

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**WISCONSIN PHYSICIANS SERVICE
INSURANCE CORPORATION
UNDERSTATED MEDICARE
ADMINISTRATIVE CONTRACT
ALLOWABLE PENSION COSTS**

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Gloria L. Jarmon
Deputy Inspector General
for Audit Services

May 2018
A-07-17-00530

Office of Inspector General

<https://oig.hhs.gov/>

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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.

Report in Brief

Date: May 2018

Report No. A-07-17-00530

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

The Centers for Medicare & Medicaid Services (CMS) reimburses contractors for a portion of their pension costs, which are funded by the annual contributions that contractors make to their pension plans.

At CMS's request, the HHS, OIG, Office of Audit Services, Region VII pension audit team reviews the cost elements related to qualified defined-benefit plans and any other pension-related cost elements claimed by Medicare contractors through Incurred Cost Proposals (ICPs).

Previous OIG reviews found that Medicare contractors have not always complied with Federal requirements when claiming pension costs for Medicare reimbursement.

Our objective was to determine whether the calendar years (CYs) 2008 through 2013 pension costs that Wisconsin Physicians Service Insurance Corporation (WPS) claimed for Medicare reimbursement, and reported on its ICPs, were allowable and correctly claimed.

How OIG Did This Review

We reviewed \$4.9 million of Medicare pension costs that WPS reported on its ICPs for CYs 2008 through 2013.

Wisconsin Physicians Service Insurance Corporation Understated Medicare Administrative Contract Allowable Pension Costs

What OIG Found

WPS claimed Medicare pension costs of \$4.9 million for Medicare reimbursement, through its ICPs, for CYs 2008 through 2013; however, we determined that the allowable Cost Accounting Standards-based pension costs during this period were \$6.4 million. The difference, \$1.5 million, represented allowable Medicare pension costs that WPS did not claim on its ICPs for CYs 2008 through 2013. WPS did not claim these allowable Medicare pension costs primarily because it based its claim for Medicare reimbursement on incorrectly computed assignable pension costs.

What OIG Recommends and Auditee Comments

We recommend that WPS work with CMS to ensure that WPS's final settlement of contract costs reflects an increase in Medicare pension costs of \$1.5 million for CYs 2008 through 2013.

WPS disagreed with our finding and recommendation. WPS cited its comments on our prior allocable pension costs report (A-07-17-00520) in which WPS disagreed with our findings regarding the understatement of allocable Medicare segment pension costs. Specifically, WPS said that it believes that the CY 2013 costs for the pension plan that we audited for this current report should be \$0, consistent with WPS's December 31, 2013, benefit curtailment. WPS also stated that neither CMS nor we had provided any guidance supporting a pension plan change that should be amortized beyond the period of the Federal Government's participation in the plan (participation which, according to WPS, ended with the benefit curtailment effective December 31, 2013).

We maintain that our finding and recommendation remain valid. WPS cannot amortize the impact of a CY 2012 plan change (to which WPS referred in its comments on our prior report) over a 1-year period because Cost Accounting Standards 413 requires a 10-year amortization. Additionally, a plan curtailment does not constitute the end of the Federal Government's participation in a qualified defined-benefit pension plan. WPS should continue to identify Medicare pension costs as well as the Medicare segment pension assets after December 31, 2013.

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INTRODUCTION

WHY WE DID THIS REVIEW

Medicare contractors are eligible to be reimbursed a portion of their pension costs, which are funded by the annual contributions that these contractors make to their pension plans. The amount of pension costs that the Centers for Medicare & Medicaid Services (CMS) reimburses to the contractors is determined by the cost reimbursement principles contained in the Federal Acquisition Regulation (FAR), Cost Accounting Standards (CAS), and Medicare contracts. Previous Office of Inspector General reviews found that Medicare contractors have not always complied with Federal requirements when claiming pension costs for Medicare reimbursement.

At CMS's request, the HHS, Office of Inspector General, Office of Audit Services, Region VII pension audit team reviews the cost elements related to qualified defined-benefit, nonqualified defined-benefit, postretirement benefit, and any other pension-related cost elements claimed by Medicare fiscal intermediaries and carrier contractors and Medicare administrative contractors (MACs) through Final Administrative Cost Proposals and/or Incurred Cost Proposals (ICPs).

