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Correspondence Memorandum

Date: July 19, 2021

To: Group Insurance Board

From: Korbey White, Health Program Manager
Office of Strategic Health Policy

Subject: Quarterly Health Plan Performance Report

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

Attached is the *Quarterly Health Plan Performance Report*. This report provides first quarter (Q1) performance outcomes for the one Medicare Advantage vendor and nine fully insured health plans contracted by the Group Insurance Board (Board) to provide Group Health Insurance Program (GHIP) coverage for plan year 2021.

Health plans are deidentified and listed in random order in this report.

Overall average health plan performance exceeded the performance target for all six key measures for Q1-2021.

Additional performance details are outlined in the report.

Health plan provider performance and penalty outcomes for Q2-2021 will be reported to the Board at the November meeting.

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

Attachment: Q1-2021 Health Plan Performance Report

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

Eileen K Mallow Electronically Signed 08.09.21

Board	Mtg Date	Item #
GIB	8.18.21	9A

Group Health Insurance Program

Quarterly Health Plan Performance Report

Q1-2021

July 14, 2021

This Copy is Deidentified.

Prepared for the Group Insurance Board, August 18, 2021

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 9 fully-insured health plan providers for plan year 2021 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 *Quarterly Health Plan Performance Report* is a summary of health plan provider performance for the first quarter (Q1) of plan year 2021.

The measures in this report were developed by ETF staff 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.

II. Quarterly Average Health Plan Performance Summary by Measure

The Q1-2021 average health plan performance exceeded the performance target for all six key measures. This is consistent with health plan performance in Q1-2021.

Table 1 provides an overview of quarterly average performance by key measure. The difference between the performance target and the actual quarterly average performance is noted for each measurement in the column titled Q1 Average Variance. Throughout this memo, measures that exceeded the performance target are noted in green, while measures that failed to meet the performance target are noted in red.

Table 1 – Average Health Plan Performance Summary by Key Measure: Q1-2021

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance	Report Detail Page
A. Claims Processing				
1) Processing Accuracy	97%	99.5%	2.5% ▲	Page 4
2) Claims Processing Time	95% processed within 30 days	98.9%	3.9% ▲	Page 5
1) Call Answer Timeliness	80% ≤ 30 seconds	89.1%	9.1% ▲	Page 6
2) Call Abandonment Rate	≤ 3% of calls abandoned	1.0%	-2% ▼	Page 7
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	96.5%	6.5% ▲	Page 8
4) Electronic Written Inquiry Response	98% response within 2 days	99.7%	1.7% ▲	Page 9

▲▼ *Plan performance exceeds measurement performance target*
▲▼ *Plan performance failed to meet measurement performance target*

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 10 participating health plans met or exceeded the performance target for Q1-2021
  - No health plans incurred penalties for this measure during Q1-2021

Table 2A – Processing Accuracy: Average Health Plan Performance for Q1 2021

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Processing Accuracy	97%	99.5%	2.5% ▲

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

Health Plan	Q1	Q2	Q3	Q4	Average Quarterly Performance YTD	Average Target Variance YTD
Plan 01	99.8%	--	--	--	99.8%	2.8% ▲
Plan 02	99.6%	--	--	--	99.6%	2.6% ▲
Plan 03	100%	--	--	--	100%	3% ▲
Plan 04	98.9%	--	--	--	98.9%	1.9% ▲
Plan 05	100%	--	--	--	100%	3% ▲
Plan 06	99.7%	--	--	--	99.7%	2.7% ▲
Plan 07	97.7%	--	--	--	97.7%	0.7%▲
Plan 08	99.6%	--	--	--	99.6%	2.6% ▲
Plan 09	99.8%	--	--	--	99.8%	2.8% ▲
Plan 10	99.9%	--	--	--	99.9%	2.9% ▲

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 which the health benefit program is the secondary payer
- **Key Findings:**
  - All 10 participating health plans met or exceeded the performance target for Q1-2021
  - No health plans incurred penalties for this measure during Q1-2021

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

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Claims Processing Time	95% processed within 30 days	98.9%	3.9% ▲

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

Health Plan	Q1	Q2	Q3	Q4	Average Quarterly Performance YTD	Average Target Variance YTD
Plan 01	100%	--	--	--	100%	5% ▲
Plan 02	99.1%	--	--	--	99.1%	4.1% ▲
Plan 03	99.9%	--	--	--	99.9%	4.9%▲
Plan 04	100%	--	--	--	100%	5% ▲
Plan 05	100%	--	--	--	100%	5% ▲
Plan 06	96.0%	--	--	--	96.0%	1.0% ▲
Plan 07	96.7%	--	--	--	96.7%	1.7% ▲
Plan 08	99.7%	--	--	--	99.7%	4.7% ▲
Plan 09	98.1%	--	--	--	98.1%	3.1% ▲
Plan 10	99.5%	--	--	--	99.5%	4.5% ▲

