



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General  
Offices of Audit Services

FEB 25 2008

Region VII  
601 East 12th Street  
Room 284A  
Kansas City, Missouri 64106

Report Number: A-07-07-00230

Mr. Joseph D. Wright, CPA  
Vice President and Chief Financial Officer  
Blue Cross Blue Shield of South Carolina  
P.O. Box 100134, AG-A15  
Columbia, South Carolina 29202-3134

Dear Mr. Wright:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Review of Postretirement Benefit Costs Claimed for Blue Cross Blue Shield of South Carolina for Fiscal Years 2000 Through 2004." 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 determinations 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, within 10 business days after the final report is issued, it will be posted on the Internet at <http://oig.hhs.gov>.

If you have any questions or comments about this report, please do not hesitate to call me at (816) 426-3591, or contact Jenenne Tambke, Audit Manager, at (573) 893-8338, extension 21, or through e-mail at [Jenenne.Tambke@oig.hhs.gov](mailto:Jenenne.Tambke@oig.hhs.gov). Please refer to report number A-07-07-00230 in all correspondence.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick J. Cogley".

Patrick J. Cogley  
Regional Inspector General  
for Audit Services

Enclosures

Page 2 - Mr. Joseph D. Wright, CPA

**Direct Reply to HHS Action Official:**

Mr. Thomas Lenz, Consortium Administrator  
Consortium for Financial Management and Fee-for-Service Operations  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Room 235  
Kansas City, Missouri 64106

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**REVIEW OF POSTRETIREMENT  
BENEFIT COSTS CLAIMED FOR  
BLUE CROSS BLUE SHIELD OF  
SOUTH CAROLINA FOR FISCAL  
YEARS 2000 THROUGH 2004**



Daniel R. Levinson  
Inspector General

February 2008  
A-07-07-00230

# ***Office of Inspector General***

<http://oig.hhs.gov>

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# *Notices*

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**THIS REPORT IS AVAILABLE TO THE PUBLIC**  
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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**

Blue Cross Blue Shield of South Carolina (South Carolina) administers Medicare Part A and Part B operations in its TrailBlazer Health Enterprises and Palmetto Government Benefit Administrators subsidiaries under cost reimbursement contracts with the Centers for Medicare & Medicaid Services (CMS). In claiming postretirement benefit (PRB) costs, contractors must follow cost reimbursement principles contained in the Federal Acquisition Regulation (FAR) and applicable Cost Accounting Standards, as required by the Medicare contract. In addition, the Medicare contract and the Budget and Performance Requirements mandate that any proposed change in accounting practice for PRB costs be submitted to CMS for approval.

In fiscal year (FY) 2000, South Carolina submitted a request to CMS to use accrual accounting for PRBs. South Carolina established a revocable grantor trust for its PRB plan and began claiming accrual costs in FY 2000. In FY 2005, South Carolina established a voluntary employee benefit association (VEBA) trust and transferred the funds from the revocable grantor trust to the VEBA in order to meet the FAR 31.205-6(o) and Statement of Financial Accounting Standards 106 requirements for recognition of the trust as a plan asset, and to comply with the conditions agreed upon with CMS.

Following the close of each FY, South Carolina submits a final administrative cost proposal (FACP) to CMS reporting the administrative costs of performing Medicare functions during the year. The accrued PRB cost is part of the administrative cost of performing Medicare functions and, as such, is claimed on each fiscal year's FACP.

### **OBJECTIVE**

Our objective was to determine the allowability of South Carolina's PRB costs claimed for Medicare reimbursement for FYs 2000 through 2004.

### **SUMMARY OF FINDING**

South Carolina underclaimed accrued PRB costs for Medicare reimbursement for FYs 2000 through 2004. During this period, the allowable accrued PRB costs were \$2,359,467. However, South Carolina claimed accrued PRB costs of \$2,178,747 for Medicare reimbursement, because it did not claim PRB costs in accordance with its Medicare contract. South Carolina therefore underclaimed \$180,720 of accrued PRB costs during this period.