For this review, we focused on one Medicare contractor, Wisconsin Physicians Service Insurance Corporation (WPS). In particular, we examined the WPS Medicare segment pension costs that WPS claimed for Medicare reimbursement and reported on its ICPs.

OBJECTIVE

Our objective was to determine whether the calendar years (CYs) 2008 through 2013 pension costs that WPS claimed for Medicare reimbursement, and reported on its ICPs, were allowable and correctly claimed.¹

BACKGROUND

Wisconsin Physicians Service Insurance Corporation

During our audit period, WPS administered Medicare Part A fiscal intermediary and Part B carrier operations under cost reimbursement contracts with CMS until its contractual relationships ended on July 1, 2013, and September 7, 2013, respectively.

¹CMS issued a final indirect rate agreement for CY 2007. Because a final indirect rate agreement closes the rates and does not allow for further adjustments, we did not include CY 2007 in our review.

With the implementation of Medicare contracting reform,² WPS continued to perform Medicare work after being awarded the MAC contracts for Medicare Parts A and B Jurisdiction 5³ and Jurisdiction 8⁴ effective September 5, 2007, and September 30, 2011, respectively.

During the audit period, WPS's Medicare segment participated in WPS's three qualified defined-benefit pension plans: (1) the Employees' Pension Plan, (2) the Managerial Retirement Program for Selected Locations, and (3) the Managerial Pension Plan (MPP). The MPP was frozen effective December 31, 2013. This report addresses the pension costs claimed for all three of these qualified defined-benefit pension plans.

The disclosure statement that WPS submits to CMS states that WPS uses pooled cost accounting. Medicare contractors use pooled costing to calculate the indirect cost rates that they submit on their ICPs. The pension costs are included in the computations of the indirect cost rates reported on the ICPs. CMS uses these indirect cost rates when reimbursing costs for cost-plus-award-fee type contracts.^{5, 6}

Medicare Reimbursement of Pension Costs

CMS reimburses a portion of the annual contributions that contractors make to their pension plans. The pension costs are included in the computation of the indirect cost rates reported on the ICPs. In turn, CMS uses indirect cost rates in reimbursing costs under cost-reimbursement contracts. To be allowable for Medicare reimbursement, pension costs must be (1) measured, assigned, and allocated in accordance with CAS 412 and 413 and (2) funded as specified by part 31 of the FAR. In claiming costs, contractors must follow cost reimbursement principles contained in the FAR, the CAS, and the Medicare contracts. The cognizant Contracting Officer

² Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, P.L. No. 108-173, required CMS to transfer the functions of fiscal intermediaries and carriers to MACs between October 2005 and October 2011. Most, but not all, of the MACs are fully operational; for jurisdictions where the MACs are not fully operational, the fiscal intermediaries and carriers continue to process claims. For purposes of this report, the term "Medicare contractor" means the fiscal intermediary, carrier, or MAC, whichever is applicable.

³ Medicare Parts A and B Jurisdiction 5 consists of the States of Iowa, Kansas, Missouri, and Nebraska.

⁴ Medicare Parts A and B Jurisdiction 8 consists of the States of Indiana and Michigan.

⁵ A cost-plus-award-fee contract is a cost reimbursement contract that provides a fee consisting of (a) a base amount fixed at inception of the contract and (b) an award amount, based on a judgmental evaluation by the Federal Government.

⁶ At the end of each CY, each MAC submits to CMS an ICP that reports the Medicare direct and indirect costs that the contractor incurred during that year. The ICP and supporting data provide the basis for the CMS Contracting Office and the Medicare contractor to determine the final billing rates for allowable Medicare costs.

will perform a final settlement with the contractor to determine the final indirect cost rates. These rates ultimately determine the final costs of each contract.⁷

Previous Audit of Allocable Pension Costs

We previously reviewed WPS's allocable pension costs (A-07-17-00520, Jan. 5, 2018). This report identified the allocable pension costs that WPS should have used when calculating its indirect cost rates for CYs 2008 through 2013. We recommended that WPS:

- increase the Medicare segment pension costs used to calculate its indirect cost rates by \$1,538,916 for CYs 2008 through 2013, and
- increase the Other segment pension costs used to calculate its indirect cost rates by \$7,155,498 for CYs 2008 through 2013.

