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Correspondence Memorandum

Date: April 10, 2020
To: Group Insurance Board
From: Sara Brockman, Communications Manager
Office of Strategic Health Policy
Subject: 2019 Health Plan Performance Report

This memo is for informational purposes only. No Board action is required.

Attached is the *2019 Health Plan Performance Report*. The report provides performance outcomes for the one Medicare Advantage vendor and 10 fully insured health plans contracted by the Group Insurance Board (Board) to provide Group Health Insurance Program (GHIP) coverage for plan year 2019.

Overall, health plans met or exceeded most measurement targets on a regular basis. Health plans also consistently submitted quarterly performance reports in a timely fashion and provided sufficient details in the event of a performance exception.

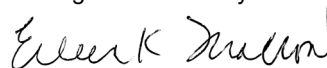
Average health plan performance exceeded the annual performance target for all six key performance measures:

- Processing Accuracy
- Claims Processing Time
- Call Answer Timeliness
- Call Abandonment Rate
- Open Call Resolution Turn-Around Time
- Electronic Written Inquiry Response

This is an improvement from plan year 2018, when the average health plan performance narrowly failed to meet the annual performance target for Call Abandonment Rate and Electronic Written Inquiry Response.

Table 1 provides a comparison of average annual performance between plan years 2018 and 2019. The difference in average annual performance is noted for each measurement in the column titled "Plan Year Variance". This table clearly shows the increase in overall annual performance between plan years 2018 and 2019. Measures

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

 Electronically Signed 4/27/20

Board	Mtg Date	Item #
GIB	5.13.20	9A

that improved upon 2018 average performance are noted in green. Measures that failed to meet the annual performance target are noted in red.

Table 1 – 2018 vs. 2019 Average Health Plan Performance Summary by Measure

Performance Measure	Performance Target	2018 Average Performance	2019 Average Performance	Plan Year Variance
A. Claims Processing				
1) Processing Accuracy	97%	99.3%	99.4%	0.1% ▲
2) Claims Processing Time	95% processed within 30 days	97.6%	99.4%	1.8% ▲
B. Customer Service				
1) Call Answer Timeliness	80% ≤ 30 seconds	82.3%	90.4%	8.1% ▲
2) Call Abandonment Rate	< 3% of calls abandoned	3.1% ▲	1.1%	-2.0% ▼
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	95.2%	96.3%	1.1% ▲
4) Electronic Written Inquiry Response	98% response within 2 days	97.5% ▼	99.5%	2.9% ▲

Additional performance and penalty assessment detail is outlined in the report. Health plans are deidentified and listed in random order.

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

Group Health Insurance Program
2019 Health Plan Performance Report



April 10, 2020

Prepared for the Group Insurance Board, May 13, 2020

I. Overview

The Department of Employee Trust Funds (ETF), with direction from the Group Insurance Board (Board), administers the State of Wisconsin Group Health Insurance Program (GHIP) created under [Chapter 40 of the Wisconsin Statutes](#). The Board contracted with one Medicare Advantage provider and 10 fully insured health plan providers for plan year 2019 to offer GHIP coverage to employees and retirees of state agencies, University of Wisconsin System, University of Wisconsin Hospitals & Clinics Authority, and participating local government employees. ETF manages the contracted health plans on behalf of the Board.

This is the second annual *Health Plan Performance Report* to the Board. Comparisons and trends to plan year 2018 performance are included in this report where pertinent. Health plans are identified for the Board's reference. They will be deidentified and randomized for public posting to the ETF website.

The measures in this report were developed by ETF to reflect national best practices and are reviewed annually for continuation, modification, or retirement. Health plans submit performance metrics on a quarterly basis, using an ETF-provided reporting template. The performance report is accompanied by a quarterly vendor performance certification that attests all required performance standards were administered and completed in adherence with contractually stipulated terms and conditions.

Quarterly health plan performance reports are reviewed for performance standard compliance. Each performance standard has a related penalty, which is typically \$5,000 for each percentage point for which a standard is not met in each month. Applicable penalties are also assessed on a quarterly basis. Penalties may be waived in certain circumstances when ETF staff determine it is warranted.

