



US OFFICE OF PERSONNEL MANAGEMENT  
OFFICE OF THE INSPECTOR GENERAL  
OFFICE OF AUDITS

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# Final Audit Report

Subject:

**Audit of the Federal Employees Health Benefits Program  
Operations at Humana Health Plan, Inc. – Chicago**

Report No. 1C-75-00-08-029

Date: December 16, 2008

--CAUTION--

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UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
Washington, DC 20415

Office of the  
Inspector General

**AUDIT REPORT**

**Federal Employees Health Benefits Program  
Comprehensive Medical Plan - Community-Rated  
Humana Health Plan Inc. - Chicago  
Contract Number 1570 - Plan Code 75  
Louisville, Kentucky**

Report No. 1C-75-00-08-029

Date: December 16, 2008

A handwritten signature in black ink, appearing to read "Michael R. Esser".

**Michael R. Esser  
Assistant Inspector General  
for Audits**



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
Washington, DC 20415

Office of the  
Inspector General

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## EXECUTIVE SUMMARY

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**Federal Employees Health Benefits Program  
Comprehensive Medical Plan - Community-Rated  
Humana Health Plan, Inc. – Chicago  
Contract Number 1570 - Plan Code 75  
Louisville, Kentucky**

**Report No. 1C-75-00-08-029**

**Date: December 16, 2008**

The Office of the Inspector General performed an audit of the Federal Employees Health Benefits Program (FEHBP) operations at Humana Health Plan, Inc. – Chicago (Plan). The audit covered contract years 2005 through 2007 and was conducted at the Plan's office in Louisville, Kentucky. Additional field work was performed at our office in Washington, D.C.

This report questions \$788,247 for inappropriate health benefit charges to the FEHBP in contract years 2005 and 2006. The questioned amount includes \$692,044 for defective pricing and \$96,203 due the FEHBP for lost investment income, calculated through October 31, 2008. We found that the FEHBP rates were developed in accordance with the Office of Personnel Management's rules and regulations in 2007.

For contract years 2005 and 2006, we determined that the FEHBP's rates were overstated by \$692,044 due to defective pricing. In 2005, the Plan did not apply the highest similarly sized subscriber group discount to the FEHBP's rates. In 2006, the Plan applied the incorrect office visit copay benefit adjustment factors in the FEHBP's rate development.

Consistent with the FEHBP regulations and contract, the FEHBP is due \$96,203 for lost investment income, calculated through October 31, 2008, on the defective pricing finding.

The Plan agreed with the findings and remitted a check for \$788,247 (\$692,044 for defective pricing and \$96,203 for additional lost investment income through October 31, 2008).

# CONTENTS

**Page**

EXECUTIVE SUMMARY .....	i
I. INTRODUCTION AND BACKGROUND .....	1
II. OBJECTIVES, SCOPE, AND METHODOLOGY .....	3
III. AUDIT FINDINGS AND RECOMMENDATIONS .....	5
Premium Rates .....	5
1. Defective Pricing .....	5
2. Lost Investment Income .....	6
IV. MAJOR CONTRIBUTORS TO THIS REPORT.....	7
Exhibit A (Summary of Questioned Costs)	
Exhibit B (Defective Pricing Questioned Costs)	
Exhibit C (Lost Investment Income)	
Appendix (Humana Health Plan, Inc. - Chicago's November 13, 2008, response to the draft report)	

## I. INTRODUCTION AND BACKGROUND

### Introduction

We completed an audit of the Federal Employees Health Benefits Program (FEHBP) operations at Humana Health Plan, Inc. - Chicago (Plan) in Louisville, Kentucky. The audit covered contract years 2005 through 2007. The audit was conducted pursuant to the provisions of Contract 1570; 5 U.S.C. Chapter 89; and 5 Code of Federal Regulations (CFR) Chapter 1, Part 890. The audit was performed by the Office of Personnel Management's (OPM) Office of the Inspector General, as established by the Inspector General Act of 1978, as amended.

