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CORRESPONDENCE MEMORANDUM

DATE: March 15, 2010

TO: Group Insurance Board

FROM: Matt Stohr, Director
Office of Legislative Affairs, Communications and Quality Assurance

SUBJECT: Quarterly Ombudsperson Complaint and Inquiry Report

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

Please find enclosed the *Ombudsperson Complaint and Inquiry Report* covering the fourth quarter of 2009 (October 2009 through December 2009). This same report was in the mailing for the February Group Insurance Board meeting, which was cancelled due to inclement weather.

The next report will cover the first quarter of 2010 (January 2010 through March 2010), but we do not expect to have the data ready for the April Board meeting -- it will be included in the June meeting materials.

As you are aware, we recently changed this report to a quarterly report. Previously, the Ombuds team prepared and distributed a report for each Board meeting. Changing to a quarterly report has helped us obtain data consistent with the annual complaint report.

I will attend the April 13, 2010, meeting to answer any questions you may have.

enclosure

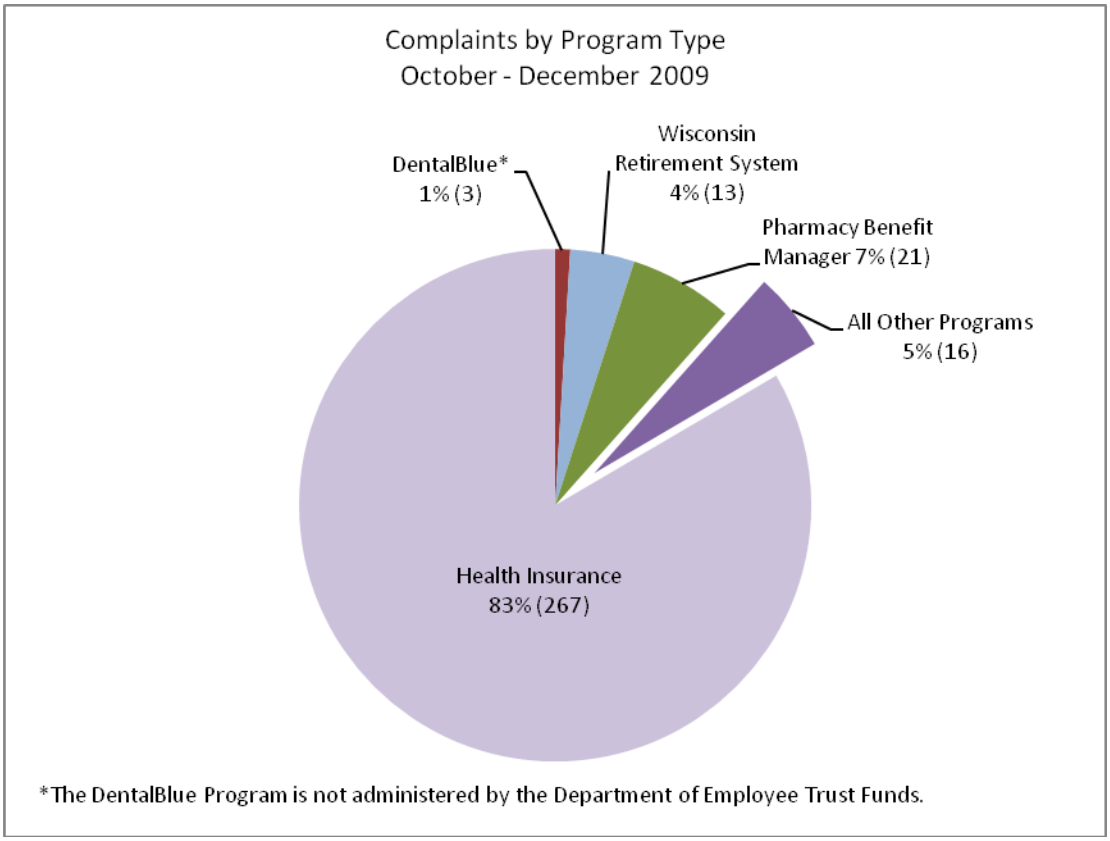
Reviewed and approved by Rhonda Dunn, Executive Assistant.

