

Fraud, Waste, and Abuse (FWA) Compliance Questionnaire and Document Request List

FEHB and PSHB Carrier

This questionnaire and document request list is intended to assist OPM in evaluating your organization's compliance with the Fraud, Waste, and Abuse (FWA) requirements contained in the applicable PSHB/FEHB Standard Contract and Carrier Letters, including but not limited to:

- Section 1.9 – Plan Performance—FFS Contracts (Detection of Fraud, Waste, and Abuse)
- Section 1.26(j) – PBM Fraud, Waste, and Abuse Requirements
- FAR/FEHBAR ethics, reporting, subcontract oversight, and internal control provisions
- Contractor Code of Business Ethics and Conduct requirements
- OPM Carrier Letter 2017-13

This request also incorporates and expands upon the FWA questions contained in the prior Site Visit Questionnaire.

SECTION I – GOVERNANCE, ORGANIZATION, AND OVERSIGHT

Questionnaire

1. Describe your organization's overall FWA governance structure, including reporting relationships, lines of authority, and executive oversight.
2. Identify the executive(s) with ultimate responsibility for FWA compliance.
3. Describe the role of the Board of Directors, Audit Committee, Compliance Committee, and other governing bodies in overseeing FWA activities.
4. Describe how FWA responsibilities are delegated among:
 - Compliance
 - Legal
 - Special Investigations Unit (SIU)
 - Claims Operations
 - Pharmacy Operations
 - Provider Network Management
 - Internal Audit
 - Information Security
 - Subcontractors and large providers
5. Describe how your organization ensures independence of the SIU and avoids conflicts of interest.

6. State the total number of FTEs dedicated to FWA activities and identify:
 - Full-time vs. part-time resources
 - Medical investigators
 - Pharmacy investigators
 - Data analytics personnel
 - Attorneys
 - Nurses/clinical reviewers
 - Fraud analysts
7. Describe dedicated staffing allocation specifically attributable to FEHB/PSHB operations.
8. Describe the minimum qualifications, certifications, and experience requirements for SIU staff.
9. Explain how your organization measures the effectiveness of its FWA program for the FEHB/PSHB program and any differences between those measurements and the measurements applied to your other health insurance plans.
10. Describe any changes to your FWA organization, staffing, leadership, or oversight structure during the past three years.
11. Describe any material FWA-related findings identified by:
 - OPM OIG
 - Independent Public Accountants
 - State regulators
 - CMS
 - Internal Audit
 - Members
12. Describe corrective actions implemented in response to any such findings.

Documents Requested

1. Current organizational chart for Compliance and SIU functions.
 2. SIU organizational chart with reporting lines.
 3. FWA governance committee charters.
 4. Board and committee reporting packages related to FWA for the last 12 months.
 5. SIU staffing roster including titles, credentials, and years of experience.
 6. Job descriptions for key FWA personnel.
 7. FWA program annual work plan.
 8. Most recent annual FWA risk assessment.
 9. Most recent internal audit reports related to your FWA program.
 10. Policies governing FWA oversight and governance.
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SECTION II – FRAUD, WASTE, AND ABUSE PROGRAM STRUCTURE

Questionnaire

1. Does your organization maintain a formal enterprise-wide anti-fraud program?
2. Describe the structure and components of the FWA program.
3. Describe how your organization’s FWA program complies with Section 1.9(a) of the Standard Contract.
4. Describe the methodologies used to assess vulnerabilities in your FWA program.
5. Explain how your organization identifies emerging fraud schemes and trends.
6. Describe all proactive and reactive FWA detection activities.
7. Describe your organization’s pre-payment review program.
8. Describe your organization’s post-payment review and audit processes.
9. Explain how your organization differentiates between fraud, waste, abuse, overpayments, billing errors, and provider education opportunities.
10. Describe the criteria used to escalate matters from routine review to formal investigation.
11. Explain how your organization prioritizes investigations.
12. Describe your organization’s process for documenting and tracking allegations.
13. Describe intake mechanisms for allegations, including:
 - Hotline
 - Web portal
 - Anonymous reporting
 - Provider referrals
 - Employee referrals
 - Subcontractor referrals
 - Member referrals
 - OIG referrals
14. Describe the controls used to prevent retaliation against whistleblowers.
15. Explain how your organization measures return on investment (ROI) for its FWA program.
16. Describe any key performance indicators (KPIs) used for the FWA program.
17. Describe your organization’s procedures for ensuring timely referral to law enforcement and OPM OIG.
18. Explain how your organization complies with the requirement to notify OPM OIG within 30 business days of identifying potential FWA impacting the FEHB/PSHB program.

