

***Group Health Insurance Program***  
***2022 Health Plan Performance Report***



April 19, 2023

This Copy is Deidentified.

## 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 ten fully insured health plan providers for plan year 2022 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 fourth annual *Health Plan Performance Report* to the Board. Comparisons and trends to plan year 2022 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 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.

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

## II. Annual Average Health Plan Performance Summary by Measure

The average health plan performance for plan year 2022 exceeded the performance target for all six 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 2022 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           | 2022 Average Performance | 2022 Average Variance | Report Detail Page |
|-----------------------------|------------------------------|--------------------------|-----------------------|--------------------|
| <b>A. Claims Processing</b> |                              |                          |                       |                    |
| 1) Processing Accuracy      | 97%                          | 99.4%                    | 2.4% ▲                | Page 5             |
| 2) Claims Processing Time   | 95% processed within 30 days | 98.8%                    | 3.8% ▲                | Page 7             |
| <b>B. Customer Service</b>  |                              |                          |                       |                    |

|   |                            |       |         |         |
|---|----------------------------|-------|---------|---------|
| <b>1) Call Answer Timeliness</b>                | 80% ≤ 30 seconds           | 89.0% | 9.0% ▲  | Page 9  |
| <b>2) Call Abandonment Rate</b>                 | < 3% of calls abandoned    | 0.9%  | -2.1% ▼ | Page 11 |
| <b>3) Open Call Resolution Turn-Around Time</b> | 90% resolved within 2 days | 97.0% | 7.0% ▲  | Page 13 |
| <b>4) Electronic Written Inquiry Response</b>   | 98% response within 2 days | 99.5% | 1.5% ▲  | Page 15 |

Table 1B 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. While two measures are lower than in 2021, these reductions are minor in nature and do not indicate a loss of performance on an individual level. The plans continue to meet and exceed performance measures as a whole.

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

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

### 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 exceeded the annual performance target for this measure throughout 2022.

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

| Performance Measure | Performance Target | 2022 Average Performance | 2022 Average Variance |
|---------------------|--------------------|--------------------------|-----------------------|
| Processing Accuracy | 97%                | 99.4%                    | 2.4% ▲                |

The annual average health plan performance for processing accuracy increased by 0.1% from 2021 to 2022. This is the fourth 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    | 2022 Average Performance | 2022 Average Target Variance |
|-------------|-------|-------|-------|-------|--------------------------|------------------------------|
| Plan 01     | 99.6% | 98.0% | 99.0% | 98.7% | 98.8%                    | 1.8% ▲                       |
| Plan 02     | 99.3% | 98.8% | 99.7% | 99.6% | 99.3%                    | 2.3% ▲                       |
| Plan 03     | 99.5% | 99.6% | 99.0% | 99.7% | 99.4%                    | 2.4% ▲                       |
| Plan 04     | 100%  | 100%  | 100%  | 100%  | 100%                     | 3.0% ▲                       |
| Plan 05     | 100%  | 100%  | 99.8% | 100%  | 99.9%                    | 2.9% ▲                       |
| Plan 06     | 98.3% | 98.7% | 97.7% | 97.3% | 98.0%                    | 1.0% ▲                       |
| Plan 07     | 98.5% | 99.5% | 99.7% | 99.1% | 98.4%                    | 1.4% ▲                       |
| Plan 08     | 99.9% | 99.9% | 99.9% | 99.9% | 99.9%                    | 2.9% ▲                       |
| Plan 09     | 99.7% | 99.3% | 99.9% | 99.9% | 99.8%                    | 2.8% ▲                       |
| Plan 10     | 100%  | 100%  | 100%  | 100%  | 100%                     | 3.0% ▲                       |
| Plan 11     | 100%  | 100%  | N/A   | N/A   | N/A                      | N/A                          |

Table 2C provides a comparison of average annual performance for processing accuracy between plan years 2021 and 2022. The difference in average annual performance is noted in the column titled Plan Year Variance.

