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**Department of Employee Trust Funds**  
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## ***Correspondence Memorandum***

**Date:** November 11, 2021  
**To:** Audit Committee  
**From:** Michelle Hoehne, Advanced Auditor  
 Office of Internal Audit (OIA)  
**Subject:** Third-Party Administrator (TPA) Oversight

**This memo is for Audit Committee review and discussion. No action is required.**

This memo provides an overview of TPA oversight at the Department of Employee Trust Funds (ETF), and OIA’s role in this oversight process. In carrying out its responsibilities under the International Standards for the Professional Practice of Internal Auditing<sup>1</sup>, OIA has again included an ongoing consulting engagement for TPA oversight on the FY 2022 – FY 2023 Internal Audit Plan.

TPA Oversight Background


ETF contracts with various TPAs to administer certain benefit programs or portions thereof, and with vendors for the provision of other direct and supportive services to ETF programs. ETF program managers have the day-to-day responsibility of TPA vendor oversight and the ongoing management and operation of benefit programs and contracted services. In 2017 ETF implemented a formal annual review process of Service Organization Control (SOC) reports received from major TPAs. SOC reports are issued by independent auditors to attest to the service organization management description of systems and controls that are present and identified. SOC Type 2<sup>2</sup> reports contain the results of testing performed by the independent auditors on the controls over

<sup>1</sup> Standard 2050 – Coordination and Reliance: The chief audit executive should share information, coordinate activities, and consider relying upon the work of other internal and external assurance and consulting service providers to ensure proper coverage and minimize duplication of efforts.

Standard 2110 – Governance: The internal audit activity must assess and make appropriate recommendations to improve the organization’s governance processes for coordinating the activities of, and communicating information among, the board, external and internal auditors, other assurance providers, and management.

<sup>2</sup> Type 1 SOC reports focus on the fairness of management’s description of controls. Type 2 SOC reports focus on the effectiveness of controls.

Reviewed and approved by Yikchau Sze, Director, Office of Internal Audit  
 Electronically Signed 11/17/21



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6 months or more and an opinion on the operating effectiveness of those controls. SOC Type 2 reports are requested and reviewed by ETF program managers annually.

Additionally, ETF management also engages independent external auditors to conduct audits of TPA's contract compliance. These contract compliance audits provide assurance on a TPA's adherence to contract terms and conditions, as well as compliance with applicable statutes, rules and regulations. SOC reports are not intended to identify controls that are missing or that have not been identified by the service organization. Therefore, ETF also uses contract compliance audits to assess whether controls are adequate to ensure transactions processed for ETF benefit programs are properly executed, recorded, and safeguarded. Contract compliance audits are completed on a periodic basis – annually, biennially, or triennially depending on the nature of the program and perceived risks. Audit results from contract compliance audits, as well as other external audits, are provided to the board with program oversight responsibility. The results are also shared with the Audit Committee to fulfill its responsibility outlined in the Audit Committee Charter for reviewing the results of external audits.

#### Background of OIA's Role in TPA Oversight

OIA's role in TPA oversight includes facilitating the review of SOC reports, providing additional oversight of TPA contract compliance audits and tracking audit findings and remediation.

#### *SOC Report Review*

In 2017 OIA created the formal SOC reporting review process on behalf of ETF management. OIA continues to facilitate the annual SOC reporting review. This includes engaging and training program managers in understanding SOC reports and in the assessment of user entity controls and residual control risks. In early 2019 OIA collaborated with ETF's Bureau of Information Security Management (BISM), expanding the formal review process from a SOC 1 Type 2 only review, to include a review of SOC 2 Type 2 reports<sup>3</sup> or other mutually agreed-upon security documentation. OIA has maintained the facilitator role for the SOC 1 report review, while BISM now supports business areas for the SOC 2 report review, due to their responsibility of ensuring information security at ETF.

#### *Contract Compliance Audits*

In March 2017 OIA completed an assessment of audits conducted by external independent auditors on TPA's contract compliance. OIA concluded that a centralized oversight of TPA audits would be more efficient to ensure the effectiveness of such audits. OIA proposed to assist program areas with long term planning for TPA audits and participate in the oversight of the planning, testing, and completion of each audit.

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<sup>3</sup> SOC 1 reports focus on controls relevant to user entity financial reporting for a specific period. SOC 2 reports focus on system controls related to security, availability, processing integrity, confidentiality and/or privacy.

For the contract compliance audit oversight, OIA has since provided the following consulting services:

- Assisted in drafting the Request for Proposal (RFP) for external auditors to complete the TPA audits
- Assisted in the audit language development for the Department Terms and Conditions of vendor contracts
- Assisted in the statement of work development for the TPA audits
- Attended audit kickoff, periodic audit check-in, and exit meetings for certain TPA audits
- Reviewed draft audit reports and provided feedback to program managers and external auditors, including items to be corrected or clarified and assessing adherence to the statement of work
- Reviewed final audit reports and provided comments for future audit considerations
- Worked with program managers to track recommendations included in external audits to ensure appropriate remediation of all audit findings by management
- Provided periodic updates to the Audit Committee of remaining open issues

#### Planned FY 2022 – FY 2023 TPA Oversight

##### *SOC Report Review*

The review of the 2021 SOC reporting is planned to be completed in spring of 2022, with the 2022 SOC reporting review being completed in spring of 2023. During the 2020 SOC review, OIA identified some process improvements to ETF's SOC review process. Some of these improvements were able to be completed during our 2020 review, such as additional guidance being provided to participating employers. While other improvements, including expanding the documentation of our assessment of TPA subservice organizations, are planned to be incorporated into the 2021 review. For the TPAs included in each annual SOC review cycle, please see Attachment A.

##### *Contract Compliance Audits*

OIA will continue to provide the results of contract compliance audits to the Audit Committee as audits are completed. Attachment A also includes the planned contract compliance audit schedule. As noted in Attachment A, an audit of the Pharmacy Benefit Program administered by Navitus and an audit of the Uniform Dental Benefit (UDB) Program administered by Delta Dental of Wisconsin were recently completed.

- Navitus Pharmacy Benefit Program Administration Audit – The audit, completed by PillarRx, included multiple segments of services provided for plan years 2019 and 2020. Overall, the audit concluded that the programs are being administered per the plan design documentation. No recommendations were included in the audit. Attachment B includes both the memo detailing the audit that was provided to the Group Insurance Board (GIB) for their November 2021 meeting, as well as the Executive Summary of the audit.

- Delta Dental UDB Audit – The audit, completed by Claim Technologies Incorporated (CTI), included Delta Dental’s administration of the UDB for 2019 and 2020. Overall the results of the audit were favorable and did not identify any systematic issues. However, some payment errors, overpayments, and ineligible payments were identified. ETF is currently working with Delta Dental to analyze these and address the related recommendations included in the audit report. Attachment C includes both the memo detailing the audit that was provided to the GIB for their November 2021 meeting, as well as the Executive Summary of the audit.

