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Correspondence Memorandum

Date: October 17, 2024

To: Group Insurance Board

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

Subject: Vendor Proposed Pilot Programs

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

Background

Pilot programs provide an opportunity to evaluate benefit changes before implementing them in uniform benefits coverage. Since 2019, 15 pilot programs have been approved. About half of those pilot programs have been discontinued or deemed a population health management program. One pilot program (meQuilibrium) has been shifted out of pilot phase and has been added as a standard program offering through the latest contract with WebMD. Table 1 includes the remaining seven pilots that have been approved for implementation in 2025 ([Ref. GIB | 02.21.24 | 7D](#)). Vendors have not proposed any new pilot programs for 2026.

Table 1: Pilot Programs Approved for 2025

Vendor	Program	Years of Implementation
Dean Health Plan	Acupuncture	2020 – 2025
Navitus/WebMD	<i>It's Your Health: Diabetes</i>	2019 – 2025
Network Health	Remote patient monitoring	2025
Quartz	Virta Health: Diabetes Management	2024 – 2025
Quartz	Therapy360	2024 – 2025
Quartz	Doula Services	2024 – 2025
Security Health Plan	Omada: Diabetes Management	2024 – 2025

The purpose of this memo is to share evaluation results for the two longest standing pilots — acupuncture and *It's Your Health: Diabetes*.

Reviewed and approved by Renee Walk, Director, Office of Strategic Health Policy
 Electronically Signed 10/31/2024

Board	Mtg Date	Item #
GIB	11.13.24	14

Acupuncture

Dean Health Plan began the acupuncture benefit in 2020 as a pilot program for alternative pain management. Members are allowed 10 visits per year. Dean has decided to discontinue the acupuncture pilot for 2026 due to low utilization.

Following Dean's pilot, Network Health added a 20-visit acupuncture pilot program per year from 2021 to 2023. Unfortunately, due to provider network challenges and low utilization, Network Health discontinued its pilot program in 2024.

The Board removed the exclusion of acupuncture in the Certificate of Coverage (CoC) beginning in 2022, citing the Alternate Care Provision of Uniform Benefits, which allows, "plans to approve services that might not otherwise be covered if there is evidence the service will be less expensive and as effective as a covered treatment ([Ref. GIB | 5.12.21 | 8F](#))." Quartz has been covering acupuncture since 2022 under this provision for a limited set of diagnoses including:

- osteoarthritis of the knee
- nausea related to pregnancy or chemotherapy
- chronic neck pain
- low back pain
- myofascial pain
- migraine
- chronic tension headache
- fibromyalgia

Quartz indicates acupuncture is a cheaper, non-addictive alternate treatment for pain.

In reviewing claims in Data Analytics and Insights, the data warehouse administered by Merative, the Department of Employee Trust Funds (ETF) identified that other health plans also had acupuncture claims. Table 2 includes the total number of GHIP patients with an acupuncture claim each year since 2020, the average number of visits per patient in each year, and the average cost per visit per year. The primary diagnostic codes were mostly related to pain (e.g., back, neck, and shoulder) and headaches. However, there are a variety of other primary diagnostic codes, too (e.g., nausea, anxiety, major depressive disorder, abnormal uterine bleeding, etc.).

Table 2: Total Acupuncture Patients, Average Visits per Patient, and Average Costs per Visit

Year	Number of Acupuncture Patients	Average Number of Visits per Patient	Average Cost per Visit
2020	130	6.5	\$62.89
2021	160	5	\$59.88
2022*	281	5	\$65.03
2023	380	6	\$62.34

*Exclusion of acupuncture was removed from the CoC.

ETF reviewed the cost of acupuncture compared to chiropractic or physical therapy for the primary diagnostic code of low back pain. These are alternate services that are explicitly covered in the CoC that members can utilize to assist with pain management. Claims indicate the cost is more than, but comparable to, chiropractic care, but much less than physical therapy.