Health plans are de-identified and listed in random order.

II. Annual Average Health Plan Performance Summary by Measure

The average health plan performance for plan year 2019 exceeded the performance target for all six key measures. This is an improvement over plan year 2018, which exceeded the performance target for only four of the six key measures.

- In 2018 the measures for Call Abandonment Rate and Electronic Written Inquiry Response narrowly failed to meet the performance target, largely due to ongoing performance difficulties with one plan, “Plan 07”
- In 2019, “Plan 07” improved its overall performance and its average annual performance, ultimately meeting or exceeding all six key measure annual performance targets
 - This is a significant improvement from plan year 2018, when “Plan 07” failed to meet the annual performance targets for all six of the key measures

Table 1A provides an overview of annual average performance by key measure. The difference between the performance target and the actual annual average performance is noted for each measurement in the column titled “2019 Average Variance”.

Throughout this report, measures that exceeded the performance target are noted in green, while measures that failed to meet the performance target are noted in red.

Table 1A – Annual Average Health Plan Performance Summary by Measure

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance	Report Detail Page
A. Claims Processing				
1) Processing Accuracy	97%	99.4%	2.4% ▲	Page 5
2) Claims Processing Time	95% processed within 30 days	99.4%	4.4% ▲	Page 7
B. Customer Service				
1) Call Answer Timeliness	80% ≤ 30 seconds	90.4%	10.4% ▲	Page 9
2) Call Abandonment Rate	< 3% of calls abandoned	1.1%	-1.9% ▼	Page 11
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	96.3%	6.3% ▲	Page 13
4) Electronic Written Inquiry Response	98% response within 2 days	99.5%	1.5% ▲	Page 15

Table 1B provides a comparison of average annual performance between plan years 2018 and 2019. The difference in average annual performance is noted for each measurement in the column titled “Plan Year Variance”. This table clearly shows the increase in overall annual performance between plan years 2018 and 2019.

Table 1B – 2018 vs. 2019 Average Health Plan Performance Summary by Measure

Performance Measure	Performance Target	2018 Average Performance	2019 Average Performance	Plan Year Variance
A. Claims Processing				
1) Processing Accuracy	97%	99.3%	99.4%	0.1% ▲
2) Claims Processing Time	95% processed within 30 days	97.6%	99.4%	1.8% ▲
B. Customer Service				
1) Call Answer Timeliness	80% ≤ 30 seconds	82.3%	90.4%	8.1% ▲
2) Call Abandonment Rate	< 3% of calls abandoned	3.1% ▲	1.1%	-2.0% ▼
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	95.2%	96.3%	1.1% ▲
4) Electronic Written Inquiry Response	98% response within 2 days	97.5% ▼	99.5%	2.9% ▲

III. Claims Processing

1) Processing Accuracy

Accurate claims processing prevents numerous potential negative impacts for program participants, such as account posting errors and incorrect patient statements, and helps health plans to prevent financial losses and payment delays.

- **Measurement Description**
 - At least 97% level of processing accuracy
 - Processing accuracy means all claims processed correctly in every respect, financial and technical (e.g., coding, procedural, system, payment, etc.), divided by total claims processed
- **Key Findings:**
 - All 11 participating health plan exceeded the annual performance target for this measure in 2019
 - On a whole, the health plans demonstrated an ability to meet or exceed the performance target on a regular basis throughout the plan year
 - Only one plan, “Plan 05”, failed to meet every quarterly performance target for this measure (Q3)

Table 2A – Processing Accuracy: Annual Average Health Plan Performance

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance
Processing Accuracy	97%	99.4%	2.4% ▲

The annual average health plan performance for processing accuracy increased by 0.1% from 2018 to 2019. This is the second year in a row that annual average performance has exceeded the performance target.

