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

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**Investigative Activity Summary**

**Quarterly Summary of Investigative Activities**

**April 1, 2022, to June 30, 2022**

**– Caution –**

**This report has been distributed to Federal officials who are responsible for the administration of the subject program. This non-public version may contain confidential and/or proprietary information, and should not be further released unless authorized by the OIG.**

# Executive Summary

## Summary of Investigative Activities

In this report, the U.S. Office of Personnel Management (OPM) Office of the Inspector General (OIG) summarizes recent noteworthy cases investigated by the OPM OIG Office of Investigations. These cases are our efforts to curtail improper payments, stop patient harm, protect OPM programs, and provide independent and objective oversight of OPM programs and operations. We selected these cases to highlight the successes of our criminal investigators and investigative analysts, to present challenges and risks to OPM programs and OIG oversight, and to describe the fraud, abuse, waste, and mismanagement that harms OPM, its programs and operations, and Federal employees, retirees, and their dependents.

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*Assistant Inspector General  
for Investigations*

## About the Investigations the OPM OIG Conducts

The OPM OIG Office of Investigations investigates allegations of fraud, waste, abuse, or mismanagement involving or affecting OPM programs and operations. These include:

- Federal Employees Health Benefits Program (FEHBP)
- OPM Retirement Programs, including the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS)
- Federal Employee Dental and Vision Insurance Program (FEDVIP)
- Federal Employees' Group Life Insurance program (FEGLI)
- Federal Executive Institute (FEI)
- Combined Federal Campaign (CFC)
- Other OPM programs and operations.

We also investigate allegations of wrongdoing by or related to OPM employees and contractors. These integrity investigations are essential to the efficiency and effectiveness of OPM programs and operations and ensuring the agency maintains the trust of the public and Federal employees, annuitants, and eligible family members that it serves.

# Abbreviations

<b>OPM</b>	<b>U.S. Office of Personnel Management</b>
<b>OIG</b>	<b>Office of the Inspector General</b>
<b>CFC</b>	<b>Combined Federal Campaign</b>
<b>CSRS</b>	<b>Civil Service Retirement System</b>
<b>FEDVIP</b>	<b>Federal Employee Dental and Vision Insurance Program</b>
<b>FEGLI</b>	<b>Federal Employees' Group Life Insurance</b>
<b>FEHBP</b>	<b>Federal Employees Health Benefits Program</b>
<b>FEI</b>	<b>Federal Executive Institute</b>
<b>FERS</b>	<b>Federal Employees Retirement System</b>

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# Health Care Investigations

## OPM OIG Health Care Investigations

According to OPM, the FEHBP across all health insurance carriers paid \$45.6 million in improper payments in fiscal year 2021. These improper payments were driven in part by fraud, waste, and abuse throughout the FEHBP.

The FEHBP faces risks common to the U.S. health care environment and unique challenges as a Government program. Improper payments negatively affect FEHBP premium rates and the program as a whole. Moreover, fraud, waste, or abuse schemes can risk FEHBP beneficiaries' health and wellbeing. The OPM OIG Office of Investigations prioritizes investigations into allegations of patient harm or substantial loss to the FEHBP, as well as cases that involve priorities such as the opioid epidemic or the COVID-19 pandemic.

In cases where fraud, waste, or abuse affects programs or entities beyond the FEHBP, we work closely with our law enforcement partners in the U.S. Department of Justice, the U.S. Department of Health and Human Services OIG, and other Federal and State law enforcement agencies.

