

Welcome to the Group Insurance Board

February 21, 2024

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



WIFI

WI-GUEST

No Password is needed



Please Sign In

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



Meeting Materials

- Available at etf.wi.gov



**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 November 15, 2023, Meeting

 Items 2A – 2B – Memos Only





Action Needed

- Motion needed to accept the Open and Closed Minutes of the November 15, 2023, Meeting as presented by the Board Liaison.

Election of Officers



Item 3 – Memo Only

Kimberly Schnurr, Board Liaison

Office of the Secretary





Action Needed

- The Board will conduct its annual election of officers.
- Motion needed to nominate individuals for the position of:
 - Secretary of the Group Insurance Board
 - Vice Chair of the Group Insurance Board
 - Chair of the Group Insurance Board

Group Insurance Board Fiduciary Updates: Health and Welfare Plans in Focus

Item 4 – Group Insurance Board

Diana Felsmann, General Counsel

Office of Legal Services



Informational Item Only

- No Board action is required.

Presentation Outline

- Origins of fiduciary duties
- Key fiduciary duties
- Fiduciary issues in focus for health and welfare plans
- Actionable guidance for health and welfare plan fiduciaries

Origins of Fiduciary Duties

- Common Law of Trusts
- Employee Retirement Income Security Act (ERISA)
- Wisconsin Trust Law (Chapter 701 of the Wisconsin Statutes) and Uniform Prudent Investor Act (Chapter 881)
- Chapter 40

Key Fiduciary Duties

- Prudence: reasonable person standard
- Loyalty: act exclusively in the best interest of plan participants
- Follow the plan document and applicable law

Significant Fiduciary Issues for Health and Welfare Plan Fiduciaries

- Data Protection and Cybersecurity
- Generative AI
- Reasonableness of Compensation and Fees

Data Privacy and Cybersecurity

Applicable Laws

- Health Insurance Portability and Accountability Act (HIPAA)
- Chapter 40
- Wis. Stat. §134.98

Instructive Laws

- European Union General Data Protection Regulation (2016)
- Other state data privacy laws

Data Sharing

- Required with vendors and employers
- For the purpose of plan administration
- Discretionary in the best interest of plan participants
- Must comply with the law

Actions at the Federal Level: Cybersecurity in Health Care

- Senate Health, Education, Labor and Pensions Committee (HELP) bi-partisan workgroup on strengthening cybersecurity in health care and the public sector

Actions at the Federal Level: ERISA

- U.S. House of Representatives Committee on Education and the Workforce Request for Information on how to build upon and strengthen ERISA:
 - Identify obligations of health plan fiduciaries
 - Clarify legal responsibility to protect against cybersecurity threats and safeguard HIPAA protected health information
 - Align state and federal privacy regulations

Generative Artificial Intelligence

Health and Welfare Plans and Gen AI

- Generative AI may offer tools to promote efficiencies and reduce costs in health care
- Cases against insurance companies for using genAI tools in claims determination

Reasonableness of Compensation and Fees

Health and Welfare Plans Vendor Compensation and Fees

- Exercising the fiduciary duty of prudence and loyalty means compensation and fees must be reasonable
- New ERISA health and welfare plan fee disclosure requirements may increase litigation
- **Reminder:** Fiduciaries do not have to choose cheapest option

Actionable Guidance

1. Continue to engage in robust discussions on issues such as enhancing program sustainability, GHIP participant health, and vendor management (RFPs, data privacy and security requirements, etc.).
2. Receive regular updates from ETF on the group insurance programs, legal issues and ETF practices.
3. Document the path to making decisions and the reasons for decisions.

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Questions?

Thank you



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Request for Proposals (RFP) Process

Item 5 - Group Insurance Board

Beth Bucaida, Contracts Specialist

Tim Steiner, BCAP Director

Budget, Contract Administration, and Procurement



Informational Item Only

- No Board action is required.

RFP Basics

- RFP – Form of competitive procurement
- Used by ETF to procure services (and sometimes goods)
- How does an RFP contrast with an RFI or RFB?

RFP Principles

- **Competition**: Obtain quality goods/services at competitive prices
- **Consistency**: Provide fair treatment to vendors through consistent application of policy/procedure and evaluation of proposals
- **Integrity**: Measure decisions and activities using a standard of fairness that can withstand public and legal scrutiny
- **Openness/Transparency**: Provide clear communication with vendors and stakeholders; documentation of decisions and activities that are open to public inspection

Overview

- ETF issues RFPs to procure a range of services:
 - Member-facing services: e.g., Administration of Income Continuation Insurance, Life Insurance, Wellness Programs, Uniform Dental Benefits, HSA/ERA/Commuter Benefit Accounts
 - Non-member-facing services: e.g., Actuarial Services, Data Warehouse
- Purchasing Authority in Wisconsin Statutes: Chapters 16 and 40
- Health plans and supplemental plans are procured using an invitation to negotiate process (Ch. 40)

Chapter 16 Authority

- Wis. Stat. §16.71: DOA may delegate purchasing authority for most goods and services to agencies
- ETF is a delegated agency
- Purchasing procedures follow:
 - State Statute: §§ 16.70-16.78
 - Adm. Code: ADM 5-11 and 50
 - DOA State Procurement Manual

Used to:

- Purchase general administrative services (e.g., business consulting)
- Purchase off DOA mandatory contracts (e.g., many commodities: print, computers, IT contractors)
- Purchase off existing state agency contracts

Chapter 40 Authority

- Multiple Statutory Citations:
 - GIB: Wis. Stat. § 40.03(6)(a)(1) ... enter into a contract ... with one or more insurers authorized to transact insurance business in this state for the purpose of providing the group insurance plans
 - ETF Board: Wis. Stat. § 40.03(1)(c) may employ or select any medical, legal and other independent contractors as are required for the administration of the fund
- ETF follows a detailed procurement procedure (closely follows DOA Procurement Manual)

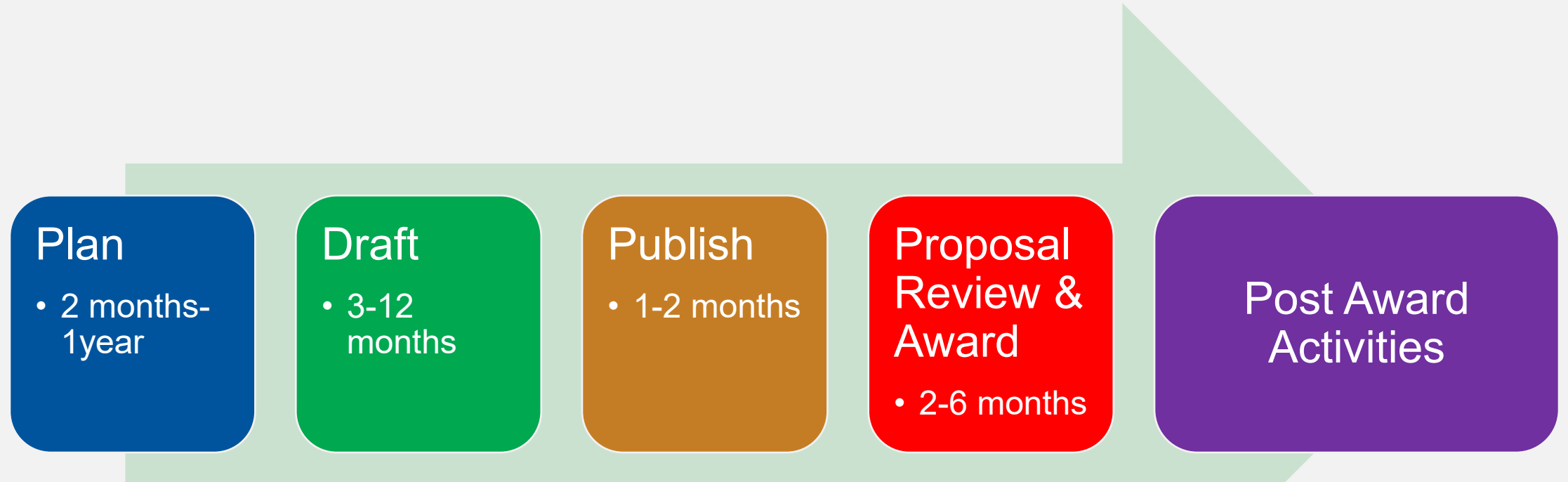
Used to:

- Purchase program-related services
- Purchase services directly related to the Board's fiduciary responsibilities

Unique Aspects of Chapter 40 Procurements

- Length of contract determined by the Board
- No DOA-approved procurement plan required
- No formal cost benefit analysis required
- The Board makes the final contract award based on recommendation of the evaluation committee and program area (vs. based on highest score)
- Protests are decided by the Board, not DOA

Standard RFP Process



Plan - Part 1

- Identify the need
- Consider budget
- Assess whether the procurement should be conducted under Chapter 16 or Chapter 40 (Chapter 40 is assumed for the remainder of the slides)
- Develop a general timeline
- Bring request to issue an RFP to the Board

