

Group Health Insurance Program
2023 Health Plan Performance Report



April 26, 2024

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 *Health Plan Performance Report* provides performance outcomes for the one Medicare Advantage vendor and ten health plans are contracted by the Board to provide GHIP coverage for plan year 2023 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 fifth annual *Health Plan Performance Report* to the Board. Comparisons and trends to plan year 2023 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.

Quarterly 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 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.

The Medicare Advantage vendor for plan year 2023 is UnitedHealthcare.

The ten health plan providers contracted for plan year 2023 were:

1. Aspirus Health Plan (Aspirus).
2. Dean Health Plan, Inc. (Dean).
3. Group Health Cooperative of Eau Claire (GHC of Eau Claire).
4. Group Health Cooperative of South Central Wisconsin (GHC of SCW).
5. HealthPartners Insurance Company, Inc. (HealthPartners).
6. Medical Associates Health Plans of Wisconsin (Medical Associates).
7. MercyCare Insurance Company (MercyCare).
8. Network Health Plan (Network).
9. Security Health Plan (Security).
10. Unity Health Plans Insurance Company d/b/a Quartz (Quartz).

II. Annual Average Health Plan Performance Summary by Measure

The average health plan performance for plan year 2023 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 2023 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	2023 Average Performance	2023 Average Variance	Report Detail Page
A. Claims Processing				
1) Processing Accuracy	97%	99.4%	2.4%▲	Page 5
2) Claims Processing Time	95% processed within 30 days	99.2%	4.2%▲	Page 7
B. Customer Service				
1) Call Answer Timeliness	80% ≤ 30 seconds	88.8%	8.8%▲	Page 9
2) Call Abandonment Rate	< 3% of calls abandoned	1.1%	-1.9%▼	Page 11
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	97.4%	7.4%▲	Page 13
4) Electronic Written Inquiry Response	98% response within 2 days	99.7%	1.7%▲	Page 15

Table 1B provides a comparison of average annual performance between plan years 2022 and 2023. The difference in average annual performance is noted for each measurement in the column titled Plan Year Variance. While one measure is lower than in 2022, 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 – 2022 vs. 2023 Average Health Plan Performance Summary by Measure

Performance Measure	Performance Target	2022 Average Performance	2023 Average Performance	Plan Year Variance
A. Claims Processing				
1) Processing Accuracy	97%	99.3%	99.4%	0.1%▲
2) Claims Processing Time	95% processed within 30 days	98.7%	99.2%	0.5%▲

Table 1B – 2022 vs. 2023 Average Health Plan Performance Summary by Measure (Cont.)

Performance Measure	Performance Target	2022 Average Performance	2023 Average Performance	Plan Year Variance
B. Customer Service				
1) Call Answer Timeliness	80% ≤ 30 seconds	89.0%	88.8%	-0.2% ▼
2) Call Abandonment Rate	< 3% of calls abandoned	1.0%	1.1%	0.1% ▲
3) Open Call Resolution Turn-Around Time	90% resolved within 2 days	97.4%	97.4%	0.0%
4) Electronic Written Inquiry Response	98% response within 2 days	99.5%	99.7%	0.2% ▲

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 11 participating health plans met or exceeded the annual performance target for this measure throughout the year 2023

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

Performance Measure	Performance Target	2023 Average Performance	2023 Average Variance
Processing Accuracy	97%	99.4%	2.4% ▲

The annual average health plan performance for processing accuracy decreased by 0.1% from 2022 to 2023. 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	2023 Average Performance	2023 Average Target Variance
Aspirus	100%	100%	99.3%	97.8%	99.3%	2.3% ▲
Dean	100%	100%	100%	100%	100%	3.0% ▲
GHC of Eau Claire	100%	99.9%	99.8%	99.8%	99.9%	2.9% ▲
GHC of SCW	97.7%	98.0%	97.7%	97.8%	97.8%	0.8% ▲
HealthPartners	100%	99.8%	99.9%	100%	99.9%	2.9% ▲
Medical Associates	99.5%	99.6%	99.5%	99.6%	99.6%	2.6% ▲
MercyCare	99.6%	99.8%	99.8%	99.5%	99.6%	2.6% ▲
Network	99.7%	99.8%	99.8%	99.7%	99.8%	2.8% ▲
Quartz	99.5%	99.7%	99.6%	99.7%	99.6%	2.6% ▲
Security	97.1%	99.9%	99.9%	99.0%	99.0%	2.0% ▲
UnitedHealthcare	99.1%	98.7%	99.5%	99.4%	99.2%	2.2% ▲

Table 2C provides a comparison of average annual performance for processing accuracy between plan years 2022 and 2023. The difference in average annual performance is noted in the column titled Plan Year Variance.

