



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

Investigative Activity Summary

**Quarterly Summary of Investigative Activities
October 1, 2021, to December 31, 2021
Published: January 2022**

– CAUTION –

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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 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 Federal employees, retirees, and their dependents.

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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

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

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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

- In December 2020, we received a *qui tam* complaint filed in the U.S. District Court for the Western District of Pennsylvania alleging that a medical provider group billed for services provided by a licensed provider when the services were in fact provided by unlicensed or untrained providers. Additionally, the medical provider group allegedly billed for so-called “impossible days” and working hours where submitted claims represented more hours than possible for providers to work. Between January 2016 and August 2020, OPM paid the medical provider group \$171,050. On November 9, 2021, the medical provider group was indicted on charges of health care fraud and conspiracy to commit wire and health care fraud. The indictment named 20 employees of the medical provider group, including its founders. Further judicial action is expected in this case.
- In July 2017, we received information from a Federal law enforcement partner regarding a medical provider group that allegedly falsified records and submitted false medical claims. The FEHBP's calculated loss totaled \$27,222. We previously reported that several individuals pled guilty in the U.S. District Court for the District of Maryland to various crimes including health care fraud and paying gratuities to public officials. On November 16, 2021, one individual was sentenced to 1 month in Federal prison and 1 year of supervised release (with the first 3 months to be served in home confinement) for conspiracy to commit health care fraud and conflicts of interest. This individual was also ordered by the court to pay a special assessment fee of \$125. Further judicial action is expected in this case.

- In June 2016, we received a carrier notification from an FEHBP health insurance carrier alleging that a medical provider billed for services not rendered, services performed by unsupervised or unlicensed persons, or procedures that were medically unnecessary. The provider also used veterinary instruments for some procedures on humans. The FEHBP had paid \$4,801 to the medical provider. On December 8, 2021, a criminal information filed in the U.S. District Court for the Northern District of Illinois charged the medical provider with using adulterated medical devices not cleared for human use, which is a misdemeanor. Further judicial action is anticipated in this case.
- In March 2016, we received a carrier notification from an FEHBP health insurance carrier alleging that a network of durable medical equipment providers improperly submitted claims. Further investigation raised concerns about a fraud scheme involving the durable medical equipment. The FEHBP's program exposure for the providers totaled \$766,143. On December 9, 2021, four individuals were charged in the U.S. District Court for the District of New Jersey with conspiracy to commit health care fraud and conspiracy to violate the Federal Anti-Kickback Statute for their alleged participation in the international telemedicine fraud and kickback scheme. Further judicial action is anticipated in this case.
- In September 2018, we received a *qui tam* complaint that alleged a group of providers knowingly submitted false claims to the Government for medically unnecessary diagnostic services and procedures. This included allegations of potential patient harm. The FEHBP had paid \$20,917 specifically related to the allegations between January 2012 and April 2017. On December 8, 2021, the group of providers entered into a civil settlement with the U.S. Government, signed in the U.S. District Court for the Eastern District of New York, wherein the providers agreed to pay \$7.4 million. The FEHBP will recover its full exposure amount of \$20,917.

FEHBP Health Insurance Carrier Settlements

We annually receive hundreds of allegations of fraud, waste, and abuse affecting the FEHBP. 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.

FEHBP Carrier Notification Date and Allegation	FEHBP Loss	FEHBP Recovery
In November 2020, we received a carrier notification about a medical provider group alleged to be part of a pass-through billing scheme.	\$34,777	On November 23, 2021, the FEHBP health insurance carrier entered into a settlement with the medical provider group. The FEHBP will recover \$32,663.
In February 2021, we received a carrier notification about a medical provider allegedly unbundling certain medical procedure codes.	\$111,043 across all FEHBP carriers	On November 18, 2021, the FEHBP health insurance carrier executed a settlement agreement with the medical provider. The FEHBP will recover its total loss amount for the referring carrier: \$29,962.
In April 2021, we received a carrier notification about a medical provider group allegedly improperly billing certain medical procedures for higher reimbursement.	\$39,555	On November 23, 2021, we received an update with an executed settlement between the referring FEHBP health insurance carrier and the medical provider group. The FEHBP will recover \$2,112.
In February 2020, we received a carrier notification about a medical provider group potentially improperly billing certain codes to increase payments.	\$3,455	On October 21, 2021, we received information that the FEHBP health insurance carrier and the medical provider group entered into a settlement. The FEHBP will recover \$702.
In August 2019, we received a carrier notification about a medical provider group allegedly billing for services that never occurred.	\$42,649	On November 19, 2021, the medical provider group and the FEHBP health insurance carrier entered into a settlement. The FEHBP will recover \$7,121.
In September 2021, we received a carrier notification about a medical provider group allegedly upcoding claims related to COVID-19 testing.	\$40,772	On October 25, 2021, we received an update with an executed settlement. The FEHBP will recover \$40,772.
In March 2021, we received a carrier notification about a medical provider group that allegedly had suspicious billings for telehealth services.	\$13,875	On October 14, 2021, the FEHBP health insurance carrier recovered the \$13,875 overpayment and returned it to the FEHBP.

