

Office of Inspector General Office of Audit Services

AUG 2 0 2008

REGION IV 61 Forsyth Street, S.W., Suite 3T41 Atlanta, Georgia 30303

Report Number: A-04-07-04019

Mr. Bruce W. Hughes, President Palmetto Government Benefits Administrators 2300 Springdale Drive BLDG One, Mail Code: AG-A03 Camden, South Carolina 29020

Dear Mr. Hughes:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG) final report entitled "Audit of Palmetto Government Benefits Administrators' Railroad Retirement Board Final Administrative Cost Proposals for Fiscal Years 2002 Through 2006." We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary.

The HHS action official will make final determination as to actions taken on all matters reported. We request that you respond to this official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

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 <u>http://oig.hhs.gov</u>.

If you have any questions or comments about this report, please do not hesitate to call me, or contact Mark Wimple, Audit Manager, at (919) 790-2765, extension 24 or through e-mail at <u>Mark.Wimple@oig.hhs.gov</u>. Please refer to report number A-04-07-04019 in all correspondence.

Sincerely,

PatergBarbera

Peter J. Barbera Regional Inspector General for Audit Services

Enclosure

Page 2 – Bruce W. Hughes

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Direct Reply to HHS Action Official:

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

OFFICE OF INSPECTOR GENERAL

AUDIT OF PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS' RAILROAD RETIREMENT BOARD FINAL ADMINISTRATIVE COST PROPOSALS FOR FISCAL YEARS 2002 THROUGH 2006



Daniel R. Levinson Inspector General

> August 2008 A-04-07-04019

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.

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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.

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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 <u>http://oig.hhs.gov</u>

Pursuant to the principles of the Freedom of Information Act, 5 U.S.C. § 552, as amended by Public Law 104-231, Office of Inspector General 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).

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

Title XVIII of the Social Security Act established the Health Insurance for the Aged and Disabled (Medicare) program, which provides for a hospital insurance program (Part A) and a related supplementary medical insurance program (Part B). The Centers for Medicare & Medicaid Services (CMS) administers the Medicare program through contracts with private organizations that process and pay Medicare claims. The contracts provide for reimbursement of allowable administrative costs incurred in processing Medicare claims.

During the audit period, which covered the period October 1, 2001, through September 30, 2006, CMS contracted with Palmetto Government Benefits Administrators (Palmetto) to serve as the Medicare Part B carrier for the Railroad Retirement Board nationwide. Palmetto reported Railroad Retirement Board costs totaling \$95,488,615 in its Final Administrative Cost Proposals (cost proposals) for fiscal years 2002 through 2006. (See Appendix B.)

OBJECTIVE

Our objective was to determine whether the administrative costs that Palmetto reported on its cost proposals were allowable, allocable, and reasonable in accordance with part 31 of the Federal Acquisition Regulation (FAR) and the Medicare contract.

SUMMARY OF FINDING

Palmetto reported expenditures that substantially complied with the FAR and the Medicare contract provisions. However, Palmetto reported in its cost proposals \$386 of miscellaneous expenses that it was unable to support with adequate documentation. Because Palmetto was unable to provide supporting documentation for certain individual costs claimed in the cost proposals, these costs did not meet the criteria for Federal reimbursement.

RECOMMENDATION

We recommend that Palmetto refund to the Federal Government \$386 of unallowable costs.

PALMETTO COMMENTS

In response to the draft report, Palmetto agreed that there were \$386 of unallowable costs.

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INTRODUCTION

BACKGROUND

Title XVIII of the Social Security Act established the Health Insurance for the Aged and Disabled (Medicare) program, which provides for a hospital insurance program (Part A) and a related supplementary medical insurance program (Part B). The Centers for Medicare & Medicaid Services (CMS) administers the Medicare program through contracts with private organizations that process and pay Medicare claims.

The contracts with CMS provide for the reimbursement of allowable administrative costs incurred in processing Medicare claims. After the close of each fiscal year (FY), contractors submit a Final Administrative Cost Proposal (cost proposal) reporting Medicare costs. Once CMS accepts a cost proposal, the contractor and CMS negotiate a final settlement of allowable administrative costs.

