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SECRETARY

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Correspondence Memorandum

Date: January 6, 2020
To: Group Insurance Board
From: Tom Rasmussen, Life Insurance Plan Manager
Office of Strategic Health Policy
Subject: Contract Compliance Audit Results of the Wisconsin Public Employers
(WPE) Group Life Insurance Program for the Plan Years 2015-2017.

This memo is for informational purposes only. No Board action is required.

Background

ETF retained Wipfli LLP (Wipfli) to conduct a triennial audit of the Third-Party Administration for the WPE Group Life Insurance Program. Attached are audit reports prepared by Wipfli for plan years 2015, 2016, and 2017.

ETF asked Wipfli to determine if Securian Financial Group (Securian) has sound business practices, sufficient internal controls, and is administering the program in compliance with the administrative service contract, rules, and plan language.

The reports separate the internal control review into a separate document. This was completed to match professional standards for indicating what falls under agreed upon procedure. The audit included inquiries, observations, tests, and sampling regarding procedures Securian uses to administer the Group Life Insurance Program.

Audit Findings

The audit confirms Securian is compliant with policy and reporting elements of the administrative agreement in key areas. Areas the audit examined include:

- Evidence of Insurability Coverage Declinations: ETF asked Wipfli to audit applications that were filed under the evidence of insurability provision to ensure declinations contained appropriate documentation consistent with underwriting policies developed by Securian.

Finding: The files for the selected items contained appropriate documentation. The denial status was adequately substantiated and consistent with Securian's underwriting policies.

Reviewed and approved by Eileen K Mallow, Director, Office of
Strategic Health Policy

Electronically Signed 1/21/20

Board	Mtg Date	Item #
GIB	2.5.20	8B

- Claims Testing: ETF asked Wipfli to ensure that Securian pay 95% of all death and dismemberment claims within 10 calendar days after receipt of all necessary proof as specified the Administrative Agreement.

Finding: Wipfli obtained data file containing all claims paid during the 2015-2017 period and randomly selected 60 of the 7,317 claims paid. Wipfli found that 59 of the 60, or 98% of claims were paid within the 10-day requirement.

- Eligibility and Premium Testing. ETF asked that Wipfli examine participant's applications to verify the coverage effective date and premiums began in the same period, as well as premiums being calculated according to the age and rates specified in the Administrative Agreement.

Finding: For all items tested, premium amounts were properly determined, billed, and collected. There were no exceptions noted regarding noncompliance with the processing timeframes as specified in the Administrative Agreement.

- Retirement Processing: Participants who retire prior to age 65 may continue their coverage by remitting premiums directly to Securian, or as a deduction from their annuity. Participants who retire after age 65 may continue their basic coverage at a reduced coverage level with no further premiums. ETF asked Wipfli to examine Securian's method of processing retirement notifications to ensure there were no discrepancies between the retirement dates noted in the documentation and the dates per the Securian system.

Finding: Wipfli found no exceptions between the retirement date specified in the documentation and the retirement date per Securian's system.

- Disability Premium Waivers: Participants who are actively employed and become totally disabled may receive continued coverage that requires no premiums. ETF asked Wipfli to verify that 95% of disability claims are adjudicated within 10 days after receipt of all necessary information as specified in the Administrative Agreement.

Finding: Wipfli found that all 30 claims randomly selected, the date of disposition letter was dated within the timeframe required. They also found that documentation and approvals were appropriate, and determination was consistent with policies developed by Securian.

- Review of Internal Controls: Wipfli's objective was to obtain an understanding of the procedures and controls surrounding the program's processes in specific areas of enrollment and eligibility, premium billing and collection,

retirements, and claims. The report includes a process flow for each area of interest.

Finding: The audit also examined Securian's SOC I report from the appropriate timeframes and identified some testing exceptions, but none that modified its opinion regarding Securian's controls. Wipfli also examined the policies in place at Securian in the areas of affirmative action, privacy, disaster recovery, and business continuation. In all of these areas, the policies in place were deemed to be compliant with the administrative contract.

No significant exceptions were identified, and no recommendations were made by Wipfli as a result of the audit. Copies of the audit reports are included.

Staff will be at the Board meeting to answer any questions.

Attachment A: Independent Accountant's Report on Applying Agreed-Upon Procedures for Third-Party Administration of Group Life Insurance Program Years ended December 31, 2015, 2016 and 2017

Attachment B: Report of Selected Internal Controls, Policies and Procedures for the Group Life Insurance Program

**Group Insurance Board
State of Wisconsin
Department of Employee Trust Funds**

Madison, Wisconsin

**Independent Accountant's Report on Applying
Agreed-Upon Procedures for Third-Party
Administration of Group Life Insurance Program
Years ended December 31, 2015, 2016 and 2017**

Group Insurance Board State of Wisconsin

Independent Accountant’s Report on Applying Agreed-Upon Procedures

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Independent Accountant's Report on Applying Agreed-Upon Procedures for
Third-Party Administration of Group Life Insurance Program

Group Insurance Board
Department of Employee Trust Funds
State of Wisconsin
Madison, Wisconsin

We have performed the procedures presented in the following report, which were agreed to by the State of Wisconsin - Department of Employee Trust Funds (the specified party), on the Third-Party Administration for the Group Life Insurance Program for the years ended December 31, 2015, 2016 and 2017. Minnesota Life Insurance Company's management is responsible for the Group Life Insurance Program's compliance with the Contract for Third-Party Administration for the Group Life Insurance Program. The sufficiency of these procedures is solely the responsibility of the State of Wisconsin – Department of Employee Trust Funds. Consequently, we make no representation regarding the sufficiency of the procedures described in the following report, either for the purpose for which this report has been requested, or for any other purpose.

Our procedures and findings are described in the following report.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to, and did not, conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on the Third-Party Administrator's compliance with the Contract for the Third-Party Administration for the Group Life Insurance Program. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the State of Wisconsin – Department of Employee Trust Funds, and is not intended to be and should not be used by anyone other than this specified party.

