



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>

CORRESPONDENCE MEMORANDUM

DATE: October 15, 2004
TO: Group Insurance Board
FROM: Liz Doss-Anderson, Quality Assurance Services Bureau
SUBJECT: 2004 Quality Improvement Plan Report

This is provided for information only.

I. Background

Each year the *It's Your Choice* book 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 published 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 the Department of Employee Trust Funds (ETF) has worked with health plans to standardize their annual quality improvement submissions. This year all health plans submitted their quality improvement plans including an Executive Summary providing information on the health plan's quality improvement activities and a historical analysis of their scores and initiatives that the plan is pursuing to address areas of concern. Health plans were asked to provide details of how their quality improvement plans addressed areas in which they had received below average scores on the 2003 CAHPS survey. In addition, all health plans were required to address the results of the opportunity analysis in ETF's annual health plan satisfaction survey, which was conducted by The Meyers Group in April and May 2003.

II. Report Card Findings

This section provides summary information on the report card finding reported in the 2004 *It's Your Choice* book. This report card is a representation of survey respondent's perceptions and opinions of health care services provided by their health plan, primary care physician and specialists during the previous year. Respondents are asked to rate their health care by categorizing their experiences as "better than average," "average" or "below the average." In general, most health plans improved scores in multiple areas including how people rate their health plan and how people rate their health care. Some notable highlights of the survey results include:

- Overall Results: In the 2004 survey results, 6 out of twenty (30%) health plans scored average or above average in any of the surveyed categories. This is an

Board	Mtg Date	Item #
GIB	11/16/2004	5

improvement from the 2003 results in which 5 out of the twenty-one (23%) health plans did not receive any below average scores.

The plans that did not have any *below average* scores in 2003 were Dean, Group Health Cooperative-Eau Claire, Health Tradition and Medical Associates, MercyCare and Valley.

- Overall Health Plan Rating: For the overall rating of health plans scores improved in 2003, with 8 of the twenty (40%) plans scoring above average in this category. The plans that scored above average were Dean, Group Health Cooperative-Eau Claire, Gundersen Lutheran, Health Tradition, Medical Associates, Standard Plans, Unity-UW and Valley Health Plans.
- Customer Service: In 2003, the scores for health plan customer service declined. Only five out of twenty (25%) of the health plans scored above average in the area of customer service compared to 2002, in which 48% of the health plans scored above average. The majority of the plans (55%) scored in the average category, while four plans, CompcareBlue Aurora Family, CompcareBlue NE, Humana Eastern and Humana Western continued to score below average for health plan customer service for the third year in a row.
- Primary Care Physicians Ratings: All health plans scored average or above average for "how people rated their primary care physicians," except CompcareBlue Northeast, which scored below average.

III. **Quality Improvement Plan Submissions Findings**

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

- Several health plans recognized the importance of outreach and education to their membership. In an effort to improve communications, plans reviewed their member materials and correspondence to ensure that information is provided in a clear and concise format that can be understood by all members. In addition, many health plans updated their member materials (including information on their Web sites) to clearly explain important prior authorization and referral procedures/requirements.
- Many health plans cited the implementation or development of disease management programs for their members as a key quality improvement effort being undertaken on behalf of their members. In particular, health plans have focused on disease management programs that can assess and monitor common diseases such as diabetes, asthma, high blood pressure and high cholesterol. Ongoing efforts related to disease management programs include development of disease specific educational materials, case management and support groups.
- Improvement in the accuracy and timeliness of claims processing continues to be an ongoing focus for many plans. Several plans evaluated their claims processing systems and have addressed areas of concern in a variety of ways including system updates, programming changes and in-house claims processing.

IV. **Future Plan Submissions**

In 2005, the Quality Assurance Services Bureau will continue to monitor health plan and pharmacy benefit manager performance and address areas of concern as they arise. In an effort to help align the plan's quality improvement plan submission requirements with information that is used in the Department's rate setting and health plan tier placement, we have developed the following changes for the health plan reports in 2005:

- Require plans to address all areas of deficiency in the HEDIS and CAHPS survey results, regardless if it is published or un-published in the Report Card section of *It's Your Choice*.
- Require plans to address any area/measure in which they scored below the National Benchmark.
- In the Executive Summary of the plan reports, require plans to provide information regarding their Diabetes Disease Management program, their outreach and education efforts to members and their actions in the area of public reporting of patient safety, including Leapfrog and CheckPoint.

We believe the proposed changes will assist further development of quality based health care purchasing and disease management initiatives for the State of Wisconsin Group Health Insurance program. Sonya Sidky and I will be available at the Board meeting if you have any questions.