



STATE OF WISCONSIN  
Department of Employee Trust Funds  
A. John Voelker  
SECRETARY

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

## Correspondence Memorandum

**Date:** July 30, 2025

**To:** Group Insurance Board

**From:** Shraddha Shrivastava, Reporting Analyst  
Office of Strategic Health Policy

**Subject:** Quarterly Group Health Insurance Program Performance Report

**This memo is for informational purpose only. No Board action is required.**

### Overview

This memorandum provides the Group Insurance Board (Board) with the quarterly Performance Standards dashboards and highlights for the Group Health Insurance Program (GHIP).

Historically, the Board received a quarterly report focused on health plan performance. The new performance report has been changed to a dashboard format, designed to improve clarity, consistency, and ease of use.

Additionally, the new dashboard now includes all core GHIP benefit programs, providing a more comprehensive and integrated view of vendor performance. Benefit programs reported include:

- Health Plans: Aspirus, Dean, Group Health Cooperative (GHC) of Eau Claire, GHC of South-Central Wisconsin (SCW), HealthPartners, Medical Associates, MercyCare, Network Health (Network), Security Health Plan (Security), Quartz Health Plan (Quartz), and UnitedHealthcare
- Pharmacy Benefit Manager: Navitus Health Solutions (Navitus)
- Uniform Dental Benefit: Delta Dental of Wisconsin (Delta Dental)
- Wellness, Disease Management, and Mental Health Programs: WebMD

### Performance Dashboard Data

The performance dashboards present a rolling four-quarter view of vendor performance across the core benefit programs of the GHIP, for Quarter 2 (Q2) of 2024 through Quarter 1 (Q1) of 2025. The report is designed to allow the Board to assess vendor performance across key measures at a glance over a one-year period. It is intended to provide the Board with greater visibility into current and emerging performance patterns

Reviewed and approved by Renee Walk, Director, Office of Strategic Health Policy  
Electronically Signed 07/30/2025

Board	Mtg Date	Item #
GIB	08.13.25	9C

across all GHIP benefit programs and support timely oversight and decision-making by the Board.

Each dashboard reflects the most recent and complete performance data available for each benefit category: health, pharmacy, dental, and wellness. There are no delays in this reporting period since all vendors have submitted their performance data in accordance with required timelines.

### Notable Dashboard Highlights

Overall, vendor performance across the GHIP benefit programs remains strong with most plans meeting or exceeding established standards for claims processing and customer service. A few exceptions were noted, including challenges with call answer timeliness for select health plans and a slight dip in pharmacy claims accuracy during the most recent quarter. Member satisfaction with wellness services continues to be high, though engagement with online tools presents an area of ongoing focus.

The following sections summarize key performance results by program, health insurance, pharmacy, dental, and wellness.

### Symbol Key

To aid in quick interpretation of performance highlights, the following symbols are used throughout this memo:

- ✓ **Met or Exceeded Threshold:** Performance reached or surpassed the target
- ⚠ **Less than 1% Threshold:** Performance missed the target by less than 1%
- ✗ **Missed Threshold:** Performance missed the target by 1% or more
- **No Data:** No data is available to assess performance.
- E** **Penalty Exemption Made:** Penalty enforced; exemption requested by the vendor and granted.

### Health Plan Performance Summary

Health plans consistently submitted complete data with no gaps in reporting. Key highlights include:

- Claims Processing Accuracy:
  - ✓ All plans exceeded the 97% target, reflecting consistently high claims adjudication accuracy (Health Plan Processing Dashboard, p. 1, left).
- Claims Processing Timeliness:
  - ✓ The 95% of claims processed within 30 days target was consistently met by nearly all health plans.
  - ✗ **E** GHC of Eau Claire however failed to meet the claims processing target, with an average of 92.9% and incurred a \$10,500 penalty. The delay was due to unanticipated file transfer issues between vendors following the implementation of a new provider data management system. This issue was resolved by March 31, 2025, with no impact on the quality or accuracy of claims. Moving forward, GHC of Eau Claire is expected to

meet timeliness standards, and the health plan's performance will continue to be closely monitored. Given the nature of the issue, timely remediation, and the absence of any historical performance issues, ETF granted a penalty exemption (Health Plan Claims Processing Dashboard, p. 1, right).

- Call Answer Timeliness:

- ✓ Some health plans surpassed the 80% benchmark for calls answered within 30 seconds.

- ✓ MercyCare showed significant improvement, meeting the threshold in Q1 of 2025, after three quarters of underperformance.

- ⚠ Dean Health Plan narrowly missed the threshold, achieving 79.6% falling short by less than 1%, and was assessed a \$2,000 penalty.