## FEHBP Health Care Fraud Case Summaries

- We received a case notification from an FEHBP health insurance carrier about a hearing aid retailer that sought reimbursement by billing with diagnosis codes that reported auditory testing that had not, in fact, taken place. The FEHBP paid \$45.6 million to the retailer. On April 29, 2022, a fully executed settlement between the Government and the hearing aid retailer was reached in the U.S. District Court for the Northern District of Texas. The hearing aid retailer paid \$34.3 million in the settlement, of which the FEHBP received \$30.3 million.
- In August 2021, we received an allegation that a debarred and unlicensed medical provider was working at a medical practice and treating FEHBP beneficiaries and others. This allegation was considered high priority because of the risk of patient harm. The debarred provider had originally been debarred for State and Federal fraud and narcotics convictions in or around 2015. However, since September 2019, the individual had resumed work in another State and purported to be a licensed physician's assistant. Across all providers, including the FEHBP and Medicare, the unlicensed individual had billed \$147,000. The unlicensed provider was indicted in the U.S. District Court for the Northern District of Georgia on charges of health care fraud, aggravated identity theft, and distribution of controlled substances. Judicial proceedings are ongoing.

- In March 2022, we received a case referral from a Federal law enforcement partner regarding allegations of fraud by a medical provider entity using COVID-19 modifiers improperly to maximize reimbursement. Specifically, the provider entity billed all patients (including those receiving drive-up COVID-19 testing) with unwarranted evaluation and management billing codes. The FEHBP paid \$1.4 million to the medical provider entity between January 2020 and January 2022. On April 19, 2022, one individual was indicted in the U.S. District Court for the District of Maryland on three counts of health care fraud. Judicial proceedings are ongoing.
- In January 2015, we received allegations from a Federal law enforcement partner that a medical spa was providing cosmetic services but billing FEHBP health insurance carriers as if the cosmetic services were covered medical procedures. The FEHBP paid \$185,611 related to the fraud. We previously reported several investigative results related to this case, including actions involving an FEHBP health insurance carrier's special investigations unit employee who helped the medical spa avoid the fraud scheme's detection. In June 2019, the owner of the medical spa was indicted in the U.S. District Court in the Central District of California. On February 8, 2022, the owner pled guilty to one count of health care fraud. Further judicial action is expected in this case.
- In March 2016, we received two whistleblower lawsuits, also known as *qui tam* complaints, filed in the U.S. District Court for the Northern District of Illinois alleging that a medical provider entity for home sleep tests performed medically unnecessary testing that involved kickbacks. The FEHBP paid the providers \$1.349 million related to the allegations. The U.S. Attorney's Office for the Northern District of Illinois and the medical provider entity entered into a settlement agreement on June 1, 2022. Per the terms of the settlement, the medical provider entity and its founders agreed to repay \$3.925 million. Of this, the FEHBP received \$368,129. Additionally, OPM was reimbursed \$14,303 in investigative costs.
- In 2016, we received allegations that a rural Florida medical provider was billing an unusually high number of urine drug screenings. Our investigation uncovered a scheme wherein multiple medical entities exploited rural hospital billing and obtained urine samples via kickbacks to increase reimbursement. The FEHBP paid more than \$3.16 million related to this scheme. We previously reported numerous judicial actions related to this case in the U.S. District Court for the Middle District of Florida. On June 27, 2022, after a 24-day trial, a Federal jury convicted two individuals of conspiracy to commit health care and wire fraud, five counts of health care fraud, and conspiracy to commit money laundering of proceeds greater than \$10,000. Further judicial action is expected in this case.
- In September 2016, we received a request for investigative assistance from the U.S. Attorney's Office in the Eastern District of Tennessee regarding a medical provider prescribing expensive compounded medications to numerous patients without speaking

with the patients. Around the same time, we also received a FEHBP health insurance carrier notification about a pharmacy provider connected to the medical provider. An investigation found that the FEHBP paid \$1.526 million between June 2015 and March 2018 because of the fraud scheme. We previously reported judicial actions related to this case including a civil settlement, multiple pleas or convictions, and various restitution orders. In May 2022, multiple individuals were sentenced in the U.S. District Court for the Eastern District of Tennessee. On May 16, one individual was sentenced to 14 years in prison and \$2.5 million in forfeiture; a second individual was sentenced to 33 months in prison. The court also ordered each individual to pay nearly \$25 million in restitution. On May 17, the court sentenced a third individual to 42 months of imprisonment, and it also sentenced a fourth individual to 10 months of imprisonment and assessed a \$10,000 fine. Additionally, corporate entities created by the third person sentenced were ordered to pay nearly \$25 million in restitution. On May 18, a fifth individual was sentenced to 3 years of probation and assessed a \$10,000 fine, and a sixth individual was sentenced to 15 months of imprisonment and assessed a \$25,000 fine. The court also ordered a defunct corporate entity created in furtherance of the scheme to pay \$21 million in restitution. On May 19, a seventh individual was sentenced to 24 months of imprisonment and ordered to pay nearly \$25 million in restitution, and a medical provider entity was sentenced to pay \$4.25 million in restitution. More than \$11 million was forfeited as part of the investigation and sentencings. The FEHBP recovered \$316,767. OPM may recover additional monies from forfeited funds—a petition for remission for the original \$1.526 million was filed previously. Further judicial action is anticipated in this case.