During our audit period (FYs 2002 through 2006), CMS contracted with Palmetto Government Benefits Administrators (Palmetto) to serve as the Medicare Part B carrier for the Railroad Retirement Board nationwide. The Railroad Retirement Board is an independent Federal agency that administers comprehensive retirement-survivor, and unemployment-sickness benefit programs for railroad workers and their families under the Railroad Retirement and Railroad Unemployment Insurance Acts.

The contract between Palmetto and CMS set forth principles of reimbursement for administrative costs. The contract cited the Federal Acquisition Regulation (FAR), 48 CFR chapter 1, as regulatory principles to be followed for application to the Medicare contract and provided additional guidelines for specific cost areas.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether the administrative costs that Palmetto reported on its cost proposals were allowable, allocable, and reasonable in accordance with part 31 of the FAR and the Medicare contract.

Scope

Our audit covered the period October 1, 2001, through September 30, 2006 (FYs 2002 through 2006). For this period, Palmetto reported administrative costs to CMS totaling \$95,488,615. This total included pension costs of \$1,680,834 that we excluded from this review because pension costs will be the subject of a separate audit. In addition, the total costs included \$27,224 in forward funding that we did not audit because the funds had not yet been expended at the time of our audit. According to chapter 1, section 90.9M, of the Medicare Financial Management Manual, forward-funding costs are expenses to be incurred for CMS-approved items for which

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funding has been received but (1) the services will extend into the subsequent FY and (2) the costs will be redistributed to other categories as the expenses are incurred.

In planning and performing our audit, we reviewed Palmetto's internal controls for allocating costs to cost objectives in accordance with the FAR and the Medicare contract. We conducted this analysis to accomplish our objective and not to provide assurance on the internal control structure.

We conducted fieldwork at Palmetto's office in Columbia, South Carolina, from July 2007 through December 2007.

Methodology

To accomplish our objective, we:

- reviewed applicable Medicare laws, regulations, and guidelines, including the FAR section 31.201-2(d), the Medicare Financial Management Manual, chapter 2, section 190.3 and Palmetto's contract with CMS;
- reconciled the cost proposals from FYs 2002 through 2006 to Palmetto's accounting records;
- performed analytical tests of Palmetto's trial balances;
- selected and reviewed a judgmental sample of invoices, expense vouchers and reports, and journal entries;
- interviewed Palmetto officials about their cost accumulation processes for cost proposals and gained an understanding of their cost allocation systems;
- reviewed payroll journals, corporate bonus plans, and personnel records;
- selected a stratified random sample of 150 individual employee pay periods and verified that the amount paid was in accordance with the employee's pay rate, the salary was charged to the correct cost center, and the number of hours paid agreed with the time sheets (see sampling methodology at Appendix A); and
- tested costs for allowability, allocability, and reasonableness.

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.

FINDING AND RECOMMENDATION

Palmetto reported expenditures that substantially complied with the FAR and the Medicare contract provisions. However, Palmetto reported in its cost proposals \$386 of miscellaneous expenses that it was unable to support with adequate documentation. Because Palmetto was unable to provide supporting documentation for certain individual costs claimed in the cost proposals, these costs did not meet the criteria for Federal reimbursement.

UNALLOWABLE COSTS

Pursuant to FAR section 31.201-2(d), Palmetto is responsible for "... maintaining records, including supporting documentation, adequate to demonstrate that costs claimed have been incurred, are allocable to the contract, and comply with applicable cost principles" Likewise, chapter 2 section 190.3 of the Medicare Financial Management Manual states that the contractor must maintain records "... in such detail as will properly reflect all net costs, direct and indirect ... for which reimbursement is claimed under the provisions of the agreement."

Palmetto was unable to provide adequate supporting documentation for miscellaneous expenditures totaling \$386 that it claimed in its FY 2002 cost proposal.

Palmetto did not provide invoices, contracts, or other such documentation to support these expenses. Because Palmetto was unable to provide adequate supporting documentation for these costs, they were unallowable for Federal reimbursement.

RECOMMENDATION

We recommend that Palmetto refund to the Federal Government the \$386 of unallowable costs.

PALMETTO COMMENTS

In response to the draft report, Palmetto agreed that there were \$386 of unallowable costs.

APPENDIXES

APPENDIX A

SAMPLING METHODOLOGY

OBJECTIVE

Our objective was to determine whether the salary costs that Palmetto reported on its cost proposals were allowable, allocable, and reasonable in accordance with part 31 of the Federal Acquisition Regulation (FAR) and the Medicare contract.

