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

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# Open Recommendations

**Open Recommendations Over Six Months Old as of  
March 31, 2022**

**June 1, 2022**



# Executive Summary


*Open Recommendations Over Six Months Old as of  
March 31, 2022*

June 1, 2022

## Why Did We Prepare This Report?

Under the Inspector General Act of 1978, as amended by the Inspector General Empowerment Act of 2016, each Office of the Inspector General (OIG) is required to include in its Semiannual Report to Congress certain information related to outstanding recommendations. These reporting requirements were inspired by prior standing requests for information submitted to all OIGs by the Senate Committee on Homeland Security and Governmental Affairs, the House Committee on Oversight and Reform, and Senator Charles Grassley.

This report was prepared to both fulfill the OIG's reporting obligation under the Inspector General Act as well as to continue providing the previously-requested information to Congress.



**Krista A. Boyd**  
*Inspector General*

As of March 31, 2022, there were 425 unimplemented recommendations, 282 of which are considered unique, contained in reports that the OIG had issued to the U.S. Office of Personnel Management and over six months old.

Type of Report	# of Reports with Open Recs.	Total # Recs. Made	# Open Recs. as of 3/31/22	# Unique Recs. as of 3/31/22
Internal Audits	25	231	162	94
Information Systems Audits	37	622	194	119
Claim Audits and Analytics	3	21	6	6
Community-Rated Health Insurance Audits	1	17	12	12
Other Insurance Audits	3	37	21	21
Evaluations	3	13	9	9
Management Advisories and Other Reports	5	23	21	21
<b>Total</b>	<b>77</b>	<b>964</b>	<b>425</b>	<b>282</b>

Below is a chart showing the number of open procedural and monetary recommendations for each report type:

Type of Report	Procedural	Monetary	Value of Monetary Recs.*
Internal Audits	160	2	\$114,354,689
Information Systems Audits	194	0	\$0
Claim Audits and Analytics	5	1	\$306,139
Community-Rated Health Insurance Audits	10	2	\$13,786,995
Other Insurance Audits	20	1	\$834,425
Evaluations	9	0	0
Management Advisories and Other Reports	21	0	0
<b>Total</b>	<b>419</b>	<b>6</b>	<b>\$129,282,248</b>

*\*Totals are rounded.*

The term 'resolved' is used in some of the sections below. As defined in OMB Circular No. A-50, this means that the audit organization and agency management agree on action to be taken on reported findings and recommendations; however, corrective action has not yet been implemented. Outstanding and unimplemented (open) recommendations listed in this compendium that have not yet been resolved are not in compliance with the OMB Circular No. A-50 requirement that recommendations be resolved within six months after the issuance of a final report.

# Abbreviations

<b>AFR</b>	<b>Annual Financial Report</b>
<b>AUP</b>	<b>Agreed-Upon Procedures</b>
<b>BCBS</b>	<b>BlueCross BlueShield</b>
<b>COB</b>	<b>Coordination of Benefits</b>
<b>FAR</b>	<b>Federal Acquisition Regulation</b>
<b>FEDVIP</b>	<b>Federal Employees Dental/Vision Insurance Program</b>
<b>FEHBP</b>	<b>Federal Employees Health Benefits Program</b>
<b>FEP</b>	<b>BCBS's Federal Employee Program</b>
<b>FERS</b>	<b>Federal Employees Retirement System</b>
<b>FISMA</b>	<b>Federal Information Security Management Act</b>
<b>FLTCIP</b>	<b>Federal Long-Term Care Insurance Program</b>
<b>FSAFEDS</b>	<b>Federal Flexible Spending Account Program</b>
<b>FY</b>	<b>Fiscal Year</b>
<b>GSA</b>	<b>General Services Administration</b>
<b>HRS</b>	<b>Human Resources Solutions</b>
<b>IOC</b>	<b>OPM's Internal Oversight and Compliance office</b>
<b>IPERA</b>	<b>Improper Payments Elimination and Recovery Act</b>
<b>IT</b>	<b>Information Technology</b>
<b>LII</b>	<b>Lost Investment Income</b>
<b>N/A</b>	<b>Not Applicable</b>
<b>OBRA 90</b>	<b>Omnibus Budget Reconciliation Act of 1990</b>
<b>OCFO</b>	<b>Office of the Chief Financial Officer</b>
<b>OCIO</b>	<b>Office of the Chief Information Officer</b>
<b>OIG</b>	<b>Office of the Inspector General</b>
<b>OPM</b>	<b>U.S. Office of Personnel Management</b>
<b>OPO</b>	<b>Office of Procurement Operations</b>
<b>PBM</b>	<b>Pharmacy Benefit Manager</b>
<b>POA&amp;M</b>	<b>Plan of Action and Milestones</b>
<b>RS</b>	<b>Retirement Services</b>
<b>SAA</b>	<b>Security Assessment and Authorization</b>
<b>VA</b>	<b>U.S. Department of Veterans Affairs</b>

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# I. Internal Audits

This section describes the open recommendations from audits conducted by the Internal Audits Group. This group conducts audits of internal OPM programs and operations.<sup>1</sup>

<b>Title: Audit of the Fiscal Year 2008 Financial Statements</b>		
<b>Report #: 4A-CF-00-08-025</b>		
<b>Date: November 14, 2008</b>		
<b>Rec. #1</b>	<b><i>Finding</i></b>	Information Systems General Control Environment –Security policies and procedures have not been updated to incorporate current authoritative guidance and the procedures performed to certify and accredit certain financial systems were not complete. In addition, it was noted that application access permissions have not been fully documented to describe the functional duties the access provides to assist management in reviewing the appropriateness of system access. Also, there were instances where background investigations and security awareness training was not completed prior to access being granted.
	<b><i>Recommendation</i></b>	The OCIO should continue to update and implement entity-wide security policies and procedures and provide more direction and oversight to Program Offices for completing certification and accreditation requirements. In addition, documentation on application access permissions should be enhanced and linked with functional duties and procedures for granting logical access need to be refined to ensure access is granted only to authorized individuals.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

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<sup>1</sup> As defined in OMB Circular No. A-50, resolved means that the audit organization and agency management agree on action to be taken on reported findings and recommendations; however, corrective action has not yet been implemented. Outstanding and unimplemented (open) recommendations listed in this compendium that have not yet been resolved are not in compliance with the OMB Circular No. A-50 requirement that recommendations be resolved within six months after the issuance of a final report.

**Title: Audit of the Fiscal Year 2009 Financial Statements****Report #: 4A-CF-00-09-037****Date: November 13, 2009**

<b>Rec. #1</b>	<b>Finding</b>	Information Systems General Control Environment – Information system general control deficiencies identified in previous years related to OPM and its programs continue to persist or have not been fully addressed and consequently are not in full compliance with authoritative guidance.
	<b>Recommendation</b>	KPMG, the former independent public accountant employed by OPM to conduct the financial statement audit, recommends that the Office of the Chief Information Officer should continue to update and implement entity-wide policies and procedures and provide more direction and oversight to Program Offices for completing and appropriately overseeing certification and accreditation requirements and activities. In addition, documentation on application access permissions should be enhanced and linked with functional duties and procedures for granting logical and physical access needs to be refined to ensure access is granted only to authorized individuals. Finally, policies and procedures should be developed and implemented to ensure POA&Ms are accurate & complete.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

**Title: Audit of the Fiscal Year 2010 Financial Statements****Report #: 4A-CF-00-10-015****Date: November 10, 2010**

<b>Rec. #1*</b>	<b>Finding</b>	Information Systems General Control Environment – Deficiencies in OPM's and the Programs' information system general controls that were identified and reported as a significant deficiency in previous years continue to persist. Although changes in information system management during this fiscal year, including the appointment of a new Chief Information Officer (CIO) and Senior Agency Information Security Officer, have resulted in plans to address these weaknesses, these plans have not yet been fully executed to resolve long-standing deficiencies in OPM's security program.
	<b>Recommendation</b>	KPMG recommends that the CIO develop and promulgate entity-wide security policies and procedures and assume more responsibility for the coordination and oversight of Program Offices in completing certification and accreditation and other information security requirements and activities.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

<b>Rec. #2</b>	<b>Finding</b>	Information Systems General Control Environment – See number 1 above.
	<b>Recommendation</b>	KPMG recommends that the CIO identify common controls, control responsibilities, boundaries and interconnections for information systems in its system inventory.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.
<b>Rec. #3*</b>	<b>Finding</b>	Information Systems General Control Environment – See number 1 above
	<b>Recommendation</b>	KPMG recommends that the CIO implement a process to ensure the POA&Ms remain accurate and complete.
	<b>Status</b>	OPM agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

**Title: Stopping Improper Payments to Deceased Annuitants**

**Report #: 1K-RS-00-11-068**

**Date: September 14, 2011**

<b>Rec. #1</b>	<b>Finding</b>	Tracking of Undeliverable IRS Form 1099Rs – OPM does not track undeliverable IRS Form 1099Rs to determine if any OPM annuitants in the population of returned 1099Rs could be deceased.
	<b>Recommendation</b>	The OIG recommends that OPM annually track and analyze returned Form 1099Rs for the prior tax year. Performing this exercise provides OPM with the opportunity to identify deceased annuitants whose death has not been reported; continue to update the active annuity roll records with current address information; and to correct other personal identifying information. In addition, the returned Form 1099Rs should be matched against the SSA Death Master File annually.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	Potentially significant detection of and reduction in improper payments.
	<b>Other Nonmonetary Benefit</b>	Updated annuity roll records.



<b>Rec. #2</b>	<b><i>Finding</i></b>	Capitalizing on RSM Technology – A modernized environment offers opportunities to reduce instances of fraud, waste, and abuse of the retirement trust fund.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM actively explore the capabilities of any automated solution to flag records and produce management reports for anomalies or suspect activity, such as multiple address or bank account changes in a short time.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved detection of potential improper payments.

**Title: Audit of the Fiscal Year 2011 Financial Statements**

**Report #: 4A-CF-00-11-050**

**Date: November 14, 2011**

<b>Rec. #1</b>	<b><i>Finding</i></b>	Information Systems Control Environment - Significant deficiencies still remain in OPM's ability to identify, document, implement, and monitor information system controls.
	<b><i>Recommendation</i></b>	KPMG recommends that the OPM Director in coordination with the CIO and system owners, including the Chief Financial Officer and system owners in Program offices, ensure that resources are prioritized and assigned to address the information system control environment weaknesses.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.



**Title: Audit of the Fiscal Year 2012 Financial Statements****Report #: 4A-CF-00-12-039****Date: November 15, 2012**

<b>Rec. #1*</b>	<b>Finding</b>	Information Systems Control Environment - Significant deficiencies still remain in OPM's ability to identify, document, implement, and monitor information system controls.
	<b>Recommendation</b>	KPMG recommends that the OPM Director in coordination with the CIO and system owners, including the Chief Financial Officer and system owners in Program offices, ensure that resources are prioritized and assigned to address the information system control environment weaknesses.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

**Title: Audit of OPM's Fiscal Year 2013 Financial Statements****Report #: 4A-CF-00-13-034****Date: December 13, 2013**

<b>Rec. #1*</b>	<b>Finding</b>	Information Systems Control Environment - Significant deficiencies still remain in OPM's ability to identify, document, implement, and monitor information system controls.
	<b>Recommendation</b>	KPMG recommends that the OPM Director in coordination with the CIO and system owners, including the Chief Financial Officer and system owners in Program offices, ensure that resources are prioritized and assigned to address the information system control environment weaknesses.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

**Title: Audit of OPM's Fiscal Year 2014 Financial Statements****Report #: 4A-CF-00-14-039****Date: November 10, 2014**

<b>Rec. #1</b>	<b><i>Finding</i></b>	Information Systems Control Environment - Significant deficiencies still remain in OPM's ability to identify, document, implement, and monitor information system controls.
	<b><i>Recommendation</i></b>	KPMG recommends that the OPM Director in coordination with the CIO and system owners, including the Chief Financial Officer and system owners in Program offices, ensure that resources are prioritized and assigned to implement the current authoritative guidance regarding two-factor authentication.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.
<b>Rec. #2</b>	<b><i>Finding</i></b>	Information Systems Control Environment - Access rights in OPM systems are not documented and mapped to personnel roles and functions to ensure that personnel access is limited only to the functions needed to perform their job responsibilities.
	<b><i>Recommendation</i></b>	KPMG recommends that the OPM Director in coordination with the CIO and system owners, including the Chief Financial Officer and system owners in Program offices, ensure that resources are prioritized and assigned to document and map access rights in OPM systems to personnel roles and functions, following the principle of "least privilege."
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

<b>Rec. #3</b>	<b>Finding</b>	Information Systems Control Environment - The information security control monitoring program was not fully effective in detecting information security control weaknesses. We noted access rights in OPM systems were: <ul style="list-style-type: none"> <li>Granted to new users without following the OPM access approval process and quarterly reviews to confirm access approval were not consistently performed.</li> <li>Not revoked immediately upon user separation and quarterly reviews to confirm access removal were not consistently performed.</li> </ul>
	<b>Recommendation</b>	KPMG recommends that the OPM Director in coordination with the CIO and system owners, including the Chief Financial Officer and system owners in Program offices, ensure that resources are prioritized and assigned to enhance OPM's information security control monitoring program to detect information security control weakness by: <ul style="list-style-type: none"> <li>Implementing and monitoring procedures to ensure system access is appropriately granted to new users, consistent with the OPM access approval process.</li> <li>Monitoring the process for the identification and removal of separated users to ensure that user access is removed timely upon separation; implementing procedures to ensure that user access, including user accounts and associated roles, are reviewed on a periodic basis consistent with the nature and risk of the system, and modifying any necessary accounts when identified.</li> </ul>
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

**Title: Audit of OPM's Fiscal Year 2015 Financial Statements**

**Report #: 4A-CF-00-15-027**

**Date: November 13, 2015**

<b>Rec. #1*</b>	<b>Finding</b>	Information Systems Control Environment - The current authoritative guidance regarding two-factor authentication has not been fully applied.
	<b>Recommendation</b>	KPMG recommends that the OCIO fully implement the current authoritative guidance regarding two-factor authentication.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

<b>Rec. #2*</b>	<b>Finding</b>	Information Systems Control Environment - Access rights in OPM systems are not documented and mapped to personnel roles and functions to ensure that personnel access is limited only to the functions needed to perform their job responsibilities.
	<b>Recommendation</b>	KPMG recommends that the OCIO document and map access rights in OPM systems to personnel roles and functions, following the principle of “least privilege”.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.
<b>Rec. #3*</b>	<b>Finding</b>	Information Systems Control Environment - The information security control monitoring program was not fully effective in detecting information security control weaknesses. We noted access rights in OPM systems were: <ul style="list-style-type: none"> <li>• Granted to new users without following the OPM access approval process and quarterly reviews to confirm access approval were not consistently performed.</li> <li>• Not revoked immediately upon user separation and quarterly reviews to confirm access removal were not consistently performed.</li> </ul> Granted to a privileged account without following the OPM access approval process.
	<b>Recommendation</b>	KPMG recommends that the OCIO enhance OPM’s information security control monitoring program to detect information security control weaknesses by: <ul style="list-style-type: none"> <li>• Implementing and monitoring procedures to ensure system access is appropriately granted to new users, consistent with the OPM access approval process; and</li> <li>• Monitoring the process for the identification and removal of separated users to ensure that user access is removed timely upon separation; implementing procedures to ensure that user access, including user accounts and associated roles, are reviewed on a periodic basis consistent with the nature and risk of the system, and modifying any necessary accounts identified.</li> </ul>
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

<b>Rec. #4</b>	<b>Finding</b>	A formalized system component inventory of devices to be assessed as part of vulnerability or configuration management processes was not maintained.
	<b>Recommendation</b>	KPMG recommends that the OCIO continue to perform, monitor, and improve its patch and vulnerability management processes, to include maintaining an accurate inventory of devices.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The continued implementation of planned security enhancements will assist in enhancing agency-wide monitoring of critical IT resources to prevent and detect unauthorized use.

**Title: Audit of OPM's Office of Procurement Operations' Contract Management Process**

**Report #: 4A-CA-00-15-041**

**Date: July 8, 2016**

<b>Rec. #2</b>	<b>Finding</b>	Inaccurate Contract Amounts Reported in OPM's Information Systems - We requested access to 60 contract files with open obligations reported in the OCFO's CBIS Fiscal Years 2010 to 2014 Open Obligation Report, and determined that the contract amounts reported in the Consolidated Business Information System (CBIS) for 22 of the 60 contracts sampled differed from the contract amounts reported in OPO's contract files. In addition, OPO was unable to provide 17 of the 60 contract files, so we cannot determine if the amounts reported in CBIS were accurate.
	<b>Recommendation</b>	The OIG recommends that OPO implement internal controls to ensure that contract data, including contract award amounts, is accurately recorded in OPM's information systems, such as CBIS, and the appropriate supporting documentation is maintained.
	<b>Status</b>	The agency agreed with the recommendation. OPM informed us that actions are in progress. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If controls are in place over the contract management process, it will increase OPM's effectiveness in ensuring that acquisition requirements are met and contracts are appropriately reported in OPM's financial management system.

<b>Rec. #3</b>	<b><i>Finding</i></b>	Weak Controls over the Contract Closeout Process - OPO could not provide a listing of contract closeouts for FY 2013 and FY 2014. In addition, of the 60 contracts the OIG sampled, we identified 46 in which OPO did not initiate the contract closeout process in compliance with the FAR.
	<b><i>Recommendation</i></b>	The OIG recommends that OPO develop an accurate inventory of FYs 2013 and 2014 contracts ready for closeout.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM informed us that actions are in progress. The OIG has received evidence which is currently under review to determine whether implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	If controls are in place over the contract management process, it will increase OPM's effectiveness in ensuring that acquisition requirements are met and contracts are properly closed out.
<b>Rec. #5</b>	<b><i>Finding</i></b>	Weak Controls over the Contract Closeout Process - See number 3 above.
	<b><i>Recommendation</i></b>	The OIG recommends that OPO provide documentation to verify that the closeout process has been administered on the open obligations for the 46 contracts questioned.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM informed us that actions are in progress. The OIG has received evidence which is currently under review to determine whether implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	If controls are in place over the contract management process, it will increase OPM's effectiveness in ensuring that acquisition requirements are met and contracts are properly closed out.
<b>Rec. #6</b>	<b><i>Finding</i></b>	Weak Controls over the Contract Closeout Process: As a result of the control deficiencies identified for the contract closeout process, as well as the issues previously discussed, we cannot determine if \$108,880,417 in remaining open obligations, associated with 46 questioned contracts, are still available for use by OPM's program offices.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM's Office of Procurement Operations return \$108,880,417 in open obligations, for the 46 contracts questioned, to the program offices if support cannot be provided to show that the contract should remain open and the funds are still being utilized.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM informed us that actions are in progress. The OIG has received evidence which is currently under review to determine whether implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	\$108,880,417
	<b><i>Other Nonmonetary Benefit</i></b>	If controls are in place over the contract management process, it will increase OPM's effectiveness in ensuring that acquisition requirements are met and contracts are properly closed out.

**Title: Audit of OPM's Fiscal Year 2016 Financial Statements****Report #: 4A-CF-00-16-030****Date: November 14, 2016**

<b>Rec. #2</b>	<b>Finding</b>	Information Systems Control Environment: OPM System Documentation is outdated.
	<b>Recommendation</b>	Grant Thornton the current independent public accountant employed by OPM to conduct the financial statement audit, recommends that OPM create and/or update system documentation as follows: <ul style="list-style-type: none"><li>• System Security Plans – Update the plans and perform periodic reviews in accordance with the organization defined frequencies.</li><li>• Risk Assessments – Conduct a risk assessment for financially relevant applications and systems and a document comprehensive results of the testing performed.</li><li>• Risk Assessments – Conduct a risk assessment for financially relevant applications and systems and a document comprehensive results of the testing performed.</li><li>• Information System Continuous Monitoring – Document results of continuous monitoring testing performed for systems.</li></ul>
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Complete and consistent security control documentation and complete and thorough testing will allow the agency to be informed of security control weaknesses that threaten the confidentiality, integrity, and availability of the data contained within its systems.
<b>Rec. #3</b>	<b>Finding</b>	Information Systems Control Environment: The FISMA Inventory Listing is incomplete.
	<b>Recommendation</b>	Grant Thornton recommends that OPM enhance processes in place to track the inventory of the Agency's systems and devices.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	With an updated FISMA Inventory Listing, Management can: (a) work towards FISMA compliance, (b) develop an understanding of how transactions/data flow between the various systems, and (c) understand the totality of operational systems/applications within its environment.



<b>Rec. #4</b>	<b><i>Finding</i></b>	Information Systems Control Environment: OPM lacks a system generated listing of terminated agency contractors.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM implement a system/control that tracks terminated contractors.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	A listing of terminated contractors to be reconciled against systems access will decrease the risk that users retain lingering access to systems and therefore will decrease the risk of inaccurate, invalid, and unauthorized transactions being processed by systems that could ultimately impact financial reporting.
<b>Rec. #5</b>	<b><i>Finding</i></b>	Information Systems Control Environment: Role based training has not been completed.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM establish a means of documenting a list of users with significant information system responsibility to ensure the listing is complete and accurate and the appropriate training is completed.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Individuals obtain skills / training needed to perform day to day duties.
<b>Rec. #7</b>	<b><i>Finding</i></b>	Information Systems Control Environment: Lack of Monitoring of Plan of Actions and Milestones (POA&Ms)
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM assign specific individuals with overseeing/monitoring POA&Ms to ensure they are addressed in a timely manner.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The agency is able to determine whether vulnerabilities are remediated in a timely manner. This decreases the risk that systems are compromised.

<b>Rec. #8</b>	<b>Finding</b>	Information Systems Control Environment: Lack of periodic access recertifications.
	<b>Recommendation</b>	Grant Thornton recommends that OPM perform a comprehensive review of the appropriateness of personnel with access to systems at the Agency's defined frequencies.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive review of personnel with access to the in-scope applications /systems will decrease the risk that inappropriate individuals maintain access allowing them to perform incompatible functions or functions associated with elevated privileges.
<b>Rec. #10</b>	<b>Finding</b>	Information Systems Control Environment: [REDACTED] [REDACTED] are not PIV-compliant.
	<b>Recommendation</b>	Grant Thornton recommends that OPM implement two-factor authentication at the application level in accordance with agency and federal policies.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Two-factor authentication will decrease the risk of unauthorized access into OPM systems.
<b>Rec. #11</b>	<b>Finding</b>	Information Systems Control Environment: Lack of access descriptions and Segregation of Duties (SoD) Matrices.
	<b>Recommendation</b>	Grant Thornton recommends that OPM document access rights to systems to include roles, role descriptions, and privileges / activities associated with each role and role or activity assignments that may cause a segregation of duties conflict.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive understanding of user access rights will decrease the risk that users perform incompatible duties or have access to privileges or roles outside of what is needed to perform their day-to-day duties.

<b>Rec. #12</b>	<b>Finding</b>	Information Systems Control Environment: Access procedures for terminated users are not followed.
	<b>Recommendation</b>	Grant Thornton recommends that OPM ensure termination processes (e.g., return of PIV badges and IT equipment, completion of Exist Clearance Forms and completion of exit surveys) are followed in a timely manner and documentation of completion of these processes is maintained.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Ensuring proper termination procedures are followed will decrease the risk that individuals gain / retain unauthorized access to IT resources/systems.
<b>Rec. #14</b>	<b>Finding</b>	Information Systems Control Environment: The FACES audit logs are not periodically reviewed.
	<b>Recommendation</b>	Grant Thornton recommends that OPM review audit logs on a pre-defined periodic basis for violations or suspicious activity and identify individuals responsible for follow-up or evaluation of issues to the Security Operations Team for review. The review of audit logs should be documented for record retention purposes.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A thorough review of audit logs decreases the risk that suspicious activity that occurs may go undetected and therefore may not be addressed in a timely manner.
<b>Rec. #16</b>	<b>Finding</b>	Information Systems Control Environment: OPM is unable to generate a complete and accurate listing of modifications to the mainframe and midrange environments.
	<b>Recommendation</b>	Grant Thornton recommends that OPM system owners establish a methodology to systematically track all configuration items that are migrated to production, and be able to produce a complete and accurate listing of all configuration items for both internal and external audit purposes, which will in turn support closer monitoring and management of the configuration management process.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Decreases the risk that unauthorized or erroneous changes to the mainframe and midrange configuration may be introduced without detection by system owners.

<b>Rec. #17</b>	<b><i>Finding</i></b>	Information Systems Control Environment: OPM lacks a security configuration checklist
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM enforce existing policy requiring mandatory security configuration settings, developed by OPM or developed by vendors or federal agencies, are implemented and settings are validated on a periodic basis to ensure appropriateness.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Restrictive security settings in place for components and a periodic assessment to ensure that such settings are in place and appropriate decreases the risk that the confidentiality, integrity, and / or availability of financial data is compromised.

**Title: Audit of OPM's Fiscal Year 2017 Financial Statements**  
**Report #: 4A-CF-00-17-028**  
**Date: November 13, 2017**

<b>Rec. #1</b>	<b><i>Finding</i></b>	System Security Plans, Risk Assessments, Security Assessment and Authorization Packages and Information System Continuous Monitoring documentation were incomplete.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM review, update and approve policies and procedures in accordance with frequencies prescribed by OPM policy.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Policies will reflect current operational environment, which will allow personnel to develop and adhere to authorized processes and related controls.

<b>Rec. #2</b>	<b><i>Finding</i></b>	OPM did not have a centralized process in place to maintain a complete and accurate listing of systems and devices to be able to provide security oversight or risk mitigation to the protection of its resources.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM implement processes to update the FISMA inventory listing to include interconnections, and review the FISMA inventory listing on a periodic basis for completeness and accuracy.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	With an updated FISMA Inventory Listing, Management can: (a) work towards FISMA compliance, (b) develop an understanding of how transactions/data flow between the various systems, and (c) understand the totality of operational systems/applications within its environment.
<b>Rec. #3</b>	<b><i>Finding</i></b>	OPM did not have a centralized process in place to maintain a complete and accurate listing of systems and devices to be able to provide security oversight or risk mitigation to the protection of its resources.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM implement processes to associate software and hardware assets to system boundaries.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Complete and consistent security control documentation and complete and thorough testing will allow the agency to be informed of security control weaknesses that threaten the confidentiality, integrity, and availability of the data contained within its systems.
<b>Rec. #5*</b>	<b><i>Finding</i></b>	OPM did not have a system in place to identify and generate a complete and accurate listing of OPM contractors and their employment status.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM implement a system or control that tracks the employment status of OPM contractors.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	A listing of contractors to be reconciled against systems access will decrease the risk that users retain lingering access to systems and therefore will decrease the risk of inaccurate, invalid, and unauthorized transactions being processed by systems that could ultimately impact financial reporting.

<b>Rec. #6*</b>	<b>Finding</b>	Documentation of the periodic review of POA&Ms did not exist. Several instances of known security weaknesses did not correspond to a POA&M.
	<b>Recommendation</b>	Grant Thornton recommends that OPM assign specific individuals with overseeing and monitoring POA&Ms to ensure security weaknesses correspond to a POA&M so that they are addressed in a timely manner.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The agency is able to determine whether vulnerabilities are remediated in a timely manner. This decreases the risk that systems are compromised.
<b>Rec. #7*</b>	<b>Finding</b>	OPM did not have a system in place to identify and generate a complete and accurate listing of users with significant information systems responsibilities.
	<b>Recommendation</b>	Grant Thornton recommends that OPM establish a means of developing a complete and accurate listing of users with Significant Information System Responsibilities that are required to complete role-based training.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive review of personnel with access to the in-scope applications /systems will decrease the risk that inappropriate individuals maintain access allowing them to perform incompatible functions or functions associated with elevated privileges.
<b>Rec. #9*</b>	<b>Finding</b>	OPM did not comply with their policies regarding periodic recertification of the appropriateness of user access.
	<b>Recommendation</b>	Grant Thornton recommends that OPM perform a comprehensive periodic review of the appropriateness of personnel with access to systems.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Two-factor authentication will decrease the risk of unauthorized access into OPM systems.

<b>Rec. #11*</b>	<b>Finding</b>	All six of the financial applications assessed were not compliant with OMB-M-11-11 Continued Implementation of Homeland Security Presidential Directive (HSPD) 12 Policy for a Common Identification Standard for Federal Employees and Contractors or Personal Identity Verification (PIV) and OPM policy which requires the two-factor authentication.
	<b>Recommendation</b>	Grant Thornton recommends that OPM implement two-factor authentication for applications.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Two-factor authentication will decrease the risk of unauthorized access into OPM systems.
<b>Rec. #12*</b>	<b>Finding</b>	OPM could not provide a system generated listing of all users who have access to systems. System roles and associated responsibilities or functions, including the identification of incompatible role assignments were not documented.
	<b>Recommendation</b>	Grant Thornton recommends that OPM document access rights to systems to include roles, role descriptions, and privileges or activities associated with each role or activity assignments that may cause a segregation of duties conflict.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive understanding of user access rights will decrease the risk that users perform incompatible duties or have access to privileges or roles outside of what is needed to perform their day-to-day duties.
<b>Rec. #13</b>	<b>Finding</b>	Users are not appropriately provisioned and de-provisioned access from OPM's information systems and the data center. OPM did not comply with their policies regarding periodic recertification of the appropriateness of user access.
	<b>Recommendation</b>	Grant Thornton recommends that OPM ensure policies and procedures governing the provisioning and de-provisioning of access to information systems are followed in a timely manner and documentation of completion of these processes is maintained.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Policies will reflect current operational environment, which will allow personnel to develop and adhere to authorized processes and related controls.



<b>Rec. #14*</b>	<b>Finding</b>	Security events were not reviewed in a timely manner.
	<b>Recommendation</b>	Grant Thornton recommends that OPM review audit logs on a pre-defined periodic basis for violations or suspicious activity and identify individuals responsible for follow up or elevation of issues to the appropriate team members for review. The review of audit logs should be documented for record retention purposes.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A thorough review of audit logs decreases the risk that suspicious activity that occurs may go undetected and therefore may not be addressed in a timely manner.
<b>Rec. #15</b>	<b>Finding</b>	OPM could not provide a system generated listing of all users who have access to systems. System roles and associated responsibilities or functions, including the identification of incompatible role assignments were not documented.
	<b>Recommendation</b>	Grant Thornton recommends that OPM establish a means of documenting all users who have access to system.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive understanding of user access rights will decrease the risk that users perform incompatible duties or have access to privileges or roles outside of what is needed to perform their day-to-day duties.
<b>Rec. #17*</b>	<b>Finding</b>	OPM did not have the ability to generate a complete and accurate listing of modifications made to configuration items to systems.
	<b>Recommendation</b>	Grant Thornton recommends that OPM establish a methodology to systematically track all configuration items that are migrated to production and be able to produce a complete and accurate listing of all configuration items for both internal and external audit purposes, which will in turn support closer monitoring and management of the configuration management process.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Decreases the risk that unauthorized or erroneous changes to the mainframe and midrange environments configuration may be introduced without detection by system owners.

<b>Rec. #18*</b>	<b>Finding</b>	OPM did not maintain a security configuration checklist for platforms.
	<b>Recommendation</b>	Grant Thornton recommends that OPM enforce existing policy developed by OPM, vendors or federal agencies requiring mandatory security configuration settings and implement a process to periodically validate that the settings are appropriate.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Restrictive security settings in place for components and a periodic assessment to ensure that such settings are in place and appropriate decreases the risk that the confidentiality, integrity, and / or availability of financial data is compromised.

