

## ☛ 05hr\_SSC-HCR\_Misc\_pt16



☛ Details: Hearing held in Madison, Wisconsin on June 16, 2006.

(FORM UPDATED: 08/11/2010)

# WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

## 2005-06

(session year)

## Senate

(Assembly, Senate or Joint)

## Select Committee on Health Care Reform...

### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Stefanie Rose (LRB) (August 2012)



Senate

Record of Committee Proceedings

**Select Committee on Health Care Reform**

June 16, 2006

**PUBLIC HEARING HELD**

Present: (4) Senators Darling, Olsen, Erpenbach, and Miller  
Absent: (1) Senator Roessler

Appearances For

- None.

Appearances Against

- None.

Appearances for Information Only

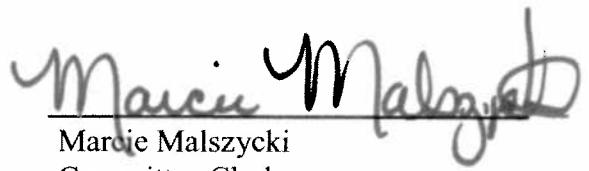
- Dan Schwartzer,  
Executive Vice President of the Wisconsin Association of Health Underwriters
- Tom Korpady,  
Administrator of the Division of Insurance Services at the Department of Employee Trust Funds.

Registrations For

- None.

Registrations Against

- None.

  
Marcie Malszycki  
Committee Clerk



## Stegall, Jennifer

---

**Subject:** FW: June 16th hearing

---

**From:** Stegall, Jennifer  
**Sent:** Tuesday, May 23, 2006 11:03 AM  
**To:** Volz, David  
**Cc:** Malszycki, Marcie; Schulze, Connie  
**Subject:** RE: June 16th hearing

I thought maybe we could dig into transparency a little bit more. Maybe members could get an in depth explanation of Check pt. and the Collaborative for Health Care Quality. The WHA could talk about how we are leading the nation and how they are helping other states get systems set up to better track and measure health care cost and quality. They could also discuss their vision for the future and discuss whether the state can be helpful, i.e. are there any roadblocks the state could help remove? We could also use that hearing as a time for Marshfield Clinic to provide their presentation on the demonstration project they are participating in.

I think after AD and CR meet on June 22nd with DHFS and Gielow, they could hold an MA related hearing...maybe Medicaid Long Term Care.

I haven't had a chance lately to look through past notes or the memo from Dick Sweet...those may provide some ideas as well.

Do you think AD is a go for the 16th? I can start to let interested people know if that's the case. I did call the other members and it sounds like Erpenbach can be there. I am waiting to hear back from Miller and Olsen.

Thanks,  
Jennifer

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**From:** Volz, David  
**Sent:** Monday, May 22, 2006 2:04 PM  
**To:** Stegall, Jennifer  
**Cc:** Schulze, Connie  
**Subject:** RE: June 16th hearing

I'll chat with Alberta, and you can let me know Carol's thoughts as well. I do agree that the topics should start taking on a bit more focus.

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**From:** Stegall, Jennifer  
**Sent:** Friday, May 19, 2006 9:07 AM  
**To:** Petri, Tom  
**Cc:** Malszycki, Marcie; Tormey, Jessica; Schulze, Connie; Volz, David  
**Subject:** RE: June 16th hearing

Yeah, next week will work out just fine.

Have a good weekend!  
Jennifer

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**From:** Petri, Tom  
**Sent:** Friday, May 19, 2006 8:55 AM  
**To:** Stegall, Jennifer  
**Cc:** Malszycki, Marcie; Tormey, Jessica; Schulze, Connie; Volz, David  
**Subject:** RE: June 16th hearing

Dave will be back in next week, probably at least one or two days. Can it wait until he and you talk?

After he talks to Alberta, he'll have all the right answers for sure ☺.

Thanks again for taking control of the EC hearing. We appreciate it!

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**From:** Stegall, Jennifer  
**Sent:** Thursday, May 18, 2006 5:33 PM  
**To:** Petri, Tom; Tormey, Jessica; Schulze, Connie  
**Cc:** Malszycki, Marcie  
**Subject:** June 16th hearing

Hi,

It sounds like Carol and Alberta are wanting to have a Health Care Reform hearing on Friday June 16th. I am not sure if I'll be here or not. My due date is the 18th so we'll see! I'll be here to help plan it though.

Does Alberta have any thoughts about what she would like this hearing to focus on? I don't know that another general hearing will provide members with much new information outside of what they have already heard in Milwaukee and Eau Claire, but we could do that if she wants to.

Let me know what you think.

Thanks,  
Jennifer



## Stegall, Jennifer

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**Subject:** FW: June 16th hearing

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**From:** Stegall, Jennifer  
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I also talked to her about the Senate Health committee follow-up hearing regarding mental illness, she would like to hold this hearing after Sinikka Santala returns from Finland. Her first day back is Aug. 7th. I think CR was thinking we could have the hearing a week or so after she returned.

