

## Notice of Adoption and Filing of Examination Report

Take notice that the proposed report of the market conduct examination of the

Blue Cross & Blue Shield United of Wisconsin  
401 West Michigan Street  
Milwaukee, WI 53201

dated May 17, 1999 - May 21, 1999, and served upon the company on December 2, 1999, has been adopted as the final report, and has been placed on file as an official public record of this Office.

Dated at Madison, Wisconsin, this thirty first day of May, 2000.

Connie L. O'Connell  
Commissioner of Insurance

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**Report  
of the  
Examination of  
Blue Cross & Blue Shield United of Wisconsin  
Milwaukee, Wisconsin  
May 17, 1999 - May 21, 1999**

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July 20, 1999

Honorable Connie O'Connell  
Commissioner of Insurance  
State of Wisconsin  
121 East Wilson Street  
Madison, WI 53702

Commissioner:

In accordance with your instructions, a Market Conduct compliance examination was conducted on May 17-21, 1999, of the affairs of

**BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN**  
Milwaukee, Wisconsin

and this report is respectfully submitted.

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## **I. INTRODUCTION**

Blue Cross & Blue Shield United of Wisconsin (BCBSUW), is organized as a nonstock, not-for-profit hospital service insurance corporation under s. 613.80, Wis. Stat. A merger on January 1, 1980, of Associated Hospital Service, Inc., and Surgical Care resulted in the present company. BCBSUW is the parent company of a large holding company system.

The company operates throughout the state of Wisconsin. BCBSUW offers a full range of health-related products provided on a self-insured and insured basis, including pool-rated, group-rated, and self-insured health coverages, along with dental and prescription drug products. Individual health products are also available.

In 1997 BCBSUW was the fifth largest group accident and health insurer in Wisconsin with 6.5% of the market and \$284,099,275 in premiums written. It was the largest individual accident and health insurer with 12.1% of the market and \$80,667,994 in premiums written.

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## **II. PURPOSE AND SCOPE**

The scope of the examination was limited to verification of the company's compliance with market conduct recommendations included in the 1993 financial examination report adopted November 21, 1996, for BCBSUW business as of December 31, 1993. The period of review for the compliance examination was January 1, 1997, through December 31, 1998. The examination focused on a review of the following areas:

- Provider and administrative agreements
- Marketing, sales and advertising of Medicare supplement products
- Grievance and complaint procedures
- Explanation of benefits forms
- Small employer health plans

The Office of the Commissioner of Insurance (OCI) received 466 complaints against BCBSUW in 1997 and 558 complaints in 1998, an increase of 92 complaints. The company was on the above average complaint list in 1997 for group accident and health insurance, ranking 20th out of 24 companies. BCBSUW had a complaint ratio of .08 compared to the average of .06 complaints/\$100,000 of written premium for all group accident and health companies in the state. The company was also included on the 1998 above average list, ranking 17th out of 24 companies, with a complaint ratio of .11 compared to the average of .06 complaints/\$100,000 of written premium.

BCBSUW reported 333 grievances to OCI for calendar year 1997 and 163 for calendar year 1998. The company had 74,712 subscribers enrolled in its PPO plans in 1997

(168,102 subscribers plus dependents) and 85,560 subscribers in 1998 (192,152 subscribers plus dependents).

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### III. SUMMARY OF PRIOR EXAMINATION RECOMMENDATIONS

The previous examination report contained the following 17 market conduct recommendations. The company's compliance with the prior recommendations is noted below:

1. Administrative Agreements: It is recommended that the company review its provider agreements to ensure that the agreements include a provision under which the provider must identify complaints and grievances and forward complaints and grievances in a timely manner to the plan for recording and resolution as required by s. Ins 3.48 (7) (f) 2, Wis. Adm. Code.

Action--Compliance

2. Administrative Agreements: It is recommended that the company redraft its provider agreements to require that a grievance be forwarded to the company in a timely manner, as required by s. Ins 3.48 (7) (f) 2, Wis. Adm. Code.

Action--Compliance

3. Marketing and Advertising: It is recommended that the company review its procedures to ensure that any advertisements referring to Medicare are referred to OCI as required by s. Ins 3.39 (15), Wis. Adm. Code, and that all advertisements accurately reflect the language in the policy as approved by OCI as required by s. 628.34 (1), Wis. Stat., and s. Ins 3.27 (9) (u), Wis. Adm. Code.

