

MINUTES

February 21, 2024

Group Insurance Board

State of Wisconsin

Location:

Hill Farms State Office Building – CR N108
4822 Madison Yards Way, Madison, WI 53705
8:30 a.m. – 2:15 p.m.



BOARD MEMBERS PRESENT:

Herschel Day, Chair
Nancy Thompson, Secretary
Dan Fields
Jen Flogel
Nathan Houdek

Brian Keenan
Walter Jackson
Katy Lounsbury*
Brian Pahnke
Nathan Ugoretz

BOARD MEMBERS ABSENT:

Erin Hillson

PARTICIPATING EMPLOYEE TRUST FUNDS (ETF) STAFF:

Office of the Secretary:

John Voelker, Secretary
Shirley Eckes, Deputy Secretary
Kimberly Schnurr, Board Liaison

Benefit Services Bureau:

Jim Guidry, Director

Budget, Contract Administration, and Procurement (BCAP):

Tim Steiner, Director*
Beth Bucaida, Contracts Specialist

Employer Services Bureau:

Alene Kleczek, Director

Office of Enterprise Initiatives (OEI):

Michelle Baxter, Director

Office of Legal Services (OLS):

Diana Felsmann, General Counsel

Office of Strategic Health Policy (OSHP):

Eileen Mallow, Director
Molly Dunks, Disease Management and Wellness Program Manager
Tricia Sieg, Pharmacy Benefits Program Manager
Korbey White, Health Programs Manager
Luis Caracas, Health Plan Policy Advisor
Douglas Wendt, Health Policy Advisor

OTHERS PRESENT:

Office of the Secretary:

Pam Henning

ETF Staff:

Kevin Acker*, Shellee Bauknecht*, Laura Brauer, Erin Casper,

* Attended via teleconference.

Board	Mtg Date	Item #
GIB	05.23.24	2A

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ETF Staff (Cont.):

Annamarie Cummings*, Taylor DeBroux,
Liz Doss-Anderson*, Omar Dumdum*,
Sheila Gubin*, Dan Hayes, Michelle
Hoehne*, Bruce Johnson*, Jill Jorstad*,
Joanne Klaas*, Cindy Klimke*, Brittney
Kruchten*, Mark Lamkins, Arlene
Larson, Rachel Leisemann Immel*,
Nicole Linskens*, David Maradiaga, Kadi
Mbanefo*, Peggy McCullick, Mallory
Nordin*, Laura Patterson, Tom
Rasmussen, Jessica Rossner, Marie
Ruetten, Shraddha Shrivastava, Jodi
Spencer*, Yikchau Sze*, Sarat Tadi*,
Stephanie Trigsted, Barry Tucker, Xiong
Vang*, Renee Walk*, Mee Wartgow,
Wade Whitmus*, Amanda Williams*,
Jennifer Wise*, Kathryn Young

Anthem Blue Cross and Blue Shield:

Jimmy Bunch*

Aspirus Health Plan:

Megan Umnus*

Benefitfocus:

Jacob Dickerson*

Common Ground Healthcare

Cooperative:

Melissa Duffy

Dean Health Plan:

Katie Beals, Penny Bound*, Maria
Schneider*

Delta Dental of Wisconsin:

Megan Wohlfeil*

Department of Administration (DOA):

Dana Gehrmann*, Mary Hasselquist*,
Jennifer Kraus*, Meghan McKenna*,
Julie Perry*, Derek Sherwin*, Danielle
Tesch*, Tina Updike*

Elevance Health:

Bruce Richmond*

Eli Lilly and Company:

Kelly Ruhland*

Group Health Cooperative of Eau

Claire:

Christina McConaughy*

HealthChoice Insurance Solutions:

Bob Pearson*, Gary Praznik*

Health Partners:

Kyle Long*, Elizabeth Tobias*

Legislative Audit Bureau (LAB):

Lauren Gingell*, Erin Scharlau*

Medical Associates Clinic and Health

Plans:

Karen Brunton*

Merative:

Oladipo Fadiran

MercyCare Health:

Sherrie Sargent*, John Trochlell*

MetaStar:

Marc Dinnel*

Michael Best Strategies:

Adam Barr*

Navitus:

Tara Argall*, Laura Francois*, Karen

Markstahler*, Ryan Olson*, Felicia

Weihert*

Network Health Plan:

Vanessa Cagal*, Al Wearing*

Novo Nordisk:

Stacy Hintzman*, Dave Moody*

Quartz:

Brittany Coyne

Schreiber Government Relations

Group:

Annie Early*

Securian:

Kjirsten Elsner*

Security Health Plan:

Angela Pero*

Segal:

Patrick Klein*, Christopher LeCount*

UnitedHealthcare:

De Arcy Raybuck*

UW Health:

Emily Fairchild*, Annette Phelps

Revolinski*, Olivia Talma*

UW-Madison:

Marissa Isensee*, Karly Oppliger*, Lucy

Jane Speers*, Scott Springman*

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UW System Administration:

Brianne Jobke*, Erin Schoonmaker*,
Amanda Sonnenburg*

UW-Stout:

Jo Johnson*

WebMD:

Renee Fox, Emily Rosetter

WI Association of Health Plans:

Kyle Caudill*, Tim Lundquist*

WI Health News:

Sean Kirkby*

WI State Journal:

David Wahlberg*

Public:

Joan Fisher*, Huma Khan*, Jack
Lawton*, Eric Quivers*, Stephanie Steel*,
Jeremy Tunis*

Others (Unidentified):

5 individuals connected via telephone

Mr. Day, Chair, called the meeting of the Group Insurance Board (Board) to order at 8:30 a.m.

ANNOUNCEMENTS

Ms. Mallow shared the following announcements:

- Introduced the newest Board member, Brian Keenan, who had been appointed to represent the Attorney General.
- Introduced Shraddha Shrivastava, the newest team member of OSHP.
- Introduced the newest board liaison, Erin Casper.
- Announced that both Brian Stamm and Renee Walk were out on family leave and will be returning prior to the May meeting.
- Shared that earnings numbers from the State of Wisconsin Investment Board (SWIB) were at 11.4% for the Core Trust Funds. This was higher than estimated.
- Announced that closures of Prevea Health clinics in Western Wisconsin affected fewer than 1,000 members and an open enrollment will not be necessary.
- Shared that the "State of Wisconsin Group Health Insurance Program (GHIP)" brochure had been sent to print and copies would be available for the Board in May.
- Informed the Board of the cybersecurity incident at Group Health Cooperative of South Central Wisconsin (GHC-SCW) and indicated that ETF staff would continue to monitor this situation.

CONSIDERATION OF OPEN AND CLOSED MINUTES OF NOVEMBER 15, 2023, MEETING ([Ref. GIB | 02.21.24 | 2A](#))

MOTION: Mr. Jackson moved to approve the open and closed minutes of the Nov. 15, 2023, meeting as presented by the Board Liaison. Mr. Fields seconded the motion, which passed unanimously on a voice vote.

ELECTION OF OFFICERS ([Ref. GIB | 02.21.24 | 3](#))

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Mr. Day announced that the current Board officers were Herschel Day as chair and Nancy Thompson as secretary. The position of vice chair was vacant.

Mr. Day asked for nominations for the secretary of the Board.

MOTION: Mr. Jackson moved to nominate Nancy Thompson as secretary of the Board. Mr. Fields seconded the motion, which passed unanimously on a voice vote.

Mr. Day asked for nominations for the vice chair of the Board.

MOTION: Mr. Jackson moved to nominate Nathan Houdek as vice chair of the Board. Mr. Fields seconded the motion, which passed unanimously on a voice vote.

Mr. Day transferred the chair role to Vice Chair, Mr. Houdek. Mr. Houdek asked for nominations for the chair of the Board.

MOTION: Mr. Fields moved to nominate Herschel Day as chair of the Board. Mr. Jackson seconded the motion, which passed unanimously on a voice vote.

Following the vote, the chair role was transferred back to Mr. Day.

GIB FIDUCIARY UPDATES ([Ref. GIB | 02.21.24 | 4](#))

Ms. Felsmann presented to the Board the “GIB Fiduciary Updates” with a focus on health and welfare plans. She provided background information on the origins of fiduciary duties, discussed the key fiduciary duties (i.e., prudence, loyalty, and following the plan document and applicable laws), and shared some case examples of breaches of fiduciary duties related to each.

