537,981
<b>Retail Brands 90 Day</b>	51,744	22.00%	22.08%	\$22,830,809	\$22,806,618	\$24,191
<b>Retail Generics 90 days</b>	4,299,441	87.50%	91.43%	\$17,503,414	\$12,005,308	\$5,498,106
<b>Mail Brands</b>	5,247	23.00%	23.09%	\$3,780,904	\$3,776,543	\$4,361
<b>Mail Generics</b>	25,661	87.00%	89.73%	\$1,240,536	\$980,421	\$260,115
<b>Specialty</b>	13,025	18.35%	21.56%	\$76,263,054	\$73,266,033	\$2,997,021
<b>Total</b>	5,695,623			\$238,100,644	\$225,520,616	\$12,580,028

# EGWP Discounts January 1, 2018- December 31, 2018

Component Description	No. of Claims	Contracted Discount Rate	Actual Discount Rate	Contracted Claim Ingredient Cost	Actual Claims Ingredient Cost	Contract to Actual Cost Difference
Retail Brands	84,119	17.40%	17.75%	\$39,254,200	\$39,254,617	\$166,583
Retail Generics	441,680	82.25%	82.50%	\$9,342,163	\$9,211,494	\$130,669
Retail Brands 90 Day	18,641	20.90%	21.22%	\$15,087,022	\$15,026,385	\$60,637
Retail Generics 90 Day	304,890	86.50%	89.79%	\$12,241,927	\$9,254,487	\$2,987,440
Mail Brands	2,820	23.00%	23.01%	\$2,797,715	\$2,797,171	\$544
Mail Generics	22,657	86.50%	88.81%	\$931,449	\$771,975	\$159,474
Specialty	4,244	18.25%	20.49%	\$26,888,232	\$26,152,386	\$735,846
<b>Total</b>	879,051			\$106,709,708	\$102,468,515	\$4,241,193

# EGWP and Commercial Dispensing Fees

Dispensing Fee  
Overcharge

Commercial  
\$11,325.69

EGWP  
\$172,410.70

Result of members getting  
prescriptions filled at a  
handful of pharmacy groups  
with very high dispensing fees



# Informational Item Only

- No Board action is required

Memo page 1

Item 8: – Group Insurance Board – November 18, 2020

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# Pharmacy Benefits Manager and Employee Group Waiver Plan: Navitus Audit Results