- Three health plans improved their average annual performance for this measure in 2022 – Plan 10, Plan 06, and Plan 02.
- Four health plans had a slight decrease in average annual performance for this measure in 2022, but still exceeded the average annual performance target of 97% – Plan 05, Plan 01, Plan 03, and Plan 07.
- Two health plans maintained the same annual performance average as the previous year but still exceeded the average annual performance target of 97% – Plan 08, and Plan 09.

**Table 2C – Processing Accuracy: 2021 vs. 2022 Annual Average Performance by Health Plan**

| Health Plan | 2021 Average Performance | 2022 Average Performance | Plan Year Variance |
|-------------|--------------------------|--------------------------|--------------------|
| Plan 01     | 99.6%                    | 98.8%                    | -0.8% ▼            |
| Plan 02     | 98.5%                    | 99.3%                    | 0.8% ▲             |
| Plan 03     | 99.7%                    | 99.4%                    | -0.3% ▼            |
| Plan 04     | Was not in the GHIP      | 100%                     | N/A                |
| Plan 05     | 100%                     | 99.9%                    | -0.1% ▼            |
| Plan 06     | 97.8%                    | 98.0%                    | 0.2% ▲             |
| Plan 07     | 99.3%                    | 98.4%                    | -0.9% ▼            |
| Plan 08     | 99.9%                    | 99.9%                    | 0.0%               |
| Plan 09     | 99.8%                    | 99.8%                    | 0.0%               |
| Plan 10     | 99.9                     | 100%                     | 0.1% ▲             |
| Plan 11     | 100%                     | NA                       | N/A                |

## 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 for which the health benefit program is the secondary payer

- **Key Findings:**

- All 10 participating health plans exceeded the annual performance target for this measure in 2022.
- 9 health plans also met or exceeded the quarterly performance target in every quarter of 2022.
  - 1 health plan failed to meet the target in Quarter 4 of 2022, Plan 08

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

| Performance Measure    | Performance Target           | 2022 Average Performance | 2022 Average Variance |
|------------------------|------------------------------|--------------------------|-----------------------|
| Claims Processing Time | 95% processed within 30 days | 99.1%                    | 4.1% ▲                |

The annual average health plan performance for claims processing time decreased by 0.1% from 2021 to 2022. This is the fourth 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    | 2022 Average Performance | Performance Target Variance |
|-------------|-------|-------|-------|-------|--------------------------|-----------------------------|
| Plan 01     | 99.8% | 99.6% | 99.4% | 99.9% | 99.6%                    | 4.6% ▲                      |
| Plan 02     | 99.9% | 99.9% | 99.9% | 100%  | 99.9%                    | 4.9% ▲                      |
| Plan 03     | 100%  | 99.9% | 99.9% | 100%  | 99.9%                    | 4.9% ▲                      |
| Plan 04     | 97.0% | 98.5% | 100%  | 98.5% | 98.5%                    | 3.5% ▲                      |
| Plan 05     | 100%  | 100%  | 99.9% | 99.9% | 99.9%                    | 4.9% ▲                      |
| Plan 06     | 98.7% | 96.7% | 96.7% | 96.3% | 97.1%                    | 2.1% ▲                      |
| Plan 07     | 99.9% | 99.8% | 99.3% | 99.0% | 99.5%                    | 4.5% ▲                      |
| Plan 08     | 95.7% | 98.8% | 95.8% | 89.9% | 95.0%                    | 0.0%                        |
| Plan 09     | 95.7% | 98.3% | 99.8% | 99.8% | 98.4%                    | 3.4% ▲                      |
| Plan 10     | 99.7% | 99.3% | 99.2% | 99.8% | 99.5%                    | 4.5% ▲                      |
| Plan 11     | 100%  | 100%  | N/A   | N/A   | N/A                      | N/A                         |

Table 3C provides a comparison of average annual performance for claims processing time between plan years 2021 and 2022. The difference in average annual performance is noted in the column titled Plan Year Variance.

- Two health plans improved their average annual performance for this measure in 2022 – Plan 09, and Plan 01.
- One health plan maintained its average annual performance for this measure in 2022- Plan 03.
- Six health plans had a decrease in average annual performance for this measure in 2022, but still exceeded the average annual performance target of 95% of claims processed within 30 days – Plan 10, Plan 08, Plan 06, Plan 05, Plan 02, and Plan 07.

