

DRAFT

MINUTES

May 17, 2023

Group Insurance Board

State of Wisconsin

Location:

Hill Farms State Office Building – CR N108
4822 Madison Yards Way, Madison, WI 53705
8:30 a.m. – 12:15 p.m.



BOARD MEMBERS PRESENT:

Herschel Day, Chair
Rachel Cissne Carabell, Vice Chair
Nancy Thompson, Secretary
Dan Fields
Jen Fogel
Erin Hillson

Walter Jackson
Katy Lounsbury*
Brian Pahnke
Nathan Ugoretz
Bob Wimmer

PARTICIPATING EMPLOYEE TRUST FUNDS (ETF) STAFF:

Office of the Secretary:

John Voelker, Secretary
Shirley Eckes, Deputy Secretary
Kimberly Schnurr, Board Liaison

Benefit Services Bureau:

Jim Guidry

Office of Legal Services:

Diana Felsmann

Office of Strategic Health Policy:

Eileen Mallow, Brian Stamm, Luis Caracas, Molly Dunks, Arlene Larson, Tom Rasmussen, Tricia Sieg, Xiong Vang, Mee Wartgow, Korbey White

OTHERS PRESENT:

Office of the Secretary:

Pam Henning*

ETF Staff:

Shellee Bauknecht*, Laura Brauer, Beth Bucaida*, Liz Doss-Anderson*, Victor Dupuy, Oladipo Fadiran, Dan Hayes, Michelle Hoehne*, Patrick Hughes*, Tarna Hunter, Bruce Johnson, Nancy Ketterhagen, Joanne Klaas, Alene Kleczek*, Cindy Klimke, Mark Lamkins, Kadi Mbanefo*, Peggy McCullick, Laura Patterson, Peter Rank,

ETF Staff (Cont.):

Mary Richardson, Jessica Rossner, Tim Steiner, Matt Stohr, Yikchau Sze, Sarat Tadi, Stephanie Trigsted, Barry Tucker, Renee Walk, Douglas Wendt, Wade Whitmus, Kathryn Young

American Cancer Society:

Sara Sahli*

Anthem Blue Cross and Blue Shield:

Timothy Beisenstein*

Aspirus Health Plan:

Megan Umnus*

* Attended via teleconference.

Board	Mtg Date	Item #
GIB	08.16.23	2A

Dean Health Plan:

Katie Beals*, Penny Bound*

Delta Dental of Wisconsin:

Megan Wohlfeil

Department of Administration (DOA):

Dana Gehrmann*, Tiffany Guerrero*,
Jennifer Kraus*, Meghan McKenna*,
Julie Perry*, Danielle Tesch*, Lisa
Tesch*, Tina Updike*

Department of Transportation (DOT):

Pam Capozziello*, Martha Lopez*

Duffy Communication Strategies:

Melissa Duffy*

**Group Health Cooperative of Eau
Claire:**

Sarah North*

**Group Health Cooperative of South
Central WI:**

Andrew Schuck*, Mark Wilberg*

HealthChoice Insurance Solutions:

Bob Pearson*, Gary Praznik*

Health Partners:

Kyle Long*

Kaukauna Utilities:

Tara Schmitz*

Legislative Audit Bureau (LAB):

Lauren Gingell*, Elizabeth Wilson*

MercyCare Health:

Sherrie Sargent*

MetaStar, Inc.:

Marc Dinnel*

Milliman:

Paul Correia

Navitus:

Steve Alexander*, Laura Francois*,
Laura Jester, Annette Pownell*

Network Health Plan:

Vanessa Cagal*

Novo Nordisk:

Adam Barr, Jean Harris*, David Moody*,
Pat Schmitt

Oshkosh & Winnebago County

Housing Authority:

Michelle Lunde*

Pepin County, WI:

Micci Weiss*

Pfizer Inc.:

Kathleen Voskuil*

Quartz:

Brittany Coyne

Securian:

Kjirsten Elsner

Security Health Plan:

Melissa Dietel*, Julie Koplitz*

Segal Consulting:

Patrick Klein*, Ken Vieira*

UnitedHealthcare:

De Arcy Raybuck*

UW-Milwaukee:

