



**Internal Audit Committee of
Brevard County, Florida**

**Report on
Health Insurance
Third-Party Administrators**

**Prepared By:
Internal Auditors of Brevard County
October 4, 2010**

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Background

Overview

Effective January 1, 2010, Brevard County offered two health insurance plans (Health Reimbursement Account [“HRA”] or Preferred Provider Organization [“PPO”]) to all of its full time employees from either BlueCross BlueShield of Florida (“BCBSF”) or CIGNA. The health insurance plans operate based on a calendar year beginning January 1, 2010. It was determined that, of the two plans, the HRA plan contained the most risk since this type of plan is new to the insurance market and it was designed to meet Brevard County’s unique criteria.

As a result of errors noted by Brevard County Human Resources Employee Benefits Department in the processing of some of the HRA claims, we were engaged to perform agreed upon procedures on the Brevard County members covered under the HRA plans and the processing of their claims by BCBSF and CIGNA for the period beginning January 1, 2010 and ending March 31, 2010. The results of the agreed upon procedures performed for members covered under the HRA plans of BCBSF and CIGNA and the processing of their claims are presented under separate tabs within this report.

The following table shows the number of contracts under each plan and from each insurer as of March 31, 2010:

Insurer	Plan	Category	# of Contracts	% within each plan	% of each type by insurer	% within total
BCBSF						
	HRA					
		Active employees with an annual salary less than \$35,000	138	32.7%		
		Active employees with an annual salary between \$35,000 - \$70,000	226	53.6%		
		Active employees with an annual salary greater than \$70,000	12	2.8%		
		Retirees	46	10.9%		
		HRA TOTAL	422	100.0%	64.8%	
	PPO	PPO TOTAL	229	100.0%	35.2%	
		BCBSF TOTAL	651		100.0%	14.3%
CIGNA						
	HRA					
		Active employees with an annual salary less than \$35,000	1,003	35.4%		
		Active employees with an annual salary between \$35,000 - \$70,000	1,311	46.2%		
		Active employees with an annual salary greater than \$70,000	100	3.5%		
		Retirees	421	14.9%		
		HRA TOTAL	2,835	100.0%	72.4%	
	PPO	PPO TOTAL	1,079	100.0%	27.6%	
		CIGNA TOTAL	3,914		100%	85.7%
		TOTAL	4,565			100.0%

**Blue Cross Blue Shield
of Florida
(BCBSF)**

Objectives and Approach for BCBSF

Objectives

The objectives of the agreed upon procedures include ensuring the following:

- Each member's HRA account was correctly established by BCBSF.
- Deductibles and coinsurance had been calculated appropriately.
- Deductibles and coinsurance had been appropriately accounted for in each member's annual Deductible and Out of Pocket Maximum limits.
- If there was a balance in the corresponding member's HRA account, that applicable deductibles and coinsurance had been forwarded to the member for them to pay the medical provider.
- Each member's HRA account had been adjusted appropriately for deductibles and coinsurance.
- Medical providers were appropriately paid by BCBSF.

Approach

Our approach consisted of three phases:

Understanding and Documentation of the Process (Phase 1)

During phase 1 we interviewed the Brevard County Insurance Director, the Brevard County Human Resource Director, members of RobinsonBush (the County's benefit consultants) and members of BCBSF to discuss the scope and objectives of the agreed upon procedures and obtain preliminary data. We also obtained and reviewed the Brevard County Board of County Commissioners, Florida *Medical Summary Plan Description and HRA Plan Description* ("SPD") effective January 1, 2010.

Detailed Testing (Phase 2)

We conducted the following procedures to meet our objectives outlined above:

Each member's HRA account was correctly established by BCBSF:

- From the population of HRA members provided by Brevard County, we randomly selected a sample of 60 members' HRA accounts and reviewed salary information and coverage type (i.e. individual or family). Using the SPD, we determined the amount that BCBSF should have established in each member's HRA fund. We then compared this amount to the amount actually established by BCBSF as evidenced by the *Group FSA/HRA Account Detail Report* provided to us by BCBSF.