Wipfli LLP

Wipfli LLP

January 9, 2020
Madison, Wisconsin

Section 1 – Objectives and Scope

Objectives and Scope

This section of our report is based on the agreed-upon procedures as set forth in our proposal dated October 9, 2009, and the contract dated May 11, 2010, extended on February 2, 2016. Certain other specific procedures, including the determination of sample sizes and error definitions, were discussed with ETF personnel in advance of performance.

A. Background – Group Life Insurance Program

The Group Life Insurance Program (GLIP) is authorized by Wisconsin Statutes. The Program is available to the employees of the State and participating local government employers with at least six months participation under the Wisconsin Retirement System (WRS). The Program is funded by employer and employee premium payments as well as investment income. Benefits provided under the Program consist of death benefits, dismemberment benefits, and other health conversion features.

The Program is administered by Minnesota Life Insurance Company (MLIC), who also acts as insurer. Under the administrative agreement between the Group Insurance Board (GIB) and MLIC, MLIC is responsible for the provision of technical assistance, enrollment, premium reporting and billing, claims administration, provision of marketing and promotional materials, and certain periodic reporting. The ETF is responsible for communication of program provisions to employees, including the printing and distribution of manuals and forms and counseling employers and participating employer groups, maintenance of employee and employer records, and administration of the appeals process.

B. Previous Examinations

The GLIP was last tested for compliance for the period of January 1, 2012, through December 31, 2014.

C. Scope

Our engagement extends to the application of the certain procedures enumerated in Section II of this report. We applied these procedures to the records and systems maintained by MLIC and ETF. Our procedures were applied to the 2015, 2016, and 2017, plan years.

D. MLIC Response

MLIC has been given an opportunity to review the report and expressed no concerns or exceptions.

Section II – Group Life Insurance Program Procedures and Results

Group Life Insurance Program Procedures and Results

Evidence of Insurability Coverage Declinations

Employees who do not enroll during the open enrollment period, or who wish to increase their spouse and dependent coverage, may obtain coverage by providing the insurer satisfactory evidence of insurability. As the insurer, MLIC has the discretion to extend or decline coverage.

Procedures

1. Obtained documentation of the enrollment process under the evidence of insurability provisions and discussed the policies with appropriate personnel.
2. Obtained data file containing coverage declinations from MLIC.
3. Selected a sample of 30 declinations and inspected documentation and basis for coverage decision.
4. Compared policies and results of the 30 sampled declinations with requirements of the ETF contract.

Results

We obtained documentation of the process for enrollments under the evidence of insurability provisions of the plan. We obtained a data file containing all persons declined coverage under evidence of insurability and randomly selected 30 of the 548 declined during the 2015-2017 period.

We inspected the files, recalculated the underwriting build rating, examined the medical questionnaire (as applicable), examined the physician's statement (as applicable), and recalculated the number of days to process. The files for all items selected contained appropriate documentation. Denial status appeared adequately substantiated based on the documentation obtained and appeared consistent with underwriting policies developed by MLIC.

Objectives and Scope

Claim Testing

Generally, ETF is contacted at the time of an insured member's death. ETF notifies MLIC and the appropriate forms are forwarded to the beneficiaries. Upon submission of the claim request form and supporting documentation, MLIC pays the claim according to the plan and the beneficiaries' requests.

Procedures

1. Discussed the policies with appropriate personnel.
2. Obtained a data file containing claims paid from MLIC.
3. Selected a sample of 60 claims paid and inspected documentation and payment details.
4. Compared policies and results of 60 sampled claim transactions with requirements of the ETF contract.

Results

We obtained documentation of the process for claims payment under the plan. We obtained a data file containing all claims paid and randomly selected 60 of the 7,317 claims paid during the 2015-2017 period.

The files of all claims selected contained appropriate documentation including initial application, distribution request, and certificate of death, as applicable. The amount of each claim payment was recomputed based on coverage elected and earnings base. All payment amounts selected were properly calculated as was interest paid. For all claims, the payment was traced to a copy of the check issued or electronic payment. There were no exceptions either in amount or payee.

The Administrative Agreement requires 95% of claims to be paid within 10 days of proof being received. One claim in the sample of 60 was paid 11 days after proof was received and was properly included in the quarterly performance reporting. The payment timeliness for that quarter was reported as above 95% overall.

Objectives and Scope

Eligibility and Premium Testing

All employees of the State of Wisconsin and participating local governments with at least six months of participation in the WRS are eligible to participate in the plan. Certain legislative, judicial, and other employees are immediately eligible. Coverage and premiums are based on the previous year's annual earnings as reported to WRS, or expected current earnings in the year of hire. Participants may elect additional, supplemental, and spouse and dependent coverage subject to certain criteria. Premiums may be adjusted annually by ETF.

Procedures

1. Discussed the policies with appropriate personnel.
2. Obtained a data file containing new participants/enrollees during the 2015-2017 period.
3. Selected a sample of 60 participants and inspected eligibility documentation and premium determination.
4. Compared policies and results of the 60 sampled participants with requirements of the ETF contract.
5. Selected a sample of participants and verified the participant was included in the Wisconsin Retirement System database.

Results

We obtained documentation of the process for eligibility and premium determination and remittance under the plan. We observed that there were two separate processes in place for each of the following groups:

- State and State agency employees
- Local government unit employees

We obtained a data file containing all new enrollments and randomly selected 60 of the 27,153 local and state applicants enrolled during the 2015-2017 period. For each participant, we examined the participant's application, noting approvals by the on-site payroll office, and recalculated the premium amount according to age and rates specified in the Administrative Agreement. We verified that the coverage effective date and premiums began in the same period.

For all items tested, premium amounts were properly determined, billed, and collected. There were no exceptions noted with regard to noncompliance with processing timeframes specified in the Administrative Agreement.

From the population of new enrollments, we judgmentally selected 15 participants during the period covered by the engagement and verified with ETF that the participants were WRS participants.