## Item 8B – Group Insurance Board

Tricia Sieg, Pharmacy Benefit Programs Manager

Office of Strategic Health Policy

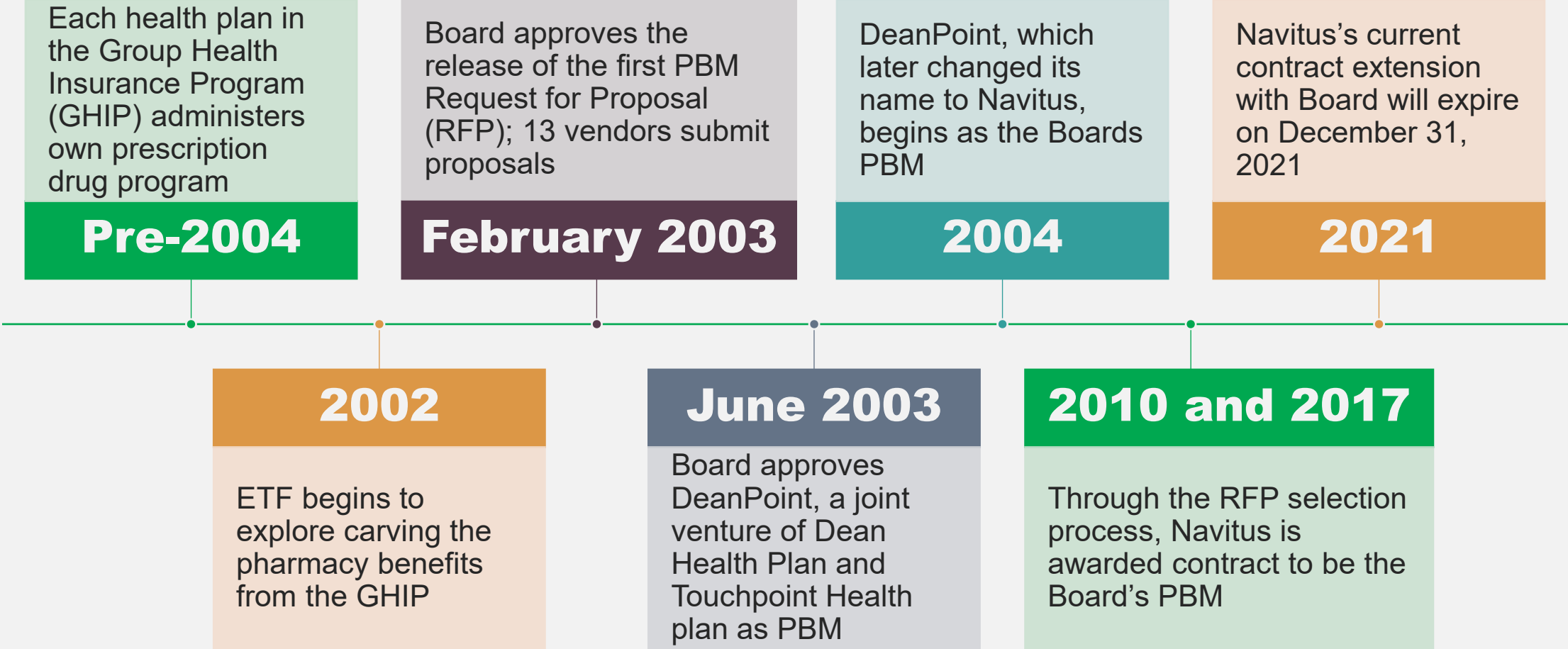




# Action Needed

- Approval for a three-year extension of the contract with Navitus Health Solutions (Navitus) from January 1, 2022 through December 31, 2024

# Brief PBM History



Memo pages 1-2



# What Does Navitus Do?

Negotiate discounts

Process all pharmacy claims

Manage Board's Medicare Part D Program

Manage accumulator files for Board's health plans

Negotiate rebates

Maintain Pharmacy Network

Provide member services and coordinate benefits

Manage formularies and drug list

Memo page 2

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# Board's Per Member Per Month Savings

	<b>GHIP Prescription Drug Per Member Per Month (PMPM) Cost</b>	<b>Navitus Book of Business</b>	<b>Published Industry Average PMPM Cost</b>
<b>2016</b>	\$68.83	\$72.89	\$86.20
<b>2017</b>	\$71.65	\$75.49	\$87.24
<b>2018</b>	\$71.35	\$75.67	\$89.27
<b>2019</b>	\$73.85	\$78.12	\$93.11

Memo page 2





# Action Needed

- Approval for a three-year extension of the contract with Navitus Health Solutions (Navitus) from January 1, 2022 through December 31, 2024



**Questions?**



# Long-Term Care Standards and Supplemental Plan Guidelines Changes



## Item 9 – Group Insurance Board

Douglas Wendt, Health Plan Policy Advisor

Tom Rasmussen, Life Insurance Program Manager

Office of Strategic Health Policy









# Action Needed

ETF requests the Board approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) for contracts effective for the 2022 plan year.

