



STATE OF WISCONSIN
Department of Employee Trust Funds
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CORRESPONDENCE MEMORANDUM

DATE: January 26, 2006
TO: Group Insurance Board
FROM: Liz Doss-Anderson, Ombudsperson, Quality Assurance Services Bureau
Christina Keeley, Ombudsperson, Quality Assurance Services Bureau
Pamela Licht, Section Chief, Staff Services Section
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
- (2) the number of written formal and informal (usually via telephone) complaints and inquiries handled by the ombudspersons in the Quality Assurance Services Bureau

The information provided in the attached tables is from the time period of October 1, 2005, through December 31, 2005.

Quality Assurance Services Bureau staff will be available at the Board meeting to address any questions you have regarding this report. Thank you.

Attachments

Reviewed and approved by Pam Henning, Administrator, Division of Management Services.

Signature _____

Date _____

Board	Mtg Date	Item #
GIB	02/21/2006	5

Correspondence:

	Number
Health Insurance	4 (66%)
<i>Issues:</i> <ul style="list-style-type: none"> • Dissatisfied with Wisconsin Physicians Service (WPS) physician network • Concerned about tier placement of Humana Eastern vs. Humana Western • Concerned about ineligibility for Medicare Plus \$1,000,000 	<p>2</p> <p>1</p> <p>1</p>
Pharmacy Benefit	1 (17%)
<i>Issues:</i> <ul style="list-style-type: none"> • Unhappy with formulary levels 	1
Disability Benefits	1 (17%)
<i>Issues:</i> <ul style="list-style-type: none"> • Concerns regarding tax withholdings from Long-Term Disability Insurance benefit 	1
Total	6 (100%)

Formal Written and Informal Complaints/Inquiries:

From October 2005 through December 2005 the ombudspersons handled 167 formal and informal complaints regarding programs at ETF (compared with 79 during the previous three-month period). The majority of these complaints involved health insurance and the pharmacy benefit. The overall increase is attributable to Dual Choice, Medicare D and the transition to WPS for the self-funded plans. In addition, the ombudspersons assisted approximately 125 members with general questions. The following highlights the variety of issues handled by the ombudspersons.

	Number
Health Insurance	118 (71%)
Alternate Plans (HMOs, PPOs) <i>Most Common Issues:</i>	81
<ul style="list-style-type: none"> • Enrollment and Eligibility (32%) • Billing/Claim Processing (22%) 	
Self-funded Plans (Standard Plan, SMP) <i>Most Common Issues:</i>	37
<ul style="list-style-type: none"> • Billing/Claim Processing (33%) • General Program Provisions/Design (22%) 	
Pharmacy Benefits	32 (19%)
<i>Most Common Issues:</i>	32
<ul style="list-style-type: none"> • Copayment Reduction (25%) • General Program Provisions/Design (22%) • Billing/Claim Processing (19%) 	
Disability Programs	6 (3%)
Income Continuation Insurance	3
Disability Retirement (§ 40.63)	1
Duty Disability (§ 40.65)	0
Long-Term Disability Insurance	2
All Other Program Types (Life Insurance, ERA, EPIC, Spectera, WRS)*	11 (7%)
Total	167 (100%)

*It is not common to receive a large number of complaints regarding these programs. The availability of ombudsperson assistance is not widely known and most of these programs are not under contract with ETF; rather, they are benefits that the Board simply approves to be offered through payroll deduction.

Key:

- ERA: Employee Reimbursement Accounts. Optional pre-tax savings account for medical expenses and dependent care.
- EPIC: Optional supplemental benefit plan that provides coverage for dental, excess medical and accidental death and dismemberment.
- Spectera: Optional vision benefit.
- WRS: Wisconsin Retirement System