

Department of Health and Human Services
Office of Inspector General



Office of Audit Services

August 2025 | A-07-24-00647

**Blue Cross Blue Shield of South
Carolina Overstated Its
Supplemental Executive Retirement
Plan III Medicare Allowable
Segment Pension Assets as of
January 1, 2022**

REPORT HIGHLIGHTS



August 2025 | A-07-24-00647

Blue Cross Blue Shield of South Carolina Overstated Its Supplemental Executive Retirement Plan III Medicare Allowable Segment Pension Assets as of January 1, 2022

Why OIG Did This Audit

- Medicare contractors are required to separately account for the Medicare segment pension plan assets based on the requirements of their Medicare contracts and Cost Accounting Standards 412 and 413.
- HHS, OIG, Office of Audit Services, reviews the Medicare segment pension assets to ensure compliance with Federal regulations.
- Previous OIG audits found that Medicare contractors did not always correctly identify and update the segmented pension assets.
- This audit examined whether BCBS South Carolina complied with Federal requirements when (1) implementing the prior audit recommendation to decrease the Supplemental Executive Retirement Plan III (SERP III) Medicare Allowable segment assets as of January 1, 2017, and (2) updating its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022.

What OIG Found

- BCBS South Carolina did not correctly implement our prior recommendation.
- BCBS South Carolina did not correctly update its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022, in accordance with Federal requirements. BCBS South Carolina identified \$1,072,831 as its SERP III Medicare Allowable segment pension assets as of January 1, 2022; however, we determined that those assets were \$1,059,400 as of that date. Therefore, BCBS South Carolina overstated the SERP III Medicare Allocable segment pension assets by \$13,431.
- BCBS South Carolina's policies and procedures did not always ensure that it calculated those pension assets in accordance with Federal requirements when updating its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022.

What OIG Recommends

We recommend that BCBS South Carolina decrease its SERP III Medicare Allowable segment pension assets by \$13,431 and recognize \$1,059,400 as the SERP III Medicare Allowable segment pension assets as of January 1, 2022, and improve policies and procedures to ensure that going forward, it calculates Medicare Allowable segment pension assets in accordance with Federal requirements.

BSBC South Carolina did not specifically indicate concurrence or nonconcurrence with our findings or recommendations. BCBS South Carolina said that it would work with CMS to ensure that the final cost settlements are accurate.

TABLE OF CONTENTS

INTRODUCTION	1
Why We Did This Audit.....	1
Objectives.....	1
Background	1
Blue Cross Blue Shield of South Carolina and Medicare	1
Supplemental Executive Retirement Plan III	2
Prior Supplemental Executive Retirement Plan III Segmentation Audit	2
How We Conducted This Audit.....	3
FINDINGS	3
Prior Audit Recommendation.....	4
Update of Supplemental Executive Retirement Plan III Medicare Allowable Segment Pension Assets	4
Contributions and Transferred Prepayment Credits Overstated	5
Benefit Payment Overstated	5
Earnings, Net of Expenses, Understated	6
RECOMMENDATIONS.....	6
AUDITEE COMMENTS.....	7
APPENDICES	
A: Audit Scope and Methodology	8
B: Statement of Market Value of Pension Assets for the Supplemental Executive Retirement Plan III for the Period January 1, 2017, to January 1, 2022.....	10
C: Federal Requirements Related to Pension Segmentation	13
D: Blue Cross Blue Shield of South Carolina Supplemental Executive Retirement Plan III Cost Accounting Standards Balance Equation as of January 1, 2022	14
E: Auditee Comments	16

INTRODUCTION

WHY WE DID THIS AUDIT

Medicare contractors are required to separately account for the Medicare segment pension plan assets based on the requirements of their Medicare contracts and Cost Accounting Standards (CAS) 412 and 413. The Centers for Medicare & Medicaid Services (CMS) incorporated this requirement into the Medicare contracts beginning with fiscal year 1988. Previous Office of Inspector General audits found that Medicare contractors did not always correctly identify and update the segmented pension assets.

At CMS's request, the Department of Health and Human Services, Office of Inspector General, Office of Audit Services, reviews the cost elements related to qualified defined-benefit, nonqualified defined-benefit, postretirement benefit, and any other pension-related cost elements claimed by Medicare administrative contractors (MACs), and other CAS-covered and Federal Acquisition Regulation (FAR)-covered contracts through Incurred Cost Proposals (ICPs).