Linda Randolph*

UW-Stout:

Jo Johnson*

UW System Administration:

Brianne Jobke*, Erin Schoonmaker*,
Amanda Sonnenburg*

WI Association of Health Plans:

Tim Lundquist

WI Health News:

Sean Kirkby*

Public:

Joan Fisher*, Huma Khan*, Jack
Lawton*, Lisa Remiker-DeWall*, Dan
Romportl*, Dan Ross*, Stephanie Steel*,
John Trochlell*, David Wahlberg*

Others (Unidentified):

20 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:

- Mary Richardson in Ombudspersons Services is retiring in May, and Peggy McCullick was introduced as her replacement.
- Negotiations with WebMD are going well, and both ETF and WebMD are working on defining and agreeing on a Return on Investment (ROI) framework.

CONSIDERATION OF OPEN AND CLOSED SESSION MINUTES OF FEBRUARY 22, 2023, AND OPEN AND CLOSED SESSION MINUTES OF APRIL 17, 2023, MEETINGS

MOTION: Mr. Pahnke moved to approve the open and closed session minutes of the February 22, 2023, and the open and closed minutes of the April 17, 2023, meetings as submitted by the Board Liaison. Ms. Fogel seconded the motion, which passed unanimously on a voice vote.

GROUP HEALTH INSURANCE BENEFIT PROGRAMS

2022 Health Plan Performance Statistics Report

Mr. White shared that for the 2022 plan year, all health plans met or exceeded the target for five of the six performance measures. The five performance targets that were met or exceeded are as follows:

1. Claims Processing Accuracy.
2. Claims Processing Time.
3. Written Inquiry Response.
4. Open Call Resolution Turn-Around Time.
5. Call Abandonment Rate.

The 2022 average annual performance for the sixth measure, Call Answer Timeliness, exceeded the performance target. However, one of the plans failed to meet the 80% of calls answered in 30 seconds or less performance target. This health plan has implemented a remediation plan to ensure it meets the Call Answer Timeliness target and improves the customer experience in the future. This plan's remediation plan included:

- Reevaluating its workforce management model to ensure the appropriate criteria is included in forecasting resource needs.
- Increasing its customer service staff resources to cover call volumes throughout the day.
- Dedicated customer service staff to ETF, especially during periods of high call volume.

Ms. Wartgow discussed the ETF performance standards survey that was shared with the Board prior to the meeting. The survey was created in an effort to gain a comprehensive view of what information Board members wanted to see on the plan performance reports. In addition, the survey would help identify common areas of interest based on Board member feedback and reveal areas of the report that could be abbreviated. The goal is to ensure that future iterations of the report provide the Board

with required information to make decisions and minimize the prevalence of irrelevant information. Ms. Wartgow reminded the Board that they had until May 24, 2023, to respond to the survey.

2024 Preliminary Reserve Estimates

Ms. Mallow began the mid-year evaluation of the Group Health Insurance Program (GHIP) reserves by introducing Mr. Klein and Mr. Vieira from Segal Consulting (Segal). She referred the Board to the “2024 Preliminary Reserve Estimates” ([Ref. GIB | 05.17.23|3B](#)) cover memo, containing a complete copy of Segal’s analysis. These materials were brought to the Board for consideration prior to actions taken on benefit and premium changes for the upcoming rate year. Ms. Mallow also stated that there were options included in the memo for the Board to consider for the upcoming August 16, 2023, meeting. Next, Mr. Klein and Mr. Vieira discussed the Board’s target reserve policy and possible options and strategies.

Mr. Vieira stated that the consensus between Segal and ETF was that the current reserve balances for both the state and local pools were below the Board’s established target ranges. The State 2022 Year-End (YE) fund balance was \$122.9M and the Local 2022 YE fund balance was \$11.4M, which were lower than the preliminary numbers the Board had been provided during the August 17, 2022, meeting ([Ref. GIB | 08.17.22 | 7C](#)). The primary reasons for this are higher pharmacy claims than anticipated when rates were established, and lower investment returns than the program had realized for several years. Consequently, these losses would drop both pools below the low end of the target ranges established by the Board. Mr. Vieira brought up the State and Local Reserve Multi-year Strategy tables with the updated 2022 YE balances and explained that no additional reserve surplus was expected for 2024.

