

**Employee Trust Funds  
Health Insurance Complaint Statistics  
Formal – 2002**

<b>Total New Complaints Received**</b>	<b>148</b>
Managed Care Plans	112 (76%)
Standard Plans	35 (24%)
EPIC	1 (<1%)
ERA	0
Life Insurance	0

*\*\*This does not include complaints that were forwarded directly to Insurance Services for a departmental determination because it was either requested by the member or the complaint involved a specific contract exclusion such as gastric bypass.*

<b>New Complaints by Employee Type</b>	
State Actives	52 (35%)
Annuitants	49 (33%)
UW Actives	38 (26%)
Local Actives	5 (3%)
Continuants	4 (3%)
Graduate Assistants	2 (1%)
Elected Officials	1 (< 1%)
Unknown	0

<b>New Complaints by Type</b>	
Billing/Claim Processing	36 (24%)
Excluded or Non-covered Benefit	35 (24%)
Pharmacy	19 (13%)
Not Medically Necessary	13 (9%)
Unauthorized Services	11 (7%)
Referral	7 (5%)
Enrollment/Eligibility	6 (4%)
Usual, Customary & Reasonable	5 (3%)
Plan Service & Administration	5 (3%)
Access	3 (2%)
Experimental or Investigational	2 (1%)
Emergency Services/Co-pay	2 (1%)
Quality of Care	2 (1%)
Other	1 (< 1%)
General Program Design	0

<b>Total CLOSED Formal Health Insurance Complaints: 173</b>			
<b>Resolution Type</b>	<b>Standard Plans</b>	<b>Managed Care Plans</b>	<b>Total</b>
In Favor of Member	23 (13.2%)	52 (30%)	75 (43.3%)
Compromise	3 (1.9%)	5 (2.9%)	8 (4.6%)
No Change to Decision	12 (6.9%)	63 (36.5%)	75 (43.3%)
Inquiry Only	7 (2.3%)	11(6.3%)	15 (8.8%)
<b>Total</b>	<b>15 (24.3%)</b>	<b>34 (75.7%)</b>	<b>173</b>

Note: Of the 75 complaints closed with no change in the Plan's decision, 14 (18.6%) filed a written request for departmental determination. Of the 15 determinations, only 2 of the participants filed an appeal with the Group Insurance Board.