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**Correspondence Memorandum**

**Date:** April 21, 2021  
**To:** Group Insurance Board  
**From:** Molly Heisterkamp, Wellness & Disease Management Program  
Manager  
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Renee Walk, Lead Policy Advisor  
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Office of Strategic Health Policy  
**Subject:** May COVID-19 Update

**This memo is for informational purposes only. No Board action is required.**

**Background**

This memo provides a summary of the effects of COVID-19 on the Group Insurance Board's (Board) programs. This memo addresses recent legislative activity, benefits and coverage related issues, employer onsite clinic discussions, Department of Employee Trust Funds' (ETF) outreach and communications activities, and questions regarding adding COVID-19 vaccination as an activity of the Well Wisconsin program. It also provides an updated discussion of COVID-19 effects on the Board's programs in terms of the three facets of the Triple Aim: health, quality, and cost.

**Legislative Updates**

Since the Board's last meeting in February 2021, President Biden has signed into law the American Rescue Plan (ARP) Act of 2021. This bill provides broad-reaching relief funds related to the pandemic, including funds to support continued vaccine education and access. In addition to this legislation, the Internal Revenue Service (IRS) issued guidance allowing personal protective equipment (PPE) to be paid for with funds from flexible spending accounts (FSAs). This and other provisions of the ARP affecting the Board's programs will be discussed in greater detail in Agenda Item 6 of this meeting. In addition, on April 20, 2021, the U.S. Department of Health and Human Services extended the federally-declared public health emergency for an additional 90 days, until July 20, 2021.

At the state level, the Wisconsin Supreme Court has ruled against public health restrictions on two different occasions—striking down the Governor's statewide mask

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

Electronically Signed 4/29/21

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mandate in March 2021, and in April, ruling against restrictions on bar and restaurant capacity.

In late March Gov. Evers signed a bill allowing dentists to administer the COVID-19 vaccine. The law provides that dentists must complete an eight-hour training on vaccine protocols and recordkeeping before they can administer shots. Currently, vaccine administration is not a billable code under the Uniform Dental Benefit (UDB). Delta Dental of Wisconsin (Delta), the Board's dental benefit administrator, notes that dentists would need to send claims for vaccines administered to health plans in order for administration fees to be paid. The lack of billing relationships between dentists and health insurance plans was raised by dental providers during the bill's comment period, and it is expected that dentists providing the vaccine would more likely do so as volunteers at vaccine clinics rather than in their own practices. In addition, there have been some developments in the legislature related to allocating federal money provided through the ARP, but as of the date of this memo's drafting, no legislation has been signed.

### **Benefits Coverage**

Given limits in state statutory language, the Board did not make any changes to benefits coverage under the Group Health Insurance Program (GHIP). The Centers for Medicare and Medicaid Services (CMS) and IRS both issued guidance related to plan coverage early in the pandemic, instructing plans to pay for services such as testing and vaccines without cost to members, and allowing coverage of services provided under a high-deductible health plan (HDHP) before deductibles were met. At that time, ETF provided guidance to plans that they could adjust cost sharing as a business decision during the public health emergency, in order to be most responsive to member needs. Since this time, ETF has been notified that many plans that initially waived cost sharing for services have begun to revert back to the cost sharing as prescribed under Uniform Benefits (UB). Plans are, however, expected to continue to provide coverage of testing and vaccines at no cost.

Demand for the COVID-19 vaccine continues to outpace supply in some counties, particularly as eligibility in Wisconsin has continued to broaden to include more people. Plans will continue to provide coverage even to out-of-network vaccine providers if members are not able to find appointments in network. An early point of confusion regarding vaccine coverage occurred with the Medicare population: The CMS's decision to cover the COVID-19 vaccine under Part B and not Part D meant that Medicare members were being steered toward provider offices for vaccines since they are more likely to be Part B billers. This led to confusion that Medicare members would only be able to get their vaccines at a provider office; ETF has since clarified that Medicare members who are seeking a vaccine can go wherever they are able to find an appointment. ETF has also asked for coordination details from health plans should members inadvertently receive a bill for the administration fees for vaccines, so that they can obtain reimbursement from their plan. In early data provided by both health plans and Navitus Health Solutions (Navitus), the Board's pharmacy benefit manager

(PBM), the average cost for the administration fees is around \$30. ETF is not aware of any members who have not been able to receive reimbursement for vaccine administration fees.