- Five health plans improved their average annual performance for this measure in 2023: Medical Associates, MercyCare, Network, Quartz, and UnitedHealthcare.
- Four health plans had a slight decrease in average annual performance for this measure in 2023, but still exceeded the average annual performance target of 97%: Aspirus, GHC of Eau Claire, GHC of SCW, and HealthPartners.
- One health plan maintained the same annual performance average as the previous year but still exceeded the average annual performance target of 97%: Dean.
- One Health Plan was not in the GHIP for the 2022 plan year: Security.

Table 2C – Processing Accuracy: 2022 vs. 2023 Annual Average Performance by Health Plan

Health Plan	2022 Average Performance	2023 Average Performance	Plan Year Variance
Aspirus	100%	99.3%	-0.7% ▼
Dean	100%	100%	0.0%
GHC of Eau Claire	99.9%	99.9%	0.0%
GHC of SCW	98.0%	97.8%	-0.2% ▼
HealthPartners	100%	99.9%	- 0.1% ▼
Medical Associates	99.5%	99.6%	0.1% ▲
MercyCare	98.8%	99.6%	0.8% ▲
Network	99.3%	99.7%	0.4% ▲
Quartz	99.4%	99.7%	0.3% ▲
Security	Was not in the GHIP	99.0%	N/A
UnitedHealthcare	98.4%	99.2%	0.8% ▲

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 11 participating health plan exceeded the annual performance target for this measure in 2023.
- 10 health plans also met or exceeded the quarterly performance target in every quarter of 2023.
 - One health plan failed to meet the target in Quarter 1 of 2023: Dean.

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

Performance Measure	Performance Target	2023 Average Performance	2023 Average Variance
Claims Processing Time	95% processed within 30 days	99.2%	4.2% ▲

The annual average health plan performance for claims processing time decreased by 0.1% from 2022 to 2023. 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	2023 Average Performance	Performance Target Variance
Aspirus	99.9%	99.8%	99.7%	99.6	99.8%	4.8% ▲
Dean	94.3%	99.8%	99.9%	100%	98.5%	3.5% ▲
GHC of Eau Claire	97.2%	96.4%	100%	98.1%	97.9%	2.9% ▲
GHC of SCW	97.3%	97.7%	98.7%	97.3%	97.7%	2.7% ▲
HealthPartners	99.9%	99.7%	99.8%	97.1%	99.1%	4.1% ▲
Medical Associates	99.8%	99.4%	99.1%	99.7%	99.5%	4.5% ▲
MercyCare	99.8%	99.9%	98.4%	99.5%	99.4%	4.4% ▲
Network	100%	100%	99.9%	100%	99.9%	4.9% ▲
Quartz	99.8%	99.8%	99.9%	100%	99.8%	4.8% ▲
Security	100%	100%	100%	100%	100%	5.0% ▲
UnitedHealthcare	99.8%	99.9%	99.8%	99.3%	99.7%	4.7% ▲

Table 3C provides a comparison of average annual performance for claims processing time between plan years 2022 and 2023. The difference in average annual performance is noted in the column titled Plan Year Variance.

- Six health plans improved their average annual performance for this measure in 2023: Aspirus, GHC of Eau Claire, GHC of SCW, Medical Associates, Network, and UnitedHealthcare.
- Four health plans had a decrease in average annual performance for this measure in 2023, but still exceeded the average annual performance target of 95% of claims processed within 30 days: Dean, HealthPartners, MercyCare, and Quartz.
- One Health Plan was not in the GHIP for the 2022 plan year: Security.

Table 3C – Claims Processing Time: 2022 vs. 2023 Annual Average Performance by Health Plan

Health Plan	2022 Average Performance	2023 Average Performance	Plan Year Variance
Aspirus	98.5%	99.8%	1.3%▲
Dean	99.5%	98.5%	-1.0%▼
GHC of Eau Claire	95.0%	97.9%	2.9%▲
GHC of SCW	97.1%	97.7%	0.6%▲
HealthPartners	99.9%	99.1%	-0.8%▼
Medical Associates	98.4%	99.5%	1.1%▲
MercyCare	99.6%	99.4%	-0.2%▼
Network	99.9%	100%	0.1%▲
Quartz	99.9%	99.8%	-0.1%▼
Security	Was not in the GHIP	100%	N/A
UnitedHealthcare	99.0%	99.7%	0.7%▲

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 exceeded the annual performance target for this measure in 2023.
 - One health plan failed to meet the annual performance target for this measure in 2023: Security.
 - Security failed to meet this quarterly performance target for this measure in Q1, Q3, and Q4.

