



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



March 14, 2012

TO: Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services

FROM: /Gloria L. Jarmon/
Deputy Inspector General for Audit Services

SUBJECT: A Medicare Contractor's Claimed Administrative Costs Were Generally Allowable (A-04-10-00067)

Attached, for your information, is an advance copy of our final report on administrative costs claimed by Riverbend Government Benefits Administrator (Riverbend). We will issue this report to Riverbend within 5 business days.

If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Brian P. Ritchie, Assistant Inspector General for the Centers for Medicare & Medicaid Audits, at (410) 786-7104 or through email at Brian.Ritchie@oig.hhs.gov or Lori S. Pilcher, Regional Inspector General for Audit Services, Region IV, at (404) 562-7795 or through email at Lori.Pilcher@oig.hhs.gov. Please refer to report number A-04-10-00067.

Attachment



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL



OFFICE OF AUDIT SERVICES, REGION IV
61 FORSYTH STREET, SW, SUITE 3T41
ATLANTA, GA 30303

March 21, 2012

Report Number: A-04-10-00067

Mr. Ralph Woodard
Federal Programs Chief Financial Officer
BlueCross BlueShield of Tennessee, Inc.
One Cameron Hill Circle
Chattanooga, TN 37402

Dear Mr. Woodard:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled *A Medicare Contractor's Claimed Administrative Costs Were Generally Allowable*. We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary.

The HHS action official will make final determination as to actions taken on all matters reported. We request that you respond to this 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.

Section 8L of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site. Accordingly, this report will be posted at <http://oig.hhs.gov>.

If you have any questions or comments about this report, please do not hesitate to call me, or contact Eric Bowen, Audit Manager, at (404) 562-7789 or through email at Eric.Bowen@oig.hhs.gov. Please refer to report number A-04-10-00067 in all correspondence.

Sincerely,

/Lori S. Pilcher/
Regional Inspector General
for Audit Services

Enclosure

Direct Reply to HHS Action Official:

Ms. Deborah Taylor
Director & Chief Financial Officer
Office of Financial Management
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail Stop C3-01-24
Baltimore, MD 21244-1850

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**A MEDICARE CONTRACTOR'S CLAIMED
ADMINISTRATIVE COSTS WERE
GENERALLY ALLOWABLE**



Daniel R. Levinson
Inspector General

March 2012
A-04-10-00067

Office of Inspector General

<http://oig.hhs.gov>

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The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

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Section 8L of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

Medicare Program

Title XVIII of the Social Security Act established the Health Insurance for the Aged and Disabled (Medicare) program, which provides for a hospital insurance program (Part A) and a related supplementary medical insurance program (Part B). Medicare Part A provides coverage for inpatient hospital care, posthospital extended care, and posthospital home health care. The Centers for Medicare & Medicaid Services (CMS) administers the Medicare program and contracts with private organizations to process and pay claims for services provided to eligible beneficiaries.

Riverbend Government Benefits Administrator Medicare Contract

During the period October 1, 2004, through August 3, 2009, CMS contracted with BlueCross and BlueShield of Tennessee, doing business as Riverbend Government Benefits Administrator (Riverbend), to serve as the Part A fiscal intermediary responsible for Tennessee and New Jersey. Riverbend's Part A contract with CMS (the contract) provided for the reimbursement of allowable administrative costs incurred. From October 1, 2004, through August 3, 2009, Riverbend claimed administrative costs totaling \$141,471,092 in reimbursement for direct and indirect costs related to the contract. CMS terminated the contract effective August 3, 2009.

OBJECTIVE

Our objective was to determine whether administrative costs that Riverbend claimed on its Medicare Final Administrative Cost Proposals (FACP) from October 1, 2004, through August 3, 2009, were in accordance with Federal requirements.