Deductibles and coinsurance had been calculated appropriately:

- We selected a sample of claims for each of the 60 members sampled above. For each of the claims, we reviewed the descriptions of services performed by the medical providers. Based on these descriptions and Part III of the SPD (i.e. the HRA Plan Summary of Benefits), we determined the related deductible and/or coinsurance portions that should be applied by BCBSF. We then looked up each claim in BCBSF's claims processing system to verify that BCBSF had appropriately processed the claims.

Deductibles and coinsurance had been appropriately accounted for in each member's annual Deductible and Out of Pocket Maximum limits:

- For each of the claims selected above, we reviewed the member's annual Deductible and Out of Pocket Maximum limits in BCBSF's claims processing system to verify that they were in agreement with Part III of the SPD (i.e. the HRA Plan Summary of Benefits) and that the deductibles and/or coinsurance had been appropriately accounted for.

Applicable deductibles and coinsurance had been forwarded out of the member's HRA account to the member for them to pay the medical provider:

- We reviewed *Claims History Detail Reports* for each member and copies of canceled checks written to members provided by BCBSF to verify that applicable deductible and coinsurance amounts had been forwarded out of the member's HRA account to the member for them to pay the medical providers.

Each member's HRA account had been adjusted appropriately for deductibles and coinsurance:

- We reviewed *Claims History Detail Reports* for each member to verify that applicable deductible and coinsurance payments to members had been appropriately accounted for in their HRA balances.

Medical providers had been appropriately paid by BCBSF:

- When it was BCBSF's responsibility to pay the medical providers directly, we verified through BCBSF's claims processing system that the medical providers had been paid appropriately.

Reporting (Phase 3)

At the conclusion of our agreed upon procedures, we documented our understanding of the process surrounding BCBSF's processing of claims and summarized our findings. We conducted an exit interview with BCBSF personnel to ensure our understanding of the findings was accurate. We then prepared our report and related findings and provided copies to appropriate County personnel.

Both the internal auditors and the County have requested a response to the findings from BCBSF but as of the date of this report no responses have been received from BCBSF.



Hoyman Dobson

Independent Accountants' Report on Applying Agreed-Upon Procedures

To the Brevard County Board of County Commissioners:

We have performed the procedures enumerated below, which were agreed to by the Brevard County Board of County Commissioners ("Brevard County"), solely to assist Brevard County in determining the accuracy of HRA claims processed by BlueCross BlueShield of Florida ("BCBSF") for the quarter ended March 31, 2010. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are as follows in Appendixes A and B.

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion with respect to the accuracy of HRA claims processed by BCBSF. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of Brevard County and BCBSF and is not intended to be and should not be used by anyone other than those specified parties.

Hoyman Dobson

Hoyman Dobson
Melbourne, Florida
October 4, 2010

Certified Public Accountants

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APPENDIX A

1. Procedure

Obtain from Brevard County a system generated listing of all employees and retirees under BCBSF health plans for the period January 1, 2010 through March 31, 2010:

Finding

The listing was obtained without exception.

2. Procedure

Each employee and retiree has a unique contract number that is assigned to them and shared by their family members covered under the plan, if any. From the listing obtained in procedure 1 above, we randomly selected a sample of sixty (60) unique contract numbers from the HRA plan. The percentage selected from each income category was consistent with the percentage of Brevard County employees in each income category. We then selected up to four (4) claims per contract number for a maximum sample of 240 claims. When there were no claims related to one of the sixty (60) contract numbers then we selected an alternate contract number. We selected sixty (60) unique contract numbers with 192 related claims spread across the population as follows:

<u>Category</u>	<u>Number of Contracts</u>	<u>Number of Claims</u>
Plan 1 - Active employees with an annual salary less than \$35,000	19	58
Plan 2 - Active employees with an annual salary between \$35,000 - \$70,000	32	101
Plan 3 - Active employees with an annual salary greater than \$70,000	2	8
Plan 3 - Retirees	7	25
Total	60	192

Finding

The sample was pulled without exception.