Incurred Cost Proposal Audit

At CMS's request, the Defense Contracting Audit Agency (DCAA) and Figliozi & Company CPAs P.C. (Figliozi) performed audits of the ICPs that WPS submitted for CYs 2008 through 2013. The objectives of the DCAA and Figliozi reviews were to determine whether the costs were allowable in accordance with the FAR and the U.S. Department of Health and Human Services Acquisition Regulation. We incorporated the results of these audits into the computation of the indirect cost rates, and ultimately the pension costs claimed, for the MAC contracts.

HOW WE CONDUCTED THIS REVIEW

We reviewed \$4,887,833 of pension costs that WPS reported on its ICPs for CYs 2008 through 2013.

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 finding and conclusions based on our audit objective.

Appendix A contains details of our audit scope and methodology.

⁷ In accordance with FAR 42.705-1(5)(ii) and FAR 42.705-1(5)(iii)(B), the cognizant Contracting Officer shall "[p]repare a written indirect cost rate agreement conforming to the requirements of the contracts" and perform a "[r]econciliation of all costs questioned, with identification of items and amounts allowed or disallowed in the final settlement," respectively.

FINDING

WPS claimed Medicare pension costs of \$4,887,833 for Medicare reimbursement, through its ICPs, for CYs 2008 through 2013; however, we determined that the allowable CAS-based pension costs during this period were \$6,352,890. The difference, \$1,465,057, represented allowable Medicare pension costs that WPS did not claim on its ICPs for CYs 2008 through 2013. WPS did not claim these allowable Medicare pension costs primarily because it based its claim for Medicare reimbursement on incorrectly computed assignable pension costs.

CLAIMED MEDICARE PENSION COSTS

WPS claimed pension costs of \$4,887,833 for CYs 2008 through 2013. We calculated the allowable Medicare pension costs based on separately computed CAS-based pension costs for the Medicare segment in accordance with CAS 412 and 413.

ALLOWABLE MEDICARE PENSION COSTS NOT CLAIMED

After incorporating the results of the DCAA and Figliozi ICP audits, we determined that the allowable CAS-based pension costs for CYs 2008 through 2013 were \$6,352,890. Thus, WPS did not claim \$1,465,057 of allowable Medicare pension costs on its ICPs for CYs 2008 through 2013. This underclaim occurred because WPS based its allowable pension costs on incorrectly computed assignable pension costs.

During our prior audit (A-07-17-00520), we determined the allocable pension costs for the Medicare segment and the Other segment. We used the allocable pension costs to determine the allowable pension costs for Medicare reimbursement. Table 1 below and Table 2 on the following page show the allocable CAS-based pension costs that we determined for the Medicare segment and the Other segment, respectively, for CYs 2008 through 2013.

Table 1: Comparison of Pension Costs for the Medicare Segment

Calendar Year	Allocable Per Audit	Per WPS	Difference
2008	\$3,195,737	\$2,984,942	\$210,795
2009	2,592,492	2,693,346	(100,854)
2010	1,672,188	1,734,847	(62,659)
2011	1,857,405	1,856,252	1,153
2012	3,294,696	3,206,973	87,723
2013	1,402,758	0	1,402,758
Total	\$14,015,276	\$12,476,360	\$1,538,916

Table 2: Comparison of Pension Costs for the Other Segment

Calendar Year	Allocable Per Audit	Per WPS	Difference
2008	\$12,417,208	\$12,800,030	(\$382,822)
2009	8,797,288	9,169,900	(372,612)
2010	4,784,089	5,315,273	(531,184)
2011	6,115,018	6,090,275	24,743
2012	12,668,317	12,739,852	(71,535)
2013	8,488,908	0	8,488,908
Total	\$53,270,828	\$46,115,330	\$7,155,498

We then used this information to adjust the indirect cost rates (i.e., general and administrative rates) and, in turn, to calculate the information presented in Table 3 below. Our calculation will not be presented in this report because those rate calculations that WPS used in its ICPs, and to which we referred as part of our review, are proprietary information.

Accordingly, Table 3 below compares the Medicare segment pension costs that we calculated (using our adjusted indirect cost rates) to the pension costs that WPS claimed for Medicare reimbursement for CYs 2008 through 2013.

