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Correspondence Memorandum

Date: October 21, 2019

To: Group Insurance Board

From: Tricia Sieg, Supplemental Plans Manager
Office of Strategic Health Policy

Subject: Delta Dental Audit Results and Request for Proposal for Uniform Dental Benefits

The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) approve the development and release of a Request for Proposal (RFP) to select an administrator for the Uniform Dental Benefit (UDB) Program to be effective for the 2022 plan year.

Status

ETF retained Claim Technologies Incorporated (CTI) to conduct a comprehensive, biennial audit of the administration of the UDB Program. CTI, an independent auditing firm that has conducted hundreds of dental benefit audits for state employee health programs in other states, examined plan years 2016-2018 in this audit. Although CTI identified a small number of claim issues, explained later in this memo, no systemic issues with Delta Dental of Wisconsin's (Delta) administration of dental benefits was noted.

On November 14, 2018, the Board approved the final two-year extension for the current third-party administration contract for the UDB with Delta. The extension expires December 31, 2021.

Uniform Dental Benefit Background

In 1984, health plans available to state employees began adding various levels of dental benefits to attract enrollees. Health plans were given the flexibility to add dental benefits at that time because the only requirement the state had for the health plans benefits was that their benefits only needed to be "substantially equivalent" to the Standard Plan.

By 1987, collective bargaining agreements required the state to continue to offer comparable insurance going forward and cited plans available in that year as examples of comparability. By this time, most plans, particularly those in Dane County, had added dental coverage in order to remain competitive.

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

Eileen K Mallow Electronically Signed 10/30/19

Board	Mtg Date	Item #
GIB	11.13.19	7

During 1993, Milliman & Robertson, the Board's actuary at the time, compared the value of the Uniform Benefits package with the value of each of the benefit plans offered to State employees in 1986. It was determined the relative value of the Uniform Benefits package was approximately 104% without dental. Based on Milliman & Robertson's findings, the Board determined it would neither require nor prohibit dental benefits, thereby allowing health plans to offer dental coverage if they chose to do so.

In 2000, a dental study group was established by the Department of Employment Relations to examine dental benefits and the possibility of a stand-alone dental plan.

In 2002, the Board adopted the recommendation of the dental study group that a separate stand-alone statewide dental program be implemented, pending a meaningful contribution from the employer. Even with the Board's adoption this provision did not get implemented because the optional dental benefits provided by health plans were essentially cost-free to members; whereas, any proposal for a stand-alone benefit would result in additional premiums for employees.

In 2003, the Board's Health Insurance Study Group made several recommendations to the board, based on Health Plan Employer Data and Information Set (HEDIS) 2001 Data. HEDIS was the most widely used set of performance measures in the managed care industry and was developed and maintained by the National Committee for Quality Assurance (NCQA). Among the recommendations made by the Board's study group based on the HEDIS data was "exclusion of dental benefits from the participating plans and creation of a stand-alone dental plan available to all state employees when a reasonable employer contribution becomes available." In addition, employees would be expected to participate in the premium contribution, and the benefit level would be reasonably comprehensive, but tailored to account for the level of premium that is available.

Starting in 2004, health plans began to gradually increase their dental offerings, as this remained one of the only ways they could offer members enrollment incentives. The disincentive in offering broader dental benefits became less of a concern for some plans, and a positive one for adding dental benefits, after the statute was changed to provide for health plan tiering to determine employer contributions.

While the tier-setting process accounted for the efficiency of dental benefits, it had less of an impact on the extent of dental benefits in determining plan tier placement. For this reason, a plan could offer increased dental benefits, primarily by offering coverage most appealing for individuals with higher medical risk, such as periodontics, endodontics and crowns, and continue to maintain a tier-one placement, provided they managed their medical and dental costs efficiently for that population.

ETF asked health plans to freeze their dental offerings for plan years 2012 and 2013 in response to state budget constraints. During 2012, several plans asked to increase their dental benefits and expressed concerns that their inability to materially increase benefits

was affecting their competitive position for 2013. ETF worked with plans to modify their offering while remaining cost-neutral; yet, there remained considerable disparity in the dental benefits offerings and concern over competitiveness.

At the February 5, 2013, Board meeting ETF received Board approval to proceed with developing a uniform dental plan that would replace existing plans offered on an optional basis by participating health plans.

On November 18, 2014, the Board authorized the release of a Request for Proposal (RFP) for administration of a self-insured, stand-alone dental plan.

ETF received five proposals from five different vendors in response to the RFP. On May 15, 2015, the Board awarded Delta Dental of Wisconsin, Inc. the contract for third-party administrative services for the Uniform Dental Benefit Program for a period of January 1, 2016 through December 31, 2017 with the potential for two, two-year extensions.

On January 1, 2016, the Uniform Dental Benefit Program began for members who were enrolled in the State Group Health Insurance Program (GHIP). Just as it is today, 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 the names 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 covers themselves, their spouse and children under the employee’s state health insurance plan all those same dependents have UDB coverage.

The premium for an active member on January 1, 2016, was $3 per month for an active member and $8 per month for an active member and family. Retirees and Continuants pay the full premium with no state contribution. Beginning January 1, 2020, the premium of the UDB program will increase to $4 per month for an active member and $9 per month for an active member and family. Retirees and Continuants will pay $30.20 for an individual and $75.50 for family coverage. Medicare 1 and Medicare 2 recipients pay a family rate of $60.40.

UDB Highlight Summary 2016-May 2019

Year	2019*	2018	2017	2016
Primary Subscribers	92,549	91,390	92,643	92,908
Total Members	201,088	199,191	203,249	203,469
Member Utilization Rate (treatments)	1.9	4.7	4.6	4.49
Member Utilization Rate (visits)	0.8	1.9	1.85	1.83
Percent of members with claims	55.6%	74.9%	74.0%	72.3%
Average Member Age	39.7	38.8	38.9	34.8
Amount Paid Per Member Per Month	$23.05	$22.54	$22.23	$22.12
Amount Paid Per Employee Per Month	$50.09	$49.14	$48.89	$48.48
Total Amount Paid	$23,177,285	$53,887,946	$54,348,818	$52,032,285

*Experience Period: January 2019 – May 2019

Over the five years of coverage the UDB has primarily remained unchanged. There has never been a deductible or waiting period; the Annual Benefit Maximum of $1,000 per participant, basic diagnostic and preventative services such as fillings, cleanings and exams have 100% coverage; and the additional orthodontics lifetime maximum for participants 19 years of age and younger is still $1,500.

Coverage at 90% for non-surgical extractions above the gumline began in 2019. New in 2020: Pulp vitality tests, caries assessments and periodontal maintenance all will be covered at 100% for the first time.

2020 UDB Benefit Summary

Annual Deductible	$0
Annual Benefit Maximum	$1,000/person
Waiting Period	None
Routine Evaluations	100%
Dental Cleanings	100%
Fillings	100%
Sealants	100%
Bitewing/Panoramic X-Rays	100%
Fluoride Treatments	100%
Pulp Vitality Tests	100%
Periodontal Maintenance	100%
Caries Assessments	100%
Non-Surgical Extractions	90%
General Anesthesia/IV Sedation	80%
Emergency Pain Relief	80%
Orthodontics Coverage (under 19 years old)	50%
Orthodontics Lifetime Maximum	$1,500

CTI Uniform Dental Benefit Audit
CTI conducted the first audit of the UDB from the first day the plan started, January 1, 2016, through December 31, 2018.

CTI's audit objectives were to assess whether:

- Delta followed the terms of the service agreement
- Delta paid claims according to the provisions of the plan documents and that those provisions were clear and consistent
- Members were eligible and covered by the UDB at the time the service was incurred
- Requested CTI, based on its history of conducting dental audits for public entities, offer any claim administration, eligibility maintenance systems or process improvement suggestions.

CTI conducted this audit using:

- Random sample audit of 180 claims from each of the three years examined
- 100% electronic screening with 30 targeted sample analysis
- 2016-2018 plan documentation analysis
- Operational review
- Data analytics

The CTI's Audit Executive Summary, Specific Findings Report and Work Papers by Audit Components for the 2016-2018 UDB Program can be found in Attachments A-C of this memo.

CTI's audit points out seven instances that may have an impact on the UDB program. Below are CTI's findings, the impact on the program and ETF's conclusion:

- Current Dental Technology (CDT) D9610 was denied on a claim and the code is listed on the UDB Certificate of Coverage as a covered expense.
  Impact $14.69

  CDT D9610 is for the single administration of therapeutic parenteral drug such as antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. This code is covered by the UDB if given during a covered procedure. For example, if this drug is administered while a member is getting a filling, a procedure that is covered by the UDB, the drug is covered. However, if the drug is administered while the member is getting a crown, a procedure that is not covered by the UDB, the drug is not covered. ETF and Delta have updated the UDB handbook to make sure this is caveat is explicitly explained.

- Procedure code for periodontal x-ray on December 12, 2018 was entered as CDT D0230 and the correct code is CDT D0220.
  Impact $5.00

  This was a dental office mistake, not a Delta mistake. Delta does not change codes on submitted claims.

- The UDB Certificate of Coverage allows for two regular cleanings and two periodontal maintenance cleanings. Delta allows for any combination of the four cleanings.
  Impact: Undetermined

  The UDB provides for two CDT D1110 prophylaxis cleanings and two CDT D4910 periodontal maintenance cleanings. The administration system Delta uses allows for any combination of four for the D1110 and D4910. Delta finds that dental offices use the two claims interchangeably for patients.

  Starting January 1, 2018 members who receive the UDB are eligible for the Evidence Based Integrated Care Plan (EBICP). The EBICP provides additional cleanings to members for medical conditions including periodontal maintenance. In 2018 12,972 state employees, retirees and their dependents were on an EBICP for periodontics.

- CDT 9243, intravenous moderate (conscious) sedation administered in 15-minute increments, is not listed as a covered expense in the UDB's Certificate of Coverage.
  Impact: $308.80
  During 2016 the American Dental Association (ADA) issued CDT 9243 as a new procedure code. The procedure is a valid covered procedure in the 2016 UDB Certificate of Coverage however, the code of CDT 9243 was not in the certificate. Delta and ETF now work together to include any procedure code changes as soon as they are announced by the ADA.

- Exclusion provisions in the UDB states claims not submitted to the Administrator within 12 months of procedure being performed will not be covered.
  Impact: $2,522.75

  The dental industry standard and Delta's entire book of business allows claims to be submitted up to 15 months after a procedure is performed. ETF and Delta believe the 12-month deadline was most likely a typo. As of January 1, 2019, all UDB materials reflect a 15-month allowance for claims to be submitted to the Administrator.

- CDT D1354, treatment of an active carious lesion without removing a tooth, is not listed as a covered expense in the UDB Certificate of Coverage.
  Impact: $381

  CDT D1354 was added for coverage to the UDB in 2018. At the time of service in the specific case CTI is speaking about this audit, the procedure was valid; however, the new code had not been announced at the time the Certificate of Coverage was developed.

CTI identified $56,461.18 in claims paid by Delta but filed by members who did not have the UDB benefit. These people did have the UDB membership card to show their dentist.

The process of a UDB claim is:
- Member goes to a Delta Dental dentist shows their UDB card and has a procedure done.
- Dentist submits bill to Delta
- Delta verifies UDB coverage and pays the dentist for the covered services
- Delta submits claim to ETF Staff.
- ETF pays an Administrative Fee for each procedure to Delta

In the cases identified by CTI, after this process was completed, ETF informed Delta that the members did not have the UDB coverage when these procedures where done. This notification happened sometimes months after ETF had paid the Administrative Fee to Delta.

ETF researched each individual claim found by CTI and by Delta, which identified the following:

- Many of the unpaid claims are from the UDB Program's first year of 2016. ETF researched each individual claim and found many of the members who had these unpaid claims in 2016 did not participate in the GHIP. Some employers for multiple reasons did not get their complete list of members who had declined enrollment in the GHIP to ETF until March and April of 2016. ETF, believing it had all the information from employers in December, transmitted the list of those eligible for the UDB to Delta so the vendor could send welcome letters and membership cards to members before the benefit started on January 1, 2019.

  It should be noted that not only did the UDB start on January 1, 2016, but so did the State Transforming Agency Resources (STAR) Program. According to ETF, there were enrollment issues that had to be worked out during the early days of the UDB, not only with STAR but with other Payroll Centers. Those issues were resolved by May 2016 and there have been no such issues since then.

- UDB claims were filed by members who had chosen to have Continuation Coverage after their employment with the state ended but had stopped or never paid for the Continuation Coverage.

  When a member chooses Continuation Coverage, they pay the full cost for not only their GHIP but also the UDB to the health insurance provider. The health insurance provider informs ETF if the member has stopped paying for their Continuation Coverage and ETF informs Delta. In going through these individual claims, it appears GHIP vendors did not inform ETF of the stoppage of payment from the Continuant until months, and in one case almost a year, after their health insurance was terminated for non-payment. Delta not knowing the Continuant had stopped paying for coverage paid claims after the coverage was terminated.

- Claims filed by members after their employment with the state had terminated, but still used their UDB membership card. In these instances, Payroll Centers had not informed ETF of the termination until after the member used the UDB and Delta paid the claim.