- In June 2016, we received a case referral from an FEHBP health insurance carrier about a medical provider who allegedly billed for services not rendered, used veterinary devices on human patients, billed for services performed by unsupervised or unlicensed individuals, and billed for medically unnecessary procedures. The FEHBP paid the provider \$4,801. We previously reported that the medical provider pled guilty in the U.S. District Court for the Northern District of Illinois to using veterinary devices not approved for human use, which is a misdemeanor. On May 3, 2022, the medical provider was sentenced to 24 months of probation and ordered to pay a \$100,000 fine.

## **FEHBP Health Insurance Carrier Settlements**

We annually receive hundreds of allegations of fraud, waste, and abuse from FEHBP health insurance carriers. We decline to investigate some allegations because of a lack of investigative resources, small FEHBP loss amounts, legal or statutory difficulties, or other concerns. Health insurance carriers may sometimes negotiate settlements with providers to recover FEHBP improper payments in settlements that can simultaneously recover money for an insurer's private lines of business. The FEHBP often recovers only some of its total loss in these settlements.

<b>FEHBP Carrier Notification Date and Allegation</b>	<b>FEHBP Loss</b>	<b>FEHBP Recovery</b>
In May 2021, we received a case referral from an FEHBP health insurance carrier about a medical provider allegedly upcoding billed services by billing them as facility services.	The FEHBP paid \$81,263 to the medical provider.	On April 7, 2022, an FEHBP health insurance carrier and the medical provider entered into a settlement to resolve the allegations. Under the terms of the settlement, the FEHBP will recover \$30,000.

**The Opioid Crisis and the FEHBP**

In October 2017, the opioid crisis was declared a public health emergency and the President directed all Executive agencies to use their available means to combat the consequences of the epidemic. The OPM OIG Office of Investigations continues to prioritize opioid-related investigations while this public health emergency exists and FEHBP members and the program are gravely affected by the crisis. Opioid investigations by our office may involve the manufacturing or marketing of opioids; the prescribing practices of medical providers; or fraud, waste, or abuse by sober homes and substance abuse recovery facilities. Investigating allegations related to opioids and other drugs of abuse is an ongoing focus of our Office of Investigations.

**Opioid-Related Case Summaries**

- In April 2016, we received a referral via a law enforcement strike force alleging that a medical provider was billing every patient for the same compounded drugs prescription and potentially running a pill mill where narcotics were generally prescribed outside ordinary medical practice and for profit. The FEHBP paid at least \$319,000 between January 2015 and October 2019 for claims where an FEHBP-covered individual received a “goodie bag” of medically unnecessary medications, including controlled substances. Each “goodie bag” was estimated to cost an FEHBP insurer \$4,000. We previously reported that the medical provider had pled guilty to more than three-dozen charges in the U.S. District Court for the Eastern District of Pennsylvania. On May 9, 2022, the medical provider was sentenced to 20 years in prison and 5 years of supervised release. They were also ordered by the court to pay a \$40,000 fine and \$3.9 million in restitution, of which the FEHBP will recover \$160,591.

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

The Anti-Kickback Statute (Title 42 U.S. Code Sections 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.



