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Correspondence Memorandum

DATE: April 19, 2019

TO: Group Insurance Board

FROM: Liz Doss-Anderson, Ombudsperson
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Office of Legal Services

SUBJECT: Annual Ombudsperson Contact Report January 1 through December 31, 2018

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

This report contains information about 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 (Board).

From January 1 through December 31, 2018, Ombudsperson Services received 759 complaints and inquiries from members or their representatives, a 14% decrease in comparison with the 886 received during the same period in 2017. Actions of health insurance plans generated most of the contacts with 409 complaints and inquiries, approximately 53% of the total. This compares with 519 such contacts during 2017.

This decrease in number is slightly skewed due to two factors: the end of the WPS contract for the IYC Access and Medicare Plus programs, effective December 31, 2017, and the number of written health insurance complaints.

When the WPS contract ended, a claims runout period was established through June 30, 2018. After the initial contracted runout date, ETF staff experienced a sharp increase in contacts from members who were told by WPS that they were no longer responsible for claims processing and they should direct all questions to ETF. Ombudsperson Services staff received 212 inquiries (28%) categorized as a problem with an ETF program administration. This compares with 167 for 2017 or a 27% increase, which was largely attributable to the unprocessed and/or unpaid claims from

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the WPS program. Ombudsperson staff worked closely with the Office of Strategic Health Policy (OSHP), the Retiree Health Insurance Unit (RHIU), and the Call Center to devise a method for counseling members and reviewing and processing the unpaid claims from this self-insured plan. Due to the delays in claims processing by WPS, many members were receiving notices of impending collections actions by unpaid providers. Ombudsperson staff recommended and helped develop a letter for members that detailed the issue and the process in place for adjudicating these claims, recommending that they pass on this information to providers and billing departments to avoid unnecessary collection actions.

Ombudsperson Services received 55 written health insurance complaints that have the potential to become Board appeals. This compares with 45 received in 2017, a 22% increase. This steady increase continues to reflect an upward trend in written complaints and the complexity of complaints received.

Other member complaints with ETF benefit program administration issues involved complaints and inquiries that did not reflect any activity by the health plans. For example, if a member was upset because a specific benefit was not covered in the health plan’s contract, the issue was attributed to benefit administration rather than to the health plan because all plans are required to follow contract provisions. A few notable issues generating these complaints involved the availability of immunizations with providers versus pharmacies when vaccine shortages occur, dental program changes, copays for physician authorized tests, and the Medicare enrollment requirements upon retirement.

Most of the contacts received by Ombudsperson Services were related to the following complaint type categories:

- General program provisions and design (213)
- Claims processing and billing (160)
- Enrollment and eligibility issues (128)
- Non-covered or excluded benefits (70)
- Access to providers (24)

Each of these categories and the individual complaints can involve multiple contacts with members, health plans, other ETF staff and research to find a solution.

Ombudsperson Services was an integral part of the preparations for implementation of the UnitedHealthCare Medicare Advantage offering for the 2019 Plan Year. Staff attended weekly implementation meetings to help ensure that members’ needs would be met with this program for Medicare-eligible participants. Staff also were active participants in the Member Communications Team meetings as well as the three work groups focused on printed materials, e-Learnings and website enhancements. The work accomplished by these teams provides members with many options for clear information, easily obtained. Although it can lead to fewer contacts for general

questions, the availability of information has also increased the complexity of the problems and questions Ombudsperson Services encounters.

Ombudsperson Services staff meets regularly with OSHP to share member concerns and discuss process improvements. Our attendance at the quarterly Council on Health Plan Improvement (CHPI) meetings also gives us perspective on the challenges facing the health plans, as we provide recommendations for plan enhancements, especially in relation to complaints and inquiries that show an area where more clarity is needed for both members and the health plans.

Ombudsperson Services staff continued to help members understand various aspects of their health insurance, including coordination of benefits, prior authorization requirements, dental coverage, as well as grievance appeals and external review options. A part of our mission is using the initial complaint resolution as an opportunity to educate our members, so they can avoid problems.

Looking Ahead

Complaints and inquiries related to the changes in health and dental plans offered to members continues at a steady rate. Ombudsperson Services also expects more inquiries as members use the new Medicare Advantage plan. We continue to be involved with the information presented to members and helping members as they navigate the program. We are pleased to have the assistance of an onsite UHC representative who, in conjunction with Ombudsperson Services, can help resolve issues that arise with providers and the plan, as we focus on the member experience.

Ombudsperson Services staff will be involved with preparations for the annual Its Your Choice (IYC) open enrollment activities, including review of the IYC member materials and continued participation in the IYC Member Communications and Education Workgroup and its Subcommittees as previously detailed. The goal is to enhance the clarity and quality of information provided to members. Staff will also be involved in the open enrollment Employer Kickoff event, internal staff trainings, and employer health fairs across the state.

As always, we continue to emphasize early intervention in the resolution of all matters. Our goal is to keep the number of Board appeals low. As a result, our resources continue to be better used to focus on quality assurance and enhancements to member education. This approach allows us to maintain high quality customer service and improve the administration of all WRS benefit programs.

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