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Correspondence Memorandum

Date: January 26, 2021
To: Group Insurance Board
From: Liz Doss-Anderson, Ombudsperson
Mary Richardson, Ombudsperson
Dan Hayes, Supervising Attorney
Office of Legal Services
Subject: 2020 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. 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 (health, pharmacy and dental), and third-party administrators.

As ombudspersons, we have daily communications with program members, plan contacts, and employers. We answer many questions about member benefits. 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 to make recommendations for program improvements. This report provides an overview of Ombudsperson Services' quality assurance activities in 2020.

Benefit Administration By Plans

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

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

 Electronically Signed 2/2/21

Board	Mtg Date	Item #
GIB	2.17.21	10H

In 2020, Ombudsperson Services:

- Collected and reviewed health plan grievance procedures and sample grievance decision letters to ensure appropriate language is given to members regarding the ETF administrative review process (for denials based on contractual interpretation) and the external review process (for denials based on medical judgment). Some plan letters showed disparate language as well as confusing directions regarding member appeal rights. Legal staff created language that all plans are to use when providing this information, usually via grievance decision letters that uphold plan denials.
- 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. Areas of focus included the clarity of health plan contract language, ER usage, disease management pilot programs, and potential benefit changes for the coming year. These bi-monthly meetings will continue in 2021.
- Worked with the Office of Strategic Health Policy (OSHP) program manager for flexible spending accounts to develop a process to obtain complaint information from Connect Your Care (CYC) and help them to understand the ETF administrative review process. This resulted in a standardized method to assist our members with the program.
- Met with CYC staff to assist the new administrator for the flexible spending account, commuter benefits, and health savings account programs in understanding ETF culture and our members' customer service needs to ensure a smooth implementation in 2020.
- Notified ETF's Employer Services about an employer whose employee benefit specialists provided incorrect information on multiple occasions regarding complex enrollment issues. This resulted in a series of problems for the employees that Ombudsperson Services and Employer Services staff worked to correct. We also recommended further training for the employer's specialists.
- Discovered a health plan enrollment error in which some members were not charged copayments and coinsurances when they should have been. This was primarily attributed to split contracts when one member was Medicare eligible. Worked with the plan to communicate the errors to members and the plan adjusted its internal procedures to ensure proper claims administration going forward.
- Alerted OSHP staff that members were having difficulty getting telehealth services covered with plans using varied criteria for deciding coverage for a telehealth visit. OSHP is addressing inconsistencies among plans.

- Requested resolution of an ongoing problem for members (often on Medicare) who sought emergency care but were kept for observation and not admitted to the hospital. These members were held responsible for the full cost of any medications given in the hospital setting. The health plans generally cover in-hospital medications but did not because these members were not admitted. This method of obtaining medications fell outside the normal Navitus criteria for filling prescriptions. Members have asked ETF for reimbursement. Navitus will now reimburse the full cost of these prescriptions (less copays).
- Worked with the OSHP Pharmacy benefit program manager to make Navitus formularies more easily accessible from the ETF website. This will ensure members and staff have access to the most current formulary information available quickly.
- In response to multiple complaints from members, we requested that OSHP gather information from health plans on continuous glucose monitors, including whether they have a prior authorization process. The devices are covered under the health plan durable medical equipment benefit. They require supplies, under the pharmacy benefit, that are not always covered under the pharmacy formulary, creating confusion and additional expense for the members. OSHP is researching the possibility of coverage for both devices and supplies under the pharmacy benefit for 2022.
- Worked with members transitioning from commercial Navitus coverage to Navitus MedicareRX (Part D) who found that the rules have changed for medications they were taking. The federal rules at issue must be followed, so we informed Call Center and Member Services staff that benefits, and requirements may change when moving to Medicare Part D coverage. We also suggested enrollment materials be improved to include that cautionary message.
- Worked with health plans to correct their benefit administration and claims processing systems to ensure they are updated to cover Uniform Benefits. These can include items such as custom foot orthotics for non-diabetics, lab tests within a week of physician appointment and out of network emergency care provisions.
- Assisted a local employee who disputed their employer's requirement that all personal leave be exhausted before ICI benefits were available by providing, on an advisory basis only, information that led the employer to seek legal counsel regarding their interpretation. As a result, the employer changed their guidance and now allows employees access to the ICI benefit upon using personal leave to meet the program elimination period instead of requiring depletion of all their accrued leave.

- Provided plan information to ETF's Member Services Bureau regarding conflicting information on the process to continue supplemental plans when members retire. In the past, all supplemental plans had to be continued using COBRA, and annuitants had to enroll during It's Your Choice. This allowed premiums for the vision plan to be deducted from annuities and both the vision and dental coverage to continue if an annuitant remained enrolled. OSHP had revised the retiree options to keep plans as a continuant (COBRA) or retiree, beginning in 2019, but guidance on this change was not relayed to all staff. OSHP provided links to forms detailing the options, as well as explanations for staff to use when helping retiree decide what works best for their situation.
- Uncovered several balance billing issues with health plans and out-of-network providers. We worked with OSHP and health plans to correct the issues. Complaints like these are often an indication that there is a problem within the claims process that might affect other members. When problems like this are detected, ETF can instruct plans to audit claims to ensure that the problem is rectified. One plan is conducting such an audit to determine if other members were affected.

Publications, Correspondence, and Website Information

Quality assurance efforts include helping with periodic evaluation and updating of ETF's benefit publications, correspondence, and website. Some examples of those efforts are:

- Providing feedback to ETF's Office of Communication on website content. Requested that the Group Health Insurance Program Certificate of Coverage be elevated in search results, which it was.
- Participating in the Office of Communications Customer Interaction Council, which is a workgroup that focuses on updating ETF forms and publications to make them more concise and user friendly for our members. In 2020, we collaborated on development of an ETF glossary for the website.
- Assisting with the planning for, and review of, the Medicare Advantage Member Survey and ETF Medicare Survey. Advocated for alternatives to online-only access to ensure all affected members could participate in the survey.
- Continuing monthly meetings with OSHP and Medicare Advantage representatives to ensure consistent application of plan benefits, especially as it relates to the Uniform Benefits provisions of the contract.

Much of our quality assurance work focuses on health insurance benefits and the information provided in ETF's yearly It's Your Choice (IYC) open enrollment outreach materials and 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 throughout the year in OSHP's Member Communication and Education Workgroup on development of consumer-friendly materials for IYC open enrollment, including printed guides, website information, and e-Learnings.
- Worked with the Office of Communications to explain the health plan changes for 2021 clearly to members via brochures and ETF's website.
- Continued participation in the Council on Health Program Improvement (CHPI), offering topics for inclusion in benefit discussions related to program management, benefit enhancements, and uniformity in application of contracted benefits for our members.

Technology-Related Efforts

In our role as ombudspersons, we are involved in supporting and maintaining ETF's internal Benefit Complaints System, which documents member complaints and inquiries, 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:

- Provided training and completed testing for a security patch in Benefit Complaint System.
- Served as a subject matter expert for Benefit Complaint System in the Data Management Project Current State and Future State.
- Maintained coding in the Benefit Complaint System to be consistent with myETF Benefits (MEBS).
- Provided information on Benefit Complaint System to the Application Portfolio Management modernization-related effort.

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