The FEHBP is excluded from pursuing cases under the Anti-Kickback Statute. Kickbacks can increase FEHBP costs. Additionally, if health care providers are tempted to profit off referrals for treatments or procedures that are not medically necessary, patients can suffer harm. This exclusion can interfere with our ability to protect the FEHBP and its members from improper conduct that, when committed against any other Federally funded health care program, constitutes a Federal crime. Improperly paid FEHBP dollars can go unrecovered because of our exclusion.

Typically, our investigations are complicated by this exclusion when:

1. Our investigation finds alleged wrongdoing by a medical provider involves Anti-Kickback Statute violations as well as other wrongdoing.

In these cases, we often continue our investigation. If there is a settlement or restitution, the FEHBP may be unable to recover losses considered Anti-Kickback Statute violations. The FEHBP may recover a smaller part of its improper payments compared to other Federal programs.

2. Our investigation finds alleged wrongdoing by a medical provider involves primarily or exclusively Anti-Kickback Statute violations.

When the Department of Justice prosecutes these cases, other Federal health care programs are identified as victims—but the FEHBP is not, regardless of dollars lost. We typically close these cases after a prosecutorial determination excludes the FEHBP.

The following case was closed this quarter because of the FEHBP's exclusion from the Anti-Kickback Statute:

- In April 2022, we received a complaint filed in the U.S. District Court for the District of Maryland that alleged a medical laboratory company knowingly submitted false claims related to illegal kickbacks. The FEHBP paid \$1.332 million to the medical laboratory between 2018 and 2021. The allegations of the complaint focused on Medicare and Medicaid programs and potential violations of the Anti-Kickback Statute, which the FEHBP is excluded from by statute. Therefore, we closed our case.

# Retirement Investigations

## About OPM OIG Retirement Investigations

OPM reported its retirement programs paid \$319.81 million in improper payments in fiscal year 2021. These improper payments often are from fraud, waste, or abuse in the CSRS or FERS retirement programs.

The most common causes of improper payments are related to verifying annuitant deaths. Annuitant deaths may go unverified because of program vulnerabilities or intentional fraud on the part of bad actors. Sometimes, improper payments continue for years and cost tens of thousands of dollars.

Fraud by forged documents (such as OPM's Address Verification Letters), identity theft, and other schemes are common harms we investigate. We have also investigated allegations of elder abuse and mismanagement of funds by representative payees who violate their duty to act on behalf of the OPM annuitant or survivor annuitant.

As part of our investigative work, our Investigative Support Operations group performs proactive searches of death records and other data analysis to find annuitants and survivor annuitants who have died but are continuing to receive annuity payments from OPM. These proactive investigations are a vital process for locating and stopping improper payments.

In some cases, our proactive analysis generates leads for criminal investigations. Information we refer to OPM can also help the agency stop improper payments and work to recover previously improperly paid monies through administrative actions such as payment agreements or the U.S. Department of the Treasury's reclamation process.

## OPM Retirement Fraud Case Summaries

- In January 2021, we received a fraud referral from the Retirement Services program office about a survivor annuitant allegedly being financially exploited by their former landlord who was converting the annuitant's monthly annuity for their own, improper use. The survivor annuitant had dementia and had moved into a nursing home, but the nursing home had not received payments because of annuity payments diverted by the former landlord. The Retirement Services program office subsequently appointed the nursing home as the survivor annuitant's representative payee. Our investigation found that the former landlord had diverted approximately \$30,060 from the survivor annuitant. On March 30, 2022, the former landlord signed an agreement with the U.S. Attorney's Office in the Western District of Texas acknowledging that the landlord withdrew funds from the retirement annuitant's account improperly and stated that they will repay \$30,060 to the nursing home now serving as the annuitant's representative payee. This payment was confirmed on June 15, 2022. Because the Retirement Services program

office changed the survivor annuitant's representative payee to the current nursing home, there is very low risk for additional theft of the annuity.

