Welcome to the Group Insurance Board

November 16, 2022



WI-GUEST

No Password is needed

Meeting will begin at: 8:30 a.m.



Please Sign In

- Who? All meeting attendees
- Sheet available at the door





Please Silence your Cell Phone and Mute your Microphone

Announcements

Item 1 – No Memo

Eileen Mallow, Director

Office of Strategic Health Policy



Consideration of: Open and Closed Minutes of August 17, 2022





Action Needed

 Motion needed to accept the Open and Closed Minutes of the August 17, 2022 Meeting as presented by the Board Liaison.

Supplemental Insurance Plans **Guidelines Changes**



Item 3 - Group Insurance Board

Tom Rasmussen, Life and Dental Program Manager Douglas Wendt, Supplemental Plans Program Manager Office of Strategic Health Policy



Action Needed

• ETF requests the Board approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) for the contract effective for the 2024 plan year.

Proposed Changes Supplemental Plan Guidelines (ET-7422)

Accept proposals for Supplemental Dental for a three-year contract period

Require insurers to submit bid with a two-year premium guarantee and third year premium cap

Include language on the requirements to submit claims information to DAISI

Enhance language outlining requirements to submit and receive data to ETF and Benefitfocus

Add and/or amend Attachments B, E, F and H



Action Needed

• ETF requests the Board approve modifications to the Supplemental Insurance Plan Guidelines (ET-7422) for the contract effective for the 2024 plan year.

Questions?

2023-2025 Biennial Budget

Item 4 – Memo Only

Tarna Hunter, Government Relations Director
Office of the Secretary



Informational item only

No Board action is required.

Questions?

Income Continuation Insurance Program Changes



Item 5 – Group Insurance Board

Matt Stohr, Administrator **Division of Retirement Services**

Jim Guidry, Director Benefit Services Bureau

Paul Correia, Principal and Consulting Actuary Milliman, Inc.



Action Items

 The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve the recommended changes to the Income Continuation Insurance (ICI) Program state and local plan language contained in Attachment A.

Review of ICI Program Changes

ETF is recommending the Board approve ICI plan language amendments that update the maximum earnings eligible for coverage under the ICI Standard Plan from \$64,000 to \$120,000.

- Consolidates standard and supplemental coverage as approved by the Board in February 2017
- Requires plan language changes
- Increases the share of earnings available for employer share and increases coverage for employees earning more than \$64,000 but are not enrolled in supplemental coverage



Additional Information Requested

At the August GIB meeting, the Board requested additional information:

- Current supplemental coverage enrollment and premium impact details
- Changes in employer costs by agency
- Sample premium rate tables



Standard vs. Supplemental

Standard Plan

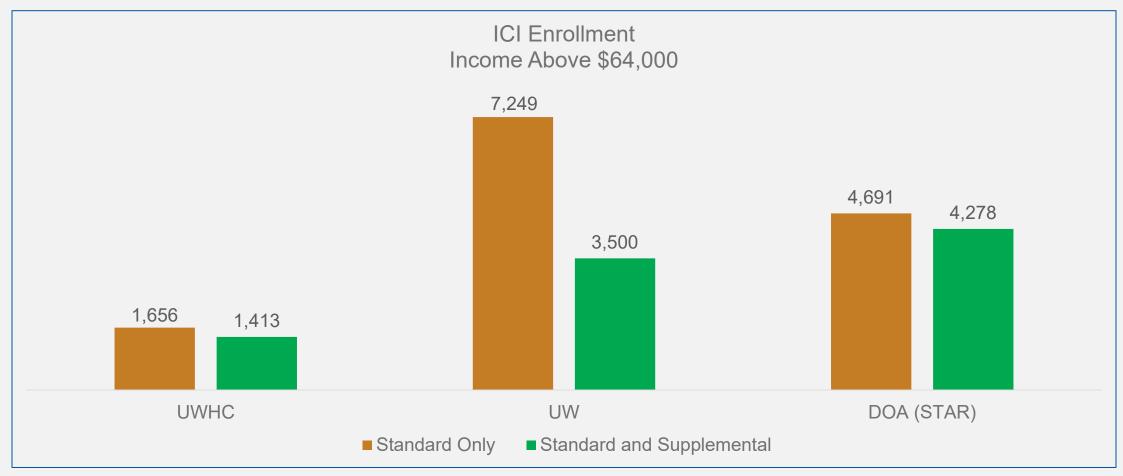
- Covers up to \$64,000 of annual earnings
- \$4,000 maximum monthly benefit
- Premiums shared by employees and employers
- Employer share § 40.05 (5)

Supplemental Coverage

- Coverage for annual earnings from \$64,000 to \$120,000
- \$7,500 maximum monthly benefit
- Employee pays 100% of premiums

