

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** United Healthcare Complaint  
**Date:** Monday, March 18, 2024 9:13:41 PM

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This was originally sent to the mail call center. Kimberly was kind enough to send me the email address to which it should have been directed.

----- Forwarded message -----

**From:** Betsy Wilcox <[REDACTED]>  
**Date:** Mon, Mar 18, 2024, 1:09 PM  
**Subject:** United Healthcare Complaint  
**To:** <[E-mailcallcenter@etf.state.wi.us](mailto:E-mailcallcenter@etf.state.wi.us)>

Today I went to my primary Physician's website and was shocked to see that they are not accepting United Healthcare as of April 30, 2024 due to a no-contract issue.

In the past few months I had received mail from United Healthcare requesting the name & information of my primary care doctor. I sent them the information. [REDACTED]

I phoned United Healthcare. Their "advocate" was unwilling/unable to answer my question about what reimbursement rate they were offering [REDACTED] and switched it to saying I could request that my Clinic submit a bill or that I could pay the bill and submit it to United Healthcare for reimbursement. I told the advocate that this was likely a waste of time since the no-contract was likely about a fair rate of reimbursement. Then I asked when United Healthcare had planned to notify me of this major change and said I thought it terrible that I should learn this today when I was booking an online appointment; the person didn't know.

Notably, I am not an isolated case. United Healthcare is doing this nationwide, the most recent that I know of is Mt Sinai, the second largest hospital in New York. The result is that the patient who is paying the premium is the one left in the lurch.

This was supposed to have been mirror coverage of my former WEA plan. It was until it wasn't.

I am asking ETF to drop United Healthcare and replace them with a reputable company. Health insurance coverage for retirees is generally second only to property taxes as an expense. This Company has raised their rates 19.5% since they have been on the menu for It's Your Choice coverage.

As an aside I am contacting my State & Federal legislators asking that they introduce & pass a law making it illegal for insurance companies to make any changes to benefits during a benefit year. The subscriber cannot so why should any health insurance company be able to do so?

Thank you for listening.

Betsy Wilcox  
[REDACTED]



**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** Additional information Re: United Healthcare problem  
**Date:** Monday, March 18, 2024 10:01:57 PM

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My coverage is supposed to allow me to see any in or out of network provider. It would appear that United Healthcare is making everything "in network" by doing behind the scenes contracts with the otherwise out of network providers. If the provider isn't willing to sign the contract, both the provider and the patient are out in terms of coverage. How does that make my coverage what it is purported to be? Original Medicare Part A & B is primary for me. United Healthcare is supposed to pay my medical bills anywhere in the World for anything that would be approved by Medicare were I on American soil & if the bill is written in English. If they are not even doing it in my hometown, how do I trust them to do it in another Country?  
Betsy Wilcox



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
A. John Voelker  
SECRETARY

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of Employee Trust Funds  
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March 27, 2024

Betsy Wilcox  
[REDACTED]

Dear Betsy Wilcox:

Thank you for your email to the Group Insurance Board (Board) and the Department of Employee Trust Funds (ETF) regarding concerns over your provider's contract with UnitedHealthcare (UHC) in the State of Wisconsin Group Health Insurance Program.

We reached out to UHC to gather information about the contract status of [REDACTED]. Since you are enrolled in Medicare Plus, a group Medicare Supplement, Medicare will pay your claims first and UHC will pay for your Medicare deductibles, copays and coinsurance. Since your provider accepts Medicare payments, they should also accept UHC's as a secondary payer, regardless of their contract status with UHC. We asked UHC to reach out to [REDACTED]' office and you to discuss this. We learned they have been able to speak with you and have left a voice mail with your provider's office.

Regarding your request that ETF find a different vendor to administer Medicare Plus, we have released a Request for Proposal to the market. This is a request to vendors to bid on the contract for three to seven years. The contract with a potentially new vendor would be for coverage beginning January 1, 2026. Members will be informed of the vendor for open enrollment in the fall of 2025.

I hope you have found this information helpful. A copy of your letter and this response will be included in the materials for the May 23, 2024, Board meeting. If you have additional questions or concerns, please feel free to reach out using the contact information provided below.

Sincerely,

Arlene Larson, Manager of Federal Program and Policy  
Office of Strategic Health Policy  
Department of Employee Trust Funds  
[arlene.larson@etf.wi.gov](mailto:arlene.larson@etf.wi.gov)  
608-264-6624