SUMMARY OF FINDINGS

Most of the administrative costs that Riverbend claimed on its Medicare FACP from October 1, 2004, through August 3, 2009, were in accordance with Federal requirements. Of the \$141,471,092 in administrative costs claimed, \$140,146,321 was allowable for reimbursement under the contract. However, \$691,433 in costs was not adequately supported and allocated to the contract in compliance with applicable Federal requirements. Riverbend claimed these unallowable costs because it did not have adequate policies and procedures to ensure that these costs were in compliance with applicable Federal requirements.

In addition, Riverbend claimed administrative costs totaling \$562,906 on its FACP that exceeded the Notice of Budget Approval (NOBA). Riverbend also overstated accrued credits by \$70,432. The overstated credits resulted in a \$70,432 understatement of administrative costs. Riverbend did not have policies and procedures in place to ensure that it did not spend more than the approved budget amounts and that it properly reported accrued credits.

RECOMMENDATIONS

We recommend that Riverbend:

- reduce costs claimed on its FACP's by \$691,433,
- work with CMS to resolve \$562,906 in costs exceeding the NOBAs, and
- work with CMS to resolve \$70,432 in overstated accrued credits.

RIVERBEND GOVERNMENT BENEFITS ADMINISTRATOR COMMENTS

In written comments on our draft report, Riverbend concurred with our recommendations and stated that it would work directly with CMS to address them. Riverbend's comments are included in their entirety as Appendix C.

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INTRODUCTION

BACKGROUND

Medicare Program

Title XVIII of the Social Security Act established the Health Insurance for the Aged and Disabled (Medicare) program, which provides for a hospital insurance program (Part A) and a related supplementary medical insurance program (Part B). Medicare Part A provides coverage for inpatient hospital care, posthospital extended care, and posthospital home health care. The Centers for Medicare & Medicaid Services (CMS) administers the Medicare program and contracts with private organizations to process and pay claims for services provided to eligible beneficiaries.

Riverbend Government Benefits Administrator Medicare Contract

During the period October 1, 2004, through August 3, 2009, CMS contracted with BlueCross and BlueShield of Tennessee (BCBST), doing business as Riverbend Government Benefits Administrator (Riverbend), to serve as the Part A fiscal intermediary responsible for Tennessee and New Jersey. Riverbend's Part A contract with CMS (the contract) provided for the reimbursement of allowable administrative costs incurred. From October 1, 2004, through August 3, 2009, Riverbend claimed administrative costs totaling \$141,471,092 in reimbursement for direct and indirect costs related to the contract. CMS terminated the contract effective August 3, 2009.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether administrative costs that Riverbend claimed on its Medicare Final Administrative Cost Proposals (FACP) from October 1, 2004, through August 3, 2009, were in accordance with Federal requirements.

Scope

Our review covered \$141,471,092 in direct and indirect administrative costs that Riverbend claimed on its FACP submitted to CMS for the period October 1, 2004, through August 3, 2009.

We limited our internal control review to controls related to recording costs and reporting them on the FACP.

We conducted our fieldwork at BCBST's offices in Chattanooga, Tennessee, from February 2010 through March 2011.

Methodology

To accomplish our objective, we:

- reviewed applicable laws, regulations, and guidelines;
- reviewed Riverbend's policies and procedures;
- reviewed the contract;
- reconciled FACPs from fiscal years (FY) 2005 through 2009 to Riverbend's accounting records;
- interviewed BCBST officials about Riverbend's cost accumulation processes for FACPs and gained an understanding of its cost allocation systems;
- reviewed a stratified sample of 150 employee pay periods to determine whether direct salaries and wages claimed on the FACPs were allowable;¹
- reviewed senior executive compensation for Riverbend's five most highly compensated employees in management positions each year during FYs 2005 through 2009;
- calculated the monthly fringe benefit costs by multiplying the monthly employee headcount by the monthly fringe benefit rate; and
- reviewed a judgmental sample of transactions relating to electronic data processing equipment (EDP), subcontracts, postage and express, travel, credits, and other costs by tracing sampled transactions to supporting documents including invoices, expense vouchers, reports, and journal entries.²

See Appendix A for administrative costs claimed and Appendix B for a table that summarizes the results of our review.

