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Correspondence Memorandum

Date: October 27, 2023

To: Group Insurance Board

From: Liz Doss-Anderson, Ombudsperson
 Peggy McCullick, Ombudsperson
 Office of the Secretary

Subject: Ombudspersons Services 2023 Semi-Annual Case Report

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 (OS) staff. Case files are created to address complaints and inquiries reported by active members, retirees, their families, employers, and external advocacy organizations. Complaints and inquiries are primarily related to benefits under the authority of the Group Insurance Board (GIB) and the majority involve health plan-related complaints. However, any dissatisfaction or inquiry regarding any Wisconsin Retirement System (WRS) benefit can be addressed through Ombudsperson Services.

From January 1 through June 30, 2023, OS received 416 complaints and inquiries from members or their representatives, an increase of 26 over the same period in 2022. Actions of health insurance plans generated most of the cases, with 260 complaints and inquiries - approximately 63% of the total. This is a 16% increase in health plan complaints compared to the same period in 2022. The most frequent cases from January 1, 2023, through June 30, 2023, came from State retirees or their dependents, with 217 contacts; state active employees and their dependents with 162 contacts; and local active employees and retirees with 26 contacts. The increase was expected with the exit of WEA Trust in ETF's Group Health Insurance Program (GHIP) effective for 2023, resulting in over 50,000 members needing to change health plans.

The largest complaint category in the last six months was General Program Design with 119 contacts. These inquiries often involve clarification of benefits and members advocating for changes to Uniform Benefits or eligibility for benefits. 75 cases involved ETF administration of enrollment and eligibility issues, in comparison with 125 cases during the first six months of 2022, which is a decrease of 18% in cases for this

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Reviewed and approved by Pam Henning, Assistant Deputy Secretary
 Electronically Signed 10/25/2023

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category. Cases involving billing and claims processing issues accounted for 67 cases in the first half of 2023, a decrease of 36 cases in comparison with the 2022.

OS continues to monitor complaints and inquiries related to Employee Reimbursement Accounts (ERA) which is administered by Optum Financial (Optum). In the first six months of 2023, we opened 37 cases involving ERA programs. This is an increase of 18 cases for the same period in 2022 in which OS opened 19 cases. In November 2022, OS worked with Optum staff to improve communication strategies for both members and employers. In addition, OS participated in discussions related to improvements to the Unsubstantiated Debt process.

Many cases involve education of members regarding GHIP programs who have experienced a plan denial of a service or procedure and eligibility issues. OS staff also explain how plans use medical management criteria within Uniform Benefit guidelines and how to request reviews of denials. This typically includes substantial time counseling members on how a plan grievance process works, what to expect as they go through the process, and their rights, depending upon the grievance outcomes.

OS staff educate members on how to advocate for themselves or family members, how to ask their providers for help in demonstrating medical need, and their rights for independent reviews or for ETF departmental review. Providing support to members by educating them on the complaint and appeals process is an important service offered by OS staff. OS staff also explain outcomes of plan grievances and options available to members participating in the review process, including how a negative outcome has been justified by the plan.

The top four complaint types opened from January 1 through June 30 for all benefits offered by ETF were related to the following complaint type categories:

- General Program Provision of Design (119)
- Enrollment and Eligibility (75)
- Billing and Claims Processing Errors (67)
- Access to Care (36).

Access to care issues have increased over the last several years with 36 inquiries in the first six months of 2023. Members contact OS for assistance in locating payable providers in their plan's service area or requesting exceptions to their network. Many members are waiting two to three months to see their primary care physician and six to nine months for specialty care providers such as behavioral health, dermatology, and vision care.

Working with our partners (including health plans, employers, other Department staff and drawing in expertise from other state agency staff, when needed), OS staff collaborate to attempt to resolve member issues before they reach the appeal process.

If OS staff are unable to resolve an issue on behalf of a member, members are advised of any additional avenues of review.

Looking Ahead

As OS staff move into the 2024 It's Your Choice Open Enrollment (IYC), we anticipate escalated calls related to changes to existing plans' networks and requirements for new plan prior authorizations. OS staff will be working with various areas of the Department to help ensure that members who will need to transition to new plans have the resources available to them to make an educated decision. As members of the IYC project team, OS advocates for improvements in IYC communications and how to transition from one plan to another. This includes information on the ETF web site, the IYC Decision Guides, and planned webinars during IYC.

In 2024, OS staff will continue to look for opportunities to increase the visibility of the OS program and the services we provide. These include adding additional easy-to-find links on the ETF web site for OS information, links to resources related to plan grievance process, and the ETF Administrative Review process.

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