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

Final Audit Report

Subject:

Audit of the Federal Employees Health Benefits Program Operations at Blue Choice

Report No. 1C-MK-00-13-052

Date: May 7, 2014

-- CAUTION --

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AUDIT REPORT

Federal Employees Health Benefits Program
Community-Rated Health Maintenance Organization
Blue Choice
Contract Number CS 2506 - Plan Code MK
Rochester, New York

Report No. 1C-MK-00-13-052 **Date:** May 7, 2014

Michael R. Esser
Assistant Inspector General
for Audits

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EXECUTIVE SUMMARY

Federal Employees Health Benefits Program
Community-Rated Health Maintenance Organization
Blue Choice
Contract Number CS 2506 - Plan Code MK
Rochester, New York

Report No. 1C-MK-00-13-052 **Date:** May 7, 2014

The Office of the Inspector General performed an audit of the Federal Employees Health Benefits Program (FEHBP) operations at Blue Choice (Plan). The audit covered contract years 2010 through 2013, and was conducted at the Plan's office in Rochester, New York.

This report questions $2,143,534 for inappropriate health benefit charges to the FEHBP in contract years 2010 through 2012, including $90,303 for lost investment income calculated through December 31, 2013. We found that the FEHBP rates were developed in accordance with the Office of Personnel Management's rules and regulations in contract year 2013.

For contract year 2010, we determined that the FEHBP rates were overstated by $396,332 due to defective pricing. Specifically, we found an SSSG discount which was not applied to the FEHBP rates.

For contract year 2011, we determined that the FEHBP rates were overstated by $846,099 due to defective pricing. Specifically, we found discrepancies in the FEHBP's medical and prescription drug benefit adjustment factors, the contract mix factor, the retention base amount, the preventive services and tobacco cessation loading, the Children's Loading, and the calculation of the current rate. We also calculated a slightly higher SSSG discount than the Plan.

For contract year 2012, we determined that the FEHBP rates were overstated by $810,800 due to defective pricing. Specifically, we found discrepancies in the FEHBP's medical benefit adjustment factor, the contract mix factor, the retention base amount, and the calculation of the current rate.

Consistent with the FEHBP regulations and contract, the FEHBP is due $90,303 for lost investment income, calculated through December 31, 2013, on the defective pricing findings. The Plan has paid this amount as of February 19, 2014.

CONTENTS

I. INTRODUCTION AND BACKGROUND

Introduction

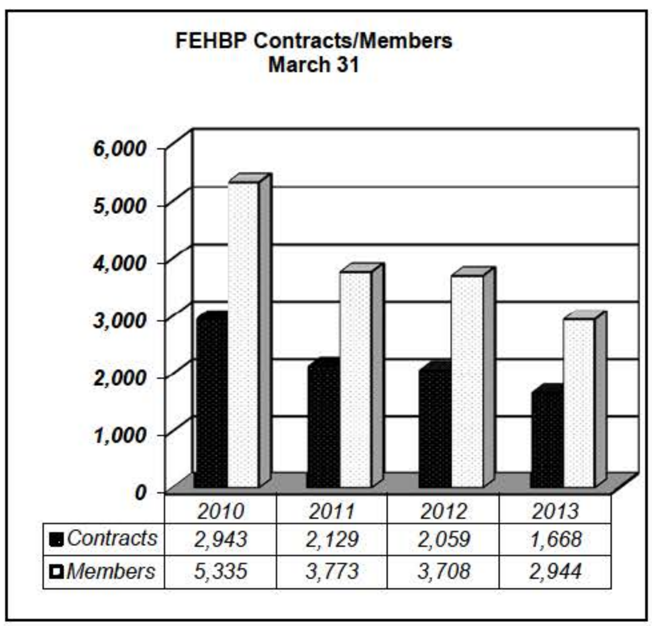
We completed an audit of the Federal Employees Health Benefits Program (FEHBP) operations at Blue Choice (Plan). The audit covered contract years 2010 through 2013, and was conducted at the Plan's office in Rochester, New York. The Plan is subject to the Medical Loss Ratio (MLR) rules and regulations in contract years 2012 and 2013. The audit was conducted pursuant to the provisions of Contract CS 2506; 5 U.S.C. Chapter 89; and 5 Code of Federal Regulations (CFR) Chapter 1, Part 890. The audit was performed by the Office of Personnel Management's (OPM) Office of the Inspector General (OIG), as established by the Inspector General Act of 1978, as amended.

