

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL GOVERNMENT
SERVICES PROPERLY CLAIMED
ALLOWABLE ADMINISTRATIVE
COSTS FOR THE LAST THREE
QUARTERS OF FISCAL YEARS
2011 AND 2012 UNDER
MEDICARE CONTRACT 00450**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Gloria L. Jarmon
Deputy Inspector General
for Audit Services

September 2017
A-05-16-00035

Office of Inspector General

<https://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:

Office of Audit Services

The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

Office of Evaluation and Inspections

The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness of departmental programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

Office of Investigations

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in all 50 States and the District of Columbia, OI utilizes its resources by actively coordinating with the Department of Justice and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, and/or civil monetary penalties.

Office of Counsel to the Inspector General

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.

Notices

THIS REPORT IS AVAILABLE TO THE PUBLIC
at <https://oig.hhs.gov>

Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG website.

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.

Report in Brief

Date: September 2017

Report No. A-05-16-00035

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

The Centers for Medicare & Medicaid Services (CMS) contracted with National Government Services (NGS) to process Part A claims under Medicare contract 00450. CMS requested that we perform an audit of NGS's Medicare Part A final administrative cost proposal (FACP) for the last three quarters of fiscal years (FYs) 2011 and 2012.

How OIG Did This Review

We reviewed 310 samples from eight cost pools to determine whether the costs claimed were reasonable, allowable, and in compliance with Federal Acquisition Regulations and other applicable criteria. We limited our internal control review to those controls related to the recording and reporting of costs on the cost proposals.

National Government Services Properly Claimed Allowable Administrative Costs for the Last Three Quarters of Fiscal Years 2011 and 2012 Under Medicare Contract 00450

What OIG Found

The \$69,857,387 in costs covered by our review was allowable under the terms of the Medicare contract and applicable Federal regulations.

What OIG Recommends

This report contains no recommendations.

TABLE OF CONTENTS

INTRODUCTION..... 1

 Why We Did This Review 1

 Objective 1

 Background 1

 How We Conducted This Review 1

RESULTS OF REVIEW 2

APPENDICES

 A: Audit Scope and Methodology 3

 B: Federal Regulations for Final Administrative Cost Proposals5

INTRODUCTION

WHY WE DID THIS REVIEW

The Centers for Medicare & Medicaid Services (CMS) contracted with National Government Services (NGS) to process Part A claims as a fiscal intermediary under Medicare contract 00450. CMS requested that we perform an audit of NGS's Medicare Part A final administrative cost proposal (FACP) for the last three quarters of fiscal years (FYs) 2011 and 2012.

OBJECTIVES

Our objectives were to determine whether (1) the FACP fairly presented the costs of program administration and (2) the costs were reasonable, allowable, and allocable in accordance with the cost principles contained in part 31 of the Federal Acquisition Regulation (FAR) and the Medicare Part A contract.

BACKGROUND

Title XVIII of the Social Security Act established the Medicare program. CMS administers the Medicare program through contractors, including Part A fiscal intermediaries that process and pay Medicare claims submitted by health care providers. Contracts between CMS and the Medicare contractors define the functions to be performed and provide for the reimbursement of allowable administrative costs incurred in the processing of Medicare claims.

Following the close of each Federal FY, contractors submit to CMS an FACP that reports the Medicare administrative costs incurred during the year. The FACP and supporting data provide the basis for the CMS contracting officer and contractor to negotiate a final settlement of allowable administrative costs. When claiming costs, Medicare contractors must follow cost reimbursement principles contained in part 31 of the FAR and other applicable criteria.

NGS processed Part A claims in four states from January 1, 2011, through September 30, 2012, under Medicare Part A contract 00450. During this period, NGS claimed administrative costs totaling \$70,582,526. Of this amount, we reviewed \$69,857,387 in administrative costs, but excluded \$725,139 in pension costs that will be the subject of a separate review.

