



STATE OF WISCONSIN  
Department of Employee Trust Funds  
Robert J. Conlin  
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:** April 25, 2013  
**TO:** Group Insurance Board  
**FROM:** Liz Doss-Anderson, Ombudsperson  
Allen Angel, Ombudsperson  
Vickie Baker, Ombudsperson  
Dan Hayes, Attorney/Supervisor  
**SUBJECT:** Annual Ombudsperson Contact Report  
January 1, 2012, through December 31, 2012

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

Our report contains information about the complaints and inquiries received by the Department of Employee Trust Funds (ETF) via the Ombudsperson Services staff. The complaints and inquiries came from members, their families, employers, and external advocacy organizations as they relate to benefits under the authority of the Group Insurance Board (GIB).

From January 1 through December 31 of 2012, Ombudsperson Services received 1072 complaints and inquiries, an increase of 75 contacts compared to 2011. As in the past, the health insurance program generated the majority of contacts, with 753 complaints and inquiries (approximately 70% of the total). Historically, this program has presented the most complex and time consuming issues for staff to resolve. While there had been an increase in Navitus Medicare Part D Rx (Med D) complaints and inquiries in the first six months of the year, Ombudsperson Services contacts related to Med D dropped considerably to only 34 contacts from July through December of 2012.

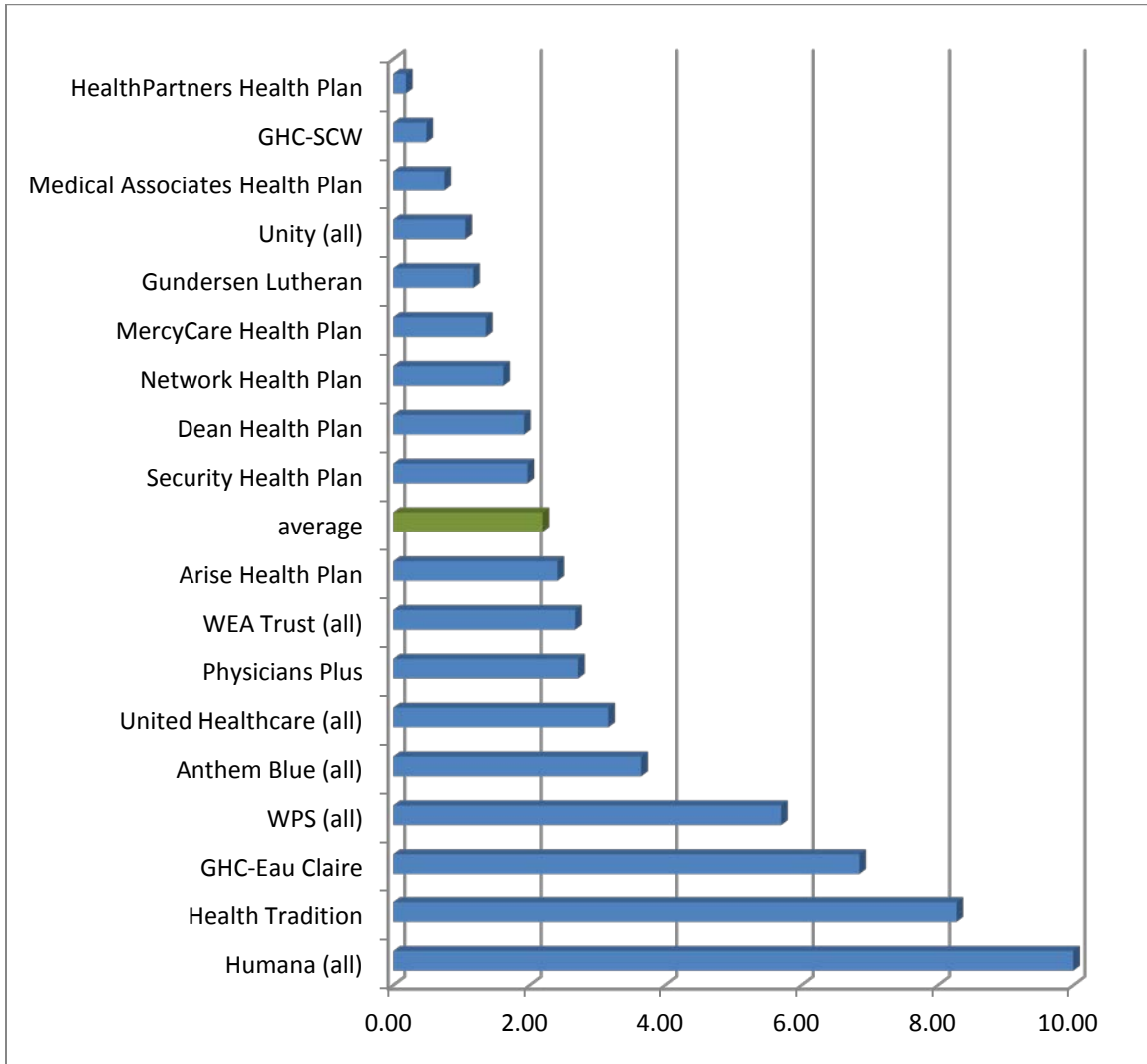
The types of issues with the most contacts include: enrollment and eligibility (including It's Your Choice open enrollment), billing and claims processing, and general program provisions and designs. Two additional categories with a considerable number of complaints and inquiries were "not medically necessary" and discrepancies over co-insurance amounts. Ombudspersons continue to educate members to better understand coinsurances, deductibles and the other benefit changes which were new in 2012.

