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CORRESPONDENCE MEMORANDUM

DATE: October 24, 2003
TO: Group Insurance Board
FROM: Liz Doss-Anderson
SUBJECT: 2003 Quality Assurance Report

This is provided for information only. No action is required.

I. Background

Each year, the *It's Your Choice* book includes selected survey questions and results for members to review in the report card section. The health plan report card provides employees and their families with the published results of the annual member satisfaction survey, which is based on the annual Consumer Assessment of the Health Plans Survey (CAHPS).

Over the past several years the Department of Employee Trust Funds (DETF) has worked with health plans to standardize their annual quality improvement submissions. This year all health plans submitted their quality improvement plans including an Executive Summary providing information on the health plan's quality improvement activities and a historical analysis of their scores and initiatives that the plan is pursuing to address areas of concern. Health plans were asked to provide details of how their quality improvement plans addressed areas in which they had received below average scores on the 2002 CAHPS survey.

II. Report Card Findings

This section provides summary information on the report card finding reported in the 2003 *It's Your Choice* book. This report card is a representation of survey respondent's perceptions and opinions of health care services provide by their health plan, primary care physician and specialists during the previous year. Respondents are asked to rate their health care by categorizing their experiences as "better than average", "average" or "below the average". In general, most health plans improved scores in multiple areas including how people rate their health plan and how people rate their health care. Some notable highlights of the survey results include:

Reviewed and approved by Tom Korpady, Division of Insurance Services.

Signature

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- Overall Results: In the 2002 survey results, eight out of nineteen (42%) health plans scored average or above average in any of the surveyed categories; in 2003 this fell to 5 out of the 21 (23%) health plans did not receive any below average scores. The plans that did not have any *below average* scores in 2003 were Dean, Group Health Cooperative-Eau Claire, Gundersen Lutheran, Health Tradition and Medical Associates.
- Overall Health Plan Rating: For the overall rating of health plans, as in 2002, there were six (29%) health plans that scored above average in this category. The plans that scored above average were Dean, Group Health Cooperative-Eau Claire, Group Health Cooperative-SC, Gundersen Lutheran, Health Tradition and Valley Health Plan.
- Customer Service: Nearly half, ten out of twenty-one (48%), of the health plans scored above average in the area of customer service. However there were six plans that scored below average for health plan customer service. The plans that continued to score below average for health plan customer service were CompCareBlue Aurora Family, CompCareBlue North, CompCareBlue Northeast, Humana-Eastern, Humana-Western and Prevea.
- Mental Health Counseling: In general, health plans scored average in the category of mental health counseling. The exceptions to this were Gundersen Lutheran, which scored above average while the scores of both CompCareBlue North and Humana Eastern dropped to below average in the category of mental health counseling in 2002.
- Access to Urgent and Emergency Care: Nineteen of the twenty-one (90%) health plans scored average or above average in the category of access to urgent and emergency care.
- Primary Care Physicians Ratings: Most health plan scored average or above average for "how people rated their primary care physicians", except Group Health Cooperative-SC and MercyCare which scored below average.

III. **Quality Assurance Plan Submissions Findings**

Based on a review by DETF staff, this section provides a comparison of how the Quality Assurance Plan submitted by each plan related to their DETF CAHPS survey results. Notable highlights include:

- In 2002 and 2003, many of the health plans have been striving to improve member access to both primary care and specialty care physicians. Plans have utilized a variety of initiatives to improve appointment access for their members. Some of the initiatives include: when appropriate, the addition of both primary and specialty care physicians to networks; and offering same day appointments or arranging all necessary medical appointments on the same day. In addition, some plans are utilizing customer surveys and individual interviews to monitor improvements and determine areas in need of improvement in the area of patient access to care.
- Several plans recognized the need to improve communications with members. Plans are utilizing newsletters and Web sites to inform and educate members regarding health and wellness programs, benefits, the referral process and claims

- processing procedures. Health plans are also working to improve member communications by reviewing and revising written materials that are provided to members upon enrollment such as a member handbook and provider directories.
- In an effort to improve the timeliness of claims processing, some health plans converted to improved claims processing systems or streamlined paperwork. In addition, several plans made efforts to reduce the time that it takes to complete a medical review on claims to avoid unnecessary claims processing delays.

IV. **Changes to 2004 *It's Your Choice* Book**

This year, in an effort to provide consumers with additional information so that they may make an educated decision regarding their insurance carrier selection, the DETF has made the following improvements to the 2004 *It's Your Choice* book:

- The Question and Answer section of the *It's Your Choice* book was re-organized, updated and re-formatted to make it easier for members to utilize.
- Web site information was added to the health plan description pages.
- To promote continued participation in the Leap Frog quality initiatives; health plans and hospitals that are participating in Leap Frog activities are noted with a special frog graphic/icon.
- New questions were added to the Report Card section of the *It's Your Choice* book which focus on the quality of customer service and claims processing

V. **Recommendations**

In 2004, the Quality Assurance Services Bureau will continue to monitor health plan performance and address areas of concern as they arise. In addition, with the implementation of a single pharmacy benefit manager, we will continue to participate in the development of quality assurance initiatives related to the new administration of the pharmacy benefits and track complaints and grievances, as we do with all insurance programs.

As an active member of the Leapfrog Group, the Department continues to support the efforts of the group to improve the quality of health care for all State of Wisconsin group health insurance program participants. As information on the new Leapfrog initiatives become available, we will be analyzing the effectiveness and positive outcomes that are expected to result from participation in Leapfrog activities.

The Department is currently completing revisions to the customer satisfaction survey that is mailed to all members that have filed a complaint with the Quality Assurance Services Bureau. As in previous years, the information gathered from these surveys is analyzed and then reported to the Group Insurance Board. We will continue to monitor the need for any program changes as a result of the feedback provided by our members.