Mr. Pahnke asked for clarification regarding the investment earnings stated in Segal’s report and presentation slides. He explained that the Dow Jones Industrial Average didn’t correlate to the Core Trust Fund investment asset allocation. Mr. Voelker agreed with this observation and stated the YTD Core Trust Fund returns were 4.12%.

Mr. Pahnke also requested more information regarding the drivers that accounted for the 10% increase in administrative costs. Ms. Eckes shared that Ms. Klimke would present that information at the August 16, 2023, meeting.

Mr. Day asked what the impact would be on premiums based on the costs represented in Segal’s Gain/Loss analyses. Mr. Vieira responded that approximately every \$20 million in increased costs represented a 1%–1.5% in premium increases.

Mr. Day commented that the Board had voted to use the reserves to curtail premiums at its August 2022 meeting. The Board had acknowledged that this action drew down the reserves and that there was a risk of falling below the target reserve that had been part of that discussion. Mr. Day referred his fellow Board members to the five options to

address the lower-than-expected change in reserves that were presented in the “2024 Preliminary Reserve Estimates” memo.

Mr. Day started the discussion of these options by sharing he did not feel that Option 1, adjusting the target reserve policy, was good practice and he did not support pursuing this as a way to address the change in the reserves. Ms. Thompson concurred. Mr. Day suggested that there may be additional options for Board consideration in the long-term, such as Centers of Excellence.

Ms. Cissne Carabell asked which of the options would be feasible in the short-term to address the change in the reserve balances. Ms. Mallow responded that both Option 3, adjusting tiering methodology to slow premium increases, and Option 4, adjust member cost sharing, were feasible short-term options. This prompted a general discussion amongst the Board about tiering methodology. Ms. Mallow stated that member cost (co-pays) had not changed over several years and is a viable option for Board consideration. Ms. Mallow reminded the Board that Options 4 and Options 5, adjusting benefits, were not part of the “2024 Program Agreement and Benefit Changes” materials ([Ref. GIB | 05.17.23 | 3C](#)). If the Board wished to consider these options, Ms. Mallow proposed that a special meeting be held prior to the August 16, 2023, meeting in order to factor the impact on premiums and reserve balances for the August Board meeting. Ms. Flogel stated that she was not in favor of adjusting benefits.

Following Ms. Mallow’s proposal for a special meeting, Mr. Vieira stated that pharmacy claims data would be available within the next few weeks. Ms. Mallow added that preliminary rates from health plans may also be available by mid-July.

After some additional discussion amongst the Board, there was a general agreement that holding a special meeting in July was desired. Ms. Mallow stated that ETF schedule a special meeting in time for the Board to consider any updated information before the August 16, 2023, meeting.

2024 Program Agreement and Benefit Changes

Mr. White, Mr. Caracas, Ms. Dunks, and Ms. Sieg referred the Board to the “2024 Program Agreement and Benefit Changes” memo ([Ref. GIB | 05.17.23 | 3C](#)) and stated that they would be requesting the Board to approve modifications to the Program Agreement (PA), Uniform Benefits (UB) Certificates of Coverage (CoCs), and the Uniform Pharmacy Benefits (UPB) as part of their presentation.

Mr. White provided a brief recap of the initial change concepts for program year 2024 that were presented at the February 22, 2023, meeting. Since February, ETF had reviewed potential changes with employer groups, health plans, and Segal to identify a final set of proposed benefit changes.

Mr. White discussed the PA changes that were included in the final set of proposed benefit changes.

Mr. Caracas went over the health benefit recommended changes. These changes included:

- Adding Clarity to Hospice Care Section and Further Defining Palliative Care.
- Removing Infusion Pump Rental Requirement in Durable Diabetic Equipment and Related Supplies.
- Clarifying Hospital Services and Inpatient Confinements.
- Removing Requirement Language in Physical, Speech, and Occupational Therapy.
- Adding Flexibility Around Prior Authorization.
- Clarifying Exclusion to Vision Correction.

Health benefit change options that were not recommended due to high costs were full coverage for vasectomies in reproductive services and contraceptives, fertility coverage, and dietician and nutritional counseling for weight loss.

