

**Attachment 5  
Fraud, Waste, and Abuse Annual Report**

Office of Personnel Management (OPM) - Fraud, Waste, and Abuse Recovery and Savings Data

Measurement Year:	
FEHB Plan Name:	
FEHB Carrier Code:	
FEHB Carrier Subcode:	
FEHB Carrier Contact Person:	
FEHB Carrier Contact's Title:	
FEHB Carrier Contact's Telephone Number:	
FEHB Carrier Contact's E-Mail Address:	
Submission Date (mm/dd/yyyy):	

Carrier Entry
Automatically Calculated
No Entry Required

**Fraud, Waste, and Abuse Cases**

	Number of Cases Opened - Only include cases opened or investigations initiated within the calendar year, for the entire book of business (BOB). Cases opened must be reported in the plans FWA database(s) or case tracking system.				Number of Cases where there is FEHBP Exposure - Provide the number of cases opened or investigations where the FEHBP is one of two or more lines of business affected.				Number of Cases where FEHBP is Primary/FEHBP Only - Provide the number of cases opened or investigations where the FEHBP is the only line of business affected, either because the investigation was designed to address only FEHBP or because the provider specifically targeted the FEHBP.				Number of Cases Developed through Proactive Fraud Prevention/Detection Software - Report only cases that were opened/initiated/developed as a result of using proactive fraud software programs, such as Stars, StarSentinel, FICO, or others (please note program(s) used), investigated by the plan SIU and resulted in a referral to OPM-OIG, or other local, state or federal law enforcement agency or resulted in the plan SIU obtaining a negotiated settlement with a provider, member or pharmacy.				Number of Cases Referred to Local, State, or Federal Law Enforcement/Oversight Agencies - Include the number of cases referred and list the law enforcement agencies where you referred cases during the calendar year. Copies of all referrals and accompanying material provided must be contained and maintained in the plan SIU case files.				Number of Case Notifications Sent to OPM-OIG - Report only cases sent to OPM-OIG per OPM-OIG's case notification guidelines. Report only the first or initial case notifications for any specific case, not status updates or case referrals here.				Number of Case Referrals Provided to OPM-OIG by your Plan SIU - Report only case referrals either provided to the OPM-OIG or requested by the OPM-OIG and provided during the reporting period. Copies of all referrals, the dispositions, OPM-OIG Responses/Requests and all other required accompanying material provided shall be contained and maintained in the plan SIU case files.				Number of Cases Resolved Administratively - Provide the number of cases resolved through negotiated settlements or other administrative means (the number of cases resolved non-criminally or outside of law enforcement). Only recoveries related to the direct actions of an SIU related investigation should be reported.			
	Total BOB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other
Medical	0				0				0				0				0				0				0				0			
Pharmacy	0				0				0				Software:				0								0				0			
													Software:																			

**Fraud, Waste, and Abuse Lossess, Recoveries, and Savings**

	<b>Dollars Identified as Loss</b> – All actual financial losses identified as a part of the SIU case/project, whether or not those losses were pursued by the SIU as recoveries. Evidence exists to support this figure; it is not an estimate.				<b>Estimated Financial Losses</b> -All estimated financial losses not included in "Dollars Identified as Loss," limited to no more than the most recent three-year period in which the fraud was determined to have occurred. Future losses are not to be included as identified losses.				<b>Non-Recoverable Loss</b> - Only recoveries that were pursued by the plan SIU that were ultimately not recovered as a result of circumstances outside the SIU's control.				<b>Dollars Recovered by SIU and/or Vendor Activities</b> - Only dollars recovered and received that were FWA related and as a direct result of an SIU established investigation, other action or activity performed by SIU staff or its contractor, vendor, or third party administrator during the calendar year time period. The recovery must be documented in the SIU case tracking system. Recoveries can be actual dollars received, future claim withholding, or if a plan returns the money itself. No recoveries reported to the plan by OPM-OIG shall be included in this section. All related FWA recovery cases must be appropriately documented, tracked, and case files retained.				<b>OPM-OIG Reported Recoveries</b> - Substantial Support: Only report OPM-OIG related recoveries where you provided substantial resources (such as an intensive data analysis, case presentations to prosecutors, investigative efforts, etc.) in support of the OPM-OIG related recovery. You must maintain all claimed cases and documentation which concludes substantial support was provided.				<b>All Related OPM-OIG Recoveries Reported to the Plan</b> - Report all OPM-OIG related recoveries credited to your trust fund/contingency reserve reported to you by OPM-OIG.				<b>Actual Savings</b> - Only actual savings that were FWA related and as a direct result of an SIU established investigation, other action or activity performed by SIU staff or its contractor, vendor or third party administrator during the calendar year time period. Only savings should be included in this section that are related to FWA activities established in your FWA Detection Plan. The claims must have received their final determination, denial must have been a direct result of actions or activities taken by the plan SIU and be reported during the same time period the claim received its final adjudication. The "Actual Savings" shall be the amount the plan would have paid had the claim not been denied and not the total billed amount. Claims system edits not created to prevent FWA shall not be reported as "Actual Savings." All reported FWA actual savings and the related case(s) must be appropriately documented and tracked to support the reported dollar amount, and written reports and the case files per retained.				<b>Prevented Loss</b> - Amounts associated (dollars) with losses prevented on a pre-payment basis where an actual claim was not submitted as a result of SIU activity. A quantifiable financial impact resulting from the direct actions or activity initiated by and completed by the SIU. The financial impact should be as a result of a change in behavior by a provider or an internal process improvement. The amount should be measured for a 12 month period only. a. A change in the billing pattern resulting from SIU actions, and recorded for the lesser of the length of the scheme or 12 months from the resolution of the issue with the provider. b. A change resulting from the modification of internal policy, edit, or process because of actions taken or recommendations made by the SIU. Measured results limited to 12 months. Example: first, identify flagged providers/members, then obtain paid claims for these providers/members for the reported year and 12 months prior. Finally, to obtain the prevented loss, subtract the amount paid for the reported year from the amount paid for the previous 12 months.			
	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other
<b>Medical</b>	0				0				0				0				0				0				0				0			
<b>Pharmacy</b>	0				0				0				0				0				0				0				0			

