



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:** August 1, 2013  
**TO:** Group Insurance Board  
**FROM:** Liz Doss-Anderson, Ombudsperson  
Vickie Baker, Ombudsperson  
Allen Angel, Ombudsperson  
Dan Hayes, Attorney/Supervisor  
**SUBJECT:** Semi-annual Ombudsperson Services Contact Report  
January 1, 2013, through June 30, 2013

**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) Ombudsperson Services staff. Complaints and inquiries are received from members, their families, employers, and external advocacy organizations and are related to benefits under the authority of the Group Insurance Board (GIB).

From January 1, 2013 through June 30, 2013, Ombudsperson Services received 485 complaints and inquiries from members or their representatives, a decrease of 74 contacts in comparison with the first six months of 2012. As in the past, the health insurance program generated the majority of contacts, with 223 complaints and inquiries (approximately 46% of the total). The health insurance and pharmacy benefit programs involve the most complex and time consuming issues for staff to resolve.

Most of the contacts related to the following categories: enrollment and eligibility issues, general program provisions/design questions and billing or claims processing discrepancies. Additional categories with a considerable number of complaints and inquiries were non-covered services, prior authorizations and denials related to medical necessity. Ombudspersons continued to assist members with understanding coinsurances and deductibles, which are benefit changes that remain new concepts for many members.

Ombudsperson Services assisted members with 111 complaints and inquiries associated with enrollment and eligibility issues. In addition, there were 105 complaints and inquiries related to contract provisions and program design. These were the top

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

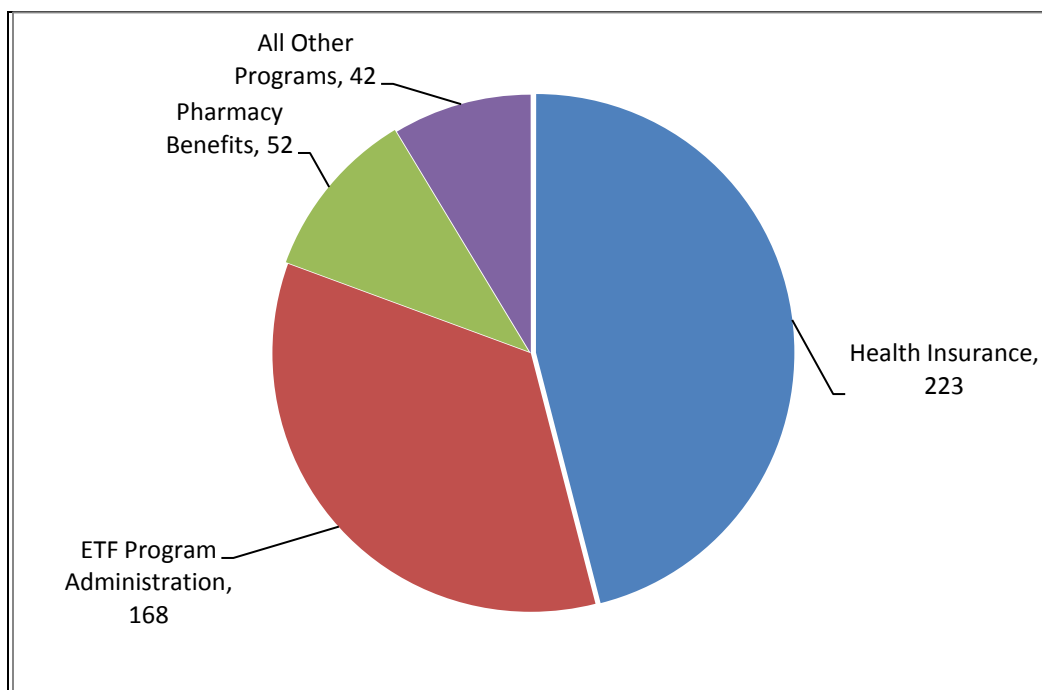
Electronically Signed 8/7/13

Board	Mtg Date	Item #
GIB	8.27.13	8F

two complaint and inquiry categories. Our data show the next two highest categories were issues related to billing and claims processing by health plans (84) and prior authorizations (32).

The chart below depicts contacts by program type and illustrates that the health insurance program and ETF program administration generated the highest number of contacts.

Complaints and Inquiries by Program Type  
January 1, 2013 – June 30, 2013



**All Other Programs Include:** AETNA/LTDI (4), EPIC (2), FBMC (11), ICI (2), Life Insurance (2), LTC Ins. (3), VSP (1) WRS (4)