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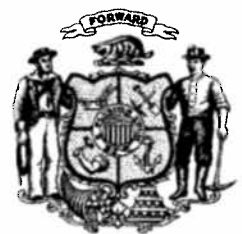
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Thanks,  
Jennifer





# WISCONSIN STATE LEGISLATURE



## Stegall, Jennifer

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**From:** Schulze, Connie  
**Sent:** Tuesday, May 23, 2006 11:06 AM  
**To:** Stegall, Jennifer; Volz, David  
**Cc:** Malszycki, Marcie  
**Subject:** RE: June 16th hearing

I am holding June 16 for a committee hearing in Madison. It's a go unless Dave knows something I don't.

---

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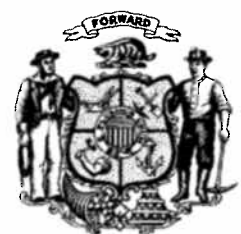
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WISCONSIN STATE LEGISLATURE



## Stegall, Jennifer

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**Subject:** FW: June 16th hearing

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**From:** Volz, David  
**Sent:** Tuesday, May 23, 2006 2:01 PM  
**To:** Stegall, Jennifer  
**Subject:** RE: June 16th hearing

I'm sure AD would be fine with Marshfield. I saw the copy of Dr Phillips' testimony from Eau Claire...would the next step be to have them discuss that project of theirs? Would that fill an entire hearing, or should we think about adding another element to that hearing, i.e. Schwartzer's presentation?

Also, if you wrote a summary of the Eau Claire hearing like you did for the Milwaukee meeting, I'd love a copy if you're willing. Just want to get back up to speed and spare you from a million questions.

---

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**Cc:** Schulze, Connie  
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Let me know what you think.

Thanks,  
Jennifer



## Stegall, Jennifer

---

**Subject:** FW: Senate Select Committee on Health Care Reform

**Attachments:** Stegall, Jennifer.vcf

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**From:** Stegall, Jennifer  
**Sent:** Tuesday, May 23, 2006 1:23 PM  
**To:** Rose, Laura; Volz, David; Schulze, Connie; Sweet, Richard; Smith, Heather; Malszycki, Marcie; Kuhn, Jamie; Knutson, Tryg; Bill Smith; Dan Schwartz; Dianne Kiehl; Eric Englund; Erik Hekkers (Assurant Health Ins); Jordan Lamb; Juliana (Daimler Chrysler); Laura DeGolier; Mike Hert; R.J. Pirlot; Sabrina Gentile (Wi. Farm Bureau Federation); Sheri Krause (WASB); Steven Lorenz; Susan McMurray; Tim Shaw (Allied Health); Victor Perez, Assurant; Alice O'Connor; Alison Prange; Andrew Franken; Ann Medeiros; Bob Andersen; Bryan Brooks; Cathleen Dettmann; Ellen Henningsen; Eric Borgerding; George Petak; Gina Dennik-Champion; Greer, Rosie; Greg Aronin (Johnson and Johnson); Guarasci, Patrick - Office of Governor Jim Doyle; Hermes, Ron; Hillary Conley; Huffer, Linda; Jack; Jason Johns; Jason Westphal; Jeff Ranous; Jeremy Levin; Jim Hemes; Jim Tenuta; Jodi Bloch; Jodie Tierney; John D. Forester; Joseph Win (AHIP); Julie Swiderski; Karla (Ministry Health Care); Kate Venne; Katie Boycks; Katie Walby; Laurie Kuiper; Linda Hall; Linda Klein-Schmidt; Lisa Macaulay; Lisa Maroney; Lisa Roys; Little, Kevin; Liz Schumacher Meriter; Louie Schubert; Mark Grapentine; Mark Reihl (carpenters union); Martin, Larry - DRL; Mary Klaver RTL; Maureen McNally; mbrooks@wda.org; Michael Blumenfeld; Michael Heifetz; Michael Welch; Michelle Mettner; Moyer, Andrew - Office of Governor Jim Doyle; Nancy Wenzel; Paul Merline; Paul Westrick; Peter Christianson; Peter Theo; Robert Phillips; Snyder, MaryAnne; Tom Engels; Tom Fonfara; Tom Frazier; Tom Moore; Tony Driessen; Tony Langenohl; Vaughn Vance  
**Subject:** Senate Select Committee on Health Care Reform

Hi,

The Senate Select Committee on Health Care Reform will meet on Friday, June 16th at 10:00am in room 411S.

An official hearing notice will be sent out at a later date.

Thanks,

**Jennifer Stegall**

**Office of Senator Carol Roessler**

**608-266-5300/1-888-736-8720**

**Jennifer.Stegall@legis.state.wi.us**



Stegall,  
Jennifer.vcf (4 KB)





## Stegall, Jennifer

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**Subject:** FW: Marshfield Clinic presentation

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**From:** Volz, David  
**Sent:** Wednesday, May 24, 2006 12:07 PM  
**To:** Stegall, Jennifer  
**Subject:** RE: Marshfield Clinic presentation

OK, I'll give it some thought...

---

**From:** Stegall, Jennifer  
**Sent:** Wednesday, May 24, 2006 12:07 PM  
**To:** Volz, David  
**Subject:** Marshfield Clinic presentation

Hi,

Dr. Phillips just called from Marshfield Clinic and said that Dr. Praxill should be the person to deliver the presentation and he has a conflict on June 16th. His schedule is more open in July, Aug or Sept.

We'll have to think of something else for the 16th.

