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Correspondence Memorandum

Date: April 19, 2023
To: Group Insurance Board
From: Korbey White, Health Program Manager
Mee Wartgow, Communications Specialist
Office of Strategic Health Policy
Subject: 2022 Health Plan Performance Report

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

Attached is the *2022 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 2022.

Overall, health plans met or exceeded most measurement targets on a regular basis. One health plan failed to meet the metric target for the year 2022 for Call Answer Timeliness. Health plans also consistently submitted quarterly performance reports in a timely fashion and provided sufficient details in the event of a performance exception.

One health plan ended participation in the GHIP on December 31, 2022. Due to business closure, no report was supplied for the third quarter of plan year 2022 and after. Penalties were not assessed nor applied due to their departure.

Average health plan performance exceeded the annual 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

Table 1 provides a comparison of average annual performance between plan years 2021 and 2022. The difference in average annual performance is noted for each measurement in the column titled "Plan Year Variance." This table shows the increase/decrease in overall annual performance between plan years 2021 and 2022.

Reviewed and approved by Eileen Mallow, Director, Office of Strategic Health Policy
Electronically Signed 05/04/2023

Board	Mtg Date	Item #
GIB	05.17.23	3A

Measures that improved upon 2021 average performance are noted in green. A red arrow implies that there was a decrease in that category from 2021 to 2022.

Table 1. 2021 vs. 2022 Average Health Plan Performance Summary by Measure

Performance Measure	Performance Target	2021 Average Performance	2022 Average Performance	Plan Year Variance
A. Claims Processing				
1) Processing Accuracy	97%	99.4%	99.4%	0.0%
2) Claims Processing Time	95% processed within 30 days	99.1%	98.8%	-0.3% ▼
B. Customer Service				
1) Call Answer Timeliness	80% ≤ 30 seconds	89.6%	89.0%	-0.6% ▼
2) Call Abandonment Rate	< 3% of calls abandoned	1.0%	0.9%	-0.1% ▼
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	96.6%	97.0%	0.4% ▲
4) Electronic Written Inquiry Response	98% response within 2 days	99.5%	99.5%	0.0%

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

ETF was recently made aware that one vendor did not provide us with accurate information regarding taxable benefits. While the current contract includes a performance measure that addresses this issue, ETF is recommending amending the contract to include expanded reporting requirements and penalties for future years.

To provide clarity on health plan performance reporting, ETF is looking at improving both the quarterly and annual health plan performance reports. ETF will be distributing a survey to members of the Group Insurance Board to gather feedback on how to improve the performance reporting process.

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