

# **FRAUD:** Employee Benefit Plans

Austin Chapter of CFE

December 8, 2010

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## Define Fraud ...

... is generally defined in the law as an intentional misrepresentation of material existing fact made by one person to another with knowledge of its falsity and for the purpose of inducing the other person to act, and upon which the other person relies with resulting injury or damage. Fraud may also be made by an omission or purposeful failure to state material facts, which nondisclosure makes other statements misleading. (Source: uslegal.com)

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## Employee Benefit Plans



- Health & Welfare
- Retirement
- Core or Voluntary Benefits

## Health & Welfare



- Medical
- Dental
- Life
- Short Term Disability
- Long Term Disability
- Long Term Care

## Retirement

B

- **Defined Benefit – Guaranteed Benefit**
  - Age
  - Years of Service
  - Salary
  - **ER** assumes investment risk
- **Defined Contribution – Savings Account**
  - 401(k); 403(b); 457
  - IRA
  - **EE** assumes investment risk

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## How We Wish Things Were

B



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## How They Probably Really Are

*B*



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## Fraud Concerns

*B*

- **Underwriting**
  - Sales practices & Rate setting process
- **Eligibility**
  - Employee and Dependents
  - Service
- **Effective Date of Coverage**
  - Date coverage become effective
  - Almost always “at work” requirement

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## Fraud Concerns



- **Benefit Levels**
  - High Option
  - Low Option
- **Accounting Premium \$ to Ins. Co.**
- **Employee withholdings**
- **Employer contributions**
- **Employer communications**
- **EE & ER Fraud**

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## Fraud Concerns



- **Service Providers**
  - Actuaries
  - Insurance agents
  - Group Reps for insurance companies
  - Attorneys
  - Accountants
  - Third Party Administrators
- **Insurance Company is like Government**
  - Who cares!
  - We all pay!

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# Reindeer Accounting

B

MATHS

The total is when you add up  
all the numbers and a remainder  
is an animal that pulls  
santa on his sledge.

# Underwriting & Sales

B

- **LTD** - Age 70 EE becomes age 20
  - Poor "penmanship"
  - Case underwritten & issued
  - Billing get updated & "corrected" > issue
  - Underwriting "renewal" every 2-3 years
    - Error discovered
    - Past contestability period
    - No claims
    - OK to renew & adjust premium

## Underwriting & Sales

*B*

- **Experience Data re: premium & claims**
  - Excel file not write protected
  - Competing Group Rep “massages data” & turns loss ratio from 150% to 70%
  - Underwriter prices it based on 70%
  - Case sold to the group
  - At Renewal
    - Must have been a bad year
    - Huge rate increase

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## Underwriting & Sales

*B*

- **Manipulating Standard Industrial Classification (SIC) Codes**
  - Poor “risk” (e.g. restaurants) become great risk (e.g. engineering firms)

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## Sales - Agent Disclosure



- Agent submits case 2 days after effective date (not unusual in small group market)
- Calls every 2 hours to verify approval by Underwriting
- Apps look OK to Underwriting assistant & e-mails agent
- Agent calls – screaming that owner's daughter at pharmacy waiting to get Rx filled for Diabetes!
- Nothing disclosed on application

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## Sales - Agent Disclosure



- Underwriting call Dr. office – diabetes?
- Dr. office has lots of pages of notes that Agent called re: the owner's daughter medical condition
- **Call the Fraud Squad!**
- Agent represents insurance company by definition & contract – never represents customer – that is why he/she is paid a commission.

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## Group Reps Create Agency *B*

- Major carrier
- Salaried Group Reps sold directly; or, taking over Broker of Record
  - Commissions paid to created agency
  - Group Reps split up commissions
    - No administrative overhead – staff already doing work
  - Both violations of carrier’s published policies.
- Agency quickly becomes leading producer in the area

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## Group Reps Create Agency *B*

- Sales VP want to meet the Principals at the Leading Agency to congratulate them on outstanding sales efforts.
  - P.O. Box is only address
  - Pre-Google days
- Fraud uncovered
  - Group Reps getting salary & commissions
  - No reason to pay commissions
  - All group reps were terminated
- Brokerage relationships that had “lost” the business with fraud were restored.