Thanks,  
Jennifer



## Stegall, Jennifer

---

**Subject:** FW: June 16th hearing

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**From:** Stegall, Jennifer  
**Sent:** Thursday, May 25, 2006 4:32 PM  
**To:** Volz, David  
**Cc:** Malszycki, Marcie  
**Subject:** June 16th hearing

Hey Dave,

I talked to Carol and suggested that since Marshfield Clinic can't attend, the committee could hear from Dan Schwartzer and ETF. I thought ETF could talk to the committee about the state health plan and the cost savings they have been able to achieve over the past few years. They could discuss whether wellness programs should be incorporated into the state plan, as has been suggested by some of the speakers. This hearing may help the members determine if any other changes to the state plan should be pursued. Carol thought that was a good idea and thought since June 16th is the Friday before Father's Day, the two presentation would be enough for that day. Hopefully it could be a shorter hearing than we had in Milwaukee and Eau Claire.

Let me know what you think. If AD wants to do something else that day, just let me know.

Also, Marcie will be sending Connie a few July dates for another hearing. She is thinking July 18th or July 25th, 26th or 27th.

We can talk more next week.

Thanks!

Jennifer



## Stegall, Jennifer

---

**Subject:** FW: Health Care Reform Committee

---

**From:** Stegall, Jennifer  
**Sent:** Tuesday, May 30, 2006 2:35 PM  
**To:** Volz, David  
**Subject:** Health Care Reform Committee

Hey Dave,

Sorry to keep bombarding you with this committee. I am sure you have plenty of digging out to do. I am at the opposite end of things trying to get as much taken care of as I can before I leave. I'm not due until the 18th but today the doc. said it could be anytime now....yikes! Anyway, I talked to Dan and he said they would be available to give their presentation on the 16th if we wanted them there. I also called ETF and talked to Bob Conlin (leg liaison). He thought they would probably be able to work with that date as well. I told Dan and Bob that we would hopefully be able to give them an indication this week as to whether we would need them on the 16th or if the co-chairs would like to hear from them on a different day.

Thanks,  
Jennifer



## Stegall, Jennifer

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**Subject:** FW: Health Care Reform Committee

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**From:** Volz, David  
**Sent:** Tuesday, May 30, 2006 2:43 PM  
**To:** Stegall, Jennifer  
**Subject:** RE: Health Care Reform Committee

No problem...I totally understand what it's like to want to have everything in order when you don't know when the big day will hit.

Let me just triple check that with AD although I can't imagine she won't sign off on that. I'll get that confirmed as soon as I can, and no later than tomorrow if not yet today. Then maybe you can walk me through all that com clerk stuff. It's been seven years since I had to use that program. It's probably doesn't even look remotely the same. I'll be in touch as soon as I talk to AD.

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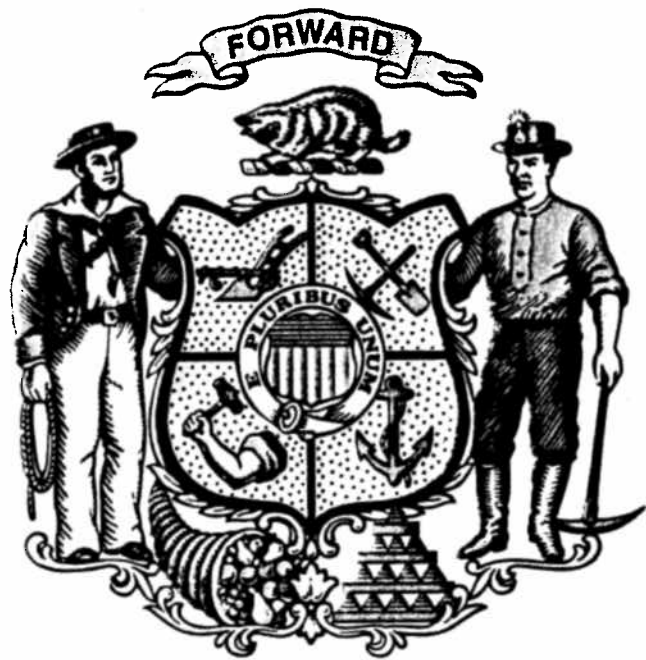
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**From:** Volz, David  
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**To:** Stegall, Jennifer  
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OK...AD is fine with the Schwartzer/ETF agenda for June 16. One group she mentioned as a possible addition is United Health Care, who impressed her with a presentation several months back. However, that probably makes more sense as an invitee to the Fond du Lac/Oshkosh hearing down the road, and would keep things more brief for the 16th. Just wanted to bounce that off you. I do have a contact I can get in touch with if your boss is interested in that for the 16th.

As for the health committee hearing on July 12, that line-up of speakers sounds good to her.

---

**From:** Stegall, Jennifer  
**Sent:** Tuesday, May 30, 2006 3:00 PM  
**To:** Volz, David  
**Subject:** RE: Health Care Reform Committee

Sounds good. Depending on how things will be split up when I am out, someone in this office may be able to handle the comclerk stuff if you want. I think Marcie or Mike might welcome the opportunity to work with comclerk a little bit. This might be a chance for them to get some clerking experience.

It looks like July 12th works for AD and CR for a Senate Health Committee hearing to follow up on the housing situation for those with mental illness in Milwaukee. This date works for Sinikka and probably works for Jim Hill. Shel Gross and Sandy Pasch (NAMI...Greater Milwaukee Mental Health Task Force) are the other two people CR would like the committee to hear from. Let me know if Alberta would like to hear from anyone else. Thanks!