### **Vaccine Updates**

In mid-April, the federal government issued guidance that vaccinators should pause administration of the Johnson & Johnson COVID-19 vaccine following reports of serious blood clots occurring in six women who had received the vaccine; similar effects have been noted in European countries occurring mostly in women. On April 20, the European Medicines Agency (EMA) indicated that the vaccine could resume administration in the European Union (EU), but that blood clots should be listed as a “very rare” side effect of the vaccine<sup>1</sup>. As of the drafting of this memo, the Johnson & Johnson vaccine has not resumed, but regulators in the United States have indicated they expect resumption of the vaccine soon. They next meet to discuss the vaccine on April 23, 2021. The Centers for Disease Control & Prevention (CDC) invites all recipients of any of the vaccine products to report any symptoms post-injection to V-Safe. V-Safe requests follow up on a daily basis for a period of time after each dose is provided to help document any reactions to the vaccines. Several side effects are considered normal and are not cause for alarm, including pain, redness, and swelling at the injection site, fatigue, chills, fever, and nausea. These effects typically go away in a few days.

To date, the Johnson & Johnson vaccine is the only single-dose vaccine approved for emergency use by the Food & Drug Administration (FDA); two-dose products developed by Pfizer and Moderna continue to also be available under emergency use authorization.

### **Employer Onsite Vaccine Clinics**

In early 2021, the Department of Administration (DOA) approached ETF about the possibility of coordinating onsite employer clinics for the COVID-19 vaccine, similar to the clinics ETF coordinates for the annual influenza vaccine. Following this request, ETF contacted several different vendors, including WebMD (formerly StayWell) which has provided the state flu clinics in the past, Walmart, Walgreens, and other providers who are currently contracted with Navitus. The purpose of this outreach was to gauge what information and resources the state would need to have before providing a clinic, and what their particular experience in providing this vaccine has been to date.

WebMD indicated that its flu clinic subcontractor, Total Wellness, is not currently equipped to provide COVID-19 vaccine clinics. Total Wellness is not a registered vaccinator with Wisconsin Department of Health Services and is not interested in pursuing this at this time. Walgreens and Walmart responded that they have the capacity to provide onsite clinics for any of the vaccine types, but they need to know

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<sup>1</sup> European Medicines Agency. *COVID-19 Vaccine Janssen: EMA finds possible link to very rare cases of unusual blood clots with low blood platelets*. April 20, 2021. <https://www.ema.europa.eu/en/news/covid-19-vaccine-janssen-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood>

how many vaccines state employees will be allocated and when, in order to determine the logistics of a clinic.

Following DHS's guidance for employer site clinics, ETF will work with interested employers to develop and administer an employee survey to determine how many employees still need to find vaccines and who would be most likely to attend an employer onsite vaccine clinic. ETF has been working with state agency, University of Wisconsin (UW) and UW Hospital & Clinics (UWHC) representatives and will broaden outreach to local employers in May.

### **Vaccine Messaging & Outreach**

ETF continues to refine messaging on benefits availability and access to care related to the pandemic. In addition to the Medicare vaccine outreach mentioned above, ETF is working with a cohort of practicum students from UW-Madison to explore how to communicate with members who might be vaccine hesitant. The initial findings of the students' work reiterate that trust in authority, lack of resources, and limited comfort with the new vaccine technologies are substantial factors in vaccine hesitancy. Focusing on providing facts and education, versus persuasion, appears to hold the most promise in terms of how messaging is positioned. In addition, research indicates that a person's healthcare provider can have the most significant impact on their willingness to be vaccinated<sup>2</sup>. ETF will continue to work with plans to ensure members are accessing primary care and chronic condition care to provide opportunities for members to have these discussions, and will encourage members to reach out to their providers if they have questions on the vaccine.