Objectives and Scope

Retirement Processing

Participants who retire prior to age 65 may continue their coverage by remitting premiums directly to MLIC or as a deduction from their retirement annuity. Participants who retire after age 65 may continue their basic life insurance at a reduced coverage level with no further premiums due.

Procedures

1. Discussed the policies with appropriate personnel.
2. Obtained a data file containing retirements processed during the 2015-2017 period.
3. Selected a sample of 30 newly retired participants and inspected retirement documentation.
4. Compared policies and results of the 30 sampled retirements with requirements of the ETF contract.

Results

We documented the process for retirement processing under the plan. We obtained a data file containing all new retirements and randomly selected 30 of the 13,095 newly retired during the 2015-2017 period. For each participant, we inspected the retirement date and ensured that it agreed to the MLIC database. When an employee retires and it is put into the ETF system, MLIC is notified and the premium switches from being taken out of a paycheck to being taken out of the retirement annuity. As such, there is no change in premium, or change in coverage.

There were no exceptions noted between the retirement dates per the required documentation and the retirement dates per the MLIC system.

Objectives and Scope

Disability Premium Waivers

Participants who are actively employed and become totally disabled may receive continued coverage that requires no premiums, subject to periodic documentation requirements.

Procedures

1. Discussed the policies with appropriate personnel.
2. Obtained a data file containing disability premium waivers granted during the 2015-2017 period.
3. Selected a sample of 30 participants and inspected documentation and premium waiver determination.
4. Compared policies and results of the 30 sample premium waivers with requirements of the ETF contract.

Results

We obtained documentation of the process for disability premium waiver approval under the plan. We obtained a data file containing premium waivers and randomly selected 30 of the 5,363 waivers with a status change during the 2015-2017 period.

For each participant, we examined the participant's application, noting approvals by the on-site payroll office, age, physician statements, and determination of disability under the applicable rules. For all items selected, documentation and approvals were appropriate, and determination was consistent with policies developed by MLIC. MLIC does not maintain records longer than ten years after finalization, which complies with their administrative agreement.

The Administrative Agreement requires 95% of disability claims to be adjudicated within 10 days of proof being received. For all claims selected, the date of disposition letter was dated within the timeframe required. The adjudication timeliness for that quarter was reported as above 95% overall.

Objectives and Scope

Administrative Performance Standards

The Administrative Agreement between the ETF and MLIC requires MLIC to report quarterly on a variety of service levels. The standards generally relate to timely processing of claims, applications, and underwriting determinations.

Procedures

1. Discussed the process with appropriate personnel.
2. Obtained quarterly service level reporting furnished to the Department during 2015-2017.
3. Selected one service level from one quarter of each year from 2015-2017 and agree to underlying detail.
4. Compared process, reports, and results of sampled detail with requirements of the ETF contract.

Results

One service level was selected from each of the following quarters:

- 2nd Quarter 2015 – Service Level: A. Claims paid within 10 days of receipt of necessary information. For Service Level: A, agreed participants selected for claim testing with payments during this period to the MLIC service level reporting.
- 4th Quarter 2016 – Service Level: G. Approval or Initial request for additional information for applications requiring evidence of insurability within 7 days of receipt of application. For Service Level: G, agreed participants selected for testing to approvals or requests for additional information during this period to the MLIC service level reporting.
- 3rd Quarter 2017– Service Level: C. Disposition of waiver of premium disability claims within 10 days of receipt of necessary information. For Service Level: C, agreed participants selected for waiver of premium claim testing to waivers within the MLIC service level reporting.

We traced the reported service levels to the underlying summary of data compiled by MLIC.

Section III – Group Life Insurance Program Comments and Recommendations

Comments and Recommendations

1. There were no significant exceptions identified. Accordingly, we have no recommendations.

Group Insurance Board
State of Wisconsin
Department of Employee Trust Funds
Madison, Wisconsin
Report of Selected Internal Controls, Policies and
Procedures for the Group Life Insurance Program
Years ended December 31, 2015, 2016, 2017



Executive Summary

January 9, 2020

State of Wisconsin – Department of Employee Trust Funds
Madison, Wisconsin

In accordance with our proposal dated October 9, 2009, and the contract dated May 11, 2010, extended on February 2016, and based on discussions with the State of Wisconsin Department of Employee Trust Funds (ETF) management, we have completed procedures to evaluate the effectiveness of certain controls of the administration of the Group Life Insurance Program (GLIP) by Minnesota Life Insurance Company (MLIC) on behalf of ETF. The objectives of this engagement were to perform reviews of certain internal controls related to the GLIP and certain MLIC policies. This engagement was not intended to be, and was not, considered an audit or fraud examination because of the restricted nature and limited scope of the procedures performed.

Overview

To achieve the objectives of this engagement, we completed interviews and discussions with key staff at MLIC and ETF and reviewed existing controls and process and risk documentation.

Results of our observations and recommendations relied on, and are dependent on, the completeness and accuracy of information provided by MLIC and ETF without independent verification.

Reporting Results of Procedures

A summary of the results of the control procedures is included in the Objectives, Procedures and Results section of this report.

Distribution of this report by the specified parties to other third parties does not constitute designation of those third parties as “users” or “specified parties” with respect to this report or the matters addressed herein, nor does it permit those third parties to use or rely on this report for any purpose.

This engagement was performed in accordance with the Statement on Standards for Consulting Services as issued by the American Institute of Certified Public Accountants. This information is intended solely for the information and use of MLIC and ETF in relation to the results of procedures performed pursuant to the engagement letter. It is not intended to be, and should not be, reproduced, published, or distributed to anyone other than these specified parties or for any other purpose without the prior written consent of Wipfli LLP (“Wipfli”).

We look forward to our continued association and appreciate the opportunity to be of service. Please do not hesitate to contact Wipfli if you have any questions or concerns regarding information contained in the accompanying report.