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## Group Reps Do Contract Work *B*

- Major carrier – Dumbest Award!
- Competitors were offering plans that excluded organ transplants except for heart, liver & lung
- They wanted to do the same & company said no (their plan covered all other organs – eyes, kidney, etc.)
  - Company did not file contract forms with State of Virginia + others for approval
- Compliance Dept. request copies of contacts for a client from Sales Office

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## Group Reps Do Contract Work *B*

- Contract Dept. sends official copy of group policy contract that includes all organ transplants
- Group Reps had cut & paste (literally) paper into group policy limiting benefits
  - Used typewriter to create new language
  - Photocopied several times to try to hide evidence
- Benefits based on official contract
- Sales team skated & finger pointed
  - Secretary left holding the bag

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## Eligibility – Son’s Girlfriend *B*

- **EE several children – different last names**
- **She asks to add “daughter” to her plan**
  - Open Enrollment for 1/1/10
  - Previously covered by father
  - He lost coverage
- **August 2010 wants to add son to her plan**
  - Father was to provide coverage – divorce
  - Father of son lost job
  - Could not afford COBRA

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## Eligibility – Son’s Girlfriend *B*

- **Benefits Manger looks at file – son added**
  - “Daughter” 4 months older than son ????
  - “Daughter” has baby in June 2010
- **Son & “Daughter” are not siblings**
- **Fraud reported to Insurance Carrier**
  - One of the majors
  - Elected to do nothing
  - Cheaper to pay claim than prosecute claimant

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## Eligibility – Son's Girlfriend *B*

- **Mother ????**
  - Terminate her
  - \$1 down & \$1 per week
  - Ethical Issues

## Eligibility – Others Issues *B*

- **EE use fake birth date to get age based benefits (e.g. life insurance) cheaper**
- **Employee enrolls “spouse”**
  - Really live in “domestic partner”
  - Plan does not cover “domestic partners”
  - Impact on plan with large claim
- **Other “spouse” issues**
  - Just a friend – do not live together
  - Children of friend

## Eligibility – Others Issues



- **Employee enrolls mother as**
  - Same sex “domestic partner”
  - Plan does cover “domestic partners”
- **EE covers younger brother and sister as his children – same last name**
- **Covering ex-spouse as a spouse**
- **Children no longer students covered**
  - Employee fired
  - Health Care Reform starting 1/1/11

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## Eligibility – Others Issues



- **Keeping an EE on plan as a “active EE” rather than continuation of coverage.**
  - Missing lots of time from work
  - Continue salary
  - Working less than full-time (illness)
  - After 6 months usually continuation plan
  - Popular person so location keeps on plan
  - Large medical bills

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## Eligibility – Others Issues



- **Dependent Eligibility Audits**
  - 4% – 6% of dependents leave
- **Kansas company**
  - 750 employees
  - Smaller ER & self-funded medical plan
  - Now require proof to enroll dependents
  - Did audit
    - First, allowed amnesty for 60 days
    - 45 “ineligible dependents” drop off
    - Save \$135,000 per year.

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## Eligibility – Others Issues



- **Late Enrollees**
  - Dependent not eligible > 30 days
  - El Paso, TX - \$350,000 claim
  - Self-funded plan
  - Seeking recovery from employee for claim
    - ER assumed EE did not willfully commit fraud
  - HR person
    - Probably said I can get your child covered – maternalistic ???
    - Win favor with EE (Here to help you!)
    - She was terminated

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## Effective Date of Coverage



- **Offered to all EEs**
  - At initial hire – 1<sup>st</sup> if month after 30 days; or
  - January 1 after Open Enrollment each Nov.
- **EE hired August 12, 2006**
  - Offered plan that would be effective Oct. 1
    - no pre-existing conditions exclusion
  - EE declined plan
    - **EE signed form – acknowledges that he understands now 12 month pre-existing if he wants to enroll during open enrollment.**

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## Effective Date of Coverage



- **November decides to enroll in plan**
- **Has a heart attack in February 2007**
  - \$200,000 surgical & recovery claim
- **Plan denies claim**
  - Pre-existing condition
  - Stress test in November
  - Heart condition still there & worsening
  - Triple bypass in 2004!
- **EE appeals denial**
  - Review internal & external upholds denial

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## Effective Date of Coverage

B

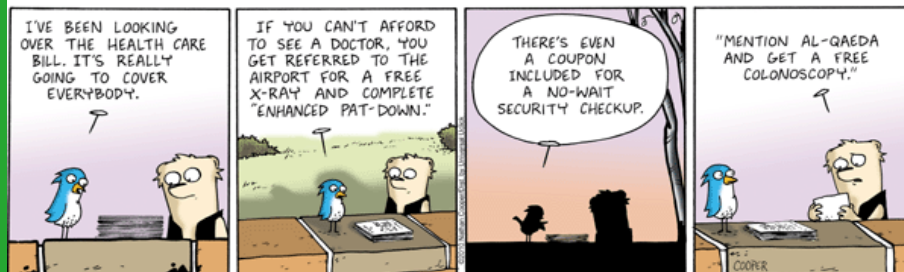
- **Hospital sues ER - 2008**
  - Claim should have been paid
  - Not a pre-existing condition
  - EE not adequately notified about extended pre-existing condition of plan that he signed
  - ER wins suit!
- **Hospital appeals District Court ruling**
  - Appeals court overturns District court ruling in 2009
- **State of Washington – Supreme Court**