POPULATION

The population consisted of 32,582 employee pay periods related to \$41,624,605 of Railroad Retirement Board salaries and wages that were charged to Medicare from October 1, 2001, through September 30, 2006.

SAMPLE UNIT

The sample unit was an employee pay period¹.

SAMPLE DESIGN

We used a stratified random sample of employee pay periods for fiscal years (FYs) 2002, 2003, 2004, 2005, and 2006. Each FY represented a separate stratum.

SAMPLE SIZE

We selected a sample of 150 employee pay periods that included 30 each from FYs 2002, 2003, 2004, 2005, and 2006.

¹An "employee pay period" consists of one employee's salaries, wages, and related fringe benefits for one pay period.

APPENDIX B

BY COST CLASSIFICATION October 1, 2001, Through September 30, 2006 FY 2002 FY 2003 FY 2004 FY 2005 FY 2006 Total \$ 11,505,365 9.839.848 11.251.583 \$ 10,124,058 \$ 8.673.203 \$ 51,394,057 Salaries & Wages \$ \$ 3,028,330 3,251,315 3,290,778 2,998,243 15,246,339 Fringe Benefits 2,677,673 1,399,139 5,738,215 Facilities or Occupancy 993,054 1,097,613 1,126,415 1,121,994 2,073,457 460,344 8,697,667 EDP Equipment 2,309,594 1,952,716 1,901,556 Subcontracts 808.055 826,531 804,802 683,375 162.806 3.285.569 92.072 7,084 284,599 **Outside Professional Services** 161.771 17.805 5.867 946,162 Telephone & Telegraph 168.895 221,003 197.084 203.335 155.845 3,080,724 2,782,348 486,038 13,143,833 Postage & Express 3,521,814 3,272,909 1,139,180 Furniture & Equipment 286,507 255,481 264.979 250,631 81,582 Materials & Supplies 695,154 670.919 549,080 683,520 3.047,902 5,646,575 716,060 Travel 224,188 107,303 143,856 165,366 75,347 68,274 47.084 30,376 20,279 295,487 Return on Investment 129,474 Miscellaneous 207,646 94,166 211,327 643,650 895,950 2,052,739 0 0 0 0 0 Other 0 Credits (2,452,796)(2,562,845)(2,715,849)(2,873,409)(2,757,881)(13,362,780) 237,689 264,913 Forward Funding 0 0 0 27,224 \$ 21,587,051 20,119,823 15.455.960 \$ 95,488,615 **Total Costs Claimed on FACP** \$ 18,539,396 \$ \$ 19.786.385 \$ **OIG Recommended Disallowance*** (386) (386) 0 0 0 0 \$ **OIG Recommended for Acceptance** \$ 21,586,665 \$ 18,539,396 \$ 20,119,823 \$ 19,786,385 \$ 15,455,960 95,488,229

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COSTS CLAIMED ON FINAL ADMINISTRATIVE COST PROPOSALS

* See Appendix C

APPENDIX C

OIG RECOMMENDED COST DISALLOWANCES For Fiscal Year (FY) 2002

Finding Categories	FY 2002	Total Railroad Retirement Board <u>Disallowances</u>		
Unallowable Costs Miscellaneous	\$386	\$386		
Total OIG Recommended Disallowances	\$386	\$386		

FY 2002 Comparison of Administrative Costs Claimed to Budget Authorization

Operation	Budget Authorization	Administrative Costs Claimed	Variance Favorable <u>(Unfavorable)</u>	
<u>Program Management</u> Bills/Claims Payment	\$ 14,981,108	\$ 15,672,167	\$ (691,059)	
Appeals/Reviews	\$ 14,981,108 828,300	\$	\$ (691,059) 16,957	
Beneficiary Inquiries	1,788,000	1,821,223	(33,223)	
PM Provider Communications	245,400	259,090	(13,690)	
Participating Physician	26,500	25,780	720	
Productivity Investment	3,115,000	2,295,741	819,259	
Provider Telephone Inquiries	1,393,700	1,445,460	(51,760)	
Credits	(2,500,000)	(2,452,797)	(47,203)	
Subtotal Program Management	19,878,008	19,878,007	1	
Medicare Integrity Program				
Medical Review	744,000	761,515	(17,515)	
Medicare Secondary Payer Pre-Payment	447,400	432,702	14,698	
Benefits Integrity	359,000	384,052	(25,052)	
Local Provider Education & Training	139,000	130,775	8,225	
Subtotal Medicare Integrity Program	1,689,400	1,709,044	(19,644)	
Totals	\$ 21,567,408	\$ 21,587,051	\$ (19,643)	

Note: All amounts were taken from Final Administrative Cost Proposal (Supplement No. 4) and Notification of Budget Approval (Supplement No. 18).