Plan – Part 2

- Requirements gathering: programmatic requirements based on statutory requirements for some RFPs (e.g., life insurance and other benefits)
- Research: other RFPs/vendor pool
- Project planning: detailed timeline and stakeholders; project kick-off
- Assembling evaluation committee: common for a Board member to sit on a Ch. 40 procurement evaluation committee

Draft the RFP

- Program area staff develop programmatic requirements
- BCAP Procurement Lead develops non-programmatic language (standard ETF terms and conditions included)
- RFP is reviewed by ETF stakeholders, the evaluation committee, and sometimes external partners (e.g., consulting actuaries, other state agencies)

Publish

- RFP released/published
- Questions and answers submitted by interested vendors
- Program area and other ETF stakeholders reviewed and answered vendor questions
- Answers to vendor questions released/published and made a part of the RFP/contract

Review and Award – Part 1

- Proposals received/initial proposal review by BCAP Procurement Lead
- Evaluation committee kick-off and subsequent meetings
- Vendor reference checks
- Vendor presentations (optional)
- Cost proposals revealed (consulting actuaries sometimes involved)
- Evaluation committee deliberation/recommendation

Review and Award – Part 2

- Recommendation memo drafting for the Board by the ETF program area and BCAP, approved by program director
- Recommendation memo presentation to the Board
- Vendor finalist presentations to the Board in closed session (optional)
- Board deliberation and award

Post-Award Activities

- 10 business-day appeal period (GIB Vendor Procurement Appeals Policy)
- Contract negotiations
- Contract execution
- Implementation
- Possible public records requests
- Contract management
- Updates to the Board

ETF's Role

- Procurement Lead coordinates RFP activities (can be in conjunction with Project Manager)
- BCAP works closely with ETF Office of Legal Services (OLS) to draft and finalize the RFP, respond to appeals and public records requests
- Procurement Lead works closely with other ETF stakeholders
- Procurement Lead coordinates contract negotiations with OLS, the vendor and other ETF stakeholders
- Procurement Lead assists program area in drafting contract updates for the Board

The Board's Role

- Board plays important oversight and participatory role
- Board reviews RFP request and may authorize the Secretary to proceed
- It is common for a Board member to sit on Chapter 40 evaluation committees
- The Board makes the final decision on the contract award (unless the Board has delegated this to the Secretary or an ETF Director; determined when an RFP is authorized)
- The Board renders a decision on any appeal
- The Board Chair signs the contract (may be delegated for certain procurements)
- The Board reviews contract status

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Questions?

Thank you



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Insurance Administration System Update

Item 6 – Group Insurance Board

Michelle Baxter, Director, Office of Enterprise Initiatives

Alene Kleczek, Director, Employer Services Bureau

Eileen Mallow, Director, Office of Strategic Health Policy



Informational Item Only

- No Board action is required.

IAS Project Scope

- Over 900 employers and 17 vendor partners
- Insurance Administration System (aka My Insurance Benefits)
 - Benefitfocus Eligibility, Enrollment and Billing (Benefitplace and Certifi Billing)
 - Voya (COBRA)
 - In house-built solutions:
 - Employer Transaction Application
 - Employer and Member Portals
 - Employer Payment Application
 - Retiree Administration System
 - Employer Premium Rate Split Reports
 - Data and Integration Platform

IAS Accomplishments

- ✓ Working eligibility and enrollment system for active employees
- ✓ Working eligibility and enrollment system for HR administrators- Locals, State, University of Wisconsin, University of Wisconsin Hospitals & Clinics
- ✓ Testing of enrollment and eligibility system, file exchanges, billing solution
- ✓ Collection of security access agreements for employers
- ✓ Creation of Employer Transaction Application (ETA) user interface

IAS Timeline Update

- To fully meet the needs of members, staff, and employers, the new timeline will:
 - Provide a solution to increase adoption by end users in the way members interact with their ETF-administered insurance benefits.
 - Address the complexity of ETF's benefit programs.
 - Minimize risks.
- Evaluated remaining roadmap, business calendar, and employer needs in establishing updated go live date
- **New go-live: Prior to Open Enrollment 2025**
 - **Updated project planning underway**

Impacts

- Open Enrollment for Plan Year 2025 will occur in legacy system, MEBS, and through third party administrators
- Postpone benefit administration updates largely affecting the Life Insurance and Wellness and Disease Management programs, examples:
 - Data integration for enhanced evidenced-based analytics
 - Streamlining programs and processes
 - Delay decision to terminate coverage of Well Wisconsin for Medicare Advantage members
- Resources will continue to be constrained
- Requests For Proposals impacts to be determined
- ETF does not anticipate impacts to rate setting cycle for 2026

Path to Go Live



Data conversion and local employer data



Configuration for unique policies



Technical system development



Critical Benefitplace enhancements



Report development



Training



Questions?

Thank you



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BREAK

The Board is on a short break. Audio and visual feed will resume upon the Board's return.



2024 Open Enrollment Results

Item 7A – Group Insurance Board

Douglas Wendt, Health Policy Advisor

Office of Strategic Health Policy



Informational Item Only

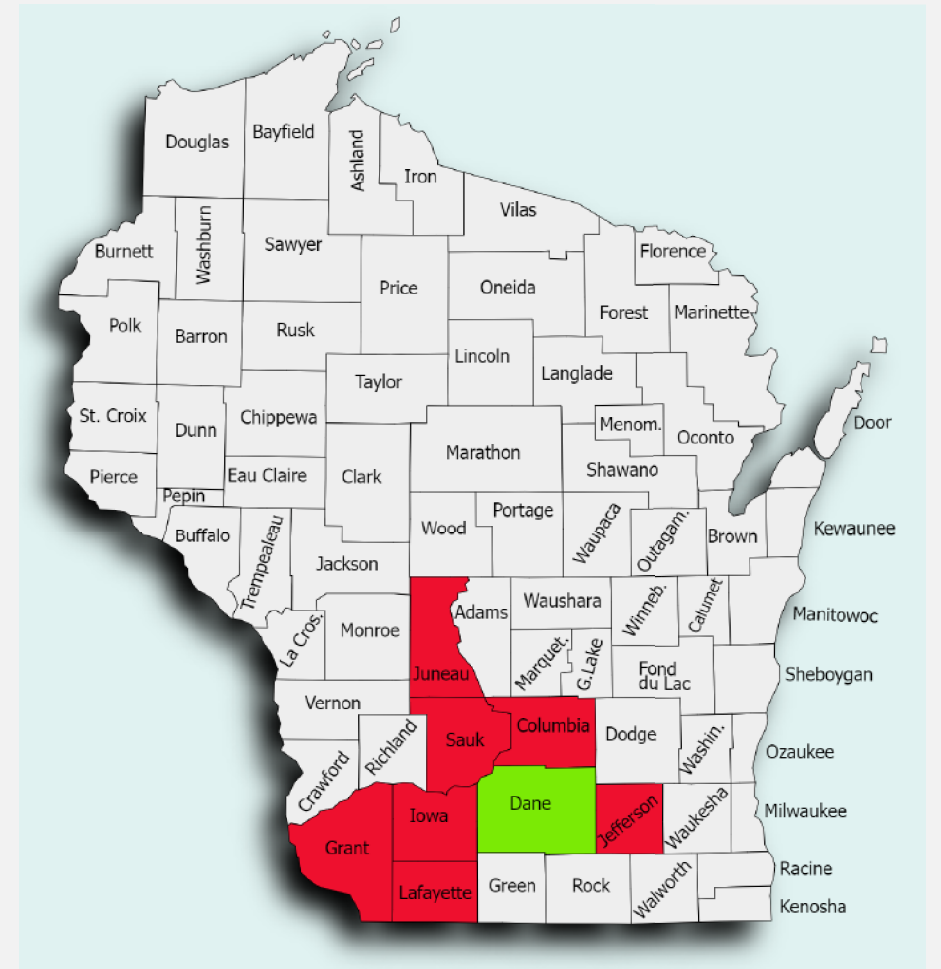
- No Board action is required.