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

Performance Measure	Performance Target	2023 Average Performance	2023 Average Variance
Call Answer Timeliness	80% ≤ 30 seconds	88.8%	8.8% ▲

The annual average health plan performance for call answer timeliness decreased by 0.2% from 2022 to 2023. 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	2023 Average Performance	Performance Target Variance
Aspirus	85.1%	85.2%	91.4%	86.0%	86.9%	6.9% ▲
Dean	87.0%	98.3%	96.0%	95.8%	94.3%	14.3% ▲
GHC of Eau Claire	98.1%	97.7%	100%	100%	99.0%	19.0% ▲
GHC of SCW	84.7%	87.7%	83.7%	82.7%	84.7%	4.7% ▲
HealthPartners	84.8%	86.3%	82.6%	87.8%	85.4%	5.4% ▲
Medical Associates	82.0%	82.8%	81.9%	100%	86.7%	6.7% ▲
MercyCare	85.0%	86.5%	86.2%	86.2%	86.0%	6.0% ▲
Network	94.8%	92.6%	95.5%	96.5%	94.9%	14.9% ▲
Quartz	85.0%	92.0%	85.4%	83.4%	86.5%	6.5% ▲
Security	76.0%	83.2%	79.9%	75.3%	78.6%	-1.4% ▼
UnitedHealthcare	97.1%	98.1%	90.8%	91.0%	94.3%	14.3% ▲

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Table 4C provides a comparison of average annual performance for claims processing time between plan years 2022 and 2023. 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 2023 – Aspirus, Dean, GHC of Eau Claire, HealthPartners, Medical Associates, and Network.
- Three health plans had a decrease in average annual average performance for this measure in 2023, but still exceeded the average annual performance target of 80% of calls answered in 30 seconds or less: MercyCare, Quartz, and UnitedHealthcare.
- One health plan maintained the same annual performance average as the previous year but still exceeded the average annual performance target of 80%: GHC-SCW.
- One Health Plan was not in the GHIP for the 2022 plan year: Security.

Table 4C – Call Answer Timeliness: 2022 vs. 2023 Annual Average Performance by Health Plan

Health Plan	2022 Average Performance	2023 Average Performance	Plan Year Variance
Aspirus	78.9%	86.9%	8.0%▲
Dean	94.0%	94.3%	0.3%▲
GHC of Eau Claire	97.9%	99.0%	1.1%▲
GHC of SCW	84.7%	84.7%	0.0%
HealthPartners	84.4%	85.4%	1.0%▲
Medical Associates	83.7%	86.7%	3.0%▲
MercyCare	96.2%	86.0%	-10.2%▼
Network	87.0%	94.9%	7.9%▲
Quartz	89.6%	86.5%	-3.1%▼
Security	Was not in the GHIP	78.6%	N/A
UnitedHealthcare	94.4%	94.3%	-0.1%▼

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 three percent (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 annual performance target for this measure in 2023.
- On a whole, the health plans demonstrated an ability to meet or exceed the performance target on a regular basis throughout the plan year.

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

Performance Measure	Performance Target	2023 Average Performance	2023 Average Variance
Call Abandonment Rate	< 3% of calls abandoned	1.1%	-1.9% ▼

The annual average health plan performance for call abandonment rate increased by 0.1% from 2022 to 2023. 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	2023 Average Performance	Performance Target Variance
Aspirus	2.3%	1.9%	1.3%	1.4%	1.7%	-1.3% ▼
Dean	0.7%	0.3%	0.3%	0.3%	0.4%	-2.6% ▼
GHC of Eau Claire	0.7%	0.8%	0.0%	0.0%	0.4%	-2.6% ▼
GHC of SCW	2.0%	2.3%	2.7%	2.7%	2.4%	-0.6% ▼
HealthPartners	0.0%	0.3%	0.3%	0.3%	0.2%	-2.8% ▼
Medical Associates	2.7%	2.0%	1.4%	0.1%	1.6%	-1.4% ▼
MercyCare	2.0%	2.0%	3.0%	2.0%	2.3%	-0.7% ▼
Network	0.4%	0.7%	0.3%	0.3	0.4%	-2.6% ▼
Quartz	0.7%	0.4%	0.9%	0.9%	0.7%	-2.3% ▼
Security	3.8%	0.4%	0.8%	2.0%	1.8%	-1.2% ▼
UnitedHealthcare	0.5%	0.3%	1.0%	1.1%	0.7%	-2.3 ▼