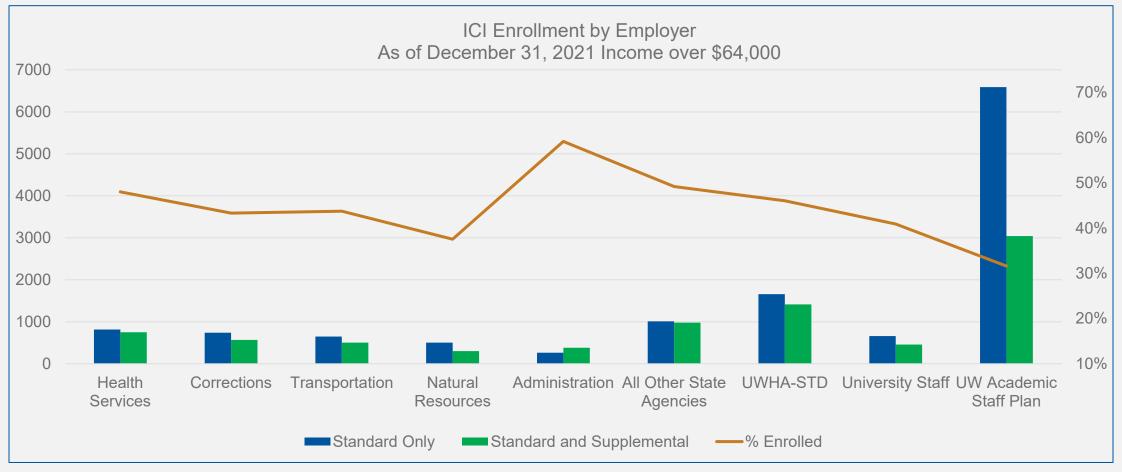


ICI Enrollment



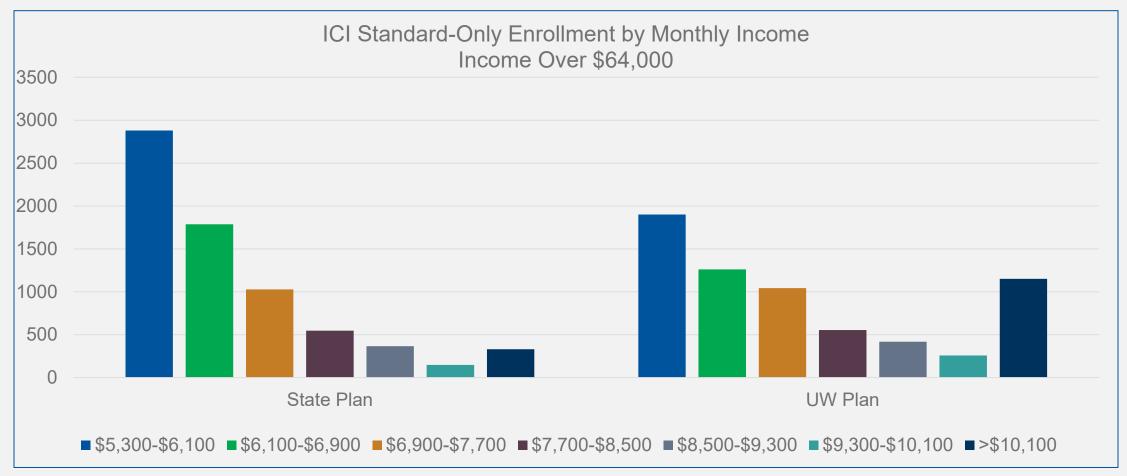


ICI Enrollment by Employer





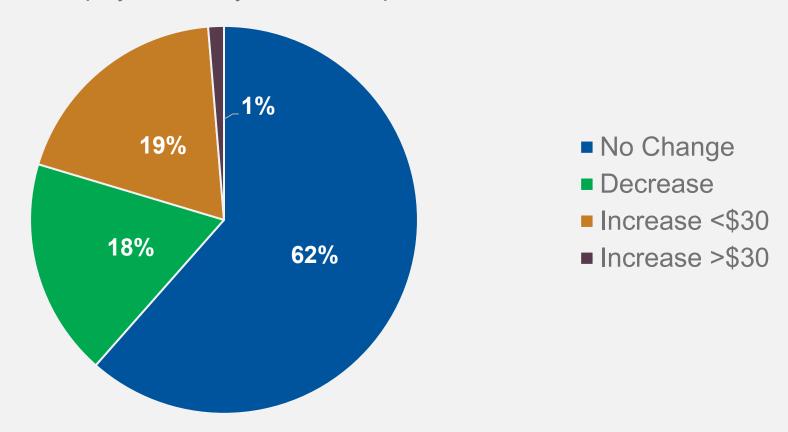
ICI Standard-Only Enrollment by Monthly Income





Employees

Employee Monthly Premium Impact-All ICI Enrollees



Employees-State Enrollees

Employee Monthly Premium Changes Income over \$64,000-Standard Enrollment Only Category 1*

Monthly Income	Enrollment	Low	High
\$5,300-\$6,100	438	\$1.16	\$10.45
\$6,101-\$6,900	379	\$11.70	\$21.07
\$6,901-\$7,700	155	\$22.40	\$31.69
\$7,701-\$8,500	61	\$33.10	\$42.55
\$8,501-\$9,300	44	\$43.63	\$53.00
\$9,301-\$10,100	9	\$54.25	\$62.21
>\$10,100	35	\$62.21	\$62.21
Total	1121		

*Less than 23 days of accumulated sick leave

Employee Monthly Premium Changes Income over \$64,000-Standard Enrollment Only Category 2**