---

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**Stegall, Jennifer**

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**Subject:** FW: June 16th hearing

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**From:** Stegall, Jennifer  
**Sent:** Thursday, June 01, 2006 11:51 AM  
**To:** Volz, David  
**Cc:** Malszycki, Marcie  
**Subject:** June 16th hearing

Hey Dave,

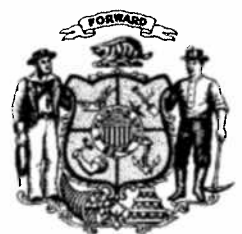
I talked to Carol about hearing from United Health Care. She liked your suggestion to invite them to the FDL hearing. She really does want to keep the June 16th hearing somewhat short, if possible.

I will follow up with Dan Schwartz and ETF. Marcie and I will draft a hearing notice and get it to you for review.

Thanks,  
Jennifer



# WISCONSIN STATE LEGISLATURE



**Stegall, Jennifer**

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**Subject:** FW: One more thing...

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**From:** Conlin, Bob  
**Sent:** Monday, June 05, 2006 12:10 PM  
**To:** Stegall, Jennifer  
**Cc:** Malszycki, Marcie  
**Subject:** RE: One more thing...

Thanks for the notice, Jennifer. That is Tom's title and he's planning on being there.

Bob

-----Original Message-----

**From:** Stegall, Jennifer [<mailto:Jennifer.Stegall@legis.state.wi.us>]  
**Sent:** Monday, June 05, 2006 12:04 PM  
**To:** Conlin, Bob  
**Cc:** Malszycki, Marcie  
**Subject:** One more thing...

**I am putting a draft public hearing notice together. The co-chairs have not signed off on the language below yet but I thought I would make sure I have Tom's title listed the way he would like. Let me know if it is okay or if he would prefer changes. Thanks!**

**Tom Korpady**

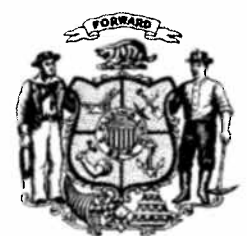
**Administrator of the Division of Insurance Services at the Department of Employee Trust Funds.**

A presentation regarding:

1. The state health plan and the state's ability to realize savings at a time when the cost of health care is on the rise.
2. A discussion about wellness programs and whether there is a role for these programs in the state health plan.



# WISCONSIN STATE LEGISLATURE



\* Also sent to Laura Rose + Dick Sweet 6/15/06

**Stegall, Jennifer**

---

**Subject:** FW: June 16th Senate Select Committee on Health Care Reform public hearing

**Attachments:** 6-05-06 Group Ins Board Announces Program Successes.pdf; 6-05-06 Insurance Costs Drop for State Retirees.pdf; 06-05-06 State Employee Health Ins Changes.pdf; 6-05-06 State Gets Prescription for savings.pdf; Stegall, Jennifer.vcf

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**To:** Conlin, Bob  
**Cc:** Korpady, Tom  
**Subject:** June 16th Senate Select Committee on Health Care Reform public hearing



6-05-06 Group Ins Board Announ...



6-05-06 Insurance Costs Drop f...



06-05-06 State Employee Health...



6-05-06 State Gets Prescriptio...

Hi Bob,

I have attached a few of the articles I referenced when we discussed having ETF appear before the Senate Select Committee on Health Care Reform. The co-chairs are interested in a greater explanation/presentation regarding the state's ability to save money in providing health care coverage to state employees at a time when health care costs have been on the rise. The co-chairs would also like feedback from ETF on incorporating some type of wellness program into the state health plan. Is anything currently being done or looked at in this area? If not, should the state be exploring wellness programs and what type of wellness activities, in the view of ETF, would be manageable and worthwhile?

In addition, the Department should be ready to respond to questions regarding Health Savings Accounts. I am not sure if the issue will be raised but I would say it is likely. The issue has come up at past committee hearings.

The hearing will begin at 10:00am and be held in room 411South. The WI. Association of Health Underwriters will present first. An official hearing notice will be distributed either late today or tomorrow.

Please let me know if you have any questions or need any additional information.

Thank you,

**Jennifer Stegall**  
**Office of Senator Carol Roessler**



**608-266-5300/1-888-736-8720**

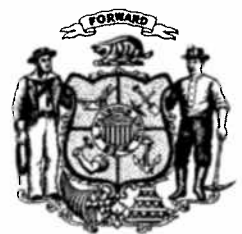
**Jennifer.Stegall@legis.state.wi.us**



Stegall,  
Jennifer.vcf (4 KB)



# WISCONSIN STATE LEGISLATURE



## Stegall, Jennifer

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**Subject:** FW: Hearing notice

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**From:** Stegall, Jennifer  
**Sent:** Monday, June 05, 2006 9:43 AM  
**To:** Malszycki, Marcie  
**Subject:** FW: Hearing notice

Sorry, forgot to Cc you....

Having Dan Schwartzer's group (The WI. Association of Health Underwriters) present on the 16th was suggested by Darling. I have not seen their presentation and am not sure what specifically it focuses on. We need the title from Dan so we can get the notice out. He hasn't been the greatest at getting back to me and I have had to call him quite a bit so hopefully he really will get back otherwise I will have to call again tomorrow.