- In August 2021, we received a fraud referral from the Retirement Services program office about an annuitant who stated they were permanently disabled but failed to provide documentation or test results to support that determination. OPM paid \$110,798 in disability payments to the annuitant. Our investigation found the annuitant worked and performed duties that the annuitant would not have been able to do if disabled, and that the annuitant worked despite attestations to OPM that they were unemployed. We presented the case to the U.S. Attorney's Office for the District of Oregon, but the loss amount was below their loss threshold for prosecution. We referred the case back to the Retirement Services program office to take available appropriate actions to resolve the issue.
- In September 2018, we received information from a law enforcement partner about a predeceased Federal annuitant's deceased adult child who had received a disability annuity. The adult child died in March 1987, but disability annuity payments from OPM continued until October 2018. In all, OPM made \$142,000 in improper payments. We previously reported that the annuitant's conservator was indicted and pled guilty in the U.S. District Court for the Eastern District of Michigan. On May 12, 2022, the conservator was sentenced to 1 day in prison, credit for time served, and 24 months of supervised release. Additionally, the court ordered the conservator to pay \$142,002 to OPM as restitution.
- In August 2019, we received a request for information from the Bureau of Medi-Cal Fraud and Elder Abuse about a Federal annuitant. The Federal annuitant was hospitalized, and, because of dementia, unable to make decisions for themselves. The Federal annuitant's adult son was allegedly using the Federal annuitant's income, including the OPM annuity, for his own personal expenses. The case was considered a priority because of the allegations of elder abuse of a Federal retiree. Our investigation determined that the retired annuitant's son was homeless and unable to be located when a criminal complaint was filed in December 2020. In March 2021, the son was arrested. However, prosecution was dismissed based on the son's severe cognitive impairments and lack of competency. Our office was able to facilitate the appointment of a health care center as the representative payee for the retired annuitant to ensure no future loss or theft of the annuity benefits. The case otherwise does not involve a direct loss to an OPM retirement program, so we closed our investigation and referred the case to the Bureau of Medi-Cal Fraud and Elder Abuse for any further action.

## **Proactive Retirement Investigations**

Our Office of Investigations' investigative efforts in proactive discovery of improper payments can lead to financial recoveries when OPM recoups lost funds through administrative methods

available to the agency. We develop these cases through data analysis, ongoing investigative and demographic projects, and other methods. In some cases, we find information about annuities owed to annuitants or survivor annuitants and can provide information to OPM so the agency can pay these due annuities to OPM beneficiaries.

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
<p>Our proactive investigative operations located a death record for a survivor annuitant who had died in December 2016. The Retirement Services program office had suspended annuity payments in March 2020, but the case had not been closed and Treasury reclamation actions had not been initiated.</p>	<p>\$88,818</p>	<p>We provided the information to the Retirement Services program office to close the case. As of May 2, 2022, OPM had recovered \$3,174 through Treasury reclamation actions.</p>
<p>Our proactive investigative operations located a February 2022 death record for a survivor annuitant. The Retirement Services program office had stopped payment in January 2021, but it had not closed its case as of May 2022.</p>	<p>There were no post- death annuity payments.</p>	<p>We provided the death record information to the Retirement Services program office. It is the policy of the Retirement Services program office not to attempt to locate a beneficiary or executor of an estate to receive the OPM payments due to a survivor annuitant at the time of the survivor annuitant’s death.</p>
<p>Our proactive investigative operations located a September 2020 obituary for a disabled survivor annuitant. The Retirement Services program office had suspended annuity payments in January 2021. However, as of April 28, 2022, the case had not been closed and Treasury reclamation actions had not been initiated to recover the post-death annuity payments.</p>	<p>\$632</p>	<p>We provided the obituary to the Retirement Services program office, and on May 4, 2022, the Retirement Services program office initiated Treasury reclamation actions to recover the improper payments and closed their case.</p>

