



STATE OF WISCONSIN
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CORRESPONDENCE MEMORANDUM

DATE: October 20, 2004
TO: Group Insurance Board
FROM: Kari Jo Zika, Director, Quality Assurance Services Bureau
SUBJECT: Correspondence and Complaint Summary

This summary is provided for informational purposes and contains a listing of issues raised by participants relating to insurance benefits under the authority of the Group Insurance Board (GIB). The tables below include a summary of the following:

- (1) Correspondence received by the Department written to the Secretary or the GIB; and
- (2) The number of written complaints or informal complaints (usually via the telephone) handled by the ombudspersons in the Quality Assurance Services Bureau.

The information provided in the attached charts is from the time period of August 1, 2004 to September 30, 2004.

I will be available at the Board meeting to address any questions you have regarding this report. Thank you.

Attachments

Board	Mtg Date	Item #
GIB	11/16/2004	4

Correspondence:

	Number
Health Insurance	8 (61.5%)
<i>Issues:</i> <ul style="list-style-type: none"> • <i>Opposition to the prohibition on opt-out incentives for local government employees</i> • <i>Requesting information on why not offer annuitants two-person premium rate</i> • <i>Request for coverage of lap-band gastric surgery under the State Employee Group Health Insurance Program</i> • <i>Request for claims experience for city participating under the Wisconsin Public Employer Plan</i> • <i>Dissatisfaction with Blue Cross Blue Shield of Wisconsin physician and hospital choices and level three formulary copayment level</i> 	 4 1 1 1 1
Pharmacy Benefit	2 (15.4%)
<i>Issues:</i> <ul style="list-style-type: none"> • <i>Navitus' denial of coverage for compounded hormones</i> • <i>Request for specific anti-inflammatory drugs not covered by formulary</i> 	 1 1
Disability Benefits	3 (23.1%)
<i>Issues:</i> <ul style="list-style-type: none"> • <i>Income Continuation Insurance overpayment objection</i> • <i>Income Continuation Insurance benefit effective date issue</i> 	 2 1
Total	13 (100%)

Formal Written and Informal Complaints:

In August and September, the ombudspersons handled 130 informal and formal complaints regarding insurance programs. The majority of these complaints involved health insurance, disability programs and the pharmacy benefit. The following highlights the variety of issues handled by the ombudspersons.

	Number
Health Insurance Complaints	51 (39.2%)
Health Maintenance Organizations <i>Most Common Issues:</i>	30
<ul style="list-style-type: none"> • <i>Billing (40%)</i> • <i>Eligibility and Enrollment (23%)</i> • <i>Unauthorized Services (20%)</i> 	
Standard Plans (all) <i>Most Common Issues:</i>	21
<ul style="list-style-type: none"> • <i>Referrals/Prior Authorizations (29%)</i> • <i>Billing (29%)</i> • <i>Non-covered Services (19%)</i> 	
Pharmacy Benefit Complaints	44 (33.8%)
<i>Most Common Issues:</i>	
<ul style="list-style-type: none"> • <i>Copayment Reduction (23%)</i> • <i>General Program Design (18%)</i> • <i>Mail Order (18%)</i> • <i>Non-covered Drugs (16%)</i> 	
Disability Program Complaints	24 (18.4%)
Income Continuation Insurance <i>Most Common Issues:</i>	21
<ul style="list-style-type: none"> • <i>Overpayments (19%)</i> • <i>Other (19%)</i> • <i>Initial Claim Processing (19%)</i> • <i>General (14%)</i> 	
Disability Retirement (§ 40.63)	2
Duty Disability (§ 40.65)	0
Long-Term Disability Insurance	1
Other Program Type Complaints (Life, ERA, EPIC, Spectera)*	11 (8.4%)
Total	130 (100%)

*It is not common to receive a large number of complaints regarding these programs because the availability of ombudsperson assistance isn't as widely known and most of the programs are not under contract with ETF, rather approved for payroll deduction by the Board.