



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL



OFFICE OF AUDIT SERVICES, REGION VII
601 EAST 12TH STREET, ROOM 0429
KANSAS CITY, MO 64106

July 6, 2012

Report Number: A-07-12-00392

Mr. Ralph Woodard
Vice President, Controller and Chief Accounting Officer
Blue Cross Blue Shield of Tennessee
One Cameron Hill
Chattanooga, TN 37402

Dear Mr. Woodard:

Enclosed is the U.S. Department of Health and Human Services, Office of Inspector General (OIG), final report entitled *401(k) Costs Claimed by Blue Cross Blue Shield of Tennessee for Fiscal Years 2005 Through 2009 Were Reasonable and Allowable*. We will forward a copy of this report to the HHS action official noted below.

Section 8L of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site. Accordingly, this report will be posted 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-07-12-00392 in all correspondence.

Sincerely,

/Patrick J. Cogley/
Regional Inspector General
for Audit Services

Enclosure

HHS Action Official:

Ms. Deborah Taylor
Director & Chief Financial Officer
Office of Financial Management
Centers for Medicare & Medicaid Services
Mail Stop C3-01-24
7500 Security Boulevard
Baltimore, MD 21244-1850

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**401(k) COSTS CLAIMED BY
BLUE CROSS BLUE SHIELD OF
TENNESSEE FOR FISCAL YEARS
2005 THROUGH 2009 WERE
REASONABLE AND ALLOWABLE**



Daniel R. Levinson
Inspector General

July 2012
A-07-12-00392

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:

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 <http://oig.hhs.gov>

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

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

Blue Cross Blue Shield of Tennessee and Medicare

Blue Cross Blue Shield of Tennessee (BCBS Tennessee), doing business as Riverbend Government Benefits Administrator, administered Medicare Part A operations under cost reimbursement contracts with the Centers for Medicare & Medicaid Services (CMS) until the contractual relationship was terminated effective August 1, 2009.

BCBS Tennessee sponsors a 401(k) plan called the Blue Cross Blue Shield of Tennessee Employee Retirement Savings Program. The primary purpose of a 401(k) plan is to offer eligible employees the option to contribute a portion of the employee's wages to the plan on a pretax basis. BCBS Tennessee's 401(k) plan is a qualified defined contribution plan designed to assist eligible employees' long-range retirement and investment goals.

CMS reimburses a portion of its contractors' pension costs. In claiming 401(k) costs, contractors must follow cost reimbursement principles contained in the Federal Acquisition Regulation, Cost Accounting Standards, and the Medicare contracts.

OBJECTIVE

Our objective was to determine whether the 401(k) costs claimed by BCBS Tennessee for Medicare reimbursement for fiscal years (FY) 2005 through 2009 were reasonable and allowable.

RESULTS OF REVIEW

During our review, we determined that BCBS Tennessee claimed \$2,375,829 of 401(k) costs for FYs 2005 through 2009. After reviewing BCBS Tennessee's methodology for claiming 401(k) costs for Medicare reimbursement, we determined that the 401(k) costs claimed by BCBS Tennessee for FYs 2005 through 2009 were reasonable and allowable. This report therefore makes no recommendations.

TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION	1
BACKGROUND	1
Blue Cross Blue Shield of Tennessee and Medicare	1
Federal Requirements	1
OBJECTIVE, SCOPE, AND METHODOLOGY	1
Objective	1
Scope.....	1
Methodology.....	2
RESULTS OF REVIEW	2

INTRODUCTION

BACKGROUND

Blue Cross Blue Shield of Tennessee and Medicare

Blue Cross Blue Shield of Tennessee (BCBS Tennessee), doing business as Riverbend Government Benefits Administrator, administered Medicare Part A operations under cost reimbursement contracts with the Centers for Medicare & Medicaid Services (CMS) until the contractual relationship was terminated effective August 1, 2009.

BCBS Tennessee sponsors a 401(k) plan called the Blue Cross Blue Shield of Tennessee Employee Retirement Savings Program. The primary purpose of a 401(k) plan is to offer eligible employees the option to contribute a portion of the employee's wages to the plan on a pretax basis. BCBS Tennessee's 401(k) plan is a qualified defined contribution plan designed to assist eligible employees' long-range retirement and investment goals.

Federal Requirements

CMS reimburses a portion of its contractors' pension costs. In claiming 401(k) costs, contractors must follow cost reimbursement principles contained in the Federal Acquisition Regulation (FAR), Cost Accounting Standards (CAS), and the Medicare contracts.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether the 401(k) costs claimed by BCBS Tennessee for Medicare reimbursement for fiscal years (FYs) 2005 through 2009 were reasonable and allowable.

Scope

We reviewed BCBS Tennessee's 401(k) costs claimed on its Final Administrative Cost Proposals (FACP) for FYs 2005 through 2009.

Achieving our objective did not require that we review BCBS Tennessee's internal control structure. However, we reviewed the controls related to the 401(k) costs that BCBS Tennessee claimed for Medicare reimbursement to ensure that those costs were allowable in accordance with the FAR and the CAS.

We performed fieldwork at BCBS Tennessee's office in Chattanooga, Tennessee, during November and December 2011.

Methodology

We reviewed applicable Federal requirements. We also identified the amount of 401(k) costs claimed on BCBS Tennessee's FACP's for FYs 2005 through 2009. We determined the extent to which BCBS Tennessee made contributions to its 401(k) trust fund. In turn, we verified the contributions and used the data provided by BCBS Tennessee to calculate the 401(k) costs that were allowable for Medicare reimbursement for FYs 2005 through 2009.

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 objective.

RESULTS OF REVIEW

During our review, we determined that BCBS Tennessee claimed \$2,375,829 of 401(k) costs for this timeframe. After reviewing BCBS Tennessee's methodology for claiming 401(k) costs for Medicare reimbursement, we determined that the 401(k) costs claimed by BCBS Tennessee for FYs 2005 through 2009 were reasonable and allowable. This report therefore makes no recommendations.