Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

ADMINISTRATIVE COSTS CLAIMED UNDER PART A OF THE MEDICARE PROGRAM

FOR THE PERIOD OCTOBER 1, 1990 THROUGH SEPTEMBER 30, 1993

BLUE CROSS BLUE SHIELD UNITED OF WISCONSIN MILWAUKEE, WISCONSIN

JUNE GIBBS BROWN
Inspector General

FEBRUARY 1996
A-05-95-00034

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGION V
105 W. ADAMS ST.
CHICAGO, ILLINOIS 60603-620 1

OFFICE OF
INSPECTOR GENERAL

February 29, 1996

Common Identification Number: A-05-95-00034

Mr. Timothy Cullen
President and Chief Operating Officer
Blue Cross & Blue Shield United of Wisconsin
1515 North RiverCenter Drive
Milwaukee, Wisconsin 53212

Dear Mr. Cullen:

Enclosed are two copies of the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), Office of Audit Services' report entitled, "Administrative Costs Claimed Under Part A of the Medicare Program." The audit covered the period October 1, 1990 through September 30, 1993. A copy of this report will be forwarded to the action official noted below for her review and any action deemed necessary.

Final determination as to actions taken on all matters reported will be made by HHS action official named below. We request that you respond to the HHS action 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.

In accordance with the principles of the Freedom of Information Act (Public Law 90-23), HHS/OIG reports issued to the Department's grantees and contractors are made available, if requested, to members of the press and general public to the extent information contained therein is not subject to exemptions in the Act which the Department chooses to exercise. (See 45 CFR Part 5.)

To facilitate identification, please refer to Common Identification Number A-05&95-00034 in all correspondence relating to this report.

Sincerely,

Paul Swanson

Paul Swanson
Regional Inspector General
for Audit Services

Enclosures

Direct Reply to HHS Action Official:
Ms. Migdalia Vargas
Associate Regional Administrator
Division of Medicare
Health Care Financing Administration
105 West Adams Street, 14th Floor
Chicago, Illinois 60603

SUMMARY

The primary purpose of our audit was to determine whether the Medicare Part A administrative costs claimed, totaling $50,528,129, were reasonable, allowable and allocable in accordance with Part 31 of the Federal Acquisition Regulation, as interpreted and modified by the terms and conditions of the Medicare contract and its Appendices. Of the costs claimed of $50,528,129, we consider $50,111,605 to be acceptable and recommend $416,524 for financial adjustment.

Costs recommended for financial adjustment pertain to understated complementary insurance credits. The Medicare contract and Medicare Intermediary Manual require that complementary insurance credits be determined through a cost allocation method and do not allow a standard charge methodology for insurers that routinely request Medicare claims information. From fiscal year 1986 through our audit period, Blue Cross & Blue Shield United of Wisconsin (BCBSUW) has credited the Medicare program using a standard charge of $.35 for each Medicare claim transferred to its complementary insurance program. Officials of BCBSUW could not provide cost allocation documentation supporting the initial rate calculation of $.35 or to show the rate remains applicable during the current audit period.

Because BCBSUW has no cost allocation documentation, we used the methodology in Program Memorandum, Transmittal No. AB-95-1, issued January 1995, to calculate the complementary credit amount. This method uses Medicare cost information reported on the final administrative cost proposals to calculate a complementary credit cost per claim. Using this method, we concluded BCBSUW had underclaimed complementary credits (overclaimed costs) totaling $416,524.

Officials from BCBSUW stated that they continued to use the standard rate of $.35 per claim because they believed regional program officials had accepted the rate based on settlement of the prior administrative cost audit. The rate reportedly reflects only the cost of transferring the claim, not total Medicare claims processing costs.

We recommended that BCBSUW officials make a financial adjustment of $416,524 for understated complementary credits applicable to the audit period and, in the future, comply with Medicare guidance for calculating complementary credits.