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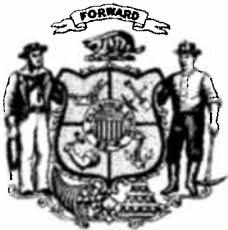
**From:** Stegall, Jennifer  
**Sent:** Monday, June 05, 2006 9:39 AM  
**To:** Volz, David  
**Subject:** Hearing notice

FYI...Dan Schwartzer said they plan to make a few changes to their power pt. presentation. I asked him for a title that I could use on the hearing notice and he said he'll get back to me either today or tomorrow. I don't think I have seen what they want to present. Did you say you have a copy of the original version? Could I have a copy of that or could you tell me what the focus is? Thanks!

Also, Tom Korpady will present on behalf of ETF. I plan to send Bob Conlin (Leg. Liaison) a copy of a few articles I have which discuss the state's success in holding down health care costs for the state health plan. I will send committee members a copy too. This will help provide a little background and maybe help them to think about questions they may have.



# WISCONSIN STATE LEGISLATURE



## Stegall, Jennifer

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**To:** Volz, David  
**Subject:** RE: Hearing notice

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**From:** Volz, David  
**Sent:** Monday, June 05, 2006 10:22 AM  
**To:** Stegall, Jennifer  
**Subject:** RE: Hearing notice

I haven't seen the Schwartzer presentation. One of the things that might help ETF prepare is that AD (and Carol, I think) have some interest in wellness/disease management initiatives for state employees.

---

**From:** Stegall, Jennifer  
**Sent:** Monday, June 05, 2006 9:39 AM  
**To:** Volz, David  
**Subject:** Hearing notice

FYI...Dan Schwartzer said they plan to make a few changes to their power pt. presentation. I asked him for a title that I could use on the hearing notice and he said he'll get back to me either today or tomorrow. I don't think I have seen what they want to present. Did you say you have a copy of the original version? Could I have a copy of that or could you tell me what the focus is? Thanks!

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## Stegall, Jennifer

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**Subject:** FW: Draft e-mail to Bob Conlin (ETF)

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**From:** Volz, David  
**Sent:** Monday, June 05, 2006 11:27 AM  
**To:** Stegall, Jennifer  
**Cc:** Malszycki, Marcie  
**Subject:** RE: Draft e-mail to Bob Conlin (ETF)

I'm not sure we want to raise the idea of increased employee contributions...you never know if someone will interpret that as a serious intention and play politics with it. I'll leave that to you and Carol. I do think HSA's for state employees could come up for discussion. Korpady knows the issue and hates the idea; AD/Strachota had a bill he testified against.

---

**From:** Stegall, Jennifer  
**Sent:** Monday, June 05, 2006 11:20 AM  
**To:** Volz, David  
**Cc:** Malszycki, Marcie  
**Subject:** Draft e-mail to Bob Conlin (ETF)

Here is a draft e-mail for Bob. I'll Cc Tom Korpady too. Let me know if there is anything you would like added...

Bob,

I have attached a few of the articles I referenced when we discussed having ETF appear before the Senate Select Committee on Health Care Reform. The co-chairs are interested in a greater explanation/presentation regarding the state's ability to save money in providing health care coverage to state employees at a time when health care costs have been on the rise. The co-chairs would also like feedback from ETF on incorporating some type of wellness program into the state health plan. Is anything currently being done or looked at in this area? If not, should the state be exploring wellness programs and what type of wellness activities, in the view of ETF, would be manageable and worthwhile?

Should I tell him to expect questions about state employees contributing more to there health care and feedback regarding use of HSA's?

Thanks!

<< File: 6-05-06 Insurance Costs Drop for State Retirees.pdf >> << File: 6-05-06 Group Ins Board Announces Program Successes.pdf >> << File: 06-05-06 State Employee Health Ins Changes.pdf >> << File: 6-05-06 State Gets Prescription for savings.pdf >>



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## Insurance costs drop for state retirees

By Matt Pommer  
August 31, 2004

Unexpected success at controlling drug prices will lead to premium reductions for some 10,000 retired state workers.

At the same time, the cost of providing state employee health insurance will increase by only about 5 percent in 2005, under action taken today by the Group Insurance Board.

"It is great news," said Gov. Jim Doyle. "The 5 percent is far below what anyone was predicting."

Earlier this year some experts had hinted at 9 to 13 percent increases.

Controlling drug costs was a key factor, and the board approved lower health premium rates for an estimated 10,000 retired workers who are eligible for Medicare. Single coverage premiums in the Medicare program will be cut 5.6 percent, while family coverage premiums will be cut by 4 percent next year.

In addition to the Medicare program premium reductions, the board increased the maximum lifetime coverage from \$100,000 to \$1 million.

The board seemed in shock at the actuary's recommendations for cutting premiums.

Key changes enacted last year by the state included carving out the prescription drug benefits for all providers and putting a single pharmacy benefit manager in charge of the program. Employee Trust Funds Secretary Eric Stanchfield called the success of that drug program a "major factor behind the lower than expected premium rate increases."

About 44 percent of the state's Medicare insurance plan pays for prescription drugs.