Background

The FEHBP was established by the Federal Employees Health Benefits Act (Public Law 86-382), enacted on September 28, 1959. The FEHBP was created to provide health insurance benefits for federal employees, annuitants, and dependents. The FEHBP is administered by OPM's Healthcare and Insurance Office. The provisions of the Federal Employees Health Benefits Act are implemented by OPM through regulations codified in Chapter 1, Part 890 of Title 5, CFR. Health insurance coverage is provided through contracts with health insurance carriers who provide service benefits, indemnity benefits, or comprehensive medical services.

Community-rated carriers participating in the FEHBP are subject to various federal, state and local laws, regulations, and ordinances. While most carriers are subject to state jurisdiction, many are further subject to the Health Maintenance Organization Act of 1973 (Public Law 93-222), as amended (i.e., many community-rated carriers are federally qualified). In addition, participation in the FEHBP subjects the carriers to the Federal Employees Health Benefits Act and implementing regulations promulgated by OPM.

The chart to the right shows the number of FEHBP contracts and members reported by the Plan as of March 31 for each contract year audited.



For contract years 2010 and 2011, the FEHBP should pay a market price rate, which is defined as the best rate offered to either of the two groups closest in size to the FEHBP. For contract years 2012 and 2013, the premium rates charged to the FEHBP under the MLR methodology are to be developed in accordance with OPM rules and regulations and the Plan's state-filed standard rating methodology (or if the rating methodology does not require state filing, the Plan's documented and established rating methodology). All FEHBP pricing data are to be supported by accurate, complete, and current documentation. In contracting with community-rated carriers, OPM relies on carrier compliance with appropriate laws and regulations and, consequently, does not negotiate base rates. OPM negotiations relate primarily to the level of coverage and other unique features of the FEHBP.

The Plan has participated in the FEHBP since 1989, and provides health benefits to FEHBP members in the New York counties of Monroe, Livingston, Wayne, Ontario, Seneca, and Yates. The last full scope audit of the Plan conducted by our office covered contract years 2006 through 2009. That audit reported $2,486,049 in questioned costs. The Plan agreed with those audit results and paid the findings in full.

The preliminary results of this audit were discussed with Plan officials at an exit conference and in subsequent correspondence. A draft report was also provided to the Plan for review and comment. The Plan's comments were considered in preparation of this report and included, as appropriate, in the Appendix.

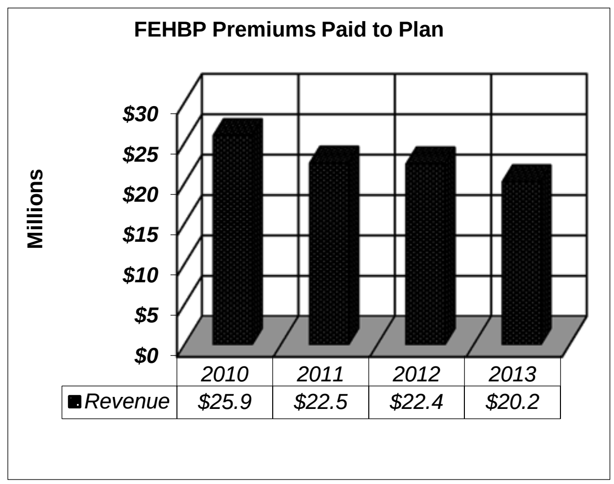
II. OBJECTIVES, SCOPE, AND METHODOLOGY

Objectives

The primary objective of this performance audit was to determine whether the Plan was in compliance with the provisions of its contract and the laws and regulations governing the FEHBP. For contract years 2010 and 2011, the primary objective of the audit was to determine if the Plan offered the FEHBP market price rates based on the rates given to the Similarly Sized Subscriber Groups (SSSGs). For contract years 2012 and 2013, the primary objective of the audit was to determine if the Plan offered the FEHBP a fair premium rate, based on its underwriting guidelines and OPM rules and regulations. We also verified that the loadings to the FEHBP rates were reasonable and equitable. Additional tests were performed to determine whether the Plan was in compliance with the provisions of the laws and regulations governing the FEHBP.

Scope

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.



This performance audit covered the FEHBP premium rates developed and charged for contract years 2010 through 2013. For these years, the FEHBP paid approximately $91 million in premiums to the Plan, as shown on the chart to the right. The audit did not include tests of the Plan's 2012 and 2013 MLR calculations, which will remain subject to future audit.