For this audit of Blue Cross Blue Shield of South Carolina (BCBS South Carolina), we examined the Supplemental Executive Retirement Plan III (SERP III) Medicare Allowable segment pension assets that BCBS South Carolina updated from January 1, 2017, to January 1, 2022.

OBJECTIVES

Our objectives were to determine whether BCBS South Carolina complied with Federal requirements when (1) implementing the prior audit recommendation to decrease the SERP III Medicare Allowable segment assets as of January 1, 2017, and (2) updating its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022.

BACKGROUND

Blue Cross Blue Shield of South Carolina and Medicare

During our audit period, Palmetto Government Benefits Administrator, LLC (Palmetto), CGS Administrators, LLC (CGS), and Companion Data Services, LLC (CDS), were subsidiaries of BCBS South Carolina, whose home office is in Columbia, South Carolina; these subsidiaries administered Medicare functions for CMS. Specifically, Palmetto administers Medicare operations under the MAC contracts for Medicare Parts A and B Jurisdictions J and M effective September 7, 2017, and April 1, 2015, respectively, as well as other CAS-covered

and FAR-covered contracts.^{1, 2} Palmetto also continues to perform Railroad Retirement Board contract operations under a specialty MAC contract awarded on November 27, 2012. CDS administers a Virtual Data Center contract effective November 15, 2012. CGS administers the MAC contracts for Medicare Durable Medical Equipment Jurisdiction C and Medicare Parts A and B Jurisdiction 15 effective August 31, 2012, and September 17, 2015, respectively.^{3, 4}

This report addresses BCBS South Carolina's compliance with the pension segmentation language under the provisions of Federal requirements and its Medicare contracts.

Supplemental Executive Retirement Plan III

BCBS South Carolina sponsors a SERP III plan, which uses the accrual method to calculate its pension assets and costs. The purpose of this deferred compensation plan is to supplement participants' benefits payable under BCBS South Carolina's retirement plans. This plan is provided to a limited group of management employees who are responsible for earnings and long-term growth of the company.

Prior Supplemental Executive Retirement Plan III Segmentation Audit

We performed a prior pension segmentation audit of BCBS South Carolina's SERP III (A-07-20-00600, Apr. 8, 2021), which brought the BCBS South Carolina SERP III Medicare segment pension assets to January 1, 2017. We recommended that BCBS South Carolina decrease the SERP III Medicare Allowable segment pension assets by \$4,948 and, as a result, recognize \$391,943 as the SERP III Medicare Allowable segment pension assets as of January 1, 2017.

¹ Medicare Parts A and B Jurisdiction J consists of the States of Alabama, Georgia, and Tennessee.

² Medicare Parts A and B Jurisdiction M consists of the States of North Carolina, South Carolina, Virginia, and West Virginia (but excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia). Jurisdiction M also includes home health and hospice services provided in the States of Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, and Texas.

³ Medicare DME Jurisdiction C consists of the States of Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia, and the U.S. Territories of Puerto Rico and the U.S. Virgin Islands.

⁴ Medicare Parts A and B Jurisdiction 15 consists of the States of Kentucky and Ohio. Jurisdiction 15 also includes home health and hospice services provided in the States of Colorado, Delaware, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming, and in the District of Columbia.

HOW WE CONDUCTED THIS AUDIT

We reviewed BCBS South Carolina's update of its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022.⁵

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 finding and conclusions based on our audit objectives.

Appendix A contains details of our audit scope and methodology.

FINDINGS

BCBS South Carolina did not correctly implement our prior audit recommendation, although it had stated in its comments on our prior report that it did not object to that recommendation to decrease the SERP III Medicare Allowable segment pension assets by \$4,948 as of January 1, 2017. Regarding our second objective, BCBS South Carolina did not correctly update its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022, in accordance with Federal requirements. BCBS South Carolina identified \$1,072,831 as its SERP III Medicare Allowable segment pension assets as of January 1, 2022; however, we determined that those assets were \$1,059,400 as of that date. Therefore, BCBS South Carolina overstated its SERP III Medicare Allowable segment pension assets as of January 1, 2022, by \$13,431. BCBS South Carolina overstated those pension assets because its policies and procedures did not always ensure that it calculated those assets in accordance with Federal requirements when updating its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022.

Appendix B identifies the details of BCBS South Carolina's SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022, as determined during our audit. Table 1 on the following page summarizes the audit adjustments required to update BCBS South Carolina's SERP III Medicare Allowable segment pension assets in accordance with Federal requirements.