**Title: Audit of OPM's Travel Card Program**

**Report #: 4A-CF-00-15-049**

**Date: January 16, 2018**

<b>Rec. #1</b>	<b>Finding</b>	Travel Operations lacks clear, concise, and accurate policies and procedures, governing their Travel Charge Card Program.
	<b>Recommendation</b>	The OIG recommends that Travel Operations ensure that all travel card policies and procedures, governing OPM's travel card program, are accurate and consistent with one another and contain all areas/ requirements outlined by laws and regulations pertaining to OPM's government travel card program.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Current, clear, and accurate policies and procedures will help to reduce the potential for fraud, waste, and abuse of the travel card program.
<b>Rec. #2</b>	<b>Finding</b>	See #1 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations ensure that roles and responsibilities are clearly articulated to avoid ambiguity of delegated duties.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Consistency creates less confusion among users and increases the accountability between employees and their program managers.
<b>Rec. #3</b>	<b>Finding</b>	See #1 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations collaborate with OPM's Employee Services to formulate written penalties to deter misuse of OPM's travel charge cards.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. The OIG has not received documentation to show implementation of the recommendation.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Current, clear, and accurate policies and procedures will help to reduce the potential for fraud, waste, and abuse of the travel card program.

<b>Rec. #4</b>	<b><i>Finding</i></b>	See #1 for description.
	<b><i>Recommendation</i></b>	The OIG recommends that Travel Operations immediately replace the Charge Card Management Plan, dated May 5, 2006, located on THEO, with the version dated January 2017. Travel Operations should also ensure that THEO is immediately updated when a new version of the Charge Card Management Plan is released or updated.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Current, clear, and accurate policies and procedures will help to reduce the potential for fraud, waste, and abuse of the travel card program.
<b>Rec. #6</b>	<b><i>Finding</i></b>	See #5 for description.
	<b><i>Recommendation</i></b>	The OIG recommends that Travel Operations formally appoint approving officials and program coordinators through appointment letters, which outline their basic responsibilities and duties related to the travel card operations for their respective program office.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Participants that are properly informed of their responsibilities can lead to the decrease in card misuse and abuse.
<b>Rec. #7</b>	<b><i>Finding</i></b>	See #5 for description.
	<b><i>Recommendation</i></b>	The OIG recommends that Travel Operations coordinate and partner with OPM program approving officials, program coordinators, and any appropriate program offices to implement controls to ensure card users and oversight personnel receive the required training on the appropriate use, controls and consequences of abuse before they are given a card, and/or appointment to the position. Documentation should be maintained to support the completion of initial and refresher training.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Properly trained participants can lead to the decrease in card misuse and abuse.

<b>Rec. #8</b>	<b>Finding</b>	Out of the 324 travel card transactions selected for testing, we found that 33 transactions, totaling \$8,158, were missing travel authorizations and 28 transactions, totaling \$27,627, were missing required receipts.
	<b>Recommendation</b>	The OIG recommends that Travel Operations strengthen its oversight and monitoring of travel card transactions, to include but not be limited to, ensuring travel cards are being used and approved in accordance with regulations and guidance.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Supported transactions decrease the risk for abuse or misuse of the travel card and agency resources.
<b>Rec. #9</b>	<b>Finding</b>	See #8 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations provide frequent reminders to the approving officials on their responsibilities when reviewing travel authorizations and vouchers. Reminders should include such things as GSA's best practices for travel charge cards to ensure travel cardholders submit receipts for expenses over \$75 when submitting their vouchers, and that travel authorizations are approved prior to travel.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Supported transactions decrease the risk for abuse or misuse of the travel card and agency resources.
<b>Rec. #10</b>	<b>Finding</b>	See #8 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations develop written procedures for their Compliance Review and Voucher Review processes. At a minimum, procedures should include verifying and validating travel authorizations, receipts, and vouchers.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Current, clear, and accurate policies and procedures will help to reduce the potential for fraud, waste, and abuse of the travel card program.
<b>Rec. #11</b>	<b>Finding</b>	We determined that 21 restricted cardholders made 68 cash advance transactions that exceeded their seven-day limit, totaling \$17,493. Three of the 21 restricted cardholders also exceeded their billing cycle limits, totaling \$3,509.
	<b>Recommendation</b>	The OIG recommends that Travel Operations ensure organizational program coordinators review and certify monthly ATM Reports to help identify cardholder cash advances taken in excess of their ATM limit.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A robust system of internal controls over the ATM cash advance decreases the risk that cash advances are used for expenses unrelated to Government travel.

<b>Rec. #12</b>	<b>Finding</b>	See #11 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations follow up with organizational program coordinators to ensure that appropriate actions are taken against employees who have used their travel card for unauthorized transactions during each billing cycle.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A robust system of internal controls over the ATM cash advance decreases the risk that cash advances are used for expenses unrelated to Government travel.
<b>Rec. #13</b>	<b>Finding</b>	Travel Operations did not provide support that cardholder accounts with delinquencies of 61 days or more were suspended or cancelled.
	<b>Recommendation</b>	The OIG recommends that Travel Operations ensure that payments are made or to obtain a remediation plan for all outstanding balances on delinquent accounts, totaling \$61,189.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Removing cards in the hands of a delinquent cardholder decreases the chances for fraud, misuse, and abuse of the travel card.
<b>Rec. #14</b>	<b>Finding</b>	See #13 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations strengthen internal controls to confirm that delinquent accounts are monitored and ensure that all delinquent cardholder accounts are either suspended or canceled, as appropriate.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Removing cards in the hands of a delinquent cardholder decreases the chances for fraud, misuse, and abuse of the travel card.
<b>Rec. #15</b>	<b>Finding</b>	Travel Operations did not immediately cancel 176 travel card accounts of employees that separated from OPM.
	<b>Recommendation</b>	The OIG recommends that Travel Operations ensure that an analysis is routinely performed to certify that travel cards are not used after the separation date.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Cancelling cards immediately upon termination of employment decreases the opportunity for continued use, which can result in travel card misuse and abuse.

<b>Rec. #16</b>	<b>Finding</b>	See #15 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations implement stronger internal controls to ensure that travel card accounts are immediately cancelled upon separation of the cardholder's employment.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Cancelling cards immediately upon termination of employment decreases the opportunity for continued use, which can result in travel card misuse and abuse.
<b>Rec. #17</b>	<b>Finding</b>	We were unable to determine if inactive cardholder's accounts had been deactivated because documentation was not provided to show that periodic reviews of cardholder activity had been completed.
	<b>Recommendation</b>	The OIG recommends that Travel Operations identify cardholders that have not used their travel card for one year or more and deactivate travel cards in a timely manner.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Performing and documenting periodic review to identify travel cardholders that have not used their card decreases potential for misuse, abuse, and fraud.
<b>Rec. #18</b>	<b>Finding</b>	See #17 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations enforce policies and procedures to conduct periodic reviews of travel card accounts to ensure cards are needed by the employees to which they are issued.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Performing and documenting periodic review to identify travel cardholders that have not used their card decreases potential for misuse, abuse, and fraud.
<b>Rec. #19</b>	<b>Finding</b>	See #17 for description.
	<b>Recommendation</b>	The OIG recommends that Travel Operations establish and implement controls to properly document and retain support for the periodic reviews of inactivity.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Performing and documenting periodic review to identify travel cardholders that have not used their card decreases potential for misuse, abuse, and fraud.

<b>Rec. #20</b>	<b>Finding</b>	Travel Operations does not have controls in place to ensure that the travel card data reported in the Annual Financial Report is accurate.
	<b>Recommendation</b>	The OIG recommends that Travel Operations provide support to validate the travel card information provided in Table 18. Furthermore, we recommend Travel Operations improve internal controls over its travel card reporting process to ensure the integrity of the travel card data reported in the AFR. These controls should include verification and validation of the travel card information prior to reporting it in the AFR.
	<b>Status</b>	The agency agreed with the recommendation and is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Validating the travel card data ensures the AFR information is not erroneous.

**Title: Audit of OPM's Common Services**

**Report #: 4A-CF-00-16-055**

**Date: March 29, 2018**

<b>Rec. #1</b>	<b>Finding</b>	Data Entry Errors were identified in the common services distribution calculation.
	<b>Recommendation</b>	The OIG recommends that the OCFO implement a process to correct identified errors in the same fiscal year.
	<b>Status</b>	The agency agreed with the recommendation. OPM informed us that actions are in progress. Evidence to support closure has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If effective controls are in place to ensure errors are identified, funding sources will not be incorrectly charged for their share of common services.
<b>Rec. #2</b>	<b>Finding</b>	See #1 for description
	<b>Recommendation</b>	The OIG recommends that the OCFO strengthen its internal controls to ensure that the distribution basis figures are properly supported, reviewed, and approved prior to billing the funding sources.
	<b>Status</b>	The agency agreed with the recommendation. OPM informed us that corrective actions are in progress. Evidence to support closure has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If effective controls are in place to ensure errors are identified, funding sources will not be incorrectly charged for their share of common services.



<b>Rec. #3</b>	<b><i>Finding</i></b>	The OCFO could not produce documentation to support (1) that the Director approved the fiscal year 2017 common services cost of \$105,101,530; (2) a change in Human Resources Solutions' common services January billing; and (3) how it determined the amount charged to the Office of the Inspector General.
	<b><i>Recommendation</i></b>	The OIG recommends that the OCFO provide documentation to support the Director's approval of the common services cost.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM informed us that corrective actions are in progress. Evidence to support closure has not yet been provided.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Maintaining supporting documentation supports the common services cost and billing charges which help to ensure that OPM's funding sources have not been mischarged for common services.
<b>Rec. #4</b>	<b><i>Finding</i></b>	See #3 for description.
	<b><i>Recommendation</i></b>	The OIG recommends that the OCFO maintain proper documentation to support all common services data, to include but not be limited to verbal agreements, calculations, methodology, distribution, and billing, to ensure completeness and transparency.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM informed us that corrective actions are in progress. Evidence to support closure has not yet been provided.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Maintaining supporting documentation supports the common services cost and billing charges which help to ensure that OPM's funding sources have not been mischarged for common services.
<b>Rec. #5</b>	<b><i>Finding</i></b>	The OCFO's fiscal year 2017 common services bill did not identify the "Unallocated" amount, which is set aside for emergency purposes.
	<b><i>Recommendation</i></b>	The OIG recommends that the OCFO reformat its budget levels to ensure all costs are appropriately itemized and/or contain full disclosure of all costs, to ensure transparency.
	<b><i>Status</i></b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	By providing transparent budget levels, senior official will be aware of all the services that they are being charged for.

**Title: Audit of OPM's Fiscal Year 2017 Improper Payments Reporting**  
**Report #: 4A-CF-00-18-012**  
**Date: May 10, 2018**

<b>Rec. #2</b>	<b>Finding</b>	The overall intent of the Improper Payments Information Act of 2002, as amended by IPERA and IPERIA, is to reduce improper payments. While Retirement Services met its improper payment reduction targets for fiscal years 2012 through 2017, Retirement Services' improper payments rate remained basically stagnant during that time period, at roughly an average of 0.37 percent. In addition, Retirement Services' improper payment amounts increased every year from 2012 to their current level of more than \$313 million.
	<b>Recommendation</b>	The OIG recommends that Retirement Services develop and implement additional cost-effective corrective actions, aimed at the root cause(s) of improper payments, in order to further reduce the improper payments rate.
	<b>Status</b>	The agency agreed with the recommendation. OPM is taking corrective actions. OPM has not implemented corrective actions; therefore, this recommendation remains open.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If controls are in place to identify the retirement services benefit programs improper payments estimates root cause, it will provide more granularity on the improper payment estimates, thus leading to more effective corrective actions at the program level and more focused strategies for reducing improper payments.

**Title: Audit of OPM's Fiscal Year 2018 Financial Statements**  
**Report #: 4A-CF-00-18-024**  
**Date: November 15, 2018**

<b>Rec. #1*</b>	<b>Finding</b>	General Support Systems (GSSs) and application System Security Plans, Risk Assessments, Authority to Operate Packages and Information System Continuous Monitoring documentation were incomplete or not reflective of current operating conditions.
	<b>Recommendation</b>	Grant Thornton recommends that OPM review and update system documentation (System Security Plans and Authority to Operate Packages) and appropriately document results of Risk Assessments and Information System Continuous Monitoring) in accordance with agency policies and procedures.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Complete and consistent security control documentation and complete and thorough testing will allow the agency to be informed of security control weaknesses that threaten the confidentiality, integrity, and availability of the data contained within its systems.

<b>Rec. #2*</b>	<b>Finding</b>	OPM did not have a centralized process in place to track a complete and accurate listing of systems and devices to be able to provide security oversight or risk mitigation in the protection of its resources.
	<b>Recommendation</b>	Grant Thornton recommends that OPM enhance processes in place to track the inventory of OPM's systems and devices.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Accurate tracing of OPM's systems and device inventory will enhance Management's understand the totality of operational systems/applications within its environment.
<b>Rec. #3*</b>	<b>Finding</b>	OPM did not have a system in place to identify and generate a complete and accurate listing of OPM contractors and their employment status
	<b>Recommendation</b>	Grant Thornton recommends that OPM implement a system or control that tracks the employment status of OPM contractors.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A listing of contractors to be reconciled against systems access will decrease the risk that users retain lingering access to systems and therefore will decrease the risk of inaccurate, invalid, and unauthorized transactions being processed by systems that could ultimately impact financial reporting.
<b>Rec. #4*</b>	<b>Finding</b>	A complete and accurate listing of Plan of Action and Milestones (POA&Ms) could not be provided. Additionally, documentation of the periodic review of POA&Ms did not exist.
	<b>Recommendation</b>	Grant Thornton recommends that OPM assign specific individuals with overseeing and monitoring POA&Ms to ensure security weaknesses correspond to a POA&M, and are remediated in a timely manner.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The agency will be able to determine whether vulnerabilities are remediated in a timely manner. This decreases the risk that systems are compromised.

<b>Rec. #5*</b>	<b>Finding</b>	OPM did not have a system in place to identify and generate a complete and accurate listing of users with significant information systems responsibility.
	<b>Recommendation</b>	Grant Thornton recommends that OPM establish a means of documenting a list of users with significant information system responsibilities to ensure the listing is complete and accurate and the appropriate training is completed.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	An accurate listing of users with significant information system responsibility will ensure individuals will obtain skills/training needed to perform day-to-day duties.
<b>Rec. #7*</b>	<b>Finding</b>	Users, including those with privileged access, were not appropriately provisioned and de-provisioned access from OPM's information systems.
	<b>Recommendation</b>	Grant Thornton recommends that OPM ensures policies and procedures governing the provisioning and de-provisioning of access to information systems are followed in a timely manner and documentation of completion of these processes is maintained.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Following and documenting the policies and procedures governing the provisioning and de-provisioning of access to information systems will ensure appropriate access to OPM's information systems.
<b>Rec. #8*</b>	<b>Finding</b>	OPM did not comply with their policies regarding the periodic recertification of the appropriateness of user access.
	<b>Recommendation</b>	Grant Thornton recommends that OPM perform a comprehensive periodic review of the appropriateness of personnel with access to systems.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Periodic reviews of personnel with access to systems will ensure the appropriateness of user access.

<b>Rec. #11*</b>	<b>Finding</b>	Financial applications assessed are not compliant with OMB-M-11-11 <i>Continued Implementation of Homeland Security Presidential Directive (HSPD) 12 Policy for a Common Identification Standard for Federal Employees and Contractors</i> or Personal Identity Verification (PIV) and OPM policy, which requires the two-factor authentication.
	<b>Recommendation</b>	Grant Thornton recommends that OPM implement two-factor authentication for applications.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Implementing two-factor authentication for applications ensure compliance with OMB-M-11-11 and PIV and OPM policy which requires the two-factor authentication.
<b>Rec. #12*</b>	<b>Finding</b>	System roles and associated responsibilities or functions, including the identification of incompatible role assignments were not documented.
	<b>Recommendation</b>	Grant Thornton recommends that OPM document access rights to systems to include roles, role descriptions and privileges or activities associated with each role and role or activity assignments that may cause a segregation of duties conflict.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Documenting access rights to OPM systems decreases the risk of systems compromise.
<b>Rec. #13*</b>	<b>Finding</b>	A comprehensive review of audit logs was not performed for the mainframe and four of the six in-scope applications which are mainframe based, or was not performed in a timely manner for one of the six in-scope applications that resides on the network.
	<b>Recommendation</b>	Grant Thornton recommends that OPM review audit logs on a pre-defined periodic basis for violations or suspicious activity and identify individuals responsible for follow up or elevation of issues to the appropriate team members for review. The review of audit logs should be documented for record retention purposes.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Reviewing the audit logs and documenting the review decreases the risk of unauthorized access the mainframe and applications.

<b>Rec. #14*</b>	<b>Finding</b>	System roles and associated responsibilities or functions, including the identification of incompatible role assignments were not documented.
	<b>Recommendation</b>	Grant Thornton recommends that OPM establish a means of documenting all users who have access to system.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Documenting system roles and responsibilities will ensure access to systems only to authorized users.
<b>Rec. #15</b>	<b>Finding</b>	Password and inactivity settings for the general support systems and one of the six in-scope applications are not compliant with OPM policy.
	<b>Recommendation</b>	Grant Thornton recommends that OPM configure password and inactivity parameters to align with agency policies.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022 Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Configuring password and inactivity parameters will ensure compliance with OPM policy.
<b>Rec. #19*</b>	<b>Finding</b>	OPM did not have the ability to generate a complete and accurate listing of modifications made to configuration items to the GSS and applications.
	<b>Recommendation</b>	Grant Thornton recommends that OPM establish a methodology to systematically track all configuration items that are migrated to production and be able to produce a complete and accurate listing of all configuration items for both internal and external audit purposes, which will in turn support closer monitoring and management of the configuration management process.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Decreases the risk that unauthorized or erroneous changes to the mainframe and midrange configuration may be introduced without detection by system owners.

<b>Rec. #20*</b>	<b><i>Finding</i></b>	OPM did not maintain a security configuration checklist for platforms.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM enforce existing policy developed by OPM, vendors or federal agencies requiring mandatory security configuration settings and implement a process to periodically validate the settings are appropriate.
	<b><i>Status</i></b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Restrictive security settings in place for components and a periodic assessment to ensure that such settings are in place and appropriate decreases the risk that the confidentiality, integrity, and / or availability of financial data is compromised.
<b>Rec. #22</b>	<b><i>Finding</i></b>	Controls are not in place to validate that data transmitted to applications is complete and accurate.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM implement controls to validate that data transmitted to applications is complete and accurate.
	<b><i>Status</i></b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Ensures the data transmitted to OPM's applications will be complete and accurate.
<b>Rec. #23</b>	<b><i>Finding</i></b>	Comprehensive interface/data transmission design documentation is not in place.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that OPM develop interface/data transmission design documentation that specifies data fields being transmitted, controls to ensure the completeness and accuracy of data transmitted, and definition of responsibilities.
	<b><i>Status</i></b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Ensures the data transmitted within OPM systems is complete and accurate.



**Title: Audit of the U.S. Office of Personnel Management's Fiscal Year 2018 Improper Payments Reporting**  
**Report #: 4A-CF-00-19-012**  
**Date: June 3, 2019**

<b>Rec. #4*</b>	<b>Finding</b>	In FY 2017, the OIG reported that while Retirement Services met its improper payments reduction targets, the overall intent of the Improper Payments Information Act of 2002, as amended by IPERA and IPERIA, to reduce improper payments, had not been met. In addition, we noted that Retirement Services outlined various corrective actions taken to combat improper payments; however, some had been discontinued due to the perceived cost ineffectiveness of the program, such as the Proof of Life project, and additional cost-effective corrective actions have not been identified and implemented.
	<b>Recommendation</b>	We recommend that Retirement Services develop and implement additional cost-effective corrective actions, aimed at the root cause(s) of improper payments, in order to further reduce the improper payments rate.
	<b>Status</b>	The agency did not agree with the recommendation. OPM is considering alternative approaches to address the findings. OPM has not implemented corrective actions; therefore, this recommendation remains open.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If OPM develops and implements additional cost-effective corrective actions, aimed at the root cause(s) of improper payments, they will further reduce the improper payments rate.

**Title: Audit of OPM's Fiscal Year 2019 Financial Statements**  
**Report #: 4A-CF-00-19-022**  
**Date: November 18, 2019**

<b>Rec. #1*</b>	<b>Finding</b>	<b>Security Access:</b> General Support Systems (GSSs) and application System Security Plans, Risk Assessments, Authority to Operate Packages and Information System Continuous Monitoring documentation were incomplete, not timely, or not reflective of current operating conditions.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Review and update system documentation (System Security Plans and Authority to Operate Packages) and appropriately document results of Risk Assessments and Information System Continuous Monitoring) in accordance with agency policies and procedures.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Complete and consistent security control documentation and complete and thorough testing will allow the agency to be informed of security control weaknesses that threaten the confidentiality, integrity, and availability of the data contained within its systems.

<b>Rec. #2*</b>	<b>Finding</b>	<b>Security Access:</b> OPM did not have a centralized process in place to track a complete and accurate listing of systems and devices to be able to provide security oversight or risk mitigation in the protection of its resources.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Enhance processes in place to track the inventory of OPM's systems and devices, and validate that security software and tools are installed on all systems.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Accurate tracing of OPM's systems and device inventory will enhance Management's understand the totality of operational systems/applications within its environment.
<b>Rec. #3*</b>	<b>Finding</b>	<b>Security Access:</b> OPM did not have a system in place to identify and generate a complete and accurate listing of OPM contractors and their employment status.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Implement a system or control that tracks the employment status of OPM contractors.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A listing of contractors to be reconciled against systems access will decrease the risk that users retain lingering access to systems and therefore will decrease the risk of inaccurate, invalid, and unauthorized transactions being processed by systems that could ultimately impact financial reporting.
<b>Rec. #4*</b>	<b>Finding</b>	<b>Security Access:</b> A complete and accurate listing of Plan of Action and Milestones (POA&Ms) could not be provided. Additionally, documentation of the periodic review of POA&Ms did not exist.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Assign specific individuals with overseeing and monitoring POA&Ms to ensure security weaknesses correspond to a POA&M, and are remediated in a timely manner.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The agency will be able to determine whether vulnerabilities are remediated in a timely manner. This decreases the risk that systems are compromised.

<b>Rec. #5*</b>	<b>Finding</b>	<b>Security Access:</b> OPM did not have a system in place to identify and generate a complete and accurate listing of users with significant information systems responsibility
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Establish a means of documenting a list of users with significant information system responsibilities to ensure the listing is complete and accurate and the appropriate training is completed.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	An accurate listing of users with significant information system responsibility will ensure individuals will obtain skills/training needed to perform day-to-day duties.
<b>Rec. #6*</b>	<b>Finding</b>	<b>Logical Access:</b> Users, including those with privileged access, were not appropriately provisioned and de-provisioned access from OPM's information systems.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Ensure policies and procedures governing the provisioning and de-provisioning of access to information systems are followed in a timely manner and documentation of completion of these processes is maintained.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Following and documenting the policies and procedures governing the provisioning and de-provisioning of access to information systems will ensure appropriate access to OPM's information systems.
<b>Rec. #7*</b>	<b>Finding</b>	<b>Logical Access:</b> OPM did not comply with their policies regarding the periodic recertification of the appropriateness of user access.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Perform a comprehensive periodic review of the appropriateness of personnel with access to systems.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Periodic reviews of personnel with access to systems will ensure the appropriateness of user access.

<b>Rec. #8*</b>	<b>Finding</b>	<b>Logical Access:</b> Financial applications assessed are not compliant with OMB-M-11-11 Continued Implementation of Homeland Security Presidential Directive (HSPD) 12 Policy for a Common Identification Standard for Federal Employees and Contractors or Personal Identity Verification (PIV) and OPM policy which requires the two-factor authentication.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Implement two-factor authentication for applications.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Implementing two-factor authentication for applications ensure compliance with OMB-M-11-11 and PIV and OPM policy which requires the two-factor authentication.
<b>Rec. #9*</b>	<b>Finding</b>	<b>Logical Access:</b> System roles and associated responsibilities or functions, including the identification of incompatible role assignments, were not documented.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Document access rights to systems to include roles, role descriptions and privileges or activities associated with each role and role or activity assignments that may cause a segregation of duties conflict.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Documenting access rights to OPM systems decreases the risk of systems compromise.

<b>Rec. #10*</b>	<b>Finding</b>	<b>Logical Access:</b> Audit logging and monitoring procedures were not developed for all tools, operating systems, and databases contained within the application boundaries. Further, a comprehensive review of audit logs was not performed, or was not performed in a timely manner.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Prepare audit logging and monitoring procedures for databases within application boundaries. Review audit logs on a pre-defined periodic basis for violations or suspicious activity and identify individuals responsible for follow up or elevation of issues to the appropriate team members for review. The review of audit logs should be documented for record retention purposes.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, s Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Reviewing the audit logs and documenting the review decreases the risk of unauthorized access the mainframe and applications.
<b>Rec. #11*</b>	<b>Finding</b>	<b>Logical Access:</b> OPM could not provide a system generated listing of all users who have access to systems, as well as a listing of all users who had their access to systems revoked during the period.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Establish a means of documenting all users who have access to systems, and all users who had their systems access revoked.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive understanding of user access rights will decrease the risk that users perform incompatible duties or have access to privileges or roles outside of what is needed to perform their day-to-day duties.
<b>Rec. #12*</b>	<b>Finding</b>	<b>Logical Access:</b> Password and inactivity settings are not compliant with OPM policy.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Configure password and inactivity parameters to align with agency policies.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Configuring password and inactivity settings will ensure compliance with OPM policy.

<b>Rec. #14*</b>	<b><i>Finding</i></b>	<b>Configuration Management:</b> OPM did not have the ability to generate a complete and accurate listing of modifications made to configuration items to the GSS and applications.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Establish a methodology to systematically track all configuration items that are migrated to production and be able to produce a complete and accurate listing of all configuration items for both internal and external audit purposes, which will in turn support closer monitoring and management of the configuration management process.
	<b><i>Status</i></b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Decreases the risk that unauthorized or erroneous changes to the mainframe and midrange configuration may be introduced without detection by system owners.
<b>Rec. #15</b>	<b><i>Finding</i></b>	<b>Configuration Management:</b> Users have access to both, develop and migrate changes to the information systems. Additionally, there were instances in which OPM was unable to articulate users with access to develop and migrate changes to the information systems.
	<b><i>Recommendation</i></b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Separate users with the ability to develop and migrate changes to production, or implement controls to detect instances in which a user develops and migrates the same change.
	<b><i>Status</i></b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Implementing controls to detect instances in which a user develops and migrates the same change decreases the risk that unauthorized users will have access to information systems.

<b>Rec. #16</b>	<b>Finding</b>	<b>Configuration Management:</b> OPM did not perform post-implementation reviews to validate that changes migrated to production were authorized for in scope systems.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Conduct post-implementation reviews to validate that changes migrated to production are authorized.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Conducting post-implementation reviews will ensure that changes migrated to production were authorized for in scope systems.
<b>Rec. #17*</b>	<b>Finding</b>	<b>Configuration Management:</b> OPM did not maintain a security configuration checklist for platforms. Furthermore, baseline scans were not configured on all production servers within application boundaries. Lastly, misconfigurations identified through baseline scans were not remediated in a timely manner.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Enforce existing policy developed by OPM, vendors or federal agencies requiring mandatory security configuration settings and implement a process to periodically validate the settings are appropriate.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Restrictive security settings in place for components and a periodic assessment to ensure that such settings are in place and appropriate decreases the risk that the confidentiality, integrity, and / or availability of financial data is compromised.
<b>Rec. #19*</b>	<b>Finding</b>	<b>Interface / Data Transmission Controls:</b> Controls are not in place to validate that data transmitted to applications is complete and accurate.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Implement controls to validate that data transmitted to applications is complete and accurate.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Implementing controls will ensure that data transmitted to applications is complete and accurate

<b>Rec. #20*</b>	<b>Finding</b>	<b>Interface / Data Transmission Controls:</b> Comprehensive interface / data transmission design documentation is not in place.
	<b>Recommendation</b>	Grant Thornton recommends that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Develop interface / data transmission design documentation that specifies data fields being transmitted, controls to ensure the completeness and accuracy of data transmitted, and definition of responsibilities.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Develop interface / data transmission design documentation will ensure the completeness and accuracy of data transmitted, and definition of responsibilities.

**Title: Audit of the U.S. Office of Personnel Management's Federal Employees Health Benefits Program and Retirement Services Improper Payments Rate Methodologies**  
**Report #: 4A-RS-00-18-035**  
**Date: April 2, 2020**

<b>Rec. #1</b>	<b>Finding</b>	HI's FY 2017 reported improper payments rate methodology is outdated.
	<b>Recommendation</b>	We recommend that OPM's Healthcare and Insurance office update its improper payments rate calculation, including a plan to do so with target dates, and documentation of any analysis conducted and conclusions reached in developing the updated methodology. This methodology, at a minimum, should include estimations for the population of FEHBP carriers that have not been audited each year and statistically valid sampling to provide a more accurate representation of improper payments for reporting.
	<b>Status</b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	By updating its methodology, including considering the use of a statistically valid or alternative sampling and estimation approach to determine estimated improper payments for reporting purposes, the current methodology could be more in compliance with improper payments guidance and regulations. Moreover, OPM could more accurately report the amount of improper payments in a given FY.



<b>Rec. #2</b>	<b><i>Finding</i></b>	HI is only using the OIG's fraud data and recoveries to calculate its improper payments rate and is not including the fraud, waste, and abuse data from the FEHBP Fraud, Waste, and Abuse (FWA) Reports submitted by FEHBP carriers.
	<b><i>Recommendation</i></b>	We recommend that Healthcare and Insurance evaluate the data in the FWA Report to determine if the data can be simplified and validated, as necessary, to be used as a tool for its improper payments rate reporting.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The FEHBP FWA Reports could be a valuable source of potential improper payment data, and the ability to verify and use the information means that HI could more accurately identify and report all of the FEHBP's improper payments.
<b>Rec. #3</b>	<b><i>Finding</i></b>	See number 2 above.
	<b><i>Recommendation</i></b>	We recommend that Healthcare and Insurance work with the FEHBP carriers to develop a process for reporting more uniform data in the FWA Report.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The FEHBP FWA Reports could be a valuable source of potential improper payment data, and the ability to verify and use the information means that HI could more accurately identify and report all of the FEHBP's improper payments.
<b>Rec. #4</b>	<b><i>Finding</i></b>	RS has not been utilizing the Do Not Pay (DNP) Portal. Since 2014, RS has reported their reasons for not using the DNP Portal in the AFR; however, the DNP Portal may be a control activity that RS could use to reduce improper payments.
	<b><i>Recommendation</i></b>	We recommend that Retirement Services continue to periodically meet with the DNP representatives to discuss new capabilities of the DNP Portal and determine whether it can be a beneficial addition in identifying improper payments for the most susceptible annuity payment cycle(s), i.e., pre-payment and post-payment.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	By taking steps to build a more robust improper payments methodology, RS could more accurately identify and report all of the FEHBP's improper payments.

