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CORRESPONDENCE MEMORANDUM

DATE: February 27, 2015
TO: Group Insurance Board
FROM: Allen Angel, Ombudsperson
Vickie Baker, Ombudsperson
Liz Doss-Anderson, Ombudsperson
SUBJECT: Ombudsperson Services 2014 Quality Assurance Activities Report

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

Ombudsperson Services staff work with the various Divisions and Offices throughout the Department of Employee Trust Funds (ETF) on initiatives related to the quality of service received by Wisconsin Retirement System (WRS) members. As a result of 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. Ombudsperson Services then provides quality-related recommendations to managers throughout the Department. These improvements benefit all parties but most notably, members, employers, plans and third-party administrators.

As ombudspersons, we have multiple daily contacts with WRS members and health plan contacts. As a result of these interactions, we learn about the issues, questions and problems our members experience with their health, pharmacy and dental plans. We are often the first ones at ETF to know about a problem, issue or concern. On occasion we see several of our members encounter the same issue or we consider whether a single reported problem may actually affect a number of our members. This report provides an overview of our quality assurance activities in 2014.

Benefits Administration

Ombudsperson Services staff respond to members' inquiries and complaints primarily regarding health insurance and prescription drug benefit administration. These types of member contacts may involve questions or concerns about how a benefit is structured, how a plan is following contract requirements, or clarification of a benefit so a member has a better understanding of the plan's coverage.

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

Electronically signed:
03/10/2015

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For example, Ombudsperson Services:

- Identified and helped correct health plan direct-pay premium statements and billings, identified members who received incorrect information and worked with plans on corrective action and contact of affected members. We also educated ETF staff on the nature and resolution of these errors. Members contacted Ombudsperson Services when there were issues with two health plans that sent incorrect premium information to members for their 2015 premium payments. The premium amounts were corrected and, for some members, this meant a small credit to their upcoming amount due. For others, a higher premium had to be charged to the member to make up the incorrect amount from the previous month.
- Worked with the Division of Insurance Services (DIS) and health plans to remedy a problem with coverage misinformation related to Uniform Dental Benefits on plan description pages. Members made several contacts to Ombudsperson Services throughout the first half of 2014 regarding the denial of payment for dental claims, due to the provider being out of network. The member's health plan put incorrect information on its website (a list of providers that were not actually in the plan's network). Claims for these members were paid through June of 2014, and a letter was sent to members correcting the provider network information.
- In 2013, the Office of Legal Services and its Ombudsperson Services staff collaborated with DIS to conduct a series of face-to-face meetings with key personnel from one health plan to discuss and improve customer service. An action plan was put in place to address each item, and Ombudsperson Services staff monitored the plan's performance throughout the year. Toward the end of 2014, DIS and the Office of Legal Services concluded that further meetings are required to continue to address and remedy some remaining systemic issues.
- Assisted members with concerns about the annual disabled dependent review process. This process can be frustrating for members who have an adult disabled dependent who will remain at their current level of disability for the rest of their life. For some members in this situation, the review process has been extended beyond the current yearly process, providing them with accommodation when appropriate.
- Worked with members and the pharmacy benefit manager on issues that arise when members first enroll in Medicare and must transition to Navitus Medicare RX. Navitus must send the new enrollment to the Center for Medicare and Medicaid Services (CMS) for approval. There can be a significant lag time between the submission of this enrollment to CMS and CMS's notification to Navitus that the enrollment is approved. Ombudsperson staff work with Navitus to fill in these types of coverage gaps for members.

Technology-Related Efforts

In our role as ombudspersons we are involved in the support and maintenance of internal IT systems as well as providing feedback to technical staff regarding performance issues or areas in need of quality improvement. Ombudsperson Services has also provided extensive subject matter expertise to the Department's major IT initiative: implementation of the Benefit Administration System (BAS). For example, Ombudsperson Services:

- Collaborated with ETF and Vitech staff on BAS initiatives and provided review and comment on documents such as the *Requirements Traceability Matrix* and participating as a subject matter expert in the design and testing of the Enrollment and Elections track for group insurance programs.
- Completed enhancement of the Department's benefit complaint system to allow entry of complaints involving the Health Savings Accounts and High Deductible Health Plans.
- Worked with the pharmacy benefits manager to ensure Medicare secondary payer information transmitted via myETF Benefits was updated correctly and that there was a manual process to ensure that the pharmacy benefit manager could process appropriate Medicare Part B claims.

Publications, Correspondence and Website Information

Quality assurance efforts by Ombudsperson Services include:

- assistance with periodic evaluation and updating of ETF's benefit publications;
- timely issuance of ETF website updates to assist our members in understanding new topics related to WRS benefits; and
- working internally and with the health plans in order to clarify or correct WRS benefit information.

A majority of our quality assurance work focuses on health insurance benefits and the information provided in ETF's yearly *It's Your Choice (IYC) Decision and Reference Guides*, forms associated with health insurance enrollment, and information provided to our members by their individual health plans.

For example, Ombudsperson Services:

- Worked with ETF internal staff (Insurance Administration Bureau and Retiree Services Section) on review and revision of Medicare Eligibility Statement (ET-4307) and Health Insurance Application/Change form (ET-2301).

- Reviewed and revised a press release for the Medigap Helpline regarding eligibility for commercial (non-WRS) Medicare plans when a WRS member's sick leave credits are exhausted.
- Assisted DIS with Medicare Part B "as if" language inadvertently omitted from the 2014 Uniform Benefits Contract and requested a letter be promptly sent to all affected members based on Medicare Open Enrollment being available at the time the error was discovered.
- Helped DIS develop a checklist and template to improve language consistency of the Health Plan Description pages and Health Plan Features-At a Glance grid in the *It's Your Choice Decision Guide*. In addition, we reviewed and provided edits for the following topics in the IYC guides: Reference Guide FAQs and Grievance Page (online versions), Decision Guide – Important Changes, HDHP/HSA Info and Comparison of Benefit Options. Ombudspersons also provided feedback for consistent use of health plan names throughout the IYC books, for example, the pages associated with health plan contact information, premium rates and report cards (online).
- Worked with the Office of Communications to correct an ETF website issue and allow our members to print the IYC Health Plan Report Card in its entirety.

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