

DRAFT

MINUTES

November 17, 2021

Group Insurance Board

State of Wisconsin

Location:

The Board meeting was held via teleconference.



BOARD MEMBERS PRESENT:

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

Dan Fields
Walter Jackson
Katy Lounsbury
Brian Pahnke
Peggy Wirtz-Olsen

BOARD MEMBER(S) ABSENT:

Bob Wimmer

PARTICIPATING EMPLOYEE TRUST FUNDS (ETF) STAFF:

Office of the Secretary:

John Voelker, Secretary
Kimberly Schnurr, Board Liaison

Office of Strategic Health Policy:

Eileen Mallow, Brian Stamm, Renee Walk, Jessica Rossner, Tricia Sieg, Aruna Kallon, Sara Brockman, Molly Heisterkamp, Tom Rasmussen, Douglas Wendt, Arlene Larson, Rachel Carabell

OTHERS PRESENT

Office of the Secretary:

Shirley Eckes, Pam Henning

ETF Staff:

Monica Anderson, Ralph Bauer, Luis Caracas, Diana Felsmann, Patrick Hughes, Dan Hayes, Liz Doss-Anderson, Jim Guidry, Tarna Hunter, Nancy Ketterhagen, Joanne Klaas, Mary Richardson, Tim Steiner, Yikchau Sze, Sarat Tadi, Xiong Vang, Wade Whitmus, Kathryn Young, Cheryllynn Wilkins, Amanda Williams, Michelle Hoehne, Korbey White, David Maradiaga

DOT:

Janet Cannon

DOA:

Julie Perry, Derek Sherwin

Public:

Amanda Sonnenburg, Joanne Alig, Kathryn Beals, Betsy Fulmer, Betsy Vinopal, Brianne Jobke, Vanessa Cagal, Kjirsten Elsner, Erin Schoonmaker, Gary Praznik, Greg Cieslewicz, John Trochlell, John Lawton, Karen L. Markstahler, Linsey Tennyson, Megan Wohlfeil, Hannah Neylon, Ray Morgyn, De Arcy Raybuck, Ryan D. Olson, Sean

Board	Mtg Date	Item #
GIB	2.16.22	2A

Kirkby, Sherrie Sargent, Tim Lundquist,
Laura Wolfe

Others (Unidentified):
15 individuals connected via telephone

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

ANNOUNCEMENTS

Ms. Mallow provided the following updates:

- Introduced the new Board Liaison, Kimberly Schnurr.
- Chief Legal Counsel, David Nispel, retired in early October and recruitment to fill the vacancy is underway.

CONSIDERATION OF OPEN MEETING MINUTES OF AUGUST 18, 2021

MOTION: Ms. Thompson moved to approve the open session minutes of the August 18, 2021 meeting as submitted by the Board Liaison. Mr. Pahnke seconded the motion, which passed unanimously on a voice vote.

NOVEMBER COVID-19 UPDATE

Ms. Walk and Ms. Rossner discussed the background of the public health emergency to date. Ms. Walk included the following items in her update to the Board:

- There have been no new legislative changes since last Board meeting.
- The Equal Employment Opportunity Commission (EEOC) continues to update guidance for employers on how to handle various work and pandemic-related issues.
- The FDA has now authorized “mix-and-match” boosters, as well as a Pfizer vaccine for children as young as five-years old.

Ms. Walk discussed vaccines, variants, and member deaths using life insurance claim information provided by Securian, the Board’s life insurance vendor.

Ms. Rossner referred the Board to the November COVID-19 Update memo (Ref. GIB | 11.17.21 | 3). She provided COVID-19 patients’ costs and cost change information from 2019 through September 2021. Ms. Rossner also provided a trend analysis of all care and elective care by service category. Several trends from the preventative health visits and screenings reports generated from Securian’s data were indicative of rates returning to pre-COVID-19 levels. Ms. Rossner highlighted the Board’s dental program as an example, stating that as of October 18, 2021, dental claims were slightly above the 2019 amounts. This showed that a substantial number of members were returning to dental offices for care.

