



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



**Investigative Summary Report  
January–March 2026**

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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; and
- 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.

These cases 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 January–March 2026

**Dollars referred for judicial or administrative action .....\$3,139,234**

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 .....\$1,297,619**

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 .....\$1,807,054**

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 ..... 526**

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..... 11**

**OIG Hotline contacts received during the quarter..... 1,558**

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 ..... 13
- Retirement Services customer service complaints ..... 775

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> ..... 167
- Referred cases older than 90 days ..... 77

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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 March 24, 2026.

<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 July 2025, we received a referral alleging that a medical provider falsely billed injections and billed for injecting patients with ozone, which is not an approved procedure. On February 3, 2026, the provider pleaded guilty to felony use of a misbranded drug. Further judicial action related to sentencing is expected in this case.

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In May 2024, we received information from an FEHBP carrier alleging that a member submitted overseas claims for reimbursement that she knew were false. The allegations included fabricating records and documents. The approximately 68 false claims submitted to the FEHBP carrier paid the member \$358,634. We previously reported that the member pleaded guilty in the U.S. District Court for the Southern District of California to one count of health care fraud. On February 6, 2026, she was sentenced to 8 months of incarceration and 3 years of supervised release. The court also ordered her to pay \$369,287 in restitution, of which \$358,634 will be paid to the FEHBP.

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In March 2020, we received a referral from a law enforcement partner alleging that providers falsified claims related to hearing aids or filed claims

that were for medically unnecessary hearing devices. Our investigative analysis found approximately \$850,000 in payments that fit the nature of the allegations. On February 10, 2026, two individuals were indicted in the U.S. District Court for the District of Arizona on conspiracy to commit health care fraud and three counts of health care fraud. These individuals pleaded not guilty. We referred these individuals for suspension from the FEHBP. Further judicial action is expected in this case.

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In February 2020, we received a qui tam alleging that two providers at a medical center made false claims to the government for reimbursement. One of the providers also allegedly performed unnecessary services. The medical center agreed in 2021 to a \$22 million settlement with the government to resolve the claims. The FEHBP received \$865,284 from that settlement. A second civil lawsuit related to these allegations was filed in January 2024 against another clinic. That lawsuit was resolved on February 4, 2026. The amount returned to OPM from that \$3.7 million settlement is yet to be determined.

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In June 2025, we received a qui tam filed in the U.S. District Court for the Eastern District of Wisconsin alleging that a medical company submitted false claims for certain devices not covered by federal health care programs by billing the devices under different device codes. FEHBP carriers paid \$3.3 million to this medical company. On March 2, 2026, the medical company agreed to a settlement with the government to resolve the allegations. The medical company paid \$6.9 million, including \$3.5 million in restitution. From that restitution amount, plus investigative costs, the FEHBP will receive \$372,547.

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In July 2024, we received a qui tam filed in the U.S. District Court for the Eastern District of Michigan that alleged multiple sleep centers billed for services not rendered or rendered by uncredentialed staff, billed for unreasonable or unnecessary services, and provided self-referrals for durable medical equipment in violation of the Physician Self-Referral Law, also known as the Stark Law (42 U.S.C. § 1395nn). FEHBP carriers paid a total of \$216,317 to the sleep centers. On January 12, 2025, the sleep center providers settled with the government to resolve these allegations, and others. From the total settlement of \$681,762, the FEHBP will receive \$29,335 because federal health care programs were paid double damages

and FEHBP carriers had paid \$14,667 for the alleged fraudulent conduct covered by the settlement.

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In July 2024, we received a case notification from an FEHBP carrier regarding medically unnecessary amniotic membrane grafts billed and/or performed by a provider. FEHBP carriers paid \$338,155 for these grafts. A criminal information filed in the U.S. District Court for the Middle District of Tennessee charged one individual with submitting false claims. This individual pleaded guilty and will pay restitution to the affected federal health care programs, including the FEHBP. The actual amount of restitution has not been decided yet, and future activity related to sentencing is expected in this case.

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In June 2024, we received a carrier notification alleging that a durable medical equipment company unbundled as well as auto-billed and auto-shipped excessive or unnecessary medical supplies. The FEHBP paid \$6.52 million related to the durable medical equipment sold by the company. The company terminated its senior leadership and entered bankruptcy proceedings in December 2025. Two members of the company's previous senior leadership were indicted in the U.S. District Court for the District of Rhode Island on 15 criminal counts, including conspiracy to commit health care fraud, health care fraud, mail fraud, aiding and abetting, and aggravated identity theft. On February 17, 2026, the company agreed to a non-prosecution agreement wherein the company will pay between \$5 million and \$12.5 million as a criminal penalty, based on a future Earnings Before Interest, Taxes, Depreciation, and Amortization value. Further action related to the criminal cases is expected.

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In November 2023, we received a qui tam filed in the U.S. District Court for the Eastern District of Michigan regarding a physical therapy practice that allegedly submitted false claims by misreporting visit lengths, miscoding group therapy sessions, and billing as if a physical therapist performed services that were actually performed by assistants. Between January 2018 and September 2023, FEHBP carriers paid \$6.5 million to this practice. On March 27, 2026, the physical therapy practice and the government agreed to a \$3.7 million settlement to resolve the allegations. The FEHBP will receive \$72,978 from the settlement.