3. Procedure

For the sample of 192 claims selected in procedure 2 above, we tested to determine whether BCBSF correctly processed the claims and made appropriate payments to both the medical provider and the member when applicable. The following procedures were performed for each of the claims selected:

- a) Verified that the corresponding member's HRA account was correctly established by BCBSF.
- b) Verified that deductibles and coinsurance had been calculated appropriately based on Part III of the Summary Plan Description (i.e. the HRA Plan Summary of Benefits).
- c) Verified that deductibles and coinsurance had been appropriately accounted for in the member's annual Deductible and Out of Pocket Maximum limits.
- d) If there was a balance in the corresponding member's HRA account, verified that applicable deductibles and coinsurance had been forwarded to the member for them to pay the medical provider.
- e) Verified that the member's HRA account had been adjusted appropriately for deductibles and coinsurance.
- f) Verified that medical providers had been appropriately paid by BCBSF.

Finding

- a) One of the sixty (60) members sampled had an HRA account that was initially established under the incorrect division (i.e. the member's HRA account was established under Plan Two instead of Plan Three as described in the Summary Plan Description). BCBSF identified the error and moved the member into the correct HRA division (Plan Three) prior to us applying our agreed upon procedures. However, the contributions to the HRA were still recorded in the incorrect and inactive division (Plan Two) leaving the correct and active division (Plan Three) with no HRA contributions. During the quarter ended March 31, 2010, the member had no claims that would have been eligible for reimbursement out of their HRA account. It is anticipated, however, that if the member does have reimbursable claims that they will be denied as a result of having no contributions recorded in their correct HRA account (Plan Three). All others tested were established under the correct division.
- b) Eleven (11) of the 192 claims sampled had deductibles and/or coinsurance that were calculated incorrectly. The majority of these errors were the result of an inaccurate medical definition used in the software that processes the claims. All other claims tested had deductibles and/or coinsurance that were correctly calculated.
- c) For the eleven (11) claims identified in part b above that had deductibles and/or coinsurance that were calculated incorrectly, the corresponding member's Deductible and Out of Pocket Maximum limits were also incorrect as a result. All other claims sampled were appropriately accounted for in the corresponding member's annual Deductible and Out of Pocket Maximum limits.
- d) Our sample period included claims with dates of service from January 1, 2010 through March 31, 2010. Between January 1, 2010 and February 7, 2010, members were required to submit reimbursement requests for their claims in order to be reimbursed out of their HRA accounts. It does not appear members were adequately informed of this requirement. BCBSF sent out a letter dated February 23, 2010 to all members stating that members would be auto enrolled in the Automatic Reimbursement program through April 1, 2010 and in order to stay enrolled in the program, members were required to complete and return an Automatic Reimbursement Authorization form by that date. Twenty-four (24) of the 192 claims sampled were for reimbursable expenses prior to February 7, 2010 that were never reimbursed to the corresponding members as a result of them not requesting reimbursement. Additionally, five (5) of the 192 claims sampled were for reimbursable expenses between February 7, 2010 and April 1, 2010 that were never reimbursed because the claim was either processed incorrectly or denied at first and the corresponding members never submitted their Automatic Reimbursement Authorization form. When these five (5) claims were finally corrected or approved, it was after April 1, 2010. It was also noted that four (4) of the 192 claims sampled were erroneously paid to the corresponding members twice or in excess.
- e) For the sample of claims selected, the members' HRA accounts appeared to have been appropriately adjusted for payments of deductibles and coinsurance.
- f) For the sample of claims selected, the medical providers appeared to have been paid appropriately.

4. Procedure

In order to determine whether BCBSF had correctly processed the claims, we reviewed supporting documentation including HRA Account Detail Reports, Claims History Detail Reports, copies of canceled checks and electronic claim detail recorded in BCBSF's software program.

Finding

Documentation was obtained without exception.