The BCBSUW officials disagree with the finding. They believe their private insurance business should not bear any of the cost of processing a Medicare claim because Medicare and private insurance claims are processed by personnel in two separate divisions of the company. They stated the rate of $.35 per claim is more than the cost of identifying and transferring a Medicare claim form; therefore, the amounts which were claimed for complementary credits are reasonable. In addition, BCBSUW officials felt our use of the methodology in the Program Memorandum was inappropriate because that guidance was not in effect during the audit period. However, if HCFA subsequently concludes this guidance can be applied, BCBSUW officials believe the standard rate of $.69 per claim

(set forth in the Program Memorandum) should be used rather than the rates derived by the auditor's use of the methodology in the memorandum.

Regardless of whether the BCBSUW system is defined as partially or fully integrated, both the Medicare contract and Intermediary Manual that were in effect during the audit period state that the amount of the complementary credit will be based on a cost allocation method. Because BCBSUW could not provide documentation for the standard rate that they have continued to use, we believe they have not performed any cost allocation studies relative to the aforementioned requirement. Although the Program Memorandum became effective after the audit period, it provides a reasonable method of cost allocation (using costs reported on the FACP) for calculating complementary credits applicable to the audit period. We believe our approach is a reasonable alternative and supported by the requirement for a cost allocation method.

The results of audit are presented in detail in the FINDING AND RECOMMENDATIONS section of this report and summarized in EXHIBITS A through D. The BCBSUW written response to our draft report is attached as an APPENDIX.

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INTRODUCTION

BACKGROUND

Health Insurance for the Aged and Disabled (Medicare), Title XVIII of the Social Security Act, provides for a hospital insurance program (Part A) and a related medical insurance program (Part B) for (1) eligible persons aged 65 and over, (2) disabled persons under age 65 who have been entitled to Social Security or Railroad Retirement disability benefits for at least 24 consecutive months, and (3) individuals under age 65 with chronic kidney disease who are currently insured by or entitled to Social Security benefits.

Medicare Part A, Hospital Insurance Benefits for the Aged and Disabled, provides protection against the costs of hospital inpatient care, post-hospital extended care in nursing facilities, and post-hospital home health care. The Medicare program is administered by the Health Care Financing Administration (HCFA), which is a division of the U. S. Department of Health and Human Services.

Blue Cross & Blue Shield United of Wisconsin (BCBSUW) has been designated the Medicare Part A fiscal intermediary (FI) for the State of Wisconsin. The BCBSUW is responsible for receipt, review and payment of Medicare claims submitted by hospitals, nursing homes, home health agencies, etc. that they service. Administrative costs incurred in connection with BCBSUW activities are accumulated in cost centers and subsequently charged directly or allocated indirectly to the various lines of business, including Medicare Part A.

Our audit covered the period October 1, 1990 through September 30, 1993. For this period, BCBSUW submitted final administrative cost proposals (FACPs) claiming a total of $50,528,129 in administrative costs as follows:

Period	Amount Claimed
10/1/90 - 9/30/91	$16,825,906
10/1/91 - 9/30/92	16,582,353
10/1/92 - 9/30/93	17,119,870
Total claimed	$50,528,129

SCOPE

Our audit was conducted in accordance with generally accepted government auditing standards. The objectives of our review were to determine: (1) whether BCBSUW has established an effective system of internal control to account for and report administrative costs incurred under the Medicare program and (2) whether the FACPs present fairly the costs of program administration allowable in accordance with Part 31 of the Federal Acquisition Regulation, as interpreted and modified by the Medicare agreement.

In performing our audit, we

- reviewed significant internal control areas relevant to our audit objectives;
- performed detail testing of major cost categories, as well as, examined executive compensation, general and administrative expenses, and complementary credits; and
- determined whether recommendations identified during the previous administrative cost audit were implemented.

To avoid duplication of audit efforts, we relied on the work performed by

- the independent certified public accounting firm of Ernst & Young in reconciling the corporate accounting records to the financial statements, as well as, their testing or analysis of the payroll system, cash disbursement system, fixed assets, depreciation, executive travel expense accounts, and payroll expense accounts; and
- BCBSUW Internal Audit for their review of internal controls over accounts payable and cost allocations.

