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

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**Investigative Activity Summary**

**Quarterly Summary of Investigative Activities**

**January 1, 2022, to March 31, 2022**

**Published: April 2022**

**– Caution –**

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# Executive Summary

## Summary of Investigative Activities

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

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## About the Investigations the OPM OIG Conducts

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

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

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

# Abbreviations

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

# Table of Contents

Executive Summary .....	i
Abbreviations .....	ii
Table of Contents .....	3
Health Care Investigations .....	4
Retirement Investigations .....	10
Integrity Investigations .....	15
Appendix.....	16

# Health Care Investigations

## OPM OIG Health Care Investigations

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

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

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

## FEHBP Health Care Fraud Case Summaries

- In June 2016, we received an FEHBP health insurance carrier notification about a medical provider and practice that allegedly billed for services not rendered; used veterinary catheters on human patients; billed for services performed by unsupervised or unlicensed individuals; and billed for medically unnecessary procedures. The financial exposure of the FEHBP was \$4,801. We previously reported that the medical provider was charged with using adulterated devices not approved for human use, a misdemeanor. On January 12, 2022, the medical provider pled guilty in the U.S. District Court for the Northern District of Illinois to the charge. Further judicial action is expected in this case.
- We received a case referral from a Federal law enforcement partner alleging that a pharmacy provider was involved in a fraud and kickback scheme related to compounded prescriptions. The FEHBP had paid \$2.293 million to the subject between 2013 and 2015. We previously reported guilty pleas related to this case. On January 18, 2022, the pharmacy was placed on probation for 5 years by the court. The U.S. District Court for the Central District of California also ordered restitution of \$4.4 million, of which \$24,128 is to be returned to OPM. On January 31, 2022, the U.S. Department of Health and Human Services issued an 8-year exclusion from all Federal health care programs (including the FEHBP) to one of the involved individuals. On February 7, 2022, another individual was sentenced to 30 months of imprisonment and 3 years of supervised release based on their earlier guilty plea to conspiring to defraud the United States.

- In October 2019, we received a case referral from an FEHBP health insurance carrier about a pharmacy billing for high-dollar reimbursement medications in a manner that was suggestive of an improper business relationship. The FEHBP had paid \$670,000 in improper payments related to the allegation. We previously reported several indictments and guilty pleas related to this investigation. On March 18, 2022, a defendant pled guilty to one count of health care fraud in the U.S. District Court for the Eastern District of Virginia and was sentenced to 2 years of probation with 6 months of home confinement. The court also ordered the individual to pay \$1.3 million in restitution. The FEHBP received \$14,140.
- In October 2018, we received a *qui tam* filed in the U.S. District Court for the Middle District of Florida that alleged a medical provider group violated the False Claims Act, the Stark Law, and the Anti-Kickback Statute. The medical provider group provided urine drug testing services self-referred by its physicians contrary to law. Additionally, the medical provider group was performing medically unnecessary urine drug testing. The FEHBP's exposure was \$491,737 for all claims related to the *qui tam*. On March 24, 2022, the medical provider group entered into a settlement to resolve the allegations. The medical provider group will pay \$24.5 million, of which OPM will receive \$491,737.
- In July 2018, we received information from the U.S. Attorney's Office for the Northern District of Maryland about medical providers who allegedly were outliers in billing for certain procedures and who used certain procedural codes in a manner potentially suggestive of fraud. The FEHBP had paid \$65,837 to one medical provider, and \$122,703 to another. The investigation did not find evidence to support civil liability on the part of one of the medical providers. However, the other medical provider entered into a settlement on March 29, 2022, to resolve allegations that they had violated the False Claims Act. The FEHBP received \$67,723 from the settlement of the \$122,703 in improper payments.
- In February 2020, we received a complaint from the U.S. Department of Justice in the Eastern District of Washington State regarding a medical provider entity that allegedly made false claims to the Federal Government. The allegations also included that patients were purposefully misdiagnosed and underwent unnecessary procedures that resulted in harm. As many as 360 fraudulent procedures were performed or alleged. The FEHBP paid \$2.6 million related to the procedures identified in the allegations. In December 2021, the medical provider entity agreed to pay \$22 million as part of a settlement involving the false claims. On March 30, 2022, the settlement was paid, and the FEHBP received \$865,284 as its part of the settlement.