**Table 3C – Claims Processing Time: 2021 vs. 2022 Annual Average Performance by Health Plan**

| Health Plan | 2021 Average Performance | 2022 Average Performance | Plan Year Variance |
|-------------|--------------------------|--------------------------|--------------------|
| Plan 01     | 98.9%                    | 99.6%                    | 0.7% ▲             |
| Plan 02     | 100%                     | 99.9%                    | -0.1% ▼            |
| Plan 03     | 99.9%                    | 99.9%                    | 0.0%               |
| Plan 04     | Was not in the GHIP      | 98.5                     | N/A                |
| Plan 05     | 100%                     | 99.9%                    | -0.1% ▼            |
| Plan 06     | 97.2%                    | 97.1%                    | -0.1% ▼            |
| Plan 07     | 99.7%                    | 99.0%                    | -0.7% ▼            |
| Plan 08     | 98.6%                    | 95.0%                    | -3.6% ▼            |

|         |       |       |         |
|---------|-------|-------|---------|
| Plan 09 | 97.3% | 98.4% | 1.1% ▲  |
| Plan 10 | 99.8% | 99.5  | -0.3% ▼ |
| Plan 11 | 99.9% | 100%  | N/A     |

#### 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:**

- 9 participating health plans exceeded the annual performance target for this measure in 2022.
- 1 health plan failed to meet the annual performance target for this measure in 2022.
  - Only Plan 04, failed to meet every quarterly performance target for this measure in 2022.

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

| Performance Measure    | Performance Target | 2022 Average Performance | 2022 Average Variance |
|------------------------|--------------------|--------------------------|-----------------------|
| Call Answer Timeliness | 80% ≤ 30 seconds   | 89.0%                    | 9.0% ▲                |

The annual average health plan performance for call answer timeliness decreased by 0.7% from 2021 to 2022. This is the fourth 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    | 2022 Average Performance | Performance Target Variance |
|-------------|-------|-------|-------|-------|--------------------------|-----------------------------|
| Plan 01     | 94.1% | 97.3% | 97.1  | 93.5% | 95.5%                    | 15.5% ▲                     |
| Plan 02     | 84.4% | 85.4% | 88.8% | 89.5% | 87.0%                    | 7.0% ▲                      |
| Plan 03     | 80.1% | 93.8% | 95.0% | 85.5% | 88.6%                    | 8.6% ▲                      |
| Plan 04     | 78.0% | 80.0% | 77.5% | 80.0% | 78.8%                    | -1.2% ▼                     |
| Plan 05     | 82.7% | 84.7% | 83.7% | 86.3% | 84.3%                    | 4.3% ▲                      |
| Plan 06     | 83.0% | 87.3% | 84.0% | 84.3% | 84.6%                    | 4.6% ▲                      |
| Plan 07     | 95.1% | 97.8% | 87.5% | 97.1% | 94.3%                    | 14.3% ▲                     |
| Plan 08     | 97.3% | 99.2% | 98.6% | 96.3% | 97.8%                    | 17.8% ▲                     |
| Plan 09     | 88.7% | 83.7% | 81.6% | 80.6% | 83.6%                    | 3.6% ▲                      |

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|                |       |       |       |       |       |        |
|----------------|-------|-------|-------|-------|-------|--------|
| <b>Plan 10</b> | 97.0% | 93.6% | 94.4% | 90.9% | 93.9% | 13.9%▲ |
| <b>Plan 11</b> | 90.4% | 93.1% | N/A   | N/A   | N/A   | N/A    |

Table 4C provides a comparison of average annual performance for claims processing time between plan years 2021 and 2022. 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 2022 – Plan 10, Plan 05, Plan 01, Plan 03, and Plan 07.
- Four health plans had a decrease in average annual average performance for this measure in 2022, but still exceeded the average annual performance target of 80% of calls answered in 30 seconds or less – Plan 08, Plan 06, Plan 09, and Plan 02.