Our review of internal controls covered the financial reporting, timekeeping, and inventory systems. That review, combined with our reliance on external and internal audit work, was made for the limited purpose of determining the nature, timing and extent of the auditing procedures necessary for expressing an opinion on the FACPs. Because our study of internal controls was made for this limited purpose, it would not necessarily disclose all material weaknesses in the system. Accordingly, we do not express an opinion on BCBSUW's system of internal accounting control taken as a whole or on any of the categories identified above. However, our study disclosed no condition that we believe to be a material weakness in relation to the FACPs submitted by BCBSUW.

We limited our detail testing to four major cost categories: salaries, fringe benefits, facilities or occupancy costs, and electronic data processing (EDP) equipment. In addition, we reviewed general and administrative costs and complementary credits. Our sample selections for detail testing were made throughout the audit period with primary emphasis upon significant, unusual and/or possible unallowable transactions. However, detail testing of facilities/occupancy costs and general and administrative costs was limited to FY 1993 while our examination of EDP equipment costs related to FY 1991.

Our audit fieldwork was conducted between April and July 1995 at BCBSUW's corporate offices in Milwaukee, Wisconsin, and in our office in Madison, Wisconsin. At the conclusion of our fieldwork, we discussed the finding with BCBSUW officials and obtained their verbal comments. In response to our draft report, BCBSUW provided written comments which are attached as an APPENDIX to this report.

FINDING AND RECOMMENDATIONS

Of the costs claimed totaling $50,528,129, we consider $50,111,605 to be acceptable. We are recommending that BCBSUW reduce their costs claimed by $416,524 relative to understated complementary credits, as explained in the following paragraphs.

COMPLEMENTARY INSURANCE CREDITS

The BCBSUW has claimed complementary insurance credits of $155,697 using a standard rate of $.35 per claim. Since this rate was not supported by required cost allocation information, we applied alternative audit procedures to calculate credits due Medicare of $572,221. The difference of $416,524 has been recommended for financial adjustment.

Background

Under certain circumstances, the Medicare program allows the transfer of claims information to other health insurers, including the FI's private insurance business. When such information is provided occasionally, the FI can charge a standard rate of $1.70 per claim to cover the costs of processing, handling, correspondence, files search and copying. However, when claims are routinely provided to an other insurer, the FI is required to determine an appropriate charge per claim based on an allocation of related costs. The income received from the other insurance business is credited to the Medicare program, thereby reducing the administrative costs claimed.

Both the Medicare contract and Medicare Intermediary Manual require that complementary insurance credits be determined through a cost allocation method and do not allow a standard charge to insurers that routinely request Medicare claims information. The Medicare Contract, states, in part:

> ... The Plan's complementary insurance claims process may be integrated with its Medicare insurance claims process in accordance with Regulations and General Instructions. When the insurance processes are totally or partially integrated, all direct costs shall be charged to the appropriate line of business and indirect costs shall be prorated on appropriate allocation bases consistent with the Plan's established principles of allocating indirect costs... . [Article XVIII. A]

With respect to cost accounting, the Medicare Intermediary Manual states:

> ... charges to the complementary insurer are determined by cost allocation. As used in this section, the term allocation means to distribute all costs to Medicare and complementary insurance in such proportion as to reflect the benefits received by each program. In selecting the appropriate method of allocation consider the benefits derived from each function. Where mutual benefits are derived, full cost sharing is required . . . . [Section 1601. C. as revised May 1986]

Finding

From fiscal year (FY) 1986 through our audit period, BCBSUW has credited the Medicare program, using a standard charge of $.35 per Medicare claim transferred to its complementary insurance program. According to an earlier audit report, the $.35 rate represented the complementary credit for crossover claims, as set forth in the Medicare Intermediary Manual, prior to the May 1986 revision which required a cost allocation method.

We determined that BCBSUW officials have no cost allocation documentation supporting this rate calculation or showing that the rate applies to the audit period. Because BCBSUW officials could not provide supporting cost allocation documentation, we used an alternative method to calculate the complementary credits due Medicare. In Program Memorandum, Transmittal No. AB-95-1, issued January 1995, HCFA provides a method which uses Medicare cost information reported on the FACP to calculate a complementary credit amount per claim. The costs reported on the FACP are derived using BCBSUW's established cost accounting system.