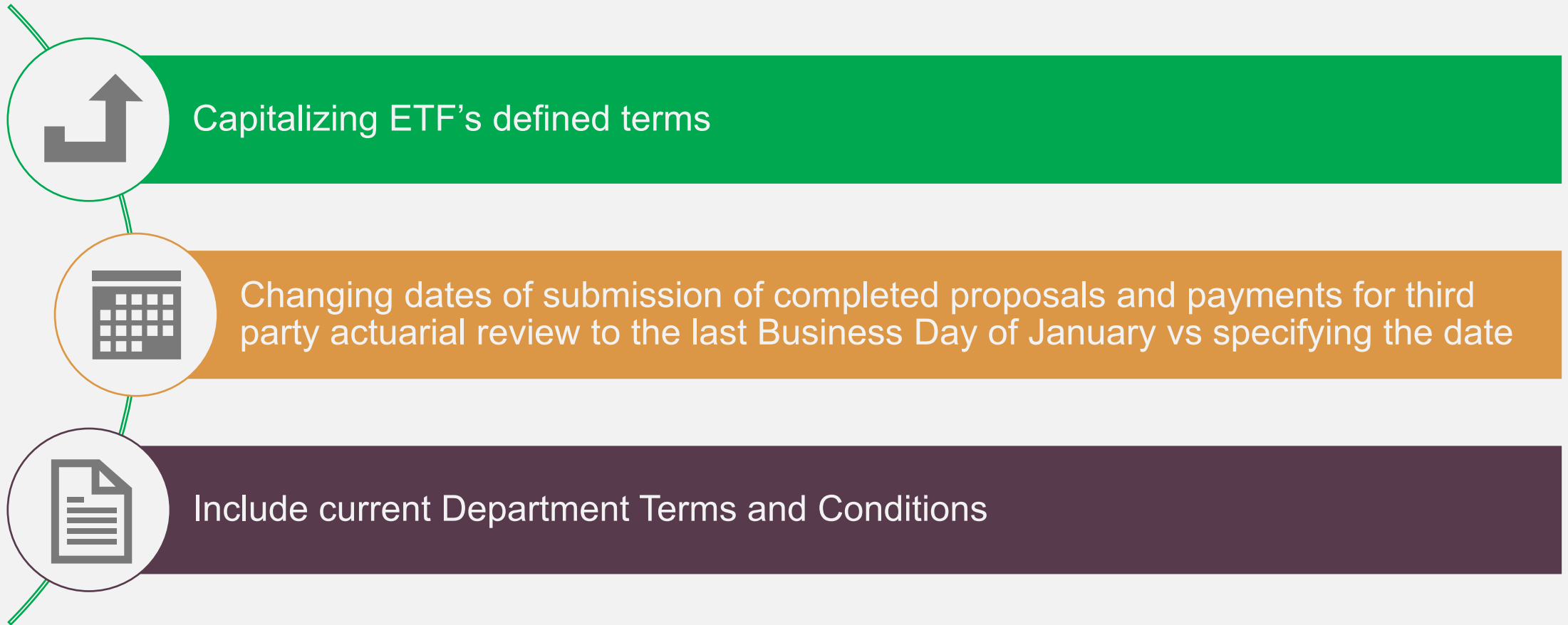
There are no proposed changes to the Long-Term Care Insurance Standards (ET-7423) for 2022.

# Supplemental Plan Offerings

	Benefit	Vendor	2020	2021
	Dental	DeltaDental	3 Plan Offerings	3 Plan Offerings
	Vision	VSP/DeltaVision	1 Plan Offering	1 Plan Offering
	Accident with AD&D Provision	Securian	1 Plan Offering	1 Plan Offering
	Long-Term Care	HealthChoice/Mutual of Omaha	1 Plan Offering	1 Plan Offering

# Proposed Changes

## Supplemental Plan Guidelines (ET-7422)





# Action Needed

ETF requests the Board approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) for contracts effective for the 2022 plan year.

There are no proposed changes to the Long-Term Care Insurance Standards (ET-7423) for 2022.

A man with a beard, wearing a light blue long-sleeved shirt, is seated in a wheelchair. He is smiling and holding a black mobile phone to his ear. The background shows an office environment with other people working at desks. A man in the background is also on a phone, and a woman is partially visible behind him. There are computer monitors, a water bottle, and a sign that says "SERVICE COMMERCIAL" on a desk in the foreground. The entire image has a blue tint.

Questions?

