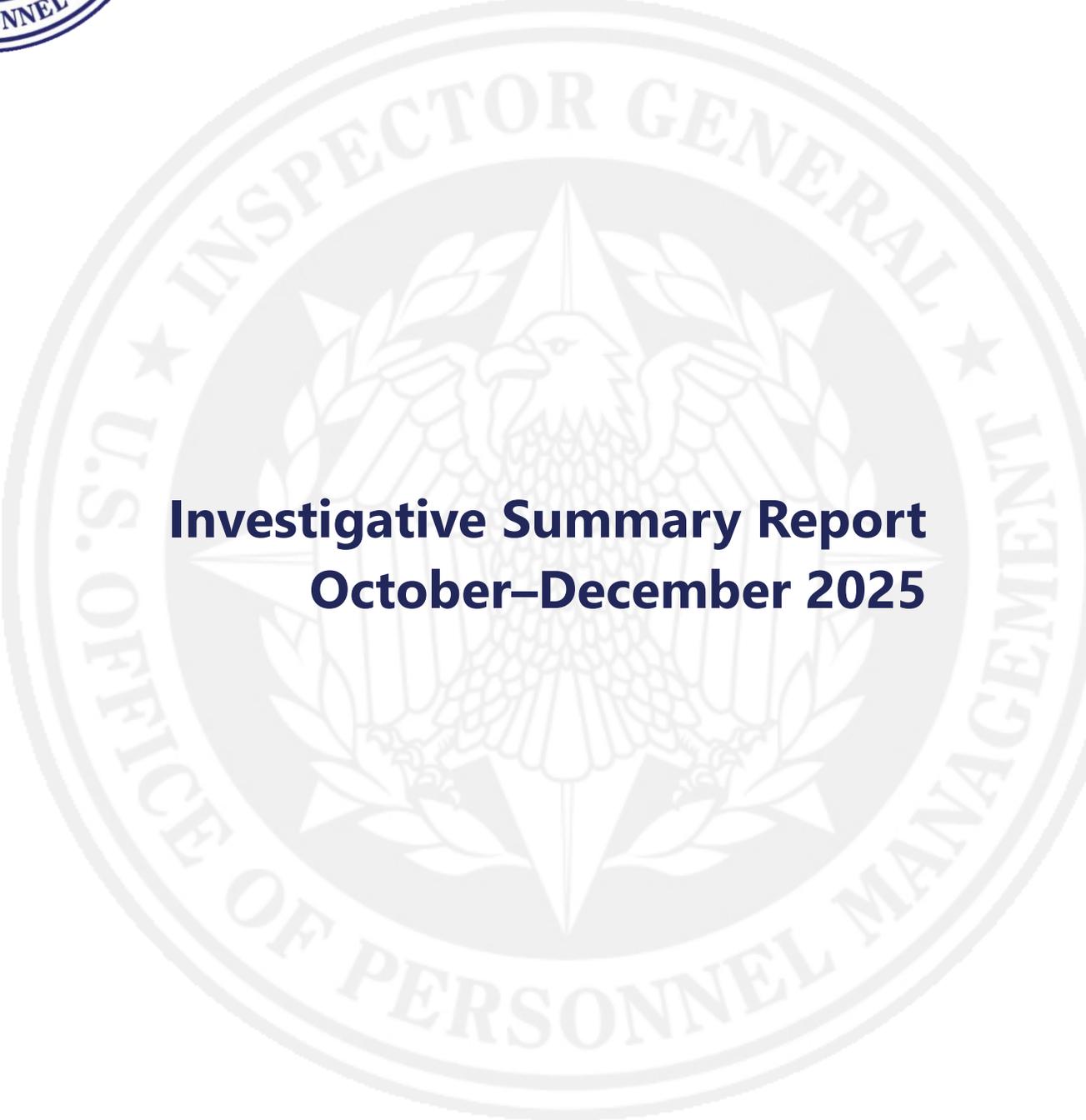




**Office of the Inspector General  
U.S. Office of Personnel Management**



**Investigative Summary Report  
October–December 2025**

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## About Our Investigative Activities

In this report, the U.S. Office of Personnel Management (OPM) Office of the Inspector General (OIG) summarizes recent cases investigated by the OIG Office of Investigations as part of our mission to provide independent and objective oversight of OPM programs and operations.

