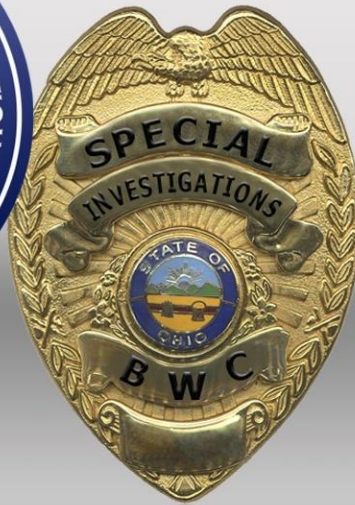


SPECIAL  
INVESTIGATIONS  
DEPARTMENT

# SPECIAL INVESTIGATIONS OVERVIEW

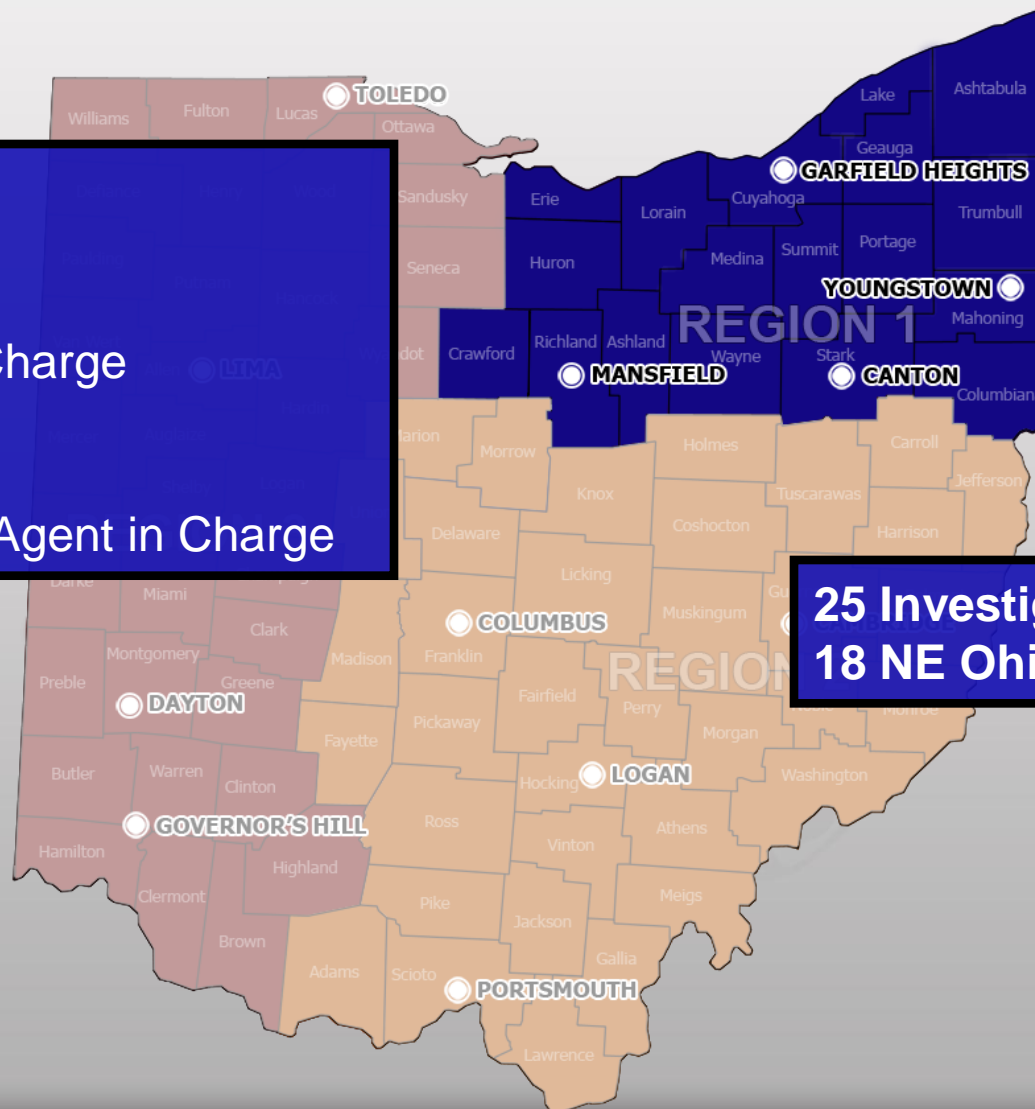


# SPECIAL INVESTIGATIONS OVERVIEW

## NE REGION

**Phill Brickman**  
Special Agent in Charge

**Doug Risley**  
Assistant Special Agent in Charge



**25 Investigative Staff**  
**18 NE Ohio Counties**

## SPECIAL INVESTIGATION TEAMS

# SPECIAL INVESTIGATIONS TEAMS

**Claimant Investigations Team**

**Health Care Provider Team (HCPT)**

**Employer Fraud Team**

**Intelligence Team**

**Digital Forensic Unit**

# Claimant Investigation Team

**Working While Collecting-** Employed full-time, part-time, self-employed, cash, loan, barter, income-producing hobbies, commission work, or unpaid activities that are not minimal and directly earn income for someone else.

**False Claim-** Injury did not occur at work, but filed claim against employer.

**Incarceration-** Sentenced to jail or prison while receiving disability benefits.

**Drug Diversion-** Receiving prescription medication from multiple doctors without the doctors knowing about each other.

# **SPECIAL INVESTIGATION TEAMS**

## **Common Schemes**

- **IW works for “cash under the table”.**
- **IW runs a business from their residence.**
- **IW is still working a second job but not primary (full time) job.**
- **The injury actually occurred when the IW was playing semi-professional football the weekend prior.**
- **IW was sentenced to jail, as he was convicted of a crime.**
- **IW is selling the drugs he/she is being prescribed in the BWC claim.**

# PROVING INTENT

## Surveillance

- Who
- What
- When
- Where
- Why
- How

# VIDEO





# Health Care Provider Team

**Billing for services not rendered** - Billing for a service that was never provided

**Upcoding** - Billing for a higher level of service than provided

**Unbundling** - Billing for two CPT codes instead of one inclusive code resulting in a higher payment

**Double billing** - Billing both BWC and another insurance agency for the same service

# Premium Enforcement Team

**False Reporting** - Intentionally reporting information to BWC that is known to be incorrect.

**False Certificates** - Obtaining a certificate of coverage through use of false information.

**Failure to Obtain/Maintain Workers' Compensation Coverage** - Operating a business with lapsed or cancelled coverage or operating without applying for coverage.



# Workers' Compensation Fraud

O.R.C. 2913.48

