

Claim Administration Audit

SPECIFIC FINDINGS REPORT

**State of Montana Dental Plans
Administered by Delta Dental Insurance Company**

Audit Period: January 1, 2016 through December 31, 2017

Presented to

State of Montana

June 28, 2018

Presented by



**CLAIM TECHNOLOGIES
INCORPORATED**

Known in Montana as CTI Claim Audit Technologies Corp.

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INTRODUCTION

This **Specific Findings Report** contains information, findings, and conclusions from CTI’s audit of Delta Dental Insurance Company’s (Delta Dental’s) claim administration of the State of Montana (the State) 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 **Specific Findings Report** to both the State, the plan sponsor and Delta Dental, the claim administrator. We have included a copy of Delta Dental’s response to these findings in Appendix B of this report.

The information in this report is confidential and intended for the sole use of the Montana legislature, the State of Montana, Delta Dental and CTI in their efforts to serve the interests of the plan participants of the State of Montana Medical Plans.

We base our audit findings on the data and information provided by the State and Delta Dental and the validity of those findings rely upon the accuracy and completeness of that information. CTI conducted the audit according to the standards and procedures accepted and in practice for claim audits in the health insurance industry. We have observed all confidentiality, non-disclosure and conflict of interest requirements with respect to the audit process and have not received anything of value or any benefit of any description while performing audit services.

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 the State 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 your claim administrator’s policies, procedures, processes, and systems relative to claims paid for the State during the audit period.

Audit Objectives

The objectives of CTI’s audit of Delta Dental claims administration were to:

- Determine whether the administrator followed the terms of the services agreement;
- Determine whether the administrator paid claims according to the provisions of the plan documents and if those provisions were clear and consistent;
- Determine whether members were eligible and covered by the sponsor’s dental plans at the time a service paid by Delta Dental was incurred;
- Determine whether any fundamental systems or processes associated with claim administration or eligibility maintenance may need improvement.

Audit Scope

CTI audited Delta Dental’s claim administration of the State dental plans for the period of January 1, 2016 through December 31, 2017. The population of claims and amount paid during that period were:

Total Paid Amount	\$15,265,983
Total Number of Claims Paid/Denied/Adjusted	109,588



The audit included the components described below:

1. Operational Review

- Operational Review 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
- Review, identification, and resolution of ambiguities and inconsistencies

3. 100% Electronic Screening with 10 Targeted Samples (ESAS®)

- Systematic analysis of 100% of paid services
- Problem identification and quantification

4. Random Sample Audit of 108 Claims

- Statistical confidence at 95% +/- 3%
- Performance level determined for Key Indicators
- Benchmarking
- Problem identification and prioritization
- Recommendations

OPERATIONAL REVIEW

Objective

The objectives of the Operational Review were to evaluate the systems, staffing, and procedures related to Delta Dental's claim administration of the State plans and to observe any deficiencies that might materially affect their ability to control risk and accurately pay claims on behalf of the plans.

Scope

The scope of the Operational Review included:

- Claim administrator information
 - Insurance and bonding of the claim administrator
 - Conflicts of interest
 - Internal audit
 - Financial reporting
 - Business continuity planning
 - Claim payment system and coding protocols
 - Security of data and systems
 - Staffing
- Claim funding
 - Claim funding mechanism
 - Check processing and security
 - COBRA/direct pay premium collections
- Claim adjudication, customer service, and eligibility maintenance procedures
 - Exception claims 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 gathered information from Delta Dental through the use of an operational review questionnaire. We model our questionnaire after the audit tool used by Certified Public Accounting firms when conducting an SSAE-16 audit of a service administrator. We modified that tool to obtain information specific to the administration of your plans.

Through our review of your administrator's responses and the supporting documentation they provided to us, we gained an understanding of the procedures, staffing and systems-related to the administration of the State plans. This allowed us to more effectively conduct your audit.

In addition to the operational review questionnaire, we used our proprietary ESAS® software to identify the best cases to test operational processes. We selected a targeted sample of 10 cases and distributed a substantive testing questionnaire to collect information on each. Your administrator’s responses were used to validate that procedures were followed to control risk and accurately pay claims.