**Table 4C – Call Answer Timeliness: 2020 vs. 2022 Annual Average Performance by Health Plan**

| <b>Health Plan</b> | <b>2021 Average Performance</b> | <b>2022 Average Performance</b> | <b>Plan Year Variance</b> |
|--------------------|---------------------------------|---------------------------------|---------------------------|
| <b>Plan 01</b>     | 93.6%                           | 95.5%                           | 1.9%▲                     |
| <b>Plan 02</b>     | 91.1%                           | 87.0%                           | -4.1%▼                    |
| <b>Plan 03</b>     | 83.8%                           | 88.6%                           | 4.8%▲                     |
| <b>Plan 04</b>     | Was not in the GHIP             | 78.8%                           | N/A                       |
| <b>Plan 05</b>     | 82.6%                           | 84.3%                           | 1.7%▲                     |
| <b>Plan 06</b>     | 86.7%                           | 84.6%                           | - 2.1%▼                   |
| <b>Plan 07</b>     | 91.1%                           | 94.3%                           | 3.2%▲                     |
| <b>Plan 08</b>     | 100%                            | 97.8%                           | -2.2%▼                    |
| <b>Plan 09</b>     | 93.0%                           | 86.3%                           | -6.7%▼                    |
| <b>Plan 10</b>     | 89.6%                           | 93.9%                           | 4.3%▲                     |
| <b>Plan 11</b>     | 85.1%                           | N/A                             | N/A                       |

## 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 annual performance target for this measure throughout 2022.

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

| Performance Measure   | Performance Target      | 2022 Average Performance | 2022 Average Variance |
|-----------------------|-------------------------|--------------------------|-----------------------|
| Call Abandonment Rate | < 3% of calls abandoned | 0.9%                     | -2.1% ▼               |

The annual average health plan performance for call abandonment rate remained the same from 2021 to 2022. This is the second 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    | 2022 Average Performance | Performance Target Variance |
|-------------|------|------|------|-------|--------------------------|-----------------------------|
| Plan 01     | 0.6% | 1.0% | 0.0% | 1.0%  | 0.6%                     | -2.4% ▼                     |
| Plan 02     | 1.1% | 0.9% | 0.9% | 0.7   | 0.9%                     | -2.1% ▼                     |
| Plan 03     | 1.8% | 0.6  | 0.3  | 0.6   | 0.8%                     | -2.2% ▼                     |
| Plan 04     | 1.7% | 0.8% | 1.6% | 0.8-% | 1.2%                     | -1.8% ▼                     |
| Plan 05     | 0.0% | 0.3% | 0.7% | 0.0%  | 0.2%                     | -2.8% ▼                     |
| Plan 06     | 1.3% | 2.0% | 1.3% | 1.7%  | 1.5%                     | -1.5% ▼                     |
| Plan 07     | 0.6% | 0.4% | 1.5% | 0.9%  | 0.8%                     | -2.2% ▼                     |
| Plan 08     | 0.7% | 0.3% | 0.1% | 0.3%  | 0.3%                     | -2.7% ▼                     |
| Plan 09     | 2.7% | 2.7% | 2.8% | 2.7%  | 2.7%                     | -0.3% ▼                     |
| Plan 10     | 0.2% | 0.2% | 0.3% | 0.5%  | 0.3%                     | -2.7% ▼                     |
| Plan 11     | 0.9% | 0.8% | N/A  | N/A   | N/A                      | N/A                         |

Table 5C provides a comparison of annual average performance for call abandonment rates between plan years 2021 and 2022. The difference in average annual performance is noted in the column titled Annual Variance.

- Six health plans improved their average annual performance for this measure in 2022 – Plan 10, Plan 06, Plan 01, Plan 02, Plan 03, and Plan 07.
- Two health plans had a decrease in average annual performance for this measure in 2022, but still met the average annual performance target of 3% or less – Plan 08, and Plan 09.
- One health plan maintained the same annual performance from 2021 to 2022, Plan 05.