Action--Compliance

4. Claims Administration: It is recommended that the company draft and institute the use of an explanation of benefits (EOB) form which meets the requirements of s. Ins 3.651, Wis. Adm. Code, relating to data fields for allowed amount, deductible, and copayment and submit to OCI within 90 days of the adoption of the examination report.

Action--Substantial Compliance

5. Claims Administration: It is recommended that the company include on its EOB form the telephone number for requesting information regarding the company's UCR determination as required by s. Ins 3.60 (7), Wis. Adm. Code.

Action--Compliance

6. Quality Assurance and Management: It is recommended that the company continue the implementation of its quality assurance and management guidelines, and ensure that its guidelines accurately reflect the activities of the company.

## Action--Compliance

7. **Complaints and Grievance Procedures:** It is recommended that the company incorporate language in its provider agreements requiring the prompt release of any medical records requested, and to enforce this language in grievance situations.

## Action--Noncompliance

8. **Complaints and Grievance Procedures:** It is recommended that the company review its procedures and institute training so that grievances which cannot be resolved within 30 days are extended by notifying the grievant of the reason for the extension as required by s. Ins 3.48 (7) (c), Wis. Adm. Code.

## Action--Noncompliance

9. **Complaints and Grievance Procedures:** It is recommended that the company revise its grievance procedures so that grievances are not closed when it has not received copies of the medical records requested as required by s. Ins 3.48 (7), Wis. Adm. Code.

## Action--Noncompliance

10. **Complaints and Grievance Procedures:** It is recommended that the company include language in its EOB that accurately reflects the enrollee's right to file a grievance and the procedure to follow as required by s. Ins 3.48 (7) (b), Wis. Adm. Code.

## Action--Substantial Compliance

11. **Complaints and Grievance Procedures:** It is recommended that the company review its Comstar II training manual to ensure that all copies include the accurate grievance procedure.

Action--Compliance. (Note: The company no longer uses the Comstar II training manual.)

12. **Small Employer Health Insurance:** It is recommended that the company require for its basic health benefit plan and its small employer plans, the receipt of state unemployment or worker's compensation quarterly reporting forms as part of the application process as required by s. Ins 8.65 (1), Wis. Adm. Code.

## Action--Compliance

13. **Small Employer Health Insurance:** It is recommended that the company prohibit any indication that its agents are allowed to field-approve an applicant who answers "no" to its five basic medical questions as required by s. Ins 8.68 (11), Wis. Adm. Code.

Action--N.A. due to changes in the law.

14. **Small Employer Health Insurance:** It is recommended that the company draft a notice for small employers that small employer laws will cease to apply if the employer ceases to be a small employer as required by s. Ins 8.44 (2), Wis. Adm. Code.

### Action--Substantial Compliance

15. Small Employer Health Insurance: It is recommended that the company review its underwriting guidelines, the benefits contracts manual, and the agent training manual to ensure that they have been updated and contain current information.

### Action--Substantial Compliance

16. Rating for Small Employer Groups: It is recommended that the company discontinue frequent adjustments to its area factors on the basis of market considerations.

### Action--Compliance

17. Rating for Small Employer for Small Employer Groups: It is recommended that the company not make frequent changes to its midpoint and changes that are made in advance of the effective date so groups will be rated using the same midpoint.

### Action--Substantial Compliance

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## IV. CURRENT EXAMINATION FINDINGS

### Administrative Agreements:

The examiners reviewed six PPO agreements as well as a sample of agreements associated with the PPO networks and verified that the agreements have been revised to comply with the prior examination recommendations as regards the requirements of s. Ins 3.48 (7) (f) 2, Wis. Adm. Code.

### Marketing and Advertising:

The examiners reviewed the company's procedures for filing its Medicare supplement advertisements with OCI and also reviewed a sample of 25 Medicare supplement advertisements, including 4 tapes of television advertisements. The company is in compliance with the prior examination recommendations as regards the filing of Medicare supplement advertisements with OCI as required by s. Ins 3.39 (15), Wis. Adm. Code, and advertising content. The examiners determined, however, that the company is not in compliance with the requirements of s. Ins 3.27 (28), Wis. Adm. Code, in that the advertising files reviewed did not contain a notation describing the manner and extent of distribution of the advertisement and the form number of the policy advertised.