Using the HCFA methodology, we determined that BCBSUW had complementary unit costs ranging from $1.13 to $1.44, which is the contractor's share of the cost per claim to be credited to Medicare. As a result, complementary credits totaling $572,221 should have been offset against other Medicare administrative costs claimed. However, BCBSUW only claimed $155,697 in credits, or an understatement of $416,524. The understated credit results in overstated administrative costs claimed in the same amount.

The accuracy of the BCBSUW complementary credit to Medicare was also an issue for the prior two administrative cost audits covering FYs 1986 through 1987 and 1988 through 1990, respectively. Although the standard rate of $.35 was used throughout the entire period, the first audit reported underclaimed complementary credits based on the auditor's cost allocation. This report has not been settled by HCFA officials. The second audit report recommended acceptance of the complementary credits claimed. While complementary credits were not questioned, the auditor reported the inappropriate handling of complementary credits for FYs 1986 through 1987 in the Other Matters section of the report. The auditor concluded the rate of $.35 per claim accurately reflected the costs of transferring the already processed Medicare claim to BCBSUW's private insurance business.

Although Medicare guidelines require a sharing of the total cost of processing and transferring the claim, HCFA settled the administrative cost audit for FYs 1988 through 1990 without raising the complementary credit issue. The BCBSUW officials contend that the audit settlement indicates HCFA officials accepted the use of the standard rate; therefore, BCBSUW continued to use the rate during our audit period. They also believe the credit should apply to only the cost of transferring the Medicare claim, not the total Medicare claims processing costs. Notwithstanding the inconsistent treatment of the complementary credit issue in prior reports, we believe that the presentation in this report and the cited criteria should stand on its own and should be enforced.

RECOMMENDATIONS

We recommend that BCBSUW officials:

1. Make a financial adjustment of $416,524 for understated complementary insurance credits (overstated costs) during the audit period, as follows:

FY 1991	$173,765
FY 1992	132,232
FY 1993	110.527
Total	$416.524

2. Comply with Medicare guidance for calculating complementary insurance credits in the future.

CONTRACTOR'S COMMENTS AND OIG RESPONSES

In response to our draft report, BCBSUW (Contractor) officials provided written comments in a letter dated February 22, 1996. We have summarized their comments and our responses in the following paragraphs and provided a complete copy of their response in the APPENDIX attached to this report.

CONTRACTOR'S COMMENTS

The BCBSUW officials provided several additional reasons why they disagree with the finding. While we consider the claims processing to be a fully integrated system, BCBSUW stated it is a partially integrated system because the complementary insurance coverage and claims payment are determined by personnel in a separate division of the company using a separate system. As a result, they do not believe their private insurance division should bear any of the cost of processing the Medicare claim. They stated the rate of $.35 per claim is generous because it is more than the cost of identifying and transferring either a paper or electronic claim from Medicare to their complementary insurance business. The BCBSUW officials believe the amounts claimed for complementary credits are appropriate.

In addition, BCBSUW officials felt it was inappropriate to use the methodology in HCFA's Program Memorandum because that guidance was not in effect during the audit period. HCFA used this methodology to derive a standard rate of $.69 per claim based on data from all Medicare intermediaries and advised the intermediaries to use the standard rate, beginning January 1, 1995. If HCFA subsequently concludes it is appropriate to apply the Program Memorandum guidance to this audit period, BCBSUW officials believe the rate of $.69 per claim should be used to calculate complementary credits rather than the rates derived by the auditors.

OIG RESPONSE

Regardless of whether this is a partially or fully integrated system, both the Medicare contract and Intermediary Manual that were in effect during the audit period state that the complementary credit rate will be based on a cost allocation method. Contrary to this criteria, the BCBSUW continued to use a standard rate although they cannot provide documentation to support the accuracy of the rate. We believe the absence of this supporting documentation indicates that BCBSUW has not performed any cost allocation studies relative to the requirement of the Medicare contract and Intermediary Manual.

Although the HCFA Program Memorandum was effective after the audit period; we believe the methodology presented is sound and equitable and provides a reasonable alternative for complying with the aforementioned requirement without performing a cost allocation study. We used the HCFA methodology and the costs reported on the FACPs to calculate complementary credit rates for each FY of the audit period. The difference between these rates and the $.35 standard rate used by BCBSUW equals the $416,524 recommended for adjustment.