List of ESAS screening categories used to identify candidate cases for operational review testing:

ESAS® Screening Categories
Duplicate Payments to Providers and/or Employees
Fraud, Waste, and Abuse
Subrogation/Right of Recovery from Third Party
Workers’ Compensation
Coordination of Benefits
Specific Reinsurance Reimbursements (if applicable)
Large Claim Review
Case Management
Provider Discounts and Fees
Dependent Child Eligibility

Findings

Claim Administrator Information

CTI reviewed information about Delta Dental including background information, financial reports, types and levels of insurance protection, dedicated staffing, systems and software, the disclosure of fees and commissions, performance standards and internal audit practices. From our review we offer the following observations:

- Delta Dental assigned a sales account executive and account manager to the State who oversaw the account, provided service support, and managed renewals.
- Delta Dental complied 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. 16, reporting on controls at a service organization. Under SSAE 16, the administrator was required to provide its own description of its system, which the auditor validates. For the period of January 1, 2017 through June 30, 2017, the administrator’s external auditor, Armanino LLP, did not note any deviations in the system development and change, physical access, logical access, computer operations, tape management and backup of systems, and claims processing controls tested. A bridge letter signed by Delta Dental’s Chief Financial Officer verified no material changes to controls occurred during the period of July 1, 2017 through November 30, 2017.
- Delta Dental provided copies of certificates of liability that showed coverage of \$15,000,000 for financial institution bond, \$10,000,000 for managed care errors and omissions and \$5,000,000 for cyber-liability. The State should review the limits of coverage with its own risk management experts to confirm the coverage is adequate to protect Delta Dental in the event of loss.

- Delta Dental provided documentation of its business continuity and disaster recovery program for protecting customer data and safeguarding business functions and assets in case of disaster or other business interruptions. The program included recovery of customer-facing systems in as little as 12 hours, core claims system recovery in 24 hours and peripheral work and reporting systems recovered within 72 hours of a disaster. The program was fully documented and tested annually to ensure it was current, fully functional and addresses current operational processes.
- Delta Dental reported there were performance standards in place for administration of the State's account for claims turnaround time, claims accuracy, customer service response time, account management, provider monitoring and timely reporting. For 2016, all the measures were met and no penalties were assessed. Delta Dental noted an additional eligibility measure was added to process 834 eligibility files within 24 hours and to issue ID cards within 10 business days.
- Delta Dental used MetaVance claims processing system, deployed in 2007, as well as internally created software to detect and identify coding issues for correction or additional review such as unbundling.
- Delta Dental verified no processing functions were outsourced to any subcontractors during the audit period.

Claim Funding

CTI reviewed information specific to controls and procedures related to claim checks including claim funding, fund reconciliation, handling of refunds and returned checks, large check approval, security, disposition of stale checks and appropriate audit trail reports, and COBRA and retiree/direct pay premium collection. From our review we offer the following observations:

- Delta Dental used appropriate levels of security and control within its claim funding and check issuance procedures to protect the plan's interest and ensure all transactions were performed by authorized personnel only.
- Overpayments to participating dentists were requested or recovered by withholding from future checks with no minimum required. For enrollees, the duplicate payment was applied to any incoming claim before the balance was paid. If Delta Dental was responsible for an irretrievable overpayment, it credited the client's account at its own expense.
- Large claim checks did not require special review as claims involving procedures with higher dollar amounts or complicated procedures typically required professional review by dental consultants who reviewed for clinical appropriateness, procedures not adequately described by CPT code, as well as claims for exceptional utilization.
- Delta Dental provided documentation of claim system security controls that included user ID, password protection, role-based access, and separation of duties. Many applications had their own access controls and changes to access privileges were approved by management and security. Access privileges were reviewed twice annually.
- The ability to override system edits and limitations was tightly controlled by job function and group benefits could not be overridden. Claims flagged for further review could only be released for payment or denial by dental consultants.
- Delta Dental handled stale or outdated checks in accordance with applicable State escheat laws.