19. Describe procedures for identifying and preventing internal employee fraud.
20. Describe procedures for monitoring Subcontractor and provider fraud risks.
21. Describe how your organization's FWA program distinguishes between cost avoidance activities and fraud detection activities, and what specific cost avoidance mechanisms are in place.
22. Describe the documents and processes used to determine Member eligibility verification. Do you store documents provided to verify Member relationship and what is the retention policy?

Documents Requested

1. Current FWA Manual.
 2. SIU Policy and Procedure Manual.
 3. Fraud investigation workflow diagrams.
 4. FWA risk assessment methodology documentation.
 5. SIU case management procedures.
 6. Intake and triage procedures.
 7. Escalation criteria and investigative protocols.
 8. Pre-payment review policies.
 9. Post-payment review policies.
 10. Provider audit procedures.
 11. Whistleblower and non-retaliation policies.
 12. Internal employee and contractor fraud investigation procedures.
 13. FWA KPI dashboards for the last 12 months.
 14. Most recent annual FWA program evaluation.
 15. Most recent annual analysis of costs and benefits of the FWA program submitted to OPM.
 16. Templates used for OPM OIG referrals.
 17. List of all FWA-related software and analytics tools used.
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SECTION III – DATA ANALYTICS, TECHNOLOGY, AND MONITORING

Questionnaire

1. Describe all systems, tools, algorithms, and analytics platforms used to identify potential FWA.
2. Explain how claims data, pharmacy data, provider data, utilization data, and enrollment data are integrated into FWA analytics.
3. Describe any predictive modeling or artificial intelligence (AI) tools used.
4. Describe the specific ways and areas where AI has been employed.

5. How has AI improved your overall efficiency and effectiveness of your FWA efforts? Please provide specific examples.
6. Describe how your organization identifies abnormal billing patterns.
7. Explain how your organization identifies:
 - Upcoding
 - Unbundling
 - Duplicate billing
 - Phantom billing
 - Deepfake billings
 - Billing for unnecessary procedures
 - Identity theft
 - Pharmacy diversion
 - Prescriber fraud
 - Member fraud
 - Coordination of benefits fraud
 - Patient safety issues
8. Describe fraud detection edits used in claims processing of both in-network and out-of-network billings.
9. Explain how edits are validated and updated.
10. Describe the governance process for creating or changing fraud detection rules.
11. Describe how pharmacy claims are monitored for opioid misuse, controlled substances, and suspicious utilization.
12. Describe how provider peer comparisons are performed.
13. Explain how FWA systems interface with Subcontractors, providers, and PBMs.
14. Describe how your organization validates the effectiveness of FWA algorithms.
15. Describe any independent validation or audit of FWA systems.
16. Explain how false positives are minimized.
17. Describe procedures for preserving investigative evidence and audit trails.
18. Explain how your organization ensures data integrity and confidentiality during investigations.
19. Describe the statistically valid sampling technique(s) used for FEHB/PSHB claims, including sample design, confidence level, margin of error, and how results are applied to detect FWA patterns.

Documents Requested

1. Inventory of FWA analytical systems and tools.
 2. Data flow diagrams relevant to FWA operations.
 3. Documentation of fraud detection algorithms and business rules.
 4. Samples of fraud scoring reports.
 5. Current pre-payment and post-payment edit inventories.
 6. Pharmacy fraud monitoring reports.
 7. Sample provider profiling reports.
 8. SIU dashboards and analytics reports.
 9. Most recent validation reports for FWA systems.
 10. Data retention policies applicable to FWA investigations.
 11. Audit logs and evidence preservation procedures.
 12. Information security procedures applicable to FWA systems.
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SECTION IV – SPECIAL INVESTIGATIONS UNIT (SIU) OPERATIONS

Questionnaire

1. Describe the lifecycle of an SIU investigation from intake through closure.
2. Describe investigative standards used by SIU personnel.
3. Explain how SIU determines whether to:
 - Educate
 - Recover overpayments
 - Refer to law enforcement
 - Terminate providers
 - Suspend payments
 - Conduct medical review
4. Describe procedures for provider audits and onsite reviews.
5. Describe how SIU coordinates with Claims, Pharmacy, and Legal.
6. Describe investigative documentation requirements.
7. Explain procedures for preserving evidence.
8. Describe procedures for conducting interviews.
9. Explain how SIU monitors corrective actions.
10. Describe closure criteria for investigations.
11. Explain how financial exposure is estimated.