We investigate allegations of wrongdoing related to OPM employees and contractors and allegations of fraud, waste, abuse, or mismanagement involving or affecting OPM. This includes

- the Federal Employees Health Benefits Program, including the Postal Service Health Benefits Program;
- the Federal Employees Dental and Vision Insurance Program;
- the Federal Employees' Group Life Insurance program;
- OPM-administered retirement programs (the Civil Service Retirement System and the Federal Employees Retirement System);
- the Federal Long Term Care Insurance Program;
- the Combined Federal Campaign.

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**Defendants referenced in these case summaries who have not pleaded guilty or been convicted are presumed innocent unless and until proven guilty beyond a reasonable doubt in a court of law.**

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These investigations are essential to the OIG's oversight of OPM programs and operations and ensuring OPM maintains the trust of the public and the federal employees, annuitants, and eligible dependents whom the agency serves.

The summaries of our select investigations in this report highlight the successes of our criminal investigators and investigative analysts; present challenges and risks to OPM programs and OIG oversight; and describe fraud, waste, abuse, and mismanagement that harm OPM, its programs and operations, and federal employees, retirees, and their eligible dependents.

## Investigative Productivity October–December 2025

**Dollars referred for judicial or administrative action .....\$14,506,151**

This is the amount the U.S. Office of Personnel Management (OPM) Office of the Inspector General (OIG) referred for judicial or administrative action based on the casework of the OIG Office of Investigations during this quarter. Our investigative activities identified that this money is associated with allegations of waste, fraud, or abuse and/or improper payments issued by the agency.

**Restitution orders, settlements, and other recoveries .....\$3,070,855**

This is the amount of court-ordered or otherwise promised monetary recoveries through judicial orders (restitution or settlements) or administrative agreements during this quarter. This money may be returned in this quarter or future quarters based on settlement structures, payment plans, or other factors.

**Actual dollars returned to the OPM trust funds .....\$2,949,617**

This is the amount of money OPM reported to the OIG as received and returned to the retirement or Federal Employees Health Benefits Program (FEHBP) trust funds during the quarter for actions associated with OIG investigative activities (e.g., settlements, restitution payments, or administrative payments). The payment may be based on case outcomes from earlier quarters.

**FEHBP carrier notifications received ..... 440**

The most common categories of allegations we received in these notifications were services not rendered, miscoding or upcoding, false claims, and medically unnecessary claims.

**Fraud referrals received from OPM Retirement Services..... 1**

**OIG Hotline contacts received during the quarter..... 627**

The OIG Hotline is a statutorily mandated component of the OIG that receives allegations of fraud, waste, or abuse and whistleblower complaints.

The OIG Hotline receives a number of customer service complaints related to OPM programs and operations, such as when callers cannot reach agency customer service representatives. This quarter, we received

- FEHBP customer service complaints ..... 14
- Retirement Services customer service complaints ..... 45

We track retirement-related hotline contacts we referred to OPM that are awaiting response from the program office.<sup>1</sup>

- Total number of open OPM OIG referrals provided to Retirement Services<sup>2</sup> ..... 140
- Referred cases older than 90 days ..... 76

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<sup>1</sup> The last updated report of outstanding hotline referrals before the close of the quarter was provided to the Retirement Services program office with data from December 17, 2025.

<sup>2</sup> This includes referrals provided to the Retirement Services program office in previous quarters.

# Health Care Investigations

## About Our Health Care Investigations

The FEHBP pays tens of millions of dollars annually in improper payments caused in part by fraud, waste, and abuse. Common health care fraud allegations that the OIG investigates include medical providers overbilling, billing for services not covered or performed, falsifying diagnoses, and performing unnecessary tests or procedures. Ineligible members who receive health benefits also cause improper payments.