Wipfli LLP

WIPFLI LLP

Review of Internal Controls, Policies and Procedures

Objectives, Procedures, and Results

Review of Internal Controls

Objectives

1. Obtain an understanding of the procedures and controls surrounding the program's processes in the following specific areas:
 - Enrollment and eligibility
 - Premium billing and collection
 - Retirement
 - Claims
2. Obtain an understanding of the periodic reports produced by MLIC and determine how they are utilized as part of the monitoring and reporting processes.

Procedures

1. Discuss with appropriate personnel the flow of information within ETF, between ETF and MLIC, and within MLIC.
2. Obtain and examine related written policies and procedures.
3. Obtain and examine forms, documents, and transmittals used in the processes.
4. Obtain and examine SOC 1 report on internal controls and effectiveness for MLIC Group Insurance business unit and relevant audit results.

Results

The appendix at page 5 summarizes the process flow for each area of interest.

We obtained SOC 1 reports for the MLIC Group Insurance business unit for the periods July 1, 2014 to June 30, 2015, July 1, 2015 to June 30, 2016, July 1, 2016 to June 30, 2017, and July 1, 2017 to June 30, 2018. The SOC 1 reports contained no relevant testing exceptions or control weaknesses, except as follows:

Review of Internal Controls, Policies and Procedures

Objectives, Procedures, and Results

The SOC 1 report covering July 1, 2014 to June 30, 2015, indicated the following relevant testing exceptions:

- One of the monitoring reports utilized by Claims, the “Claims with No Reminder” report, was reviewed inconsistently through 12/31/14. This resulted in certain types of claims being closed in error.
- No documentation was noted in the claim file that confirmed denial to the beneficiary of record for 1 out of 25 selected claims.

The SOC 1 report covering July 1, 2015 to June 30, 2016, indicated the following relevant testing exceptions:

- Date of Onset and Date of Death were entered incorrectly into the CARE system for 1 out of 25 selected claims.
- No documentation was noted in the claim file that confirm notification of denial to the beneficiary for 1 out of 40 selected claims.
- In the GSC platform which hosts CARE, CFM, and Quest applications, 1 of 7 developers had the ability to change access authority for existing users.

The SOC 1 report covering July 1, 2017 to June 30, 2018, indicated the following relevant testing exceptions:

- Evidence of on-demand check reconciliations was not retained for 2 out of 15 selected dates. MLIC management indicated the reports were printed but not retained.
- No documentation was noted in the claim file explaining denied coverages to the beneficiary for 1 out of 25 selected claims.

The service auditor did not modify its opinion regarding MLIC’s controls as a result of these exceptions.

Review of Internal Controls, Policies and Procedures

Objectives, Procedures, and Results

Review of Policies

Objectives

Obtain an understanding of the policies in place at MLIC in the following specific areas:

- Affirmative action
- Privacy
- Disaster recovery and business continuation

Procedures

1. Discuss the policies with appropriate personnel.
2. Compare policies in place with requirements of the contract.

Results

We discussed MLIC's affirmative action policies with Neil Ballis, Senior Consulting Auditor. MLIC maintains an affirmative action policy which is reviewed and certified by the State of Minnesota Human Rights Department (HRD) every four years. The policy contains accountability for all levels of the company and calls for internal quarterly, semiannual, and annual reporting at various levels of management. We observed the HRD certification effective for the four years beginning December 3, 2015. Accordingly, the MLIC affirmative action policy is deemed compliant with the administrative contract.

We discussed MLIC's privacy policies with Conrad Seibert, Senior Third-Party Risk Specialist. MLIC management indicated that the Company's privacy policy is compliant with the federal Gramm-Leach-Bliley Act. As such, MLIC has furnished proper notification of the privacy policy to the State of Wisconsin. MLIC discloses information regarding customers only when a business need exists, subject to applicable oversight and conditions. The company further safeguards information through building security measures, computer access passwords, data leakage prevention programs, third-party internet penetration testing, employee training, and background checks. The company does not consider itself to be classified as a covered entity as defined by HIPAA.

Per our inquiry of MLIC and ETF no instances of security breaches were noted to have been brought to the attention of ETF and Securian. Accordingly, the MLIC privacy policies are deemed compliant with the administrative contract.

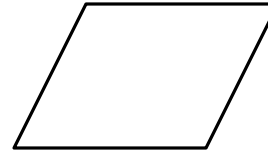
We discussed MLIC's business continuation planning with Linda Goepfinger, Business Continuation Planning Coordinator. We examined MLIC's Business Continuation Plan (BCP) Program Summary. It identifies internal teams and contacts and extends to the company's business partners and the BCP's of service providers. The plan contains a framework for interim and recovery contingencies. Mainframe simulation, business process, distributed system, and tabletop exercises are held annually. There are 20-25 instances of these exercises performed annually. We obtained the BCP Program Summaries dated December 31, 2015, 2016, and 2017, which included exercise results for 2015-2017 that were consistent with the plan. Accordingly, the MLIC business continuation policies are deemed compliant with the administrative contract.

Appendix

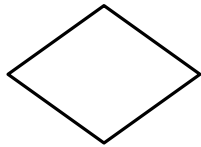
**Wisconsin Department of Employee Trust Funds
Group Life Insurance Program
Flow Chart Symbols**



Manual Process



Electronic Data



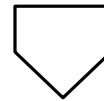
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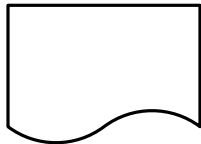
Cross reference to form
attached to flowcharts



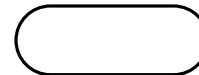
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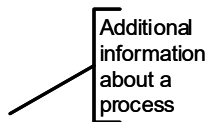
Connector to other chart