12. Describe procedures for calculating actual savings, prevented losses, and projected savings.
13. Describe any quality assurance reviews of SIU investigations.
14. Describe SIU case aging standards and timeliness expectations.
15. Explain how your organization tracks referrals to:
 - OPM OIG
 - DOJ
 - CMS
 - TriCare
 - State Medicaid Fraud Control Units
 - State Insurance Departments
 - Law enforcement
16. Describe procedures for monitoring provider exclusions and sanctions.
17. Describe coordination with CMS exclusion lists, SAM, and other federal databases.
18. When a settlement or refund is received and impacts multiple lines of business, how are the FEHB/PSHB portions determined? How are the FEHB/PSHB monies due tracked to ensure payment?
19. Does your organization pursue the dollars associated with the FWA referrals that were declined by the OPM OIG?
20. Does your organization notify the OPM OIG of subpoenas/request for information received from law enforcement agencies related to health care fraud investigations?

Documents Requested

1. SIU investigation procedures manual.
 2. Sample case intake forms.
 3. Sample investigation plans.
 4. Sample provider audit templates.
 5. Sample case closure memoranda.
 6. SIU quality assurance review procedures.
 7. Case aging reports for the last 12 months.
 8. Current provider exclusion screening procedures.
 9. Policies governing provider payment suspension.
 10. Policies governing provider termination for FWA.
 11. Samples of provider education and corrective action letters.
 12. Templates used for financial loss calculations.
 13. Current sanctions monitoring reports.
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SECTION V – TRAINING, EDUCATION, AND AWARENESS

Questionnaire

1. Describe all FWA training provided to employees.
2. Identify training frequency and required audiences.
3. Describe specialized training provided to:
 - SIU staff
 - Claims personnel
 - Customer service personnel
 - Pharmacy personnel
 - Provider relations staff
 - Executives
4. Explain how training effectiveness is measured.
5. Describe testing and attestation requirements.
6. Describe training provided to Subcontractors, providers and PBMs.
7. Describe provider FWA education initiatives.
8. Describe Member education initiatives.
9. Explain how your organization educates employees regarding reporting obligations to OPM OIG.
10. Describe how your organization ensures new employees complete required FWA training within prescribed timeframes.
11. Describe any remedial training requirements.
12. Explain how training records are maintained.

Documents Requested

1. FWA training curriculum.
2. Training schedules for the past 12 months.
3. Training presentation materials.
4. Training attendance records.
5. Employee attestation forms.
6. Testing materials and scoring thresholds.
7. Subcontractor, Provider, and PBM training requirements.
8. Subcontractor, provider and PBM educational materials.
9. Member anti-fraud educational materials.
10. Communications regarding fraud reporting hotlines.
11. Policies governing mandatory annual training.

SECTION VI – REPORTING, METRICS, AND PERFORMANCE

Questionnaire

For questions 1-16, please provide a breakdown for Members, providers, and Subcontractors.

1. Provide the number of allegations/complaints opened annually for the past three years.
2. Provide the number of allegations/complaints involving FEHB/PSHB exposure.
3. Provide the number of proactive fraud detection cases.
4. Provide the number and dollar value of referrals to law enforcement and OPM OIG.
5. Provide the number and dollar value of referrals to law enforcement and OPM OIG that were declined or not accepted.
6. Provide the dollars your organization administratively recovered if the referral to law enforcement and OPM OIG were declined.
7. Provide the number of administrative resolutions.
8. Provide dollars identified as loss.
9. Provide estimated financial losses.
10. Provide non-recoverable losses.
11. Provide dollars recovered.
12. Provide recoveries broken down.
13. Provide actual savings.
14. Provide prevented loss estimates.
15. Provide the number of criminal convictions.
16. Provide pre-payment review metrics.
17. Identify major fraudulent schemes detected.
18. Identify geographic trends and hotspots.
19. Provide FWA program costs.
20. Provide ROI calculations.
21. Describe methodologies used for calculating:
 - Actual savings

- Prevented losses
 - ROI
22. Explain how metrics are validated.
 23. Describe management reporting and escalation thresholds.
 24. Describe any benchmarking against industry standards.

Documents Requested

1. Annual FWA reports submitted to OPM for the past three years.
 2. Industry standards checklists submitted to OPM.
 3. SIU statistical reports.
 4. Quarterly FWA dashboards.
 5. Management reporting packages.
 6. ROI calculation methodologies.
 7. Financial recovery reports.
 8. Law enforcement referral logs.
 9. OPM OIG referral logs.
 10. Summary of major fraud schemes identified.
 11. Geographic fraud trend analyses.
 12. Pre-payment review metrics and reports.
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SECTION VII – PROVIDER, MEMBER, AND EMPLOYEE FRAUD

Questionnaire

1. Describe the most common provider fraud schemes identified.
2. Describe the most common Member fraud schemes identified.
3. Describe the most common internal employee fraud risks.
4. Explain how your organization monitors high-risk providers.
5. Describe how provider credentialing interfaces with FWA activities.
6. Explain procedures for provider exclusion checks.
7. Describe monitoring of:
 - High-cost providers
 - Durable medical equipment suppliers
 - Behavioral health providers
 - Telehealth providers
 - Laboratories
 - Pharmacies

8. Describe pharmacy fraud prevention controls.
9. Describe controls to identify identity theft and enrollment fraud.
10. Describe controls over claims adjustments and manual overrides.
11. Describe procedures for recovering fraudulent payments.
12. Explain how your organization coordinates with provider network management regarding FWA.
13. Describe disciplinary actions for employees involved in FWA.
14. Describe coordination with Human Resources.
15. Describe how your organization's FWA program monitors for provider balance billing in violation of No Surprises Act (NSA) protections, and identify any patterns detected in the past three years.
16. Explain how your organization identifies misclassification of in-network versus out-of-network provider status that improperly shifts cost to Members.
17. Describe controls over your organization's Independent Dispute Resolution (IDR) process participation, including any instances of providers attempting to manipulate qualifying payment amounts.
18. Explain whether NSA compliance monitoring is integrated into your organization's FWA program or operated separately, and if separately, how findings are shared.

Documents Requested

1. Provider fraud typology documentation.
2. Member fraud typology documentation.
3. Employee fraud investigation procedures.
4. Provider exclusion monitoring reports.
5. Pharmacy fraud monitoring policies.
6. Identity theft prevention procedures.
7. Claims adjustment audit reports.
8. Manual override monitoring reports.
9. Provider termination policies.
10. Employee disciplinary policies related to FWA.
11. NSA compliance policies and procedures.
12. Balance billing complaint tracking reports for the past three years.
13. IDR participation and outcome reports for the past three years.
14. Any internal audit or compliance review of NSA compliance conducted in the past three years.

SECTION VIII – SUBCONTRACTORS AND PBMS

Questionnaire

1. Identify all PBMs and Subcontractors supporting FEHB/PSHB operations.
2. Describe how your organization oversees Subcontractors for FWA compliance.
3. Explain how your organization ensures compliance with Section 1.26(j) requirements applicable to PBMs.
4. Describe contractual FWA requirements imposed on Subcontractors.
5. Explain how Subcontractors are audited.
6. Describe monitoring of Subcontractor investigations.
7. Explain how your organization validates Subcontractors' recoveries.
8. Describe reporting obligations imposed on Subcontractors.
9. Explain how your organization ensures Subcontractors maintain effective FWA systems.
10. Describe escalation procedures for Subcontractor non-compliance.
11. Explain how your organization reviews PBM fraud controls.
12. Describe coordination between your organization's SIU and PBM SIU functions.
13. Describe how your organization validates PBM pre-payment and post-payment controls.
14. Explain how your organization monitors downstream entities.
15. Describe how your organization ensures that PBMs have collected FWA certifications from all downstream entities providing payment or benefit administration services, consistent with Section 1.26(j)(2).

Documents Requested

1. List of all Subcontractors.
2. PBM agreements and FWA-related contract provisions.
3. Subcontractor oversight policies.
4. Subcontractor audit schedules.
5. Subcontractor audit reports.
6. Subcontractor FWA certifications.
7. PBM SIU organizational structure.
8. PBM fraud reporting procedures.
9. Subcontractor corrective action plans.
10. Subcontractor performance scorecards.
11. Subcontractor monitoring reports.
12. Samples of Subcontractor reporting submitted to your organization.