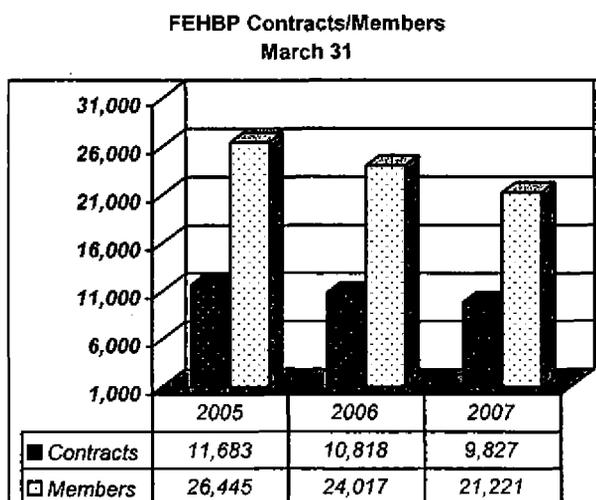
### Background

The FEHBP was established by the Federal Employees Health Benefits Act (Public Law 86-382), enacted on September 28, 1959. The FEHBP was created to provide health insurance benefits for federal employees, annuitants, and dependents. The FEHBP is administered by OPM's Center for Retirement and Insurance Services. The provisions of the Federal Employees Health Benefits Act are implemented by OPM through regulations codified in Chapter 1, Part 890 of Title 5, CFR. Health insurance coverage is provided through contracts with various health insurance carriers that provide service benefits, indemnity benefits, or comprehensive medical services.

Community-rated carriers participating in the FEHBP are subject to various federal, state and local laws, regulations, and ordinances. While most carriers are subject to state jurisdiction, many are further subject to the Health Maintenance Organization Act of 1973 (Public Law 93-222), as amended (i.e., many community-rated carriers are federally qualified). In addition, participation in the FEHBP subjects the carriers to the Federal Employees Health Benefits Act and implementing regulations promulgated by OPM.

The FEHBP should pay a market price rate, which is defined as the best rate offered to either of the two groups closest in size to the FEHBP. In contracting with community-rated carriers, OPM relies on carrier compliance with appropriate laws and regulations and, consequently, does not negotiate base rates. OPM negotiations relate primarily to the level of coverage and other unique features of the FEHBP.

The chart to the right shows the number of FEHBP contracts and members reported by the Plan for March 31 of each contract year audited.



The Plan began participating in the FEHBP as a community-rated comprehensive medical plan in 1975 and provides comprehensive medical services to FEHBP members throughout the Chicago metropolitan area. The last audit of the Plan conducted by our office was a full scope audit of contract years 2003 and 2004. All issues related to that audit have been resolved.

The preliminary results of this audit were discussed with Plan officials at an exit conference. A draft report was also provided to the Plan for review and comment. The Plan's comments were considered in the preparation of this final report and are included, as appropriate, as the Appendix.

## II. OBJECTIVES, SCOPE, AND METHODOLOGY

### Objectives

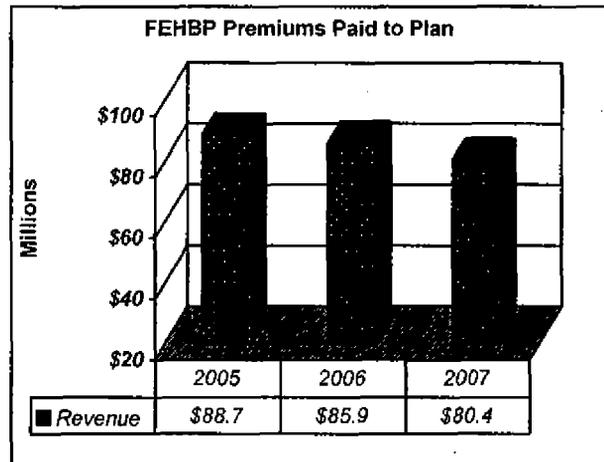
The primary objectives of the audit were to verify that the Plan offered market price rates to the FEHBP and to verify that the loadings to the FEHBP rates were reasonable and equitable. Additional tests were performed to determine whether the Plan was in compliance with the provisions of the laws and regulations governing the FEHBP.

### Scope

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.

This performance audit covered contract years 2005 through 2007. During this period, the FEHBP paid approximately \$255 million in premiums to the Plan. The premiums paid for each contract year audited are shown on the chart to the right.

OIG audits of community-rated carriers are designed to test carrier compliance with the FEHBP contract, applicable laws and regulations, and OPM rate instructions. These audits are also designed to provide reasonable assurance of detecting errors, irregularities, and illegal acts.



We obtained an understanding of the Plan's internal control structure, but we did not use this information to determine the nature, timing, and extent of our audit procedures. However, the audit included such tests of the Plan's rating systems and such other auditing procedures as we considered necessary under the circumstances. Our review of internal controls was limited to the procedures the Plan has in place to ensure that:

- The appropriate similarly sized subscriber groups (SSSG) were selected;
- the rates charged to the FEHBP were the market price rates (i.e., equivalent to the best rate offered to an SSSG); and
- the loadings to the FEHBP rates were reasonable and equitable.

