



**CITY OF CHICAGO  
WORKERS' COMPENSATION PROGRAM**

**GRANT THORNTON LLP  
FINAL REPORT - APPENDICES  
MAY 10, 2019**



**IX. APPENDICES**

**a. Appendix A – City of Chicago Workers Comp. Program: Fraud Risk Map**

Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Asset Misappropriation	Claimant Fraud	Falsified Injury or Illness	City Employee	Injury on Duty Report	A worker fabricates an injury or illness to obtain workers' compensation benefits.	<p>An employee might invent injuries or illnesses they don't have to get time off and financial benefits from the workers compensation program.</p> <p>Example: An employee makes up hearing loss to receive workers' compensation benefits.</p> <p>City: The Program has access to several tools to prevent an employee from receiving benefits for too long. Such tools include: witness and supervisor statements, investigative tools and surveillance, Independent Medical Exams ("IMEs"), and nurse case managers.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Asset Misappropriation	Claimant Fraud	Exaggerated Injury or Illness	City Employee	Injury on Duty Report	A worker exaggerates an injury or illness to increase their workers' compensation benefits and/or prolong them.	<p>A City employee might exaggerate their illnesses or injuries. The employee might be suffering from a minor injury or illness, but it does not prevent them from working.</p> <p>Example: The employee has a sore shoulder from a minor on-the-job injury. The employee inflates his injury and pretends that he cannot use his arm so he can stay home and receive benefits.</p> <p>City: The Program has access to several tools to prevent an employee from receiving benefits for too long. Such tools include: witness and supervisor statements, investigative tools and surveillance, IMEs, and nurse case managers.</p>
External	Asset Misappropriation	Claimant Fraud	Non Work-related Injury or Illness	City Employee	Injury on Duty Report	A worker claims an injury or illness is work-related when it is in fact not work related in order to obtain workers' compensation benefits.	<p>An employee can commit workers' compensation fraud by pretending they got injured on the job when their injury came from elsewhere. Or, the employee might have an old injury that resurfaces, and they say they got it while at work.</p> <p>Example: An employee has a skiing injury that injures his back. He pretends to slip on a wet floor to receive workers' compensation benefits.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Collusion	Claimant Fraud	Falsified Injury or Illness	City Employee, Medical Provider	Injury on Duty Report, Medical Bills	A worker in collusion with a medical provider falsifies an injury or illness in order to obtain workers' compensation benefits.	City: While the Program has successfully identified cases of medical providers that over-treat; there is no mechanism to systematically prevent and detect cases of collusion between claimants and medical providers.
External	Collusion	Claimant Fraud	Exaggerated Injury or Illness	City Employee, Medical Provider	Injury on Duty Report, Medical Bills	A worker in collusion with a medical provider exaggerates an injury or illness to increase their workers' compensation benefits and/or prolong them.	City: While the Program has successfully identified cases of medical providers that over-treat; there is no mechanism to systematically prevent and detect cases of collusion between claimants and medical providers.
External	Collusion	Claimant Fraud	Non work-related Injury or Illness	City Employee, Medical Provider	Injury on Duty Report, Medical Bills	A worker in collusion with a medical provider claims an injury or illness is work-related when it is in fact not work related in order to obtain workers' compensation benefits.	City: While the Program has successfully identified cases of medical providers that over-treat; there is no mechanism to systematically prevent and detect cases of collusion between claimants and medical providers.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Asset Misappropriation	Claimant Fraud	Secondary Employment	City Employee, Police and Fire	Approved prior employment	A worker gains secondary employment either part-time or full-time to receive compensation without reporting it so that they may continue to receive workers' compensation benefits.	City: The CBAs for both Police and Fire departments allow sworn officers to maintain secondary employment. While secondary employment must be pre-approved by the respective departments, there is no documented mechanism by which the departments can prohibit or monitor secondary employment while the claimant is receiving benefits.
External	Asset Misappropriation	Medical Provider Fraud	Fictitious Services	Medical Provider	Injury on Duty Report, Medical Bills	A medical provider bills for services not rendered related to a workers' compensation claim.	City: Adjusters review medical bills for purposes of completing iVOS diaries and to perform overall oversight of claims. Coventry also reviews medical bills, provides estimated ranges of total medical bills for a given injury type, and provides case management nurses to oversee care upon request. However, in order for these mechanisms to operate effectively, claims injuries must be documented in detail.
External	Asset Misappropriation	Medical Provider Fraud	Unnecessary Services	Medical Provider	Injury on Duty Report, Medical Bills	A medical provider bills for unnecessary services related to a workers' compensation claim.	City: The Program has IMEs and nurse case management at its disposal to identify when medical services and procedures may be unnecessary. However, there appears to be no systematic mechanism to monitor propriety of services rendered by medical providers.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Asset Misappropriation	Medical Provider Fraud	Double-Billing	Medical Provider	Medical Bills	A medical provider double-bills for services rendered related to a workers' compensation claim.	City: Adjusters use the medical visit dates to manage iVOS diaries to help monitor upcoming medical visits. Coventry reviews medical bills but only for adjustment to the Illinois fee schedule. There is no systematic, documented mechanism by which the program might be able to prevent and detect duplicate billing. Further, there is no mechanism to prevent bills being paid on closed claims, which might increase the risk of the program processing duplicate bills.
External	Collusion	Medical Provider Fraud	Fictitious Services	City Employee, Medical Provider	Medical Bills	A medical provider in collusion with a worker bills for services not rendered related to a workers' compensation claim.	City: There are no controls in place to prevent a medical provider from fabricating services to over bill the program. The only way this would be identified is through investigation of the medical provider's notes and interviews with the provider's staff.
External	Collusion	Medical Provider Fraud	Unnecessary Services	City Employee, Medical Provider	Medical Bills	A medical provider in collusion with a worker bills for unnecessary services related to a workers' compensation claim.	City: The program has IMEs and nurse case management at its disposal to identify when medical services and procedures may be unnecessary. However, there appears to be no systematic mechanism to monitor propriety of services rendered by medical providers.
External	Collusion	Medical Provider Fraud	Double-Billing	City Employee, Medical Provider	Medical Bills	A medical provider in collusion with a worker submits duplicate bills for services rendered related to a workers' compensation claim.	City: Adjusters use the medical visit dates to manage iVOS diaries to help monitor upcoming medical visits. Coventry reviews medical bills but only for adjustment to the Illinois fee schedule. There is no systematic, documented mechanism by which the program might be able to prevent and detect duplicate billing. Further, there is no mechanism to prevent bills being paid on closed claims, which might increase the risk of the Program processing duplicate bills.





Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Collusion	Bribery	Falsified Injury or Illness	Program Employee, City Employee	Compensability Determination, Medical Bills	A Program employee accepts a bribe, or kickback, from an external party to approve and/or pay a fictitious workers' compensation claim.	External parties may include City employees or medical providers.  City: Due to the volume of claims, workload on Program management, and inherent difficulty in catching collusion schemes, this scheme would be extremely difficult to identify.
Internal	Collusion	Bribery	General Program Fraud	Program Employee, City Employee	Multiple	A Program employee accepts a bribe from another internal party in order to assist in or hide fraudulent activity.	City: Due to the volume of claims, workload on program management, and inherent difficulty in catching collusion schemes, this scheme would be extremely difficult to identify.
Internal	Collusion	Bribery	Inappropriate Access to Program Assets	Program Employee, City Employee	Program Offices	A Program employee accepts a bribe in order to provide inappropriate physical premises access to unauthorized individuals.	City: Access to the program offices are controlled by key-card. Access to premises should be reviewed periodically to identify access anomalies.
Internal	Collusion	Bribery	Inappropriate Access to Program Assets	Program Employee, City Employee	System credential creation	A Program employee accepts a bribe in order to provide inappropriate system access to unauthorized individuals.	City: Currently, access to the system is controlled by the IT department, with access being directed by a documented business need. Management should periodically monitor access, roles, and access levels to the system.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Collusion	Bribery	Exaggerated Injury or Illness	Program Employee, City Employee	Medical Bills	A Program employee accepts a bribe, or kickback, from an external party to approve and/or pay an exaggerated workers' compensation claim.	External parties may include City employees or medical providers.  City: Due to the volume of claims, workload on program management, and inherent difficulty in catching collusion schemes, this scheme would be extremely difficult to identify.
Internal	Collusion	Bribery	Non work-related Injury or Illness	Program Employee, City Employee	Compensability Determination	A Program employee accepts a bribe, or kickback, from an external party to approve and/or pay a non-work-related workers' compensation claim.	External parties may include City employees or medical providers.  City: Due to the volume of claims, workload on program management, and inherent difficulty in catching collusion schemes, this scheme would be extremely difficult to identify.
Internal	Collusion	Conflict of Interest	Falsified Injury or Illness	Program Employee	Injury on Duty Report, Voucher Creation	A Program employee approves and/or pays a fictitious workers' compensation claim in which they have an undisclosed conflict of interest.	City: Several people within the Program anecdotally disclosed their self-recusal from claims in which they were perceived to have a conflict of interest with the claimant. However there was no documented policy that required, or mechanism by which, Program personnel could recuse themselves from claims in which there was a conflict of interest, real or perceived.





Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Collusion	Conflict of Interest	Exaggerated Injury or Illness	Program Employee	Injury on Duty Report, Voucher Creation	A Program employee approves and/or pays an exaggerated workers' compensation claim in which they have an undisclosed conflict of interest.	City: Several people within the Program anecdotally disclosed their self-recusal from claims in which they were perceived to have a conflict of interest with the claimant. However, there was no documented policy that required, or mechanism by which, Program personnel could recuse themselves from claims in which there was a conflict of interest, real or perceived.
Internal	Collusion	Conflict of Interest	Non work-related Injury or Illness	Program Employee	Injury on Duty Report, Voucher Creation	A Program employee approves and/or pays a non-work-related workers' compensation claim in which they have an undisclosed conflict of interest.	City: Several people within the Program anecdotally disclosed their self-recusal from claims in which they were perceived to have a conflict of interest with the claimant. However, there was no documented policy that required, or mechanism by which, Program personnel could recuse themselves from claims in which there was a conflict of interest, real or perceived.
Internal	Collusion	Conflict of Interest	N/A	Program Employee, City Employee	Injury on Duty, Voucher Creation, Medical Bills	A Program employee attempts to influence the approval and/or payment of a workers' compensation claim - on behalf of external parties in which the internal party has a hidden conflict of interest.	External parties may include workers, medical providers, lawyers, etc.  City: Several people within the Program anecdotally disclosed their self-recusal from claims in which they were perceived to have a conflict of interest with the claimant. However, there was no documented policy that required, or mechanism by which, Program personnel could recuse themselves from claims in which there was a conflict of interest, real or perceived.



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Internal	Collusion	Economic Extortion	N/A	Program Employee, City Employee	Compensability Determination	A Program employee demands personal payment from an external party as stipulation for approval and/or payment of a workers' compensation claim.	External parties may include workers, medical providers, lawyers, etc.  City: Compensability is reviewed by both the Program director and Claims Counsel. As long as there is some sort of review and monitoring of compensability and claim management, this risk might be adequately mitigated.
Internal	Collusion	Economic Extortion	N/A	Program Employee	Multiple	A Program employee demands personal payment from another internal party as stipulation for not reporting inappropriate activity.	City: Due to the volume of claims, workload on Program management, and inherent difficulty in catching collusion schemes, this scheme would be extremely difficult to identify.
Internal	Collusion	Illegal Gratuities	N/A	Program Employee, City Employee	Medical Bills	A Program employee accepts a personal benefit or something of value from an external party after the Program employee approves and/or pays a workers' compensation claim.	External parties may include workers, medical providers, lawyers, etc.  City: Due to the volume of claims, workload on Program management, and inherent difficulty in catching collusion schemes, this scheme would be extremely difficult to identify.



