

Attachment B

Access-SMP-Local GHIP Request for Information (RFI) Summary

On June 12, ETF released an [Access-SMP-Local GHIP Request for Information](#) (RFI) to the market. The RFI focused on the following programs:

- Access and State Maintenance Plan (SMP)
- Local Group Health Insurance Program (for local government employers)

The RFI was designed to identify market segment models and recommendations to support value-based plan designs and other innovative cost control options while offering members access to a variety of providers and facilities.

ETF created a contract list comprised of existing Health Plans and targeted other local/national health plans. The RFI went out to well over 18 targeted contacts plus a broader procurement distribution list. Responses to the RFI were due to ETF by July 31. We received a total of four RFI responses comprised of three from existing health plans (Dean, Network Health, and Quartz) and one statewide trade association, Wisconsin Association of Health Plans (WAHP).

The RFI requested a broad variety of company-based information and thoughts on questions designed to gather market information and program suggestions. Each RFI submission was reviewed and analyzed to identify trends in responses and recommendations for potential enhancements to the current program offering. The following is a summary of the specific program questions/responses (standout themes) asked in the RFI along with an overview of the responses we received. The information presented below is not all inclusive of RFI responses received by ETF.

RFI Questions/Standout Themes

Access Plan and SMP

1. How would the Access Plan and SMP network you may propose address any gaps in member or provider coverage in counties served by the Access Plan and SMP?

Dean	Combination of direct contracted provider network and First Health Network (wraparound).
Network Health	N/A
Quartz	Current PPO network administered through Cigna. Cigna PPO network is nationwide with a robust network in Wisconsin.
WAHP	N/A

2. What geographic constraints could impact/limit your ability to successfully support the Access Plan and SMP? Are there other barriers that concern you?

Dean	No constraints or barriers with First Health (wraparound) and potential ACO/Medica relationship.
Network Health	N/A
Quartz	No constraints or barriers. PPO network administered through Cigna.
WAHP	N/A

Local Group Health Insurance Program (GHIP)

1. How would the Local GHIP network you may propose address any gaps in member or provider coverage (geographical or member-based) in counties served by the Local GHIP?

Dean	If the plan design is HMO only, we would continue to offer three distinct HMO plans as we do today. Wraparound coverage would be provided by First Health. For membership in central Wisconsin, we would offer a PPO plan with our HMO and First Health.
Network Health	Our provider network meets the current GHIP access qualifications in 22 of 25 counties. Additionally, Network Health utilizes First Health's national provider network as a wraparound network in Marinette county. Our provider contracting team can also work to add higher volume providers directly to our network and/or the First Health network if there are gaps.
Quartz	Quartz is not proposing any changes to the network options offered to the Local GHIP members today.
WAHP	N/A

2. What geographic constraints could impact/limit your ability to successfully support the Local GHIP? Are there other barriers that concern you?

Dean	No constraints or barriers with First Health (wraparound) and potential ACO/Medica relationship.
Network Health	Will utilize First Health national network, thus no barriers.
Quartz	No constraints or barriers. PPO network administered through Cigna.
WAHP	N/A

3. Would you recommend different service regions? If so, what would they be?

Dean	Not recommending a different regional structure. Would use First Health for wrap network.
Network Health	Preferred regional option that aligns with Network's current licensed service area. Jefferson and Walworth counties not in our service area but would use First Health for a wrap network.
Quartz	Does not endorse regional approach. It restricts health plans to offer network limited to the counties defined by ETF rather than the health plan's contracted providers.
WAHP	N/A

Cost Management

1. What efforts have you found effective in controlling provider network and member claims costs?

Dean	Dean's provider-sponsored health plan allows for the best overall management of the cost of ETF's benefits program as this plan structure has optimal provider/plan alignment, which is critical to managing the total cost of care. Central to Dean's approach to population health and care management is team-based care. Primary care and advanced care practitioners work side-by-side with a broad team to address the unique needs of patients with complex conditions. Dean is transforming its provider network model to one that is anchored in value-based contracting. Dean introduced its Dean Value Contract (DVC) value-based contracting model for all Wisconsin participating hospitals along with our highest volume primary care-based physician groups.
Network Health	We ensure members receive the right care, at the right time in the right setting, and at the lowest cost possible. To achieve this, we have a robust utilization management program that drives appropriate access to care and results in cost containment. In addition, for HMO plans, any non-emergent out-of-network services require prior authorization to determine the medical necessity to receive care outside of the service area.
Quartz	Quartz is strategically positioned to align incentives with our provider sponsors through effective risk assignment. This approach has enabled us to manage and control claims costs effectively.
WAHP	N/A

2. What alternatives, if any, could you envision or propose for increasing quality and access while controlling costs for counties served by SMP and/or Local GHIP population?

