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Correspondence Memorandum

Date: January 27, 2023

To: Group Insurance Board

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 Office of Strategic Health Policy

Subject: 2024 Preliminary Agreement and Benefit Changes

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

Background

The Department of Employee Trust Funds (ETF) annually reviews the contract documents signed by health plans offered under the Group Health Insurance Program (GHIP). The Program Agreement (Agreement) outlines the administrative services health plans provide to ETF, the Group Insurance Board (Board), and its members. Each health plan offers the same standard medical Uniform Benefits (UB) to GHIP members. UB coverage is summarized in the Certificates of Coverage (Certificates) and the Schedules of Benefits (Schedules). Navitus Health Solutions, LLC (Navitus), the Board’s Pharmacy Benefit Manager (PBM), has a separate contract for services and a separate Uniform Pharmacy Benefit (UPB), but these benefits are closely coordinated with the Agreement and Certificates.

ETF began the 2024 Agreement and Certificate review process in November 2022 by soliciting change ideas from contracted health plans. Plans returned their proposals to ETF in December 2022, and the summary of these changes was reviewed at the January ETF Council on Health Program Improvement (CHPI) meeting. The Board’s PBM also provided options for UPB and administrative service changes to ETF in December 2022. This memo provides a brief overview of the general change concepts ETF will review for the 2024 Agreement, Certificates, and UPB.

This memo summarizes key changes being proposed to the above-referenced documents. ETF continues to research along with requesting cost analyses from the Board’s actuary, Segal Consulting. ETF will use these analyses to further refine change proposals. Detailed changes and cost projections will be brought to the Board for discussion and approval at the May meeting.

Eileen K Mallow
 Reviewed and approved by Eileen Mallow, Director, Office of Strategic Health Policy
 Electronically Signed 02/02/2023

Board	Mtg Date	Item #
GIB	02.22.23	10C

Proposed Changes to the Agreement Language Clarification

Annual Report Requirements and Penalties

The Annual Reporting Requirements section of the Agreement includes a description of reports with specific due dates that must be submitted to ETF annually. A request was made to include “BUSINESS DAY” rather than “DAY” under penalties when the reporting requirement standard is not met; ETF will consider this request in the context of the existing performance requirements.

In addition, ETF proposes adding specific due dates and penalties when reporting standards are not met in the Administrative Deliverables, Annual Deliverables, and Data Warehouse Deliverable Requirements sections.

Allowing Non-Substantive Updates to the Program Agreement

ETF proposes adding language allowing for periodic Agreement revisions to provide clarification as needed, provided these changes are non-substantive and have no significant impact on the delivery of health services.

Data Integration and Use Section

ETF proposes removing unnecessary processes related to Pharmacy Claims Data transferred to ETF, as ETF is no longer asking health plans to retrieve pharmacy claims data for the Data Warehouse (DAISI). This data is already collected by Navitus.

Provider Access

A request was made to allow telehealth providers to satisfy provider network access standards, which currently only include three categories for Primary Care: General/Family Practitioner, OB/GYN, and Pediatrician. Proponents of this change believe it will provide members with greater access to “qualified” carrier options. However, there are other limitations to equitably providing telehealth such as a risk of double-counting providers who also provide telehealth. This could result in overstating access within a given network. ETF will review this before making a final recommendation for inclusion in the 2024 Agreement.

ETF Data Collection Guidance

Wisconsin Health Information Organization

Current language within the Data and Information Security section of the Agreement requires health plans to submit commercial claims data to the Wisconsin Health Information Organization (WHIO). Health plans have proposed allowing individual health plans to contract directly with WHIO to negotiate claims submission requirements rather than adhering to the broader request for compliance in the Agreement.

Department Terms and Conditions

Health plans have requested ETF to amend the Department Terms and Conditions to allow health plans to utilize offshore resources in the provision of services. This change would allow health plans to transmit, transport, and/or store confidential information outside the contiguous United States. Health plans claim utilizing offshore resources would promote timely claims processing while minimizing inaccurate invoice charges from providers of service. ETF will review this request and report the outcome at the May Board meeting.

Communication Materials for Open Enrollment

At the request of health plans, ETF is developing expanded guidance related to marketing materials that are required by ETF, including which types of materials do and do not require ETF review before distribution to ETF members. They will also outline permissibility and submission requirements for newly proposed marketing method, including television commercials, billboards, and direct internet marketing.

Consolidated Appropriations Act (CAA) Reporting Requirements

ETF proposes developing guidance for health plans on how to complete and submit the required components for the Centers for Medicare and Medicaid Services (CMS) Prescription Drug Data Collection (RxDC) Report. Section 204 of the CAA requires group health plans and health insurance issuers offering group or individual health insurance coverage to submit information about prescription drugs and health care spending to CMS, which collects the RxDC Report on behalf of the Department of Health and Human Services, the Department of Labor, Department of the Treasury, and the Office of Personnel Management.

Proposed Changes to Certificate Benefits

Clerical Updates

ETF proposes common administrative revisions to the Certificate, such as expanding and clarifying definitions, simplifying language related to Coordination of Benefits and updating the Member Rights and Responsibilities section with links to online resources.

Durable Diabetic Equipment and Related Supplies

A request was made to remove the rental of infusion pumps prior to purchase as infusion pumps are purchase items only. While pumps can be rented, patients typically keep the pumps long term, so there is no benefit to renting the pump for 30 days.

