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## Correspondence Memorandum

**Date:** May 7, 2025

**To:** Group Insurance Board

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

**Subject:** Ombudsperson Services 2024 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 OS.

From January 1 through December 31, 2024, OS opened 649 cases from members or their representatives. Health insurance complaints and inquiries continue to be our most common type of case. The most frequent cases were from State retirees or their dependents, with 303 contacts; state active employees and their dependents with 286 contacts; and local active employees and retirees with 37 contacts.

The most common complaint types opened from January 1 through December 31, 2024, were related to the following complaint type categories:

- General Program Provision of Design (190)
- Billing and Claims Processing Errors (145)
- Enrollment and Eligibility (121)
- Non-Covered Benefits (76)

OS continues to monitor complaints and inquiries related to Employee Reimbursement Accounts (ERA) that is administered by Optum Financial (Optum). In 2024, OS opened 37 cases involving ERA programs. This is an increase of 17 cases during the same period in 2023 in which OS also opened 20 cases. Each fall, OS works with Optum and

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Reviewed and approved by Pam Henning, Assistant Deputy Secretary  
Electronically Signed 04/30/2025

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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 and education of members via the ETF web site.

Many cases involve education of members regarding the Group Health Insurance Program (GHIP) who have experienced a plan denial of a service or procedure, a prior authorization (PA) request, and eligibility issues. OS staff also explain how plans use medical management criteria within Uniform Benefit guidelines and how to request reviews of PA denials. This typically includes substantial time 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 strongest justification for their grievance is an important service offered by OS staff, often providing contract language that pertains to 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.

Working with 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 their additional avenues of appeal or other resources.

### **Looking Ahead**

As OS staff move into 2026, OS anticipates escalated calls during the implementation of the new Insurance Administration System, My Insurance Benefits. Contact from members with questions, inquiries looking for support, and possible complaints is expected by members as they become accustomed to the new system and its capabilities.

In 2025, OS staff will continue to look for opportunities to increase the visibility of the OS program and the services we provide. OS regularly provides feedback to the Office of Communications and the Office of Strategic Health Policy on education of the Board's members on their GHIP benefits. OS partners with community resources such as the Board of Aging and Long-Term Care, Center for Patient Partnerships at the UW Law School, and UW Retiree groups on outreach and education.

Staff will be available at the Board meeting for questions.