Reviewed and approved by David Nispel, General Counsel, Legal Services

Electronically Signed 5/3/13

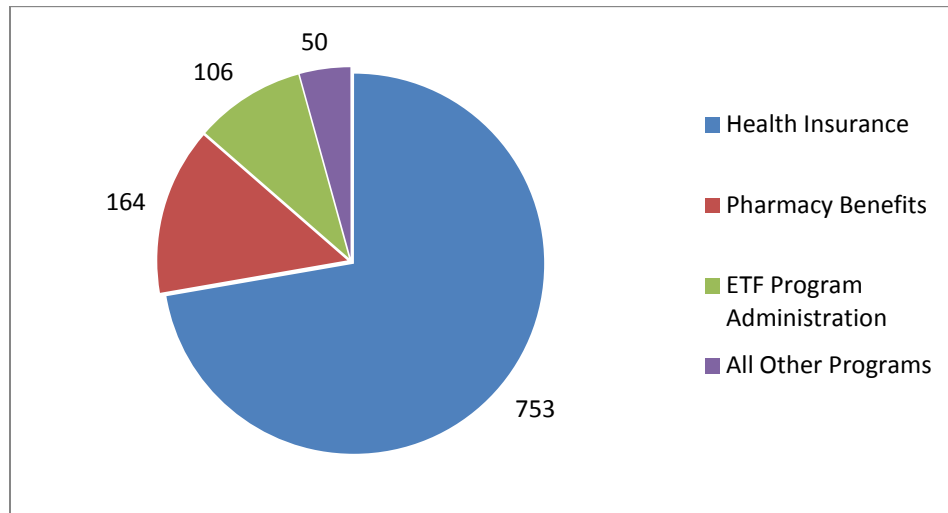
Board	Mtg Date	Item #
GIB	5.21.13	8F

**COMPLAINTS AND INQUIRIES BY HEALTH PLAN**  
(Number of Complaints and Inquiries per 1,000 members)



The increased cost-sharing for members and the change in their benefit structure, generated many member and employer contacts to Ombudsperson Services throughout 2012. Members have experienced difficulty in understanding health plan Explanation of Benefits, how benefits are covered under preventive care guidelines, whether or not a coinsurance will be charged for a given service, and general questions about how services have been coded and paid by the health plans. Working with the member and the plan, Ombudsperson Services attempts to resolve coding discrepancies and, when necessary, elevate concerns to the appropriate ETF policy advisors to address any issues related to program or contract provisions.

