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Correspondence Memorandum

Date: April 2, 2024

To: Group Insurance Board

From: Stephanie Trigsted, Health Care Data Quality, and Integrations Analyst
 Office of Strategic Health Policy

Subject: Health Plan Quality Credit

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

Background

As part of the annual health plan rate-setting process, the Department of Employee Trust Funds (ETF) develops a quality credit rate adjustment that, if earned, is applied to individual health plans' final rates. This memo provides an update to the Group Insurance Board (Board) on the status of the quality credits earned as part of the 2025 plan year rate setting process. Health plan names have been de-identified and randomized in this memo. While the aggregate level of the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) quality scores are publicly available, the individual measurement values are not. ETF has, therefore, de-identified the plan names to maintain confidentiality. The Board will receive a version of this memo with results identifiable by plan.

The quality credit is an incentive to focus the attention of health plans on healthcare topics affecting the Board's membership that ETF wants to improve. ETF aligns these topics with both regional and national healthcare improvement intervention topics but reserves the ability to customize measurements based on the specific needs of the ETF membership.

Changes for the 2025 Plan Year Calculation

The quality credit is a calculation of data submitted from each health plan, including HEDIS data and CAHPS data submitted by health plans each year in June. These are industry standard, validated, and independently verified data sources that provide a quantitative analysis of the quality of healthcare and services provided. There were a few changes made to the 2025 plan year quality credit calculation as outlined in the 2024 Plan Year Quality Credit memo ([Ref. GIB | 08.16.23 | 4B](#)).

Reviewed and approved by Brian Stamm, Deputy Director, Office of Strategic Health Policy
 Electronically Signed 04/30/2024

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| GIB | 05.23.24 | 4A |

The Childhood Immunization Combo #10 (CIS #10) was removed as a scoring item. Additionally, the Breast Cancer Screening (BCS) and Cervical Cancer Screening (CCS) rates were derived from the Board's claims-based data warehouse (DAISI) rather than the health plan's HEDIS submission. Merative, formerly IBM Watson Health, is the administrator of ETF's claims-based data warehouse and analytic tools. The HEDIS measures available through Merative use the same definitions and methodology from NCQA and have been certified by the NCQA. BCS and CCS were calculated for all health plans using the most recently available data in DAISI at the time of calculation. The rolling year from November 2022 to October 2023 was used for the quality credit score calculation. All other measures remained unchanged with annual HEDIS and CAHPS submissions as the data source.

Due to the change in the rate setting timeline, plans have not yet submitted the latest HEDIS and CAHPS reports. Therefore, data from last year's submission were used again this year. This means that most measures, with the exception of BCS and CCS, will not show any year over year changes.

2025 Plan Year Results

The calculation showed a slight increase in total score for 4 plans and a slight decrease in total score for 6 plans. The weighted total score changes ranged from a 0.49% decrease to a 0.57% increase.

The quality credit is factored into all health insurance premium rates presented to the Board. The top-performing plan received a 1% credit, and the credit was gradually decreased to a 0.5% credit for the fifth-place plan. The remaining plans scored below the quality credit cutoff and did not receive a credit. During the rate-setting discussions, ETF staff notified all plans of their earned credit, if applicable. All plans were sent a copy of their individualized quality credit report and were invited to schedule follow-up meetings to discuss their individual scores. Full results can be found in Attachment A: 2025 Plan Year Quality Credit.

Future Measures and Changes

ETF will evaluate all measures included in the scoring of the quality credit to determine their continued usability as new HEDIS and CAHPS data becomes available in June. Additionally, staff continues to explore opportunities to add GHIP member-specific data, program quality measures, and other member experience measures. If any potential changes to or additions of measures are identified, ETF will solicit feedback from health plans prior to bringing recommendations to the Board.

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