- There were some claims that were identified by CTI and Delta where the member did have the UDB benefit at the time of the claim, but there was a situation that made it appear that the member did not have as not having coverage. Examples include:

  - A minor dependent changed their first name, but the parent hadn't informed ETF of the name change.

- Widows/Widowers using the UDB card they had under their spouse's coverage prior to their death rather than Widow/Widower's new UDB card for their new health coverage.
- A member that had their employment status change four times during a single year and determining when the claims were incurred and what their employment status was at the time found the member did have the UDB.

From 2016 until July of 2018, ETF worked to set up a system to recover money from people who had claims paid after the termination of benefits. In July of 2018, the dental overpayment recovery process was established.

Delta now sends a letter to people who have had claims paid after termination of their UDB. The letter, written by ETF and on ETF letterhead, explains to the member that they owe money, how to repay the money and to contact ETF if they have any questions. A copy of the letter is Attachment D to this memo.

Delta sends ETF an electronic copy of every letter and the copy is put in each person's file at ETF. Since the program began in July of 2018 Delta has sent over 150 letters to those that have had filed claims under a terminated UDB policy since June of 2018. ETF believes too much time has passed to seek out payment from former members for UDB claims filed prior to June of 2018. In some cases, through no error of their own, the member received a letter in the mail telling them they had the UDB along with a membership card in the mail. The $56,461.18 in claims identified by CTI was with ETF and the Employer/Payroll Center not the member or former member.

Request for Development and Release of a Request for Proposal (RFP)
On July 15, 2015, the Board entered into a contract with Delta Dental of Wisconsin for administration of the UDB plan for the State of Wisconsin and the Wisconsin Public Employers (WPE) Group Health Insurance Program. The contract included provisions that allow for two two-year extensions. On November 30, 2016, the Board approved a two-year extension to the initial contract that is set to expire December 31, 2019. On November 14, 2018, the Board approved the last two-year extension to the initial contract that will expire December 31, 2021.

Over the past year, ETF has fielded questions from multiple dental providers inquiring about when the current UDB contract will expire and any timeline staff could offer about when the RFP might be circulated. Between those inquiring vendors and the number of qualified providers in the marketplace, ETF believes the UDB RFP will solicit several competitive and innovative proposals from possible third-party administrators of the UDB Program.

The proposed RFP will be for a five-year period, January 1, 2022 through December 31, 2026, with an additional two two-year extension permitted. If approved by the Board, ETF will proceed with the preparation and distribution of the RFP as outlined in the tentative timetable below.

November 2019	Board action on RFP for UDB
May 2020	ETF issues RFP
October 2020	Proposals due
February 2021	RFP results reviewed by the Board and Board approves vendor to contract with for 2022
April 2021	Execute new contract
April through December 2021	Implementation
January 2022	New vendor contract begins

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 Findings Report
Attachment C: CTI Audit of UDB Work Papers by Audit Components
Attachment D: Sample claims paid after termination recovery letter

Claim Administration Audit

EXECUTIVE SUMMARY

State of Wisconsin Department of Employee Trust Funds Board Dental Plan
Administered by Delta Dental of Wisconsin

Audit Period: January 1, 2016 through December 31, 2018

Presented to

State of Wisconsin Department of Employee Trust Funds Board

August 16, 2019

Presented by

CLAIM TECHNOLOGIES
INCORPORATED

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INTRODUCTION

This ***Executive Summary*** contains findings and recommendations from CTI's audit of Delta Dental of Wisconsin's (Delta Dental) claim administration of the State of Wisconsin Department of Employee Trust Funds Board (ETF) plan. For detail that supports these findings and recommendations, refer to CTI's ***Specific Findings Report***.

CTI conducted the audit according to current, accepted standards and procedures for claim audits in the health insurance industry. We base our audit findings on the data and information provided by ETF and Delta Dental. Their validity is reliant upon the accuracy and completeness of that information. 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.

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.

OBJECTIVES AND SCOPE

The audit objectives of Delta Dental's claims administration were to determine whether:

- Delta Dental followed the terms of the services agreement;
- 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;
- 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, 2016 through December 31, 2018. The population of claims and amount paid during that period were:

Total Paid Amount	$160,800,757
Total Number of Claims Paid/Denied/Adjusted	1,169,816

The audit included the following components:

- Random Sample Audit of 180 claims
- 100% Electronic Screening with 30 Targeted Sample Analysis (ESAS®)
- Plan Documentation Analysis
- Operational Review
- 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.

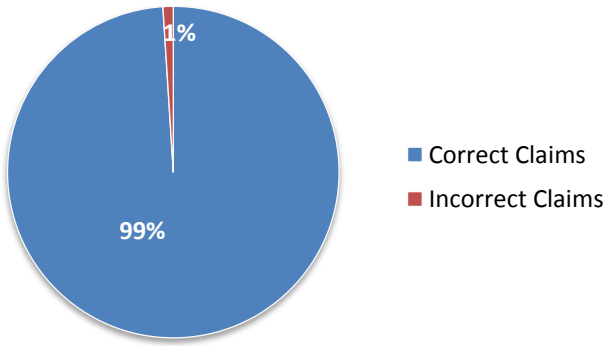
The following table illustrates Delta Dental's performance was in the highest quartile for financial accuracy and accurate processing and in the third quartile for accurate payment in CTI's benchmarked performance indicators.

Key Performance Indicators	Administrator's Performance by Quartile				
	Quartile 1	Quartile 2	MEDIAN	Quartile 3	Quartile 4
	Lowest →				*Highest*
Financial Accuracy: Compares total dollars associated with correct claim payments to total dollars of correct claim payments that should have been made.			*99.24%*		**99.96%**
Accurate Payment: Compares number of correctly paid claims to total number of claims paid.			*97.99%*	**98.89%**	
Accurate Processing: Compares number of claims processed without any type of error (financial or non-financial) to total number of claims processed.			*96.43%*		**98.89%**

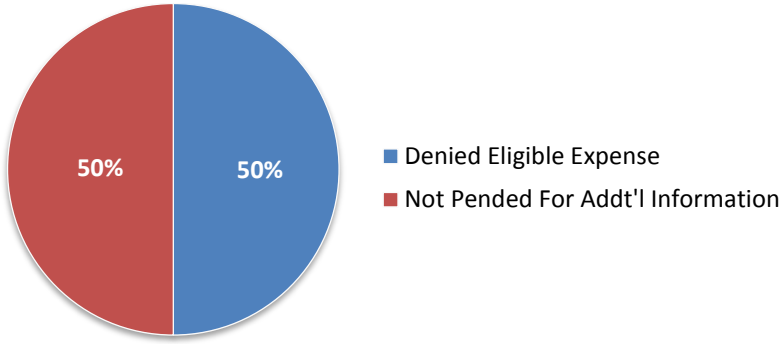
Prioritization of Process Improvement Opportunities

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

Overall Accurate Processing



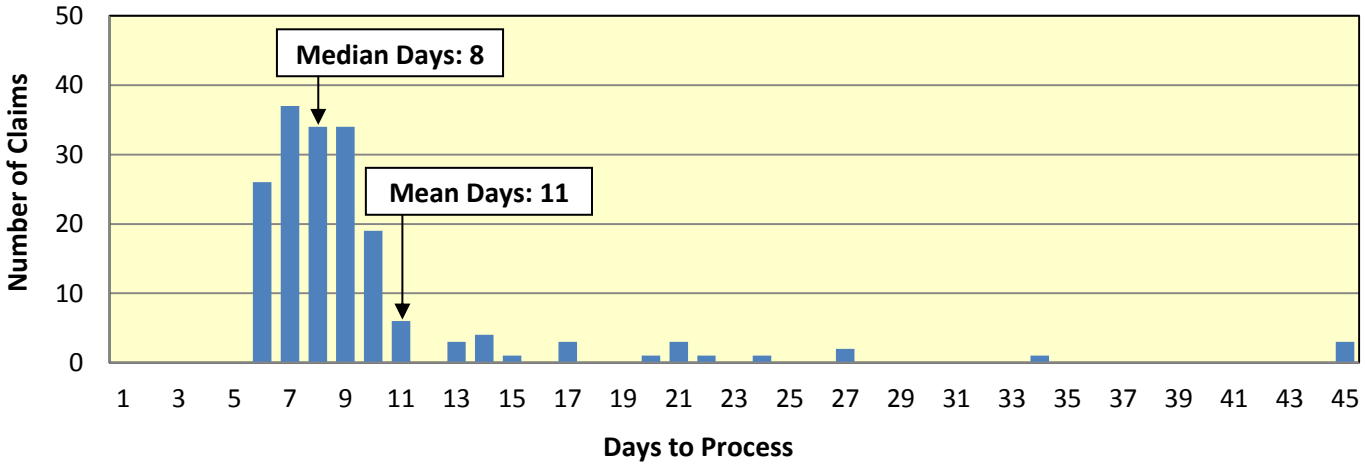
Financial Accuracy, Accurate Processing, and Policy Provision Errors by Type



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 Recommendations

CTI suggests that ETF meet with Delta Dental to discuss the audit findings and to focus specifically on steps necessary to improve Payment Accuracy and maintain its high performance levels in Financial Accuracy and Accurate Processing. To facilitate this discussion, you should request that Delta Dental review the two financial errors identified in our random sample audit and determine if system changes or examiner training could help reduce or eliminate errors of a similar nature in the future.

In addition, ETF should discuss how Delta Dental handles prophylaxis and periodontal maintenance during benefit periods. While the plan allows two prophylaxis and two periodontal maintenance procedures per benefit period, Delta Dentals processing protocol allows a combination of four of those services during a benefit period, for example, three periodontal maintenances and one prophylaxis. ETF should discuss if this practice agrees with their 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 and opportunities for system and process improvement. We screened 100% of claims paid or denied during the audit period, and our Technical Lead Auditor selected a

targeted sample of 30 electronically screened claims to validate findings and test Delta Dental's claim administration systems.

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/Savings
Plan Exclusions	**$89,692**
General Anesthesia	$55,239
Other Anesthesia	$34,453
Plan Limitations	**$1,935,457**
Cleanings (Two Per Benefit Period) – 2017	$5,386
Sealants Limit – 2018	$8,912
Sealants – Over Age	$4,381
Periodontics Maintenance – 2016	$884,955
Periodontics Maintenance – 2017	$982,477
Timely Filing	$49,346
Employee Eligibility Screening – Claims Paid	**$56,461.18**

For specific information on the over and underpayments identified through targeted sampling, 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 items identified through ESAS to determine if overpayment recovery and/or system improvements are possible and to reduce or eliminate similar situations going forward. For the issues identified by ESAS, CTI can prepare claim detail for Delta Dental to use in its analysis.

ETF should review the results of the eligibility screening to perform causal analysis to identify workflow and/or system improvements to reduce or eliminate paying claims on ineligible claimants.

Operational Review Findings

Delta Dental completed our Operational Review Questionnaire that 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.

Highlights from our Operational Review include:

- Delta Dental provided a copy of its crime policy declaration page that showed a $5 million aggregate and $100,000 deductible. A copy of its errors and omissions and cyber liability policy

declaration page showed a $5 million aggregate with a deductible of $250,000. Delta Dental also provided a copy of a separate cyber liability insurance declaration page specific to data breaches and extortion showing a $5 million aggregate and $250,000 deductible.

- Delta Dental and ETF had a performance agreement in place for each year of the audit period with targets in the following categories:
  - Network Utilization
  - Claim Quality and Timeliness
  - Customer Service
  - Member Satisfaction and Complaint Rate
  - Response to Formal Complaint Rate
  - Website Availability

  Delta Dental's self-reported results showed that all targets had been met or exceeded in each year of the audit period.
- Delta Dental had appropriate levels of security and control within its check issuance procedures to protect ETF's interest and ensure all transactions were performed by authorized personnel only.
- Delta Dental provided documentation of claim system controls that include secure log-on passwords, authorized check signature, separation of duties and access, and limitations on system override authority.
- Delta Dental does not honor assignment of benefits for non-network providers because ETF's Uniform Dental Benefit Plan does not provide benefits for non-network services.
- Delta Dental had adequately documented training, workflow, procedures, and systems to provide consistently high levels of accuracy in the processing of claims and enrollment.
- ETF submits electronic employee and dependent eligibility data to Delta Dental. Delta Dental updates its eligibility data on a daily basis.
- ETF handles its own over-age dependent eligibility verification.
- Delta Dental pursues coordination of benefits (COB) after claims have been paid. Delta Dental follows the State of Wisconsin's COB regulation for ETF's business.
- Delta Dental reported COB savings of 3.6% and 3.4%, respectively, for 17/18 and 18/19 plan years.
- Delta Dental pursues overpayment recovery for all amounts. It is not able to auto-recoup overpayments. Although Delta Dental tracks the reasons for overpayments, it did not provide an overpayment report and indicated that payments are credited to ETF during the weekly check run so there are no outstanding refunds due to ETF.
- Delta Dental reported fee savings from the use of Delta Dental PPO and Premier Providers:

	Delta Dental PPO	Delta Dental Premier
2016	20.7%	16.6%
2017	22.3%	18.0%
2018	24.0%	19.3%

- Delta Dental had appropriate levels of security and controls in place to protect the plan sponsor's dental plan records and data and was compliant with HIPAA requirements at the time of the audit.

- Delta Dental indicated it had breaches triggering notification requirements for ETF.