Ms. Felsmann said that the significant fiduciary issues for health and welfare plans are data protection and cybersecurity, generative artificial intelligence (AI), and reasonableness of compensation and fees. She, then, discussed the following applicable laws for data protection and cybersecurity:

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

Ms. Felsmann referred to the ongoing antitrust court case, Federal Trade Commission v. Meta Platforms, Inc., mentioning that it demonstrates the importance of the Board being aware that actions are taken at a high level to ensure legal compliance. She shared the measures ETF is taking to comply with data privacy and cybersecurity laws. ETF staff recently completed the annual HIPAA privacy training and assessment, and

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updates on the HIPAA security assessment were underway. Regarding recently introduced state legislation requiring state agencies to use data sharing agreements under certain circumstances, Ms. Felsmann said that ETF already uses data sharing agreements and subjects them to a high level of scrutiny because, as a trust, ETF has the added requirement that sharing data must be for the exclusive benefit of plan participants.

Ms. Felsmann said that the above work is mainly being done by ETF's Office of Policy Privacy and Compliance (OPPC) and the Bureau of Information Security and Management (BISM) teams. ETF also has an internal, cross-functional workgroup with representatives from various business areas, including OSHP and OLS, that are committed to data privacy and cybersecurity.

Ms. Felsmann said that ETF also looks at the European Union General Data Protection Regulation and comprehensive data privacy laws in other states as a way of instructing data privacy and cybersecurity practices. For example, while out-of-state laws do not directly apply to ETF, they set expectations for ETF's members and standards vendors to comply. She also reviewed some examples of actions at the federal level, specifically discussing the Employee Retirement Income Security Act (ERISA). While this does not directly apply to ETF, it still poses relevant questions to ETF's work. She said that the focus needs to be on following the laws when it comes to data privacy and cybersecurity.

Ms. Felsmann said that ETF is educating themselves on AI and following the cases against insurance companies for the use of AI tools. She emphasized the importance of balancing risk and reward, acting with prudence, acting for the exclusive benefit of plan participants, and following the plan document and law.

Ms. Felsmann discussed the fiduciary duties related to health and welfare plans vendor compensation and fees which require that compensation and fees must be reasonable. However, this does not always mean choosing the cheapest option, as the new ERISA health and welfare plan fee disclosure requirements may increase litigation.

Ms. Felsmann concluded her presentation with three actionable guidance items:

1. Continue to engage in robust discussions on issues such as enhancing program sustainability, GHIP participant health, and vendor management (Request for Proposals or RFP, 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.

GIB EDUCATION ITEM: RFP PROCESS ([Ref. GIB | 02.21.24 | 5](#))

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Mr. Steiner and Ms. Bucaida presented to the Board the “RFP Process” as an educational item to refresh the Board on RFP basics, RFP principles, an overview of the RFP process, Chapter 16 and 40 authority, and the standard RFP process.

Ms. Bucaida discussed ETF’s role in the process and explained that the procurement lead coordinates RFP activities, works closely with ETF stakeholders, coordinates contract negotiations, and assists in drafting contract updates for the Board. In addition, OLS works closely with Budget, Contract Administration and Procurement (BCAP) to draft and finalize RFPs and respond to appeals and public record requests. She also discussed the Board’s roles in the RFP process:

- Reviewing RFP requests and sometimes authorizing the ETF Secretary to proceed.
- Sitting on Chapter 40 evaluation committees whenever possible.
- Making the final decision on the contract award (unless the Board has delegated this to the ETF Secretary or an ETF Director).
- Rendering a decision on any appeal.
- Signing the contract by the Board chair (may be delegated for certain procurements).
- Reviewing contract status.

INSURANCE ADMINISTRATION SYSTEM (IAS) UPDATE ([Ref. GIB | 02.21.24 | 6](#))

Ms. Baxter referred the Board to the “IAS Update” memo and summarized the scope of the project and accomplishments of IAS (My Insurance Benefits). Current accomplishments included:

- Having a working eligibility and enrollment system for active employees and HR administrators (local, state, Universities of Wisconsin or UW, and University of Wisconsin Hospitals & Clinics or UWHC).
- Testing of an enrollment and eligibility system, file exchanges, and a billing solution.
- Collecting security access agreements for employers.
- Creating the Employer Transaction Application (ETA) user interface.