OIG audits of community-rated carriers are designed to test carrier compliance with the FEHBP contract, applicable laws and regulations, and OPM's Rate Instructions to Community-Rated Carriers (rate instructions). These audits are also designed to provide reasonable assurance of detecting errors, irregularities, and illegal acts.

We obtained an understanding of the Plan's internal control structure, but we did not use this information to determine the nature, timing, and extent of our audit procedures. However, the audit included such tests of the Plan's rating system and such other auditing procedures considered necessary under the circumstances. For contract years 2010 and 2011, our review of internal controls was limited to the procedures the Plan has in place to ensure that:

- The appropriate SSSGs were selected;

- the rates charged to the FEHBP were the market price rates (i.e., equivalent to the best rate offered to the SSSGs); and

- the loadings to the FEHBP rates were reasonable and equitable.

For contract years 2012 and 2013, our review of internal controls was limited to the procedures the Plan has in place to ensure that the rates charged the FEHBP are developed in accordance with the Plan's standard rating methodology and the claims, factors, trends, and other related adjustments are supported by accurate, complete and current source documentation.

In conducting the audit, we relied to varying degrees on computer-generated billing, enrollment, and claims data provided by the Plan. We did not verify the reliability of the data generated by the various information systems involved. However, nothing came to our attention during our audit testing utilizing the computer-generated data to cause us to doubt its reliability. We believe that the available data was sufficient to achieve our audit objectives. Except as noted above, the audit was conducted in accordance with generally accepted government auditing standards, issued by the Comptroller General of the United States.

The audit fieldwork was performed at the Plan's office in Rochester, New York during August 2013. Additional audit work was completed at our office in Cranberry Township, Pennsylvania.

Methodology

For contract years 2010 and 2011, we examined the Plan's federal rate submissions and related documents as a basis for validating the market price rates. In addition, we examined the rate development documentation and billings to other groups, such as the SSSGs, to determine if the market price was actually charged to the FEHBP.

For contract years 2012 and 2013, we examined the Plan's standard rating methodology as a basis for validating its federal rate submissions and related documents. In addition, we verified that the factors, trends, and other related adjustments used to determine the FEHBP premium rates were supported by accurate, complete and current source documentation.

We also examined claim payments to verify that the cost data used to develop the FEHBP rates was accurate, complete, and valid. Finally, we used the contract, the Federal Employees Health Benefits Acquisition Regulations (FEHBAR), and the rate instructions to determine the propriety of the FEHBP premiums and the reasonableness and acceptability of the Plan's rating system.

To gain an understanding of the internal controls in the Plan's rating system, we reviewed the Plan's rating system policies and procedures, interviewed appropriate Plan officials, and performed other auditing procedures necessary to meet our audit objectives.

III. AUDIT FINDINGS AND RECOMMENDATIONS

Premium Rate Review

1. Defective Pricing $2,053,231

The Certificates of Accurate Pricing the Plan signed for contract years 2010 through 2012 are defective. In accordance with federal regulations, the FEHBP is therefore due a rate reduction for these years. Application of the defective pricing remedy shows that the FEHBP is due a premium adjustment totaling $2,053,231 (see Exhibit A). We found that the FEHBP rates were developed in accordance with applicable laws, regulations, and the rate instructions in contract year 2013.

For contract years 2010 and 2011, carriers proposing rates to OPM are required to submit a Certificate of Accurate Pricing certifying that the proposed subscription rates, subject to adjustments recognized by OPM, are market price rates. OPM regulations refer to a market price rate in conjunction with the rates offered to an SSSG. SSSGs are the Plan's two employer groups closest in subscriber size to the FEHBP. If it is found that the FEHBP was charged higher than the market price rate (i.e., the best rate offered to an SSSG), a condition of defective pricing exists, requiring a downward adjustment of the FEHBP premiums to the equivalent market price rate.

For contract years 2012 and 2013, MLR carriers proposing rates to OPM are required to submit a Certificate of Accurate Pricing (MLR Methodology) certifying that the cost or pricing data submitted to OPM in support of the FEHBP rates are accurate, complete, and current as of the date of the certificate. If it is found that the FEHBP was charged higher rates due to inaccurate, incomplete or non-current data, a condition of defective pricing exists, requiring a downward adjustment of the FEHBP premiums.

2010

We agree with the Plan's selection of [redacted] as the SSSGs for contract year 2010. The SSSGs were rated using an adjusted community rating (ACR) methodology. The FEHBP was rated using a traditional community rating (TCR) methodology. The FEHBP has an HMO product which is required by the state of New York to be rated TCR. The SSSGs have Preferred Provider Organization and Point of Service products which the state of New York allows to be ACR rated. The FEHBP did not receive a discount to either the high or standard options.