Table 5C provides a comparison of annual average performance for call abandonment rates between plan years 2022 and 2023. 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 2023: HealthPartners, Medical Associates, Network, Quartz, and UnitedHealthcare.
- Four health plans had a decrease in average annual performance for this measure in 2023, but still met the average annual performance target of three percent (3%) or less: Aspirus, Dean, GHC of SCW, and MercyCare.
- One health plan maintained the same annual performance standard from 2022 to 2023: GHC of Eau Claire.
- One Health Plan was not in the GHIP for the 2022 plan year: Security.

Table 5C – Call Abandonment Rate: 2022 vs. 2023 Annual Average Performance by Health Plan

Health Plan	2022 Average Performance	2023 Average Performance	Annual Variance
Aspirus	1.2%	1.7%	0.5% ▲
Dean	0.3%	0.4%	0.1% ▲
GHC of Eau Claire	0.4%	0.4%	0.0%
GHC of SCW	1.6%	2.4%	0.8% ▲
HealthPartners	0.3%	0.2%	-0.1% ▼
Medical Associates	2.7%	1.6%	-1.1% ▼
MercyCare	0.5%	2.3%	1.8% ▲
Network	0.9%	0.4%	-0.5% ▼
Quartz	0.9%	0.7%	-0.2% ▼
Security	Was not in the GHIP	1.8%	N/A
UnitedHealthcare	0.9%	0.7%	-0.2% ▼

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:**

- Medical Associates was granted a data reporting exemption due to system limitations.
 - A written summary of activity was submitted – no issues were identified for 2023.
- The remaining 10 participating health plans all met or exceeded the annual performance target for this measure in 2023.
- The 10 measured health plans also met or exceeded the quarterly performance target in every quarter of 2023.

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

Performance Measure	Performance Target	2023 Average Performance	2023 Average Variance
Open Call Resolution Turn-Around Time	90% resolved within 2 days	97.4%	7.4% ▲

The annual average health plan performance for open call resolution turn-around time increased by 9.7% from 2022 to 2023. 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	2023 Average Performance	Performance Target Variance
Aspirus	98.2%	99.5%	100%	100%	99.4%	9.4% ▲
Dean	94.2%	93.7%	92.8%	93.0%	93.4%	3.4% ▲
GHC of Eau Claire	98.6%	99.3%	99.4%	99.9%	99.3%	9.3% ▲
GHC of SCW	96.7%	96.5%	96.5%	97.9%	96.9%	6.9% ▲
HealthPartners	97.7%	95.7%	96.3%	95.7%	96.4%	6.4% ▲
Medical Associates ¹	n/a	n/a	n/a	n/a	n/a	n/a
MercyCare	99.7%	95.0%	100%	99.6%	98.6%	8.6% ▲
Network	98.0%	98.4%	98.0%	97.8%	98.1%	8.1% ▲
Quartz	97.1%	97.8%	97.7%	97.3%	97.4%	7.4% ▲
Security	93.0%	97.1%	97.0%	97.2%	96.1%	6.1% ▲
UnitedHealthcare	99.7%	96.6%	99.7%	99.7%	99.0%	9.0% ▲

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 2022 and 2023. 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 2023: Aspirus, Dean, GHC of Eau Claire, GHC of SCW, and UnitedHealthcare.

- Three health plans had a decrease in average annual performance for this measure in 2023, but still exceeded the average annual performance target of 90% of open calls resolved within 2 days: HealthPartners, MercyCare, and Quartz.
- One health plan maintained the same annual performance standard from 2022 to 2023: Network.
- One Health Plan was not in the GHIP for the 2022 plan year: Security.

Table 6C – Open Call Resolution Turn-Around Time: 2022 vs. 2023 Annual Average Performance by Health Plan

Health Plan	2022 Average Performance	2023 Average Performance	Annual Variance
Aspirus	98.4%	99.4%	1.0% ▲
Dean	92.4%	93.4	1.0% ▲
GHC of Eau Claire	98.5%	99.3%	0.8% ▲
GHC of SCW	96.2%	96.9%	0.7% ▲
HealthPartners	96.6%	96.4%	-0.2% ▼
Medical Associates ¹	n/a	n/a	n/a
MercyCare	100%	98.6%	-1.4% ▼
Network	98.1%	98.1%	0.0%
Quartz	97.7%	97.4%	-0.3% ▼
Security	Was not in the GHIP	96.1	n/a
UnitedHealthcare	98.8%	99.0	0.2% ▲

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 11 participating health plans met or exceeded the annual performance target for this measure in 2023.
 - All 11 health plans also met or exceeded the quarterly performance target in every quarter of 2023.