Table 2B – Processing Accuracy: Quarterly Performance by Health Plan

Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	2019 Average Target Variance
Plan 01	100%	100%	100%	100%	100%	3.0% ▲
Plan 02	100%	100%	100%	100%	100%	3.0% ▲
Plan 03	99%	100%	100%	100%	99.8%	2.8% ▲
Plan 04	99%	99%	99%	100%	99.3%	2.3% ▲
Plan 05	98%	99%	96%	99%	98.0%	1.0% ▲
Plan 06	100%	100%	100%	100%	100%	3.0% ▲
Plan 07	99%	99%	99%	100%	99.3%	2.3% ▲
Plan 08	99%	99%	98%	98%	98.5%	1.5% ▲
Plan 09	100%	99%	99%	99%	99.3%	2.3% ▲

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Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	2019 Average Target Variance
Plan 10	100%	100%	100%	100%	100%	3.0% ▲
Plan 11	99%	99%	99%	100%	99.3%	2.3% ▲

Table 2C provides a comparison of average annual performance for processing accuracy between plan years 2018 and 2019. The difference in average annual performance is noted in the column titled “Plan Year Variance”.

- Four health plans maintained a 100% annual performance average for the second year in a row: “Plan 01”, “Plan 02”, “Plan 06”, and “Plan 10”
- Four health plans improved their average annual performance for this measure in 2019: “Plan 04”, “Plan 05”, “Plan 07”, and “Plan 11”
- Two health plans had a slight decrease in average annual performance for this measure in 2019, but still exceeded the average annual performance target of 97%: “Plan 03” and “Plan 08”

Table 2C – Processing Accuracy: 2018 vs. 2019 Annual Average Performance by Health Plan

Health Plan	2018 Average Performance	2019 Average Performance	Plan Year Variance
Plan 01	100%	100%	0.0%
Plan 02	100%	100%	0.0%
Plan 03	100%	99.8%	-0.2% ▼
Plan 04	99%	99.3%	0.3% ▲
Plan 05	97%	98.0%	1.0% ▲
Plan 06	100%	100%	0.0%
Plan 07	99%	99.3%	0.3% ▲
Plan 08	99%	98.5%	-0.5% ▼
Plan 09 ¹	n/a	99.3%	n/a
Plan 10	100%	100%	0.0%
Plan 11	99%	99.3%	0.3% ▲

1: New offering for plan year 2019, data comparison not possible

2) Claims Processing Time

Claims processing time is an important factor in containing program costs and improving participant satisfaction. Prompt claims processing provides members with timely billing statements, which is especially important for participants with a higher amount of shared costs.

- **Measurement Description:**

- At least 95% of claims received must be processed within 30 business days of receipt of all necessary information, except for those claims that the health benefit program is the secondary payer

- **Key Findings:**

- All 11 participating health plans exceeded the annual performance target for this measure in 2019
 - This is an improvement from 2018, when “Plan 07” missed the annual performance target
- All 11 health plans also met or exceeded the quarterly performance target in every quarter of 2019
 - This is an improvement from 2018, when “Plan 07” failed to meet the 95% performance target every quarter (Q1 – Q4)

Table 3A – Claims Processing Time: Annual Average Health Plan Performance

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance
Claims Processing Time	95% processed within 30 days	99.4%	4.4% ▲

The annual average health plan performance for claims processing time increased by 1.8% from 2018 to 2019. This is the second year in a row that annual average performance has exceeded the performance target.

Table 3B – Claims Processing Time: Quarterly Performance by Health Plan

Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 01	99%	100%	100%	99%	99.5%	4.5% ▲
Plan 02	95%	100%	100%	100%	98.8%	3.8% ▲
Plan 03	100%	100%	99%	99%	99.7%	4.7% ▲
Plan 04	100%	100%	100%	100%	100%	5% ▲
Plan 05	100%	100%	100%	100%	100%	5% ▲
Plan 06	100%	100%	100%	100%	100%	5% ▲
Plan 07	96%	99%	99%	98%	98.0%	2.0% ▲
Plan 08	98%	98%	98%	96%	97.5%	2.5% ▲
Plan 09	100%	100%	100%	100%	100%	5% ▲
Plan 10	100%	100%	100%	100%	100%	5.0% ▲
Plan 11	100%	100%	100%	100%	100%	5% ▲

Table 3C provides a comparison of average annual performance for claims processing time between plan years 2018 and 2019. The difference in average annual performance is noted in the column titled “Plan Year Variance”.

