



STATE OF WISCONSIN
Department of Employee Trust Funds
 A. John Voelker
 SECRETARY

Wisconsin Department
 of Employee Trust Funds
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
 etf.wi.gov

Correspondence Memorandum

Date: July 15, 2021

To: Group Insurance Board

From: Renee Walk, Lead Policy Advisor
 Office of Strategic Health Policy

Subject: 2022 Uniform Benefits Changes & Updates

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

Background

The Group Insurance Board (Board) approved changes to the benefits offered under the Group Health Insurance Program (GHIP) in May 2021. Since that time, the Department of Employee Trust Funds (ETF) has learned of a few important changes to benefits resulting from new federal guidance as well as vendor clarifications.

Colonoscopies Covered at Age 45

The United States Preventive Services Task Force (USPSTF) is an advisory organization that evaluates the evidence behind medical treatments and provides a letter grade associated with the quality of evidence supporting a treatment. The Patient Protection and Affordable Care Act (ACA) requires health insurance plans to cover services that receive an “A” or “B” letter grade from USPSTF with no cost to members. USPSTF has long recommended that adults receive a first screening colonoscopy at age 50. In June of this year, USPSTF revised those recommendations; adults are now recommended to receive their first screening colonoscopy at age 45. The change was made due to changes in observed cancer rates. While colon cancer rates in adults over age 50 have been declining, rates for people ages 40 to 50 have been increasing at the national level.

If a USPSTF recommendation changes mid-plan year, health plans are not required to adopt the change at that time, unless the recommendation is to discontinue a service. Plans typically must comply for the plan year that begins on or after one year from the

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

Electronically Signed 08.09.21

Board	Mtg Date	Item #
GIB	8.18.21	4A

date the recommendation was effective. ETF will require that all plans conform to this change for the 2022 plan year.

Updated Federal Maximum Out of Pocket (MOOP) Values

At the time the May 2021 Board memo was drafted, the federal Department of Health and Human Services (HHS) had issued a draft payment parameters rule that updated MOOP values to \$9,100 for an individual and \$18,200 for a family. In May, HHS revised the payment rule to lower the new MOOP values. The final rule sets MOOP at \$8,700 for an individual and \$17,400 for family coverage. These will be the values with which ETF will implement the Board's May decision to annually update MOOP values in line with the amounts established by HHS ([Ref. GIB | 05.12.21 | 8F](#)).

Medicare Advantage to Follow Different MOOP Accumulation Rules

After the Board meeting in May, ETF was notified by United Healthcare (UHC) that, due to systems limitations, they were not able to aggregate all services to the MOOP for the Medicare Advantage (MA) plan. Specifically, hearing aid claims are processed separately and cannot be easily combined to process with the correct MOOP accumulator. They indicated that a system change to allow this would be costly, and not likely approved by UHC's claims team due to competing projects.

Given the richness of the benefits, it is very unlikely that a MA member would ever meet the MOOP. In lieu of a system change, UHC will provide ETF with an annual report that verifies that members who have received a hearing aid through UHC would not have met or exceeded their MOOP in virtue of the cost paid for the hearing aid (estimated to be between \$200 and \$400 out of pocket). If a member does reach that cost threshold, UHC would adjust claims to refund the member's out of pocket costs.

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