The state's program will be opened in 2005 to private sector firms that self-fund their employee health coverage, according to Stanchfield.

"We are beginning to see the results of the budget changes," Doyle said.

The state budget law also created a system in which health providers were placed in one of three tiers, and premiums paid by individuals were



based on those rankings. All four of the health maintenance organizations will again be in tier one, which provides the lowest cost to individuals. That gave state officials the power to bargain with the health care providers.

Karen Timberlake, director of the Division of Employment Relations, said about 65 percent of the 60,000 state workers who get health insurance are in the tiered program. The other workers are in unions, which are continuing to bargain over wages and benefits for the 2003-2005 biennium. The state health insurance programs cover an estimated 230,000 people.

The tiered approach replaced a system in which the premiums paid by individual state workers depended on the bids submitted by health care providers. That system, 20 years old, came with the introduction of health maintenance organizations in the early 1980s.

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**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
Eric O. Stanchfield  
SECRETARY

801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931

1-877-533-5020 (toll free)  
Fax (608) 267-4549  
TTY (608) 267-0676  
<http://etf.wi.gov>

FOR MORE IMMEDIATE RELEASE

August 24, 2004

FOR MORE INFORMATION, CONTACT:

Tom Korpady, Administrator  
Division of Insurance Services  
(608) 266-0207

## Group Insurance Board Announces Program Successes

MADISON, (Wis.) – Eric Stanchfield, Secretary of the Wisconsin Department of Employee Trust Funds (ETF), declared that strategic efforts developed to control escalating health insurance costs and improve quality of care and service delivery are successfully bearing fruit. Stanchfield was reacting to today's Group Insurance Board (GIB) news that premium rate increases for the state's group health insurance program members will be in the single digits – approximately 5% -- next year.

"This is a huge success story; the results have exceeded our expectations," said Stanchfield. Two years ago the GIB and Governor Doyle initiated program changes to provide quality health care at a reasonable cost to state government employees and employers without simply shifting costs. One year ago ETF, administrator of the state's group health insurance program, set them in place.

"In that short amount of time we've made significant changes that we hope will be sustainable in today's health care marketplace," said Stanchfield. "Our approach,

-- more --

*GIB, page two*

particularly in the areas of value purchasing and prescription drug management, have become nationally recognized and may provide a model for health care reform for other public and private purchasers."

Tom Korpady, Administrator of the Division of Insurance Services, said, "because prescription drugs are such a substantial portion of the Medicare Plus \$1 Million Plan, the savings from this new strategy will allow the GIB to reduce premiums for the plan." The rate reduction affects approximately 10,000 participants age 65 and over.

Of the program revisions implemented last January 1, those that have had the biggest effect on problem areas identified by the GIB were:

- Carving out the prescription drug benefit by contracting with a single Pharmacy Benefit Manager (PBM);
- Changing the premium contribution structure to a tiered approach, also called "value-based purchasing";
- Integrating quality and safety standards into program requirements; and
- Converting the Standard Plans into one preferred provider plan.

#### Pharmacy Benefit Manager

Significant savings realized by carving out the prescription drug benefit and selecting a Wisconsin-based PBM to provide pharmacy benefit services to the program's approximately 230,000 members was a major factor behind the lower than expected premium rate increases.

Within a few months, the program achieved 95% compliance with the formulary, a list of prescription drugs determined to be clinically sound and cost effective by a statewide committee of physicians and pharmacists. "Such a high rate of compliance is key to our success," said Stanchfield. "People are getting the drugs they need at the same or at more reasonable prices as before." Members are also able to participate in other "value

-- more --

added" programs to help save money on drugs: tablet splitting, mail order purchasing, and the generic sampling program – in which the first fill of a new (to the patient) generic drug is free.

#### Value-Based Purchasing

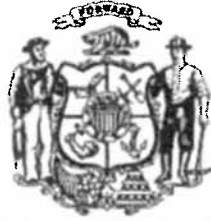
A three-tier premium contribution structure for state employees replaced the former system on January 1. ETF evaluates each health plan's cost of providing benefits to members and places them in tiers, based on its ability to control costs while providing quality health care. Plans that proved to be the most cost effective were placed in tier 1; moderately cost-effective plans in tier 2; and the least cost effective in tier 3. Plans that received high marks for quality and patient safety measures were rewarded during the negotiation of their premium bids. This new approach also enhances the GIB's ability to negotiate more effectively with the health plans; which resulted in over \$14 million in savings this year.

#### Quality and Safety Standards

Stanchfield says Wisconsin hospitals are making progress in their efforts to provide consumers of health care better information on quality and safety. The majority are also self-reporting their progress in adopting proven measures to prevent mistakes and protect patients from injury. ETF rewards plans that have been successful in meeting patient safety and quality goals set by such organizations as Leapfrog and the Wisconsin Hospital Association's Checkpoint initiative. "We are holding the insurance plans and their providers accountable for their compliance with these efforts and performance to date; it's a factor during premium negotiations," he said.

**In other action, the Board:**

- Approved aligning the State Maintenance Plan for state employees and retirees with the benefits offered under Uniform Benefits ensuring equitable access to the same benefit level throughout the state.
- Changed the Medicare Plus \$100,000 per illness/injury maximum to a \$1 million lifetime aggregate maximum.