As part of OIA’s role in TPA oversight, we have been working to identify alternative best-value audit options. This includes identifying opportunities to insource some audits that have previously been completed by externally contracted auditors. Insourcing audits will allow expansion of both the planned scope of work and extent of testing without incurring additional costs. It will also provide ETF with increased control over the quality of audit work performed. Based on an initial cost analysis performed by OIA, there is also potential for cost savings by insourcing certain audits. As indicated in Attachment A, OIA plans to complete the next scheduled audit of the Employee Reimbursement/Health Savings/Commuter Benefits Accounts. Additional audits have been identified as potential insource opportunities, pending the availability of OIA staffing resources.

Attachment A: SOC Report Review and Contract Compliance Audits

Attachment B: GIB Pharmacy Audit Results Memo and Pharmacy Audit Executive Summary

Attachment C: GIB UDB Audit Results Memo and UDB Audit Executive Summary

Attachment A

**SOC Report Review and Contract Compliance Audits**

Program (TPA)	Annual SOC Review		Contract Compliance Audits	
	SOC 1 Review	SOC 2 Review <sup>1</sup>	Prior Audit	Current/Future Audit
Employee Reimbursement/ Health Savings/ Commuter Benefit Accounts (CYC/Optum Financial)	Yes	Yes	Biennial 2017-2018 audit completed by Wipfli: March 2020 Audit Committee (AC) Meeting <sup>2</sup>	2020-2021 audit to be completed by OIA scheduled during 2022
Pharmacy Benefit (Navitus)	Yes	Yes	Annual audit (2019 & 2020 segments) recently completed by PillarRx: <b>Attachment B</b>	Annual audit (2020 & 2021 segments) to be completed by PillarRx scheduled during 2022
Life Insurance (Securian)	Yes	Yes	Biennial 2018-2019 audit completed by Wipfli: March 2021 AC Meeting	2020-2021 audit to be completed by Wipfli scheduled during 2022
Uniform Dental Benefit (Delta Dental of Wisconsin)	Yes	Yes	Biennial 2019-2020 audit recently completed by CTI: <b>Attachment C</b>	2021-2022 audit to be completed by CTI tentatively scheduled during 2023
Income Continuation Insurance (The Hartford)	Yes	Yes	Triennial 2015-2017 Audit completed by Wipfli: September 2018 AC Meeting	Triennial 2018-2020 in progress by Wipfli to be completed by the end of 2021
Wisconsin Deferred Compensation (Empower Retirement)	Yes	Yes	Biennial (Covers One Year Only) 2019 Audit Completed by Wipfli: June 2020 AC Meeting	2021 audit to be completed by Wipfli scheduled during 2022
Wellness and Disease Management (WebMD)	No	Yes	Triennial 2017-2019 Audit Completed by Segal: December 2020 AC Meeting	Biennial 2020-2021 audit to be completed by Segal scheduled during 2022
Data Warehouse and Visual Business Intelligence Services (IBM Watson Health)	No	Yes	Contract inception-September 2018 Audit Completed by Segal: December 2019 AC Meeting	Future audits will be conducted as deemed necessary

<sup>1</sup>SOC 2 Reports are not currently available for all TPAs. In these instances, other mutually agreed-upon security related documentation is obtained and reviewed.

<sup>2</sup>While the March 2020 AC Meeting was cancelled; audit materials were provided for AC review.



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## ***Correspondence Memorandum***

**Date:** October 22, 2021

**To:** Group Insurance Board

**From:** Tricia Sieg, Pharmacy Benefit Programs Manager  
 Office of Strategic Health Policy

**Subject:** Audit of Pharmacy Benefit Manager Services and Medicare Part D  
 Employer Group Waiver Plan

**The memo is for informational purposes only. No Board action is required.**

### **Background**

The Department of Employee Trust Funds (ETF) retained PillarRx Consulting, LLC (PillarRx), to conduct a comprehensive, annual audit of the administration of all pharmacy benefit programs included as part of the State and Wisconsin Public Employers Group Health Insurance Programs (GHIP).

PillarRx is an independent auditing firm that specializes in the pharmaceutical industry. Their audits assess compliance with the Group Insurance Board's (Board) contract with Navitus Health Solutions, LLC (Navitus), as the Pharmacy Benefit Manager (PBM).

PillarRx performed a comprehensive audit of Navitus's administration of the pharmacy benefits offered to all members. The audit scope of the most recent engagement reviewed the following:

- Commercial pharmacy claims January 1, 2020, through December 31, 2020
- Employer Group Waiver Plan (EGWP) pharmacy claims January 1, 2019 through December 31, 2019
- Pharmacy Network January 1, 2019 through December 31, 2019
- Pharmacy Rebates October 1, 2019 through December 31, 2019

After review, the auditors concluded that the plans are being administered per the plan design documentation. PillarRx considers this a passing audit.

### **Audit Highlights**

PillarRx found that Navitus is overperforming on its contractual discount obligation to the Board for both Commercial and EGWP populations.

Reviewed and approved by Eileen K Mallow, Director, Office of  
 Strategic Health Policy      Electronically Signed 11/09/2021

*Eileen K Mallow*

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Under the terms of the Board's contract with Navitus, for the 1,818,826 commercial pharmacy claims filed in 2020, the contracted claim ingredient cost should have been \$285,008,053. However, the actual cost was \$269,458,485, a savings of \$15,549,567 beyond what is guaranteed in the Board's contract with Navitus. This information is laid out in the table on page 9 in attachment B of this memo.

While this audit and PillarRx's past audits show an increase in contracted claim ingredient costs and actual claims ingredient costs, the savings the Board is realizing in contracted costs is also growing.

<b>Year</b>	<b>Contracted Claims Ingredient Cost</b>	<b>Actual Claims Ingredient Costs</b>	<b>Savings Over Contracted Costs</b>
<b>2020</b>	\$285,008,053	\$269,458,485	\$15,549,567
<b>2019</b>	\$238,100,644	\$225,520,616	\$12,580,028
<b>2018</b>	\$240,881,739	\$229,085,151	\$11,796,588

The reconciliation of the pricing guarantees for the 2019 EGWP benefit found that the 934,944 pharmacy claims filed under the parameters of the contract should have cost \$123,967,312. However, the cost was instead \$116,880,638 resulting in a savings of \$7,086,674 beyond the contract guarantee. This information is laid out in the table on page 11 in attachment B of this memo.

Under the audit of the EGWP plan, PillarRx found that Navitus is overcharging on dispensing fees. Dispensing fees are an agreed-upon contracted price between a pharmacy and the PBM for filling a prescription. When Navitus enters into an agreement with a pharmacy, it is not only on behalf of the Board's members but Navitus's entire book of business.

