



2025 Preliminary Agreement and Benefit Changes Attachment A

Proposed Changes to the Program Agreement Benefits

Proposed Change	Description
Program Administration 1. Eligibility E. Communications	Request to change the two business day processing time requirement for enrollment files received during Open Enrollment to 10 business days. Add new language to prescribe a 7 business day turnaround time for all communication and outreach materials reviewed by the Department.
Changing how Coordination of Benefits inquiry letters are sent to members	Proposes a change to the Coordination of Benefit (COB) investigation activities for State of WI enrollees. A plan requested that they be permitted to check COB with a vendor, instead of mailing letters or making calls to members. This is due to the low member response rate and expenses associated with sending and processing returned COB inquiries or calls.
G. Care Management Section	Add "population health management" to the opening paragraph for clarity

Proposed Changes to Certificate of Coverage Benefits

Proposed Change	Description
F. Covered Services 18. Durable Medical Equipment and Medical Supplies	Change cost share for hearing aids (maximum plan payment of \$1,000) to follow Durable Medical Equipment benefits (20% coinsurance to a maximum member OOPL of \$500).
F. Covered Services 32. Physical, Speech and Occupational Therapy	Change language to create a limit of 25 visits per discipline (Physical, Speech, and Occupational Therapy). Current benefit is 50 visits per Participant for all therapies combined.
4.F.17. Durable Diabetic Equipment and Related Supplies.	Move coverage of Continuous Glucose Monitors to the Pharmacy Benefits.
5. Exclusions and Limitations 22. Travel and Transportation.	Add clarity to the benefit exclusion as it relates to transportation services, specifically adding medical evacuation.
Appendix 6 - Certificate of Coverage	Add specific language to each benefit/service in the Certificate of Coverage that the following are not covered or have limits, to provide clarity: <ol style="list-style-type: none"> 1. Jobst compression stocking 2. Infertility (Not Covered) 3. Children eyewear (Not Covered) 4. Home Health 5. Physical, Speech and Occupational Therapy 6. Skilled Nursing Facility
Out-of-Pocket Limits (OOPL)	Have all services apply to the OOPL. Do not exclude the non-essential health benefits, for example dental implants, adult hearing aids and adult cochlear implants. Also, for the Local Deductible Plan, remove separate Durable Medical Equipment \$500 OOPL. Removes the confusion for members and carriers (benefit configuration) and removes the additional administration build efforts.
Covered Services or Exclusions	Add language specific to either exclude coverage of services related to the diagnosis of sexual dysfunction or cover it. Current Certificate is silent on this benefit (Need clarity on the expectation of coverage or no coverage on this service).
Covered Services - Nutritional Counseling specific to preparation for a covered bariatric surgery	29. Nutritional Counseling Nutritional Counseling is covered when provided by a participating registered dietician or an In-Network Provider (for Access Plan or other PPO Plan Participants, an Out-of-Network Provider may provide covered services).
Preventive Service Coverage at no cost In-Network: Mammograms	Currently covered in GHIP for ages 50 and older. Review expanding coverage starting at age 40.
Mammograms 2D and 3D coverage	Add language to specifically permit coverage for 2D and 3D mammograms at 100%. 2D mammograms offer a two-dimensional picture of the breast. 3D mammograms, also known as tomosynthesis, were approved by the FDA in 2011. This newer technology uses multiple low-dose X-ray images from different angles to create a mammogram picture that allows the radiologist to view the tissue in thin "slices."
Preventive Service Coverage: Colon cancer screening at no cost In-Network.	Currently covered in GHIP for ages 45 and older. Review expanding coverage starting at age 40.
Dry needling (acupuncture)	Member asked that we consider specifically paying for dry needling (acupuncture).
Claims for out-of-area college dependents	A member asked that we consider letting the HMOs pay claims for out-of-area college students, instead of the Access Plan.

Coverage of medically necessary orthoptics	Remove the two visit per lifetime on orthoptic eye training. Orthoptics is the treatment of defective visual habits, defects of binocular vision, and muscle imbalance by reeducation of visual habits, exercise, and visual training.
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Uniform Pharmacy Benefits Proposals

Program Name	Description
Weight-loss drug coverage	Add coverage of weight-loss drugs to the commercial drug formulary

Pilot Program Proposals

Program Name	Description
Network Health: Remote Patient Monitoring	In collaboration with our clinically integrated providers, we propose that we cover Remote Patient Monitoring for members with obesity, hypertension, sleep apnea or AFIB and will prioritize based on ADI
Quartz: National Diabetes Prevention Program	The National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working to prevent or delay type 2 diabetes via validated curriculum from the CDC. Certified lifestyle change coaches facilitate the program within recognized sites overseen by the CDC. Members have the opportunities to engage in robust group sessions focused on lifestyle interventions to prevent diabetes with the option for individual coaching.
Dean Health: Comprehensive Weight Management Support	Promotion/packaging of weight management offerings (non-medicinal) through our clinic partners at SSM Health. Their approach includes a supportive team focused on holistic weight management for adults that offers surgical and medical management pathways. The multi-disciplinary team includes bariatric surgeons, weight management physicians, physician assistants, dietitians and a psychologist. Programs/offerings include: dietitian services, classes, seminars, support groups, exercise videos, nutrition and wellness programs, surgeries and therapy.
Security Health: Contessa	Contessa at Home is a program for certain eligible conditions that can be safely treated at home versus being admitted as inpatient or if inpatient, can discharged home for skilled nursing care.

Proposed Changes to Wellness and Disease Management Benefits

Proposed Change	Description
Add eligibility for Child Dependents	Provide weight management benefits for Child Dependents through Well WI.
Terminating eligibility for Medicare Advantage Members	End Well WI eligibility for Medicare Advantage members who currently have access to services, but do not have access to the incentive.