Overall Enrollment Change

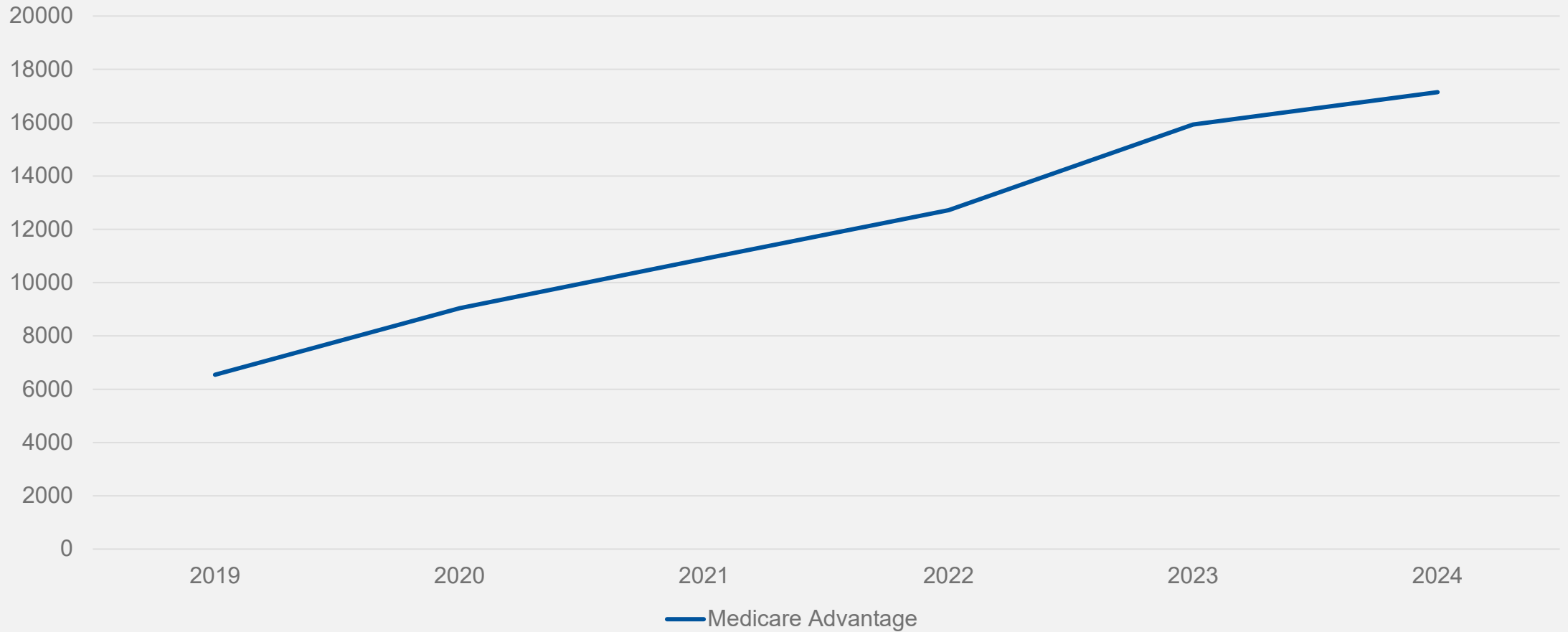
- Total GHIP membership increased by 1.88%
 - Total subscribers (employees & retirees) increased 2.43%
 - Total enrollment of 244,243 as of Jan. 16, 2024
 - Highest total membership since 2016 (245,511)
- State program increased more than the Local program
 - State membership increased 2.06%
 - Increase was spread out among the Big 3 (DOA, UW & UWHC)
 - Local membership relatively flat with a 0.83% increase

GHC-SCW 2024 Plans

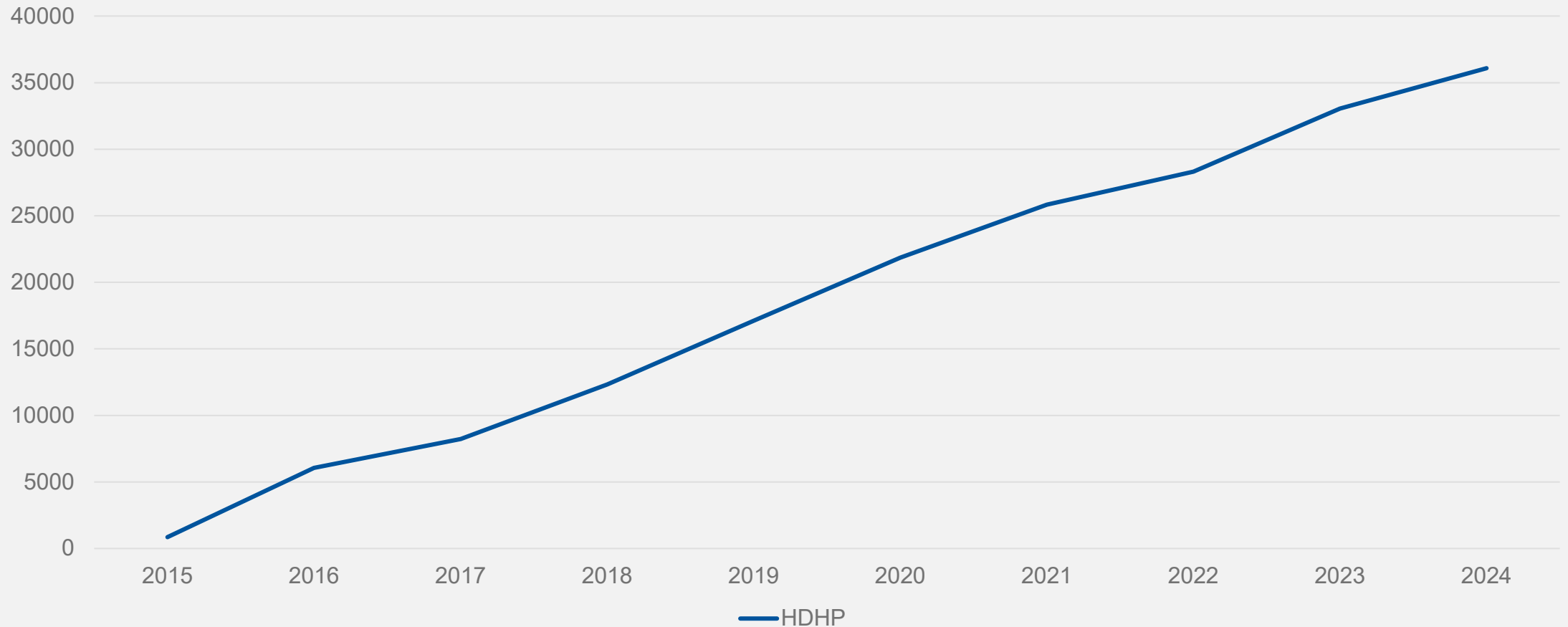
PLAN	MEMBERS
■ GHC-SCW Neighbors	2840
■ GHC-SCW Dane Choice	15751



Medicare Advantage Enrollment



HDHP Enrollment



Vendor Enrollment

Rank	2023 Vendors	Members	Rank	2024 Vendors	Members
1	Quartz	78,801	1	Quartz	83,452
2	Dean	54,159	2	Dean	53,666
3	Network	27,752	3	Network	28,273
4	UHC Medicare	20,501	4	UHC Medicare	21,593
5	GHC SCW	19,829	5	GHC SCW	18,591
6	HealthPartners	16,777	6	HealthPartners	17,047
7	GHC EC	12,223	7	GHC EC	9,772
8	Aspirus	3,313	8	Aspirus	3,686
9	MercyCare	2,771	9	MercyCare	3,483
10	Security	1,793	10	Medical Associates	3,098
11	Medical Associates	1,779	11	Security	1,582

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Questions?

Thank you



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Establish the 2025 Open Enrollment Period



Item 7B – Group Insurance Board

Korbey White, Health Program Manager

Office of Strategic Health Policy

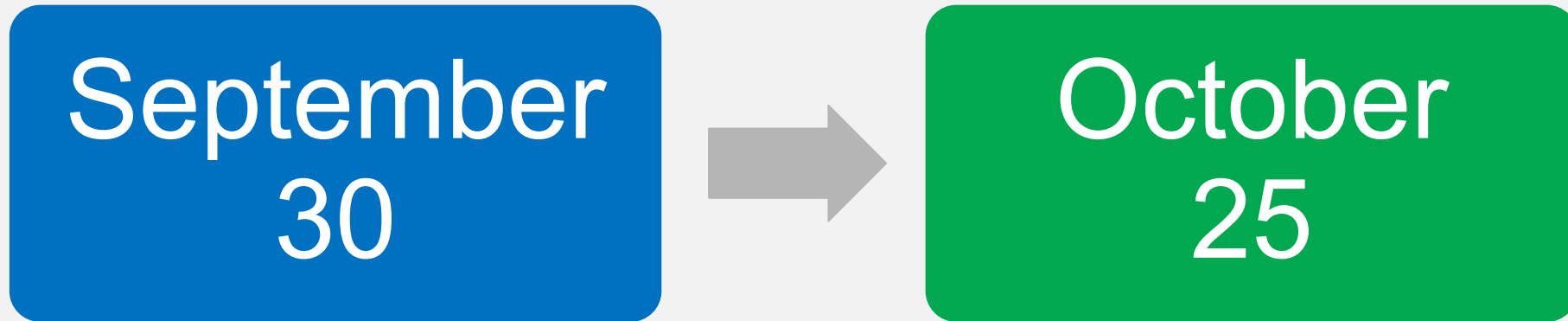




Action Needed





- The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve **September 30 – October 25, 2024**, as the open enrollment period for plan year 2025.

2025 Plan year Open Enrollment Period



Proposed open enrollment period will begin on the Monday of week 40 of the calendar year

Considerations

-  Required retiree benefit processing timelines
-  Key payroll center feedback
-  Potential new program administrator(s)
-  Current internal ETF projects



Action Needed

- ETF requests the Board approve **September 30 – October 25, 2024**, as the open enrollment period for plan year 2025.