Ms. Rossner shared that while the current Delta COVID-19 wave may be attenuating, it appeared that COVID-19 would continue to persist within the population to some extent for the foreseeable future. Nonetheless, ETF plans to monitor the impacts of the COVID-19 pandemic and report any substantial changes to the Board.

ETF STRATEGIC PLAN AND MODERNIZATION UPDATE

Mr. Voelker provided an overview of the programs ETF administers and overall governance structure for the agency and the individual benefit programs. The ETF Strategic Plan Framework is supported by the agency's mission, vision and values. The Strategic Plan's insurance-related goals include:

- Enable accurate self-service and timely enrollment and eligibility administration for ETF customers
- Ensure insurance program sustainability
- Optimize processes to leverage capabilities of modernized activities
- Attract, integrate and advance top talent
- Modernize and integrate systems and data

Mr. Voelker also shared the modernization timelines for both the insurance administration system and how those may intersect with the insurance-planned business activities and initiatives.

BOARD STRATEGIC INITIATIVES UPDATES

Specialty Drugs and Site of Care Report

Ms. Sieg referred the Board to the Specialty Drugs and Site of Care Report (Ref. GIB | 11.17.21 | 5A). The report describes the research progress and initial findings related to a Board initiated topic on specialty drugs and the site where those specialty drugs are administered to members. Ms. Sieg's presentation encompassed the following:

- History and background
- What others are doing about specialty drugs
- Analysis of board initiative and options
- Next steps

Ms. Sieg stated that during the upcoming May 2022 Board meeting, ETF intends to request Board action regarding what approach to take on medical and pharmacy benefits related to specialty drugs. Any approved changes would take effect January 1, 2023.

Ms. Sieg shared some potential options, along with the subsequent pros and cons of each option, for the Board to consider and discuss. Ms. Sieg concluded her presentation with details regarding what ETF staff's next steps would be in 2022. Effort would be focused on the following actions:

- Solicit feedback from members, vendors, providers, internal ETF staff, and employers

- Talk with external advisors from Segal Consulting, IBM Watson, Navitus, and others
- Potential request Board action during the May 2022 meeting for changes to be implemented on January 1, 2023

Board members discussed the progress and initial findings, including the need for a significant member educational campaign if program changes were considered to avoid degradation of member access to care.

Initial Analysis of Social Drivers of Health

Mr. Kallon shared that in 2019, the Board approved a series of initiatives to improve the health of the population enrolled in the State of Wisconsin Group Health Insurance Program (GHIP) (Ref. GIB | 11.13.19 | 6). One of these initiatives set out to examine the role that social determinants or drivers of health (SDOH) play in the health and wellbeing of GHIP members.

He discussed health plan approaches, results from examining other states' incorporation of SDOH initiatives, and different data opportunities and potential limitations.

Ms. Walk went over the next steps for ETF staff, which included:

- Identify internal staff to lead outreach efforts
- Identify participants and ways to engage with individuals and communities
- Develop a scrutinous, gradual approach to ensure buy-in and that programs effectively meet member needs
- Develop partnerships with employers to explore opportunities for data sharing

2022 OPEN ENROLLMENT CAMPAIGN

Ms. Brockman shared highlights from the 2022 Open Enrollment Campaign.

She discussed that the 2022 guides are not materially different from 2021 versions. Ms. Brockman shared that the open enrollment now includes a two-minute video overview of 2022 changes to health benefits that applied to all members.

The Open Enrollment website was also enhanced to provide updates for existing content and communicate key changes that would go into effect in 2022. Finally, a new Health Benefits Education resource center was launched.

Ms. Brockman shared that overall webinar attendance was lower for the 2022 open enrollment period. She suggested that this was due to eliminating a webinar session type, minimal benefit changes, and additional vendor outreach. Attendee feedback, however, was overwhelmingly positive.