## FEHBP Health Insurance Carrier Settlements

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

<b>FEHBP Carrier Notification Date and Allegation</b>	<b>FEHBP Loss</b>	<b>FEHBP Recovery</b>
In November 2021, we received a case referral from an FEHBP health insurance carrier alleging that a medical provider inappropriately billed for certain medical codes when administering the COVID-19 vaccine.	\$1,782	On January 1, 2022, we received information from the FEHBP health insurance carrier that it had entered into a settlement with the provider. The FEHBP received \$798 from the settlement.
In April 2020, we received a case referral from an FEHBP health insurance carrier regarding a medical provider who allegedly had an unusual number of claims for several FEHBP members, including one member averaging more than 100 visits in a year.	\$50,090	The FEHBP health insurance carrier informed us on February 2, 2022, that it was attempting to recover a portion of the improper payment through payment offsets and intended to recover \$4,100.
In October 2021, we received a case referral from an FEHBP health insurance carrier about a medical provider who allegedly had suspicious billing patterns and trends.	\$31,264	On February 8, 2022, we received an executed settlement between the FEHBP health insurance carrier and the medical provider that will return \$13,917 to the FEHBP.
In June 2021, we received a case notification from an FEHBP health insurance carrier about a medical provider identified as an outlier for certain procedure codes.	\$1,268	On February 14, 2022, we received an executed settlement between the medical provider and the FEHBP health insurance carrier. The FEHBP received \$65.
In June 2021, we received a case referral from an FEHBP health insurance carrier about a medical provider providing services not supported by medical records.	\$77,113	On February 4, 2022, the FEHBP health insurance carrier notified us that it offset claims to recover the overpayment.

<b>FEHBP Carrier Notification Date and Allegation</b>	<b>FEHBP Loss</b>	<b>FEHBP Recovery</b>
In November 2021, we received a case referral from an FEHBP health insurance carrier regarding a medical provider who allegedly billed for services performed by another provider.	\$5,039	On February 7, 2022, we received notice of a settlement wherein the provider agreed to a settlement with the FEHBP carrier to resolve the allegations. The FEHBP received \$3,627 from the settlement.
In December 2020, we received a case referral from an FEHBP health insurance carrier about a medical provider entity who was identified as having excessive billing of respiratory pathogen tests and COVID-19 tests in a manner potentially abusive or wasteful.	\$16,243	The FEHBP health insurance carrier used offsetting of claims to recover the overpayment of \$16,243.
In April 2021, we received a case referral from an FEHBP health insurance carrier about a medical provider entity with high numbers of telehealth physical therapy services. While these services were permissible because of the COVID-19 pandemic, the FEHBP health insurance carrier found the medical provider entity had an error rate of 89 percent for some billing practices.	\$16,652	On February 8, 2022, the FEHBP health insurance carrier provided an update that it agreed to recover the \$16,652 in improper payments via claims offset.
In December 2016, we received a case referral from an FEHBP health insurance carrier regarding a medical provider who allegedly overperformed a certain procedure regardless of patient complaint.	\$40,326	On March 14, 2022, we received an update that the FEHBP health insurance carrier had entered into a settlement wherein the FEHBP will receive \$23,810.
In October 2021, we received a case referral from an FEHBP health insurance carrier regarding a medical provider group that allegedly billed insurance before providing services and higher claims levels than documentation notes supported.	\$54,415	On March 30, 2022, we received an update that the FEHBP health insurance carrier and the medical provider group entered into a settlement that will return \$37,122 to the FEHBP.



## **The Opioid Crisis and the FEHBP**

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

### **Opioid-Related Case Summaries**

- In this quarter, we do not share any publicly reportable information about our ongoing opioid investigations.

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

The Anti-Kickback Statute (Title 42 U.S. Code Sections 1320a–7b) makes it illegal for health care providers to knowingly and willfully accept bribes or other forms of remuneration in return for activities such as patient referrals. Kickbacks can increase FEHBP costs. Additionally, if health care providers are tempted to profit off referrals for treatments or procedures that are not medically necessary, patients can suffer harm.

The FEHBP is excluded from pursuing cases under the Anti-Kickback Statute. This exclusion can interfere with our ability to protect the FEHBP and its members from improper conduct that, when committed against any other Federally funded health care program, constitutes a Federal crime. Improperly paid FEHBP dollars can go unrecovered because of our exclusion.

Typically, our investigations are complicated by this exclusion when:

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

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

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

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

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

- In this quarter, we do not publicly report any investigations closed this quarter because of the FEHBP's exclusion from the Anti-Kickback Statute. However, other investigations may have been affected in the manner described above in scenario 1.