Claim Adjudication, Customer Service, and Eligibility Maintenance Procedures

CTI reviewed information specific to the controls and procedures used by Delta Dental related to enrollment, eligibility maintenance, and processing of claims. From our review we offer the following observations:

- Delta Dental had adequately documented training, workflow, procedures, and systems to provide consistently high levels of accuracy in the processing of claims and enrollment.
- Claims submitted for payment were entered into the Formworks system and moved to Delta Dental's work management system, MACESS after which they might auto-adjudicate or be suspended and routed for handling. Approximately 5% of all claims were handled by claims examiners.
- Delta Dental collected coordination of benefits (COB) information during initial enrollment and accepted updates at any time. If a primary carrier was identified, it was loaded into the system for the next claim submission. Provider-submitted claims with missing COB information were denied until complete information, including EOB, were provided. If a claim was processed and other coverage was later discovered, Delta Dental would pursue the COB.
- COB savings was calculated by Delta Dental by dividing total savings by total enrollment (members) but it did not report COB savings separately for the State. We recommend the State request a COB savings report for its plan to understand how its plan uses COB.
- Eligibility verification and updates were provided to Delta Dental electronically by the State on Wednesdays on a bi-weekly basis.
- The standard percentile for usual, customary and reasonable varied by state and in Montana, the PPO plan provided an average discount of 25.6% off submitted fees while the Premier plan provided an average of 18.8% off submitted fees.
- Approximately 69% of the claims for the State were submitted electronically which decreased administrative costs associated with handling paper claims and eliminated the potential for manual data entry errors. For manually-submitted claims, Delta Dental used system edits to detect erroneous data and anomalies in dental practice patterns.
- The State's plan provided the freedom to visit any licensed dentist but out-of-pocket costs were lower with participating providers. Delta Dental provided two networks – the PPO and the Premier. Out-of-pocket costs were the lowest with PPO providers while the Premier contracted fees were typically higher than the PPO but lower than those of non-Delta Dental dentists.
- Delta Dental provided a copy of its complaint log for the audit period that showed a total of 37 complaints, 68% of which were upheld and 32% were overturned.
- Claim turnaround time was measured from the date the claim was received to the date the adjudication process was completed. If a claim was adjudicated on the date of receipt, the calculated turnaround time was one day. Adjustment turnaround time was calculated in the same way.
- In-house dental consultants were used for review of claims and pre-treatment estimates. The consultants had DDS/DMD degrees, active, unencumbered dental licenses and a minimum of five years' experience in dental practice. Delta Dental reported of all dental claims processed, approximately 1% were forwarded to a dental consultant for review. Dental policies

recommended by the Professional and Consultant Review areas achieved over 3% savings off of all submitted charges. Savings from Dental Consultant review were not separately reported and we encourage the State to investigate if a report of dental consultant savings for their plan can be generated.

- Delta Dental had a dedicated Network Oversight and Compliance department for detecting and investigating fraud and abuse. Team members had bachelor's degrees in criminal justice or a related field as well as several years of dental claims auditing experience or more than 10 years of dental claims/office experience.
- Delta Dental used Business Objects to analyze billing and utilization patterns to identify dentists who may have engaged in questionable activities. It was also used for practice interventions when needed. Suspected cases of fraud were referred to appropriate federal, state or local enforcement agencies.
- Delta Dental was a member of National Health Care Anti-Fraud Association (NHCAA), a private-public partnership consisting of more than 100 private health insurers and public-sector law enforcement and regulatory agencies with jurisdiction over health care fraud committed against both private payers and public programs. The Credentialing department monitored the federal reports of the Office of Inspector General (OIG) and the System for Award Management (SAM) on a monthly basis for Medicare and Medicaid fraud.

HIPAA Compliance

CTI reviewed information specific to the systems and processes Delta Dental had in place to maintain compliance with HIPAA regulations. The objective of this questionnaire segment was to determine if the administrator was aware of the HIPAA regulations and was compliant at the time of the audit. From our review we offer the following observations:

- Delta Dental had appropriate levels of security and controls in place to protect the plan sponsor's plans records and data and was compliant with HIPAA requirements at the time of the audit.
- Delta Dental provided a copy of its HIPAA Program Overview. Company-wide compliance with HIPAA was under the oversight of the Department of Risk, Ethics and Compliance who tracked, analyzed and implemented enacted federal and state laws and regulations for the enterprise.
- During the audit period, Delta Dental reported one HIPAA breach when an EOB was sent to an incorrect address triggering notification requirements.

ESAS and Targeted Samples of Administrative Procedures

We tested Delta Dental's controls and procedures by selecting specific claim cases processed during the audit period. We prepared substantive testing questionnaires for each and sent to the administrator for completion. A CTI auditor reviewed the responses and supporting documentation.