The OIG prioritizes investigating allegations of patient harm, frauds that cause substantial monetary loss to OPM health care programs, schemes that exploit program vulnerabilities, and cases that involve health care priorities such as the opioid epidemic.

In cases where fraud, waste, or abuse affects programs or entities beyond OPM, we work closely with our law enforcement partners at the U.S. Department of Justice, the U.S. Department of Health and Human Services OIG, and other federal and state law enforcement agencies. An indictment is merely an allegation.

## Health Care Investigation Cases

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In March 2023, we opened an investigation into a medical center group based on public information that alleged that insured patients were charged more for COVID testing than uninsured patients. FEHBP health insurers paid \$261,428 related to this scheme. On October 28, 2025, the medical center group agreed to a \$429,231 settlement in the U.S. District Court for the Western District of Texas. The FEHBP will receive \$229,957 from the settlement.

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In December 2022, we received a referral from a law enforcement partner alleging that a medical provider and her husband, who was also the medical practice's office manager, submitted false and fraudulent claims. Among the allegations, the medical provider allegedly provided adulterated medications, billed for services never provided, and provided medically unnecessary services. FEHBP health insurance carriers paid \$981,420 for claims related to the allegations. The conduct of the medical provider also risked harming patients. On November 18, 2025, the medical provider and the office manager pleaded guilty to one count of health care fraud and one count of tax evasion. They will pay restitution totaling more than \$18 million,

including \$89,571 in restitution to the FEHBP. We referred this provider to the Administrative Sanctions Group for debarment.

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In May 2024, we received a carrier notification from an FEHBP health insurance carrier alleging that a federal employee submitted claims for overseas medical care that might have been falsified, including sending manipulated or forged records. This individual submitted approximately 68 false claims for \$358,634. This individual was terminated from the U.S. Probation Office in August 2024. On October 30, 2025, this individual pleaded guilty in the U.S. District Court for the Southern District of California to one count of health care fraud. Further action related to sentencing is anticipated in this case.

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We received a case notification from an FEHBP health insurance carrier after a member notified the carrier that the member did not order or receive medical supplies billed by a durable medical equipment company. An additional dozen members also reported similar fraud. This transnational fraud scheme involved billing for services not rendered. FEHBP health insurance carriers paid \$21.8 million related to this scheme. One individual was arrested based on an indictment for one count of conspiracy to commit wire fraud. In January 2025, this individual pleaded guilty in the U.S. District Court to the Eastern District of Kentucky and on November 18, 2025, was sentenced to 28 months of imprisonment and 3 years of supervised release. The court also ordered the individual to pay restitution of \$6 million dollars. We expect further judicial action in this case.

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In September 2020, we received a carrier notification from an FEHBP health insurance carrier alleging that a member submitted fictitious claims for his dependent children to receive reimbursement from his FEHBP plan. Our investigation also found that another individual, the husband of a federal employee, was a coconspirator in the alleged scheme. Together, these individuals defrauded FEHBP health insurance carriers of \$379,000. We previously reported that both individuals pleaded guilty in the U.S. District Court for the Southern District of New York to health care fraud and that one of the individuals was previously sentenced. On November 18, 2025, the second individual was sentenced to time served and 1 year of supervised release. The court ordered him to pay \$47,628 in restitution.

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In November 2020, we received a referral from a federal law enforcement partner alleging that an applied behavioral analysis center fraudulently billed as if a board-certified analyst provided services. FEHBP health insurance carriers paid \$66,851 associated with this scheme. We previously reported that one individual was indicted and pleaded guilty in the U.S. District Court for the District of Alaska on one count of health care fraud and one count of false statements on a loan application. On December 1, 2025, this individual was sentenced to 36 months of probation and ordered by the court to pay \$1.2 million in restitution. The FEHBP will receive \$66,851. We referred this individual to the OPM OIG Administrative Sanctions Group for debarment.