Operational Review Recommendations

We recommend the following:

- Verify all performance metrics were met and no credits were owed;
- Regularly review a COB savings report to identify the savings achieved from other insurance coverage and the potential liability to the plan should those coverages end;
- Regularly review outstanding overpayment reports and discuss root causes of overpayments with Delta Dental to determine if system or process improvements would reduce the volume of overpayments; and
- Monitor appeals activity to identify current and emerging trends, potential process improvements, and member communication opportunities.

Plan Documentation Analysis Findings and Recommendations

Our Plan Documentation Analysis did not find any missing or ambiguous provisions in our review of 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; and
- Sanctioned Provider Identification.

Network Provider Utilization and Discount Savings

We were unable to calculate provider discounts for ETF because Delta Dental did not provide them in electronic format.

Sanctioned Provider Identification

CTI screened 100% of non-facility provider claims from Delta Dental against the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE). The screening found $31,542 in claim payments were paid to one sanctioned provider during the audit period.

Data Analytics Recommendations

- Discuss with Delta Dental the controls necessary to prevent payment to providers excluded from participation in all Federal Health programs due to fraud and other offenses. The Sanctioned Provider Review indicated one provider on the Office of the Inspector General's List of Excluded Individuals and Entities list (LEIE) was paid $31,542 by Delta Dental for care delivered to ETF's members.
- If not already provided, request and review reports of network utilization to identify savings to the plan generated by use of participating providers and what, if any, strategic additions would generate additional savings and enhance member satisfaction.

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, continues to perform above benchmark, and no new processing issues occur.

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.

CLAIM TECHNOLOGIES
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Claim Administration Audit

SPECIFIC FINDINGS REPORT

State of Wisconsin Department of Employee Trust Funds Board Dental Plans Administered by Delta Dental of Wisconsin

Audit Period: January 1, 2016 through December 31, 2018

Presented to

State of Wisconsin Department of Employee Trust Funds Board

August 16, 2019

Presented by

CLAIM TECHNOLOGIES INCORPORATED

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INTRODUCTION

This ***Specific Findings Report*** contains information, findings, and conclusions from CTI's audit of Delta Dental of Wisconsin's (Delta Dental) claim administration of the State of Wisconsin Department of Employee Trust Funds Board (ETF) plan. The statistics, observations, and findings in this report constitute the basis for the analysis and recommendations presented under separate cover in the ***Executive Summary***. We provide this report to ETF, the plan sponsor, and to Delta Dental, the claim administrator. We have included Delta Dental's response to these findings in Appendix B of this report.

CTI conducted the audit according to current, accepted standards and procedures for claim audits in the health insurance industry. We base our audit findings on the data and information provided by ETF and Delta Dental. Their validity is reliant upon the accuracy and completeness of that information. 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.

CTI 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 the approved plan documents and other approved 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 Delta Dental's claim payment policies, processes, and systems during the audit period.

Audit Objectives

The objectives of CTI's audit of claims administration were to determine whether:

- Delta Dental followed the terms of the services agreement;
- 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 an ETF's plan at the time Delta Dental paid for an incurred service;
- Any claim administration or eligibility maintenance systems or processes need improvement.

Audit Scope

CTI audited Delta Dental's claim administration of the ETF dental plan for the period of January 1, 2016 through December 31, 2018. The number of claims and amount paid during that period were:

Total Paid Amount	$160,800,757
Total Number of Claims Paid/Denied/Adjusted	1,169,816

The audit included the following components:

1. **Operational Review and Questionnaire**
   - Claim administrator information
   - Claim administrator claim fund account
   - Claim adjudication and eligibility maintenance procedures
   - HIPAA compliance

2. **Plan Documentation Analysis**
   - Plan documents and other approved communications
   - Administrative services agreement
   - Identify missing provisions, ambiguities, and inconsistencies

3. **100% Electronic Screening with 30 Targeted Samples**
   - Systematic analysis of 100% of paid claims
   - Eligibility verification
   - Problem identification and quantification

4. **Random Sample Audit of 180 Claims**
   - Statistical confidence at 95% +/- 3%
   - Determine the performance level for Key Indicators
   - Benchmarking
   - Problem identification and prioritization
   - Recommendations

5. **Data Analytics**
   - Provider Discounts
   - Sanctioned Provider Identification

OPERATIONAL REVIEW

Objective

CTI's Operational Review evaluates Delta Dental's claim administration systems, staffing, and procedures to identify any deficiencies that might materially affect its ability to control risk and to pay claims accurately on behalf of the plans.

Scope

The scope of the Operational Review included:

- Claim administrator information:
  - Delta Dental's insurance and bonding
  - Conflicts of interest
  - Internal audit
  - Financial reporting
  - Business continuity planning
  - Claim payment system and coding protocols
  - Data and systems security
  - Staffing
- Claim funding:
  - Claim funding mechanism
  - Check processing and security
  - COBRA/direct pay premium collections
- Claim adjudication, customer service, and eligibility maintenance procedures:
  - Exception claim processing
  - Eligibility maintenance and investigation
  - Overpayment recovery
  - Customer service call and inquiry handling
  - Network utilization
  - Utilization review, case management, and disease management
  - Appeals processing
- HIPAA compliance

Methodology

CTI used an Operational Review Questionnaire to gather information from Delta Dental. We model our questionnaire after the audit tool used by certified public accounting firms when conducting an SSAE 16 or SSAE 18 audit of a service administrator. We modified that tool to elicit information specific to the administration of your plans.

We reviewed Delta Dental's responses and any supporting documentation supplied to gain an understanding of the procedures, staffing, and systems used to administer ETF's plans. This allowed us to conduct the audit more effectively.

Findings

Claim Administrator Information

CTI reviewed information about Delta Dental including:

- Background information
- Financial reports
- Insurance protection types and levels
- Dedicated staffing
- Systems and software
- Fee and commission disclosure
- Performance standards
- Internal audit practices

We observed the following:

- Delta Dental provided a copy of its crime policy declaration page that showed a $5 million aggregate and $100,000 deductible. A copy of its errors and omissions and cyber liability policy declaration page showed a $5 million aggregate with a deductible of $250,000. Delta Dental also provided a copy of a separate cyber liability insurance declaration page specific to data breaches and extortion showing a $5 million aggregate and $250,000 deductible.

- Delta Dental and ETF had a performance agreement in place for each year of the audit period with targets in the following categories:
  - Network Utilization
  - Claim Quality and Timeliness
  - Customer Service
  - Member Satisfaction and Complaint Rate
  - Response to Formal Complaint Rate
  - Website Availability

  Delta Dental's self-reported results showed that all targets had been met or exceeded in each year of the audit period.

- Delta Dental indicated it had been audited for compliance with the standards of the American Institute of Certified Public Accountants (AICPA) through the issuance of a Statement on Standards for Attestation Engagements (SSAE) No. 18, reporting on controls at a service organization. Under SSAE 18, the administrator is required to provide a description of its system, which the service auditor validates. CTI has a copy of Delta Dental's SOC 1 and SOC 2 audit reports, and we can confirm that Delta Dental's external auditor did not note any deviations in the installation and maintenance of customer benefits, enrollment information, and healthcare provider agreements control, or in the claim adjudication and claim payment and customer funding controls.

- Delta Dental processes all claims on its proprietary system called the Advantech Benefit System, which runs on the IBM system i platform. Delta Dental has used this system since 1985.

- Delta Dental indicated it has an offsite secondary claim processing system. The secondary system is synchronized with new data and code on a daily basis through a secure internet channel. Backups exist at the data center in case of an emergency. The hot site is tested annually at a minimum, but also after each significant change to the primary claims system.

- Delta Dental has an account manager dedicated to ETF who has worked on the account since 2016.

- Delta Dental outsources document fulfillment to two vendors: RevSpring in Minnesota and Advanced Business Fulfillment located in Tennessee. Delta Dental indicated that ETF was aware that these services were being outsourced and had approved the use of the subcontractors.

Claim Funding

CTI reviewed Delta Dental's claim check controls and procedures for:

- Claim funding
- Fund reconciliation
- Refund and returned check handling
- Security
- Stale check disposition
- Audit trail reports
- COBRA and retiree/direct pay premium collection

We observed the following:

- Delta Dental issued claim checks from its own checking account, which is designated solely for claim payment.
- In addition, Delta Dental indicated that it performs reconciliation and stale check handling for ETF.
- Delta Dental had appropriate levels of security and control within its check issuance procedures to protect ETF's interest and ensure all transactions were performed by authorized personnel only.
- Delta Dental provided documentation of claim system controls that include secure log-on passwords, authorized check signature, separation of duties and access, and limitations on system override authority.
- Delta Dental does not honor assignment of benefits for non-network providers because ETF's Uniform Dental Benefit Plan does not provide benefits for non-network services.

Claim Adjudication, Customer Service, and Eligibility Maintenance Procedures

CTI reviewed Delta Dental's enrollment, eligibility maintenance, and claim processing controls and procedures. We observed the following:

- Delta Dental had adequately documented training, workflow, procedures, and systems to provide consistently high levels of accuracy in the processing of claims and enrollment.
- ETF submits electronic employee and dependent eligibility data to Delta Dental. Delta Dental updates its eligibility data on a daily basis.
- ETF handles its own over-age dependent eligibility verification.
- Delta Dental pursues coordination of benefits (COB) after claims have been paid. Delta Dental follows the State of Wisconsin's COB regulation for ETF's business.
- Delta Dental reported COB savings of 3.6% and 3.4%, respectively, for 17/18 and 18/19 plan years.
- Delta Dental reported electronic claim submission of 75%, 76%, and 79% for 2016, 2017, and 2018, respectively. Those rates are typical for dental plans.
- Delta Dental stated that 91% of ETF's claims auto-adjudicate.
- Delta Dental pursues overpayment recovery for all amounts. It is not able to auto-recoup overpayments. Although Delta Dental tracks the reasons for overpayments, it did not provide an

overpayment report and indicated that payments are credited to ETF during the weekly check run so there are no outstanding refunds due to ETF.

- Delta Dental's policy is to acknowledge written, phone, or e-mailed complaints within one business day of receipt. Delta Dental must resolve complaints and report results to ETF within three business days of the initial complaint's receipt. Delta Dental provided a well-documented report showing 30 appeals submitted during the audit period. Of those, four were allowed with the rest being denied.
- Delta Dental uses a number of different methods to monitor claims for fraud and abuse. Its Provider Utilization & Systematic Evaluation (PULSE) identifies providers whose submitted claim data reflects high utilization within selected procedure categories. Identified claims are reviewed by practicing dentist consultants. It also uses a hosted fraud and abuse tool maintained by P&R Dental Strategies and uses a credentialing vendor to monitor OIG sanctions.

Provider Contract and Reimbursement

- Delta Dental indicated that 95% of ETF's claims came from in-network providers.
- Delta Dental reported fee savings from the use of Delta Dental PPO and Premier Providers:

	Delta Dental PPO	Delta Dental Premier
2016	20.7%	16.6%
2017	22.3%	18.0%
2018	24.0%	19.3%

Dental Consultant/Utilization Review

ETF's Uniform Dental Benefit Plan does not have coverage for major restorative services which Delta Dental would typically review. However, it did indicate it uses dental consultants to help review suspected provider fraud and abuse.

HIPAA Compliance

CTI reviewed information about the systems and processes Delta Dental had in place to maintain compliance with HIPAA regulations. The objective was to determine if the administrator was aware of the HIPAA regulations and was compliant at the time of the audit. We observed the following:

- Delta Dental had appropriate levels of security and controls in place to protect the plan sponsor's dental plan records and data and was compliant with HIPAA requirements at the time of the audit.
- Delta Dental provided a copy of its policies for:
  - General Security and Compliance
  - EPHI Risk Classification
  - EPHI Access Management
  - Business Associate Contracts and Other Arrangements
  - EPHI Integrity and Transmission
- Company-wide HIPAA compliance is overseen by Privacy and Security Officers.
- Delta Dental employees receive online HIPAA training annually. Additional training may be offered to specific business areas depending on its exposure to personal and protected health information.
- Delta Dental indicated it had breaches triggering notification requirements for ETF.

PLAN DOCUMENTATION ANALYSIS

Objective

The objective of the Plan Documentation Analysis was to evaluate the documents governing the administration of ETF's dental plan(s) and identify inconsistencies, ambiguities, or missing provisions that might negatively impact accurate claim administration. Through this evaluation, we gained an understanding of Delta Dental's administrative service responsibilities for ETF's dental plan(s). This understanding allowed us to audit more effectively.

Scope

Our auditors evaluated:

- Plan documents, descriptions, and any amendments
- Administrative services agreement

Methodology

CTI obtained a copy of the plan documentation from ETF and/or Delta Dental. Our auditors reviewed the applicable documents to better understand the provisions Delta Dental should use to adjudicate dental's claims. We used a benefit matrix to help us understand your plan provisions. CTI's benefit matrix is a composite listing of the benefit provisions, exclusions, and limitations we expect to see in a plan document. When completed, the matrix allows us to identify inconsistencies, ambiguities, or missing provisions. We have provided a copy of the benefit matrix for each plan we audited on behalf of ETF in the work papers that accompany this report.

CTI obtained clarification from ETF about any inconsistencies in the plan document(s). Our auditors then used the benefit matrix as a cross-reference tool as they audited claims.

