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Correspondence Memorandum


Date: April 30, 2021
To: Group Insurance Board
From: Korbey White, Health Program Manager
 Office of Strategic Health Policy
Subject: New Health Plan Proposal: Aspirus Health Plan

The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) accept the application from Aspirus Health Plan (Aspirus) to provide health insurance services within the Group Health Insurance Program (GHIP) contingent upon the acceptability of the premium rates and rate review information due by July 15.

Background

On January 7, ETF met with leadership from Aspirus at their request. Aspirus notified ETF of its interest in joining the GHIP as a new health plan for 2022. ETF provided Aspirus with guidelines for the process and requirements for joining the program. On February 2, Aspirus formally notified the Board of their intent to apply for the opportunity to provide health insurance services to GHIP members. On April 14, ETF received a completed application to join the GHIP from Aspirus. After the initial review of the application, ETF requested more information. Aspirus was able to provide responses to ETF's remaining questions, along with additional documentation. This completed the application collection process and allowed ETF to proceed with a final review.

The New Health Plan Application requires documentation to be provided on 26 questions, some of which have multiple sub-sections. The broad range of topics include general information about the organization, growth projections, information about the organization's contracted vendors, financial documentation, information about the organization's health care provider network, documentation of how health plan services are performed, customer service data, data integration and utilization documentation, and data security measures. A team of five staff members from ETF independently reviewed all aspects of Aspirus' application and supporting documentation. The review team then met to develop the discussion points listed below and the recommendation to the Board.

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

 Electronically Signed 5/3/21

Board	Mtg Date	Item #
GIB	5.12.21	8C

Operating Experience

The Health Program Agreement requires plans to have a minimum of one year of operating experience to participate in the program. The purpose of this requirement is to provide assurance of financial and operating stability. Aspirus Arise Health Plan of Wisconsin, Inc., a subsidiary of Aspirus Health Ventures, was formally created in 2016 with membership first enrolling for January 1, 2017. Aspirus Health Ventures rebranded the health plan to Aspirus Health Plan after a complete acquisition from the former co-owner WPS Health Solutions. At the end of 2020, Aspirus Health Plan parted ways with their former services administrator, and beginning on January 1, 2021, PreferredOne became the administrator for Aspirus Health Plan. PreferredOne has 36 years of health plan experience, beginning in 1984, and 21 years of experience administering health plan benefits to state employees since they have been part of the State of Minnesota employee plan offerings since 2000. ETF considers Aspirus to have met the one-year operating requirement.

The new relationship between Aspirus and PreferredOne was a primary concern of the ETF review team. ETF requested clarity from Aspirus on which services would be provided by Aspirus as opposed to PreferredOne. PreferredOne will provide all the following services under the direction of Aspirus:

Sales Support	Underwriting	ASO
Risk Adjustment Support	Product Development	Plan Product and Market Research
Medical Management	Provider Contracting and Maintenance	Account and Membership Administration
QHP and Marketplace Required Services	Claims Processing	Accounting and Finance
Corporate and Regulatory Services	Marketing and Communications	Telehealth Integration
Actuarial	Reporting and Analytics	

Aspirus explained that the contracted services with PreferredOne are coordinated by Aspirus and are flexible to meet the contractual requirements required to participate in the GHIP. This model is similar to how other health plans participating in the GHIP already operate.

The ETF review team also discussed with the State of Minnesota’s Public Employee Health Insurance Plan their experience with PreferredOne. Minnesota reports an overall positive experience which is further endorsed by the State of Minnesota’s long history with PreferredOne as a contractor.

Statutory Authority to Contract

Aspirus meets the requirements of [Wis. Stat. § 40.03\(6\)\(a\)](#) and is licensed by the Office of the Commissioner of Insurance (OCI) to provide insurance in the State of Wisconsin.

Attestations for Contract Requirements

Aspirus has attested to the ability and willingness to comply with all requirements presented in the Health Program Agreement, Uniform Benefits, Department Terms and Conditions, and all data and data security requirements.