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 objective.

¹ There were no discrepancies noted during our review of salaries and wages; therefore, we did not include a detailed discussion of the sample methodology and results.

² We selected these costs based on materiality.

FINDINGS AND RECOMMENDATIONS

Most of the administrative costs that Riverbend claimed on its Medicare FACP's from October 1, 2004, through August 3, 2009, were in accordance with Federal requirements. Of the \$141,471,092 in administrative costs claimed, \$140,146,321 was allowable for reimbursement under the contract. However, \$691,433 in costs was not adequately supported or allocated to the contract in compliance with applicable Federal requirements. Riverbend claimed these unallowable costs because it did not have adequate policies and procedures to ensure that these costs were in compliance with applicable Federal requirements.

In addition, Riverbend claimed administrative costs totaling \$562,906 on its FACP's that exceeded the Notice of Budget Approval (NOBA). Riverbend also overstated accrued credits by \$70,432. These overstated credits resulted in a \$70,432 understatement of administrative costs. Riverbend did not have policies and procedures in place to ensure that it did not spend more than the approved budget amounts and that it properly reported accrued credits.³

FEDERAL REQUIREMENTS

Federal Regulations

The contract cited Federal Acquisition Regulation (FAR), Title 48, chapter 1, CFR, as regulatory principles to be followed and provided additional guidelines for specific cost areas.

Pursuant to FAR 31.201-2(a) (48 CFR § 31.201-2(a)):

(a) A cost is allowable only when the cost complies with all of the following requirements:

- (1) Reasonableness.
- (2) Allocability.
- (3) Standards promulgated by the [Cost Accounting Standards] Board, if applicable, otherwise, generally accepted accounting principles and practices appropriate to the circumstances.
- (4) Terms of the contract

Section 31.201-2(d) of the FAR (48 CFR § 31.201-2(d)) states: "A contractor is responsible for accounting for costs appropriately and for maintaining records, including supporting documentation, adequate to demonstrate that costs claimed have been incurred, are allocable to the contract, and comply with applicable cost principles"

³ Because Riverbend's contract with CMS is terminated, we have not made recommendations to address deficiencies in Riverbend's policies and procedures.

Section 31.205-6(p)(1) of the FAR (48 CFR § 31.205-6(p)(1)) states: “[c]osts incurred after January 1, 1998, for compensation of a senior executive⁴ in excess of the benchmark compensation amount ... are unallowable.” The Office of Management and Budget published annually in the *Federal Register* the maximum executive compensation benchmark amount for each year: \$473,318 for FY 2005, \$546,689 for FY 2006, \$597,912 for FY 2007, \$612,196 for FY 2008, and \$684,181 for FY 2009.

Centers for Medicare & Medicaid Services Guidance and Contract Requirements

According to the contract between CMS and Riverbend, Riverbend annually submits a proposed budget for administrative expenses. CMS issues a NOBA to notify Riverbend of the approved amounts for administrative expenses for the FY. In addition, CMS issues a certification of funding availability to advise Riverbend of the total amount of funding available for administrative expenses. The certification of funding availability serves as the “ceiling on reimbursable expenditures which may not be exceeded by [Riverbend].”

However, both the certification of funding availability and the NOBA may be altered during the FY if additional funds become available to the Secretary or if Riverbend provides notice to the Secretary that the NOBA is insufficient to cover administrative expenses under Article VI, section H, of the contract. Section I of the contract states: “[i]f the amount of costs incurred by [Riverbend] which are determined to be allowable upon final settlement exceeds the budgeted amount, the Secretary shall pay such costs provided that the requirements of paragraph H have been met by [Riverbend], and provided further that funds are available to the Secretary” Accordingly, the contract permits the reimbursement of additional administrative expenses if the costs are allowable, proper notice was given, and funds are available to pay the costs.