1. It is recommended that the company revise the manner in which it maintains its advertising files to include specific information on the manner and extent of distribution of the advertisement and the form number of the policy advertised as required by s. Ins 3.27 (28), Wis. Adm. Code.

### Claims Administration:

The examiners reviewed all Explanation of Benefits forms (EOBs) used by the company to verify compliance with the requirements of s. Ins 3.651, Wis. Adm. Code, and found the

company to be in substantial compliance with the prior examination recommendations as regards the formatting of the EOBs and the inclusion of a telephone number on the EOB for individuals to call and request UCR information as required by s. Ins 3.60 (7), Wis. Adm. Code. The examiners determined, however, that the company did not meet the agreed upon EOB compliance deadline. The company reported to OCI in September 1996 that its EOBs would be fully compliant with the recommendations by June 1998, but the company did not complete the transition of all of its business to the new claim processing system with revised EOBs until October 1998. The company also reported that although the new EOB format is programmed to calculate remaining annual benefit limits and remaining deductible amounts, the programming is not consistently working properly.

2. It is recommended that the company correct the EOB programming problem as regards the proper calculation of remaining annual benefit limits and remaining deductible amounts stated on its EOBs and provide OCI with evidence of the corrective action taken within 90 days of the adoption of the examination report.

### **Complaints and Grievance Procedures:**

The examiners reviewed the company's procedures for handling grievances and complaints for its PPO products and reviewed a sample of 100 1997-98 grievance files, 25 complaints from the company's system maintained complaint log, and 25 OCI complaints.

The company is not in compliance with the prior examination recommendations that extension notices be sent to grievants for grievances that are not resolved within 30 days as required by s. Ins 3.48 (7) (c), Wis. Adm. Code, and that grievance files not be closed when requested medical records needed to consider the grievance are not received in a timely manner. Additionally, the company has not adequately revised its provider contracts to comply with the prior examination recommendation as regards the prompt release of any medical records requested by the company as part of the grievance process. The following specific problems were identified in the grievance files reviewed:

- 52 grievance files were not resolved within 30 days and extension notices were not sent to the grievant as required by s. Ins 3.48 (7) (c), Wis. Adm. Code.
- 3 grievance files were not resolved within 30 days and although extension notices were sent, the notices were not sent within the time frame required by s. Ins 3.48 (7) (c), Wis. Adm. Code.
- 3 grievance files were closed because the medical records requested by the company were not received from providers in a timely manner.
- 2 grievance files that were scheduled for presentation to the grievance committee did not have an invitation letter sent to the grievant as required by s. Ins 3.48 (7) (d), Wis. Adm. Code.
- 9 grievances were not scheduled for hearing by the grievance committee because they involved usual, customary, and reasonable (UCR) remaining balances or remaining balances due to "unbundling" of charges for services provided.
- 2 grievance files did not have date stamps or other evidence of the receipt date.

In addition to the above noted compliance issues, the examiners noted the following

deficiencies with the company's grievance and complaint procedures:

- The company does not handle grievances involving UCR and remaining balance issues as grievances except to the extent that they are counted as grievances and reported to OCI in the annual grievance report. The company reported to the examiners that if the contract covering the subscriber is a "hold harmless" contract, the subscriber has no ultimate responsibility for the outstanding balance. The grievance is reviewed and a letter is sent to the subscriber explaining that the company will defend the subscriber in any legal proceeding resulting from the unpaid balance and assume liability for the resulting judgment.
  - The examiners determined that BCBSUW failed to include grievances handled by Meridian Managed Care Inc., (Meridian) in its 1997 and 1998 annual grievance reports to OCI. Meridian provides utilization review services to BCBSUW and also handles grievances of enrollees in the Advantage Program PPO plans. These plans have a hospital in-patient precertification requirement. Any grievance handled by Meridian and not resolved in the member's favor is forwarded to the BCBSUW grievance committee for hearing. Prior to 1997, Meridian submitted a separate grievance report to OCI for Advantage Program enrollees and BCBSUW filed a report for non-Advantage Program enrollees.
  - The company reported to the examiners that it is not counting and handling as grievances those grievances received involving claim payment issues due to the company's claim backlog problem.
  - The company's grievance procedures do not include specific language with regard to the handling of urgent care grievances per s. Ins 3.48 (7) (e), Wis. Adm. Code.
  - The company includes grievances of Administrative Services Only (ASO) plans in its annual grievance report to OCI. 25 of the sample of 100 grievances involved ASO plans. (Note: the numbers cited in paragraph 2 of this section refer only to fully insured plans.)
  - The letter used by OCI to forward complaints to insurers specifically instructs the insurer to contact the complainant or the complainant's representative within 10 calendar days of receiving the complaint and attempt to resolve the problem. Of the 25 OCI complaint files reviewed, 15 did not contain evidence that BCBSUW met this requirement.
3. It is again recommended that the company revise its procedures and provide staff training to ensure that extension notices are sent to grievants for grievances that are not resolved within 30 days pursuant to the requirements of s. Ins 3.48 (7) (c), Wis. Adm. Code.
  4. It is again recommended that the company revise its procedures and provide staff training to ensure that medical records needed to consider grievances are requested from providers in a timely manner and that grievances are not closed in those situations where the company has not received copies of the medical records requested as required by s. Ins 3.48 (7), Wis. Adm. Code.
  5. It is recommended that the company revise its procedures and provide staff training

