



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: July 30, 2025
To: Group Insurance Board
From: Liz Doss-Anderson, Ombudsperson
Peggy McCullick, Ombudsperson
Office of the Secretary
Subject: 2025 Semi-Annual Ombudsperson Services Case Report

This memo is for informational purposes only. No Board action is required.

This report contains information about cases handled 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. Cases 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 June 30, 2025, OS opened 268 cases/inquiries from members or their representatives. Actions of health insurance plans generated most of the cases, with complaints and inquiries being approximately 61% of the total. The most frequent cases came from state retirees or their dependents, with 144 contacts; state active employees and their dependents with 104 contacts; and local active employees and retirees with 11 contacts.

The largest complaint category in the last six months was for non-covered or excluded benefits with 49 cases. The second most common case was for billing and claims processing issues with 48 cases. These inquiries often involve clarification of benefits and members advocating for changes to Uniform Benefits or eligibility for benefits.

OS continues to monitor cases relating to Employee Reimbursement Accounts (ERA), which are administered by Optum Financial (Optum). In the first six months of 2025, we opened 29 cases involving ERA programs. We continue to work with Office of Strategic Health Policy (OSHP) on an initiative to improve our web site's ERA pages. To improve the member experience, we have included more information about the unsubstantiated claims process, a link to the manual claim form for Optum, and contact information, including Optum's mailing address for our members who may not have online access to the Optum portal. In addition, we will be involved in the transition from Optum to TASC

Pamela L Henning

Reviewed and approved by Pam Henning, Assistant Deputy Secretary
Electronically Signed 07/21/2025

Board	Mtg Date	Item #
GIB	08.13.25	9I

this year to help ensure a positive member experience with both Optum and TASC clearly presented on the ETF website.

Many cases involve educating members on the Group Health Insurance Program (GHIP) who have experienced a plan denial of a service or procedure and eligibility issues. OS staff also explain how plans use medical management criteria within Uniform Benefit guidelines and how to request reviews of denials. This typically includes substantial time counseling members on how a plan grievance process works, what to expect as they go through the process, and their rights, depending upon the grievance outcomes.

OS staff educate members on how to advocate for themselves or family members, how to ask their providers for help in demonstrating medical need, and their rights for independent reviews or for ETF departmental review. Providing support to members by educating them on the strongest justification for their complaint and appeals process is an important service OS offers. OS staff also explain outcomes of plan grievances and options available to members participating in the appeals process, including how a negative outcome has been justified by the plan.

Members contact OS for assistance in locating payable providers in their plan's service area or requesting exceptions to their network. Many members are waiting three to four months to see their primary care physician and six to 12 months for many specialty care providers such as behavioral health, dermatology, and vision care.

Working with our 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 and resources.

Looking Ahead

With the upcoming 2026 Open Enrollment, OS anticipates escalated calls related to the implementation of My Insurance Benefits, a new insurance administration system. Contact from members with questions, inquiries looking for support and possible complaints, are expected 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. These include adding additional easy-to-find links on the ETF web site for OS information, I resources related to the plan grievance and ETF Administrative Review processes, improvements to our ERA program web pages, and outreach to the Board on Aging and Long-Term Care staff, which is one of our key collaborators for members.

Staff will be available at the GIB meeting if there are any questions.