Findings

Our auditors did not identify any inconsistencies, ambiguities, or missing provisions in our Plan Document Analysis.

100% ELECTRONIC SCREENING WITH TARGETED SAMPLE ANALYSIS

Objective

CTI's 100% Electronic Screening with Targeted Sample Analysis identified and quantified potential claim administration payment errors. ETF and Delta Dental should talk about any verified under or overpayments to determine the appropriate actions to correct the errors.

Scope

CTI electronically screened 100% of the service lines processed by Delta Dental during the audit period. The accuracy and completeness of Delta Dental's data directly impacted the screening categories we completed and the integrity of our findings. We screened the following high-level ESAS categories to identify potential amounts at risk:

- Duplicate payments to providers and/or employees
- Plan exclusions
- Plan limitations

Methodology

We followed these procedures to complete our ESAS with targeted sampling process of claim data:

- *Electronic Screening Parameters Set* – We used your plan document provisions to set the parameters in ESAS.
- *Data Conversion* – We converted and validated your claim data, reconciled it against control totals, and checked it for reasonableness.
- *Electronic Screening* – We systematically screened 100% of the service lines processed and flagged claims not administered according to plan parameters.
- *Auditor Analysis* – If claims within an ESAS screening category represented a material amount, our auditors analyzed the findings to confirm results were valid. When using ESAS to identify payment errors, note that incomplete claim data could lead to false positives. CTI auditors made every effort to identify and remove false positives.
- *Targeted Sample Analysis* – From the categories identified with material amounts at risk, we selected the best examples of potential under or overpayments to test. As cases were not randomly selected, we cannot extrapolate results. We selected a total of 30 cases and sent your administrator a questionnaire for each. Targeted samples verified if the claim data supported our finding and if our understanding of plan provisions matched Delta Dental's administration.
- *Audit of Administrator Response and Documentation* – We reviewed the responses and copies are included with the work papers accompanying this report. We redacted the responses to eliminate personal health information. Based on the responses and further analysis of the findings we removed false positives identified from the potential amounts at risk.
- *Eligibility Verification of Every Claim by Date of Service* – We used ESAS to compare service dates against the eligibility periods provided to us to look for claims paid for ineligible members.

Findings

While we are confident in the accuracy of our ESAS results, note the dollar amounts associated with the results represent ***potential*** payment errors and process improvement opportunities. We would have to perform additional testing to substantiate the findings that could then provide the basis for remedial action planning or reimbursement.

The following report shows, by category, the number of line items or claims and the total ***potential*** amount at risk remaining at the conclusion of our analysis, targeted samples, and removal of verified false positives. Following the report is a detailed explanation of our results with findings for all screening categories where, in our opinion, process improvement, recovery or savings opportunities exist.

Categories for Potential Amount At Risk					
Client: ETF **Screening Period:** January 1, 2016 through December 31, 2018					
Category	**Lines**	**Claimants**	**Charge**	**Benefit**	**Potential at Risk**
Plan Exclusions					
General Anesthesia	875	357	$176,703	$55,239	$55,239
Other Anesthesia	474	175	$73,972	$34,453	$34,453
Plan Limitations					
Cleanings (Two Per Benefit Period) – 2017	71	24	$5,616	$5,386	$5,386
Sealants Limit – 2018	349	83	$11,587	$8,912	$8,912
Sealants – Over Age	175	96	$7,327	$4,381	$4,381
Periodontics Maintenance – 2016	8,640	2,647	$1,325,396	$884,955	$884,955
Periodontics Maintenance – 2017	9,575	2,929	$1,495,359	$982,477	$982,477
Timely Filing	124	625	$85,674	$49,346	$49,346

Plan Exclusions

Electronic screening of all service lines processed revealed that some services were potentially overpaid as a result of paying for excluded services. Analysis confirmed the opportunity for process improvement and findings proved to be sufficiently material to warrant further testing. We sent questionnaire (QID) numbers 29 and 30 to Delta Dental for written response. After review of the response and additional information provided, CTI confirmed the potential for process improvement.

Detail Report			
QID	**Overpayment**	**Administrator Response**	**CTI Rebuttal**
29	$176.00	When billed with any covered service, benefit for Anesthesia is allowed.	Procedural deficiency and overpayment remain. Charges for CDT 9243 should not have been covered as service is not listed as covered expense in the WETF certificate of coverage.
30	$132.80	When billed with any covered service, benefit for Anesthesia is allowed.	Procedural deficiency and overpayment remain. Charges for CDT 9223 should not have been covered as service is not listed as covered expense in the WETF certificate of coverage.

Plan Limitations

Electronic screening of all service lines processed revealed that some services were potentially overpaid as a result of exceeding the plan's limitations for coverage. Analysis confirmed the opportunity for process improvement and findings proved to be sufficiently material to warrant further testing. We sent QID numbers 3 – 6, 15, and 18 – 24 to Delta Dental for written response. After review of the response and additional information provided, CTI confirmed the potential for process improvement.

Detail Report			
QID	**Overpayment**	**Administrator Response**	**CTI Rebuttal**
3,4, 5,6	$2,522.75	Claims must be submitted to DDWI within 15 months from the date of service.	Per the exclusions section, (item 12) claims not submitted to Administrator within 12 months are not covered.
15	$81.00	The subscriber had 3 Cleanings and 1 Periodontal Maintenance in 2017. This allows for up to four services per calendar year.	The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.
18, 19, 20	$381.00	Per ADA CDT Dental Procedure Code, D1354 is not a sealant and an age limit does not apply. D1354 Interim caries arresting medicament application-per tooth.	The charges for CDT 1354 should not have been covered as this service is not listed as a covered expense in the WETF certificate of coverage.
21, 22	$220.80	Spouse had four and member had three periodontal maintenance services completed and correctly paid for within the benefit accumulation period. This allows for up to four services per calendar year.	The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.
23, 24	$220.80	Subscriber had four periodontal maintenance services completed and correctly paid for within the benefit accumulation period. This allows for up to four services per calendar year.	The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.

Eligibility Verification of All Claims by Date of Service

Our electronic comparison of dates of service and ETF's electronic eligibility file revealed that some services were paid during the audit period for potentially ineligible claimants. At this time, potentially overpaid amounts have been flagged into one of the following categories:

Employee Eligibility Screening Subcategory	**Amount Paid**
No Identification Match to Any Eligible Employee	$8,661.60
Payments Prior to Effective Date	$2,668.00
Payments During Gaps in Coverage	$2,684.00
After Termination Date of Employee's Coverage	$18,205.80
Subtotal	$32,219.40
Dependent Eligibility Screening Subcategory	**Amount Paid**
No Identification Match to Any Eligible Employee	$3,877.81
Payments Prior to Effective Date	$5,382.99
Payments During Gaps in Coverage	$4,567.03
After Termination Date of Employee's Coverage	$10,413.95
Subtotal	$24,241.78
COMBINED TOTAL	**$56,461.18**

These findings are preliminary and have not been validated by ETF. CTI has provided ETF with detail reports listing individuals with flagged claims to validate eligibility data provided for this screening was correct and did not generate false positives.

RANDOM SAMPLE AUDIT

Objectives

The objectives of our Random Sample Audit were to determine if claims were paid according to plan specifications and the administrative agreement, to measure and benchmark process quality, and to prioritize areas of administrative deficiency for further review and remediation.

Scope

CTI's Random Sample Audit included a stratified random sample of 180 paid or denied claims. We audited the claims at CTI's Des Moines office. The statistical confidence level of the audit sample was 95%, with a 3% margin of error. A copy of the ***Sample Construction and Weighting Methodology Report*** for the sample is in Appendix A.

Delta Dental's performance was measured using the following key performance indicators:

- Financial Accuracy
- Accurate Payment
- Accurate Processing

We also measured claim turnaround time, a commonly relied upon performance measure.

Methodology

CTI's Random Sample Audit employs a consistent methodology. While it is rooted in the principles of statistical process control, our Random Sample Audit goes beyond because its intended outcome is continuous quality improvement. Our auditors reviewed each sample claim selected to ensure it conformed to plan specifications, agreements, and negotiated discounts. We recorded our findings in our proprietary audit system.

When applicable, we cited claim payment or processing errors. We observed payment errors by comparing the way a selected claim was paid and the information Delta Dental had at the time the transaction was processed. If the sampled claim was subsequently corrected, we still cited the error so you can discuss with Delta Dental how to reduce errors and re-work in the future.

CTI communicated in writing with Delta Dental about any errors or observations using system generated observation response forms. We have included copies of the error or additional observation forms that remained after our final review in the work papers that accompany this report. We sent Delta Dental a preliminary report for its review and written response. We considered Delta Dental's response, as found in Appendix A, when producing the final reports.

Findings

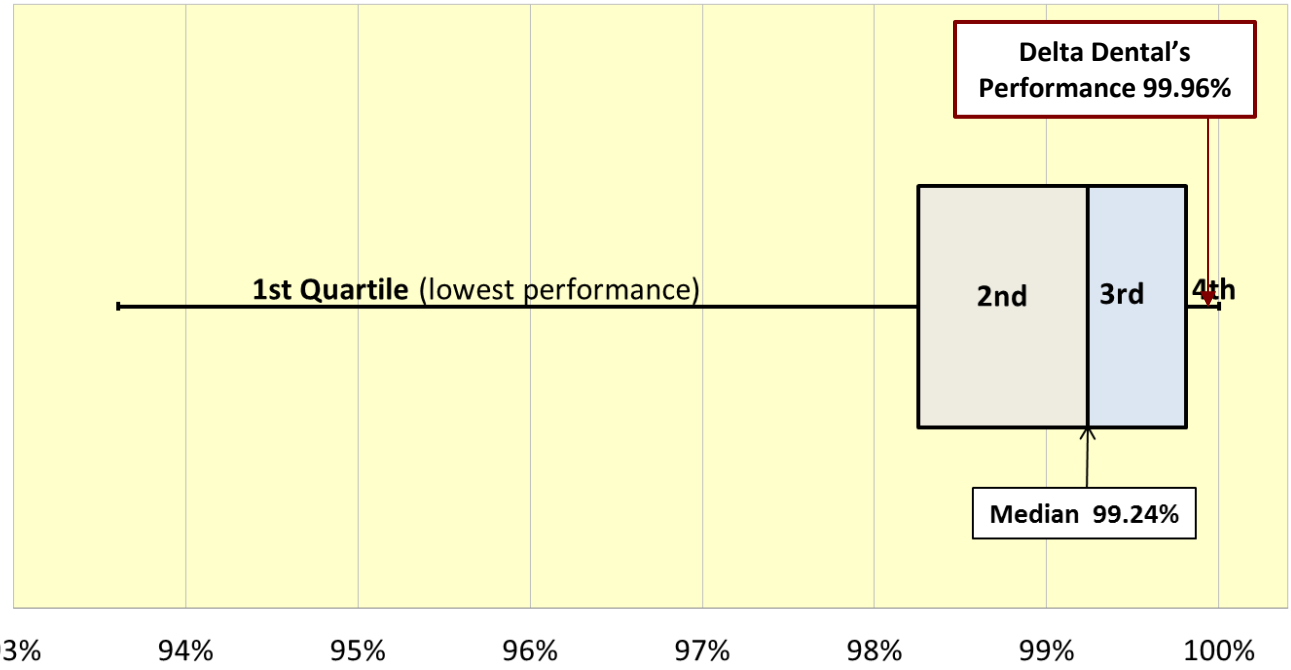
The following box and whiskers charts demonstrate Delta Dental's performance as compared to the last 40 dental audits performed by CTI. The fourth quartile represents the 10 highest performing plans, and the first quartile represents the lowest 10. The Median is the point at which 20 plans audited were above, and 20 plans were below.

Financial Accuracy

CTI defines **Financial Accuracy** as the total correct claim payments made compared to the total dollars of correct claim payments that should have been made for the audit sample.

The claims sampled and reviewed revealed $19.69 in underpayments and no overpayments, for a combined variance of $19.69. The correct payment total for the adequately documented claims in the audit sample should have been $26,293.36.

The weighted Financial Accuracy rate for the claims sampled was **99.96%**.