Our analysis of the rates charged to the SSSGs shows tha [redacted] received the largest discount of [redacted] percent. [redacted] did not receive a discount. The Plan calculated a [redacted] renewal increase of [redacted] percent, but only applied a rate increase of [redacted] percent. The difference represents a discount given to the group. We also calculated a higher contract mix factor for the group. The Plan used [redacted] while we calculated the factor to be [redacted]. The application of these two variances to our audited [redacted] rates results in a [redacted] percent discount.

We recalculated the FEHBP rates by applying the SSSG discount and determined that the FEHBP was overcharged [redacted] for the high option and $[redacted] for the standard option. The FEHBP's overcharges total $396,332 in contract year 2010 (see Exhibit B).

2011

We agree with the Plan's selection of [redacted] as the SSSGs for contract year 2011. The SSSGs and the FEHBP were rated using ACR. The FEHBP received a high and standard option in contract year 2011. The Plan applied a [redacted] percent SSSG discount to the FEHBP high and standard option rates.

Our audit of the FEHBP rates found the following discrepancies:

- Medical Benefit Adjustment Factor: The Plan did not apply a medical benefit adjustment factor (BAF) to the experience period claims incurred from February 2009 through December 2009 for the high option. We found the inpatient copay increased from $100 in 2009 to $240 in 2010. The Plan acknowledged this error and provided support for the difference, which resulted in a BAF of [redacted].

- Prescription Drug Benefit Adjustment Factor: The Plan did not apply a prescription drug BAF to the experience period claims incurred from February 2009 through December 2009 for the high option. We found the prescription drug copays increased from $10/25/40 in 2009 to $10/30/50 in 2010. The Plan acknowledged this error and provided support for the difference, which resulted in a BAF of [redacted]

- Contract Mix Factor: The Plan used a contract mix factor of [redacted] Based on the support provided by the Plan, we calculated a contract mix factor of [redacted]

- Retention Base Amount: The Plan used a base Per-Member-Per Month (PMPM) retention amount of [redacted]. We found this amount contained a [redacted] PMPM fee for "Other Taxes." Upon further review, the Plan agreed the FEHBP should not be charged for this cost. We removed the [redacted] PMPM tax and used a base retention amount of [redacted] PMPM in our audited FEHBP rates.

- Current Rate Calculation: The Plan calculated current rates using the line 6 rates from the prior year's FEHBP reconciliation. The line 6 rate is the contract rate which contains adjustments for contingency reserve payments and credits. In our opinion, the current rate calculation should use the prior year line 5 rates, which include no such adjustments.

- Preventative Services and Tobacco Cessation: We followed the Plan's methodology in calculating the Preventative Services and Tobacco Cessation loadings. Even after doing so, our audited rates varied significantly from the Plan's rates. For the high option, the Plan calculated a [redacted] single rate, and a [redacted] family rate. We calculated a [redacted] single rate, and a [redacted] family rate. For the standard option, the

Plan calculated a [redacted] single rate, and a [redacted] family rate. We calculated a [redacted] single rate, and a [redacted] family rate.

- Children's Loading: The Plan included an extra children's load to the family rates of [redacted] for the high option, and $[redacted] for the standard option. However, this resulted in a double loading since the cost associated with the overage dependents is already accounted for in the Line 1 rates. We removed the children's loading from our audited FEHBP rates.

Our analysis of the rates charged to the SSSGs shows that [redacted] received the largest discount of [redacted] percent. [redacted] received a discount of [redacted] percent. The Plan reported in its FEHBP reconciliation that [redacted] received a [redacted] percent discount. The difference in the audited [redacted] rates is due to the medical and prescription drug BAFs. In calculating the medical BAF, the Plan used a factor of [redacted] for 2010, resulting in an overall factor of [redacted] applied to the January 2010 experience period claims. In calculating the prescription drug BAF, the Plan used a factor of [redacted] for 2010, resulting in an overall factor of [redacted] applied to the January 2010 experience period claims. The Plan could not provide adequate support for these factors. As a result, we moved both factors to 1.000 and calculated an audited discount of [redacted] percent given to [redacted]

We recalculated the FEHBP rates based on our audited variances of the FEHBP rating and by applying the [redacted] percent audited SSSG discount, and determined that the FEHBP was overcharged [redacted] for the high option and $[redacted] for the standard option. The FEHBP's overcharges total $846,099 in contract year 2011 (see Exhibit B).

