Group Health Insurance Program

Quarterly Health Plan Performance Report

Q1-2023

July 17, 2023

This Copy is Deidentified.

Prepared for the Group Insurance Board, August 16, 2023

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 2023 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 2023.

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.

II. Quarterly Average Health Plan Performance Summary by Measure

The Q1-2023 average health plan performance exceeded the performance target for all six key measures. This is consistent with health plan performance in Q1-2022.

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: Q1-2023

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance	Report Detail Page
A. Claims Processing				
1) Processing Accuracy	97%	99.2%	2.2% ▲	Page 4
2) Claims Processing Time	95% processed within 30 days	98.8%	3.8% ▲	Page 5
1) Call Answer Timeliness	80% ≤ 30 seconds	87.4%	7.4% ▲	Page 6
2) Call Abandonment Rate	≤ 3% of calls abandoned	1.3%	-1.7% ▼	Page 7
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	97.6%	7.6% ▲	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 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 plans met or exceeded the performance target for Q1-2023
  - No health plans incurred penalties for this measure during Q1-2023

Table 2A – Processing Accuracy: Average Health Plan Performance for Q1 2023

Performance Measure	Performance Target	Q1 Average Performance	Q1 Average Variance
Processing Accuracy	97%	99.2%	2.2% ▲

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	97.1%	--	--	--	97.1%	0.1% ▲
Plan 04	100%	--	--	--	100%	3.0% ▲
Plan 05	99.5%	--	--	--	99.5%	2.5% ▲
Plan 06	100%	--	--	--	100%	3.0% ▲
Plan 07	99.1%	--	--	--	99.1%	2.1% ▲
Plan 08	100%	--	--	--	100%	3.0% ▲
Plan 09	97.7%	--	--	--	97.7%	0.7% ▲
Plan 10	100%	--	--	--	100%	3.0% ▲
Plan 11	99.1%	--	--	--	99.1%	2.1% ▲

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:**
  - 10 participating health plans met or exceeded the performance target for Q1-2023
  - One health plan (Plan 08) did not meet this metric for Q1-2023. The penalty was waived due to a delay with the Centers for Medicaid reporting information needed for claims processing, resulting in Plan 08 not meeting this metric.

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	98.8%	3.8% ▲

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	99.8%	--	--	--	99.8%	4.8% ▲
Plan 02	99.8%	--	--	--	99.8%	4.8% ▲
Plan 03	100%	--	--	--	100%	5.0% ▲
Plan 04	99.9%	--	--	--	99.9%	4.9% ▲
Plan 05	99.8%	--	--	--	99.8%	4.8% ▲
Plan 06	99.9%	--	--	--	99.9%	4.9% ▲
Plan 07	99.8%	--	--	--	99.8%	4.8% ▲
Plan 08	94.3%	--	--	--	94.3%	-0.7% ▼
Plan 09	97.3%	--	--	--	97.3%	2.3% ▲
Plan 10	97.2%	--	--	--	97.2%	2.2% ▲
Plan 11	99.8%	--	--	--	99.8%	4.8% ▲

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:**
  - 10 participating health plans met or exceeded the performance target for Q1-2023
  - 1 health plan did not meet the performance target for quarter 1 2023 (Plan 03). The penalty for this infraction was divided in half due to Plan 03 being a newly established health plan. Plan 03 was assessed a penalty of $10,000. Plan 03 has put a framework in place to ensure that this metric is met in the future.

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	87.4%	7.4% ▲

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	85.0%	--	--	--	85.0%	5.0% ▲
Plan 02	85.0%	--	--	--	85.0%	5.0% ▲
Plan 03	76.0%	--	--	--	76.0%	-4.0% ▼
Plan 04	85.1%	--	--	--	85.1%	5.1% ▲
Plan 05	82.0%	--	--	--	82.0%	2.0% ▲
Plan 06	84.8%	--	--	--	84.8%	4.8% ▲
Plan 07	97.1%	--	--	--	97.1%	17.1% ▲
Plan 08	87.0%	--	--	--	87.0%	7.0% ▲
Plan 09	84.7%	--	--	--	84.7%	4.7% ▲
Plan 10	98.1%	--	--	--	98.1%	18.1% ▲
Plan 11	97.1%	--	--	--	97.1%	17.1% ▲

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 performance target for Q1-2023
  - No health plans incurred penalties for this measure during Q1-2023

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	1.3%	-1.7% ▼

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	2.0%	--	--	--	2.0%	-1.0% ▼
Plan 03	2.6%	--	--	--	2.6%	-0.4% ▼
Plan 04	2.3%				2.3%	-0.7% ▼
Plan 05	2.7%	--	--	--	2.7%	-0.3% ▼
Plan 06	0.0%	--	--	--	0.0%	-3.0% ▼
Plan 07	0.5%	--	--	--	0.5%	-2.5% ▼
Plan 08	0.7%	--	--	--	0.7%	-2.3% ▼
Plan 09	2.0%	--	--	--	2.0%	-1.0% ▼
Plan 10	0.7%	--	--	--	0.7%	-2.3% ▼
Plan 11	0.5%	--	--	--	0.5%	-2.5% ▼

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 the need for a referral or follow-up action) within two business days, divided by the total number of issues initiated by the call
- **Key Findings:**
  - All 11 of the measured health plans met or exceeded the performance target for Q1-2023
  - No health plans incurred penalties for this measure during Q1-2023
  - Plan 05' systems now allow for this measurement to be reported.

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	97.6%	7.6% ▲

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	97.1%	--	--	--	97.1%	7.1% ▲
Plan 02	99.7%	--	--	--	99.7%	9.7% ▲
Plan 03	93.0%	--	--	--	93.0%	3.0% ▲
Plan 04	98.2%	--	--	--	98.2%	8.2% ▲
Plan 05[1]	100%	--	--	--	100%	10.0% ▲
Plan 06	97.7%	--	--	--	97.7%	7.7% ▲
Plan 07	99.7%	--	--	--	99.7%	9.7% ▲
Plan 08	94.2%	--	--	--	94.2%	4.2% ▲
Plan 09	96.7%	--	--	--	96.7%	6.7% ▲
Plan 10	98.6%	--	--	--	98.6%	8.6% ▲
Plan 11	99.7%	--	--	--	99.7%	9.7% ▲

1: Plan 05is now able to report Open Call Resolution Turn Around Time. No longer a system limitation

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 Q1-2023
  - No health plans incurred penalties for this measure during Q1-2023

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	99.0%	--	--	--	99.0%	1.0% ▲
Plan 04	100%	--	--	--	100%	2.0% ▲
Plan 05	100%	--	--	--	100%	2.0% ▲
Plan 06	100%	--	--	--	100%	2.0% ▲
Plan 07	100%	--	--	--	100%	2.0% ▲
Plan 08	100%	--	--	--	100%	2.0% ▲
Plan 09	98.3%	--	--	--	98.3%	0.3% ▲
Plan 10	100%	--	--	--	100%	2.0% ▲
Plan 11	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