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In September 2018, we received a qui tam from the U.S. Department of Justice alleging that a major national pharmacy chain violated the False Claims Act by submitting false claims for insulin pens, refilling insulin prescriptions much earlier than members needed the refills, and not complying with applicable rules when refilling insulin prescriptions. FEHBP health insurance carriers had paid \$1.7 billion related to insulin prescriptions during the period of the alleged fraud. While not all of these claims were fraudulent, a portion of these insulin prescriptions were based on these fraudulent practices. On December 1, 2025, the national pharmacy chain entered into a civil settlement where they agreed to pay \$37.7 million. The FEHBP will receive \$1,926,032 from this settlement.

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In December 2023, we received a carrier notification alleging that a medical group billed for COVID-19 tests that were never given. FEHBP health insurance carriers paid this medical group \$522,494 for these tests. We previously reported the indictment of two individuals in this case. On December 4, 2025, these individuals were charged by a superseding indictment with six counts of health care fraud and one count of money laundering. One of the individuals was charged with an additional, second count of money laundering. We referred these providers to the OPM OIG Administrative Sanctions Group for suspension. Further action is expected in this case.

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In March 2019, we received a referral from a law enforcement partner regarding a group of substance abuse recovery centers where a variety of illegal activities were allegedly taking place, including sexual relationships between managers and patients and other incidents of patient harm. This case was related to an earlier investigation of another substance abuse recovery center. Our investigation found that between 2017 and 2019, the FEHBP paid \$4.1 million for members to receive treatment at these facilities. On December 8, 2025, the recovery center group agreed to a civil settlement with the U.S. government. As part of the settlement, the group agreed to pay \$1 million to resolve allegations of noncompliance with the Controlled Substances Act and \$1 million to resolve allegations it violated the False Claims Act. The FEHBP will receive \$385,000 from the portion of the settlement resolving the alleged False Claims Act violations.

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In March 2015, we received a carrier notification about a medical provider who allegedly billed for services not rendered and engaged in drug diversion as part of a potential pill mill. Initial information from FEHBP data found minimal loss, so we paused our investigation pending further activity from our law enforcement partners. On December 15, 2025, the Assistant U.S. Attorney for the Western District of Texas reached a civil settlement with the provider, and the FEHBP was able to recover \$17,521 from the \$13.6 million settlement.

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# Retirement Investigations

## About Our Retirement Investigations

OPM reported \$360 million in improper payments (including both overpayments and underpayments) under the Retirement Services program in fiscal year 2024. The program's improper payment rate was 0.33 percent. Some of these improper payments are from fraud, waste, or abuse in the OPM-administered Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS).

The most common causes of improper payments are related to annuitant deaths that are unreported or unknown to OPM. These unreported deaths may allow payments to continue because of program vulnerabilities or intentional fraud on the part of bad actors. Sometimes, CSRS or FERS improper annuity payments continue for years and amount to tens of thousands of dollars before discovery.

The OIG commonly investigates fraud committed with forged documents (such as OPM's Address Verification Letters to annuitants), identity theft, or through other harmful schemes. We also investigate allegations of financial elder abuse to OPM annuitants that may relate to OPM programs and mismanagement of funds by representative payees who violate their duty to act on behalf of an OPM annuitant or survivor annuitant.

As part of our investigative work, our investigative analysts perform proactive searches of death records and other data analysis to find annuitants and survivor annuitants who died but to whom OPM continues to send annuity payments. These proactive investigations are a vital process for finding and stopping improper payments. In some cases, our proactive analysis generates leads for criminal investigations. Information our investigative analysts and special agents refer to OPM can also help the agency recover improper payments through administrative actions such as payment agreements or the U.S. Department of the Treasury reclamation process.