Paper Document

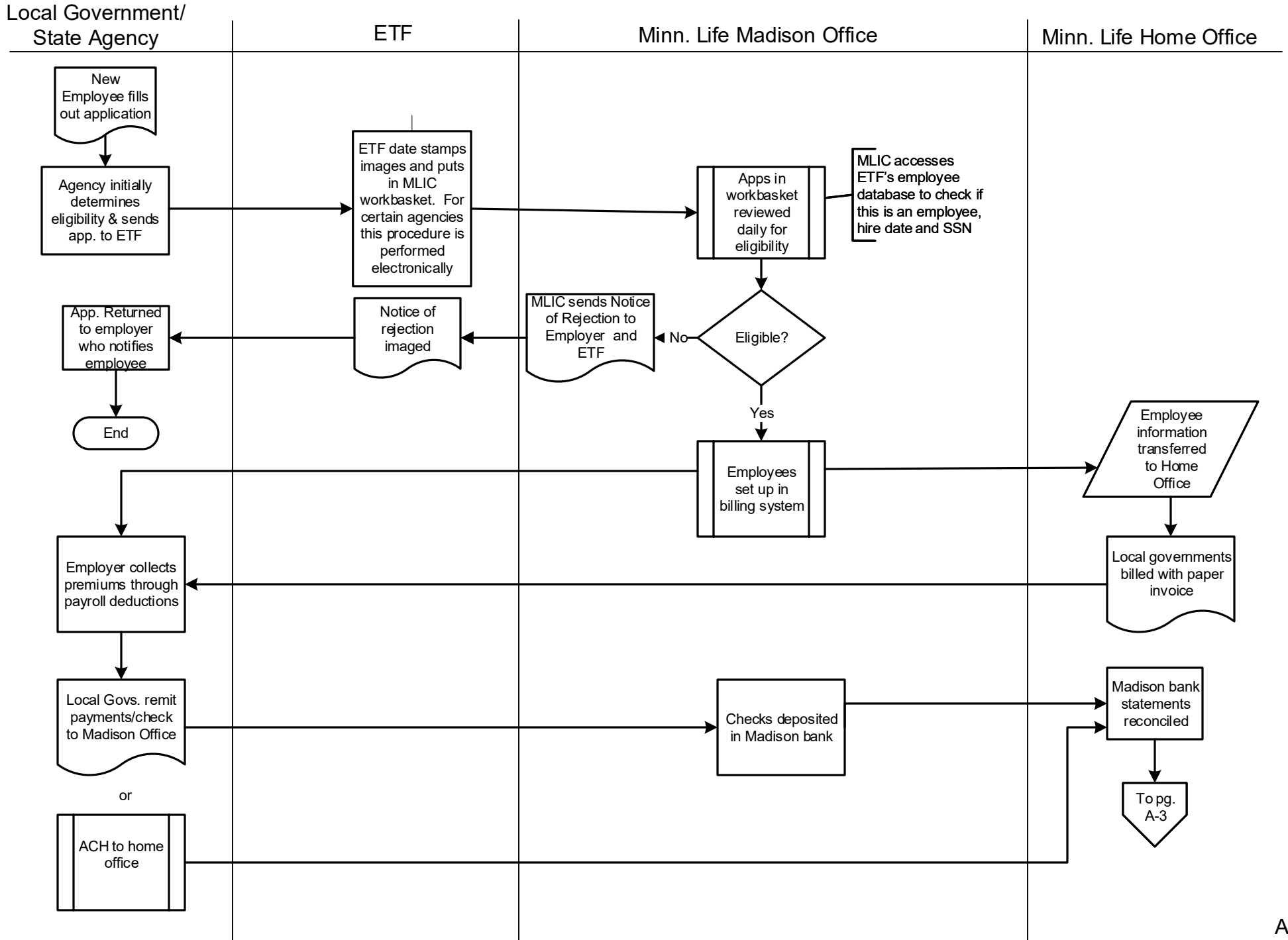


End of Process

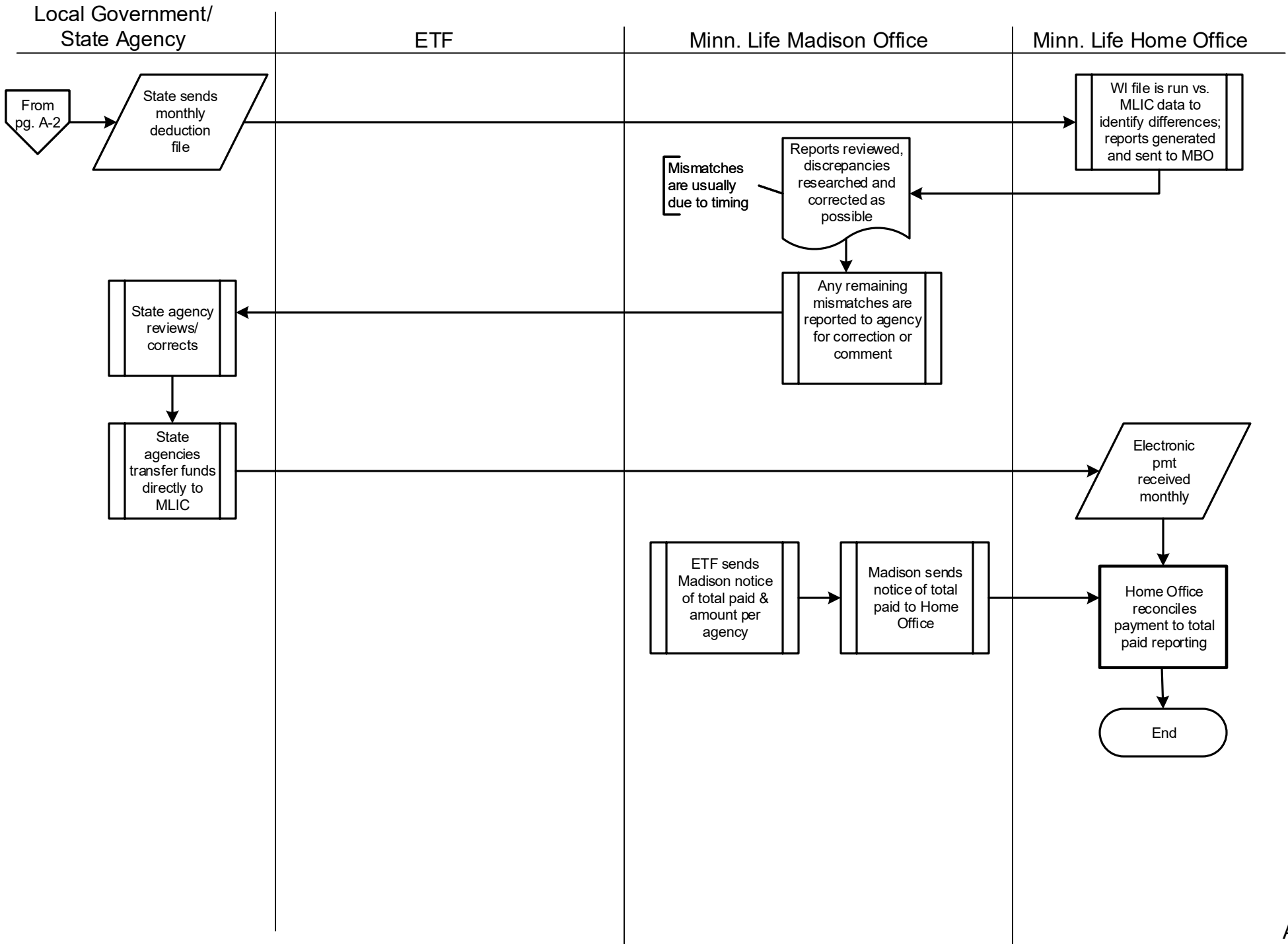


Process Annotation

Wisconsin Department of Employee Trust Funds Group Life Insurance Program - Enrollment and Billing



