

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 Audit for the State of Wisconsin Uniform Dental Insurance Program Contract

ETH0045 Amendment #3 dated March 30, 2023

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 Amendment #3 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 the 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. Amendment #1 dated August 30, 2021 for Contractor's audit of the State of Wisconsin Uniform Dental Insurance Program Contract to begin April 2021, cover calendar years 2019 and 2020 pursuant to the attached scope of work, and shall not exceed \$36,135.
- 5. Amendment #2, effective June 1, 2022, Brown and Brown of Massachusetts, LLC hereby expressly assumes, confirms, and agrees to perform and observe all the obligations, agreements, terms and conditions, duties, and liabilities under this Contract.
- 6. Amendment #3, dated March 30, 2023 is for the audit of the State of Wisconsin Uniform Dental Insurance Program Contract covering calendar years 2021 and 2022 pursuant to the attached scope of work and shall not exceed \$36,135.
- 7. For purposes of administering this Contract, the order of precedence is:
 - (a) This Amendment #3 dated March 30, 2023:
 - (b) the Amendment #2 dated June 1, 2022:
 - (c) the Amendment #1 dated August 30, 2021;
 - (d) the Contract dated March 20, 2019;
 - (e) Request for Proposal (RFP) ETH0045 dated October 17, 2018; and,
 - (f) Contractor's proposal dated November 26, 2018.

Contract Number & Service: ETH0045 Amendment #3 Compliance Audit 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): A. John Voelker, Secretary Department of Employee Trust Funds Signature: Date of Signature: 3/30/2023

Contractor
Legal Company Name:
Brown and Brown of Massachusetts, LLC
Trade Name:
Taxpayer Identification Number: 27-4732361
Contractor Address (Street Address, City, State, Zip): 144 Turnpike Rd., Suite 330 Southborough, MA 01772
Name & Title of legal signatory Randall Brandt, Vice President
Signature: Kandall Brandt
Date of Signature: 3/31/2023
Email: rbrandt@claimtechnolgies.com Phone: 515-244-7322

Scope of Work

Uniform Dental Benefit Audit Statement of Work Plan Year 2021-2022

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 in accordance with the service agreement/contract, including determining if there were ineligible claims paid, including:

- Prior to coverage effective date.
- After coverage termination date.
- During coverage gaps; or
- To those not eligible for coverage.
- Evaluate the process used by the vendor to identify irregular/duplicate claims and how those claims are investigated.
 Determine the appropriateness of the timeline 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 any member in the sample group was appropriately declined coverage because their Uniform Dental Benefit 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, as mutually determined by the Department and Contractor at the Entrance Conference, 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 the two -year window during the audit period which includes claims accuracy (financial accuracy, accurate payment, and accurate processing), correctness of claim denials and claim turnaround time.
- 8. Ensure appropriate policies and procedures are in place regarding the following Review areas:
 - Affirmative action
 - Privacy
 - Disaster Recovery and business continuity
- 9. Validate the accuracy of claims billed to determine if claims were paid according to the plan specification and administrative agreement.
- 10. Review quarterly performance standards reports provided to ETF by Delta for reasonableness of reporting methodology and accuracy.

Performance Standard	Measure	Required Threshold		
File Transfers, Enrollment/Disenrollment, and ID Cards:				
Inquiry from ETF Staff on	Acknowledge within one (1) Business Day.	95%		
behalf of another agency	Complete response within 5 Business Days.	95%		
Telephone access for	Available 7:30 AM- 5PM CST Monday- Thursday,	98%		
Members	7:30AM- 4:30PM CST Friday, except legal State			