PLAN DOCUMENTATION ANALYSIS

Objective

The objective of the Plan Documentation Analysis was to evaluate the documents governing the administration of the State’s dental plans and identify inconsistencies, ambiguities, or mission provisions that might negatively impact accurate claim administration. Through this evaluation, we gained an understanding of Delta Dental’s administrative service responsibilities related to claim administration of the State’s dental plans. This understanding allowed us to be more effective throughout the audit.

Scope

Our auditors evaluated the following:

- Plan documents, descriptions and amendments
- Administrative services agreement

Methodology

CTI obtained a copy of the plan documentation from the State and/or Delta Dental. Our auditors reviewed the applicable documents closely to better understand the provisions your administrator should be applying to adjudicate all dental claims. To assist in understanding your plan provisions we used a tool developed for this purpose called a benefit matrix. 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.

CTI obtained clarification from the State regarding any inconsistencies in the plan documents. The benefit matrix was then used by our auditors as a cross-reference tool as they audited claims.

Findings

CTI did not identify any inconsistencies, ambiguities, or mission provisions in our Plan Documentation Analysis.

100% ELECTRONIC SCREENING WITH TARGETED SAMPLES (ESAS®)

Objective

The objective of our 100% Electronic Screening with Targeted Samples (ESAS) was to identify and quantify potential claim administration payment errors. If over or underpayments were identified and subsequently verified, the State and Delta Dental can work together to determine an appropriate resolution to correct the errors.

Scope

CTI electronically screened 100% of the 270,407 service lines processed by Delta Dental during the audit period. The accuracy and completeness of the data provided by the administrator directly impacted the screening categories we were able to complete 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 Limitations and Exclusions
- Multiple Procedures

Methodology

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

- *Electronic Screening Parameters Set* – We used the provisions of the State’s dental plan documents to set the parameters in our electronic screening system.
- *Data Conversion* – We converted and validated the claim data provided by Delta Dental and reconciled it against control totals and checked for reasonableness.
- *Electronic Screening* – We systematically screened 100% of the service lines processed by Delta Dental and flagged claims not processed according to plan parameters.
- *Auditor Analysis* – If flagged claims within an ESAS screening category represented a material amount, our auditors analyzed the category findings to confirm results were valid. When using electronic screening to identify payment errors, false positives might have occurred because claim data was incomplete. CTI auditors made every effort to identify and remove false positives.
- *Targeted Samples* – From the categories identified with material amounts at risk, we selected the best examples of potential over or underpayments to test. As cases were not randomly selected, we do not extrapolate test results. For this audit, we selected a total of 10 flagged cases and sent a substantive testing questionnaire for each to Delta Dental for completion. Targeted samples verified if the claim data provided by the administrator supported our electronic screening; and, if our understanding of the plan provision governing how that service should be adjudicated matched that of Delta Dental.
- *Audit of Administrator Response and Documentation* – We reviewed the questionnaire responses. Questionnaire responses have been redacted to eliminate personal health information. Based on Delta Dental’s responses and further analysis of the ESAS findings we removed any false positives that could be systematically identified from the potential amounts at risk.

Findings

While we are confident in the accuracy of our ESAS results, please note the dollar amounts associated with the results represent **potential** payment errors and process improvement opportunities. Additional testing would be required to substantiate findings and 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 substantive testing results, findings, and recommendations for all screening categories where, in our opinion, process improvement or recovery/savings opportunities exist.

ESAS Summary Report

Categories for Potential Amount At Risk					
Client: State of Montana					
Screening Period: January 1, 2016 through December 31, 2017					
Category	Lines	Claimants	Charge	Benefit	Potential at Risk
Plan Exclusions					
Dental, Miscellaneous Services	560	530	\$46,124	\$37,466	\$37,466

Plan Exclusions

Electronic screening of all service lines processed revealed services potentially overpaid as a result of paying for services excluded in the plan documents. Our analysis of the service lines confirmed the potential for process improvement and the overpayment of claims proved to be sufficiently material to warrant further testing.

We sent substantive testing questionnaire (QID) numbers 1 - 10 to Delta Dental for their written response. After review of their response and any additional information provided, CTI confirmed the potential for process improvement of overpayment of claims.