Wisconsin Department of Employee Trust Funds Group Life Insurance Program - Enrollment and Billing



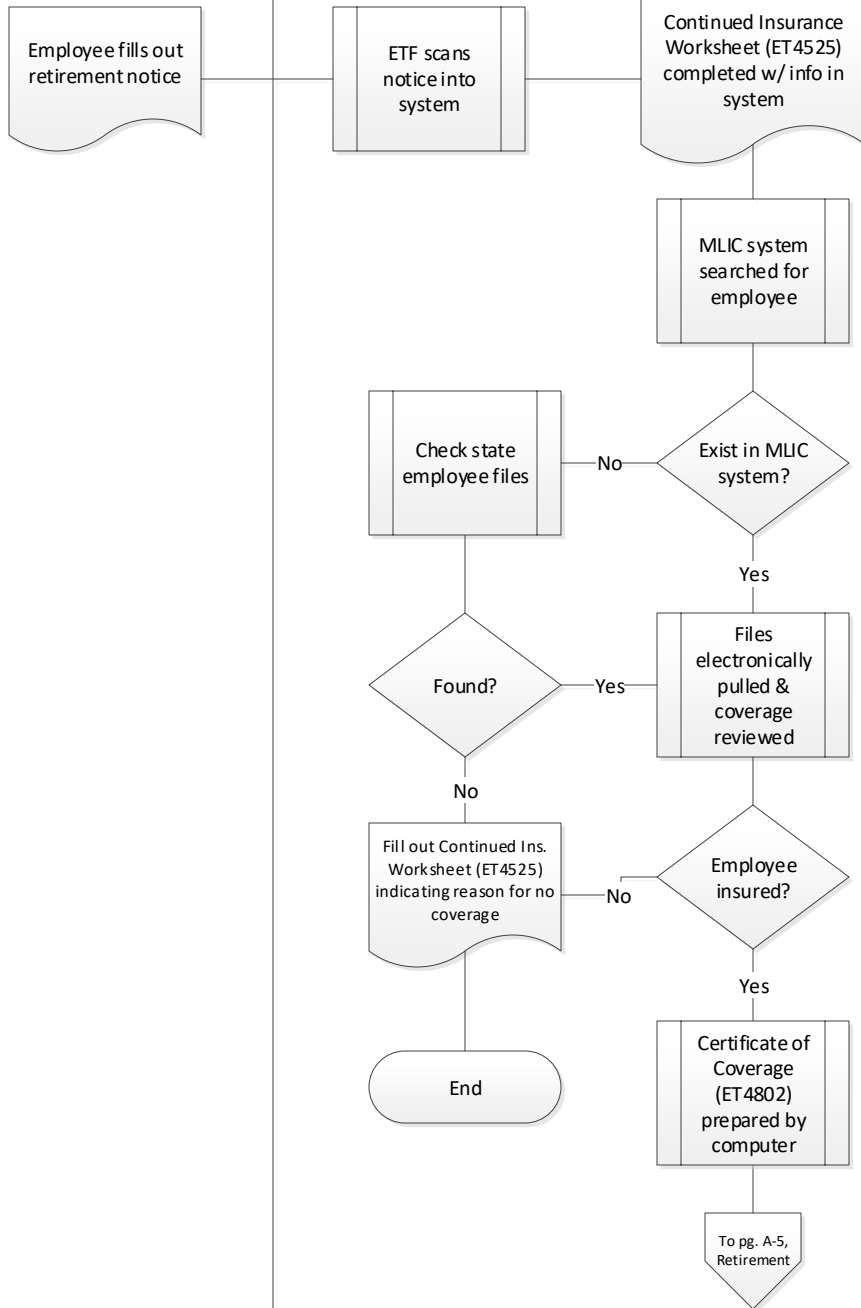
Wisconsin Department of Employee Trust Funds Group Life Insurance Program - Retirement