FEHBP Carrier Notification Date and Allegation	FEHBP Loss	FEHBP Recovery
In August 2021, we received a carrier notification about a provider group identified as being an outlier in billing for certain services, providing insufficient documentation, and billing excessively for certain claims, among other allegations.	\$1,105	On December 21, 2021, an FEHBP health insurance carrier and the provider group entered into a settlement. The FEHBP recovered \$1,105.

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 manufacture or marketing 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 May 2017, we received information from a Federal law enforcement partner about its investigation of a medical provider allegedly prescribing large quantities of fentanyl medications. The investigation found the medical provider prescribed the drug to patients who did not meet the medical necessity standards for the medications. The FEHBP's exposure for prescriptions of this drug through this provider totaled \$639,981. On December 6, 2021, the medical provider pled guilty in the U.S. District Court for the Middle District of Pennsylvania to unlawful distribution of controlled substances; maintaining a drug-involved premises; and health care fraud. Further judicial action is expected in this case.
- In July 2018, we received a *qui tam* complaint alleging that a pharmaceutical company encouraged the prescription of a naloxone-based medication in situations that were medically unnecessary or otherwise contrary to law. Additionally, there were allegations concerning a network of pharmacies that worked with the pharmaceutical company by providing false statements and documents to obtain coverage for the medication. Between July 2014 and June 2019, the FEHBP paid \$4.5 million for claims related to the at-issue medication. On November 9, 2021, the pharmaceutical company signed a civil settlement to resolve False Claims Act allegations, which included paying \$12.7 million in the settlement. The FEHBP received \$588,873.
- In November 2016, we received a referral regarding a medical provider whose various practices allegedly billed for services not rendered as part of excessively prescribing narcotics. The scheme was widespread and centered on the inappropriate prescribing of drugs of abuse. The FEHBP had paid \$134,229 in medical claims. Additionally, this case was a high priority because of its potential patient harm. We previously reported a variety of court proceedings—including several guilty pleas—for multiple individuals in the U.S. District Court for the Eastern District of Pennsylvania. On October 5, 2021, an individual pled guilty in the U.S. District Court for the Eastern District of Pennsylvania to three counts of distribution of controlled substances. Further judicial action is expected in this case.

- In October 2016, we received information from an FEHBP carrier about a pharmacy provider billing high-dollar medications from certain manufacturers with a frequency and pattern of unusual activity. One of the high-dollar medications was a prescription medication used for the emergency treatment of opioid overdose. The prescribing pattern was suggestive of an improper business relationship. Between November 2015 and September 2016, the FEHBP paid the pharmacy provider \$670,000 for the at-issue medications. We previously reported guilty pleas in the U.S. District Court for the Eastern District of Virginia by multiple individuals. On November 19, 2021, an eighth individual was charged with and pled guilty to conspiracy to commit health care fraud kickbacks and conspiracy to commit wire fraud. Further judicial action is expected in this case.

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. 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.

The FEHBP is excluded from pursuing cases under the Anti-Kickback Statute. 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 and 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 victims—but the FEHBP is not, regardless of dollars lost. We typically close these cases after a prosecutorial determination excludes the FEHBP.

