



U.S. OFFICE OF PERSONNEL MANAGEMENT  
OFFICE OF THE INSPECTOR GENERAL  
OFFICE OF AUDITS

# Final Audit Report

**Subject:**

**Audit of the Federal Employees Health Benefits  
Program Operations of Coventry Health Care of  
Kansas, Inc.  
Plan Code HA**

**Report No. 1C-HA-00-09-035**

**Date: December 14, 2009**

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Office of the  
Inspector General

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
Washington, DC 20415

**AUDIT REPORT**

**Federal Employees Health Benefits Program  
Community-Rated Health Maintenance Organization  
Coventry Health Care of Kansas, Inc.  
Contract Number 1948-A - Plan Code HA  
Kansas City, Missouri**

Report No. 1C-HA-00-09-035

Date: December 14, 2009

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  
Community-Rated Health Maintenance Organization  
Coventry Health Care of Kansas, Inc.  
Contract Number 1948-A - Plan Code HA  
Kansas City, Missouri**

**Report No. 1C-HA-00-09-035**

**Date: December 14, 2009**

The Office of the Inspector General performed an audit of the Federal Employees Health Benefits Program (FEHBP) operations at Coventry Health Care of Kansas, Inc. (Plan). The audit covered contract years 2006 through 2008 and was conducted at the Plan's office in Kansas City, Missouri. This report details a procedural finding related to a non-covered elective abortion benefit which was incorrectly paid by the Plan. We found that the Plan's ratings of the FEHBP were developed in accordance with applicable laws, regulations, and the Office of Personnel Management's rating instructions for the years audited.

# CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY .....	i
I. INTRODUCTION AND BACKGROUND .....	1
II. OBJECTIVES, SCOPE, AND METHODOLOGY .....	3
III. AUDIT FINDINGS AND RECOMMENDATION .....	5
1. Premium Rate Review .....	5
2. Procedural Deficiency .....	5
Claims Review – Payment for Non-Covered Services .....	5
IV. MAJOR CONTRIBUTORS TO THIS REPORT .....	6
Appendix (Coventry Health Care of Kansas, Inc.'s October 19, 2009, response to the draft report)	

# I. INTRODUCTION AND BACKGROUND

## Introduction

We completed an audit of the Federal Employees Health Benefits Program (FEHBP) operations at Coventry Health Care of Kansas, Inc. – Plan Code HA (Plan) in Kansas City, Missouri. The audit covered contract years 2006 through 2008. The audit was conducted pursuant to the provisions of Contract CS 1948-A; 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 (OIG), as established by the Inspector General Act of 1978, as amended.

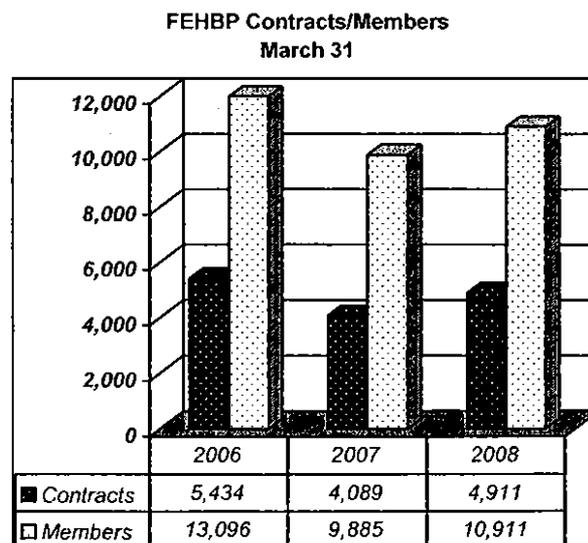
## Background

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 health insurance carriers who 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 as of March 31 for each contract year audited.



The Plan has participated in the FEHBP since 1984 and provides comprehensive medical services to the FEHBP as a mixed-model plan. Primary health care services are provided to Plan members throughout the Kansas City metropolitan area in Kansas and Missouri. In 2008, the Plan merged its plan code 7W, which covers the Wichita, Kansas area, into plan code HA. The last audit conducted by our office covered contract years 2002 through 2005. All noted exceptions were resolved and amounts questioned were returned to the FEHBP.