Monthly Income	Enrollment	Low	High
\$5,300-\$6,100	162	\$0.00	\$8.22
\$6,101-\$6,900	152	\$8.87	\$15.97
\$6,901-\$7,700	68	\$16.97	\$24.01
\$7,701-\$8,500	50	\$25.08	\$32.24
\$8,501-\$9,300	14	\$33.06	\$40.16
\$9,301-\$10,100	12	\$41.11	\$47.14
>\$10,100	13	\$47.14	\$47.14
Total	471		

**23-64 days of accumulated sick leave



Employees-UW Faculty/Academic Staff Plan

Employee Monthly Premium Changes Income over \$64,000-Standard Enrollment Only UW Faculty-30 Day Elimination Period

Monthly Income	Enrollment	Low	High
\$5,300-\$6,100	291	\$0.00	\$5.64
\$6,101-\$6,900	201	\$6.43	\$11.57
\$6,901-\$7,700	168	\$12.31	\$17.40
\$7,701-\$8,500	79	\$18.18	\$23.37
\$8,501-\$9,300	63	\$23.96	\$29.11
\$9,301-\$10,100	37	\$29.80	\$34.17
>\$10,100	130	\$34.17	\$34.17
Total	969		

Employer Premiums

Increasing ICI Covered Payroll to \$120,000-Employer Average Premium for all Enrollees					
Employer	Number of Employees	Average Premium Current	Average Premium New	Difference	Annual Increase
DOA (STAR)	19,942	\$12.71	\$15.87	\$3.16	\$757,201
Beyond Vision	31	\$11.65	\$14.63	\$2.98	\$1,109
WHEDA	80	\$16.37	\$22.56	\$6.18	\$5,933
UWHC	5,240	\$8.08	\$11.98	\$3.90	\$245,232
UW	17,025	\$16.64	\$23.42	\$6.78	\$1,385,154
WEDC	0	NA	NA	NA	NA
Total	42,318	\$13.72	\$18.44	\$4.71	\$2,391,813

Agency Premiums-Top 10

Increasing ICI Covered Payroll to \$120,000-Employer Average Premium for all Enrollees					
Top 10 DOA Agencies by EEs	Number of Employees	Average Premium Current	Average Premium New	Difference	Annual Increase
Corrections	5,853	\$10.51	\$11.62	\$1.11	\$77, 961
Health Services	3,809	\$10.70	\$13.02	\$2.32	\$106,042
Transportation	1,990	\$15.25	\$19.14	\$3.89	\$92,893
Natural Resources	1,314	\$16.73	\$20.50	\$3.77	\$59,445
Workforce Development	991	\$11.93	\$14.50	\$2.57	\$30,562
Administration	899	\$15.75	\$21.49	\$5.73	\$61,815
Veterans Affairs	602	\$8.50	\$10.22	\$1.72	\$12,425
Revenue	586	\$15.21	\$19.61	\$4.40	\$30,941
Children and Families	415	\$13.42	\$17.26	\$3.85	\$19,173
DATCP	355	\$15.99	\$18.81	\$2.83	\$12,056

Other Impacts

- Annual supplemental enrollment period becomes obsolete
 - Annual reviews by employers not needed
 - The Hartford will no longer have to process supplemental coverage applications
 - The Hartford will no longer have to verify supplemental coverage
- One premium rate table
- Program simplified; easier to administer and understand
- Local ICI plan on premium holiday



Other Changes

IAS Changes

- Multiple employers within a payroll center
- UW employees in State ICI and UW faculty plans
- Require enrollment into single plan with full salary

Technical Changes

- Reflect current practices
- Update obsolete references
- Clarify plan provisions
- Eliminate unnecessary language
- Renumber and reorder plan provisions



Next Steps: Implementation

Communication to employers and employees

Assist employers and The Hartford with updating program administration

Develop 2024 premium rate tables

- Publish end of November 2023
 - Publish revised plan language
 - Updates to ICI Employer Manual

Review and revise internal processes



Options

1

 Approve all changes to the ICI plan language as provided in Attachment A effective January 1, 2024

2

• Approve all changes to the ICI plan language provided in Attachment A except amend section 2.16 (3) to require a 3-year graduated increase in the ICI Standard maximum eligible salary beginning January 1, 2024.



 Approve changes to the ICI plan language that are related to IAS implementation and technical updates only, with an effective date of January 1, 2023.

Action Items

 The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve the recommended changes to the Income Continuation Insurance (ICI) program state and local plan language contained in Attachment A.

Questions?

2023 Open Enrollment Campaign

Item 6 - Group Insurance Board

Tom Rasmussen, Life and Dental Program Manager
Office of Strategic Health Policy



Informational Item Only

No Board action is required.