Mr. Pahnke asked why there was a wide range in fertility coverage costs, and asked if those could be narrowed down. Mr. Caracas stated that this wide range of costs were the result of reviewing multiple fertility treatment options with Segal. The costs could vary depending on the type of services each patient would utilize. Mr. Caracas stated that ETF and Segal would look into this further to see if the costs reported in the “2024 Program Agreement and Benefit Changes” memo could be narrowed down.

Ms. Sieg concluded the presentation by discussing the pharmacy program and benefit changes that were and were not recommended for 2024. After it was initially presented to the Board at the February 2023 meeting, ETF recommended moving forward with the Access Guidance Service (AGS) Program (formerly referred to as the Copay Assistance Accumulator Program). She provided an analysis of the standard benefit versus proposed benefit design and explained the financial costs for members and the Board for each. She also addressed the influx of letters regarding this topic that had been included in the “Board Correspondence” memo ([Ref. GIB | 05.17.23 | 8F](#)).

Ms. Sieg went on to share information on the pharmacy benefit changes not being recommended for program year 2024. These included permitting home infusions through the pharmacy benefit, adding weight-loss drugs to the non-Medicare pharmacy formulary, and covering Continuous Glucose Monitoring (CGM) devices under only the pharmacy benefit.

Ms. Thompson asked Ms. Sieg for additional information regarding why weight-loss drugs were not being recommended as part of the pharmacy program and benefit changes for 2024. Ms. Sieg acknowledged that this was an item of continued interest for members; however, due to the estimated increase in costs without concurrent opportunity for savings, the lack of definitive research on the long-term effects of weight-loss drugs currently available, and the limiting language of Wis. Stat. §40.03(6)(c), ETF did not recommend adding this benefit.

Ms. Sieg also shared that ETF had surveyed peers as part of the information that was provided to the Board at the June 30, 2022, meeting, ([Ref. GIB | 06.30.22 | 4](#)), but a survey on other states adding weight-loss drugs to their pharmacy benefits hadn't been conducted since. Ms. Sieg stated that updates would be provided to the Board as more information regarding the long-term effects and estimated costs for weight-loss drugs became available.

The Board then discussed at length the AGS program, including current legislative proposals, how cost and savings data was calculated, how other states have implemented similar programs and their experiences, and how drug program coupons work.

Mr. Pahnke asked for information regarding how the \$26M in savings was calculated. He also asked if it included or excluded Navitus's administrative fees. Ms. Sieg responded that the savings was based on 2022 claims data, and that it did include Navitus's administrative fees.

Following the topic of savings, Ms. Cissne Carabell asked if these were annual savings. Ms. Sieg explained that the savings may vary year-over-year depending on the specialty drug coupons offered by manufacturers. Neither ETF nor Navitus had any control over the specialty drug coupons manufacturers offered.

Mr. Wimmer asked if the AGS program would be available if the Board did not contract with Navitus in the future. Ms. Mallow answered that a continuation of the AGS program would be required under the next Pharmacy RFP.

Mr. Day and Ms. Thompson asked if the Board could use the costs saved by approving a program like AGS to offset the costs the GHIP would incur by adding benefits, such as weight-loss drugs, to the pharmacy formulary. Ms. Felsmann stated that this would be something ETF could look into further and get back to the Board with more information at a later date.

Ms. Cissne Carabell asked for more information about how the AGS program would impact HDHP participants. Ms. Sieg responded that it would not materially impact them based on the assumption they reach the out-of-pocket maximum. The specialty drugs tend to be more expensive, so when the maximum out-of-pocket is reached, HDHP participants would have the same co-pay as other health plan members. Ms. Fogel then asked if there were any unintended consequences of a program like AGS to HDHP members. Ms. Sieg answered that it was very unlikely as members that require specialty drugs historically don't enroll in HDHP.

Mr. Wimmer asked if there was any data on how many members are using coupon programs now. However, this information could not be provided because, as Ms. Sieg explained, this was a relationship between the manufacturer and the individual member.