<b>Rec. #5</b>	<b>Finding</b>	RS has not consistently conducted its Over Age 90 projects to verify the living status of the aged annuitant population and indicates that limited resources are impacting its ability to do so.
	<b>Recommendation</b>	We recommend that Retirement Services perform the Over Age 90 project of the annuitant population on a more routine basis, such as annually or biannually.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The ability to perform the Over Age 90 projects on a more consistent basis has a clear impact on RS's ability to identify and stop annuity payments to ineligible annuitants and survivors.
<b>Rec. #6</b>	<b>Finding</b>	See number 5 above.
	<b>Recommendation</b>	We recommend that Retirement Services analyze the results from previous Over Age 90 projects to determine if the results can be projected to years where the Over Age 90 projects are not conducted and included in RS's improper payments reporting.
	<b>Status</b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The ability to perform the Over Age 90 projects on a more consistent basis has a clear impact on RS's ability to identify and stop annuity payments to ineligible annuitants and survivors.
<b>Rec. #7</b>	<b>Finding</b>	See number 5 above.
	<b>Recommendation</b>	We recommend that all payments made to deceased annuitants be classified as improper in the year in which they are identified.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	By classifying payments as improper at the initial point of discovery, improper payments could be included in RS's calculation during the year in which they are identified.
<b>Rec. #8</b>	<b>Finding</b>	RS does not report overpayments identified during its annual Form 1099-R review in its improper payments rate calculation, including payments made to deceased annuitants where the reclamation process was initiated.
	<b>Recommendation</b>	We recommend that Retirement Services provide support to show the final results of the 9,169 cases in which reclamation was initiated and the 43 cases referred to the Survivor Processing Section from its review of returned 2016 tax year Form 1099-Rs.
	<b>Status</b>	The agency did not agree with the recommendation. The OIG has not received documentation to support their non-concurrence.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	By recognizing an improper payment as soon as an annuitant is identified as deceased and/or dropped from the annuity rolls, RS can ensure that the amount of improper payments is more accurately reported in the AFR.

<b>Rec. #9</b>	<b><i>Finding</i></b>	See number 8 above.
	<b><i>Recommendation</i></b>	We recommend that Retirement Services maintain support for future reviews of returned Form 1099-Rs, including an accounting of overpayments made to annuitants dropped from the annuity rolls, identified as deceased, or referred for further research and/or drop action, and include the total of such payments in the annual calculation of improper payments.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation. OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	By recognizing an improper payment as soon as an annuitant is identified as deceased and/or dropped from the annuity rolls, RS can ensure that the amount of improper payments is more accurately reported in the AFR.
<b>Rec. #10</b>	<b><i>Finding</i></b>	RS did not provide any documentation on the nature of the underlying issues it experienced in conducting data mining reviews or its intent to address them.
	<b><i>Recommendation</i></b>	We recommend that Retirement Services conduct an analysis to determine if other types of data mining reviews can be performed, using the annuity roll data, to identify improper payments.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The increased use of data mining techniques could ensure that RS is not excluding a significant amount of improper payments from its improper payments rate calculation.
<b>Rec. #11</b>	<b><i>Finding</i></b>	See number 10 above.
	<b><i>Recommendation</i></b>	We recommend that Retirement Services develop a plan of action to utilize the data mining reviews identified in response to Recommendation 10 and report the results of those reviews in its improper payment calculation, including documenting any issues identified.
	<b><i>Status</i></b>	The agency agreed with the recommendation. OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The increased use of data mining techniques could ensure that RS is not excluding a significant amount of improper payments from its improper payments rate calculation.

<b>Rec. #12</b>	<b>Finding</b>	RS did not provide documentation to support that it completed any analysis of the cost effectiveness of their identified improper payment corrective actions, in accordance with OMB's Memorandum M-18-20, Circular A-123, Appendix C (Part III, A1), that would validate its position to discontinue activities, such as Proof of Life projects.
	<b>Recommendation</b>	We recommend that OPM's Retirement Services conduct cost benefit analyses of all current corrective actions and document their results.
	<b>Status</b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The increased use of data mining techniques could ensure that RS is not excluding a significant amount of improper payments from its improper payments rate calculation.

**Title: Audit of the U.S. Office of Personnel Management's Fiscal Year 2019 Improper Payments Reporting**  
**Report #: 4A-CF-00-20-014**  
**Date: May 14, 2020**

<b>Rec. #1</b>	<b>Finding</b>	Retirement Services and Healthcare and Insurance have not reviewed and updated their determination that a payment recapture audit program is not cost effective since 2011.
	<b>Recommendation</b>	We recommend that OPM conduct periodic analysis, based on current program conditions, on the cost-effectiveness of a payment recapture audit program and retain documentation to support their analysis and conclusion.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If OPM reviews and updates the analysis used to determine whether or not a payment recapture audit program is cost effective, it will ensure that OPM and the program offices are following guidance and best practices and potentially return improper payments to the trust funds.
<b>Rec. #3*</b>	<b>Finding</b>	In FY 2017, the OIG reported that while Retirement Services met its improper payments reduction targets, the overall intent of the Improper Payments Information Act of 2002, as amended by IPERA and IPERIA, to reduce improper payments, had not been met. In addition, we noted that Retirement Services outlined various corrective actions taken to combat improper payments; however, some had been discontinued due to the perceived cost ineffectiveness of the program, such as the Proof of Life project, and additional cost-effective corrective actions have not been identified and implemented.
	<b>Recommendation</b>	We recommend that Retirement Services develop and implement additional cost-effective corrective actions, aimed at the root cause(s) of improper payments, to further reduce the improper payments rate.
	<b>Status</b>	The agency did not agree with the recommendation. OPM is considering alternative approaches to address the findings. OPM has not implemented corrective actions; therefore, this recommendation remains open.
	<b>Estimated Program Savings</b>	N/A

<b>Rec. #3* (Cont.)</b>	<b>Other Nonmonetary Benefit</b>	If OPM develops and implements additional effective cost-effective corrective actions, aimed at the root cause(s) of improper payments, they will further reduce the improper payments rate.
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**Title: Audit of the U.S. Office of Personnel Management's Retirement Services Disability Process**  
**Report #: 4A-RS-00-19-038**  
**Date: October 30, 2020**

<b>Rec. #1</b>	<b>Finding</b>	Retirement Services lacks the proper documentation, such as training certificates, sign-in sheets, or other supporting documentation, to verify that Boyers Disability Section, Appeals, and Claims I staff have completed the appropriate training to perform their job functions.
	<b>Recommendation</b>	We recommend that RS implement internal controls to ensure that all staff responsible for processing disability cases, including but not limited to Medical Specialists, Paralegals, and Legal Administrative Specialists, take the required training to perform their job functions and that supporting documentation for completed training is maintained.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If controls are in place over documenting Retirement Services' staff's training, it will increase OPM's effectiveness in ensuring that disability cases are processed by qualified individuals.
<b>Rec. #2</b>	<b>Finding</b>	Retirement Services could not support that it met its requirement to annually reevaluate cases initially approved for disability retirement on a temporary basis until the annuitant reaches age 60, also known as Medical Call-ups.
	<b>Recommendation</b>	We recommend that RS establish a plan to complete the Medical Call-ups that are past the annual review period and stop any payments for which annuitants are no longer eligible.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If controls are in place to ensure that Medical Call-ups are conducted timely, it will decrease OPM's risk of not meeting requirements.
<b>Rec. #3</b>	<b>Finding</b>	See #2 for description.
	<b>Recommendation</b>	We recommend that RS ensure that Medical Call-ups are conducted timely and that supporting documentation is maintained.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If controls are in place to ensure that Medical Call-ups are conducted timely, it will decrease OPM's risk of not meeting requirements.

<b>Rec. #4</b>	<b><i>Finding</i></b>	See #2 for description.
	<b><i>Recommendation</i></b>	We recommend that RS investigate the cases due for Medical Call-ups in FY 2019 to determine if improper payments were made and immediately initiate any funds recovery, if applicable.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	If controls are in place to ensure that Medical Call-ups are conducted timely, it will decrease OPM's risk of making improper payments.
<b>Rec. #5</b>	<b><i>Finding</i></b>	Claims I Quality Assurance Reviews were incomplete and not documented.
	<b><i>Recommendation</i></b>	We recommend that RS create and implement written procedures to ensure that quality assurance reviews are properly documented and maintained.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	If controls are in place to ensure that quality assurance reviews are documented, it will increase OPM's effectiveness in ensuring that quality assurance reviews are complete.
<b>Rec. #6</b>	<b><i>Finding</i></b>	See #5 for description.
	<b><i>Recommendation</i></b>	We recommend that RS ensure that Claims I/Claims II Internal Auditors and Senior LAS thoroughly complete quality assurance reviews for adjudicated cases.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Ensuring that Retirement Services' staff thoroughly complete quality assurance reviews of adjudicated cases will increase RS' effectiveness over its claims process.
<b>Rec. #7</b>	<b><i>Finding</i></b>	We analyzed 61 out of 6,956 Retirement Disability Receipts for fiscal year 2019 and identified issues with processing timeliness and case tracking.
	<b><i>Recommendation</i></b>	We recommend that RS monitor internal timeliness goals to determine if they are practical and align with the updated disability process and new performance tracking systems, and modify the timeliness goals as appropriate.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Monitoring internal timeliness goals will increase Retirement Services' ability to ensure that disability cases are being properly tracked.

<b>Rec. #8</b>	<b>Finding</b>	See #7 for description.
	<b>Recommendation</b>	We recommend that Retirement Services continue to work with OPM's Office of the Chief Information Officer to establish a modernized Information Technology system that has capabilities to ensure the proper tracking of cases throughout the disability process.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Modernizing OPM's information technology systems will enable Retirement Services to properly track its disability cases.

**Title: Audit of OPM's Fiscal Year 2020 Financial Statements**

**Report #: 4A-CF-00-20-024**

**Date: November 13, 2020**

<b>Rec. #1*</b>	<b>Finding</b>	<b>Security Management:</b> General Support Systems (GSSs) and application System Security Plans, Risk Assessments, Authority to Operate Packages and Information System Continuous Monitoring documentation were incomplete, not timely, or not reflective of current operating conditions.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Review and update system documentation (System Security Plans and Authority to Operate Packages) and appropriately document results of Risk Assessments and Information System Continuous Monitoring) in accordance with agency policies and procedures.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Complete and consistent security control documentation and complete and thorough testing will allow the agency to be informed of security control weaknesses that threaten the confidentiality, integrity, and availability of the data contained within its systems.
<b>Rec. #2*</b>	<b>Finding</b>	<b>Security Management:</b> OPM did not have a centralized process in place to track a complete and accurate listing of systems and devices to be able to provide security oversight or risk mitigation in the protection of its resources.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Enhance processes in place to track the inventory of OPM's systems and devices and validate that security software and tools are installed on all systems.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Accurate tracing of OPM's systems and device inventory will enhance Management's understand the totality of operational systems/applications within its environment.



<b>Rec. #3*</b>	<b>Finding</b>	<b>Security Management:</b> OPM did not have a system in place to identify and generate a complete and accurate listing of OPM contractors and their employment status.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Implement a system or control that tracks current and separated OPM contractors.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A listing of contractors to be reconciled against systems access will decrease the risk that users retain lingering access to systems and therefore will decrease the risk of inaccurate, invalid, and unauthorized transactions being processed by systems that could ultimately impact financial reporting.
<b>Rec. #4*</b>	<b>Finding</b>	<b>Security Management:</b> A complete and accurate listing of Plan of Action and Milestones (POA&Ms) could not be provided. Additionally, documentation of the periodic review of POA&Ms did not exist.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Assign specific individuals with overseeing and monitoring POA&Ms to ensure security weaknesses correspond to a POA&M and are remediated in a timely manner.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The agency will be able to determine whether vulnerabilities are remediated in a timely manner. This decreases the risk that systems are compromised.
<b>Rec. #5*</b>	<b>Finding</b>	<b>Security Management:</b> OPM did not have a system in place to identify and generate a complete and accurate listing of users with significant information systems responsibility.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Establish a means of documenting a list of users with significant information system responsibilities to ensure the listing is complete and accurate and the appropriate training is completed.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	An accurate listing of users with significant information system responsibility will ensure individuals will obtain skills/training needed to perform day-to-day duties.



<b>Rec. #6</b>	<b>Finding</b>	<b>Security Management:</b> OPM did not review applicable Service Organization Controls (SOC) reports.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Assign individuals the responsibility of reviewing SOC reports for systems that are leveraged by the agency and hosted and / or maintained by third parties.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Without a review the report of the controls performed by third parties, OPM is unable to validate that the internal control environment can mitigate risks.
<b>Rec. #7*</b>	<b>Finding</b>	<b>Logical Access:</b> Users, including those with privileged access, were not appropriately provisioned and de-provisioned access from OPM's information systems.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Ensure policies and procedures governing the provisioning and de-provisioning of access to information systems are followed in a timely manner and documentation of completion of these processes is maintained.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Following and documenting the policies and procedures governing the provisioning and de-provisioning of access to information systems will ensure appropriate access to OPM's information systems.
<b>Rec. #8*</b>	<b>Finding</b>	<b>Logical Access:</b> OPM did not comply with their policies regarding the periodic recertification of the appropriateness of user access.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Perform a comprehensive periodic review of the appropriateness of personnel with access to systems.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Periodic reviews of personnel with access to systems will ensure the appropriateness of user access.

<b>Rec. #9*</b>	<b>Finding</b>	<b>Logical Access:</b> Financial applications assessed are not compliant with OMB-M-11-11 Continued Implementation of Homeland Security Presidential Directive (HSPD) 12 Policy for a Common Identification Standard for Federal Employees and Contractors or Personal Identity Verification (PIV) and OPM policy which requires the two-factor authentication.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Implement two-factor authentication for applications.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Implementing two-factor authentication for applications ensure compliance with OMB-M-11-11 and PIV and OPM policy which requires the two-factor authentication.
<b>Rec. #10*</b>	<b>Finding</b>	<b>Logical Access:</b> System roles and associated responsibilities or functions, including the identification of incompatible role assignments, were not documented.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Document access rights to systems to include roles, role descriptions and privileges or activities associated with each role and role or activity assignments that may cause a segregation of duties conflict.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, the independent public accountant employed by OPM to conduct the financial statement audit had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Documenting access rights to OPM systems decreases the risk of systems compromise.
<b>Rec. #11*</b>	<b>Finding</b>	<b>Logical Access:</b> Audit logging and monitoring procedures were not developed for all tools, operating systems, and databases contained within the application boundaries. Further, a comprehensive review of audit logs was not performed, or was not performed in a timely manner.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Prepare audit logging and monitoring procedures for databases within application boundaries. Review audit logs on a pre-defined periodic basis for violations or suspicious activity and identify individuals responsible for follow up or elevation of issues to the appropriate team members for review. The review of audit logs should be documented for record retention purposes.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A

<b>Rec. #11*</b> <b>(Cont.)</b>	<b>Other Nonmonetary Benefit</b>	Reviewing the audit logs and documenting the review decreases the risk of unauthorized access the mainframe and applications.
<b>Rec. #12*</b>	<b>Finding</b>	<b>Logical Access:</b> OPM could not provide a system generated listing of all users who have access to systems, as well as a listing of all users who had their access to systems revoked during the period.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Establish a means of documenting all users who have access to systems, and all users who had their systems access revoked.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	A comprehensive understanding of user access rights will decrease the risk that users perform incompatible duties or have access to privileges or roles outside of what is needed to perform their day-to-day duties.
<b>Rec. #13*</b>	<b>Finding</b>	<b>Logical Access:</b> Password and inactivity settings are not compliant with OPM policy.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Configure password and inactivity parameters to align with agency policies.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Configuring password and inactivity settings will ensure compliance with OPM policy.
<b>Rec. #15*</b>	<b>Finding</b>	<b>Configuration Management:</b> OPM did not have the ability to generate a complete and accurate listing of modifications made to configuration items to the GSS and applications.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Establish a methodology to systematically track all configuration items that are migrated to production and be able to produce a complete and accurate listing of all configuration items for both internal and external audit purposes, which will in turn support closer monitoring and management of the configuration management process.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Decreases the risk that unauthorized or erroneous changes to the mainframe and midrange configuration may be introduced without detection by system owners.

<b>Rec. #16*</b>	<b>Finding</b>	<b>Configuration Management:</b> Users have access to both develop and migrate changes to the information systems. Additionally, there were instances in which OPM was unable to articulate users with access to develop and migrate changes to the information systems.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Separate users with the ability to develop and migrate changes to production or implement controls to detect instances in which a user develops and migrates the same change.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Implementing controls to detect instances in which a user develops and migrates the same change decreases the risk that unauthorized users will have access to information systems.
<b>Rec. #17*</b>	<b>Finding</b>	<b>Configuration Management:</b> OPM did not perform post-implementation reviews to validate that changes migrated to production were authorized for in scope systems.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Conduct post-implementation reviews to validate that changes migrated to production are authorized.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Conducting post-implementation reviews will ensure that changes migrated to production were authorized for in scope systems.
<b>Rec. #18*</b>	<b>Finding</b>	<b>Configuration Management:</b> OPM did not maintain a security configuration checklist for platforms. Furthermore, baseline scans were not configured on all production servers within application boundaries. Lastly, misconfigurations identified through baseline scans were not remediated in a timely manner.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Enforce existing policy developed by OPM, vendors or federal agencies requiring mandatory security configuration settings and implement a process to periodically validate the settings are appropriate.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Restrictive security settings in place for components and a periodic assessment to ensure that such settings are in place and appropriate decreases the risk that the confidentiality, integrity, and / or availability of financial data is compromised.

<b>Rec. #20*</b>	<b>Finding</b>	<b>Interface/Data Transmission Controls:</b> Controls were not in place to validate that data transmitted to applications is complete and accurate.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Implement controls to validate that data transmitted to applications is complete and accurate.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, Grant Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Implementing controls will ensure that data transmitted to applications is complete and accurate

<b>Rec. #21*</b>	<b>Finding</b>	<b>Interface/Data Transmission Controls:</b> Comprehensive interface / data transmission design documentation is not in place.
	<b>Recommendation</b>	We recommend that the Office of the Chief Information Officer (OCIO), in coordination with system owners, enforce and monitor the implementation of corrective actions to: Develop interface / data transmission design documentation that specifies data fields being transmitted, controls to ensure the completeness and accuracy of data transmitted, and definition of responsibilities.
	<b>Status</b>	The agency agreed with the recommendation. As of March 31, 2022, audit Thornton had not received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Develop interface / data transmission design documentation will ensure the completeness and accuracy of data transmitted, and definition of responsibilities.

**Title: Audit of the U.S. Office of Personnel Management's Fiscal Year 2020 Improper Payments Reporting**  
**Report #: 4A-CF-00-21-008**  
**Date: May 17, 2021**

<b>Rec. #2*</b>	<b>Finding</b>	Retirement Services and Healthcare and Insurance have not reviewed and updated their determination that a payment recapture audit program is not cost effective since 2011.
	<b>Recommendation</b>	We recommend that OPM conduct periodic analysis, based on current program conditions, on the cost-effectiveness of a payment recapture audit program and retain documentation to support their analysis and conclusion.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If OPM conducts periodic analysis on the cost effectiveness of the payment recapture audit program, they will determine whether the improper payments rate can be further reduced.

<b>Rec. #4*</b>	<b>Finding</b>	In FY 2017, the OIG reported that while Retirement Services met its improper payments reduction targets, the overall intent of the Improper Payments Information Act of 2002, as amended by IPERA, IPERIA, and PIIA, which is to reduce improper payments, had not been met.
	<b>Recommendation</b>	We recommend that Retirement Services develop and implement additional cost-effective corrective actions, aimed at the root causes of improper payments, to further reduce the improper payments rate.
	<b>Status</b>	The agency did not agree with the recommendation. OPM has not implemented corrective actions; therefore, this recommendation remains open.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	If OPM develops and implements additional cost-effective corrective actions, aimed at the root cause(s) of improper payments, they will further reduce the improper payments rate.

**Title: Audit of OCIO's Revolving Fund Programs**

**Report #: 4A-CI-00-20-034**

**Date: September 9, 2021 and reissued on November 22, 2021**

<b>Rec. #1</b>	<b>Finding</b>	While assessing the accuracy of the pricing tools that were used by the eOPF office and the HRS IT PMO to develop their FY 2020 prices, we determined that their pricing methodologies were not fully supported.
	<b>Recommendation</b>	We recommend that the OCIO and the Office of Human Capital Data Management and Modernization (HCDMM) refund \$5,474,272, or adjust future billings, to the customer agencies that paid the eOPF license fee during FY 2020.
	<b>Status</b>	The agency agreed with the recommendation. OPM informed us that corrective actions are in progress. Evidence to support closure has not yet been provided.
	<b>Estimated Program Savings</b>	This resulted in the eOPF office's customer agencies being overcharged \$5,474,272 in FY 2020.
	<b>Other Nonmonetary Benefit</b>	N/A
<b>Rec. #2</b>	<b>Finding</b>	See #1 above.
	<b>Recommendation</b>	We recommend that the OCIO and the HCDMM strengthen internal controls to ensure that all inputs used in the HRS IT PMO and the eOPF office's pricing methodologies are properly reviewed, approved, documented, and properly maintained. Documentation should include but not be limited to detailed reports, calculations, and methodology, to ensure the data is valid, complete, and transparent.
	<b>Status</b>	The agency agreed with the recommendation. OPM informed us that corrective actions are in progress. Evidence to support closure has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Strengthening internal controls to ensure that all inputs used in the HRS IT PMO and the eOPF office's pricing methodologies are properly reviewed, approved, documented, and properly maintained will ensure customer agencies are properly charged.

<b>Rec. #4</b>	<b>Finding</b>	We selected 10 out of 30 FY 2020 HRS IT PMO service level agreements to determine if the customer agencies were accurately billed. We determined that HRS IT PMO inaccurately billed three customer agencies.
	<b>Recommendation</b>	We recommend that OPM strengthen internal controls to ensure that independent reviews occur during the billing process prior to entering billing information into OPM's financial systems to ensure customers are properly billed.
	<b>Status</b>	The agency agreed with the recommendation. OPM informed us that corrective actions are in progress. Evidence to support closure has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Strengthening internal controls to ensure that independent reviews occur during the billing process prior to entering billing information into OPM's financial systems will ensure customers agencies are properly billed.

**Title: Audit of OPM's Check Receipt Process in Trust Funds**

**Report #: 4A-CF-00-20-035**

**Date: September 30, 2021**

<b>Rec. #1</b>	<b>Finding</b>	Trust Funds Management office (TFM) did not follow all procedures related to their check receipt process.
	<b>Recommendation</b>	We recommend that the OCFO update and finalize <i>OCFO's Work Instruction – Non-2812 Daily Cash Receipts (Hardcopy Checks)</i> to ensure it is accurate and contains all requirements governing the TFM's check receipt process.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Updating OCFO's work instruction for Non-2812 Daily Cash Receipts (Hardcopy Checks) will improve TFM's check receipt process.
<b>Rec. #2</b>	<b>Finding</b>	See #1 above.
	<b>Recommendation</b>	We recommend that the OCFO create and implement written procedures to ensure that over-the-phone pay.gov transactions created by TFM employees are properly tracked and recorded.
	<b>Status</b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Creating and implementing written procedures will assist TFM employees in accurately processing checks.



<b>Rec. #3</b>	<b><i>Finding</i></b>	See #1 above.
	<b><i>Recommendation</i></b>	We recommend that the OCFO implement periodic supervisory reviews throughout the check receipt process to ensure that the TFM staff are adhering to applicable policies and procedures.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Implementing periodic supervisory reviews of the check receipt process will increase adherence to policies and procedures.
<b>Rec. #4</b>	<b><i>Finding</i></b>	See #1 above.
	<b><i>Recommendation</i></b>	We recommend that the OCFO establish and implement internal controls to ensure that completion of check receipt procedures is properly documented and maintained.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Establishing and implementing internal controls will ensure that checks are properly documented and maintained.
<b>Rec. #5</b>	<b><i>Finding</i></b>	TFM employees do not properly track documentation containing PII in accordance with their procedures.
	<b><i>Recommendation</i></b>	We recommend that the OCFO implement internal controls to ensure supervisory and/or independent reviews are conducted, documented, and retained when employees remove and return PII from and to the OPM worksite. The reviews and retention of supporting documentation should be in accordance with OCFO's PII handling procedures.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Implementing internal controls to ensure that supervisory and/or independent reviews are conducted, documented, and retained when employees remove and return PII from and to the OPM worksite will decrease the likelihood of unauthorized access to PII.
<b>Rec. #6</b>	<b><i>Finding</i></b>	See #5 above.
	<b><i>Recommendation</i></b>	We recommend that the OCFO update their PII handling procedures to reflect all requirements that must be followed when removing PII from the OPM worksite.
	<b><i>Status</i></b>	The agency partially agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Updating OCFO's PII handling procedures to reflect all requirements that must be followed when removing PII from the OPM worksite will decrease the likelihood of unauthorized access to PII.



<b>Rec. #7</b>	<b><i>Finding</i></b>	We were unable to determine if the TFM processed receipt of funds within seven business days from receipt.
	<b><i>Recommendation</i></b>	We recommend that the OCFO implement controls to ensure that the TFM is capturing all relevant information that is needed to measure the timeliness of the check receipt process. At a minimum, but not limited to, controls should ensure that the information entered on the <i>Check Received Logs</i> , or any other tools that may be used, are reviewed for completeness and accuracy.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Implementing controls to ensure that the TFM is capturing all relevant information that is needed to measure the timeliness of the check receipt process will ensure that TFM processes all funds timely.
<b>Rec. #8</b>	<b><i>Finding</i></b>	See #7 above.
	<b><i>Recommendation</i></b>	We recommend that the OCFO update their work instructions and service level agreement to clearly state the methodology and data elements that should be used in tracking their timeliness metric.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Updating OCFO's work instructions and service level agreement will ensure that TFM processes all funds timely.
<b>Rec. #9</b>	<b><i>Finding</i></b>	See #7 above.
	<b><i>Recommendation</i></b>	We recommend that the OCFO allocate sufficient resources to ensure that all tasks associated with the check receipt process can be completed accurately and timely.
	<b><i>Status</i></b>	The agency agreed with the recommendation and it is now resolved. Closure is contingent on the completion of corrective actions.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Allocating sufficient resources will ensure that TFM processes all funds timely.

## II. Information Systems Audits

This section describes the open recommendations from audits of the information systems operated by OPM, FEHBP insurance carriers, and OPM contractors.<sup>2</sup>

<b>Title: Federal Information Security Management Act Audit FY 2008</b> <b>Report #: 4A-CI-00-08-022</b> <b>Date: September 23, 2008</b>		
<b>Rec. #2</b>	<b>Finding</b>	Contingency Plan Testing – FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. We determined that the contingency plans for four OPM systems were not adequately tested in FY 2008.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis.
	<b>Status</b>	OPM agreed with the recommendation. It is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

<b>Title: Federal Information Security Management Act Audit FY 2009</b> <b>Report #: 4A-CI-00-09-031</b> <b>Date: November 5, 2009</b>		
<b>Rec. #9*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires agencies to test the contingency plans of their systems on an annual basis. In FY 2009, 11 systems did not have adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be immediately tested for the 11 systems that were not subject to testing in FY 2009.
	<b>Status</b>	OPM agreed with the recommendation. It is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

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<sup>2</sup> As defined in OMB Circular No. A-50, resolved means that the audit organization and agency management agree on action to be taken on reported findings and recommendations; however, corrective action has not yet been implemented. Outstanding and unimplemented (open) recommendations listed in this compendium that have not yet been resolved are not in compliance with the OMB Circular No. A-50 requirement that recommendations be resolved within six months after the issuance of a final report.

**Title: Federal Information Security Management Act Audit FY 2010****Report #: 4A-CI-00-10-019****Date: November 10, 2010**

<b>Rec. #30*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. In FY 2010, 13 systems were not subject to adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be immediately tested for the 13 systems that were not subject to adequate testing in FY 2010.
	<b>Status</b>	OPM agreed with the recommendation. It is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Federal Information Security Management Act Audit FY 2011****Report #: 4A-CI-00-11-009****Date: November 9, 2011**

<b>Rec. #19*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. In FY 2011, eight systems were not subject to adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be immediately tested for the eight systems that were not subject to adequate testing in FY 2011.
	<b>Status</b>	OPM agreed with the recommendation. It is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Federal Information Security Management Act Audit FY 2012****Report #: 4A-CI-00-12-016****Date: November 5, 2012**

<b>Rec. #15*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. In FY 2012, eight systems were not subject to adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be immediately tested for the eight systems that were not subject to adequate testing in FY 2012.
	<b>Status</b>	OPM is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Federal Information Security Management Act Audit FY 2013****Report #: 4A-CI-00-13-021****Date: November 21, 2013**

<b>Rec. #14*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. In FY 2013, seven were not subject to adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be tested for the systems that were not subject to adequate testing in FY 2013 as soon as possible.
	<b>Status</b>	OPM is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Federal Information Security Management Act Audit FY 2014****Report #: 4A-CI-00-14-016****Date: November 12, 2014**

<b>Rec. #7</b>	<b>Finding</b>	Configuration Management: However, several additional operating platforms in OPM's network environment do not have baseline configurations documented.
	<b>Recommendation</b>	We recommend that the OCIO develop and implement a baseline configuration for all operating platforms in use by OPM
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #24</b>	<b>Finding</b>	Contingency Plans: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. We received updated contingency plans for 41 out of 47 information systems on OPM's master system inventory.
	<b>Recommendation</b>	The OIG recommends that the OCIO ensure that all of OPM's major systems have contingency plans in place and are reviewed and updated annually.
	<b>Status</b>	OPM is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

<b>Rec. #25*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. In FY 2014, eight were not subject to adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be tested for the systems that were not subject to adequate testing in FY 2014 as soon as possible.
	<b>Status</b>	OPM is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Audit of Information Security Controls of the U.S. Office of Personnel Management's Annuitant Health Benefits Open Season System**  
**Report #: 4A-RI-00-15-019**  
**Date: July 29, 2015**

<b>Rec. #3</b>	<b>Finding</b>	Identification and Authentication (Organizational Users): General Dynamics Information Technology (GDIT) has not implemented multi-factor authentication utilizing PIV cards for access to AHBOSS, in accordance with OMB Memorandum M-11-11.
	<b>Recommendation</b>	The OIG recommends that RS require GDIT to enforce PIV authentication for all required AHBOSS users.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and authenticating system users.
<b>Rec. #4</b>	<b>Finding</b>	Physical Access Control: The data center hosting AHBOSS uses electronic card readers to control access to the building and data center. It has no multi-factor authentication [REDACTED].
	<b>Recommendation</b>	The OIG recommends that RS ensure that the physical access controls at the data center hosting AHBOSS are improved. At a minimum, we expect to see multi-factor authentication at data center entrances and [REDACTED].
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for physical access to the data center.

