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Correspondence Memorandum

Date: October 18, 2022

To: Group Insurance Board

From: Jessica Rossner, Data and Compliance Unit Director
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 Office of Strategic Health Policy

Subject: Data Warehouse Dashboards

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

Background

This memo provides the Group Insurance Board (Board) with the quarterly data warehouse dashboard and highlights. The previous quarter’s dashboards and highlights can be found in the August Board meeting materials ([Ref. GIB | 08.17.22 | 13D](#)).

Dashboard Data

The dashboards include data for health care services provided from June 2021 through May 2022 (current period), compared to services provided from June 2020 through May 2021 (previous period). The reported data includes payments through August 2022. There is typically a gap in time between when services are provided and when they are paid. The three-month delay in reporting allows for the billing and payment process to be completed for most of the services rendered.

Notable Dashboard Highlights

Total Net Payment Trend

- The utilization of medical services started to return to pre-pandemic levels in June 2020, after the most marked disruption in services due to the COVID-19 pandemic ended in May 2020. A return to normalcy in utilization was faster in some service categories than others. Outpatient services were slowest to recover. The current 7.0% Year over Year (YoY) trend in Per Member Per Month (PMPM) net payment mostly reflects expected annual trends in healthcare costs combined with pent-up demand for services that had a slower uptake in utilization after the height of the pandemic that are now being filled in the current period. [Attachment: Data Warehouse Dashboards – Financial page 1, top, right]

Reviewed and approved by Eileen Mallow, Director, Office of Strategic Health Policy
 Electronically Signed 10/26/2022

Board	Mtg Date	Item #
GIB	11.16.22	14D

Cost Drivers

- The specialty drug component of overall pharmacy cost continues to grow. It is now 63.6%, an increase of 1% compared to the figures last reported in the Board dashboards in August 2022 ([Ref. GIB | 08.17.22 | 13D](#)). Managing the cost of specialty drugs while maintaining the quality of outcomes for members receiving services in this category is a priority for both the Department of Employee Trust Funds (ETF) and Navitus ([Ref. GIB | 05.18.22 | 5C](#)). The Board approved a new program related to specialty drugs and the site of care in which they are delivered; ETF will provide results of this program in future memos. [Attachment: Data Warehouse Dashboards – Financial page 1, middle, right]
- Outpatient use continues to be the largest positive contributor to the overall cost trend. This service category suffered the most disruption during the COVID-19 pandemic. Outpatient has rebounded, contributing \$567 to the overall Allowed Amount PMPY cost increase of \$684. This reflects the pent-up demand for outpatient services now being delivered in the current period. Preventive services such as colonoscopies and mammogram screenings fall into this category, and it is encouraging that shortfalls in utilization rates due to the COVID-19 pandemic are now being filled. ETF will continue to monitor the utilization of these preventive services to ensure that there are no gaps in recommended care for members. [Attachment: Data Warehouse Dashboards - Financial page 2]

Cost by Plan Groups

- The overall trend of approximately 7% in the Allowed Amount PMPY is driven by the largest three plan groups by membership. These three plan groups accounted for 73.8% of the Group Health Insurance Program (GHIP) membership in the current period.

Plan Group	Average Membership Count (% of Total)	Allowed Amount PMPY Cost Trends
Dean	43,244 (18.2%)	11.1%
Quartz	78,628 (33.0%)	3.9%
WEA Trust	53,694 (22.6%)	5.9%

- Data for all members are included in the trend calculations, but only plan groups that submitted data in the previous and current periods are included in the trend graphic. Aspirus is not included because they only started submitting data in the current period.
- The relatively small membership of group health plans (membership size is indicated by the size of the circles) makes them more susceptible to large swings in trends due to outliers.

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- These trends are not risk adjusted to account for disparities in the risk pool of each health plan. [Attachment: Data Warehouse Dashboards - Financial page 5]

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

Attachment A: [Data Warehouse Dashboards](#)