



State of Wisconsin

Ombudsperson Services

Fact Sheet 2018

Overview

- ETF Ombudsperson Services was created in 1992 to assist members with insurance problems or inquiries.
- Prior to the administrative review process, ETF ombudspersons provide resources and assistance to members as they attempt to resolve issues that involve Wisconsin Retirement System benefit programs.
- An ombudsperson may be contacted for assistance if a WRS member has completed their insurance plan grievance process or contacted the third-party administrator and remains dissatisfied with the outcome.
- If the member's issue or complaint cannot be resolved informally, an ombudsperson provides a response and advises members of further review options.

Ombudspersons can be reached at the ETF Ombudsperson Assistance Line at 608-261-7947 (local) or toll free at 1-877-533-5020, extension 17947. You may also send an email to ombudsperson@etf.wi.gov.

Frequently Asked Questions

What should I do if I am concerned about my insurance plan or the administration of my benefits?

First, contact your plan's customer service department. If you are unable to resolve your issue informally with the plan, you may contact Ombudsperson Services to see if your issue may be resolved prior to the grievance process. Ombudsperson staff will discuss your issue and advise you on possible next steps. However, you may need to file a written grievance request with the health plan. If you exhaust your appeal rights with the plan and the denial is upheld, you will be notified of further rights that may apply to your situation. You may contact Ombudsperson Services for additional assistance or information on these additional appeal rights.

How can ETF help me if I disagree with my plan's grievance decision?

As a member of the WRS, you have the right to request an ETF administrative review for most issues, other than those eligible for independent review. To initiate a review by ETF, a completed *ETF Insurance Complaint (ET-2405) form* is required. Submitting the completed form to ETF initiates the review process. This form is available online at etf.wi.gov or from ETF.

What is an independent review? Depending on the nature of your complaint, you may have the right to request an independent review through an entity called an Independent Review Organization (IRO). This option is available when a plan has denied services as not medically necessary or experimental, or for other medically-based reasons. If you need more information about this process, email ombudspersonservices@etf.wi.gov for ombudsperson services.

How does requesting an independent review affect my administrative review rights at ETF?

If you have an IRO review the plan's decision, the outcome of the IRO review is legally binding on both you and the plan. This means that once an IRO decision has been made, you have no further appeal rights.

ETF Administrative Review Process

A member must exhaust all levels of appeal through their plan *before* requesting an ETF administrative review. All requests must be in writing.

Levels of ETF Administrative Review:

1. **File a Complaint with Ombudsperson Services.** This level allows the most latitude for resolution of your issue/complaint. Examples at this level include denials of benefits or referrals that are not eligible for independent review, incorrect administration of benefits, as well as enrollment and eligibility issues. The ombudsperson will attempt to resolve complaints at this level.

If the ombudsperson is unable to resolve the complaint, the member is notified of additional administrative review rights available.
2. **File a Request for Departmental Determination.** ETF has the authority to issue a departmental determination based on the language of the contract or applicable Wisconsin law. This is a more formal process than the ombudsperson review. The request for a departmental determination may follow the ombudsperson review, or the member may request a departmental determination as the first level of administrative review. ETF will not issue a departmental determination for appeals that are eligible for independent review.
3. **Appeal to the Group Insurance Board (Board) via Administrative Hearing.** This is the final level of administrative review. A member must receive a departmental determination before filing an appeal to the Board. The appeal process involves a pre-hearing to determine the issue(s) in dispute, followed by a formal hearing conducted by a hearing examiner. The hearing examiner issues a proposed decision that is considered by the Board. The Board will issue a final decision.

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

Level	Deadline to file a complaint
1. Ombudsperson Services Review	<i>60 days</i> from the date of the plan's final decision.
2. Departmental Determination	<i>60 days</i> from the date of the Ombudsperson's letter to you that completes the ombudsperson review.
3. Group Insurance Board Appeal	<i>90 days</i> from the date of the written departmental determination.

Contacts Received by Ombudsperson Services, 2015-2017

(This includes inquiries, issues and complaints)

Benefit Year	Number of Contacts
2015	1,046
2016	925
2017	886

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