**Title: Federal Information Security Management Act Audit FY 2015**  
**Report #: 4A-CI-00-15-011**  
**Date: November 10, 2015**

<b>Rec. #8*</b>	<b>Finding</b>	Baseline Configurations: In FY 2015, OPM has continued its efforts toward formalizing baseline configurations for critical applications, servers, and workstations. The OCIO had established baselines for several operating systems, but not for all that the agency uses in its environment.
	<b>Recommendation</b>	The OIG recommends that the OCIO develop and implement a baseline configuration for all operating platforms in use by OPM including, but not limited to, [REDACTED]
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #24*</b>	<b>Finding</b>	Contingency Plans: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. We received updated contingency plans for 41 out of 47 information systems on OPM's master system inventory.
	<b>Recommendation</b>	The OIG recommends that the OCIO ensure that all of OPM's major systems have contingency plans in place and are reviewed and updated annually.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #25*</b>	<b>Finding</b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. In FY 2014, eight were not subject to adequate contingency plan tests.
	<b>Recommendation</b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis. The contingency plans should be tested for the systems that were not subject to adequate testing in FY 2014 as soon as possible.
	<b>Status</b>	OPM is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Audit of OPM's Web Application Security Review**  
**Report #: 4A-CI-00-16-061**  
**Date: October 13, 2016**

<b>Rec. #1</b>	<b>Finding</b>	Web Application Inventory: OPM does not maintain an adequate inventory of web applications. OPM's OCIO has developed an inventory of servers, databases, and network devices, but the inventory does not identify the purpose, role, or owner of each device.
	<b>Recommendation</b>	The OIG recommends that OPM create a formal and comprehensive inventory of web applications. The inventory should identify which applications are public facing and contain personally identifiable information or sensitive agency information, identify the application owner, and itemize all system interfaces with the web application.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and documenting web-based applications.
<b>Rec. #2</b>	<b>Finding</b>	Policies and Procedures: OPM maintains information technology (IT) security policies and procedures that address NIST SP 800-53 security controls. OPM also maintains system development policies and standards. While these policies, procedures, and standards apply to all IT assets, they are written at a high level and do not address some critical areas specific to web application security and development.
	<b>Recommendation</b>	The OIG recommends that OPM create or update its policies and procedures to provide guidance specific to the hardening of web server operating systems and the secure design and coding of web-based applications.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for establishing policy and procedures governing the hardening of web applications.
<b>Rec. #3</b>	<b>Finding</b>	Web Application Vulnerability Scanning: While the OCIO was able to provide historical server vulnerability scan results, we were told that there is not a formal process in place to perform routine credentialed web application vulnerability scans (however, ad-hoc non-credentialed scans were performed).
	<b>Recommendation</b>	The OIG recommends that OPM implement a process to perform credentialed web application vulnerability scans and track any identified vulnerabilities until they are remediated.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for detecting and tracking vulnerabilities.

<b>Rec. #4</b>	<b>Finding</b>	Web Application Vulnerability Scanning: The results of the credentialed web application scans that we performed during this review indicate that several applications and the servers hosting these applications contain security weaknesses.
	<b>Recommendation</b>	The OIG recommends that OPM analyze our scan results to identify false positives and remediate any verified vulnerabilities.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for remediating vulnerabilities.

**Title: Federal Information Security Management Act Audit FY 2016**

**Report #: 4A-CI-00-16-039**

**Date: November 9, 2016**

<b>Rec. #8</b>	<b>Finding</b>	Adherence to Remediation Deadlines: Of OPM's 46 major information systems, 43 have POA&M items that are greater than 120 days overdue. Further, 85% of open POA&Ms are over 30 days overdue and over 78% are over 120 days overdue.
	<b>Recommendation</b>	The OIG recommends that OPM adhere to remediation dates for its POA&M weaknesses.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #12*</b>	<b>Finding</b>	Baseline Configurations: In FY 2016, OPM has continued its efforts toward formalizing baseline configurations for critical applications, servers, and workstations. The OCIO had established baselines for several operating systems, but not for all that the agency uses in its environment.
	<b>Recommendation</b>	The OIG recommends that the OCIO develop and implement a baseline configuration for all operating platforms in use by OPM including, but not limited to, [REDACTED].
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.



<b>Rec. #13*</b>	<b><i>Finding</i></b>	Document Deviations to the Standard Configuration Baseline: OPM does not maintain a record of the specific deviations from generic configuration standards.
	<b><i>Recommendation</i></b>	Where an OPM configuration standard is based on a pre-existing generic standard, The OIG recommends that OPM document all instances where the OPM-specific standard deviates from the recommended configuration setting.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for effectively auditing a system's actual settings.
<b>Rec. #25*</b>	<b><i>Finding</i></b>	Contingency Plans: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis. We received updated contingency plans for 41 out of 47 information systems on OPM's master system inventory.
	<b><i>Recommendation</i></b>	The OIG recommends that the OCIO ensure that all of OPM's major systems have contingency plans in place and are reviewed and updated annually.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #26*</b>	<b><i>Finding</i></b>	Contingency Plan Testing: FISMA requires that a contingency plan be in place for each major application, and that the contingency plan be tested on an annual basis.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM's program offices test the contingency plans for each system on an annual basis.
	<b><i>Status</i></b>	OPM is taking corrective actions and the OIG will assess the agency's progress as part of the next annual audit.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.

**Title: Audit of OPM's Security Assessment and Authorization**  
**Report #: 4A-CI-00-17-014**  
**Date: June 20, 2017**

<b>Rec. #1</b>	<b><i>Finding</i></b>	System Security Plan: The LAN/WAN SSP does not fully and accurately identify all of the security controls applicable to this system.
	<b><i>Recommendation</i></b>	We recommend that the OCIO complete an SSP for the LAN/WAN that includes all of the required elements from OPM's SSP template and relevant National Institute of Standards and Technology (NIST) guidance. This includes, but is not limited to, the specific deficiencies outlined in the section above.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that system security controls are properly documented.
<b>Rec. #2</b>	<b><i>Finding</i></b>	System Controls Assessment: The LAN/WAN security controls assessment likely did not identify vulnerabilities that could have been detected with a thorough test.
	<b><i>Recommendation</i></b>	We recommend that the OCIO perform a thorough security controls assessment on the LAN/WAN. This assessment should address the deficiencies listed in the section above, and should be completed after a current and thorough SSP is in place (see Recommendation 1).
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #4</b>	<b><i>Finding</i></b>	Other Authorization Packages: Many of the Authorization packages completed as part of the Sprint were not complete.
	<b><i>Recommendation</i></b>	We recommend that the OCIO perform a gap analysis to determine what critical elements are missing and/or incomplete for all Authorization packages developed during the Sprint. For systems that reside on the LAN/WAN general support system, the OCIO should also evaluate the impact that an updated LAN/WAN SSP has on these systems' security controls.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that system risk has been assessed before being approved to operate.

**Title: Audit of the Information Systems General and Application Controls at MVP Health Care**  
**Report #: 1C-GA-00-17-010**  
**Date: June 30, 2017**

<b>Rec. #8</b>	<b>Finding</b>	System Lifecycle Management: MVP's computer server inventory indicates that numerous servers are running unsupported versions of operating systems. Software vendors typically announce projected dates for when they will no longer provide support or distribute security patches for their products (known as end-of-life dates). In order to avoid the risk associated with operating unsupported software, organizations must have a methodology in place to phase out software before it reaches its end-of-life date.
	<b>Recommendation</b>	We recommend that MVP update and/or enforce its system lifecycle methodology to ensure that information systems are [REDACTED].
	<b>Status</b>	MVP is taking corrective actions. This recommendation was resolved on December 26, 2017, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring up-to-date software.

**Title: Audit of OPM's SharePoint Implementation**  
**Report #: 4A-CI-00-17-030**  
**Date: September 29, 2017**

<b>Rec. #2</b>	<b>Finding</b>	Policies and Procedures: OPM has not established policies and procedures specific to SharePoint.
	<b>Recommendation</b>	The OIG recommends that OPM establish policies and procedures to address SharePoint's security controls and the risks associated with operating the software in OPM's production environment.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for documenting information security policies and procedures.
<b>Rec. #3</b>	<b>Finding</b>	Specialized Training: OPM SharePoint administrators and/or site owners do not receive training specific to SharePoint administration and management.
	<b>Recommendation</b>	The OIG recommends that OPM require employees with administrative or managerial responsibilities over SharePoint to take specialized training related to the software.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing information security risks at OPM.

<b>Rec. #4</b>	<b><i>Finding</i></b>	User Account Provisioning: OPM does not have a formal process in place to document all of the SharePoint user accounts approved and provisioned.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM implement formal procedures for requesting and provisioning SharePoint user accounts.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for managing appropriate access to information systems.
<b>Rec. #5</b>	<b><i>Finding</i></b>	User Account Auditing: As noted above, OPM does not have a formal process in place to document all of the SharePoint user accounts approved and provisioned, and therefore it cannot effectively conduct routine audits to ensure access is being granted, modified, and removed appropriately.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM implement a formal process to routinely audit SharePoint user accounts for appropriateness. This audit should include verifying individuals are still active employees or contractors and their level of access is appropriate.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for managing appropriate access to information systems.
<b>Rec. #6</b>	<b><i>Finding</i></b>	Security Configuration Standards and Audits: OCIO has not documented formal security configuration standards for its SharePoint application.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM document approved security configuration settings for its SharePoint application.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that information systems are initially configured in a secure manner.

<b>Rec. #7</b>	<b>Finding</b>	Security Configuration Standards and Audits: OCIO has not documented formal security configuration standards for its SharePoint application and thereby cannot routinely audit the SharePoint configuration settings against these standards.
	<b>Recommendation</b>	The OIG recommends that OPM implement a process to routinely audit the configuration settings of SharePoint to ensure they are in compliance with the approved security configuration standards. Note – this recommendation cannot be implemented until the controls from Recommendation 6 are in place.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that servers are in compliance with approved security settings.
<b>Rec. #8</b>	<b>Finding</b>	Patch Management: Vulnerability scans revealed several servers missing critical patches released more than 90 days before the scans took place. The OCIO responded that they were aware of the missing patches, but with no test environment to test the patches before being deployed into production SharePoint servers, the decision was made to not apply the critical patches.
	<b>Recommendation</b>	The OIG recommends that OPM implement a process to test patches on its SharePoint servers. Once this process has been implemented, we recommend OPM implement controls to ensure all critical patches are installed on SharePoint servers and databases in a timely manner as defined by OPM policies.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for keeping information systems up to date with patches and service packs.

**Title: Federal Information Security Modernization Act Audit FY 2017**

**Report #: 4A-CI-00-17-020**

**Date: October 27, 2017**

<b>Rec. #7</b>	<b>Finding</b>	Software Inventory: OPM's software inventory does not contain the level of detail necessary for thorough tracking and reporting.
	<b>Recommendation</b>	The OIG recommends that OPM define the standard data elements for an inventory of software assets and licenses with the detailed information necessary for tracking and reporting, and that it update its software inventory to include these standard data elements.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.

<b>Rec. #9</b>	<b>Finding</b>	Information Security Architecture: OPM's enterprise architecture has not been updated since 2008, and it does not support the necessary integration of an information security architecture.
	<b>Recommendation</b>	The OIG recommends that OPM update its enterprise architecture to include the information security architecture elements required by NIST and OMB guidance.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for aligning the agency's security processes, systems, and personnel with the agency mission and strategic plan.
<b>Rec. #11*</b>	<b>Finding</b>	Plan of Action and Milestones: Over 96 percent of POA&Ms were more than 30 days overdue and over 88 percent were more than 120 days overdue.
	<b>Recommendation</b>	The OIG recommends that OPM adhere to remediation dates for its POA&M weaknesses.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #12</b>	<b>Finding</b>	Plan of Action and Milestones: Over 96 percent of POA&Ms were more than 30 days overdue and over 88 percent were more than 120 days overdue.
	<b>Recommendation</b>	The OIG recommends that OPM update its POA&M entries to reflect both the original and updated remediation deadlines when the control weakness has not been addressed by the originally scheduled deadline (i.e., the POA&M deadline should not reflect a date in the past).
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #13</b>	<b>Finding</b>	System Level Risk Assessments: A majority of risk assessments for systems that were authorized in FY 2017 had issues with the security control testing and/or the corresponding risk assessment.
	<b>Recommendation</b>	The OIG recommends that OPM complete risk assessments for each major information system that are compliant with NIST guidelines and OPM policy. The results of a complete and comprehensive test of security controls should be incorporated into each risk assessment.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for conducting risk assessments.

<b>Rec. #16</b>	<b>Finding</b>	Configuration Management (CM) Roles, Responsibilities, and Resources: OPM has indicated that it does not currently have adequate resources (people, processes, and technology) to effectively manage its CM program.
	<b>Recommendation</b>	The OIG recommends that OPM perform a gap analysis to determine the configuration management resource requirements (people, processes, and technology) necessary to effectively implement the agency's CM program.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying gaps in the agency's configuration management program.
<b>Rec. #17</b>	<b>Finding</b>	Configuration Management Plan: While OPM does document lessons learned from its configuration change control process, it does not currently use these lessons to update and improve its configuration management plan as necessary.
	<b>Recommendation</b>	The OIG recommends that OPM document the lessons learned from its configuration management activities and update its configuration management plan as appropriate.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for analyzing and updating the agency's configuration management plan.
<b>Rec. #18</b>	<b>Finding</b>	Configuration Baselines: OPM has not established baseline configurations for all of its information systems.
	<b>Recommendation</b>	The OIG recommends that OPM develop and implement a baseline configuration for all information systems in use by OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #20*</b>	<b>Finding</b>	Security Configuration Settings: OPM has not documented a standard security configuration setting for all of its operating platforms.
	<b>Recommendation</b>	The OIG recommends that the OCIO develop and implement standard security configuration settings for all operating platforms in use by OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.

<b>Rec. #22*</b>	<b>Finding</b>	Security Configuration Setting Deviations: OPM has not tailored and documented any potential business-required deviations from the configuration standards.
	<b>Recommendation</b>	For OPM configuration standards that are based on a pre-existing generic standard, the OIG recommends that OPM document all instances where the OPM-specific standard deviates from the recommended configuration setting.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for secure configuration of information systems.
<b>Rec. #28</b>	<b>Finding</b>	ICAM Strategy: OPM has not developed an ICAM strategy that includes a review of current practices (“as-is” assessment), identification of gaps (from a desired or “to-be” state), and a transition plan.
	<b>Recommendation</b>	The OIG recommends that OPM develop and implement an ICAM strategy that considers a review of current practices (“as-is” assessment) and the identification of gaps (from a desired or “to-be” state) and contains milestones for how the agency plans to align with Federal ICAM initiatives.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring the success of the agency’s ICAM initiatives.
<b>Rec. #37</b>	<b>Finding</b>	Business Impact Analysis (BIA): OPM has not performed an agency-wide BIA, and therefore, risks to the agency as a whole are not incorporated into the system-level BIAs and/or contingency plans.
	<b>Recommendation</b>	The OIG recommends that the OCIO conduct an agency-wide BIA and incorporate the results into the system-level contingency plans.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for being able to restore systems based on criticality and, therefore, be able to meet its recovery time objectives and mission.
<b>Rec. #38*</b>	<b>Finding</b>	Contingency Plan Maintenance: In FY 2017, the OIG received evidence that contingency plans exist for only 40 of OPM’s 46 major systems. Of those 40 contingency plans, only 12 had been reviewed and updated in FY 2017.
	<b>Recommendation</b>	We recommend that the OCIO ensure that all of OPM’s major systems have contingency plans in place and that they are reviewed and updated annually.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.



<b>Rec. #39*</b>	<b>Finding</b>	Contingency Plan Testing: Only 5 of the 46 major information systems were subject to an adequate contingency plan test in fiscal year 2017. Furthermore, contingency plans for 11 of 46 major systems have not been tested for 2 years or longer.
	<b>Recommendation</b>	The OIG recommends that OPM test the contingency plans for each system on an annual basis.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: OPM's FY 2017 IT Modernization Expenditure Plan**

**Report #: 4A-CI-00-18-022**

**Date: February 15, 2018**

<b>Rec. #3</b>	<b>Finding</b>	Modernization Strategy: OPM still does not have a fully developed modernization strategy. The strategy also does not meet the capital planning and investment control (CPIC) requirements in OMB Circular A-11, part 7, which lays out the principles of acquisition and management of capital IT investments.
	<b>Recommendation</b>	The OIG recommends that OPM develop a comprehensive IT modernization strategy with input from the appropriate stakeholders and convene an Integrated Project Team, as required by OMB Circular A-11, Part 7, to manage the overall modernization program and ensure that proper CPIC processes are followed.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for effectively implementing a comprehensive IT modernization strategy.
<b>Rec. #4</b>	<b>Finding</b>	Modernization Strategy: The OIG believes that OPM's business units continue to have an improper level of influence over IT management, and that the CIO's office does not directly receive the dedicated funding needed to fulfill its mission.
	<b>Recommendation</b>	The OIG recommends that the OPM Director ensure that the CIO has the appropriate level of control over the IT acquisition and budgeting process across all of OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for establishing the proper resources needed for the planning and execution of a successful IT modernization strategy.

**Title: Audit of OPM's USA Staffing System**  
**Report #: 4A-HR-00-18-013**  
**Date: May 10, 2018**

<b>Rec. #3</b>	<b><i>Finding</i></b>	Unapproved Configuration Deviations: Configuration deviations for the USA Staffing System have not been documented and approved.
	<b><i>Recommendation</i></b>	We recommend that OPM apply the approved security configuration settings for the USA Staffing System.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for reducing system weaknesses.
<b>Rec. #4</b>	<b><i>Finding</i></b>	Missing Patches: Several of the USA Staffing System servers were missing patches more than 30 days old.
	<b><i>Recommendation</i></b>	We recommend that OPM apply system patches in a timely manner and in accordance with policy.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for reducing system weaknesses.

**Title: OPM's FY 2018 IT Modernization Expenditure Plan**  
**Report #: 4A-CI-00-18-044**  
**Date: June 20, 2018**

<b>Rec. #1</b>	<b><i>Finding</i></b>	Unnecessary Projects Targeted: Some of the targeted projects included in OPM's FY 2018 spending plan are not strictly necessary and should not be included in the funding.
	<b><i>Recommendation</i></b>	We recommend that the OPM Director ensure that the distribution of FY 2018 IT modernization funds is consistent with strengthening OPM's legacy IT environment, as expressed in the FY 2018 Consolidated Appropriations Act.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for meeting the explicit requirements of the FY 2018 Consolidated Appropriations Act.

<b>Rec. #2</b>	<b>Finding</b>	Unrelated Projects: Business modernization includes several projects that seem unrelated to the intent of Congressional appropriators.
	<b>Recommendation</b>	We recommend that funding for the FEHBP Central Enrollment Database, the Employee Digital Record, and the Consolidated Business Information System migration be obtained using the normal budget process (or other potential sources, such as the Modernizing Government Technology fund), and not from the FY 2018 IT modernization funds.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for meeting the explicit requirements of the FY 2018 Consolidated Appropriations Act.

**Title: Federal Information Security Modernization Act Audit FY 2018**  
**Report #: 4A-CI-00-18-038**  
**Date: October 30, 2018**

<b>Rec. #9</b>	<b>Finding</b>	Software Inventory: OPM no longer has a centralized software inventory. Instead, OPM now tracks software information at the system level.
	<b>Recommendation</b>	We recommend that OPM define policies and procedures for a centralized software inventory.
	<b>Status</b>	OPM disagreed initially, but subsequently agreed to the recommendation when it was re-issued in the Federal Information Security Modernization Act Audit of FY 2019. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.
<b>Rec. #10*</b>	<b>Finding</b>	Software Inventory: OPM no longer has a centralized software inventory. Instead, OPM now tracks software information at the system level.
	<b>Recommendation</b>	We recommend that OPM define the standard data elements for an inventory of software assets and licenses with the detailed information necessary for tracking and reporting, and that it update its software inventory to include these standard data elements.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.

<b>Rec. #12*</b>	<b>Finding</b>	Information Security Architecture: Efforts are underway to begin developing an enterprise architecture, but projected completion dates are well into FY 2019.
	<b>Recommendation</b>	We recommend that OPM update its enterprise architecture to include the information security architecture elements required by NIST and OMB guidance.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for aligning the agency's security processes, systems, and personnel with the agency mission and strategic plan.
<b>Rec. #14*</b>	<b>Finding</b>	Plan of Action and Milestones: Over 81 percent of POA&Ms were more than 30 days overdue, and over 68 percent of POA&Ms are more than 120 days overdue.
	<b>Recommendation</b>	We recommend that OPM adhere to remediation dates for its POA&M weaknesses.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #15*</b>	<b>Finding</b>	Plan of Action and Milestones: Over 81 percent of POA&Ms were more than 30 days overdue, and over 68 percent of POA&Ms are more than 120 days overdue.
	<b>Recommendation</b>	We recommend that OPM update the remediation deadline in its POA&Ms when the control weakness has not been addressed by the originally scheduled deadline (i.e., the POA&M deadline should not reflect a date in the past and the original due should be maintained to track the schedule variance).
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #16*</b>	<b>Finding</b>	System Level Risk Assessments: Of the 23 system Authorization packages requested this fiscal year, complete risk assessments were not provided for 11, and widespread issues were noted with the security controls testing and/or the corresponding risk assessment.
	<b>Recommendation</b>	We recommend that OPM complete risk assessments for each major information system that are compliant with NIST guidelines and OPM policy. The results of a complete and comprehensive test of security controls should be incorporated into each risk assessment.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for conducting risk assessments.

<b>Rec. #19*</b>	<b>Finding</b>	Configuration Management Roles, Responsibilities, and Resources: OPM has indicated that it does not currently have adequate resources (people, processes, and technology) to effectively manage its CM program.
	<b>Recommendation</b>	We recommend that OPM perform a gap analysis to determine the configuration management resource requirements (people, processes, and technology) necessary to effectively implement the agency's CM program.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying gaps in the agency's configuration management program.
<b>Rec. #20*</b>	<b>Finding</b>	Configuration Management Plan: While the agency does document lessons learned from its configuration change control process, it does not currently use these lessons to update and improve its configuration management plan as necessary.
	<b>Recommendation</b>	We recommend that OPM document the lessons learned from its configuration management activities and update its configuration management plan as appropriate.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for analyzing and updating the agency's configuration management plan.
<b>Rec. #21*</b>	<b>Finding</b>	Baseline Configurations: OPM has not developed a baseline configuration for all of its information systems.
	<b>Recommendation</b>	We recommend that OPM develop and implement a baseline configuration for all information systems in use by OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #23*</b>	<b>Finding</b>	Security Configuration Settings: While OPM has workstation and server build images that leverage common best-practice configuration setting standards, it has yet to document and approve standard security configuration settings for all of its operating platforms nor any potential business-required deviations from these configuration standards.
	<b>Recommendation</b>	We recommend that the OCIO develop and implement [standard security configuration settings] for all operating platforms in use by OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.

<b>Rec. #25*</b>	<b><i>Finding</i></b>	Security Configuration Settings: While OPM has workstation and server build images that leverage common best-practice configuration setting standards, it has yet to document and approve standard security configuration settings for all of its operating platforms nor any potential business-required deviations from these configuration standards.
	<b><i>Recommendation</i></b>	For OPM configuration standards that are based on a pre-existing generic standard, we recommend that OPM document all instances where the OPM-specific standard deviates from the recommended configuration setting.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for secure configuration of information systems.
<b>Rec. #26</b>	<b><i>Finding</i></b>	Flaw Remediation and Patch Management: Not every device on OPM's network is scanned routinely, nor is there a formal process in place to ensure that all new devices on the agency's network are included in the scanning process.
	<b><i>Recommendation</i></b>	We recommend that the OCIO implement a process to ensure new server installations are included in the scan repository.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for identifying and remediating system vulnerabilities.
<b>Rec. #33*</b>	<b><i>Finding</i></b>	ICAM Strategy: OPM has not developed an ICAM strategy that includes a review of current practices ("as-is" assessment), identification of gaps (from a desired or "to-be" state), and a transition plan.
	<b><i>Recommendation</i></b>	We recommend that OPM develop and implement an ICAM strategy that considers a review of current practices ("as-is" assessment) and the identification of gaps (from a desired or "to-be" state) and contains milestones for how the agency plans to align with Federal ICAM initiatives.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring the success of the agency's ICAM initiatives.

<b>Rec. #37</b>	<b>Finding</b>	Data Protection and Privacy Policies and Procedures: There is an inadequate number of staff currently within OPM's privacy program. OPM's privacy program is supported by the Chief Privacy Officer, and two detailees from the OCIO. The Chief Privacy Officer position was established in October of 2016. Additional roles and responsibilities needed have not been clearly defined to support the program.
	<b>Recommendation</b>	We recommend that OPM define the roles and responsibilities necessary for the implementation of the agency's privacy program.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing data loss and mishandling of sensitive information.
<b>Rec. #38</b>	<b>Finding</b>	Data Protection and Privacy Policies and Procedures: The OPM Information Security and Privacy Policy Handbook is OPM's primary source for data protection and privacy policies. However, this handbook has not been updated since 2011 and does not contain the personally identifiable information (PII) protection plans, policies, and procedures necessary for a mature privacy program.
	<b>Recommendation</b>	We recommend that OPM develop its privacy program by creating the necessary plans, policies, and procedures for the protection of PII.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing data loss and mishandling of sensitive information.
<b>Rec. #42</b>	<b>Finding</b>	Data Breach Response Plan: OPM does not currently conduct routine table-top exercises to test the Data Breach Response Plan.
	<b>Recommendation</b>	We recommend that OPM develop a process to routinely test the Data Breach Response Plan.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing major data loss in the event of a security incident.
<b>Rec. #43</b>	<b>Finding</b>	Privacy Awareness Training: Individuals with responsibilities for PII or activities involving PII do not receive elevated role-based privacy training.
	<b>Recommendation</b>	We recommend that OPM identify individuals with heightened responsibility for PII and provide role-based training to these individuals at least annually.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for properly handling secure data and preventing data loss incidents.

<b>Rec. #49</b>	<b>Finding</b>	Contingency Planning Roles and Responsibilities: OPM's personnel limitations are further evident in OPM's inability to perform all contingency planning activities.
	<b>Recommendation</b>	We recommend that OPM perform a gap analysis to determine the contingency planning requirements (people, processes, and technology) necessary to effectively implement the agency's contingency planning policy.
	<b>Status</b>	OPM disagreed initially, but subsequently agreed to the recommendation when it was re-issued in the Federal Information Security Modernization Act Audit of FY 2019. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for being able to restore systems to an operational status in the event of a disaster.
<b>Rec. #50*</b>	<b>Finding</b>	Business Impact Analysis: OPM has not performed an agency-wide BIA, and therefore, risks to the agency as a whole are not incorporated into the system-level BIAs and/or contingency plans.
	<b>Recommendation</b>	We recommend that the OCIO conduct an agency-wide BIA and incorporate the results into the system-level contingency plans.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for being able to restore systems based on criticality and therefore meet its recovery time objectives and mission.
<b>Rec. #51*</b>	<b>Finding</b>	Contingency Plan Maintenance: In FY 2018, we received evidence that a contingency plan exists for 32 of OPM's 54 major systems. However, of those 33 contingency plans, only 19 were current, having been reviewed and updated in FY 2018.
	<b>Recommendation</b>	We recommend that the OCIO ensure that all of OPM's major systems have contingency plans in place and that they are reviewed and updated annually.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #52*</b>	<b>Finding</b>	Contingency Plan Testing: Only 13 of the 54 major information systems were subject to an adequate contingency plan test in fiscal year 2018. Furthermore, contingency plans for 17 of the 54 major systems have not been tested for 2 years or longer.
	<b>Recommendation</b>	We recommend that OPM test the contingency plans for each system on an annual basis.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.



**Title: Audit of the Information Systems General and Application Controls at UPMC Health Plan**  
**Report #: 1C-8W-00-18-036**  
**Date: March 1, 2019**

<b>Rec. #1</b>	<b>Finding</b>	Internal Network Segmentation: No [REDACTED]
	<b>Recommendation</b>	We recommend that UPMC Health Plan [REDACTED]
	<b>Status</b>	UPMC is taking corrective actions. This recommendation was resolved on July 11, 2019, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

**Title: Audit of the Information Systems General and Application Controls at Priority Health Plan**  
**Report #: 1C-LE-00-18-034**  
**Date: March 5, 2019**

<b>Rec. #2</b>	<b>Finding</b>	Internal Network Segmentation: [REDACTED]
	<b>Recommendation</b>	[REDACTED]
	<b>Status</b>	Priority Health is taking corrective actions. This recommendation was resolved on August 30, 2019, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

**Title: Audit of the U.S. Office of Personnel Management's Compliance with the Federal Information Technology Acquisition Reform Act**  
**Report #: 4A-CI-00-18-037**  
**Date: April 25, 2019**

<b>Rec. #1</b>	<b>Finding</b>	IT Budget Process: OPM has not maintained and enforced sufficient policies or procedures for ensuring the CIO's involvement in formulating its budgets. The OCIO is not routinely included in significant meetings and discussions around the core operating funds involving IT systems for other program offices.
	<b>Recommendation</b>	We recommend that the Office of the Director ensure that the CIO has adequate involvement and approval in all phases of annual and multi-year planning, programming, budgeting, and execution decisions in line with the Federal Information Technology Acquisition Reform Act (FITARA) and OMB Circular A-130 requirements.
	<b>Status</b>	OPM partially agreed with this recommendation and is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A

<b>Rec. #1 (Cont.)</b>	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring appropriate approvals when formulating IT budgets.
<b>Rec. #2</b>	<b>Finding</b>	Reprogramming of IT Funds: The CIO is not appropriately involved in the budget reprogramming process. There was no evidence to suggest there was CIO involvement in reprogramming decisions outside of those specific to the OCIO.
	<b>Recommendation</b>	We recommend that the Office of the Director ensure the CIO reviews and approves all reprogramming of funds for IT resources.
	<b>Status</b>	OPM partially agreed with this recommendation and is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring appropriate approval of IT fund reprogramming.
<b>Rec. #3</b>	<b>Finding</b>	Approval Process: The CIO does not officially approve all major project IT checklists as required by FITARA. The CIO delegates responsibility for approving IT checklists for major IT investments to the Deputy CIO.
	<b>Recommendation</b>	We recommend that the OCIO transition the responsibility for reviewing and approving checklists for major procurements to the CIO in accordance with FITARA.
	<b>Status</b>	OPM partially agreed with this recommendation and is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring appropriate approval of IT acquisitions.
<b>Rec. #4</b>	<b>Finding</b>	Approval Process: Procedures related to the IT checklists for non-major procurements as defined by FITARA and by OMB are not followed.
	<b>Recommendation</b>	We recommend that the OCIO update its procedures to only allow the CIO's direct reports to review and approve the IT checklists for non-major procurements as defined in FITARA and by OMB.
	<b>Status</b>	OPM partially agreed with this recommendation and is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring appropriate approval of non-major procurements.

<b>Rec. #5</b>	<b>Finding</b>	IT Checklists: OPM's IT checklists have not been updated as required by OPM's policy. The Deputy CIO indicated that while the approval decisions were made based on accurate information, the lack of IT acquisition checklist revisions was an unintentional oversight.
	<b>Recommendation</b>	We recommend that the OCIO ensure that final approved checklists contain complete and accurate information.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that IT acquisitions are adequately tracked, and any subsequent related IT acquisitions are correctly classified and approved.

**Title: Audit of the Information Technology Controls of the U.S. Office of Personnel Management's Enterprise Human Resources Integration Data Warehouse**  
**Report #: 4A-CI-00-19-006**  
**Date: June 17, 2019**

<b>Rec. #7</b>	<b>Finding</b>	Contingency Plan Testing: The EHRIDW contingency plan test was conducted in April 2017, before the system migrated to OPM's Macon, Georgia data center. After the migration occurred and prior to the April 2018 Authorization, the Enterprise Human Resources Integration Data Warehouse (EHRIDW) did not conduct a contingency plan test.
	<b>Recommendation</b>	We recommend that OPM conduct a test of an updated EHRIDW contingency plan in accordance with the OPM policies.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #12</b>	<b>Finding</b>	Policy and Procedures Providing Guidance for the Transition of a System's Management: OPM does not have any policies and procedures pertaining to the knowledge transfer required for a successful transition of a system's management between entities (e.g., from contractors to OPM employees, and conversely from OPM employees to contractors).
	<b>Recommendation</b>	We recommend that OPM develop policy and procedures to document requirements necessary for transitioning a system's management between entities.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for the transition of a system's management.