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Internal	Collusion	Illegal Gratuities	N/A	Program Employee	Medical Bills	A Program employee accepts a personal benefit from another Program employee as reward for completion of an activity that violates policy.	<p>For example, the internal party may have made a false statement related to the other party's performance to their benefit. Based on this action, the party then provided a personal benefit, such as money, to the other party as a reward for providing the false statement after the fact.</p> <p>City: Periodic and ongoing communication of the City's ethics policies and hotlines should be distributed to aid in mitigating this risk.</p>
Internal	Asset Misappropriation	Expense Reimbursement Schemes	Mischaracterized Expenses	Program Employee	Expense Reimbursement	A Program employee requests reimbursement for a personal expense by claiming that the expense is business related.	<p>Businesses typically reimburse their employees for out-of-pocket expenses that their policies identify as reimbursable, such as, travel, lodging and meals. In a mischaracterized expense reimbursement scheme, the perpetrator simply requests reimbursement for an expense that is not actually business-related.</p> <p>For example, an employee takes his family on a vacation and requests reimbursement for his hotel stay. He submits the receipt and falsifies his expense report to indicate that the costs incurred were for business purposes. The false report prompts the organization to issue a check, reimbursing the employee for his or her personal expenses which becomes a free vacation for the employee and his or her family.</p> <p>A common element of mischaracterized expense schemes is a failure to submit detailed expense reports, or any expense reports at all. Some companies provide employees with company credit cards and allow employees to spend company funds without providing detailed information justifying the purchase.</p>



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Internal	Asset Misappropriation	Expense Reimbursement Schemes	Overstated Expenses	Program Employee	Expense Reimbursement	A Program employee inflates the cost of actual business expenses on their expense reimbursement to increase their payout.	In an overstated expense reimbursement scheme, the employee inflates the cost of actual business expenses. This can be perpetrated in a variety of ways, including modifying receipts or over-purchasing and benefiting from a refund or discount. In many cases, this scheme may not be carried out by the employee but by the colleague who handles or processes expense reports. For example, an administrative assistant who processes expense reports may alter the expense report of his or her co-worker and insert a larger dollar amount for reimbursement. He or she then passes on the reimbursement to the colleague for the amount requested and walks away with the remaining amount.
Internal	Asset Misappropriation	Expense Reimbursement Schemes	Fictitious Expenses	Program Employee	Expense Reimbursement	A Program employee submits a request for reimbursement for wholly fictitious expenses, as opposed to overstating real business expenses or seeking to be reimbursed for personal expenses.	In a fictitious expense reimbursement scheme, an employee submits a request for reimbursement for wholly fictitious expenses. The individual develops a false expense report and submits it for reimbursement, as opposed to overstating real business expenses or seeking to be reimbursed for personal expenses.  An internal party may create fraudulent supporting documents, such as false receipts. Not all companies require receipts to be attached to expense reports. Another way perpetrators use actual receipts to generate unwarranted reimbursements is by submitting expense reports for expenses that were paid by others.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Asset Misappropriation	Expense Reimbursement Schemes	Multiple Reimbursements	Program Employee	Expense Reimbursement	A Program employee submits a request for reimbursement for the same expense multiple times.	In the case of a multiple reimbursement scheme, the perpetrator submits a request for reimbursement for the same expense multiple times. Most often, the fraudster will submit several forms of documentation as support for the same expense. For example, an employee purchases a train ticket for business travel and submits the receipt generated at the ticket counter to the supervisor for reimbursement. A month or so later, he or she submits a second form of proof of payment such as an email confirmation of the reservation or a credit card statement to a different supervisor so that neither would see both expense reports. The organization ends up reimbursing the perpetrator for the travel expense twice.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Asset Misappropriation	Payroll	Falsified Wages	Program Employee	City FMPS	A Program employee submits an unauthorized pay rate increase, either for themselves or another program employee/accomplice.	<p>The most common method of misappropriating funds from the payroll is the overpayment of wages. For hourly employees, the size of the paycheck is based on two factors: the number of hours worked and the rate of pay. Therefore, for hourly employees to fraudulently increase the size of their paycheck, they must either falsify the number of hours they have worked or change their wage rate. Because salaried employees do not receive compensation based on their time at work, in most cases, these employees generate fraudulent wages by increasing their rate of pay.</p> <p>An employee's personnel or payroll records reflect their rate of pay. If an employee can gain access to these records or has an accomplice with access to them, they can adjust the rate so that they receive a larger paycheck. Employees may collude with the payroll clerk to perpetrate this scheme. A cleverer clerk will then return the pay rate to its original level after committing this fraud for just a few pay periods, so that the issue is less easy to spot. This can be detected by matching pay rate authorization documents to the payroll register.</p>





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Internal	Asset Misappropriation	Payroll	Unauthorized Hours	Program Employee	City FMPS	A Program employee pads their time sheet or the time sheet of an accomplice, such as recording nine hours when they only worked eight, to increase their pay.	The most common method of misappropriating funds from the payroll is the overpayment of wages. For hourly employees, the size of the paycheck is based on two factors: the number of hours worked and the rate of pay. Therefore, for hourly employees to fraudulently increase the size of their paycheck, they must either falsify the number of hours they have worked or change their wage rate. Because salaried employees do not receive compensation based on their time at work, in most cases, these employees generate fraudulent wages by increasing their rate of pay. Perhaps the most common type of payroll fraud is the padding of time sheets by employees, usually in small enough increments to escape the notice of supervisors. This is a particular problem when supervisors are known to make only cursory reviews of time sheets. The best control over this type of fraud is the supervisory review.
Internal	Asset Misappropriation	Payroll	N/A	Program Employee	City FMPS	A Program employee intentionally fails to record personal time off, or underreports the time taken off.	By underreporting personal time off, an employee may end up using more personal time off than is allocated to him/her and depriving the City of his/her time spent working on City activities.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Asset Misappropriation	Payroll	Ghost Employee	Program Employee	City FMPS	A Program employee creates a fake employee in the payroll records and falsifies the payment record so that the direct deposit information is replaced with bank account information of his/her own.	Illicit funds can be generated by funneling phony salary payments to fictitious or former employees (i.e., ghost employees), or by making extra payments to presently salaried employees who then either return them to the payer or pass them on to the recipient. A ghost employee is someone who is on the payroll register but who does not actually work for the company. Through the falsification of personnel or payroll records, a fraudster causes paychecks to be generated to a non-employee, or a ghost. The fraudster or an accomplice then converts these paychecks for their own benefit. The ghost employee may be a fictitious person or a real individual who simply does not work for the victim employer. When the ghost is a real person, it is often the perpetrator's friend or relative. For a ghost employee scheme to work, four things must happen: (1) the ghost must be added to the payroll, (2) timekeeping (for an hourly employee) and wage rate information must be collected, (3) a paycheck must be issued to the ghost, and (4) the check must be delivered to the perpetrator or an accomplice. Individuals with authority to add new employees and remove terminated employees are in the best position to put ghosts into the payroll.