2012

For contract year 2012, we performed a rate build-up audit of the FEHBP rates to determine if the rates charged to the FEHBP were developed in accordance with the Plan's stated standard rating methodology. The FEHBP was rated using ACR. The FEHBP received a high and standard option in contract year 2012.

Our audit of the FEHBP rates found the following discrepancies:

- Medical Benefit Adjustment Factor: The Plan applied a medical BAF of [redacted] to the experience period claims incurred from March 2010 through December 2010 for both the high and standard options. This factor is intended to cover the extended coverage of dependents from age 22 to age 26. The Plan could not provide adequate support for this factor, so we have disallowed it in our audited rate development.

- Contract Mix Factor: The Plan used a contract mix factor of [redacted]. Based on the support provided by the Plan, we calculated a contract mix factor of [redacted].

- Retention Base Amount: The Plan used a base PMPM retention amount of [redacted]. We found this amount contained a [redacted] PMPM fee for "Other Taxes." Upon further review, the Plan agreed the FEHBP should not be charged for this cost. We removed the [redacted] PMPM tax and used a base retention amount of [redacted] PMPM in our audited FEHBP rates.

- Current Rate Calculation: The Plan calculated current rates using the line 6 rates from the prior year's FEHBP reconciliation. The line 6 rate is the contract rate which contains adjustments for contingency reserve payments and credits. In our opinion, the current rate calculation should use the prior year line 5 rates, which include no such adjustments.

We recalculated the FEHBP rates based on our audited variances of the FEHBP rating and determined that the FEHBP was overcharged [redacted] for the high option and [redacted] for the standard option. The FEHBP's overcharges total $810,800 in contract year 2012 (see Exhibit B).

Plan's Comments (see Appendix):

The Plan elected to pay the defective pricing findings in full.

Recommendation 1

We recommend that the contracting officer require the Plan to return $2,053,231 to the FEHBP for defective pricing in contract years 2010 through 2012. On February 19, 2014, the Plan paid the recommended defective pricing recovery in full.

2. Lost Investment Income **$90,303**

In accordance with FEHBP regulations and the contract between OPM and the Plan, the FEHBP is entitled to recover lost investment income on the defective pricing findings in contract years 2010 through 2012. We determined the FEHBP is due $90,303 for lost investment income, calculated through December 31, 2013 (see Exhibit C).

FEHBAR 1652.215-70 provides that, if any rate established in connection with the FEHBP contract was increased because the carrier furnished cost or pricing data that was not complete, accurate, or current as certified in its Certificate of Accurate Pricing, the rate shall be reduced by the amount of the overcharge caused by the defective data. In addition, when the rates are reduced due to defective pricing, the regulation states that the government is entitled to a refund and simple interest on the amount of the overcharge from the date the overcharge was paid to the carrier until the overcharge is liquidated.

Our calculation of lost investment income is based on the United States Department of the Treasury's semiannual cost of capital rates.

Plan's Comments (see Appendix):

The Plan does not dispute this finding.

Recommendation 2

We recommend that the contracting officer require the Plan to return $90,303 to the FEHBP for lost investment income, calculated through December 31, 2013. On February 19, 2014, the Plan paid the recommended lost investment income recovery in full through December 31, 2013.

IV. MAJOR CONTRIBUTORS TO THIS REPORT

Community-Rated Audits Group

[redacted] Auditor-In-Charge

[redacted], Lead Auditor

[redacted] Chief

[redacted], Senior Team Leader

Exhibit A

Blue Choice
Summary of Questioned Costs

Defective Pricing Questioned Costs		
Contract Year 2010	$396,332	
Contract Year 2011	$846,099	
Contract Year 2012	$810,800	
Total Defective Pricing Questioned Costs		**$2,053,231**
Lost Investment Income:		**$90,303**
Total Questioned Costs		**$2,143,534**

Blue Choice
Defective Pricing Questioned Costs

2010 - High

	Self	Family	
FEHBP Line 5 - Reconciled Rate	[redacted]	[redacted]	
FEHBP Line 5 - Audited Rate			
Bi-weekly Result	[redacted]	[redacted]	
To Annualize Overcharge:			
March 31, 2010 Enrollment	[redacted]	[redacted]	
Pay Periods	26	26	
Subtotal	[redacted]	[redacted]	
Total 2010 High Option Defective Pricing Questioned Costs			**$278,703**