OTHER MATTERS

PRIOR AUDIT RECOMMENDATIONS

The prior audit report, covering the period October 1, 1987 through September 30, 1990, included findings related to unallowable costs totaling $278,462. Of the amount recommended for financial adjustment, HCFA sustained $37,657. The amount not sustained of $240,805 pertained to the amount claimed for return on investment. Our review disclosed that BCBSUW refunded $37,657 and took appropriate action on the findings sustained by HCFA.

SIGNIFICANT DATA PROCESSING EQUIPMENT COSTS

Our review disclosed a significant increase in EDP equipment costs for FY 1991 compared to FY 1990. We determined that EDP costs were actually understated during FY 1990 because costs for upgrading the claims processing system were misclassified as outside professional services. The costs were previously approved by HCFA officials.

EXHIBITS

EXHIBIT A

BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN
MILWAUKEE, WISCONSIN

FINAL ADMINISTRATIVE COST PROPOSAL
AND THE AUDITOR'S RELATED RECOMMENDATIONS
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1991

		HHS AUDITOR'S RECOMMENDATIONS	
CCR Cost Category	Costs Claimed	Costs Accepted	Costs Questioned
Salaries and Wages	$9597,691	$9,597,691	$0
Fringe Benefits	2,240,101	2,240,101	0
Facilities or Occupancy	1,376,212	1,376,212	0
EDP Equipment	1,206,341	1,206,341	0
Outside Professional Services	504,157	504,157	0
Telephone and Telegraph	146,993	146,993	0
Postage and Express	621 ,137	621 ,137	0
Furniture and Equipment	242,599	242,599	0
Materials and Supplies	280,580	280,580	0
Travel	266,481	266,481	0
Return on Investment	280,019	280,019	0
Miscellaneous	119,391	119,391	0
Credits	(55,796)	(229,561)	173,765
Total	$16,825,906	$16,652,141	$173,765

EXHIBIT B

BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN
MILWAUKEE, WISCONSIN

FINAL ADMINISTRATIVE COST PROPOSAL
AND THE AUDITOR'S RELATED RECOMMENDATIONS
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1992

		HHS AUDITOR'S RECOMMENDATIONS	
CCR Cost Category	Costs Claimed	Costs Accepted	Costs Questioned
Salaries and Wages	$9,112,449	$9,112,449	$0
Fringe Benefits	2,505,923	2,505,923	0
Facilities or Occupancy	1,382,711	1,382,711	0
EDP Equipment	1,343,886	1,343,886	0
Outside Professional Services	401,586	401,586	0
Telephone and Telegraph	119,490	119,490	0
Postage and Express	656,018	656,018	0
Furniture and Equipment	241,868	241,868	0
Materials and Supplies	263,704	263,704	0
Travel	268,055	268,055	0
Return on Investment	294,909	294,909	0
Miscellaneous	42,058	42,058	0
Credits	(50,304)	(182,536)	132,232
Total	$16.582.353	$16.450.121	$132,232

EXHIBIT C

BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN
MILWAUKEE, WISCONSIN

FINAL ADMINISTRATIVE COST PROPOSAL
AND THE AUDITOR'S RELATED RECOMMENDATIONS
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 1993

		HHS AUDITOR'S RECOMMENDATIONS	
CCR Cost Category	Costs Claimed	Costs Accepted	Costs Questioned
Salaries and Wages	$9,422,711	$9,422,711	$0
Fringe Benefits	2,787,238	2,787,238	0
Facilities or Occupancy	1,394,249	1,394,249	0
EDP Equipment	1,456,895	1,456,895	0
Outside Professional Services	406,558	406,558	0
Telephone and Telegraph	188,744	188,744	0
Postage and Express	595,914	595,914	0
Furniture and Equipment	337,619	337,619	0
Materials and Supplies	280,661	280,661	0
Travel	327,282	327,282	0
Return on Investment	241 ,019	241 ,019	0
Miscellaneous	(269,423)	(269,423)	0
Credits	(49,597)	(160,124)	110,527
Total	$17,119,870	$17.009.343	$110.527