ETF has updated information on its website related to vaccines and how to find appointments and has included information on vaccine access in the Wisconsin Retirement System (WRS) member newsletters. Further, ETF staff has begun cultivating relationships with the Urban League of Greater Madison, 100 Black Men of Madison, Madison's Rebalanced-Life Wellness, and others so that, should employers opt to move forward with vaccine clinics, ETF is able to disseminate information on those clinics in particular to underserved groups who may be looking for vaccine access. If an employer opts to proceed with an onsite clinic, ETF will also work with the vendor and employer to provide email and other messaging templates to help promote events and encourage attendance.

### **COVID-19 Vaccines and Well Wisconsin**

The Board inquired at the February Board meeting about adding COVID-19 vaccination as a Well Wisconsin incentive activity. Well Wisconsin participants must complete three activities to earn their \$150 incentive: the health assessment, health check and one well-being activity. Participants have multiple options to complete the well-being activity including three coaching calls, completing an employer-sponsored activity, wellness

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<sup>2</sup> Hamel, L, Kirzinger, A, Lopes, L, Kearney, A, Sparks, G, and Brodie, M. *KFF COVID-19 Vaccine Monitor: January 2021*. Published January 22, 2021. <https://www.kff.org/report-section/kff-covid-19-vaccine-monitor-january-2021-vaccine-hesitancy/>. Accessed April 19, 2021.

challenge or Daily Habits digital health program, or listening to two Well Wisconsin Radio sessions. As of the end of March 2021, 7,058 participants have earned their Well Wisconsin incentive, up from 3,333 in 2020.

Logistically, WebMD could add the COVID-19 vaccine as an option for participants to self-report to qualify as the well-being activity mid-2021 or starting with the 2022 program year. Including the vaccine as one of the well-being activity options would be helpful since the vaccine is a positive step for public health and the State of Wisconsin. Further, participants would still be completing other activities to earn the incentive including a health assessment and health check. However, ETF staff are concerned about adding the vaccine as an incentive activity. The vaccine currently has higher demand than supply available for members. Incentivizing the vaccine may deepen inequities for members who have barriers to getting vaccinated like lack of transportation to/from a vaccine site or challenges with taking time from work to get vaccinated.

Rather than including the vaccine as an incentive activity, ETF staff believe it will be more effective to focus efforts on a comprehensive, multi-modal communication campaign, and encourages employers to consider ways to offer employees paid time to get vaccinated and/or manage side effects post vaccination.

