

WEA TRUST

COMPLAINT AND GRIEVANCE PROCEDURES

For State of
Wisconsin/
Wisconsin Public
Employees



YOUR RIGHT TO A RESOLUTION OF COMPLAINTS

You have the right to a full and fair review of any complaints you may have about your claims or our administration of this plan. This section explains the rights you have under this plan, and by law, to receive explanations of what your plan covers and our decisions concerning your claims. It also explains your rights to seek resolution of complaints and adverse determinations.

RIGHT TO INFORMATION AND EXPLANATION

If you have questions about your benefits under this plan, how to receive maximum reimbursement for your health care services, or questions about our coverage decisions, you may call and visit with a customer service representative who can provide the information you need.

RIGHT TO AN INVESTIGATION OF ANY COMPLAINT BY OUR OMBUDSPERSON

Most questions about benefits and claims payments can be resolved on an informal basis. Therefore, if you are dissatisfied after you have raised your question or complaint with our customer service representative, we encourage you to call our ombudsperson at (800) 279-4000 or (608) 276-4000 (Voice/TTY). An ombudsperson will promptly investigate your complaint and keep you informed about the progress of the investigation. In the event the ombudsperson is unable to resolve your complaint to your satisfaction, we will provide you with all the necessary information and forms you need to pursue your grievance rights.

RIGHT TO SUBMIT A GRIEVANCE

If our ombudsperson is unable to resolve your complaint to your satisfaction, you may pursue your complaint through our grievance procedure. We have two grievance procedures. One is our standard grievance procedure for situations that do not involve urgent care. The other is an expedited grievance procedure for urgent situations. Both are summarized below.

Procedure for a Standard Grievance—To file a formal grievance, you or your authorized representative must submit it to us in writing at this address:

Ombudsperson
WEA Insurance Corporation
P.O. Box 7338
Madison, WI 53707-7338

Your written grievance may be submitted in any form but should include this information:

- The subscriber's name and plan identification number.
- Why you are dissatisfied.
- Relevant information, such as dates and events and the names of any providers involved.
- Copies of any documents that relate to your grievance.
- What you believe to be a fair resolution of your grievance.

We will acknowledge receipt of your grievance within 5 business days after we receive it. Your grievance will be considered by our grievance committee within 30 days of its receipt. If we are unable to make a decision about your grievance within 30 days, we may extend that time by an additional 30 days; if we do, we will inform you of the reason for the extension and the date by which the decision will be made.

We will notify you of the time and place of the grievance committee

meeting at least 7 days in advance. You or your authorized representative may appear in person to present information and to ask questions, or you may submit written questions. At least one committee member will be a WEA Insurance Corporation employee who is authorized to take any corrective action the committee deems appropriate. The committee will review your grievance, make a decision, and inform you in writing of its decision. If the committee believes that the WEA Insurance Corporation has not reasonably handled your dissatisfaction in light of the insurance plan and the known facts, it will issue instructions for corrective action.

Procedure for an Expedited Grievance—An expedited grievance is one where any of the following applies:

- The duration of the standard grievance resolution process will result in serious jeopardy to the patient's life or health or to the patient's ability to regain maximum function.
- In the treating Physician's opinion, the patient is subject to severe pain that cannot be adequately managed without the care or treatment that is the subject of the grievance.
- A Physician with knowledge of the patient's medical condition determines that the grievance shall be treated as an expedited grievance.

To request an expedited grievance, you, your authorized representative, or your Physician must call our ombudsperson at (800) 279-4000 or (608) 276-4000 (Voice/TTY). If you meet the criteria for an expedited grievance, the ombudsperson will investigate your grievance and call you with our decision within 72 hours of our receipt of your request for an expedited grievance. You will also receive written confirmation of the decision.

RIGHT TO AN INDEPENDENT EXTERNAL REVIEW

You have the right to an independent external review of an adverse determination, described below, if the cost to you for the denied services or course of treatment exceeds the amount established by Wisconsin law.

An adverse determination is our determination, after reviewing the medical information you or your provider supply to us, that health care services do not meet the plan's criteria for medical necessity/appropriateness. Adverse determinations also include our decision that services are not covered because we consider them to be experimental. These terms are explained in your Department of Employee Trust Funds (ETF) Uniform Benefits and in the reference manual *It's Your Choice: Reference Guide*. You may obtain a copy of the manual by calling ETF at (877) 533-5020 (toll free) or go to the ETF Web site at etf.wi.gov.

How the Independent External Review Process Works—An independent external review is performed by an independent review organization that you select from a list of organizations certified by the Office of the Commissioner of Insurance. You can get a list of these independent review organizations by calling us.

To qualify for an independent external review, you must first exhaust our grievance procedure unless:

- You and we agree to waive the grievance procedure and proceed directly to an independent review; or

- After you notify us that you are seeking independent external review, the independent review organization determines that exhausting the grievance procedure would jeopardize your health or your ability to regain maximum function.

You or your authorized representative may initiate an independent external review by sending your written request to us within 4 months of the date of the adverse determination or the date of the grievance committee's decision letter, whichever is later. You must include the name of the independent review organization you have chosen in your written request.

Within 5 business days of receiving your request, we will send the independent reviewer you identified all of the information provided to us in support of your position, the plan provisions on which we based our decision, and any other relevant documents or information used in our grievance determination. The review organization has 30 days from the date it receives the required information to notify you and us in writing of its decision. The decision is binding on both of us.

For further information about this or any of these procedures, call our ombudsperson.

RIGHT TO FILE A COMPLAINT WITH THE DEPARTMENT OF EMPLOYEE TRUST FUNDS

If you do not seek an independent external review, you may appeal an adverse determination to the ETF. Your written request for review must be received by ETF within 60 days of the date of the grievance committee's decision letter.

To obtain an ETF complaint form or to learn more about the ETF complaint process, you may call ETF at (877) 533-5020 (toll free) or go to the ETF Web site at etf.wi.gov. Complaints should be sent to:

Department of Employee Trust Funds
Attn: Quality Assurance
Services Bureau
801 W. Badger Road
P.O. Box 7931
Madison, WI 53707-7931

LEGAL ACTIONS

You may not bring an action at law or in equity against WEA Trust based upon an adverse determination unless all of the following apply:

- You have exhausted the grievance procedures provided by law and outlined above.
- You file a legal action within 3 years of the date you were required by this plan to provide proof of loss.
- You have not chosen to pursue an independent external review. If you choose to pursue an independent external review, the decision of the independent review organization is binding.



Mailing Address: P.O. Box 7338
Madison, WI
53707-7338

Voice/TTY: 608.276.4000
800.279.4000

weatrust.com

PR 3815-440-0911

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