Ms. Baxter said that a new project timeline was needed to fully address the needs of members, staff, and employers. The new timeline would 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, and minimize risks. The remaining roadmap, business calendar, and employer needs were also evaluated in establishing the updated go-live date to sometime prior to the 2025 It’s Your Choice (IYC) open enrollment period. Ms. Baxter explained that ETF staff were still working on defining the exact date. IAS is expected to be fully functional by IYC 2026.

Ms. Kleczek discussed the following impacts of the new IAS timeline and noted the following items:

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- The 2025 IYC open enrollment period will occur in legacy system, Mapping Enterprise Business System (MEBS), and through third party administrators.
- Benefit administration updates largely affecting the Life Insurance and Wellness and Disease Management programs will be postponed. Examples of these updates included:
 - 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.
- RFP impacts will need to be determined.

Ms. Kleczek said that ETF did not anticipate the new IAS timeline to impact the rate setting cycle for 2026 and summarized the current path to go-live, which included data conversion and local employer data, technical system development, report development, configuration for unique policies, critical Benefitplace enhancements, and training.

Mr. Jackson asked about local employer data, while Mr. Day asked if the new go-live date would allow for more time for the IAS project team to work with local employers. Mr. Day wanted to know how the new date would impact new local employers and whether ETF is addressing this upfront. Ms. Baxter and Ms. Kleczek said that ETF is communicating that there will be a blackout period where new local employers will not be accepted prior to the go-live date.

The Board took a break from 9:35 a.m. to 9:45 a.m.

HEALTH INSURANCE AND PHARMACY BENEFITS

2024 Open Enrollment Results ([Ref. GIB | 02.21.24 | 7A](#))

Mr. Wendt presented to the Board the “2024 Open Enrollment Results” item. He shared a selection of overall 2024 enrollment changes, which included:

- Total GHIP membership increased by 1.88%.
 - Total subscribers (employees and retirees) increased 2.43%.
 - As of Jan. 16, 2024, total enrollment was 244,243.
- State membership increased 2.06% and was spread out among the “Big Three” (Department of Administration or DOA, UW, and UWHC).
- Local membership was relatively flat with a 0.83% increase.

Mr. Wendt discussed that GHC-SCW had split into two service areas: GHC-SCW Dane Choice (serving Dane County) and GHC-SCW Neighbors (serving the remaining previous counties outside of Dane County). This was a similar model to Quartz and allowed GHC-SCW to submit different health insurance premium rates for outside of Dane County based on differences in claims costs.

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Mr. Wendt discussed the State Maintenance Plan (SMP) and Tier Changes. These included:

- Several shifts in tiers left 30 counties with no qualified Tier 1 plan in the local program for 2024, as opposed to 2023 that only had four counties with no qualified Tier 1 plan in the local program.
- There were 1,195 local program members enrolled in SMP for 2024 compared to 29 local program members enrolled in 2023.
- The tier changes for Dean Health Plan resulted in a 5.85% membership loss, which was spread out among their southern Wisconsin competitors such as Quartz, GHC-SCW, UnitedHealthcare (Medicare Advantage), MercyCare, Network Health, and Medical Associates.
- GHC-EC Greater Wisconsin had a 32.14% loss in membership after the move to Local Tier 3 with almost all members switching to Quartz and Dean.

Mr. Wendt summarized other notable membership gains (i.e., Aspirus by 11.26%, Medical Associates by 74.14%, MercyCare by 25.69%, and Quartz West by 41.62%) and losses (Security by 11.77%). Additionally, there was a 14.17% Access Plan increase for 2024, with a significant portion of the increase from new hire enrollments. He said that Medicare Advantage and Medicare Plus continued to grow, but this is the first time that the growth has been below 10%. The High Deductible Health Plan (HDHP) continued to grow while the volume of health plan changes reduced dramatically for 2024.

Mr. Pahnke and Mr. Day asked for additional information regarding the increase in HDHP and Access Plan membership between 2023 and 2024, with Mr. Day expressing interest in why new hires were drawn to enrolling in the Access Plan.

Mr. Day also asked that ETF investigate the membership increase in the HDHP and Access Plan and follow up with the Board at the May meeting on the results. He was interested in what could be gleaned from plans with higher HDHP enrollment than others, and if there was any trend or explanation.

Mr. Houdek asked if there was any correlation between membership growth in Aspirus and the decrease in Security membership numbers. He requested that ETF research this further to identify the causes.