Chapter 1, section 190.1(C)(1), of the *Medicare Financial Management Manual* (the manual) states that contractors shall report cash received and receivables from the Coordination of Benefit Contractor (COBC) for claims transmitted to the COBC for crossover as COBC credits and COBC accrued credits, respectively.⁵

COSTS NOT SUPPORTED AS REASONABLE, ALLOCABLE, AND ALLOWABLE

Unallowable Executive Salaries

Contrary to FAR 31.205-6(p)(1) (48 CFR § 31.205-6(p)(1)), Riverbend did not limit the amount of executive compensation according to the prescribed benchmark before allocating salary costs to the contract and claiming them on its FACPs. Riverbend did not have adequate policies and

⁴ FAR 31.205-6(p)(2)(ii)(B) (48 CFR § 31.205-6(p)(2)(ii)(B)) defines senior executives as “... the five most highly compensated employees in management positions at each home office and each segment of the contractor”

⁵ The COBC is a third-party entity that receives claims information from all Medicare contractors and disseminates that information to complementary insurers. Medicare contractors are required to provide paid claims information to the COBC, which in turn provides that information to complementary (Medicare Supplemental) insurance companies. This is known as “crossover.” These insurance companies pay the COBC a per claim fee for this information. The COBC collects crossover fees from the complementary insurers and disseminates them to the Medicare contractors.

procedures to ensure that executive salary costs in excess of benchmark amounts were identified as unallowable. As a result, Riverbend overstated its FACPs by \$541,539 (\$137,105 in FY 2005, \$108,326 in FY 2006, \$88,774 in FY 2007, \$144,414 in FY 2008, and \$62,920 in FY 2009).

Misstated Total Costs

Contrary to FAR 31.201-2(d) (48 CFR § 31.201-2(d)), Riverbend's accounting records did not reconcile to the submitted FACPs for FYs 2005 and 2006. Riverbend did not have policies and procedures that ensured that all yearend adjustments to the accounting records flowed through to the FACPs. In FYs 2005 and 2006, Riverbend did not make some yearend adjustments until after it had submitted its FACPs to CMS. As a result, Riverbend overstated costs claimed on its FY 2005 FACP by \$111,680 and understated costs claimed on its FY 2006 FACP by \$4,420.

Unsupported Costs

Contrary to FAR 31.201-2(d) (48 CFR § 31.201-2(d)), Riverbend did not provide support for costs totaling \$25,075: \$19,950 in EDP equipment, \$3,875 in travel costs, and \$1,250 in other direct costs. Of this amount, \$13,927 was totally unsupported and \$11,148 was not sufficiently supported as incurred costs allocable to the contract. Riverbend did not have adequate policies and procedures to ensure that it maintained supporting documentation to demonstrate that these costs were incurred, allocable to the contract, and in compliance with applicable cost principles. As a result, Riverbend overstated costs claimed on its FACPs by \$25,075: \$12,677 in FY 2005, \$1,250 in FY 2006, \$7,273 in FY 2007, \$3,807 in FY 2008, and \$68 in FY 2009.

Understated Credits

Contrary to FAR 31.201-2(d) (48 CFR § 31.201-2(d)) and chapter 1, section 190.1(C)(1), of the manual, Riverbend did not properly report COBC accrued credits on its FY 2008 FACP.⁶ Riverbend did not have documentation to support and did not correctly report a COBC accrued credit in the amount of \$17,559. Understating this credit reduced total credits on the FACP from \$1,377,747 to \$1,360,188. Riverbend did not have adequate policies and procedures to ensure that COBC accrued credits were properly adjusted to actual credits. Riverbend reduced FACP costs by \$1,360,188 instead of by \$1,377,747. As a result, it overstated costs claimed on the FY 2008 FACP by \$17,559.

COSTS SET ASIDE FOR ADJUDICATION

Costs Claimed Exceeding the Notice of Budget Approval

Contrary to chapter 1, section 250, of the manual and to the contract, Riverbend's costs claimed on its FACPs exceeded the approved amounts on its NOBAs by \$562,906 for program management (PM), Medicare integrity program (MIP), nonrenewable (NON), and Tax Relief and Health Care Act (TRHCA) activities as follows:

⁶ Understating COBC credits resulted in an overstatement of FACP costs.