**Title: Audit of the Information Systems General and Application Controls at Kaiser Foundation Health Plan, Inc., Northern and Southern California Regions**

**Report #: 1C-59-00-19-005**

**Date: July 23, 2019**

<b>Rec. #1</b>	<b>Finding</b>	Internal Network Segmentation: However, there is limited [REDACTED]. Kaiser of CA previously identified this as an area for improvement and has a project in progress to remediate the weakness.
	<b>Recommendation</b>	We recommend that Kaiser of CA complete its current project for the implementation of additional [REDACTED]
	<b>Status</b>	Kaiser is taking corrective actions. This recommendation was resolved on December 18, 2019, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

<b>Rec. #2</b>	<b>Finding</b>	Network Access Controls: Kaiser of CA does not have [REDACTED] controls to prevent [REDACTED]
	<b>Recommendation</b>	We recommend that Kaiser of CA complete its current project to implement [REDACTED]
	<b>Status</b>	Kaiser is taking corrective actions. This recommendation was resolved on December 18, 2019, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

**Title: Audit of the Information Technology Controls of the U.S. Office of Personnel Management's Consolidated Business Information System**

**Report #: 4A-CF-00-19-026**

**Date: October 3, 2019**

<b>Rec. #2</b>	<b>Finding</b>	Control CM-6 – Configuration Settings: Baselines have not been defined by the agency. FAA previously scanned CBIS for Center for Internet Security standard compliance but switched to Defense Information Systems Agency standards without documenting approved settings nor allowed exceptions.
	<b>Recommendation</b>	We recommend that the OCFO work with FAA to implement standard security configuration settings for all operating platforms in use by CBIS.
	<b>Status</b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.

<b>Rec. #3</b>	<b>Finding</b>	Control IA-2(12) – Acceptance of PIV Credentials: The CBIS Application does not enforce Personal Identity Verification (PIV) authentication. Users currently log in via username and password.
	<b>Recommendation</b>	We recommend that the CBIS application meet the requirements of OMB M-11-11 by requiring multi-factor authentication using PIV credentials.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for authenticating to information systems.

<b>Rec. #4</b>	<b>Finding</b>	Control IR-02 – Incident Response Training: OPM and FAA confirmed incident response training is not performed for CBIS despite the SSP stating that the control is inherited from FAA. FAA Information System Security Officers perform incident response training for other applications they support, but it is not performed for the CBIS application. Additionally, OPM system administrators do not perform incident response training specific to the CBIS application.
	<b>Recommendation</b>	We recommend that OPM ensure system administrators receive incident response training for CBIS.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for assessing and responding to security incidents.

**Title: Audit of the Information Technology Controls of the U.S. Office of Personnel Management’s Compliance with the Data Center Optimization Initiative**  
**Report #: 4A-CI-00-19-008**  
**Date: October 23, 2019**

<b>Rec. #2</b>	<b>Finding</b>	Data Center Optimization - Automated Monitoring: Our FY 2018 FISMA Report included a series of recommendations to improve OPM’s management of its systems, hardware, and software inventories. These recommendations remain open, and it is likely that the agency will have to address these FISMA recommendations before it can implement automated tools for infrastructure management.
	<b>Recommendation</b>	We recommend that OPM perform a gap analysis to identify the monitoring, inventory, and management tools that it needs to implement automated infrastructure management as required by the DCOI and OMB.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying gaps in the agency’s needs to implement automated infrastructure management

<b>Rec. #3</b>	<b>Finding</b>	Data Center Optimization - Power Metering: OPM does not have energy metering installed in all of its data centers.
	<b>Recommendation</b>	We recommend that OPM install automated power metering in all of its data centers in accordance with the requirements in the Data Center Optimization Initiative (DCOI).
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls to ensure a collection of information in order to produce a report on energy usage data in data centers.
<b>Rec. #4</b>	<b>Finding</b>	Reporting: OPM has complied with OMB's request, providing quarterly submissions. However, the submissions from Q1 FY 2017 through Q4 FY 2018 do not provide an accurate representation of OPM's data center inventory or DCOI compliance.
	<b>Recommendation</b>	We recommend that OPM assess the current state of its infrastructure to accurately report data center metrics, including the correct number of data centers (including non-tiered spaces), the correct operational status of data centers, and accurate energy usage.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring accurately report data center metrics.
<b>Rec. #5</b>	<b>Finding</b>	Security Assessment and Authorization - LAN/WAN General Support System: OPM's current Authorization policies and procedures do not define requirements for addressing a change in authorizing official. Specifically, OPM's documentation does not require a new authorizing official to review system documentation and sign a new Authorization decision.
	<b>Recommendation</b>	We recommend that OPM update its Authorization policies and procedures to include requirements for reauthorizing systems in the event of a change in authorizing official. This guidance at a minimum should include parameters for the time period for re-authorization and requirements to evidence the system documentation reviews required by NIST.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that current authorizing official agrees with information found in guidance.

<b>Rec. #9</b>	<b>Finding</b>	FIPS 199 Categorization - Macon General Support System: The Macon GSS is assessed as having a “moderate” impact level for each area, resulting in an overall categorization of “moderate.” Our review of the system categorization from the prior Authorization noted that the document was not properly signed. Additionally, since the drafting of the Authorization, the Macon GSS now supports a major information system with a “high” categorization.
	<b>Recommendation</b>	We recommend that OPM categorize the Macon GSS as a high system and conduct a gap analysis to verify that the additional controls required for a high system are in place.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring appropriate system security categorization.
<b>Rec. #11</b>	<b>Finding</b>	Privacy Impact Assessment - ESI & LAN/WAN General Support Systems: In the most recent Authorizations, the ESI GSS’s PTA was not complete (i.e., it did not indicate whether a PIA is required) or approved and the LAN/WAN GSS package did not include a PTA. PIAs for both GSSs were not provided during the course of the audit.
	<b>Recommendation</b>	We recommend that OPM complete and approve a PTA and PIA (if required by the PTA) for the LAN/WAN GSS in accordance with the requirements of the E-Government Act of 2002 and OPM policy.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying privacy vulnerabilities existing on the information system.
<b>Rec. #13</b>	<b>Finding</b>	ESI General Support System: We reviewed the current ESI GSS SSP dated September 22, 2016, and determined that it does utilize the OPM template; however, the Chief Information Officer and Authorizing Official at the time of the Authorization in 2016 did not sign and approve the SSP. Additionally, we determined the SSP is incomplete. Specifically, there is a connection to the Sterling Forest backup site that is not sufficiently documented in the SSP.
	<b>Recommendation</b>	We recommend that OPM update and approve the ESI SSP to include all of the necessary information to fully document the Sterling Forest site.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Complete and consistent security control documentation and complete and thorough testing will allow the agency to be informed of security control weaknesses that threaten the confidentiality, integrity, and availability of the data contained within its systems.

<b>Rec. #16</b>	<b><i>Finding</i></b>	Contingency Plan - LAN/WAN General Support System: The current LAN/WAN GSS Contingency Plan is dated June 2014, and has not been updated on an annual basis as required. The contingency plan does not accurately reflect the current environment since the system infrastructure has undergone significant changes in the last five years (e.g., adding and removing data centers and systems).
	<b><i>Recommendation</i></b>	We recommend that OPM update and approve the contingency plan for the LAN/WAN GSS.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #17</b>	<b><i>Finding</i></b>	Contingency Plan Testing - LAN/WAN General Support System: OPM's LAN/WAN GSS contingency plan has not been updated in approximately five years and the LAN/WAN GSS environment has changed significantly in that time. Contingency plan testing is not effective when plans do not represent the current environment, system, and facilities.
	<b><i>Recommendation</i></b>	We recommend that OPM test the updated LAN/WAN contingency plan.  This recommendation cannot be completed until Recommendation 16 has been implemented.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #18</b>	<b><i>Finding</i></b>	Plan of Action and Milestones - Macon, ESI, & LAN/WAN General Support Systems: The Macon GSS, ESI GSS, and LAN/WAN GSS POA&Ms are generally documented according to OPM policy. However, OPM failed to adhere to remediation dates for its POA&M weaknesses.
	<b><i>Recommendation</i></b>	We recommend that OPM identify the necessary resources or process changes to ensure that POA&Ms are updated according to policy.
	<b><i>Status</i></b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The agency is able to determine whether vulnerabilities are remediated in a timely manner. This decreases the risk that systems are compromised.



<b>Rec. #19</b>	<b>Finding</b>	Control PE-3(1) – Physical Access Control   Information System Access Macon, ESI, & LAN/WAN General Support Systems: The data centers in Macon, Georgia have an [REDACTED], but it is not in use by OPM.
	<b>Recommendation</b>	We recommend that OPM implement [REDACTED] at the data centers located in Macon, Georgia.
	<b>Status</b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for physical access the data center.

<b>Rec. #20</b>	<b>Finding</b>	Control PE-3(1) – Physical Access Control   Information System Access Macon, ESI, & LAN/WAN General Support Systems: The data centers in Washington, D.C. and Boyers, Pennsylvania have not implemented any [REDACTED]
	<b>Recommendation</b>	We recommend that OPM implement [REDACTED] at the data centers located in Washington, D.C.
	<b>Status</b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for physical access the data center.

<b>Rec. #21</b>	<b>Finding</b>	Control PE-3(1) – Physical Access Control   Information System Access Macon, ESI, & LAN/WAN General Support Systems: The data centers in Washington, D.C. and Boyers, Pennsylvania have not implemented any [REDACTED]
	<b>Recommendation</b>	We recommend that OPM implement [REDACTED] at the data centers located in Boyers, Pennsylvania.
	<b>Status</b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for physical access the data center.

**Title: Federal Information Security Modernization Act Audit FY 2019**

**Report #: 4A-CI-00-19-029**

**Date: October 29, 2019**

<b>Rec. #4</b>	<b>Finding</b>	Hardware Inventory: Many assets are incomplete (e.g., missing serial numbers) or include inaccurate information (e.g., incorrect location). In addition, the hardware inventory does not contain information to associate hardware components to the major system(s) that they support.
	<b>Recommendation</b>	We recommend that OPM define the procedures for maintaining its hardware inventory.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A

<b>Rec. #4 (Cont.)</b>	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and documenting systems and assets.
<b>Rec. #6 *</b>	<b>Finding</b>	Software Inventory: OPM has defined a policy requiring software components be inventoried in an agency centralized inventory.
	<b>Recommendation</b>	We recommend that OPM define policies and procedures for a centralized software inventory.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.
<b>Rec. #7*</b>	<b>Finding</b>	Software Inventory: There was no information about where the software is located, how many copies exist, the responsible parties, or licensing. In addition, there were instances of unsupported software listed in the inventory.
	<b>Recommendation</b>	We recommend that OPM define the standard data elements for an inventory of software assets and licenses with the detailed information necessary for tracking and reporting, and that it update its software inventory to include these standard data elements.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.
<b>Rec. #9</b>	<b>Finding</b>	Risk Policy and Strategy: OPM is not yet including supply chain risk management (SCRM) in its risk management processes. The agency's current risk profile, strategies, and policies do not specifically incorporate supply chain risks.
	<b>Recommendation</b>	We recommend that OPM develop an action plan and outline its processes to address the supply chain risk management requirements of NIST SP 800-161.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for addressing weaknesses in an appropriate timeframe and limiting system exposure to malicious attacks.

<b>Rec. #10*</b>	<b>Finding</b>	Information Security Architecture: OPM's enterprise architecture has not been updated since 2008 despite significant changes to its environment and plans, and does not support the necessary integration of an information security architecture. OPM has not documented an Information Security Architecture. In FY 2018, the agency contracted for enterprise architecture services, however, finalized architectures still do not exist.
	<b>Recommendation</b>	We recommend that OPM update its enterprise architecture, to include the information security architecture elements required by NIST and OMB guidance.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for aligning the agency's security processes, systems, and personnel with the agency mission and strategic plan.
<b>Rec. #12*</b>	<b>Finding</b>	Plan of Action and Milestones: OPM POA&M documentation has improved over prior years; however, we still noted the following issues as of August 2019 that 33 percent were more than 30 days overdue; 23 percent were more than 120 days overdue; and 45 percent are in draft or initial status (some since 2012).
	<b>Recommendation</b>	We recommend that OPM adhere to remediation dates for its POA&M weaknesses.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #13*</b>	<b>Finding</b>	Plan of Action and Milestones: OPM POA&M documentation has improved over prior years; however, we still noted the following issues as of August 2019 that 33 percent were more than 30 days overdue; 23 percent were more than 120 days overdue; and 45 percent are in draft or initial status (some since 2012).
	<b>Recommendation</b>	We recommend that OPM update the remediation deadline in its POA&Ms when the control weakness has not been addressed by the originally scheduled deadline (i.e., the POA&M deadline should not reflect a date in the past and the original due date should be maintained to track the schedule variance).
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.

<b>Rec. #14</b>	<b><i>Finding</i></b>	System Level Risk Assessments: Controls testing and risk assessments are a key part of the Authorization process, and the problems we found indicate that Authorizing Officials may not have all of the necessary risk information when granting an Authorization.
	<b><i>Recommendation</i></b>	We recommend that OPM complete risk assessments for each major information system that are compliant with NIST guidelines and OPM policy. The results of a complete and comprehensive test of security controls should be incorporated into each risk assessment.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for conducting risk assessments.
<b>Rec. #17*</b>	<b><i>Finding</i></b>	Configuration Management Roles, Responsibilities, and Resources: OPM has indicated that it does not have adequate resources (people, processes, and technology) to manage its Configuration Management (CM) program effectively.
	<b><i>Recommendation</i></b>	We recommend that OPM perform a gap analysis to determine the configuration management resource requirements (people, processes, and technology) necessary to effectively implement the agency's CM program.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for identifying gaps in the agency's configuration management program.
<b>Rec. #18*</b>	<b><i>Finding</i></b>	Configuration Management Plan: OPM has not established a process to document lessons learned from its change control process.
	<b><i>Recommendation</i></b>	We recommend that OPM document the lessons learned from its configuration management activities and update its configuration management plan as appropriate.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for analyzing and updating the agency's configuration management plan.

<b>Rec. #19*</b>	<b><i>Finding</i></b>	Baseline Configurations: OPM has not developed a baseline configuration for all of its information systems.
	<b><i>Recommendation</i></b>	We recommend that OPM develop and implement a baseline configuration for all information systems in use by OPM.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #21*</b>	<b><i>Finding</i></b>	Security Configuration Settings: OPM has not implemented the process for exceptions, which means OPM did not customize the configuration settings for its systems and environment. As a result, testing against the Guides is not effective since OPM did not document the allowed deviations.
	<b><i>Recommendation</i></b>	We recommend that the OCIO develop and implement [standard security configuration settings] for all operating platforms in use by OPM.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #23*</b>	<b><i>Finding</i></b>	Security Configuration Settings: While OPM does utilize the Defense Information Systems Agency Security Technical Implementation Guides, OPM has not implemented the process for exceptions, which means OPM did not customize the configuration settings for its systems and environment.
	<b><i>Recommendation</i></b>	For OPM configuration standards that are based on a pre-existing generic standard, we recommend that OPM document all instances where the OPM-specific standard deviates from the recommended configuration setting.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for secure configuration of information systems.

<b>Rec. #27*</b>	<b>Finding</b>	Flaw Remediation and Patch Management: OPM is not routinely scanning every device on its network, nor is there a formal process in place to ensure that all new devices on the agency's network are included in the scanning process.
	<b>Recommendation</b>	We recommend that the OCIO implement a process to ensure new server installations are included in the scan repository.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and remediating system vulnerabilities.
<b>Rec. #29*</b>	<b>Finding</b>	ICAM Strategy: In FY 2017, it was determined OPM has not developed and implemented an ICAM strategy containing milestones for how the agency plans to align with Federal ICAM initiatives. As noted above, OPM had not considered ICAM to be a distinct program and thus there were no corrective actions in FY 2018 or FY 2019.
	<b>Recommendation</b>	We recommend that OPM develop and implement an ICAM strategy that considers a review of current practices ("as-is" assessment) and the identification of gaps (from a desired or "to-be" state), and contains milestones for how the agency plans to align with Federal ICAM initiatives.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring the success of the agency's ICAM initiatives.
<b>Rec. #33*</b>	<b>Finding</b>	Data Protection and Privacy Policies and Procedures: OPM established the Chief Privacy Officer position and the Office of Privacy and Information Management (OPIM) in 2016 and 2019, respectively. Despite this substantial stride, OPM has not clearly defined the additional roles and responsibilities to support the program.
	<b>Recommendation</b>	We recommend that OPM define the roles and responsibilities necessary for the implementation of the agency's privacy program.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing data loss and mishandling of sensitive information.

<b>Rec. #34*</b>	<b>Finding</b>	Data Protection and Privacy Policies and Procedures: The OPM Information Security and Privacy Policy Handbook is OPM's primary source for data protection and privacy policies. However, OPM has not updated this handbook since 2011, and it does not contain the personally identifiable information (PII) protection plans, policies, and procedures necessary for a mature privacy program.
	<b>Recommendation</b>	We recommend that OPM develop its privacy program by creating the necessary plans, policies, and procedures for the protection of PII.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing data loss and mishandling of sensitive information.
<b>Rec. #35*</b>	<b>Finding</b>	Data Breach Response Plan: OPM does not currently conduct routine exercises to test the Data Breach Response Plan.
	<b>Recommendation</b>	We recommend that OPM develop a process to routinely test the Data Breach Response Plan.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing major data loss in the event of a security incident.
<b>Rec. #36*</b>	<b>Finding</b>	Privacy Awareness Training: Individuals with responsibilities for PII or activities involving PII do not receive elevated role-based privacy training.
	<b>Recommendation</b>	We recommend that OPM identify individuals with heightened responsibility for PII and provide role-based training to these individuals at least annually.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for properly handling secure data and preventing data loss incidents.
<b>Rec. #44*</b>	<b>Finding</b>	Contingency Planning Roles and Responsibilities: Evidence shows that less than a quarter of the information systems have updated contingency plans and even less have performed contingency plan testing.
	<b>Recommendation</b>	We recommend that OPM perform a gap-analysis to determine the contingency planning requirements (people, processes, and technology) necessary to effectively implement the agency's contingency planning policy.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for being able to restore systems to an operational status in the event of a disaster.

<b>Rec. #45*</b>	<b><i>Finding</i></b>	Business Impact Analysis: OPM currently has a process in place to develop a Business Impact Analysis (BIA) at the information system level. Not all of OPM's major information systems have an approved BIA nor has this issue been identified in the POA&Ms.
	<b><i>Recommendation</i></b>	We recommend that the OCIO conduct an agency-wide BIA and incorporate the results into the system-level contingency plans. While OPM has performed an agency wide BIA, this recommendation remains open, as OPM has not incorporated the results into the system-level contingency plans.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for being able to restore systems based on criticality and therefore meet its recovery time objectives and mission.
<b>Rec. #46*</b>	<b><i>Finding</i></b>	Contingency Plan Maintenance: Only 7 of the 47 major systems have current contingency plans that were reviewed and updated in FY 2019. The OCIO needs to coordinate with the system owners and authorizing officials to ensure the contingency plans are in place and that an update occurs in accordance with policy. Currently, the OCIO is not sufficiently empowered to enforce the contingency planning policy.
	<b><i>Recommendation</i></b>	We recommend that the OCIO ensure that all of OPM's major systems have contingency plans in place and that they are reviewed and updated annually.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #47*</b>	<b><i>Finding</i></b>	Contingency Plan Testing: Only 5 of the 47 major information systems were subject to an adequate contingency plan test in FY 2019. Additionally, more than 60 percent of the major systems have not been tested for 2 years or longer.
	<b><i>Recommendation</i></b>	We recommend that OPM test the contingency plans for each system on an annual basis.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.



**Title: Audit of the Information Technology Controls of the U.S. Office of Personnel Management's Electronic Official Personnel Folder System**

**Report #: 4A-CI-00-20-007**

**Date: June 30, 2020**

<b>Rec. #2</b>	<b>Finding</b>	Contingency Plan: In April 2019, OPM was able to move the eOPF backup systems to Boyers, Pennsylvania as originally planned. However, the eOPF Contingency Plan has not been updated to reflect the change in backup location.
	<b>Recommendation</b>	We recommend that OPM update the eOPF Contingency Plan in accordance with OPM policies.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #3</b>	<b>Finding</b>	Contingency Plan Testing: However, no contingency plan test was conducted in FY 2019. The potential consequences of not performing the contingency plan test in FY 2019 are compounded by the fact that the backup systems were recently moved and no testing has been performed to ensure that eOPF can be restored at the new location.
	<b>Recommendation</b>	We recommend that OPM conduct a test of the updated eOPF Contingency Plan in accordance with OPM policies. Note: This recommendation cannot be implemented until the Contingency Plan is updated as a part of the corrective action for Recommendation 2.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for recovering from an unplanned system outage.

**Title: Audit of the Information Systems General and Application Controls at the National Association of Letter Carriers Health Benefit Plan**

**Report #: 1B-32-00-20-004**

**Date: September 9, 2020**

<b>Rec. #8</b>	<b>Finding</b>	Internal Network Segmentation: [REDACTED]
	<b>Recommendation</b>	We recommend that NALC HBP [REDACTED]
	<b>Status</b>	NALC is taking corrective actions. This recommendation was resolved on February 21, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for authenticating to information systems.

<b>Rec. #9</b>	<b>Finding</b>	Network Access Control: NALC HBP's "Network Security Management Policy" states that only authorized computers will be able to access the internal network. [REDACTED]
	<b>Recommendation</b>	We recommend that NALC HBP [REDACTED]
	<b>Status</b>	NALC is taking corrective actions. This recommendation was resolved on April 20, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

**Title: Audit of the U.S. Office of Personnel Management's Security Assessment and Authorization Methodology**

**Report #: 4A-CI-00-20-009**

**Date: September 18, 2020**

<b>Rec. #1</b>	<b>Finding</b>	Authorization Memorandum: All of the systems we reviewed have a valid Authorization memorandum except for the Serena Business Manager (SBM). OPM did not reassess and authorize SBM prior to the most recent ATO expiration.
	<b>Recommendation</b>	We recommend that OPM perform a full assessment for SBM and update all Authorization documentation in accordance with NIST guidance.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

<b>Rec. #2</b>	<b>Finding</b>	Incorrect System Categorization: Of the 15 FIPS 199 security categorization documents reviewed, two systems which were categorized as moderate-impact systems were identified as HVAs. The HVA worksheet identified a rating of high in either confidentiality or integrity for both systems. OPM contests that the HVA designation does not affect the system categorization. However, OPM's HVA template suggests otherwise.
	<b>Recommendation</b>	We recommend that OPM update its policies and procedures to include guidance on categorizing HVA systems.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring appropriate system security categorization.

<b>Rec. #3</b>	<b>Finding</b>	Missing Approvals: We observed seven security categorization documents that were not signed by all necessary personnel.
	<b>Recommendation</b>	We recommend that OPM have the SO, the CISO, the AO, and (where appropriate) the Chief Privacy Officer review and approve the categorization of the systems in its inventory, in accordance with agency policy.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #4</b>	<b>Finding</b>	System Security Plan: We reviewed the SSP and master control set of the 15 systems in scope. Our fieldwork indicates that the SSPs are not being reviewed and updated timely because OPM does not have an SSP review process in place for the ISSOs.
	<b>Recommendation</b>	We recommend that OPM develop and implement a process to perform annual quality reviews for SSPs. The process should include the elements defined in NIST SP 800-18, Revision 1.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #5</b>	<b>Finding</b>	Master Control Set: Of the 15 systems reviewed, 7 systems had master control set fields that were incomplete or missing and contained planned controls that did not have corresponding POA&M references. The ISSOs are not updating all fields of the master control set appropriately with all defined controls.
	<b>Recommendation</b>	We recommend that OPM routinely ensure that all SSP master control sets are updated with POA&M references.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #6</b>	<b>Finding</b>	Security Assessment Plan and Report: OPM's ISSOs appear unable to provide consistent oversight of the security control assessment to ensure that all required controls are assessed for risk and weaknesses are identified. This issue is compounded by the inaccuracies in the system security categorization and SSP.
	<b>Recommendation</b>	We recommend that OPM improve the training program for new and current ISSOs on OPM's Authorization process. Training should include guidance on how to provide proper oversight related to security control scoping and risk identification and documentation.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.

<b>Rec. #6 (Cont.)</b>	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for performing Security Assessment and Authorizations.
<b>Rec. #7</b>	<b><i>Finding</i></b>	Contingency Plan: We reviewed the CP and Business Impact Analysis (BIA) for the 15 systems in our audit scope. The SO is not completing a sufficiently detailed review of contingency planning documents at the agency defined frequency or in the event of a system change to ensure the accuracy of information and compliance with contingency planning controls.
	<b><i>Recommendation</i></b>	We recommend that OPM implement a contingency plan review process to ensure the accuracy of information and compliance with contingency planning controls.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #8</b>	<b><i>Finding</i></b>	Business Impact Analysis: Two of the system BIAs were performed by a contractor. The contractor performed the BIA based on its business process as it relates to its mission. The analysis performed by the contractor does not mention OPM nor the impact of the system on the agency.
	<b><i>Recommendation</i></b>	We recommend that OPM develop and implement a process that ensures SOs of contractor-operated systems work with internal process owners, leadership and business managers to create an OPM BIA.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for assessing and documenting system criticality.
<b>Rec. #9</b>	<b><i>Finding</i></b>	Contingency Plan Testing: OPM does not have a template for CP testing so it is up to the SO to define what to test and what information to report in the test's after action report. During the FY 2019 FISMA audit, we identified that CP testing was not performed annually for all OPM systems. Additionally, we observed three systems that did not have the sufficient scope appropriate for the security categorization of the system. All three systems only performed table-top CP tests.
	<b><i>Recommendation</i></b>	We recommend that OPM adhere to the guidance in its Contingency Planning Policy and conduct full-scale tests for high-impact systems, functional tests for moderate-impact systems, and table-top tests for low-impact systems annually.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.

<b>Rec. #10</b>	<b><i>Finding</i></b>	Plan of Action and Milestones: While OPM has adequate policies and procedures in place for its POA&M process, ISSOs are not effectively updating POA&Ms with adequate information. Of the 361 POA&Ms reviewed, 109 were still in an initial or draft status more than six months after the creation date. Initial and draft POA&Ms did not yet contain all of the information required (e.g., milestones, estimated completion dates, estimated costs and labor) for managing POA&Ms and remediating weaknesses cost effectively.
	<b><i>Recommendation</i></b>	We recommend that OPM document the required milestone information so that the identified POA&Ms can be moved to an open status.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #11</b>	<b><i>Finding</i></b>	Plan of Action and Milestones: Of the 361 POA&Ms reviewed, 109 were still in an initial or draft status more than six months after the creation date. Initial and draft POA&Ms did not yet contain all of the information required (e.g., milestones, estimated completion dates, estimated costs and labor) for managing POA&Ms and remediating weaknesses cost effectively.
	<b><i>Recommendation</i></b>	We recommend that OPM update its POA&M procedures to include timeliness metrics related to transitioning a POA&M from initial/draft status to open.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for managing POA&M weakness remediation.

**Title: Audit of the Information Technology Security Controls of the U.S. Office of Personnel Management's Agency Common Controls**

**Report #: 4A-CI-00-20-008**

**Date: October 30, 2020**

<b>Rec. #1</b>	<b><i>Finding</i></b>	Policy and Procedures Governing the CSCC: The Use of the Common Security Controls Collection document defines the CSCC and provides instructions for Information System Security Officers (ISSOs) to determine which controls in their system are part of the CSCC and to not include those controls in a system security controls assessment. A 2013 Memorandum to System Owners (SOs) and Designated Security Officers regarding the CSCC stated that certain controls would no longer be part of the CSCC and issued a revised version of the CSCC. Upon completing our review of provided documentation, we did not observe any mention of the CSCC assessment requirements or roles, and responsibilities as conveyed by OPM representatives during our fieldwork interviews
	<b><i>Recommendation</i></b>	We recommend that OPM document the governance requirements of the CSCC that at a minimum contain the following elements as stated by NIST: a) Assigns responsibilities for oversight of the CSCC; b) Mandates the same assessment and monitoring requirements as system-specific controls in OPM information systems; and c) Requires the communication of assessment results to SOs and ISSOs.
	<b><i>Status</i></b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for the transition of a system's management.
<b>Rec. #2</b>	<b><i>Finding</i></b>	Plan of Action and Milestones: The 33 deficient controls identified in the risk assessment were not tracked through POA&Ms nor were they communicated to the ISSOs, SOs, or AOs of the systems that inherit the controls. OPM officials stated that no POA&Ms relating to the CSCC deficiencies were listed in the official document repository. OPM officials also stated that "artifacts on the communications to ISSOs or SOs could not be found."
	<b><i>Recommendation</i></b>	We recommend that OPM conduct an independent assessment of the controls that make up the CSCC.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for managing POA&M weakness remediation.

<b>Rec. #3</b>	<b>Finding</b>	Plan of Action and Milestones: Since the assessment of the CSCC controls did not properly document the risk assessment of the deficient controls and POA&Ms of the deficient controls were not documented nor communicated, the AOs did not receive all of the information to properly assess the risks to their systems. Conducting a new independent assessment of the CSCC controls would provide OPM the opportunity to address the identified documentation issues and properly document the assessment.
	<b>Recommendation</b>	We recommend that OPM update the CSCC to accurately reflect the controls in place and provided to the agency's systems.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #4</b>	<b>Finding</b>	CSCC Controls Testing: The 2017 CSCC assessment results were not communicated to ISSOs, SOs, or AOs whose systems inherit these controls. The CSCC contains agency common controls that are inherited by all OPM systems and are therefore not required to be tested as part of individual system security control assessments.
	<b>Recommendation</b>	We recommend that OPM notify all Authorizing Officials of the status of the controls identified from the CSCC that are not fully implemented.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for conducting risk assessments.

**Title: Federal Information Security Management Act Audit FY 2020**

**Report #: 4A-CI-00-20-010**

**Date: October 30, 2020**

<b>Rec. #4*</b>	<b>Finding</b>	Hardware Inventory: OPM's Security Authorization Guide says that in order to register OPM systems, hardware assets included in its system boundary are documented and electronically maintained. However, OPM does not have a defined process to maintain its inventory of hardware assets.
	<b>Recommendation</b>	We recommend that OPM define the procedures for maintaining its hardware inventory.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and documenting systems and assets.

<b>Rec. #6*</b>	<b>Finding</b>	Software Inventory: OPM has a policy that requires software components to be inventoried. However, a documented process to maintain software inventory is still not in place. Defining data elements to include in a software inventory would improve OPM's tracking of software in its environment. Further, instances of unsupported software were found during our testing. OPM purchased a tool this year that when implemented could address these concerns.
	<b>Recommendation</b>	We recommend that OPM define policies and procedures for a centralized software inventory.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.
<b>Rec. #7*</b>	<b>Finding</b>	Software Inventory: OPM has a policy that requires software components to be inventoried. However, a documented process to maintain software inventory is still not in place. Defining data elements to include in a software inventory would improve OPM's tracking of software in its environment. Further, instances of unsupported software were found during our testing. OPM purchased a tool this year that when implemented could address these concerns.
	<b>Recommendation</b>	We recommend that OPM define the standard data elements for an inventory of software assets and licenses with the detailed information necessary for tracking and reporting, and that it update its software inventory to include these standard data elements.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for understanding the information assets in the organization's environment.
<b>Rec. #9*</b>	<b>Finding</b>	Risk Policy and Strategy: OPM's Risk Management and Internal Controls Council manages the Enterprise Risk Management program. The Council meets regularly to discuss various risk topics and update the agencies risk profile. However, OPM has not incorporated supply chain risk management (SCRM) in its risk strategies. OPM has identified funding as an issue in developing an action plan to address supply chain requirements.
	<b>Recommendation</b>	We recommend that OPM develop an action plan and outline its processes to address the supply chain risk management requirements of NIST SP 800-161.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for addressing weaknesses in an appropriate timeframe and limiting system exposure to malicious attacks.