Ms. Cissne Carabell inquired about the stakeholder outreach that had been done regarding the AGS program, particularly to groups that had written into the board in opposition to it. Ms. Sieg explained that the 300 stakeholders that ETF had reached out to about this program had been largely employers and human resources departments, who represent these members. The 300 stakeholders had also included health plans. Ms. Cissne Carabell suggested deferring on approving the AGS program until ETF had reached out to additional interest groups.

Some of the other outreach that Ms. Sieg reported was that ETF had also met with sponsors of the proposed legislation. Mr. Fields and Mr. Pahnke both stated that they were interested in seeing how the pending legislation developed before they were comfortable with making a decision on the AGS program.

The Board members discussed the idea of deferring action on the AGS program until a later date, and seemed in agreement that this was the best course of action to allow ETF to follow up on additional outreach and the outcomes of pending legislation.

Mr. Pahnke proposed an amended motion to approve modifications to the PA and the UB CoCs as requested by ETF in the memo presented to the Board with the exception of the UPB.

MOTION: Ms. Hillson moved to approve modifications to the PA and the UB CoCs as requested by ETF in the memo presented to the Board with the exception of the UPB. Ms. Thompson seconded the motion, which passed unanimously on a voice vote.

Pilot Programs Report and 2024 Recommendations

Ms. Dunks and Ms. Sieg referred the Board to the “Pilot Programs Report and 2024 Recommendations” memo ([Ref. GIB | 05.17.23 | 3D](#)) during their presentation on current pilot programs and recommendations for 2024. Ms. Dunks began with an overview of the current pilot programs and identified the vendors and years they were implemented. Pilot programs that were being recommended and not being recommended were also discussed.

The Board was invited to ask questions. Ms. Lounsbury asked for the outcome data for Quartz’s Obesity and Type 2 Diabetes Reversal Treatment pilot program when that was available.

Ms. Dunks responded to an observation that Ms. Cissne Carabell shared that more data sharing between health plans and WebMD going forward would allow ETF to assess the benefits of population health available to members in a more uniform manner.

MOTION: Mr. Fields moved to approve the following pilot programs for 2024:

- **It’s Your Health Diabetes via Navitus/WebMD**
- **Acupuncture benefits via Dean Health Plan**

- **Diabetes management programs via Quartz and Security Health Plan**
- **Doula services via Quartz**
- **Therapy360 via Quartz**

Ms. Cissne-Carabell seconded the motion, which passed unanimously on a voice vote.

The Board took a break at 10:38 a.m.

Mr. Ugoretz left the meeting at 10:47 a.m.

The Board returned from break at 10:49 a.m.

SUPPLEMENTAL DENTAL PLAN RECOMMENDATIONS

Mr. Rasmussen referred the Board to the “Supplemental Dental Plan Recommendations” memo ([Ref. GIB | 05.17.23 | 4](#)) during his presentation. He began with some highlights of the supplemental dental plan and noted that enrollment in the plan continued to increase over time. He broke down the plan design details with information on the benefits offered and costs for the preventative, select, and select plus options.

Mr. Rasmussen then went over the request for proposal (RFP) timeline, evaluation committee membership and process, and the proposal received. Delta Dental of Wisconsin (Delta) had been the only vendor to submit a proposal, but it was still subjected to the evaluation of the committee and ETF’s RFP standards. Mr. Rasmussen then shared the current and proposed premiums for the preventative, select, and select plus options. He also illustrated how much the premiums would change across the three plans.

If the Board approved the contract with Delta, Mr. Rasmussen stated that next steps would be negotiating and approving a contract.

MOTION: Ms. Thompson moved to approve the contract with Delta Dental of Wisconsin (Delta) to administer the three Supplemental Dental plans beginning January 1, 2024, through December 31, 2026. Mr. Wimmer seconded the motion, which passed unanimously on a voice vote.

PRE-TAX SAVINGS PROGRAMS UPDATES

Mr. Vang referred the Board to the “Pre-Tax Savings Account Programs Update” memo with supporting attachments ([Ref. GIB | 05.17.23 | 5](#)) throughout his presentation. He began with an explanation on the different characteristics of the Health Savings Account (HSA), Employee Reimbursement Account (ERA) and the Commuter Benefits Account (CB) that were under the “pre-tax savings account programs” umbrella. Mr. Vang then illustrated the change in participant account quantities across the ERA options, which

included the Health Care Flexible Savings Account (FSA), Limited Purpose FSA, and Dependent Day Care Account; the CB options, which included the Parking Account and Transit Account, and the HSA. Overall, the participation account numbers demonstrated a steady increase in enrollments from 2015–2022.

