

**STATE OF WISCONSIN
DEPARTMENT OF EMPLOYEE TRUST FUNDS
801 West Badger Road
Madison, WI 53702**

CORRESPONDENCE MEMORANDUM

DATE: October 28, 2002

TO: Group Insurance Board (GIB)

FROM: Kari Jo Zika, Director, Quality Assurance Services Bureau
Liz Doss-Anderson, Ombudsperson

SUBJECT: Quality Improvement Plan Submission

I. Background

Each year, the *It's Your Choice* booklet includes selected survey questions and results for members to review in the report card section. The health plan report card provides employees and their families with the results of the annual member satisfaction survey, which is based on the annual Consumer Assessment of the Health Plans Survey (CAHPS).

Over the past several years Employee Trust Funds has been working to refine both the form and content of the required health plan quality improvement plan submissions. As recommended by the GIB in November 2001, we provided detailed instructions to the health plans on both content and format for the quality improvement plan submissions.

Health plans were asked to provide details of how their quality improvement plans addressed areas in which they had received below average scores for the previous year's CAHPS results. In addition, the Department also requested that the health plans provide an executive summary to address any historical analysis of their scores, identify issues that triggered corrective actions within their health plan, and describe what the health plan is doing to monitor corrective actions already in place.

This report provides general summary information on the report card findings and quality improvement plans filed by health plans in April 2002.

II. Report Card Findings

This year, in an effort to provide consumers with additional information so they may make an educated decision regarding their health plan selection, ETF made improvements to the *It's Your Choice* book. They included the addition of HEDIS (Health Plan Employer Data and Information Set) data in the Report Card section, and listed quality improvement plan initiatives on each plan description page.

The Report Card section provides summary information on the CAHPS survey conducted the previous spring. This report card is a representation of survey respondents' perceptions and opinions of health care services provided by their health

plan and primary care physician during the previous year. Notable highlights of the survey results include:

- Eight (42%) out of the nineteen health plans did not receive any below average scores. The plans that did not have *below average* scores in 2002 were Atrium, Dean, Gunderson Lutheran, Health Tradition, Medical Associates, Security, Unity-Community and Valley.
- Dean, Group Health Cooperative-Eau Claire, Gunderson Lutheran, Medical Associates, Security and Valley all scored above average for health plan customer service.
- Fifteen (79%) of the nineteen health plans scored average or above average for preventative care through wellness and education.
- Eleven (59%) of the nineteen health plans scored average or above average in the following categories: getting the care that is needed, getting care without long waits, access to urgent and emergency care and getting mental health counseling.
- Humana, Security, Prevea and Touchpoint improved their scores over the previous year in the category of access to urgent and emergency care.
- Touchpoint was the only plan to receive a below average score in getting mental health counseling.
- The following health plans have continued to score below average in health plan customer service and have also scored below average on how people rated their health care: Compcare, Humana, Prevea and the Standard Plan.

III. **Quality Improvement Plan Submissions Findings**

Based on a review by staff, this section provides a comparison of how the quality improvement plan submitted by each health plan related to their CAHPS survey results. Notable highlights include:

- With the additional direction from staff this year, eleven (59%) of the nineteen health plans submitted all required information in the requested format, a marked improvement over last year in which only two health plans provided **all** of the information requested. The remaining seven health plans were given additional information/direction and an opportunity to re-submit their quality improvement plan in the format requested by the Department.
- Numerous health plans have made improvements to their **preventative care/wellness education programs** in several ways including increased mailings of reminders for preventative care and well child care, improved member outreach and education through health plan newsletters and implementation of disease management programs.

- Several health plans have taken decisive steps to address member concerns in specific areas where scores were either average or below average, some notable initiatives include:
 - a. Group Health Cooperative South Central implemented an Electronic Medical Records program which will improve patient care by giving physicians easy access to medical records, reducing prescription errors, and providing reminders for preventative care services.
 - b. Humana made improvements to streamline its prior authorization and referral process to help reduce the number of member complaints stemming from requests for prior authorizations or referrals.
 - c. Unity continued to improve access to behavioral health care and began contracting with the Behavioral Health Consultation System to provide screening, triage and scheduling of initial appointments for members. In addition, Unity began contracting with “over-flow” behavioral health practitioners to address an increased demand for providers.

These are only a few samples of quality improvement initiatives underway throughout the health plans. As noted earlier, each provider lists quality improvement initiatives on its plan description page in the *It's Your Choice* booklet, so participants can see the different programs that providers are putting in place to improve areas such as access to care, customer service, and promotion of health and wellness.

We will be available at the meeting if you have any questions concerning the annual quality improvement plan submissions. Thank you.