This audit shows Navitus overperformed the commercial dispensing fee by \$148,504 while underperforming on EGWP dispensing fee by \$165,106. Under Navitus's contract with the Board, there is no penalty for the underperforming EGWP dispensing fee. The lack of penalty is due to the savings the State received. The savings the State received is more than the combined \$165,106 in dispensing fee overcharges.

Navitus attributes the underperformance of EGWP dispensing fees compared to the contractual guarantees to an issue with a handful of Long-Term Care (LTC) Pharmacy Groups that have high dispensing fees. When creating the guarantees for dispensing fees in the contract, Navitus's Provider Services Team assumed all claims from these facilities would be excluded from the performance calculations, as claims for LTC Pharmacies are typically excluded due to their high dispensing fees. However, these pharmacies are also filling many non-LTC claims for the members. Those claims are being included in the performance calculation and are causing the results to show an underperformance regarding the dispensing fees.

ETF is satisfied with Navitus's explanation of the underperformance of EGWP dispensing fees guarantees as laid out in the contract.

PillarRx also reviewed pharmaceutical manufacturer rebate contracts and invoices and performed an analysis to compare the contracts to ETF's claims utilization. PillarRx reviewed agreements and amendments between Navitus and eight pharmaceutical manufacturers who produced the pharmaceuticals with the highest drug spend by ETF's membership in Quarter 4, 2019. Each contract was examined with special attention paid to:

- Base rebates
- Market share rebate
- Formulary type
- Administrative fees
- Market share calculations
- Other fees

The total rebate analysis can be found on page 14 of Attachment B.

While there were some differences found between the rebate amounts billed to manufacturers by Navitus and the rebate amount calculated by our auditor for an individual health plan, Pillar explains some of the reasons for the small difference on page 15 of Attachment B.

One explanation is similar to the explanation of why Navitus underperformed on the EGWP dispensing fee. Much like in that case, when Navitus enters into a contractual rebate agreement with manufacturers, they are doing so for Navitus's entire book of business, not just ETF. This way of doing business benefits all the plans involved because the rebates are based on a larger pool of claims. Navitus then pays the rebates to each plan separately based on the plan's claims. PillarRx points out that in their experience if a PBM entered into separate rebate agreements with manufacturers for each plan, the amount of rebate received would be lower than what ETF currently receives.

Another explanation of any differences in Pillar's rebate analysis can be due to changes in ETF's plan design, formulary, and copay structure. With ETF's commercial formulary changing sometimes monthly due to new drugs being introduced, older drugs changing tiers, or leaving the formulary completely, a drug that was eligible for a rebate one month may not be eligible the next month.

Pillar found minor variances, less than 5%, between rebate dollars, however overall rebates are paid accurately and in accordance with Navitus's contract with the Board.



Audit of Pharmacy Benefit Manager Services and Medicare Part D Employer Group  
Waiver Plan  
October 22, 2021  
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For the entire audit of 2019 EGWP pharmacy claims, 2020 Commercial pharmacy claims, the 2019 Pharmacy Network, and 2019 Pharmacy Rebates PillarRx recommended no action required as a result of the findings of this audit.

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

Attachment A: PillarRx Pharmacy Program Oversight Executive Summary  
Attachment B: PillarRx Prescription Benefit Management Audit (Confidential)



**PillarRx**  
C o n s u l t i n g

CUSTOMIZED PHARMACY SOLUTIONS

# Pharmacy Program Oversight Executive Summary

Created for

**State of Wisconsin ETF**

Audit Period:

EGWP Plan: January 1, 2019 – December 31, 2019

Commercial Plan: January 1, 2020 – December 31, 2020

September 30, 2021



CUSTOMIZED PHARMACY SOLUTIONS

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CUSTOMIZED PHARMACY SOLUTIONS

## I. Auditor's Report

State of Wisconsin, Department of Employee Trust Funds (ETF), on behalf of the State of Wisconsin Group Insurance Board (Board), is assessing the performance of the Board's Pharmacy Benefit Manager (PBM), Navitus Health Solutions, LLC (Navitus). ETF is completing this audit to maintain ongoing oversight efforts and obtain a thorough understanding of the performance of the contracted PBM.

ETF provides pharmacy benefit program management for nearly 240,000 participating members associated with annual total drug costs in excess of \$400 million.

PillarRx performed a comprehensive audit of Navitus' administration of the pharmacy benefits for ETF. This audit represents phase ten.

### Phase 10

<b>Client Name</b>	State of Wisconsin ETF
<b>PBM Name</b>	Navitus
<b>EGWP Claims Period</b>	01/01/2019 through 12/31/2019
<b>Commercial Claims Period</b>	01/01/2020 through 12/31/2020
<b>Pharmacy Network Period</b>	01/01/2019 through 12/31/2019
<b>Rebate Periods</b>	10/01/2019 through 12/31/2019

## II. Auditor's Findings

### Commercial Plan Design and Pricing Audits

- **Copay:** Miscellaneous minor inconsistencies were found in collected copays that represented a minimal overall variance. The following issues were discovered:
  - Navitus determined that these inconsistencies primarily are for members that met their out of pocket amount, or for claims that where the member was charged a DAW (dispense as written) penalty.
- **Plan Design:** PillarRx noted no discrepancies in day supply, drug exclusions, prior authorizations, quantity limits and gender edits.
- **Pricing:** PillarRx concludes that Navitus is over performing based on the commercial contract.

### Onsite Review of Pharmacy Network Contracts

PillarRx concludes that all the pharmacies, including the large chains, were compliant with their contracts and were performing as expected.

### Rebate Audit

PillarRx concludes that Navitus is processing and paying rebates for ETF in compliance with the contracts with the manufacturers.

### Employer Group Waiver Plan (EGWP) Audit

- **PDE Analysis:** PillarRx audited 100% of the Prescription Drug Event (PDE) records processed from January 1, 2019 through December 31, 2019 and found 137 discrepancies between the source claim and the associated PDE, which is less than .01 percent of all PDE's.
- **Pricing:** PillarRx concludes that Navitus is over performing based on the EGWP contract and is under performing in dispensing fees. The Navitus contract guarantees with the State allow the offsetting of the discount guarantee with the dispensing fee guarantee, therefore the overall EGWP Pricing performance was an over performance.
- **Copayment Analysis:** PillarRx's copay analysis includes verifying TrOOP calculation, formulary match, Low Income Cost Sharing (LICS) calculations and GAP discount calculations based on CMS guidance. PillarRx reviewed all responses from Navitus and agrees that copays are adjudicating according to plan design and CMS guidance with exception of 20 claims that had to be reprocessed.