FY 2003 Comparison of Administrative Costs Claimed to Budget Authorization

Operation Program Management	Budget Administrative Authorization Costs Claimed		Variance Favorable <u>(Unfavorable)</u>	
Bills/Claims Payment	\$ 13,262,186	\$ 13,403,479	\$ (141,293)	
Appeals/Reviews	929,600	934,372	\$ (141,293) (4,772)	
Beneficiary Inquiries	1,840,700	1,826,043	14,657	
PM Provider Communications	51,700		•	
Participating Physician	29,100	52,856	(1,156)	
Productivity Investment	105,200	17,431	11,669	
Provider Enrollment	•	105,445	(245)	
	1,515,000	1,528,831	(13,831)	
Provider Telephone Inquiries Credits	1,503,400	1,485,768	17,632	
	(2,445,500)	(2,562,846)	117,346	
Subtotal Program Management	16,791,386	16,791,379	(
Medicare Integrity Program				
Medical Review	669,600	634,767	34,833	
Medicare Secondary Payer Pre-Payment	73,522	189,181	(115,659)	
Benefits Integrity	370,100	369,479	621	
Local Provider Education & Training	202,300	166,172	36,128	
MIP Provider Communications	167,600	112,801	54,799	
Medicare Secondary Payer Post-Payment	264,900	275,617	(10,717)	
Subtotal Medicare Integrity Program	1,748,022	1,748,017	5	
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Totals	\$ 18,539,408	\$ 18,539,396	<u>\$ 12</u>	

Note: All amounts were taken from Final Administrative Cost Proposal (Supplement No. 5) and Notification of Budget Approval (Supplement No. 16).

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FY 2004 Comparison of Administrative Costs Claimed to Budget Authorization

Operation Program Management	Budget Administrative Authorization Costs Claimed		Variance Favorable <u>(Unfavorable)</u>	
Bills/Claims Payment	\$ 13,774,400	\$ 13,689,214	\$ 85,186	
Appeals/Reviews	φ 13,774,400 966,800	917,455	49,345	
Beneficiary Inquiries	2,151,800	2,118,133	33,667	
PM Provider Communications	114,400	109,638	4,762	
Participating Physician	33,800	31,004	2,796	
Productivity Investment	122,000	60,700	61,300	
Provider Enrollment	2,005,200	1,972,098	33,102	
Provider Telephone Inquiries	2,128,800	2,064,358		
Credits			64,442	
Subtotal Program Management	(2,708,300) 18,588,900	(2,715,849)	7,549	
Subtotal Program Management	10,000,900	18,246,751	342,149	
Medicare Integrity Program				
Medical Review	716,400	704,512	11,888	
Medicare Secondary Payer Pre-Payment	208,000	177,311	30,689	
Benefits Integrity	228,000	238,460	(10,460)	
Local Provider Education & Training	168,500	152,182	16,318	
MIP Provider Communications	167,700	115,571	52,129	
Medicare Secondary Payer Post-Payment	505,000	485,036	19,964	
Subtotal Medicare Integrity Program	1,993,600	1,873,072	120,528	
	, , -	· , - · - , - · -		
Totals	\$ 20,582,500	\$ 20,119,823	\$ 462,677	

Note: All amounts were taken from Final Administrative Cost Proposal (Supplement No. 02) and Notification of Budget Approval (Supplement No. 09).

