



STATE OF WISCONSIN
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CORRESPONDENCE MEMORANDUM

DATE: April 3, 2009

TO: Group Insurance Board

FROM: Liz Doss-Anderson, Ombudsperson
 Vickie Baker, Ombudsperson
 Christina Keeley, Ombudsperson
 Sharon Walk, Executive Staff Assistant

SUBJECT: Correspondence and Complaint Summary

This memo is for the Board's information only. No action is required.

This summary contains a listing of issues raised by participants relating to insurance benefits under the authority of the Group Insurance Board (GIB). The tables below include a summary of the following for the period of January 1, 2009, through March 31, 2009:

- (1) correspondence received by the Department addressed to the Secretary or the GIB;
- (2) the number of requests for information and assistance made to the ombudspersons in the Quality Assurance Services Bureau (QASB).

QASB staff will be available at the Board meeting to address any questions you have regarding this report. Thank you.

Correspondence:

	Number
Health Insurance	
• Participant expressed concern about an article published in the Milwaukee Journal Sentinel that contained misinformation about the state group health insurance program.	1
• Annuitant questioned health insurance costs and inquired about the possibility of serving on or assisting the Group Insurance Board.	1
• Annuitant is having difficulty getting his Long-Term Disability Insurance (LTDI) carrier to comply with the Federal Pension Protection Act of 2006 with respect to the payment of premiums for LTDI coverage.	1
• Annuitant received conflicting information from physician and Wisconsin Physicians Service (WPS) regarding whether or not the physician was a preferred provider.	1
• Participant concern about the \$60 co-pay for an emergency room visit.	1
• Annuitant wants the Standard Plan to include fitness club membership.	1
TOTAL	6

Reviewed and approved by Matt Stohr, Director, Office of Legislative Affairs, Communications and Quality Assurance.

 Signature

 Date

Board	Mtg Date	Item #
GIB	04/14/09	8

Contacts to Ombudspersons:

From January 1, 2009, through March 31, 2009, 371 members contacted the ombudspersons for assistance with benefit issues. The majority of these contacts involved health insurance and pharmacy benefits, which includes Medicare Part D.

Recurring issues that staff identified during this period include:

- Participants having problems with benefit programs other than the health insurance program have increased in 2009, including OSER's DentalBlue program, WRS retirement benefits and Epic. *From January through March 2009, we received nearly twice the number of contacts related to "other" programs than during the same period in 2008. These complaints typically involve incorrect enrollment information or disputes involving eligibility.*
- Participants in need of assistance with new or continuing Medicare coordination of benefits or enrollment problems (which result in neither insurer paying claims until the primary versus secondary payer problem is resolved) - Ombudspersons regularly work with Medicare, health plans, and advocacy organizations on behalf of our participants to help expedite resolution of these problems.
- Participants who have questions about enrollment in Humana's Medicare Advantage Private Fee for Service (PFFS) plan, questions about obtaining coverage under Medicare B and Medicare D, problems with premium payment, or difficulty disenrolling from Humana's PFFS plan.
- Participants looking for miscellaneous information related to retirement benefits, beneficiary designations, Variable and Core Funds, and other items. *Additionally, we have had many contacts from participants who want assistance to better understand their options (such as the application process for Lump Sum retirement or separation payments) or information on how to make a hardship request to quickly access funds from their Wisconsin Retirement System account or Wisconsin Deferred Compensation program account. Also, it is not uncommon to be contacted by participants in need of information on how best to resolve provider billing issues and/or Coordination of Benefits with Medicare, Veterans Administration benefits and our Group Health Insurance program.*
- Participants who do not fully understand their coverage or reasons for denials. *Ombudspersons regularly work with participants to help them better understand the characteristics of their ETF-administered benefit programs.*
- Participants experiencing enrollment and eligibility problems. *Most of these were related to coverage of dependents, questions regarding late Dual Choice application process and/or the Dual Choice rescind process. This also included working collaboratively with health plans, Pharmacy Benefit Manager (PBM) and other ETF staff to resolve eligibility issues immediately, to allow members to obtain necessary covered prescriptions.*
- Participants for whom a claim or deductible/copayment discrepancy occurred between health plan or PBM and the participant's provider. *Ombudspersons routinely assist members when their claims have been denied, excess copayment is applied, or when provider billing errors occur. Staff have noted that there has been a disproportionate number of complaints involving Anthem's and Humana's benefit administration as compared*

to other plans. ETF staff (including Ombudspersons and Insurance Services staff) have been working with key Anthem staff to assist in tracking open complaints and plan accountability for customer service and benefit administration issues. Staff are discussing ways to address issues with Humana as well.

- Participants with questions about their new health plan, ID cards or network provider information.

The following tables summarize the method of contact and program areas involved compared to the same period in 2008.

Total Contacts	2009	2008
January	137	162
February	103	175
March	131	116
Total	371	453

Method of Contact	Jan-Mar 2009	Jan-Mar 2008
Telephone	294	339
E-mail/Contact Us Internet Page	47	94
US Mail	24	12
Walk-In	6	8

Number of Contacts by Program	Jan-Mar 2009	Jan-Mar 2008
Health Insurance-HMO's	170	192
Health Insurance-Self Funded	55	112
Pharmacy Benefits	55	95
Non WRS Programs (DentalBlue)	21	21
Disability/Income Continuation Insurance	6	9
All Other Program Types* (Life Insurance, ERA, EPIC, Spectera, WRS/ASLCC and WDC)	44	24

* It is not common to receive a large number of complaints regarding these programs. The availability of ombudsperson assistance in this area is not widely known and most of these programs are not under contract with ETF; rather, they are benefits that the Board simply approves to be offered through payroll deduction.

Key:

- *ASLCC: Accumulated Sick Leave Conversion Credit*
- *ERA: Employee Reimbursement Accounts. Optional pre-tax savings account for medical expenses and dependent care.*
- *EPIC: Optional supplemental benefit plan that provides coverage for dental, excess medical and accidental death and dismemberment.*
- *Spectera: Optional vision benefit*
- *WDC: Wisconsin Deferred Compensation*
- *WRS: Wisconsin Retirement System*