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## CORRESPONDENCE MEMORANDUM

**DATE:** April 22, 2013  
**TO:** Group Insurance Board  
**FROM:** John Bott, Manager of Insurance Projects, Division of Insurance Services  
**SUBJECT:** Health Plan Comparison to National Benchmarks

**This memo is for information purposes only. No Board action is required.**

### Background

A presentation to the Group Insurance Board (Board) occurred in February 2013 regarding the performance of the health plans that contract with the Department of Employee Trust Funds (ETF). During the Board meeting a Board member requested to see the performance of the health plans that contract with the ETF against national benchmarks. The intent of this memo is to be responsive to this request from the Board.

### Method

#### Measures:

The measures available to compare health plan performance where there is a national benchmark are: 1) the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), which are survey results of health plan members' perceptions of quality, and 2) Healthcare Effectiveness Data and Information Set (HEDIS®), which are results that are submitted by health plans on an annual basis.

#### Benchmarks:

In beginning with CAHPS and HEDIS measures, the next step is to identify measures where we can feasibly obtain a national benchmark. The following are the 12 measurement areas that meet this criteria:

Reviewed and approved by Lisa Ellinger, Administrator, Division of Insurance Services.

Electronically Signed 4/25/13

Board	Mtg Date	Item #
GIB	5.21.13	8H

- 1) Getting care quickly
- 2) Shared decision making
- 3) Doctor communication
- 4) Getting needed care
- 5) Customer service
- 6) Claims processing
- 7) Health care
  - Based on the CAHPS question which asks the person to “rate all your health care in the last 12 months.”
- 8) Doctor
  - Based on the CAHPS question to rate one’s personal doctor.
- 9) Specialist
  - Based on the CAHPS question to rate the “specialist you saw most often in the last 12 months.”
- 10) Health plan
  - Based on the CAHPS question if the person would recommend their health plan to family or friends.
- 11) Prevention
  - The proportion of members who received preventive services, such as prenatal and postpartum care, cancer screenings, and immunizations as well as primary and preventive care visits for children and adolescents.
- 12) Treatment
  - The proportion of members who received recommended care for conditions such as diabetes, heart disease, high blood pressure, osteoporosis, alcohol and drug dependence, and mental illness.

## **Results**

In regard to the CAHPS-based measures (i.e. measures #1 to #10 above), individual health plan performance can be viewed against the percentile they fall in when compared to all health plans across the nation.

The two HEDIS measures (i.e. measures #11 and #12 above) appear in a report by Consumer Reports on the performance of all health plans across the nation. In this report health plans are rated one (i.e. worse) through five (i.e. better).

In the summary findings below, “areas of high performance” is defined as 50% or more of the health plans under contract with ETF appear in the fourth quartile (i.e. CAHPS) or rated as a five (i.e. HEDIS). Conversely, “areas of low performance” is defined as 50% or more of the health plans under contract with ETF appear in the first quartile (i.e. CAHPS) or rated as a one (i.e. HEDIS).

## Health Plan Comparison to National Benchmark

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### Areas of high performance:

- Getting care quickly
- Doctor communication
- Customer service
- Health care
- Health plan

### Areas of low performance:

- Shared decision making
- Specialist

In summary, health plans that contract with ETF for services, perform highly in 42% (five of the 12) areas measured. There are two areas where on the aggregate health plans have substantial room for improvement, which are noted above. For the five remaining areas, most health plans are neither rated in the highest nor lowest category.

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