In conducting the audit, we relied to varying degrees on computer-generated billing, enrollment, and claims data provided by the Plan. We did not verify the reliability of the data generated by the various information systems involved. However, nothing came to our attention during our audit testing utilizing the computer generated data to cause us to doubt its reliability. We believe that the available data was sufficient to achieve our audit objectives. Except as noted above, the audit was performed in accordance with generally accepted government auditing standards, issued by the Comptroller General of the United States.

The audit fieldwork was conducted at the Plan's office in Louisville, Kentucky, during April 2008. Additional audit work was completed at our office in Washington, D.C.

### **Methodology**

We examined the Plan's federal rate submissions and related documents as a basis for validating the market price rates. In addition, we examined the rate development documentation and billings to other groups, such as SSSGs, to determine if the market price was actually charged to the FEHBP. Finally, we used the contract, the Federal Employees Health Benefits Acquisition Regulations (FEHBAR), and OPM's Rate Instructions to Community-Rated Carriers to determine the propriety of the FEHBP premiums and the reasonableness and acceptability of the Plan's rating system.

To gain an understanding of the internal controls in the Plan's rating system, we reviewed the Plan's rating system's policies and procedures, interviewed appropriate Plan officials, and performed other auditing procedures necessary to meet our audit objectives.

### **III. AUDIT FINDINGS AND RECOMMENDATIONS**

#### **Premium Rates**

##### **1. Defective Pricing**

**\$692,044**

The Certificates of Accurate Pricing the Plan signed in contract years 2005 and 2006 were defective. In accordance with federal regulations, the FEHBP is therefore due a price reduction for these years. Application of the defective pricing remedies shows that the FEHBP is entitled to premium adjustments totaling \$692,044 (see Exhibit A). We found that the FEHBP rates were developed in accordance with OPM's rules and regulations for contract year 2007.

Carriers proposing rates to OPM are required to submit a Certificate of Accurate Pricing certifying that the proposed subscription rates, subject to adjustments recognized by OPM, are market price rates. OPM regulations refer to a market price rate in conjunction with the rates offered to an SSSG. If it is found that the FEHBP was charged rates higher than the market price rate (i.e., the best rate offered to an SSSG), a condition of defective pricing exists, requiring a downward adjustment of the FEHBP premiums to the equivalent market price rate.

##### **2005**

The Plan selected [REDACTED] as the SSSGs for contract year 2005. We agree with these selections. Our analysis of the SSSG rates shows that [REDACTED] received a [REDACTED] percent discount and [REDACTED] received a [REDACTED] percent discount. In the 2005 reconciliation, the Plan gave the FEHBP a [REDACTED] percent discount. Since the FEHBP is entitled to a discount equivalent to the largest discount given to an SSSG, we recalculated the FEHBP rates using the [REDACTED] discount given to [REDACTED]. A comparison of the audited rates to the reconciled rates shows that the FEHBP was overcharged \$221,168 in contract year 2005 (see Exhibit B).

##### **2006**

Our review of the FEHBP rates in 2006 revealed that the Plan used an office visit copay benefit adjustment factor of [REDACTED] for the high option and [REDACTED] for the standard option when developing the FEHBP rates. Upon reviewing documentation supporting the 2006 FEHBP rate development, we determined that an office visit copay benefit adjustment factor of [REDACTED] for the high option and [REDACTED] for the standard option should have been used. Accordingly, we redeveloped the FEHBP rates using an office visit copay benefit adjustment factor of [REDACTED] for the high option and [REDACTED] for the standard option. As a result, the FEHBP was overcharged \$470,876 in contract year 2006 (see Exhibit B).

### **Recommendation 1**

After receiving the draft audit report, the Plan returned \$692,044 to the FEHBP for defective pricing in the contract years 2005 and 2006. Since we verified that the Plan returned \$692,044 to the FEHBP, no further action is required.

### **2. Lost Investment Income**

**\$96,203**

In accordance with FEHBP regulations and the contract between OPM and the Plan, the FEHBP is entitled to recover lost investment income on the defective pricing findings in contract years 2005 and 2006. We determined that the FEHBP is due \$96,203 for lost investment income, calculated through October 31, 2008 (see Exhibit C).

FEHBAR 1652.215-70 provides that, if any rate established in connection with the FEHBP contract was increased because the carrier furnished cost or pricing data that was not complete, accurate, or current as certified in its Certificate of Accurate Pricing, the rate shall be reduced by the amount of the overcharge caused by the defective data. In addition, when the rates are reduced due to defective pricing, the regulation states that the government is entitled to a refund and simple interest on the amount of the overcharge from the date the overcharge was paid to the carrier until the overcharge is liquidated.