CUSTOMIZED PHARMACY SOLUTIONS

### Invoice Reconciliation Audit

Upon reconciliation for 1/1/2019 – 12/31/2019 invoices, PillarRx found that all invoiced dollars and claim counts matched what was found on the claim records for the given period. PillarRx concludes that Navitus is invoicing the State accurately.

### **III. Auditor's Conclusions**

PillarRx considers this a passing audit. All variances identified were validated as appropriate by Navitus. After review of Navitus' responses to our findings, we are comfortable that State of Wisconsin, Department of Employee Trust Funds plans are being administered per the plan design documentation.

PillarRx will continue to review pricing, rebates, EGWP and commercial plan design on behalf of the State of Wisconsin, Department of Employee Trust Funds.

PillarRx considers the State of Wisconsin ETF relationship with Navitus to be well founded. Performance on pricing exceeds benchmarks in the industry and adherence to the benefit structure also compares most favorably to the market.



CUSTOMIZED PHARMACY SOLUTIONS

This document has been prepared in good faith on the basis of information provided to PillarRx Consulting, without any independent verification. If the data, information, and observations received are inaccurate or incomplete, our review, analysis, and conclusions may likewise be inaccurate or incomplete. Our conclusions and recommendations are developed after careful analysis and reflect our best professional judgment.

This document is the proprietary work product of PillarRx Consulting and is provided for your internal use only. No further use or distribution to any third party is authorized without PillarRx Consulting's prior written consent.

PillarRx Consulting representatives may from time to time provide observations regarding certain tax and legal requirements including the requirements of federal and state health care reform legislation. These observations are based on our good-faith interpretation of laws and regulations currently in effect and are not intended to be a substitute for legal or tax advice. Please contact your legal counsel and tax accountant for advice regarding legal and tax requirements.



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## **Correspondence Memorandum**

**Date:** October 21, 2021

**To:** Group Insurance Board

**From:** Tom Rasmussen, Life Insurance and Dental Plans Manager  
 Office of Strategic Health Policy

**Subject:** Delta Dental Uniform Dental Benefit Audit Results

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

### **Background**

The Department of Employee Trust Funds (ETF) retained Claim Technologies Incorporated (CTI) to conduct a comprehensive, biennial audit of the administration of the Uniform Dental Benefit (UDB) Program administered by Delta Dental of Wisconsin (Delta) for the period beginning January 1, 2019 through December 31, 2020.

CTI conducted the audit according to the accepted standards and procedures for claim audits in the health insurance industry. They based the audit findings on the data and information provided by ETF and Delta. CTI planned and performed the audit based on the scope of work agreed upon by ETF and CTI. Although CTI identified a small number of claim issues, explained later in this memo, no systematic issues with Delta's administration of the UDB was noted. CTI considers this to be a favorable audit.

### **Uniform Dental Background**

On January 1, 2016, the Uniform Dental Benefit Program began for members who were enrolled in the State Group Health Insurance Program (GHIP). A member must have medical coverage under GHIP to have the UDB. Members are automatically enrolled in the UDB and must opt out of the program to not have coverage. ETF gathers information of all active employees who have enrolled in the GHIP and not opted out of the UDB from payroll centers and securely sends that information to Delta Dental. Delta Dental then sends a welcome letter and a UDB membership card to each member and their dependents.

If a member has individual coverage for their health insurance, then they have individual coverage for the UDB. If a member has family coverage under the employee's state health insurance plan, the family has UDB coverage.

Table 1 shows a summary of the UDB Plan since its inception in 2016.

Reviewed and approved by Eileen K Mallow, Director, Office of  
 Strategic Health Policy                      Electronically Signed 11/04/2021

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**Table 1- UDB Highlight Summary 2016 – May 2021**

Year	2021*	2020	2019	2018	2017	2016
Primary Subscribers	94,818	94,309	92,535	91,390	92,643	92,908
Total Membership	210,508	204,381	200,994	199,191	203,249	203,469
Member Utilization Rate (treatments)	2.0	4.2	4.6	4.7	4.6	4.49
Member Utilization Rate (visits)	0.7	1.5	1.9	1.9	1.85	1.86
Percent of members with claims	52.0%	68.5%	75.8%	74.9%	74.0%	72.3%
Average Member Age	40.0	39.2	39.0	38.8	38.9	34.8
Amount Paid Per Member Per Month	\$22.78	\$19.13	\$23.24	\$22.54	\$22.23	\$22.12
Amount paid Per Subscriber Per Month	\$49.29	\$41.47	\$50.47	\$49.14	\$48.89	\$48.48
Total paid Amount	\$22,605,440	\$46,869,551	56,048,330	\$53,887,946	\$54,348,818	\$52,032,285

\* Experience Period: January 2021 – May 2021

Since 2016, UDB benefits has remained largely unchanged without a deductible or waiting period, an Annual Benefit Maximum of \$1,000 per participant, basic diagnostic, preventative services such as fillings, cleanings and exams have 100% coverage, and an orthodontics lifetime maximum for participants 19 years of age and younger of \$1,500.

In 2019, coverage for non-surgical extractions above the gumline began at 90%. In 2020, pulp vitality tests, caries assessments and periodontal maintenance were covered at 100% for the first time. New in 2022, composite fillings will be a covered benefit for posterior (back) teeth.

### **Uniform Dental Benefit Audit**

CTI conducted the audit for the period beginning January1, 2019 through December 31, 2020.

CTI's audit objectives were to:

- Assess eligibility verification of every claim by date of service.
- Determine if Delta followed the terms of the service agreement.
- Validate the accuracy of claims billed to determine if claims were paid according to the plan specifications and administrative agreement.
- Examine filed grievances for compliance with contract turnaround requirements.

- Review appropriateness of policies and procedures in place regarding affirmative action, privacy, and disaster recovery and business continuation.
- Evaluate administrative performance standards as outlined in the scope of work.
- Appraise any claim administration, eligibility maintenance systems or processes for improvement.

CTI conducted this audit using the following criteria:

- Operational review and questionnaire,
- Plan documentation analysis,
- 100% electronic screening with 30 targeted samples,
- Random sample audit of 180 claims, and
- Data analytics.

The CTI Audit Executive Summary, Specific Findings Report, and work papers by Audit components for the 2019-2020 UDB Program can be found in attachments A-C of this memo.

## **Audit Findings and Recommendations**

### Operational Review

CTI conducted analysis on Delta's operations and evaluated the claims administration system, staffing, and procedures to identify deficiencies that materially affect Delta's ability to control risk and pay claims accurately. Analysis including review of claims processing controls and procedures, staffing, workflows, eligibility maintenance, internal control risk mechanisms including Health Insurance Portability and Accountability Act (HIPAA) protections, internal audit policies, fraud, waste and abuse detection, and prevention.