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We previously reported a case involving a rheumatologist who billed for medications never provided to patients, billed for providing medications that were actually obtained as free samples from pharmaceutical companies, and provided adulterated medications by giving patients excess medications from other patients. FEHBP carriers paid \$981,420 related to this scheme. We also determined that the rheumatologist's actions risked potentially harming patients. The rheumatologist and her husband, who worked as her office manager, each pleaded guilty in the U.S. District Court for the District of Alaska to one count of health care fraud and one count of tax evasion. On March 17, 2026, these individuals were sentenced by the court. The husband was sentenced to 3 years of probation. The rheumatologist was sentenced to 6.5 years of imprisonment. The court also ordered restitution of \$16.7 million, of which \$923,674 will return to the FEHBP. We referred the rheumatologist to the Administrative Sanctions Group for debarment and closed our investigation.

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We received information from FedPoint, which administers the Federal Long Term Care Insurance Program, about suspicious home care invoices submitted for reimbursement. Specifically, one individual billed for care every day of the week during business hours beginning on her eligibility date, effectively maximizing her potential reimbursement. The individual was potentially still working as a federal employee with the U.S. Army Corp of Engineers while submitting these claims. Her husband also began submitting suspicious claims and identified the same caregiver as his wife. He was previously implicated in an unrelated fraud, having pleaded guilty to conspiracy to commit racketeering for his actions in a notorious academic fraud scheme. The program paid \$381,930 in claims to these two individuals. They were charged in the U.S. District Court for the Southern District of California with wire fraud and pleaded guilty on March 24, 2026. Further judicial action related to sentencing is anticipated in this case.

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## **The FEHBP's Exclusion from the Anti-Kickback Statute: A Barrier to Recovering FEHBP Improper Payments**

The Anti-Kickback Statute (42 U.S.C. §§ 1320a–7b) makes it illegal for health care providers to knowingly and willfully accept bribes or other forms of remuneration in return for activities such as patient referrals. If health care providers get kickbacks for making referrals or providing treatments that are not medically necessary, patients can suffer harm. Kickbacks can also increase FEHBP costs.

However, because the FEHBP is excluded from pursuing cases under the Anti-Kickback Statute, improperly paid FEHBP dollars often remain unrecovered. This limitation can interfere with our ability to fully protect the FEHBP and its members from improper conduct that would constitute a federal crime when committed against any other federally funded health care program, as in the investigation below.

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In March 2025, we received a qui tam alleging that a medical company paid kickbacks to physicians to encourage use of its specific brand of implantable devices. Our investigative analysis found that FEHBP carriers paid \$161.5 million for the devices. The U.S. Department of Justice informed us that the case would be pursued primarily under the Anti-Kickback Statute. Because the FEHBP is excluded from that statute, we closed our investigation. We may reopen our investigation if other allegations, such as violations of the False Claims Act, are pursued.

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# Retirement Investigations

## About Our Retirement Investigations

OPM reported \$265 million in improper overpayments payments under the Retirement Services program in fiscal year 2025.<sup>3</sup> 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 by 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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In July 2023, we received a request for assistance in the investigation of a deceased individual who received a CSRS survivor annuity, among other federal annuities. The survivor annuitant died in January 1998, but payments continued until July 2023 and totaled \$702,336 after their death. Our investigation identified an individual who collected the improper payments. We previously reported that the individual was charged in the U.S. District

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<sup>3</sup> [According to the information provided through PaymentAccuracy.gov.](#)

Court for the District of New Jersey with one count of wire fraud. On February 2, 2026, the individual pleaded guilty. Further judicial action related to sentencing is expected in this case.

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## **Customer Service Complaints to the OIG Hotline**

The OIG Hotline receives hundreds of hotline contacts from OPM annuitants, survivor annuitants, and their family members. Many of these are customer service complaints related to OPM beneficiaries being unable to reach the Retirement Services program office. Our office cannot resolve customer service issues or engage in program administration to resolve the complaints. We spend investigative resources triaging these hotline complaints and referring them to the Retirement Services program office. The following summaries are samples of the customer-service-related complaints we received through the OIG Hotline this quarter.

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We received a hotline contact in January 2026 from an individual attempting to report their mother's November 2025 death to OPM so that OPM would cease making annuity payments. The complainant does not have internet access to complete the death reporting process online. However, each time they called, they were met with automated messages about heavy call volume. We provided the information we received to the Retirement Services program office for action.

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We received a hotline contact in March 2026 from a 95-year-old individual who unexpectedly received checks from OPM. The individual thought the checks could be a survivor annuity owed to him after his wife's passing, but he could not get in contact with Retirement Services through their customer service telephone number to confirm the reason for the payments. We provided the information we received to the Retirement Services program office for action.

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The brother of a deceased annuitant contacted the hotline after receiving correspondence from OPM instructing him to report the death of the annuitant. The brother did not know the decedent was an OPM annuitant. Over 4 days, he tried to contact the Retirement Services program office to stop the annuity payments but was unable to reach a representative. We provided the information we received to the Retirement Services program office for action.

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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. These 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 millions of 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 paid billions of dollars in defined benefits to retirees, survivors, representative payees, and eligible family members during the previous fiscal year.
<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