The third-party administrator of the pre-tax savings account programs, Optum Financial (Optum), was required to meet a set of performance standards related to claims process, customer service, data management, enrollment files, reporting requirements, and other performances. Mr. Vang shared an analysis of Optum’s performance relative to the performance standards across all four quarters of 2022. Optum met all standards in Quarter 3 and Quarter 4 but fell short on Call Answer Timeliness in Quarter 1 and Quarter 2.

Mr. Vang also explained the FSA auto-substantiation process, including the request for additional documentation, such as an Explanation of Benefits (EOB) or Itemized Statement, for FSA unsubstantiated claims. Mr. Vang discussed how the FSA auto-substantiated process continued to be a challenge for members, but ETF and Optum were working together to create educational resources and promote outreach for stakeholders and members.

Member satisfaction across an Optum-provided survey showed a high level of member satisfaction. The survey had been provided to pre-tax savings accounts members that called Optum customer service and had been completed by approximately 600 individuals. Members reported 88% satisfaction with the level of service they received from Optum and 87% satisfaction regarding Optum’s customer service response to the individual member’s questions.

Following a request by the Board at the February 2023 meeting, Mr. Vang provided an update on Optum’s progress with addressing the Office of Internal Audit’s (OIA’s) audit recommendations and the status of the action plan items that had been developed between ETF and Optum as result of the audit’s findings. Mr. Vang highlighted the progress made in the areas of focus listed below:

- Reporting Concerns – Plan Finalization Report and Unsubstantiated Claims Business Debt Report
- Quarterly Performance Standards Reporting
- ERA and CB Claims Substantiation.

Mr. Vang stated that another report on Optum’s progress on completing the action plan items would be provided at the August 16, 2023, meeting.

INCOME CONTINUATION INSURANCE (ICI) EXPERIENCE STUDIES

Mr. Guidry and Mr. Correia then presented to the Board on the “Income Continuation Insurance (ICI) Experience Studies” that had been included in the meeting materials ([Ref. GIB | 05.17.23 | 6](#)). The State and Local ICI Experience Studies included the

Claim Termination Rate Study (1/1/2017–6/30/2022), the Benefit Offset Study (1/1/2017–12/31/2021), the Overpayment Recovery Study (as of 12/31/2021), and the Liability Runout Study (1/1/2017–12/31/2021). Mr. Guidry stated that results of these studies were used to update the valuation assumptions for the State and Local ICI plans.

Mr. Guidry and Mr. Correia illustrated the new valuation assumptions impact with two tables. The first showed historical liabilities from 2017–2021 were restated using the new valuation assumptions. This resulted in a positive overall margin of 2.2% indicating the new assumptions provided adequate funding for the runout of open claims during the study period. The second table compared estimated liabilities as of December 31, 2021, based on the prior and new valuation assumptions. The conclusion drawn from this table, Mr. Correia explained, was that the estimated liabilities as of December 31, 2021, based on the new assumptions are approximately 4% lower than the estimated liabilities based on the prior assumptions, with all else equal.

The Board was invited to ask questions, but none were posed.

ACCEPTANCE OF STATE AND LOCAL ICI ACTUARIAL VALUATIONS

Mr. Guidry and Mr. Correia then moved onto their second presentation and referred the Board to the “Acceptance of State and Local ICI Actuarial Valuations” memo and attachments ([Ref. GIB | 05.17.23 | 7](#)). Mr. Guidry provided an overview of the ICI program changes that had been approved by the Board in November 2022 and April 2023. Mr. Correia explained how the experience studies from their previous presentation, along with approved program changes, had impacted the actuarial valuation assumptions.

Mr. Correia then went over the estimated liabilities as of December 31, 2022, for the State and Local ICI valuations. He also provided a comparison of both the State and Local ICI valuations to the prior year, as well as their historical reserve balances.