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Questions?

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2025 Final Benefit Changes



Item 7C - Group Insurance Board

Korbey White, Health Programs Manager

Luis Caracas, Health Plan Policy Advisor

Molly Dunks, Disease Management and Wellness Program Manager

Tricia Sieg, Pharmacy Benefits Program Manager

Office of Strategic Health Policy





Action Needed

- The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve the modifications to the Program Agreement (PA), Uniform Benefits (UB) Certificates of Coverage (CoCs), and the Wellness and Disease Management (DM) Benefits.

Background

Initial preliminary changes for program year 2025 were presented at the November 2023 Board meeting

ETF reviewed potential changes with employer groups, health plans, and Segal (Board's actuary) and identified a final set of proposed benefit changes

Health Program Agreement Changes

Memo Pages 1-2

Program Agreement Changes Recommended

Communications

- Adding language to the Health Plan Account Manager Administration Manual

Care Management Section

- Adding “population health management”

Health Benefit Changes

Memo Page 2

Certificate of Coverage Changes Recommended



Expanding Lifetime Limit on Orthoptic Eye Training



Clarifying Nutritional Counseling Coverage

Wellness and Disease Management Benefit Changes

Memo Page 3

Well Wisconsin Change

Postpone decision

- Medicare Advantage members' access to Well Wisconsin



Action Needed

- ETF requests the Board approve the modifications to the PA, UB CoCs, and the Wellness and DM Benefits.



Questions?

Thank you



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Pilot Programs Report and 2025 Recommendations



Item 7D – Group Insurance Board

Molly Dunks, Disease Management and Wellness Program Manager

Office of Strategic Health Policy





Action Needed

- The Department of Employee Trust Funds (ETF) requests the Group Insurance Board (Board) approve the 2024 pilot programs for 2025 implementation, and one new pilot program proposed by Network Health.

Background

Innovative programs not currently included in the Group Health Insurance Program (GHIP)

Differ from uniform benefits for health plans

Not originally included in non-health plan vendor contracts

Current Pilot Programs

Vendor	Program	Years Implemented
Dean Health Plan	Acupuncture Benefit	2020-2024
WebMD & Navitus	It's Your Health: Diabetes (Coaching and Prescriptions)	2019-2024
Quartz	Virta Health (Diabetes Management and Supplies)	2024
Quartz	Therapy360	2024
Quartz	Doula Services	2024
Security Health Plan	Omada (Diabetes Management and Supplies)	2024

Dean Health Plan - Acupuncture

Alternate pain management treatment option

10 visits per year

Utilization trends are relatively flat

Will complete further impact analysis

WebMD/Navitus

It's Your Health: Diabetes

Participation increasing each year

Total savings of \$1.71M for members since 2019

Last analysis indicated some positive impacts

Updated analysis will be completed in 2024

Network Health – Remote Patient Monitoring (RPM)

Reduction in cost-sharing to \$0 for RPM visits and devices:

- Obesity
- Hypertension
- Sleep apnea
- Atrial fibrillation

Goal: reduce cost share, so members better manage condition and reduce utilization of emergency room



Action Needed

- ETF requests the Board approve the 2024 pilot programs for 2025 implementation, and one new pilot program proposed by Network Health.



Questions?

Thank you



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2023 Well Wisconsin Experience Report

Item 8 – Group Insurance Board

Molly Dunks, Disease Management and Wellness Program Manager
Office of Strategic Health Policy

Emily Rosetter, Director of Strategic Accounts
WebMD Health Services



Informational Item Only

- No Board action is required.

WELL WISCONSIN PROGRAM

State of Wisconsin 2023 Annual Review

February 2024

WebMD
HealthServices



Agenda

1. Welcome and Introductions
2. 2023 Overview & Highlights
3. Value Demonstration
 1. Population Health
 2. Program Impact
 3. Health Coaching
4. 2024 Focus Areas
5. Appendix

2023 Q4 | Metrics | Overview

152,764*



Eligible Participants

60,055 (39%)



Active Registered Participants

55,179 (36%)



Health Assessment Completions

53,282 (35%)



Completed a Health Check

52,146 (34%)



Well-Being 1+ Activities

50,649 (33%)



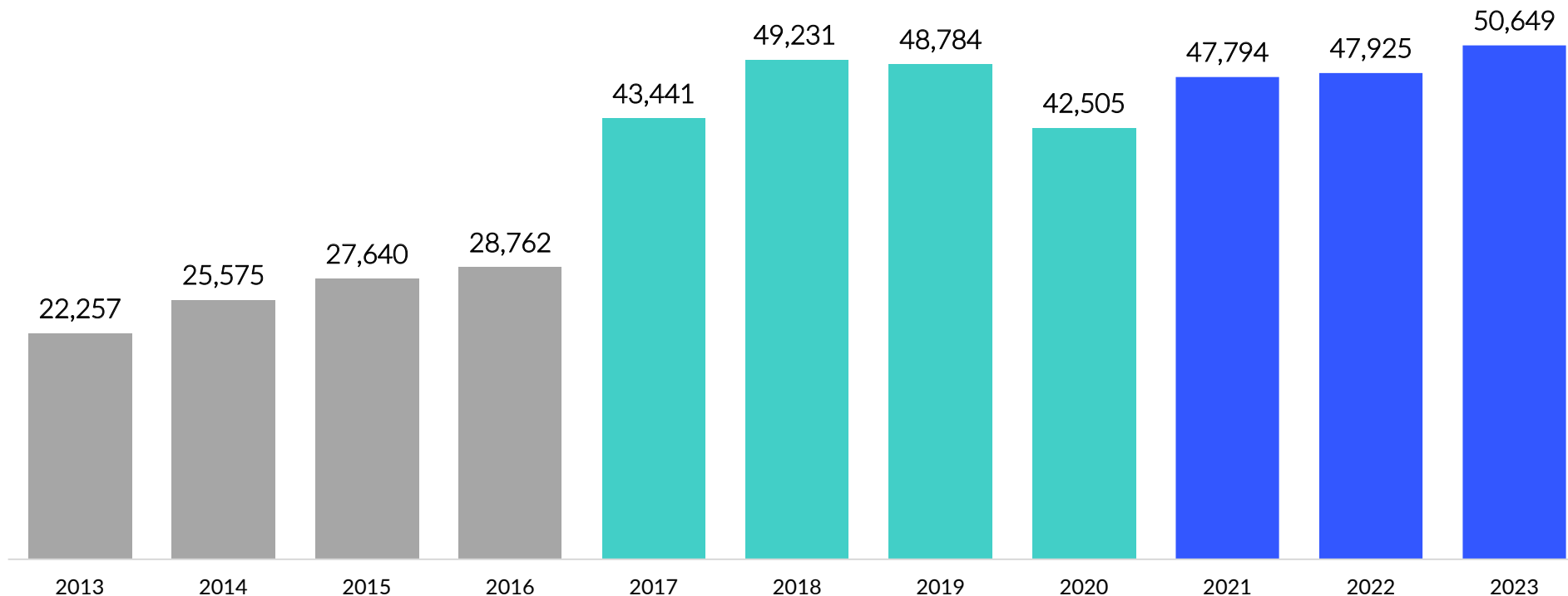
Earned Incentive

*Excludes UHC-Medicare (n=16,687). Excluded from all other metrics.

2023 Results

- Health Plans
- StayWell
- WebMD Health Services

Met our stretch goal of 50k participants earning the \$150 incentive



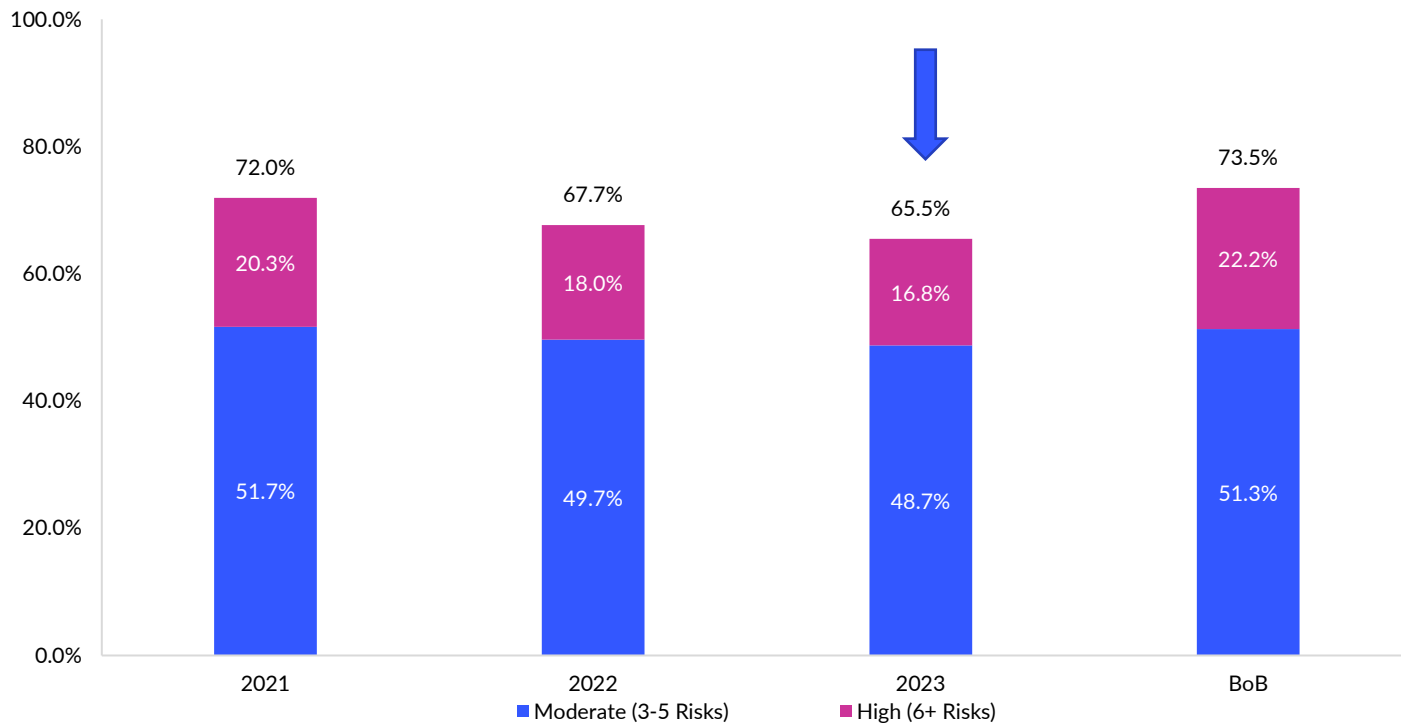
2x+

More than doubled participation since the program started (12% in 2013 to 33% in 2023)

EMPLOYEE

Population Health

Overall, Health Risk Stratification by Year

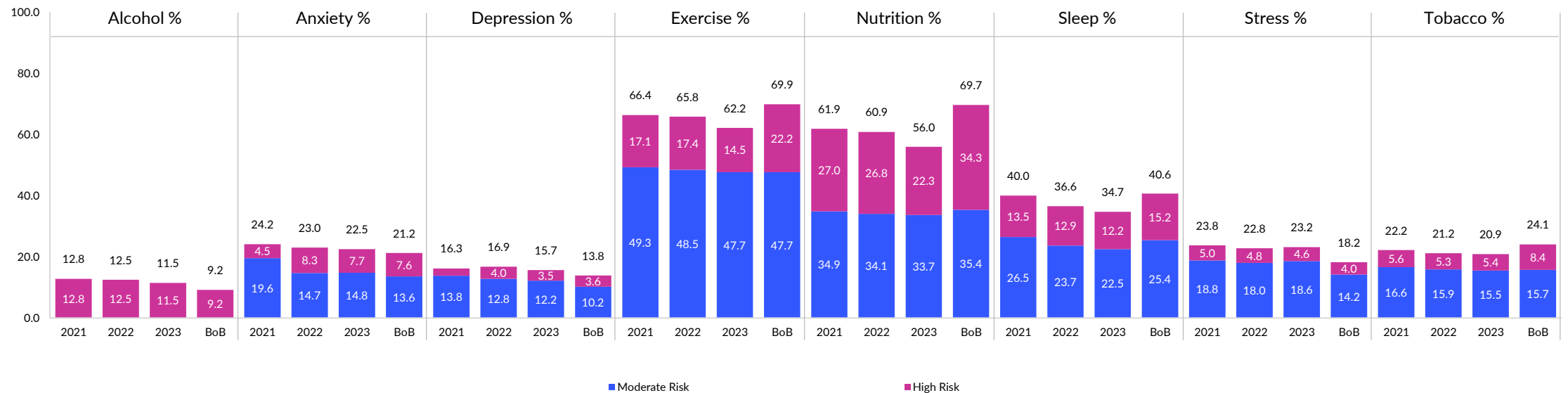


- Data based on 35,678 health assessments
- Demographics: 61% female and 39% male
- Average risks per person
 - 2021: 3.83
 - 2022: 3.63
 - **2023: 3.52**
 - BoB: 4.00
- 65.5% of population is at risk (moderate or high risk), which is lower than the BoB (73.5%)

Based on 13 clinical and modifiable health risks: Alcohol, Anxiety, Blood Pressure, Blood Sugar, Cholesterol, Depression, Exercise (high risk), Nutrition, Prevention, Sleep, Stress, Tobacco and Weight.

Modifiable Health Risk Prevalence by Year

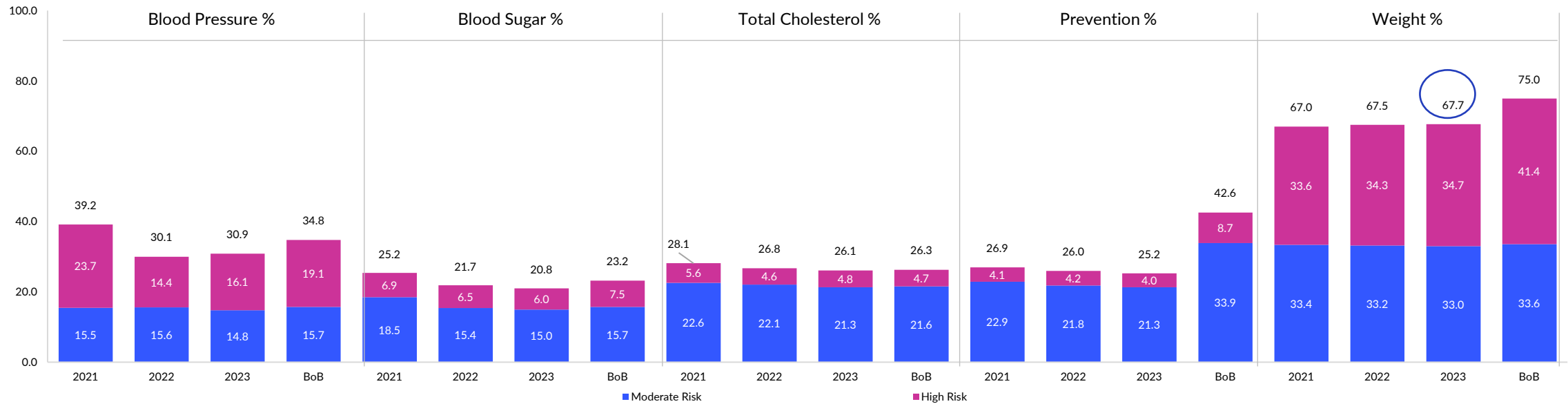
- Prevalence of modifiable risks was generally lower (better) than the book of business.
- Areas above the BoB were alcohol, anxiety, depression and stress.



Alcohol risk scoring has no moderate risk.

Clinical Health Risk Prevalence by Year

- Prevalence of modifiable risks were all lower (better) than the book of business.
- Weight remains the top area of focus with 68% of participants having a BMI \geq 25.



Based on values reported by HA completers or professionally sourced biometrics imported prior to HA completion; data restricted to users who reported a value or a range as indicated by the HA question.

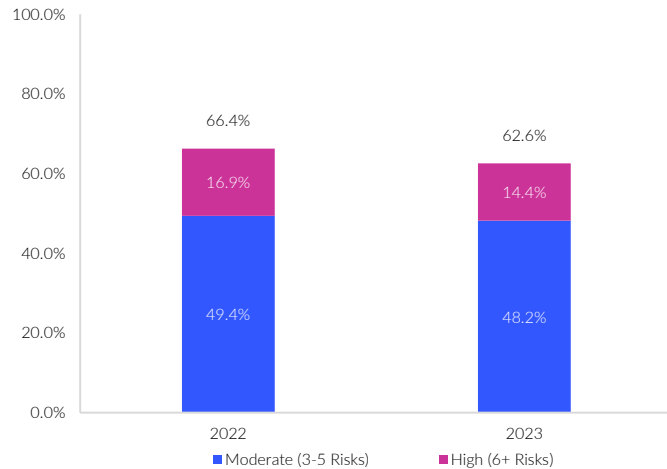
EMPLOYEE

Program Impact (Cohort Change)

Change in Risk Stratification

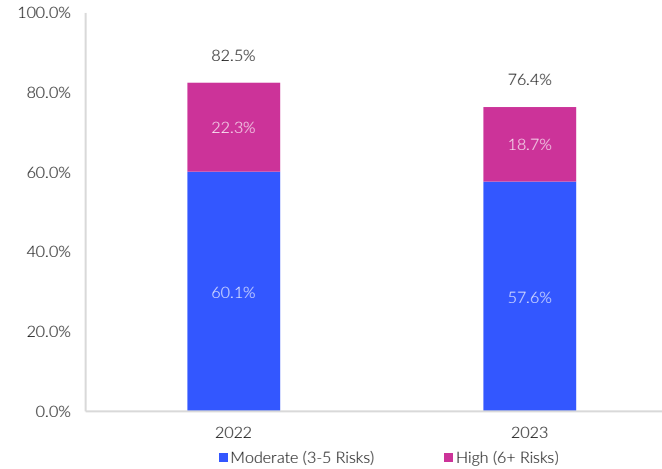
HA Cohort (n=27,122)

