



State of Wisconsin
Department of Employee Trust Funds
 4822 Madison Yards Way
 Madison, WI 53705-9100
 P. O. Box 7931
 Madison, WI 53707-7931

Contract by Authorized Board

Commodity or Service:

Contract No./Request for Proposal No:

Compliance Audits for the State of Wisconsin Uniform
 Dental Insurance Program Contract

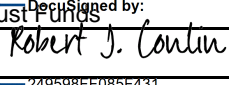
ETH0045

Authorized Board: State of Wisconsin Employee Trust Funds Board

Contract Period: April 1, 2019 and will extend unless and until either party gives the other one hundred eighty (180) days' notice of their intent to cancel this Contract.

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department or ETF) on behalf of the State of Wisconsin Employee Trust Funds Board (Board), and Claim Technologies Incorporated (Contractor), whose address and principal officer appear below. The Department is the sole point of contact for this Contract.
2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the Department Terms and Conditions, and the documents specified in the order of precedence below, hereby made a part of this Contract by reference.
3. Contractor's audit of the State of Wisconsin Uniform Dental Insurance Program Contract to begin April 2019, cover calendar years 2016, 2017, and 2018, and shall not exceed \$35,325.
4. For purposes of administering this Contract, the order of precedence is:
 - (a) This Contract dated March 20, 2019;
 - (b) Request for Proposal (RFP) ETH0045 dated October 17, 2018; and,
 - (c) Contractor's proposal dated November 26, 2018.

Contract Number & Service: ETH0045 Compliance Audits for the Uniform Dental Program Contract

State of Wisconsin Department of Employee Trust Funds	
Authorized Board: State of Wisconsin Employee Trust Funds Board	
By (Name): Bob Conlin, Secretary Department of Employee Trust Funds	
Signature:	DocuSigned by:  <small>249598FF085F431...</small>
Date of Signature:	3/20/2019

Contractor	
Legal Company Name: Claim Technologies Incorporated	
Trade Name: CTI	
Taxpayer Identification Number: 42-1414040	
Contractor Address (Street Address, City, State, Zip): 100 Court Avenue, Suite 306, Des Moines, IA 50309	
Name & Title of legal signatory Randall Brandt, Vice President	
Signature:	DocuSigned by:  <small>9AE709A6EUC9422...</small>
Date of Signature:	3/20/2019
Email: rbrandt@claimtechnologies.com Phone: 515-244-7322	

**CONTRACT COMPLIANCE AUDIT OF THE STATE UNIFORM DENTAL INSURANCE PROGRAM CONTRACT
COVERING CALENDAR YEARS 2016, 2017, and 2018.**

A. Statement of Work

1. Eligibility Verification of Every Claim by Date of Service
Contractor will match 100% of claims paid to the Department's eligibility records and determine if claims have been paid:
 - Prior to coverage effective date;
 - After coverage termination date;
 - During coverage gaps; or
 - To those not eligible for coverage.
2. Evaluate the process used by the vendor to identify irregular/duplicate claims and how those claims are investigated. Determine the appropriateness of the time line and length from finding an irregular claim to deeming it a claim that should be or should not be paid based on the contract requirements.
3. Evaluate the process the vendor uses to reimburse ETF for claims the agency paid but were found, after the vendor investigated, to be duplicate or fraudulent claims.
4. Evaluate claims from State of Wisconsin employees, retirees and dependents that were identified as irregular/duplicate claims. Determine if these claims were adequately resolved, based on the contract requirements. Determine the cause of any identified discrepancies and provide recommendations on how the process could be improved.
5. For a randomly selected three-month period, determine if a member is appropriately declined coverage because their Uniform Dental Benefit has lapsed. For all lapses in coverage, please include why the coverage lapsed (non-payment, COBRA ended, etc.), the status of the member (active state/local employee, continuant, state/local retiree), and type of plan (individual or family) if information is known.
6. Using a random sample size, review filed grievances for compliance with contract turnaround requirements.
7. Determine if vendor is fully and consistently performing services per the existing contract by evaluating a randomly selected three-year window during the audit period.

B. Audit Schedule

Event	Date
Entrance Conference	April 2019
Planning and evaluation of internal controls	May 2019
Data gathering, finalization of testing plan, sampling	June-July 2019
Detail testing and fieldwork	August 2019
Resolve expectations, file reviews, exit conference and report finalization	September 2019
Report due to ETF	September 30, 2019

C. Payment Schedule

Costs will not exceed \$35,325 and will be billed in a single invoice after the Department's satisfactory receipt of deliverables.