Establish the 2025 Open Enrollment Period ([Ref. GIB | 02.21.24 | 7B](#))

Mr. White presented the proposed 2025 IYC open enrollment period to the Board. ETF proposed the open enrollment period begin on the Monday of week 40 of the calendar year: September 30 to October 25, 2025. Mr. White shared the considerations that went into making the recommendation:

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- The feedback ETF received from the “Big Three” that pushing IYC one week back would be more efficient for their payroll cycles and being busy the week before.
- The time required to process retiree retirement annuity benefits.
- The time it would take to possibly onboard new program administrators such as supplemental plans as well as the possible newly interested health plan (no newly interested health plan being on boarded January 2025).
- The time ETF staff would be spending on internal projects.

Mr. White said that ETF planned to work closely with the payroll centers in advance of the 2025 IYC open enrollment period to provide benefit change and file specification details as soon as possible.

MOTION: Ms. Thompson moved to approve Sept. 30 to October 25, 2024, as the open enrollment period for plan year 2025. Ms. Flögel seconded the motion, which passed unanimously on a voice vote.

2025 Final Benefit Changes ([Ref. GIB | 02.21.24 | 7C](#))

Mr. White referred the board to the “2025 Final Benefit Changes” memo for a complete list of both recommended and not recommended changes. He provided background information with a summary of the final set of proposed benefit changes for program year 2025.

Mr. White said that the proposed modification to the Program Agreement (PA) adds language to the Health Plan Account Manager Administration Manual prescribing a seven-business day turnaround time for all communication and outreach materials submitted by vendors and reviewed by ETF. In addition, under the Care Management section, ETF proposed adding the words “population health management” to the opening paragraph for clarity.

Mr. Caracas presented the proposed changes to the Uniform Benefits (UB) Certificate of Coverage (CoCs). This included expanding the lifetime limit on Orthoptic Eye Training to no more than 12 sessions and refining the language for nutritional counseling to allow for nutritional counseling services related to weight management.

Ms. Dunks said that ETF proposed postponing the decision on giving Medicare Advantage members access to Well Wisconsin due to the delay with IAS. She mentioned that this delay is fitting as it will align with the related RFP.

No pharmacy benefit changes were recommended, and Ms. Sieg said she was available for questions. Ms. Mallow informed the Board that Patrick Klein from Segal, the Board’s actuary, was in attendance virtually to also respond to questions.

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Mr. Pahnke asked Mr. Klein for more details regarding the assumptions Segal made in the cost/savings analysis provided in Table 1 of the “2025 Final Benefit Changes” memo. He wanted to know how Segal calculated the estimates for medical savings and Segal’s assumptions compared to other states that listed anti-obesity medications (AOMs) as a Tier 2 drug with member copayments.

Mr. Klein replied that much of the research into AOMs was still unknown and peer comparisons are evolving, which made it challenging to get a net positive return on investment (ROI) for adding AOMs to the formulary. He said that the cost analysis reported in Table 1 came from data provided by Navitus, the obesity rate data came from the Center for Disease Control (CDC), and the saving number came from a study. Mr. Pahnke followed up by asking for further explanation around how the savings numbers were calculated as they were down to the dollar. He said that Segal referenced a study for those calculations.

Mr. Pahnke asked if Mr. Klein could talk more about Segal’s work with other state plans related to AOMs. Mr. Klein explained that they had done similar analyses for other states that do not cover AOMs, and that several states that chose to cover AOMs, such as Connecticut and Iowa, decided to stop covering them. He said that even with the savings, it is not currently possible to calculate a net positive ROI.

Mr. Day asked if overall medical and pharmacy savings were considered, as weight affects many other medical conditions. He used blood pressure treatment and care as an example. Mr. Klein stated that data in their cost/saving analysis on weight loss drug costs did assume overall, combined medical and pharmacy savings.

Mr. Pahnke asked if there was more than one study Mr. Klein was referring to in his responses. Mr. Klein said that Segal’s assumption used several different studies, and he offered to share the sources with the Board. Mr. Day said the Board would like to review all the studies that Segal and ETF could provide, as the Board continued to consider the cost/savings analysis of AOMs being added to the formulary.

Mr. Pahnke asked if other doctor, nurses, or medical groups made an opinion on the AOM issue. Mr. Klein said he was not aware of any.