- Intentional theft by deception; an intentional perversion of the truth to induce another to part with something of value
- Intentional act, or series of acts, resulting in payment to a person (i.e. injured worker, health care provider) who is not entitled to receive payments or benefits

**Criminal actions do not always occur...**

# SPECIAL INVESTIGATIONS OVERVIEW

## Fraud

Punishable by law

Requires “knowledge and intent”

Overt act  
(misrepresentation)

Intentional omission

## Abuse

Excessive use or misuse of workers’ compensation benefits.

**Abuse cannot be criminally prosecuted under the law.**

Dealt with by effective case/claims management and civil/administrative remedies.

# Two goals and two sets of rules!

## Criminal

1. Ohio Revised Code
2. Criminal Court
3. "Beyond a Reasonable Doubt" Standard

## Administrative

1. Administrative Rule/Law
2. Industrial Commission
3. "Preponderance of the Evidence" Standard

## PROVING INTENT

# How do we prove intent?

**Intent documents**

**Surveillance**

**Undercover Operations**

**Witness statements**

**Data Collection**

# PROVING INTENT

## Intent Documents

- C-84 application
- FROI (first report of injury)
- Warrants
- EFT / EBT Applications
- TT Entitlement Letters
- Claimant PTD contact letters

# SPECIAL INVESTIGATIONS DEPARTMENT

## Intent Documents

### •C-84 application

#### Employment information

What was your occupation at the time of the injury/disease? \_\_\_\_\_

- Do you have a job to return to? ☐ Yes ☐ No ☐ I don't know

- o If yes, who is your employer? \_\_\_\_\_

- o If yes, does your employer offer modified (light-duty) work? ☐ Yes ☐ No ☐ I don't know

- o If yes, do you feel capable of performing any of your job duties at this time? ☐ Yes ☐ No

- o If yes, what duties? \_\_\_\_\_

3 Working includes full or part-time, self-employment, income-producing hobbies, commission work, or unpaid activities that are not minimal and directly earn income for someone else.

