

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Agriculture and
Insurance
(SC-AI)

File Naming Example:

- Record of Comm. Proceedings ... RCP
- > 05hr_AC-Ed_RCP_pt01a
 - > 05hr_AC-Ed_RCP_pt01b
 - > 05hr_AC-Ed_RCP_pt02

COMMITTEE NOTICES ...

- > Committee Hearings ... CH (Public Hearing Announcements)
- > **

- > Committee Reports ... CR
- > **

- > Executive Sessions ... ES
- > **

- > Record of Comm. Proceedings ... RCP
- > **

INFORMATION COLLECTED BY COMMITTEE
CLERK FOR AND AGAINST PROPOSAL

- > Appointments ... Appt
- > **05hr_SC-AI_Appt_pt15**

Name: L. Zanoni

- > Clearinghouse Rules ... CRule
- > **

- > Hearing Records ... HR (bills and resolutions)
- > **

- > Miscellaneous ... Misc
- > **

Vote Record Committee on Agriculture and Insurance

Date: 3-6-06

Moved by: Kedzie

Seconded by: Olsen

Attachments

AB _____

SB _____

Clearinghouse Rule _____

AJR _____

SJR _____

Appointment Larry Zanoni

AR _____

SR _____

Other _____

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

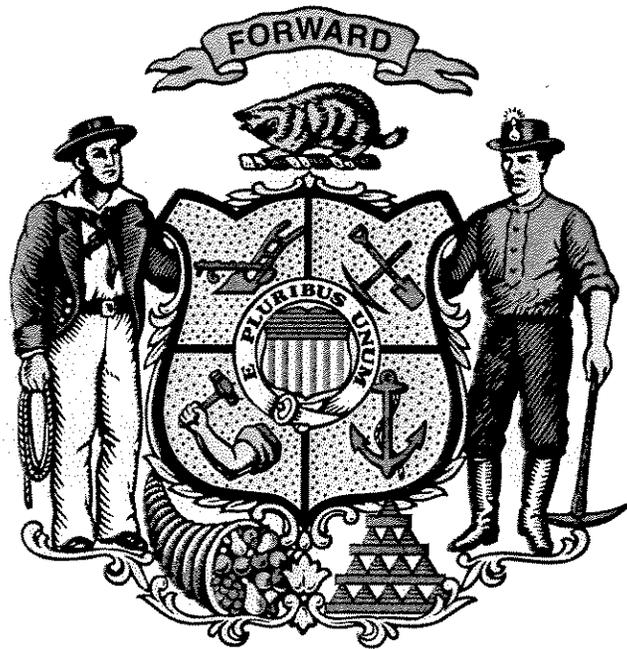
- | | | | | |
|---------------------------------------|------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Passage | <input type="checkbox"/> Adoption | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Concurrence | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Rejection | <input type="checkbox"/> Tabling | <input type="checkbox"/> Nonconcurrence | |

Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Dan Kapanke, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Neal Kedzie	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ronald Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Luther Olsen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Jon Erpenbach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator David Hansen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mark Miller	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>7</u>	<u>0</u>	_____	_____

Motion Carried

Motion Failed





JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

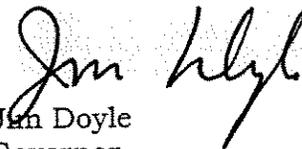
February 17, 2006

To the Honorable, the Senate:

I am pleased to nominate and with the advice and consent of the Senate, do appoint Larry Zanoni to be an Insurer Representative on the Health Insurance Risk-Sharing Plan Authority to serve a term expiring May 1, 2007.

Mr. Zanoni will be available to the Senate for hearings and my staff will assist in any way they can.

Respectfully submitted,


Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

February 17, 2006

Mr. Larry Zanoni
Group Health Cooperative
1265 John Q. Hammons Drive
PO Box 44971
Madison, WI 53744

Dear Mr. Zanoni:

I am pleased to appoint you to the Health Insurance Risk-Sharing Plan Authority, effective February 17, 2006. Your experience, knowledge, and dedication will be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle
Governor



JIM DOYLE
GOVERNOR
STATE OF WISCONSIN

GOVERNOR'S APPOINTMENT

NAME: Larry Zanoni

MAILING ADDRESS: Group Health Cooperative
1265 John Q. Hammons Drive
PO Box 44971
Madison, WI 53744

E-MAIL ADDRESS: larry_zanoni@ghc-hmo.com

RESIDES IN: Verona, WI

TELEPHONE: (608) 251-4156 (w)

OCCUPATION: Executive Director, Group Health Cooperative
of South Central Wisconsin

APPOINTED TO: Health Insurance Risk-Sharing Plan Authority
Insurer Representative

TERM: A term to expire May 1, 2007

SUCCEEDS: (Newly Created Authority)