APPENDIX B

Summary of Findings

Finding with Claim Number(s)	Amount
3.a. Member's HRA account established incorrectly:	
1. Q100000179994848; Q100000179889768; M00001R254491676	\$250.00
3.b./c. Deductible and/or coinsurance calculated incorrectly:	
1. N00001R249088605	2.34
2. Q100000183401473	2.87
3. Q100000179697781; Q100000179579806; N00001R253956079	16.64
4. Q100000186543619	19.14
5. Q100000176011230	21.21
6. Q100000185058499	21.21
7. Q100000176104658; N00001R248409170	51.39
8. Q100000177647009; N00001R250855852	67.49
9. Q100000178839073; N00001R252849928	68.80
10. Q100000181752398	72.18
11. Q100000176490546; N00001R248883123	111.68
3.d. Deductible and/or coinsurance not reimbursed to Member:	
• Claims prior to 2/7/2010 that were not requested for reimbursement by members:	
1. Q100000178324018	12.64
2. Q100000178098717	20.40
3. Q100000177201933	20.50
4. Q100000177147365	29.23
5. Q100000176251464	30.16
6. Q100000176378572	52.42
7. Q100000179188922	65.00
8. Q100000179139704	67.49
9. Q100000177642480	70.76
10. Q100000178584544	80.41
11. Q100000179579710	83.22
12. Q100000179962390	83.22
13. Q100000179513392	84.43
14. Q100000178140999	91.24
15. Q100000178532254	102.42
16. Q100000177361489	103.41
17. Q100000179979872	104.31
18. Q100000176535308	140.00
19. Q100000179586473	155.59
20. Q100000177831356	181.34
21. Q100000178053197	201.73
22. Q100000177676714	212.72
23. Q100000179706479	254.21
24. Q100000177333265	410.70

3.d. Deductible and/or coinsurance not reimbursed to Member (continued):	
<ul style="list-style-type: none"> Claims between 2/7/2010 and 4/1/2010 that were not reimbursed because the claim was either processed incorrectly or denied at first and the corresponding members never submitted their Automatic Reimbursement Authorization forms: 	
1. Q100000183665454	(11.64)
2. Q100000181748873	62.90
3. Q100000184605168	81.15
4. Q100000181749454	117.30
5. Q100000183628261	676.08
<ul style="list-style-type: none"> Claims paid out of HRA twice or in excess to members: 	
1. Q100000182702460	39.00
2. Q100000181416444	68.80
3. Q100000183095147	132.48
4. Q100000182293304	203.66

CIGNA

Objectives and Approach for CIGNA

Objectives

The objectives of the agreed upon procedures include ensuring the following:

- Each member's HRA account was correctly established by CIGNA.
- Deductibles and coinsurance had been calculated appropriately.
- Deductibles and coinsurance had been appropriately accounted for in each member's annual Deductible and Out of Pocket Maximum limits.
- If there was a balance in the corresponding member's HRA account, that applicable deductibles and coinsurance had been forwarded to the medical provider and an Explanation of Benefits was sent to the member.
- Each member's HRA account had been adjusted appropriately for deductibles and coinsurance.
- Medical providers were appropriately paid by CIGNA.

Approach

Our approach consisted of three phases:

Understanding and Documentation of the Process (Phase 1)

During phase one we interviewed the Brevard County Insurance Director, the Brevard County Human Resource Director, members of RobinsonBush and members of CIGNA to discuss the scope and objectives of the agreed upon procedures and obtain preliminary data. We also obtained and reviewed the Brevard County Board of County Commissioners, Florida *Medical Summary Plan Description and HRA Plan Description* ("SPD") effective January 1, 2010.

Detailed Testing (Phase 2)

We conducted the following procedures to meet our objectives outlined above:

Each member's HRA account was correctly established by CIGNA:

- From the population of HRA members provided by Brevard County, we randomly selected a sample of 60 members' HRA accounts and reviewed salary information and coverage type (i.e. individual or family). Using the SPD, we determined the amount that CIGNA should have established in each member's HRA fund. We then compared this amount to the amount actually established by CIGNA in their Defined Care Program.

Deductibles and coinsurance had been calculated appropriately:

- We selected a sample of claims for each of the 60 members sampled above. For each of the claims, we reviewed the descriptions of services performed by the medical providers. Based on these descriptions and Part III of the SPD (i.e. the HRA Plan Summary of Benefits), we determined the related deductible and/or coinsurance portions that should be applied by CIGNA. We then looked up each claim in CIGNA's claims processing system to verify that CIGNA had appropriately processed the claims.