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
Our proactive investigative operations located an October 2020 obituary for a survivor annuitant. The Retirement Services program office had suspended the annuity payments in January 2021, but as of May 3, 2022, the case had not been closed.	There were no post- death annuity payments.	We provided the obituary we located, and on May 4, 2022, the Retirement Services program office closed their case.
Our proactive investigative operations located a grave record that showed a survivor annuitant had died in April 2021. The Retirement Services program office had suspended annuity payments in February 2021, but it had not closed the case.	There were no post- death annuity payments.	We provided the death record information to the Retirement Services program office. It is the policy of the Retirement Services program office to not attempt to locate a beneficiary or executor of an estate to receive OPM payments due to a survivor annuitant at the time of the survivor annuitant’s death.
Our proactive investigative operations located a March 2020 obituary for a retired annuitant. The Retirement Services program office had suspended annuity payments in September 2020, but as of May 2022 had not closed their case.	There were no improper payments.	We provided the located records to the Retirement Services program office, and on May 13, 2022, it closed its case. The retired annuitant did have an accrued annuity from OPM that their beneficiaries could apply to receive after the case was closed.
Our proactive investigative operations located an October 2020 obituary for a survivor annuitant. The Retirement Services program office had suspended annuity payments in January 2021, but as of May 2022, it had not closed their case.	There were no post- death annuity payments.	We provided the obituary we located, and on May 4, 2022, the Retirement Services program office closed their case.
Our proactive investigative operations located an August 2021 obituary for a survivor annuitant. The Retirement Services program office had suspended the survivor annuity in February 2021, but it had not closed the case.	There were no post- death annuity payments.	We provided the located obituary to the Retirement Services program office, and on May 12, 2022, it closed its case. It is the policy of the Retirement Services program office to not attempt to locate a beneficiary or executor of an estate to receive OPM payments due to a survivor annuitant at the time of the survivor annuitant’s death.

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
<p>Our proactive investigative operations located a February 2022 obituary for a retired annuitant. The Retirement Services program office had suspended annuity payments in September 2020 after several consecutive unsuccessful payment attempts. However, as of May 2022, it had not closed its case.</p>	<p>There were no post- death annuity payments.</p>	<p>We notified the Retirement Services program office of our findings and on May 17, 2022, it closed the case. Because of this, the deceased annuitant’s spouse can apply to receive the monthly survivor annuity benefits and any beneficiaries can apply to receive the accrued annuity and life insurance benefits that are payable from OPM.</p>
<p>Our proactive operations located a grave record showing that a survivor annuitant died in November 2021. The Retirement Services program office had suspended the annuity in February 2021 because payments were sent to a closed bank account. However, as of May 11, 2022, the survivor annuity case was not closed.</p>	<p>There were no post- death annuity payments.</p>	<p>On May 12, 2022, after receiving the records we provided, the Retirement Services program office closed its case. It is the policy of the Retirement Services program office to not attempt to locate a beneficiary or executor of an estate to receive OPM payments due to a survivor annuitant at the time of the survivor annuitant’s death.</p>
<p>Our proactive operations located an obituary for a Federal retirement annuitant who had died in October 2020. The Retirement Services program office had suspended annuity payments in September 2020, but it had not closed the case.</p>	<p>There was no overpayment in this case.</p>	<p>On June 27, 2022, we provided a copy of the obituary to the Retirement Services program office and requested it take appropriate action. On June 28, 2022, the Retirement Services program office closed its case, which will allow the decedent’s beneficiaries to apply to receive any life insurance and accrued annuity benefits that are payable from OPM.</p>
<p>Our proactive operations located an obituary for a Federal retirement annuitant who had died in March 2019. The Retirement Services program office had suspended annuity payments in November 2018 after three consecutive annuity payments were canceled, but it had not closed the case.</p>	<p>There was no overpayment in this case.</p>	<p>On June 27, 2022, we provided a copy of the obituary to the Retirement Services program office so it could take appropriate action. On June 28, 2022, the Retirement Services program office closed its case, which will allow the decedent’s beneficiaries to apply to receive any life insurance or accrued annuity benefits that are payable from OPM.</p>