SECTION IX – ERRONEOUS PAYMENT RECOVERY PROGRAM

Questionnaire

1. Describe how your organization's recovery process maps to the Section 2.3(g) notice sequence (initial notice; 30/60/90-day follow-ups; 120-day offset trigger; collection referral) and provide the policy or procedure that governs each step.
2. Describe how your organization documents "prompt and diligent effort" for purposes of contract chargeability, including enhanced documentation requirements for overpayments exceeding \$10,000.
3. Provide the current inventory of unresolved erroneous payment recovery cases aged by 0–90, 91–180, and 180+ days, broken out for FEHB/PSHB specifically.
4. Explain how erroneous payments are distinguished from fraud for purposes of OPM OIG coordination and describe any instances where that determination was disputed.
5. Describe how all recoveries are returned to the FEHB/PSHB letter of credit account within the 60-day contractual deadline and identify any instances of non-compliance in the past three years.

Documents Requested

1. Erroneous payment recovery policies and procedures.
 2. Standard notice templates for each stage of the Section 2.3(g) recovery sequence.
 3. Current FEHB/PSHB-specific erroneous payment case inventory, aged.
 4. Most recent internal audit report on erroneous payment recovery.
 5. Any OPM-directed corrective action plans related to erroneous payment recovery in the past three years.
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SECTION X – COMPLIANCE WITH REPORTING, ETHICS, AND FEDERAL REQUIREMENTS

Questionnaire

1. Describe how your organization complies with mandatory disclosure requirements under FAR 52.203-13.
2. Explain procedures for identifying and reporting potential False Claims Act violations.
3. Describe coordination with legal counsel regarding fraud investigations.
4. Explain procedures for preserving privilege.
5. Describe ethics reporting mechanisms.

6. Explain how your organization tracks and resolves compliance hotline complaints.
7. Describe anti-kickback compliance controls.
8. Explain how your organization monitors conflicts of interest.
9. Describe procedures for monitoring sanctions, exclusions, and debarments.
10. Explain how your organization ensures compliance with Subcontractor reporting obligations.
11. Describe any ongoing government investigations, subpoenas, civil investigative demands, or enforcement actions related to FWA.
12. Describe any self-disclosures made during the last five years.
13. Explain how your organization evaluates compliance with evolving OPM and federal FWA requirements.
14. Describe procedures for identifying and reporting duplicate or significant letter of credit overpayments under Section 3.14, including the notification process and any instances in the past three years.
15. Describe the accounting controls in place to ensure complete financial separation between FEHB/PSHB plan options and identify the individual responsible for certifying compliance.
16. Explain how plan option reconciliations are prepared and presented as supporting schedules to Annual Accounting Statements and provide a sample from the most recent statement cycle.
17. Identify whether your organization has sought or received Contracting Officer approval for any cross-option fund transfer since January 1, 2025.

Documents Requested

1. Code of Business Ethics and Conduct.
2. Compliance hotline procedures.
3. Mandatory disclosure procedures.
4. Anti-kickback compliance policies.
5. Conflict of interest policies.
6. Sanctions and exclusion monitoring policies.
7. Compliance investigation procedures.
8. Most recent compliance risk assessment.
9. Most recent enterprise compliance report.
10. Documentation of self-disclosures made within the last five years.
11. Samples of mandatory disclosure notifications.
12. Policies governing records retention related to investigations.
13. Plan option financial separation policies.
14. Sample reconciliation schedules from the most recent Annual Accounting Statement.

15. Any Contracting Officer approvals for cross-option fund transfers since January 1, 2025.
 16. Most recent internal audit report addressing plan option financial integrity.
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SECTION XI – SPECIFIC FOLLOW-UP QUESTIONS BASED ON PRIOR SITE VISIT RESPONSES

Questionnaire

1. [To be provided]

Documents Requested

1. [To be Provided]
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SECTION XII – REQUEST FOR ONSITE OR VIRTUAL DEMONSTRATIONS

Your organization should be prepared to provide live demonstrations and walkthroughs to OPM and applicable OIG personnel of the following:

1. SIU case management system.
 2. Fraud analytics and claims monitoring systems.
 3. Pre-payment review workflows.
 4. Post-payment review workflows.
 5. PBM fraud monitoring processes.
 6. Hotline intake and triage process.
 7. OPM OIG referral workflow.
 8. Workflows if OPM OIG declines a referral.
 9. Provider audit process.
 10. Recovery and overpayment tracking systems.
 11. Subcontractor and provider oversight monitoring dashboards.
 12. Exclusion and sanctions screening systems.
 13. Internal controls governing claims adjustments and manual overrides.
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Certification Request

Please certify that all responses and documents provided are complete and accurate to the best of your organization's knowledge and that no material information relevant to FWA compliance has been omitted.

Exceptions

Please provide a summary of all exceptions that your organization identified during completion of this questionnaire as well as the applicable corrective actions that were subsequently implemented.