### **RECOMMENDATIONS**

We recommend that South Carolina revise its FACP for FYs 2000 through 2004 to increase its claimed PRB costs by \$180,720. We also recommend that South Carolina claim future PRB costs in accordance with the Medicare contract.

## **AUDITEE’S COMMENTS**

In written comments on our draft report, South Carolina did not completely concur with our recommendations. South Carolina stated that it recognizes the applicability of Financial Accounting Standard (FAS) 106 to the determination of PRB costs and will work with CMS “to determine a mutually agreeable date for the change from SSAP 14 to FAS 106 for determination of PRB costs.”

South Carolina’s comments are included in their entirety as Appendix B.

## **OFFICE OF INSPECTOR GENERAL’S RESPONSE**

After reviewing South Carolina’s comments, we continue to support our recommendations that South Carolina should increase its claimed PRB costs by \$180,720 and should claim future PRB costs in accordance with its Medicare contract.

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**A – STATEMENT OF ALLOWABLE POSTRETIREMENT BENEFIT COSTS FOR FISCAL YEARS 2000 THROUGH 2004**

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## **Glossary of Abbreviations and Acronyms**

CAS	Cost Accounting Standards
CMS	Centers for Medicare & Medicaid Services
FACP	Final Administrative Cost Proposal
FAR	Federal Acquisition Regulation
FY	fiscal year
OIG	Office of Inspector General
PRB	postretirement benefit
SFAS	Statement of Financial Accounting Standards
VEBA	voluntary employees benefit association

## INTRODUCTION

### BACKGROUND

#### South Carolina and Medicare

Blue Cross Blue Shield of South Carolina (South Carolina) administers Medicare Part A and Part B operations in its TrailBlazer Health Enterprises and Palmetto Government Benefit Administrators subsidiaries under cost reimbursement contracts with the Centers for Medicare & Medicaid Services (CMS). In claiming postretirement benefit (PRB) costs, contractors must follow cost reimbursement principles contained in the Federal Acquisition Regulation (FAR) and the Cost Accounting Standards, as required by the Medicare contract.

#### Federal Requirements

Medicare reimburses a portion of the funded accruals that contractors charge for their PRB plans. To be allowable for Medicare reimbursement, FAR 31.205-6(o) requires that PRB accrual costs be (1) determined in accordance with Statement of Financial Accounting Standards (SFAS) 106 and (2) funded into a dedicated trust fund, such as a voluntary employees benefit association (VEBA) trust.

Since 1993, the Budget and Performance Requirements instructions sent to Medicare contractors have included a reminder of the special provisions regarding PRB plan costs. The instructions specify that any proposed change in accounting practice for PRB costs must be submitted to CMS in advance for approval.

#### South Carolina's Request To Use Postretirement Benefit Accrual Accounting

In fiscal year (FY) 2000, South Carolina submitted a request to CMS to use accrual accounting for PRBs. South Carolina established a revocable grantor trust for its PRB plan and began claiming accrual costs in FY 2000. In 2001, CMS denied South Carolina's request to use accrual accounting for PRBs because (1) it used a revocable grantor trust, rather than a VEBA trust, as the funding vehicle, contrary to the requirements of SFAS 106, and (2) South Carolina proposed to use National Association of Insurance Commissioners (NAIC) Statutory Accounting Principles as a basis for determining accrued PRB costs.<sup>1</sup> In 2002, South Carolina notified CMS of its intent to convert the revocable grantor trust to a VEBA trust, to compute accrual costs in accordance with SFAS 106, and to comply with CMS's other conditions. In FY 2005, South Carolina established the VEBA trust and moved the funds from the revocable grantor trust to meet the FAR 31.205-6(o) and SFAS 106 requirements for recognition of the trust as a plan asset, and to comply with the conditions agreed upon with CMS.

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<sup>1</sup>The NAIC is a private organization, not affiliated with the Federal Government, that promulgates specialized accounting principles used to report insurance costs and liabilities to state regulators. The reported costs and liabilities are used to assess the minimum solvency of the insurance company, and as such, are not appropriate for contract cost accounting.