5.6% risk improvement



1+ Session Coaching Cohort (n=3,585)

7.3% risk improvement



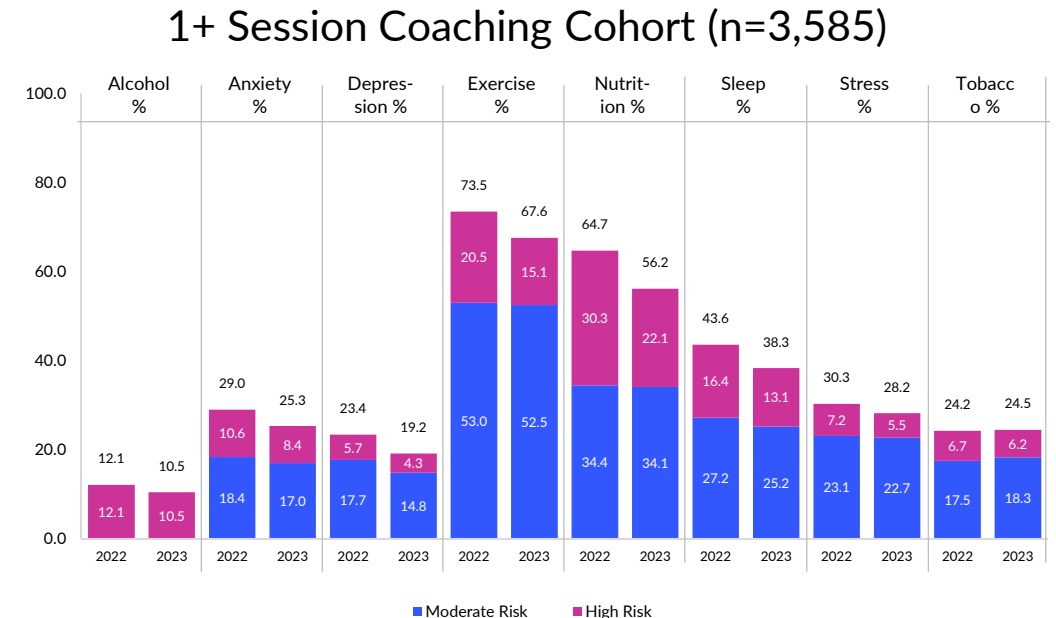
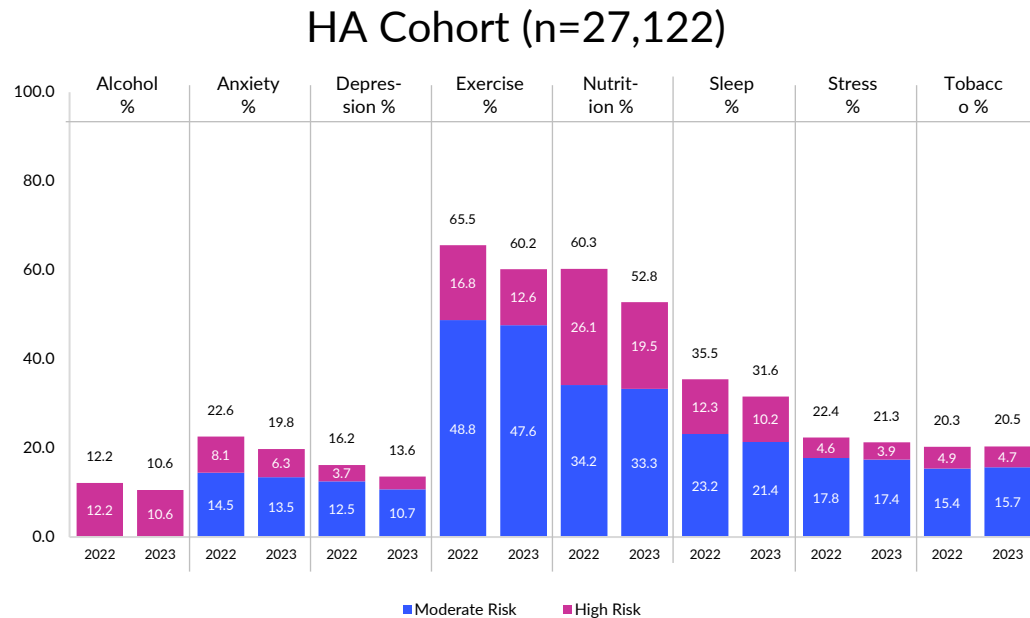
- Among the HA cohort, the average number of risks improved 5.6%, from 3.55 to 3.35.
- Coaching cohort has a higher risk prevalence level, yet health status improved 7.3% from 4.23 to 3.92 average risks.

Based on 13 clinical and modifiable health risks: Alcohol, Anxiety, Blood Pressure, Blood Sugar, Cholesterol, Depression, Exercise (high risk), Nutrition, Prevention, Sleep, Stress, Tobacco and Weight.

HA Cohort completed the ONE Assessment in each period shown. Coaching Cohort completed the ONE Assessment in each period shown and completed 1 or more moderate- or high-risk lifestyle coaching calls in the earliest period.

Change in Modifiable Risk Prevalence

- Most risks – but particularly Exercise, Nutrition and Sleep – were higher in 2022 and improved for both cohort groups.



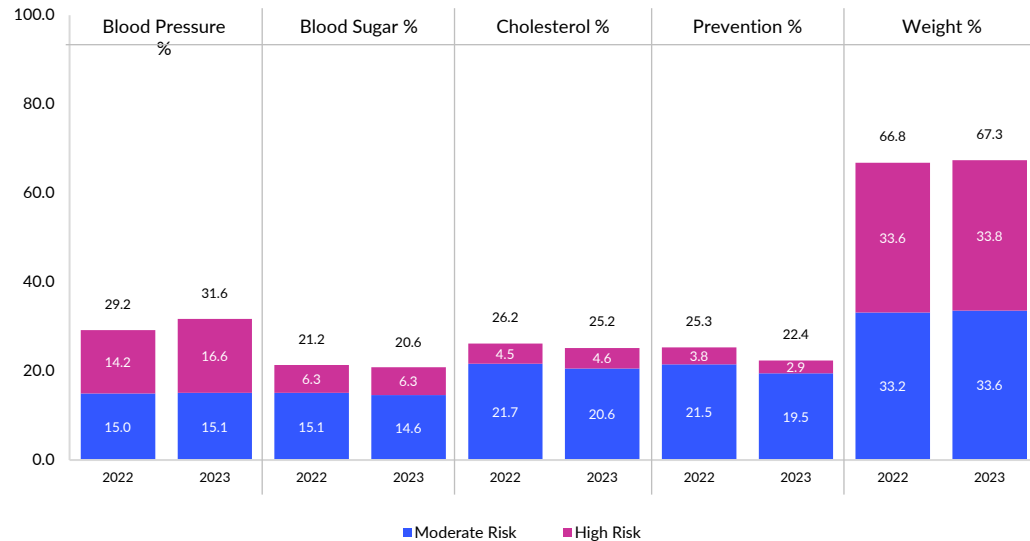
Alcohol risk scoring has no moderate risk.

For exercise risk scoring, high risk is considered “at risk”; moderate risk is considered “not at risk” and is only displayed in reports that break out moderate and high risk.

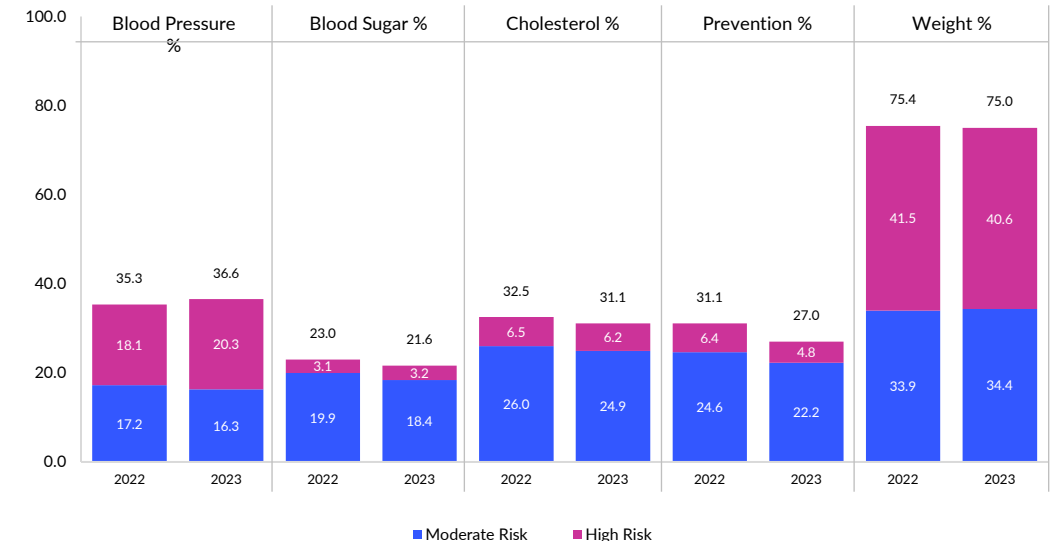
Change in Clinical Risk Prevalence

- Within both cohort groups, we saw an increase in those at-risk for blood pressure, but overall saw nice decreases (or maintained levels) in the other areas.
- It is great to see such little change in the overall weight risk prevalence in both groups.