Recommendations

Subcategory	Potential Recovery Amount	Number of Claimants	Recommendations
Dental, Miscellaneous Services	\$37,466	530	Discuss the need for a Dental, Miscellaneous Services focused audit with Delta to determine recovery potential on these claims and see if system edits could be refined to prevent paying claims that are generic in description and possibly ineligible.

Detail Report

QID	Error Description	Overpayment	Administrator Response	Final CTI Response
7	Miscellaneous Charge	\$20.80	Agree, MetaVance failed to flag procedure code for review.	Error. Code is used for adjunctive treatment (Medical not Dental) and would not be eligible per exclusions listed in the plan document.

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 prioritize areas of administrative deficiency for further review and remediation.

Scope

The scope of our Random Sample Audit included a stratified random sample of 108 paid or denied claims. We audited the claims at CTI's office in Des Moines, IA. 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 this audit sample is in Appendix A.

The administrator's performance was measured using Key Performance Indicators as follows:

- Financial Accuracy
- Accurate Payment
- Accurate Processing

We also measured claim turnaround time, which is a commonly relied upon measurement of claim administration performance.

During the audit process, our auditors may have made additional observations regarding processes or payments that went beyond the agreed-upon scope. If so, we have also documented them later in this section of the report.

Methodology

CTI's random sample audit ensures a high degree of consistency in methodology and is based upon the principles of statistical process control with a management philosophy of continuous quality improvement. Each sample claim selected was reviewed to ensure it conformed to the plan specifications, agreements, and negotiated discounts. We recorded findings in CTI's proprietary audit system.

When applicable, we cited errors if a claim was paid or processed incorrectly based on member eligibility or plan provisions as defined in the plan documents. We observed payment errors based on 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 with the administrator about any errors or observations in writing using system generated observation response forms. We sent a preliminary report to Delta Dental for its review and response in writing. We considered Delta Dental's response, as found in Appendix A, when producing the final reports.

Findings

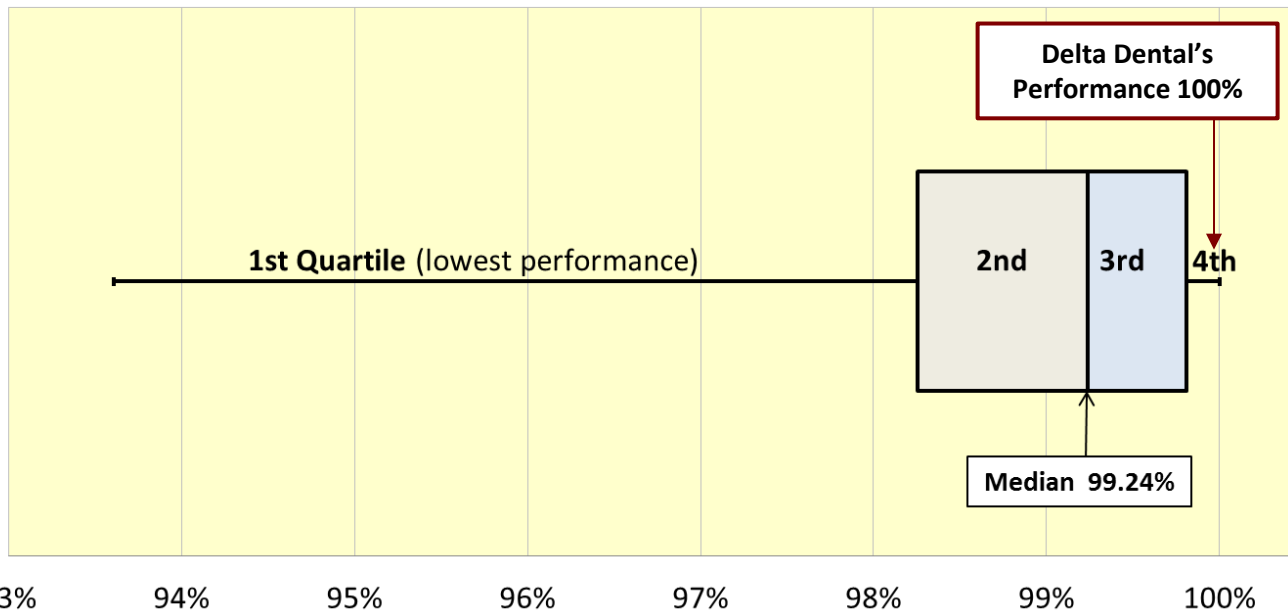
Financial Accuracy

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 no underpayments and no overpayments, for a combined variance of \$0. The correct payment total for the adequately documented claims in the audit sample should have been \$23,966.20.