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	holidays and mutually agreed upon yearly Contractor Holiday Schedule	
Department Enrollment (File Transfer)	Upload enrollment files successfully, as scheduled	99%
Department Enrollment	Open enrollment - Complete enrollment by February 1 each year.	98%
	New hire or change in eligibility enrollments within ten (10) Business Days of receipt of completed paperwork.	98%
Census file accuracy	Reconcile to Department payroll records within five (5) Business Days of receipt.	99%
ID cards to members	Open Enrollment: Provide ID cards to Members as soon as possible, preferably by January 1 of each year, but in no case later than February 1 of each year (the threshold applies to the February 1 date).	98%
	New Hire or life event changes: Provide ID cards to Members within 10 Business Days of processing the enrollment or change.	98%
Disenrollment	Process all dis- enrollments within five (5) Business Days of receipt	98%
Claims Quality:		
Financial payment	Accuracy of paid benefit dollars. Calculated as the	>99.0%
accuracy	total amount of claim dollars paid correctly, divided by the total claim dollars paid, expressed as a percentage.	
Claim Processing Accuracy	Incidence of claims processed without any error. Calculated as the total number of claims processed correctly divided by the total number of claims processed. Processed is defined as the handling of a claim by paying, denying or closing it through a request for additional information. The claims processing accuracy measure recognizes all claim errors, not just errors that result in an under or over payment.	>97.0%
Claims Timeliness:		
Turnaround Time (TAT)	The timeliness of claims processing. TAT is measured from the date a claim is received to the date it is adjudicated (paid, denied or pended.)	>90% in 14 calendar days >99% in 30
		calendar days
Customer Services		
Call answered rate	The timeliness of customer service call answer	<35 seconds
Call abandonment rate	The percentage of calls that are abandoned before answer	Abandoned phone call rate is at 3% or less
First Call Resolution	First call resolution will be measured quarterly and is defined as a call that is resolved during or after the call is received and does not result in a follow-up call from the member or the contractor regarding the same issue within thirty (30) Calendar Days of the first call.	Service issues resolved on first phone call 98% of the time.
Response to Written Inquiry	The average time it takes to respond to written inquiries. Measured from the time a written inquiry is received until the inquiry is handled.	Response to written communication averages three (3) Business Days or less.

Quality Assurance Review Member Satisfaction:	The percentage of phone calls which are reviewed by leadership staff (lead worker, supervisor, manager, etc.) to ensure accurate information was given to State of Wisconsin members and appropriate coaching and training is given to any customer service representatives who fail to accurately respond to member inquiries or concerns. Calculated by taking # of calls monitored divided by total number of calls received for the State of Wisconsin queue.	At least 5% of calls are reviewed for accuracy and quality. This must be completed on a quarterly basis and reported to ETF.
Member Satisfaction	The percent of recognizes to the member	>80%
	The percent of responses to the member satisfaction survey indicating either satisfied or very satisfied.	
Member Complaint Rate	Percent of incoming calls from members, or from others on behalf of a member, which are indicating unsatisfactory or unacceptable service or situations. Number of dissatisfied callers divided by the total number of calls received for the State of Wisconsin queue.	Less than 2% of members file complaints
Response to Formal Complaint Rate	The average time it takes to respond to complaints. If the complaint is written, phone or email contact acknowledging receipt of the complaint must be attempted within one (1) Business Day of receipt of the complaint. Final resolution must be shared with ETF and complainant within three (3) Business Days of the initial complaint. Measured from the time a formal complaint is received until the inquiry is handled.	<1 business day to respond to complaints. <3 business days for proposed resolution to be shared with ETF
Website Availability	The amount of time that Contractor's website is unavailable in a given month must not exceed 6 non- peak hours. Total time in minutes that the website is unavailable.	Contractor's website cannot be unavailable for full participant access for more than 6 non-peak hours per month.
Network Utilization	The guarantee will apply to all ETF participants. The measurement tool will be the ratio of innetwork paid claim dollars over total paid claim dollars for the calendar year.	94% or higher
Claim Cost	Claim cost guarantee assumes the benefit plan design outlined in the current Uniform Dental Benefits. The claim cost guarantee is in effect only if there have been no material changes in number of covered employees, location and enrollment mix of subscribers. Material change is defined as plus or minus 10% of covered employees, new locations added to the plan, or a change in enrollment mix of plus or minus 5%. Reported quarterly; assessed based on full calendar year experience.	Year 1: \$54.70 Year 2: \$55.25

2023 Audit Schedule

Event	Date
Entrance Conference	April 2023
Planning and evaluation of internal controls	May 2023
Data gathering, finalization of testing plan, sampling	June-July 2023
Detail testing and fieldwork	August 2023
Resolve expectations, file reviews, exit conference and report finalization	September 2023
Final Report due to ETF	September 29, 2023