STATE OF WISCONSIN
Department of Employee Trust Funds
David A. Stella
SECRETARY

801 W Badger Road
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax (608) 267-4549
http://etf.wi.gov

CORRESPONDENCE MEMORANDUM

DATE: January 12, 2010

TO: Group Insurance Board

FROM: Liz Doss-Anderson, Ombudsperson
Vickie Baker, Ombudsperson
Christina Keeley, Ombudsperson

SUBJECT: Quarterly Ombudsperson Complaint and Inquiry Report

This memo is for informational purposes only. No Board action is required.

This summary contains information and statistics about the complaints and inquiries raised by Wisconsin Retirement System (WRS) members, their families, employers and external advocacy organizations relating to benefits that fall under the authority of the Group Insurance Board (GIB).

The Department's Ombudsperson staff attempts to resolve member issues, provide education and outreach to members, and work to ensure that all WRS members have access to timely, accurate, and thorough information regarding benefits administered by the Department. We work closely with the health plans and third-party administrators (such as WPS, Navitus, Aetna, etc.) to ensure plans provide appropriate benefit administration and quality services to members.

During this reporting period of October 2009 – December 2009, we received 320 complaints and inquiries from members or their representatives regarding benefits, enrollment and eligibility for benefits, or education/ outreach.

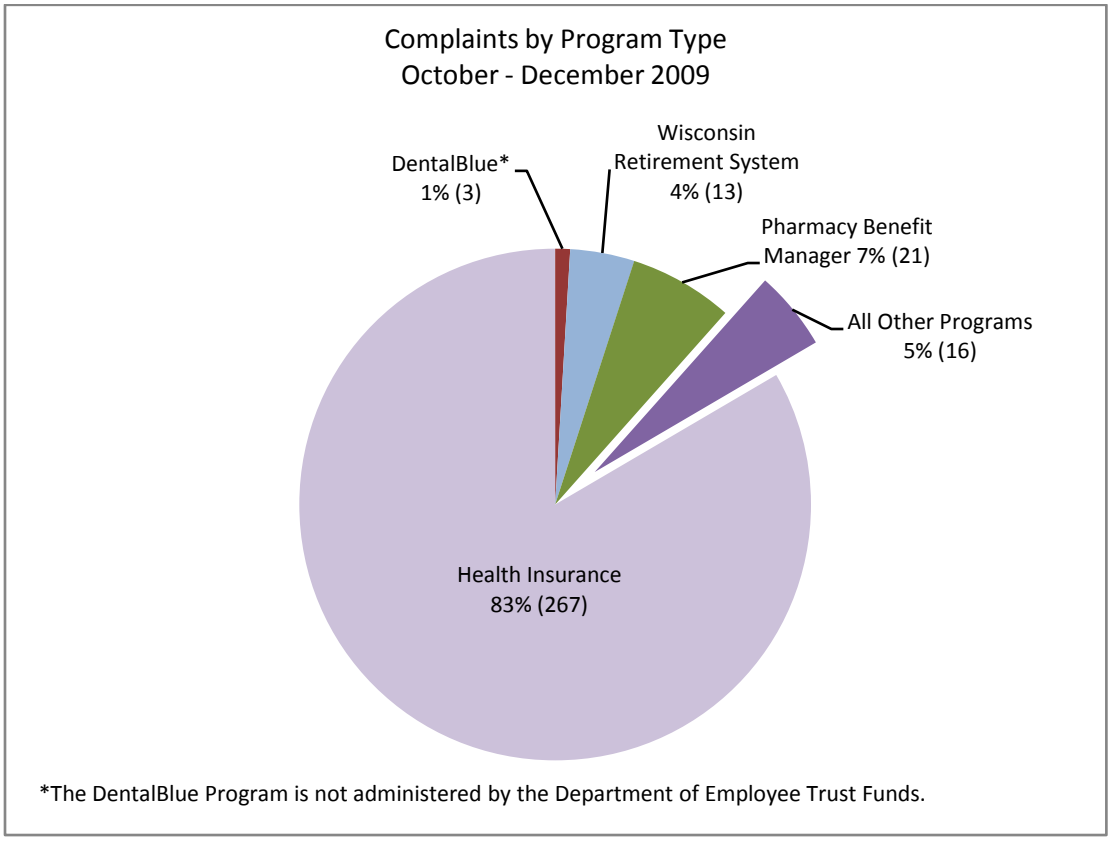
Reviewed and approved by Matt Stohr, Director, Office of Legislative Affairs, Communications and Quality Assurance.

