From: To:

ETF SMB Board Feedback

Subject: Concern regarding Medicare Advantage

Date: Wednesday, September 25, 2024 9:25:33 AM

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Dear ETF Board — I am strongly opposed to the privatization of healthcare in the USA which is draining the resources of the Medicare Trust Fund. When I enrolled in Medicare Advantage last Fall 2023, I did not know that Medicare Advantage was privately-run and in competition with the government's Medicare program. I have since learned about this, as well as the terrible record of excessive authorizations, denials, and improper and delayed payments, and that many healthcare programs are now discontinuing Medicare Advantage.. I am changing my coverage to the government-run Medicare program NOW in 2024 and I urge you to discontinue Medicare Advantage as an option for ETF and immediately alert Wisconsin people to this scam. Please confirm your receipt of this message and what action you are taking. Thank you in advance for your help — Henry John Drewal



STATE OF WISCONSIN Department of Employee Trust Funds

A. John Voelker SECRETARY Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931 1-877-533-5020 (toll free) Fax 608-267-4549 etf.wi.gov

October 7, 2024

Henry John Drewal

Dear Henry John Drewal:

Thank you for your September 25, 2024, email to the Employee Trust Funds Board and the Department of Employee Trust Funds (ETF) regarding your concern about Medicare Advantage insurers and plans including UnitedHealthcare's (UHC's) It's Your Choice (IYC) Medicare Advantage plan, offered in the State of Wisconsin Group Health Insurance Program (GHIP).

We have been monitoring the news about Medicare Advantage policies nationwide. Medicare is also concerned about excessive use of prior authorizations (PAs) and denials of care by Medicare Advantage vendors. On January 17, 2024, Medicare issued a rule to enact improvements to PA processes through policies and technology to help ensure that patients remain at the center of their own care. Preceding issuance of that rule, UHC informed us they eliminated PA requirements for many services. We have worked with them to improve materials that explain PAs to members.

Medicare is also investigating Medicare Advantage plans and their reimbursements. Medicare has audited claims submissions for UHC and other vendors and, effective in 2025, has somewhat reduced subsidies.

The IYC Medicare Advantage plan is one of 12 vendor options offered to Medicareeligible retirees in the GHIP. It is a popular plan due to being the lowest cost option. Members also appreciate the included supplemental benefits, such as gym memberships.

If you are interested in changing health plans during open enrollment for coverage effective January 1, 2025, Medicare Plus may be of interest to you. Medicare Plus is a Medicare Supplement (or Medigap) plan that offers coverage nationwide. Additional information that compares the benefit plan designs offered to eligible retirees can be found on the "Breakdown of Your costs by Medicare Plan Design" page on ETF's website.

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You stated that you thought Medicare Advantage plans were "in competition with the government's Medicare program." For reference purposes, I wanted to share some Medicare history with you. In the 1980's, the Tax Equity and Fiscal Responsibility Act (TEFRA) was passed that authorized Medicare to contract with private health plans. These plans were to take on claims risk in exchange for prospective, monthly per enrollee payments. TEFRA's goal was to expand coverage choices for Medicare beneficiaries to include plans with more comprehensive benefits than traditional Medicare's, and to achieve cost savings through managed care. While they were originally intended to coordinate with and for Medicare, Medicare has reported that over time Part C plans have cost more than traditional Medicare, especially in recent years.

I hope you have found this response helpful. If you have additional questions or concerns, please feel free to reach out using the contact information provided below. A copy of your letter and ETF's response will be included in the materials for the November 13, 2024, Group Insurance Board meeting, as that is the board that has authority over the GHIP.

Sincerely,

Arlene Larson, Federal Program and Policy Manager Office of Strategic Health Policy Department of Employee Trust Funds arlene.larson@etf.wi.gov 608-264-6624