ETF Insurance Complaint Information

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

Administrative Review of Benefit Complaints and Appeals

If you filed a grievance with the plan or benefit administrator and are dissatisfied with the final decision, you can request an administrative review from the Department of Employee Trust Funds. An exception to this process is health plan denials of coverage on the basis that the services received were not medically necessary, experimental or denied for another medically-based reason. These issues are eligible for review by an Independent Review Organization. To request an ETF review, you must contact ETF within 60 days of the date of the plan's final decision. **You must exhaust all levels of appeal through the plan before requesting an ETF administrative review.**

ETF offers you three levels of administrative review:

1. **File a Complaint with Ombudsperson Services.** An informal review, this level allows the most latitude for resolution of your problem. Examples of disputes reviewed at this level include plan denials of benefits and plan denials of referrals. Ombudsperson Services staff may also provide information and assistance with filing a request for review by an Independent Review Organization.
2. **File a Request for Departmental Determination.** ETF has the authority to issue determinations based on the language of the contract, or applicable Wisconsin statute or Wisconsin Administrative Code. This is a more formal process than the review by the ombudsperson. You may choose to begin with the ombudsperson level or request a Departmental Determination as your first level of administrative review.
3. **Appeal to the Group Insurance Board via Administrative Hearing.** This is the final level of administrative review. You must receive Departmental Determination before you can file an appeal. The appeal process involves a pre-hearing conference to determine the issue(s) in dispute, followed by a formal hearing by a hearing examiner. The hearing examiner then makes a recommendation to the Group Insurance Board (Board), which the Board may or may not accept.

You may choose to retain an attorney for this or any other level of appeal.

The following provides additional information on each level of administrative review.

Written Complaint to ETF—Ombudsperson Review

Complaints must be in writing via this *ETF Insurance Complaint Form*. In addition to a brief description of the issue, please include copies of letters between you and the plan or provider, bills, dates of service and the total dollar amount of any denied claims. Upon receipt, an Ombudsperson will acknowledge your written complaint and indicate when the review is expected to begin. If necessary, the ombudsperson will request additional information.

Once the review is completed, the results will be sent to you in writing. If a satisfactory resolution is not reached, you have the right to request Departmental Determination as described below. While many disputes are resolved at this level, you may choose to waive the Ombudsperson Review and proceed directly to the Departmental Determination level. For example, if your dispute is with the plan's interpretation of a contractual provision, an ombudsperson has limited ability to resolve the dispute.

Written Request for Departmental Determination

You must submit a written request to ETF for a Departmental Determination within **60 days** from the date of the ombudsperson's final letter to you or the date of the plan's grievance decision.

The review at this level is to establish whether or not the plan acted in accordance with the insurance contract. In your request for a Determination, you should note the areas of the contract or Uniform Benefits provision that pertain to your appeal. The Departmental Determination will be provided to you in writing.

If the Departmental Determination upholds the plan's final decision, you may appeal to the Group Insurance Board (the Board). Appeals to the Board must be filed within **90 days** of the date of the written Determination.

Written Appeal to the Group Insurance Board—Administrative Hearing

This is the final administrative review level available to you through ETF. All appeals are conducted in accordance with ETF Chapter 11, Wisconsin Administrative Code. You must first receive a Departmental Determination in order to appeal to the Board. The Board only has authority to hear appeals relating to issues that arise under the terms and conditions of Uniform Benefits or other applicable contract.

Your appeal to the Board must be in writing and identify the specific facts or legal interpretations that you believe are in error. Include your name, address and telephone in your appeal letter. ***The Appeals Coordinator must receive the written appeal within 90 days of the date of the Departmental Determination. Appeals should be sent to the Appeals Coordinator at the address shown below.***

A hearing examiner presides over the appeal process at this level. The appeal process consists of several parts, including the pre-hearing conference, the hearing and an issuance of a proposed decision. The Board then considers all of the evidence and issues a final decision. This process may take up to a year or more to complete, depending on the backlog of pending cases.

Parties who disagree with the final decision may appeal to the Dane County Circuit Court for review within 30 days of the notice of the Board's final decision.

To learn more about the appeal process, please request an *Administrative Appeals Process* (ET-4943) brochure. Copies of ETF Chapter 11 and the brochure can also be obtained from ETF's Internet site at etf.wi.gov.