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

- In August 2019, we received information from the U.S. Attorney's Office for the Northern District of Georgia about a medical device manufacturer allegedly paying kickbacks to medical providers. Between August 2014 and March 2020, the FEHBP paid \$7.7 million in claims associated with the implantation of the devices. After consultation with the U.S. Attorney's Office, it was determined the case only involved violations of the Anti-Kickback Statute. Because the FEHBP is excluded from the Anti-Kickback Statute, we closed our investigation.
- In October 2020, we received a *qui tam* complaint filed in the U.S. District Court for the District of New Jersey about a provider group that allegedly paid physicians and hospitals to purchase medical devices made by the provider group. Between 2014 to 2020, the FEHBP paid four providers associated with the allegations \$292,596. In October 2021, we confirmed the case remained open with the Department of Justice, but because the allegation involves violations of the Anti-Kickback Statute, the FEHBP will be exempt from any settlement or restitution. 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 2020, we received a referral from a Federal law enforcement partner about an annuitant's January 2014 death that was not reported to OPM. OPM continued to pay the annuity until March 2020. An individual related to the decedent illegally withdrew the annuity payments for their own use. OPM paid \$27,903 in improper annuity payments and \$47,228 in post-death FEHBP premiums. On October 4, 2021, a one-count criminal information was filed against the decedent's relative in the U.S. District Court for the Western District of Virginia for theft of Government monies. The charged individual pled guilty. Further judicial action is expected in this case.
- In February 2018, we received a case referral from a Federal law enforcement partner about a deceased OPM annuitant. The annuitant's caregiver had obtained power of attorney and used the annuitant's money while neglecting and exploiting the annuitant. The caregiver stole \$25,867 in FEGLI benefits from OPM and \$64,385 in OPM

retirement annuity benefits. We previously reported the caregiver was charged in Hoke County, Georgia, with obtaining property by false pretense and exploitation of a disabled/elderly person. In October 2020, the case was transferred to Federal court and the caregiver was indicted on a 27-count indictment that included charges for a scheme to defraud and wire fraud. In July 2021, the caregiver pled guilty. On October 15, 2021, the caregiver was sentenced to 12 months and 1 day in Federal prison. The court also ordered the individual to pay OPM \$61,318 in restitution, including \$17,533 to FEGLI.

- In May 2019, we received an allegation that a survivor annuitant fraudulently received Federal survivor annuity benefits they were not entitled to receive because they had remarried. A Federal retiree had died in August 2000. Their spouse (the survivor annuitant) remarried in 2001. From July 2001 to November 2020, the spouse collected \$34,569 in improper payments. We previously reported the spouse was indicted in Maryland State Court on a charge of theft scheme over \$25,000 but under \$100,000. On September 7, 2021, the spouse pled guilty to the charge. Under the plea agreement, the spouse will receive 5 years of supervised probation. They can apply for alterations to the probation terms if full restitution is made.
- In January 2020, we received a case referral from the OPM Retirement Services program office alleging that an individual fraudulently obtained annuity payments after a survivor annuitant died in September 2013. OPM paid \$50,950 after the survivor annuitant's death. Through the Treasury reclamation process, OPM recovered \$7,763. We previously reported that in May 2021 an individual was indicted in the U.S. District Court for the Middle District of Florida on two counts of theft of public money. In August 2021, the individual pled guilty to one count of theft of public money. On November 8, 2021, the individual was sentenced to 4 years of supervised probation and ordered by the court to pay restitution of \$90,187. OPM will receive \$43,186.
- We opened an investigation into the potential theft of retirement funds after learning a retired annuitant had died in November 2005 while OPM had continued to make retirement annuity payments through October 2017. In all, \$385,274 in improper payments were made: \$308,391 in post-death payments and \$76,882 in post-death health benefits premiums. OPM was unable to recover any funds through the Treasury reclamation process. Our investigation found two individuals had stolen the decedent's identity and assumed a pattern of theft lasting 12 years. In August 2021, both individuals pled guilty to theft in the U.S. District Court for the District of Nevada. On November 10, 2021, both individuals were sentenced to 21 months in prison and 36 months of supervised release. The court also ordered payment of \$308,391 in restitution to OPM.
- In September 2018, we received a case referral from a Federal law enforcement partner about the 1987 death of a person receiving a Civil Service Retirement and Disability Fund annuity. A relative (who served as conservator prior to the annuitant's death) allegedly misappropriated \$142,002 between March 1987 and October 2018, a period of more than 31 years. On November 30, 2021, a criminal information filed in the U.S.

District Court for the Eastern District of Michigan charged the relative with theft of Government funds. Further judicial action is expected in this case.

- In August 2019, we received a request for information about a Federal retired annuitant because of allegations of fraud and elder abuse by a family member. The family member took OPM annuity payments for their own use while the OPM annuitant was hospitalized. In total, the family member stole \$26,146 from the OPM annuitant. On December 21, 2021, the family member pled no contest in the State Court of California to elder theft and was sentenced by the court to 2 years of probation and ordered to pay restitution of \$26,146.

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.