2023 Open Enrollment Highlights

Health Plan Changes

- WEA Trust Departure
- Access Plan and State Maintenance Plan Administered by Dean Health Plan
- Medicare Plus Administered by UnitedHealthcare
- Addition of Security Health Plan
- Health Plan Name Changes
- Service Area Expansions



More 2023 Open Enrollment Highlights

Medical Benefit Changes

- Waiver of Prior Authorization for Some Remote Monitoring
- Behavioral Therapy Coverage for Patient's Immediate Family

Pre-Tax Savings Accounts

- Increase in the Annual Contribution Limit
- Minimum Annual Contribution and Balance

Accident Plan

- Benefits Amount Increase
- Additional Benefits Added



Decision Guides

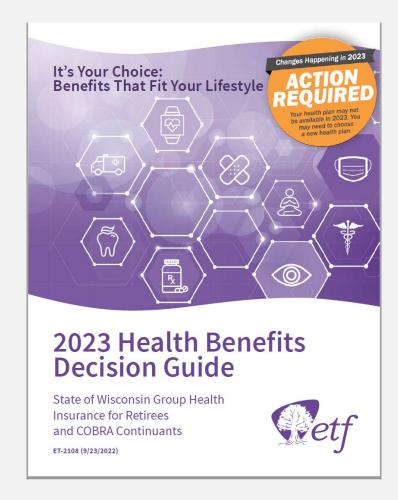
Action Required Graphic on Front Cover

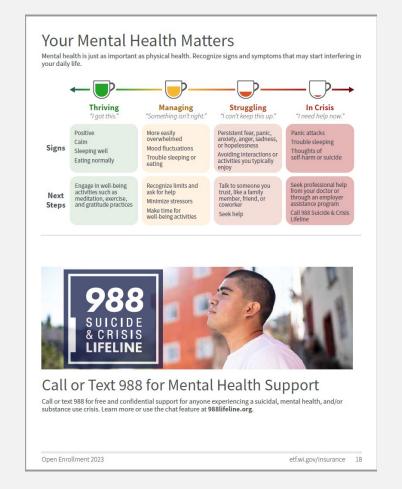
Additional Page of What's Changing Information Added

Addition of Mental Health Graphic



2023 Decision Guide Example





Open Enrollment Webinars

ETF Hosted 55 IYC Webinars

- Health Benefits
- Vendor Q&A
- WEA Departure

Overall Higher Attendance

Generally Positive Feedback from Participants

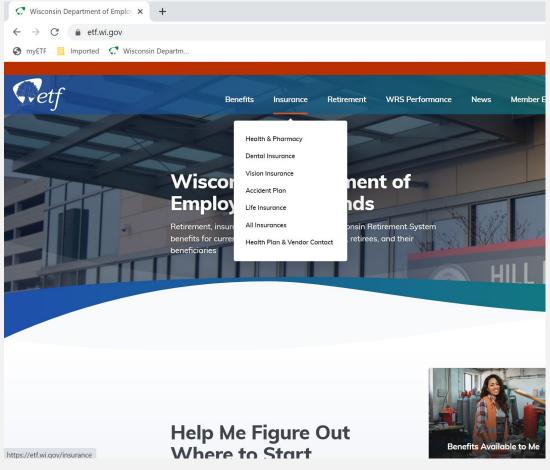
ETF will continue to review and incorporate feedback into future planning



Website

Updates to the Health and Supplemental Benefits Content

- New Insurance Menu
- Updated Web Pages
- Pharmacy



Open Enrollment Preview and eLearning Videos



Preview Video

- Produced and Published by ETF
- Promoted on ETF website
- Viewed 2,665 Times



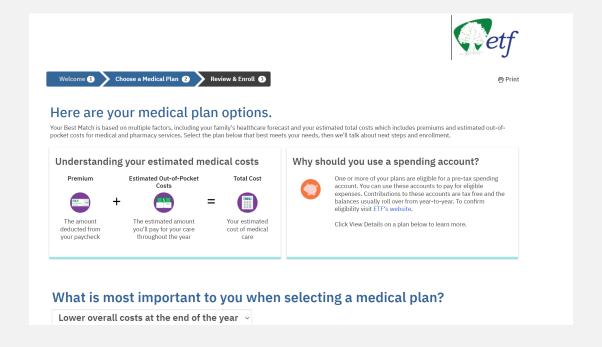
eLearning Videos

- Produced and Published by ETF
- Significant Increase in Views



Benefits Mentor

- ETF's Interactive Benefits
 Counselor for State Employees
 and Non-Medicare Retirees
- Total Log-Ins Increase
- Total Users Decrease
- Feedback Remains Positive



Call Center

Experienced Significant Increase in Call Volume

12,320 In-Bound Calls

WEA Departure Related Questions



Questions?

Wisconsin Health Market Report

Item 7 – Group Insurance Board

Renee Walk, Programs & Policy Unit Director
Office of Strategic Health Policy



Informational Item Only

No Board action is required.



Insurance Carriers

WEA Trust departure

Dean/Medica partnership

Optum purchase of Change Healthcare

Costs increasing globally



Provider Systems

- Aspirus Health System buys seven hospitals, 21 clinics, ambulance service
- Bellin finalized merger with Gundersen
- Essentia Health and Marshfield Clinic announce possible merger