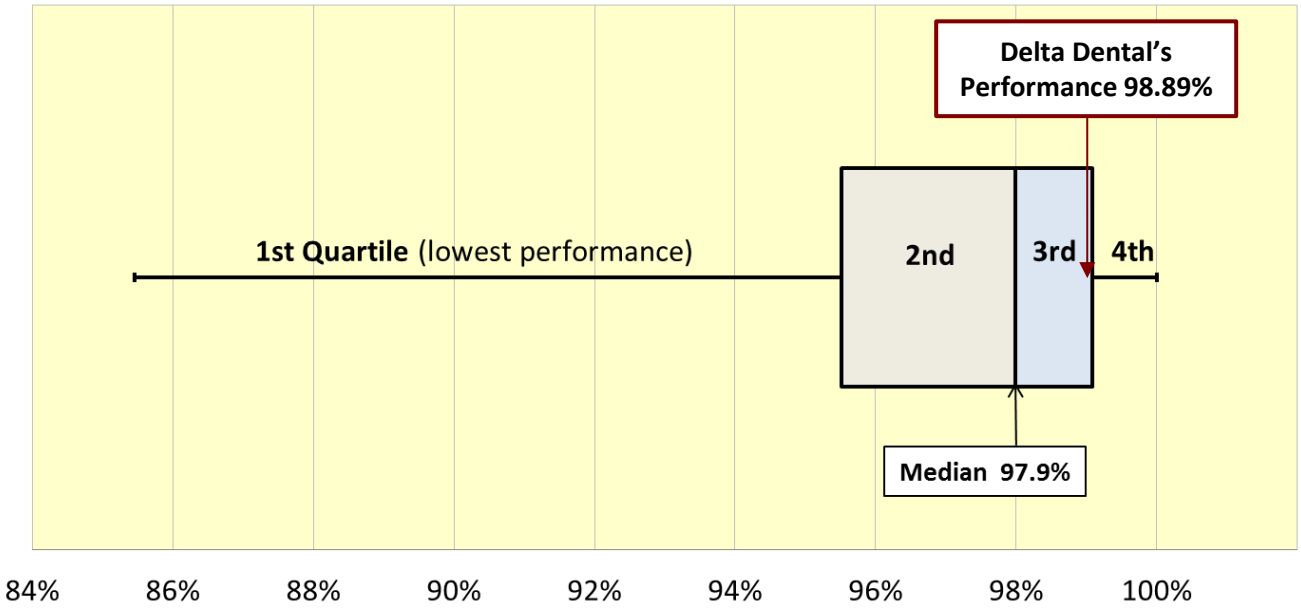
Financial Accuracy and Accurate Payment Detail Report						
Error Description	**Audit No.**	**Under/ Over Paid**	**Admin Response**	**CTI Response**	**Manual or System**	
Denied Eligible Procedure	1071	$14.69	Disagree. CDT D9610 is a Therapeutic parenteral drug, single administration and is a named exclusion in the SPD. CDT D9230 is "Nitrous oxide" and is a covered service.	CDT D9610 was denied on this claim and is listed on the certificate of coverage as a covered expense.	System	
Subtotal	**1**					
Should Have Pended For Additional Information	1052	$5.00	Disagree. Claim was submitted electronically by the dental office with code D0230.	Procedure code for peri-apical x-ray on 12/12/2018 was entered as CDT D0230. Should have been entered as CDT D0220.	System	
Subtotal	**1**					
TOTALS	**2**	**VARIANCE $19.69**			**M: 0**	**S:2**

Accurate Payment

CTI defines **Accurate Payment** as the number of claims paid correctly compared to the total number of claims paid for the audit sample.

The audit sample revealed 2 incorrectly paid claims and 178 correctly paid claims. Note CTI only uses adequately documented claims for this calculation.

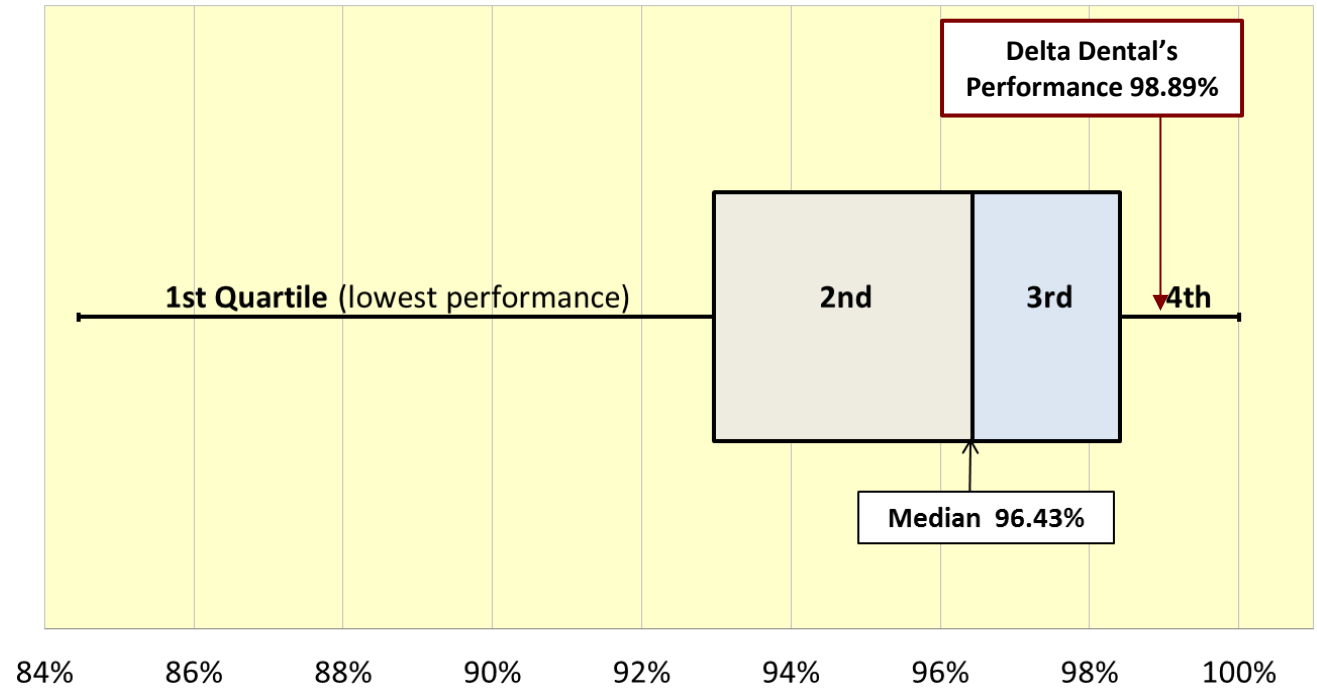
Total Claims	Incorrectly Paid Claims		Frequency
	Underpaid Claims	Overpaid Claims	
180	2	0	98.89%



Accurate Processing

CTI defines **Accurate Processing** as the number of claims processed without errors compared to the total number of claims processed in the audit sample. When a claim had errors that applied in more than one category, it was counted only once as a single incorrect claim for this measure.

Correctly Processed Claims	Incorrectly Processed Claims		Frequency
	System	Manual	
178	2	0	98.89%



Accurate Processing Detail Report				
Error Description	**Audit No.**	**Administrator Response**	**CTI Response**	**Manual or System**
Policy Provision				
Denied Eligible Procedure	1071	Disagree. CDT D9610 is a Therapeutic parenteral drug, single administration and is a named exclusion in the SPD. CDT D9230 is "Nitrous oxide" and is a covered service.	CDT D9610 was denied on this claim and is listed on the certificate of coverage as a covered expense.	System
Should Have Pended For Additional Information	1052	Disagree. Claim was submitted electronically by the dental office with code D0230.	Procedure code for peri-apical x-ray on 12/12/2018 was entered as CDT D0230. Should have been entered as CDT D0220.	System

Claim Turnaround

CTI defines **Claim Turnaround** as the number of calendar days required to process a claim – from the date the claim was received by the administrator to the date a payment, denial, or additional information request was processed – expressed as both the Median and Mean for the audit sample.

Claim administrators commonly measure claim turnaround time in mean days. Median days, however, is a more meaningful measure for administrators to focus on when analyzing claim turnaround because it prevents one or just a few claims with extended turnaround time from distorting the true performance picture.

Median	Mean	+45 Days to Process
8	11	3

Additional Observations

During the Random Sample Audit, our auditor observed the following procedures or situations that may not have caused an error on the sampled claim, but may impact future claims or overall quality of service. We have summarized these additional observations below. To view the response form associated with each observation, refer to the corresponding audit number in the work papers accompanying this report.

Observation	Audit Number
Delta Dental's processing protocol for claims involving CDT code D4910 Periodontal maintenance: The plan states that a member can have two D1110 – Prophylaxis (routine cleaning) per benefit period and two D4910 – Periodontal maintenance procedures per benefit period in addition to routine cleanings. In this case, Delta Dental allowed three D4910 Periodontal maintenance procedures because the member did not incur any D1110 – Prophylaxis (routine cleaning) services during the benefit period. WETF and Delta Dental should discuss this case to ensure that this processing protocol reflects the plan's intent.	1038

DATA ANALYTICS

This component of our audit used the electronic claim data to identify improvement opportunities and potential recoveries. The informational categories we analyzed include:

- Provider Discount Validation
- Sanctioned Provider Identification

The following pages provide the objectives, scope, and report of each data analytic to enable more-informed decisions about ways ETF can maximize benefit plan administration and performance.

Provider Discounts

The **Provider Discount** report provides an evaluation of provider network discounts obtained during the audit period. Since discounts can be calculated differently by administrators, carriers, and benefit consultants, we believe calculating discounts in the same manner for all of our clients will provide a more meaningful comparison.

Scope

CTI compared submitted charges to allowable charges for all claims paid during the audit period. The review was divided into three subsets:

- In-network
- Out-of-network
- Secondary networks

Each of these three subsets was further delineated into four subgroups:

- Ancillary services
- Non-facility services
- Facility inpatient
- Facility outpatient

Report

We were unable to calculate provider discounts for ETF because Delta Dental did not provide them in electronic format.

Sanctioned Provider Identification

The Sanctioned Provider Identification report identifies services rendered by providers on the Office of Inspector General (OIG)'s List of Excluded Individuals/Entities (LEIE). OIG's LEIE provides information to the healthcare industry, patients, and the public about individuals and entities currently excluded from participation in Medicare, Medicaid, and all other federal health care programs.

Scope

We received and converted an electronic data file of all claims processed during the audit period. The claims screened included all medical (not including prescription drug) claims paid or denied during the audit period. Through electronic screening, we identified all claims in the audit universe that were non-facility claims, i.e. claims submitted by providers of service other than hospitals, nursing, or skilled care facilities, or durable medical equipment suppliers. These claims predominantly include physician and other medical professional claims.

Report

We screened 100% of the claims against OIG's LEIE and identified the following provider as sanctioned. Our screening indicated one provider received payment from the administrator during the audit period.

Office of Inspector General(OIG) database as of 05/2019 List of Excluded Individuals and Entities Sanction List Edit based on NPI match with OIG database ETF - Delta Audit Period 1/1/2016 - 12/31/2018							
NPI	**Exclusion Date**	**Reinstatement Date**	**Provider Name**	**Claim count**	**Total Charged**	**Total Allowed**	**Total Paid**
1578567509	20120719	N/A	EDWARD J MCGRATH	235	$53,574	$47,925	$31,542
			Totals	**235**	**$53,574**	**$47,925**	**$31,542**

CONCLUSION

We consider it a privilege to have worked for, and with, your staff and administrator. Should ETF decide that additional assistance in implementing or performing any of the required tasks would be beneficial, our contract offers eight hours of post-audit time to provide you with further assistance.

Thank you again for choosing CTI.

APPENDIX A – SAMPLE CONSTRUCTION AND WEIGHTING METHODOLOGY

Client: WETFDental19
Audit Period: January 01, 2016 - December 31, 2018

Claim Universe (as converted)

Stratum	Claim Count	Total Charge Amount	Total Paid Amount
1	806,699	$135,328,464	$94,717,792
2	232,113	$75,193,423	$44,037,886
3	131,004	$171,437,083	$22,045,078
Total	1,169,816	$381,958,970	$160,800,757

Audit Stratification

Stratum	Audit Universe (# Claims)	Proportion (Weight by Count)	Sample
1	806,699	68.96%	60
2	232,113	19.84%	75
3	131,004	11.20%	45
Total	1,169,816	100.00%	180

Audit Sample Overview

Category	Count	Paid
Claims requested for audit	180	$26,273.67
Claims for which records not received	0	$0.00
Claims outside scope of audit	0	$0.00
Claims as entered included in audit sample	180	$26,273.67
Audit sample if all claims paid correctly	180	$26,293.36
Claims with inadequate documentation	0	$0.00
Total claim payments remaining in audit sample	180	$26,293.36

APPENDIX B – ADMINISTRATOR RESPONSE TO DRAFT REPORT

Your administrator's response to the draft report follows.

- QID 29: CDT code 9243 was a new procedure code issued by the American Dental Association in 2016. It was a valid procedure at the time of service; however, had not yet been announced at the time the Certificate of Coverage was developed.
- QID 30: CDT code 9223 was a new procedure code issued by the American Dental Association in 2016. It was a valid procedure at the time of service; however, had not yet been announced at the time the Certificate of Coverage was developed.
- QID 3, 4, 5, 6: Exclusion 12 states, "Claims not submitted to Dental Plan Administrator within 12 months, or if later, as soon as reasonably possible, from the date the procedure was provided." All claims were submitted by the dental office within as soon as reasonably possible from the date of service. Dental offices may submit claims beyond the date of service for a variety of reasons including a change in staff, change in software programs, annual review of outstanding balances, etc.
- QID 15: The Plan benefit provides for two 1110 procedures and two additional 4910 procedures. The Advantech Dental Benefit Administration system is configured to allow any combination of four 1110 and 4910 procedures in a calendar year. Delta Dental does not change procedure codes on claims submitted by the dental office and on occasion the two procedure codes are submitted interchangeably for patients that are in periodontal maintenance treatment. In 2018 the ETF introduced the Evidence-Based Integrated Care Plan feature to provide additional cleanings to its members for medical conditions in addition to periodontal maintenance.
- QID 18, 19, 20: CDT code 1354 was a new procedure code added by ETF in 2018. It was a valid procedure at the time of service; however, had not yet been announced at the time the Certificate of Coverage was developed.
- QID 21, 22: The Plan benefit provides for two 1110 procedures and two additional 4910 procedures. The Advantech Dental Benefit Administration system is configured to allow any combination of four 1110 and 4910 procedures in a calendar year. Delta Dental does not change procedure codes on claims submitted by the dental office and on occasion the two procedure codes are submitted interchangeably for patients that are in periodontal maintenance treatment. In 2018 the ETF introduced the Evidence-Based Integrated Care Plan feature to provide additional cleanings to its members for medical conditions in addition to periodontal maintenance.
- QID 23, 24: The Plan benefit provides for two 1110 procedures and two additional 4910 procedures. The Advantech Dental Benefit Administration system is configured to allow any combination of four 1110 and 4910 procedures in a calendar year. Delta Dental does not change procedure codes on claims submitted by the dental office and on occasion the two procedure codes are submitted interchangeably for patients that are in periodontal maintenance treatment. In 2018 the ETF introduced the Evidence-Based Integrated Care Plan feature to provide additional cleanings to its members for medical conditions in addition to periodontal maintenance.