**Law and Order**

	<b>Number of Arrests</b> - Only Arrests that were reported to you whereby your plan SIU performed an investigation, and subsequently referred the case to OPM-OIG or another law enforcement agency which resulted in an arrest.				<b>Number of Criminal Convictions</b> - Only report criminal convictions reported to you as a result of either a SIU investigation which was subsequently referred to OPM-OIG or another law enforcement agency and resulted in an arrest and conviction, or your plan SIU provided support to a law enforcement agency other than OPM-OIG whereby your plan was granted a restitution order.			
	Total FEHB	Provider	Member	Other	Total FEHB	Provider	Member	Other
<b>Medical</b>	0				0			
<b>Pharmacy</b>	0				0			

**Fraud Identification**

	<b>Prepayment Review</b> - List the providers who are on prepayment review with the following contact information: National Provider Identifier (NPI)/Tax Identification Number (TIN) and the reason why they are on Prepayment Review (coded as 1= Billing for Services Not Rendered (BSNR); 2= Upcoding; 3= Unbundling; 4= Medical Necessity; 5= Other).	<b>Fraudulent Schemes</b> - In what area (ex: Billing for services that were never rendered, upcoding, medically unnecessary services, misrepresenting non-covered treatments as medically necessary covered treatments, falsifying diagnosis, unbundling, waiving patient co-pays or deductibles and over-billing the insurance carrier or benefit plan, etc.) have you found the most fraudulent behavior during the reporting period? Pharmacy examples: (doctor Shopping, pill mills, prescription splitting, forged prescriptions, member related cases, ineligible member issues, etc.).	<b>Fraudulent Geographic Areas</b> - In what geographic area/region have you found the most fraudulent behavior during the reporting period?
	<b>Medical</b>		
<b>Pharmacy</b>	Ex: Dr. John Smith, NPI: 0123456789, TIN: 123456789, Reason: 2. [you may add more fields as necessary]		

Program Cost Evaluation			
	<p><b>Fraud, Waste, and Abuse Program Costs-</b> Include all related SIU Costs, including salaries, benefits for staffing, travel, and training, which are only related to your FEHB FWA program costs (Note, we are only requesting FEHBP data). If you contract any, all, or part of your SIU/ FWA FEHB program function, you must provide the cost of the contracted program under "Vendor", and provide a separate summary listing all vendors and/or contractors and specific costs. Carrier Fraud, Waste, and Abuse Program Costs Vendors/Contractors</p>	<p><b>Other Associated Costs of the FWA Program -</b> Report all other related or associated costs, such as space rent and related costs, proactive fraud detection software programs and/or costs of providing studies of potential fraud, waste and abuse issues, costs associated with the carrier PBM FWA component programs, other related subcontract provider FWA component, and any other funding provided for or in support of a FWA function.</p>	<p><b>Return on Investment:</b> (Dollars Recovered + Actual Savings via Claims Denied + Investigative Expenses Recovered) / Actual Fraud Expenses Incurred</p>
	<b>Total FEHB</b>	<b>Total FEHB</b>	<b>Total FEHB</b>
<b>Medical</b>			
<b>Pharmacy</b>			

Communication	
<p><b>Best Practices:</b> Describe with detail programs, processes, strategies, etc. that highlight your ability to prevent, limit, and capture instances of fraud, waste, and abuse.</p>	<p>Would you like to participate in the OPM-OIG FEHBP Carrier Task Force? If so, please list the contact (name, title, email, and phone number) and we will alert you of the next meeting.</p>

Please maintain supporting documentation for the performance statistics identified above.

