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Correspondence Memorandum

Date: January 31, 2025

To: Group Insurance Board

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

Subject: 2024 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, OS staff provides 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 these stakeholders identify, as well as any benefit program area in need of clarification or continuing education.

OS focuses on issues and initiatives that help members understand their benefits and the services available from their health plan, the Pharmacy Benefit Manager (PBM), the supplemental plans, and Employee Reimbursement Accounts. Due to changes related to the implementation of the new My Insurance Benefits online application, OS has been involved in cross-functional member communication strategies and planning sessions to anticipate and address member questions prior to and during the annual open enrollment period. Assisting members beginning with their transition of care from their current plan to a new plan during open enrollment may require OS intervention to facilitate these for members with complex care or prior authorizations.

Examples of OS quality assurance activities and advocacy for members (Table 1), Plan Focus (Table 2) and Staff Focus (Table 3) from January to December 2024 are highlighted below.

Pamela L Henning

Reviewed and approved by Pam Henning, Assistant Deputy Secretary
 Electronically Signed 02/04/2025

| Board | Mtg Date | Item # |
|-------|----------|--------|
| GIB | 02.26.25 | 7B |

Table 1. Examples of OS Quality Assurance Activities and Advocation for Members

| Member Focus | Description | Action |
|---|---|---|
| Notification of ETF Administrative Review Rights and Independent Review (IR) Rights | Annually, OS reviews vendor grievance letter language and grievance processes to ensure contract compliance and that members are getting the correct information in their grievance decision letters. | Collaborated with Office of Strategic Health Policy (OSHP) to include in certain vendor contracts the required grievance information to OS and notification to vendors regarding annual submission requirements to OS. Took corrective action with plans as needed. |
| Website Enhancements | Need for improved alignment and presentation of vendor names in the Vendor Contact Information page, Plan Search page, and the Decision Guides. | Collaborated with Office of Communications (OC) and the OSHP to find opportunities to improve the member experience when members are seeking information about their vendor on the ETF website and publications by realigning vendor names wherever listed in our materials. |
| ETF My Insurance Benefits Implementation | Members will need general education on the new ETF My Insurance Benefits online application, including how to create a secure account and navigation within ETF My Insurance Benefits. | OS staff are participating in the Insurance Administration System/My Insurance Benefits communications workgroup led by the OC. We have developed and will continue to develop communications to our members about ETF My Insurance Benefits via the WRS News, ETF Email Updates, ETF Wellness Emails, and website announcements. |
| Notification of IR Requested by Member | Plans are required to notify ETF of a member's request for an IR. This must be done within five days of member request. In addition, plans are required to submit a redacted copy of the final and binding IR decision to OS. | Discussed with plans via the Council on Health Plan Improvement that reporting IR to ETF is a contract requirement and on what plans need to submit to OS. Notification of IRs allow ETF staff to review trends in medical necessity and experimental services from the IR organizations' perspective. |

| Member Focus | Description | Action |
|--|--|--|
| Immunizations covered by both the PBM and Health Plans (depending on whether they have commercial coverage or Medicare D Rx coverage). | Members are often confused about coverage of routine immunizations, as well as immunizations for travel outside the United States. | ETF improved immunization information for both Medicare and non-Medicare members on the ETF website. In addition, the Navitus formulary has an interactive drug search function that can verify if the immunization is covered by the PBM. |

Table 2. Examples of OS Quality Assurance Plan Focus

| Plan Focus | Description | Action |
|-----------------------|--|---|
| Benefit Clarification | OS identified that UnitedHealthcare Medicare Advantage (UHC-MA) was not waiving co-payment for members who were admitted for an observation stay of 24-hours or longer, as required by Uniform Benefits contract. | OSHP and OS staff met with UHC-MA staff to discuss compliance with the Schedule of Uniform Benefits. UHC-MA will be doing a retrospective claims review to identify any impacted members going back to the beginning of 2023. Once claims are identified, members will be notified that their claim has been reprocessed and paid according to Uniform Benefits contract. |
| Benefit Clarification | Supplemental Dental coverage information in the Decision Guides is a summary of benefits and does not detail all benefits and limitations of the contract. | Include notation in Decision Guides that information being provided is a brief description of member benefits and that the member should refer to the Vendor website for the complete contract and Schedule of Benefits. |
| Benefit Clarification | Coverage of acupuncture services are being covered by some but not all plans under the Case Management/Alternate Care and Treatment contract provision. Members are confused about whether their plan covers acupuncture services. | Survey of health plans inquiring whether they are covering acupuncture services for GHIP members. As a result of this survey and at health plan request, coverage of acupuncture will be considered by the Board for coverage in 2026. |

Table 3. Examples of OS Quality Assurance Staff Focus

| Staff Focus | Description | Action |
|---|---|---|
| <p>Member Privacy: Health Insurance Portability and Accountability Act (HIPAA), protected health information (PHI), and secure emails</p> | <p>Due to the sensitive nature of the information contained in ETF systems, ETF staff must be aware of the rules surrounding member’s PHI, general privacy of member information, and best practices for communicating member information with outside parties such as our vendors and employers.</p> | <p>OS identified opportunities for improved and expanded education on member privacy, PHI, and use of secure email. Upon consultation with ETF’s Office of Policy, Privacy and Compliance (OPPC), OS learned that additional emphasis on these topics is underway, as a follow-up from the 2024 Privacy Risk Assessment. OPPC has goal dates throughout 2025 to provide guidance, additional policies, and training modules on many topics, including member privacy, the HIPAA minimum necessary standard, and use of secure email. The Privacy Officer regularly publishes educational articles in ETF Community throughout the year to address identified privacy risks.</p> |

Looking Ahead

OS began using our new Case Management System within ETF’s OnBase application in July 2024. This has increased efficiency in addressing member individual issues, as well as being able to easily identify and address any trends related to the administration of member benefits and enrollments. In addition, we are able to investigate plans that we may have found to be incorrectly administering member benefits.

During My Insurance Benefits implementation, OS will monitor trends of open cases involving use of the online application and enrollment issues that occur due to member misunderstanding or incorrect actions within My Insurance Benefits. We will, then, use this information to improve the member experience and ensure quality assurance activities and efforts address issues identified in OS.

OS will continue to collaborate with other divisions and offices within ETF on initiatives, such as developing online resources, e-learning programs, and other educational materials for members about how best to access their benefits and resolve issues.

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