## Retirement Investigation Cases

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We received information from a law enforcement partner about a deceased annuitant whose November 2012 death was not reported to OPM. Annuity payments continued until February 2024, by which time OPM had paid \$101,328 in fraudulent payments. Our investigation found that the annuitant's son had stolen the annuity. We previously reported that he pleaded guilty in the U.S. District Court for the Middle District of Georgia to one count of theft of government property. On October 20, 2025, he was

sentenced to 18 months of imprisonment and 3 years of supervised release. The court also ordered him to pay \$335,618 in restitution, which includes restitution of the \$101,328 stolen from OPM.

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## Integrity Investigations

### About Our Integrity Investigations

The OIG investigates allegations of fraud, waste, abuse, or mismanagement involving OPM employees and contractors. Integrity investigations may involve whistleblowers or allegations of retaliation.

Integrity investigations are essential to maintaining public confidence in OPM, which includes the trust of the current and retired civil servants and eligible family members who rely on OPM programs to operate efficiently and effectively.

Our efforts in these investigations are an important part of the OIG's mission to provide independent and objective oversight of OPM programs and operations.

### Integrity Investigation Cases

We have taken no reportable actions in integrity-related investigations during this quarter.

## About OPM Programs

<b>Federal Employees Health Benefits Program (FEHBP)</b>	The FEHBP is the largest employer-sponsored health insurance program in the world, covering more than 8 million federal employees, annuitants, and eligible family members. The FEHBP provides quality, affordable, and comprehensive health benefits with national and local plan choices. It is a vital part of the federal government's benefits package.
<b>Postal Service Health Benefits Program (PSHBP)</b>	The PSHBP is a separate health benefits program under the FEHBP that covers U.S. Postal Service employees, annuitants, and their eligible family members. The PSHBP's first plan year began January 1, 2025.
<b>Federal Employees Dental and Vision Insurance Program (FEDVIP)</b>	FEDVIP makes supplemental dental and vision insurance available to federal employees and retirees and their eligible family members as well as certain TRICARE (a health care program of the U.S. Department of Defense Military Health System) members.
<b>Federal Flexible Spending Account Program (FSAFEDS)</b>	FSAFEDS allows eligible federal employees to save money for health care expenses with a Health Care or Limited Expense Health Care FSA. Money in an FSA is deducted automatically from an employee's paycheck before taxes are taken out. These pre-tax dollars can be used to pay for eligible health care or dependent care expenses.
<b>OPM Retirement Programs</b>	OPM Retirement Programs, including the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS), pay monthly annuities to retired civil servants and the eligible survivors of deceased OPM annuitants. OPM administers the federal retirement programs, serving more than 2.7 million annuitants and eligible family members.
<b>Federal Employees' Group Life Insurance program (FEGLI)</b>	FEGLI is the largest group life insurance program in the world, covering enrolled federal employees, retirees, and their eligible family members. It provides standard group term life insurance and elective coverage options. FEGLI disburses millions of dollars in benefits annually.

**Federal Long Term Care Insurance Program (FLTCIP)**

FLTCIP provides supplemental long term care insurance to help pay for costs of care when enrollees need help with daily activities or have severe cognitive impairment. The program is currently suspended for new applications until December 2026.

**Combined Federal Campaign (CFC)**

The CFC offers the federal community an opportunity to donate to thousands of eligible charities. As the largest and most successful annual workplace charity campaign in the world, the CFC raises millions of dollars each year through pledges made by civilian, postal, and military employees and retirees.



## Report Fraud, Waste, and Mismanagement

Fraud, waste, and mismanagement within the government are issues of concern for all stakeholders, including the Office of the Inspector General staff, agency employees, and the general public. We actively seek reports regarding any instances of inefficiency, wasteful practices, fraud, and mismanagement related to OPM programs and operations. Allegations can be reported to us via multiple channels:

**By Internet:** <https://oig.opm.gov/>

**By Phone:** 877-499-7295

**By Mail:** Office of the Inspector General  
U.S. Office of Personnel Management  
1900 E Street NW  
Room 6400  
Washington, DC 20415-1100