Two grievances filed in 2019 resulted in claims adjustments. The first example involved a member who was billed for an incorrect service. Upon detection of the error, the provider corrected the billing but included an incorrect date of service, which generated an additional claim. The error was corrected, and the overpayment was recovered. The second adjustment was for a member who thought they were incorrectly charged by a provider. Delta's review of the subscriber billing ledger resulted in the balance being adjusted according to the Preferred Provider Organization (PPO) fees.

Two grievances filed in 2020 that resulted in claims adjustments were one-time exceptions. The first was for an additional payment for the more costly composite filling, and the other was for a third oral exam based on the Evidence Based Integrated Care Plan for individuals diagnosed with certain medical conditions, making them eligible for additional dental services.

### Plan Documentation Review

CTI analyzed documents governing the administration of the dental plan to identify inconsistencies, ambiguities, or missing provisions that would negatively impact

accurate claim administration. CTI received plan documentation from both Delta and ETF. CTI did not identify any inconsistencies, ambiguities, or missing provisions in the plan documentation.

#### Random Sample Findings

CTI validated claim processing accuracy based on a sample of 180 dental claims paid or denied by Delta during the audit period. Delta's performance was above the median in each of the CTI's benchmarked performance indicators. These were identified as financial accuracy, accurate payment, accurate processing.

CTI found that that Delta's performance was above the median in CTI's benchmarked performance indicators in financial accuracy, accurate payment, and accurate processing.

In the random sample audit of 180 claims, CTI cited one financial and one processing error. On the sample error cited, Delta handled coordination with another plan differently from the language in the Summary Plan Description (SPD) and made a \$77.00 overpayment for one claim line but then handled a separate line on the claim consistent with the SPD language. CTI recommends that ETF request Delta review the financial error identified and determine whether their handling of coordination of benefits is consistent with ETF's intent. ETF will continue to work with Delta and review this matter further.

#### 100% Electronic Screening with Targeted Sample

CTI used proprietary software to analyze claim payment and eligibility maintenance accuracy as well as opportunities for system and process improvements.

Table 2 shows the dental services identified as potentially overpaid.

**Table 2- Dental Categories Identified as Potentially Overpaid**

<b>Services</b>	<b>Potential Recovery</b>
Exclusion- Dental, Restorations	\$5,140
Exclusion- Dental, Misc. Services	\$29
<b>Total</b>	<b>\$5,169</b>

On page 14 in the Specific Findings Report, CTI provides a detailed explanation of their results with findings for all screening categories where in their opinion, recovery or saving opportunities exists. Delta's responses included in the report are copied directly from Delta's reply to the audit findings. ETF will continue to work with Delta in reviewing these results to ensure the appropriateness of the potential overpayment and potential remedies.

CTI analysis of the electronic comparison of dates of service and ETF's eligibility file revealed some services were paid for ineligible claimants. Payments for ineligible claimants are categorized in the Table 3.

**Table 3 – Employee Eligibility Categories**

<b>Employee Eligibility Category</b>	<b>Amount Paid</b>
Employee After Termination Date	\$4,947.80
Dependent No Matching ID	\$155.00
Dependent During Eligibility Gap	\$129.16
Dependent After Termination Date	\$5,939.31
<b>Total</b>	<b>\$11,171.27</b>

CTI notes that less than .02% of the ETF total dental spend processed was identified as paid for members who were not eligible for coverage. These results are low compared to the 0.5 – 0.8% CTI generally reports.

The process of a UDB claim is:

- Member sees a Delta network provider, shows their UDB card, and has the service provided.
- Provider submits the bill to Delta.
- Delta verifies UDB coverage in their system and pays the provider for the covered services.
- Delta submits claim to ETF for payment.
- ETF pays an administrative fee for each procedure to Delta.

In July 2018, the dental overpayment recovery process was established. This is a procedure to assist in the creation of an account receivables process for the UDB program. Per Wisconsin Statue §40.08(7) in conjunction with contractual provisions in the Delta contract, ETF is required to collect on over paid benefits for the dental program.

There are several processes in place at ETF to review late terminations from employers for members/subscribers and to look at potential coverage issues/claims made on behalf of the members/subscribers. Some examples are:

- Direct Pay Term Process
- Health Plan Full File Compare (FFC) Process
- Employer Retro Terms Report

These processes are managed by the Employer Services Section (ESS) and Office of Strategic Health Policy (OSHP). Once a potential member/subscriber is identified, ESS will send this information to Delta Dental to review any claims via an excel spreadsheet (last Friday of the month). Delta Dental will respond back (within five business days) to ETF using the same spreadsheet if a member/subscriber had a claim paid and should not have.

For any member/subscriber over a \$50.00 limit, Delta Dental will send out the initial collection letter (ET-2800), letting the member/subscriber know why they have an overpayment, and they will be receiving an invoice from ETF. A copy of this letter is

saved in ETF's system attached to information regarding the member/subscriber. Once a receivable is created, the one-time invoice is sent out and the normal collection process will be followed.

Of the \$11,171.27 in claims that were identified as paid for ineligible members, \$1,930.53 has been recovered by this process.

Additional steps that ETF staff take to minimize ineligible claims being paid include reviewing weekly UDB claims reports, looking for claims exceeding the benefit limit and reviewing the number of claims submitted by specific providers. As a result of this audit's findings, Delta will send the dental program manager a monthly reconciliation report that will be cross referenced with the claims report to look for claims paid on employees that recently terminated their employment and are no longer eligible for services.

#### Data Analytics

CTI analyzed electronic data provided by Delta to identify improvement opportunities and potential recoveries. Information CTI reviewed included network provider utilization and discount savings. ETF members had network utilization with 99.2% of all allowed charges and 99.6% of all claims. CTI encourages ETF to continue its efforts to encourage network utilization to maximize discounts for the plan.

#### **Conclusion**

ETF will continue to monitor and review the UDB program as well as reviewing the recommendations made as part of this audit and work with Delta to make appropriate recommendations and improvements for the administration of the UDB program. The contract between ETF and CTI allows for an additional eight hours of post-audit services. ETF will continue to review the findings and recommendations of the audit and determine the best use of the available time.

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

Attachment A: CTI Audit of UDB Executive Summary

Attachment B: CTI Audit of UDB Specific Finding Report

Attachment C: CTI Audit of UDB Work Papers by Audit Components

Attachment D: Sample Claims Paid After Termination Recovery Letter

**Comprehensive Claim Administration Audit**

**EXECUTIVE SUMMARY REPORT**

**Wisconsin Department of Employee Trust Funds Dental Plan**

**Administered by Delta Dental of Wisconsin**

**Audit Period: January 1, 2019 through December 31, 2020**

**Presented to**

**Wisconsin Department of Employee Trust Funds**

**August 6, 2021**



**CLAIM TECHNOLOGIES  
INCORPORATED**

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## INTRODUCTION

This **Executive Summary** contains CTI’s findings and recommendations from our audit of Delta Dental of Wisconsin’s (Delta Dental) administration of the Wisconsin Department of Employee Trust Funds (ETF) plan. You can review the detail that supports CTI’s findings and recommendations in our **Specific Findings Report**.