SENATE CONFIRMATION: Yes

DATE OF APPOINTMENT: February 17, 2006

DATE OF NOMINATION: February 17, 2006

Mr. Zanoni

Biography

Larry Zanoni

Executive Director
Group Health Cooperative of
South Central Wisconsin
P.O. Box 44971
Madison, WI 53744-4971
Phone: (608) 251-4156
FAX: (608) 257-3842
larry_zanoni@ghc-hmo.com
<http://www.ghc-hmo.com>



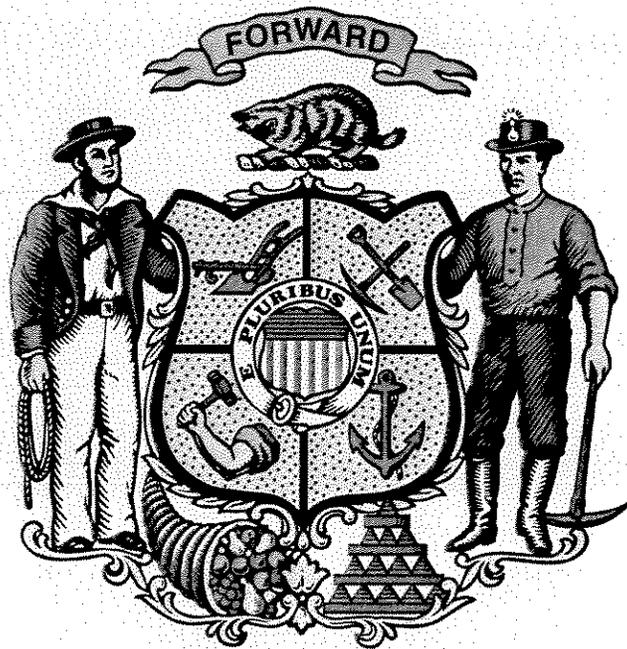
Business Information:

Mr. Zanoni is the Executive Director of Group Health Cooperative of South Central Wisconsin (GHC). GHC began operations in 1976 and is a nonprofit, member sponsored HMO dedicated to providing quality, cost-effective healthcare. Mr. Zanoni has been with GHC since its inception in 1975, serving as Operations Director from 1975 to 1987 and became Executive Director in 1988.

In 1997, *U.S. News and World Report* ranked GHC the overall best HMO in the nation based on national clinical care and member satisfaction measurement standards. In September 2004, the National Committee for Quality Assurance (NCQA), a nationally recognized authority that assesses the quality of managed care plans, awarded GHC with an excellent accreditation status for a full three-year cycle. In September 2005, NCQA ranked GHC as one of the Top 25 best performing health plans in the nation based on HEDIS indicators, CAHPS survey results, and NCQA accreditation scores. GHC services over 55,000 members and has annual revenues of \$174,000,000.

Education and Associations:

Mr. Zanoni earned a Bachelor of Science degree from Loyola University and a Masters of Public Health degree from the University of Michigan. He is active with the Wisconsin Association of Health Plans, where he has served as Treasurer since 1989. He serves on the HIRSP Board of Governors. Larry is a Board member of the American Red Cross – Badger Chapter and serves on the Board of the Alliance for Community Health Plans. He is also an active member of the Downtown Rotary Club.





STATE OF WISCONSIN
ETHICS BOARD

James R. Morgan
Chairman
Paul M. Holzem
Dorothy C. Johnson
Richard Warch
Courtney L. Hunt

On the capitol square at:
44 EAST MIFFLIN STREET, STE 601
MADISON, WISCONSIN 53703-2800
phone: 608/266-8123
fax: 608/264-9319
ethics@ethics.state.wi.us
<http://ethics.state.wi.us>

Roth Judd
Director

Senate Committee Members:

The attached Statement of Economic Interests is provided with regard to the individual's nomination to a State Public Office by Governor Jim Doyle.

Sincerely,
STATE OF WISCONSIN ETHICS BOARD

Nominee: Larry Zanoni
Date: February 23, 2006

Feb. 9. 2006 1:52PM

No. 5913 P. 6

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

Statement of Economic Interests

Filed in 2006 for calendar year 2005

Name: ZAVONI, LAWRENCE J.
(last name, first name & initial)

State position: HRSP BOARD OF DIRECTORS
(held or sought) (include agency, division, branch or district, if applicable)

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>. Still have questions? For priority service send an e-mail to: ethics@ethics.state.wi.us; otherwise leave a detailed message at (608) 266-8115. Attach additional pages as needed.

Part A Information current as of April 2005

1. INVESTMENTS. List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds you or your family held (minimum \$5,000).

Name of security	Type of security					Amount	
	stock option futures	bond	limited partnership	Wisconsin governmental security	mutual or money mkt fund	\$50,000 or less	More than \$50,000
<u>VANGUARD MUTUAL FUNDS</u>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<u>PERSHING</u>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<u>WELLS FARGO / CREDIT</u>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<u>THOMPSON - FUND / DREYFUS</u>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

2. BUSINESS ACTIVITIES. List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business	Municipality or Town	County	State	Describe nature of business

b) Enterprise(s) NOT operating under a business or trade name, list here.