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
Our proactive operations located a death record for a retired Federal annuitant who had died in February 2022. The Retirement Services program office had suspended annuity payments in November 2020 after three consecutive annuity payments were canceled, but as of June 27, 2022, it had not closed the case.	There was no overpayment in this case.	On June 27, 2022, we provided a copy of our findings to the Retirement Services program office so it could take appropriate action. On June 28, 2022, the Retirement Services program office closed its case, which will allow the decedent's beneficiaries to apply to receive any payable accrued annuity benefits from OPM.
Our proactive operations located a grave record for a retired Federal annuitant who died in September 2021. The Retirement Services program office had suspended annuity payments in May 2019 after three consecutive annuity payments were canceled, but it had not closed the case.	There is no overpayment in this case.	On June 27, 2022, we sent a copy of the grave record to the Retirement Services program office so it could take appropriate action. The Retirement Services program office closed its case, which will allow the decedent's beneficiaries to apply to receive any life insurance and accrued annuity benefits that are payable by OPM.
Our proactive operations located a death record for a retired annuitant who died in June 2020. The Retirement Services program office had suspended annuity payments in October 2023 after three consecutive annuity payments were canceled, but it had not closed the case.	In total, OPM paid \$1,087 after the annuitant's death (\$253 in annuity payments; \$833 in health benefits premiums).	On June 27, 2022, we notified the Retirement Services program office of the death. The program office closed the case and initiated Treasury reclamation actions to recover the OPM post-death annuity payments and health benefit premiums.
Our proactive operations located a death record for a retired Federal annuitant who died in November 2021. The Retirement Services program office had suspended annuity payments in October 2020 after three consecutive annuity payments were canceled.	There were no post- death payments.	On June 27, 2022, we provided the death information we located to the Retirement Services program office. On June 28, 2022, it closed the case, which will allow the decedent's beneficiaries to apply to receive life insurance or accrued annuity benefits from OPM.

# Integrity Investigations

## **About OPM OIG Integrity Investigations**

The Office of Investigations conducts investigations into fraud, waste, abuse, or mismanagement at OPM, including investigations into allegations involving OPM employees and contractors. Integrity investigations may involve whistleblowers or allegations of retaliation.

These investigations are essential to maintaining public confidence in OPM, which includes the trust of the civil servants 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 Investigations Case Summaries**

- In this quarter, we have no publicly reportable developments to integrity investigations.



# Appendix

## Glossary of OPM Programs

- **Federal Employees Health Benefits Program (FEHBP):** The FEHBP is the largest employer-sponsored health insurance program in the world, covering more than 8.2 million Federal employees, annuitants, family members, and other eligible individuals. 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.
- **Federal Employee Dental and Vision Insurance Program (FEDVIP):** FEDVIP makes supplemental dental and vision insurance available to Federal employees and retirees who are eligible for Federal employment benefits.
- **OPM Retirement Programs, including the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS):** OPM Retirement Programs pay monthly annuities to retired civil servants and the survivors of deceased OPM annuitants. OPM paid billions in defined benefits to retirees, survivors, representative payees, and families during the previous fiscal year.
- **Federal Employees' Group Life Insurance program (FEGLI):** FEGLI is the largest group life insurance program in the world, covering enrolled Federal employees, retirees, and their family members. It provides standard group term life insurance and elective coverage options.
- **Federal Executive Institute (FEI):** FEI is part of OPM's Center for Leadership Development. It offers learning and ongoing leadership development for Federal senior leaders through classes and programs to improve the performance of Government agencies.
- **Combined Federal Campaign (CFC):** CFC is the largest and most successful annual workplace charity campaign in the world, raising millions of dollars each year through pledges made by Federal civilian and retiree, postal, and military donors during the campaign season. These pledges support eligible nonprofit organizations.



# Report Fraud, Waste, Abuse, and Mismanagement

Fraud, waste, abuse, and mismanagement in Government concerns everyone: Office of the Inspector General staff, agency employees, and the general public. We actively solicit allegations of any inefficient and wasteful practices, fraud, and mismanagement related to OPM programs and operations. You can report allegations to us in several ways:

**By Internet:** <http://www.opm.gov/our-inspector-general/hotline-to-report-fraud-waste-or-abuse>

**By Phone:** Toll Free Number: (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