Facility Developments by County

• Barron: -1 (OB/GYN) • Milwaukee: 4

Brown: 2Oneida: 1

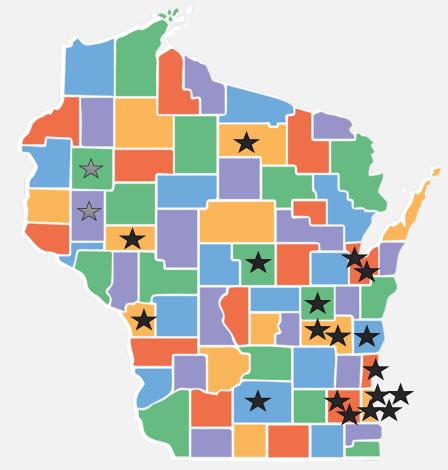
Dane: 1Ozaukee: 1

Dunn: -1 (OB/GYN)Portage: 1

Eau Claire: 1Sheboygan: 1

Fond du Lac: 2Waukesha: 2

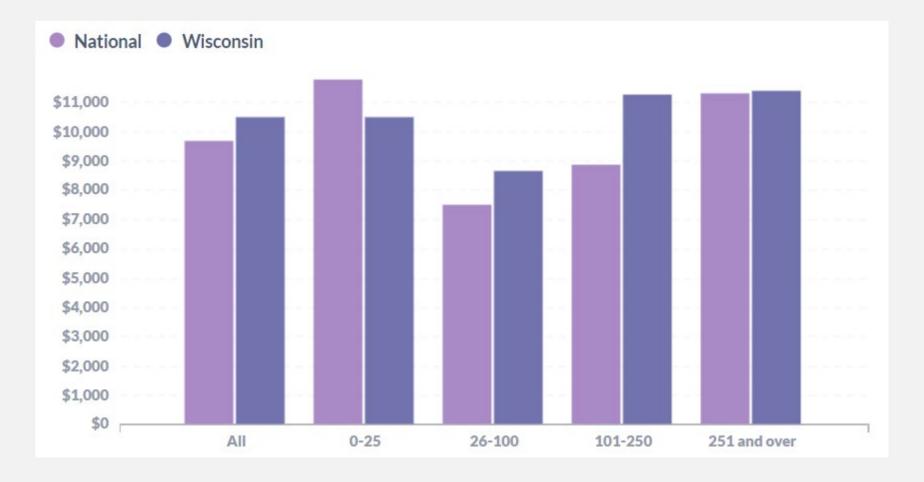
La Crosse: 1Winnebago: 1



NASHP Health Cost Tool

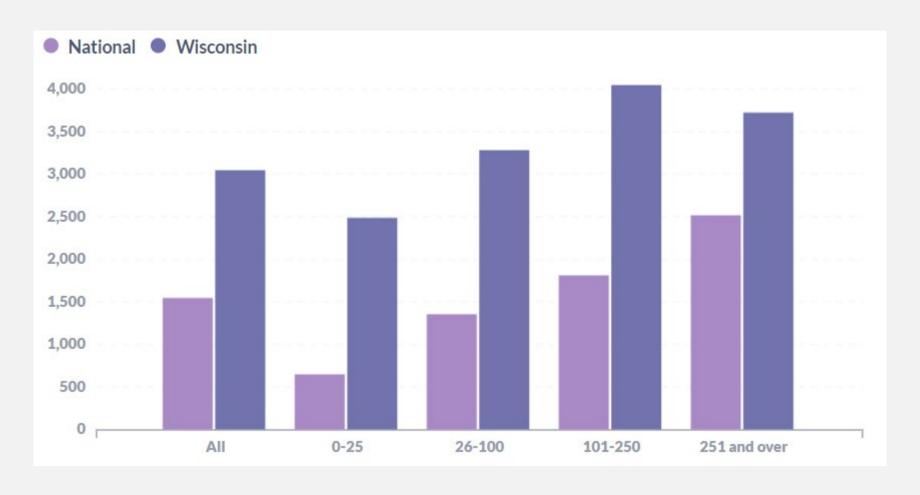
- Interactive tool developed by NASHP and Rice University
- Contains costs and revenue through 2019 as reported to Medicare
- Includes reference prices from Medicare and RAND 3.0 study
- Compare among hospitals, view a single hospital, view a health system, and look at statewide trends
- Publicly available reference tool

Operating Costs in WI vs. National



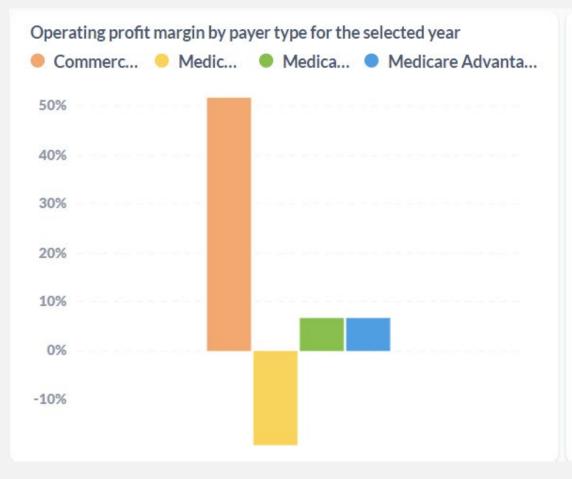


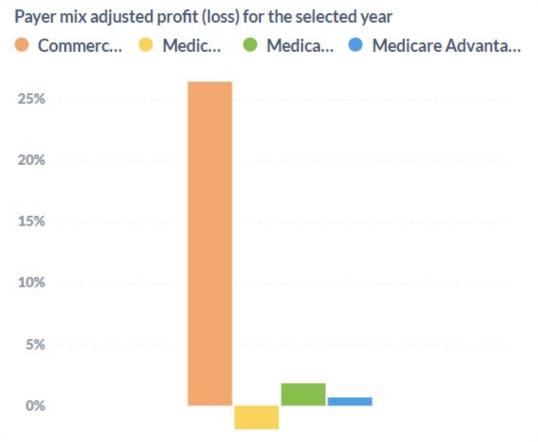
Median Operating Profit in WI vs. National