Mr. Guidry then discussed how the Insurance Administration System (IAS) project had requested to replace the current premium rate tables to ones that were simplified for calculating premiums for monthly percentages of annual earnings or unit cost per \$1,000 of income. The new tables would be effective on February 1, 2024. Mr. Guidry then shared examples of these tables, and demonstrated how they could condense information from five separate sheets to two separate tables. Mr. Guidry then briefly went over other items such as the State budget and future ICI contract changes.

In response to a question from Mr. Day, Mr. Guidry stated that premium impacts on both employees and employers could be found on page 3 of Attachment C that had been included in the “Acceptance of State and Local ICI Actuarial Valuations” materials.

MOTION: Mr. Fields moved to accept the State and Local ICI Actuarial Valuations as of December 31, 2022. ETF also recommends the Board adopt

Scenario 1 for the State ICI plan, which would reduce current premium rates by 10% for the 2024 plan year, and adopt the Baseline Scenario for the Local ICI plan, resulting in a continuation of the premium holiday in the 2024 plan year. Ms. Thompson seconded the motion, which passed unanimously on a voice vote.

OPERATIONAL UPDATES

Ms. Mallow referred the Board to the Operational Updates in the Board packet (Ref. GIB | 05.17.23 | 8A–8K) and provided an overview of the written memos. Some items highlighted included:

- Insurance Administration System Update
- 2023 Program Agreement Updates
- Data Warehouse Dashboards
- Board Correspondence
- 2023–2025 Biennial Budget and Legislative Update
- Ombudspersons Services Contact Report
- Health Plan and Pharmacy Benefit Manager Grievance and Independent Review Report.

Mr. Pahnke inquired if the 2% decrease in annual utilization cited in the “Data Warehouse Dashboards” memo ([Ref. GIB | 05.17.23 | 8E](#)) was a nationwide trend. Ms. Mallow verified that the 2% decrease in annual utilization was happening across the healthcare industry.

Ms. Cissne Carabell asked for clarification regarding member letters on the “Board Correspondence” memo ([Ref. GIB | 05.17.23 | 8F](#)) that expressed dissatisfaction with the Dean Access Plan. Ms. Mallow and Ms. Larson explained that they were monitoring the issue closely, and that ETF and Dean were taking actions to improve information for members and providers about the Access Plan. Mr. Day asked if the Board would be updated if the lack of coordination between Dean and their subcontractor worsened. Ms. Mallow agreed that the Board would be notified if the situation did not improve.

TENTATIVE AUGUST 2023 AGENDA

Ms. Mallow referred the Board to the “Tentative August 2023 Agenda” memo in the Board packet ([Ref. GIB | 05.17.23 | 9](#)). She reiterated that ETF staff would look into scheduling a special meeting in July to provide additional information for the Board to consider prior to the August 16, 2023, meeting.

MOVE TO CLOSED SESSION

Mr. Day announced that the Board would meet in closed session to discuss 2024 health plan participation and rate strategy.

MOTION: Mr. Pahnke moved to approve moving to closed session pursuant to the exemption contained in Wis. Stat. § 19.85 (1) (e) to deliberate or negotiate the investing of public funds or to conduct other specified public business. If a closed session is held, the Board may vote to reconvene in open session following the closed session. Ms. Flogel seconded the motion, which passed on the following roll call vote:

Ayes: Cissne Carabell, Day, Fields, Flogel, Hillson, Jackson, Lounsbury, Pahnke, Thompson, Wimmer.

Nays: None.

Absents: Ugoretz.

The Board convened in closed session at 11:56 a.m.

The Board returned to open session at 12:13 p.m.

Ms. Hillson left the meeting at 12:13 p.m.

ANNOUNCEMENT ON BUSINESS DELIBERATED DURING CLOSED SESSION

Announcement of Business Deliberated During Closed Session Discussion

Mr. Day announced that the Board met in closed session to discuss 2024 health plan participation and rate strategy. No action was taken.

ADJOURNMENT

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

The meeting adjourned at 12:15 p.m.

Date Approved: _____

Signed: _____

Nancy Thompson, Secretary
Group Insurance Board