Costs Exceeding the Notice of Budget Approval

Fiscal Year	Activity⁷	Claimed	Approved	Difference
2005 ⁸	PM	\$19,100,431	\$18,925,122	\$175,309
2005	MIP	14,072,901	13,872,400	200,501
2006 ⁹	MIP	15,432,714	15,261,100	171,614
2007 ¹⁰	NON	484,127	468,700	15,427
2008 ¹¹	TRHCA	1,555	1,500	55
Total		\$49,091,728	\$48,528,822	\$562,906

Riverbend’s claimed costs exceeded the approved amounts on its NOBAs because it did not have policies and procedures in place to ensure that it did not spend more than the approved budget amounts. However, Riverbend did not draw down funds exceeding the NOBAs. Furthermore, the contract states: “[i]f the amount of costs incurred by [Riverbend], which are determined to be allowable upon final settlement, exceeds the budgeted amount, the Secretary shall pay such costs provided that the requirements of paragraph H have been met by [Riverbend], and provided further that funds are available to the Secretary” Accordingly, we are setting aside \$562,906 in costs exceeding the NOBAs for CMS adjudication of whether the costs are allowable and should be reimbursed.

Overstated Credits

Contrary to chapter 1, section 190.1(C)(1), of the manual and FAR 31.201-2(d) (48 CFR § 31.201-2(d)), Riverbend did not properly report COBC accrued credits. Riverbend overstated COBC accrued credits on its FACP by \$38,025, \$31,795, and \$612 in FYs 2006, 2007, and 2009, respectively.¹² As a result, Riverbend understated costs claimed on its FACP by the same amounts. We are setting aside for CMS adjudication accrued credits totaling \$70,432.

Accordingly, we set aside \$633,338 for CMS adjudication: \$562,906 in costs exceeding the NOBAs and \$70,432 in overstated accrued credits.

⁷ Riverbend performed PM, MIP, NON, and TRHCA activities.

⁸ 2005 FACP Supplement 6 dated December 14, 2009, and NOBA Supplement 17 dated March 17, 2010.

⁹ 2006 FACP Supplement 4 dated December 14, 2009, and NOBA Supplement 21 dated March 14, 2007.

¹⁰ 2007 FACP Supplement 5 dated December 14, 2009, and NOBA Supplement 15 dated October 4, 2007.

¹¹ 2008 FACP Supplement 5 dated January 31, 2010, and NOBA Supplement 21 dated October 2, 2008.

¹² Overstating COBC credits resulted in an understatement of FACP costs.

RECOMMENDATIONS

We recommend that Riverbend:

- reduce costs claimed on its FACPs by \$691,433,
- work with CMS to resolve \$562,906 in costs exceeding the NOBAs, and
- work with CMS to resolve \$70,432 in overstated accrued credits.

RIVERBEND GOVERNMENT BENEFITS ADMINISTRATOR COMMENTS

In written comments on our draft report, Riverbend concurred with our recommendations and stated that it would work directly with CMS to address them. Riverbend's comments are included in their entirety as Appendix C.

APPENDIXES

**APPENDIX A: RIVERBEND GOVERNMENT BENEFITS ADMINISTRATOR'S
ADMINISTRATIVE COSTS CLAIMED FROM OCTOBER 1, 2004,
THROUGH AUGUST 3, 2009**