⁵ Medicare Allowable segment pension assets are combined from the individual executives' pension assets. A portion of these executives' pension assets are allowable Medicare costs. The individual executive information is proprietary information and therefore does not appear in this report.

Table 1: Summary of Audit Adjustments

	Per Audit	Per BCBS South Carolina	Difference
Prior Audit Recommendation	\$391,943	\$396,891	(\$4,948)
Update of SERP III Medicare Allowable Segment Assets			
Contributions and Prepayment Credits	947,524	1,001,176	(53,652)
Benefit Payment	(365,766)	(407,000)	41,234
Earnings, Net of Expenses	85,699	81,764	3,935
Overstatement of SERP III Medicare Allowable Segment Assets			(\$13,431)

PRIOR AUDIT RECOMMENDATION

We performed a prior pension segmentation audit of BCBS South Carolina's SERP III Medicare Allowable segment pension assets (A-07-20-00600, Apr. 8, 2021), which recommended that BCBS South Carolina decrease its SERP III Medicare Allowable segment pension assets by \$4,948 as of January 1, 2017. BCBS South Carolina stated that it did not object to our recommendation but did not provide an updated Medicare segment CAS rollup. Without a revised Medicare segment CAS rollup, we were unable to determine whether BCBS South Carolina had correctly implemented our prior recommendation. Therefore, we continue to identify the prior audit recommendation as an adjustment to the Medicare segment pension assets, as shown in Table 1 above.

UPDATE OF SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN III MEDICARE ALLOWABLE SEGMENT PENSION ASSETS

Federal requirements require Medicare contractors to update the Medicare Allowable segment pension assets yearly in accordance with the CAS. The CAS requires that the asset base be adjusted by contributions, income, benefit payments, and expenses. For details on the Federal requirements, see Appendix C.

BCBS South Carolina did not correctly update its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022, in accordance with Federal requirements. BCBS South Carolina identified \$1,072,831 as its SERP III Medicare Allowable segment pension assets as of January 1, 2022; however, we determined that those assets were \$1,059,400 as of that date. Therefore, BCBS South Carolina overstated its SERP III Medicare Allowable segment pension assets as of January 1, 2022, by \$13,431. The following are our findings regarding the update of the SERP III Medicare Allowable segment pension assets from January 1, 2017, to

January 1, 2022. Appendix D identifies BCBS South Carolina's CAS balance equation for the SERP III as of January 1, 2022.⁶

Contributions and Transferred Prepayment Credits Overstated

The audited contributions and transferred prepayment credits are based on the assignable pension costs.^{7, 8} In compliance with the CAS, we applied prepayment credits first to current-year assignable pension costs (because the credits were available at the beginning of the year) and then updated any remaining credits with interest to the next measurement (valuation) date. We then allocated contributions to assigned pension costs, as needed, as of the date of deposit. For additional details on these Federal requirements, see Appendix C.

BCBS South Carolina overstated contributions and transferred prepayment credits by \$53,652 for its Medicare segment. The overstatement occurred primarily because of differences in the asset base used to compute the assignable pension costs.

Table 2 shows the differences between the contributions and transferred prepayment credits proposed by BCBS South Carolina and the contributions and transferred prepayment credits that we calculated during our audit.

Table 2: Contributions and Transferred Prepayment Credits

Calendar Year	Per Audit	Per BCBS South Carolina	Difference
2017	\$388,360	\$427,093	(\$38,733)
2018	133,304	134,193	(889)
2019	138,017	150,350	(12,333)
2020	141,087	142,709	(1,622)
2021	146,756	146,831	(75)
Total	\$947,524	\$1,001,176	(\$53,652)

Benefit Payment Overstated

BCBS South Carolina overstated a benefit payment by \$41,234. The overstatement occurred because BCBS South Carolina did not limit the compensation used to calculate a lump sum benefit payment in accordance with Federal regulations for one participant in 2017. The

⁶ The CAS balance equation identifies the market value of assets, actuarial accrued liability, actuarial value of assets, accumulated value of prepayment credits, and the unfunded actuarial liability in accordance with CAS 412-40(c).

⁷ A prepayment credit is the amount funded in excess of the pension costs assigned to a cost accounting period that is carried forward for future recognition.

