

From: [REDACTED]
To: [ETF SMB Board Feedback](#)
Subject: United Healthcare Medicare Advantage plan
Date: Saturday, November 30, 2024 12:11:49 PM

**CAUTION: This email originated from outside the [REDACTED]
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Dear Board,

I am a retired [REDACTED] faculty member and now live near Seattle in Washington State. I have used Medicare Advantage plans since retirement, either through ETF or recently via United Health Care Advantage. For the coming 2025 year, my only option is to continue with UnitedHealthcare Advantage plan [REDACTED]. Last week I received a letter from my healthcare provider stating that they "may no longer be considered in-network by United." My problem with this is that the United website for Open Enrollment continues to list my provider as an option for their plan. I am told that United is still negotiating with my provider. (that's hopeful!) but why should United be allowed to list my provider as an option? This is certainly not a good faith presentation of United's plan options during the Open Enrollment time period. Of course, I can choose another very inconvenient provider (University of Washington) and retain United's coverage. However, this begins a whole new set of records and relationships and long waiting times to get appointments after ten years with my present provider.

Thank you for your attention to this situation.

Brian E. Copp

[REDACTED]



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

December 13, 2024

Brian Copp
[REDACTED]

Dear Brian Copp:

Thank you for your November 30, 2024, email to the Group Insurance Board (Board) and the Department of Employee Trust Funds (ETF). You wrote with concerns about information you received regarding the status of your provider's contract with UnitedHealthcare's (UHC's) Medicare Advantage plans in Washington state. UHC offers the It's Your Choice Medicare Advantage (IYC MA) plan in the State of Wisconsin Group Health Insurance Program (GHIP).

We empathize with your concerns about provider access. ETF works hard to make sure up-to-date provider materials are available to members. When preparing materials before open enrollment, ETF gathers any changes that health plans are making with their provider networks and requires plans to inform members. Plans may inform them either by providing an updated provider directory, and/or a list of terminated providers. Health plans are not required to list providers who are in contract negotiations within open enrollment materials, as these contracts may be renewed prior to January 1.

Health plans have numerous provider contracts and ETF does not have a role in negotiations between the parties. However, note that even if your provider does not sign a Medicare Advantage contract with UHC for 2025 [meaning that they become an out-of-network (OON) provider], if the provider agrees to bill UHC, you will have your claims paid as they are now. This is because the IYC MA plan is a nationwide passive Preferred Provider Organization (PPO) where retirees are not penalized for seeing OON providers.

Conversely, if contract negotiations fail and the provider says they will not bill UHC for IYC MA services as an out-of-network provider, you may want to file a Late Open Enrollment request with ETF to change health plans effective early in 2025. You may want to select Medicare Plus, a Medigap plan offered in the GHIP. A comparison between all Medicare plan designs offered in the GHIP is [here](#). When a member has Medicare Plus, claims are sent first to Medicare for processing and payment, and then the provider should automatically submit the claim to Medicare Plus, so that UHC, the administrator, can pay secondary on Part A and B deductibles or coinsurance.

December 16, 2024

Brian Copp

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However, it should be stated, Medicare Plus will come at an additional premium cost. If you wish to pursue the Late Open Enrollment opportunity, please follow these steps:

- 1) Prepare a written request detailing the circumstances and facts surrounding the reason for your late application and remedy you are seeking.
- 2) Submit your [application](#) and written request as soon as possible and by January 31, 2025 to the following address:

Employer Services Section
Employee Trust Funds
PO Box 7931
Madison, WI 53707-7931

- 3) ETF will review the materials and issue you a letter either approving or denying your request. Generally, coverage will be prospective if approved. If ETF receives your application and letter before January 1st, you may have Medicare Plus by January 1, 2025.

If you have further questions regarding the late enrollment process, please contact the ETF Call Center at (877) 533-5020 and someone will assist you.

I hope you have found this response helpful. If you have additional questions or concerns, please feel free to reach out using the contact information provided below. A copy of your letter and ETF's response will be included in the materials for the March 12, 2025, Board meeting.

Sincerely,

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

From: [Brian Copp](#)
To: [ETF SMB Board Feedback](#)
Subject: Re: United Healthcare Medicare Advantage plan
Date: Monday, December 30, 2024 2:17:35 PM

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Many thanks for your prompt response to my initial inquiry. I apologize for my very late acknowledgment/reply. The good news here is that UH and my provider (Virginia Mason/Franciscan) finally reached an agreement which was announced just after Christmas. Because of your agreement with UH I would have still been covered (out of network--thank you!). However, had this agreement not arrived here it would have put more than 90 thousand UH patients without their insurance plans, Most of these people elected the UH plan based on the UH "Open Enrollment" website which listed many options without mentioning that negotiations were still unresolved for most of them! This is simply wrong. During the OE period, UH and all the rest should not be allowed to advertise unnegotiated options. To say the least, when the Seattle area media learned of the situation and individuals were informed by both UH and the various hospitals/clinics, the outcry was swift and angry. I don't know yet which party blinked in the negotiation or the details of the final agreement, but this might be another precursor of changes that may occur nationally in the near future. In some respects, it seems simple. The healthcare "providers" are losing money and the insurance companies are getting super rich while providing nothing but headaches!,

Thanks for what you all do, and Happy New Year.
Brian E. Copp, retired UWRF faculty.

On Fri, Dec 13, 2024 at 9:11 AM ETF SMB Board Feedback
<ETFSMBBoardFeedback@etf.wi.gov> wrote:

Dear Brian Copp:

Thank you for your November 30, 2024, email to the Group Insurance Board (Board) and the Department of Employee Trust Funds (ETF). You wrote with concerns about information you received regarding the status of your provider's contract with UnitedHealthcare's (UHC's) Medicare Advantage plans in Washington state. UHC offers the It's Your Choice Medicare Advantage (IYC MA) plan in the State of Wisconsin Group Health Insurance Program (GHIP).

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Sincerely,

Arlene Larson, Federal Program and Policy Manager

Office of Strategic Health Policy

Department of Employee Trust Funds

arlene.larson@etf.wi.gov

608-264-6624

From: Brian Copp <copp.brian@gmail.com>

Sent: Saturday, November 30, 2024 12:12 PM

To: ETF SMB Board Feedback <ETFSMBBoardFeedback@etf.wi.gov>

Subject: United Healthcare Medicare Advantage plan

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Dear Board,

I am a retired University of Wisconsin River Falls faculty member and now live near Seattle in Washington State. I have used Medicare Advantage plans since retirement, either through ETF or recently via United Health Care Advantage. For the coming 2025 year, my only option is to continue with UnitedHealthcare Advantage plan since it is paid for from my accumulated sickleave escrow fund. Last week I received a letter from my healthcare provider stating that they "may no longer be considered in-network by United." My problem with this is that the United website for Open Enrollment continues to list my provider as an option for their plan. I am told that United is still negotiating with my provider. (that's hopeful!) but why should United be allowed to list my provider as an option? This is certainly not a good faith presentation of United's plan options during the Open Enrollment

time period. Of course, I can choose another very inconvenient provider (University of Washington) and retain United's coverage. However, this begins a whole new set of records and relationships and long waiting times to get appointments after ten years with my present provider.

Thank you for your attention to this situation.

Brian E. Copp

338 Wyatt Way NE

Bainbridge Island, WA 98110

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