Local Government/
State Agency

ETF

Minn. Life Madison Office

Minn. Life Home Office



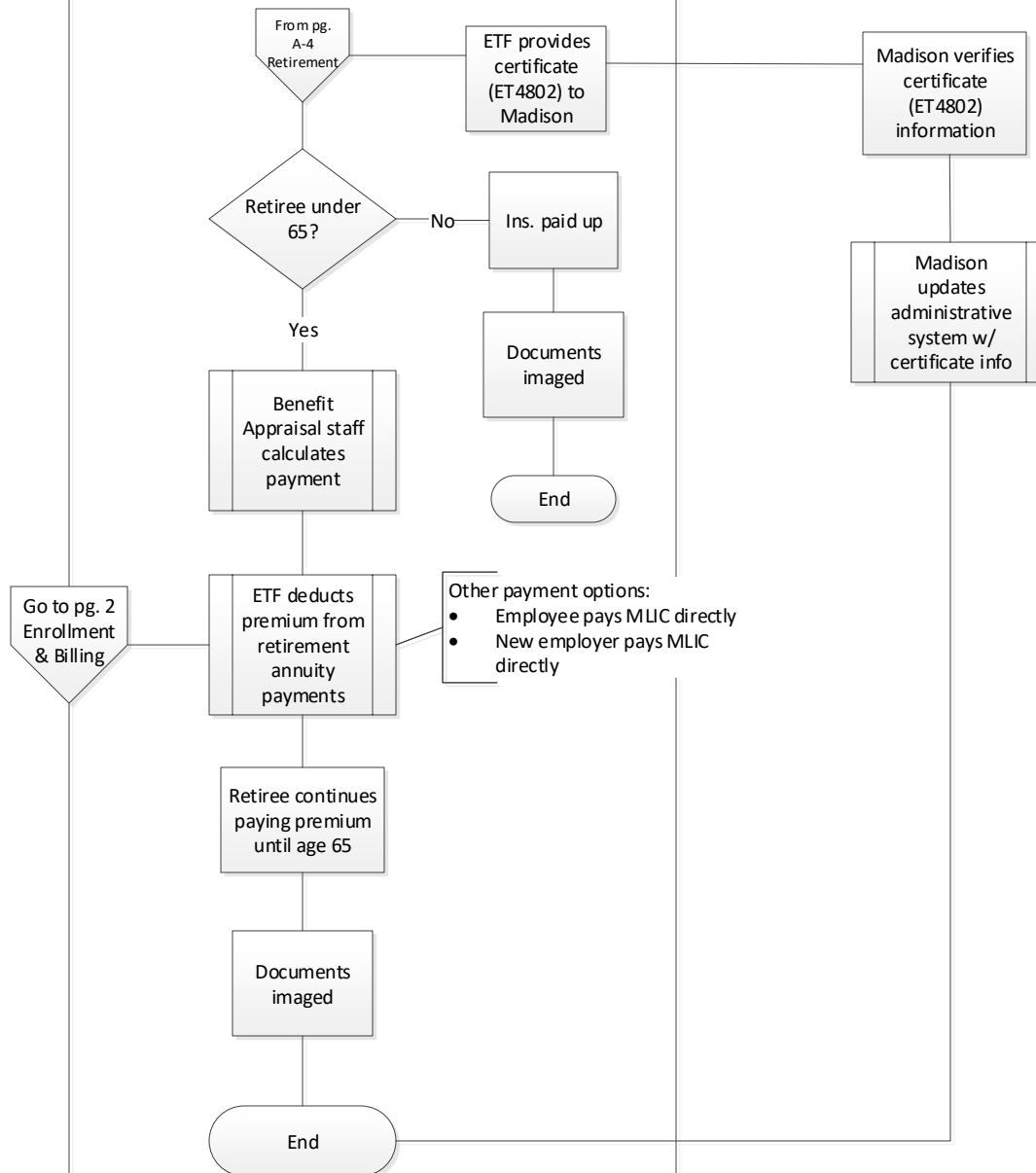
Wisconsin Department of Employee Trust Funds Group Life Insurance Program - Retirement