Dean	Dean’s provider-sponsored health plan allows for the best overall management of the cost of ETF’s benefits program as this plan structure has optimal provider/plan alignment, which is critical to managing the total cost of care and facilitating access to care. Dean’s HMO provider networks offer promote opportunities for increased engagement with provider partners in patient care coordination and management.
Network Health	Network Health proposes offering a virtual care option.
Quartz	For all populations, allowing health plans to offer a virtual-only care network would be something to consider helping control costs and access concerns.
WAHP	N/A

Access/SMP/Local GHIP

1. What do you see as the pros/cons of sole source versus regional local GHIP?

Dean	Regional approach, with a tiering system (mirror the State’s program). Sole source may come with higher overall costs.
Network Health	Regional is the approach that aligns with licensed service area. Sole Source is for national carriers. The pro is it’s most cost-effective. The con is members may lose choice and ETF loses the ability to negotiate rates.
Quartz	Is opposed to participating in a structure that does not support a sole carrier for the counties and regions that are offered.
WAHP	N/A

2. If you are considering the regional option, what would you propose as the regions and why?

Dean	Expand the southwest regional configuration to include Jefferson County. Look at bid process – only accept 2-4 carriers per region based on population served. A risk-based approach that offers rate predictability; high quality care that could be more attractive to both current and new participating Local units of government.
Network Health	Our preferred regional option would be to align the regions with the current Network Health licensed service area (which includes Dodge and Portage counties) to provide the best provider access. Jefferson and Walworth counties are currently not within our current licensed service area. Network Health could utilize our wrap network, First Health, to provide access to members within those counties.
Quartz	N/A. Quartz does not endorse a regional approach.
WAHP	N/A

WAHP Comments

You will note WAHP had “N/A” responses for each one of the prior noted questions. Instead of providing direct feedback to each question in the RFI, WAHP elected to provide a collection to comments in response to the RFI. The following is a summary of key points raised by WAHP (not all inclusive of all feedback).

Consideration of a sole-source requirement would deprive local government employees of choice in selecting health care coverage. It would also be contrary to the competition and regional options. Moving to a single sole-source vendor would unnecessarily restrict public sector employees to one option that may not meet their needs. WAHP does not believe restricting access or choice in health plans is a productive means to address costs or serve member needs.

WAHP would categorically oppose any decision to select a nationally-based insurer for a sole-source statewide plan as opposed to the community-based plan structure that has worked successfully for years.

If ETF does consider reorganizing its local structure, a regional model would be the preferable option to empower community-based health plans to continue to serve their communities. This option would continue to allow multiple insurers to compete and participate in the local market and provide choice and value to plan members.

A possible consideration with regionalization would be to allow insurers to define their own regions of service. While the intent of a local region could be to provide stability for members it may actually have the opposite effect. Requiring insurers to operate in an arbitrarily defined region beyond their current coverage area could have a chilling effect on both coverage and access. By creating a potential “all or nothing” scenario, insurers who may be considering expanding their offerings may instead choose to pull back for fear of not being able to meet new regional coverage requirements, or because they may not be able to develop an adequate network. Consideration should be given to allowing more than one plan to participate in a region. ETF should also consider removing the requirement for plans to participate in the local GHIP if they also participate in the larger state GHIP.

Having robust market competition among multiple insurers is one of the best ways to keep both costs and premiums down for members. This is critical in keeping costs and premiums down for members and leads to lower healthcare costs for Wisconsinites compared to the national average. Having multiple insurers in communities across the state allows community-based health plans to develop offerings tailored to the needs of their community while providing high quality customer service.

WAHP and its members support the concepts of evaluating value-based plan designs and innovative cost control options.

Conclusion

All comments submitted by the three participating health plans and WAHP continue to be carefully considered individually and collectively as we further explore options in support of strengthening and expanding the Access, SMP, and Local GHIP programs. These comments had a direct impact on the various continuum options we are currently examining.