



State of Wisconsin

Ombudsperson Services Program

FACT SHEET 2007

PROGRAM REVIEW

- The Ombudsperson Services Program was created in 1991 to assist participants with insurance problems.
- Ombudspersons in the Department of Employee Trust Funds (ETF) advocate for participants and attempt to resolve health, pharmacy benefit, and disability insurance program complaints.
- Participants who have completed their health plan's grievance process, or contacted the disability program administrator and remain dissatisfied with the outcome, may contact an ombudsperson for assistance.
- If unsuccessful in resolving the participant's complaint, the ombudsperson provides a written explanation and advises the participant on subsequent avenues of appeal.
- Ombudspersons may be reached at the ETF Ombudsperson Assistance Line at (608) 261-7947 or toll free at 1-877-533-5020, extension 17947. You may also send an e-mail to Ombudsperson@etf.state.wi.us.

FREQUENTLY ASKED QUESTIONS

What should I do if I am unhappy with my health insurance plan? First, contact your plan's customer service department. If you are unable to resolve your complaint informally with the plan, you may file a formal grievance with the plan. If you exhaust your appeal rights with the plan and the plan continues to uphold its denial, you will be notified of further rights that may apply to your situation. For example, an independent review or an administrative review by ETF may be appropriate for your situation.

What is an independent review? Depending on the nature of your complaint, you may have the right to request an independent review through an outside organization known as an Independent Review Organization (IRO). This option, which must be approved by the Office of the Commissioner of Insurance, becomes available when a plan has denied services as either not medically necessary or experimental.

How does requesting an independent review affect my administrative review rights at ETF? If you choose to have an IRO review the plan's decision, the outcome of the IRO review is legally binding on both you and the plan. Therefore, once an IRO decision has been made, you no longer have rights to an administrative review through ETF.

How can ETF help me if I disagree with my plan's grievance decision? As a member of the State of Wisconsin Group Health Insurance Program, you have the right to request an ETF administrative review. To initiate a review by ETF, call or send us a letter requesting an *Insurance Complaint* form (ET-2405). The form can also be found on our Internet site at the following address: <http://etf.wi.gov/publications/et2405.pdf>.

ETF ADMINISTRATIVE REVIEW PROCESS

A participant must exhaust all levels of appeal through the plan before requesting an ETF administrative review. All complaints must be sent in writing.

Levels of ETF Administrative Review:

1. **File a Complaint with ETF's Quality Assurance Services Bureau.** This level allows the most latitude for resolution of problems. Complaint examples at this level include plan denials of benefits and referrals. Acting as a neutral third party, the ombudsperson advocates for participants and attempts to resolve complaints and disputes on their behalf.

If the ombudsperson is unable to resolve a complaint in the member's favor, the member is notified of additional administrative review rights available through ETF.
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.
3. **Appeal to the Group Insurance Board (Board) via Administrative Hearing.** This is the final level of administrative review. A participant 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 by a hearing examiner. The hearing examiner makes a recommendation to the Board, which the Board may or may not accept. The participant may choose to retain an attorney for this or any other level of appeal.

Level	Deadline to file a complaint
1. Complaint with Ombudsperson	Within <u>60 days</u> from the date of the plan's final decision
2. Request for Departmental Determination	Within <u>60 days</u> from the date of the ombudsperson's final letter to you
3. Appeal to the Group Insurance Board	Within <u>90 days</u> from the date of the written determination

OUTCOMES OF OMBUDSPERSON REVIEW OF COMPLAINTS, 2004-2006

Outcome	Complaints 2004	Complaints 2005	Complaints 2006
Resolved in Favor of Member	349 (69%)	253 (69%)	393 (78%)
Compromise	28 (5%)	13 (3%)	15 (3%)
No Change to Decision	131 (26%)	102 (28%)	96 (19%)
Total	508 (100%)	368 (100%)	504 (100%)

This table reflects formal and informal complaints received by the Quality Assurance Services Bureau across all benefit programs administered by ETF. Formal complaints are submitted in writing after the member has completed the appeal process with the insurance plan. Informal complaints typically consist of telephone or e-mail contacts made by members prior to beginning the grievance process with the plan. Informal complaints frequently involve difficulties with prior authorization, enrollment and eligibility, and claims processing.

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