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## H&W Fraud Fixes 2010

B



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## ER – Administration Fraud

- Provided actuarial services to small DB plan
- Client referred by CPA
- Never met client – telephone, mail, or fax as per instructions of CPA
- In 3<sup>rd</sup> year of relationship, happened to be in city for another client
- Decided to pop in, say hi & introduce myself

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## ER – Administration Fraud

- Was given grand tour of facility
- Noticed lots of EEs
  - Asked if part of Union - NO
- Census we received had max. 15 names
- Asked owner about difference
- “We only send in names of important people, others do not need to be covered by the Plan”
- Sent resignation letter via FedEx

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## Dr. Over Billing Fraud

B

- EE receives Explanation of Benefits (EOB) from Ins. Co. for Dr. visit
- Charges for Lab; x-ray; & other services **not** rendered for pneumonia diagnosis
- Dr. office near facility where EE worked
- Communicated policy will accept payment in full whatever insurance company pays
  - No collection for Deductibles; co-insurance; U&C cutbacks; out of network fees; etc.???

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## Dr. Over Billing Fraud

B

- EE reports this to ER
- Checked lots of other claims like this
  - Billing for work not done
- Ins. Co. sued the Dr. Over Billing for Fraud & case was settled.
- Dr. Over Billing moved out of area

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## Hospital Overbilling #1 Fraud

- Graduate of Dr. Over Billing money grab course
- **HIV patient – \$700,000 bill**
- Several months of haggling
- Reviewed all their “incredible charges”
- **Settled for \$300,000**

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## Hospital Overbilling #2 Fraud

- In vitro Heart Transplant - \$1,000,000
- Yes baby received heart transplant before she was born “in utero”
- Plan did not exclude it
- ER paid it - **Good learning experience!**
- Revised definitions & provisions re:
  - Experimental Procedures
  - Heart Transplants

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## TPA H&W Administrative Fraud *B*

- TPA for Medical Plan
- Usually arranges Stop Loss Re-Insurance because of Approved TPA rules by Re-Insurance Company
- Re-Ins claim checks payable to Company but sent to TPA for accounting & delivery
- TPA holds all reimbursement checks by Re-Insurance Company
- Deposits into ER escrow claim & expense account & then withdraws money for TPA Admin Fees

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## TPA H&W Administrative Fraud *B*

- Essentially \$ to run his TPA
- Good learning experience for Re-Insurance Company & ER
- Refiled all contracts - \$ to ER direct
- ER never received re-insurance \$
- ER filed criminal charges against owner of TPA
  - Guilty 2 years in prison
  - AVP for Re-Insurance Company testified at sentencing hearing

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## TPA – MEWA Fraud

- **Multiple ER Welfare Association**
- **Meridian Benefits - NJ – TPA**
  - Kept \$ & tried to be an insurance company
  - Bought houses & boats in Florida
- **Plead Guilty – Owner & Corporate Atty.**
  - [www.justice.gov/usao/nj/press/files/ruth0922\\_r.htm](http://www.justice.gov/usao/nj/press/files/ruth0922_r.htm)
- **Sentenced to 7 years in prison**
  - [www.justice.gov/usao/nj/press/files/ruth0413\\_r.htm](http://www.justice.gov/usao/nj/press/files/ruth0413_r.htm)

## ER – Communications Fraud

- **Client – Laundry Industry**
  - Very blue Collar
- **Group A – Mgt EEs only (200 EEs)**
  - Self-Funded PPO
- **Group B – All other EEs (900 EEs)**
  - **No plan**
- **Consultant asked to develop “Mini-Med” plan for Group B**

## ER – Communications Fraud *B*

- **Mini-Med Plan for Group B**
  - \$10,000 Annual Max. Benefit
  - Preventive care access included
  - Limits everywhere (e.g. \$1,000 Rx)
  - **Communication stressed limits in SPD, ID Cards, etc. to protect Company and Agent**
- **Ran great for 3 years**
  - < \$100 per EE per month
- **New company President instructed all not to mention \$10,000 Max. & other limits**

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## ER – Communications Fraud *B*