Following the close of each FY, South Carolina submits a final administrative cost proposal (FACP) to CMS reporting the administrative costs of performing Medicare functions during the year. The accrued PRB cost is part of the administrative cost of performing Medicare functions and, as such, is claimed on each fiscal year's FACP.

## **OBJECTIVE, SCOPE, AND METHODOLOGY**

### **Objective**

Our objective was to determine the allowability of South Carolina's PRB costs claimed for Medicare reimbursement for FYs 2000 through 2004.

### **Scope**

We reviewed \$2,178,747 of South Carolina's PRB costs claimed for Medicare reimbursement on its Final Administrative Cost Proposals (FACP) for FYs 2000 through 2004. Achieving the objective did not require that we review South Carolina's overall internal control structure. However, we did review the controls related to the accrued PRB costs claimed for Medicare reimbursement.

We conducted this audit in conjunction with our review of postretirement benefit costs claimed for TrailBlazer Health Enterprises for Medicare reimbursement by South Carolina for FYs 2000 through 2004 (A-07-07-00229). That review focused on costs claimed by the TrailBlazer subsidiary; the review addressed in this report focused on costs claimed by South Carolina itself.

We performed fieldwork at South Carolina's corporate office in Columbia, South Carolina in January 2007.

### **Methodology**

We reviewed applicable Federal requirements. We also identified South Carolina's accrued PRB costs for the total company. We also determined the extent to which South Carolina funded the PRB costs with contributions to both the grantor trust, whose assets were later transferred to the VEBA trust, and the VEBA trust fund itself. In performing our review, we used information provided by South Carolina's actuarial consulting firm. The CMS Office of the Actuary staff used the information provided to develop PRB costs for South Carolina based on SFAS 106 methodology pursuant to the FAR. In turn, we calculated the PRB costs that were allowable for Medicare reimbursement for FYs 2000 through 2004.

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.

## FINDING AND RECOMMENDATIONS

### UNDERCLAIMED BENEFIT COSTS

South Carolina underclaimed accrued PRB costs for Medicare reimbursement for FYs 2000 through 2004. During this period, the allowable accrued PRB costs were \$2,359,467; see Appendix A. However, South Carolina claimed accrued PRB costs of \$2,178,747 for Medicare reimbursement, because it did not claim PRB costs in accordance with its Medicare contract. South Carolina therefore underclaimed \$180,720 of accrued PRB costs during this period.

South Carolina claimed PRB costs based on NAIC Statutory Accounting Principles (SSAP 14). FAR 31.205-6(o) requires that PRB accrual costs be determined in accordance with generally accepted accounting principles (SFAS 106). SSAP 14-computed costs are generally lower than costs computed under the provisions of SFAS 106. Because SFAS 106 principles take precedence over those of SSAP 14, South Carolina computed PRB costs in such a way that it claimed a lower amount of accrued PRB costs than it had actually incurred. Additionally, since South Carolina determined the amount to be funded based on SSAP 14 accounting, it did not fully fund the costs assignable under SFAS 106.

We compared allowable accrued PRB costs with the accrued PRB costs claimed on South Carolina's FACPs, as shown in the table below.

ACCRUED PRB COSTS CLAIMED VARIANCE			
Fiscal Year	Per OIG	Per BCBS SC	Difference
2000	\$488,933	\$445,050	(\$43,883)
2001	751,126	403,471	(347,655)
2002	152,653	376,786	224,133
2003	222,763	402,902	180,139
2004	743,992	550,538	(193,454)
<b>Total</b>	<b>\$2,359,467</b>	<b>\$2,178,747</b>	<b>(\$180,720)</b>

### RECOMMENDATIONS

We recommend that South Carolina revise its FACPs for FYs 2000 through 2004 to increase its claimed PRB costs by \$180,720. We also recommend that South Carolina claim future PRB costs in accordance with the Medicare contract.