- In order to respond to the Eligibility Verification sections Delta Dental will need the outcome of the findings by the ETF.
- Audit No. 1071: Delta Dental agrees with these findings.
- Audit No. 1052: Delta Dental does not change procedure codes on claims submitted by the dental office.
- Delta Dental understands the OIG database does not apply to the ETF plan as it is not a federally-funded program.

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Comprehensive Claim Administration Audit

WORK PAPERS
by Audit Component

State of Wisconsin Department of Employee Trust Funds Board Dental Plan

Administered by Delta Dental of Wisconsin

Audit Period: January 1, 2016 through December 31, 2018

Presented by

CLAIM TECHNOLOGIES INCORPORATED

TABLE OF CONTENTS

PLAN DOCUMENTATION REVIEW – BENEFIT MATRIX

Comprehensive Claim Administration Audit

PLAN BENEFIT MATRIX

State of Wisconsin Department of Employee Trust Funds Board Medical Plans

Audit Period: January 1, 2016 through December 31, 2018

Prepared: April 5, 2019

CLAIM TECHNOLOGIES INCORPORATED

PREFACE

This dental plan benefit matrix was created based on information we obtained from the Group Health Insurance Program guides for 2016, 2017 and 2018 for employees covered by the State of Wisconsin Department of Employee Trust Funds Board (ETF) dental plan. The benefit topics in this matrix encompass plan specifications most frequently encountered in Claim Technologies Incorporated's audits. For ease of reference, these topics are arranged alphabetically.

Each benefit topic includes information concerning coinsurance levels relative to plan options, a short description of the benefit, any limitations or special advice for the benefit, and a cross-reference to the page within the plan document and amendment where the topic can be reviewed in full. The matrix also contains sections that list *selected provisions* regarding eligibility, coordination of benefits, exclusions, and other features of the plan.

The purpose of the matrix is to create a reference tool for use in verifying the adjudication of – and payments made on – the claims being audited. In all cases, interpretation of specific and detailed plan provisions will be governed by the plan document and amendment.

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PLAN PROVISIONS

	In-Network Provider
Deductible	$0
Annual Benefit Max	$1000 per participant
Diagnostic/Preventive	100%
Restorative	100%
Periodontic	80%
Adjunctive Services	80%
Orthodontia	50% (children only)
Orth Lifetime Max	$1,500 per participant

PLAN BENEFIT MATRIX

Benefit Topic	Network		General Plan Limits	Page
	In			
Preventive & Diagnostic Care	**100%**		• Oral exams/twice per calendar year • Limited Oral Exam/As needed • Full mouth or panorex/once every 60 months • Bitewing /limited to 2 sets per year (limited to one set per year in 2018) • Prophylaxis /twice per calendar year • Fluoride treatment for limited to twice per year up to age 19 • Space maintainers/limited to primary teeth lost prematurely • Sealants for dependent children under 16. Once per lifetime for first and second molars only (for dependent children under age 19 and limited to primary and permanent molars only effective 2018)	**2-4**
Restorative	**100%**		• Fillings • Routine extractions	**2-4**
Periodontic	**80%**		• Periodontics/Limited to 2 procedures per one benefit period in addition to routine cleanings.	**2-4**
Adjunctive Services	**80%**		• Emergency treatment/palliative • Local anesthesia • General anesthesia • Nitrous oxide sedation • Application of desentizing • Treatment of complications • Unspecified adjunctive procedures • Some oral surgery is covered under medical coverage	**2-5**
Orthodontic Services	**50%**		• $1,500 lifetime maximum • Limited to age 19	**2-9**

2018 Additional Benefits- Evidence-Based Integrated Care Plan		Page
Periodontal Disease	• With an indicator of Periodontal Disease, a participant is eligible for up to 2 additional visits • With an indicator of Periodontal Disease, a participant is eligible for fluoride beyond age limits.	**4**
Diabetes	• With an indicator of Diabetes, a participant is eligible for up to 2 additional visits	**4**
Pregnancy	• With an indicator of Pregnancy, a participant is eligible for 1 additional dental visit during the pregnancy	**4**
High Risk Cardiac Conditions	• With an indicator of High Risk Cardiac Conditions a participant is eligible for up to 2 additional dental visits in a Benefit year • Indicators are: - History of infective endocarditis - Certain congenital heart defects - Individuals with artificial heart valves - Heart valve defects caused by adquired conditions like rheumatic heart disease - Hyper tropic cardiomyopathy which causes abnormal thickening of the heart muscle - Individuals with pulmonary shunts or conduits - Mitral valve prolapse with regurgitation (blood leakage)	**4**
Suppressed Immune System	• With an indicator of Suppressed Immune System Conditions, a participant if eligible for up to 2 additional dental visits • With an indicator of Suppressed Immune System Conditions, a participant is eligible for fluoride beyond age limits.	**4-5**
Kidney Failure or Dialysis	• With an indicator of Kidney Failure or a Dialysis Condition, a participant if eligible for up to 2 additional dental visits	**5**
Cancer Related Chemo/Radiation	• With an indicator of Cancer Related Chemotherapy and/or Radiation, a participant if eligible for up to 2 additional dental visits • With an indicator of Cancer Related Chemotherapy and/or Radiation, a participant is eligible for fluoride beyond age limits.	**5**

OTHER SELECTED PLAN PROVISIONS

The following are provisions unique to your plan. We note them here to ensure we have a thorough understanding of ETF's dental plan provisions and requirements from which we will conduct our audit.

Benefit Topic	Network		General Plan Limits	Page
	In	Out		
Timely Filing			12 months	4

Diagnostic/Preventative:

Routine Oral Evaluation - exams are limited to two per year.
Note that comprehensive exams are not done multiple times in a year.

- D0120 Periodic oral evaluation.
- D0145 Oral evaluation for patient under three years of age.
- D0150 Comprehensive oral evaluation – new/established patient or a patient who has been absent from dental care for more than three years; included as one of the two exams per year.
- D0160 Detailed & extensive oral evaluation.
- D0180 Comprehensive perio evaluation – new/established patient; included as one of the two exams per year.

Limited Oral Evaluation

- D0140 Limited oral evaluation - problem focused.

Complete Series or Panoramic Film: limited to one (either D0210 or D0330) once every 60 months.

- D0210 Intraoral - Complete including bitewings.
- D0330 Panoramic radiographic image.

Other X-rays

- D0220 Intraoral periapical first radiographic image.
- D0230 Intraoral periapical additional radiographic image.
- D0240 Intraoral occlusal radiographic image.
- D0250 Extraoral first radiographic image.
- D0260 Extraoral each additional radiographic image.

Bitewing Films - limited to two sets per year.

- D0270 Bitewing single radiographic image.
- D0272 Bitewings two radiographic images.
- D0273 Bitewings three radiographic images.
- D0274 Bitewings four radiographic images.
- D0277 Vertical bitewings 7 to 8 radiographic images.

Prophylaxis (Cleaning) and Fluoride:
Prophylaxis: D1110, D1120

- D1110 Prophylaxis (cleaning) – Adult; limited to twice per year.
- D1120 Prophylaxis (cleaning) – Child; limited to twice per year.

Fluoride - limited to twice per year up to age 19.

- D1206 Topical application of fluoride varnish.
- D1208 Topical application of fluoride.

Sealant

- D1351 Sealant - per tooth; limited to once per lifetime up to age 16, first and second molars only.

Space Maintainers - limited to primary teeth lost prematurely

- D1510 Space maintainer fixed unilateral.
- D1515 Space maintainer fixed bilateral.
- D1520 Space maintainer removable unilateral.
- D1525 Space maintainer removable bilateral.
- D1550 Recementation space maintainer.
- D1555 Removal of fixed space maintainer.

Restorative:
Amalgam Restoration
**see note on fillings on page 79 of this certificate.

- D2140 Amalgam filling - one surface.
- D2150 Amalgam filling - two surfaces.
- D2160 Amalgam filling - three surfaces.
- D2161 Amalgam filling – four/more surfaces.

Resin Restorations
**see note on fillings near the top of this certificate.

- D2330 Resin filling - one surface anterior.
- D2331 Resin filling - two surfaces anterior.
- D2332 Resin filling - three surfaces anterior.
- D2335 Resin filling – four/more surfaces anterior.
- D2390 Resin Crown anterior.
- D2391 Resin filling - one surface posterior; benefits limited.
- D2392 Resin filling - two surfaces posterior; benefits limited.
- D2393 Resin filling - three surfaces posterior; benefits limited.
- D2394 Resin filling – four/more surfaces posterior; benefits limited.

Miscellaneous Restorative:

- D2940 Sedative filling; limited to once per lifetime per tooth.
- D2951 Pin retention per tooth; limited to once per tooth.
- D2999 Unspecified restorative procedure by report.

Periodontic:

- D4910 Periodontal maintenance. Coverage is limited to two procedures per one benefit period in addition to routine cleanings.

Oral Surgery:
Please note that eligible oral surgical procedures are covered under Uniform Medical Benefits when furnished by a covered Dental Provider.
Adjunctive Services:

- D9110 Emergency treatment/palliative.
- D9210 Local anesthesia not in conjunction with operative or surgical procedures.
- D9215 Local anesthesia used in conjunction with operative or surgical procedures.
- D9220 General anesthesia – 30 minutes.
- D9221 General anesthesia – 15 minutes.
- D9230 Nitrous oxide sedation.
- D9241 Intravenous sedation analgesia – 30 minutes.
- D9242 Intravenous sedation analgesia – 15 minutes.
- D9610 Therapeutic parenteral drug, single administration.
- D9612 Therapeutic parenteral drugs.
- D9910 Application of Desensitizing.
- D9911 Apply desensitizing resin.
- D9930 Treatment of complications.
- D9999 Unspecified adjunctive procedure.

Orthodontic Services - limited to age 19, 50% coverage.

- D8010 Limited orthodontic treatment of primary dentition.
- D8020 Limited orthodontic treatment of transitional dentition.
- D8030 Limited orthodontic treatment of adolescent dentition.
- D8040 Limited orthodontic treatment of adult dentition.
- D8050 Interceptive orthodontic treatment of primary dentition.
- D8060 Interceptive orthodontic treatment of transitional dentition.
- D8070 Comprehensive orthodontic treatment of transitional dentition.
- D8080 Comprehensive orthodontic treatment of adolescent dentition.
- D8090 Comprehensive orthodontic treatment of adult dentition.
- D8660 Pre-orthodontic treatment visit; may also be billed out as any combination of D0330, D0340, D0350, and D0470.
- D8680 Orthodontic retention (removal of appliances, construction/placement).
- D8690 Orthodontic treatment (alternative billing to a contract fee).
- D8999 Unspecified orthodontic procedure, by report.
- D9310 Consultation – diagnostic services other than requesting provider.

RANDOM SAMPLE AUDIT –
OBSERVATION RESPONSE FORMS

AUDIT OBSERVATION / RESPONSE FORM

Client: WETFDental19 Run Date: 7/30/2019 2:40:10 PM
Audit Period: 1/1/2016 - 12/31/2018 Claim No: 1-7092-323-59-
Audit No: 1038 Employee Relation: E
Auditor: David Bade Conclusion Date: 07/29/2019

OBSERVATION 1 **TO:**

A. Please provide pricing documentation for CDT D4910 for this provider of service.

B. Additional observation only: D4910 periodontal maintenance; coverage is limited to two procedures per benefit period. Please explain why Delta allowed three periodontal maintenance services on calendar year 2017 for this member.

RESPONSE 1 Agree with Error(s) Disagree with Error(s) (State Reasons Below)

A. Please see below for the provider pricing documentation.

B. The SPD lists the frequency limitations as:
a. Dental prophylaxis (teeth cleaning) at twice per benefit period.
b. Periodontal maintenance. Coverage is limited to two procedures per one calendar year in addition to routine cleanings.
This allows for up to four services per calendar year.

CONCLUSION

A. No error.

B. Additional observation only: The WETF should be aware of the Delta Dental processing protocol for claims involving CDT code - D4910 Periodontal maintenance: The plan states that a member can have two D1110 - Prophylaxis (routine cleaning) per benefit period and two D4910 -Periodontal maintenance procedures per benefit period in additions to routine cleanings. In this case, Delta Dental allowed three D4910 Periodontal maintenance procedures because the member did not incur any D1110 - Prophylaxis (routine cleaning) services during the benefit period. WETF and Delta Dental should discuss this case to ensure that this processing protocol reflects the plan intent.