⁸ These are assigned to a specific cost accounting period.

participant's compensation should have been limited to the compensation benchmarks determined by the Office of Federal Procurement Policy. In our calculations, we limited the compensation used for this participant to calculate the participant's lump sum benefit payment in accordance with FAR 31.205-6(p). The overstatement of this benefit payment resulted in an understatement of the Medicare segment pension assets by \$41,234.

Earnings, Net of Expenses, Understated

BCBS South Carolina understated investment earnings, less administrative expenses, by \$3,935, because it used incorrect contributions and transferred prepayment credits and an incorrect benefit payment (all discussed above) to develop the SERP III Medicare Allowable segment pension asset base. We allocated earnings, net of expenses, based on the applicable CAS requirements when we audited the update of the Medicare segment assets.

For details on applicable Federal requirements, see Appendix C. Table 3 shows the difference in the earnings, net of expenses, proposed by BCBS South Carolina and the earnings, net of expenses, that we calculated during our audit.

Table 3: Earnings, Net of Expenses

Calendar Year	Per Audit	Per BCBS South Carolina	Difference
2017	\$9,635	\$4,337	\$5,298
2018	(10,915)	(10,888)	(27)
2019	57,436	58,448	(1,012)
2020	40,957	41,581	(624)
2021	(11,414)	(11,714)	300
Total	\$85,699	\$81,764	\$3,935

RECOMMENDATIONS

We recommend that Blue Cross Blue Shield of South Carolina:

- decrease its SERP III Medicare Allowable segment pension assets by \$13,431 and recognize \$1,059,400 as the SERP III Medicare Allowable segment pension assets as of January 1, 2022, and
- improve policies and procedures to ensure that going forward, it calculates Medicare Allowable segment pension assets in accordance with Federal requirements.

AUDITEE COMMENTS

In written comments on our draft report, BCBS South Carolina did not specifically indicate concurrence or nonconcurrence with our findings or recommendations. BCBS South Carolina said that it would work with its actuarial firm to ensure that our recommendations are implemented prospectively, beginning with calendar year 2025. BCBS South Carolina also stated that it would work with CMS to ensure that the final cost settlements are accurate. BCBS South Carolina's comments appear in their entirety as Appendix E.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed BCBS South Carolina's update of its SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022.

Achieving our objective did not require that we review BCBS South Carolina's overall internal control structures. We reviewed controls relating to the update of the Medicare Allowable segment pension assets to ensure adherence to the Medicare contracts, CAS 412, and CAS 413.

We performed our audit work from August 2023 to June 2025.

METHODOLOGY

To accomplish our objective, we:

- reviewed the portions of the FAR, CAS, and Medicare contracts applicable to this audit;
- reviewed the annual actuarial valuation reports prepared by BCBS South Carolina's actuarial consulting firms, which included the pension plan's assets, liabilities, normal costs, contributions, benefit payments, investment earnings, and administrative expenses, and used this information to calculate the SERP III Medicare segment assets;
- obtained and reviewed the SERP III pension plan documents;
- reviewed BCBS South Carolina's accounting records to verify the SERP III benefit payment;
- reviewed the prior segmentation audit performed at BCBS South Carolina (A-07-20-00600, Apr. 8, 2021) to determine the beginning market value of assets for the SERP III Medicare Allowable segment;
- provided the CMS Office of the Actuary, which provides technical actuarial advice, with the actuarial information necessary for it to calculate the SERP III Medicare Allowable segment pension assets from January 1, 2017, to January 1, 2022;
- reviewed the CMS actuaries' methodology and calculations; and
- provided the results of our audit to BCBS South Carolina officials.

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 finding and conclusions based on our audit objectives.

**APPENDIX B: STATEMENT OF MARKET VALUE OF PENSION ASSETS
FOR THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN III FOR
THE PERIOD JANUARY 1, 2017, TO JANUARY 1, 2022**

Description		Total Company	Other Segment	Medicare Allowable Segment
Assets January 1, 2017	<u>1/</u>	\$15,065,893	\$14,673,950	\$391,943
Prepayment credits	<u>2/</u>	0	(388,360)	388,360
Contributions	<u>3/</u>	(7,260,434)	(7,260,434)	0
Earnings	<u>4/</u>	191,475	181,840	9,635
Benefit payments	<u>5/</u>	(365,766)	0	(365,766)
Assets January 1, 2018		\$7,631,168	\$7,206,996	\$424,172
Prepayment credits		0	(133,304)	133,304
Contributions		0	0	0
Earnings		(149,410)	(138,495)	(10,915)
Benefit payments		0	0	0
Assets January 1, 2019		7,481,758	\$6,935,197	546,561
Prepayment credits		0	(138,017)	138,017
Contributions		0	0	0
Earnings		627,725	570,289	57,436
Benefit payments		0	0	0
Assets January 1, 2020		\$8,109,483	\$7,367,469	\$742,014
Prepayment credits		0	(141,087)	141,087
Contributions		0	0	0
Earnings		376,110	335,153	40,957
Benefit payments		0	0	0
Assets January 1, 2021		\$8,485,593	\$7,561,535	\$924,058