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 10 participating health plans met or exceeded the performance target for Q1-2021
  - No health plans incurred penalties for this measure during Q1-2021

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

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Call Answer Timeliness	80% ≤ 30 seconds	89.1%	9.1% ▲

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

Health Plan	Q1	Q2	Q3	Q4	Average Quarterly Performance YTD	Average Target Variance YTD
Plan 01	80.0%	--	--	--	80.0%	0.0% ▲
Plan 02	88.7%	--	--	--	88.7%	8.7% ▲
Plan 03	84.9%	--	--	--	84.9%	4.9% ▲
Plan 04	89.4%	--	--	--	89.4%	9.4%▲
Plan 05	89.1%	--	--	--	89.1%	9.1% ▲
Plan 06	95.0%	--	--	--	95.0%	15.0% ▲
Plan 07	86.0%	--	--	--	86.0%	6.0% ▲
Plan 08	83.0%	--	--	--	83.0%	3.0%▲
Plan 09	96.7%	--	--	--	96.7%	16.7% ▲
Plan 10	99.9%	--	--	--	99.9%	19.9% ▲

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 10 participating health plans met or exceeded the performance target for Q1-2021
  - No health plans incurred penalties for this measure during Q1-2021

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

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Call Abandonment Rate	≤ 3% of calls abandoned	1.0%	-2.0% ▼

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

Health Plan	Q1	Q2	Q3	Q4	Average Quarterly Performance YTD	Average Target Variance YTD
Plan 01	0.7%	--	--	--	0.7%	-2.3% ▼
Plan 02	1.5%	--	--	--	1.5%	-1.5% ▼
Plan 03	0.7%	--	--	--	0.7%	-2.3% ▼
Plan 04	1.0%	--	--	--	1.0%	-2.0% ▼
Plan 05	1.1%	--	--	--	1.1%	-1.9% ▼
Plan 06	1.1%	--	--	--	1.1%	-1.9% ▼
Plan 07	2.0%	--	--	--	2.0%	-1.0% ▼
Plan 08	2.0%	--	--	--	2.0%	-1.0% ▼
Plan 09	0.0%	--	--	--	0.0%	-3.0% ▼
Plan 10	0.1%	--	--	--	0.1%	-2.9% ▼

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:**
  - All 10 of the measured health plans met or exceeded the performance target for Q1-2021
  - No health plans incurred penalties for this measure during Q1-2021
  - Plan 06 was granted a data reporting exemption due to system limitations
    - A written summary of annual activity will be submitted instead

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

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Open Call Resolution Turn-Around Time	90% resolved within 2 days	96.5%	6.5% ▲

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

Health Plan	Q1	Q2	Q3	Q4	Average Quarterly Performance YTD	Average Target Variance YTD
Plan 01	98.0%	--	--	--	98.0%	8.0% ▲
Plan 02	99.4%	--	--	--	99.4%	9.4% ▲
Plan 03	93.5%	--	--	--	93.5%	3.5% ▲
Plan 04	96.3%	--	--	--	96.3%	6.3% ▲
Plan 05	93.2%	--	--	--	93.2%	3.2% ▲
Plan 06[1]	n/a	n/a	n/a	n/a	n/a	n/a
Plan 07	96.0%	--	--	--	96.0%	6.0% ▲
Plan 08	96.1%	--	--	--	96.1%	6.1% ▲
Plan 09	99.0%	--	--	--	99.0%	9.0% ▲
Plan 10	97.1%	--	--	--	97.1%	7.1% ▲

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

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 performance target for Q1-2021
  - No health plans incurred penalties for this measure during Q1-2021

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

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Electronic Written Inquiry Response	98% response within 2 days	99.7%	1.7% ▲

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

Health Plan	Q1	Q2	Q3	Q4	Average Quarterly Performance YTD	Average Target Variance YTD
Plan 01	100%	--	--	--	100%	2.0% ▲
Plan 02	100%	--	--	--	100%	2.0% ▲
Plan 03	100%	--	--	--	100%	2.0% ▲
Plan 04	99.3%	--	--	--	99.3%	1.3% ▲
Plan 05	99.7%	--	--	--	99.7%	1.7% ▲
Plan 06	100%	--	--	--	100%	2.0% ▲
Plan 07	98.0%	--	--	--	98.0%	0.0% ▲
Plan 08	99.3%	--	--	--	99.3%	1.3% ▲
Plan 09	100%	--	--	--	100%	2.0% ▲
Plan 10	100%	--	--	--	100%	2.0% ▲

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

Performance Measure	Measurement Description	Performance Target	Average Performance YTD
A. Enrollment			
1) Enrollment File	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	100%
3) 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	100%
B. Other			
1) 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