- **He wanted EEs to think that they had a regular PPO plan with high limits!!!**
- **Agent refused and resigned on the spot**
  - Major account
  - Excellent reference source
- **A year later –**
  - Plan & ER sued by multiple EEs & Providers
  - High Claims
  - Omission of limited benefits information in communications material

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## ER – Communications Fraud *B*

- Company loses ALL law suits
- Damages \$1,000,000 claims
  - Plus attorneys fees
- **ER has FIDUCIARY RESPONSIBILITY**
- Surprised no Jail Time

## ER – Financial Fraud *B*

- Withhold premiums and not remit to Insurance Company or Retirement Plan Investment company
- **Breach of Fiduciary Liability!**
- **Prohibited Transaction under ERISA!**
- **Criminal Penalties!**
- **Jail Time!**

## ER – Financial Fraud

B

- **Hotel – Management & Financial Problems**
  - 300 EEs
  - Tax Withholding
  - Medical Withholding
  - 401(k) Withholding
- **Bank placed lien on Company checking account because they were late on Loan**
- **Owner becomes disabled**
  - Hires Management Company

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## ER – Financial Fraud

B

- **Management company**
  - Runs finances, including Payroll & Loan
  - Taxes paid to IRS, Soc. Sec., State, etc.
    - **Never get on wrong side of IRS**
  - Medical premiums paid to Insurance Company
    - **EE would have known quickly - no benefits from providers b/c no coverage**
  - 401(k) withholdings go to corporate checking account – Bank sweeps account to pay loan!
    - **Buys more time because 6+ months before statements missing are demanded**

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## TPA Retire. Admin. Fraud

- Small TPA – 50 plans
- Set up Master Trust at Bank Trust Dept.
- Comingled all the assets
- Professionally managed in 1 account
- TPA did the accounting and reconciliation for each plan and then each individual participant

## TPA Retire. Admin. Fraud

- Small TPA – 50 plans
- Set up Master Trust at Bank Trust Dept.
- Comingled all the assets
- Professionally managed in 1 account
- TPA did the accounting and reconciliation for each plan and then each individual participant on a quarterly basis

## TPA Retire. Admin. Fraud

B

- **Not unreasonable for small ERs**
  - No individual investment options
  - Reduce communication costs
  - Reduce administrative costs
- **Problem TPA has Financial Problems**
  - Withdraws money from Master Trust for “Benefit Payments”
  - \$ to TPA
  - Phony statements to participating ERs
    - Over reporting assets

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## TPA Retire. Admin. Fraud

B

- **Shades of Bernie Madoff but not a Ponzi Scheme**
- **It unraveled when some ERs retired and wanted their money.**
  - First couple OK
  - Fund is short of cash
- **Like Madoff, he went to Jail!!!**

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## EE – Illegal Immigration

B

- EE presented what appeared to be valid documents at time of employment
- Accepts Medical coverage for himself
  - Declines family coverage
- EE was promoted at company – more \$
- Goes to HR & asks to enroll family who have been living with him for several years
- HR response – needs qualifying event outside of open enrollment

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## EE – Illegal Immigration

B

- 2 months later goes to a different HR person
  - Says family just moved here (Qualifying Event) for first time
  - Presented copies of very recent Passport Entry
  - Therefore, should be eligible to enroll.
- **They made him wait to Open Enrollment!**

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## Amorous Retiree



- **Defined Benefit Retirement Plan**
- **Charles moves from Atlanta to Israel & lives on Kibbutz**
- **Dies at age 71**
  - Plan has Joint & Survivor spouse benefit
- **Widow comes forward & presents**
  - Valid marriage license
  - She was listed as his pension beneficiary
  - She had been a dependent on his Retiree Medical plan
  - She sign an affidavit asserting that she was Charles' widow.

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## Amorous Retiree



- **Pension Board approves spousal pension**
  - Reviewed by Internal Audit Division
  - Reviewed by the pension attorney
- **Benefits commence \$4,000 per month**

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## Amorous Retiree



- After a year, another woman says she was Charles' widow and wants spousal benefit
- **2<sup>nd</sup> widow** comes forward & presents
  - Valid looking marriage license
  - She completes paper work
  - Alleges 1<sup>st</sup> widow was divorced from Charles many years before he died
  - Alleges there was a 3<sup>rd</sup> woman that Charles married, though not legally

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## Amorous Retiree



- **2<sup>nd</sup> widow & 3<sup>rd</sup> woman & Charles all lived together**
  - She provided pictures as proof
- **Employer contacted court where the alleged divorce occurred**
  - Final judgment decree was there
  - Divorced spouse's signature did not look like the 1<sup>st</sup> widow's handwriting???
  - Suspended payments to all widows

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## Amorous Retiree

B

- **Retiree medical plan costs & fraud there**
  - Charles
  - 1<sup>st</sup> widow; 2<sup>nd</sup> widow; 3<sup>rd</sup> wife
  - 7 children in all
  - ED treatment costs?