Our calculation of lost investment income is based on the United States Department of the Treasury's semiannual cost of capital rates.

### **Recommendation 2**

After receiving the draft audit report, the Plan returned \$96,203 to the FEHBP for lost investment income on the defective pricing findings in the contract years 2005 and 2006. Since we verified that the Plan returned \$96,203 to the FEHBP, no further action is required.

### **Plan's Comments (See Appendix):**

The Plan agrees with the defective pricing findings and the calculated lost investment income and submitted payment in the full amount of \$788,247 (\$692,044 + \$96,203).

## **IV. MAJOR CONTRIBUTORS TO THIS REPORT**

### Community-Rated Audits Group

██████████ Auditor-In-Charge

██████████ Auditor

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██████████ Group Chief

██████████ Senior Team Leader

**Exhibit A**

**Humana Health Plan, Inc. - Chicago  
Summary of Questioned Costs**

**Defective Pricing Questioned Costs: \***

Contract Year 2005 \$221,168

Contract Year 2006 \$470,876

Total Defective Pricing Questioned Costs \$692,044

**Lost Investment Income on Defective Pricing Findings** \$96,203

**Total Questioned Costs** \$788,247

Humana Health Plan, Inc. - Chicago  
Defective Pricing Questioned Costs

2005

High Option

	<u>Self</u>	<u>Family</u>	
FEHBP Line 5 - Reconciled Rate			
FEHBP Line 5 - Audited Rate			
Overcharge			
To Annualize Overcharge:			
x 3/31/05 enrollment			
x Pay Periods	<u>26</u>	<u>26</u>	
Subtotal	\$49,673	\$161,441	\$211,114

Standard Option

FEHBP Line 5 - Reconciled Rate			
FEHBP Line 5 - Audited Rate			
Overcharge			
To Annualize Overcharge:			
x 3/31/05 enrollment			
x Pay Periods	<u>26</u>	<u>26</u>	
Subtotal	\$2,137	\$7,917	\$10,054

Total 2005 Defective Pricing Questioned Costs \$221,168

**Humana Health Plan, Inc. - Chicago  
Defective Pricing Questioned Costs**

**2006**

**High Option**

	<u>Self</u>	<u>Family</u>	
FEHBP Line 5 - Reconciled Rate			
FEHBP Line 5 - Audited Rate			
Overcharge			
To Annualize Overcharge:			
x 3/31/06 enrollment			
x Pay Periods	<u>26</u>	<u>26</u>	
Subtotal	\$109,951	\$348,638	\$458,589

**Standard Option**

FEHBP Line 5 - Reconciled Rate			
FEHBP Line 5 - Audited Rate			
Overcharge			
To Annualize Overcharge:			
x 3/31/06 enrollment			
x Pay Periods	<u>26</u>	<u>26</u>	
Subtotal	\$2,874	\$9,413	\$12,287
Total 2006 Defective Pricing Questioned Costs			<u>\$470,876</u>

**Humana Health Plan of Chicago  
Lost Investment Income**

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
<b>Audit Findings:</b>					
1. Defective Pricing	\$221,168	\$470,876	\$0	\$0	\$692,044
Totals (per year):	\$221,168	\$470,876	\$0	\$0	\$692,044
Cumulative Totals:	\$221,168	\$692,044	\$692,044	\$692,044	\$692,044
Avg. Interest Rate (per year):	4.375%	5.4375%	5.5000%	4.9375%	
Interest on Prior Years Findings:	\$0	\$12,026	\$38,062	\$28,475	\$78,563
Current Years Interest:	\$4,838	\$12,802	\$0	\$0	\$17,640
<b>Total Cumulative Interest Calculated Through October 31, 2008:</b>	<b>\$4,838</b>	<b>\$24,828</b>	<b>\$38,062</b>	<b>\$28,475</b>	<b>\$96,203</b>

**From:** [REDACTED]  
**Sent:** Thursday, November 13, 2008 5:13 PM  
**To:** [REDACTED]  
**Subject:** Humana Response to Draft Audit Report 1C-75-00-08-029

**APPENDIX**

[REDACTED] this email should serve as documentation that Humana agrees with all findings contained in the Draft Audit Report of Humana Health Plan, Inc. - Chicago (plan code 75) issued August 12, 2008.

We agree with the audit findings of \$692,044 in inappropriate, or defective pricing, charges plus accumulated interest charges totalling \$96,203.

The total charges of \$788,247 was remitted to OPM last week.

[REDACTED]  
Actuary, FEHBP & IL Region  
Large Group Actuarial  
Humana Inc.

[REDACTED]  
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