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## ***Correspondence Memorandum***

**Date:** July 25, 2024

**To:** Office of Internal Audit

**From:** Jessica Rossner, Data and Compliance Unit Director  
Office of Strategic Health Policy (OSHP)

**Subject:** Phase 2 Review of Health Plan Performance Standards Design

Thank you for the thorough review of the Group Health Insurance Program's (GHIP's) performance standards and the detailed analysis and insights provided. OSHP agrees with your findings that the current performance standards for the GHIP health plans are comparable to those required by other states and local health plans, as well as ETF's other programs. As noted, other state health plans incorporate National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures into their performance standards, which are reasonable components for measuring the quality of care. While these measures are included in the GHIP's Quality Credit Program, we acknowledge the need to evaluate including performance standards in the program agreement that cover all three components of the Triple Aim.

To address the findings, we are considering two key adjustments. First, regarding the HEDIS/CAHPS measures, we are actively investigating specific metrics that align with all three components of the Triple Aim for the performance standards in the health plan program agreement. We are considering the needs of the members, goals, and initiatives of the GHIP, limitations in the data and impact to the health plans as we evaluate metric options. Any integrations made will help set clear service expectations for GHIP health plans and ensure better alignment with the goals of providing high-quality, member-centered care. Second, for Claims Processing Accuracy, we will explore the health plans' ability to separate the reporting of "Claims Processing Accuracy – Procedure" and "Claims Processing Accuracy – Financial." This change will align our practices with other state health plans and enhance clarity and transparency in reporting.

Furthermore, we noted your observation regarding the assessment of late fees for delayed submission of performance standards reports in two other programs administered by ETF. We recognize the potential value of implementing a penalty for late submissions to encourage continued compliance and accountability. We will

Attachment A

explore this option for inclusion in future agreements, as we are committed to maintaining the highest standards of performance and accountability.

Once again, thank you for your valuable feedback. We are confident that these proposed changes will improve our performance standards and help us continue to deliver exceptional services to GHIP members.