to ensure that grievance hearing invitation letters are sent to grievants as required by s. Ins 3.48 (7) (d), Wis. Adm. Code.

6. It is again recommended that the company incorporate language in its provider agreements requiring the prompt release of any medical records requested, and to enforce this language in grievance situations.
7. It is recommended that the company revise its procedures and provide staff training to ensure that grievances are date stamped upon receipt.
8. It is recommended that the company handle grievances involving UCR and remaining balance issues as it would any other grievance as required by s. Ins 3.48 (7), Wis. Adm. Code.
9. It is recommended that the company file with OCI amended grievance reports for 1997 and 1998 to include those grievances handled by Meridian Managed Care Inc., and that beginning in the year 2000 the company file one annual grievance report as required by s. 609.15, Wis. Stat., that includes all grievances handled by both Meridian and BCBSUW.
10. It is recommended that the company, pursuant to the requirements of s. Ins 3.48 (7), Wis. Adm. Code, count and handle as grievances all grievances received involving claim payment issues due to the company's claim backlog problem.
11. It is recommended that the company amend its claim appeal/grievance procedure manual to include specific language with regard to the handling of urgent care grievances as required by s. Ins 3.48 (7) (e), Wis. Adm. Code.
12. It is recommended that the company cease including grievances received for ASO plans in the annual grievance report to OCI.
13. It is recommended that the company revise its procedures to ensure that complaints forwarded to the company by OCI are handled as directed and that the company contact the complainant within 10 days of receiving the complaint and attempt to resolve the problem.

## **Small Employer Health Insurance**

The examiners reviewed 25 new business files to verify compliance with the prior examination recommendation regarding the notice given small employers advising them that small employer coverage protections cease to apply when an employer no longer meets the definition of a small employer per s. Ins 8.44 (2), Wis. Adm. Code. Additionally, the examiners reviewed the company's underwriting guidelines, benefits contract manual and agent product portfolio to verify compliance with the prior examination recommendation that these resources be updated to reflect current laws and regulations.

The following compliance deficiencies were noted:

- The company revised its new business acceptance letter to satisfy the notice requirements of s. Ins 8.44 (2), Wis. Adm. Code. The revised letter includes language advising the small employer that small employer coverage protections will cease to apply if an employer no longer meets the definition of a small employer. 1 of



the 25 files reviewed did not contain the revised letter.

- The participation information in the company's underwriting guidelines have not been updated to reflect the new definition of small employer in s. 635.02 (7), Wis. Stat.
  - A provision in the company's underwriting guidelines relating to late enrollees/special enrollment periods does not comply with s. 632.746, Wis. Stat., in that the provision states that involuntary loss of coverage must occur in order for the individual to be eligible for special enrollment. An individual is eligible for special enrollment due to voluntary or involuntary loss of coverage.
  - The agent product portfolio has not been updated to reflect the new definition of small employer in s. 635.02 (7), Wis. Stat.
  - The agent product portfolio has a provision that defines an eligible employe as "Full-time active employees working 30 or more hours per week, with scheduled work for a minimum of 40 weeks per year, are eligible." This definition does not comply with the definition of eligible employe in s. 632.745 (5), Wis. Stat., as there is no requirement of minimum work weeks per year.
14. It is recommended that the company improve its procedures to ensure that the notice required by s. Ins 8.44 (2), Wis. Adm. Code, is provided when coverage is issued to small employers.
  15. It is recommended that the company update its underwriting guidelines and agent product portfolio to reflect the current definition of small employer in s. 635.02 (7), Wis. Stat.
  16. It is recommended that the company revise the provision in its underwriting guidelines regarding late enrollees/special enrollment periods to comply with the requirements of s. 632.746, Wis. Stat.
  17. It is recommended that the company revise the definition of eligible employe in its agent product portfolio to comply with the definition of eligible employe in s. 632.745 (5), Wis. Stat.