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

Performance Measure	Performance Target	2023 Average Performance	2023 Average Variance
Electronic Written Inquiry Response	98% response within 2 days	99.7%	1.7%▲

The annual average health plan performance increased by 0.2% from 2022 to 2023. 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 Plan

Health Plan	Q1	Q2	Q3	Q4	2023 Average Performance	Performance Target Variance
Aspirus	100%	100%	100%	100%	100%	2.0%▲
Dean	100%	100%	100%	100%	100%	2.0%▲
GHC of Eau Claire	100%	100%	100%	100%	100%	2.0%▲
GHC of SCW	98.3%	98.0%	98.0%	98.0%	98.1%	0.1%▲
HealthPartners	100%	100%	99.3%	100%	99.8%	1.8%▲
Medical Associates	100%	100%	100%	100%	100%	2.0%▲
MercyCare	100%	100%	100%	100%	100%	2.0%▲
Network	100%	100%	100%	100%	100%	2.0%▲
Quartz	100%	100%	99.8%	99.6%	99.8%	1.8%▲
Security	99.0%	100%	100%	100%	99.8%	1.8%▲
UnitedHealthcare	100%	100%	100%	100%	100%	2.0%▲

Table 7C provides a comparison of average annual performance for electronic inquiry response times between plan years 2022 and 2023. The difference in average annual performance is noted in the column titled Annual Variance.

- Three health plans maintained a 100% annual performance average for the fourth year in row: Aspirus, GHC of Eau Claire, and UnitedHealthcare.
- One health plan maintained a 100% annual performance average for the fourth year in a row: GHC of Eau Claire.
- Six health plans improved their average annual performance for this measure in 2023: Dean, HealthPartners, Medical Associates, MercyCare, Network, and Quartz.
- One health plans had a decrease in average annual performance for this measure in 2023, but still exceeded the average annual performance target of 98% of electronic written inquiries responded to within two days: GHC of SCW.
- One Health Plan was not in the GHIP for the 2022 plan year: Security.

Table 7C – Electronic Written Inquiry Response: 2022 vs. 2023 Annual Average Performance by Health Plan

Health Plan	2022 Average Performance	2023 Average Performance	Annual Variance
Aspirus	100%	100%	0.0%
Dean	99.8%	100%	0.2% ▲
GHC of Eau Claire	100%	100%	0.0%
GHC of SCW	98.2%	98.1%	-0.1% ▼
HealthPartners	99.5%	99.8%	0.3% ▲
Medical Associates	100%	100%	0.0%
MercyCare	98.8%	100%	1.2% ▲
Network	99.7%	100%	0.3% ▲
Quartz	99.2%	99.8%	0.6% ▲
Security	Was not int the GHIP	99.8%	N/A
UnitedHealthcare	100%	100%	0.0%

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

Performance Measure	Measurement Description	Performance Target	2023 Average Performance
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. Deliverables to the Department			
1) Approval of Communications	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%
C. Other			
2) 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

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 2022 and 2023. 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	2022 Total Applicable Penalty Amount	2023 Total Applicable Penalty Amount	Annual Variance Percent
Annual Total Potential Penalty Amount	\$30,250	\$42,300	39.8%▲

As demonstrated throughout the report, overall health plan performance increased slightly in 2023. This is reflected in the 39.8% increase in total applicable penalties from plan year 2022 to 2023.

Table 9B – Key Health Plan Performance Measures: 2022 vs. 2023 Total Applicable Penalty Amounts

Performance Measure	2022 Applicable Penalties	2023 Applicable Penalties	Annual Variance	Variance Percent
1) Claims Processing Accuracy	\$0	\$0	\$0	0%
2) Claims Processing Time	\$12,750	\$0	-\$12,750	-100%▼
3) Call Answer Timeliness	\$17,500	\$38,000	\$20,500	117%▲
4) Call Abandonment Rate	\$0	\$4,300	\$4,300	
5) Open Call Resolution Turn-Around Time	\$0	\$0	\$0	0%
6) Electronic Written Inquiry Response	\$0	\$0	\$0	0%
Total	\$30,250	\$42,300	\$7,750	17.0%▲