**Table 5C – Call Abandonment Rate: 2021 vs. 2022 Annual Average Performance by Health Plan**

| Health Plan | 2021 Average Performance | 2022 Average Performance | Annual Variance |
|-------------|--------------------------|--------------------------|-----------------|
| Plan 01     | 0.8%                     | 0.6%                     | -0.2% ▼         |
| Plan 02     | 1.1%                     | 0.9%                     | -0.2% ▼         |
| Plan 03     | 1.8%                     | 0.8%                     | -1.0% ▼         |
| Plan 04     | Was not in the GHIP      | 1.2%                     | N/A             |
| Plan 05     | 0.2%                     | 0.2%                     | 0.0%            |
| Plan 06     | 2.1%                     | 1.5%                     | -0.6% ▼         |
| Plan 07     | 1.1%                     | 0.9%                     | -0.2% ▼         |
| Plan 08     | 0.1%                     | 0.3%                     | 0.2% ▲          |
| Plan 09     | 1.8%                     | 2.7%                     | 0.9% ▲          |
| Plan 10     | 0.5%                     | 0.3%                     | -0.2% ▼         |
| Plan 11     | 1.2%                     | N/A                      | N/A             |

### 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 the 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 09 was granted a data reporting exemption due to system limitations.
  - A written summary of activity was submitted – no issues were identified for 2022
- The remaining 9 participating health plans all met or exceeded the annual performance target for this measure in 2022.
- The 9 measured health plans also met or exceeded the quarterly performance target in every quarter of 2022.

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

| Performance Measure                   | Performance Target         | 2022 Average Performance | 2022 Average Variance |
|---------------------------------------|----------------------------|--------------------------|-----------------------|
| Open Call Resolution Turn-Around Time | 90% resolved within 2 days | 97.0%                    | 7.0% ▲                |

The annual average health plan performance for open call resolution turn-around time increased by 0.1% from 2020 to 2021. This is the fourth 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    | 2022 Average Performance | Performance Target Variance |
|----------------------|-------|-------|-------|-------|--------------------------|-----------------------------|
| Plan 01              | 100%  | 100%  | 100%  | 100%  | 100%                     | 10.0% ▲                     |
| Plan 02              | 98.1% | 98.0% | 98.3% | 97.9% | 98.0%                    | 8.0% ▲                      |
| Plan 03              | 97.2% | 97.8% | 98.0% | 95.1% | 97.0%                    | 7.0% ▲                      |
| Plan 04              | 99.7% | 97.0% | 99.7% | 97.0% | 98.3%                    | 8.3% ▲                      |
| Plan 05              | 95.3% | 96.7% | 97.0% | 97.3% | 96.5%                    | 6.5% ▲                      |
| Plan 06              | 95.3% | 97.0% | 96.3% | 96.0% | 96.1%                    | 6.1% ▲                      |
| Plan 07              | 99.0% | 98.5% | 98.3% | 99.5% | 98.8%                    | 8.8% ▲                      |
| Plan 08              | 100%  | 98.6% | 98.8% | 96.6% | 98.5%                    | 8.5% ▲                      |
| Plan 09 <sup>1</sup> | N/A   | N/A   | N/A   | N/A   | N/A                      | N/A                         |
| Plan 10              | 92.2% | 92.2% | 92.6% | 92.6% | 92.4%                    | 2.4% ▲                      |
| Plan 11              | 93.1% | 93.4% | N/A   | N/A   | N/A                      | N/A                         |

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 2021 and 2022. The difference in average annual performance is noted in the column titled Annual Variance.

- Four health plans improved their average annual performance for this measure in 2022 – Plan 08, Plan 01, Plan 02, and Plan 03.
- Three health plans had a decrease in average annual performance for this measure in 2022, but still exceeded the average annual performance target of 90% of open calls resolved within 2 days – Plan 10, Plan 06, and Plan 05.

