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CORRESPONDENCE MEMORANDUM

DATE: January 24, 2014
TO: Group Insurance Board
FROM: Allen Angel, Ombudsperson
Vickie Baker, Ombudsperson
Liz Doss-Anderson, Ombudsperson
SUBJECT: Ombudsperson Services 2013 Quality Assurance Activities Report

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

Ombudsperson Services staff work with units throughout the Department of Employee Trust Funds (ETF) on initiatives related to the quality of service received by Wisconsin Retirement System (WRS) members. Ombudsperson Services also provides quality-related recommendations to those in managerial positions throughout the Department. Through our day-to-day interactions with members, we identify areas of concern and those in need of clarification or focus in order to make large-scale improvements. These improvements benefit all parties but most notably, members, health plans and employers.

As ombudspersons, we have numerous daily contacts with our members--and 2013 was no exception. As a result of these interactions, we learn about the issues, questions and problems our members experience with their health plans as services are sought and/or provided. On occasion we see several of our members encounter the same issue, or we consider whether a single reported problem could affect many more members.

Throughout the year we work with WRS members to provide education and resolve issues primarily regarding health and pharmacy benefits. We often identify opportunities to improve the quality of service and benefits administration. This report provides an overview of our quality assurance activities in 2013.

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

Electronically Signed:
02/10/2014

Board	Mtg Date	Item #
GIB	2.19.14	7F

Quality Assurance Activity with Health Plans

In addition to solving problems and educating our members, Ombudsperson Services is in a unique position to assist all our health plans in providing, and improving, customer service. We help health plans understand the details and various idiosyncrasies of providing health care benefits under the Uniform Benefits (UB) contract with the State of Wisconsin by providing health plans with education or clarification about the services provided under UB.

Below are topics we encountered and assisted our health plans with in 2013. These issues, and related work with our health plans, are based on member contacts and conversations along with Ombudsperson Services' evaluation of those interactions.

- As a result of multiple member contacts, the Office of Legal Services and its Ombudsperson Services staff collaborated with the Division of Insurance Services (DIS) to conduct a series of face-to-face meetings with key personnel from one health plan to discuss and improve customer service. The concerns members raised included phone contacts with the plan's call center; written communications received by members; billing methods; and information provided to our direct pay members. An action plan was put in place to address each item.
- Based on member feedback, we ensure health plan websites are working properly and website links provided to ETF are valid.
- Misinformation provided to some members prompted us to assist plans with educating and clarifying Uniform Benefits for their customer service representatives. As a result, our members are more likely to be properly informed about covered benefits, including routine eye care, durable medical equipment and hearing aids.
- Several members with Medicare coverage called about claims being denied by their State of Wisconsin Group Health Plan. We stepped in to clarify with these plans that the coverage is the same for both non-Medicare and Medicare-enrolled members under the Uniform Benefit contract provisions.
- Many members contacted us about denied prescription claims due to changes in how services were being billed by providers for short hospital stays or emergency room visits. Based on these member contacts, we requested and gathered member claims data on inpatient/observational denied claims and facilitated reimbursement via Medicare Part D coverage with the Pharmacy Benefit Manager (Navitus).
- Quarterly meetings with Navitus present opportunities to discuss trends identified through member contacts.

Quality Assurance Activity for Members

Members contact Ombudsperson Services regarding a variety of health and prescription drug benefit issues, such as denied claims or services, access to providers, as well as general benefits-related questions. It is important that messages communicated via our website, *It's Your Choice* materials, and other publications brochures provide clear information and instructions.

Examples of the types of activities Ombudsperson Services staff participated in are:

- Collaborated with DIS staff to revise the method of reporting grievance information to readers in the *It's Your Choice* book. This significant change featured reporting grievances on a "per 1,000 member" basis, in hopes of improving the reader's understanding of plan performance. This new way of displaying the grievance information will be monitored in 2014 to see if this change is more user friendly for WRS members. We also utilized this method to report grievance and complaint information to the Group Insurance Board.
- Collaborated with internal staff on the revision of the Medicare Eligibility Statement to include Medicare D information and remove unnecessary disclosures.
- Provided feedback on the ETF letter that is mailed to members when they deplete their accumulated sick leave credit account and must start paying health insurance premiums out-of-pocket.
- Looked for ways to provide clarity and improve readability of the sections providing Medicare information in our brochure, *Information for Retirees*.
- Worked with the Office of Communications and Legislation to review and edit ETF website content.
- Assisted with updating information about Level 4 copayments as well as the Navitus Quick Formulary in various ETF communications.

Quality Assurance Activity with Internal Staff

In 2013, Ombudsperson Services staff routinely participated in quality assurance activities throughout the Department. The goal was to work toward the highest levels of quality by actively participating in workgroups, improving member materials, and training staff. Some examples of internal quality assurance activities include:

- Participated in the Division of Insurance Services Change Control Board, which monitors changes to ETF's internal insurance benefits computer programs and applications.
- Participated in the Uniform Benefits Study Group, which considers contract changes to the Uniform Benefits contract.
- Participated in the Transformation, Integration and Modernization Communications Workgroup, which centers on internal communications related to the implementation of our new Benefits Administration System.
- Reviewed the requirements for management of administrative reviews and health insurance in the Benefit Administration System's Request for Proposals.
- Updated the health plan contracts and ETF publications and forms related to changes in the ETF administrative review process for denied claims eligible for independent review.
- Trained ETF staff on the Department's discrimination and retaliation policy and the role of Ombudsperson Services.
- Developed new strategies for collecting and coding member complaints and inquires. These changes enhance Ombudsperson Services' ability to identify trends and provide recommendations for improvements.
- Coordinated communication efforts regarding annual benefit changes to ensure updated information was available in the *It's Your Choice* booklets, on the ETF website and provided to health plans and employers.

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