<b>Rec. #10*</b>	<b>Finding</b>	Information Security Architecture: OPM has guidance for implementing an information security architecture. The information security architecture is meant to be a plan for the implementation of security mechanisms. OPM's Enterprise Architecture has not been updated since 2008, and it does not contain a Security Reference Model, which represents the agency's information security architecture. OPM also has an Enterprise Information Security Architecture, however the document is in draft form.
	<b>Recommendation</b>	We recommend that OPM update its enterprise architecture, to include the information security architecture elements required by NIST and OMB guidance.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for aligning the agency's security processes, systems, and personnel with the agency mission and strategic plan.
<b>Rec. #12*</b>	<b>Finding</b>	Plan of Action and Milestones: OPM's OCIO has now prioritized POA&Ms, and stated that a new reporting feature in the POA&M repository alerts system owners of past due POA&Ms. As of July 31, 2020, we still noted the following issues: <ul style="list-style-type: none"> <li>• 60 percent of open POA&amp;Ms are past due;</li> <li>• 55 percent have not been updated in over a year; and</li> <li>• 11 percent have not been updated in three years.</li> </ul>
	<b>Recommendation</b>	We recommend that OPM adhere to remediation dates for its POA&M weaknesses.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.
<b>Rec. #13*</b>	<b>Finding</b>	Plan of Action and Milestones: OPM's OCIO has now prioritized POA&Ms, and stated that a new reporting feature in the POA&M repository alerts system owners of past due POA&Ms. As of July 31, 2020, we still noted the following issues: <ul style="list-style-type: none"> <li>• 60 percent of open POA&amp;Ms are past due;</li> <li>• 55 percent have not been updated in over a year; and</li> <li>• 11 percent have not been updated in three years.</li> </ul>
	<b>Recommendation</b>	We recommend that OPM update the remediation deadline in its POA&Ms when the control weakness has not been addressed by the originally scheduled deadline (i.e., the POA&M deadline should not reflect a date in the past, and the original due should be maintained to track the schedule variance).
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for managing POA&M weakness remediation.

<b>Rec. #14*</b>	<b>Finding</b>	System Level Risk Assessments: In 2020, OPM began a project to document the system-level risk assessments in a consistent manner with enterprise-wide risk assessments. All new systems will participate in this new process, and existing systems will follow when their annual reviews occur. However, we have yet to receive any evidence from OPM to indicate that the OCIO's new process to perform risk assessments has been implemented.
	<b>Recommendation</b>	We recommend that OPM complete risk assessments for each major information system that are compliant with NIST guidelines and OPM policy. The results of a complete and comprehensive test of security controls should be incorporated into each risk assessment
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for conducting risk assessments.
<b>Rec. #17*</b>	<b>Finding</b>	Configuration Management Roles, Responsibilities, and Resources: OPM has indicated that it does not currently have adequate processes and technology to manage its CM program effectively. Additionally, OPM has not allocated the appropriate resources to perform a gap analysis that would assist in identifying areas of concern.
	<b>Recommendation</b>	We recommend that OPM perform a gap analysis to determine the configuration management resource requirements (people, processes, and technology) necessary to effectively implement the agency's CM program.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying gaps in the agency's configuration management program.
<b>Rec. #18*</b>	<b>Finding</b>	Configuration Management Plan: OPM has not established a process to document lessons learned from its change control process
	<b>Recommendation</b>	We recommend that OPM document the lessons learned from its configuration management activities and update its configuration management plan as appropriate.
	<b>Status</b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for analyzing and updating the agency's configuration management plan.
<b>Rec. #19*</b>	<b>Finding</b>	Baseline Configurations: OPM does not currently run baseline configuration checks to verify that information systems are in compliance with pre-established baseline configurations, as they have yet to be developed.
	<b>Recommendation</b>	We recommend that OPM develop and implement a baseline configuration for all information systems in use by OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.

<b>Rec. #21*</b>	<b>Finding</b>	Security Configuration Settings: OPM has not consistently implemented the process for documenting and approving exceptions, which means OPM has not customized the configuration settings for its systems and environment. As a result, testing against the Guides is not effective since OPM has not documented the allowed deviations.
	<b>Recommendation</b>	We recommend that the OCIO develop and implement [standard security configuration settings] for all operating platforms in use by OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #23*</b>	<b>Finding</b>	Security Configuration Settings: OPM has not consistently implemented the process for documenting and approving exceptions, which means OPM has not customized the configuration settings for its systems and environment. As a result, testing against the Guides is not effective since OPM has not documented the allowed deviations.
	<b>Recommendation</b>	For OPM configuration standards that are based on a pre-existing generic standard, we recommend that OPM document all instances where the OPM-specific standard deviates from the recommended configuration setting.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for secure configuration of information systems.
<b>Rec. #27*</b>	<b>Finding</b>	Flaw Remediation and Patch Management: OPM does not have a formal process to ensure all new devices in the environment are included in the scanning process. We also determined that not every device on OPM's network is scanned routinely
	<b>Recommendation</b>	We recommend that the OCIO implement a process to ensure new server installations are included in the scan repository.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and remediating system vulnerabilities.
<b>Rec. #29*</b>	<b>Finding</b>	ICAM Strategy: Last year, we determined that OPM had not developed or implemented an ICAM strategy containing milestones for how the agency plans to align with Federal ICAM initiatives. The ICAM strategy still has not been fully implemented, but OPM has contracted to assess the resource needs of the program. OPM expects to implement its ICAM strategy by June 2021.
	<b>Recommendation</b>	We recommend that OPM develop and implement an ICAM strategy that considers a review of current practices ("as-is" assessment) and the identification of gaps (from a desired or "to-be" state), and contains milestones for how the agency plans to align with Federal ICAM initiatives.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A

<b>Rec. #29* (Cont.)</b>	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring the success of the agency's ICAM initiatives.
<b>Rec. #33*</b>	<b>Finding</b>	Data Protection and Privacy Policies and Procedures: The Chief Privacy Officer position was established in 2016. However, roles and responsibilities for the effective implementation of the agency's privacy program have not been defined. OPM's privacy program is relatively new and has not had sufficient resources devoted to it.
	<b>Recommendation</b>	We recommend that OPM define the roles and responsibilities necessary for the implementation of the agency's privacy program.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing data loss and mishandling of sensitive information.
<b>Rec. #34*</b>	<b>Finding</b>	Data Protection and Privacy Policies and Procedures: The OPM Information Security and Privacy Policy Handbook continues to be the agency's primary source for data protection and privacy policies. However, this handbook has not been updated since 2011 and does not contain the personally identifiable information (PII) protection plans, policies, and procedures necessary for a mature privacy program.
	<b>Recommendation</b>	We recommend that OPM develop its privacy program by creating the necessary plans, policies, and procedures for the protection of PII.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing data loss and mishandling of sensitive information.
<b>Rec. #35*</b>	<b>Finding</b>	Data Breach Response Plan: As a part of the plan, a Breach Response Team has been established that includes the appropriate agency officials. OPM's breach response plan requires periodic testing and updating. However, this year OPM has not updated or tested its Data Breach Response Plan.
	<b>Recommendation</b>	We recommend that OPM develop a process to routinely test the Data Breach Response Plan.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for preventing major data loss in the event of a security incident.

<b>Rec. #36*</b>	<b>Finding</b>	Privacy Awareness Training: OPM policy requires users to “Complete role-based security or privacy training if assigned a significant security or privacy role” and system owners to “Provide role-based security and privacy training to OPM information system users responsible for the operation of security functions/mechanisms for systems under his or her portfolio.” However, OPM has not developed role-based privacy training for individuals
	<b>Recommendation</b>	We recommend that OPM identify individuals with heightened responsibility for PII and provide role-based training to these individuals at least annually.
	<b>Status</b>	The agency partially agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for properly handling secure data and preventing data loss incidents.
<b>Rec. #41*</b>	<b>Finding</b>	Contingency Planning Roles and Responsibilities: In FY 2019, OPM indicated that staffing constraints led to lapses in contingency plan maintenance and testing. This year we continue to see these constraints affect compliance with OPM policy as only a third of contingency plans were updated as required and less than a quarter were tested as required.
	<b>Recommendation</b>	We recommend that OPM perform a gap-analysis to determine the contingency planning requirements (people, processes, and technology) necessary to implement the agency’s contingency planning policy effectively.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for being able to restore systems to an operational status in the event of a disaster.
<b>Rec. #42*</b>	<b>Finding</b>	Business Impact Analysis: OPM has not incorporated the results of this BIA into the system-level contingency plans. It is the responsibility of the system owners and Authorizing Officials to ensure that BIA results are communicated and reflected in system-level contingency plans.
	<b>Recommendation</b>	We recommend that the OCIO conduct an agency-wide BIA and incorporate the results into the system-level contingency plans.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for being able to restore systems based on criticality and therefore meet its recovery time objectives and mission.

<b>Rec. #43*</b>	<b><i>Finding</i></b>	Contingency Plan Maintenance: While OPM has made progress, it is still not compliant with this policy. Only 16 of the 47 major systems have contingency plans that were reviewed and updated in FY 2020.
	<b><i>Recommendation</i></b>	We recommend that the OCIO ensure that all of OPM's major systems have contingency plans in place and that they are reviewed and updated annually.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #44*</b>	<b><i>Finding</i></b>	Contingency Plan Testing: During our testing only 11 of the 47 systems observed were subject to a contingency plan test in compliance with OPM policy.
	<b><i>Recommendation</i></b>	We recommend that OPM test the contingency plans for each system on an annual basis.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.
<b>Rec. #45</b>	<b><i>Finding</i></b>	Information System Backup and Storage: We have not received evidence to indicate that OPM performs controls testing to ensure that the alternate storage and processing sites provide information security safeguards equivalent to that of the primary site. We reviewed 17 system security plans and observed that OPM did not consistently document the review of the alternate storage/processing site safeguards.
	<b><i>Recommendation</i></b>	We recommend that OPM perform and document controls testing to ensure security safeguards for alternate processing and storage sites are equivalent to the primary sites.
	<b><i>Status</i></b>	The agency did not agree with the recommendation. Evidence to support their disagreement has not yet been provided.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for recovering from an unplanned system outage.

**Title: Audit of the Information Systems General and Application Controls at Health Alliance Plan of Michigan**  
**Report #: 1C-52-00-20-011**  
**Date: November 30, 2020**

<b>Rec. #1</b>	<b>Finding</b>	Entity Segmentation: [REDACTED]
	<b>Recommendation</b>	[REDACTED]
	<b>Status</b>	This recommendation was resolved on September 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

<b>Rec. #7</b>	<b>Finding</b>	Internal Network Segmentation [REDACTED]
	<b>Recommendation</b>	[REDACTED]
	<b>Status</b>	This recommendation was resolved on September 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

**Title: Audit of the Information Systems General and Application Controls at Scott and White Health Plan**  
**Report #: 1C-A8-00-20-019**  
**Date: December 14, 2020**

<b>Rec. #1</b>	<b>Finding</b>	Vendor Risk Assessments: BSWH contracts with several vendors that perform business processes related to health claims processing. However, BSWH has not performed risk assessments of the IT security controls implemented by these vendors to protect the sensitive data they handle.
	<b>Recommendation</b>	We recommend that BSWH implement a formal process to assess vendor risk prior to service acquisition and then periodically over the course of the relationship. This process should also be applied to all existing vendors.
	<b>Status</b>	BSWH is taking corrective actions. This recommendation was resolved on June 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for conducting risk assessments.

<b>Rec. #2</b>	<b>Finding</b>	Internal Network Segmentation: [REDACTED]
	<b>Recommendation</b>	We recommend that BSWH [REDACTED]
	<b>Status</b>	BSWH is taking corrective actions. This recommendation was resolved on June 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #3</b>	<b>Finding</b>	Network Access Control: [REDACTED] This issue is compounded [REDACTED]
	<b>Recommendation</b>	We recommend that BSWH [REDACTED]
	<b>Status</b>	BSWH is taking corrective actions. This recommendation was resolved on September 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #8</b>	<b>Finding</b>	Vulnerabilities Identified by OIG Scans: The specific vulnerabilities that we identified were provided to BSWH in the form of an audit inquiry, but will not be detailed in this report. The Plan has opened tickets for the vulnerabilities and begun taking appropriate actions.
	<b>Recommendation</b>	We recommend that BSWH remediate the specific technical weaknesses discovered during this audit as outlined in the vulnerability scan audit inquiry.
	<b>Status</b>	BSWH is taking corrective actions. This recommendation was resolved on June 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for identifying and remediating system vulnerabilities.
<b>Rec. #10</b>	<b>Finding</b>	Security Configuration Standards: The guides were developed internally and are maintained by BSWH personnel. [REDACTED]
	<b>Recommendation</b>	We recommend that BSWH document [REDACTED]
	<b>Status</b>	BSWH is taking corrective actions. This recommendation was resolved on September 2, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.



<b>Rec. #10 (Cont.)</b>	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #11</b>	<b><i>Finding</i></b>	Security Configuration Standards: The guides were developed internally and are maintained by BSWH personnel. [REDACTED]
	<b><i>Recommendation</i></b>	We recommend that BSWH implement a process to [REDACTED]
	<b><i>Status</i></b>	BSWH is taking corrective actions. This recommendation was resolved on September 2, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that information systems are initially configured in a secure manner.
<b>Rec. #12</b>	<b><i>Finding</i></b>	Security Configuration Auditing: [REDACTED]
	<b><i>Recommendation</i></b>	We recommend that BSWH [REDACTED]
	<b><i>Status</i></b>	BSWH is taking corrective actions. This recommendation was resolved on September 2, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that information systems are initially configured in a secure manner.

**Title: Audit of the Information Systems General and Application Controls at Geisinger Health Plan**

**Report #: 1C-GG-00-20-026**

**Date: March 9, 2021**

<b>Rec. #1</b>	<b>Finding</b>	Internal Network Segmentation: GHP uses firewalls to control connections with systems outside of its network. GHP also utilizes virtual local area networks and firewalls to segment high risk or nonstandard devices from the rest of the network. However, GHP does not use firewalls to segment users from systems with sensitive information within the internal network.
	<b>Recommendation</b>	We recommend that GHP segregate its internal network in order to separate sensitive resources from user-controlled systems.
	<b>Status</b>	GHP is taking corrective actions. This recommendation was resolved on June 30, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

**Title: Audit of the Information Systems General and Application Controls at SelectHealth**

**Report #: 1C-SF-00-21-005**

**Date: September 13, 2021**

<b>Rec. #1</b>	<b>Finding</b>	Security Management - Entity Segmentation: [REDACTED] Without the use of a [REDACTED], the current [REDACTED] presents the risk [REDACTED]
	<b>Recommendation</b>	We recommend that SelectHealth implement firewall protection between its sensitive resources and network connections with IMH.
	<b>Status</b>	SelectHealth is taking corrective actions. This recommendation was resolved on March 9, 2022, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

<b>Rec. #2</b>	<b>Finding</b>	Security Management - Risk Acceptance: [REDACTED] [REDACTED] was in place at the enterprise-level. These systems [REDACTED] business purposes. However, no evidence was provided to demonstrate that a [REDACTED]
	<b>Recommendation</b>	We recommend that SelectHealth [REDACTED]
	<b>Status</b>	SelectHealth is taking corrective actions. This recommendation was resolved on November 10, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring up-to-date software.
<b>Rec. #5</b>	<b>Finding</b>	Network Security - Firewall Configuration Reviews: [REDACTED]
	<b>Recommendation</b>	We recommend that SelectHealth implement policies and procedures to formalize the process of performing routine audits of [REDACTED]
	<b>Status</b>	SelectHealth is taking corrective actions. This recommendation was resolved on March 9, 2022, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #6</b>	<b>Finding</b>	Network Security - Internal Network Segmentation: [REDACTED]
	<b>Recommendation</b>	We recommend that SelectHealth [REDACTED]
	<b>Status</b>	SelectHealth is taking corrective actions. This recommendation was resolved on March 9, 2022, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

<b>Rec. #11</b>	<b>Finding</b>	Configuration Management - System Lifecycle Management: [REDACTED]
	<b>Recommendation</b>	We recommend that SelectHealth [REDACTED]
	<b>Status</b>	SelectHealth is taking corrective actions. This recommendation was resolved on March 9, 2022, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls identifying and remediating unsupported information systems in the organization's environment.

**Title: Audit of the Information Technology Controls of the U.S. Office of Personnel Management's Executive Schedule C System**

**Report #: 4A-ES-00-21-020**

**Date: September 30, 2021**

<b>Rec. #2</b>	<b>Finding</b>	System Security Plan - Security Controls Matrix: The ESCS has not performed an analysis of each control to determine how or if the system satisfies each control requirement.
	<b>Recommendation</b>	We recommend that OPM routinely review and update the ESCS SCM to ensure that controls are accurately documented and effectively satisfy all control requirements.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.
<b>Rec. #3</b>	<b>Finding</b>	Plan of Action and Milestones - Missing POA&Ms: OPM is not cross referencing the ESCS's assessment results with the list of current POA&Ms to ensure that each identified weakness has a POA&M.
	<b>Recommendation</b>	We recommend that OPM create a POA&M for all controls listed as "Planned" in the SCM, weaknesses identified during the last security controls assessment, and weaknesses identified during FY 2020 continuous monitoring.
	<b>Status</b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Improved controls for ensuring that identifying and tracking weaknesses.

<b>Rec. #4</b>	<b><i>Finding</i></b>	Plan of Action and Milestones - POA&M Timeliness We identified that 34 out of the 47 POA&Ms were either closed after the scheduled completion date or remained open after the scheduled completion date. The Information System Security Officer is not updating the scheduled completion date to reflect current timelines based on reviews of remediation activities.
	<b><i>Recommendation</i></b>	We recommend that OPM perform and document a reassessment of the scheduled completion date for all open ESCS POA&Ms that have surpassed the scheduled completion date.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that identifying and tracking weaknesses.
<b>Rec. #5</b>	<b><i>Finding</i></b>	Vulnerability Scanning - Configuration Settings: OPM has not documented configuration settings for technology products employed within the ESCS system boundary that reflect the most restrictive mode consistent with operational requirements.
	<b><i>Recommendation</i></b>	We recommend that OPM establish and document configuration settings for technology products employed within the ESCS system boundary that reflect the most restrictive mode consistent with operational requirements.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for secure configuration of information systems.
<b>Rec. #6</b>	<b><i>Finding</i></b>	Vulnerability Scanning - Privileged Vulnerability Scanning: Vulnerability scans of the ESCS servers identified unsupported software that OPM has since removed. OPM stated that the reason unsupported software was not identified in prior scans was because privileged credentials are not used to authenticate vulnerability scans of the ESCS servers
	<b><i>Recommendation</i></b>	We recommend that OPM use privileged credentials to authenticate vulnerability scans of the ESCS servers.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for detecting and tracking vulnerabilities.

<b>Rec. #8</b>	<b><i>Finding</i></b>	NIST SP 800-53 Controls Testing - System Event Auditing: OPM has not assessed the auditing capability of the web application to determine what events should be audited and under what circumstances.
	<b><i>Recommendation</i></b>	We recommend that OPM complete an assessment of the ESCS web application's auditing capability to determine what events should be audited by the system and under what circumstances.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for auditing systems events for unusual activity.
<b>Rec. #9</b>	<b><i>Finding</i></b>	NIST SP 800-53 Controls Testing - System Event Auditing: The ESCS web application does not have adequate event auditing controls to support the investigation of security incidents.
	<b><i>Recommendation</i></b>	We recommend that OPM implement the appropriate system auditing capabilities as determined by the assessment.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for auditing systems events for unusual activity.
<b>Rec. #10</b>	<b><i>Finding</i></b>	NIST SP 800-53 Controls Testing - System Inventory: The ESCS does not have a system-level configuration management plan to identify and manage configuration items throughout the system development lifecycle.
	<b><i>Recommendation</i></b>	We recommend that OPM develop a system-level configuration management plan for the ESCS that establishes a process for identifying and managing configuration items and documentation.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for analyzing and updating the agency's configuration management plan.

<b>Rec. #12</b>	<b><i>Finding</i></b>	NIST SP 800-53 Controls Testing - Software License Tracking: However, evidence was not provided demonstrating that software license usage within the ESCS system boundary is tracked. The usage of quantity-controlled software licenses is not documented.
	<b><i>Recommendation</i></b>	We recommend that OPM track and document the usage of all quantity-controlled software licenses used within the ESCS system boundary.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for understanding the information assets in the organization's environment.
<b>Rec. #13</b>	<b><i>Finding</i></b>	NIST SP 800-53 Controls Testing - Logical Access Termination: OPM has not provided sufficient evidence demonstrating that access to the ESCS web application is disabled in a timely manner when a user's employment is terminated. OPM does not have a process to ensure access to the ESCS web application is disabled within 24 hours of receiving a termination notification.
	<b><i>Recommendation</i></b>	We recommend that OPM establish a process to ensure access to the ESCS web application is disabled within 24 hours of receiving a termination notification.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring termination procedures are followed, which will decrease the risk that individuals gain/retain unauthorized access to IT resources/systems.
<b>Rec. #14</b>	<b><i>Finding</i></b>	NIST SP 800-53 Controls Testing - Unit Integration Testing: OPM did not provide evidence that unit integration testing is performed. OPM does not have a security assessment plan which defines the testing process and documentation requirements for the ESCS web application development.
	<b><i>Recommendation</i></b>	We recommend that OPM create and implement a security assessment plan for performing required testing and documenting results when changes are made to the ESCS web application source code.
	<b><i>Status</i></b>	The agency agreed with this recommendation and is taking corrective action. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved controls for ensuring that systems have appropriate security controls in place and functioning properly.

# III. Claim Audits and Analytics

This section describes the open recommendations from medical claims audits of experience-rated health insurance carriers that participate in the Federal Employees Health Benefits Program (FEHBP).<sup>3</sup>

<b>Title: Audit of Claims Processing and Payment Operations at CareFirst BCBS</b>		
<b>Report #: 1A-10-85-17-049</b>		
<b>Original Issue Date: October 23, 2019</b>		
<b>Corrected Report Issue Date: April 15, 2020</b>		
<b>Rec. #1</b>	<b>Finding</b>	Place of Service Overcharges Review: Our review identified \$1,227,289 in program overcharges due to billing an incorrect place of service. These program overcharges also caused increased cost shares to some members and decreased cost shares to other members.
	<b>Recommendation</b>	We recommend that the contracting officer require the CareFirst Blue Cross Blue Shield (Plan) to return \$1,227,289 in overcharges to the FEHBP.
	<b>Status</b>	This recommendation was resolved on March 10, 2020, meaning a plan for corrective action has been agreed to but not yet implemented. As of March 31, 2022, a balance of \$306,139 was still owed to the FEHBP.
	<b>Estimated Program Savings</b>	\$1,227,289
	<b>Other Nonmonetary Benefit</b>	N/A

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<sup>3</sup> As defined in OMB Circular No. A-50, resolved means that the audit organization and agency management agree on action to be taken on reported findings and recommendations; however, corrective action has not yet been implemented. Outstanding and unimplemented (open) recommendations listed in this compendium that have not yet been resolved are not in compliance with the OMB Circular No. A-50 requirement that recommendations be resolved within six months after the issuance of a final report.



**Title: Audit of Duplicate Claim Payments at all Blue Cross and Blue Shield Plans for the period July 1, 2016 through July 31, 2019**  
**Report #: 1A-99-00-19-002**  
**Date: February 12, 2021**

<b>Rec. #2</b>	<b>Finding</b>	Duplicate Claim Payments: Our review determined that the local Blue Cross Blue Shield (BCBS) plans incorrectly paid 986 claims totaling \$2,095,900 in health benefit net overcharges to the FEHBP. Specifically, 973 claims were overpaid by \$2,126,618 and 13 claims were underpaid by \$30,718.
	<b>Recommendation</b>	We recommend that the Association work with its local BCBS plans to review system issues within their systems and/or within the FEPDirect system that have allowed duplicates such as these to occur. Specifically, they should focus on why these claims were not deferred prior to payment.
	<b>Status</b>	This recommendation was resolved on August 2, 2021, meaning a plan for corrective action has been agreed to but not yet implemented. Documentation supporting the completion of milestone M-4 of the Association's corrective action plan, related to recommendation #2, was due to OPM's Audit Resolution and Compliance group by August 31, 2021. As of March 31, 2022, the work needed to complete this milestone has not been finalized. Consequently, this milestone still needs to be completed before this recommendation can be closed.
	<b>Estimated Program Savings</b>	Unknown
	<b>Other Nonmonetary Benefit</b>	While an actual monetary amount is hard to estimate, if the root cause of these improper payments is identified and appropriate actions are implemented, it will prevent the improper payment of these types of claims going forward.
<b>Rec. #3</b>	<b>Finding</b>	Duplicate Claim Payments: Our review determined that the local BCBS plans incorrectly paid 986 claims totaling \$2,095,900 in health benefit net overcharges to the FEHBP. Specifically, 973 claims were overpaid by \$2,126,618 and 13 claims were underpaid by \$30,718.
	<b>Recommendation</b>	We recommend that the Association work with its local BCBS plans to review and correct system issues (either at the local level or in FEPDirect) that have permitted duplicate claim payments to go undetected.
	<b>Status</b>	This recommendation was resolved on August 2, 2021, meaning a plan for corrective action has been agreed to but not yet implemented. Milestone M-4 of the Association's corrective action plan, related to recommendation #3, still needs to be completed before this recommendation can be closed.
	<b>Estimated Program Savings</b>	Unknown
	<b>Other Nonmonetary Benefit</b>	While an actual monetary amount is hard to estimate, if the root cause of these improper payments is identified and appropriate actions are implemented, it will prevent the improper payment of these types of claims going forward.

**Title: Audit of the Reasonableness of Selected FEHBP Carrier's Pharmacy Benefit Contracts****Report #: 1H-99-00-20-016****Date: July 29, 2021**

<b>Rec. #1</b>	<b><i>Finding</i></b>	Pooling of Carrier Contracts: Based on discussions with the PBM and our overall review of each carrier's expenses related to the PBM's administration of pharmacy benefits, we believe it would lower FEHBP pharmacy costs if the carriers pooled their resources in a common PBM agreement.
	<b><i>Recommendation</i></b>	We recommend that the Contracting Office direct its carriers to consider pooling their resources into a common PBM agreement, which could potentially not only lower costs to the program but also to its Federal members.
	<b><i>Status</i></b>	OPM stated in its response that it would consider such a proposal if received in the future. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the July 29, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	While an actual monetary amount is hard to estimate, were this recommendation implemented it could result in an approximate 28 percent savings in administrative fees, equating to potential savings to the FEHBP of over \$9.5 million annually.
	<b><i>Other Nonmonetary Benefit</i></b>	We anticipate that much larger claims savings could potentially result if an across the board increase in pricing discounts was made available.
<b>Rec. #2</b>	<b><i>Finding</i></b>	Inappropriate Application of Transparency Standards: Our review of claims from the five nation-wide Carriers found that the PBM's contracting practices with the carriers and pricing and payment of retail pharmacy claims do not appear to meet the PBM transparency standards as established by OPM in 2011.
	<b><i>Recommendation</i></b>	We recommend that the Contracting Officer complete a data analysis of the claims pricing for all FEHBP carriers who contract with the PBM to determine if the transparency standards are being implemented as intended.
	<b><i>Status</i></b>	As part of its response OPM stated that it does have access to claims data or resources to conduct such work and feel the recommendation would be best achieved via an OIG audit of FEHB carriers. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the July 29, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, were this recommendation implemented, it could result in additional suggestions for program improvements or contractual amendments that could lead to additional program savings for as long as the PBM arrangement remains in place.

<b>Rec. #3</b>	<b><i>Finding</i></b>	Inappropriate Application of Transparency Standards: Our review of claims from the five nation-wide Carriers found that the PBM's contracting practices with the carriers and pricing and payment of retail pharmacy claims do not appear to meet the PBM transparency standards as established by OPM in 2011.
	<b><i>Recommendation</i></b>	We recommend that the Contracting Officer require the carrier contracts to include a true-up to ensure that each carrier receives the full value of all discounts, rebates, credits, or any other financial guarantees or adjustments included within the PBM's contracts with pharmacies. The true-ups should ensure that only the final costs paid to the pharmacies and/or drug suppliers (including any post point of sale reconciliations or true-ups) are passed on to the FEHBP.
	<b><i>Status</i></b>	In its response, OPM stated that they have addressed this issue as part of the 2021 amendments to the FEHB contracts; specifically clauses section 1.28(a)(5) and section (1.28)(b)(2)(iv). The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the July 29, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, were this recommendation implemented, it could result in additional suggestions for program improvements or contractual amendments that could lead to additional program savings for as long as the PBM arrangement remains in place.

# IV. Community-Rated Health Insurance Audits

This section describes the open recommendations from audits of the community-rated health insurance carriers that participate in the FEHBP.

<b>Title: Audit of UPMC Health Plan, Inc.</b> <b>Report #: 1C-8W-00-20-017</b> <b>Date: June 28, 2021</b>		
<b>Rec. #1</b>	<b>Finding</b>	During the 2014 through 2016 contract years, the Plan submitted premium rates for the FEHBP with High, Standard, and HDHP benefit options; however, we identified several defective pricing issues that resulted in lower audited premium rates for each option
	<b>Recommendation</b>	We recommend that the Plan return \$12,174,183 to the FEHBP for defective pricing in contract years 2014 through 2016.
	<b>Status</b>	Open. ARC is still working to resolve the findings identified throughout the report to determine a final defective pricing amount.
	<b>Estimated Program Savings</b>	\$12,174,183
	<b>Other Nonmonetary Benefit</b>	N/A
<b>Rec. #2</b>	<b>Finding</b>	The Plan erroneously included a loading in the 2014 through 2016 premium rates to account for the Health Insurance Providers Fee (HIF) established under the Patient Protection and Affordable Care Act (ACA), Section 9010.
	<b>Recommendation</b>	We recommend that the Plan remove all HIF loadings from the FEHBP premium rate developments and MLR filing denominators (as applicable) that have been submitted to OPM under Contract CS 2856.
	<b>Status</b>	Open. ARC is working with the Plan to resolve the finding related to the HIF loading.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant including years outside of the scope of the audit.
	<b>Other Nonmonetary Benefit</b>	N/A
<b>Rec. #3</b>	<b>Finding</b>	The Plan did not apply all pharmacy rebates attributable to the FEHBP in the 2014 through 2016 premium rate developments. OPM's Community-Rating Guidelines stipulate that claims must be reduced by income attributed to FEHB enrollees from sources such as prescription drug rebates for both the MLR and premium rate developments.
	<b>Recommendation</b>	We recommend the Plan amend all future FEHBP premium rate developments in which the pharmacy rebates were incorrectly reported.
	<b>Status</b>	The Plan continues to provide information to ARC, however the information still does not include all relevant Rx rebate data need for the time periods reviewed during our audit. We continue to want ARC and the Plan to assess the impact of the finding for the years outside the scope of our audit.
	<b>Estimated Program Savings</b>	Unknown, potentially significant including for years outside of the scope of the audit.
	<b>Other Nonmonetary Benefit</b>	Establishes more effective underwriting and record retention processes to develop a more accurate rate for FEHBP members.

