



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

Final Audit Report

**Audit of the Federal Employees Health Benefits
Program Operations at Aetna Open Access -
Northern New Jersey**

**Report Number 1C-JR-00-14-058
March 23, 2015**

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EXECUTIVE SUMMARY

Audit of the Federal Employees Health Benefits Program Operations at Aetna Open Access – Northern New Jersey

Report No. 1C-JR-00-14-058

March 23, 2015

Why Did We Conduct the Audit?

The objectives of our audit were to determine if Aetna Open Access – Northern New Jersey (Plan) offered the Federal Employees Health Benefits Program (FEHBP) market price rates and that the loadings applied to the FEHBP rates were reasonable and equitable. Additional tests were performed to determine if the Plan was in compliance with the provisions of the laws and regulations governing the FEHBP.

What Did We Audit?

Under contract 2914, the Office of the Inspector General completed a performance audit of the FEHBP's rates offered for contract year 2011. Our audit fieldwork was conducted from August 11, 2014 through August 16, 2014 at the Plan's office in Blue Bell, Pennsylvania.

What Did We Find?

We determined that the FEHBP rates were developed by the Plan in accordance with applicable laws, regulations, and the U.S. Office of Personnel Management's Rate Instructions to Community-Rated Carriers for the year audited. We therefore did not issue a draft report and are not making any recommendations.



Michael R. Esser
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for Audits*

ABBREVIATIONS

CFR	Code of Federal Regulations
FEHBP	Federal Employees Health Benefit Program
FY	Fiscal Year
OIG	Office of the Inspector General
OPM	U.S. Office of Personnel Management
Plan	Aetna Open Access – Northern New Jersey
SSSG	Similarly Sized Subscriber Group
U.S.C.	United States Code

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY	i
ABBREVIATIONS.....	ii
I. BACKGROUND	1
II. OBJECTIVES, SCOPE, AND METHODOLOGY.....	3
III. RESULTS OF THE AUDIT	5
IV. MAJOR CONTRIBUTORS TO THIS REPORT	6
REPORT FRAUD, WASTE, AND MISMANAGEMENT.....	7

I. BACKGROUND

This final report details the audit results of the Federal Employees Health Benefits Program (FEHBP) operations at Aetna Open Access – Northern New Jersey (Plan). The audit covered contract year 2011, and was conducted at the Plan’s office in Blue Bell, Pennsylvania.

The audit was conducted pursuant to FEHBP contract CS 2914; 5 U.S.C. Chapter 89; and 5 Code of Federal Regulations (CFR) Chapter 1, Part 890. The audit was performed by the U.S. Office of Personnel Management’s (OPM) Office of the Inspector General (OIG), as established by the Inspector General Act of 1978, as amended.

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 Healthcare and Insurance Office. Health insurance coverage is provided through contracts with 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 chart to the right shows the number of FEHBP contracts and members reported by the Plan as of March 31 for the contract year audited.

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 Plan has participated in the FEHBP since 2002 and provides health benefits to FEHBP members in the Northern New Jersey area. The last audit conducted by our office was a full scope audit and covered contract years 2006 through 2010. There were no issues identified during that audit.

The preliminary results of this audit were discussed with Plan officials at an exit conference and in subsequent correspondence. Since the audit concluded that the Plan's rating of the FEHBP was in accordance with applicable laws, regulations, and OPM Rate Instructions to Community-Rated Carriers (rate instructions), a draft report was not issued.

II. OBJECTIVES, SCOPE, AND METHODOLOGY

Objective

The primary objectives of the audit were to determine if the Plan offered the FEHBP market price rates and 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 year 2011. For this year, the FEHBP paid approximately \$58.8 million in premiums to the Plan.

OIG audits of community-rated carriers are designed to test carrier compliance with the FEHBP contract, applicable laws and regulations, and the 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 the 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 from August 11, 2014 through August 16, 2014 at the Plan's office in Blue Bell, Pennsylvania. Additional audit work was conducted at our field offices in Jacksonville, Florida and Cranberry Township, Pennsylvania.

Methodology

We examined the Plan's Federal rate submission 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 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 the rate instructions 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 policies and procedures, interviewed appropriate Plan officials, and performed other auditing procedures necessary to meet our audit objectives.

To test the Plan's compliance with the FEHBP health benefit provisions related to coordination of benefits with Medicare, we selected a judgmental sample of potential uncoordinated claim lines. We queried the Plan's FEHBP claims data for any members over the age of 65 and sorted by the Insurance Amount Paid. We selected all claims over \$10,000. This resulted in a universe of 20 members with 27 claims. We reviewed all the claims in the universe. We sent the entire universe to the Plan for review to determine if the claims were properly coordinated with Medicare.

III. RESULTS OF THE AUDIT

Our audit showed that the Plan's rating of the FEHBP was in accordance with applicable laws, regulations, and the rate instructions for contract year 2011. Consequently, the audit did not identify any questioned costs and no corrective action is necessary.

IV. MAJOR CONTRIBUTORS TO THIS REPORT

COMMUNITY-RATED AUDITS GROUP

██████████, Auditor-in-Charge

██████████, Lead Auditor

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