

A. John Voelker, Secretary

Department of Employee Trust Fund/CGS

February 26, 2023

I became a State employee in the late sixties, and retired in 1994. As I review my experience with State Employee Health Care benefits, both when I was employed and as a retiree, I find the leadership of the State in regard to the health care system provided an assure that the insurance companies offered fair and equal coverage. This is one of the reasons why I dared to switch to United Health Care when it became available, although its reputation was not the best. Unfortunately, I now am very disappointed in the performance of United Health Care and ETF because, as I explain below, I feel like I'm left "between a rock and a hard place"

I moved from my home in Waunakee to Brussels, Belgium, in May 2022, and I notified ETF of the change. I then received a letter from ETF stating that I was switched to WEA because they had the contract for worldwide coverage. (Actually I had planned on keeping my UHC insurance because, for anything serious, I was just a plane ride away). I kept getting United Health Care notifications, forwarded by the USPS. I called ETF, was told not to worry because the fact that I am on WEA should mean my UHC insurance was cancelled.

To test the workings of worldwide coverage, I submitted a claim to WEA. I received a rejection asking me for detailed information on what happened during my medical appointment. Since the cost of a medical visit in Belgium is \$25, I decided to absorb it. Later, in October, 2022, it was vaccination time and I did some follow-up with the doctor. I again submitted the claim, this time asking the doctor to spell out what she did. The insurance system in Belgium functions on the basis of codes, and I looked them up and gave the reference to WEA. I never received an answer from them.

For 2023 I needed to switch to UHC Medicare Plus. ETF acknowledged receiving my application. I kept receiving UHC Advantage mailings and the promise that if I did not get my membership card I could just sign in and get it on their WEBSITE. The mailings were still forwarded by the USPS, therefore, it was evident that my address change did not go through. ETF told me I had to settle this with UHC. Just to change my address, I spent 90 min with them on the phone (I used Skype and the exact minutes are recorded). In the process, they told me about a secondary address in my file, and asked if I knew what it was. It was in Columbus, OH. No, I did not know. ...and while waiting, I was encouraged to sign up and get my card on line. Signing up requires a zip code. Only the USA has zip codes. I have no zip code. I cannot sign up.

I kept receiving letters forwarded by USPS, and when I called, I each time received a sermon that the system is not made to handle a foreign address and that worldwide only works in emergencies. Again I was asked "What is this secondary address in Ohio?". I called ETF, and eventually received the following answer from UHC:

We do have your permanent address listed as [REDACTED] under the Medicare Plus plan. Since you have an international address, we have partnered with a company

called INDIGO & CO out of Ohio in order to forward your UHC communications to your international address. That is why the INDIGO & CO address is added to your account as the mailing address. The INDIGO & CO address will remain on your account and is purely only for communication purposes. This address does not affect your Medicare Plus plan coverage.

We currently show you are enrolled in both the Medicare Advantage and Medicare Plus plan. We are working with ETF to terminate your Medicare Advantage plan. I understand your frustration however, since your plans are group plans through the State of WI, the termination must come from ETF. I am working with Liz Doss-Anderson, who is an Ombuds with ETF, and will provide an update to both yourself and ETF once I have more information about your MA plan termination.

Regarding your Medicare Plus plan, it will reimburse you for covered medical expenses out of the country. You will need to pay for services out-of-pocket then submit a request for reimbursement to UHC. You can submit reimbursement requests online through your UHC member portal at Pre Login (uhc.com). Please note that you will need to include an itemized bill and a copy of your receipt showing proof of payment. Please make sure you are submitting your reimbursement requests under your Medicare Plus ID number in order to avoid any claim issues.

I deeply apologize for the stress and inconvenience

By that time, I had panicked and cancelled and signed up for Cigna which is not much better but at least knows how to enter addresses.

I am writing this long saga to ETF because I believe that you are responsible for reviewing the contracts with your health insurance providers. UHC was completely unprepared for the worldwide coverage aspect and for coordination with ETF in this regard. I hope by next year UHC has had time to train their staff. I further hope that, by then, ETF has achieved some form of coordination with UHC. In the meantime, the loss and frustration are mine.

Should there be any possibility to come back into the system before next year, I would appreciate your letting me know. As you see, indeed, I am "between a rock and a hard place".

Thank you for listening and for your prompt attention to this dilemma.

Sincerely,
Hildegard Dorrer

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March 22, 2023

Hildegard Dorrer
[REDACTED]

Dear Hildegard Dorrer:

Thank you for reaching out to the Department of Employee Trust Funds (ETF) with comments and concerns about the Medicare Plus Plan currently administered by UnitedHealthcare (UHC), and formerly by WEA Trust (WEA). Secretary Voelker asked that your situation be reviewed, and follow-up information be provided to you.

First, I apologize for the difficulties you have had with your Group Health Insurance Program (GHIP) coverage and getting your claims reimbursed. I reached out to WEA about the claims you referenced. They told me they received four office visit claims from you from [REDACTED]. They finished processing payment on [REDACTED]. They issued a check for [REDACTED] on [REDACTED] and are in the process of mailing it to your address on [REDACTED]. If you would like more information, you can email WEA [here](#).

The transition from WEA to UHC as the vendor for the Medicare Plus Plan was challenging. Typically, a new vendor is awarded a contract in May to provide enough time to prepare for open enrollment and the intake of new enrollees for the following calendar year. WEA announced in early June 2022 that they exiting the health insurance industry. A few months later in August, UHC was awarded the contract after review by the Group Insurance Board. Since UHC was awarded the contract in August instead of May, the window of time for open enrollment preparations and processing new enrollees resulted in some problems. Nonetheless, staff continue to work with UHC to improve their service and will make sure they are able to address the issues that you raised.

If you would like, you may reenroll in the GHIP during open enrollment for coverage effective January 1, 2024. You can enroll in any plan other than the Medicare Advantage plan. This is because of Medicare's rules that restrict Medicare Advantage plans from insuring members who have addresses outside of the United States. The Medicare Plus Plan administered by UHC is the only GHIP plan that offers comprehensive coverage outside of the United States; the other GHIP plans would only cover emergency care. Like WEA, UHC will require claims to be translated for payment.

Hildegard Dorrer
March 22, 2023
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Thank you, again, for reaching out. I hope you have found this response helpful. If you have additional questions or concerns, please feel free to contact me using the information below.

Sincerely,

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