

United States Senate
WASHINGTON, DC 20510

December 12, 2022

The Honorable Gene L. Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Comptroller General Dodaro:

The Government Accountability Office (GAO) is currently reviewing various aspects of fraud-risk management practices regarding the Federal Employees Health Benefits (FEHB) Program. We request as a follow-on to that work, GAO perform an audit related to providers of health care services to members of the FEHB Program. GAO's previous work on similar issues in the Medicare program and the Veterans Community Care program has uncovered a number of potentially ineligible providers, flagged weaknesses in provider vetting controls, and made valuable recommendations for improving program integrity and managing the potential risk to the care of Medicare enrollees and veterans, respectively, from ineligible providers.¹

The FEHB Program is the largest employer-sponsored health insurance program in the country, covering more than eight million Federal employees, retirees, and family members at annual cost of over \$59 billion.² The size and complexity of the FEHB Program heightens the risk of fraud and error. Accordingly, it is incumbent on lawmakers, the Office of Personnel Management (OPM)—which administers the FEHB program—and the health insurance carriers that provide health care services to FEHB members, to make safeguard taxpayer dollars. As such, we request that GAO:

1. Examine whether providers of health care services in the FEHB Program are deceased, excluded from participation in federal health care programs, have suspended or revoked medical licenses, or meet other relevant criteria for being inadmissible in the FEHB Program;
2. Examine the extent to which those involved in the FEHB Program (i.e., OPM, employing agencies, health insurance carriers) have controls in place, as appropriate,

¹ GAO, *Medicare Program: Additional Actions Needed to Improve Eligibility Verification of Providers and Suppliers*, GAO-15-448 (Washington, D.C.: June 25, 2015). GAO, *Veterans Community Care Program: VA Should Strengthen Its Ability to Identify Ineligible Health Care Providers*, GAO-22-103850 (Washington, D.C.: Dec. 17, 2021).

² Dep't of Energy, Office of the Chief Human Capital Officer, *Federal Employee Health Benefits (FEHB)*, <https://www.energy.gov/hc/federal-employee-health-benefits-fehb#:~:text=The%20Federal%20Employees%20Health%20Benefits,family%20members%2C%20and%20former%20spouses.>

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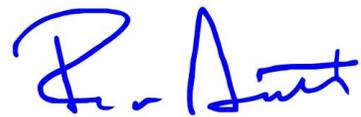
to identify and remove ineligible or potentially fraudulent health care service providers, and how these entities address specific fraud risks, such as the status of state licensure; and

3. Develop case study examples—if potentially ineligible providers are identified—to explain how these providers were initially approved or remained in the network. Such case studies would be complementary to the results of relevant data analyses and would help illustrate what can go wrong when ineligible or fraudulent providers are not identified and removed from the program.

Sincerely,



Ron Johnson
Ranking Member
Permanent Subcommittee on Investigations



Rick Scott
United States Senator

cc: The Honorable Jon Ossoff
Chairman
Permanent Subcommittee on Investigations