- Are you currently working in any capacity (as defined above)? ☐ Yes ☐ No

- o If yes, who is your employer? \_\_\_\_\_

- Have you previously worked in any capacity (as defined above) during this requested period of disability? ☐ Yes ☐ No

- o If yes, who is your employer? \_\_\_\_\_

- o If no, when was the last date you worked anywhere? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for leaving \_\_\_\_\_

- What do you feel is preventing you from returning to work at this time? Please describe physical, employment and personal barriers. \_\_\_\_\_

#### Injured worker signature

6 I understand I am not permitted to work while receiving temporary total compensation. I have answered the foregoing questions truthfully and completely. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by BWC or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment or both.

Signature

Date



# Intent Documents

- C-84 application
- FROI (first report of injury)

•Wa

- EF

• TT

•Cla

# Part of an Occupational Death

**WARNING:**

Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution for fraud.

(R.C. 2913.48)

cial Security number	Marital status	Date of birth
----------------------	----------------	---------------

**BWC**  
Berkshire Companies  
Built with pride in Ohio

## First Report of an Injury, Occupational Disease or Death

**WARNING:**  
Any person who obtains compensation from BWC or self-insuring employers by knowingly misstating, omitting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution for fraud.  
(R.C. 2913.48)

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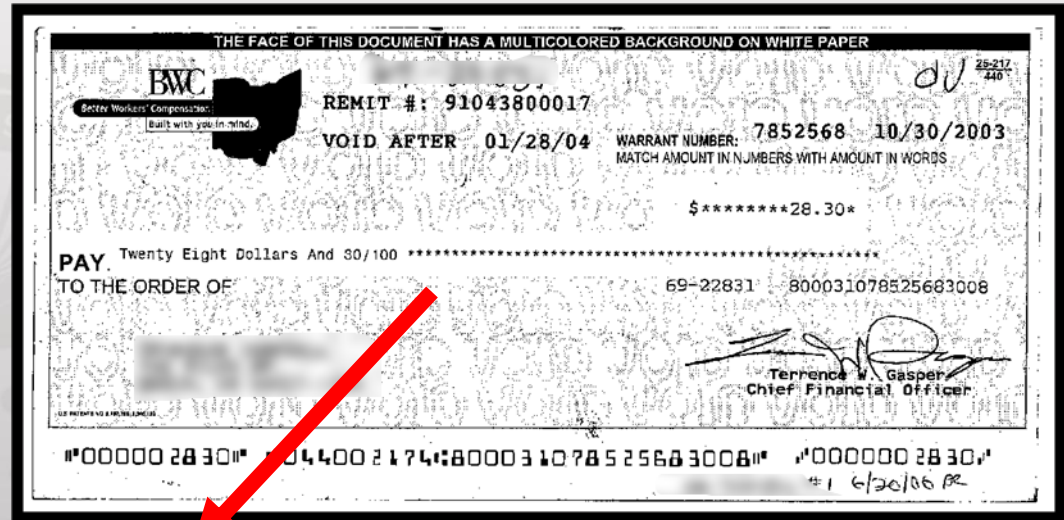
400) or to your local BWC customer service office.

Last name, first name, middle initial		Social Security number		Marital status		Date of birth	
Home mailing address		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married		Number of dependents	
City		State		3-digit ZIP code		Department name	
Wage rate \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Per: <input type="checkbox"/> Year <input type="checkbox"/> Other		What days of the week do you usually work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Occupation or job title		Regular work hours From _____ to _____	
Have you been afforded or do you expect to receive payment or wages for this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other than the Ohio Bureau							
Employer name							
Mailing address (number & street, city or town, state, ZIP code and country, if different from mailing address)							
Was the place of accident or exposure an employer's place? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give accident location, street address, city or town, state, ZIP code							
Date of injury/disease		Time of injury a.m. / p.m.		Time employee began work a.m. / p.m.		Date last worked / Date returned to work	
Sequence of events that directly caused or contributed to the injury/disease (if any)				Type of injury/disease and pattern of body affected (for example, sprain of lower left back)			
<p><small>I hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief. I understand that providing false information on this form is a violation of the Ohio Bureau's policy and may result in criminal prosecution. I understand that providing false information on this form is a violation of the Ohio Bureau's policy and may result in criminal prosecution. I understand that providing false information on this form is a violation of the Ohio Bureau's policy and may result in criminal prosecution.</small></p>							
Date		E-mail address		Telephone number		Fax number	
City		State		3-digit ZIP code		Initial treatment date	
Is the injury causally related to the industrial incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the injury causally related to the industrial incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date		Date	
Employer is self-insuring <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer is self-insuring <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer is self-insuring <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer is self-insuring <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's name		Employer's name		Employer's name		Employer's name	
Employer's address		Employer's address		Employer's address		Employer's address	
Employer's city		Employer's city		Employer's city		Employer's city	
Employer's state		Employer's state		Employer's state		Employer's state	
Employer's ZIP code		Employer's ZIP code		Employer's ZIP code		Employer's ZIP code	
Employer's telephone number		Employer's telephone number		Employer's telephone number		Employer's telephone number	
Employer's fax number		Employer's fax number		Employer's fax number		Employer's fax number	
Employer's e-mail address		Employer's e-mail address		Employer's e-mail address		Employer's e-mail address	
Employer's website		Employer's website		Employer's website		Employer's website	
Employer's business hours		Employer's business hours		Employer's business hours		Employer's business hours	
Employer's contact person		Employer's contact person		Employer's contact person		Employer's contact person	
Employer's contact phone		Employer's contact phone		Employer's contact phone		Employer's contact phone	
Employer's contact fax		Employer's contact fax		Employer's contact fax		Employer's contact fax	
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# PROVING INTENT

