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Correspondence Memorandum

Date: May 7, 2025
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 2026 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 health plan names to maintain confidentiality. The Board will receive a version of this memo with results identifiable by health 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 Group Health Insurance Program (GHIP) membership.

Changes for the 2026 Plan Year

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 or July. The data used for the 2026 plan year quality credit was collected during measurement year 2023 (MY 2023) and submitted in July of 2024. These are industry standard, validated, and independently verified data sources that provide a quantitative analysis of the quality of healthcare and services provided.

Reviewed and approved by Renee Walk, Director, Office of Strategic Health Policy
Electronically Signed 04/28/2025

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GIB	05.21.25	13A

The only change to scoring items made in the 2026 plan year quality credit calculation was the replacement of the CAHPS-based adult flu vaccination rate with the HEDIS-based adult flu vaccination rate (AIS-E). NCQA discontinued the CAHPS flu vaccination rate for MY 2023. ETF conducted extensive analysis to ensure no health plan would be disadvantaged by the substitution. Additionally, health plan feedback was collected and most health plans preferred moving to AIS-E over eliminating a flu vaccination measure or other substitutions.

2026 Plan Year Results

Six of the 10 health plans showed an increase in total score, and four of the 10 health plans showed a decrease in total score. The weighted average changes ranged from a decrease of 1.99% to an increase of 3.32%.

All health plans showed improvement in colon cancer screening rates (COL), with the weighted average improving from 1.7% to 22.73%. As a reminder, in 2021 the age range recommended for screening was expanded from 50-75 to 45-75 years old ([Ref. GIB | 08.16.23 | 4B](#)). The HEDIS measure was also updated to reflect the new age range. While COL rates declined across all health plans for the 2024 plan year quality credit, this year's data indicates that plans and providers have since adapted to the updated NCQA guidelines by expanding screenings to the revised age group. This adjustment, along with other enhancements in screening efforts, likely played a role in the overall improvement observed.

The quality credit is factored into the health insurance premium rates presented to the Board. The quality credit amounts were reduced this year due to various cost pressures impacting the GHIP. The top-performing health plan received a reduced credit of 0.5% compared to 1% in the previous year. Credits were scaled accordingly, with the fifth ranked health plan receiving 0.25%. The remaining health plans scored below the quality credit cutoff and did not receive a credit. All health plans were sent individualized quality credit reports and were informed of their credit, if applicable, with materials for rate setting meetings. Health plans were invited to follow up with individual meetings to discuss scores. Full results can be found in Attachment A.

Chart 1: Deidentified ranking and change in rank from plan year 2025 to plan year 2026 quality credit rank.

Health Plan	Plan Year 2026 Rank	Plan Year 2025 Rank	Rank Change
Health Plan A	7	3	-4
Health Plan B	9	6	-3
Health Plan C	1	2	+1
Health Plan D	2	4	+2
Health Plan E	4	5	+1
Health Plan F	5	8	+3
Health Plan G	3	1	-2
Health Plan H	8	10	+2

Health Plan	Plan Year 2026 Rank	Plan Year 2025 Rank	Rank Change
Health Plan I	6	7	+1
Health Plan J	10	9	-1

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 and NCQA measure discontinuations, changes, or additions are released in September. ETF is aware of several changes to measures that occurred in MY 2024 and the retirement of the antidepressant medication management (AMM) measure for MY 2025. Additionally, ETF has been monitoring follow-up after emergency department visits for alcohol and other drug abuse because about half of the health plans did not report on this rate due to small populations. Finally, staff continue 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 at the Board meeting to answer any questions.

Attachment A: [2026 Plan Year Quality Credit](#)