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Internal	Asset Misappropriation	Payroll	Ghost Employee	Program Employee	City FMPS	A Program employee prolongs the pay of an employee who has just left the City, and alters the payment record so that the direct deposit information is replaced with bank account information of his/her own.	The payroll staff either creates a fake employee in the payroll records or prolongs the pay of an employee who has just left the company, and alters the payment record so that the direct deposit payment or paycheck is made out to them. This works best in large companies where supervisors have very large staffs and so do not usually track compensation in sufficient detail. It also works well when an employee has left the company and has not yet been replaced, so a fraudster can create a ghost employee until a new employee is hired. Periodic auditing of the payroll records is needed to spot ghost employees. Another way to spot a ghost employee is when there are no deductions from a paycheck, since the perpetrator wants to receive the maximum amount of cash.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Asset Misappropriation	Check Tampering	Theft	Program Employee	Voucher Creation	A Program employee intercepts a disbursement and alters the payee designation so that the program employee or an accomplice can convert the check for their personal benefit.	<p>Check tampering is unique among the fraudulent disbursement schemes because it is the one group in which the perpetrator physically prepares the fraudulent check. In these schemes, the perpetrator takes physical control of a check and makes it payable to himself through one of several methods.</p> <p>In this scheme, an internal party may alter the payee designation on a check by inserting the false payee's name in place of the true payee's (the true name might be scratched out or covered up) or by entering into the accounts payable system and changing the payees' names before checks are generated.</p> <p>Checks can also be altered by changing the name of the real payee designation, changing the amount the check is issued for, or leaving the payee designation blank.</p> <p>City: While all payees must be established via 1099 and or listing FMPS, the City's HR management system, there is no review of vouchers or reconciliation of payments to vouchers to ensure a payee's information matches the voucher listing.</p>
Internal	Asset Misappropriation	Check Tampering	Theft	Program Employee	N/A	A Program employee redirects an ACH or wire disbursement for their personal benefit.	City: Not applicable as all payments for the Program are processed via paper check. Check disbursement is controlled by the City's Comptroller Office. Check payees require either a valid 1099 or listing in FMPS.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Asset Misappropriation	Cash on Hand	Theft	Program Employee	Physical Assets and Checks/Cash	A Program employee steals prepaid bank cards or other cash equivalents on hand.	<p>This type of fraud scheme differs from cash larceny and skimming in that it relates to cash that is kept in a secure place such as a bank vault. Theft of cash on hand is any scheme in which the perpetrator misappropriates cash kept on hand at the victim organization's premises (e.g., employee steals cash from a company vault).</p> <p>City: The Program regularly keeps negotiable checks in a locked drawer in the Program Director's office. The Program Director is the sole custodian of these checks. The stock of checks is the result of checks to claimants that are returned as undeliverable and awaiting pick up by the claimant. Alternatively, checks may be withheld from mail delivery - which is the primary method of benefit disbursement - due to extenuating circumstances. The Program Director keeps the key to the drawer hidden and notifies an alternate - usually Claims Counsel - as to the location of the key in her absence. There is no comprehensive mechanism to track and reconcile checks.</p>
Internal	Collusion	Bribery	N/A	Program Employee, City Employee	Compensability Determination	A Program employee accepts a bribe, or kickback, from an external party to deny a workers' compensation claim.	<p>External parties may include employers, workers, medical providers, lawyers, etc.</p> <p>City: There do not appear to be pressures to deny claims. The higher risk for the City is collusion and bribery to accept an otherwise non-compensable claim.</p>



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External	Collusion	Bribery	N/A	Program Employee, City Employee	Supervisor/Witness Statements	An external party makes a false statement in order to prevent someone from filing a legitimate claim.	<p>External parties may include employers, workers, medical providers, lawyers, etc. A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.</p> <p>City: There do not appear to be metrics or pressures for someone to prevent someone else from making a claim. The higher risk for the Program is collusion and bribery to falsify statements to increase a claim's likelihood of being accepted.</p>
External	Asset Misappropriation	Claimant Fraud	False Statement	City Employee	Average Weighted Wage ("AWW") Calculation, Medical bills	A worker makes a false statement in order to obtain workers' compensation benefits at an inflated rate.	<p>A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.</p> <p>City: The Program currently calculates Indemnity benefits for eligible claimants using the pay rate per FMPS. Indemnity benefits paid to claimants at a higher rate than they are entitled would require a high level of collusion between the claimant, the adjuster that calculates AWW, and Program management that reviews the calculation. There is no documented mechanism by which the Program may prevent or detect improper level of benefits.</p> <p>The Program uses a third-party provider, Coventry, to review and adjust medical bills to the Illinois fee schedule.</p>





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External	Collusion	Claimant Fraud	False Statement	Program Employee, City Employee	Injury on Duty Report, Supervisor/Witness Statements, Medical Bills	A worker in collusion with another external party makes a false statement in order to obtain workers' compensation benefits at an inflated rate.	<p>External parties may include employers, workers, medical providers, lawyers, etc.</p> <p>A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.</p> <p>City: Investigators have been cited for not asking a sufficient number of probing questions when collecting statements from witnesses and supervisors.</p>
Internal	Collusion	Bribery	False Statement	Program Employee, City Employee, Medical Provider	Compensability Determination	A Program employee accepts a bribe, or kickback, from an external party to approve and/or pay a workers' compensation claim at an inflated rate based on false statements received from the external party or parties.	<p>External parties may include employers, workers, medical providers, lawyers, etc. A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.</p> <p>City: Indemnity benefits are calculated using pay data from FMPS. A monitoring mechanism for pay rates would enhance the City's ability to detect any instances of inflated benefits.</p>