## Intent Documents

- C-84 application
- FROI (first report of injury)
- Warrants
- EFT / EBT Applications



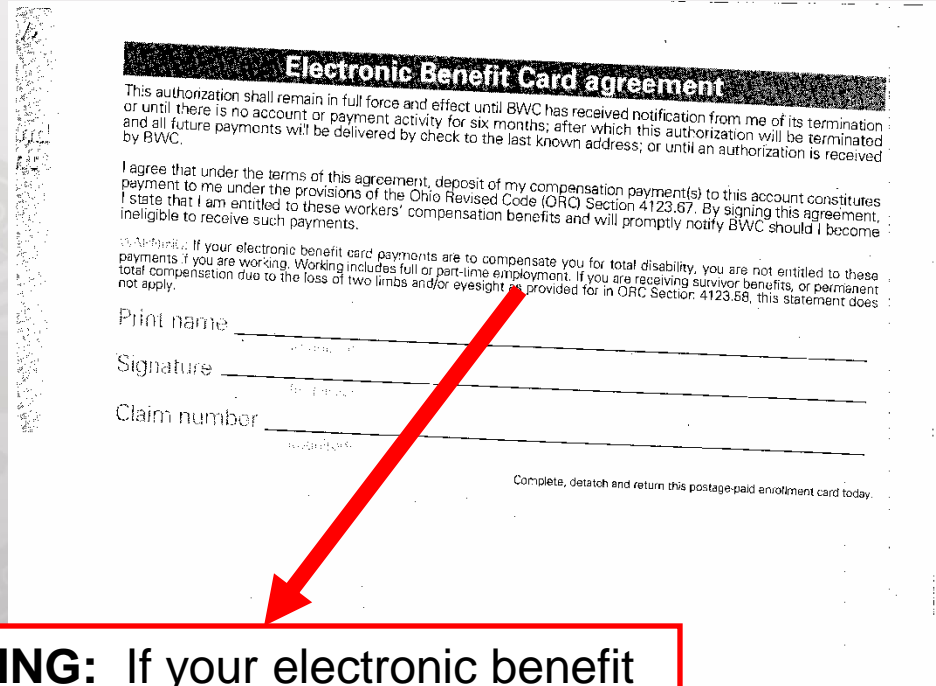
### **“NOTICE: READ BEFORE SIGNING**

**WARNING:** Under Ohio law, if you endorse this check in the name of the payee and you are not the payee, you may go to jail for five years and be fined \$2,500. If this check is to compensate you for total disability you are not entitled to it if you are working. Therefore, you should return it to BWC immediately. If you are receiving permanent total compensation due to loss of two limbs and/or eyesight as provided for in Section 4123.58 ORC, this statement does not apply. If the payee has died return this check to the Ohio Bureau of Workers' Compensation.”

## PROVING INTENT

## Intent Documents

- C-84 application
- FROI (first report of injury)
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- TT Entitlement Letters
- Claimant PTD contact letter



**Electronic Benefit Card agreement**

This authorization shall remain in full force and effect until BWC has received notification from me of its termination or until there is no account or payment activity for six months; after which this authorization will be terminated and all future payments will be delivered by check to the last known address; or until an authorization is received by BWC.