### **Health Impacts**

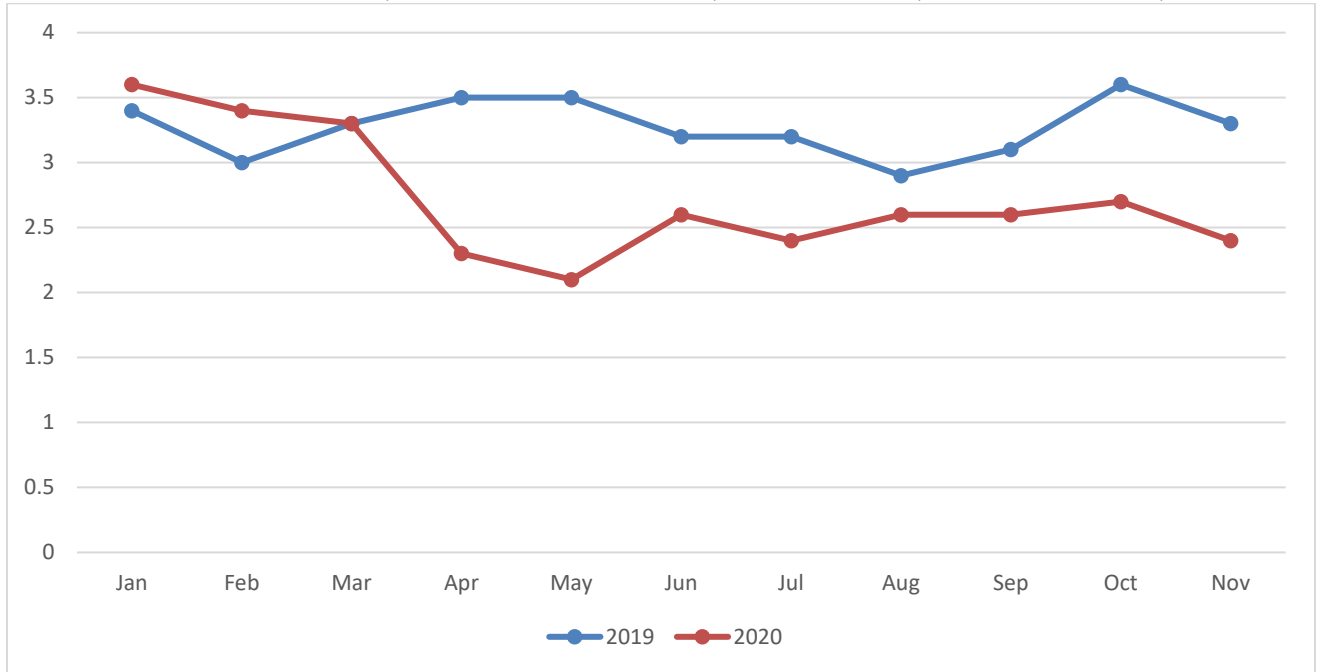
The state of Wisconsin opened vaccine access to all residents in early April 2021 and has seen positive rates of uptake. As of April 19, 40% of residents (or 2.3 million) have received at least one dose of a COVID-19 vaccine. In Dane County, where the largest portion of state employees work and live, 53% of residents have had at least one dose, and 36% have completed a vaccine series. Disparities in rates of vaccination persist, however. Statewide, 37.8% of White residents have received a vaccine, where only 17.3% of Black residents have been vaccinated. In Dane County, 21% of Black residents have been vaccinated, compared to 50% of White residents.

ETF is monitoring the number of vaccines administered through its programs, though it should be noted that this data is by nature incomplete. Any vaccine that a GHIP member receives through a public health site or as part of employment in the case of healthcare workers will not likely be billed to insurance. With this in mind, however, ETF can report that as of April 19, 26,919 members have received at least one vaccine via the pharmacy benefit. Approximately 5,000 additional members as of March had received a COVID-19 vaccine through their medical benefits, though this number has likely increased given the larger eligibility groups.

ETF has also continued to monitor changes in care utilization not related to COVID-19, and how members are maintaining their chronic conditions throughout the pandemic. Members living with diabetes and coronary artery disease appear to have returned to near normal care utilization habits according to data available in the Data, Analytics,

and InSights (DAISI) data warehouse. Members with asthma, however, remain well below their 2019 utilization patterns, as shown in Chart 1 below.