Table 3: Medicare Pension Costs⁸

Calendar Year	Per Audit	Per WPS	Difference
2008	\$908,211	\$908,211	\$0
2009	969,479	1,009,595	(40,116)
2010	607,894	642,904	(35,010)
2011	529,657	529,657	0
2012	1,827,340	1,797,466	29,874
2013	1,510,309	0	1,510,309
Total Underclaim of Pension Costs	\$6,352,890	\$4,887,833	\$1,465,057

RECOMMENDATION

We recommend that WPS work with CMS to ensure that WPS's final settlement of contract costs reflects an increase in Medicare pension costs of \$1,465,057 for CYs 2008 through 2013.

⁸ Our calculations incorporated the rate ceiling associated with the Medicare Parts A and B contracts. We applied the indirect cost rates associated with these contracts when computing the allowable pension costs for the Medicare Parts A and B contracts. The amounts identified in this table represent the allowable Medicare pension costs during our audit period and do not represent the total allowable costs on the ICPs.

AUDITEE COMMENTS

In written comments on our draft report, WPS disagreed with our finding and recommendation.

In that context, WPS cited its comments on our prior, related report on WPS's allocable pension costs (A-07-17-00520, discussed earlier) in which WPS disagreed with our findings regarding the understatement of allocable Medicare segment pension costs. Specifically, WPS said that it believes that the CY 2013 CAS costs for the pension plan should be \$0, "consistent with informal guidance provided by CMS, and with WPS's curtailment of benefits under the plan, which ended the Government's participation in the plan effective December 31, 2013."⁹ WPS also stated that neither CMS nor we had provided any authority from the CAS Board's regulations indicating that a pension plan change should be amortized over a period that extends beyond the Government's participation in the plan (that is, a period beyond December 31, 2013).

WPS further stated that our audit of costs for CYs 2008 through 2013 (i.e., our prior, related report) was inconsistent with that informal guidance and resulted in additional (CY 2013) allocable pension costs of \$1,538,916 for the Medicare segment and \$7,155,498 for the Other segment. WPS added that of these additional allocable costs, \$1,465,057 constituted allowable Medicare pension costs that WPS did not claim on its ICPs for that year.

WPS's comments appear in their entirety as Appendix C.

OFFICE OF INSPECTOR GENERAL RESPONSE

After reviewing WPS's comments, we maintain that our finding and recommendation remain valid.

With respect to WPS's comments on the CY 2013 CAS pension costs, WPS's assertion that those costs should be \$0 is directly related to its previous assertions about, and our responses to, the amortization of its CY 2012 plan change. As we noted in our responses to WPS's previous assertions in those prior, related reports, WPS cannot amortize the impact of that plan change over a 1-year period as it violates the CAS. The requirement for a 10-year amortization is not explicitly stated in the prior draft reports on which WPS commented; however, this requirement appears in CAS 413.50(a)(2)(ii), which requires that actuarial gains and losses be amortized over a 10-year period in equal annual installments, beginning with the date as of which the actuarial valuation is made. Regardless of whether or not CMS provided any informal guidance to WPS, the CAS is clear that the gains and losses must be amortized over a 10-year period.

⁹ We are reviewing WPS's benefit curtailment in a companion report entitled *Wisconsin Physicians Service Insurance Corporation Understated Medicare's Share of the Medicare Segment Excess Pension Assets* (A-07-17-00529).

Additionally, we disagree with WPS's assumption (implicit in its reference to "the CAS Board's regulations" in the quoted passage just above) that it does not have to continue accounting for the Medicare segment pension assets and costs after the December 31, 2013, benefit curtailment. We have obtained guidance from the CMS Office of the Actuary (with which we routinely consult on CAS requirements pertaining to Medicare segment pension audits) to the effect that a plan curtailment does not constitute the end of the Federal Government's participation in a qualified defined-benefit pension plan. WPS should continue to identify Medicare pension costs as well as the Medicare segment pension assets after December 31, 2013.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed \$4,887,833 of Medicare pension costs that WPS reported on its ICPs for CYs 2008 through 2013.

Achieving our objective did not require that we review WPS's overall internal control structure. We limited our review to the internal controls related to the pension costs that were included in WPS's ICPs and ultimately used as the basis for Medicare reimbursement, to ensure that the pension costs were allocable in accordance with the CAS and allowable in accordance with the FAR.