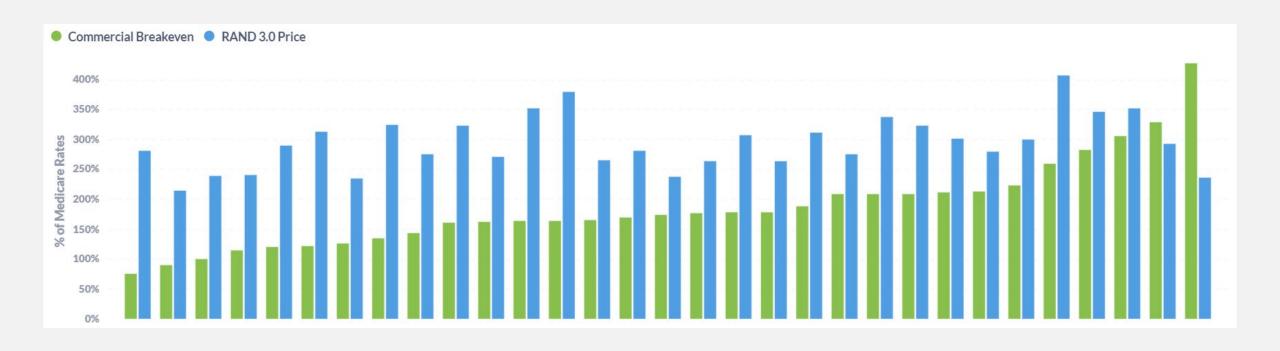


Payer Mix, Example WI Hospital





Breakeven Price, Hospitals w/101 or More Beds





Future Application

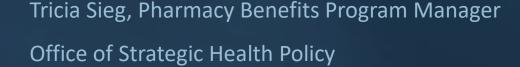
- Full data set is available for download
- Options to incorporate this into annual health plan discussions on contracting and price
- Contract considerations (ex: Centers of Excellence)



Questions?

Audit of Pharmacy Benefit Manager

Item 8 - Group Insurance Board





Informational Item Only

No Board action is required



PBM Audit Background

Eleventh 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



What Did This Audit Examine?

Commercial pharmacy claims January 1, 2021 – December 31, 2021

Employer Group Waiver Plan (EGWP) pharmacy claims January 1, 2020 - December 31, 2020

Pharmacy Network January 1, 2020 - December 31, 2020

Pharmacy Rebates October 1, 2020 - December 31, 2020



Commercial Program Savings 2018-2021

Year	Contracted Claims Ingredient Costs	Actual Claims Ingredient Costs	Savings over Contracted Costs
2021	\$320,203,694	\$294,345,762	\$25,857,932
2020	\$285,008,053	\$269,458,485	\$15,549,567
2019	\$238,100,644	\$225,520,616	\$12,580,028
2018	\$240,881,739	\$229,085,151	\$11,796,588

EGWP Program Savings 2017-2020

Year	Contracted Claims Ingredient Costs	Actual Claims Ingredient Costs	Savings over Contracted Costs
2020	\$146,211,604	\$137,837,164	\$8,374,440
2019	\$123,967,312	\$116,880,638	\$7,086,678
2018	\$106,709,708	\$102,468,515	\$4,241,193
2017	\$121,570,169	\$110,920,746	\$10,649,423

EGWP Dispensing Fees

Dispensing Fee Overcharge

EGWP 2020

\$122,245

EGWP 2019

\$165,106

EGWP 2018

\$172,411

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



PillarRx Recommendations

State should work with Navitus to ensure all required prior authorization (PA) forms are submitted by members and their prescribers

First year the audit has shown this issue

Going forward yearly audits will closely examine PA form adherence

If problem continues, a corrective action plan will be made with Navitus



Questions?

Administrative Services for the State of Wisconsin Pharmacy **Benefits Program Contract** Extension



Item 9 – Group Insurance Board



Office of Strategic Health Policy



Action Needed

ETF requests the Board approve a one-year extension of the existing contract with Navitus Health Solutions for the period of January 1, 2025, through December 31, 2025.



Brief PBM History

ETF begins to explore carving the pharmacy benefits from the GHIP

2002

Through the RFP selection process, Navitus is awarded contract to be the Board's PBM

2010 & 2017

Current contract set to expire December 31, 2024

2024

2004

DeanPoint, which later changed its name to Navitus, begins as the Boards PBM

2020

Board approves last extension under current contract



Why is an Extension Needed?

Insurance Administration System (IAS)

Implementation scheduled to take place during second quarter of 2024

New Pharmacy Benefit Manager (PBM) Contract

Onboarding of a new PBM and offboarding outgoing PBM would begin during the second quarter of 2024

Projects would share many of the same ETF team members and agency resources



What Does Board's PBM 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



Proposed New RFP Timeline

Month/Year	Action	
April 2024	Publish the Pharmacy Benefits Program RFP	
August 2024	Proposals due from vendors	
December 2024	Evaluation committee makes their selection	
February 2025	Board Presentation on evaluation committee's findings	
May 2025	New pharmacy contract negotiated and signed	
May 2025-December 2025	Vendor works with ETF, health plans and stakeholders	
December 31, 2025	Member's pharmacy benefits begin under new contract	

Action Needed

ETF requests the Board approve a one-year extension of the existing contract with Navitus Health Solutions for the period of January 1, 2025, through December 31, 2025.