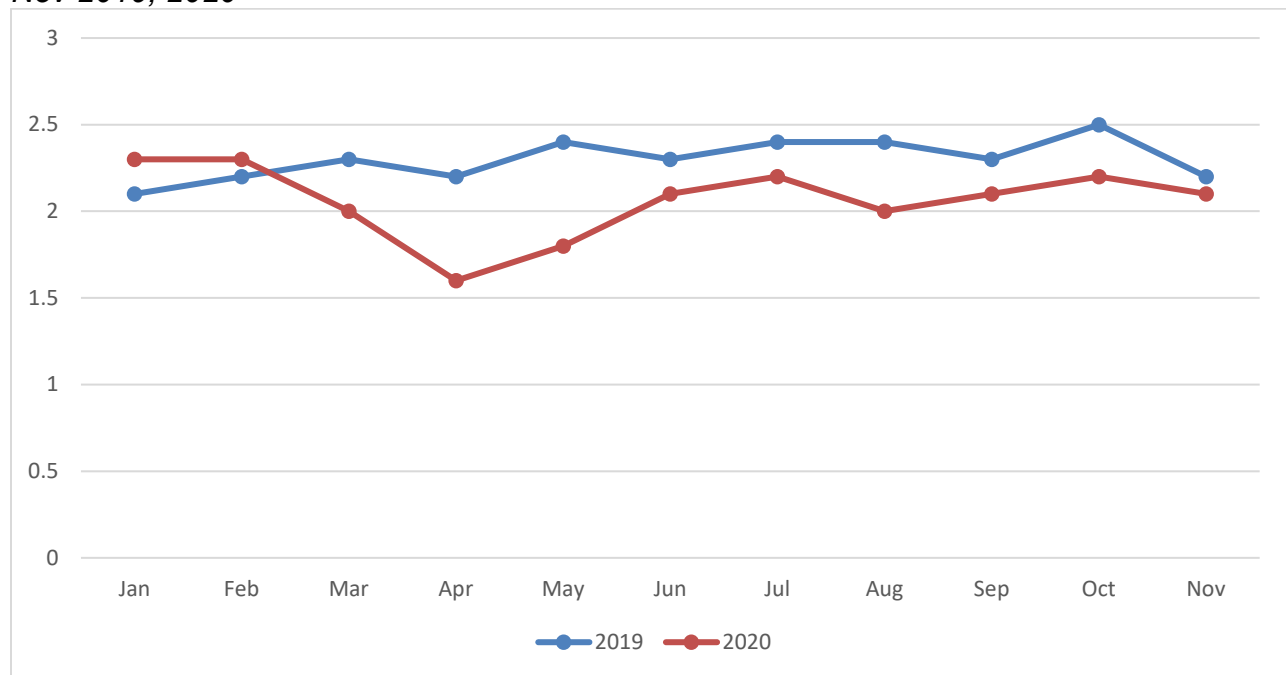
*Chart 1. Asthma Utilization, Incurred Claims Per 1,000 Members, Jan – Nov 2019, 2020*



This trend is particularly concerning, given the vulnerability of patients with lung conditions to severe COVID-19 disease. ETF will work with health plans and WebMD to determine next best steps to ensure that members with asthma are receiving adequate care.

Despite media reports of increasing opioid use and deaths related to overdose and suicide, utilization of services for mental health and substance use disorder remain the same or slightly below the observed rates from 2019. Chart 2 shows utilization patterns for these services. ETF will continue to monitor changes in these services and look for opportunities to connect members to needed care.

*Chart 2. Mental Health & Substance Use, Incurred Claims per 1,000 Members, Jan – Nov 2019, 2020*