Mr. Houdek asked if the Board could get the full report from Segal instead of just the information provided in Table 1 of the “2025 Final Benefits Changes” memo. Mr. Klein said that Segal does not have a full report but can provide the Board with the additional studies that were used in the analysis.

Mr. Houdek asked how the price increase from Navitus was determined and the specifics regarding the pricing between Navitus and Mercer. Mr. Klein replied that a 5% trend in pharmacy was assumed. Mr. Houdek also asked if there was a consideration for generic drugs and why there was a 50/50 split between Wegovy and Zepbound. Mr.

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Klein said there was no generic drugs available, and the two noted drugs were the ones most commonly used.

Mr. Pahnke commented that since this issue would persist, it would be helpful to hear more options instead of being presented with an “all or nothing” plan. Mr. Day agreed that having more options exploring cost sharing or perhaps covering AOMs under a different tier would be appreciated prior to the Board revisiting this decision next year.

Ms. Mallow and Ms. Sieg explained that staff had recently learned that pharmaceutical companies are starting to withdraw discounts and rebates when plan sponsors initiate strategies such as stricter prior authorization requirements. This led to the drugs being more expensive. Ms. Mallow said that unfortunately, there is currently no flexibility as companies will simply withdraw rebates.

Mr. Pahnke commented that the board received numerous letters in favor of AOMs and, therefore, he would still be interested in receiving an update on AOMs in other state plans. Ms. Sieg responded that peer comparisons were actively evolving, such as the loss of rebates that had occurred in Connecticut and Iowa. Any sources/studies showing what had progressed in this area would be reported to the Board at a later meeting that year.

Mr. Pahnke asked the source for the \$18 million in benefits quoted in the responses to members in the “Board Correspondence” memo. Ms. Sieg said that this was out of date, and that this should be revised with the new number from Segal going forward.

Mr. Jackson referred to the approval of covering Bariatric Surgery four years ago, and wanted to know why this case was different. Ms. Sieg said that there were enough studies available to determine a positive rate of return when coverage of bariatric surgery had been approved. She added that bariatric surgery is a one-time event, while weight-loss drugs are an on-going expense.

MOTION: Mr. Fields moved to approve the modifications to the PA, UB CoCs, and the Wellness and Disease Management Benefits. Mr. Houdek seconded the motion, which passed unanimously on a voice vote.

Pilot Programs Report and 2025 Recommendations ([Ref. GIB | 02.21.24 | 7D](#))

Ms. Dunks referred the Board to the “Pilot Programs Report and 2025 Recommendations” memo. She provided background information regarding the six pilot programs approved by the Board for 2024 at the May 17, 2023, meeting ([Ref. GIB | 05.17.23 | 3D](#)). These included:

1. Acupuncture benefit
2. *It's Your Health: Diabetes* (reduced cost sharing for diabetes-related pharmaceuticals)
3. Virta Health: Diabetes Management

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4. Therapy360
5. Doula Services
6. Omada: Diabetes Management.

Ms. Dunks shared that four were newer programs, so she did not have cost and outcomes data to present at this time. However, she provided a brief update on the Acupuncture program, established in 2020, and the It's Your Health Diabetes program, established in 2019. The Acupuncture program includes ten visits a year and is currently utilized by roughly 100 members. She said that ETF staff are looking to complete further analysis of this program and requested data from Dean around their commercial population to provide further insight. If results were positive, Ms. Dunks suggested that the Acupuncture program be brought to the Board for consideration as a uniform benefit. Meanwhile, participation in the Diabetes program continued to increase each year and, since 2019, members have saved a total of \$1.7 million. She said the last analysis presented to the Board in May 2023 showed positive results and that an updated analysis would be completed this year.

Ms. Dunks discussed the proposal for a new pilot program for 2025. The proposal by Network Health is related to remote patient monitoring (RPM). They are proposing a reduction in member cost-sharing to \$0 for RPM visits and devices for conditions such as obesity, hypertension, sleep apnea, or atrial fibrillation. She said that ETF would continue to work with the vendors to finalize implementation plans for the new pilot programs and monitor existing programs.

Ms. Flogel asked how much the change in the annual rate setting cycle had impacted the ability to get data results. Ms. Dunks replied that ETF staff were already pushing for those results and that updated data by May would be a tight turnaround.