---

Tuesday, August 24, 2004  
Contact: Ethnie Groves, Governor's Office, 608-261-2156

## State Employee Health Insurance Program Changes Hold Down Premium Rates for 2005

Governor Jim Doyle hailed today's news from the Group Insurance Board (GIB) that premium rates for the state's group health insurance plans will increase by only about 5 percent next year, after more than four years of double-digit increases.

"Year after year, we've seen state employee health insurance costs escalate by double-digit figures. Today's news shows that we can do something about it," Governor Doyle said. "The innovative changes to the state employee health insurance program that I introduced in my 2003-05 budget are controlling state health care costs and saving taxpayers money."

The program changes, which were approved by the Group Insurance Board and implemented in the 2003-05 biennial budget, include a "three-tier" plan structure. Governor Doyle emphasized that the program changes provide a market-based incentive for participating health plans to hold down their costs and pass the savings on to the state.

"I know how important it is for state employees, like other citizens of Wisconsin, to have access to affordable health insurance coverage," Governor Doyle said. "These program changes are not about simply shifting costs to employees or cutting benefits. The changes we implemented have put pressure on the health insurance plans to keep their costs down, while maintaining high-quality care for our employees."

A key factor in holding down the health insurance premium rates for 2005 was the new pharmacy benefit manager (PBM), which was also implemented in the Governor's budget and approved by the Group Insurance Board. The PBM consolidates the state's prescription drug purchases and enhances the state's ability to negotiate better prices from pharmaceutical companies. As a result of the PBM, the total cost of prescription drugs for state employees actually decreased over the two quarters of 2004, even in the face of projected double-digit increases in the costs of prescription drugs this year.

As of July, other Wisconsin employers can join BadgerRx to take advantage of the prices negotiated through the state's PBM. Employers may contract directly with Navitus, a Wisconsin-based company that administers the state's PBM, to participate in BadgerRx.

-MORE-

Tuesday, August 24, 2004

Page 2 of 2

Under the state's group health insurance three-tier program, the most cost-effective participating plans (mostly HMOs) are categorized as Tier 1 plans. Tier 1 plans are available to state employees at the lowest monthly contribution levels. Less efficient plans are categorized as Tier 2 or Tier 3, and employees who choose those plans pay correspondingly higher monthly premium contributions.

"State employee health insurance is a big-ticket item, and holding down the cost increases was something we have to do to keep the state budget on the right track. This is welcome news for the state's bottom line," Governor Doyle said. "Moreover, these changes are market-based, innovative business strategies that can work for other employers in Wisconsin. Through programs like BadgerRx and other public - private partnerships, we can tackle the escalating health insurance costs that are crippling our state businesses and in many cases leaving our citizens without adequate health insurance coverage."

Original URL: <http://www.jsonline.com/bym/news/jun05/331695.asp>

## State gets prescription for savings

### Company's flat-fee model of drug benefits helps slice costs

By GUY BOULTON  
[gboulton@journalsentinel.com](mailto:gboulton@journalsentinel.com)

Posted: June 6, 2005

**Madison** - After absorbing increases of more than 15% a year for roughly a decade, the state spent less on prescription drugs last year - and did so without raising co-payments and despite rising drug costs.

That feat attracted the attention of General Motors Corp. and the California Public Employees' Retirement System, the second- and third-largest buyers of health care in the country. Both have sent people to Wisconsin to learn more about what the state is doing.

The Department of Employee Trust Funds, which oversees the health plans for state employees, their families and retirees, saved at least \$25 million and probably more than \$30 million last year.

The state's success - a small example of using creativity in the struggle to control health care costs - stems largely from a company less than 2 years old.

Navitus Health Solutions LLC, which administers the state's prescription drug plan, was formed to bring a new approach to the business of managing prescription drug benefits for employers and health plans.

The approach apparently works.

"Frankly, we've saved more than we expected," department Secretary Eric Stanchfield said.

Those savings also are available to people without insurance for prescription drugs.

On April 1, Navitus began offering its discounts to those people through the BadgerRx Gold program. More than 5,100 people have signed up for the program.

The state estimated that they have saved \$106,000, or 30.6% on average, on prescription drugs.

Navitus also hopes to sign up more private employers. It administers prescription drug plans for about 240,000 people who don't work for the state and for their families. That's in addition to about 240,000 people covered under the state benefit plan.

All this came about from a relatively simple idea: create a so-called pharmacy benefit manager, or PBM, in which the state and other employers would know just how much prescription drugs cost.

"We were interested in transparency," Stanchfield said. "We wanted to see where the dollars went."

#### BadgerRx Program

##### By the Numbers

#### \$25 million

Minimum amount the state Department of Employee Trust Funds says it **saved** last year on prescription drugs for its employees, their families and retirees.

#### \$242.5 billion

U.S. yearly spending on pharmaceuticals.

#### \$1,191

Area employers' spending on prescription drugs for each employee and family member in 2003.

##### Gold Coverage

For details on **BadgerRx Gold**, the state's new program for people without prescription drug insurance, see [www.badgerxgold.com](http://www.badgerxgold.com) or call (866) 809-9382.

The yearly enrollment fee is **\$25 per person** or **\$75 for a family** of four or more.

##### Related Coverage

Reforms: Wisconsin population among highest insured



The goal was to align the interests of the PBM with those of the state.