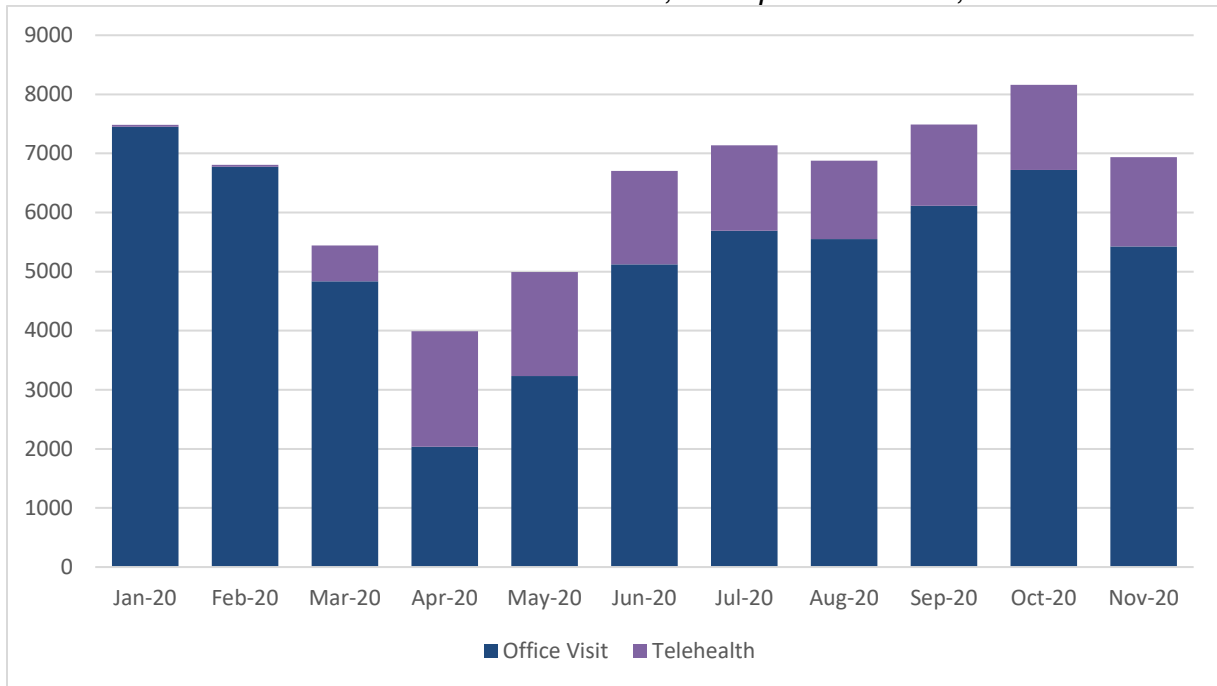
The Board’s life insurance vendor, Securian, reported an additional 95 deaths attributed to COVID-19 between the last report to the Board and April 13, 2021. Two of the newly reported death claims were active employees; the substantial majority of new deaths (89) occurred among retirees, despite the earlier eligibility of people age 65 and older for vaccination. One hundred seventy of the total 279 decedents were male.

### **Quality Impacts**

A new area to monitor quality in COVID-19 has been access to vaccinations. ETF members have noted challenges finding vaccine appointments in urban areas, and anecdotally, some with means have been traveling large distances to obtain access to vaccine appointments. As mentioned above, ETF’s access to vaccine data is limited, but ETF has increased the vaccine access information on its website in order to provide members with different ways they target their searches for vaccine appointments, and is looking into whether ETF can facilitate clinic opportunities to expand local access.

Telehealth has provided important continuity of care opportunities for members throughout the pandemic. While the initial large shift to services provided via telehealth has tempered, telehealth visits continue to comprise a much larger proportion of overall services received by the Board’s members. Chart 3 below shows the trends in use for telehealth versus office visits from January 2020 through November 2020.

**Chart 3. Utilization of Office Visits v Telehealth, Rate per Thousand, Jan – Nov 2020**



ETF also continues to monitor dental service utilization both as an indicator of general preventive care habits, as well as of members’ comfort level with seeking services. Dental data provided by Delta, similar to pharmacy data, is available without the claims lag experienced with the Board’s medical data. Table 1 below provides a snapshot of UDB claims incurred year-to-date (January through April 12) for benefit years 2019, 2020, and 2021.

**Table 1. Uniform Dental Claims and Dollars Paid January to April 12, 2019 - 2021**

	<b>YTD 2021</b>	<b>YTD 2020</b>	<b>YTD 2019</b>
<b>Claims in Actual \$</b>	\$17,090,589	\$13,912,090	\$16,114,169
<b>Number of Claims</b>	121,225	100,010	117,385