- Four health plans maintained a 100% annual performance average for the second year in a row: “Plan 04”, “Plan 06”, “Plan 10”, and “Plan 11”
- Two health plans improved their average annual performance for this measure in 2019: “Plan 05” and “Plan 07”
 - “Plan 07” significantly improved its annual average performance by 18% in 2019
- Four health plans had a decrease in average annual performance for this measure in 2019, but still exceeded the average annual performance target of 95% of claims processed within 30 days: “Plan 01”, “Plan 02”, “Plan 03”, and “Plan 08”

Table 3C – Claims Processing Time: 2018 vs. 2019 Annual Average Performance by Health Plan

Health Plan	2018 Average Performance	2019 Average Performance	Plan Year Variance
Plan 01	100%	99.5%	-0.5% ▼
Plan 02	100%	98.8%	-1.2% ▼
Plan 03	100%	99.7%	-0.3% ▼
Plan 04	100%	100%	0.0%
Plan 05	99%	100%	1.0% ▲
Plan 06	100%	100%	0.0%
Plan 07	80%	98.0%	18.0% ▲
Plan 08	98%	97.5%	-0.5% ▼
Plan 09 ¹	n/a	100%	n/a
Plan 10	100%	100%	0.0%
Plan 11	100%	100%	0.0%

1: New offering for plan year 2019, data comparison not possible

IV. Customer Service

1) Call Answer Timeliness

The ability for a participant to connect with a live customer service representative in a short period of time is important for customer satisfaction and improves the likelihood of timely and accurate issue resolution.

- **Measurement Description:**
 - At least 80% of calls received by the organization’s customer service (during operating hours) during the measurement period were answered by a live voice within 30 seconds
- **Key Findings:**
 - All 11 participating health plan exceeded the annual performance target for this measure in 2019
 - This is an improvement from 2018 when “Plan 07” and “Plan 10” failed to meet the annual performance target
 - On a whole, the health plans demonstrated an ability to meet or exceed the performance target on a regular basis throughout the plan year
 - Only one plan, “Plan 07”, failed to meet every quarterly performance target for this measure (Q1)
 - This is an improvement from 2018, when four plans failed to meet the performance target for one or more quarters

Table 4A – Call Answer Timeliness: Annual Average Health Plan Performance

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance
Call Answer Timeliness	80% ≤ 30 seconds	90.4%	10.4% ▲

The annual average health plan performance for call answer timeliness increased by 8.1% from 2018 to 2019. This is the second year in a row that annual average performance has exceeded the performance target.

Table 4B – Call Answer Timeliness: Quarterly Performance by Health Plan

Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 01	100%	100%	100%	100%	100%	20.0% ▲
Plan 02	86%	94%	92%	87%	89.8%	9.8% ▲
Plan 03	92%	93%	93%	92%	92.5%	12.5% ▲
Plan 04	97%	94%	90%	93%	91.0%	11.0% ▲
Plan 05	87%	95%	89%	81%	88.0%	8.0% ▲
Plan 06	82%	83%	84%	84%	83.3%	3.3% ▲
Plan 07	58%	96%	96%	94%	86.0%	6.0% ▲
Plan 08	88%	84%	90%	90%	88.0%	8.0% ▲
Plan 09	93%	94%	94%	94%	93.8%	13.8% ▲

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Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 10	88%	91%	95%	91%	91.3%	11.3% ▲
Plan 11	95%	94%	87%	88%	91.0%	11.0% ▲

Table 4C provides a comparison of average annual performance for claims processing time between plan years 2018 and 2019. The difference in average annual performance is noted in the column titled “Annual Variance”.