# Transit/Parking Plan Document Changes and UWHC Changes

 Item 10 – Group Insurance Board

Xiong Vang, HSA & ERA Accounts Program Manager

Office of Strategic Health Policy





# Action Needed

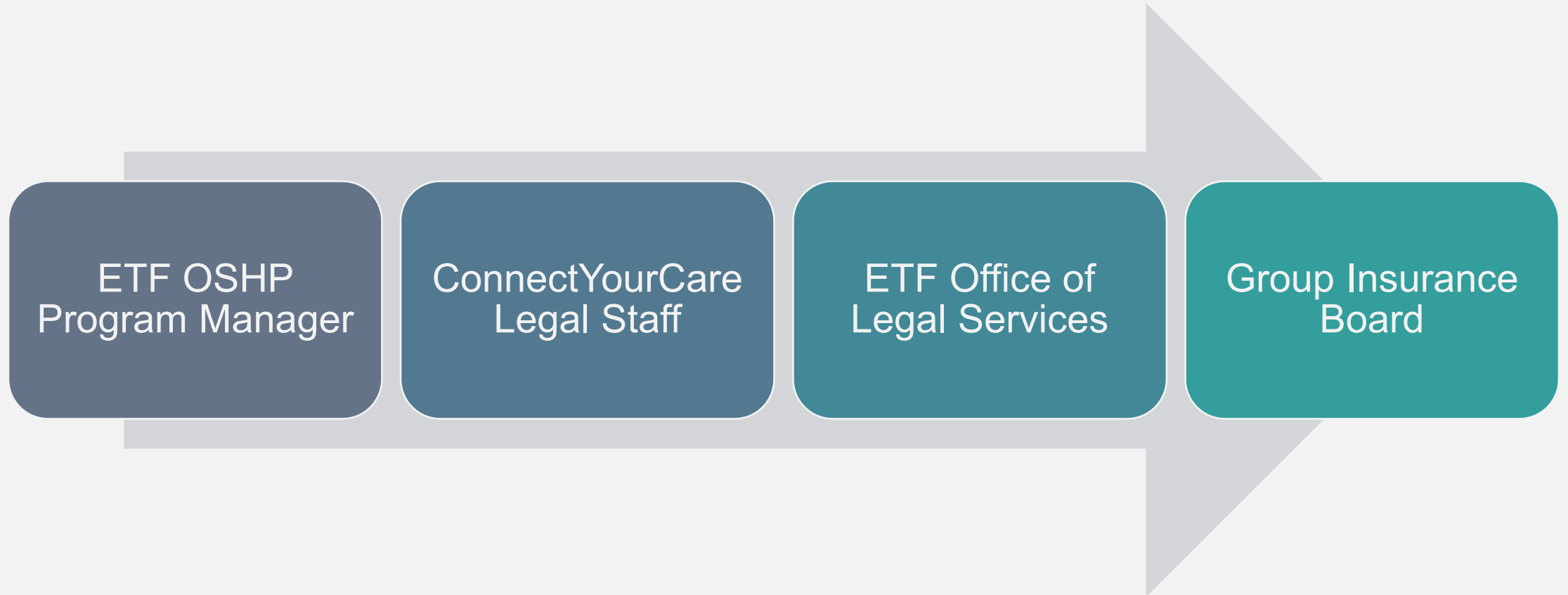
- The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve the proposed changes to the Transit and Parking Plan Document effective January 1, 2021



# Background

- Since 2002, ETF has offered the commuter fringe benefit accounts authorized under Wis. Stat. §40.02(26g), Wis. Stat. §40.85 and Section 132 of the Internal Revenue Code (IRC)
- Allows pre-tax deduction for qualified parking and/or mass transit expenses
- Used for qualified transportation expenses incurred getting to work, such as parking fees or bus transit passes

# Transit and Parking Plan Document Maintenance



# Revenue Procedure 2019-44

- Allows employers under a Section 132 plan to adopt contribution limits up to \$270 for the Parking Account and Transit Account for 2020 plan year
- ETF did not adopt contribution limit increase for 2020 plan year
  - Notice released after open enrollment period
  - Would have required extensive changes to printed materials, online information, communications, and system updates