HA Cohort (n=27,122)



1+ Session Coaching Cohort (n=3,585)



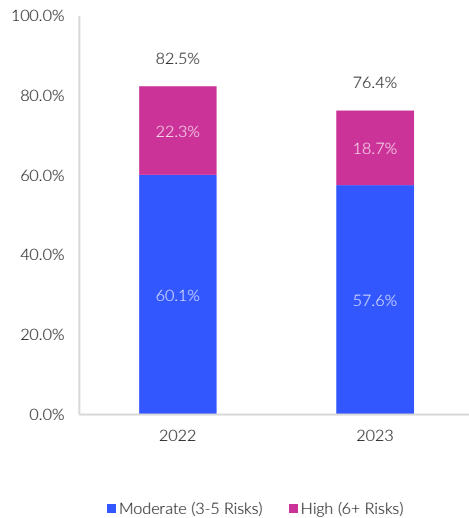
Based on values reported by HA completers or professionally sourced biometrics imported prior to HA completion; data restricted to users who reported a value or a range as indicated by the HA question.

Change in Average Risks

- One session makes a difference with risk change. Multiple sessions typically yield the greatest change.

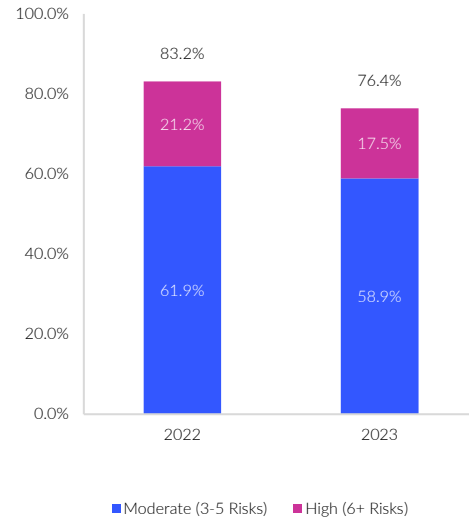
1+ Session Cohort

7.3% risk improvement



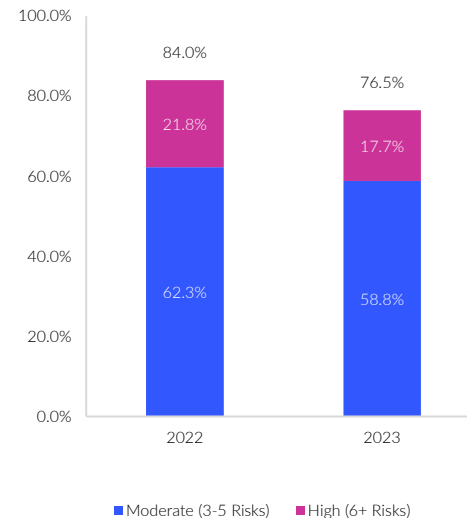
2+ Session Cohort

7.2% risk improvement



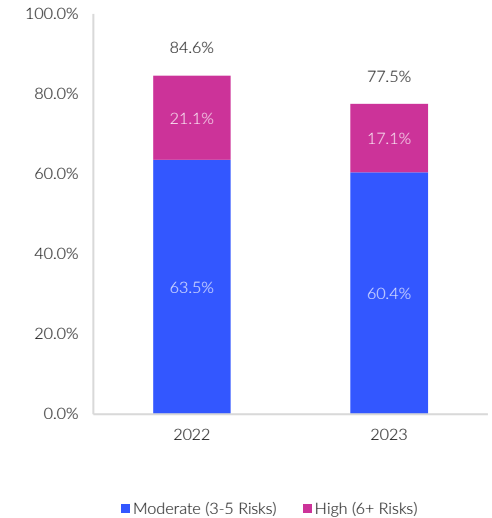
3+ Session Cohort

7.5% risk improvement



4+ Session Cohort

7.2% risk improvement



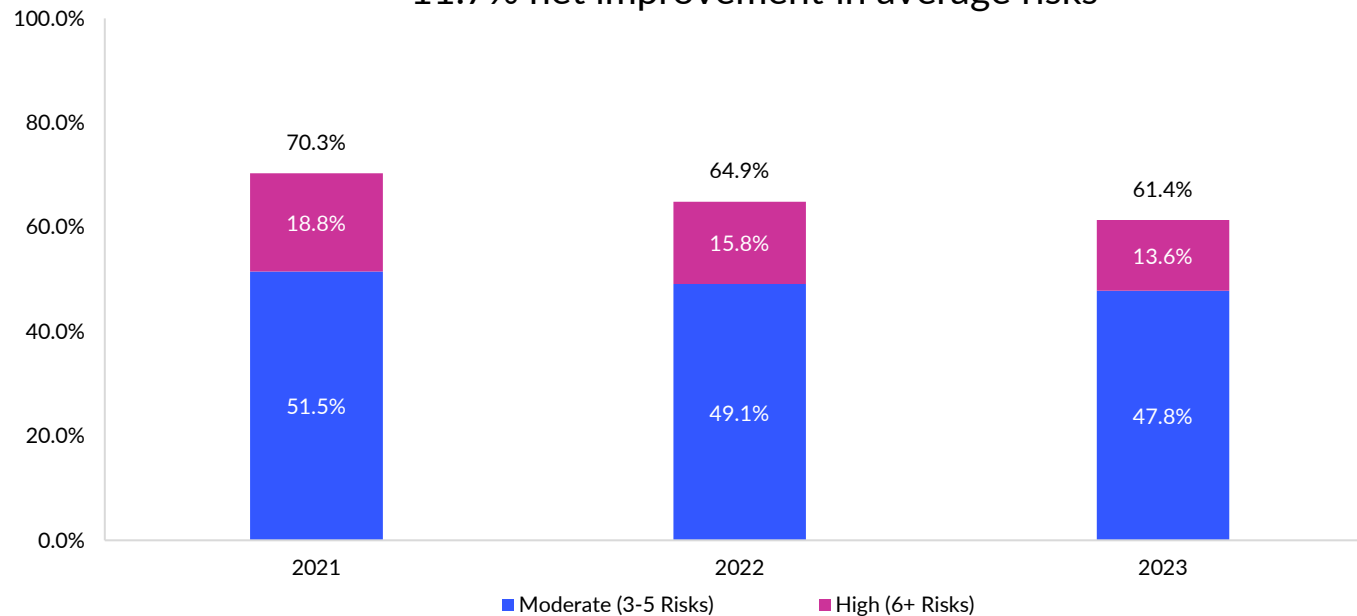
1+ Session N = 3,585; 2+ Session N = 2,101; 3+ Session N = 1,439; 4+ Session N = 844.

Participants completed the ONE Assessment in each period shown and completed the specified number of moderate- or high-risk lifestyle coaching sessions in the earliest period.

3-Year Change in Overall Health Risk Stratification

HA Cohort (n=22,397)

11.7% net improvement in average risks



- 11.7% net improvement in average risks
- Average risks per person
 - 2021: 3.72
 - 2022: 3.48
 - 2023: 3.29

Based on 13 clinical and modifiable health risks: Alcohol, Anxiety, Blood Pressure, Blood Sugar, Cholesterol, Depression, Exercise (high risk), Nutrition, Prevention, Sleep, Stress, Tobacco and Weight.
HA Cohort completed the ONE Assessment in each period shown.

2024+ BEYOND

What is next?

Continued Areas of Focus

- Continue to drive participants into programs that change behavior and demonstrate meaningful results.
- Leverage and promote all new program offerings; mental health, specialty coaching and pain management.
- Execute on the onsite staff team approach to regionally support the State of Wisconsin through onsite events that drive excitement and engagement into the Well WI Program.
- Consider applying for a well-being award to highlight the successes of the program.
- Explore additional pilot opportunities to creatively engage low utilizers.
- Reach our stretch goal of 60,000 participants who earn the incentive!