Deductibles and coinsurance had been appropriately accounted for in each member's annual Deductible and Out of Pocket Maximum limits:

- For each of the claims selected above, we reviewed the member's annual Deductible and Out of Pocket Maximum limits in CIGNA's claims processing system to verify that they were in agreement with Part III of the SPD (i.e. the HRA Plan Summary of Benefits) and that the deductibles and/or coinsurance had been appropriately accounted for.

Applicable deductibles and coinsurance had been forwarded out of the member's HRA accounts to the medical provider and an Explanation of Benefits had been sent to the member:

- We reviewed files in CIGNA's Defined Care Program for each member to verify that applicable deductible and coinsurance amounts had been forwarded out of the member's HRA account to the medical providers. When applicable, we also reviewed the Explanation of Benefits sent to the member.

Each member's HRA account had been adjusted appropriately for deductibles and coinsurance:

- We reviewed files in CIGNA's Defined Care Program for each member to verify that applicable deductible and coinsurance payments to medical providers had been appropriately accounted for in their HRA balances.

Medical providers were appropriately paid by CIGNA:

- We verified through CIGNA's claims processing system that the medical providers had been paid appropriately.

Reporting (Phase 3)

At the conclusion of our agreed upon procedures, we documented our understanding of the process surrounding CIGNA's processing of claims and summarized our findings. We conducted an exit interview with CIGNA personnel to ensure our understanding of the findings was accurate. We then prepared our report and related findings and provided copies to CIGNA and appropriate County personnel.



Hoyman Dobson

**Independent Accountants' Report on
Applying Agreed-Upon Procedures**

To the Brevard County Board of County Commissioners:

We have performed the procedures enumerated below, which were agreed to by the Brevard County Board of County Commissioners ("Brevard County"), solely to assist Brevard County in determining the accuracy of HRA claims processed by CIGNA for the quarter ended March 31, 2010. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are as follows in Appendixes A and B.

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion with respect to the accuracy of HRA claims processed by CIGNA. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of Brevard County and CIGNA and is not intended to be and should not be used by anyone other than those specified parties.

Hoyman Dobson

Hoyman Dobson
Melbourne, Florida
October 4, 2010

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APPENDIX A

1. Procedure

Obtain from Brevard County a system generated listing of all employees and retirees under CIGNA Health plans for the period January 1, 2010 through March 31, 2010:

Finding

The listing was obtained without exception.

2. Procedure

Each employee and retiree has a unique contract number that is assigned to them and shared by their family members covered under the plan, if any. From the listing obtained in procedure 1 above, we randomly selected a sample of sixty (60) unique contract numbers from the HRA plan. The percentage selected from each income category was consistent with the percentage of Brevard County employees in each income category. We then selected up to seven (7) claims per contract number with a limit of 250 total claims. When there were no claims related to one of the sixty (60) contract numbers then we selected an alternate contract number. We selected sixty (60) unique contract numbers with 199 related claims spread across the population as follows:

<u>Category</u>	<u>Number of Contracts</u>	<u>Number of Claims</u>
Plan 1 - Active employees with an annual salary less than \$35,000	21	59
Plan 2 - Active employees with an annual salary between \$35,000 - \$70,000	28	95
Plan 3 - Active employees with an annual salary greater than \$70,000	2	10
Plan 3 - Retirees	9	35
Total	60	199

Finding

The sample was pulled without exception.

3. Procedure

For the sample of 199 claims selected in procedure 2 above, we tested to determine whether CIGNA correctly processed the claims and made appropriate payments to the medical provider and, if applicable, the member. The following procedures were performed for each of the claims selected:

- a) Verified that the corresponding member's HRA account was correctly established by CIGNA.
- b) Verified that deductibles and coinsurance had been calculated appropriately based on Part III of the Summary Plan Description (i.e. the HRA Plan Summary of Benefits).
- c) Verified that deductibles and coinsurance had been appropriately accounted for in the member's annual Deductible and Out of Pocket Maximum limits.
- d) If there was a balance in the corresponding member's HRA account, verified that applicable deductibles and coinsurance had been forwarded to the medical provider and an Explanation of Benefits had been sent to the member.
- e) Verified that the member's HRA account had been adjusted appropriately for deductibles and coinsurance.
- f) Verified that medical providers were appropriately paid by CIGNA.

