



Office of Audit Services
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January 15, 2009

Report Number: A-01-08-00605

Mr. Eugene Pastore
Director of Health Benefits
Room 807
1 City Hall Square
Boston, Massachusetts 02201

Dear Mr. Pastore:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Review of Retiree Drug Subsidy Costs Reported by the City of Boston for Plan Years 2006 and 2007." We will forward a copy of this report to the HHS action official noted below.

Pursuant to the principles of the Freedom of Information Act, 5 U.S.C. § 552, as amended by Public Law 104-231, OIG reports generally are made available to the public to the extent the information is not subject to exemptions in the Act (45 CFR part 5). Accordingly, this report will be posted on the Internet at <http://oig.hhs.gov>.

If you have any questions or comments about this report, please direct them to the HHS action official. Please refer to report number A-01-08-00605 in all correspondence.

Sincerely,

Michael J. Armstrong
Regional Inspector General
for Audit Services

Enclosure

HHS Action Official:

Nanette Foster Reilly, Consortium Administrator
Consortium for Financial Management and Fee for Service Operations
Centers for Medicare & Medicaid Services
601 E. 12th Street, Room 235
Kansas City, Missouri 64106

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**REVIEW OF RETIREE DRUG
SUBSIDY COSTS REPORTED BY
THE CITY OF BOSTON FOR
PLAN YEARS 2006 AND 2007**



Daniel R. Levinson
Inspector General

January 2009
A-01-08-00605

Office of Inspector General

<http://oig.hhs.gov>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

Section 101 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) established a Retiree Drug Subsidy program effective January 1, 2006. Under the program, the Centers for Medicare & Medicaid Services (CMS) makes subsidy payments to sponsors (employers and unions) of qualified retiree prescription drug plans for each qualifying retiree covered under the plan.

A qualifying covered retiree is a Part D eligible individual who is not enrolled in a Part D plan but who is covered by a qualified retiree prescription drug plan. The subsidy payments for each qualifying covered retiree generally equal 28 percent of allowable retiree costs that are incurred within the effective and termination dates of both the retiree's plan (coverage dates) and the subsidy period approved by CMS (subsidy dates).

The City of Boston, Massachusetts (Boston), offers prescription drug coverage to its retired employees through six plans covered by three insurers. The subject of our audit was the Master Medical Carve Out AB (Master Medical) plan, which had the largest enrollment of Boston's six plans for both plan years 2006 and 2007. Boston received approximately \$1.6 million in plan year 2006 subsidy payments and \$3 million in plan year 2007 interim subsidy payments for costs reported under the Master Medical plan.

OBJECTIVE

Our objective was to determine whether Boston's reported drug costs under the Master Medical plan were incurred within each qualifying covered retiree's coverage and subsidy dates.

SUMMARY OF FINDINGS

For plan years 2006 and 2007, Boston had correctly reported drug costs that were incurred under its Master Medical plan within each qualifying covered retiree's coverage and subsidy dates. Accordingly, this report contains no recommendations.

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INTRODUCTION

BACKGROUND

Retiree Drug Subsidy Program

Section 101 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) established a Retiree Drug Subsidy (RDS) program effective January 1, 2006. Under the program, the Centers for Medicare & Medicaid Services (CMS) makes subsidy payments to sponsors (employers and unions) of qualified retiree prescription drug plans for each qualifying retiree covered under the plan. A qualifying covered retiree is a Part D eligible individual who is not enrolled in a Part D plan but who is covered by a qualified retiree prescription drug plan. The subsidy payments for each qualifying covered retiree generally equal 28 percent of allowable retiree drug costs.

Retiree Lists and Response Files

Medicare requires that the sponsor of a qualified retiree prescription drug plan submit an RDS program application with a list of qualifying covered retirees to CMS each year.¹ The submitted list should include retiree identification information as well as the dates that the plan sponsor provided the retiree with coverage under the plan. These dates are referred to as the coverage effective and termination dates (coverage dates).

To determine whether a submitted retiree is a Part D eligible individual who is not enrolled in a Part D plan, CMS queries the Medicare Beneficiary Database. CMS uses the results of this query to determine the periods of time during the plan year when the retiree is eligible for the subsidy. CMS includes the subsidy effective and termination dates (subsidy dates) in the retiree response file that it returns to the plan sponsor.

Retiree Drug Cost Reporting

Plan sponsors, or their vendors, must accumulate individual retiree drug costs and prepare and submit aggregated cost reports to CMS before requesting subsidy payments.² Costs should be reported only if they are incurred within both the retiree's coverage and subsidy dates.

¹CMS also recommends that plan sponsors submit updated retiree lists on a periodic basis to reflect changes to previously reported retiree information and to report new retiree information.

²Plan sponsors can elect to receive interim subsidy payments based on costs reported to date. A plan sponsor receiving interim payments is required to reconcile interim payments within 15 months after the end of its plan year. CMS will make any necessary adjustments to interim payments for the plan year when the reconciliation is completed.

City of Boston

The City of Boston, Massachusetts (Boston), offers prescription drug coverage to its retired employees under six qualified retiree prescription drug plans through three insurers. The subject of our audit was the Master Medical Carve Out AB (Master Medical) plan, which had the largest enrollment of Boston's six plans for both plan years 2006 and 2007. Boston used an outside vendor to report prescription drug costs to CMS. Boston received approximately \$1.6 million in plan year 2006 subsidy payments and \$3 million in plan year 2007 interim subsidy payments for costs reported under the Master Medical plan.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether Boston's reported drug costs under the Master Medical plan were incurred within each qualifying covered retiree's coverage and subsidy dates.

Scope

We reviewed Boston's Master Medical plan year 2006 covered retiree list and plan year 2007 retiree response and notification files, as well as the plan year 2006 reconciliation cost report and the plan year 2007 interim cost report that Boston submitted to CMS in September 2007.

We limited our review of Boston's internal controls to those applicable to reporting drug costs for qualifying covered retirees within valid coverage and subsidy periods because our objective did not require an understanding or assessment of all internal controls over the reporting of drug costs.

We performed our audit work from May through September 2008.

Methodology

To accomplish our objective, we:

- reviewed applicable laws, regulations, and Medicare program guidance;
- reviewed the plan year 2006 covered retiree list and the plan year 2007 retiree response and notification files to determine retiree subsidy dates;
- reviewed detailed drug costs supporting the plan year 2006 reconciliation cost report and the plan year 2007 interim cost report to determine when prescriptions were filled; and

- correlated retiree eligibility data to detailed drug cost data to determine whether prescriptions were filled within each qualifying covered retiree's coverage and subsidy dates.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our conclusion based on our audit objective.

RESULTS OF REVIEW

For plan years 2006 and 2007, Boston had correctly reported drug costs that were incurred under its Master Medical plan within each qualifying covered retiree's coverage and subsidy dates. Accordingly, this report contains no recommendations.