### **Small Employer Health Insurance Rating**

The company's rating methods and procedures were reviewed by OCI's actuary to verify compliance with the prior examination recommendations. The actuary found one instance where the company made a change to its territory factors that was introduced with different effective dates for new and renewal groups. In order to maintain compliance, the company altered the ranges, and thus the midpoint, on a territory by territory basis.

In addition to the above noted compliance issue, the actuary noted the following deficiencies with the company's rating methods and procedures:

- The company has been using factors that adjust rates by the type of industry the employer is engaged in. OCI has permitted the use of these factors as case characteristics. An internal company memo, dated April 28, 1998, describes a program which would adjust a portion of the industry factors. OCI believes that differences in rates due to these adjusted factors should be counted with health

status factors rather than case characteristics for the following reasons:

- a. The company did not have credible data on which to base the changes.
  - b. Factors were lowered (none were raised) in only those industries where the company wished to expand its market.
  - c. No actuarial support was offered for statements used as the basis for this decision.
- In its actuarial certification, the company reported that a number of groups received rates that did not comply with small employer rate regulations. The company reported to the actuary that it has implemented procedures to catch rating errors before rates are released to groups.
  - In those 1998 cases where groups received rates that were higher than allowed, the company did not correct the rates and refund any overpayments.
18. It is recommended that when the company makes substantial changes to its rates or rating factors that these changes have one effective date for all groups.
  19. It is recommended that until the company uses a broad experience base to evaluate all of its industry factors, the company either cease using these adjusted industry factors or count the rate differences due to these factors with health status factors instead of case characteristics.
  20. It is recommended that when submitting future actuarial certifications, should any groups be found to have rates which do not comply with the rating regulations, that the company provide OCI details concerning the nature of the error, corrective action taken to prevent future errors, and information concerning retroactive rate adjustments for groups that were rated higher than allowed. Groups rated too low should be brought into compliance at renewal.
  21. It is recommended that the company correct the rates of any group rated higher than allowed by s. Ins 8.52, Wis. Adm. Code, refunding any overpayment in premium back to the effective date of the incorrect rate and adopt this corrective procedure for any groups that are incorrectly rated in the future.

## Miscellaneous

The company does not have a comprehensive provider manual but rather gives providers a three-page reference guide designed by Meridian Managed Care entitled "Quick Reference Guide For Point of Service."

22. It is recommended that the company develop and distribute to contracted providers a comprehensive provider manual similar to the manual used by Compcare Health Services Insurance Corporation.

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## V. SUMMARY OF RECOMMENDATIONS

### [Marketing and Advertising](#)

1. It is recommended that the company revise the manner in which it maintains its advertising files to include specific information on the manner and extent of distribution of the advertisement and the form number of the policy advertised as required by s. Ins 3.27 (28), Wis. Adm. Code.

### **Claims Administration**

2. It is recommended that the company correct the EOB programming problem as regards the proper calculation of remaining annual benefit limits and remaining deductible amounts stated on its EOBs and advise OCI of the corrective action taken within 90 days of the adoption of the examination report.