CTI conducted the audit according to accepted standards and procedures for claim audits in the health insurance industry. We based our audit findings on the data and information provided by ETF and Delta Dental. The validity of our findings relies on the accuracy and completeness of that information. We planned and performed the audit to obtain a reasonable assurance claims were adjudicated according to the terms of the contract between Delta Dental and ETF as well as all approved plan documents and communications.

CTI specializes in the audit and control of health plan claim administration. Accordingly, the statements we make relate narrowly and specifically to the overall effectiveness of policies, procedures, and systems Delta Dental used to pay ETF’s claims during the audit period. While performing the audit, CTI complied with all confidentiality, non-disclosure, and conflict of interest requirements and did not receive anything of value or any benefit of any kind other than agreed upon audit fees.

## OBJECTIVES AND SCOPE

The objectives of CTI’s audit of Delta Dental’s claim administration were to determine whether:

- Delta Dental followed the terms of its contract with ETF;
- Delta Dental paid claims according to the provisions of the plan documents and if those provisions were clear and consistent;
- Members were eligible and covered by ETF’s plan at the time a service paid by Delta Dental was incurred; and
- Any claim administration or eligibility maintenance systems or processes need improvement.

CTI audited Delta Dental’s claim administration of the ETF dental plan for the period of January 1, 2019 through December 31, 2020. The population of claims and amount paid during that period were:

Total Paid Amount	\$74,994,410
Total Number of Claims Paid/Denied/Adjusted	529,435

The audit included the following components which are described in greater detail on the following pages:

- Operational Review and Questionnaire
- Plan Documentation Analysis
- 100% Electronic Screening with 30 Targeted Samples
- Random Sample Audit of 180 Claims
- Data Analytics



## AUDIT FINDINGS AND RECOMMENDATIONS

### Random Sample Findings

CTI validated claim processing accuracy based on a sample of 180 dental claims paid or denied by Delta Dental during the audit period. We selected the random sample (stratified by the claim billed amount and the date processed) to provide a statistical confidence level of 95% +/- 3% margin of error.

CTI’s Random Sample Audit categorizes errors into key performance indicators. We use this systematic labeling of errors and calculation of performance as the basis for the benchmarks generated using results from our most recent 40 dental claim audits.

The following table illustrates Delta Dental’s performance was above the median in each of CTI’s benchmarked performance indicators.

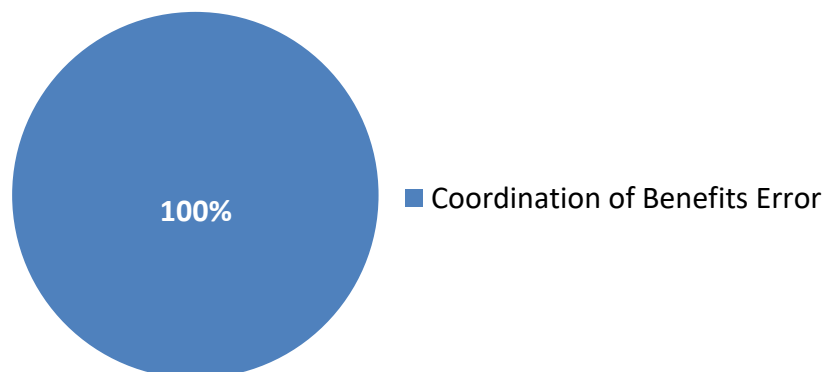
Key Performance Indicators	Administrator’s Performance by Quartile				
	Quartile 1	Quartile 2	MEDIAN	Quartile 3	Quartile 4
	Lowest <span style="display: inline-block; width: 100%; border-bottom: 1px solid black; position: relative; top: -5px;">→ Highest</span>				
<b>Financial Accuracy:</b> Compares total dollars associated with correct claim payments to total dollars of correct claim payments that should have been made.			99.61%	99.82%	
<b>Accurate Payment:</b> Compares number of correctly paid claims to total number of claims paid.			98.33%		99.44%
<b>Accurate Processing:</b> Compares number of claims processed without any type of error (financial or non-financial) to total number of claims processed.			97.90%		99.44%

### Prioritization of Process Improvement Opportunities

The following charts can help to prioritize improvement and/or recovery opportunities based on savings and service impact and to pinpoint problem causes.

In the random sample audit of 180 claims, we cited one financial and one processing error.

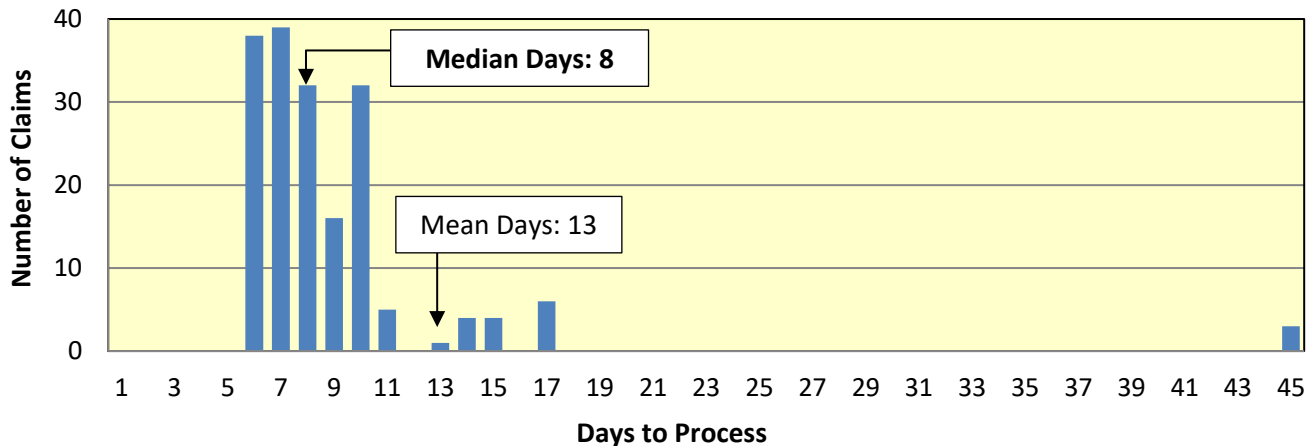
#### Financial Accuracy and Accurate Processing by Error Type



### Claim Turnaround Time

A final measure of claim administration performance is claim turnaround time. Through the audit sample, Delta Dental demonstrated its median turnaround time on a complete claim submission was 8 days from the date it received a complete claim to the date the claim was paid or denied.