- Seven health plans improved their average annual performance for this measure in 2019: “Plan 01”, “Plan 03”, “Plan 04”, “Plan 05”, “Plan 07”, “Plan 10”, and “Plan 11”
 - “Plan 07” significantly improved its annual performance by 40% in 2019
- Three health plans had a decrease in average annual average performance for this measure in 2019, but still exceeded the average annual performance target of 80% of calls answered in 30 seconds or less: “Plan 02”, “Plan 06”, and “Plan 08”

Table 4C – Call Answer Timeliness: 2018 vs. 2019 Annual Average Performance by Health Plan

Health Plan	2018 Average Performance	2019 Average Performance	Plan Year Variance
Plan 01	90%	100%	10.0% ▲
Plan 02	94%	89.8%	-4.2% ▼
Plan 03	91%	92.5%	1.25% ▲
Plan 04	83%	91.0%	8.0% ▲
Plan 05	78%	88.0%	10.0% ▲
Plan 06	86%	83.3%	-2.7% ▼
Plan 07	46%	86.0%	40.0% ▲
Plan 08	92%	88.0%	-4.0% ▼
Plan 09 ¹	n/a	93.8%	n/a
Plan 10	78%	91.3%	13.3% ▲
Plan 11	87%	91.0%	4.0% ▲

¹: New offering for plan year 2019, data comparison not possible

2) Call Abandonment Rate

Call abandonment rates have a direct relation to the amount of time a participant must wait to speak with a customer service representative. Lower call abandonment rates typically indicate short waiting times and increased customer satisfaction.

- **Measurement Description:**

- Less than 3% of calls abandoned, measured by the number of total calls that are not answered by customer service (caller hangs up before answer) divided by the number of total calls received.

- **Key Findings:**

- All 11 participating health plans met or exceeded the annual performance target for this measure in 2019
 - This is an improvement from 2018, when “Plan 07” failed to meet the annual performance target
- On a whole, the health plans demonstrated an ability to meet or exceed the performance target on a regular basis throughout the plan year
 - Only one plan, “Plan 07”, failed to meet every quarterly performance target for this measure (Q1)
 - This is an improvement from 2018, when three plans failed to meet the performance target for one or more quarters: “Plan 07”, “Plan 10”, and “Plan 11”

Table 5A – Call Abandonment Rate: Annual Average Health Plan Performance

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance
Call Abandonment Rate	< 3% of calls abandoned	1.1%	-1.9% ▼

The annual average health plan performance for call abandonment rate increased by 2.0% from 2018 to 2019. This is the first plan year in which annual average performance met or exceeded the annual performance target.

Table 5B – Call Abandonment Rate: Quarterly Performance by Health Plan

Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 01	0%	0%	0%	0%	0.0%	-3.0% ▼
Plan 02	1%	0%	0%	0%	0.3%	-2.7% ▼
Plan 03	1%	0%	1%	0%	0.5%	-2.5% ▼
Plan 04	1%	1%	1%	0%	0.8%	-2.2% ▼
Plan 05	1%	1%	2%	2%	1.5%	-1.5% ▼
Plan 06	1%	1%	1%	1%	1.0%	-2.0% ▼
Plan 07	10%	1%	0%	1%	3.0%	0.0%
Plan 08	2%	3%	3%	3%	2.8%	-0.2% ▼

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Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 09	0%	1%	1%	1%	0.8%	-2.2% ▼
Plan 10	1%	1%	0%	1%	0.8%	-2.2% ▼
Plan 11	0%	1%	1%	1%	0.8%	-2.2% ▼

Table 5C provides a comparison of annual average performance for call abandonment rates between plan years 2018 and 2019. The difference in average annual performance is noted in the column titled “Annual Variance”.

- Seven health plans improved their average annual performance for this measure in 2019: “Plan 01”, “Plan 03”, “Plan 04”, “Plan 05”, “Plan 07”, “Plan 10”, and “Plan 11”
 - “Plan 07” significantly improved its average annual performance by 17% in 2019
- Two health plans had a decrease in average annual performance for this measure in 2019, but still met the average annual performance target of 3% or less: “Plan 01”, “Plan 02”, and “Plan 08”

Table 5C – Call Abandonment Rate: 2018 vs. 2019 Annual Average Performance by Health Plan