### **Grievance and Complaint Procedures**

3. It is again recommended that the company revise its procedures and provide staff training to ensure that extension notices are sent to grievants for grievances that are not resolved within 30 days as required by s. Ins 3.48 (7) (c), Wis. Adm. Code.
4. It is again recommended that the company revise its procedures and provide staff training to ensure that medical records needed to consider grievances are requested from providers in a timely manner and that grievances are not closed in those situations where the company has not received copies of the medical records requested as required by s. Ins 3.48 (7), Wis. Adm. Code.
5. It is recommended that the company revise its procedures and provide staff training to ensure that grievance hearing invitation letters are sent to grievants as required by s. Ins 3.48 (7) (d), Wis. Adm. Code.
6. It is again recommended that the company incorporate language in its provider agreements requiring the prompt release of any medical records requested, and to enforce this language in grievance situations.
7. It is recommended that the company revise its procedures and provide staff training to ensure that grievances are date stamped upon receipt.
8. It is recommended that the company handle grievances involving UCR and remaining balance issues as it would any other grievance as required by s. Ins 3.48 (7), Wis. Adm. Code.
9. It is recommended that the company file with OCI amended grievance reports for 1997 and 1998 to include those grievances handled by Meridian Managed Care Inc., and that beginning in the year 2000 the company file one annual grievance report as required by s. 609.15, Wis. Stat., that includes all grievances handled by both Meridian and BCBSUW.
10. It is recommended that the company count and handle as grievances all grievances received involving claim payment issues due to the company's claim backlog problem as required by s. Ins 3.48 (7), Wis. Adm. Code.
11. It is recommended that the company amend its claim appeal/grievance procedure manual to include specific language with regard to the handling of urgent care grievances as required by s. Ins 3.48 (7) (e), Wis. Adm. Code.

12. It is recommended that the company cease including grievances received for ASO plans in the annual grievance report to OCI.
13. It is recommended that the company revise its procedures to ensure that complaints forwarded to the company by OCI are handled as directed and that the company contact the complainant within 10 days of receiving the complaint and attempt to resolve the problem.

### **Small Employer Health Insurance**

14. It is recommended that the company improve its procedures to ensure that the notice required by s. Ins 8.44 (2), Wis. Adm. Code, is provided when coverage is issued to small employers.
15. It is recommended that the company update its underwriting guidelines and agent product portfolio to reflect the current definition of small employer in s. 635.02 (7), Wis. Stat.
16. It is recommended that the company revise the provision in its underwriting guidelines regarding late enrollees/special enrollment periods to comply with the requirements of s. 632.746, Wis. Stat.
17. It is recommended that the company revise the definition of eligible employee in its agent product portfolio to comply with the definition of eligible employee in s. 632.745 (5), Wis. Stat.

### **Small Employer Health Insurance Rating**

18. It is recommended that when the company makes substantial changes to its rates or rating factors that these changes have one effective date for all groups.
19. It is recommended that until the company uses a broad experience base to evaluate all of its industry factors, the company either cease using these adjusted industry factors or count the rate differences due to these factors with health status factors instead of case characteristics.
20. It is recommended that when submitting future actuarial certifications, should any groups be found to have rates which do not comply with the rating regulations, that the company provide OCI details concerning the nature of the errors, corrective action taken to prevent future errors, and information concerning retroactive rate adjustments for groups that were rated higher than allowed. Groups rated too low should be brought into compliance at renewal.
21. It is recommended that the company correct rates of any group rated higher than allowed by s. Ins 8.52, Wis. Adm. Code, refunding any overpayment in premium back to the effective date of the incorrect rate and adopt this corrective procedure for any groups that are incorrectly rated in the future.

### **Miscellaneous**

22. It is recommended that the company develop and distribute to contracted providers a comprehensive provider manual similar to the manual used by Compcare Health

## Services Insurance Corporation.

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## VI. CONCLUSION

The previous examination report contained 17 market conduct recommendations. The company is not in compliance with 3 recommendations that relate to complaints and grievance procedures. The company substantially complied or complied with the remaining recommendations. The examiners made 22 new recommendations, of which 11 related to complaints and grievance procedures, and 8 related to small employer health insurance and rating practices.

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## VII. ACKNOWLEDGMENT

The courtesy and cooperation extended during the course of the examination by the officers and employees of the company is acknowledged.

In addition to the undersigned, the following representatives of the Office of the Commissioner of Insurance, state of Wisconsin, participated in the examination:

<b>Name</b>	<b>Title</b>
Stephanie Cook	Insurance Examiner
Ashley Natysin	Insurance Examiner
Jerry Zimmer	Insurance Examiner
Laura Iliff	Actuary

Respectfully submitted,

Pam Ellefson  
Examiner-in-Charge  
Bureau of Market Regulation

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Updated: June 14, 2000