**Median and Mean Claim Turnaround**



### Random Sample Recommendation

CTI suggests that ETF meet with Delta Dental to discuss the random sample finding. On the sample cited for error, Delta Dental handled coordination with another plan differently from the language in the Summary Plan Description (SPD) and made a \$77.00 overpayment for one claim line but then also handled a separate line on the claim consistent with the SPD language. To facilitate this discussion, you should request that Delta Dental review the financial error identified in our random sample audit and if Delta Dental’s handling COB consistent with ETF’s intent for the plan.

### 100% Electronic Screening with Targeted Samples Findings

We used our proprietary Electronic Screening and Analysis System (ESAS) software to further analyze claim payment and eligibility maintenance accuracy as well as and opportunities for system and process improvement. Using the data file provided by Delta Dental, we readjudicated each line on every claim the plan paid or denied during the audit period against the plan’s benefits. Our Technical Lead Auditor tested a targeted sample of 30 claims to provide insight into Delta Dental’s claim administration as well as operational policies and procedures.

The following table shows the dental services identified as potentially overpaid. It is important to note that the amount shown represents potential payment errors; additional testing would be required to substantiate the findings and provide the basis for remedial action planning or recovery.

ESAS Candidates for Additional Testing	Potential Recovery
<b>Excluded Services</b>	<b>\$5,169</b>
Dental, Misc. Services	\$29
Dental, Restorations	\$5,140
<b>Employee Eligibility Screening – Claims Paid*</b>	<b>\$11,171.27</b>

*\*CTI notes that only .01% of the ETF’s total medical spend processed by Delta Dental was identified as paid for members who may not have been eligible for coverage. These results are low compared to the 1% CTI generally reports.*

For specific information on the over and underpayments identified, see the ESAS section of CTI’s **Specific Findings Report**.



## 100% Electronic Screening with Targeted Samples Recommendations

ETF should talk to Delta Dental about conducting a focused analysis of the errors identified through ESAS that concerned areas in which Delta Dental’s processing didn’t match language in the SPD. These area were:

- *Resin-Based Composites* – Page 8 of the SPD states there is coverage for resin-based composites on anterior (front) teeth only. Delta Dental paid for resin-based composites on posterior teeth.
- *Miscellaneous Services* – Delta Dental paid for a service, D9999 (unspecified adjunctive procedure, by report) that was not specifically listed in the SPD as a covered benefit and should have been excluded.

We recommend discussion with Delta Dental about the examples where administration did not match the language in the SPD to determine if overpayment recovery and/or system improvements are possible to reduce or eliminate similar errors going forward. For the issues identified by ESAS, CTI can prepare claim detail for Delta Dental to use in its analysis.

We included an additional observation about Delta Dental’s administration of bite-wing x-rays. Page 8 of the Summary Plan Description (SPD) states coverage for bitewing x-rays once per benefit period; limited to a set of 4 films. We found Delta Dental allowed coverage for code D0277, 7 to 8 radiographic images, in two targeted samples. WETF reported Delta Dental is paying the benefit as it was originally set-up at the plan’s inception in 2016 and that Delta Dental’s been instructed to update the summary plan description to reflect its administration.

Our screening of every claim against the eligibility file ETF provided identified 65 claimants who had \$11,171.27 in claims paid beyond their eligibility dates based on ETF’s research of the claimant detail.

Post-audit, CTI will provide the list of claimants ETF verified were ineligible on their dates of service to Delta Dental to research the root cause and impact analysis of ineligible payments and the circumstances of claimants’ lapsed coverage including why the coverage lapsed, the status of the member, and the type of plan for ETF’s review. Where needed, ETF can work with Delta Dental on remediation and recovery of payments paid for ineligible claimants.

## Operational Review Findings

Delta Dental completed our Operational Review Questionnaire and provided information on its:

- Systems, staffing, and workflow;
- Claim administration and eligibility maintenance procedures; and
- Internal control risk mechanisms, e.g., HIPAA protections; internal audit policies and practices; and fraud, waste, and abuse detection and prevention.

Our review included the following:

- Delta Dental provided the following insurance coverage information:

Coverage	Amount
<b>Fidelity Bond/Crime Policy</b>	\$5,000,000 aggregate, \$100,000 retention
<b>Errors and Omissions</b>	\$20,000,000 aggregate, \$5,000,000 deductible
<b>Cyber Liability</b>	\$20,000,000 aggregate, \$5,000,000 deductible

- Delta Dental and ETF had a performance agreement in place during the audit period with performance standards with an aggregate maximum penalty of 10% based on annual

performance agreements. Delta Dental reported it did not issue a credit to ETF for deficient performance during the audit period.

- Delta Dental provided a copy of its System and Organization Controls for Service Organizations (SOC 1) report of the administrative services only group member dental benefit administration processing services for the period January 1, 2020 through September 30, 2020. The tests of internal controls by independent auditor Ernst & Young LLP did not identify any deviations.
- Delta Dental provided a copy of its System and Organization Controls for Service Organizations (SOC 2) report of the services and processes relevant to security of the period April 1, 2020 through September 30, 2020. The tests of Delta Dental’s internal controls related to security by Ernst & Young LLP did not identify any deviations.
- Delta Dental’s business continuity program for protection of data in case of disaster or other business interruptions included use of an offsite secondary system and a secondary data center in Shakopee, MN. The secondary system was synchronized daily with new data and code and back-ups were located at the data center in case of emergency. The hot site was tested annually at a minimum and also after significant changes to the primary claims system.
- Delta Dental confirmed it outsourced document fulfillment to two vendors, RevSpring and Advanced Business Fulfillment, LLC. In addition, P&R Dental Strategies, LLC provided consultant claim review. All vendors were required to execute business associate agreements that complied with HIPAA and HITECH guidelines.
- Delta Dental shared its equal employment opportunity and affirmative action policy that avowed Delta Dental would not discriminate against any employee or applicant for employment because of age, race, religion, color, disability, sex, physical condition, developmental disability, sexual orientation, national origin, or any other legally protected status. The policy included, but was not limited to:
  - Recruitment
  - Demotion
  - Training
  - Termination
  - Employment
  - Transfer
  - Apprenticeship
  - Promotion
  - Compensation
  - Layoff

The policy also noted that Delta Dental agreed to take affirmative action to ensure equal employment opportunities. The policy is posted for public viewing on the Careers section of Delta Dental’s web site.