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External	Asset Misappropriation	Claimant Fraud	False Statement	Program Employee, City Employee	Investigations	An external party makes a false statement to the investigation staff during the course of an investigation to achieve some specific fraudulent purpose.	<p>External parties may include employers, workers, medical providers, lawyers, etc.</p> <p>A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.</p> <p>City: Investigators have been cited as not asking sufficient or appropriate probing questions to witnesses and supervisors to prevent the effects of third party statements. There would have to be a certain level of collusion between the claimant, witnesses, and/or supervisors in order for this scheme to cause harm to the Program.</p>
Internal	Collusion	Conflict of Interest	False Statement	Program Employee, City Employee	Injury on Duty Report, Voucher Creation, Medical Bills	A Program employee accepts or looks past a false statement that would result in inflated workers' compensation benefits for an external party in which they have an undisclosed conflict of interest.	<p>External parties may include employers, workers, medical providers, lawyers, etc.</p> <p>A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.</p> <p>City: Several people within the Program have anecdotally disclosed their self-recusal from claims in which they perceive to have a conflict of interest with the claimant. However, there is no documented policy that requires, or mechanism by which, Pprogram personnel can recuse themselves from claims in which there is a conflict of interest, real or perceived.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Collusion	Economic Extortion	False Statement	Program Employee, City Employee	Injury on Duty Report, Compensability Determination, Compensation Calculation	A Program employee demands personal payment from an external party as stipulation for accepting or looking past a false statement that would result in inflated workers compensation rates.	External parties may include employers, workers, medical providers, lawyers, etc. A "statement" includes any writing, notice, proof of injury, or any medical bill, record, report, or test result.  City: Medical providers would be the primary target for such extortion. Ethics policies and hotlines should be communicated to medical providers on first contact and on an ongoing periodic basis.
Internal	Corruption	Conflict of Interest	Purchasing Schemes	Program Employee	Purchasing	A Program employee directs a purchase to a company in which they have a hidden conflict of interest.	For a scheme to be classified as a purchasing scheme, the employee or perpetrator must have some kind of undisclosed interest, such as financial or familial, in the third party. An employee or agent who has an undisclosed, potentially adverse interest in a customer or supplier might be tempted to favor his own or the third party's interests over their employers.  The individual responsible for awarding or approving contracts would be in the best position to commit this scheme.



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Corruption	Conflict of Interest	Purchasing Schemes	Program Employee	Purchasing	A Program employee attempts to influence the selection of a third party by restricting the pool of competitors from whom bids are sought - on behalf of companies in which the Program employee has a hidden conflict of interest.	<p>For a scheme to be classified as a purchasing scheme, the employee or perpetrator must have some kind of undisclosed interest, such as financial or familial, in the third party. An employee or agent who has an undisclosed, potentially adverse interest in a customer or supplier might be tempted to favor his own or the third party's interests over their employers.</p> <p>An employee is in a perfect position to manipulate bids if they have access to the competitor's bids or participates in the bidding process. With such access or responsibilities, the employee can influence the bidding process to ensure that a particular company wins the contract.</p> <p>City: Any future procurement on the Program's behalf will need to comply with City requirements.</p>
Internal	Corruption	Conflict of Interest	Purchasing Schemes	Program Employee	N/A	A Program employee approves and pays a fictitious invoice for goods or services that the City did not receive from a third party or company in which they have an undisclosed interest.	<p>For a scheme to be classified as a purchasing scheme, the employee or perpetrator must have some kind of undisclosed interest, either financial or familial, in the vendor. Purchase schemes involve the overbilling of a company for goods or services by a third party in which an employee has an undisclosed interest, ownership, or financial interest. The individual responsible for awarding or approving contracts would be in the best position to commit this scheme. The internal party might perpetrate this scheme to increase profits for the third party or company in which they have an undisclosed interest.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Corruption	Conflict of Interest	Purchasing Schemes	Program Employee	N/A	A Program employee convinces their supervisor and/or director that they need excessive or unnecessary products or services, often receiving a bribe or kickback from the third party.	<p>Procurement fraud schemes often involve collusion between contractors and the procuring entity's employees. The more power a person has over the bidding process, the more likely it is that the person can influence which entity is awarded the contract. Generally, procurement actions begin with the procuring entity making a determination of its general needs. These initial determinations include assessments of the types and amounts of goods or services required to meet the entity's needs. In these recognition schemes, procurement employees convince their employer that it needs specific or unnecessary products or services. These schemes occur in the pre-solicitation phase.</p> <p>Often, in these schemes, purchasing entity employees receive a bribe or kickback for convincing their employer to recognize a need for a particular product or service.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Corruption	Conflict of Interest	Purchasing Schemes	Program Employee	Medical Bills	A Program employee approves and pays an inflated invoice for goods or services received from a third party in which they have an undisclosed interest.	<p>For a scheme to be classified as a purchasing scheme, the employee or perpetrator must have some kind of undisclosed interest, either financial or familial, in the third party. Purchase schemes involve the overbilling of a company for goods or services by a third party in which an employee has an undisclosed interest, ownership, or financial interest. The individual responsible for awarding or approving contracts would be in the best position to commit this scheme. The internal party might perpetrate this scheme to increase profits for the third party company in which they have an undisclosed interest.</p> <p>City: This scheme would likely only apply to invoices from a SIU, external legal counsel, or bills from medical providers. However, Coventry reviews all medical bills and adjusts them to the Illinois fee schedule.</p>
Internal	Corruption	Conflict of Interest	Sales Schemes	Program Employee	Purchasing	A Program employee negotiates a purchase from a third party in which the Program employee has a hidden conflict of interest at or above market value prices.	<p>The internal party might perpetrate this scheme to increase profits for the third party in which they have an undisclosed interest.</p> <p>City: All future purchasing that might impact the Program will be handled through the City's procurement policies and procedures.</p>





Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Corruption	Conflict of Interest	Sales Schemes	Program Employee	Purchasing	A Program employee causes the program to enter into an agreement for the sale of goods or services at or below market prices to a company in which the Program employee has an undisclosed interest.	There are two principal types of conflict schemes associated with sales of goods and services by the victim company: underselling and writing off sales. The first and most harmful is the underselling of goods or services. Just as a corrupt employee can cause his employer to overpay for goods and services sold by a company in which they have a hidden interest, they can also cause their employer to undersell to a company in which they maintain a hidden interest. Also, many employees who have a hidden interest in outside companies sell goods or services to these companies at or below-market prices. This results in diminished profits or even a loss for the victim company, depending on the size of the discount.
Internal	Corruption	Economic Extortion	N/A	Program Employee	Medical Bills	A Program employee demands personal payment from a third party as stipulation for award and/or continuation of a third party contract relationship.	<p>Economic extortion occurs when an employee or official, through the wrongful use of actual or threatened force or fear, demands money or some other consideration to refrain from discriminating against a business decision.</p> <p>Economic extortion is the opposite of bribery. Instead of a vendor offering payment to an employee to influence his business decision, the employee demands that the vendor pay him for favorable treatment or to avoid unfavorable treatment.</p> <p>City: Medical providers would be the primary target for such extortion. Ethics policies and hotlines should be communicated to medical providers on first contact and on an ongoing basis.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
Internal	Corruption	Illegal Gratuities	N/A	Program Employee	Purchasing	A Program employee accepts a personal benefit or something of value from a third party after the program employee obtains approval for the third party's contract.	<p>Illegal gratuities are something of value given to an employee to reward a decision after it has been made, rather than influence it before the decision is made. This crime is similar to bribery except that an illegal gratuity does not require proof of intent to influence the employee's decision-making. Instead of paying an employee to make a decision (e.g., award a contract), the third party pays the employee because of a decision the employee previously made. Illegal gratuities are merely offered as a "thank you" for something that has been done. In proving an illegal gratuity, there is no need to show that the third party intended to influence the employee's actions; it is enough to show that the employee accepted an award based on his performance.</p> <p>City: Procurement for the Program will be subject to the City's procurement policies and procedures.</p>
External	Asset Misappropriation	Misrepresentation of Information	N/A	City Employee	Injury on Duty Report	A supervisor makes a misrepresentation on the accident reporting form to achieve some specific fraudulent purpose.	<p>The Act requires employers (or insurers acting on their behalf) to send FROI reports to the Illinois Workers' Compensation Commission on all accidents involving more than three lost work days. FROI reports on fatal accidents are due within two work days after the death; reports on nonfatal cases shall be reported within the month. A supplementary or subsequent report should be made if it is determined that a permanent disability is involved.</p> <p>City: The Program does not have any documented mechanism by which it submits FROI reports. The City is a self-insured employer.</p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Asset Misappropriation	Misrepresentation of Information	N/A	Insurer	Injury on Duty Report	An insurer makes a misrepresentation on the accident reporting form to achieve some specific fraudulent purpose.	<p>The Act requires employers (or insurers acting on their behalf) to send FROI reports to the Illinois Workers' Compensation Commission on all accidents involving more than three lost work days. FROI reports on fatal accidents are due within two work days after the death; reports on nonfatal cases shall be reported within the month. A supplementary or subsequent report should be made if it is determined that a permanent disability is involved.</p> <p>City: The Program does not have any documented mechanism by which it submits FROI reports. The City is a self-insured employer.</p>
External	Asset Misappropriation	Misrepresentation of Information	N/A	City Employee	Injury on Duty Report	A worker makes a misrepresentation on the application for benefits to achieve some specific fraudulent purpose.	<p><a href="https://www2.illinois.gov/sites/iwcc/Documents/ic01FORM.pdf">https://www2.illinois.gov/sites/iwcc/Documents/ic01FORM.pdf</a></p>
External	Asset Misappropriation	Misrepresentation of Information	N/A	Lawyer	Injury on Duty Report	A lawyer makes a misrepresentation on the application for benefits to achieve some specific fraudulent purpose.	<p><a href="https://www2.illinois.gov/sites/iwcc/Documents/ic01FORM.pdf">https://www2.illinois.gov/sites/iwcc/Documents/ic01FORM.pdf</a></p>



Internal or External	General Fraud Category	Fraud Scheme	Sub-Fraud Scheme (If Applicable)	Actor(s)	Fraud Risk Entry Point	Underlying Fraud Risk	Additional Detail & Notes (If Applicable)
External	Collusion	Misrepresentation of Information	N/A	City Employee, Lawyer	Injury on Duty Report	A worker and lawyer collude to make a misrepresentation on the application for benefits to achieve some specific fraudulent purpose.	<a href="https://www2.illinois.gov/sites/iwcc/Documents/ic01FORM.pdf">https://www2.illinois.gov/sites/iwcc/Documents/ic01FORM.pdf</a> City: Likely not applicable as applications for benefits are submitted directly to the program.



**b. Appendix B – City of Chicago Workers Comp. Program: Detailed Claims Testing Results for Civilian Workforce**

		Civilian															Civilian		
		Indemnity/Managed Medical			Medical Only			Pending			Record Only			Hennessy & Roach			Totals		
		Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
<b>Total Number of Claims Reviewed:</b>		33			17			1			2			6					
<b>File Administration</b>	Supervisor/Director Review (Best Practice)	0	33	0	0	17	0	0	1	0	0	0	2	1	5	0	1	56	2
	File Assigned within 24 hrs. (Best Practice)	28	5	0	14	3	0	1	0	0	2	0	0	6	0	0	51	8	0
	Average Weekly Wage (AWW)/Total Disability (TD) Calculated (Best Practice)	26	5	2	0	0	17	0	0	1	0	0	2	4	2	0	30	7	22
<b>Initial File Review</b>	Initial File Analysis within (IFA) 24/48 hrs. (Best Practice)	3	30	0	3	14	0	0	1	0	0	2	0	0	6	0	6	53	0
	Recorded Statement (Best Practice)	30	2	1	10	6	1	0	1	0	1	1	0	3	3	0	44	13	2
	Witness Statement taken (Best Practice)	12	9	12	7	6	4	0	1	0	0	1	1	3	3	0	22	20	17
	Action Plan Provided (Best Practice)	24	9	0	5	12	0	0	1	0	2	0	0	6	0	0	37	22	0
<b>Benefit Delivery/Wages</b>	Compensability Determination Performed (Best Practice)	30	3	0	14	1	2	0	1	0	1	1	0	2	4	0	47	10	2
	AWW/TD Rate Verified (Best Practice)	21	10	2	0	0	17	0	0	1	0	0	2	0	5	1	21	15	23
	Stop TD Letters (State Regulation Section 9110.70)	9	13	11	0	0	17	0	0	1	0	0	2	1	4	1	10	17	32
<b>Medical Review</b>	Overpayment On File (Best Practice)	6	25	2	0	0	17	0	0	1	0	0	2	0	6	0	6	31	22
	Medical Analysis Completed (Best Practice)	16	15	2	4	11	2	0	1	0	0	0	2	4	2	0	24	29	6
	Medical Authorization Request Sent (Best Practice)	25	8	0	5	11	1	0	1	0	0	2	0	4	2	0	34	24	1
	Medical Canvas Performed (Best Practice)	6	21	6	0	14	3	0	1	0	0	0	2	1	5	0	7	41	11
<b>Forms</b>	Drug Test Performed (Best Practice)	25	8	0	7	5	5	0	1	0	0	0	2	4	2	0	36	16	7
	FROI Filed (State Regulation/Requirement)	0	33	0	0	0	17	0	0	1	0	0	2	0	6	0	0	39	20
	Delay Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	24	9	0	16	1	0	1	0	0	2	0	0	3	3	0	46	13
	Denial Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	3	30	0	7	10	0	0	1	0	1	1	0	1	5	0	12	47
<b>Reserves</b>	Settlement/Reserve Analysis (Best Practice)	1	24	8	0	0	17	0	0	1	0	0	2	0	3	3	1	27	31
	Reserves Set Timely (5-14 Business Days): Best Practice)	29	4	0	16	1	0	1	0	0	2	0	0	5	1	0	53	6	0