### AUDITEE'S COMMENTS

In written comments on our draft report, South Carolina did not completely concur with our recommendations. South Carolina stated that it recognizes the applicability of FAS106 to the determination of PRB costs and will work with CMS "to determine a mutually agreeable date for the change from SSAP 14 to FAS 106 for determination of PRB costs."

South Carolina's comments are included in their entirety as Appendix B.

## **OFFICE OF INSPECTOR GENERAL'S RESPONSE**

After reviewing South Carolina's comments, we continue to support our recommendations that South Carolina should increase its claimed PRB costs by \$180,720 and should claim future PRB costs in accordance with its Medicare contract.

# **APPENDIXES**

**STATEMENT OF ALLOWABLE  
POSTRETIREMENT BENEFIT COSTS  
FOR FISCAL YEARS 2000 THROUGH 2004**

Description		Total Company	Health	Life
1999	Contribution Deposits	<u>1/</u> \$0	\$0	\$0
1.38%	Discount for Interest	<u>2/</u> 0	0	0
	Pres Val Contributions	<u>3/</u> 0	0	0
	Prepayment Credit Applied	<u>4/</u> 284,951	233,875	51,076
	Pres Value of Funding	<u>5/</u> 284,951	233,875	51,076
	Assigned PRB Cost	<u>6/</u> 284,951	233,875	51,076
	Absorbed Credit	<u>7/</u> 0	0	0
	CAS Funding Target	<u>8/</u> 284,951	233,875	51,076
	% Funded	<u>9/</u>	100.00%	100.00%
	Funded PRB Cost	<u>10/</u>	233,875	51,076
	Allowable Interest	<u>11/</u>	0	0
	Allocable PRB Cost	<u>12/</u> \$284,951	\$233,875	\$51,076
	Fiscal Year PRB Costs	NA	NA	NA
	Medicare LOB percentage	NA	NA	NA
	Allowable PRB Cost	NA	NA	NA

2000	Contribution Deposits	\$0	\$0	\$0
5.50%	Discount for Interest	0	0	0
	Pres Val Contributions	0	0	0
	Prepayment Credit Applied	3,477,194	3,031,397	445,797
	Pres Value of Funding	3,477,194	3,031,397	445,797
	Assigned PRB Cost	3,477,194	3,031,397	445,797
	Absorbed Credit	0	0	0
	CAS Funding Target	3,477,194	3,031,397	445,797
	% Funded		100.00%	100.00%
	Funded PRB Cost		3,031,397	445,797
	Allowable Interest		0	0
	Allocable PRB Cost	3,477,194	3,031,397	445,797
	Fiscal Year PRB Costs	<u>13/</u>	2,332,017	347,117
	Medicare LOB percentage	<u>14/</u>	18.25%	18.25%
	Allowable PRB Cost	<u>15/</u> \$488,934	\$425,586	\$63,348

**STATEMENT OF ALLOWABLE  
POSTRETIREMENT BENEFIT COSTS  
FOR FISCAL YEARS 2000 THROUGH 2004**

Description		Total Company	Health	Life
2001	Contribution Deposits	\$0	\$0	\$0
5.50%	Discount for Interest	0	0	0
	Pres Val Contributions	0	0	0
	Prepayment Credit Applied	3,693,704	3,196,395	497,309
	Pres Value of Funding	3,693,704	3,196,395	497,309
	Assigned PRB Cost	3,755,806	3,250,136	505,670
	Absorbed Credit	0	0	0
	CAS Funding Target	3,755,806	3,250,136	505,670
	% Funded		98.35%	98.35%
	Funded PRB Cost		3,196,395	497,309
	Allowable Interest		0	0
	Allocable PRB Cost		3,196,395	497,309
	Fiscal Year PRB Costs		3,155,146	484,431
	Medicare LOB percentage		20.64%	20.64%
	Allowable PRB Cost	\$751,126	\$651,150	\$99,976