_____ _____
Signature Date

Board	Mtg Date	Item #
GIB	2.9.10	6B

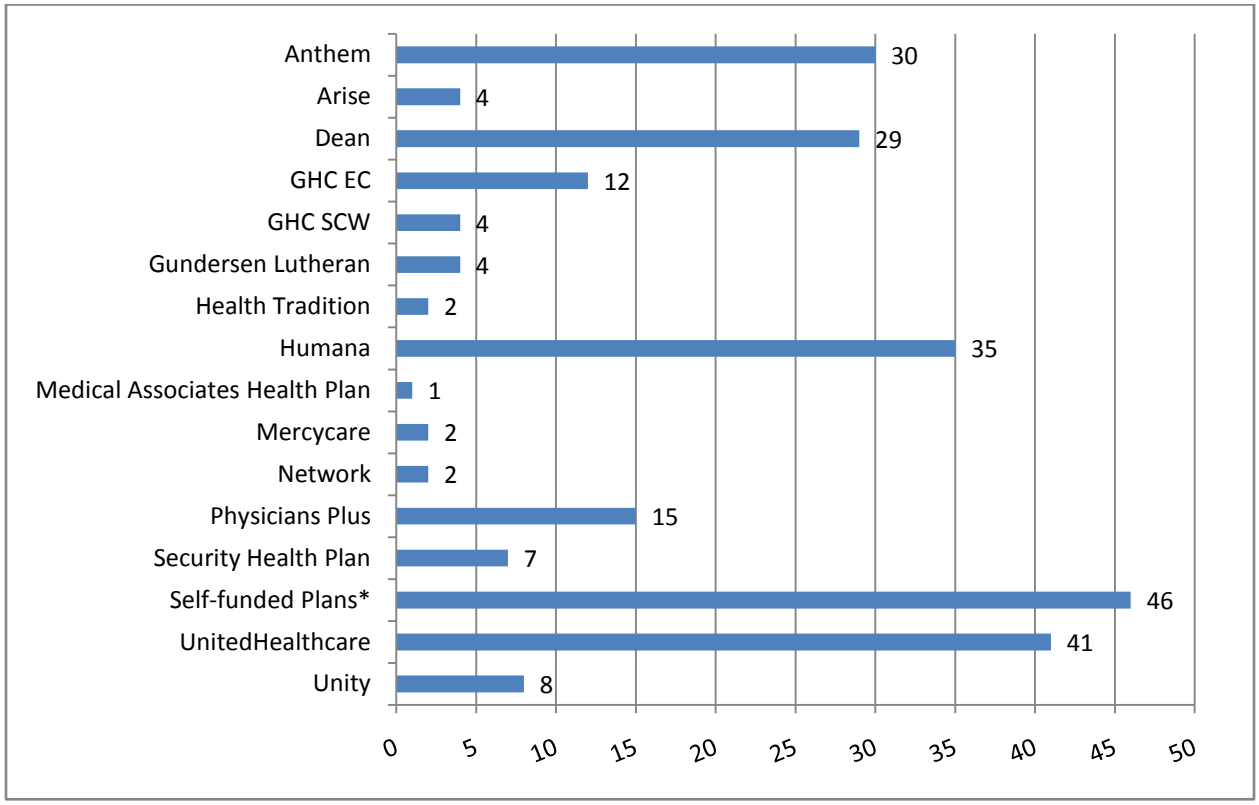
Complaints and Inquiries by Program Type

Of the 320 complaints and inquiries (see chart on next page), health insurance continues to be the program that generates the majority of contacts to the Ombudspersons, with 267 contacts. These issues have historically proven to be the most complex and therefore take the most time to resolve.



Complaints and Inquiries by Health Plan

The complaints and inquires for this period are broken down by health plan and shown below. Only plans that we received contacts about during this period are shown.

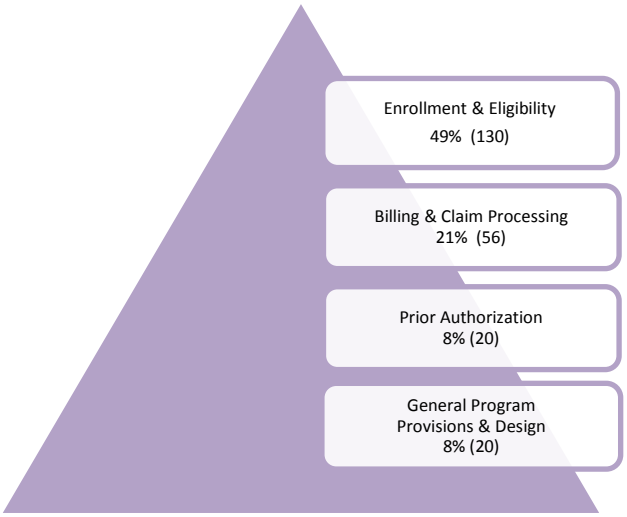


*Self-funded plans are administered by WPS and include: Standard Plan, State Maintenance Plan, Medicare Plus $1 Million, and the Local Annuitant Health Plan.

Contacts by Complaint and Inquiry Type

Throughout the year, billing and claims processing discrepancies are typically the most common reason for contacting Ombudsperson Services. However, during the last quarter in 2009, enrollment and eligibility discrepancies and inquiries accounted for 49% of all contacts received by the Ombudspersons. A majority of these contacts involved information or assistance regarding new eligibility provisions for dependents in 2010.

The four most common types of contacts are depicted in the illustration below and represent 226 of the 267 total health insurance complaints for this period.



Trends Observed

Specific topics that occurred at a notable rate during this period include:

- Enrollment and Eligibility: In addition to questions about dependent eligibility, there were numerous contacts related to both the late enrollment process for the It's Your Choice period and difficulty with COBRA coverage.
- Benefit Coverage/Contract Interpretation: Contacts from members and providers regarding coverage of injectable medications – including whether the pharmacy benefit manager or the health plan is responsible for the claims, which typically require intervention by ETF staff in order to resolve.
- Medicare Eligibility and Coordination of Benefits: Ombudspersons worked with many members to resolve claim payment issues, effective date discrepancies, and premium adjustments once their health insurance contract was changed to a Medicare contract.

Staff will be available at the February 9, 2010, Board meeting to answer questions.