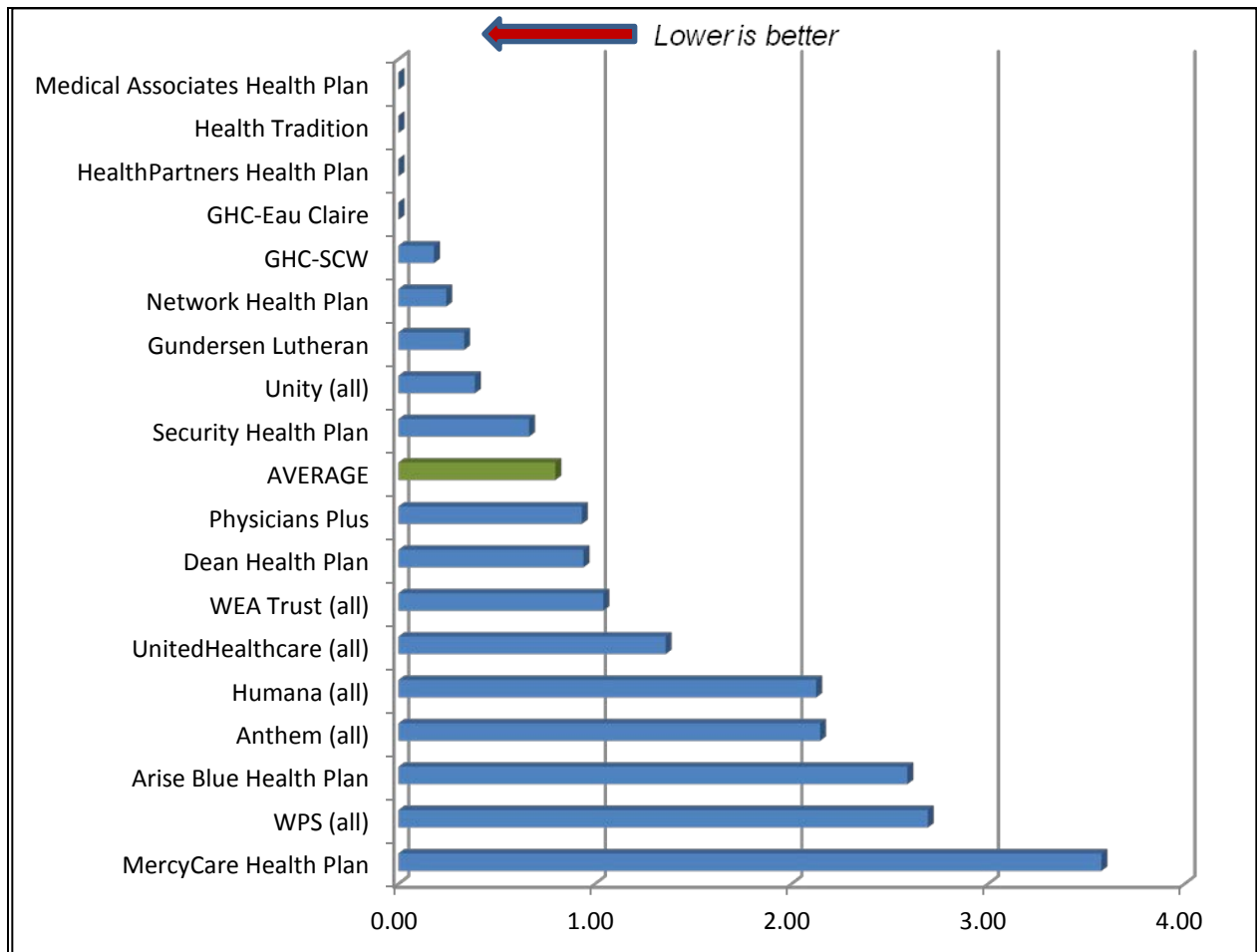
**ETF Program Administration** includes enrollment/eligibility, ETF program provisions and design

Our collaborative work with other ETF staff in completing several key enhancements to our health insurance processing systems continues. Statistical progress is evident based on a drop of enrollment and eligibility complaints or inquires from 129 in the first six months of 2012 to 111 contacts for the same timeframe in 2013. As system enhancements are completed and our members and employers become more familiar with the myETF Benefits system improvements, we expect additional decreases in the number of enrollment and eligibility inquiries. Ombudsperson Services will continue to

help monitor and evaluate our systems and processes to look for ways to improve customer service related to enrollment and eligibility for all ETF administered programs.

This year marked the second year of the Navitus MedicareRx (PDP) prescription drug coverage for 27,000 Medicare-eligible members. While the number of complaints and inquiries has decreased regarding Medicare Part D enrollment issues, Ombudsperson Services continues to work with all involved parties to resolve enrollment discrepancies as they arise. In addition, the processing of vaccination claims covered by Medicare Part D continues to be an issue, but at a much less frequent rate.

**Complaints and Inquires by Health Plan per 1,000 members**  
(January 1, 2013 to June 30, 2013)



Ombudsperson Services continues to identify outreach and education as a critical component to meeting the needs of our members who encounter challenges associated with yearly benefit changes. While the benefit changes for 2013 were somewhat less significant than those for 2012, there were important changes related to prior authorization requirements for high tech radiology and low back surgery as well as changes related to coverage of specialty prescription drugs. In addition, ombudspersons helped members looking for assistance in understanding their health plan's health risk assessments and biometric screenings reimbursement process.

As we work to resolve the members' issues in our one-on-one contacts, we have the opportunity to provide education about their benefits and answer specific questions. In addition, we may also refer members to other Department resources (the website or Mediasite presentations) or to community resources outside ETF. These include the Social Security Administration, the Wisconsin Medigap Helpline and the Wisconsin Medicare Part D Helpline.

Ombudsperson Services has a variety of tools and resources available to do outreach and help educate our members. Our "*Ombudsperson Services*" brochure (ET-8935) is widely distributed to members by employers and ETF Member Services staff during health fairs and other educational events. An Ombudsperson Services Fact Sheet is also available and posted, along with the program brochure, on the ETF website. These tools let members know that ombudsperson staff is available to assist them and provide a better understanding of how their benefits work.

### **Looking Ahead**

During the second half of 2013 we will be involved with many of the annual It's Your Choice (IYC) open enrollment outreach efforts including the IYC Employer Kickoff event, internal staff trainings and employer health fairs across the state. This gives ombudsperson staff the opportunity to provide information to members, answer their questions and offer additional resources when appropriate. In addition, we will be working with internal staff and health plans on implementation of changes to the administrative review process. These changes involve Independent Review Organization appeals of medical necessity/experimental treatment denials. Our goal, as always, is a seamless implementation of the changes along with ensuring all publications and plan grievance letters are properly updated.

We look forward to continuing to resolve matters with early intervention and keeping the number of appeals at a minimum. With this approach, our resources can be better utilized to educate our members as we strive to maintain quality customer service and improve administration of our benefit programs.

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