_____ _____
Signature Date

Board	Mtg Date	Item #
GIB	4.13.10	7B

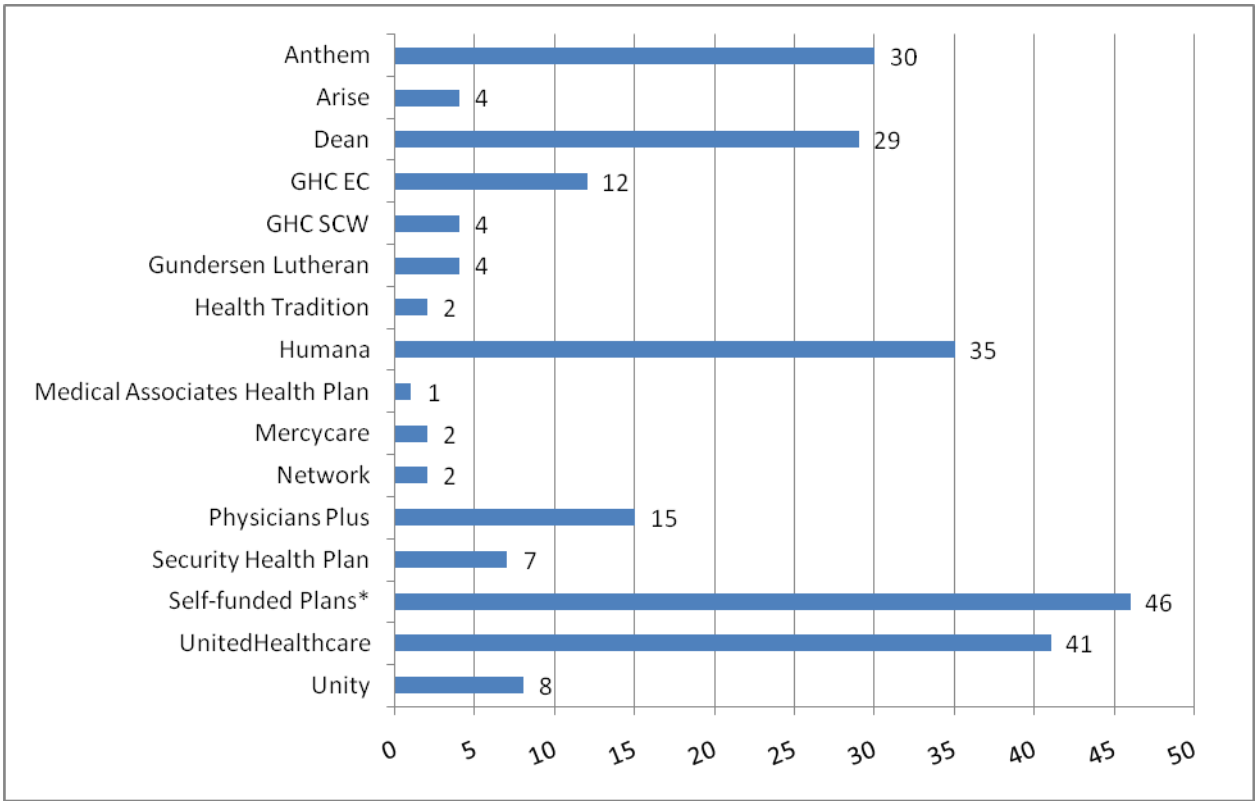
Complaints and Inquiries by Program Type

Of the 320 complaints and inquiries, 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.

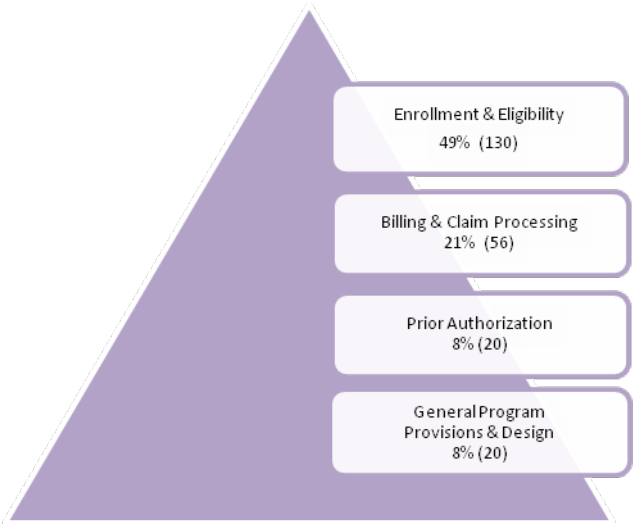


*Self-funded plans are administered by WPS and include: Standard Plan, State Maintenance Plan, Medicare Plus $1 Million, and the Local Annuitant Health Plan.

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.