# 2021 Proposed Commuter Contribution Limit Increase



# Revision of Transit and Parking Plan Document

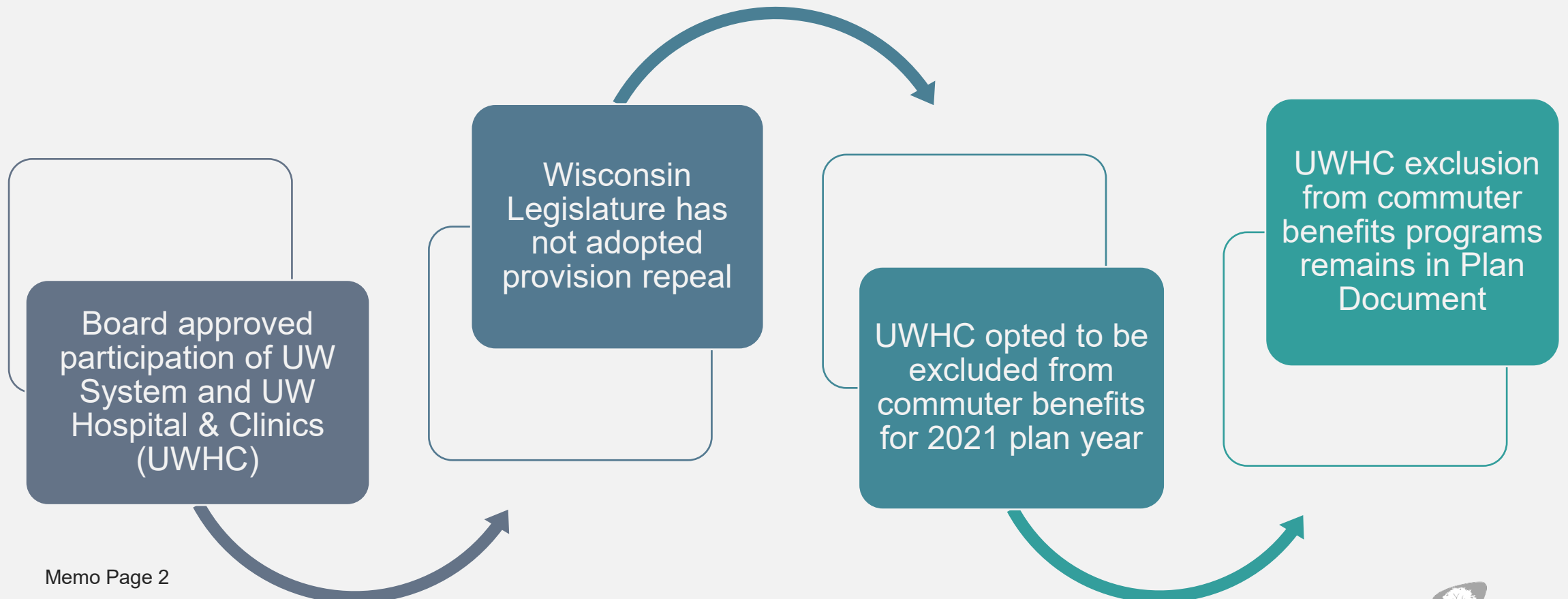
- 1 Amended and Restated Effective Date
- 2 Updated IRS Limits on Commuter Benefits
- 3 Removed Exclusion of UW System Employees

# Triple Aim Impact



- Additional contributions and cost savings for members
- Plan Document consistent with current IRS regulations
- Increased program participation

# UW Hospital & Clinics Exclusion





# Action Needed

- ETF requests the Board approve the proposed changes to the Transit and Parking Plan Document effective January 1, 2021



The background is a dark blue gradient with numerous bokeh light effects. These are soft, out-of-focus circles in various shades of blue and purple, scattered across the frame, creating a textured, ethereal atmosphere.

**Questions?**

# Medicare Advantage Contract Extension

 Item 11 – Group Insurance Board

Arlene Larson, Manager Federal Health Programs & Policy  
Office of Strategic Health Policy





# Action Needed

ETF requests the Board approve renewing the Medicare Advantage (MA) contract with UnitedHealthcare (UHC) for one, two-year period extending through December 31, 2023.