Ms. Thompson asked if there was a pilot program related to weight-loss drugs. Ms. Dunks said she had asked about it, but no one came forward. However, she was excited to see how the *Positively Me* program through the partnership with WebMD might help qualifying members with weight loss.

MOTION: Ms. Flogel moved to approve the 2024 pilot programs for 2025 implementation, and one new pilot program proposed by Network Health. Mr. Pahnke seconded the motion, which passed unanimously on a voice vote.

2023 WELL WISCONSIN EXPERIENCE REPORT ([Ref. GIB | 02.21.24 | 8](#))

Ms. Dunks was joined by Emily Rosetter from WebMD to present updates on the 2023 Well Wisconsin Experience. Ms. Dunks announced that the Well Wisconsin goal of 50,000 participants earning the \$150 incentive had been surpassed, and their tentative goal moving forward was 60,000 participants.

Ms. Rosetter provided an overview of 2023 Fourth Quarter metrics, which included:

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- 152,764 eligible participants
- 60,055 active registered participants (39%)
- 55,179 health assessment completions (36%)
- 53,282 completed a health check (35%)
- 52,146 Well-Being 1+ activities (34%)
- 50,649 earned incentive (33%).

Ms. Rosetter said that participation had more than doubled since the program started (12% increase in 2013 to 33% increase in 2023). She mentioned that while the incentive value seemed low, it appears to be resonating with members.

Ms. Rosetter shared data on the population health, which consisted of 35,678 health assessments. She stated the average health risk per person in 2023 is 3.52 and 65.5% of the population is at moderate or high risk, which is lower (better) than the Book of Business (BoB) at 73.5%. In addition, prevalence of modifiable risks was generally lower than the BoB, and that areas above the BoB were alcohol, anxiety, depression, and stress.

Ms. Rosetter discussed the program impact on the two cohorts: the Health Assessment (HA) Cohort and the Coaching Cohort. Both cohorts completed the WebMD ONE assessment, but the Coaching Cohort also completed one or more moderate or high-risk lifestyle coaching calls. In these cohorts, prevalence of modifiable risk was lower than the BoB. However, weight remained the top area of focus with 68% of participants having a Body Mass Index (BMI) greater than 25.

Ms. Rosetter said that among the HA Cohort, the average number of risks improved by 5.6%, from 3.55 to 3.35. While the Coaching Cohort had a higher risk prevalence level, health status improved 7.3% from 4.23 to 3.92 average risks. Most risks, particularly exercise, nutrition, and sleep, were higher in 2022 and improved for both cohorts. The data showed an increase in those at-risk for blood pressure in both groups. However, in other areas there was a decrease overall, or the levels were maintained. While WebMD did not see a huge jump in benefit between one coaching call and four coaching calls, multiple sessions typically yielded the greatest change, and one session made a difference with a 73% risk improvement. She said that even with the HA Cohort, there was a 11.7% net improvement in average risks.

Goals for the Well Wisconsin Program going forward included:

- Continuing to drive participants into programs that change behavior and demonstrate meaningful results.
- Leveraging and promoting all new program offerings: mental health, specialty coaching, and pain management.
- Executing an onsite staff team approach to regionally support the State of Wisconsin through onsite events that drive excitement and engagement into the Well WI Program.

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- Applying for a well-being award to highlight the successes of the program.
- Exploring additional pilot opportunities to creatively engage low utilizers.
- Reaching the stretch goal of 60,000 participants who earn the incentive.

Ms. Dunks announced that ETF now has seven staff members working on the Well Wisconsin Program. She said that ETF and WebMD plan on applying for the well-being award and want to continue exploring additional pilot opportunities.

Ms. Thompson asked if a plateau in participation was anticipated. Ms. Rosetter said that they anticipated this during the pandemic, but she did not foresee one other than that.

INCOME CONTINUATION INSURANCE (ICI) PROGRAM ([Ref. GIB | 02.21.24 | 9](#))

Mr. Guidry referred the Board to the “Income Continuation Insurance (ICI) Program Changes” memo, provided a summary of the ICI Program and discussed the proposed changes/updates.

