



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: April 22, 2024

To: Group Insurance Board

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

Subject: Ombudsperson Services 2023 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 (Board), and the majority involve health plan-related complaints. However, any dissatisfaction or inquiry regarding any Wisconsin Retirement System (WRS) benefit can be addressed through OS.

Between Jan. 1–Dec. 31, 2023, OS received 792 complaints and inquiries from members or their representatives, a decrease of 75 over the same period in 2022. Health insurance complaints and inquiries continued to be the most common type of case with 512, which is an increase of 101 in health plan cases compared to the same period in 2022. Overall, the most frequent cases in 2023 came from state retirees or their dependents with 406, followed by state active employees and their dependents with 320, and local active employees and retirees with 45.

The largest complaint category in 2023 was General Program Design with 190. These inquiries often involve clarification of benefits, members advocating for changes to Uniform Benefits or eligibility for benefits. Next were 145 inquiries regarding billing and claims processing. Meanwhile, 121 cases in 2023 involved ETF administration of enrollment and eligibility process, which was a decrease of 105 cases in this category in comparison to the 226 cases in 2022. Finally, there were 76 cases on non-covered benefits.

Pamela L Henning

Reviewed and approved by Pam Henning, Assistant Deputy Secretary
 Electronically Signed 04/26/2024

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OS continues to monitor complaints and inquiries related to Employee Reimbursement Accounts (ERA), which is administered by Optum Financial (Optum). In 2023, OS opened 20 cases involving ERA programs, a similar number in 2022. Each fall, OS works with Optum and the Office of Strategic Health Policy (OSHP) staff to improve communication strategies for both members and employers. In addition, OS participated in discussions related to improvements to the Unsubstantiated Claim Debt process, which was the primary source of Optum-related complaints. OS also reviewed the recent ERA Request for Proposal and requested that vendors can collaborate on educational videos regarding ERA programs.

Many cases involve education of members regarding the Group Health Insurance Program (GHIP), as members experienced a plan denial of a service or procedure, a prior authorization request (PA), and other eligibility issues. OS explained how plans use medical management criteria within Uniform Benefit guidelines and how to request reviews of PA denials. This typically includes substantial time in counseling members on how to file for a plan grievance, what to expect as they go through the grievance process, and their rights for additional review by an Independent Review Organization or an ETF Administrative Review, depending on the grievance outcome.

Providing support to members by educating them on the grievance process is an important service offered by OS. Often it requires providing specific information such as contract language that pertains to the individual circumstances of their grievance. OS also explains outcomes of vendor grievances and options available to members participating in the appeals process, including how a negative outcome has been justified by the plan and that the correct contract provision is cited by the vendor.

In an attempt to resolve member issues before they reach the appeal process, OS collaborates with partners, including health plans, employers, other ETF staff, and—when their expertise is needed—other state agency staff. If OS is unable to resolve an issue on behalf of a member, members are advised of their additional avenues of administrative review or resources.

Looking Ahead

As OS moves into the 2025 It's Your Choice (IYC) open enrollment period, we anticipate escalated calls related to changes to existing plans' networks and requirements for new plan prior authorizations. OS will continue working with staff from other offices and divisions within ETF to help ensure that members that need to transition to new plans have the resources available to them to make an educated decision. As members of the IYC project team and the Communications Improvement Council, OS advocates for improvements in IYC communication efforts by ETF and its partners in the Decision Guides and on the ETF website. We also ensure the review of other timely topics, including the late enrollment process.

In 2024, OS will continue to look for opportunities to increase the visibility of the program and services we provide. These include adding additional easy-to-find links on

the ETF website for OS information (links to resources related to plan grievance process, the ETF Administrative Review process, etc.) and doing outreach on OS programs to our partners in the community, such as the Office of Commissioner of Insurance, Center for Patient Partnerships at the UW Law School, and UW retiree groups.

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