# Retirement Investigations

## About OPM OIG Retirement Investigations

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

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

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

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

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

## OPM Retirement Fraud Case Summaries

- In September 2018, we received a case referral from a Federal law enforcement partner regarding a deceased Federal annuitant and her deceased disabled child. From when the disabled child died in 1987 until 2018, an individual acting as the conservator fraudulently obtained and converted at least \$142,002 in retirement payments from OPM's Civil Service Retirement and Disability Fund. The former conservator was charged in the U.S. District Court for the Eastern District of Michigan with theft of Government funds. On January 19, 2022, the conservator pled guilty to the charge. The plea includes an agreement for restitution of \$142,002 to OPM. Further judicial action is expected in this case.
- In October 2021, we received a case referral from a Federal law enforcement partner regarding a deceased survivor annuitant who had died in December 1998. OPM had paid

\$193,503 after the survivor annuitant's death, with the money going into a joint account of the survivor annuitant and her son, who converted the funds for his own use. On February 10, 2022, the son was indicted in the U.S. District Court for the Eastern District of Missouri on one count of theft of Government funds. Further judicial action is expected in this case.

- In May 2019, we received information to the OPM OIG Hotline alleging that an individual was fraudulently receiving Federal survivor annuity benefits. The individual was not eligible for the survivor annuity after remarriage. We previously reported that the individual was indicted in the District Court of Prince George's County, Maryland, for the theft of the annuity and pled guilty. On February 17, 2022, the individual was sentenced to 1 year of incarceration and ordered by the court to pay restitution of \$34,569 to OPM.
- In January 2020, we received a referral from a Federal law enforcement partner regarding the annuity of a deceased Federal annuitant whose January 2014 death was not reported to OPM. Payments had continued until March 2020 when we referred the case to the Retirement Services program office to stop annuity payments. Our investigation identified the deceased annuitant's son as using the annuity despite not being entitled to the benefit. In all, OPM paid \$27,903 in annuity payments and \$47,228 in post-death health benefit payments. We previously reported that the annuitant's son pled guilty in the U.S. District Court for the Western District of Virginia to theft of Government funds. On March 10, 2022, the son was sentenced to 4 months in prison and 4 months of home confinement, followed by 1 year of supervised release. The court also ordered restitution of \$87,492, of which \$27,903 will be returned to OPM.
- In June 2021, we received a referral from the Retirement Services program office regarding a deceased annuitant who had died in January 2003. Payments had continued to the annuitant until the case was suspended in January 2013. The overpayment was \$113,943, which was not able to be recovered through Treasury reclamation actions. Our investigation determined that the statute of limitations had expired for a criminal investigation. We referred the case to the OPM Office of the Chief Financial Officer for any further collection efforts.
- In November 2021, we received a fraud referral from the Retirement Services program office about a deceased survivor annuitant whose April 2002 death was not reported to OPM. Annuity payments continued until November 2019. This resulted in an overpayment of \$327,359 after OPM recovered \$51,009 through the Treasury reclamation process. Our investigation found that an individual related to the deceased survivor annuitant withdrew the OPM annuity payments for their own use. However, our investigation found that the individual died in June 2021, and we subsequently closed our investigation.

- In August 2019, we received a case referral from a Federal law enforcement partner regarding the unreported death of a Federal annuitant in November 2017. The decedent’s daughter did not inform the Social Security Administration, OPM, or the Defense Finance and Accounting Service of the death and continued to receive various Government annuity payments. Post-death annuity payments from OPM totaled \$73,908. In November 2020, the annuitant’s daughter was charged with theft and criminal mistreatment after an investigation found that the deceased Federal annuitant had been unable to care for themselves and was allegedly abused by the indicted daughter. A coroner determined the daughter’s neglect to be contributory to the Federal annuitant’s death. The daughter pled guilty in King County, Washington State, Superior Court, and on March 4, 2022, she was sentenced to 24 months of community monitoring and ordered by the court to pay a total restitution of \$110,929. Of the ordered restitution, \$65,467 (which was the stolen amount after taxes and insurance premiums) is to be paid to OPM.

### **Proactive Retirement Investigations**

Our Office of Investigations’ investigative efforts in proactive discovery of improper payments can lead to financial recoveries when OPM recoups lost funds through administrative methods available to the agency. We develop these cases through data analysis, ongoing investigative and demographic projects, and other methods. In some cases, we find information about annuities owed to annuitants or survivor annuitants and can provide information to OPM so the agency can pay these due annuities to OPM beneficiaries.

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
Our proactive investigative activities located an obituary for a deceased OPM annuitant whose annuity payments were suspended in September 2021. However, the case was not closed as of January 2022, and OPM had not initiated Treasury reclamation actions to recover annuity payments paid between March 1, 2021, and May 31, 2021.	The total loss to OPM was \$6,099 (\$4,232 in post-death annuity payments and \$1,866 in post-death health benefits premiums).	On January 10, 2022, we provided the obituary we located to the Retirement Services program office. On January 11, 2022, the Retirement Services program office closed the case based on our provided information. On January 13, 2022, the Retirement Services program office initiated Treasury reclamation actions to recover the post-death annuity payments.