Finding

- a) For the sample of members selected, it appears as though their HRA accounts had been correctly established.
- b) Three of the 199 claims sampled had deductibles and/or coinsurance that were calculated incorrectly. All three claims related to members in Plan Three as described in the Summary Plan Description. In each case, the error related to a system co-pay error similar to the error for office visits already reported to the County by CIGNA. Similar to the effected claims for office visits that were previously reported to the County, these claims were also for dates of service in early to mid January; however, they related to lab and x-ray claims. We have notified CIGNA of the system error and they have agreed to run a report to identify all effected claims and provide the report to the County.
- c) For the three claims identified in part b above that had deductibles and/or coinsurance that were calculated incorrectly, the corresponding member's Deductible and Out of Pocket Maximum limits were also incorrect as a result. In addition, we noted two other claims where procedural errors (i.e. the manual override of system processed claims by CIGNA claims processors) resulted in errors to the Deductible and Out of Pocket Maximum limits.
- d) For the three claims identified in part b above that had deductibles and/or coinsurance that were calculated incorrectly, CIGNA paid the medical providers the entire billed amount, based on contracted rates, without remitting any funds from the member's HRA account. In addition, no Explanation of Benefits was sent to the members since the claims were not paid out of their HRA accounts.
- e) For the sample of claims selected, the members' HRA accounts appeared to have been appropriately adjusted for payments of deductibles and coinsurance other than those noted in part b above.
- f) For the sample of claims selected, the medical providers appeared to have been paid appropriately.

4. Procedure

In order to determine whether CIGNA had correctly processed the claims, we reviewed supporting documentation including HRA Account Detail Reports, Claims History Detail Reports and electronic claim detail recorded in CIGNA's software program.

Finding

Documentation was obtained without exception.

APPENDIX B

Summary of Findings

Finding with Claim Number	Amount
3.b. Deductible and/or coinsurance calculated incorrectly:	
1. 4431002590717 (As of 7/28/10, Out-of-pocket was met; therefore, no financial impact)	\$ 50.54
2. 4431000897543	65.74
3. 4431002296656 (As of 7/28/10, Out-of-pocket was met; therefore, no financial impact)	271.81
3.c. Amounts incorrectly accounted for in Deductible and/or Out of Pocket limits:	
1. 4431002590717 (Repeated from 3.b. above)	50.54
2. 4431000897543 (Repeated from 3.b. above)	65.74
3. 4431004292218	132.43
4. 4431002296656 (Repeated from 3.b. above)	271.81
5. 9431001998071	485.10
3.d. Deductible and/or coinsurance forwarded to medical provider:	
1. 4431002590717 (Repeated from 3.b. above)	50.54
2. 4431000897543 (Repeated from 3.b. above)	65.74
3. 4431002296656 (Repeated from 3.b. above)	271.81

APPENDIX C

CIGNA's Response to Audit Findings

Executive Summary

CIGNA was pleased to host Hoyman Dobson in our Bourbonnais Service Center for the claim procedure review during the week of July 12, 2010. This was a focused review of Health Reimbursement Account payments for dates between January 1, 2010 and March 31, 2010.

CIGNA is in agreement with all of the identified audit findings according to Hewitt's methodology for calculating results. We are pleased with Hoyman Dobson's findings that CIGNA's existent processes and procedures will provide comprehensive service to Brevard County BOCC, FL moving forward.

Suggested Corrective Actions

Suggested Corrective Actions

Based on the procedures performed and the findings noted, we have developed a list of suggested corrective actions which we believe will reduce the number of errors significantly in the future.

1. BCBSF and CIGNA should send periodic reports to the County of the classification of members within the Plan Categories (i.e. Plans One, Two and Three). The County should then compare the reports to the County's classifications of the members to identify any discrepancies.
2. When a new medical definition code is created, the insurer should perform a test of the medical definition using a test member to verify that the new code has been created as intended. For example, the insurer should verify that the new medical code correctly treats the claim as preventative or non-preventative and that the correct deductibles and/or coinsurance are applied.
3. Manual overrides of system processed claims by the insurers' claims processors should be reviewed by an experienced member of the insurer to verify that the claims have been processed correctly.