WELL WISCONSIN RFP UPDATE

Ms. Heisterkamp reminded the Board that they had approved the release of a Request for Proposals (RFP) during the August 18, 2021 meeting for the Well Wisconsin program's third-party administration (Ref. GIB | 11.17.21 | 2). She reported that ETF had begun to develop the RFP's program requirements and questionnaires. In response to the Request for Information (RFI) responses that were shared with the Board, ETF had identified three wellness program areas for vendors to submit proposals to: well-being services and support similar to what is currently offered, mental health and well-being support, and chronic condition management.

MEQUILIBRIUM PILOT PROGRAM

Ms. Heisterkamp shared that due to the ongoing pandemic and its impact on the mental health and well-being of GHIP members, WebMD (the Board's wellness vendor) proposed implementing the meQuilibrium (meQ) pilot program as part of the Well Wisconsin program offerings. meQ is an evidence-based stress and resilience digital coaching solution available on the web and on a mobile device. Ms. Heisterkamp stated that updates would be provided to the Board at the upcoming May 2022 meeting.

INITIAL FINDINGS FROM THE 2020 BENEFIT CHANGE RELATED TO VACCINE COVERAGE

Ms. Sieg discussed the commercial vaccines at pharmacy timeline from May 2019 to December 2020. On January 1, 2020, non-Medicare members were eligible to receive vaccinations at pharmacies. This made a significant difference for members who opted to receive their COVID-19 vaccinations at the pharmacy. Ms. Sieg stated that members as young as six-years old are now able to participate in vaccine access through pharmacies.

In addition to the COVID-19 vaccine, the Universal Pharmacy Benefit (UPB) allows members to receive other common, regularly schedule vaccinations at pharmacies. Some of the standard vaccinations available are Varicella, Human Papillomavirus, Meningococcal disease, and the annual influenza vaccine.

Mr. Stamm focused on the influenza vaccine during his half of the presentation.

Mr. Stamm also discussed how the utilization of pharmacies for vaccinations was affected by state law changes. The first, 2019 Wisconsin Act 24 (Act 24), had been signed into law November 19, 2019. It allowed pharmacists and pharmacy students (acting under the direct supervision of a pharmacist) to administer vaccines on the list of immunization schedules recommended by the Federal Advisor Committee on Immunization Practices without a prescription order to patients six years old and over. Any vaccines that aren't on that list must have a prescription order.

More recently, on February 21, 2021, 2021 Wisconsin Act 3 (Act 3) was signed into law that expanded some of the conditions Act 24 had previously set. Mr. Stamm ended his presentation by reiterating how the change of the UPB approved by the Board in May

2019 made it easier for members to get their vaccinations. He suggested the Board continue to monitor the financial impact of allowing vaccines at lower-cost places of service.

PROGRAM AUDITS

Audit of Pharmacy Benefit Manager Services and Medicare Part D Employer Group Waiver Plan

Ms. Sieg referred the Board to the report and accompanying documents submitted as part of the Audit Pharmacy Benefit Manager Services and Medicare Part D Employer Group Waiver Plan (EGWP) memo (Ref. GIB | 11.17.21 | 10A). The audit, conducted by PillarRx Consulting, LLC (PillarRx), an independent auditing firm that specializes in the pharmaceutical industry, assessed Navitus Health Solutions, LLC (Navitus), as the Pharmacy Benefit Manager (PBM) contracted with the Board. The audit examined Navitus's administration of the pharmacy benefits offered to all members with the most recent scope concentrated on the following records:

- Commercial pharmacy claims from January 1, 2020 to December 31, 2020
- EGWP pharmacy claims from January 1, 2019 to December 31, 2019
- Pharmacy Network from January 1, 2019 to December 31, 2019
- Pharmacy Rebates from October 1, 2019 to December 31, 2019.

Ms. Sieg stated that after reviewing the audit findings reports from PillarRx, the PBM contract between Navitus and the Board was satisfactory. No additional actions were recommended from the Board or PillarRx.