Cost Category	FY¹ 2005	FY 2006	FY 2007	FY 2008	FY 2009	Total
Salaries and wages	\$17,016,871	\$17,833,516	\$15,533,346	\$15,756,329	\$11,183,186	\$77,323,248
Fringe benefits	5,621,907	5,935,022	5,243,642	4,519,638	3,506,362	24,826,571
Facilities or occupancy	1,445,922	1,430,708	1,227,873	1,109,416	—	5,213,919
Electronic data processing equipment	1,791,575	2,255,232	2,338,659	3,068,752	197,853	9,652,071
Subcontracts	2,669,179	2,045,354	2,043,994	262,605	328,522	7,349,654
Outside professional services	307,787	146,909	203,154	343,858	504,659	1,506,367
Telephone and telegraph	245,291	328,906	121,973	117,340	1,473	814,983
Postage and express	3,668,619	2,764,849	2,046,817	2,044,637	2,779,911	13,304,833
Furniture and equipment	230,679	57,880	88,422	34,499	38,964	450,444
Materials and supplies	922,710	835,938	509,391	624,078	4,374	2,896,491
Travel	242,301	273,509	210,055	235,758	37,799	999,422
Return on investment	222,421	263,040	200,874	—	—	686,335
Miscellaneous	310,313	200,577	459,271	10,992	41,488	1,022,641
Other	50,215	241,132	202,154	525,945	1,524,423	2,543,869
Forward funding	—	—	—	—	—	—
Credits	(1,378,826)	(1,831,495)	(1,616,554)	(1,360,188)	(932,693)	(7,119,756)
Total	\$33,366,964	\$32,781,077	\$28,813,071	\$27,293,659	\$19,216,321	\$141,471,092

¹ Fiscal year.

**APPENDIX B: RESULTS OF REVIEW OF RIVERBEND GOVERNMENT BENEFITS
ADMINISTRATOR'S ADMINISTRATIVE COSTS CLAIMED FROM
OCTOBER 1, 2004, THROUGH AUGUST 3, 2009**

Fiscal Year	Total Claimed	Total Reviewed	Total Allowable	Total Unallowable	Total Set Aside for CMS¹ Adjudication
2005	\$33,366,964	\$33,366,964	\$32,729,692	\$261,462	\$375,810
2006	32,781,077	32,781,077	32,466,282	105,156	209,639
2007	28,813,071	28,813,071	28,669,802	96,047	47,222
2008	27,293,659	27,293,659	27,127,824	165,780	55
2009	19,216,321	19,216,321	19,152,721	62,988	612
Total	\$141,471,092	\$141,471,092	\$140,146,321	\$691,433	\$633,338

¹ Centers for Medicare & Medicaid Services.

APPENDIX C: RIVERBEND GOVERNMENT BENEFITS ADMINISTRATOR COMMENTS



of Tennessee

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Chattanooga, TN 37402

bcbst.com

February 2, 2012

Lori S. Pilcher
Regional Inspector General for Audit Services
Department of Health & Human Services
Office of Inspector General
Office of Audit Services, Region IV
61 Forsyth Street, SW, Suite 3T41
Atlanta, GA 30303

Re: Report Number: A-04-10-00067, Riverbend Government Benefits Administrator

Ms. Pilcher:

This letter is in response to your letter, dated January 5, 2012, and the attached draft report entitled *A Medicare Contractor's Claimed Administrative Costs Were Generally Allowable*. As requested, following are our comments on the three summary recommendations set forth in the report including a statement of concurrence as well as a statement describing the nature of the corrective action taken or planned to be taken.

Recommendation: reduce costs claimed on its FACP's by \$691,433

We concur with this recommendation and will work directly with CMS to resolve this issue because we no longer have access to the CAFM system.

Recommendation: work with CMS to resolve \$562,906 in costs exceeding the NOBAs

We concur with this recommendation and will work directly with CMS to resolve this issue and other amounts related to this issue.

Recommendation: work with CMS to resolve \$70,432 in overstated accrued credits

We concur with this recommendation and will work directly with CMS to resolve this issue and other amounts related to this issue.

If you have questions or comments regarding this response or require anything further from us please contact me by email at Ralph_Woodard@BCBST.com or by phone at 423-535-5192.

Sincerely,

T. Ralph Woodard, Jr.

Chief Financial Officer, Riverbend Government Benefits Administrator, Inc.