I agree that under the terms of this agreement, deposit of my compensation payment(s) to this account constitutes payment to me under the provisions of the Ohio Revised Code (ORC) Section 4123.67. By signing this agreement, I state that I am entitled to these workers' compensation benefits and will promptly notify BWC should I become ineligible to receive such payments.

**WARNING:** If your electronic benefit card payments are to compensate you for total disability, you are not entitled to these payments if you are working. Working includes full or part-time employment. If you are receiving survivor benefits, or permanent total compensation due to the loss of two limbs and/or eyesight as provided for in ORC Section 4123.58, this statement does not apply.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Claim number \_\_\_\_\_

Complete, detach and return this postage-paid enrollment card today.

**WARNING:** If your electronic benefit card payments are to compensate you for total disability, you are not entitled to these payments if you are working. Working includes full or part-time employment....

## PROVING INTENT

Intent Documents

- C-84 application
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Injured worker: \_\_\_\_\_

Our records show that you are currently receiving permanent total disability benefits for the claim number listed above. To make sure we have the most current information regarding your claim and to ensure continued payment of your benefits, we would appreciate if you could take a moment and answer the following questions. After you have completed this questionnaire, please return it to the claim service specialist listed below. Our phone number is provided if you have any questions.

Is the name and address listed for you above correct? ☒ Yes ☐ No

If no, please provide us with your correct name and/or address.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Please provide us with your current telephone number: \_\_\_\_\_

Are you currently working or have you worked since you were granted PTD benefits? ☒ Yes ☐ No

If yes, was this work part-time \_\_\_\_\_, full time \_\_\_\_\_, or volunteer \_\_\_\_\_?

If yes, please provide us with the date you returned to work: \_\_\_\_\_

If you are working or did work (when, what time frame?), please provide us with a list of your employers or organizations.

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

(If you need to list more employers/organizations, please attach additional pages.)

Signature: \_\_\_\_\_

Your prompt response to this request will be greatly appreciated.

JAN 14 PM 10:27  
BUREAU OF WORKERS' COMPENSATION  
CLAIMS SERVICE OFFICE

# Red Flags

1. Repeatedly missing doctors visits/cancelled appointments/can only schedule appointments after 5pm
2. When you call the house, others tell you injured worker is at work
3. Listen to “shop talk” and vendors
4. Employment verification from another company

# Quality Referral

1. We have someone to contact for additional information
2. Caller is familiar with subject of investigation
3. Caller knows details of fraudulent activity
4. No information withheld – whole story



**FY 2016**

**56.5 Million in Savings**

**119 Indictments**

**127 Convictions**

# Follow Us

BWC Special Investigations is on Twitter !!!!

<http://twitter.com/#!/ohiobwcfraud>

**Surveillance video shows Trumbull County man committing workers' comp fraud**

January 23, 2015 SID Social Media Team 1 comment



Columbus – A McDonald (Trumbull County) man was sentenced Jan. 8 in Franklin County Court of Common Pleas after investigators with the Ohio Bureau of Workers' Compensation (BWC) caught him on video working while he was receiving benefits following a workplace injury. Michael Buckner previously pleaded guilty last November to one count of workers' compensation fraud, a fifth-degree felony.

# Follow Us

BWC Special  
Investigations is on  
Facebook !!!!

<http://www.facebook.com/ohiobwcfraud>

## Belmont County man pleads guilty to falsifying job search forms for workers' comp benefits



January 8, 2015



SID Social Media Team



Go to comments



Leave a comment

Chalmers Barnes III, of Belmont (Belmont County), pleaded guilty Jan. 5 in Franklin County Court of Common Pleas to one count of workers' compensation fraud, a first-degree misdemeanor.

BWC fraud investigators received an allegation from a BWC claims service specialist that Barnes submitted falsified job search forms to receive non-working wage loss benefits. In order to receive this type of benefit, claimants must submit job search forms to show that they are searching for a job.

Investigators checked job searches Barnes submitted to BWC, and found that Barnes was not performing in-person job searches or completing job applications at those businesses. As a result, BWC paid benefits to Barnes that he was not entitled to receive.



# How to Contact Us

**Phill Brickman**, Special Agent in Charge, NE Region  
Garfield Heights Office.....(216) 584-0392

**Doug Risley**, Assistant Special Agent in Charge, NE Region  
Garfield Heights Office...(216) 584-0404