Delta Dental Uniform Dental Benefit Audit Results

Mr. Rasmussen referred the Board to the Delta Dental (Delta) Uniform Dental Benefit Audit Results memo (Ref. GIB | 11.17.21 | 10B). He shared that ETF retained Claim Technologies Incorporated (CTI) to conduct a biennial audit of the Uniform Dental Benefit (UDB) Program. It covered the period spanning from January 1, 2019 through December 31, 2020. Mr. Rasmussen explained that CTI had conducted the audit according to the accepted standards and procedures for claim audits in the health insurance industry.

During his presentation, Mr. Rasmussen discussed the audit's objectives, operational review, plan documentation review, random sampling of 180 claims, 100% electronic screening (involving 30 targeted samples), and an analysis of the electronic data provided by both Delta and ETF. Although CTI identified a small number of claim issues, which Mr. Rasmussen addressed in his memo to the Board, no systematic issues with Delta's administration of the UDB were noted. Overall, CTI considered the audit to be favorable.

As a result of CTI's audit, the following recommendations were made:

- ETF request that Delta review the financial error identified in one of the 180 random sampling claims and determine whether the coordination of benefits is consistent with ETF's intent.

- ETF discuss with Delta the examples where administration did not match the language in the Summary Plan Description (SPD) to reduce errors moving forward.
- ETF review overpayment reports to better understand causes and recovery process.
- ETF utilize the additional eight hours of post-audit services with CTI.

LONG-TERM CARE STANDARDS AND SUPPLEMENTAL PLAN GUIDELINES CHANGES

Mr. Rasmussen and Mr. Wendt presented the Long-Term Care Standards and Supplemental Guidelines Changes memo for Board approval (Ref. GIB | 11.17.21 | 11).

The Supplemental Plan Guidelines (ET-7422) had the following proposed changes:

- Change Contract Period from two to three years
- Expand information on the requirement to send claims information to the ETF Data Analytics Warehouse (DAISI)
- Add requirement for vendors to participate in ETF's modernization efforts and the new insurance administration system
- Add deadline for recommended vendor to sign contract within 30 days after the May board meeting
- Add language for non-recommended vendors to express concerns about the selection process

The Long-Term Care Standards (ET-7423) had the following proposed changes:

- Set next contract period to two years
- Add deadline for recommended vendor to sign contract within 30 days after the May board meeting
- Add language for non-recommended vendors to express concerns about the selection process

Mr. Day requested a motion to approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) and the Long-Term Care Insurance Standards (ET-7423) for contracts effective for the 2023 plan year.

MOTION: Ms. Evanco moved to approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) and Long-Term Care Insurance Standards (ET-7423) for contracts effective for the 2023 plan year. Mr. Jackson seconded the motion, which passed on the following roll call vote:

Members Voting Aye: Day, Donahue, Evanco, Fields, Houdek, Pahnke, Thompson, Jackson, Wirtz-Olsen.

Members Absent: Wimmer, Lounsbury.

MEDICARE ADVANTAGE PROGRAM

Medicare Advantage Request for Information

Ms. Larson shared that ETF released a Request for Information (RFI) for Medicare Advantage (MA) vendors on February 15, 2021, and responses were due April 2, 2021. The purpose of the RFI was to learn how significantly the MA marketplace had changed since 2017.

Ms. Carabell reported that responding vendors with GHIP participation status included Dean, HealthPartners, Network, Quartz, and UnitedHealthcare (UHC). Conversely, vendors that responded to the RFI that did not participate in the GHIP were Aetna, Anthem, Humana, and Medica.

Ms. Larson and Ms. Carabell highlighted some of the questions that yielded the most noteworthy responses from vendors.

The vendors responses regarding potential financial, market, regulatory, and product changes included increased use of data, value-based payments, telemedicine, and price transparency. Vendor responses also shared concerns about federal funding and benefit changes that may impact premiums, and federal prescription drug pricing proposal to shift costs onto payers.

Ms. Larson and Ms. Carabell reported that vendors provided the recommended changes below:

- Provide more affordable options
- Separate benefits for Medicare retirees from benefits for active employees and non-Medicare retirees
- Allow all plans to administer MA with HMO and PPO options
- Increase cost-sharing for high-cost care
- Add more supplemental benefits that promote access to care.