- Delta Dental provided documentation of claim system controls that included secure log-on passwords and system authorization, separate duties and limited access to eligibility, provider and claim systems, and limits on overrides of system edits and limitations.
- Delta Dental provided information to brokers, employers, providers, and members about the COVID-19 pandemic on its web site.
- Delta Dental provided cost saving reports for the period of January 1, 2020 through December 31, 2020 that showed the following coordination of benefit savings during the audit period:

	2019	2020
<b>Dollars Saved</b>	\$5,101,516	\$4,647,246
Percentage of billed charges	(3.3%)	(3.4%)



Delta Dental reported an 86% electro For Delta Dental’s turnaround time, the grievances were resolved within the target of three business days with the exception of the one mentioned above that resulted in the additional payment of \$723.50. The grievance was received on December 23, 2019, an extension letter was sent to the subscriber on December 26, 2019, and the grievance was resolved on January 8, 2020.

- nic claim submission rate on a global basis.
- Delta Dental stated 92% and 90% of ETF’s claims auto-adjudicated in 2019 and 2020, respectively.
- Delta Dental performed its own overpayment recovery for all amounts with no minimum and did not have the ability to auto-recoup overpayments.
- Delta Dental tracked the reasons for overpayments whether they were solicited or unsolicited and declined to provide a report of overpayments during the audit period.
- In the event of overpayments for duplicate payments, for example, claim records were readjudicated which initiated the claim refund process. The payment was credited to ETF’s claim fund during the weekly check run. At the end of each month, an itemized report that summarized the claim payment activity was generated that recaps all of that month’s activity. Delta Dental also automatically sent refund notices to the affected providers and members and ETF has sole responsibility to recover the payments. In the event a check was returned by a provider payable to ETF, Delta Dental contacted the provider to have the check reissued payable to Delta Dental.
- Delta Dental did not report any subrogation recoveries during the audit period.
- Delta Dental provided a report of member and provider grievances received for plan years 2019 and 2020 and the following table summarizes the numbers received, resolution, and turnaround time.

	2019	2020
<b>Grievances Received</b>	6	5
<b>Resolution</b>		
Decision Upheld	4 (67%)	3 (60%)
Claim Adjusted	2 (33%)	2 (40%)
<b>Turnaround Time</b>		
Completed Within 3 Business Days	5 (83%)	5 (100%)
Completed Beyond 3 Business Days	1 (17%)	0 (0%)

Two grievances filed in 2019 resulted in a claim adjustments. On the first one, Delta Dental’s research showed the patient was billed for incorrect services for a visit. Upon detecting the error, the provider corrected the billing but included an incorrect date of service which generated an additional claim. The dates and procedure codes were corrected by the provider, the overpayment was recovered, and the subscriber was informed they would receive a refund from the provider. The second adjustment was for a member who thought she was incorrectly

charged by her provider. Delta Dental's review of the subscriber's complete family billing ledger and clinical notes and the subscriber's family balance was adjusted according to the PPO fees which resulted in an additional \$723.50 payment.

The two grievances filed in 2020 that resulted in claim adjustments were one-time exceptions for additional payments for the more costly white filling on the cheek side of a bicuspid and a third oral exam based on the Evidence Based Integrated Care Plan for high-risk patients.

For Delta Dental's turnaround time, the grievances were resolved within the target of three business days with the exception of the one mentioned above that resulted in the additional payment of \$723.50. The grievance was received on December 23, 2019, an extension letter was sent to the subscriber on December 26, 2019, and the grievance was resolved on January 8, 2020.

- The Provider Utilization & Systematic Evaluation tool (PULSE) was used to detect potential fraud and abuse. PULSE identified providers whose claim data reflected high utilization within certain categories. Dental consultants, who are practicing dentists, examined the data to verify the treatment met benefit criteria. Follow-up work was performed by the Professional Services department.
- Delta Dental's credentialing vendor, VerifiPoint, performed continuous monitoring of Office of Inspector General sanctions and State of Wisconsin Department of Safety and Professional Services reports and decisions. The National Practitioner Data Bank was checked for each provider's credentialing and recredentialing events.
- Delta Dental reported 99.7% of claims were submitted by regular in-network providers.
- Company-wide compliance was overseen by Delta Dental's Privacy and Security Officers.
- All Delta Dental employees were required to complete HIPAA training annually. Training was delivered through an online learning course and completion of training was documented.
- All HIPAA and security policies/procedures were reviewed at least annually to ensure continued viability considering technological, environmental, or operational changes that could affect the security of sensitive data such as electronic personal health information and payment data.
- Any individual found to have violated any Information Security policy may be subject to disciplinary action up to and including termination of employment.
- Delta Dental reported it did not have any breaches triggering notification requirements during the audit period.

### **Operational Review Recommendation**

- Delta Dental reported it did track reasons for overpayments but declined to provide a report of overpayments to CTI. If not already provided, we recommend ETF request and review periodic overpayment reports to better understand their causes, and recoveries for potential process improvement opportunities and ensure Delta Dental's recovery process is aggressive and effective.

### **Plan Documentation Analysis Findings and Recommendations**

Our Plan Documentation Analysis found no missing or ambiguous provisions in ETF's plan documents.

### **Data Analytics Findings**



CTI used electronic claim data provided by Delta Dental to identify improvement opportunities and potential recoveries. The informational categories we analyzed include:

- Network Provider Utilization and Discount Savings;

**Network Provider Utilization and Discount Savings**

CTI compared submitted charges to allowable charges for all claims paid for the plan during the audit period. The analysis relied on data provided by Delta Dental and we made no assumptions when necessary data fields were not provided. The following table shows the results of CTI’s analysis of the value of discounts given by network providers as a percentage of all claims processed during the audit period. Paid claims totals do not include claims paid for members 65 and older.

ETF members had network utilization with 99.2% of all allowed charges and 99.6% of all claims.

Total of All Claims				
Claim Type	Allowed Amount	Provider Discount		Paid
Ancillary	\$0	\$0	0.0%	\$0
Non-Facility	\$129,974,112	\$42,613,454	24.7%	\$62,353,434
Facility Inpatient	\$0	\$0	0.0%	\$0
Facility Outpatient	\$0	\$0	0.0%	\$0
<b>Total</b>	<b>\$129,974,112</b>	<b>\$42,613,454</b>	<b>24.7%</b>	<b>\$62,353,434</b>

**Data Analytics Recommendations**

ETF plan members had high utilization of participating providers and we encourage ETF to continue its efforts to encourage network utilization to maximize discounts for the plan.

**CONCLUSION**

We understand you will need to review these findings and recommendations to determine your priorities for action. Should ETF desire additional assistance with this, our contract offers eight hours of post-audit time to help you create an implementation plan.

CTI also suggests that ETF perform a follow-up audit to verify that Delta Dental has made the recommended improvements, that performance results against benchmarks are at expected levels and that no new processing issues have arisen.

We consider it a privilege to have worked for, and with, your staff and we welcome any opportunity to assist you in the future. Thank you again for choosing CTI.





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