Description		Total Company	Other Segment	Medicare Allowable Segment
Assets January 1, 2021		\$8,485,593	\$7,561,535	\$924,058
Prepayment credits		0	(146,756)	146,756
Contributions		1,000,000	1,000,000	0
Earnings		(94,604)	(83,190)	(11,414)
Benefit payments		0	0	0
Assets January 1, 2022		\$9,390,989	\$8,331,589	\$1,059,400
Per BCBS South Carolina	6/	9,390,989	\$8,318,158	1,072,831
Asset variance	7/	0	13,431	(13,431)

ENDNOTES

- 1/ We determined the Total Company and SERP III Medicare segment pension assets as of January 1, 2017, based on our prior segmentation audit of BCBS South Carolina's SERP III (A-07-20-00600; Apr. 8, 2021). The amounts shown for the Other segment represent the difference between the Total Company and the Medicare Allowable segments. All pension assets are shown at market value.
- 2/ Transferred prepayment credits represent funds available to satisfy future funding requirements and are applied to future funding requirements before current-year contributions in order to avoid incurring unallowable interest. Prepayment credits are transferred to the Medicare Allowable segment as needed to cover funding requirements.
- 3/ We obtained Total Company contribution amounts from the actuarial valuation reports. We allocated Total Company contributions to the Medicare Allowable segment based on the ratio of the Medicare Allowable segment's funding target divided by the Total Company funding target. Contributions in excess of the funding targets were treated as prepayment credits and accounted for in the Other segment until needed to fund pension costs in the future.
- 4/ We obtained net investment earnings from the actuarial valuation reports. We allocated net investment earnings based on the ratio of each segment's weighted average value (WAV) of assets to Total Company WAV of assets as required by the CAS.
- 5/ We based the Medicare Allowable segment's benefit payments on actual payments to Medicare retirees. We obtained the benefit payments from documents provided by BCBS South Carolina.

- 6/ We obtained total asset amounts from documents prepared by BCBS South Carolina's actuarial consulting firm.
- 7/ The asset variance represents the difference between our calculation of the SERP III Medicare Allowable segment pension assets and BCBS South Carolina's calculation of the SERP III Medicare Allowable segment's pension assets.

APPENDIX C: FEDERAL REQUIREMENTS RELATED TO PENSION SEGMENTATION

Federal regulations (CAS 412.50(a)(4)) require that contributions in excess of the pension cost assigned to the period be recognized as prepayment credits and accumulated at the assumed valuation interest rate until applied to future period costs. Prepayment credits that have not been applied to fund pension costs are excluded from the value of assets used to compute pension costs.

Federal regulations (CAS 413.50(c)(7)) require that the asset base be adjusted by contributions, permitted unfunded accruals, income, benefit payments, and expenses. For plan years beginning after March 30, 1995, the CAS requires investment income and expenses to be allocated among segments based on the ratio of the segment's WAV of assets to Total Company WAV of assets.

Federal regulations (FAR 31.205-6(p)) state that costs incurred after January 1, 1998, for compensation of a senior executive in excess of the benchmark compensation amount determined applicable for the contractor fiscal year by the Administrator, Office of Federal Procurement Policy, are unallowable.

**APPENDIX D: BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA SUPPLEMENTAL
EXECUTIVE RETIREMENT PLAN III COST ACCOUNTING STANDARDS
BALANCE EQUATION AS OF JANUARY 1, 2022**