**Table 6C – Open Call Resolution Turn-Around Time: 2021 vs. 2022 Annual Average Performance by Health Plan**

| Health Plan | 2021 Average Performance | 2022 Average Performance | Annual Variance |
|-------------|--------------------------|--------------------------|-----------------|
| Plan 01     | 98.5%                    | 100%                     | 1.5% ▲          |
| Plan 02     | 97.1%                    | 98.0%                    | 0.9% ▲          |
| Plan 03     | 96.3%                    | 97.0%                    | 0.7% ▲          |
| Plan 04     | Was not in the GHIP      | 98.3%                    | N/A             |
| Plan 05     | 97.3%                    | 96.5%                    | -0.8% ▼         |

|                            |       |       |         |
|----------------------------|-------|-------|---------|
| <b>Plan 06</b>             | 98.1% | 96.1% | -2.0% ▼ |
| <b>Plan 07</b>             | 99.1% | 98.8% | -0.3%   |
| <b>Plan 08</b>             | 96.8% | 98.5% | 1.7% ▲  |
| <b>Plan 09<sup>1</sup></b> | n/a   | n/a   | n/a     |
| <b>Plan 10</b>             | 93.5  | 92.4  | -1.1% ▼ |
| <b>Plan 11</b>             | 92.9% | N/A   | N/A     |

1: Data reporting exemption granted due to system limitation; 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 10 participating health plans met or exceeded the annual performance target for this measure in 2022.
- Nine health plans also met or exceeded the quarterly performance target in every quarter of 2022
  - One health plan did not meet the performance target for Q4 – Plan 01.

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

| Performance Measure                        | Performance Target         | 2022 Average Performance | 2022 Average Variance |
|--|----------------------------|--------------------------|-----------------------|
| <b>Electronic Written Inquiry Response</b> | 98% response within 2 days | 99.5%                    | 1.5% ▲                |

The annual average health plan performance decreased by 0.1% from 2021 to 2022. This is the fourth plan year in which annual average performance has exceeded the performance target.

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

| Health Plan    | Q1    | Q2    | Q3    | Q4    | 2022 Average Performance | Performance Target Variance |
|----------------|-------|-------|-------|-------|--------------------------|-----------------------------|
| <b>Plan 01</b> | 100%  | 96.3% | 100%  | 100%  | 99.0%                    | 1.0% ▲                      |
| <b>Plan 02</b> | 100%  | 100%  | 100%  | 98.9% | 99.7%                    | 1.7% ▲                      |
| <b>Plan 03</b> | 98.0% | 99.8% | 99.4% | 99.8% | 99.2%                    | 1.2% ▲                      |
| <b>Plan 04</b> | 100%  | 100%  | 100%  | 100%  | 100%                     | 2.0% ▲                      |
| <b>Plan 05</b> | 99.0% | 99.0% | 100%  | 100%  | 99.5%                    | 0.5% ▲                      |
| <b>Plan 06</b> | 98.3% | 98.3% | 98.0% | 98.3% | 98.2%                    | 0.2% ▲                      |

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|                |       |       |      |      |       |       |
|----------------|-------|-------|------|------|-------|-------|
| <b>Plan 07</b> | 100%  | 100%  | 100% | 100% | 100%  | 2.0%▲ |
| <b>Plan 08</b> | 100%  | 100%  | 100% | 100% | 100%  | 2.0%▲ |
| <b>Plan 09</b> | 100%  | 100%  | 100% | 100% | 100%  | 2.0%▲ |
| <b>Plan 10</b> | 100%  | 100%  | 100% | 99.5 | 99.8% | 1.8%▲ |
| <b>Plan 11</b> | 99.7% | 99.6% | N/A  | N/A  | N/A   | N/A   |

Table 7C provides a comparison of average annual performance for electronic inquiry response times between plan years 2021 and 2022. The difference in average annual performance is noted in the column titled Annual Variance.

- Two health plans maintained a 100% annual performance average for the fourth year in a row –Plan 07 and Plan 08.
- One health plan maintained the same annual performance standard from 2021 to 2022 – Plan 03
- One health plan improved its average annual performance for this measure in 2022 – Plan 09.
- Five health plans had a decrease in average annual performance for this measure in 2022, but still exceeded the average annual performance target of 98% of electronic written inquiries responded to within 2 days –Plan 10, Plan 06, Plan 05, Plan 01, and Plan 02.