The preliminary results of this audit were discussed with Plan officials at an exit conference and through subsequent correspondence. 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

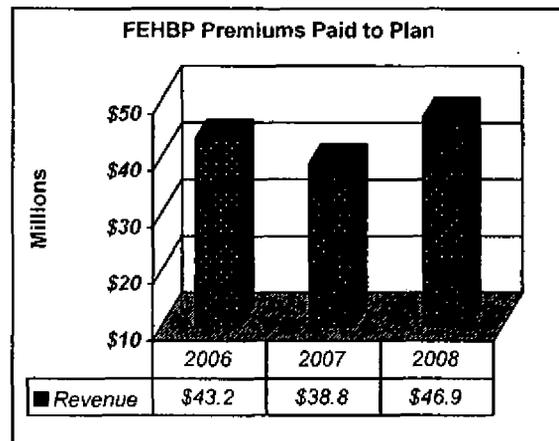
The primary objectives of the audit were to verify that the Plan offered market price rates to the FEHBP and to verify that the loadings to the FEHBP rates were reasonable and equitable. Additional tests were performed to determine whether the Plan was in compliance with the provisions of the laws and 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 2006 through 2008. For these contract years, the FEHBP paid approximately \$128.9 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 system and such other auditing procedures 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 SSSGs); 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 conducted in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States.

The audit fieldwork was performed at the Plan's office in Kansas City, Missouri during March and April 2009. Additional audit work was completed at our offices in Washington, D.C. and Jacksonville, Florida.

### **Methodology**

We examined the Plan's federal rate submissions and related documents as a basis for validating the market price rates. Further, we examined claim payments to verify that the cost data used to develop the FEHBP rates were accurate, complete, and valid. In addition, we examined the rate development documentation and billings to other groups, such as the 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, 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 RECOMMENDATION**

#### **1. Premium Rate Review**

Our audit showed that the Plan's rating of the FEHBP was in accordance with the applicable laws, regulations, and OPM's rating instructions to carriers for contract years 2006 through 2008. Consequently, the audit did not identify any questioned costs.

#### **2. Procedural Deficiency**

##### **Claims Review – Payment for Non-Covered Services**

According to FEHBP Program Carrier Letters 2006-14 and 2007-09, the Office of Personnel Management requires all carriers to keep on file all data necessary to justify its Adjusted Community Rating (ACR) rate and save back-up copies of their claims databases for audit purposes. We reviewed FEHBP claims data for contract years 2007 and 2008. We ran queries on the claims data that relate to hospital, physician, prescription drugs, and coordination of benefits, bundling of claims, and non-covered benefits according to the FEHBP benefit brochures.

Our review of the 2007 and 2008 FEHBP claims data shows that the Plan paid for claims that related to elective abortion, which is a non-covered benefit according to the FEHBP benefit brochure. We queried claims data during the experience period of 2007 (January 1, 2004 through December 31, 2005) and 2008 (January 1, 2005 through December 31, 2006). We found that there were seven instances of the Plan inappropriately paying for this benefit. The total paid amount was \$1,860 for 2007 and \$2,480 for 2008. We notified the Plan of our results and requested an explanation for payment of these claims. The Plan agreed that the abortion claims were paid erroneously.

We addressed this issue as a procedural item because the amounts in question did not have a significant impact on the premium rates for 2007 or 2008.

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

The Plan states it has no concerns with the audit finding or the recommendation.

##### **Recommendation**

We recommend that the contracting officer require the Plan to monitor its claims system that tracks elective abortions so that these claims are being reviewed and rejected as a non-covered benefit.

## IV. MAJOR CONTRIBUTORS TO THIS REPORT

### Community-Rated Audits Group

██████████, Auditor-In-Charge

██████████, Auditor

██████████, Auditor

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██████████ Chief

██████████, Senior Team Leader



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October 19, 2009

[REDACTED]  
US Office of Personnel Management  
Office of the Inspector General  
1900 E Street, NW  
Room 6400  
Washington, DC 20415-1100

RE: Draft Report - Report No. IC-HA-00-09-035

Dear [REDACTED]

Coventry Health Care of Kansas, Inc. ("Coventry") is in receipt of the draft report dated September 21, 2009 regarding the above reference audit. We appreciate the opportunity to review and provide comments.

At this time, Coventry has no concerns with the item noted, the recommendation provided, or the posting of the report on the OIG webpage. We look forward to receiving a copy of the final document.

If you have any questions, please feel free to call me at [REDACTED]

Sincerely,

[REDACTED]  
Director, Policy and Compliance