Description		Total Company	Other Segment	SERP III Medicare Allowable
Actuarial Accrued Liability	<u>1/</u>	\$ 8,027,151	\$ 6,705,366	\$ 1,321,785
Less: Actuarial Value of Assets	<u>2/</u>	(10,173,760)	(9,026,055)	(1,147,705)
Unfunded Actuarial Liability	<u>3/</u>	\$ (2,146,609)	\$ (2,320,689)	\$ 174,080
9904.412-50(a)(2) Unallowable	<u>4/</u>	\$ -	\$ -	\$ -
Prepayment Credit	<u>5/</u>	(3,919,863)	(3,539,204)	(380,659)
Adjustments to UAL	<u>6/</u>	\$ (3,919,863)	\$ (3,539,204)	\$ (380,659)
Net Unamortized Balance	<u>7/</u>	\$ 1,773,254	\$ 1,218,515	\$ 554,739
Market Value of Assets	<u>8/</u>	\$ 9,390,989	\$ 8,331,589	\$ 1,059,400

ENDNOTES

- 1/ Actuarial accrued liability (AAL) represents the pension cost attributable, under the actuarial cost method in use, to years prior to January 1, 2022. We obtained the total company AAL from the January 1, 2022, BCBS South Carolina SERP III actuarial valuation report. The AALs for the Other Segment and Medicare Allowable segment were determined as a result of our audit.
- 2/ The actuarial value of assets (AVA) is the value of cash, investments, and other property belonging to a pension plan, as used by the actuary for the purpose of an actuarial valuation. The AVA shown here was computed by the CMS Office of the Actuary based on audited values as of January 1, 2022.
- 3/ The unfunded actuarial liability (UAL) is the AAL less the AVA as of January 1, 2022. An actuarial surplus, or negative UAL, is created whenever the AVA exceeds the AAL.
- 4/ The 9904.412-50(a)(2) Unallowable represents the prior-period pension costs determined to be unallowable in accordance with Government contractual provisions in effect at the time or pension costs assigned to a cost accounting period that were not funded in that period. This is an adjustment to the UAL required by CAS 412-50(a)(2).
- 5/ The prepayment credit represents funds available to satisfy future funding requirements. This is an adjustment to the AVA for premature funding of future pension costs required by CAS 412-50(a)(4).

- 6/ Adjustments to the UAL represent the sum of the unallowable and prepayment balances as of January 1, 2022.
- 7/ The net unamortized balance is the UAL less the adjustments to the UAL. It is the portion of the UAL yet to be amortized in accordance with CAS 412-50(a)(1) and CAS 413-50(a)(2).
- 8/ The market value of assets represents the current value of assets as of January 1, 2022, plus the current value of any accrued contributions used to fund pension costs assigned to periods prior to January 1, 2022.



BlueCross BlueShield of South Carolina
I-20 at Alpine Road
Columbia SC 29219-0001
803.788.0222

SouthCarolinaBlues.com

July 8, 2025

James I. Korn
Regional Inspector General for Audit Services
Office of Audit Services, Region VII
1201 Walnut Street, Suite 1309
Kansas City, MO 64106

Report Numbers:

A-07-24-00647

A-07-24-00644

OAS-25-07-049

OAS-25-07-048

Dear Mr. Korn:

We are responding to the U.S. Department of Health and Human Services, Office of Inspector General, draft reports referenced above which pertain to the BlueCross BlueShield South Carolina sponsored Supplemental Executive Retirement Plan III.

As recommended in each report, we will work with our actuarial firm to ensure we implement the recommendations prospectively beginning with calendar year 2025, consistent with the timing of receipt of reports referenced above. Additionally, while none of the findings individually or collectively resulted in material overstatement of costs, we will work with CMS to ensure final cost settlements are accurate.

We appreciate the opportunity to comment on the recommendations. Please let me know if you have any questions or need additional information regarding our response.

Sincerely,

/Jennifer Capell/

Jennifer Capell
Vice President, Corporate Controller
BlueCross BlueShield South Carolina

Cc: Bruce Hughes, Celerian Group
Lori Hair, BlueCross BlueShield South Carolina
Jamie Keller, Companion Data Services, LLC
Michael Logan, CGS Administrators, LLC
Nancy Lybrand, Palmetto GBA, LLC

Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.



TIPS.HHS.GOV

Phone: 1-800-447-8477

TTY: 1-800-377-4950

Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. [Learn more about complaints OIG investigates.](#)

How Does It Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of [whistleblowing](#) or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

Stay In Touch

Follow HHS-OIG for up to date news and publications.



OIGatHHS



HHS Office of Inspector General

[Subscribe To Our Newsletter](#)

[OIG.HHS.GOV](https://oig.hhs.gov)

Contact Us

For specific contact information, please [visit us online](#).

U.S. Department of Health and Human Services
Office of Inspector General
Public Affairs
330 Independence Ave., SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov