

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

**Management Decisions and Final Actions on
the Office of the Inspector General's Audit Recommendations
April 1, 2012 – September 30, 2012**

Director's Semiannual Report to the Congress

a New Day for Federal Service



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
NOVEMBER 2012

MESSAGE FROM THE DIRECTOR

Introduction

The United States Office of Personnel Management's (OPM) Office of the Inspector General (OIG) has completed its Semiannual Report for the period of April 1 to September 30, 2012. Working alongside the OIG during this period, OPM made progress in many important areas. I am transmitting the report to the U.S. Congress as required by law, along with the OPM management response containing additional information to highlight how we have worked with the OIG to make improvements.

Accomplishments

OPM is focused on its mission—to recruit, retain, and honor a world-class workforce to serve the American people. We accomplish this mission by supporting agencies with personnel services and policy leadership including staffing tools, guidance on labor-management relations, and programs to improve workforce performance. Our accomplishments these past six months clearly demonstrate that we remain focused on our mission.

Among the highlights:

Retirement Claims Processing

As I pledged to Congress on November 15, 2011, my highest priority in fiscal year 2012 was fixing the unacceptable and systemic delays Federal employees face in retirement claims processing. We outlined four pillars in our Strategic Plan for Retirement Services, including people; productivity and process improvement; partnering with agencies; and progressive information technology improvements. This year, guided by these pillars, I am proud to report we have made tremendous progress in the reduction of the overall retirement inventory. As of the end of September 2012, we reduced the overall inventory by 33 percent since the beginning of 2012.

Pathways Program

We continue to move ahead with efforts to make it easier to start a Federal career. Most notably, effective July 10, 2012, OPM's new Pathways Program simplifies and enhances the recruitment of students and recent graduates and provides opportunities for them to enter the Federal workforce. There are three clear and streamlined pathways to starting a Federal career. First, current students are eligible to apply to internships. Second,

graduates have a two-year window following their graduation date to apply to programs specifically designated for recent graduates. And third, we have revitalized Presidential Management Fellows program for candidates with graduate degrees. Through each of these three pathways, participants can learn what it's like to work in government, gain on-the-job experience, and have the possibility of converting into Federal employment. We hope that these pathways will better enable the Federal government to recruit and retain top talent with current and in-demand skills.

Veterans Hiring

I would like to also highlight the President's Veterans Employment Initiative which was launched as a result of Executive Order 13518. The focus of the Initiative is to increase the employment of veterans in the Federal government. During the reporting period, OPM supported the Council on Veterans Employment actions to focus federal efforts on using the various special veteran appointing authorities to hire more veterans. As a result, veteran new hires in the Federal workforce rose from 24% in 2009 to 28.3% in 2011—the highest it's been in 20 years. Through those same efforts, we also boosted the hiring of veterans with disabilities from 7% to 9%. Hiring more veterans not only means we honor their service; it also means we retain the investments we made in the men and women who are America's veterans.

Background Investigations

With an increase in automation in the background investigation process and the promotion of other efficiencies, OPM has dramatically reduced the length of time it takes to process background investigations since 2005. OPM, which provides background investigations for 90 percent of the Federal government, amounting to 2.2 million investigations in 2012 alone, now receives 99 percent of all its background check requests through an electronic processing system. As a result of technological, staffing, and process improvements, OPM's background investigations for top secret clearances now average 73 days, down from 308 in 2005. Top secret reinvestigations now average 99 days, down from 419 in 2005. Secret and confidential clearance investigations (initial and reinvestigations) now average 31 days, down from 115 in 2005. This increase in efficiency has enabled OPM to avoid security lapses which would result if there were a backlog of investigations. Along with our Department of Defense and Director of National Intelligence partners, we are committed to continuing to promote further efficiencies, oversight, and leadership in background investigations.

Firefighter and Emergency Worker Healthcare

At the direction of the President, OPM issued a final rule to amend Federal Employees Health Benefits (FEHB) Program regulations to make certain firefighters hired under

temporary appointments are eligible for Federal health benefits, effective July 17, 2012. The Federal government has a critical need to hire and quickly deploy qualified firefighters and other temporary fire protection personnel in times of emergency. Under current OPM regulations, individuals serving under temporary appointments have generally been excluded from coverage. Firefighters, however, face unique hazards and risks to their health. The day-to-day job of a firefighter involves frequent exposure to environmental risk factors that can precipitate the onset of severe and life threatening diseases. Moreover, the nature of this work necessarily involves intense physical stress that can result in potentially fatal cardiac events, job related injuries, and an adverse psychological impact. More recently, FEHB coverage has been extended to disaster assistance employees who work intermittently at the Federal Emergency Management Agency and who help in recovery efforts following natural disasters, such as in the aftermath of Hurricane Sandy. Providing these men and women with the opportunity to obtain FEHB health insurance coverage helps to protect them and their families as they take on the tremendous responsibility of responding to our nation's disasters.

Tribal Healthcare

In May 2012, OPM began accepting Federal Employee Health Benefit Program (FEHBP) enrollment applications from eligible Tribes, Tribal organizations, and urban Indian organizations. This step represents the successful implementation of an important feature of the Affordable Care Act, and will continue to support expanding Tribal healthcare enrollment. Strong and continuing partnerships between the Tribes, Tribal organizations, urban Indian organizations, the Department of Health and Human Services, the Indian Health Service, and the Bureau of Indian Affairs have been important to this process. OPM has entered into a successful agreement with USDA's National Finance Center to process applications and premium payments from Tribes and Tribal Organizations. By January 1, 2013, we estimate 9,751 individuals, representing 41 tribes, will have enrolled in an FEHB health plan.

OPM's Response to the Inspector General's Findings

While I am proud of our many achievements, I am also keenly aware we must continue to strengthen our programs. The Inspector General's report highlights key challenges for OPM in the months ahead. OPM has taken steps to eliminate weaknesses in our programs, and remains committed to improving program performance in the future. For example:

Combined Federal Campaign (CFC) Oversight

As the Federal agency responsible for overseeing the CFC across the nation and around the world, OPM is committed to ensuring charitable contributions made by Federal employees and service members are properly administered, with the maximum amount reaching charities. Any failure to abide by OPM regulations regarding the handling of charitable contributions is unacceptable. For example, when the OIG issued its audit of the National Capital Area (NCA) Combined Federal, in which the non-profit entity serving as the administrator of the campaign failed to adequately document expenses and failed to comply with OPM regulations, we immediately responded by directing the non-profit to return all disallowed costs and initiated new accountability and oversight measures. In addition, OPM assembled a new task force group, led by the watchdog organization Charity Navigator, to look at the potentially wasteful expenditures identified by the IG.

OPM also took action to proactively review CFC practices and suggest and implement improvements. As the CFC celebrated its 50th anniversary in 2011, I formed the CFC-50 Commission—an advisory committee composed of Federal employees, private campaign administrators, charitable organizations and "watchdog" groups—to identify ways to increase accountability and transparency in the CFC. The commission issued its [report](#) in July 2012 and made recommendations to strengthen the integrity, operation, and effectiveness of the CFC. We embrace the commission's recommendations for ongoing improvements and are eager to meet the challenges faced by the CFC. In fact, we intend to issue proposed regulations, which would allow us to implement many of the recommendations, for public comment in the near future.

Federal Employees Health Benefits Program (FEHBP)

OPM is strengthening its partnership with the OIG, coordinating efforts to enhance contracting officers' oversight of FEHB carriers, improving plan performance, and focusing on early identification and resolution of audit findings. During this period, OPM worked aggressively with plan stakeholders to close 111 recommendations, and recover \$15.8 million, significantly reducing the number of outstanding aged audit reports. More work remains as we partner with health carriers to improve internal controls, institute procedures to ensure plans reconcile enrollments to premium payments, and prepare for the transition to the Medical Loss Ratio rating methodology for HMOs.

OPM is committed to maintaining the FEHBP as a model provider of health benefits to ensure that millions of federal employees, annuitants, and their family members continue to enjoy the choice and value they've come to expect.

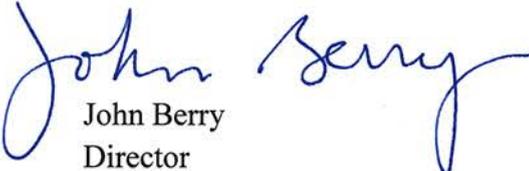
Revolving Fund Programs

OPM provides a variety of services that are financed by payments from other agencies through the Revolving Fund, rather than from OPM's direct discretionary appropriation. The IG's message focuses on funding challenges associated with the OIG's audit and investigative oversight of OPM's Revolving Fund programs. Let me stress that we fully support the work of the Inspector General to provide audit and investigative oversight of these programs. I will partner with the IG during the annual budget process to determine the best approach for adequately and appropriately funding the OIG, as we consider the best use of resources to achieve OPM's mission.

Closing Remarks

The OIG has been helpful to OPM in addressing identified weaknesses and strengthening our programs. I want to thank the OIG staff for continuing to provide independent review of OPM activities, helping us better serve the American people.

Sincerely,


John Berry
Director

MANAGEMENT RESPONSE
TO THE INSPECTOR GENERAL'S SEMIANNUAL REPORT
TO CONGRESS

November 2012

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HEALTH, LIFE and INDIVIDUAL BENEFITS AUDITS

More than 8 million lives are covered by the Federal Employees Health Benefits (FEHB), with the Federal Employees' Group Life Insurance (FEGLI), Federal Flexible Spending Account Program (FSAFeds), Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Employees Long Term Care Insurance Programs (FLTCIP) totaling 7.9 million in additional coverage. These programs provide important benefits and impact current and former Federal employees and their families. Together they form a key component of the Federal Government's compensation package, helping agencies recruit, retain and honor a world class workforce. Effective administration of these programs requires balancing resources to meet consumer expectations through our partnership, oversight and compliance efforts. The Healthcare and Insurance office at OPM remains committed across all aspects of its stewardship responsibilities in administering the benefit programs to the Federal family.

AUDIT RESOLUTION

Federal Employee Insurance Operations' (FEIO) Audit Resolution (AR) team reconciles monetary and non-monetary audit findings identified by the Office of the Inspector General (OIG) in its audits of the FEHB, FEGLI, FSAFeds, LTC and FEDVIP programs. Additionally, AR facilitates the resolution of Government Accountability Office (GAO), Internal Oversight and Compliance (IOC) and other audits or reviews of HI programs. To maximize timely, fair and accurate resolution, work begins before the OIG releases a final audit report. Key stakeholders evaluate Draft findings to reduce potentially avoidable or time-consuming procedural and regulatory challenges. AR determines the amounts due the Federal Programs, recovers funds, and works with carriers, Contract and OPM officials to implement corrective actions and close the audit. Resolution (the determination of a receivable due the FEHB) and the completion of post-resolution corrective actions (report closure) remain a high priority. While each audit type requires a different approach, closing audits entails collaboration among the Contract Officer (CO), OIG, health plans, Office of the Actuary – for HMO's only-- and, on occasion, OPM's General Counsel or Counsel from the Plan. AR reviews audit findings, supporting documentation and spreadsheets from the OIG, and evaluates the Plan's written responses, and other submissions including health benefits claim data. Audit Resolution also references the appropriate Contract (e.g. CS 1039), Federal Acquisition Regulation (FAR) or Rate/Reconciliation Instruction language, and may solicit input and opinions from the Health Insurance Contracting Officers, the OIG, the Plan(s), and the Office of the Actuary.

Each audit is unique. A Plan's response to a monetary finding may indicate their agreement or disagreement with the finding. Overpayments may be repaid by check, by certifying that funds have been returned to the FEHB, or via Letter-Of-Credit transaction/adjustment. A plan may agree with an overpayment but, after unsuccessfully attempting to collect it, declare it to be uncollectible or may contest audit findings based on other circumstances. Plans may contest findings by describing errors, oversight or other extenuating circumstances it believes are at play, or may question the interpretation of contract language in support of its actions.

Plan responses, which may be accompanied by voluminous evidence, must be reviewed in detail. Such due process can prolong corrective actions and final resolution.

A Plan's agreement with a finding, or concurrence that an overpayment was made, does not necessarily mean that monies can or will be collected. Plans are contractually required to exercise due diligence in recovering overpayments and provide updates on their progress in remediating audit findings. Factors contributing to timely, successful closure of findings within a final audit report may include: prompt, diligent action by plans to recover overpayments and resolve findings; appropriate resourcing; effective internal controls; age of overpayment when audited; third-party contracts, resource constraints and interpretation of contract provisions and other subsidiary laws or agreements in place.

During this reporting period, FEIO focused on closing aged audit recommendations. Insurance Operations (IO), including Contracting Officers and Audit Resolution staff:

- ❖ Collaborated with key stakeholders to fully resolve 19 open audits
- ❖ Closed 56 Monetary Recommendations
- ❖ Closed 55 Non-monetary recommendations
- ❖ Recovered \$15.8 million and allowed \$49.6 million
- ❖ Closed all aged HMO audits during the period
- ❖ Increased Audit Resolution staff to improve responsiveness to audits

Healthcare and Insurance is strengthening its collaboration with the OIG to ensure that participating plans have strong Internal Controls in place, and that our Contracting Officers (CO) provide effective oversight and administration of these vital benefit programs. FEIO and OIG leadership have partnered to develop new, and strengthen existing, procedures to resolve audits in a manner that is clear, supportable and reflects the many factors that must be considered in resolving the diversity of findings identified in the Experience Rated, Community Rated, Special Audit and Information Systems final reports.

Contracting Officers' discretion is a key aspect of IO's oversight of the Benefit Programs. Collaborating with all stakeholders, including OIG, CO's must consider many technical, cost, and performance issues in determining appropriate audit resolution actions, including the closure of audit recommendations. The CO weighs not only the nature and severity of audit findings, but also costs to the program and reasonable timeframes for remediation. Further, the size and reach of a benefit plan and the possible impacts on participants, some of whom reside in areas underrepresented by health care providers and options. In this context service availability and pragmatic considerations, may prove pivotal in deciding to require implementation of an audit finding.

We began this period with 7 audit reports pending agency decisions totaling \$13.2 million. The OIG issued 12 new reports with unresolved monetary findings totaling \$16.1 million, bringing the work-in-progress to \$29.2 million under 19 audit reports. IO Management's decisions on OIG recommendations during this period were \$28.7 million covering 17 audit reports. This amount consists of \$28.7 million in "disallowed costs" (requiring payment to OPM) and a net (\$.06) million in "costs not disallowed" (payment to OPM not required). The balance at the end of the period totals \$586 thousand, with 1 audit report for which management's decision was pending.

RECOVERY AND ADJUSTMENTS TO DISALLOWED COSTS

FEIO and AR continue to be productive. Prior to the reporting period, AR resolved (made determinations on) 24 audits representing \$65.3 million to be collected from insurance carriers. AR will close these audits as funds are received and pertinent documentation that satisfactorily addresses non-monetary recommendations, uncollectible and plan-contested amounts is verified.

During the reporting period, resolutions were made on 15 additional audits representing \$19.2 million to be collected from insurance carriers. This totals 39 audits with monetary recommendations representing \$84.5 million. As of September 30, we recovered \$15.6 million and made adjustments to original debt of \$49.4 million in 16 audits. The remaining 23 audits were pending action at the end of the reporting period. The total Receivable for all open audits as of the end of the reporting period was \$19.5 million.

AR successfully closed 19 FEHB audit reports during the 6 month reporting period. For the 12 month period, October 1, 2011 – September 30, 2012, AR closed 30 audits, recovering \$25.5 million and appropriately allowing another \$53.2 million for a total of \$78.7 million. As a result, the Receivable has dropped from \$65.3 million to \$19.5 million since March 31, 2012, and the average and number of aged audits greater than one year has been reduced. Further, as of the writing of this report, FEIO has settled nine of the oldest remaining Blue Cross Blue Shield audits with payment expected before this response is published. These results were made possible through enhanced collaboration with internal and external partners and unwavering organizational commitment.

Review and development of corrective action plans will continue to be integral to our oversight, compliance and monitoring of the operations of contracts.

AUDITS OVER ONE YEAR OLD PENDING CORRECTIVE ACTION AND FINAL CLOSURE

As noted above, FEIO is working diligently and effectively to reduce the number of aged BlueCross BlueShield audits pending final closure. The audits listed below are receiving special attention as we work to address the issues in each. Nine audits are a part of a global settlement, which has been agreed to, with final closeout being imminent. Details on open recommendations have been reported in prior Semiannual and Management Response Reports and Health Plans have been informed of corrective actions that must be taken, although actions have not yet been completed.

BlueCross and BlueShield Audits

Report Date	Audit Number	Status	Audit Name
6/23/2009	1A-99-00-08-065	Final Settlement Pending	Global Enrollment Audit (2008)
7/20/2009	1A-99-00-09-011	Final Settlement Pending	Global Coordination of Benefits (FY 2009)
10/14/2009	1A-99-00-09-036	Final Settlement Pending	Global Duplicate Payments
03/30/2010	1A-99-00-09-061	Final Settlement Pending	Global Assistant Surgeon
03/31/2010	1A-99-00-10-009	Final Settlement Pending	Global Coordination of Benefits (FY 2010)
05/21/2010	1A-10-85-09-023	Final Settlement Pending	CareFirst BlueCross BlueShield
07/19/2010	1A-99-00-09-046	Final Settlement Pending	Global Omnibus Budget Reconciliation Act of 1990 Claims for BlueCross BlueShield Plans
06/8/2011	1A-99-00-10-055	Final Settlement Pending	Global Coordination of Benefits for BlueCross BlueShield Plans
09/8/2011	1A-99-00-10-061	Final Settlement Pending	Global Claims-to-Enrollment Match for BlueCross BlueShield Plans
01/11/2012	1A-99-00-11-022	Corrective Action Pending	Global Duplicate Claim Payments for BlueCross BlueShield Plans
02/2/2012	1H-01-00-11-011	Corrective Action Pending	BlueCross BlueShield's Mail Order Pharmacy Operations as Administered by CVS Caremark in 2006 and 2007
02/2/2012	1A-10-00-12-022	Corrective Action Pending	BlueCross BlueShield Association's Federal Employees Program Portability System
03/6/2012	1A-10-91-11-030	Corrective Action Pending	BlueCross BlueShield Association in Washington, D.C. and Chicago, IL
03/14/2012	1A-10-00-11-052	Corrective Action Pending	Information Systems General and Application Controls at Medco Health Solutions, Inc.

HMOs, another class of audits, generally involve complex calculations related to the methodology

used to establish rates for Similarly Sized Subscriber Groups (SSSG). The SSSG methodology is then used to verify whether the FEHB Program received correctly discounted rates. Disputes regarding interpretation of the guidance used by plans to identify SSSGs can lead to protracted and complex standoffs involving legal issues, and the resolution may require coordination and action between the CO, the OIG, the Office of the Actuary, Audit Resolution and the Office of the General Counsel. Actions required to resolve these audits vary by level of complexity. The CO may evaluate the need for amending contract language and must also collaborate with the Actuaries and the OIG to improve clarity and Plans' understanding of the Rate Instructions.

In 2012, OPM began transitioning to the use of a Medical Loss Ratio (MLR) for Non-Traditional Community Rated plans, as a replacement for an examination of Similarly Sized Subscriber Groups in determining whether the FEHB received competitive rates from HMO plans. The MLR methodology uses a ratio of incurred claims to earned premiums over a specific period as opposed to a detailed examination of the rates, benefits, discounts and premiums used by a SSSG. For Contract year 2012, OPM has a pilot program for the new MLR methodology. By 2014, OPM will fully implement MLR for Non-Traditional Community Rated Plans. Use of the MLR is expected to simplify the process and may make it easier to implement, document, audit and resolve.

Other Insurance Carriers

Report Date	Audit Number	Status	Audit Name
06/27/2011	1B-47-00-11-044	Corrective Action Pending	Follow-up Review of Information Systems General and Application Controls at APWU
09/8/2011	1H-80-00-10-062	Corrective Action Pending	Group Health Incorporated's Pharmacy Operations
11/10/2011	1G-LT-00-10-022	Corrective Action Pending	Long Term Care Partners, LLC
02/01/2012	1J-0L-00-11-033	Corrective Action Pending	Federal Employees Dental and Vision Insurance Program as Administered by OPM
03/12/2012	1B-31-00-10-038	Corrective Action Pending	Government Employees Health Association, Inc.
03/13/2012	1C-RL-00-12-033	Corrective Action Pending	Grand Valley Health Plan, Inc.

Overall, as of this report there is a total of \$5.6 million outstanding pertaining to audits for which full Recoveries and Corrective Actions were not completed within one year. Contractually, Carriers must follow standard business practices and make diligent efforts to collect overpayments. However, until the funds have been recovered, or it has been determined that the funds are uncollectible and must be written-off, the receivable must remain on OPM's book of record. With few exceptions our new emphasis on more timely resolutions (with greater focus on resolving issues during an audit's draft phase) should shorten and simplify the overall resolution process. Significantly, it will also better allow audit reports to be used as a tool to enhance management's oversight and carrier's compliance.

The following information provides a summary of collection and adjustment activity for the period April 1, 2012 to September 30, 2012.

**MANAGEMENT REPORT ON FINAL ACTION ON FEHB AUDITS with
DISALLOWED COSTS** Reporting Period Ending September 30, 2012**

Action	Number of Audit Reports	Disallowed Costs (in thousands)
A. Audit reports with management decisions on which final action had not been taken at the beginning of the period (4/1/2012)	24**	\$65,257
B. 1. Audit reports on which management decisions were made during the period (4/1/2012-9/30/2012)	15	\$19,194
2. Interest assessed during period	<u>0</u>	<u>\$0</u>
C. Total audit reports pending final action during period (total of A and B)	39	\$84,451
D. Audit reports on which final action was taken during the period		
1. Recoveries		
(a) Collections and offsets	16	\$15,616
(b) Property	0	0
(c) Other	0	\$49,361*
2. Write-offs, waiver	<u>0</u>	<u>0</u>
3. Total of 1 and 2	16	\$64,977
E. Audit reports needing final action at the end of the period (9/30/2012) (subtract D3 from C)	23	\$19,474

* This represents adjustments to original debt.

**Information from the preceding tables was provided and revised by the CFO. It is derived from OPM's Audit Report and Receivables Tracking System (ARRTS). Audit numbers and Amounts reported may not fully reconcile due to actions taken on Information System and Non-Monetary audit reports as well as monetary reports with non-monetary recommendations.

**STATUS OF THE INSURANCE AUDITS HIGHLIGHTED IN THE OFFICE OF THE INSPECTOR
GENERAL'S SEMIANNUAL REPORT** (resolution activity for audits released from April 1, 2012, through September 30, 2012)

REPORT, REPORT NUMBER, AND DATE	STATUS
New West Health Services Helena, Montana IC-NV-00-11-047 June 4, 2012	Under review. We expect to resolve all issues and/or initiate Corrective Actions in a timely manner.
Health Insurance Plan of New York New York, New York IC-51-00-12-058 August 2, 2012	CLOSED. All outstanding audit issues have been fully resolved.
Global Omnibus Budget Reconciliation Act of 1993 for Blue Cross and Blue Shield Washington, D.C. 1A-99-00-12-001 July 16, 2012	Under review. We expect to resolve all issues and/or initiate Corrective Actions in a timely manner.
Capital BlueCross Harrisburg, Pennsylvania 1A-10-36-12-003 August 23, 2012	CLOSED. All outstanding audit issues have been fully resolved.
Information Systems General and Application Controls at the Government Employees Health Association Lee's Summit and Independence, Missouri 1B-31-00-11-066 August 9, 2012	Under review. We are evaluating all outstanding issues and expect to initiate Corrective Actions.
Federal Flexible Spending Account Program Operations as Administered by SHPS for Program Years 2008 through 2010 Louisville, Kentucky 4A-RI-00-11-060 August 22, 2012	Under review. We expect to resolve all issues and/or initiate Corrective Actions in a timely manner.

REPORT, REPORT NUMBER, AND DATE	STATUS
BlueCross BlueShield's Retail Pharmacy Operations Administered by CVS/Caremark Scottsdale, Arizona 1H-01-00-11-063 August 8, 2012	Under review. We expect to resolve all issues and/or initiate Corrective Actions in a timely manner.
Information Systems General and Application Controls at Medco Health Solutions, Inc. Franklin Park, NJ 1A-10-00-11-052 March 14, 2012	Under review. We expect to resolve all issues and/or initiate Corrective Actions in a timely manner.
Federal Long Term Care Insurance Program Operations Portsmouth, NH 1G-LT-00-10-022 November 10, 2011	Under review. We are evaluating all outstanding issues and expect to initiate Corrective Actions.
Federal Employees Dental and Vision Insurance Program Operations as Administered by the Office of Personnel Management Washington, D.C. 1J-0L-00-11-033 February 1, 2012	Under review. We expect to resolve all issues and/or initiate Corrective Actions in a timely manner.



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