<b>Rec. #4</b>	<b>Finding</b>	The Plan overstated the FEHBP vision loading in contract years 2014 through 2016, due to unavailable historical pricing information and the inclusion of non-FEHBP benefits.
	<b>Recommendation</b>	We recommend that the Plan amend all future premium rate developments to appropriately account for actual agreed upon FEHBP vision benefits.
	<b>Status</b>	Open. The Plan continues to not provide complete information for the vision benefit loading throughout the scope of our audit. We continue to want ARC and the Plan to assess the impact of the finding for the years outside the scope of our audit.
	<b>Estimated Program Savings</b>	Unknown, potentially significant including for years outside of the scope of the audit.
	<b>Other Nonmonetary Benefit</b>	Establishes more effective underwriting and record retention processes to develop a more accurate rate for FEHBP members.
<b>Rec. #8</b>	<b>Finding</b>	The Plan did not correctly adjust the 2016 rate development experience period claims for applicable benefit changes between contract years 2014 and 2015. The Plan used 2014 calendar year claims experience as the basis of the 2016 ACR premium rate development. To correctly account for changes in benefits, the Plan must adjust the 2014 claims experience first to the 2015 benefit level, then to the 2016 benefit level; however, the Plan did not account for the deductible, Out-of-Pocket Max (OOP Max), and the Health Incentive Account (HIA) changes from 2014 to 2015.
	<b>Recommendation</b>	We recommend that the Plan adjust for all applicable benefit changes from the experience period through the renewal period when developing FEHBP premium rates.
	<b>Status</b>	Open. However, the Plan has updated policies which should allow the recommendation to be closed soon.
	<b>Estimated Program Savings</b>	Unknown, potentially significant.
	<b>Other Nonmonetary Benefit</b>	Establishes more effective underwriting processes and controls to develop a more accurate rate for FEHBP members.
<b>Rec. #9</b>	<b>Finding</b>	The Plan inaccurately calculated the 2016 renewal benefit factors by assuming 100 percent utilization on the HIA benefit even though actual utilization was materially less.
	<b>Recommendation</b>	We recommend that the Plan develop FEHBP benefit change factors based on the Contract and actual FEHBP utilization, when available.
	<b>Status</b>	Open. However, the Plan has updated policies which should allow the recommendation to be closed soon.
	<b>Estimated Program Savings</b>	Unknown, potentially material.
	<b>Other Nonmonetary Benefit</b>	Establishes more effective underwriting processes and controls to develop a more accurate rate for FEHBP members.

<b>Rec. #10</b>	<b><i>Finding</i></b>	In accordance with the FEHBP regulations and the contract between OPM and the Plan, the FEHBP is entitled to recover Lost Investment Income (LII) on the defective pricing finding in contract years 2014 through 2016.
	<b><i>Recommendation</i></b>	We recommend that the Plan return \$1,612,812 to the FEHBP for LII, calculated through May 31, 2021. We also recommend that the Plan return LII on amounts due for the period beginning June 1, 2021, until all defective pricing finding amounts have been returned to the FEHBP.
	<b><i>Status</i></b>	Open. Lost investment income is contingent upon resolution and closure of the other findings contribution to the defective pricing finding.
	<b><i>Estimated Program Savings</i></b>	\$1,612,812
	<b><i>Other Nonmonetary Benefit</i></b>	N/A
<b>Rec. #11</b>	<b><i>Finding</i></b>	The Plan calculated unadjusted MLRs of 93.58 percent, 93.15 percent, and 88.33 percent for contract years 2014, 2015, and 2016 respectively. Since contract years 2014 and 2015 ratios exceeded the OPM established threshold of 89 percent, the Plan received OPM credits of \$3,370,927 and \$3,170,143 respectively. However, during our review of the FEHBP MLR filings, we adjusted the MLR denominators in each audit scope year to reflect the defective pricing discussed in section A.1. of this report, as shown below in Table V.
	<b><i>Recommendation</i></b>	We recommend that the Contracting Officer adjust the Plan's MLR credit for contract years 2014 through 2016 once the defective pricing findings discussed in this report are resolved.
	<b><i>Status</i></b>	Open. Recommendation is contingent upon finalization of the defective pricing finding.
	<b><i>Estimated Program Savings</i></b>	Unknown currently. Potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	N/A
<b>Rec. #12</b>	<b><i>Finding</i></b>	We identified the Plan used varying FEHBP member month (MM) amounts when allocating FEHBP MLR expenses during contract years 2014 through 2016. Additionally, the MLR filings lacked the required methodology descriptions relating to the expense allocations.
	<b><i>Recommendation</i></b>	We recommend that the Plan report the expense allocation methodologies used for the FEHBP MLR as required by 45 CFR 158.170 and Part 4 and Part 6 of the FEHBP MLR submission.
	<b><i>Status</i></b>	Open. However, the Plan has updated policies which should allow the recommendation to be closed soon.
	<b><i>Estimated Program Savings</i></b>	Unknown. Potentially material.
	<b><i>Other Nonmonetary Benefit</i></b>	Improved process and controls surrounding the FEHBP MLR submission.

<b>Rec. #13</b>	<b><i>Finding</i></b>	The Plan erroneously omitted Federal Income Tax (FIT) expenses from the 2014 FEHBP MLR filing and incorrectly reported FIT expenses on the 2015 and 2016 MLR filings. Specifically, the Plan materially misstated deferred tax assets in their 2015 and 2016 financial statements that led to a restatement of their FIT expenses in those years that was not captured in the 2015 and 2016 FEHBP MLR filings. Additionally, our review disclosed that the Plan omitted the reporting of the Transitional Reinsurance Fee (TRF) tax expenses on the 2014 through 2016 FEHBP MLR filings and the Patient-Centered Outcomes Research Institute (PCORI) tax expenses on the 2014 and 2015 FEHBP MLR filings.
	<b><i>Recommendation</i></b>	We recommend that the Plan amend any future MLR filings to accurately comply with the tax provisions under the Contract.
	<b><i>Status</i></b>	Open. The Plan has submitted updated policies clarifying how taxes will be accounted for in the MLR.
	<b><i>Estimated Program Savings</i></b>	Unknown. Potentially material.
	<b><i>Other Nonmonetary Benefit</i></b>	Improved process and controls surrounding the FEHBP MLR submission.
<b>Rec. #15</b>	<b><i>Finding</i></b>	Based on the errors identified throughout this report, we determined the Plan's internal controls over the FEHBP premium rate development process, the FEHBP MLR process, and provider contracting and credentialing processes were insufficient.
	<b><i>Recommendation</i></b>	We recommend that the Plan immediately establish written policies and procedures to strengthen internal controls over the development of the FEHBP premium rates, including but not limited to the application of ACA fees, pharmacy rebates, retention, and the calculation and loading of benefit factors/changes including the vision rider.
	<b><i>Status</i></b>	Open. However, the Plan has provided updated policy and procedure documents which should allow for recommendation closure.
	<b><i>Estimated Program Savings</i></b>	Unknown. Potentially material.
	<b><i>Other Nonmonetary Benefit</i></b>	Improved control environment should allow for more accurate FEHBP premium rate and MLR submissions.
<b>Rec. #16</b>	<b><i>Finding</i></b>	Based on the errors identified throughout this report, we determined the Plan's internal controls over the FEHBP premium rate development process, the FEHBP MLR process, and provider contracting and credentialing processes were insufficient.
	<b><i>Recommendation</i></b>	We recommend that the Plan immediately establish written policies and procedures to strengthen internal controls over the FEHBP-specific MLR filing, including but not limited to the expense allocation process and reporting of tax expenses.
	<b><i>Status</i></b>	Open. However, the Plan has provided updated policy and procedure documents which should allow for recommendation closure.
	<b><i>Estimated Program Savings</i></b>	Unknown. Potentially material.
	<b><i>Other Nonmonetary Benefit</i></b>	Improved control environment should allow for more accurate FEHBP premium rate and MLR submissions.

## V. Other Insurance Audits

This section describes the open recommendations from audits of other benefit and insurance programs, including the Federal Employees Dental/Vision Insurance Program, the Federal Employees Long Term Care Insurance Program, and the Federal Employees Group Life Insurance Program, as well as audits of Pharmacy Benefit Managers (PBMs) that that contract with and provide pharmacy benefits to carriers participating in the FEHBP.

<b>Title: Audit of CareFirst BlueChoice's FEHBP Pharmacy Operations as Administered by CVS Caremark</b> <b>Report #: 1H-07-00-19-017</b> <b>Date: July 20, 2020</b>		
<b>Rec. #2</b>	<b><i>Finding</i></b>	The Pharmacy Benefit Manager (PBM) did not provide pass-through transparent pricing based on the full value of the discounts it negotiated with two retail pharmacies for contract years (CY) 2014 through 2016, resulting in an overcharge of \$834,425 to the FEHBP.
	<b><i>Recommendation</i></b>	We recommend that the PBM return \$834,425 to the Carrier (to be credited to the FEHBP) for failing to provide pass-through pricing to the FEHBP at the full value of the PBM's negotiated discounts for retail pharmacy claims with Walgreens and Rite Aid retail pharmacy claims for CYs 2014 through 2016.
	<b><i>Status</i></b>	The Carrier and the PBM continue to disagree with this recommendation. The agency is reviewing the Carrier's position and will provide a response in the future.
	<b><i>Estimated Program Savings</i></b>	\$834,425
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure the carrier is compliant with FEHBP PBM transparency standards.
<b>Rec. #3</b>	<b><i>Finding</i></b>	The PBM did not provide pass-through transparent pricing based on the full value of the discounts it negotiated with two retail pharmacies for CYs 2014 through 2016, resulting in an overcharge of \$834,425 to the FEHBP.
	<b><i>Recommendation</i></b>	We recommend that the PBM continue researching this issue and identify all other pharmacies whose full value of the negotiated discounts were not passed through to the FEHBP.
	<b><i>Status</i></b>	The Carrier and the PBM continue to disagree with this recommendation. The agency is reviewing the Carrier's position and will provide a response in the future.
	<b><i>Estimated Program Savings</i></b>	Indirect savings – unknown, potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure the carrier is compliant with FEHBP PBM transparency standards.



<b>Rec. #4</b>	<b><i>Finding</i></b>	The PBM did not provide pass-through transparent pricing based on the full value of the discounts it negotiated with two retail pharmacies for CYs 2014 through 2016, resulting in an overcharge of \$834,425 to the FEHBP.
	<b><i>Recommendation</i></b>	We recommend that the Carrier require the PBM to pay FEHBP pharmacy claims based on the full value of the PBM's negotiated discounts with retail pharmacies at the time of adjudication. The guarantee found in the Agreement (between the Carrier and the PBM) should only be applied as a true-up when that guaranteed discount exceeds the pass-through transparent pricing for the period being analyzed.
	<b><i>Status</i></b>	The Carrier and the PBM continue to disagree with this recommendation. The agency is reviewing the Carrier's position and will provide a response in the future.
	<b><i>Estimated Program Savings</i></b>	Indirect savings – unknown, potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure the carrier is compliant with FEHBP PBM transparency standards.
<b>Rec. #5</b>	<b><i>Finding</i></b>	The PBM did not provide pass-through transparent pricing based on the full value of the discounts it negotiated with two retail pharmacies for CYs 2014 through 2016, resulting in an overcharge of \$834,425 to the FEHBP.
	<b><i>Recommendation</i></b>	We recommend that the Carrier require the PBM to provide annual comparisons and/or true ups showing that the FEHBP received the larger discount of either the guarantee found in the Agreement (between the Carrier and the PBM) or the pass-through transparent pricing equal to the full value of the PBM's negotiated discounts with retail pharmacies.
	<b><i>Status</i></b>	The Carrier and the PBM continue to disagree with this recommendation. The agency is reviewing the Carrier's position and will provide a response in the future.
	<b><i>Estimated Program Savings</i></b>	Indirect savings – unknown, potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure the carrier is compliant with FEHBP PBM transparency standards.
<b>Rec. #6</b>	<b><i>Finding</i></b>	The PBM did not provide pass-through transparent pricing based on the full value of the discounts it negotiated with two retail pharmacies for CYs 2014 through 2016, resulting in an overcharge of \$834,425 to the FEHBP.
	<b><i>Recommendation</i></b>	We recommend that the PBM adopt controls to ensure that the FEHBP always receives pass-through transparent pricing. Controls should include an annual check to ensure that the FEHBP received, at a minimum, the full value of the PBM's negotiated discounts with retail pharmacies.
	<b><i>Status</i></b>	The Carrier and the PBM continue to disagree with this recommendation. The agency is reviewing the Carrier's position and will provide a response in the future.
	<b><i>Estimated Program Savings</i></b>	Indirect savings – unknown, potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure the carrier is compliant with FEHBP PBM transparency standards.

**Title: Audit of the U.S. Office of Personnel Management's Administration of Federal Employee Insurance Programs**  
**Report #: 4A-HI-00-19-007**  
**Date: October 30, 2020**

<b>Rec. #1</b>	<b><i>Finding</i></b>	We found that OPM had three contracting officers (CO) administering healthcare and insurance contracts without evidence of completing the required training.
	<b><i>Recommendation</i></b>	We recommend that the three COs obtain the proper training to meet the 80 continuous learning points (CLP) requirement every two years and submit the training certificates in FAITAS.
	<b><i>Status</i></b>	OPM has taken steps to implement this recommendation and the OIG is evaluating the corrective actions taken.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure OPM is compliant with Federal Acquisition Certification in Contracting (FAC-C) Level III CLPs.
<b>Rec. #2</b>	<b><i>Finding</i></b>	We found that OPM had three COs administering healthcare and insurance contracts without evidence of completing the required training.
	<b><i>Recommendation</i></b>	We recommend that OPM develop policies and procedures to strengthen its monitoring and oversight of training related to CO warrants to ensure that the warrants are rescinded if certification of 80 CLPs every two years is not documented in FAITAS.
	<b><i>Status</i></b>	OPM has taken steps to implement this recommendation and the OIG is evaluating the corrective actions taken.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure OPM is compliant with Federal Acquisition Certification in Contracting (FAC-C) Level III CLPs.
<b>Rec. #3</b>	<b><i>Finding</i></b>	We found that OPM had health insurance specialists and program analysis officers acting in the capacity of a contracting officer representative (COR) without the proper letter of designation, certification, or training.
	<b><i>Recommendation</i></b>	We recommend that OPM require its health insurance specialists and program analysis officers within its Federal Employees Insurance Office (FEIO), who are acting in the capacity of a COR, to obtain the proper Federal Acquisition Certification for Contracting Officer's Representatives (FAC-COR) designation.
	<b><i>Status</i></b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Establishes controls to ensure OPM is compliant with FAC-COR requirements.

<b>Rec. #4</b>	<b>Finding</b>	We found that OPM had health insurance specialists and program analysis officers acting in the capacity of a Contracting Officer's Representative (COR) without the proper letter of designation, certification, or training.
	<b>Recommendation</b>	We recommend that OPM require each COR to obtain a letter of designation from the CO that describes their duties and responsibilities, a copy of the contract administration functions delegated to a contract administration office which may not be delegated to the COR, and documentation of COR actions taken in accordance with the delegation of authority.
	<b>Status</b>	OPM is currently re-reviewing this recommendation and will provide additional information in the near future.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Establishes controls to ensure OPM is compliant with FAC-COR requirements.
<b>Rec. #5</b>	<b>Finding</b>	We found that Audit Resolution and Compliance (ARC) lacks the resources and support needed to timely resolve OIG audit recommendations in accordance with the requirements of OMB Circular No. A-50. Our review found that ARC failed to resolve audit recommendations in 114 out of 246 audits, or approximately 46 percent, within the six-month period after the report was issued by the OIG. Of the 114 audits with recommendations that were not resolved within six months, 11 audits with 29 recommendations remained open at the time of our review, including 12 monetary recommendations with over \$103 million in questioned costs.
	<b>Recommendation</b>	We recommend that OPM provide ARC with a new audit resolution system that tracks, records, and reports resolution transactions.
	<b>Status</b>	OPM partially concurs with the recommendation and asserts that OPM should acquire an agency-wide audit resolution system that records and tracks recoveries and resolutions, and reports and performs analyses on resolutions to be shared by OPM's Healthcare and Insurance Office (HIO), the Office of the Chief Financial Officer (OCFO), the OIG and Internal Oversight and Compliance (IOC). The OIG has not yet received evidence that implementation has been started.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Establishes controls to ensure OPM is compliant with the requirements of OMB Circular No. A-50 for resolving OIG audit recommendations.
<b>Rec. #6</b>	<b>Finding</b>	We found that ARC lacks the resources and support needed to timely resolve audit recommendations in accordance with the requirements of OMB Circular No. A-50. Our review found that ARC failed to resolve audit recommendations in 114 out of 246 audits, or approximately 46 percent, within the six-month period after the report was issued by the OIG. Of the 114 audits with recommendations that were not resolved within six months, 11 audits with 29 recommendations remained open at the time of our review, including 12 monetary recommendations with over \$103 million in questioned costs.
	<b>Recommendation</b>	We recommend that OPM provide ARC with the proper staffing and training needed to resolve audit recommendations timely based on an assessment of the workload, critical skills, and core competencies required to be knowledgeable in each of OPM's employee benefit programs.

<b>Rec. #6 (Cont.)</b>	<b>Status</b>	OPM agrees that ARC needs additional resources to properly resolve audit recommendations in accordance with OMB Circular No. A-50. However, they disagree that ARC lacks the competencies required to be knowledgeable in the benefit programs that HIO administers. The OIG has not yet received evidence that corrective actions have been taken.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Establishes controls to ensure OPM is compliant with the requirements of OMB Circular No. A-50 for resolving OIG audit recommendations.
<b>Rec. #9</b>	<b>Finding</b>	During our review of OPM's current policies and procedures for collecting and reviewing FEHBP carrier Annual Accounting Statements (AAS), we found that OPM had insufficient oversight of the FEHBP carriers' working capital. Specifically, OPM is not verifying that the working capital schedule is being submitted with the carriers' AAS or tracking each carrier's working capital balance.
	<b>Recommendation</b>	We recommend that OPM work with the OCFO to establish internal procedures for properly reviewing and verifying the accuracy and completeness of the working capital schedules reported in the AAS by Fee-for-Service (FFS) and Experience-Rated (ER) Health Maintenance Organization (HMO) carriers.
	<b>Status</b>	This recommendation was resolved on September 21, 2021, meaning a plan for corrective action has been agreed to but not yet implemented.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Establishes controls over the working capital schedules reported in the AAS by FFS and ER HMO carriers participating in the FEHBP.
<b>Rec. #11</b>	<b>Finding</b>	OPM lacks standards in its community-rated HMO contracts to ensure transparency of costs charged by PBMs.
	<b>Recommendation</b>	We recommend that OPM establish PBM transparency standards for all new, renewed, or amended contracts that are specific to community-rated HMOs.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant.
	<b>Other Nonmonetary Benefit</b>	Establishes controls over the pharmacy operations for community-rated HMOs participating in the FEHBP.

<b>Rec. #12</b>	<b>Finding</b>	We found that OPM's Medical Loss Ratio (MLR) regulations and criteria are insufficient to address issues stemming from health insurers that are owned by provider groups and health care systems (provider-sponsored plans). Specifically, the lack of criteria addressing provider-sponsored plans affords them the opportunity to shift profit and/or expenses down to the provider level through increased claims costs, while still meeting the 85 percent MLR requirement.
	<b>Recommendation</b>	We recommend that OPM implement the following rate instruction changes: <ul style="list-style-type: none"> <li>• Include transparency standards requiring the carriers to provide support for all claims, encounters, and capitated rates, including those from their provider-owned networks or related entities used in the MLR, rate proposal, and rate reconciliation calculations; and</li> <li>• Improve MLR criteria to provide complete, clear, and concise instructions of the FEHBP MLR process, including specific instructions concerning provider-sponsored health plans and capitated arrangements in its cost reporting.</li> </ul>
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant.
	<b>Other Nonmonetary Benefit</b>	Tightens controls related to MLR for community-rated provider-sponsored plans participating in the FEHBP so that the 85 percent MLR requirement is not circumvented.
<b>Rec. #13</b>	<b>Finding</b>	We found that FEIO is not conducting carrier site visits every three years as reported by the OCFO as an internal control to mitigate risk over the FEHBP payment process.
	<b>Recommendation</b>	We recommend that OPM develop formal policies to ensure that site visits are conducted every three years for FEHBP carriers in accordance with its control to meet OMB Circular A-123 requirements. If the time and costs to perform the site visits outweigh the benefits, OPM should modify its controls and report new procedures to mitigate risks in the FEHBP payment process.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant.
	<b>Other Nonmonetary Benefit</b>	Establishes controls to meet the requirements of OMB Circular A-123 for oversight of the FEHBP payment process.
<b>Rec. #15</b>	<b>Finding</b>	During our review of OPM's current policies and procedures for ensuring carrier compliance with FWA reporting requirements, we found that OPM's health insurance specialists did not perform sufficient reviews of the 2017 FEHBP carriers' Fraud and Abuse Reports that were submitted in 2018. In addition, OPM did not have controls in place to hold carriers accountable for the timely submission of reports.
	<b>Recommendation</b>	We recommend that OPM implement a tracking mechanism to log the receipt of annual Fraud and Abuse Reports and hold FEHBP carriers accountable for the timely submission of their reports.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	Strengthens controls over of the FEHBP FWA reporting requirements.

<b>Rec. #16</b>	<b>Finding</b>	OPM has no controls in place to verify family member relationships for FEDVIP. Instead, Federal employees and annuitants “self-certify” the eligibility of members they want added to their dental and vision plans.
	<b>Recommendation</b>	We recommend that OPM eliminate the self-certification process for FEDVIP and implement an enrollment verification process that requires documentation to prove family member relationships at the time of enrollment. In the meantime, BENEFEDS, as the sole enrollment portal for FEDVIP, should have the authority to request eligibility documentation that includes marriage and birth certificates.
	<b>Status</b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant.
	<b>Other Nonmonetary Benefit</b>	Establishes controls over of the FEDVIP eligibility requirements and reduces the risk of FWA in the program.
<b>Rec. #22</b>	<b>Finding</b>	OPM does not have a set of standardized performance metrics or penalties to hold FEDVIP carriers accountable for services provided to its members.
	<b>Recommendation</b>	We recommend that OPM develop standard performance metrics with penalties to be included in all new or renewed contracts with FEDVIP carriers.
	<b>Status</b>	OPM partially concurs, however no corrective action has been taken to implement the recommendation.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant.
	<b>Other Nonmonetary Benefit</b>	Establishes controls over of the accountability, consistency, quality, and level of service provided by carriers to FEDVIP members.

**Title: Limited-Scope Audit of Blue Cross Blue Shield’s Opioid Claims as Administered by CVS Caremark For the Service Benefit Plan**

**Report #: 1H-01-00-20-015**

**Date: May 26, 2021**

<b>Rec. #1</b>	<b>Finding</b>	The PBM lacked sufficient system edits to limit the quantity of opioids in accordance with the CDC’s guidelines and the Carrier’s policies. During our review of the Plan’s 2019 opioid claims, we found that the PBM processed and paid 30,014 claims for opioids exceeding the Carrier’s policy limit of 200 Morphine Milligram Equivalents (MME) per day. In addition, a more detailed review of the 2019 opioid claims exceeding 300 MME showed that 53 percent of the claims were processed and paid without the prior authorizations (PAs) that were required by the Carrier to document a medically necessary exception (i.e., terminally ill and cancer patients).
	<b>Recommendation</b>	We recommend that the PBM implement point-of-sale edits that calculate MME based on the actual day supply instead of a maximum quantity limit for the opioid taken over a 90-day period. If the PBM is unable to calculate the true daily MME, it should then base the maximum quantity limits on the more common 30-day supply instead of 90 days.
	<b>Status</b>	Open.
	<b>Estimated Program Savings</b>	Indirect savings – unknown, potentially significant.

<b>Rec. #1 (Cont.)</b>	<b><i>Other Nonmonetary Benefit</i></b>	Improve controls to help reduce the overprescribing of opioids when not medically necessary, thereby reducing patient safety risks to FEHBP members.
<b>Rec. #2</b>	<b><i>Finding</i></b>	The PBM lacked sufficient system edits to limit the quantity of opioids in accordance with the CDC's guidelines and the Carrier's policies. During our review of the Plan's 2019 opioid claims, we found that the PBM processed and paid 30,014 claims for opioids exceeding the Carrier's policy limit of 200 Morphine Milligram Equivalents (MME) per day. In addition, a more detailed review of the 2019 opioid claims exceeding 300 MME showed that 53 percent of the claims were processed and paid without the PAs that were required by the Carrier to document a medically necessary exception (i.e., terminally ill and cancer patients).
	<b><i>Recommendation</i></b>	We recommend that the PBM require PAs for opioids exceeding 90 MME per day, and reject claims over 200 MME per day, unless the PA shows that the patient is excluded from the limitation due to active cancer, palliative, or other end-of-life care.
	<b><i>Status</i></b>	Open.
	<b><i>Estimated Program Savings</i></b>	Indirect savings – unknown, potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	Improve controls to help reduce the overprescribing of opioids when not medically necessary, thereby reducing patient safety risks to FEHBP members.
<b>Rec. #5</b>	<b><i>Finding</i></b>	The PBM is unable to calculate the daily MME for prescriptions less than a 90-day supply resulting in patient safety concerns. During our review of opioid use by dependents age 17 and under, we found that the PBM paid claims that exceeded a 7-day supply for opioid naïve members (those with no opioid claims in the previous 180 days), and paid claims that exceeded 50 MME per day for opioid combination drugs, without obtaining the PAs that were required by the Carrier's policies.
	<b><i>Recommendation</i></b>	We recommend that the Carrier ensure that the PBM has implemented system edits at the point-of-sale that require PAs when opioids exceed the 3-day limit for opioid naïve members age 17 and under for IR opioid and combination drugs, and when opioids exceed 50 MME per day for all members receiving opioid combination drugs. The MME should be calculated based on the actual day supply, not the total quantity of opioids allowed over 90 days.
	<b><i>Status</i></b>	Open.
	<b><i>Estimated Program Savings</i></b>	Indirect savings – unknown, potentially significant.
	<b><i>Other Nonmonetary Benefit</i></b>	Improve controls to help reduce the overprescribing of opioids when not medically necessary, thereby reducing patient safety risks to FEHBP members.

## VI. Evaluations

This section describes the open recommendations from evaluation reports issued by the OIG.

<b>Title: Evaluation Of The U.S. Office Of Personnel Management’s Preservation of Electronic Records</b> <b>Report #: 4K-CI-00-18-009</b> <b>Date: December 21, 2018</b>		
<b>Rec. #3</b>	<b><i>Finding</i></b>	No Guidance on the Use of Smartphone Records Management for Official Government Business – OPM has not issued any specific guidance on the use of Government-issued smartphones, to include, restrictions on installing certain applications or procedures on the preservation of smartphone-generated records related to Government business.
	<b><i>Recommendation</i></b>	The OIG recommend that the Office of Chief Information Officer implement guidance on the official use of smartphones to include restrictions on usage and details on maintenance and preservation of records.
	<b><i>Status</i></b>	The agency agreed with the recommendation. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The OIG believes that by issuing formalized guidance on the use of government issued Smartphones decreases the risk of inadequate records management and increases compliance with Federal regulations related to the preservation of electronic records.

<b>Title: Evaluation of the U.S. Office Of Personnel Management’s Employee Services’ Senior Executive Service and Performance Management Office</b> <b>Report #: 4K-ES-00-18-041</b> <b>Date: July 1, 2019</b>		
<b>Rec. #1</b>	<b><i>Finding</i></b>	Senior Executive Resources Services (SERS) management does not perform on-going monitoring or separate quality control reviews of Qualifications Review Board (QRB) data.
	<b><i>Recommendation</i></b>	The OIG recommends that the Senior Executive Resources Services manager build on-going monitoring and quality control measures to ensure its staff complies with laws and regulations, reports complete and accurate data, and maintains adequate supporting documentation.
	<b><i>Status</i></b>	The agency partially agreed with this recommendation. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The OIG believes formalized procedures for on-going monitoring and quality control measures would provide reasonable assurance that staff complies with laws and regulations, reports complete and accurate data, and maintains adequate supporting documentation.



<b>Rec. #2</b>	<b>Finding</b>	<p>Standard operating procedures does not:</p> <ul style="list-style-type: none"> <li>• Identify a key provision and requirements;</li> <li>• Specify what supporting documentation to maintain to indicate such;</li> <li>• Specify what documentation to maintain to support the review as a pre-Board verification; and</li> <li>• Contain an effective date.</li> </ul> <p>SERS management did not update the QRB Charter for panel members to remove requirements no longer in place.</p> <p>In addition, reference guides for agency customers does not</p> <ul style="list-style-type: none"> <li>• Include a key requirement;</li> <li>• Specify what supporting documentation must be provided by agencies to indicate such; and</li> <li>• Indicate what documentation must be provided by agency customers.</li> </ul>
	<b>Recommendation</b>	The OIG recommends that the Senior Executive Resources Services manager update and finalize its standard operating procedures, the QRB Charter, and reference guides to ensure its staff and agency customers comply with laws and regulations.
	<b>Status</b>	The agency agreed with the recommendation. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The OIG believes that updating and finalizing standard operating procedures, the QRB Charter, and reference guides would provide reasonable assurance staff and agency customers comply with laws and regulations.
<b>Rec. #4</b>	<b>Finding</b>	Based on the current standard operating procedures, there is no guidance for the Executive Resources and Performance Management manager to perform separate quality control measures of certified SES performance appraisal systems data.
	<b>Recommendation</b>	The OIG recommends that the Executive Resources and Performance Management manager develop and appropriately, document quality control measures to ensure its staff complies with laws and regulations, reports complete and accurate data, and maintains adequate supporting documentation.
	<b>Status</b>	The agency partially agreed with the recommendation. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The OIG believes formularized quality control measures would provide reasonable assurance that staff complies with laws and regulations, reports complete and accurate data, and maintains adequate supporting documentation.

<b>Rec. #5</b>	<b><i>Finding</i></b>	The standard operating procedures for processing SES, Senior Level, and Scientific and Professional certifications does not contain the current supervisor review practice; and The standard operating procedures for the staff does not include certain requirements identified in the Basic Senior Executive Service Performance Appraisal System Certification Process.
	<b><i>Recommendation</i></b>	The OIG recommends that the Executive Resources and Performance Management manager update its standard operating procedures to include supervisory review process explained and align with common practices for its activities, including maintaining support documentation.
	<b><i>Status</i></b>	The agency agreed with the recommendation. The OIG has not yet received evidence that the implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The OIG believes that updating and finalizing standard operating procedures would provide reasonable assurance staff understands supervisory review process and activities including maintaining support documentation are aligned with common practices.