## Frauds on Small ERs

B

- **Paula Garst – Amarillo, TX**
  - Indicted Nov. 30, 2007
  - Healthcare Fraud; Wire Fraud; Mail Fraud; Money Laundering
  - [www.justice.gov/usao/txn/PressRel07/garst\\_indict\\_pr.html](http://www.justice.gov/usao/txn/PressRel07/garst_indict_pr.html)
- **Sentenced to 3 years in Federal Prison**
  - May 22, 2008
  - [www.justice.gov/usao/txn/PressRel08/garst\\_HCF\\_sen\\_pr.html](http://www.justice.gov/usao/txn/PressRel08/garst_HCF_sen_pr.html)

## Medicare Fraud

- **60 Minutes** ran a program on Medicare \$60Billion Fraud in Florida in 2009.
- **Shack** submitting claims to Medicare & receiving payments for false claims using stolen identities of retirees
- [www.cbsnews.com/stories/2009/10/23/60minutes/main5414390.shtml](http://www.cbsnews.com/stories/2009/10/23/60minutes/main5414390.shtml)

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## Miscellaneous Fraud Schemes

- **Short Term Disability**
- **Long Term Disability**
- **Workers Compensation**
  - Ran into an employee of my wife on the ski slopes in VT and out on Workers Comp with a bad back because she fell – 15 years!!!
- **Pharmacy** submitting claims for uninsured using other customers good ID with coverage b/c no EOBs issued – cost \$240,000 before it was caught.

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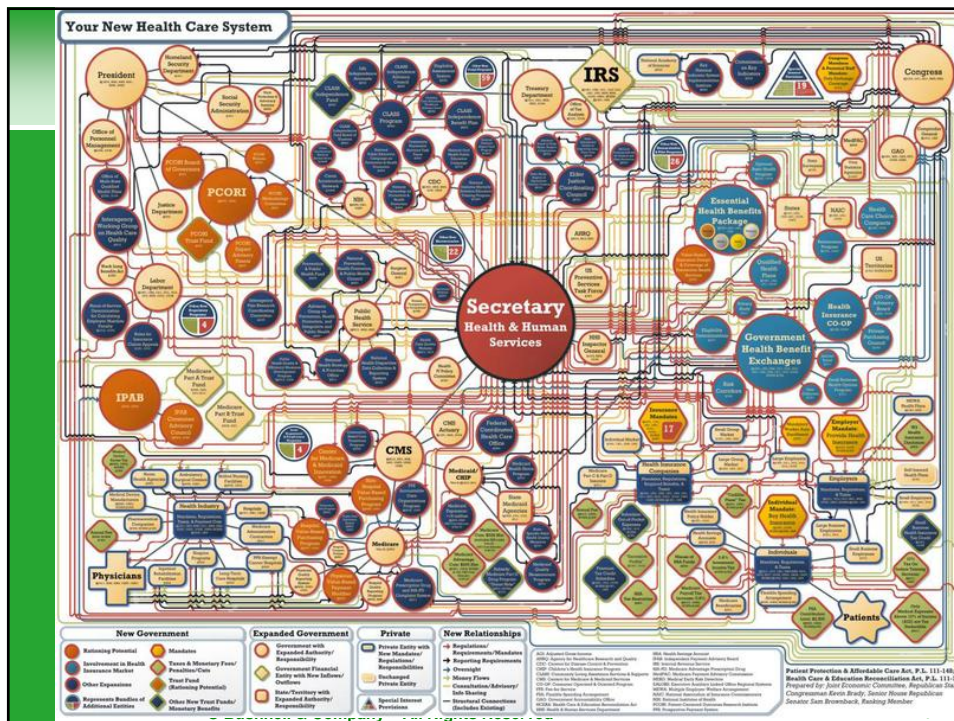
# Additional Resources



- **Global Options - News**  
 – [www.globaloptions.com](http://www.globaloptions.com)
- **DOL / EBSA – Fraud Investigations**  
 – [www.dol.gov/ebsa](http://www.dol.gov/ebsa)
- **Medicare – Fraud**  
 – [www.cms.gov](http://www.cms.gov)
- **Department of Justice - Fraud**  
 – [www.Justice.gov](http://www.Justice.gov)

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## Questions ...

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**Thank you  
and  
Congratulations on your endurance.**

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