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Correspondence Memorandum

Date: July 26, 2019

To: Group Insurance Board

From: Liz Doss-Anderson, Ombudsperson
Mary Richardson, Ombudsperson
Dan Hayes, Attorney/Supervisor
Office of Legal Services

Subject: Semi-Annual Ombudsperson Contact Report
January 1 through June 30, 2019

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. Complaints and inquiries originate from members, their families, employers, and external advocacy organizations and are primarily related to benefits under the authority of the Group Insurance Board (Board).

From January 1 through June 30, 2019, Ombudsperson Services received 364 complaints and inquiries from members or their representatives, a five percent decrease in comparison with the 384 received during the same period in 2018. Actions of health insurance plans generated most of the contacts, with 250 complaints and inquiries, approximately 68% of the total. This represents an increase of 11% over the previous year.

Members with ETF benefit program administration issues resulted in the second largest number of contacts with 58, or 16% percent of the total. Most of these contacts related to the health insurance program but 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. Another example are the contacts we received regarding the WPS claims run-out process for members with claims that were still unpaid after the contract with WPS expired in July of 2018.

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

Electronically Signed 8/5/19

Board	Mtg Date	Item #
GIB	8.21.19	10K

Ombudsperson Services also received 41 written health insurance complaints, which have more potential to become Board appeals. This compares with 29 received in the first six months of 2018. The increased number reflects an upward trend in written complaints over the past three years. Such complaints are usually complex and require more time to review and respond.

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

- Claims processing and billing (75)
- General program provision or design (65)
- Enrollment and eligibility issues (65)
- Non-covered or excluded benefits (56)
- Prior authorization (31)

Ombudsperson Services continues to see a problem with members not understanding their need to enroll in Medicare when they first become eligible after retirement. If Medicare enrollment is not timely, it can have serious financial consequences. We work with members and plans to correct member enrollment and ensure claims are processed correctly. But the member must also work with Medicare to correct any mistakes in enrollment with CMS. Within ETF, efforts are ongoing to make sure our members have the information they need to avoid this problem.

Regularly working with other agency staff, we strive to help members understand various aspects of their health insurance, including coordination of benefits, prior authorization requirements, and dental coverage as well as all other WRS benefit programs.

Looking Ahead

Inquiries to Ombudsperson Services about the Medicare Advantage plan increased, which is common when a new program is implemented. Staff continue to be involved in monthly meetings related to the Medicare Advantage plan. This allows us the opportunity to share trends and develop program knowledge to assist our enrolled members.

Our staff continues involvement with preparations for the annual Its Your Choice (IYC) open enrollment activities, including review of the IYC member materials and participation in the IYC Member Communications Committee and Subcommittees. The transition from TASC to Connect Your Care for 2020, as well as other IYC changes for the next plan year, may increase inquiries. Our goal is always to advocate for, and participate in, agency efforts 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.

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We continue to emphasize early intervention in the resolution of all matters. Our objective 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.