**Title: Evaluation of the Presidential Rank Awards Program**

**Report #: 4K-ES-00-19-032**

**Date: January 17, 2020**

<b>Rec. #1</b>	<b><i>Finding</i></b>	Senior Executive Resources Services staff did not document verification of the nine percent statutory limit for the number of career Senior Executive Service and Senior-Level and Scientific and Professional nominees by agency. Sections 451.301 (c) and 451.302 (c) of Title 5 Code of Federal Regulations specify that each agency may nominate up to nine percent of its SES career appointees and up to nine percent of its senior career employees, respectively.
	<b><i>Recommendation</i></b>	The OIG recommends that the Senior Executive Resources Services manager Senior Executive Resources Services manager update and finalize its standard operating procedures to ensure its staff document required responsibilities.
	<b><i>Status</i></b>	The agency agreed with the recommendation and stated that they will update and finalize their standard operating procedures to ensure staff document required responsibilities.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The OIG believes that updating and finalizing standard operating procedures would provide reasonable assurance staff documents require responsibilities.

<b>Rec. #2</b>	<b>Finding</b>	Standard operating procedures did not indicate how management performs on-going monitoring or separate quality control reviews to ensure compliance.
	<b>Recommendation</b>	The OIG recommends that the Senior Executive Resources Services management build on-going monitoring and quality control measures to ensure compliance.
	<b>Status</b>	Management concurred with this recommendation and indicated that they plan to build additional on-going monitoring and quality control measures to ensure compliance.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The OIG believes formularized quality control measures would provide reasonable assurance that staff complies with laws and regulations.
<b>Rec. #3</b>	<b>Finding</b>	Senior Executive Resources Services did not have controls in place for its staff to address processing interagency agreements with nominating agencies. During our evaluation, we identified open interagency agreements for prior years.
	<b>Recommendation</b>	The OIG recommends that the Senior Executive Resources Services manager work with the appropriate offices to closeout interagency agreements from fiscal years 2016, 2017, and 2018.
	<b>Status</b>	The agency agreed with the recommendation and stated that they will work with the Office of Chief Financial Officer and NBIB (now the Defense Counterintelligence and Security Agency within the Department of Defense) to closeout interagency agreements from FYs 2016, 2017, and 2018.
	<b>Estimated Program Savings</b>	N/A
	<b>Other Nonmonetary Benefit</b>	The OIG believes that appropriate controls would provide reasonable assurance staff close out interagency agreements before the end of the year award was provided.
<b>Rec. #4</b>	<b>Finding</b>	Standard operating procedures for the Senior Executive Resources Services staff did not include instructions on how to process the interagency agreement from nominating agencies for the NBIB on-site evaluation.
	<b>Recommendation</b>	<p>The OIG recommends that the Senior Executive Resources Services manager update and finalize its standard operating procedures to include instructions for processing interagency agreement obligation forms for on-site evaluation. The standard operating procedures should include:</p> <ul style="list-style-type: none"> <li>• Instructions for initiating interagency agreement with nominating agencies, processing procedures, collecting payments, and de-obligating funds to ensure: <ul style="list-style-type: none"> <li>○ No work will commence and no costs will be incurred until the agreement is fully executed;</li> <li>○ Agreed upon milestones are set each year to ensure agencies are promptly notified when final costs are known; and</li> <li>○ Notify agencies promptly to close out agreements before the end of the calendar year.</li> </ul> </li> <li>• Ongoing monitoring and quality control measures for the interagency agreements process.</li> </ul>
	<b>Status</b>	The agency agreed with the recommendation and indicated that they plan to work with the Office of Chief Financial Officer to define a more streamlined interagency agreement process moving forward and update and finalize its standard operating procedures to include instructions for the new process.

<b>Rec. #4 (Cont.)</b>	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	The OIG believes that updating and finalizing standard operating procedures would provide reasonable assurance staff close out interagency agreements.

# VI. Management Advisories and Other Reports

This section describes the open recommendations from management advisories issued by the OIG.

<b>Title: Review of the U.S. Office of Personnel Management's Compliance with the Freedom of Information Act</b> <b>Report #: 4K-RS-00-14-076</b> <b>Date: March 23, 2015</b>		
<b>Rec. #1</b>	<b><i>Finding</i></b>	Compliance with Electronic Freedom of Information Act Amendments of 1996 (EFOIA) - OPM's FOIA policy does not discuss the requirement to post information online that has been requested multiple times. In addition, OPM's request tracking system does not identify the type of information requested. Consequently, OPM's FOIA Office cannot identify multiple requests that should be posted.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM's FOIA Office document a formal policy for handling multiple requests of the same information.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A.
	<b><i>Other Nonmonetary Benefit</i></b>	Improved internal controls for managing FOIA requests
<b>Rec. #3</b>	<b><i>Finding</i></b>	Compliance with Electronic Freedom of Information Act Amendments of 1996 E-FOIA requires agencies to provide online reading rooms for citizens to access records and, in the instance of three or more requests for certain FOIA information that this information be posted in these rooms. OPM's website has a reading room that OPM's FOIA Office can use to post responses to multiple requests; however, we found that the reading room is not used.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM's FOIA Office start tracking types of FOIA requests to help determine whether they are multiple requests that must be posted to the reading room.
	<b><i>Status</i></b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Improved internal controls for managing FOIA requests

**Title: Review of OPM's Non-Public Decision to Prospectively and Retroactively Re-Appportion Annuity Supplements**

**Report #: L-2018-1**

**Date: February 5, 2018**

<b>Rec. #1</b>	<b><i>Finding</i></b>	The OIG found that OPM's recent reinterpretation was incorrect and section 8421 did not mandate that OPM allocate the annuity supplement between an annuitant and a former spouse when the state court order was silent. OPM's longstanding past practice of not allocating the supplement supports this finding.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM cease implementing the Retirement Insurance Letter (RIL) 2016-12 and OS Clearinghouse 359 memorandum to apply the state court-ordered marital share to Annuity Supplements unless those court orders expressly and unequivocally identify the Annuity Supplement to be apportioned.
	<b><i>Status</i></b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	OPM's change in interpretation requires compliance with the Administrative Procedure Act (APA) and providing public notice and an opportunity to comment before OPM makes substantive changes to established rights. In addition, compliance with the recommendation would restore OPM's compliance with its ministerial obligations of the underlying state court orders that are silent on the apportionment of the Annuity Supplement.
<b>Rec. #2</b>	<b><i>Finding</i></b>	See number 1.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM take all appropriate steps to make whole those retired law enforcement officers (LEOs) and any other annuitants affected by this re-interpretation. This would include reversing any annuities that were decreased either prospectively or retroactively that involved a state court order that did not expressly address the Annuity Supplement.
	<b><i>Status</i></b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Compliance with applicable law, including OPM's own regulations that require it perform ministerial actions only. This would restore faith in the legal system as well as OPM's fiduciary responsibilities regarding annuities. It would also restore faith in the parties' previously negotiated property settlements that are reflected in the underlying state court orders.
<b>Rec. #3</b>	<b><i>Finding</i></b>	See number 1.
	<b><i>Recommendation</i></b>	The OIG recommends that OPM determine whether it has a legal requirement to make its updated guidance, including Retirement Insurance Letters, publicly available.
	<b><i>Status</i></b>	OPM disagrees with the recommendation and therefore has taken no action.
	<b><i>Estimated Program Savings</i></b>	N/A
	<b><i>Other Nonmonetary Benefit</i></b>	Compliance with applicable law, so that annuitants and their spouses are public notice of this new OPM policy that significantly affects how OPM processes state court orders – and that has resulted in the imposition of unexpected substantive obligations.

**Title: Federal Employees Health Benefits Program Prescription Drug Benefit Costs****Report #: 1H-01-00-18-039****Date: March 31, 2020 (Corrected); February 27, 2020 (Original)**

<b>Rec. #1</b>	<b>Finding</b>	The OIG is concerned that OPM may not be obtaining the most cost effective pharmacy benefit arrangements in the FEHBP. As of 2019, the FEHBP and its enrollees spent over \$13 billion annually on prescription drugs, comprising over 27 percent of the total cost of the program. The OIG feels strongly that OPM should take a more proactive approach to finding ways to curtail the prescription drug cost increases in the FEHBP. While the efforts made to date have undoubtedly helped control drug costs, we feel additional measures are needed to find more cost saving solutions to the problem of the growing costs of prescription drugs in the FEHBP.
	<b>Recommendation</b>	We recommend that OPM conduct a new, comprehensive study by seeking independent expert consultation on ways to lower prescription drug costs in the FEHBP, including but not limited to the possible cost saving options discussed in this report.
	<b>Status</b>	Open
	<b>Estimated Program Savings</b>	Unknown, potentially substantial.
	<b>Other Nonmonetary Benefit</b>	N/A
<b>Rec. #2</b>	<b>Finding</b>	See number 1.
	<b>Recommendation</b>	We recommend that OPM evaluate any study conducted pursuant to recommendation 1 and, with due diligence, formulate recommendations and a plan for agency action based on the best interests of the government, the FEHBP, and its enrollees.
	<b>Status</b>	Open
	<b>Estimated Program Savings</b>	Unknown, potentially substantial.
	<b>Other Nonmonetary Benefit</b>	N/A

**Title: Delegation of Authority to Operate and Maintain the Theodore Roosevelt Federal Building and the Federal Executive Institute****Report #: 4A-DO-00-20-041****Date: August 5, 2020**

<b>Rec. #1</b>	<b>Finding</b>	The decision to revoke OPM's authority to operate and maintain the Theodore Roosevelt Federal Building (TRB) and the Federal Executive Institute (FEI) was not well planned. A comprehensive analysis of the costs associated with the revocation of the delegation, including the costs associated with and any potential savings from a decrease in space utilization was not completed. Despite this lack of analysis and understanding of the true cost, and despite the preliminary analysis completed by OPM showing a significant increase in costs for the TRB, OPM and GSA initiated the process to transfer the operation and maintenance of both the TRB and the FEI to GSA, including solicitations for consolidated operation and management services.
	<b>Recommendation</b>	We recommend that OPM work with GSA to formally request and complete the documentation necessary to effectuate the return of the delegation to operate and maintain the TRB to OPM.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Savings</b>	\$14.4 million with \$4.2 million recurring.

<b>Rec. #1 (Cont.)</b>	<b>Other Nonmonetary Benefit</b>	N/A
<b>Rec. #2</b>	<b>Finding</b>	See number 1.
	<b>Recommendation</b>	We recommend that OPM delay any feasibility study related to its space needs until after completion of the NAPA study and any resulting decision by Congress
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	Unknown,
	<b>Other Nonmonetary Benefit</b>	N/A
<b>Rec. #4</b>	<b>Finding</b>	See number 1.
	<b>Recommendation</b>	We recommend that once the delegation to operate and maintain the FEI is returned, OPM explore its options regarding security services for the campus, including the potential return of the delegation from the Department of Homeland Security's Federal Protective Services, to determine if cost savings can be regained.
	<b>Status</b>	OPM is taking corrective actions. The OIG has not yet received evidence that implementation has been completed.
	<b>Estimated Program Savings</b>	\$300,000,
	<b>Other Nonmonetary Benefit</b>	N/A

**Title: FEHB Program Integrity Risks Due to Contractual Vulnerabilities**

**Report #: 4A-HI-00-18-026**

**Date: April 1, 2021**

<b>Rec. #1</b>	<b>Finding</b>	Data Retention Periods: The FEHBP contract's current records retention clause requires the retainment of records for a period of six years after the end of the contract term to which the records relate. However, OIG's Office of Investigations' (OI) False Claims Act (FCA) investigations have a 10-year statute of limitations, requiring the need for subpoenas to obtain any information beyond the FEHBP contract's six-year requirement.
	<b>Recommendation</b>	We recommend that OPM modify FEHBP contract language for all applicable records retention clauses to require the retention and accessibility of claims for 10 years plus the current year in a manner of OPM/HI's choosing.
	<b>Status</b>	OPM disagreed with this recommendation and stated that it would work with OIG to insist that carriers provide the data necessary to prevent a fraudulently loss of funds. Implementing this recommendation would also require a change to the FEHBP. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b>Estimated Program Savings</b>	Unknown
	<b>Other Nonmonetary Benefit</b>	While an actual monetary amount is hard to estimate, without the contract change, OI will continue to face challenges to conducting timely and relevant investigative activities or pursue the total fraud loss for FCA cases.



<b>Rec. #2</b>	<b><i>Finding</i></b>	Strengthening Language in Contract Section 1.9(a) Related to Fraud, Waste, and Abuse: The broad nature of this clause makes it unclear whether or not OPM issued Carrier Letters (CLs) are binding as part of the contract.
	<b><i>Recommendation</i></b>	We recommend OPM modify or add language in Section 1.9 of all FEHBP contracts to include all relevant sections and attachments of CL 2017-13 or modify all FEHBP contracts to add relevant language stating that all CLs are an addendum to the contract language and enforceable as a contract requirement.
	<b><i>Status</i></b>	OPM disagreed with this finding and stated it is not appropriate to include CLs or their attachments in FEHBP contracts as addendums. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	An actual monetary amount is hard to estimate. Without this contract change, investigations affected by this issue may be negatively affected while the Contracting Office attempts to pursue a resolution between OPM, the OIG, and the carrier.
<b>Rec. #3</b>	<b><i>Finding</i></b>	Fraud and Abuse Recoveries: Section 1.9 of the FEHBP contracts does not provide instructions to carriers as to where to return the fraud-related recoveries reported in carriers' annual fraud reports. Instead, these funds are often treated as erroneous payments and returned or credited to the Letter of Credit Account, which means they cannot be used to benefit enrollees by mitigating potential premium increases.
	<b><i>Recommendation</i></b>	We recommend OPM modify or add language to the appropriate Section of the fee-for-service and experience-rate HMO contracts to state that all Fraud, Waste, and Abuse-related recoveries must be deposited into the working capital or investment account within 30 days and returned to or accounted for in the FEHBP contingency reserve fund account within 60 days after receipt by the carrier.
	<b><i>Status</i></b>	OPM disagreed with this finding due to the significant changes required to OPM's internal processes to implement it. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, should this recommendation be implemented, fraud-related recoveries returned to the FEHBP could be used to benefit program participants.

<b>Rec. #4</b>	<b><i>Finding</i></b>	Protecting the Integrity of OIG Investigations: Conflicts can emerge when carriers proceed with internal fraud investigative activities without awareness or regard to ongoing OIG investigations.
	<b><i>Recommendation</i></b>	We recommend that OPM add language to all FEHBP contracts requiring carriers to notify the OIG's OI regarding their intention to share FEHBP fraudulent activity with outside parties and obtain approval from OIG's OI before sharing this information.
	<b><i>Status</i></b>	In its response to the report OPM stated that additional information and dialogue with the OIG will be necessary to obtain a complete understanding of this issue to assist them in drafting contract requirements. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	Implementation of this recommendation will reduce the likelihood that conflicts that could potentially impede investigations (even unknowingly) do not occur. Also, not sharing law enforcement sensitive information protects the safety of OIG investigators and law enforcement partners.
<b>Rec. #5</b>	<b><i>Finding</i></b>	Adding Language to FEHBP Contracts Requiring All Vendors and Large Provider Agreements to Adhere to OPM Anti-Fraud Requirements: The current FEHBP contract does not require all vendors and large providers to have a Fraud, Waste, and Abuse program in place, as is required for carriers under Section 1.9(a) and by CL 2017-13.
	<b><i>Recommendation</i></b>	We recommend that OPM modify or add language to all fee-for-service and experience-rated HMO FEHBP contracts requiring PBMs or providers under a Large Provider Agreement, who provide services or supplies related to benefit administration, to have a Fraud, Waste, and Abuse program that meets the OPM contract and CL 2017-13 requirements.
	<b><i>Status</i></b>	While OPM did not agree with the recommendation, they will consider whether modifications are warranted for including Fraud, Waste, and Abuse standards for vendors, other than PBMs, that are under a Large Provider Agreement. PBMs Fraud, Waste, and Abuse programs should not have to meet all CL requirements because some elements may not be applicable to PBMs. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	Implementation of this recommendation will ensure that all vendors and large providers have the necessary Fraud, Waste, and Abuse programs in place to protect FEHBP beneficiaries and the integrity of the Trust Fund.

<b>Rec. #6</b>	<b>Finding</b>	Adding Language to FEHBP Contracts Requiring All Vendors and Large Provider Agreements to Adhere to OPM Anti-Fraud Requirements: The current FEHBP contract does not require all vendors and large providers to have a Fraud, Waste, and Abuse program in place, as is required for carriers under Section 1.9(a) and by CL 2017-13.
	<b>Recommendation</b>	We recommend that OPM modify the experience-rated HMO and fee-for-service contracts to require that vendors under Large Provider Agreements return all Fraud, Waste, and Abuse-related recoveries to the carrier within 30 days, whereby carriers must deposit these recoveries into their working-capital or investment account within 30 days. Once deposited into one of these accounts, the carrier must return the recoveries to the contingency reserve fund.
	<b>Status</b>	OPM disagreed with this finding due to the significant changes required to OPM's internal processes to implement it. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b>Estimated Program Savings</b>	Unknown
	<b>Other Nonmonetary Benefit</b>	While an actual monetary amount is hard to estimate, should this recommendation be implemented, fraud-related recoveries returned to the FEHBP could be used to benefit program participants.
<b>Rec. #7</b>	<b>Finding</b>	The Erroneous Payments Clause: Contract Section 2.3(g) Erroneous Payments, as written, is too broad, does not give any type of routine recovery reporting, and may be costing the program for recovery efforts that could be handled in a more efficient manner.
	<b>Recommendation</b>	We recommend that OPM modify Section 2.3(g) and 2.3(g)(ii) to provide explanations for how carriers are to proactively identify overpayments and to define what it means by egregious errors.
	<b>Status</b>	OPM stated in its response that while it cannot commit to the modifications suggested in OIG's recommendation, they will initiate an information-gathering effort to obtain a greater familiarity with carrier's proactive efforts to identify overpayments. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b>Estimated Program Savings</b>	Unknown
	<b>Other Nonmonetary Benefit</b>	While an actual monetary amount is hard to estimate, in order to ensure that erroneous payments are held to the minimal extent possible, it is crucial that carriers understand what is expected of them to identify these types of payments. Additionally, clarifying terms such as egregious errors is crucial in determining what costs can be and cannot be charged against the contract.

<b>Rec. #8</b>	<b><i>Finding</i></b>	The Erroneous Payments Clause: Contract Section 2.3(g) Erroneous Payments, as written, is too broad, does not give any type of routine recovery reporting, and may be costing the program for recovery efforts that could be handled in a more efficient manner.
	<b><i>Recommendation</i></b>	We recommend that OPM modify Section 2.3(g) requiring carriers to report on their collection efforts, including how promptly the carrier initiated collection once the erroneous payment was identified and the causes of the claim payment errors.
	<b><i>Status</i></b>	OPM stated in its response that while there is potential value in program-wide reporting, the value may be incremental, based on requirements carriers must already meet to identify, process, and return erroneous payments to the FEHBP. It also stated that implementing this recommendation would require the completion of a significant set of activities, necessitating the need of a new, expanded or structurally reorganized function within HI to meet the activities' requirements. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, implementation of this recommendation will help truly assess the promptness and diligence of carriers' recovery efforts and disallow any erroneous payments that did not meet the contract's required prompt and diligent effort.
<b>Rec. #9</b>	<b><i>Finding</i></b>	The Erroneous Payments Clause: Contract Section 2.3(g) Erroneous Payments, as written, is too broad, does not give any type of routine recovery reporting, and may be costing the program for recovery efforts that could be handled in a more efficient manner.
	<b><i>Recommendation</i></b>	We recommend that OPM review the current recovery process in Section 2.3(g)(1) through (5) and consider whether the use of benefit offsets, after the first written notification is sent, would be more cost effective.
	<b><i>Status</i></b>	OPM agreed with this recommendation and intended to review the recovery process as part of its more comprehensive evaluation of the Contract language during fiscal year 2021. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, implementation of this recommendation will assist in the recovery of erroneous payments, that could otherwise have been written off as uncollectible, through benefit offsets.

<b>Rec. #10</b>	<b><i>Finding</i></b>	Use of Statistical Sampling: Use of statistical sampling is not currently included in FEHB carrier contracts, impeding our ability to use this widely accepted methodology to help identify erroneously paid claims.
	<b><i>Recommendation</i></b>	We recommend that OPM modify FEHBP contracts to clarify the Agency's authority to recoup projected improper payments identified by statistical sampling.
	<b><i>Status</i></b>	OPM does not agree with this recommendation, as statistical estimations are not appropriate for use in HI's improper payment reporting. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, implementation of this recommendation will greatly assist OPM and the OIG in capturing claims tied to an identified error from a population sampled and ensuring that those claims are recovered and that taxpayer dollars are not misspent on unallowable program charges.
<b>Rec. #11</b>	<b><i>Finding</i></b>	Other Adjustments to Contract Clauses: Section 2.6(g) in the amendment to the Coordination of Benefits section of the fee-for-service contract currently precludes OPM from seeking reimbursement on low dollar claims that are tied to identified claims system errors.
	<b><i>Recommendation</i></b>	We recommend modifying Section 2.6(g) in the amendment to the Coordination of Benefits section of the fee-for-service contract, to allow for the recovery of low dollar claims that result from claims system errors.
	<b><i>Status</i></b>	OPM does not agree with our suggested modification, as attempted recovery efforts for claim amounts this low would not be cost-effective and would require additional manpower to review the numerous claims under this threshold. The report is with OPM's Internal Oversight and Compliance group for resolution. There has been no formal resolution activity on this report since the April 1, 2021, date of issuance.
	<b><i>Estimated Program Savings</i></b>	Unknown
	<b><i>Other Nonmonetary Benefit</i></b>	While an actual monetary amount is hard to estimate, implementation of this recommendation will greatly assist OPM and the OIG in ensuring that all claims related to an identified system error are recovered and that taxpayer dollars are not misspent on unallowable program charges.

# Appendix

Below is a chart listing all reports described in this document that, as of March 31, 2022, had open recommendations over six months old.

Internal Audits						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
4A-CF-00-08-025	FY 2008 Financial Statements	11/14/2008	6	1	0	\$0
4A-CF-00-09-037	FY 2009 Financial Statements	11/13/2009	5	1	0	\$0
4A-CF-00-10-015	FY 2010 Financial Statements	11/10/2010	7	3	0	\$0
1K-RS-00-11-068	Stopping Improper Payments to Deceased Annuitants	09/14/2011	14	2	0	\$0
4A-CF-00-11-050	FY 2011 Financial Statements	11/14/2011	7	1	0	\$0
4A-CF-00-12-039	FY 2012 Financial Statements	11/15/2012	3	1	0	\$0
4A-CF-00-13-034	FY 2013 Financial Statements	12/13/2013	1	1	0	\$0
4A-CF-00-14-039	FY 2014 Financial Statements	11/10/2014	4	3	0	\$0
4A-CF-00-15-027	FY 2015 Financial Statements	11/13/2015	5	4	0	\$0
4A-CA-00-15-041	OPM's OPO's Contract Management Process	07/08/2016	6	3	1	\$108,880,417
4A-CF-00-16-030	FY 2016 Financial Statements	11/14/2016	19	12	0	\$0
4A-CF-00-17-028	FY 2017 Financial Statements	11/13/2017	18	14	0	\$0
4A-CF-00-15-049	OPM's Travel Card Program	01/16/2018	21	19	0	\$0
4A-CF-00-16-055	OPM's Common Services	03/29/2018	5	5	0	\$0
4A-CF-00-18-012	FY 2017 IPERA	5/10/2018	2	1	0	\$0
4A-CF-00-18-024	FY 2018 Financial Statements	11/15/2018	23	16	0	\$0
4A-CF-00-19-012	FY 2018 IPERA	6/3/2019	4	1	0	\$0
4A-CF-00-19-022	FY 2019 Financial Statements	11/18/2019	20	18	0	\$0
4A-RS-00-18-035	IP Rate Methodologies	4/2/2020	12	12	0	\$0
4A-CF-00-20-014	FY 2019 IPERA	5/14/2020	3	2	0	\$0
4A-RS-00-19-038	Retirement Services Disability Process	10/30/2020	8	8	0	\$0

<i>Internal Audits Continued</i>						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
4A-CF-00-20-024	FY 2020 Financial Statements	11/13/2020	21	19	0	\$0
4A-CF-00-21-008	FY 2020 Improper Payments Reporting	5/17/2021	4	2	0	\$0
4A-CI-00-20-034	OCIO's Revolving Fund Programs	9/9/2021 and 11/22/2021	4	2	1	\$5,474,272
4A-CF-00-20-035	OPM's Check Receipt Process in Trust Funds	9/30/2021	9	9	0	\$0
25	Total Reports		231	160	2	\$114,354,689

Information Systems Audits						
Report Number	Name	Date	Total # of Findings	# of Open Procedural Findings	Monetary Findings	
					# Open	Amount
4A-CI-00-08-022	FISMA FY 2008	09/23/2008	19	1	0	\$0
4A-CI-00-09-031	FISMA FY 2009	11/05/2009	30	1	0	\$0
4A-CI-00-10-019	FISMA FY 2010	11/10/2010	41	1	0	\$0
4A-CI-00-11-009	FISMA FY 2011	11/09/2011	29	1	0	\$0
4A-CI-00-12-016	FISMA FY 2012	11/05/2012	18	1	0	\$0
4A-CI-00-13-021	FISMA FY 2013	11/21/2013	16	1	0	\$0
4A-CI-00-14-016	FISMA FY 2014	11/12/2014	29	3	0	\$0
4A-RI-00-15-019	IT Sec. Controls OPM's AHBOSS	07/29/2015	7	2	0	\$0
4A-CI-00-15-011	FISMA FY 2015	11/10/2015	27	3	0	\$0
4A-CI-00-16-061	Web Application Security Review	10/13/2016	4	4	0	\$0
4A-CI-00-16-039	FISMA FY 2016	11/09/2016	26	5	0	\$0
4A-CI-00-17-014	OPM's Security Assessment and Authorization	06/20/2017	4	3	0	\$0
1C-GA-00-17-010	ISG&AC @ MVP Health Care	06/30/2017	15	1	0	\$0
4A-CI-00-17-030	OPM's SharePoint Implementation	09/29/2017	8	7	0	\$0

<b>Information System Audits Continued</b>						
<b>Report Number</b>	<b>Name</b>	<b>Date</b>	<b>Total # of Findings</b>	<b># of Open Procedural Findings</b>	<b>Monetary Findings</b>	
					<b># Open</b>	<b>Amount</b>
4A-CI-00-17-020	FISMA FY 2017	10/27/17	39	14	0	\$0
4A-CI-00-18-022	OPM's FY 2017 IT Modernization Expenditure	02/15/2018	4	2	0	\$0
4A-HR-00-18-013	OPM's USA Staffing System	05/10/2018	4	2	0	\$0
4A-CI-00-18-044	OPM's FY 2018 IT Modernization Expenditure	06/20/2018	2	2	0	\$0
4A-CI-00-18-038	FISMA FY 2018	10/30/2018	52	21	0	\$0
1C-8W-00-18-036	ISG&AC @ UPMC	3/1/2019	5	1	0	\$0
1C-LE-00-18-034	ISG&AC @ Priority Health	3/5/2019	10	1	0	\$0
4A-CI-00-18-037	FITARA	4/25/2019	5	5	0	\$0
4A-CI-00-19-006	OPM's EHRIDW	6/17/2019	13	2	0	\$0
1C-59-00-19-005	ISG&AC @ Kaiser Northern and Southern California	7/23/2019	2	2	0	\$0
4A-CF-00-19-026	OPM's CBIS	10/3/2019	7	3	0	\$0
4A-CI-00-19-008	OPM's Compliance with Data Center Optimization	10/23/2019	23	13	0	\$0
4A-CI-00-19-029	FISMA FY 2019	10/29/2019	47	23	0	\$0
4A-CI-00-20-007	OPM's eOPF	06/30/2020	3	2	0	\$0
1B-32-00-20-004	ISG&AC @ NALC	09/09/2020	19	2	0	\$0
4A-CI-00-20-009	OPM's Security Assessment & Authorization	09/18/2020	11	11	0	\$0
4A-CI-00-20-008	OPM's Agency Common Controls	10/30/2020	4	4	0	\$0
4A-CI-00-20-010	FISMA FY 2020	10/30/2020	45	24	0	\$0
1C-52-00-20-011	ISG&AC @ Health Alliance Plan	11/30/2020	14	2	0	\$0
1C-A8-00-20-019	ISG&AC @ Scott and White Health Plan	12/14/2020	12	7	0	\$0
1C-GG-00-20-026	ISG&AC @ Geisinger Health Plan	03/09/2021	2	1	0	\$0
1C-SF-00-21-005	ISG&AC @ Selecthealth	09/13/2021	12	5	0	\$0
4A-ES-00-21-020	OPM's ESCS	09/30/2021	14	11	0	\$0
37	Total Reports	622	172	22	0	\$0



Claim Audits and Analytics						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
1A-10-85-17-049	Audit of Claims Processing and Payment Operations at CareFirst BCBS	10/23/2019 4/15/2020	10		1	\$306,139
1A-99-00-19-002	Audit of Duplicate Claim Payments at All Blue Cross Blue Shield Plans for the period July 1, 2016, through July 31, 2019	2/12/21	8	2		
1H-99-00-20-016	Audit of the Reasonableness of Selected FEHBP Carrier' Pharmacy Benefit Contracts	7/29/21	3	3		
3	<b>Total Reports</b>		21	5	1	\$306,139

Community-Rated Health Insurance Audits						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
1C-8W-00-20-017	UPMC Health Plan, Inc.	6/21/2021	17	10	2	\$13,786,995
1	<b>Total Reports</b>		17	10	2	\$13,786,995

Other Insurance Audits						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
1H-07-00-19-017	CareFirst BlueChoice's Pharmacy Operations as Administered by CVS Caremark	7/20/2020	8	4	1	\$834,425
4A-HI-00-19-007	Audit of the U.S. Office of Personnel Management's Administration of Federal Employee Insurance Programs	10/30/2020	24	13	0	\$0
1H-01-00-20-015	Limited-Scope Audit of Blue Cross Blue Shield's Opioid Claims as Administered by CVS Caremark For the Service Benefit Plan	5/26/2021	5	3	0	\$0
3	<b>Total Reports</b>		37	20	1	\$834,425

Evaluations						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
4K-CI-00-18-009	OPM's Preservation of Electronic Records	12/21/2018	3	1	0	\$0
4K-ES-00-18-041	OPM's Employee Services' Senior Executive Service and Performance Management Office	7/1/2019	6	4	0	\$0
4K-ES-00-19-032	Presidential Rank Awards Program	1/17/2019	4	4	0	\$0
3	<b>Total Reports</b>		13	9	0	\$0

Management Advisories and Other Reports						
Report Number	Name	Date	Total # of Recs.	# of Open Procedural Recs.	Monetary Findings	
					# Open	Amount
4K-RS-00-14-076	Review of OPM's Compliance with the Freedom of Information Act	3/23/2015	3	2	0	\$0
L-2018-1	Review of OPM's Non-Public Decision to Re-Appportion Annuity Supplements	2/5/2018	3	3	0	\$0
1H-01-00-18-039	Federal Employees Health Benefits Program Prescription Drug Benefit Costs	3/31/2020 (Corrected); 2/27/2020 (Original)	2	2	0	\$0
4A-DO-00-20-041	Delegation of Authority to Operate and Maintain the Theodore Roosevelt Federal Building and the Federal Executive Institute	8/5/2020	4	3	0	\$0
4A-HI-00-18-026	FEHBP Program Integrity Risks Due to Contractual Vulnerabilities	4/1/2021	11	11	0	\$0
5	<b>Total Reports</b>		23	21	0	\$0



## Report Fraud, Waste, and Mismanagement

Fraud, waste, 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:

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Washington, DC 20415-1100