HOW WE CONDUCTED THIS REVIEW

We reviewed 310 samples from eight cost pools to determine whether the costs claimed were reasonable, allowable, and in compliance with FAR and other applicable criteria. We limited our internal control review to those controls related to the recording and reporting of costs on the FACPs.

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 findings and conclusions based on our audit objectives.

See Appendix A for details of our audit scope and methodology, and Appendix B for regulations on the cost proposals.

RESULTS OF REVIEW

The \$69,587,387 in costs covered by our review was reasonable, allowable, and allocable under the terms of the Medicare contract and applicable Federal regulations. Accordingly, this report contains no recommendations.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our audit covered the period January 1, 2011, through September 31, 2012. For this period, National Government Services claimed administrative costs totaling \$70,582,526. This total included pension costs of \$725,139 that we did not review because they will be the subject of a separate review. We accomplished our objective through random sampling.

We did not review NGS's overall internal control structure. Rather, we reviewed only those controls related to the recording and reporting of costs on the cost proposals.

We conducted fieldwork at the NGS facility in Indianapolis, Indiana, from August 2015 through September 2016.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Medicare laws, regulations, and guidelines;
- reviewed NGS's contracts with CMS;
- reviewed NGS's external audit reports for calendar years 2011 and 2012 and an Office of Inspector General (OIG) audit report for Federal FY 2010 and the first quarter of 2011;
- interviewed NGS officials regarding the cost accumulation processes for its FACP and cost allocation system;
- reconciled line item expenses on the FACP and cost classification report to NGS accounting records;
- selected 310 sample items from eight cost pools;
- tested samples for reasonableness, allowability, and allocability by reviewing contracts and agreements and selected journal entries, invoices, expense vouchers and reports, payroll journals, corporate bonus plans, and personnel records; and
- reviewed total compensation paid to the five highest paid executives.

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 findings and conclusions based on our audit objectives.

APPENDIX B: FEDERAL REGULATIONS FOR FINAL ADMINISTRATIVE COST PROPOSALS

The FAR requires contractors to be responsible for accounting for costs appropriately and for maintaining records, including supporting documentation, adequate to demonstrate that costs claimed have been incurred and are allocable to the contract (§ 31.201-2(d)).

The FAR states that a cost is allocable if it is assignable or chargeable to one or more cost objectives on the basis of the relative benefits received or other equitable relationship. A cost is allocable to a Government contract if it (a) is incurred specifically for the contract; (b) benefits both the contract and other work and can be distributed to them in reasonable proportion to the benefits received; or (c) is necessary to the overall operation of the business, although a direct relationship to any particular cost objective cannot be shown (§ 31.201-4)

The FAR states that each contractor is required to plan its operation within the lower of the approved annual budget, the approved periodic budget distributions, and the certified funds available for the Program Management (PM) and Medicare Integrity Program (MIP) budgets separately, and without comingling. Contractors are responsible for performing a continuing analysis of the approved budget in light of experience and projected future needs. They should report any change in fiscal requirements to CMS (§ 120).

According to CMS' Medicare Financial Management Manual, chapter 2, section 10, monthly Interim Expenditure Reports (IERs) prepared for PM and MIP funding are required to assure CMS adequate financing of the programs and to enable CMS to control its overall expenditures. CMS requires a Final FACP after the expiration of the FY to form the basis for the audit and final determination of allowable costs. Contractors should prepare a narrative identification of unallowable costs for all cost reports in accordance with chapter 7, section 3, Accountability, and chapter 1, section 80.B of the manual.

According to CMS' Medicare Financial Management Manual, chapter 2, section 60, the IER provides cumulative costs for each activity, using the same multiple-use *Administrative Budget and Cost Report* format referenced in chapter 1, section 80. It adds the "Administrative Funds Drawn" section to the "Certification Schedule" as displayed in section 50. The contractor should report costs on an "allowable costs" basis in accordance with 48 CFR section 52.216-7(b) and on a fully accrued basis, including year-end and other adjustments.