The weighted Financial Accuracy Rate for the claims sampled was **100%**.

The following box and whiskers chart demonstrates Delta Dental's performance as compared to the last 40 dental audits performed by CTI. The fourth quartile represents the highest 10 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.

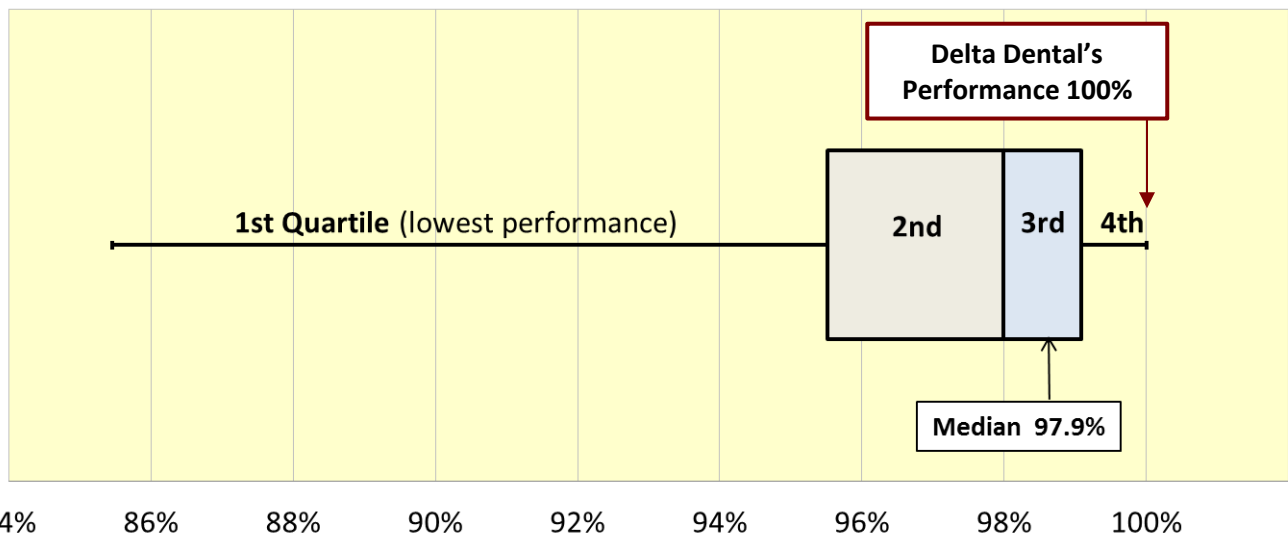


Accurate Payment

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 0 incorrectly paid claims and 108 correctly paid claims. Note CTI only uses adequately documented claims for this calculation.

Total Claims	Incorrectly Paid Claims		Frequency
	Underpaid Claims	Overpaid Claims	
108	0	0	100%

The following box and whiskers chart demonstrates Delta Dental's performance as compared to the last 40 dental audits performed by CTI. The fourth quartile represents the highest 10 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.