**Table 7C – Electronic Written Inquiry Response: 2021 vs. 2022 Annual Average Performance by Health Plan**

| <b>Health Plan</b> | <b>2021 Average Performance</b> | <b>2022 Average Performance</b> | <b>Annual Variance</b> |
|--------------------|---------------------------------|---------------------------------|------------------------|
| <b>Plan 01</b>     | 99.1%                           | 99.0%                           | -0.1%▼                 |
| <b>Plan 02</b>     | 100%                            | 99.7%                           | -0.3%▼                 |
| <b>Plan 03</b>     | 99.2%                           | 99.2%                           | 0.0%                   |
| <b>Plan 04</b>     | Was not in the GHIP             | 100%                            | 0.0%                   |
| <b>Plan 05</b>     | 100%                            | 99.5%                           | -0.5%▼                 |
| <b>Plan 06</b>     | 98.3%                           | 98.2%                           | -0.1%▼                 |
| <b>Plan 07</b>     | 100%                            | 100%                            | 0.0%                   |
| <b>Plan 08</b>     | 100%                            | 100%                            | 0.0%                   |
| <b>Plan 09</b>     | 100%                            | 100%                            | 1.1%▲                  |
| <b>Plan 10</b>     | 100%                            | 99.8%                           | -0.2%▼                 |
| <b>Plan 11</b>     | 99.3%                           | N/A                             | N/A                    |

## 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 8A – Additional Key Performance Measures: Annual Average Health Plan Performance**

| Performance Measure                               | Measurement Description  | Performance Target                                      | 2022 Average Performance |
|---|--|---|--------------------------|
| <b>A. Enrollment</b>                              |  |   |                          |
| <b>1) Enrollment File<sup>1</sup></b>             | 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                | 98.2%                    |
| <b>2) Enrollment Discrepancies and Exceptions</b> | 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%                     |
| <b>4) Identification (ID) Cards<sup>2</sup></b>   | 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                            | 94.3%                    |
| <b>B. Deliverables to the Department</b>          |  |   |                          |
| <b>1) Approval of Communications</b>              | 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%                     |
| <b>C. Other</b>                                   |  |   |                          |
| <b>2) Major System Changes and Conversions</b>    | 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 02 filed to meet the enrollment file transfer requirement in Q2 of 2022

2. Plan 10 and Plan 07 failed to meet the ID card issuance requirement for December 2022

## 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 quarter by \$5,000. For example, if a health plan fails to meet a performance standard by two percentage points in a quarter, its total applicable penalty amount for the quarter would be \$10,000.

Tables 9A and 9B provide applicable penalty detail for plan years 2021 and 2022. 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 exceeding 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                   | 2021 Total Applicable Penalty Amount | 2022 Total Applicable Penalty Amount | Annual Variance Percent |
|---------------------------------------|--------------------------------------|--------------------------------------|-------------------------|
| Annual Total Potential Penalty Amount | \$24,250                             | \$30,250                             | 22.0% ▲                 |

As demonstrated throughout the report, overall health plan performance decreased slightly in 2022. This is reflected in the 22.0% increase in total applicable penalties from plan year 2021 to 2022.

**Table 9B – Key Health Plan Performance Measures: 2020 vs. 2021 Total Applicable Penalty Amounts**

| Performance Measure                      | 2021 Applicable Penalties | 2022 Applicable Penalties | Annual Variance | Variance Percent |
|--|---------------------------|---------------------------|-----------------|------------------|
| 1) Claims Processing Accuracy            | \$0                       | \$0                       | \$0             | 0%               |
| 2) Claims Processing Time                | \$0                       | \$12,750                  | \$12,750        | 100% ▲           |
| 3) Call Answer Timeliness                | \$20,000                  | \$17,500                  | -\$2,500        | -13% ▼           |
| 4) Call Abandonment Rate                 | \$0                       | \$0                       | \$0             | 0%               |
| 5) Open Call Resolution Turn-Around Time | \$0                       | \$0                       | \$0             | 0%               |
| 6) Electronic Written Inquiry Response   | \$4,250                   | \$0                       | -\$4,250        | -100% ▼          |
| <b>Total</b>                             | <b>\$24,250</b>           | <b>\$30,250</b>           | <b>\$6,000</b>  | <b>22.0% ▲</b>   |