Mr. Guidry said that the first proposed change was on the effective date of annual State ICI premium adjustments. The proposed change from February 1 to April 1 would allow more time, particularly in anticipation of IAS, for ETF to begin invoicing employers for ICI premiums. The new date would put state and local employers on the same premium update schedule. He discussed the other amendments to the ICI plan, which included technical changes needed to clarify plan provisions, reflect current practice, and updating language to conform to the new ICI rate table structure, and highlighted the following technical updates:

- Clarifying current practice that require employees with ICI coverage while on a leave of absence and upon return from a leave of absence, to pay the current ICI premium applicable to the premium rate category/elimination period and earnings they were enrolled in prior to going on leave of absence.
- Modifying plan language to reflect the updated ICI premium rate tables.
- Repealing and replacing obsolete language related to ICI plan elimination periods.

Mr. Guidry referred the Board to Attachment B included in the “ICI Program Changes” memo as an informational only item in preparation for the May meeting. He said that Milliman had performed experience studies for the State and Local ICI programs. He presented a table of State and Local Incurred But Not Reported (IBNR) valuation assumptions and clarified that the dates related to the analysis of historical claims were Jan. 1, 2017, through Dec. 31, 2021.

MOTION: Mr. Pahnke moved to 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. Mr. Jackson seconded the motion, which passed unanimously on a voice vote.

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OPERATIONAL UPDATES (Ref. GIB | 02.21.24 | 10A – 10N)

Ms. Mallow spoke briefly on some items listed under Operational Updates on the agenda. Highlighted items included:

- Quarterly Health Plan Performance Report ([Ref. GIB | 02.21.24 | 10A](#))
- 2024 – 2026 Strategic Initiative Update ([Ref. GIB | 02.21.24 | 10B](#))
- Board Authority Contracts Update ([Ref. GIB | 02.21.24 | 10C](#))
- Data Warehouse Dashboards ([Ref. GIB | 02.21.24 | 10D](#))
- Board Correspondence ([Ref. GIB | 02.21.24 | 10E](#))
- Legislative Update ([Ref. GIB | 02.21.24 | 10F](#))
- Pre-Tax Savings Account Program Audit Update ([Ref. GIB | 02.21.24 | 10G](#))
- Pending Appeals Annual Report 2023 ([Ref. GIB | 02.21.24 | 10I](#))
- Participation in the Wisconsin Public Employers Group Health Insurance Program and ICI Plan ([Ref. GIB | 02.21.24 | 10J](#))
- Proposed 2025 Meeting Dates ([Ref. GIB | 02.21.24 | 10K](#))
- Governance Manual Updates ([Ref. GIB | 02.21.24 | 10L](#))
- Wisconsin Public Records Law Basics Training ([Ref. GIB | 02.21.24 | 10M](#))
- Quarterly Audit Report of All Office of Internal Audit (OIA) Activities ([Ref. GIB | 02.21.24 | 10N](#))

TENTATIVE MAY 2024 AGENDA ([Ref. GIB | 02.21.24 | 11](#))

Ms. Mallow shared tentative agenda items for the Board meeting on Thursday, May 23, 2024.

Mr. Houdek and Ms. Lounsbury left the meeting at 11:30 a.m.

MOVE TO CLOSED SESSION

Mr. Day announced that the Board would be meeting in closed session to get an update on ETF's follow up with health plans after the November 2023 Board meeting regarding security measures in place to protect GHIP member information.

MOTION: Mr. Day moved to approve moving to 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 in open session following the closed session. Ms. Thompson seconded the motion, which passed on the following roll call vote:

Ayes: Day, Fields, Fogel, Jackson, Keenan, Pahnke, Thompson, Ugoretz.

Nays: None.

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Absents: Hillson, Houdek, Lounsbury.

The Board convened in closed session at 11:44 a.m.

The Board returned to open session at 12:15 p.m.

ANNOUNCEMENT ON BUSINESS DELIBERATED

Mr. Day announced that the Board met in closed session to get an update on ETF's follow up with health plans after the November 2023 GIB meeting regarding security measures in place to protect GHIP member information. No action was taken.

ADJOURNMENT

MOTION: Ms. Thompson moved to adjourn the meeting. Mr. Jackson seconded the motion, which passed unanimously on a voice vote.

The meeting adjourned at 12:17 p.m.

Date Approved: May 23, 2024

Signed: Nancy Thompson
Nancy Thompson, Secretary
Group Insurance Board