FOR CTI INTERNAL USE ONLY

Code	Line No	Over/Under	ProvID	EEF	Error	FinAccum / FinPrimary	IDOC Primary
OTIP1					INFO	Internal Procedures	

AUDIT OBSERVATION / RESPONSE FORM

Client: WETFDental19 Run Date: 7/30/2019 2:40:10 PM
Audit Period: 1/1/2016 - 12/31/2018 Claim No: 1-8353-315-35-
Audit No: 1052 Employee Relation: E
Auditor: David Bade Conclusion Date: 07/30/2019

OBSERVATION 1 **TO:**

A. The procedure code for the only peri-apical x-ray incurred on 12/12/2018 was entered as CDT D0230 and should have been entered as CDT code D0220. CTI will cite an adjudication error and $5.00 underpayment.

RESPONSE 1 Agree with Error(s) Disagree with Error(s) (State Reasons Below)

A. Claim 1-8353-315-35 was submitted electronically by the dental office with code D0230.

CONCLUSION

A. CTI will continue to cite an adjudication error and $5.00 underpayment. The procedure code for the only peri-apical x-ray incurred on 12/12/2018 was entered as CDT D0230 and should have been entered as CDT code D0220.

FOR CTI INTERNAL USE ONLY

Code	Line No	Over/Under	ProvID	EEF	Error	FinAccum SPIB FinPrimary	IDOC Primary
SPIB	4				ADJUD	Policy Provisions	
FUP	4	($5.00)			FINANCE	Financial	
		($5.00)					

AUDIT OBSERVATION / RESPONSE FORM

Client: WETFDental19 Run Date: 7/30/2019 2:40:10 PM
Audit Period: 1/1/2016 - 12/31/2018 Claim No: 1-7033-002-22-
Audit No: 1071 Employee Relation: D
Auditor: David Bade Conclusion Date: 07/29/2019

OBSERVATION 1 **TO:**

A. Eligible expenses for the adjunctive service (CDT D9610) was denied on this claim. Per the certificate of coverage this should have been covered. CTI observes that Delta has paid for covered services performed in conjunction with non-covered services; please refer to CTI Audit 1029 in which Delta covered CDT 9230 when performed in conjunction with non-covered implant services. CTI will cite an adjudication error and a $14.69 underpayment.

RESPONSE 1 Agree with Error(s) Disagree with Error(s) (State Reasons Below)

A. CDT D9610 is a “Therapeutic parenteral drug, single administration” and is a named exclusion in the SPD. CDT D9230 is “Nitrous oxide” and is a covered service.

CONCLUSION

A. CTI will continue to cite an adjudication error and a $14.69 underpayment. (CDT D9610) was denied on this claim and is listed on the certificate of coverage as a covered expense.

FOR CTI INTERNAL USE ONLY

Code	Line No	Over/Under	ProvID	EEF	Error	FinAccum DEE FinPrimary	Desc	IDOC Primary
DEE	3				ADJUD		Policy Provisions	
FUP	3	($14.69)			FINANCE		Financial	
		($14.69)						

ESAS – SUBSTANTIVE TESTING QUESTIONNAIRES

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FWA Large Payments to Subscribers

Substantive Testing Questionnaire

Questionnaire ID:	**1**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having material amounts of claim payments directly to the subscriber instead of the health care provider.

Please provide the following information regarding this individual's claim payments:

1. Explain why the claim(s) listed below were paid to the subscriber instead of the provider and provide a copy of the entire claim(s) or electronic reproduction showing the assignment of benefits.

2. Documentation of other insurance investigation.

3. A copy of your administrative procedures to identify and prevent fraud, waste and abuse in payments to subscribers instead of health care providers.

4. Were any of the payments paid to this subscriber referred for review for possible fraud, waste, abuse, or billing error? Please provide documentation of the review.

Administrator's Response

1. Dr. Gregory Schardt, Schardt Orthodontics has notified Delta Dental of Wisconsin (DDWI) that any payment made should always be directed to subscriber.
2. N/A
3. N/A
4. No

Conclusion

No procedural deficiency indentified. Delta Dental paid the benefits for the claims of this provider in accordance with the assignment of benefits.

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Timely Filing (Last service date to received date)

Substantive Testing Questionnaire

Questionnaire ID:	**2**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having claims paid when the submission exceeded the plan limitation for timely filing.

The claim was received 20 months after the service date. The plan requires claims to be filed within 12 months from the date of service.

Please provide all documentation that supports why these claims were paid after the timely filing limit.

If this claim was adjusted, please provide supporting documentation that the Plan appeal limit was adhered to.

If the timely filing limit and appeal limit time periods were exceeded, please provide documentation that the client approved this exception.

Administrator's Response

1. Claim was received while treatment was in progress.
• Band date 12/8/2015 and claim received 10/2/2017 with 24 months of treatment.
• Dependent eligible/active for entire treatment.
• See screen shot below:
PROPRIETARY AND CONFIDENTIAL
2. N/A
3. N/A

Conclusion

No procedural deficiency and overpayment identified. Per the exclusions section, (item 12) claims not submitted to Dental Plan Administrator within 12 months are not covered, however, the services in question was for ongoing orthodontic treatment.

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Timely Filing (Last service date to received date)

Substantive Testing Questionnaire

Questionnaire ID:	**3**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having claims paid when the submission exceeded the plan limitation for timely filing.

The claim was received 13 months after the service date. The plan requires claims to be filed within 12 months from the date of service.

Please provide all documentation that supports why these claims were paid after the timely filing limit.

If this claim was adjusted, please provide supporting documentation that the Plan appeal limit was adhered to.

If the timely filing limit and appeal limit time periods were exceeded, please provide documentation that the client approved this exception.

Administrator's Response

1. Per the group's Summary Plan Description, claims must be submitted to DDWI within 15 months from the date of service. See screen shot below:
PROPRIETARY AND CONFIDENTIAL
2. N/A
3. N/A

Conclusion

A procedural deficiency and $335.00 overpayment identified. Per the exclusions section, (item 12) claims not submitted to Dental Plan Administrator within 12 months are not covered.

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Timely Filing (Last service date to received date)

Substantive Testing Questionnaire

Questionnaire ID:	**4**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having claims paid when the submission exceeded the plan limitation for timely filing.

The claim was received 15 months after the service date. The plan requires claims to be filed within 12 months from the date of service.

Please provide all documentation that supports why these claims were paid after the timely filing limit.

If this claim was adjusted, please provide supporting documentation that the Plan appeal limit was adhered to.

If the timely filing limit and appeal limit time periods were exceeded, please provide documentation that the client approved this exception.

Administrator's Response

1. The subscriber had a claim for her dependent child and the provider initially submitted the claim to an incorrect carrier. DDWI spoke to the subscriber in March of 2018, this was within the standard timely claims filing limit of 15 months. The claim was received in April of 2018. Since DDWI was in contact with both the subscriber and provider prior to the 15 months filing limit the claim was processed according to plan benefits.
2. N/A
3. N/A

Conclusion

A procedural deficiency and $1,325.00 overpayment identified. Per the exclusions section, (item 12) claims not submitted to Dental Plan Administrator within 12 months are not covered.

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Timely Filing (Last service date to received date)

Substantive Testing Questionnaire

Questionnaire ID:	**5**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having claims paid when the submission exceeded the plan limitation for timely filing.

The claim was received 14 months after the service date. The plan requires claims to be filed within 12 months from the date of service.

Please provide all documentation that supports why these claims were paid after the timely filing limit.

If this claim was adjusted, please provide supporting documentation that the Plan appeal limit was adhered to.

If the timely filing limit and appeal limit time periods were exceeded, please provide documentation that the client approved this exception.

Administrator's Response

1. Per the group's Summary Plan Description, claims must be submitted to DDWI within 15 months from the date of service. See screen shot below:
PROPRIETARY AND CONFIDENTIAL
2. N/A
3. N/A

Conclusion

A procedural deficiency and $244.00 overpayment identified. Per the exclusions section, (item 12) claims not submitted to Dental Plan Administrator within 12 months are not covered.

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CLAIM TECHNOLOGIES INCORPORATED

Timely Filing (Last service date to received date)

Substantive Testing Questionnaire

Questionnaire ID:	**6**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having claims paid when the submission exceeded the plan limitation for timely filing.

The claim was received 13 months after the service date. The plan requires claims to be filed within 12 months from the date of service.

Please provide all documentation that supports why these claims were paid after the timely filing limit.

If this claim was adjusted, please provide supporting documentation that the Plan appeal limit was adhered to.

If the timely filing limit and appeal limit time periods were exceeded, please provide documentation that the client approved this exception.

Administrator's Response

1. Per the group's Summary Plan Description, claims must be submitted to DDWI within 15 months from the date of service. See screen shot below:
PROPRIETARY AND CONFIDENTIAL
2. N/A
3. N/A

Conclusion

A procedural deficiency and $618.75 overpayment identified. Per the exclusions section, (item 12) claims not submitted to Dental Plan Administrator within 12 months are not covered.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Oral Exam 2 per benefit period-2016

Substantive Testing Questionnaire

Questionnaire ID:	**7**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Oral Exam 2 per benefit period-2016?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The dependent had 2 comprehensive exams in 2016. The additional examination was a limited problem focused exam which is not subject to the frequency limitation.
2. 01/07/2016 – 150 Comprehensive Exam
03/29/2016 – 140 Problem Focused Exam
03/31/2016 – 150 Comprehensive Exam

Conclusion

No procedural deficiency has been identified. The second comprehensive oral evaluation occurred at a different provider of service.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Oral Exam 2 per benefit period-2017

Substantive Testing Questionnaire

Questionnaire ID:	**8**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Oral Exam 2 per benefit period-2017?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The subscriber had 2 comprehensive exams in 2017. The additional examination was a limited problem focused exam which is not subject to the frequency limitation.
2. 01/19/2017 – 140 Problem Focused Exam
01/25/2017 – 150 Comprehensive Exam
10/26/2017 – 150 Comprehensive Exam

Conclusion

No procedural deficiency has been identified. The second comprehensive oral evaluation occurred at a different provider of service.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Oral Exam 2 per benefit period-2017

Substantive Testing Questionnaire

Questionnaire ID:	**9**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Oral Exam 2 per benefit period-2017?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The dependent had 3 periodic exams in 2017, and 1 limited problem focused exam which is not subject to the frequency limitation. The additional periodic examination was allowed as a courtesy on the date of service (12/21/2017) within 11 days of next eligibility. The dependent advised she is a full time student and was home on break. The dependent was allowed only 1 periodic exam in 2018.
2. 01/02/2017 – 120 Periodic exam
06/05/2017 – 140 Problem Focused exam
06/12/2017 – 120 Periodic exam
12/21/2017 – 120 Periodic exam
07/02/2018 – 120 Periodic exam

Conclusion

No procedural deficiency has been identified. The third periodic oral evaluation for this patient in calendar year 2017 was denied initially but was reconsidered and paid on appeal.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Oral Exam 2 per benefit period-2018

Substantive Testing Questionnaire

Questionnaire ID:	**10**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Oral Exam 2 per benefit period-2018?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The subscriber had 2 periodic exams in 2018. The additional examination was a limited problem focused exam which is not subject to the frequency limitation.
2. 05/18/2018 – 120 Periodic Exam
06/07/2018 – 140 Problem Focused Exam
11/02/2018 – 120 Periodic Exam

Conclusion

No procedural deficiency was identified. This patient only incurred two periodic oral evaluations in calendar year.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Oral Exam 2 per benefit period-2018

Substantive Testing Questionnaire

Questionnaire ID:	**11**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Oral Exam 2 per benefit period-2018?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1.The subscriber had 2 comprehensive exams in 2018. The additional examination was a limited problem focused exam which is not subject to the frequency limitation.
2. 02/05/2018 – 150 Comprehensive Exam
02/20/2018 – 150 Comprehensive Exam
08/28/2018 – 140 Problem Focused Exam

Conclusion

No procedural deficiency has been identified. The second comprehensive oral evaluation occurred at a different provider of service.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Fullmouth Series/Panorex

Substantive Testing Questionnaire

Questionnaire ID:	**12**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Fullmouth Series/Panorex?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. One Full Mouth Series/Panorex was been benefited for the subscriber on this policy.
2. The provider advised a Full Mouth Series was billed incorrectly on 04/09/2018. The claim has been adjusted and a refund has been received, making the subscriber eligible for a Full Mouth Series/Panorex on 04/30/2018.

Conclusion

No procedural deficiency has been identified. The processing of the initial full mouth series x-ray was adjusted and backed out by Delta prior to the payment of this members panorex x-ray.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Fullmouth Series/Panorex

Substantive Testing Questionnaire

Questionnaire ID:	**13**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Fullmouth Series/Panorex?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. One Full Mouth Series/Panorex was been benefited for the spouse on this policy.
2. The provider advised a Panorex was billed incorrectly on 04/14/2016. The claim has been adjusted and a refund has been received, making the spouse eligible for a Full Mouth Series/Panorex on 11/28/2016.