# MA Plan Triple Aim Goals

Provide participants with plan choices that positively impact their health

Provide Medicare offerings that have low monthly premium costs

Offer health plans that deliver high-quality, high-value services

# UHC's MA Plan Strengths

Lowest premium cost option

Most selected plan by Medicare enrolled retirees & their dependents

95% customer satisfaction survey results after contact with UHC's call center

4.5 of 5 Stars per the Centers for Medicare & Medicaid Services (CMS) quality measurement

# UHC's MA Plan- Other Positive Considerations

Meets or exceeds performance standards

Offers additional benefits like Silver Sneakers and financial incentives for certain activities

Number of complaints to ETF's Ombudsperson Services similar to plans with comparable enrollment

# UHC's MA Plan Weaknesses



Data Submission delay to WHIO that resulted in

Contracting delay  
2020 Agreement signed August 25, 2020



Then 2021 Agreement signed October 1, 2020

DAISI Data Warehouse for population health  
management projects

# What about for 2024?

Should an RFP  
be issued?

Marketplace  
offerings



# Next Steps



## Customer Satisfaction

- Survey to all insured Medicare retirees in early 2021



## Contracting & Data

- ETF and UHC will work to ensure timely contracting and data submission

# Next Steps, Continued

In 2021, staff plans to present to the Board:

1. In May, results of the Customer Satisfaction Surveys for MA and all other Medicare plans. Also, a WHIO update.
2. In August, a recommendation on whether to issue an MA RFP in November of 2021, or to extend UHC's contract for the second two-year extension



# Action Needed

ETF requests the Board approve renewing the MA contract with UHC for one, two-year period extending through December 31, 2023.

The background is a dark blue gradient with numerous out-of-focus light spots in shades of blue and purple, creating a bokeh effect.

**Questions?**

# Operational Updates

Item 12A-12J – Memos Only



# Future Items for Discussion

Item 13 – Memo Only



# CLOSED SESSION

The Board may meet in closed session pursuant to the exemption contained in Wis. Stats. §19.85 (1) (d) and (1) (e) to consider strategy for crime detection or prevention and 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. If a closed session is held, the Board may vote to reconvene in open session following the closed session

## Item 14 – Group Insurance Board



# Report on Closed Session Discussion

Item 16A – Verbal Only

Herschel Day, Board Chair





# Information Systems Security Review Audit Recommendations Commencing in 2023 Plan Year



Item 16B – Memo Only

Greg Beach, Chief Information Security Officer

Doug Michelz, Information Risk Management Program  
Coordinator

Bureau of Information Security Management

Douglas Wendt, Supplemental Program Manager & Health  
Policy Advisor

Office of Strategic Health Policy



# Issuance of Letter of Intent to Award Life Insurance Request for Proposal



Item 16C – Verbal Only

Tom Rasmussen, Life Insurance Program Manager

Tricia Sieg, Pharmacy Benefit Programs Manager

Office of Strategic Health Policy

Beth Bucaida, Contracts Specialist

Bureau of Budget, Contract Administration

and Procurement



# Issuance of Letter of Intent to Award Contract for ICI Administration Request for Proposal



Item 15D – Verbal Only

Jim Guidry, Director  
Benefits Service Bureau

Beth Bucaida, Contracts Specialist  
Bureau of Budget, Contract Administration  
and Procurement



# Adjournment



Item 17 - No Memo





**HILL FARMS STATE  
OFFICE BUILDING**  
4822 Madison Yards Way

STATE OF WISCONSIN  
HILL FARMS STATE  
OFFICE BUILDING

Dept. of Administration  
Division of Hearings & Appeals  
Dept. of Employee Trust Funds  
Dept. of Financial Institutions  
Department of Safety &  
Professional Services  
Department of Transportation  
Higher Educational Aids Board  
Public Service Commission

← Parking  
4822 Madison Yards Way

# Next Meeting: February 17, 2021

**Note: This meeting will be virtual.**