2010 - Standard

	Self	Family	
FEHBP Line 5 - Reconciled Rate	[redacted]	[redacted]	
FEHBP Line 5 - Audited Rate			
Bi-weekly Result	[redacted]	[redacted]	
To Annualize Overcharge:			
March 31, 2010 Enrollment	[redacted]	[redacted]	
Pay Periods	26	26	
Subtotal	[redacted]	[redacted]	
Total 2010 Standard Option Defective Pricing Questioned Costs			**$117,629**
Total 2010 Defective Pricing Questioned Costs			**$396,332**

Blue Choice
Defective Pricing Questioned Costs

2011 - High

	Self	Family	
FEHBP Line 5 - Reconciled Rate	[redacted]	[redacted]	
FEHBP Line 5 - Audited Rate			
Bi-weekly Result	[redacted]	[redacted]	
To Annualize Overcharge:			
March 31, 2011 Enrollment	[redacted]	[redacted]	
Pay Periods	26	26	
Subtotal	[redacted]	[redacted]	
Total 2011 High Option Defective Pricing Questioned Costs			**$224,406**

2011 - Standard

	Self	Family	
FEHBP Line 5 - Reconciled Rate	[redacted]	[redacted]	
FEHBP Line 5 - Audited Rate			
Bi-weekly Result	[redacted]	[redacted]	
To Annualize Overcharge:			
March 31, 2011 Enrollment	[redacted]	[redacted]	
Pay Periods	26	26	
Subtotal	$[redacted]	[redacted]	
Total 2011 Standard Option Defective Pricing Questioned Costs			**$621,693**
Total 2011 Defective Pricing Questioned Costs			**$846,099**

Blue Choice
Defective Pricing Questioned Costs

2012 - High

	Self	Family	
FEHBP Line 5 - Reconciled Rate	[redacted]	[redacted]	
FEHBP Line 5 - Audited Rate	$[redacted]		
Bi-weekly Result	[redacted]	[redacted]	
To Annualize Overcharge:			
March 31, 2012 Enrollment	[redacted]	[redacted]	
Pay Periods	26	26	
Subtotal	[redacted]	[redacted]	
Total 2012 High Defective Pricing Questioned Costs			**$741,060**

2012 - Standard

	Self	Family	
FEHBP Line 5 - Reconciled Rate	[redacted]	[redacted]	
FEHBP Line 5 - Audited Rate			
Bi-weekly Result	$[redacted]	[redacted]	
To Annualize Overcharge:			
March 31, 2012 Enrollment	[redacted]	[redacted]	
Pay Periods	26	26	
Subtotal	$[redacted]	[redacted]	
Total 2012 Standard Defective Pricing Questioned Costs			$69,740
Total 2012 Defective Pricing Questioned Costs			**$810,800**
Total Defective Pricing Questioned Costs			**$2,053,231**

EXHIBIT C

Blue Choice
Lost Investment Income

Year **Audit Findings:**	2010	2011	2012	2013	Total
1. Defective Pricing	$396,332	$846,099	$810,800	$0	$2,053,231
Totals (per year):	$396,332	$846,099	$810,800	$0	$2,053,231
Cumulative Totals:	$396,332	$1,242,431	$2,053,231	$2,053,231	$2,053,231
Avg. Interest Rate (per year):	3.188%	2.563%	1.875%	1.563%	
Interest on Prior Years Findings:	$0	$10,156	$23,296	$32,092	$65,544
Current Years Interest:	$6,317	$10,841	$7,601	$0	$24,759
Total Cumulative Interest Calculated Through December 31, 2013:	$6,317	$20,997	$30,897	$32,092	**$90,303**

Excellus
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[redacted] Management
Office of the Inspector General
800 Cranberry Woods Drive
Suite 270
Cranberry Township, PA 16066

Dear [redacted]:

We have received the Draft report for the Audit of Blue Choice Rochester, New York (Excellus BCBS) Report No. 1C-MK-00-13-052.

Although we still dispute several of the findings in the report, we are electing to submit the payment as requested. The payment will be sent via electronic transfer. Please provide the information necessary to wire the $2,143,534 to the appropriate account.

I will be out of the office until February 4, 2014. If you could send the information via email to [redacted] that would allow us to begin processing the payment at the earliest time.

Sincerely,

[redacted]

Underwriting Consultant

Cc: [redacted] – Internal Auditor, Excellus Health Plan
[redacted] – Director Underwriting, Excellus Health Plan
[redacted] – Chief Actuary, Excellus Health Plan
[redacted] – Account Manager, Excellus Health Plan