**Fraud and Abuse Checklist for Industry Standards**

Please enter Y or N  
(Fill in entire first column; second if applicable, else leave blank)

	In-house	subcontractor	
<b>1. FWA Manual</b>			<p>Publish a FWA prevention, detection, investigation, and reporting manual. The manual must include all plans, policies, and procedures involved in the Carrier's fraud, waste, and abuse program. The carrier does not have to publish a separate FEHB FWA manual. Carriers with other lines of business can include a separate section on FEHB FWA within their manual or fully integrate FEHB FWA into their overall manual, including reporting requirements, contractual obligations, etc. The manual must be available (either electronically or hard copy) to all Carrier personnel and OPM, and include the following, at minimum:</p> <ul style="list-style-type: none"> <li>i. An anti-fraud policy statement providing your corporate strategy to address FWA</li> <li>ii. Written policies and procedures, followed by all personnel, for the prevention, detection, and identification of FWA</li> <li>iii. Information for anti-fraud personnel and subcontractors regarding general investigation guidelines, investigative planning, retrospective claims analysis, interview procedures, prospective claims, review, report writing, information disclosure, law enforcement relations, and all FEHB FWA related reporting requirements</li> <li>iv. The composition, structure, duties, and functions of anti-fraud personnel and subcontractors, including names, titles, and contact information</li> <li>v. Procedures for referral of potential FWA issues to Carrier anti-fraud personnel</li> <li>vi. An overview and listing of all relevant Federal laws that pertain to healthcare violations, including all relevant criminal and civil laws</li> <li>vii. Formal FWA training requirements for all anti-fraud personnel</li> <li>viii. A listing of FWA indicators by health plan business unit</li> <li>ix. Information about fraud hotlines as related to the FEHBP, the phone number, email address, and on-line module or web-based method for submitting a complaint or referral</li> <li>x. Established security safeguards to protect claims, member, and provider information from unauthorized use or access</li> <li>xi. Information related to the education of enrollees and contracted providers about FWA issues via newsletters, websites, and/or other means of education</li> <li>xii. An Appendix page listing all minimum requirements herein, along with all other plan items included by the Carrier</li> </ul>
<b>2. Formal Employee Training</b>			<p>Ensure FWA awareness training is conducted for all employees, underwriting departments, and subcontractors engaged in the carrier's FEHBP business.</p> <ul style="list-style-type: none"> <li>a. Training should consist of an overview of specific FWA reporting requirements, debarment policies, and procedures to enable personnel to identify and handle potentially fraudulent claims submitted. The training shall include, but not be limited to, the following areas as appropriate and related to the FEHBP: Overcharging and overpayment detection, claims processing guidelines for potential fraud, foreign medical claims, medical coding, duplicate billing, unnecessary services or supplies, over-utilization, services not rendered, miscoding, up-coding, unbundling, misleading claims information, false diagnosis, prescription drug abuse, pharmacy related fraud and pill mills, patient safety, and the requirements related to notifying and referring potential fraud cases to OPM and OPM-OIG.</li> <li>b. Training should include a review of the Carrier's FWA Manual.</li> <li>c. Training should include all relevant Federal criminal and civil statutes and laws related to health care FWA.</li> <li>d. Instruction format may be classroom instruction, self-guided instruction, videotape, seminar, conference, computer based or by any other means available.</li> <li>e. Carrier must maintain records of training for all FEHBP related health plan personnel.</li> <li>f. We recommend members of each FEHB Carrier SIU obtain annual training from an external organization such as the National Healthcare Anti-Fraud Association (NHCAA), the Association of Certified Fraud Examiners (ACFE), America's Health Insurance Plans (AHIP), etc.</li> <li>• If accredited, the health plan must maintain records of the credentialed investigator.</li> </ul>
<b>3. Fraud Hotlines</b>			<p>Establish and maintain a fraud hotline for reporting allegations of FWA, both internally and externally, via telephone and/or computer base, and track all reports. Hotlines should be available to providers, enrollees, employees, and others. Compliance programs should prohibit retaliation against whistleblowers.</p>
<b>4. Enrollee Education</b>			<p>Inform enrollees about FWA practices via newsletters, web sites, or other means.</p>
<b>5. Fraud Protection/Detection Software</b>			<p>Use Fraud Protection Software to analyze claims data. Software should evaluate on a prospective claim-by-claim basis and through the retrospective analysis of claim trends from either providers and/or members.</p>
<b>6. Private Information Security</b>			<p>Implement safeguards to protect claims, member, and provider information from unauthorized use or access.</p>
<b>7. Patient Safety Security</b>			<p>Address FWA issues with the potential to develop into patient safety issues. Patient safety issue areas may include, but are not limited to: (1) pharmaceuticals, such as altered prescriptions, illegal refills, prescription splitting, and abuse of controlled substances; (2) medical errors in both inpatient and outpatient care, resulting in unfavorable outcomes; and (3) improper settings for procedures and services that result in poor outcomes.</p>

**Legend**

	Text Field
Yes	Red Text - Inappropriate entry (Y or N only)
No	Red Text - Inappropriate entry (Y or N only)