Street address or fire number	Municipality or Town	County	State	Describe nature of business

3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS. For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2005.

Businesses, organizations, lobbyists that were customers, clients, or tenants	City	State

Feb. 9. 2006 1:52PM

4. **BUSINESS PARTNERS.** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business	Partners, or officers and directors	City	State

5. **NON-COMMERCIAL REAL ESTATE.** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you listed in item 2).

LOCATION OF PROPERTY			NATURE OF INTEREST
Street address or fire number	Municipality Or Town	County	(own, lease, option, easement, land contract)

6. **OFFICERS AND DIRECTORS.** List organizations of which you or a family member was an officer or director.

Business or organization	City	State	Position
AMERICAN RED CROSS	MADISON	WI	BOARD MEMBER

7. **AGENT, REPRESENTATIVE OR SPOKESPERSON.** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless listed in Item 6 or 9).

Business or organization	City	State

8. **CREDITORS.** List creditors to which you or your family owed \$5,000 or more.

Creditor	City	State	Amount	
			\$50,000 or less	More than \$50,000
HOMEOWNINGS FINANCIAL MORTGAGE	DALLAS	TX		
CAPITAL BANK	MADISON	WI		✓
FLAGSTAR BANK	TRON	MI		✓

Part B

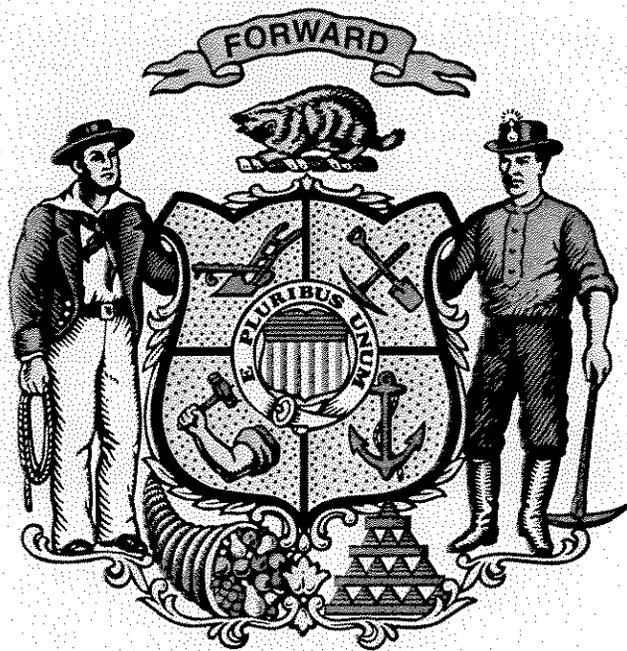
For calendar year 2005

9. **EMPLOYERS.** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2005.

Name of employer (if State of Wisconsin, identify agency or institution)	City	State	Nature of employer's business
GROUP HEALTH COOPERATIVE	MADISON	WI	H-M-I

10. **ADDITIONAL SOURCES OF INCOME.** List other sources from which you or your family received income of \$1,000 or more in 2005.

Source of Income	City	State
MFC BANK - INTEREST	MADISON	WI



Wisconsin Association of Health Plans

Senator Dan Kapanke
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator ~~Kapanke~~ ^{Dan}:

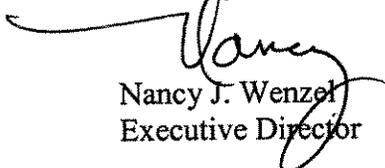
Thank you for taking the time to hold a public hearing on Governor Doyle's 13 appointments to the newly created Health Insurance Risk Sharing Plan (HIRSP) Authority Board. Each appointee will bring a great deal of expertise to the HIRSP Authority Board and will help ensure that all HIRSP stakeholders are well-represented when the new HIRSP Authority begins operation on July 1, 2006.

On behalf of the Wisconsin Association of Health Plans, I encourage you to vote to confirm all 13 of the Governor's HIRSP Authority Board appointments. I have had the good fortune of working with the majority of the appointees on a wide range of state issues and know they will each commit the time and energy necessary to make HIRSP more effective in responding to changes in health care delivery and health insurance.

Jay Fulkerson, CEO of UnitedHealthcare of Wisconsin, Inc., **Larry Zanoni**, Executive Director of Group Health Cooperative of South Central Wisconsin, **Pat Jerominski**, President/CEO of Independent Care, Inc., and **Michele Bachhuber**, M.D, Marshfield Clinic, **all have a great deal of experience in disease management programs for persons with chronic diseases** and will help the HIRSP Authority develop strategies to ensure appropriate access to evidence-based treatment for HIRSP participants.

Thank you again for holding a public hearing and quickly scheduling executive action. I encourage you to vote to confirm all 13 of the Governor's appointments to the HIRSP Authority Board and to recommend that the State Senate confirm the appointees en masse. Please feel free to contact me regarding any of the appointees. All good wishes.

Sincerely,


Nancy J. Wenzel
Executive Director