Hospital Services and Inpatient Confinements

ETF is reviewing a request to provide additional clarity relating to hospital services and inpatient confinement (Covered Services 4.F.24.), stipulating that if a member changes health plans during a hospital stay, the inpatient care from admittance to discharge will be covered by the plan providing coverage at the time the member was admitted to the hospital. This would prevent members from possibly being required to move to a new in-network facility to receive inpatient care due to a change in health plan provider.

Physical, Speech, and Occupational Therapy

ETF is reviewing a proposal to remove the requirement that therapy will yield significant patient improvement within two months of treatment. The reason given for this proposed change is that improvements may not be made for several months, and there is no clear way to determine if guaranteed improvement can be made within two months.

Prior Authorization

ETF previously added flexibility around prior authorization to remote patient monitoring. ETF proposes a review of all sections of the Certificate that require prior authorization and adding the ability to waive the requirement to provide additional flexibility to health plans if appropriate. ETF will work with health plans to better understand which services require prior authorization.

Proposed Changes to Medical Benefits

What follows are the more notable changes to the Certificates proposed by plans, members, and ETF.

Adding Out-of-Network Ground Ambulance to In-Network

The No Surprises Act requires air ambulance transport to be paid as in-network. These services are typically used in emergencies where members have no time to choose an in-network service provider. ETF proposes similar in-network coverage for all ground ambulance services.

Expanding Coverage of Advance Care Planning

ETF proposes expanding coverage of advance care planning. The current Certificate only covers advance care planning once a terminal diagnosis is received, but advance care planning is appropriate much earlier in life before terminal decisions are necessary. ETF will be researching the benefit of separating and further defining palliative care from advance care planning.

Adding Full Cost Coverage for Vasectomies

Contraceptive services are included in current coverage, and under the Affordable Care Act, many forms of female contraception must be covered without cost-sharing; however, members may be required to pay copay or coinsurance costs for vasectomies. ETF will explore the costs and benefits of covering vasectomies without cost sharing.

Expanding Coverage for Dietitians for Weight Loss Purposes

ETF is reviewing a request to expand dietitian services for weight loss purposes. Currently, the Board only allows coverage of dietitian services if a member has been diagnosed with certain qualifying medical conditions, such as heart disease or diabetes, or when required as part of prior authorization for gastric bypass.

Over-the-Counter Hearing Aid Coverage

The Food and Drug Administration (FDA) will allow some hearing aids to be sold over the counter, aiming to widen their availability to reduce costs and encourage the development of better devices. ETF proposes adopting the FDA's guidelines for coverage of over-the-counter hearing aids to members.

Adding Coverage for Sports Physical Examinations

Routine physical examinations are currently covered once every calendar year. Members have incurred costs for additional exams when they are required for sports participation. A request was made by members for ETF to cover additional exams for this purpose.

Expanding Telehealth Coverage

The spending bill signed into law in December 2022 includes a provision extending telehealth relief in the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act. ETF will conduct research and cost analysis on providing pre-deductible coverage of telehealth services for members enrolled in high-deductible health plans.

American Academy of Pediatrics Guidance on Children and Adolescent Obesity

The American Academy of Pediatrics (AAP) guidelines contain key action statements, which represent evidence-based recommendations for evaluating and treating children with overweight, obesity, and related health concerns. ETF proposes reviewing the guidelines and forthcoming AAP policy for monitoring and treatment of youth with obesity.

Proposed Pilot Programs

Quartz and Security Health Plan submitted a total of seven pilot program proposals for 2024 implementation. ETF is reviewing proposals and will bring recommendations to the Board in May.

Proposed Changes to Pharmacy Benefits

ETF is also considering several proposed changes to the Board's pharmacy benefit program. The following items will continue to be investigated by staff, Navitus, and other stakeholders (when applicable):

Adding Weight-Loss Drugs to the Commercial Pharmacy Formulary

Members have written to the Board specifically requesting consideration of coverage for weight-loss drugs ([Ref. GIB | 11.16.22 | 14E](#)). ETF will continue to monitor the cost-effectiveness of these medications for possible inclusion.

Creating a Home Infusion Program Under the Pharmacy Benefit

This proposal would allow members to receive drug infusions in their own homes from a trained medical professional. The drug would be paid for through the pharmacy benefit. Currently, members can receive some specialty drugs through home infusion if the

service is available through members' medical insurance providers; however, this is not always consistent between plans. If administered through the medical insurance provider, the drug is paid for through medical insurance.

Changing Coverage of Continuous Glucose Monitoring Devices

Currently, Continuous Glucose Monitoring devices (CGMs) are covered under both the pharmacy benefit and medical benefit. This possible change would allow for CGMs to solely be covered under the pharmacy benefit. ETF will work with vendors to explore feasibility of fully moving coverage to the pharmacy benefit.

Implementing Navitus' Copay-Max Plus Program

Navitus' Copay-Max Plus Program takes advantage of drug manufacturer coupons and copay assistance programs applied to many high-cost drugs to help maximize savings. The Copay-Max Plus Program has over 350 specialty and HIV drugs eligible for savings, is pharmacy agnostic, and the amount after the copay assistance is applied can be applied to members' out-of-pocket limits (OOPs).

Next Steps

ETF will continue its review of the proposed changes and will consult with stakeholder groups, the Board's vendors, and Segal before presenting final changes to the Board in May 2023.

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