Health Plan	2018 Average Performance	2019 Average Performance	Annual Variance
Plan 01	1%	0.0%	-1.0% ▼
Plan 02	0%	0.3%	0.3% ▲
Plan 03	1%	0.5%	-0.5% ▼
Plan 04	1%	0.8%	-0.2% ▼
Plan 05	2%	1.5%	-0.5% ▼
Plan 06	1%	1.0%	0.0%
Plan 07	20%	3.0%	-17.0% ▼
Plan 08	2%	2.8%	0.8% ▲
Plan 09 ¹	n/a	0.8%	n/a
Plan 10	2%	0.8%	-1.2% ▼
Plan 11	2%	0.8%	-1.2% ▼

¹: New offering for plan year 2019, data comparison not possible

3) Open Call Resolution Turn-Around Time

Prompt open call resolution typically results in fewer repeated calls and improved customer satisfaction and may also reflect the overall efficiency of a customer service team.

- **Measurement Description:**
 - At least 90% of customer service calls that require follow-up or research will be resolved within two business days of initial call
 - Measured by the number of issues initiated by a call and resolved (completed without need for referral or follow-up action) within two business days, divided by the total number of issues initiated by the call
- **Key Findings:**
 - “Plan 03” was granted a data reporting exemption due to system limitations
 - A written summary of activity was submitted – no issues were identified for 2019
 - The remaining 10 participating health plans all met or exceeded the annual performance target for this measure in 2019
 - This is an improvement from 2018, when “Plan 07” failed to meet the annual performance target
 - The 10 measured health plans also met or exceeded the quarterly performance target in every quarter of 2019
 - This is an improvement from 2018, when “Plan 07” failed to meet the performance target for one quarter

Table 6A – Open Call Resolution Turn-Around Time: Annual Average Health Plan Performance

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance
Open Call Resolution Turn-Around Time	90% resolved within 2 days	96.3%	6.3% ▲

The annual average health plan performance for open call resolution turn-around time increased by 1.1% from 2018 to 2019. This is the second year in a row that annual average performance has exceeded the performance target.

Table 6B – Open Call Resolution Turn-Around Time: Quarterly Performance by Health Plan

Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 01	98%	98%	98%	98%	98.0%	8.0% ▲
Plan 02	98%	93%	94%	94%	94.8%	4.8% ▲
Plan 03 ¹	n/a	n/a	n/a	n/a	n/a	n/a
Plan 04	98%	97%	98%	97%	97.5%	7.5% ▲
Plan 05	97%	95%	96%	96%	96.0%	6.0% ▲
Plan 06	95%	94%	94%	94%	94.3%	4.3% ▲
Plan 07	93%	96%	99%	97%	96.3%	6.3% ▲

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Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 08	95%	95%	95%	94%	94.8%	4.8% ▲
Plan 09	100%	100%	99%	98%	99.3%	10% ▲
Plan 10	94%	94%	95%	95%	94.5%	4.5% ▲
Plan 11	98%	98%	97%	97%	97.5%	7.5% ▲

1: Data reporting exemption granted due to system limitation; written summary of activity submitted as substitute

Table 6C provides a comparison of average annual performance for open call resolution turn-around time between plan years 2018 and 2019. The difference in average annual performance is noted in the column titled “Annual Variance”.

- Five health plans improved their average annual performance for this measure in 2019: “Plan 01”, “Plan 02”, “Plan 06”, “Plan 07”, and “Plan 11”
 - “Plan 07” significantly improved its average annual performance by 9.38% in 2019
- Four health plans had a decrease in average annual performance for this measure in 2019, but still exceeded the average annual performance target of 90% of open calls resolved within 2 days: “Plan 04”, “Plan 05”, “Plan 08”, and “Plan 10”

Table 6C – Open Call Resolution Turn-Around Time: 2018 vs. 2019 Annual Average Performance by Health Plan

Health Plan	2018 Average Performance	2019 Average Performance	Annual Variance
Plan 01	97%	98.0%	1.0% ▲
Plan 02	94%	94.8%	0.8% ▲
Plan 03 ¹	n/a	n/a	n/a
Plan 04	99%	97.5%	-1.5% ▼
Plan 05	97%	96.0%	-1.9% ▼
Plan 06	94%	94.3%	0.3% ▲
Plan 07	87%	96.3%	9.3% ▲
Plan 08	97%	94.8%	-2.2% ▼
Plan 09 ²	n/a	99.3%	n/a
Plan 10	96%	94.5%	-1.5% ▼
Plan 11	97%	97.5%	0.5% ▲

1: Data reporting exemption granted due to system limitation; written summary of activity submitted as substitute

2: New offering for plan year 2019, data comparison not possible

4) Electronic Written Inquiry Response

Prompt electronic written inquiry response times typically lowers the number of contacts a participant has with a health plan to resolve a question and is likely to improve customer satisfaction.