Questions?

Health Insurance Administrative Fees

Item 10 – Group Insurance Board



Division of Trust Finance



Fees Added to Group Health Insurance Program Premiums

ETF administrative costs

- Staff salaries
- Compliance audits
- Actuarial services

Wellness program costs

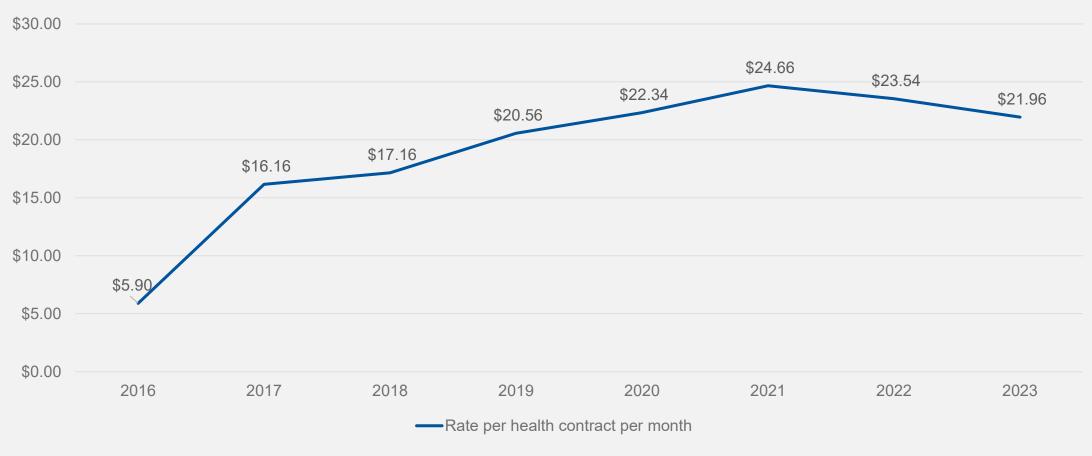
- Wellness and disease management program administration
- Coaching
- Biometric screenings
- Incentive payments

Data warehouse costs

- Health data warehouse and business intelligence services
- Benefits Mentor, interactive benefits counselor

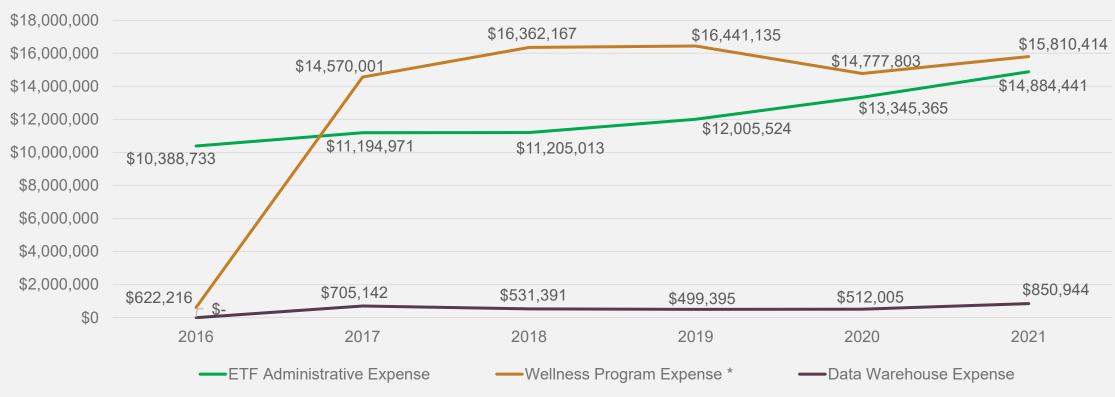


Health Insurance Administrative Fee History





Administrative Cost per Calendar Year



^{* 2016} cost for worksite screenings. Beginning in 2017, carved out wellness from health plans to a single administrator. Additional costs (e.g., program administration, coaching, incentive payments) included.



Questions?

Well Wisconsin Audit Findings

Item 11 – Group Insurance Board

Molly Dunks, Disease Management & Wellness

Program Manager

Office of Strategic Health Policy



Informational Item Only

No Board action is required.



Key Audit Activities

Segal audited January 1, 2020 – December 31, 2021

- Wellness incentive processing and payments.
- Performance metric calculations.
- Billing activity.



Wellness Incentive Findings

No findings in the random sample of 200 payments.

Targeted sample of 50 payments had 14 findings.

- 3 were WebMD errors.
- 11 were late terminations (5) or retirements (6).

Payment turnaround times were not calculated.



Performance Guarantee Calculations

No substantial deviations were identified.

Billing Activity Findings

31 payments were not originally on the file provided to Segal.

A \$260 fee was missing from an invoice.

2021 flu vaccines were charged at \$33 per unit rather than \$32.