2002	Contribution Deposits	\$0	\$0	\$0
5.50%	Discount for Interest	0	0	0
	Pres Val Contributions	0	0	0
	Prepayment Credit Applied	0	0	0
	Pres Value of Funding	0	0	0
	Assigned PRB Cost	4,030,674	3,345,682	684,992
	Absorbed Credit	0	0	0
	CAS Funding Target	4,030,674	3,345,682	684,992
	% Funded		0.00%	0.00%
	Funded PRB Cost		0	0
	Allowable Interest		0	0
	Allocable PRB Cost		0	0
	Fiscal Year PRB Costs		799,099	124,327
	Medicare LOB percentage		16.53%	16.53%
	Allowable PRB Cost	\$152,653	\$132,100	\$20,553



**STATEMENT OF ALLOWABLE  
POSTRETIREMENT BENEFIT COSTS  
FOR FISCAL YEARS 2000 THROUGH 2004**

Description		Total		
		Company	Health	Life
2003	Contribution Deposits	\$2,394,601	\$1,958,686	\$435,915
5.50%	Discount for Interest	(209,770)	(171,583)	(38,187)
	Pres Val Contributions	2,184,831	1,787,103	397,728
	Prepayment Credit Applied	0	0	0
	Pres Value of Funding	2,184,831	1,787,103	397,728
	Assigned PRB Cost	4,327,490	3,539,711	787,779
	Absorbed Credit	0	0	0
	CAS Funding Target	4,327,490	3,539,711	787,779
	% Funded		50.49%	50.49%
	Funded PRB Cost		1,787,103	397,728
	Allowable Interest		69,623	15,495
	Allocable PRB Cost		1,856,726	413,223
	Fiscal Year PRB Costs		1,392,545	309,917
	Medicare LOB percentage		13.08%	13.08%
	Allowable PRB Cost	\$222,763	\$182,211	\$40,552

2004	Contribution Deposits	\$6,393,588	\$5,371,733	\$1,021,855
5.50%	Discount for Interest	(333,315)	(280,043)	(53,272)
	Pres Val Contributions	6,060,273	5,091,690	968,583
	Prepayment Credit Applied	0	0	0
	Pres Value of Funding	6,060,273	5,091,690	968,583
	Assigned PRB Cost	4,846,884	3,878,301	968,583
	Absorbed Credit	0	0	0
	CAS Funding Target	4,846,884	3,878,301	968,583
	% Funded		100.00%	100.00%
	Funded PRB Cost		3,878,301	968,583
	Allowable Interest		151,092	37,734
	Allocable PRB Cost		4,029,393	1,006,317
	Fiscal Year PRB Costs		3,486,226	858,044
	Medicare LOB percentage		17.13%	17.13%
	Allowable PRB Cost	\$743,992	\$597,045	\$146,947

**STATEMENT OF ALLOWABLE  
POSTRETIREMENT BENEFIT COSTS  
FOR FISCAL YEARS 2000 THROUGH 2004**

**APPENDIX A  
Page 4 of 5**

**FOOTNOTES**

- 1/ Total contributions to the trust fund are the deposits made to the voluntary employee benefit association (VEBA) trust fund. Such contributions can be used to satisfy the funding requirements of Federal Acquisition Regulations (FAR) 31.205-6(o)(2)(iii) and Cost Accounting Standards (CAS) 416-50(a)(1)(v)(A). The contributions included deposits made during the plan year and the discounted value of accrued contributions deposited after the end of the plan year but within the time allowed for filing tax returns.
- 2/ Interest is determined using the Statement of Financial Accounting Standards (SFAS) 106 expected long-term rate of return.
- 3/ The present value of contributions is the value of the contributions discounted from the date of deposit back to the first day of the plan year.
- 4/ A prepayment credit represents the accumulated value of premature funding from the previous year(s). A prepayment credit is created when contributions, plus interest, exceed the end-of-year current period funding requirement. A prepayment credit may be carried forward, with interest, to the first of each subsequent plan year until needed to fund future PRB costs. The accumulated value of prepayment credits is available as of the first day of the plan year and is applied as of the first day of the plan year to cover the cost assigned to the period.
- 5/ The present value of funding represents the present value of contributions plus accumulated prepayment credits. Such contributions can be used to satisfy the funding requirements of Federal Acquisition Regulation (FAR) 31.205-6(o)(2)(iii) and Cost Accounting Standards (CAS) 416-50(a)(1)(v)(A).
- 6/ The assigned PRB costs, computed on January 1 of each year, provide the basis to compute the allowable PRB cost that can be charged to Medicare.
- 7/ Cost credits are created when the PRB cost is a negative value. They are accumulated at the long-term rate, and any accumulated unabsorbed credits are applied to subsequent positive CAS PRB costs before any prepayment credits or contributions are applied. Also, because the unabsorbed credits are created by assets that have already been recognized for reimbursement, the credit is not eligible to be claimed when "absorbed."
- 8/ The CAS funding target must be funded by current or accumulated prepaid contributions to satisfy the funding requirement of FAR 31.205-6(o)(2)(iii).