Provider Network

Aspirus' largest provider network agreement is with the Aspirus Network, Inc. (ANI), which includes Aspirus, Inc. subsidiaries and affiliates, as well as various independent providers in the Aspirus Health Plan service area. In addition to Aspirus, Inc., Aspirus also has contracts with providers and facilities with the following health systems: Ascension, Aurora, Bellin Health, Gunderson, UW Health, and ThedaCare. Aspirus anticipates offering its health maintenance organization (HMO) in Central Wisconsin in the following counties, Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Sauk, Shawano, Taylor, Vilas, Waushara, and Wood.

The ETF review team believes that the addition of Aspirus will provide additional competition and increase access to health care services for members. Several counties where Aspirus intends to offer coverage overlap with counties that GHIP has historically had a difficult time gaining qualified, Tier 1 plan offerings, therefore requiring the State Maintenance Plan (SMP) for locals. The addition of Aspirus may help alleviate this concern.

Claims Processing and Customer Service

Aspirus presented recent data from PreferredOne's customer service experience and claims processing experience. PreferredOne is already meeting and/or exceeding all customer service requirements including call answer timeliness, call abandonment rate, and open call resolution turn-around time. Additionally, PreferredOne's customer service team's hours of operations exceed the requirements set in the Health Program Agreement. PreferredOne is also already meeting and/or exceeding all claims processing requirements including processing accuracy, processing time, and electronic written inquire response.

Prior Authorizations and Medical Management

The ETF review team had concerns about details regarding the Prior Authorization list and criteria provided in Aspirus' initial application response. The Prior Authorization list was marked as confidential and contained criteria that was not in-line with requirements established in Uniform Benefits. After a discussion, additional information was provided which stated that PreferredOne's prior authorization list, under direction from Aspirus, will be adapted to meet the requirements of the Health Program Agreement and Uniform Benefits.

The ETF review team also questioned the initial documentation relating to Medical Management, primarily because it was not clear which entity would be providing which services. After further discussion, additional documentation was submitted that clearly defines how medical management services will be administered to GHIP members. Aspirus Network, Inc. will provide Complex Case Management and Disease Management on behalf of Aspirus. Medical Management, Quality Assurance, Prior Authorization, and Behavioral Health Management services will be provided by PreferredOne on behalf of Aspirus. This will require coordination between Aspirus and PreferredOne and ETF will be following closely it to ensure a high level of customer satisfaction is achieved.

Data and Data Security

Aspirus attested that they and their vendors, including PreferredOne, have the capability, capacity, and willingness to adhere to all data transmission, sharing, and security requirements required by the Health Program Agreement and the Department Terms and Conditions. This includes the ability to accommodate a HIPAA 834 file for enrollment, data sharing requirements outlined in a Data Sharing Agreement, transferring provider and claim-level data monthly to the Department's data warehouse, and the ability to handle required data transfers for pharmacy claims data, wellness and disease management data, dental claims data, and Wisconsin Health Information Organization (WHIO) data. Also, Aspirus has the capacity and intention to submit the results of their annual commercial Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and Healthcare Effectiveness Data and Information Set (HEDIS) data results.

The initial data security documentation from Aspirus contained only information pertaining to PreferredOne's policies, procedures, and reports. Following a discussion, Aspirus provided documentation specific to policies and procedures for Aspirus Health Ventures. A SOC 2 Type 2 report, completed in 2019 was also submitted for PreferredOne; however, Aspirus Health Ventures (including Aspirus Health Plan) has not completed a SOC 2 Type 2. They are aware that a SOC 2 Type 2 is a requirement for all GHIP contracted health plans starting plan year 2023. If approved by the Board, Aspirus would immediately enter a data security improvement plan similar to all other contracted health plans.

Recommendation

The ETF review team unanimously decided that Aspirus appears to be ready, capable, and willing to provide health insurance services in accordance with the requirements set by the Health Program Agreement, Uniform Benefits, and the Department Terms and Conditions. While there are still areas of concern, the review team feels confident that these concerns can be addressed and overcome through the onboarding process. Therefore, the ETF review team recommends the Board accept the application from Aspirus so they can submit a bid for providing health plan services for plan year 2022.

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