- **Measurement Description:**
 - At least 98% of customer service issues submitted by email and website are responded to within two business days
- **Key Findings:**
 - All 11 participating health plans met or exceeded the annual performance target for this measure in 2019
 - This is an improvement from 2018, when “Plan 07” failed to meet the annual performance target
 - All 11 health plans also met or exceeded the quarterly performance target in every quarter of 2019
 - This is an improvement from 2018, when two plans failed to meet the performance target for one or more quarters: “Plan 07” and “Plan 11”

Table 7A – Electronic Written Inquiry Response: Annual Average Health Plan Performance

Performance Measure	Performance Target	2019 Average Performance	2019 Average Variance
Electronic Written Inquiry Response	98% response within 2 days	99.5%	1.5% ▲

The annual average health plan performance increased by 2.9% from 2018 to 2019. This is the first plan year in which annual average performance has exceeded the performance target.

Table 7B – Electronic Written Inquiry Response: Quarterly Performance by Health Plan

Health Plan	Q1	Q2	Q3	Q4	2019 Average Performance	Performance Target Variance
Plan 01	99%	99%	99%	99%	99.0%	1.0% ▲
Plan 02	100%	100%	100%	100%	100%	2.0% ▲
Plan 03	99%	99%	99%	98%	98.8%	0.8% ▲
Plan 04	99%	99%	100%	99%	99.3%	1.3% ▲
Plan 05	100%	100%	100%	100%	100%	2.0% ▲
Plan 06	99%	99%	99%	99%	99.0%	1.0% ▲
Plan 07	100%	100%	100%	100%	100%	2.0% ▲
Plan 08	99%	98%	100%	99%	99.0%	1.0% ▲
Plan 09	100%	100%	100%	100%	100%	2.0% ▲
Plan 10	100%	100%	100%	100%	100%	2.0% ▲
Plan 11	100%	100%	99%	99%	99.5%	1.5% ▲

Table 7C provides a comparison of average annual performance for electronic inquiry response times between plan years 2018 and 2019. The difference in average annual performance is noted in the column titled “Annual Variance”.

- Three health plans maintained a 100% annual performance average for the second year in a row: “Plan 02”, “Plan 05”, and “Plan 10”
- “Plan 01” maintained a 99% annual performance average for the second year in a row
- Two health plans improved their average annual performance for this measure in 2019: “Plan 07” and “Plan 11”
 - “Plan 07” significantly improved its average annual performance by 20% in 2019
- Four health plans had a decrease in average annual performance for this measure in 2019, but still exceeded the average annual performance target of 98% of electronic written inquiries responded to within 2 days: “Plan 03”, “Plan 04”, “Plan 06”, and “Plan 08”

Table 7C – Electronic Written Inquiry Response: 2018 vs. 2019 Annual Average Performance by Health Plan

Health Plan	2018 Average Performance	2019 Average Performance	Annual Variance
Plan 01	99%	99.0%	0.0%
Plan 02	100%	100%	0.0%
Plan 03	99%	98.8%	-0.2% ▼
Plan 04	100%	99.3%	-0.7% ▼
Plan 05	100%	100%	0.0%
Plan 06	100%	99.0%	-1.0% ▼
Plan 07	80%	100%	20.0% ▲
Plan 08	100%	99.0%	-1.0% ▼
Plan 09 ¹	n/a	100%	n/a
Plan 10	100%	100%	0.0%
Plan 11	98%	99.5%	1.5% ▲

1: New offering for plan year 2019, data comparison not possible

V. Additional Key Performance Measures

Table 8 provides an overview of additional key measures pertaining to enrollment and major system changes. These additional key measures are reported for each month on a quarterly basis. Overall, health plans met or exceeded the additional key performance measurement requirements.

