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CORRESPONDENCE MEMORANDUM

DATE: July 22, 2010
TO: Group Insurance Board
FROM: Liz Doss-Anderson, Ombudsperson
Vickie Baker, Ombudsperson
Christina Keeley, Ombudsperson
SUBJECT: Semi-annual 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 of Employee Trust Funds (ETF). 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.

From January through June 2010, we received 594 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

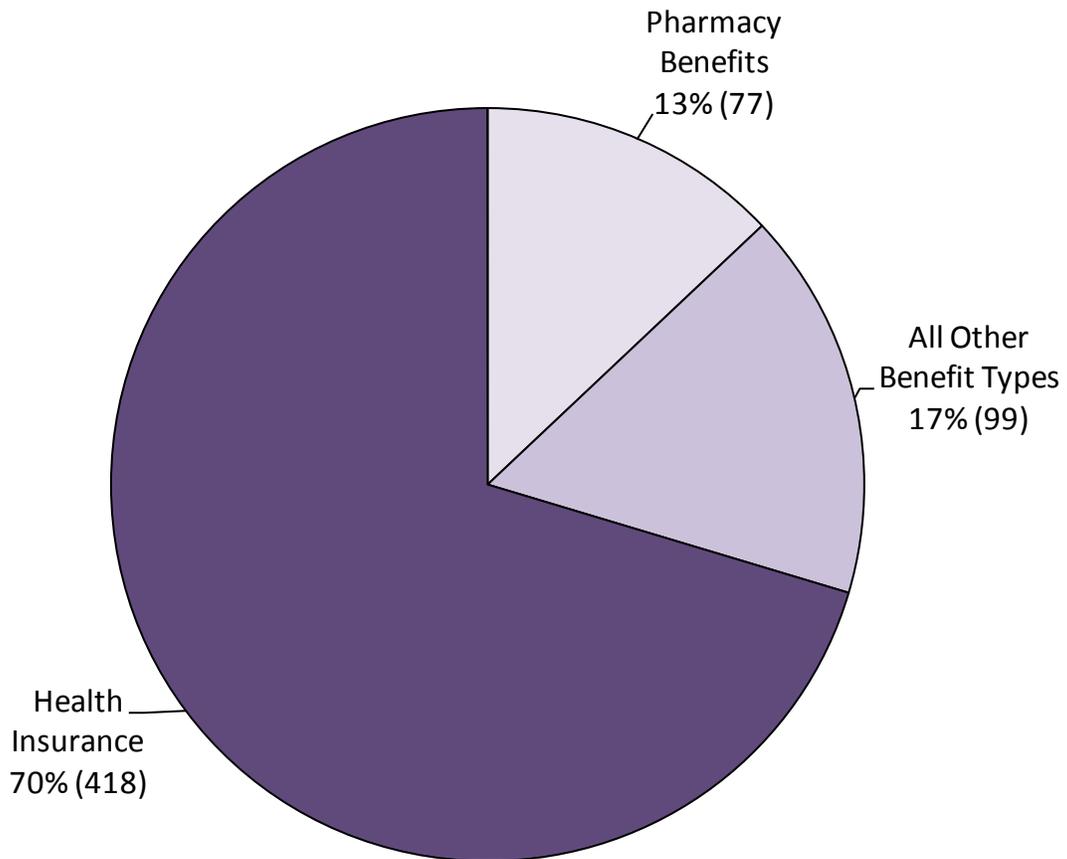
7/22/10
Date

Board	Mtg Date	Item #
GIB	8.26.10	8B

Complaints and Inquiries by Program Type

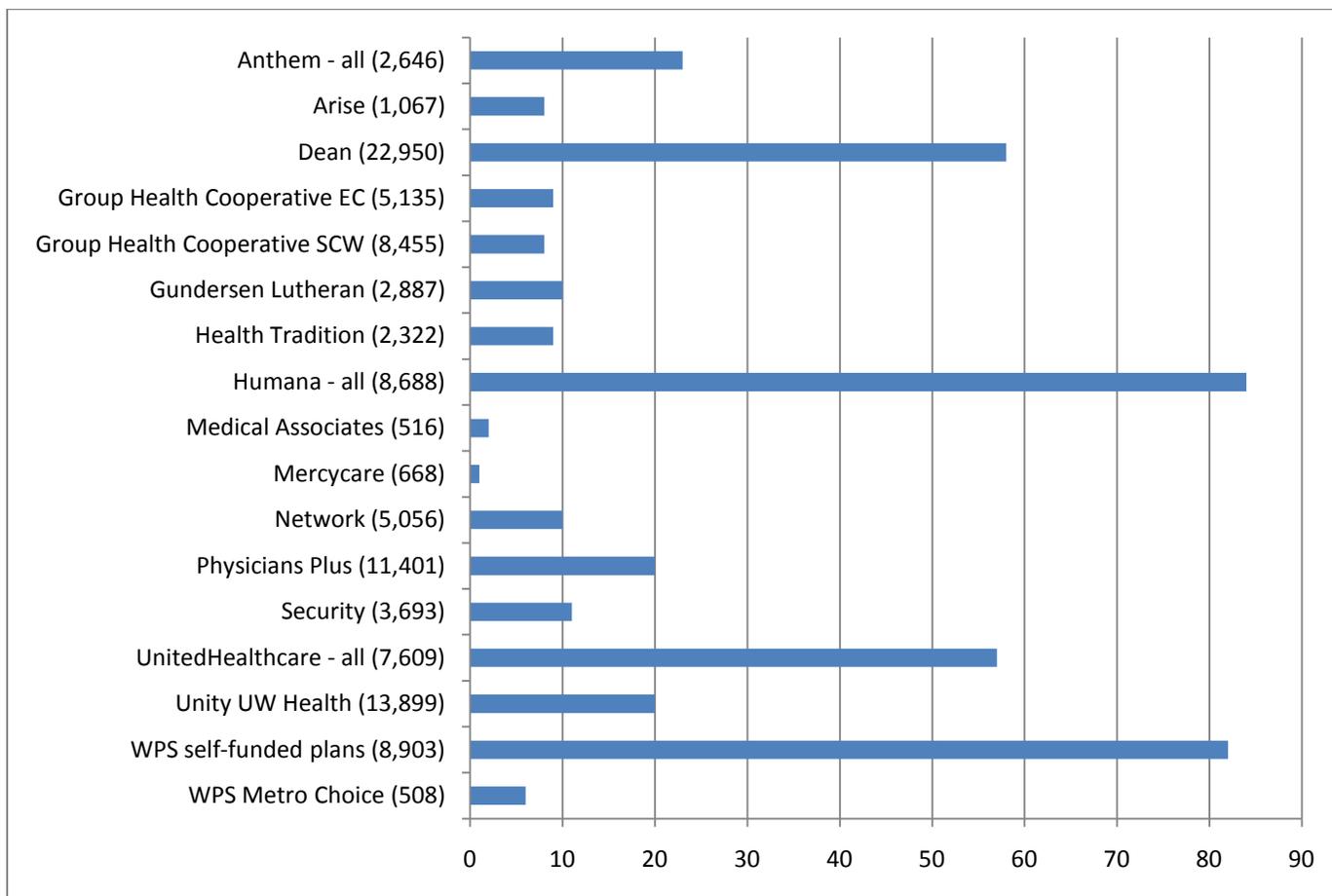
Of the 594 complaints and inquiries, the health insurance program generated the majority of contacts (418). These issues have historically proven to be the most complex and, therefore, take the most time to resolve.

Complaints by Program
January – June, 2010



Complaints and Inquiries by Health Plan

The complaints and inquiries for this period are broken down by health plan, below. Only plans that we received contacts about during this period are shown. The total number of contracts for each plan is shown in parentheses next to the plan name.



*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

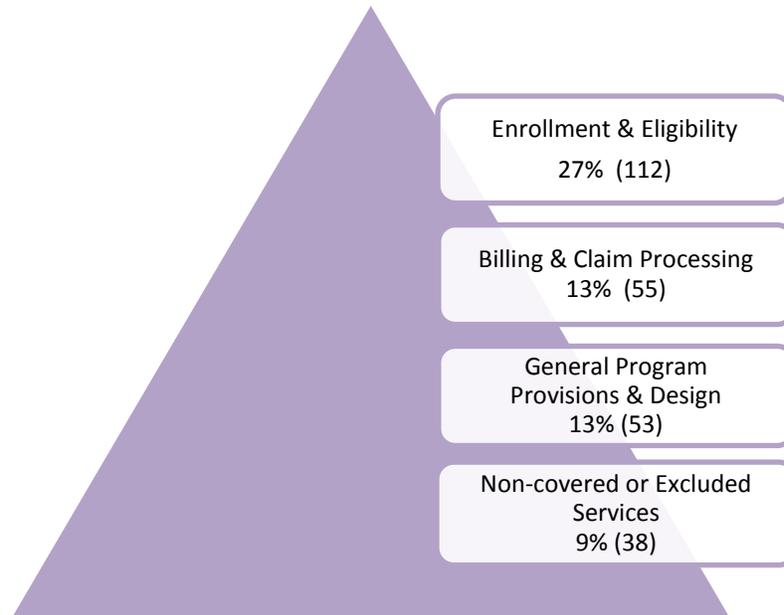
Historically, billing and claims processing problems are the most common reason members contact Ombudsperson Services. However, for this reporting period, enrollment and eligibility complaints represented a total of 27% of all contacts. Billing and claims processing represented 13% of contacts.

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The four most common types of contacts are depicted below and represent 258 (62%) of the 418 total health insurance contacts for this period.



Trends Observed

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

- **Enrollment and Eligibility:** Many of these contacts involved carryover from the 2009 *It's Your Choice* period, including requests for late enrollment and assistance with initiating services under their new plan. In addition, we received a number of inquiries from members and employers regarding eligibility for domestic partners and adult children up to age 27.
- **Benefit Coverage/Contract Interpretation:** We continue to receive requests from members for assistance in verifying benefits or providing benefit clarification to health plans.
- **Medicare Eligibility and Coordination of Benefits:** We received numerous contacts from members for assistance resolving claim payment issues, eligibility and effective date discrepancies, and premium corrections related to Medicare eligibility and enrollment.
- **General:** Notably, we continue to take advantage of opportunities to educate members on benefit limitations, how to best work with their plans to access care, and the importance of and process for requesting prior authorizations when applicable.

Staff will be available at the August 24, 2010, Board meeting to answer questions.

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