		Civilian															Civilian		
		Indemnity/Managed Medical			Medical Only			Pending			Record Only			Hennessy & Roach			Totals		
		Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
<b>Total Number of Claims Reviewed:</b>		33			17			1			2			6					
Subrogation	Reserve Exposure Set (Best Practice)	6	27	0	5	6	6	0	1	0	0	1	1	0	5	1	11	40	8
	Stair-stepping (Set as bills are received) (Best Practice)	24	6	3	3	2	12	0	0	1	0	0	2	2	2	2	29	10	20
	Third Party Potential Assessed (Best Practice)	1	4	28	0	3	14	0	0	1	0	0	2	0	3	3	1	10	48
	Liability Analysis Provided (Best Practice)	0	1	32	0	0	17	0	0	1	0	0	2	0	0	6	0	1	58
Litigation	Recovery Received (Best Practice)	1	5	27	0	3	14	0	0	1	0	0	2	0	3	3	1	0	58
	IFA Litigation Summary (Best Practice)	0	19	14	0	0	17	0	0	1	0	0	2	1	5	0	1	24	34
	Budget (Best Practice)	0	17	16	0	0	17	0	0	1	0	0	2	0	6	0	0	23	36
	Settlement Authorization Requested (Best Practice)	0	16	17	0	0	17	0	0	1	0	0	2	0	2	4	0	18	41
Closure	File Aggressively Handled (Best Practice)	9	23	1	4	13	0	0	1	0	1	1	0	0	6	0	14	44	1
	All Bills Paid (Best Practice)	16	8	9	4	4	9	0	0	1	0	0	2	4	1	1	24	13	22
	Closed Timely (Best Practice)	9	15	9	1	15	1	0	1	0	2	0	0	0	2	4	12	33	14
Miscellaneous	Return To Work Addressed (RTW) (Best Practice)	12	15	6	0	0	17	0	0	1	0	0	2	3	1	2	15	16	28
	Surveillance Assigned (Best Practice)	11	4	18	0	0	17	0	0	1	0	0	2	2	2	2	13	6	40
	Medicare Verified (Federal Regulation)	30	0	3	0	0	17	0	0	1	0	0	2	0	0	6	30	0	29
	Diary Completed (Best Practice)	28	5	0	6	11	0	0	1	0	1	1	0	3	3	0	38	21	0





**c. Appendix C – City of Chicago Workers Comp. Program: Detailed Claims Testing Results for Police and Fire Workforce**

		Police & Fire												Police & Fire		
		Indemnity/Managed Medical			Medical Only			Pending			Record Only			Totals		
		Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
<b>Total Number of Claims Reviewed:</b>		5			17			1			2					
<b>File Administration</b>	Supervisor/Director Review (Best Practice)	0	5	0	0	17	0	1	0	0	0	2	0	1	24	0
	File Assigned within 24 hrs. (Best Practice)	5	0	0	17	0	0	1	0	0	2	0	0	25	0	0
	Average Weekly Wage (AWW)/Total Disability (TD) Calculated (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
<b>Initial File Review</b>	Initial File Analysis within (IFA) 24/48 hrs. (Best Practice)	0	5	0	5	12	0	0	1	0	1	1	0	6	19	0
	Recorded Statement (Best Practice)	0	5	0	0	17	0	0	0	1	0	2	0	0	24	1
	Witness Statement taken (Best Practice)	0	3	2	0	4	13	0	0	1	0	1	1	0	8	17
	Action Plan Provided (Best Practice)	0	5	0	5	12	0	1	0	0	2	0	0	8	17	0
	Compensability Determination Performed (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
<b>Benefit Delivery/Wages</b>	AWW/TD Rate Verified (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Stop TD Letters (State Regulation Section 9110.70)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Overpayment On File (Best Practice)	0	5	0	0	0	17	0	0	1	0	0	2	0	0	25
<b>Medical Review</b>	Medical Analysis Completed (Best Practice)	1	4	0	0	17	0	0	0	1	0	2	0	1	23	1
	Medical Authorization Request Sent (Best Practice)	0	5	0	0	17	0	0	0	1	0	2	0	0	24	1