EXHIBIT D

BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN
MILWAUKEE, WISCONSIN

SUMMARY OF COSTS CLAIMED AND THE AUDITOR'S RECOMMENDATION
FOR THE THREE FISCAL YEARS ENDED SEPTEMBER 30, 1993

		HHS AUDITOR'S RECOMMENDATIONS	
CCR Cost Category	Costs Claimed	Costs Accepted	Costs Questioned
Salaries and Wages	$28,132,851	$28,132,851	$0
Fringe Benefits	7,533,262	7,533,262	0
Facilities or Occupancy	4,153,172	4,153,172	0
EDP Equipment	4,007,122	4,007,122	0
Outside Professional Services	1,312,301	1,312,301	0
Telephone and Telegraph	455,227	455,227	0
Postage and Express	1,873,069	1,873,069	0
Furniture and Equipment	822,086	822,086	0
Materials and Supplies	824,945	824,945	0
Travel	861,818	861,818	0
Return on Investment	815,947	815,947	0
Miscellaneous	(107,974)	(107,974)	0
Credits	(155,697)	(572,221)	416.524
Total	$50,528,129	$50,111,605	$416,524

APPENDIX

Blue Cross &
Blue Shield
United of Wisconsin

Timothy F. Cullen
President & C.O.O.
Government Programs Division

2 East Mifflin St.
Madison, WI 53703
608/258-3340
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February 22, 1996

Paul Swanson
Regional Inspector General for Audit Services
Department of Health & Human Services
Region V
105 W. Adams St.
Chicago, IL 60603-6201

RE: Common Identification Number: A-05-95-00034

Dear Mr. Swanson:

This letter serves as our response to the audit report prepared by the OIG covering administrative costs claimed by us under our Medicare Part A subcontract for October 1, 1990 through September 30, 1993.

The one audit finding, relative to complementary insurance credits, has been a topic of confusion between the HCFA and Contractors for a number of years. Prior to the issuance Program Memorandum, Transmittal No. AB-95-1, in January 1995, clear guidance from the HCFA on how to calculate complementary insurance credits has been virtually nonexistent. Consequently, we as a Contractor have had to rely on our interpretation of the little guidance available as well as the HCFA's acceptance of our methodology as demonstrated by the audit performed for FY88-FY90. Because our interpretation and methodology is different than that of the auditors', we disagree with their finding.

The auditors' finding inherently assumes that we operate a fully integrated complementary insurance claim processing system, which we do not. The Medicare Intermediary Manual paragraph 1601 B.2. states that a claim operation is not a fully integrated operation when "a determination of complementary insurance coverage and amount of payment are made by personnel in a separate operation." Our Medicare Part A and private complementary insurance claim processing operations are in totally separate divisions of the company and are run on totally separate systems. No portion of the cost of the private side operation is allocated to our Medicare subcontract.

Where the Medicare and the complementary claim operations are totally separate functions, as they are at our site, the complementary insurer should not bear any of the cost of the Medicare claim process. The intermediary manual requires that we "distribute all costs to Medicare and complementary insurance in such proportion as to reflect the benefits received by each program." In our view, the only cost which should be allocated and charged to the complementary insurer is the cost of identifying and transferring the claim information in either paper or electronic form.

The $.35 per claim crossed over rate, which we used, represents a charge that is more than the identifiable cost of front end processing of paper claims. Since there is virtually no identifiable cost for the transferring of claims electronically, the charge is a generous one to the Medicare program. We still believe that our charge is appropriate.

In addition, the auditors used guidance that was not in existence during the audit period (FY91-FY93) to calculate their audit finding. Further, the methodology in this guidance appears to use all Contractors' data to calculate a melded rate of $.69 per claim. We believe it is inappropriate to expect a Contractor to calculate complementary insurance credits based on a prospective methodology. However, if the HCFA deems it appropriate to use this guidance (Program Memorandum, Transmittal No. AB-95-1, issued January 1995), the S.69 per claim should be used, not the calculation the HCFA used to develop the melded rate.

Should you or your staff have any questions regarding our response, please contact Sandy Coston, Director of finance and Audit, at 4 14-226-5588.

Sincerely,

Timothy F. Cullen
President & C.O.O.
Government Programs Division

SC:ddm

cc: Sandy Coston
Marva King
Ann Walin