Local Government/
State Agency

ETF

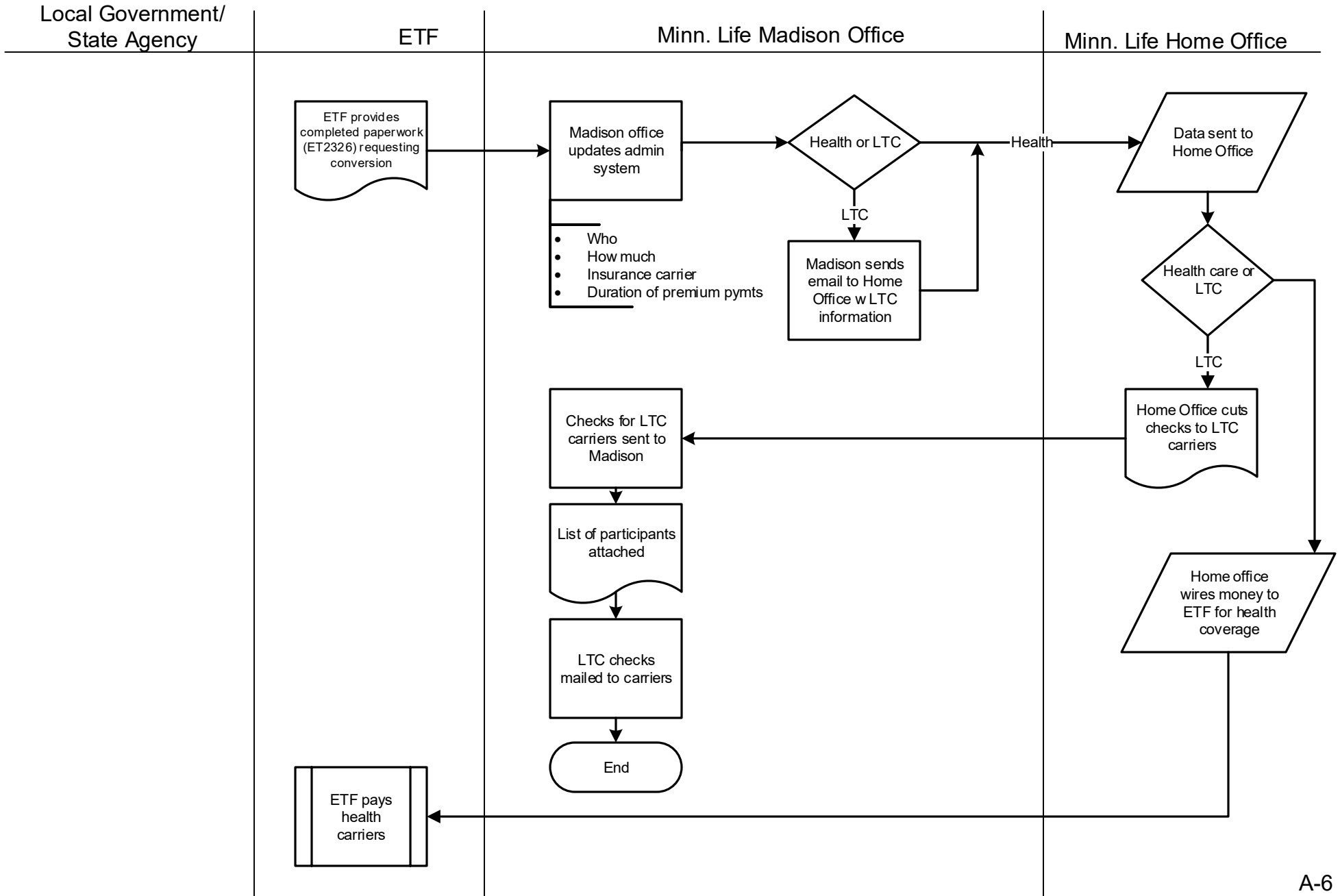
Minn. Life Madison Office

Minn. Life Home Office

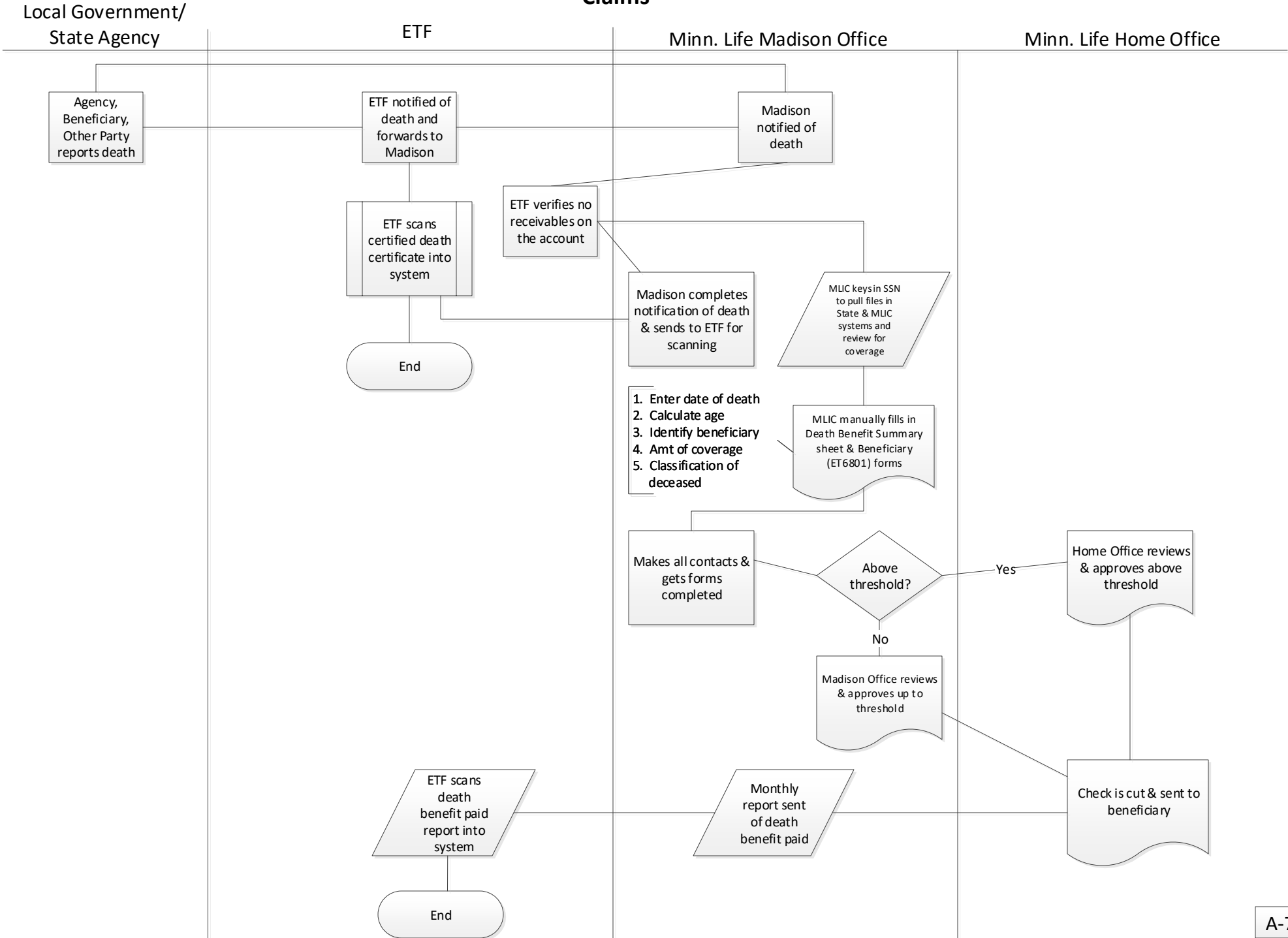


Wisconsin Department of Employee Trust Funds Group Life Insurance Program - Retirement and Death

Note: At age 66 (67 for local governments), a participant can convert the present value of a life insurance policy to pay health and long term care insurance premiums



Wisconsin Department of Employee Trust Funds Group Life Insurance Program - Death Claims



Wisconsin Department of Employee Trust Funds Group Life Insurance Program – Evidence of Insurability