Table 8 – Additional Key Performance Measures: Annual Average Health Plan Performance

Performance Measure	Measurement Description	Performance Target	2019 Average Performance
A. Enrollment			
1) Enrollment File¹	The health plan must accept an enrollment file update on a daily basis and accurately process the enrollment file additions, changes, and deletions within 2 business days of the file receipt.	Daily 834 file acceptance and processing	100%
2) Enrollment Discrepancies and Exceptions	The health plan must resolve all enrollment discrepancies (any difference of values between ETF's database and the health plan's database) as identified within 1 business day of notification by ETF or identification by the health plan.	Database = 1 day of notification	100%
	The health plan must correct the differences on the exception report within 5 business days of notification by the department.	Exception report = within 5 days of notification	99.2% ¹
4) Identification (ID) Cards	The health plan shall issue ID cards within 5 business days of the generation date of the enrollment file containing the addition or enrollment change, except during the It's Your Choice Open Enrollment Period.	Issue ID cards within 5 days	99.2% ²
B. Deliverables to the Department			
22) Approval of Communications³	The health plan shall submit all communication materials specified by ETF for pre-approval prior to distribution to participants, potential participants, and employers. This includes written and electronic communications.	Submit all materials for review and approval, as needed	100%
C. Other			
2) Major System Changes and Conversions	The health plan shall verify and commit that during the length of the contract, it shall not undertake a major system change or conversion for, or related to, the system used to deliver services for the GHIP without specific prior written notice of a least 180 days.	Major system changes or conversions planned	None reported
		180-day written notice submitted	n/a

1: "Plan 07" failed to meet the exception report processing requirement in January 2019

2: "Plan 07" failed to meet the ID card issuance requirement for January 2019

3: New additional key measure for plan year 2019

VI. Penalty Overview

Health plans submit a performance report each quarter throughout the plan year. ETF staff review these performance reports and determine all potential applicable penalties on a quarterly basis. An applicable penalty is calculated by multiplying each percentage point for which a standard is not met each month by \$5,000. For example, if a health plan fails to meet a performance standard by two percentage points each month during one quarter, their total applicable penalty amount for the quarter would be \$30,000.

Tables 9A and 9B provide applicable penalty detail for plan years 2018 and 2019. These applicable penalty amounts do not reflect the actual penalty amounts assessed by ETF, nor do they include penalty waiver or penalty cap detail. The penalty cap prohibits the total assessed penalty amount from exceeded three percent of a health plan's total medical premium each quarter. Given that medical premium is determined by total health plan enrollment and may therefore lead to health plan identification, this report does not include individual plan penalty detail.

Table 9A – Annual Total Applicable Penalty Amounts

Performance Measure	2018 Total Applicable Penalty Amount	2019 Total Applicable Penalty Amount	Annual Variance Percent
Annual Total Potential Penalty Amount	\$6,680,000	\$625,000	-90.6% ▼

As demonstrated throughout the report, overall health plan performance improved considerably in 2019. This is reflected in the 90.6% reduction in total applicable penalties from plan year 2018 to 2019.

Table 9B – Key Health Plan Performance Measures: 2018 vs. 2019 Total Applicable Penalty Amounts

Performance Measure	2018 Applicable Penalties	2019 Applicable Penalties	Annual Variance	Variance Percent
1) Claims Processing Accuracy	\$75,000	\$20,000	-\$55,000	-73.3% ▼
2) Claims Processing Time	\$930,000	\$50,000	-\$880,000	-94.6% ▼
3) Call Answer Timeliness	\$3,120,000	\$420,000	-\$2,700,000	-86.5% ▼
4) Call Abandonment Rate	\$1,045,000	\$125,000	-\$920,000	-88% ▼
5) Open Call Resolution Turn-Around Time	\$265,000	\$0	-\$265,000	-100% ▼
6) Electronic Written Inquiry Response	\$1,245,000	\$10,000	-\$1,235,000	-99.1% ▼
Total	\$6,680,000	\$625,000	-\$6,055,000	-90.6% ▼