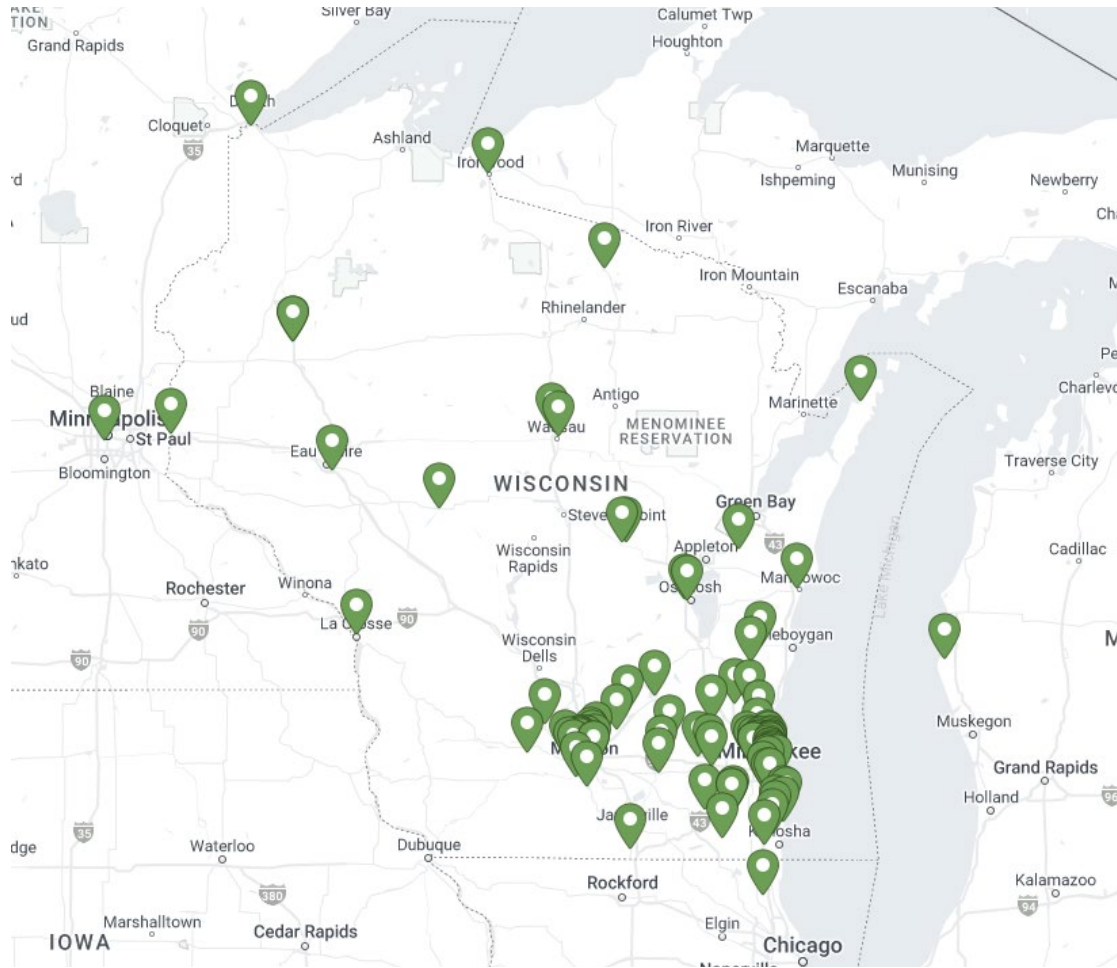
Table 3: Net Pay, Per Visit for Acupuncture, Chiropractic Care, and Physical Therapy

Year	Acupuncture	Chiropractic Care	Physical Therapy
2020	\$68.43	\$41.92	\$152.34
2021	\$72.06	\$40.79	\$148.61
2022	\$64.21	\$40.23	\$153.48
2023	\$54.88	\$43.68	\$155.15

ETF investigated the healthcare experience for members utilizing acupuncture services to determine if acupuncture helped with preventing or prolonging the need for more intensive pain management support, like surgery or opioid use. ETF was unable to draw valid conclusions or extrapolate findings to the broader GHIP population due to low sample sizes, the variety of diagnosis that members had who utilized acupuncture, and confounding factors like other comorbidities or medical care combinations. Even if data could be extrapolated, the concerns with accessibility of acupuncturists remain, making it difficult to add the benefit to the CoC.

As of August 27, 2024, the Department of Safety and Professional Services website (<https://license.wi.gov/s/license-lookup>) indicated that there are 585 acupuncturists with an active license in Wisconsin. For comparison purposes, there are 2,543 chiropractors and 7,567 physical therapists with an active license in Wisconsin.

The following image captured on August 27, 2024, from the Wisconsin Society of Acupuncturists shows the locations of acupuncturists in and near to Wisconsin (<https://www.acupuncturewisconsin.org/>). Group Health Insurance Program members live in all 72 counties, and some would have to travel distances to be seen by an acupuncturist.



In summary, for acupuncture as a form of alternate pain management, utilization is low and has not increased noticeably since removing the exclusion from the CoC, cost of services is low, and accessibility poses challenges.

It's Your Health: Diabetes

It's Your Health: Diabetes with Navitus and WebMD started in 2019. Non-High Deductible Health Plan subscribers and spouses who complete at least one diabetes management coaching call receive a reduced pharmacy copayment for several antidiabetic prescription drugs (\$0 for Level One drugs, and the lesser of \$10 or 20% for Level Two drugs). As reported in the February 2024 Board meeting, there were 41,252 prescriptions filled and \$1,712,495 total in member copay savings from 2019 to 2023 ([Ref. GIB | 02.21.24 | 7D](#)).

Merative conducted a Triple Aim analysis for 2020–2023 participants compared to a matched cohort of eligible non-participants. Similar to a prior evaluation reported to the Board in 2023 ([Ref. GIB | 05.17.23 | 3D](#)), there is some evidence that participants had better healthcare engagement (e.g., higher rate of preventive visits related to diabetes management, improved adherence to diabetes medications, and reduction in unplanned utilization of emergency room and hospitalizations). Participants maintained or improved

their disease stage at a slightly better rate compared to non-participants. Additionally, there are lower increases in medical and diabetes prescription cost trends for participants. Medical and prescription allowed amounts increased 25.7% from 2020–2023 for participants, compared to an increase of 41.5% for non-participants. The increases in the medical allowed amount varied more substantially from a 10.6% increase for participants, compared to a 47.2% increase for non-participants. See Attachment A for Merative’s report.

Merative will be working on a comprehensive analysis to determine if the program has greater overall GHIP savings than costs so the Board can decide the future direction of this pilot program at that time.

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

Attachment A: [2020 – 2023 Evaluation of *It's Your Health: Diabetes*](#)