

## STATE OF WISCONSIN Department of Employee Trust Funds

A. John Voelker SECRETARY Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931 1-877-533-5020 (toll free) Fax 608-267-4549 etf.wi.gov

## Correspondence Memorandum

**Date:** January 21, 2022

**To:** Group Insurance Board

**From:** Dan Hayes, Supervising Attorney

Liz Doss-Anderson, Ombudsperson Mary Richardson, Ombudsperson

Office of Legal Services

**Subject:** 2021 Ombudsperson Services Quality Assurance Report

This memo is for informational purposes only.

Ombudsperson Services (OS) staff work with various Department of Employee Trust Funds (ETF) Divisions and Offices on assessing quality of benefit program services that are raised by members. Through our interactions with members, we learn about and identify areas of concern and/or in need of clarification and make recommendations for improvements to ETF managers. These improvements benefit all parties, including members, employers, plans, and third-party administrators.

OS staff are often the first staff at ETF to know about a problem, issue, or concern with ETF-administered health, pharmacy, or dental benefit programs. When we see several of our members encounter the same issue or discern that 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 2021.

Some examples that OS brought to the attention of ETF's Office of Strategic Health Policy (OSHP) and health plans for action, correction or clarity are described below:

- Members were finding it difficult to locate information on hospice services covered under the health plans. We suggested, as part of the annual improvements to the Decision Guides and Schedules of Benefits, that this information be more easily located.
- Whether immunizations are administered in the physician's office or pharmacy determines if they are covered by Medicare Part B or Medicare Part D. Confusion over where to obtain common immunizations can lead to unexpected member costs. We worked with OSHP to clarify coverage and update vaccine guidance in printed material and online in order to help our members avoid a costly error.

Reviewed and approved by Diana Felsmann, General Counsel, Office of Legal Services Electronically Signed 01/28/2022

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 The pandemic revealed a lack of guidance for both members and health plans on telehealth coverage; OS received approximately 30 complaints and inquiries on the services. This led to a collaboration with OSHP and the Council on Health Program Improvement to clarify and standardize the language and benefit.

Areas where OS staff have identified an issue with a plan or ways to better inform our members of plan benefits and ensure uniformity are:

- Worked with a health plan to develop a script for its call center staff to use when a member contacts the plan about disenrollment from the Group Health Insurance Program (GHIP) after being offered coverage outside the GHIP, in order to avoid unintentional disenrollment from the GHIP plan.
- Discovered that a plan was incorrectly administering benefits for tetanus immunizations and medical supplies utilized in a surgical procedure. An audit of impacted members was completed by the plan, and member claims were reprocessed appropriately.
- Assisted OSHP and ETF's Employer Services Section with a review and update
  of the Health Plan Disabled Dependent Process. This ensures uniformity across
  all plans and all members who complete this process.
- Collaborated with OSHP to improve timeliness of health plan and Pharmacy Benefit Manager submissions of redacted Independent Reviews (IRs). Reviewing redacted IRs helps inform ETF staff of emerging coverage issues related to medical necessity and experimental services as well as other health care trends and advancements. This can lead to future contract coverage changes such as the recent biofeedback and bariatric surgery benefits.

Throughout the year, OS staff maintains the Benefit Complaint System (BCS), the internal case tracking record. This tracks member complaint activities as well as documenting the status of a case and which ETF administered program the case involves. In addition, staff provide quality improvement feedback regarding internal processes and systems when appropriate. Examples are as follows:

- In 2021, we worked with staff in ETF's Project Management Office to improve understanding of BCS and how a case is processed and tracked using BCS, in preparation for inclusion into the agency's Insurance Administration System.
- Updated carrier codes to include Aspirus, Quartz Central and Quartz West.
   Maintained codes for Quartz-Community to allow for future complaints prior to 2022. Quartz-UW Health remained unchanged.
- Provided quality assurance check with ETF's Bureau of Information Technology Services regarding the new Enterprise Content Manager (ECM), OnBase, and verified that ETF staff medical documents will continue to have restricted access.
- Participated in User Acceptance Testing and provided feedback on Benefits Mentor and the new ECM.
- In collaboration with staff from OSHP, we are working to develop a process improvement for the intake and disposition of Departmental Determinations, which are part of the ETF Administrative Review Process. Recommendations and a draft procedure will be provided to department leadership in 2022.

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Efforts to improve program benefits are ongoing, as we identify gaps in coverage or enhancements that can improve our program. Some recent examples that we have proposed for consideration/clarification are:

- Request that OSHP pharmacy program manager research the possibility of allowing members who are granted lifetime coverage of a necessary medication not be subject to formulary changes;
- Request OSHP review oral surgery benefits and exclusions to include coverage of all appropriate periodontic procedures;
- Request that coverage of orthoptics (eye exercises) be reviewed to determine if our current coverage limit of 2 visits per lifetime is within industry standards or could be improved; and
- Clarification of coverage for group occupational therapy under Uniform Benefits.

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