Stanchfield likened Navitus to a credit union. And supporters contended that Navitus' model could add to the mounting pressure on other PBMs to change the way they do business.

"This is still in its infancy," Stanchfield said.

## Medicare in the mix

Few people could name their pharmacy benefit manager, but it is a basic component of the health care infrastructure.

PBMs handle about two-thirds of all prescriptions written in the United States, according to a recent study done for the Henry J. Kaiser Family Foundation, which conducts research on health care policy.

That number will increase with the introduction of the Medicare prescription drug benefit, which PBMs are to administer, next year.

The PBMs negotiate discounts with pharmaceutical companies and retailers, keeping some of the savings for themselves.

The unknowns are just how much of those savings the PBMs pocket and what other fees they might be getting from pharmaceutical companies. Critics have contended that PBM customers - whether huge corporations or small health plans - can never really know just how much a drug costs.

"A PBM to most people is a black box," Stanchfield said. "It's very hard to track the money."

Two of the largest PBMs - Medco Health Solutions Inc. and Express Scripts Inc. - have been sued or charged by state or federal prosecutors on accusations of inflating drug prices. The companies reportedly have denied the charges.

In addition, The Wall Street Journal reported last week that Caremark Rx Inc., the country's largest PBM, was close to reaching an agreement with the U.S. Justice Department in which the company would pay about \$100 million.

The allegations and investigations have made some employers suspicious of PBMs. And some states have considered laws that would require PBMs to be more open about how they make money.

For certain, the amount of money at stake is huge.

According to IMS Health Inc., which conducts market research on the industry, the U.S. spends \$242.5 billion a year on pharmaceuticals.

In the Milwaukee area, employers spent an average of \$1,191 in 2003 on prescription drugs for each employee and his or her family, according to a study that Mercer Human Resource Consulting conducted for the Greater Milwaukee Business Foundation on Health.

That works out to about 15% of employers' total health care bill.

The state agency, which insures a large number of retirees, spends even more: Prescription drugs account for about 20% of its health care costs.

Last year, it spent about \$150 million on prescription drugs - and that was after the savings from Navitus.

## Flat-rate fee

Navitus is a for-profit company half owned by Dean Health Plan, a unit of Dean Health Systems in Madison, and half owned

### Recent Coverage

4/6/05: Drug discounts draw 1,014 participants

3/31/05: State prescription drug plan expanding

1/13/05: Doyle wants drug aid for uninsured

### Archive Coverage



Section: State Politics

by Bellin Health System in Green Bay and ThedaCare in Appleton.

To understand how Navitus differs from other PBMs requires a general understanding of how PBMs make money.

Navitus is paid a flat monthly fee for each person in its prescription drug plan. For the state, the fee is \$2.75. In contrast, other PBMs make their money from a variety of sources: rebates from drug companies, discounts from retail pharmacies, markups on drugs and other fees.

That makes it difficult for employers to know for certain whether they are getting the best deals.

"Very few people - even in health care - understand the nuances of the PBM business," said Allan Zimmerman, Navitus president and chief executive.

Phil Blando, a spokesman for the Pharmaceutical Care Management Association, an industry trade group, noted that PBMs have driven down the price of drugs.

"And that is in every part of the system," he says.

But critics have contended that not all the rebates and discounts are passed on to employers. They have said that "administrative fees" from pharmaceutical companies can influence the drugs that PBMs include in their so-called formularies - the lists of drugs that health plans cover. And they have contended that PBMs sometimes mark up the price of certain drugs, particularly generics.

Under Navitus' model, the company is paid a flat rate - and that's it. Whatever it saves on rebates or discounts or other sources of revenue goes to its customers.

"They are not used to pad the coffers of the PBM," said Tom Korpady, who oversees health and insurance benefits for state and other public employees and retirees.

## Deciding what's best

That's just one source of potential savings. A good chunk comes from Navitus' formulary, which a committee of 16 doctors and pharmacists drew up.

The committee first decides what are the safest and most effective drugs in a therapeutic class, Korpady said. Only then does price come into play.

Some drugs might be less expensive, for instance, but could have more serious side effects.

The formulary has yielded some unexpected savings. The generic form of the anti-depressant Prozac, for instance, costs seven times more as a tablet than as a capsule. The state estimated that it saved \$350,000 just by no longer paying for the tablet.

"It's the exact same medicine," Korpady said.

Most of Navitus' business comes from the state and from Dean Health Systems. The challenge now is to persuade other employers that its model is better.

It has been slow going.

Navitus, which has revenue of about \$10 million this year, competes against billion-dollar companies. It doesn't have the bargaining power of a large PBM. Zimmerman said that once a PBM has about 200,000 people in its plan, it can get close to the best discounts and rebates.

Still, its largest competitors can promise larger discounts and low administrative fees. That is what many employers look at.

Navitus doesn't fit the traditional model. In some ways, it can promise only that its way of doing business lowers costs. But the company can point to the money that Wisconsin saved in just one year.

When, after all, was the last time a health plan's prescription drug costs went down?

"In the end, people will see that our model is the way to do it," said Rick Born, a Navitus board member and chief executive of TouchPoint Health Plan, now part of United Healthcare. "It is just going to take some time because it is so different."

From the June 7, 2005, editions of the Milwaukee Journal Sentinel  
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