- ✗ **E** GHC of Eau Claire experienced a significant decline, reporting 35.0%, and incurring a \$135,000 penalty, which ETF waived. The decline was attributed to data integrity issue stemming from a personnel matter. Given GHC Eau Claire's historical good performance on this measure, the unique circumstances, and the corrective actions taken to ensure data accuracy moving forward, ETF granted a penalty exemption (Health Plan Customer Service Dashboard, p. 2, left).

- Call Abandonment Rate:

- ✓ Among the health plans that submitted data, all met the target of less than or equal to 3% call abandonment (Health Plan Customer Service Dashboard, p. 2, right).

- Open Call Resolution Turn-Around Time:

- ✓ All the health plans except for one met or exceeded the 90% resolution within two business days target.

- The one exception was Medical Associates, who was granted a reporting exemption due to system limitations (Health Plan Customer Service Dashboard, p. 3, left).

- Electronic Written Inquiry Response:

- ✓ Most health plans exceeded the 98% response rate within two business days target.

- ⚠ HealthPartners narrowly missed the target, with a rate of 97.7%, and was assessed a \$900 penalty. While HealthPartners has met this standard in the previous three quarters, performance will continue to be monitored (Health Plan Customer Service Dashboard, p. 3, right).

- Additional Key Performance Measures:

- ✓ All health plans achieved a 100% on daily enrollment file acceptance, discrepancy resolution, and ID card issuance (Health Plan Additional Key Performance Measures Dashboard, p. 4).

### Pharmacy Benefit Manager Performance Summary

Navitus consistently submitted complete and timely data with strong performance across most measures. Key highlights include:

- Financial Accuracy:
  - ✓ Exceeded the 99% target each quarter, reporting 99.8% overall (Pharmacy Claims Accuracy Dashboard, p. 5, left).
- Processing Accuracy:
  - ⚠ Performance dipped to 99.0%, resulting in a \$1,666.66 penalty. While Navitus has met the performance standard over the last three quarters, its performance will remain under observation (Pharmacy Claims Accuracy Dashboard, p. 5).
- Claims Processing Time and System Availability:
  - ✓ Consistently surpassed targets, with 100% of claims processed on time, and system uptime maintained at 100% (Pharmacy Claims Accuracy Dashboard, p. 5).
- Customer Service:
  - ✓ Call answer rates averaged 97.5%, and call abandonment remained below the 3% target.
  - ✓ Open call resolution exceeded 90% in all quarters, and inquiry response times consistently met standards (Pharmacy Customer Service Dashboard, p. 5).
- Enrollment and Mail Order Operations:
  - ✓ Achieved 100% compliance for enrollment file acceptance and ID card issuance.
  - ✓ Mail order dispensing and shipping accuracy exceeded performance goals throughout the reporting period (Pharmacy Additional Performance Measures Dashboard, p. 6).

### Dental Benefit Program Performance Summary

Delta Dental met all performance measures and was assessed zero penalties this quarter. They submitted complete and timely data and demonstrated strong performance across all areas. Key highlights include:

- Claims Accuracy and Timeliness:
  - ✓ Financial payment accuracy and claims processing accuracy consistently exceeded 99%, while claims processing timeliness averaged 99.5%, surpassing the 90% target (Uniform Dental Benefit Claims Accuracy Dashboard, p. 7, left).
- Customer Service:
  - ✓ Call answer times averaged 6 seconds, well below the 35-second threshold, with call abandonment at a low 0.3%.
  - ✓ First call resolution rates exceeded the 98% standard, and written inquiry responses were provided within one day, meeting requirements (Uniform Dental Benefit Customer Service Dashboard, p. 7, right).

- Quality Assurance and Enrollment:

- ✓ Quality assurance reviews met the required 5% rate, and Delta Dental maintained 100% compliance in daily enrollment file acceptance and timely ID card issuance (Uniform Dental Additional Performance Measures Dashboard, p. 8).

### **Wellness, Disease Management, and Mental Health Programs**

WebMD submitted complete and timely data across all required measures. While the program demonstrated strong overall performance in customer service, WebMD was assessed a \$2,500 penalty for not meeting member satisfaction thresholds in Q1 2025.

Key highlights include:

- Customer Service:

- ✓ WebMD exceeded benchmarks for telephone response time (97.8% average), call abandonment rate (0.2% average), first call resolution (96.4% average), and electronic inquiry responses (99.1% average).
- ✓ Written inquiry data was submitted only for Q1 2025, with full compliance (Wellness, Disease Management, and Mental Health Programs Customer Service Dashboard, p. 9, left).

- Program Satisfaction Surveys:

- ✓ WebMD met or exceeded 90% satisfaction on most of the satisfaction surveys.
- ⚠ Although Q1 2025 results for the Health Assessment and Web Portal surveys fell slightly below the 90% satisfaction target at 89.2%, no penalty was imposed. A penalty only applies when performance results are more than one percentage point below the target. (Wellness, Disease Management, and Mental Health Programs Satisfaction Survey Dashboard, p. 9, right).

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