To request an administrative review:

Please indicate the level of review requested (i.e., Ombudsperson, Departmental Determination or Group Insurance Board) and send this completed, signed form to:

Department of Employee Trust Funds
Attention: Ombudsperson Services
P.O. Box 7931
Madison, WI 53707-7931
or
ombudsperson@etf.wi.gov

ETF Insurance Complaint

Wisconsin Department
of Employee Trust Funds
801 W Badger Road
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Madison WI 53707-7931
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Fax 608-267-4549
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To file a complaint: Your *first* step to resolve a problem is to contact the plan and try to resolve the problem at that level. If you are dissatisfied with the outcome, *then* complete this form and send it to the Department of Employee Trust Funds at the address shown above, attention Ombudsperson Services.

Member Information

Name		Birth date (MM/DD/CCYY)
Member ID	Social Security number	
Subscriber address		
Daytime telephone ( )	Email address	

Please attach a description of your problem. Include copies of important papers and letters that pertain to your complaint, including any authorizations or letters from the plan or benefit administrator.

Complaint Information

Who is the covered individual that this complaint involves?

☐ Self ☐ Other ____
(name/age/relationship)

Indicate the type of insurance complaint:

☐ Health. Name of health plan, pharmacy benefit manager or administrator: ________________________
☐ Pharmacy Benefit Manager
☐ Income Continuation/Disability
☐ Other: ___________________________________

This complaint should **first** have been reported to the plan.
Have you completed their complaint resolution/ grievance process? ☐ Yes ☐ No

Have you reported this problem to ETF or any other government agency, such as Office of Commissioner of Insurance? ☐ Yes ☐ No

If yes, what agency and what action was taken? (Attach documentation, if available)

Authorization for Release of Information

I authorize ____(name of health plan and/or provider) to release my medical and claims information to ETF Ombudsperson Services for the purpose of addressing my insurance complaint.

Complaint date range covered by this authorization:

From (MM/DD/CCYY): to (MM/DD/CCYY):

Health information to be released under this authorization: *Participant's grievance files and any related health information.* Additional information to be released (please describe):

By signing this form, I acknowledge that I have read and understand my rights as listed on the reverse.

Signature	Date (MM/DD/CCYY)

☐ Self ☐ Parent/Guardian ☐ Personal Representative, Executor or Conservator ☐ Other ____________________
☐ Power of Attorney for Health Care (activated)

Expiration: This authorization expires one year from the date signed, or upon withdrawal or resolution of complaint.

Purpose

I understand this authorization is for the purpose of giving the specified individually identifiable health information to ETF so that ETF may take steps to resolve my insurance complaint.

Effect of Refusal to Sign Authorization

This authorization is voluntary. I understand I may refuse to sign this authorization. However, failure to provide a signed authorization may effectively prohibit ETF from addressing my complaint.

Re-disclosure

Federal privacy laws require I be informed that information used or disclosed pursuant to an authorization may be subject to re-disclosure by the recipient and no longer be protected by federal privacy regulations.

Treatment, Payment, Enrollment and Eligibility for Benefits

Any organization or person described above who I am authorizing to use or disclose my health information is not permitted to condition treatment, payment, enrollment in a health plan or eligibility for health benefits on my refusal to sign this authorization.

Right to Revoke

I understand I may revoke this authorization at any time by notifying, ***in writing**, Ombudsperson Services*. I understand that if I do revoke this authorization, such revocation does not affect any uses or disclosures before the written revocation is received.

Right to Receive a Copy of This Authorization

I understand that I have a right to receive a copy of this completed form, upon request.

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) and (d)(1)

The Department of Employee Trust Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ETF does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ETF provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. ETF provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact ETF's Compliance Officer, who serves as ETF's Civil Rights Coordinator.

If you believe that ETF has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Compliance Officer, Department of Employee Trust Funds, 801 West Badger Road, P.O. Box 7931, Madison, WI 53707-7931; 1-877-533-5020; TTY: 1-800-947-3529; Fax: 608-267-4549; Email: ETFSMBPrivacyOfficer@etf.wi.gov. If you need help filing a grievance, ETF's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019; TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 1-800-833-7813).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020（TTY：1-800-947-3529）

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فهناك خدمة مساعدة متاحة بلغتك دون أي مصاريف: اتصل بالرقم 1-877-533-5020 (خدمة الصم والبكم: 1-800-947-3529)

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Pennsylvania Dutch: Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

Laotian/Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-533-5020 (TTY: 1-800-947-3529).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).