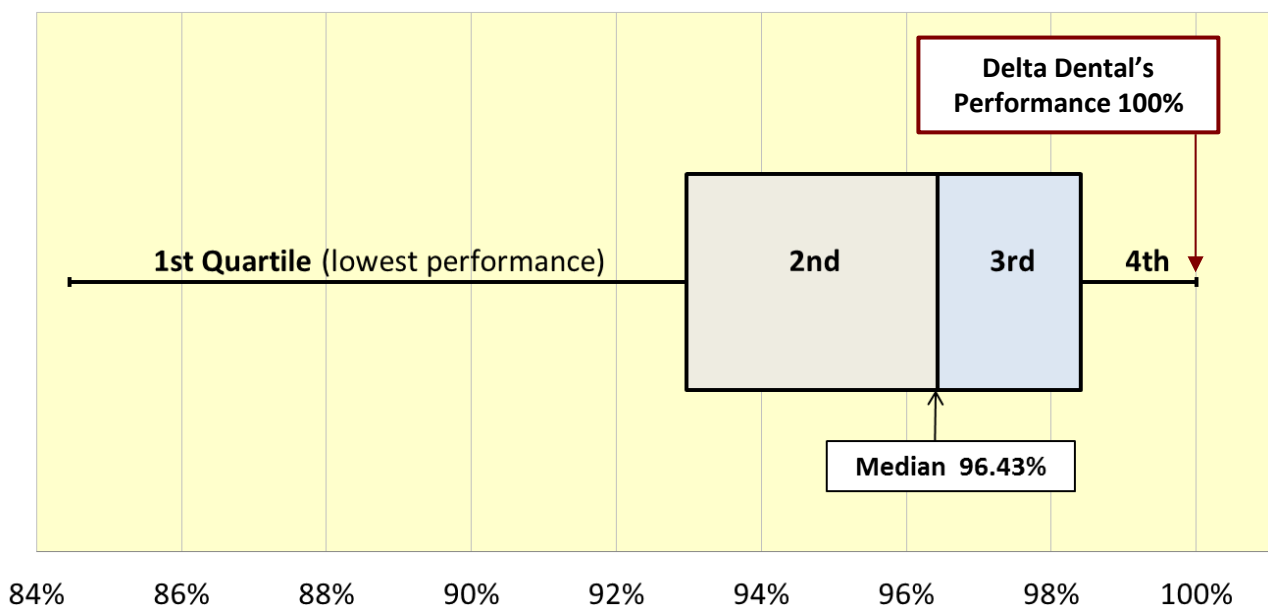
Accurate Processing

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	
108	0	0	100%

The following box and whiskers chart demonstrates Delta Dental's performance as compared to the last 40 dental audits performed by CTI. The fourth quartile represents the highest 10 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.



Claim Turnaround

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

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

Same day turnaround on claims is the fastest turnaround time that can be achieved – but it is not necessarily the best turnaround time. The administrator should balance claim turnaround by handling all types of claims as efficiently as possible.

Median	Mean	+45 Days to Process
2	5	1



APPENDIX

APPENDIX A – SAMPLE CONSTRUCTION AND WEIGHTING METHODOLOGY

Claim Universe (as converted)

Stratum	Claim Count	Total Charge Amount	Total Paid Amount
1	81,566	\$11,504,881	\$7,129,235
2	12,934	\$4,306,712	\$1,900,646
3	15,088	\$20,003,792	\$6,236,102
Total	109,588	\$35,815,384	\$15,265,983

Audit Stratification

Stratum	Audit Universe (# Claims)	Proportion (Weight by Count)	Sample
1	81,566	74.43%	36
2	12,934	11.80%	51
3	15,088	13.77%	21
Total	109,588	100.00%	108

Audit Sample Overview

<u>Category</u>	<u>Count</u>	<u>Paid</u>
Claims requested for audit	108	\$23,966.20
Claims for which records not received	0	\$0.00
Claims outside scope of audit	0	\$0.00
Claims as entered included in audit sample	108	\$23,966.20
Audit sample if all claims paid correctly	108	\$23,966.20
Claims with inadequate documentation	0	\$0.00
Total claim payments remaining in audit sample	108	\$23,966.20

APPENDIX B – ADMINISTRATOR RESPONSE TO DRAFT REPORT



Delta Dental Insurance Company

March 9, 2018

Ms. Vivian Hayashi
Claim Technologies Incorporated
100 Court Avenue, Suite 306
Des Moines, IA 50309-2295

RE: State of Montana Dental Plan Audit

Dear Ms. Hayashi:

Thank you for the opportunity to review the draft audit report for our mutual client, State of Montana. As always, CTI has done a thorough and comprehensive review and we appreciate the opportunity to partner with you.

Based on CTI and Delta Dental's review of the 2016 and 2017 claims, we are proud to report that all were processed properly with the exception of one claim.

Questionnaire ID 7- In review, our system processed the claim accurately. The claim required review by a claim examiner due to the procedure code referenced in the claim. This claim was manually processed, which resulted in a \$20.80 payment made in error on behalf of the claim examiner.
Corrective action- Additional training has been provided to the examiner.

We look forward to jointly discussing the results of the audit at a future meeting. If you have any questions, please contact me at bchandler@delta.org or 1-406-449-0255.

Once again, thank you for your continued partnership.

Sincerely,

Chris Hinds
Director, Account Services

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