Additional information presented by Ms. Larson and Ms. Carabell from the MA RFI responses was that of the Willis Towers Watson (WTW) Proposal. WTW is a global health insurance broker that administers a private marketplace or exchange for Medicare beneficiaries. A summary of WTW proposal and drawbacks were presented. An example was the tax implications of using sick leave credits to pay for health insurance under the WTW option. This would likely require a statutory change and would cause significant change in how retirees select coverage.

State of Wisconsin Medicare Advantage (MA) Health Benefit Plan Contract Extension Request

Ms. Larson referred the Board to the State of Wisconsin MA Health Benefit Plan Contract Extension Request memo (Ref. GIB | 11.17.21 | 12B).

Ms. Larson stated that recent changes made by UHC as part of meeting the department's goals included lower premiums for 2022. Additionally, UHC established a gain-sharing arrangement and a two-year rate lock.

Ms. Larson also reported that the UHC plan offered to GHIP members had consistently high scores on the Centers for Medicare and Medicaid Services (CMS) star-rating system, with five stars being the highest standard. The UHC plan received a 4.5 score over the past four years; and, in 2021, the plan had scored a five-star rating.

Mr. Day asked for a motion to approve renewing the MA contract with UHC for one, two-year period extending through December 31, 2025.

MOTION: Ms. Thompson moved to approve renewing the MA contract with UHC for one, two-year period extending through December 31, 2025. Mr. Fields seconded the motion, which passed on the following roll call vote:

Members Voting Aye: Day, Donahue, Evanco, Fields, Houdek, Lounsbury, Pahnke, Thompson, Jackson, Wirtz-Olsen.

Members Absent: Wimmer.

OPERATIONAL UPDATES

Ms. Mallow referred the Board to the Operational Updates in the Board packet (Ref. GIB | 11.17.21 | 13A-13H) and provided an overview of the written memos.

Ms. Mallow asked if there were any questions from the Board regarding any of the materials in the reports and received no questions.

FUTURE ITEMS FOR DISCUSSION

Ms. Mallow referred the Board to the Tentative February 2022 Agenda (Ref. GIB | 11.17.21 | 14) and highlighted items for the upcoming February meeting. She also asked the Board for feedback or suggestions for additional items to address at that meeting.

Mr. Pahnke requested ETF to provide a grid of contracts to the Board that tracked contract renewals, extensions, and any other information that related to the contract timing the Board should be aware of. Ms. Mallow stated that ETF would work on this request and have a document prepared for one of the upcoming Board meetings in 2022.

MOVE TO CLOSED SESSION

Mr. Day announced that the Board would meet in closed session to discuss ETF's Information and Security Management program and would be getting an update on security measures in place to protect information.

Mr. Day asked for a motion to convene in closed session pursuant to the exemption contained in Wis. Stats. §19.85 (1) (d) to consider strategy for crime detection or prevention. If a closed session is held, the Board may vote to reconvene in open session following the closed session.

MOTION: Mr. Jackson moved to approve moving to closed session pursuant to the exemption contained in Wis. Stats. §19.85 (1) (d) to consider strategy for crime detection or prevention. If a closed session is held, the Board may vote to reconvene in open session following the closed session. Ms. Evanco seconded the motion, which passed on the following roll call vote:

Members Voting Aye: Day, Donahue, Evanco, Fields, Houdek, Pahnke, Thompson, Jackson, Wirtz-Olsen.

Members Absent: Wimmer, Lounsbury.

The Board convened in closed session at 12:05 p.m.

The Board returned to open session at 12:37 p.m.

ANNOUNCEMENT OF BUSINESS DELIBERATED DURING CLOSED SESSION

Mr. Day, Board Chair, announced during closed session that members of the Board and essential ETF staff listened to a presentation regarding ETF's Information and Security Management program and received an update on security measures in place. No action was taken.

ADJOURNMENT

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

The meeting adjourned at 12:40 p.m.

Date Approved: _____
Signed: _____
Nancy Thompson, Secretary
Group Insurance Board