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Correspondence Memorandum

Date: January 27, 2023
To: Group Insurance Board
From: Liz Doss-Anderson, Ombudsperson
Mary Richardson, Ombudsperson
Office of the Secretary
Subject: 2022 Ombudsperson Services Quality Assurance Report

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

The goal of Ombudsperson Services (OS) is to provide Wisconsin Retirement System (WRS) members with the highest level of customer service related to escalated issues regarding their benefits administered by the Department of Employee Trust Funds (ETF). In addition, Ombudsperson Services staff provide recommendations to various ETF Divisions and Offices based on day-to-day interactions with members, employers, health plans, and third-party administrators. These recommendations are based on issues stakeholders identify, as well as any benefit program area in need of clarification or continuing education.

OS informs the Group Insurance Board (Board) about its activities via two annual reports: the *Quality Assurance Activity Report*, presented in February, and the *Education and Outreach Report*, presented in November. These reports supplement the semi-annual and annual case reports and the *Annual Health Plan Grievance and Independent Review Report* that OS provides the Board.

As with last year, OS focused on issues and initiatives that would help members understand their benefits and services available from their health plan, the Pharmacy Benefit Manager, and our supplemental plans. In particular, due to the exit of WEA Trust and the addition of new plans, networks, and administrators, OS staff have been involved in cross functional member communication strategy and planning to anticipate and address member questions prior to It's Your Choice (IYC). Assisting members beginning their transition of care from their current plan to their new plan chosen during Open Enrollment (OE) may require OS intervention to facilitate transitions for members with complex care.

Pamela L Henning

Reviewed and approved by Pam Henning, Assistant Deputy Secretary
Electronically Signed 02/03/2023

| Board | Mtg Date | Item # |
|-------|----------|--------|
| GIB | 02.22.23 | 14G |

Table 1. Member Focus Examples of Ombudsperson Services Quality Assurance Advocation (January 2022–December 2022)

| Member Focus | Description | Action |
|----------------------|---|---|
| Publication Updates | <p>Updated/improved Vision page not updated in all versions of the Guides.</p> <p>Coverage of vaccines is confusing for members. Vaccinations for Medicare members is being adjusted by Medicare D in 2023 with coverage of vaccine coverage either by Navitus or the health plans.</p> | <p>Worked with the Office of Communications (OC) to address for this year’s Guides and monitor via the IYC Project Team.</p> <p>Collaborated with the Office of Strategic Health Policy (OSHP) and OC to include article for the WRS News regarding changes to vaccine coverage for Medicare members.</p> |
| Website Enhancements | <p>In April 2022, coverage of COVID test kits changed to cover kits under Medicare B.</p> <p>Increased visibility of Optum member portal on the ETF website.</p> | <p>Worked with OC and OSHP to update information on the ETF website.</p> |
| OE Activities | <p>Worked on OE preparations related to the WEA Trust exit and member enrollment in new health plans and its effect on Actives and Annuitants.</p> <p>Inconsistencies between ETF materials and Vendor communications during OE.</p> | <p>Participated in IYC related preparations to offer member perspective on changes needed and concerns.</p> <p>IYC Project Team will continue to look for new approaches to improve accuracy and consistency in OE communications materials for members.</p> |

Table 2. Plan Focus Examples of Ombudsperson Services Quality Assurance Advocation (January 2022–December 2022)

| Plan Focus | Description | Action |
|----------------------|---|--|
| Process Improvements | <p>Health plans have difficulty identifying Local annuitants who need their claims to be processed without applying High Deductible Health Plan deductible.</p> <p>Health Savings Account (HSA) members are concerned about Optum Customer Identification (CIP) process. Federal Regulations require that members with HSAs confirm their Social Security number via documentation.</p> <p>Audit of ETF Administrative Review rights and Independent External Review (IER) rights language in health plan grievance decision letters.</p> <p>Contractual requirement for Vendors to notify ETF in writing of change in Vendor contacts for ETF staff.</p> | <p>Worked with OSHP to have issue discussed at September 2022 Council on Health Plan Improvement (CHPI) meeting of possible solutions that would assist plans with identification of these members.</p> <p>Collaborated with Optum, OSHP, and ETF privacy officer to identify additional communications efforts for employers and members regarding this Regulation related to the CIP process.</p> <p>In December 2022, health plans submitted sample letters and grievance procedures to OS for review and comment for accuracy and completeness. This audit is currently under way.</p> <p>Worked with OSHP to have issue discussed at September 2022 CHPI meeting. Plans will continue to update Vendor contact information on a quarterly basis and when a primary contact changes.</p> |

Looking Ahead

OS staff are seeking ways to function more effectively. There is a need to systematically track member inquiries and actions, centrally collect and analyze the data, and enhance reporting. Currently, disparate processes and spreadsheets are used. A new benefit complaint system is envisioned, and preliminary functional and technical requirements

have been identified. A formal project may be approved in the coming months, pending available resources relative to other ETF priorities.

The updated grievance information on the ETF website is to be completed in the first quarter of 2023. In addition, OS will update the OS brochure to include the grievance process at the plans and other helpful resources. Finally, OS will continue to collaborate with other Divisions and Offices within the Department on initiatives such as developing online resources, eLearning programs and other print and online educational materials for members about how best to access their benefits and resolve issues related to their Group Health Insurance benefits.

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