**STATEMENT OF ALLOWABLE  
POSTRETIREMENT BENEFIT COSTS  
FOR FISCAL YEARS 2000 THROUGH 2004**

**APPENDIX A  
Page 5 of 5**

**FOOTNOTES (continued)**

- 9/ The percentage of costs funded is a measure of the portion of the CAS funding target that was funded during the plan year. We computed the percentage funded as the present value of funding divided by the CAS funding target. For purposes of illustration, the percentage of funding has been rounded to four decimals.
- 10/ We computed the funded CAS PRB cost as the CAS funding target multiplied by the percent funded.
- 11/ We assumed that interest on the funded PRB cost, less the applied prepayment credit, accrues in the same proportion that the interest on contributions bears to the present value of contributions. However, we limited the interest in accordance with FAR 31.205-6(o)(4), which provides that interest costs are unallowable if caused by a delay in funding beyond 30 days after the end of the quarter to which they are assigned.
- 12/ The allocable PRB cost is the amount of PRB cost that may be allocated for contract costing purposes.
- 13/ We converted the plan year allocable PRB costs to a Federal fiscal year (FY) basis (October 1 through September 30). We calculated the FY PRB costs as 1/4 of the prior year's costs plus 3/4 of the current year's costs. Per an agreement between CMS Office of Actuary and South Carolina, the costs for calendar year 1999 are National Association of Insurance Commissioners (NAIC) Statutory Postretirement Benefit Costs.
- 14/ The Medicare Line of Business percentage is the percentage of PRB costs claimed by South Carolina to the Total Company NAIC Statutory PRB Costs.
- 15/ We computed the allowable Medicare PRB cost as the FY PRB cost multiplied by the Medicare line of business percentage.



**Palmetto GBA**<sup>SM</sup>  
PARTNERS IN EXCELLENCE™

Joe Wright  
Vice President and CFO

February 8, 2008

Patrick J. Cogley  
Regional Inspector General of Audit Services  
Office of Inspector General  
Region VII  
601 East 12th Street  
Room 284A  
Kansas City, Missouri 64106

Report Number: A-07-07-00230

Dear Mr. Cogley:

We are responding to the U.S. Department of Health and Human Services, Office of the Inspector General (OIG) draft report entitled "Review of Postretirement Benefit Costs Claimed for Blue Cross Blue Shield of South Carolina for Fiscal Years 2000 Through 2004".

The report contains the following recommendation:

We recommend that South Carolina revise its FACPs for FYs 2000 through 2004 to increase its claimed PRB costs by \$180,720. We also recommend that South Carolina claim future PRB costs in accordance with the Medicare contract.

Response:

Palmetto does not concur completely with the recommended action, but recognizes the applicability of FAS106 to the determination of PRB costs. Palmetto GBA has addressed this issue with CMS and will work with CMS to determine a mutually agreeable date for the change from SSAP 14 to FAS106 for determination of PRB costs.

Thank for the opportunity to review and respond to the draft report.

Sincerely,

  
Joseph D. Wright

Cc: Bill Horton, Blue Cross Blue Shield of South Carolina  
Bruce Hughes, Palmetto GBA