Predication	OPM Loss	OIG Action and OPM Resolution
Our proactive operations located an April 2019 obituary for a deceased retired annuitant. In March 2020, the Retirement Services program office had suspended annuity payments, but as of September 24, 2021, the case had not been closed and Treasury reclamation actions to recover post-death annuity payments had not been initiated.	\$34,026 in post-death annuity payments and \$7,066 in post-death health benefit premiums.	We provided the obituary we located, and on September 27, 2021, the Retirement Services program office closed the case. On September 29, 2021, the Retirement Services program office initiated Treasury reclamation actions to recover the post-death annuity payments and health benefit premiums. On November 1, 2021, we received information that OPM had recovered the entire post-death annuity payment amount of \$34,026.
Our proactive operations located a June 2018 obituary for a retired annuitant. As of October 13, 2021, the Retirement Services program office had suspended annuity payments, but it had not closed the case or initiated Treasury reclamation actions to recover post-death annuity payments.	\$13,005 in post-death annuity payments and \$10,386 in post-death health benefits premiums made between June 2018 and July 2019.	We provided the records we located to the Retirement Services program office to take appropriate action. On October 21, 2021, the Retirement Services program office closed the case and initiated Treasury reclamation actions to recover the post-death payments and premiums.

Predication	OPM Loss	OIG Action and OPM Resolution
Our proactive operations located a June 2017 death record for a retired annuitant. As of October 18, 2021, the Retirement Services program office had suspended annuity payments but had not closed the case or initiated Treasury reclamation actions to recover post-death annuity payments.	\$11,225 in post-death annuity payments made between June 2017 and February 2019.	We provided the information we located to the Retirement Services program office. On October 21, 2021, the Retirement Services program office initiated Treasury reclamation actions to recover the post-death annuity payments.
Our proactive operations located records showing a retired annuitant died in July 2012. The Retirement Services program office had suspended the annuity in January 2013, but as of October 29, 2021, it had not closed the case or initiated Treasury reclamation actions to recover post-death annuity payments.	\$12,748 in post-death annuity payments and \$3,235 in health benefits premiums.	After we provided our information to the Retirement Services program office, it closed the case on November 1, 2021. On November 2, 2021, it initiated Treasury reclamation actions to recover the post-death payments.
Our proactive operations located a March 2019 death record for a retired annuitant. In August 2019, the Retirement Services program office had suspended payments to the annuitant, but it had not closed the case or initiated Treasury reclamation actions to recover post-death annuity payments.	\$4,751 in post-death annuity payments and \$1,483 in health benefits premiums.	We provided the information we located on November 16, 2021. On November 17 and 18, 2021, the Retirement Services program office closed the case and initiated Treasury reclamation actions, respectively.
Our proactive operations located a July 2018 death record for a retired annuitant. In April 2019, the Retirement Services program office had suspended annuity payments, but as of December 3, 2021, it had not closed the case or initiated Treasury reclamation actions to recover the post-death annuity payments.	\$2,341 in post-death annuity payments.	On December 6 and 7, 2021, the Retirement Services program office closed the case and initiated Treasury reclamation actions, respectively.

Predication	OPM Loss	OIG Action and OPM Resolution
<p>Our proactive operations located a June 2018 death record for a retired annuitant. In December 2018, the Retirement Services program office had suspended annuity payments, but as of December 14, 2021, it had not closed the case or initiated Treasury reclamation actions to recover the post-death annuity payments.</p>	<p>\$1,530 in post-death annuity payments made between June 2018 and August 2018.</p>	<p>On December 14, 2021, we provided the information we had located for the Retirement Services program office to take appropriate action. On December 16 and 21, the Retirement Services program office closed the case and initiated Treasury reclamation actions, respectively.</p>

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 January 2021, we received allegations that: political appointees at FEI circumvented hiring processes; terminations of several faculty members consequently created a hostile environment; and a political appointee intended to use Schedule F job classification to burrow (the term for converting political appointees to fulltime, permanent Federal positions) new personnel. However, our investigation did not substantiate these allegations. The hiring process was not circumvented, the terminations were within allowed authorities, and Schedule F was rescinded on January 22, 2021, by Executive Order. Additionally, the employees named in the allegations are no longer employed by OPM.
- In April 2019, we received a referral regarding possible falsifications by a Federal background investigator. The investigation required reworking of the background investigator's cases spanning from February 2018 to April 2019. That effort cost the Government \$101,344. We previously reported the Federal background investigator was charged in the U.S. District Court for the District of Columbia with 11 counts of wire fraud and 10 counts of making a false statement. On November 5, 2021, the Federal background investigator pled guilty to one count of making a false statement. Further judicial action is expected in this case.

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
Washington Metro Area (202) 606-2423

By Mail: Office of the Inspector General
U.S. Office of Personnel Management
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