Conclusion

No procedural deficiency has been identified. The processing of the initial panorex x-ray was adjusted and backed out by Delta prior to the payment of this members full mouth series x-ray.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Cleanings 2 benefit period-2016

Substantive Testing Questionnaire

Questionnaire ID:	**14**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Cleanings 2 benefit period-2016?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

The dependent had 3 Cleanings in 2016. The additional cleaning was allowed as a one-time exception due to provider scheduling. The dependent was allowed only 1 cleaning in 2017.
2. 01/26/2016 – 1120 Cleaning
06/15/2016 – 1120 Cleaning
12/19/2016 – 1120 Cleaning
06/12/2017 – 1120 Cleaning

Conclusion

No procedural deficiency has been identified. The third cleaning for this patient in calendar year 2016 was denied initially but was reconsidered and paid on appeal.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Cleanings 2 benefit period- 2017

Substantive Testing Questionnaire

Questionnaire ID:	**15**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Cleanings 2 benefit period- 2017?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The subscriber had 3 Cleanings and 1 Periodontal Maintenance in 2017.
2. The SPD lists the frequency limitations as:
a. Dental prophylaxis (teeth cleaning) at twice per benefit period.
b. Periodontal maintenance. Coverage is limited to two procedures per one calendar year in addition to routine cleanings.
This allows for up to four services per calendar year.

Conclusion

A procedural deficiency and $81.00 overpayment has been identified. The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Cleanings 2 benefit period-2018

Substantive Testing Questionnaire

Questionnaire ID:	**16**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Cleanings 2 benefit period-2018?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Evidence Based Integrated Care program (EBICP) was an added benefit starting 2018. Policy provided benefit for all 3 cleanings due to Subscriber's registration in program.
2. The Evidence Based Integrated Care program (EBICP) is an enhancement that provides expanded benefits for persons with diseases and medical conditions that have oral health implications.

Conclusion

No procedural deficiency. The registration by this WEFT member in the Evidence Based Integrated Care program (EBICP) allows for additional routine cleanings over the the plan limit of two per calendar year.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Fluoride 1 per benefit period-2017

Substantive Testing Questionnaire

Questionnaire ID:	**17**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Fluoride 1 per benefit period-2017?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The policy allows for 2 Fluoride treatments per benefit period. The dependent received 3 Fluoride treatments in 2017. The additional Fluoride treatment was allowed as a courtesy on the date of service (12/27/2017) within 4 days of next eligibility. The dependent did not receive any Fluoride treatments in 2018.
2. 05/02/2017 – 1206 Fluoride
06/26/2017 – 1208 Fluoride
12/27/2017 – 1208 Fluoride

Conclusion

No procedural deficiency has been identified. The third fluoride appplication for this patient in calendar year 2017 was denied initially but was reconsidered and paid on appeal.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Sealants limit 2018

Substantive Testing Questionnaire

Questionnaire ID:	**18**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Sealants limit 2018?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Per the ADA CDT Dental Procedure Code, D1354 is not a sealant and an age limit does not apply.
2. D1354 Interim caries arresting medicament application-per tooth
*Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure

Conclusion

A procedural deficiency and $168.00 overpayment have been identified. The charges for CDT 1354 should not have been covered as this service is not listed as a covered expense in the WETF certificate of coverage.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Sealants Over Age

Substantive Testing Questionnaire

Questionnaire ID:	**19**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Sealants Over Age?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Per the ADA CDT Dental Procedure Code, D1354 is not a sealant and an age limit does not apply.
2. D1354 Interim caries arresting medicament application-per tooth
*Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure

Conclusion

A procedural deficiency and $192.00 overpayment have been identified. The charges for CDT 1354 should not have been covered as this service is not listed as a covered expense in the WETF certificate of coverage.

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Limitation-Sealants Over Age

Substantive Testing Questionnaire

Questionnaire ID:	**20**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Sealants Over Age?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Per the ADA CDT Dental Procedure Code, D1354 is not a sealant and an age limit does not apply.
2. D1354 Interim caries arresting medicament application-per tooth
*Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure

Conclusion

A procedural deficiency and $21.00 overpayment have been identified. The charges for CDT 1354 should not have been covered as this service is not listed as a covered expense in the WETF certificate of coverage.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Periodontics Maintenace-2016

Substantive Testing Questionnaire

Questionnaire ID:	**21**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Periodontics Maintenace-2016?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Spouse had 4 periodontal maintenance services completed and correctly paid for within the benefit accumulation period.
2. The SPD lists the frequency limitations as:
a. Dental prophylaxis (teeth cleaning) at twice per benefit period.
b. Periodontal maintenance. Coverage is limited to two procedures per one calendar year in addition to routine cleanings.
c. This allows for up to four services per calendar year.

Conclusion

A procedural deficiency and $110.40 overpayment has been identified. The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Periodontics Maintenace-2016

Substantive Testing Questionnaire

Questionnaire ID:	**22**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Periodontics Maintenace-2016?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Subscriber had 3 periodontal maintenance services completed and correctly paid for within the benefit accumulation period.
2. The SPD lists the frequency limitations as:
a. Dental prophylaxis (teeth cleaning) at twice per benefit period.
b. Periodontal maintenance. Coverage is limited to two procedures per one calendar year in addition to routine cleanings.
c. This allows for up to four services per calendar year.

Conclusion

A procedural deficiency and $110.40 overpayment has been identified. The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Periodontics Maintenace-2017

Substantive Testing Questionnaire

Questionnaire ID:	**23**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Periodontics Maintenace-2017?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Subscriber had 4 periodontal maintenance services completed and correctly paid for within the benefit accumulation period.
2. The SPD lists the frequency limitations as:
a. Dental prophylaxis (teeth cleaning) at twice per benefit period.
b. Periodontal maintenance. Coverage is limited to two procedures per one calendar year in addition to routine cleanings.
This allows for up to four services per calendar year.

Conclusion

A procedural deficiency and $110.40 overpayment has been identified. The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.

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Limitation-Periodontics Maintenace-2017

Substantive Testing Questionnaire

Questionnaire ID:	**24**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Periodontics Maintenace-2017?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Subscriber had 4 periodontal maintenance services completed and correctly paid for within the benefit accumulation period.
2. The SPD lists the frequency limitations as:
a. Dental prophylaxis (teeth cleaning) at twice per benefit period.
b. Periodontal maintenance. Coverage is limited to two procedures per one calendar year in addition to routine cleanings.
This allows for up to four services per calendar year.

Conclusion

A procedural deficiency and $110.40 overpayment has been identified. The processing protcol described by Delta Dental in this response is not supported by the language contained in the certificate of coverage.

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Limitation-Periodontics Maintenace-2018

Substantive Testing Questionnaire

Questionnaire ID:	**25**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Periodontics Maintenace-2018?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Evidence Based Integrated Care program (EBICP) was an added benefit starting 2018. Policy provided benefit for all 4 Periodontal Maintenance procedures in this benefit accumulation period due to registration in the program.
2. 02/02/2018 – 4910 Periodontal Maintenance
05/02/2018 – 4910 Periodontal Maintenance
08/14/2018 – 4910 Periodontal Maintenance
11/27/2018 – 4910 Periodontal Maintenance
SPD: Page 7: The Evidence Based Integrated Care program (EBICP) is an enhancement that provides expanded benefits for persons with diseases and medical conditions that have oral health implications.

Conclusion

No procedural deficiency. The registration by this WEFT member in the Evidence Based Integrated Care program (EBICP) allows for additional periodontal cleanings over the the plan limit of two per calendar year.

CLAIM TECHNOLOGIES INCORPORATED

Limitation-Periodontics Maintenace-2018

Substantive Testing Questionnaire

Questionnaire ID:	**26**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Periodontics Maintenace-2018?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Evidence Based Integrated Care program (EBICP) was an added benefit starting 2018. Policy provided benefit for all 3 Periodontal Maintenance procedures in the benefit accumulation period due to registration in the program.
2. 04/17/2018 – 4910 Periodontal Maintenance
08/28/2018 – 4910 Periodontal Maintenance
12/19/2018 – 4910 Periodontal Maintenance
SPD: Page 7 : The Evidence Based Integrated Care program (EBICP) is an enhancement that provides expanded benefits for persons with diseases and medical conditions that have oral health implications.

Conclusion

No procedural deficiency. The registration by this WEFT member in the Evidence Based Integrated Care program (EBICP) allows for additional periodontal cleanings over the the plan limit of two per calendar year.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Orthodontia over age

Substantive Testing Questionnaire

Questionnaire ID:	**27**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Orthodontia over age?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. Benefits were not exceeded. The Dependent was 18 when treatment commenced and bands were placed on May 31, 2018. The last payment was issued on September 5, 2018 for the August monthly Orthodontic payment. Dependent turned 19 on August 10, 2018 and no further payments were issued.

Conclusion

No procedural deficiency identified. No further payments were issued by Delta after August 2018.

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CLAIM TECHNOLOGIES INCORPORATED

Limitation-Over the Max 2016

Substantive Testing Questionnaire

Questionnaire ID:	**28**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are limited under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. Were benefits exceeded based on the plan limitation for Over the Max 2016?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. The Dependent received benefit in the amount of $934.80 toward the $1000.00 annual maximum. In addition Orthodontic benefit in the amount of $166 toward the $1500 lifetime Orthodontic maximum.
2. SPD page 5

Conclusion

No procedural deficiency has been identified. The dental maximum was not exceed because the pre-orthodontic work-up benefits paid were applied to the member lifetime orthontic maximum and not the member dental maximum.

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CLAIM TECHNOLOGIES INCORPORATED

Exclusion-Dental, Other Anesthesia

Substantive Testing Questionnaire

Questionnaire ID:	**29**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are excluded under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. How are claims for Dental, Other Anesthesia identified and investigated?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. DDWI's claims processing system uses the ADA CDT Dental Procedure Codes to identify each dental service. When billed with any covered service, benefit for Anesthesia is allowed.
2. See attached "WI ETF DD Implementation Meeting Minutes 8_14_2015"

Conclusion

A procedural deficiency and $176.00 overpayment have been identified. The charges for CDT 9243 should not have been covered as this service is not listed as a covered expense in the WETF certificate of coverage.

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CLAIM TECHNOLOGIES INCORPORATED

Exclusion-Dental, General Anesthesia

Substantive Testing Questionnaire

Questionnaire ID:	**30**
Client:	**Wisconsin Employee Trust Fund**
Audit Period:	**1/1/2016-12/31/2018**

The above referenced individual was identified by ESAS® as having incurred claim payment(s) for conditions which are excluded under this Plan.

The claim(s) for the treatment in question are listed below. Please respond to the following:

1. How are claims for Dental, General Anesthesia identified and investigated?

2. Provide the documentation that supports the payment of these claims.

Administrator's Response

1. DDWI's claims processing system uses the ADA CDT Dental Procedure Codes to identify each dental service. When billed with any covered service, benefit for Anesthesia is allowed.
2. See attached "WI ETF DD Implementation Meeting Minutes 8_14_2015"

Conclusion

A procedural deficiency and $132.80 overpayment have been identified. The charges for CDT 9223 should not have been covered as this service is not listed as a covered expense in the WETF certificate of coverage.

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STATE OF WISCONSIN
Department of Employee Trust Funds
Robert J. Conlin
SECRETARY

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Enter Date

Re: Member Name
ETF ID: xxxx-xxxx

Subscriber Name
Address 1
Address 2
City, ST zip

Dear Subscriber,

The Department of Employee Trust Funds was notified that your dental insurance coverage was terminated on Month DD, YYYY. $x,xxx.xx of dental claims were paid after your coverage ended. Due to state law (Wis. Stat. §40.08 (7)), you must repay this amount to ETF.

The next page details the claims that you must repay. Your options for repayment are:

1. Repay the dental claims costs by personal check, money order or online at etf.wi.gov/members/etf-e-payments.htm. You will receive an invoice shortly after this letter with payment options and instructions.

2. Select a monthly deduction or make a monthly payment arrangement through ETF's collections unit until the dental claims costs are paid in full.

If you do not make any payment within 30 days of this letter, and you currently receive a monthly benefit, ETF will automatically begin a monthly deduction from your monthly benefit to recover the overpayment.

Any unpaid balance after 180 days from the date of this letter begins to accrue interest at the rate of 7.2% per year. Please note, this is the current assumed interest rate and is subject to change. If you do not make a payment or are untimely with payments, ETF may pursue other recovery options.

For questions or to discuss repayment options, please contact ETF.

Sincerely,

Department of Employee Trust Funds
608-266-3285 • 1-877-533-5020 ext. 4-6637 • etf.wi.gov
Overpayments@etf.wi.gov

Re: Member Name
ETF ID: xxxx-xxxx

Overpaid Claims Information
HIPPA law restricts what kind of health care, prescription or dental care information ETF can provide to you. If you need more detailed information about the overpaid dental claims, please contact Delta Dental of Wisconsin:

- Web: www.deltadentalwi.com/state-of-wi
- Email: etfcustomerservice@deltadentalwi.com
- Phone: 1-844-337-8383

Any unpaid balance after 180 days from the date of this letter begins to accrue interest at the rate of 7.2% per year. Please note, this is the current assumed interest rate and is subject to change. You may wish to talk to your tax advisor to determine any tax implications your repayment of claims may have for you.

Claim number	Amount