FY 2005 Comparison of Administrative Costs Claimed to Budget Authorization

<u>Operation</u>	Budget Administrative <u>Authorization Costs Claimed</u>		Variance Favorable <u>(Unfavorable)</u>	
Program Management				
Bills/Claims Payment	\$ 13,366,500	\$ 13,065,840	\$ 300,660	
Appeals/Reviews	950,300	1,019,241	(68,941)	
Beneficiary Inquiries	2,144,300	1,925,829	218,471	
PM Provider Communications	123,700	105,792	17,908	
Participating Physician	32,700	23,663	9,037	
Productivity Investment	83,200	83,200	0	
Provider Enrollment	2,154,300	2,352,690	(198,390)	
Provider Telephone Inquiries	2,250,100	2,345,654	(95,554)	
Credits	(2,777,100)	(2,873,409)	96,309	
Subtotal Program Management	18,328,000	18,048,500	279,500	
Medicare Integrity Program				
Medical Review	658,100	652,785	5,315	
Medicare Secondary Payer Pre-Payment	103,600	114,559	(10,959)	
Benefits Integrity	231,800	230,746	1,054	
Local Provider Education & Training	166,500	160,330	6,170	
MIP Provider Communications	118,500	102,552	15,948	
Medicare Secondary Payer Post-Payment	458,800	476,913	(18,113)	
Subtotal Medicare Integrity Program	1,737,300	1,737,885	(585)	
Totals	\$ 20,065,300	<u>\$ 19,786,385</u>	\$ 278,915	

Note: All amounts were taken from Final Administrative Cost Proposal (Supplement No. 6) and Notification of Budget Approval (Supplement No. 11).

FY 2006 Comparison of Administrative Costs Claimed to Budget Authorization

Operation	Budget <u>Authorization</u>		Administrative <u>Costs Claimed</u>		Variance Favorable <u>(Unfavorable)</u>	
Program Management						
Bills/Claims Payment	\$	12,214,700	\$	12,092,573	\$	122,127
Appeals/Reviews		926,200		964,692		(38,492)
Beneficiary Inquiries		1,043,400		1,025,327		18,073
PM Provider Communications		50,800		52,741		(1,941)
Participating Physician		10,700		875		9,825
Productivity Investment		78,100		62,000		16,100
Provider Enrollment		888,900		882,070		6,830
Provider Telephone Inquiries		1,858,200		1,831,219		26,981
Credits		(2,898,800)		(2,757,881)		(140,919)
Subtotal Program Management		14,172,200		14,153,616		18,584
Medicare Integrity Program						
Medical Review		597,900		567,454		30,446
Medicare Secondary Payer Pre-Payment		49,000		43,974		5,026
Benefits Integrity		182,900		168,218		14,682
Local Provider Education & Training		63,100		42,084		21,016
MIP Provider Communications		92,500		70,978		21,522
Therapy Cap		0		3,586		(3,586)
Medicare Secondary Payer Post-Payment		400,500		406,050		(5,550)
Subtotal Medicare Integrity Program		1,385,900		1,302,344		83,556
Totals	\$	15,558,100	\$	15,455,960	\$	102,140

Note: All amounts were taken from Final Administrative Cost Proposal (Supplement No. 0) and Notification of Budget Approval (Supplement No. 15).



Bruce W. Hughes President and Chief Operating Officer

July 11, 2007

RE: Audit Report Number A-04-07-04019

Peter J. Barbera Regional Inspector General for Audit Services Region IV 60 Forsyth Street, S.W., Suite 3T41 Atlanta, Georgia 30303 RECEIVED

JUL 1 6 2008

Office of Audit Svcs.

Dear Mr. Barbera:

We are responding to your draft audit report dated June 13, 2008 entitled "Review of Railroad Retirement Board Final Administrative Cost Proposals for Fiscal Years 2002 through 2006."

The audit contained the following recommendation with which we do not concur.

Recommendation:

Refund to the Federal Government \$98,945 of unallowable costs.

Comment:

We have submitted additional documentation to support \$98,559 of the original unallowable cost of \$98,945 leaving \$386 of unallowable cost. The OIG has determined that the additional documentation submitted is adequate to support the cost. We therefore await the OIG's final draft audit report which will reflect the amount of \$386 as the amount to be refunded to the Federal Government by Palmetto GBA.

If you have any questions, please feel free to contact me at 803-763-7130

Sincerely,

Buce Hughes Bruce Hughes

CC: William R. Horton, BCBSSC Joe Wright, Palmetto GBA Mark Wimple, OIG **Office of Inspector General Note:** Portions of this response are no longer applicable because we reduced the unallowable costs based on additional documentation submitted by the auditee.