

STATE OF WISCONSIN Department of Employee Trust Funds

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Correspondence Memorandum

Date: October 11, 2023

To: Group Insurance Board

From: Korbey White, Health Program Manager Luis Caracas, Health Plan Policy Advisor Tricia Sieg, Pharmacy Benefits Program Manager Molly Dunks, Disease Management & Wellness Program Manager Office of Strategic Health Policy

Subject: Preliminary 2025 Benefit and Agreement Changes

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

Background

The State of Wisconsin Department of Employee Trust Funds (ETF) annually reviews the contract documents signed by health plans, the Uniform Dental Benefit (UDB) provider, and Pharmacy Benefit Manager (PBM) that provide benefits under the Group Health Insurance Program (GHIP). The Program Agreement (Agreement) outlines the administrative services health plans provide to ETF, the Group Insurance Board (Board), and its members. Each health plan offers the same standard medical Uniform Benefits (UB) to GHIP members. UB coverage is summarized in the Certificate of Coverage (Certificate) and the Schedules of Benefits (Schedules). The Board's PBM, wellness and disease management program, and UDB administrators have separate contracts for services, but these benefits are closely coordinated with the Agreement and Certificate.

ETF began the 2025 Agreement and Certificate review process in September 2023 by asking contracted health plans, UDB, wellness and disease management, and the PBM vendors for ideas for change. Vendors returned their benefit changes and pilot program proposals to ETF in October 2023, and the summary of these changes was sent to health plans and the PBM for their review. ETF, members, and other stakeholders also provided suggestions for changes to ETF.

This memo summarizes key changes being proposed to the above-referenced documents. ETF continues to research all changes as detailed in Attachment A and is requesting cost analyses from the Board's actuary, Segal Consulting (Segal). ETF will use these analyses to further refine change proposals. Detailed changes and cost

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Reviewed and approved by Eileen Mallow, Director, Office of Strategic Health Policy Electronically Signed 10/18/2023

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projections will be brought to the Board for discussion and approval at the February Board meeting.

Proposed Changes to the Program Agreement Benefits

In January 2023, ETF asked health plans to submit their proposed 2025 plan changes to the Agreement and pilot proposals no later than October 2, 2023. Health plans requested changes to the program agreement pertaining to eligibility, communications, coordination of benefits, and care management.

Proposed Changes to Benefits in the Certificate and Schedules

Proposed changes include administrative revisions to the Certificate and Schedules, such as clarifying definitions and refining language related to covered benefits and exclusions.

ETF will review requested changes (see Attachment A) and identify modifications on visit limits, as needed. ETF will also review excluded services and identify where additional distinction is needed.

ETF will also monitor federal guidance and recommendations regarding age ranges for cancer screening, particularly regarding mammography services, following draft guidance issued earlier this year.

Proposed Changes to Uniform Pharmacy Benefits

ETF continues to monitor independent scientific studies, changes to cost, and state and federal law that would affect coverage of weight-loss drugs. Should any new developments arise that overcome the challenges to coverage previously reported to the Board, ETF will bring this item to the Board's February meeting.

Proposed Pilot Programs

ETF is reviewing four pilot program proposals submitted by Dean Health Plan, Network Health, Quartz, and Security Health Plan. These proposals are related to remote patient monitoring, weight management, diabetes prevention, and home nursing care. Staff will also review existing pilot programs with the administrators and share available results at a future meeting.

Proposed Changes to Wellness and Disease Management Benefits

ETF is reviewing a proposed change to terminate coverage for wellness and disease management benefits through Well Wisconsin for Medicare Advantage members. Currently, Medicare Advantage members can receive benefits, but not the incentive. Separately, there has been a request to add benefits related to weight management for adult child dependents. Child dependents are not currently eligible for any benefits through Well Wisconsin.

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Next Steps

ETF will continue its review of the proposed changes and will consult with stakeholder groups, the Board's vendors, and Segal before presenting final changes to the Board in February 2024.

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

Attachment A: <u>GIB November Submission_2025 Preliminary Agreement and Benefit Changes</u>