Health care provider forms are assessed a \$15 fee.



In Conclusion

Audit findings present a few areas for improvement.

WebMD was cooperative throughout the process.

Questions?

Wellness Program Background

Item 12 – Group Insurance Board

Molly Dunks, Disease Management & Wellness

Program Manager

Office of Strategic Health Policy



Informational Item Only

No Board action is required



History of Contract Changes

Pre-2009 – programming for moderate/high risk members via health plans

2013 – health risk assessments and biometric screenings

2014 – \$150 incentive and biometric screening vendor

2017 - Contract with StayWell

2021 - WebMD acquired StayWell; GIB approved releasing RFP



Regulatory Considerations

Health Insurance Portability and Accountability Act

Americans with Disabilities Act

Genetic Information Nondiscrimination Act

Monitoring regulations pertaining to 30% incentive limits



Eligibility and Funding

Subscribers and spouses enrolled in GHIP

Medicare Advantage members can utilize resources

Funded via wellness fee embedded in total premium rate



Program Impact

Reductions in aggregate health risks

Lower rate of increase in relative risk scores

Better healthcare utilization rates

Greater savings in actual healthcare spending compared to amount expected

.12 : 1 ROI in 2017 - 2019



Future Board Considerations

RFP evaluation team recommendation for 2024

Excluding Medicare Advantage members from Well Wisconsin

Transitioning incentive to points-based program



Questions?

Weight Management Analysis

Item 13 – Group Insurance Board

Renee Walk, Programs & Policy Unit Director

Molly Dunks, Disease Management & Wellness Program Manager

Tricia Sieg, Pharmacy Program Manager

Office of Strategic Health Policy



Informational Item Only

No Board action is required.



Definition: Overweight & Obesity

Body Mass Index (BMI)

BMI	Category
<18.5	Underweight
18.5 - <25	Healthy
25 - <30	Overweight
30 - <35	Obese, Category 1
35 - <40	Obese, Category 2
40+	Obese, Category 3

Screening tool, to be used with other indicators

Obesity Prevalence & Influences

- 33.9% of Wisconsin adults are obese
- Disproportionately impacts residents of color
- Higher risk of serious disease
- Driven by many factors



Medical/Clinical Approaches

- Covered
 - USPSTF-recommended screening
 - Nutritional counseling for a covered medical condition
 - Bariatric surgery

- Not Covered
 - Nutritional counseling for weight loss (unless part of bariatric surgery prep)
 - Weight loss or diet programs



Challenges to Lower-Intensity Obesity Treatments

First line treatments must include physical activity and diet

"Set point" of body fat may limit impact

Second line treatments include devices, bariatric surgeries, and pharmacotherapy

Member Weight-Loss Drug Experience

Navitus has four weight-loss drugs available to be added to non-Medicare formularies

Drugs are for people with a BMI of 27 or higher and a weightrelated medical issue or adults with a BMI of 30 or higher

Prior Authorization forms require weight-loss drug use must be accompanied by exercise and dietary changes



Institute of Clinical and Economic Review Payer Recommendations

Changing the Body Mass Index (BMI) thresholds

Not require lifestyle management programs along with weight-loss drugs

Step therapy required for weight-loss drugs



Challenges for Weight-Loss Drug Inclusion

Ability to give patients all the needed tools

Long-term benefits/effects of taking weight-loss drugs

Cost to payers



Lifestyle Approaches

Telephonic health coaching

Digital health coaching

Educational content and articles

Wellness challenges

Podcasts

Fitness videos

Healthy recipes

Diabetes
Prevention
Program



Intensive Lifestyle Weight Management

2017 – 2018: Ignite

2020: Group Weight Management

2021 – 2022: Positively Me



Positively Me Results

40 – 50% improved weekly exercise and fruit and vegetable intake

51% lost weight; average 8 – 10 pounds



Additional GHIP Benefits

Health savings accounts or flexible spending accounts

UnitedHealthcare offers Real Appeal to Medicare Advantage members



Other Approaches

- Other States and Local Governments
 - Similar benefits as GHIP
 - Two indicated nutritional counseling coverage
 - One indicated meal replacement therapy coverage

- Other employers
 - Healthy home delivery
 - Weight management meetings
 - Onsite fitness centers
 - Personal trainers
 - Healthy vending and café options



Legal Limitations

Limitation to modify or expand benefits under Wis. Stats. § 40.03(6)(c)

Benefits that are not medical expense under 26 U.S. Code § 213(d) are taxable income



Next Steps

Evaluation opportunities

Well Wisconsin RFP



Questions?

Operational Updates

Items 14A – 14G – Memo Only



Tentative February 2023 Agenda

Item 15 – Memo Only

Office of Strategic Health Policy



Informational item only

No Board action is required.



Questions?

CLOSED SESSION

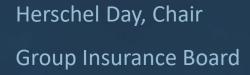
The Board may meet in closed session pursuant to the exemption contained in Wis. Stats. § 19.85 (1) (d) to consider strategy for crime detection or prevention. If a closed session is held, the Board may vote to reconvene into open session following the closed session.

Rem 16 – No Memo



Announcement of Business Deliberated in Closed Session Discussion

Item 18 – No Memo





Adjournment * Item 19 – No Memo



Thank you











608-266-3285