Complaints and Inquiries by Program Type  
January 1, 2012 – December 31, 2012



**All Other Programs Include:** AETNA/LTDI/ICI (14 contacts), Deferred Comp (1), Dental (7), EPIC (12), FBMC/Wage Works (7), Life Insurance (5), LTC Ins. (2), VSP (Vision Plan) (2)

**ETF Program Administration** includes multiple program types such as sick leave accounts, retirement, or enrollment errors.

In 2012, 238 (22%) of all contacts received by Ombudsperson Services were associated with enrollment and eligibility issues. Throughout 2012, we worked with internal staff to address enrollment and eligibility issues, and ETF staff have successfully implemented enhancements to the ETF health insurance processing systems, including both the Accumulated Sick Leave System and myETF Benefits. New features in our systems make certain that health insurance coverage is accurately and efficiently continued as our members make changes to their coverage related to retirement and Medicare enrollment. As a result of new enhancements, we saw a decrease in the number of enrollment and eligibility complaints for both active employees and new retirees in the last six months of 2012.

Ombudsperson Services continues to strive toward minimizing the numbers of appeals to the ETF boards, and we have been successful. In the first six months of 2012, the Office of Legal Services worked to reduce the board appeal backlog to zero due to the efforts of many people both inside and outside of ETF. Ombudsperson Services has played a major role in the resolution of member complaints and concerns. During the second half of the year, ETF received only one formal appeal that involved health insurance. We believe that resolving matters with early intervention provides the opportunity to educate members in a more efficient and timely manner, maintain quality customer service and improve administration of our benefit programs. In addition, Ombudsperson Services and Division of Insurance Services (DIS) staff often work

collaboratively with health plans and our pharmacy benefit manager as areas for improvement are identified.

In January 2012, ETF implemented Navitus MedicareRx (PDP) prescription drug coverage for 27,000 eligible members on Medicare. In the first half of the year, we saw an increase in member contacts related to enrollment and claims processing issues. Ombudsperson Services have worked collaboratively with DIS on proposed changes to the 2014 contract that will address some of the issues members experienced when they received Medicare Part D-covered vaccinations.

In 2012, Ombudsperson Services provided outreach and education to our members as they became accustomed to a new benefit plan structure that required them to track both coinsurances and out-of-pocket maximums. As we work to resolve members' issues in our one-on-one contacts, we educate them about their benefits while answering specific questions. In addition, we refer members to other resources both internally (the website or Mediasite presentations) and externally to community resources outside ETF. External resources include the Social Security Administration, the Wisconsin Medigap Helpline and the Centers for Medicare and Medicaid Services.

Ombudsperson Services has a variety of tools and resources available to do outreach and help educate our members about their benefits. After 2014 contract changes are approved by the Board, we will begin planning our educational efforts for the remainder of 2013. In particular, our program informational materials will need to be updated to reflect the proposed changes to the ETF Administrative Review process. Details will need to be provided on which appeals require the use of an Independent Review Organization (IRO) and under what circumstances a Department Determination may be issued. In addition, we will continue to provide education about health plan wellness programs and will assist in the development of outreach materials on the proposed requirement for shared decision making (SDM) related to low back procedures. Additional information about both the wellness programs and SDM will help our members understand the new plan requirements and allow them to fully participate in their care and treatment.

The 2013 *It's Your Choice* open enrollment period went smoothly although both Ombudsperson Services and the Call Center experienced an increase of calls related to network changes for some health plans, questions associated with enrollment opportunities for members or their dependents and Medicare's impact on benefits. ETF also saw increased usage of our online myETF Benefits system for *It's Your Choice* plan changes. The increased usage allows our administrative and application processes to operate much more efficiently. Ombudsperson Services staff also participated in Department-wide planning sessions for the annual open enrollment and provided feedback based on our member contacts.

Ombudsperson Services will continue to be involved with ETF's Transformation, Integration and Modernization and Data Integrity initiatives as our systems and business areas need to evolve and adapt to an always-changing benefit environment. Staff has also participated in several meetings that will help determine the functional requirements included in an ETF Request for Proposal to determine a vendor for our new online Benefit Administration System.

Staff will be at the Board meeting to answer any questions.