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
<p>Our proactive investigative activities located an obituary for an individual who had received a retirement annuity and a survivor annuity. The individual had died in September 2021. The Retirement Services program office had suspended monthly retirement annuity payments, but as of January 7, 2022, it had not closed the case. Furthermore, monthly survivor annuity payments were still being paid.</p>	<p>The total cost to OPM was \$2,475.</p>	<p>On January 7, 2022, we provided the information we located to the Retirement Services program office. On January 10, 2022, the Retirement Services program office closed the survivor annuity case, and on January 12, 2022, it initiated Treasury reclamation actions to recover the overpayments. On January 26, 2022, the Retirement Services program office closed the retirement case.</p>
<p>Our proactive efforts located a December 12, 2021, death record for an annuitant. The Retirement Services program office had suspended the case but not closed the case.</p>	<p>Post-death health benefit premiums paid totaled \$1,597, and there were \$3,903 in post-death annuity payments. The total overpayment was \$5,501.</p>	<p>On March 4, 2022, we provided the records we located to the Retirement Services program office. On March 9, 2022, based on the information that we provided, the Retirement Services program office initiated Treasury on reclamation actions to recover the post-death annuity payments.</p>
<p>We reviewed a list of annuitants identified as deceased based on FEHBP warehouse data. One annuitant had died in November 2021. The Retirement Services program office had suspended his annuity in February 2022 but had not closed the case.</p>	<p>The improper payments totaled \$6,310 (\$3,921 in post-death annuity payments and \$2,388 in post-death health benefit premiums).</p>	<p>On March 8, 2022, we notified the Retirement Services program office of our findings so the program office could take appropriate reclamation actions.</p>
<p>Our proactive investigative efforts located a death record for a survivor annuitant who had died in August 2021.</p>	<p>OPM had paid \$12,734 in improper payments (\$7,166 in post-death annuity payments and \$5,567 in post-death health benefit premiums).</p>	<p>We provided the information to the Retirement Services program office. On February 25, 2022, the Retirement Services program office closed the retirement file. On March 1, 2022, the Retirement Services program office initiated Treasury reclamation actions to recover the post-death annuity payments.</p>

<b>Predication</b>	<b>OPM Loss</b>	<b>OIG Action and OPM Resolution</b>
<p>Our proactive investigative efforts located a death record for a retired annuitant who had died in November 2021. The Retirement Services program office had suspended the case in February 2022, but it had not closed the case or initiated Treasury reclamation actions to recover the post-death annuity payments.</p>	<p>The post-death annuity payments totaled \$11,756 (\$9,367 in annuity payments and \$2,388 in post-death health benefit premiums).</p>	<p>On March 3, 2022, we provided a copy of the death record to the Retirement Services program office so it could take appropriate action. Between March 4 and 8, 2022, the Retirement Services program office closed the case and initiated Treasury reclamation actions to recover the post-death improper payments.</p>
<p>Our proactive investigative efforts located a death record for a deceased OPM annuitant who had died in July 2018. Payments were suspended in May 2021, but the case had not been closed. Also, reclamation actions had not been initiated to recover the improper payments.</p>	<p>The post-death improper payments totaled \$97,000 in improper payments (\$71,313 in annuity payments and \$25,687 in post-death health benefit premiums).</p>	<p>We provided the information we located to the Retirement Services program office. In January 2022, the Retirement Services program office closed the case and initiated Treasury reclamation actions to recover the overpayment, which recovered the health benefits premiums. In March 2022, the Office of the Chief Financial Officer posted recoveries of \$39,659 and \$31,654, meaning that the balance of the debit is now \$0.</p>

# Integrity Investigations

## About OPM OIG Integrity Investigations

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

These investigations are essential to maintaining public confidence in OPM, which includes the trust of the civil servants who rely on OPM programs to operate efficiently and effectively.

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

## Integrity Investigations Case Summaries

- In April 2019, we received a referral regarding possible falsifications by a Federal background investigator. The total cost of the falsifications to the Federal Government was \$101,344. We previously reported the Federal background investigator was indicted and pled guilty to making false statements. On January 19, 2022, the Federal background investigator was sentenced by the U.S. District Court for the District of Columbia to 36 months of probation and 200 hours of community service and ordered by the court to pay \$101,344 in restitution to OPM.



# Appendix

## Glossary of OPM Programs

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



# Report Fraud, Waste, Abuse, and Mismanagement

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

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

**By Phone:** Toll Free Number: (877) 499-7295  
Washington Metro Area (202) 606-2423

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