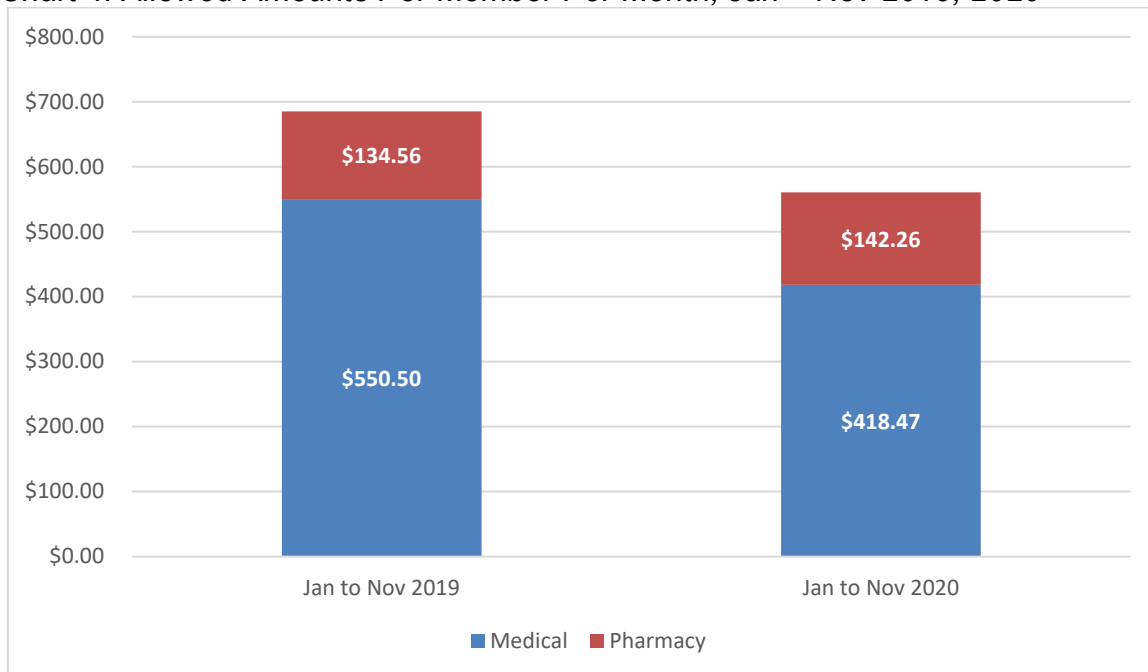
The data above appears to indicate that members are becoming more confident in returning to their dental providers’ offices; claims for 2021 exceeded both 2020 and 2019 over the same time period. UDB paid out 7,574 claims for the week of April 12, 2021, versus only 734 claims for that same week in 2020.



### Cost Impacts

The Board's programs have so far paid a total of \$17,295,830 for COVID-19 related claims, for the period of January 2020 through November 2020 for a total of 6,246 patients. Just over \$9 million of this amount is attributable to inpatient hospital expenses, with an additional \$2 million related to inpatient surgical procedures and \$2 million associated with outpatient emergency services. Facility inpatient long-term care and specialty inpatient care are the next largest categories, each costing just under \$1 million. The total allowed amounts per member per month, however, are lower between 2019 and 2020 for the same time period. Pharmacy expenses for the period were slightly higher but offset by dramatically lower expenses on the medical benefit (see Chart 4.)

*Chart 4. Allowed Amounts Per Member Per Month, Jan – Nov 2019, 2020*



As mentioned earlier in this memo, the group with the highest rate of death claims in the Board's membership is retirees. This group has also now surpassed active employees in the cost of reported deaths, which is significant given how much lower the life insurance benefit rate is for retirees versus active employees. Table 2 below shows the most recent deaths and associated claims costs. The life insurance program has now paid out just under \$7 million in claims directly attributable to COVID-19.

*Table 2. Life Insurance Claims as of April 13, 2021*

<b><i>Class</i></b>	<b><i>Number of Deaths</i></b>	<b><i>Claims in Dollars</i></b>
<i>Active</i>	16	\$2,760,000
<i>Retiree</i>	251	\$3,990,250
<i>Spouse/Dependent</i>	12	\$215,000
<b><i>Total</i></b>	<b>279</b>	<b>\$6,965,250</b>

### **Conclusion**

COVID-19 continues to affect the Board's programs and GHIP members. With new variants surfacing and becoming more predominant, ETF will continue to monitor effects on health, quality, and costs, and to work with employers and vendor partners to educate members on opportunities to support their health and well-being as well as support equitable access to benefits.

Staff will be available at the Board meeting to answer any questions.