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: October 29, 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).

The performance report incorporates a dashboard designed to ensure clarity, consistency, and usability. The dashboard 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 3 (Q3) of 2024 through Quarter 2 (Q2) of 2025. The report is designed to allow the Board to access vendor performance across key measures over a one-year period. It is intended to provide the Board with greater visibility into current and emerging performance patterns 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

Board	Mtg Date	Item #
GIB	11.12.25	13B

Reviewed and approved by Renee Walk, Director, Office of Strategic Health Policy
Electronically Signed 10/23/2025

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. An exception was noted for the most recent quarter (Q2 2025) due to a minor delay in insurance identification (ID) card issuance. Pharmacy and Uniform Dental Benefit vendors met or exceeded the target for their measures. Member satisfaction with wellness services remains consistently high.

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:** Exemption requested by the vendor and granted.

The following sections summarize key Q2 2025 performance results by program area, including health insurance, pharmacy, dental, and wellness.

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 all health plans with an overall average of 98.8% (Health Plan Claims Processing Dashboard, p.1, right).
- Call Answer Timeliness:
  - ✔ All health plans surpassed the 80% benchmark for calls answered within 30 seconds, achieving an overall average of 90.6% (Health Plan Customer Service Dashboard, p. 2, left).
- Call Abandonment Rate:
  - ✔ All health plans met the target of less than 3% call abandonment (Health Plan Customer Service Dashboard, p. 2, right).
- Open Call Resolution Turn-Around Time:
  - ✔ All the health plans except for one exceeded the 90% target for resolution within two business days, with an overall average of 97.6%.

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

- Electronic Written Inquiry Response:
  - ✔ All health plans consistently exceeded the 98% target for response rate within two business days (Health Plan Customer Service Dashboard, p. 3, right).
- Additional Key Performance Measures:
  - ✔ All health plans achieved a 100% on daily enrollment file acceptance and discrepancy resolution.
  - ✘ E All health plans except Quartz achieved 100% compliance with the performance measure requiring ID cards to be issued within five business days of receiving the enrollment file. Quartz did not meet this guarantee, missing the contractual requirement by one business day. The delay affected 35 members and was caused by a formatting issue with Quartz's vendor partner. This issue has been corrected, and Quartz has implemented additional file audits to prevent future occurrences. As this is not a recurring issue and corrective measures are in place, ETF waived the $1,000 contractual penalty (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 all 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:
  - ✔ From Q1 2025 to Q2 2025, Navitus improved performance and surpassed the 99.5% target (Pharmacy Claims Accuracy Dashboard, p. 5, left).
- 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, left).
- Customer Service:
  - ✔ Call answer rates averaged 95.3%, 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, right).
- 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 .05 seconds, well below the 35-second threshold, with call abandonment averaging 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 met all performance measures this quarter. Data submissions were complete and submitted timely across all required measures. Key highlights include:

- Customer Service:
  - ✔ WebMD exceeded benchmarks for telephone response time (98% average), call abandonment rate (0.2% average), first call resolution (96.5% average), and electronic inquiry responses (99% average) (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 for Q2 2025 (Wellness, Disease Management, and Mental Health Programs Satisfaction Survey Dashboard, p. 9, right). However, as noted in the Well Wisconsin Audit Findings presentation, Health Assessment & Portal satisfaction surveys were calculated cumulatively, rather than quarterly (Ref. GIB | 11.12.25 | 9). WebMD notes they are in the process of recalculating the measure. After recalculation, any quarters found to be below the 90% standard may be subject to a $2,500 penalty.

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

Attachment A: Group Health Insurance Program Performance Standards