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Correspondence Memorandum

Date: January 25, 2019

To: Group Insurance Board

From: Liz Doss-Anderson, Ombudsperson

James Kates, Ombudsperson Mary Richardson, Ombudsperson Dan Hayes, Supervising Attorney

Office of Legal Services

Subject: 2018 Ombudsperson Quality Assurance Report

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

Ombudsperson Services staff work with various Divisions and Offices throughout the Department of Employee Trust Funds (ETF) on initiatives related to the quality of service received by members in ETF's benefit programs regarding administration of their benefits. Through our interactions with members we identify areas of concern and areas in need of clarification and make recommendations for program improvements to managers throughout ETF. These improvements benefit all parties. This includes ETF's members, employers, plans, and third-party administrators.

As ombudspersons, we have daily communications with program members, plan contacts, and employers. We answer many questions about member benefits and through these interactions, we learn about the issues and problems our members experience with their health, pharmacy and dental plans. We are often the first staff at ETF to know about a problem, issue or concern. When we see several of our members encounter the same issue or we consider whether a single reported problem could affect a larger number of our members, we use these member contacts as opportunities to make recommendations for program improvements. This report provides an overview of Ombudsperson Services' quality assurance activities in 2018.

Benefit Administration

Ombudsperson Services staff respond to members' inquiries and complaints primarily regarding health insurance and prescription drug benefit administration. These member contacts involve responding to questions or concerns about how a benefit is structured,

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

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Electronically Signed 2/8/19

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how a plan is following contract requirements, or clarification of a benefit so members have a better understanding of their health insurance and other benefits.

In 2018, Ombudsperson Services:

- Along with the Office of Strategic Health Policy (OSHP), participated in meetings with United Health Care, ETF's new Medicare Advantage vendor, to provide input and to track any issues that arose during implementation.
- Verified with ETF's Retiree Health Insurance Unit (RHIU) that remaining recipients of Long-Term Disability Insurance (LTDI) will not have health insurance premiums deducted from their LTDI payments.
- Met with WEA Trust, the successor vendor for the IYC Access and IYC Medicare Plus plans, late in the year to review any issues that arose during 2018 and how best to work with them. WEA Trust continues to be the vendor for the IYC Access and IYC Medicare Plus for plans 2019.
- Attended the ETF Council on Health Program Improvement meetings to work
 with ETF staff and managers and health plan representatives to improve the
 Group Health Insurance Program. Topics discussed included the clarity of health
 plan contract language, uniformity of benefit decisions among plans, and
 potential benefit changes. These bi-monthly meetings will continue in 2019.
- Worked with RHIU and OSHP to improve the process of ensuring that retired and disabled members covered under our health plans sign up for Medicare as required when they first become eligible. Failing to enroll for Medicare in a timely way can create many irreversible difficulties for members.

Publications, Correspondence and Website Information

Quality assurance efforts by Ombudsperson Services include assistance with periodic evaluation and updating of ETF's benefit publications. Some examples are:

- Timely issuance of ETF website updates to assist our members in understanding new topics related to WRS benefits.
- Worked internally with the health plans to clarify or correct WRS benefit information in their materials.
- Worked with the Office of Communications (OC) to correct confusing and incorrect information for adding a child as a dependent on the It's Your Choice (IYC) section of ETF's website.

Much of our quality assurance work focuses on health insurance benefits and the information provided in ETF's yearly IYC outreach materials and at health fairs. ETF forms associated with health insurance enrollment were updated, and ETF staff reviewed information provided to our members by their individual health plans.

For example, Ombudsperson Services:

 Participated in OSHP's Member Communication and Education Workgroup on development of consumer-friendly materials for IYC open enrollment. 2018 Ombudsperson Quality Assurance Report January 25, 2019 Page 3

- Provided feedback to the OC on various aspects of IYC open enrollment materials including web site content, brochures, and e-learning modules.
- Worked with the OC to convey clearly to members the health plan changes for 2019 via brochures and ETF's website.

Technology-Related Efforts

In our role as ombudspersons we are involved in supporting and maintaining ETF's internal Benefit Complaints System and other IT systems by providing feedback to technical staff regarding performance issues or areas in need of quality improvement.

For example, Ombudsperson Services staff:

- Identified a health plan's enrollment processing error related to Medicare contracts, ensured the issue was corrected and verified members were properly enrolled.
- Served as subject matter experts in development of myETF business requirements and bridging of information from the Benefit Complaint System to myETF.
- Maintained coding in the Benefit Complaint System to be consistent with myETF Benefits (MEBS).

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