We performed our fieldwork at WPS in Madison, Wisconsin.

METHODOLOGY

To accomplish our objective, we:

- reviewed the portions of the FAR, CAS, and Medicare contracts applicable to this audit;
- reviewed information provided by WPS to identify the amount of pension costs claimed for Medicare reimbursement for CYs 2008 through 2013;
- reviewed the results of the DCAA and Figliozi ICP audits and incorporated those results into our calculations of allowable pension costs;
- incorporated information from our previous audit report (A-07-17-00520, Jan. 5, 2018); and
- provided the results of our review to WPS officials on November 7, 2017.

We performed this review in conjunction with the following audit and used the information obtained during that audit for this review: *Wisconsin Physicians Service Insurance Corporation Understated Its Allocable Pension Costs (A-07-17-00520)*.

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 finding and conclusions based on our audit objectives.

APPENDIX B: FEDERAL REQUIREMENTS RELATED TO REIMBURSEMENT OF PENSION COSTS

FEDERAL REGULATIONS

Federal regulations (FAR 52.216-7(a)(1)) address the invoicing requirements and the allowability of payments as determined by the Contracting Officer in accordance with FAR subpart 31.2.

Federal regulations (FAR 31.205-6(j)) require Medicare contractors to measure, assign, and allocate the costs of all defined-benefit pension plans in accordance with CAS 412 and 413. This regulation also addresses the allowability of pension costs and require that contractors fund the pension costs assigned to contract periods by making contributions to the pension plan.

Federal regulations (CAS 412) (as amended) address the determination and measurement of pension cost components. This regulation also addresses the assignment of pension costs to appropriate accounting periods.

Federal regulations (CAS 413) (as amended) address the valuation of pension assets, allocation of pension costs to segments of an organization, adjustment of pension costs for actuarial gains and losses, and assignment of gains and losses to cost accounting periods.

CAS 413.50(a)(2)(ii) requires that actuarial gains and losses be amortized over a 10-year period in equal annual installments, beginning with the date as of which the actuarial valuation is made.

MEDICARE CONTRACTS

The Medicare contracts require WPS to submit invoices in accordance with FAR 52.216-7, "Allowable Cost & Payment." (See our citation to FAR 52.216-7(a)(1) in "Federal Regulations" above.)

APPENDIX C: AUDITEE COMMENTS



Wisconsin Physicians Service Insurance Corporation
A CMS Medicare Contractor
1717 W. Broadway | P.O. Box 1787 | Madison, WI 53701-1787

March 16, 2018

Mr. Patrick J. Cogley
Regional Inspector General for Audit Services
HHS, Office of Audit Services Region VII
601 East 12th Street, Room 0429
Kansas City, MO 64106

RE: OIG Draft Reports Number A-07-17-00530

Dear Mr. Cogley:

This letter is in response to Reports Number A-07-17-00530 entitled *Wisconsin Physicians Service Insurance Corporation Understated Medicare Administrative Contract Allowable Pension Costs*. You requested that WPS provide you with a written comment including a statement of concurrence or nonconcurrence with the recommendation.

For the reasons set forth in WPS's response to Report Number A-07-17-00520, WPS disagrees with OIG's finding that WPS understated the allocable Medicare segment pension costs by \$1,538,916 and the allocable Other segment costs by \$7,155,498. WPS believes that the 2013 CAS cost for the pension plan should be \$0, consistent with informal guidance provided by CMS, and with WPS's curtailment of benefits under the plan, which ended the Government's participation in the plan effective December 31, 2013. Neither OIG nor CMS have provided any authority from the CAS Board's regulations indicating that a pension plan change should be amortized over a period that extends beyond the Government's participation in the plan. The OIG audit of cost for 2008 through 2013 is inconsistent with that informal guidance and results in additional allocable cost for the Medicare Segment of \$1,538,916 and the Other segment of \$7,155,498, of which \$1,465,057 is allowable Medicare pension costs that WPS did not claim on its ICPs for that year.

Thank you for the opportunity to comment, please contact me at (402) 995-0361 or e-mail me at Janet.Kyle@wpsic.com if you have any questions.

Sincerely,

Janet L. Kyle
Executive Vice President
GHA Division