APPENDIX X

Health Risk Definitions

Modifiable Health Risk Definitions

	Moderate Risk	High Risk
Alcohol	N/A (Alcohol scoring has no moderate risk).	Younger than 65 years: Males more than 14 alcoholic drinks per week or Females more than 7 alcoholic drinks per week. 65 years or older: More than 7 alcoholic drinks per week, or Females 4 or more (Males 5 or more) drinks in a single sitting.
Anxiety	Over the last 2 weeks, several days of anxiety and several days of uncontrolled worrying.	Over the last 2 weeks, several days of anxiety and more than half the days of uncontrolled worrying (or vice versa).
Depression	Over the last 2 weeks, several days of feeling depressed and several days of little interest in doing things.	Over the last 2 weeks, several days of feeling depressed and more than half the days of little interest in doing things (or vice versa).
Exercise	1 to 75 minutes per week of light-intensity exercise and 1 day of strength training; 1 to 150 minutes per week of moderate-intensity exercise and less than 2 days of strength training; 1 to 75 minutes of vigorous exercise and less than 2 days of strength training. Will not be calculated if user indicates they inability to exercise due to medical condition.	Less than 150 minutes per week of light intensity exercise, no moderate-intensity or vigorous exercise, and no strength training; or 1 day per week of strength training and no other exercise. Will not be calculated if user indicates they inability to exercise due to medical condition.
Nutrition	Less than 5 daily servings of fruits/vegetables, less than 3 daily servings of whole grains, and less than 3 weekly servings of nuts/seeds (if not allergic).	Less than 5 daily servings of fruits/vegetables, less than 3 daily servings of whole grains, and 0 weekly servings of nuts/seeds; or 0-1 daily servings of fruits/vegetables, less than 3 daily servings of whole grains, and less than 3 weekly servings of nuts/seeds; or less than 5 daily servings of fruits/vegetables, 0 daily servings of whole grains, and less than 3 weekly servings of nuts/seeds (if not allergic).
Sleep	6-7 hours of sleep or more than 9 hours of sleep (5-6 or more than 8 if age 65+) and rarely, sometimes, usually or always feel tired after sleep.	Less than 6 hours of sleep or more than 9 hours of sleep (less than 5/more than 8 if age 65+) and usually or always feel tired after sleep.
Stress	Over the last month, stress didn't negatively impact health and happiness but most of the time there was a lack of effectiveness at dealing with stress (or vice versa), or stress negatively impacted health and happiness a little and sometimes there was a lack of effectiveness at dealing with stress (or vice versa).	Over the last month, stress didn't negatively impact health and happiness but all of the time there was a lack of effectiveness at dealing with stress (or vice versa), or stress negatively impacted health and happiness a little and mot of the time there was a lack of effectiveness at dealing with stress (or vice versa).
Tobacco	Quit using tobacco products more than 1 year ago.	Current tobacco user or quit in the last 12 months.

Clinical (HA) Health Risk Definitions

	Moderate Risk	High Risk
Blood Pressure	Reported values of systolic blood pressure 120-129 and diastolic blood pressure <80; or indicated blood pressure range of Elevated.	Reported values of systolic blood pressure \geq 130 or diastolic blood pressure \geq 80; or indicated blood pressure range of High/Stage 1, or High/Stage 2.
Blood Sugar	Reported fasting glucose value of 100 to 125 or A1c value of 5.7% to 6.4%; or indicated glucose or Ac1 range of Borderline High.	Reported fasting glucose value of \geq 125 or A1c value of \geq 6.4%; or indicated glucose or Ac1 range of Borderline High or High.
Cholesterol	Reported total cholesterol value of 200 to 239; or indicated total cholesterol range of Borderline High.	Reported total cholesterol value of \geq 240; or indicated total cholesterol range of High.
Weight	Reported height and weight values that calculate to Body Mass Index of 25.0-29.9.	Reported height and weight values that calculate to Body Mass Index of \geq 30.0 or <18.5.
Prevention	Up-to-date on one-third to two-thirds or fewer of preventive screening exams and vaccines recommended for age and sex.	Up-to-date on less than one-third of preventive screening exams and vaccines recommended for age and sex.

Prevention Health Risk Definitions

At Risk

Cervical Cancer Screening	For women ages 21-65, last pap smear was 3 years ago or more, or don't know last occurrence, or never had screening.
Colorectal Cancer Screening	For adults ages 50-75, last colonoscopy was 10 years ago or more, or last CT colography/flexible sigmoidoscopy was 5 years ago or more, or last stool-based test was 1 year ago or more, or don't know last occurrence, or never had screening.
Dental Exam	For all adults, last dental exam was 1 year ago or more, or don't know last occurrence.
Flu Vaccine	For all adults, last flu vaccine was 1 year ago or more, or don't know last occurrence.
Mammogram	For women ages 50-74, last mammogram was 2 years ago or more, or don't know last occurrence, or never had screening.
Physical Exam or Wellness Visit	For all adults, last physical exam or wellness visit was 1 year ago or more, or don't know last occurrence.
Pneumonia Vaccine	For adults ages 65 or older, never had pneumonia vaccine.
Shingles Vaccine	For adults ages 50 or older, never had shingles vaccine.

Professionally Sourced Biometric Definitions

	Risk Level	Value	Clinical Guideline Source
Blood Pressure	Moderate/Elevated High/Stage 1 High/Stage 2	Systolic 120 to 129 and Diastolic less than 80 Systolic 130 to 139 or Diastolic 80 to 89 Systolic 140+ or Diastolic 90+	American Heart Association www.heart.org
Blood Sugar Fasting	Moderate/Pre-Diabetes High/Diabetes	100 to 125 126+	American Diabetes Association www.diabetes.org
Blood Sugar Non-Fasting	At Risk	200+	American Diabetes Association www.diabetes.org
HDL Cholesterol	At Risk	Less than 40 (men) or less than 50 (women)	American College of Cardiology www.acc.org
LDL Cholesterol	At Risk	130+	National Heart, Lung, and Blood Institute www.nhlbi.nih.org
Total Cholesterol	Moderate/Borderline High High	200 to 239 240+	National Heart, Lung, and Blood Institute www.nhlbi.nih.org
Triglycerides	At Risk	150+	American College of Cardiology www.acc.org
Weight/Body Mass Index	Moderate/Overweight High/Obese I High/Obese II High/Obese III	25.0 to 29.9 30.0 to 34.9 35.0 to 39.9 40.0+	Centers for Disease Control and Prevention www.cdc.gov

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Questions?

Thank you



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ETF E-mail Updates



608-266-3285
1-877-533-5020

Income Continuation Insurance Program Changes



Item 9 – Group Insurance Board

Jim Guidry, Director

Benefit Services Bureau





Action Item

- 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 that modify the effective date of the annual ICI premium rate adjustments for the State ICI Plan and make other technical updates effective Feb. 22, 2024.

Income Continuation Insurance

Voluntary disability income replacement benefit payable to enrolled participants

- Monthly benefit – 75% of salary
 - Coverage to \$120,000 annual salary – Max benefit/month: \$7,500
 - \$75 monthly add-on to long-term benefits
- Separate State and Local employer plans
- Short-term and long-term benefits payable to age 65 for most
- State ICI premiums are based on salary and accumulated sick leave balances
 - UW Faculty and Academic Staff – Elimination period based premium structure
- Local plan has elimination period based premium structure – currently on premium holiday
- Premiums shared between employers and employees

ICI Program Update – IAS

Insurance Administration System (IAS) Related Changes

- Changes the effective date of annual State ICI premium adjustments to April 1 of each calendar year from current February 1
 - Under IAS, ETF will begin invoicing employers for ICI premiums
 - Process expansion
 - Shift to April 1 gives State employers and ETF adequate time
 - Local employer premiums currently update on April 1
 - Attachment A – Items 4, 5

ICI Plan Technical Updates 1

Modifying language – New ICI Rate Table

- Monthly premium rate based on annual salary
- Attachment A – Items 1, 5-8, 10

Replacing Language – State and Local Elimination Periods

- Specifies current elimination periods for State and Local ICI plans
- Specifies earnings for premium purposes must be determined under §2.11 of the plan language
- Removes Table I in Local plan language
- Attachment A – Items 3, 8-12

ICI Plan Technical Updates 2

Clarifying language

- Return from Leave of Absence
 - Premium based on employee's premium category and earnings before LOA
 - Clarifies that applicable premium is the current premium rate in effect
- Local Employer Contributions
 - Local employers can contribute more than the minimum required employer premium
 - Clarifies that employer share must be 100% of a shorter elimination period
- Attachment A – Items 2, 7, 9

IBNR Experience Study

Milliman, Inc. performed experience studies for the State and Local ICI programs.

- Claims incurred but not reported (IBNR)
- Analysis of historical claims experience from 1.1.2017, through 12.31.2022

State and Local IBNR Valuation Assumptions - % of Annual Incurred Claims			
Plan	2022 IBNR %	2023 IBNR %	Net Change to Liabilities*
State	25%	17%	(\$1,355,712)
Local	25%	26%	\$18,856

*As of 12/23/2022. For illustration only



Action Item

- ETF requests the Board approve the recommended changes to the ICI program State and Local plan language that modify the effective date of the annual ICI premium rate adjustments for the State ICI Plan and make other technical updates effective Feb. 22, 2024.

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Questions?

Thank you



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ETF E-mail Updates



608-266-3285
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Operational Updates

Items 10A–10N – Memos Only



Tentative May 2024 Agenda

Item 11 – Memo Only

Eileen Mallow, Director

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. Stat. § 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.



Item 12 – No Memo



Announcement of Business Deliberated During Closed Session Discussion

Item 15 – No Memo

Herschel Day, Chair

Group Insurance Board



Adjournment



Item 16 – No Memo