		Police & Fire												Police & Fire		
		Indemnity/Managed Medical			Medical Only			Pending			Record Only			Totals		
		5			17			1			2			Y	N	N/A
Total Number of Claims Reviewed:		Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
	Medical Canvas Performed (Best Practice)	0	5	0	0	17	0	0	0	1	0	2	0	0	24	1
	Drug Test Performed (Best Practice)	0	5	0	0	17	0	0	0	1	0	1	1	0	23	2
Forms	FROI Filed (State Regulation/Requirement)	0	5	0	0	17	0	0	1	0	0	2	0	0	0	25
	Delay Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Denial Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	0	5	2	1	14	0	0	1	0	1	1	2	2	21
	Settlement/Reserve Analysis (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
Reserves	Reserves Set Timely (5-14 Business Days): Best Practice)	5	0	0	17	0	0	1	0	0	0	1	1	23	1	1
	Reserve Exposure Set (Best Practice)	0	5	0	3	13	1	0	1	0	0	1	1	3	20	2
	Stair-stepping (Set as bills are received) (Best Practice)	5	0	0	15	1	1	1	0	0	1	0	1	22	1	2
Subrogation	Third Party Potential Assessed (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Liability Analysis Provided (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Recovery Received (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
Litigation	IFA Litigation Summary (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Budget (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Settlement Authorization Requested (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
Closure	File Aggressively Handled (Best Practice)	0	5	0	2	15	0	0	1	0	0	1	1	2	22	1
	All Bills Paid (Best Practice)	2	2	1	5	4	8	0	0	1	0	0	2	7	6	12
	Closed Timely (Best Practice)	3	2	0	5	10	2	0	0	1	1	1	0	9	13	3
Miscellaneous	Return To Work Addressed (RTW) (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Surveillance Assigned (Best Practice)	0	0	5	0	0	17	0	0	1	0	0	2	0	0	25
	Medicare Verified (Federal Regulation)	5	0	0	0		17	0	0	1	0	0	2	5	0	20
	Diary Completed (Best Practice)	5	0	0	13	4	0	0	1	0	1	1	0	19	6	0



**d. Appendix D – Detailed Testing Results from CCMSI for Federally Funded Civilian**

		Federally Funded						Federally Funded		
		Indemnity/Managed Medical			Medical Only			Totals		
		Y	N	N/A	Y	N	N/A	Y	N	N/A
<b>Total Number of Claims Reviewed:</b>		2			3					
<b>File Administration</b>	Supervisor/Director Review (Best Practice)	2	0	0	3	0	0	5	0	0
	File Assigned within 24 hrs. (Best Practice)	2	0	0	3	0	0	5	0	0
	Average Weekly Wage (AWW)/Total Disability (TD) Calculated (Best Practice)	2	0	0	3	0	0	5	0	0
<b>Initial File Review</b>	Initial File Analysis within (IFA) 24/48 hrs. (Best Practice)	2	0	0	3	0	0	5	0	0
	Recorded Statement (Best Practice)	2	0	0	0	0	3	2	0	3
	Witness Statement taken (Best Practice)	0	0	2	0	0	3	0	0	5
	Action Plan Provided (Best Practice)	2	0	0	3	0	0	5	0	0
<b>Benefit Delivery/Wages</b>	Compensability Determination Performed (Best Practice)	2	0	0	3	0	0	5	0	0
	AWW/TD Rate Verified (Best Practice)	2	0	0	3	0	0	5	0	0
	Stop TD Letters (State Regulation Section 9110.70)	0	2	0	0	0	3	0	2	3
<b>Medical Review</b>	Overpayment On File (Best Practice)	1	1	0	0	3	0	1	4	0
	Medical Analysis Completed (Best Practice)	2	0	0	3	0	0	5	0	0
	Medical Authorization Request Sent (Best Practice)	2	0	0	3	0	0	5	0	0
	Medical Canvas Performed (Best Practice)	2	0	0	3	0	0	5	0	0
<b>Forms</b>	Drug Test Performed (Best Practice)	2	0	0	3	0	0	5	0	0
	FROI Filed (State Regulation/Requirement)	1	1	0	0	0	3	1	1	3
	Delay Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	0	2	0	0	3	0	0	5
	Denial Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	0	2	1	0	2	1	0	4
<b>Reserves</b>	Settlement/Reserve Analysis (Best Practice)	0	0	2	0	0	3	0	0	5
	Reserves Set Timely (5-14 Business Days): Best Practice	2	0	0	2	1	0	4	1	0
	Reserve Exposure Set (Best Practice)	2	0	0	3	0	0	5	0	0





		Federally Funded						Federally Funded		
		Indemnity/Managed Medical			Medical Only					
Total Number of Claims Reviewed:		2			3			Totals		
		Y	N	N/A	Y	N	N/A	Y	N	N/A
Subrogation	Stair-stepping (Set as bills are received) (Best Practice)	0	0	2	0	0	3	0	0	5
	Third Party Potential Assessed (Best Practice)	2	0	0	3	0	0	5	0	0
	Liability Analysis Provided (Best Practice)	0	0	2	0	0	3	0	0	5
	Recovery Received (Best Practice)	1	0	1	0	0	3	1	0	4
Litigation	IFA Litigation Summary (Best Practice)	0	0	2	0	0	3	0	0	5
	Budget (Best Practice)	0	0	2	0	0	3	0	0	5
	Settlement Authorization Requested (Best Practice)	0	0	2	0	0	3	0	0	5
Closure	File Aggressively Handled (Best Practice)	2	0	0	3	0	0	5	0	0
	All Bills Paid (Best Practice)	2	0	0	3	0	0	5	0	0
	Closed Timely (Best Practice)	2	0	0	3	0	0	5	0	0
Miscellaneous	Return To Work Addressed (RTW) (Best Practice)	2	0	0	3	0	0	5	0	0
	Surveillance Assigned (Best Practice)	0	2	0	0	3	0	0	5	0
	Medicare Verified (Federal Regulation)	2	0	0	3	0	0	5	0	0
	Diary Completed (Best Practice)	2	0	0	3	0	0	5	0	0



**e. Appendix E – Detailed Testing Results from CCMSI for Aviation Employees**

		Aviation									Aviation		
		Indemnity/Managed Medical			Medical Only			Incident Only			Totals		
		Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
<b>Total Number of Claims Reviewed:</b>		9			8			3					
<b>File Administration</b>	Supervisor/Director Review (Best Practice)	8	0	1	8	0	0	3	0	0	19	0	1
	File Assigned within 24 hrs. (Best Practice)	9	0	0	8	0	0	3	0	0	20	0	0
	Average Weekly Wage (AWW)/Total Disability (TD) Calculated (Best Practice)	8	0	1	4	0	4	0	0	3	12	0	8
<b>Initial File Review</b>	Initial File Analysis within (IFA) 24/48 hrs. (Best Practice)	9	0	0	8	0	0	3	0	0	20	0	0
	Recorded Statement (Best Practice)	8	1	0	6	1	1	2	1	0	16	3	1
	Witness Statement taken (Best Practice)	2	3	4	1	2	5	0	0	3	3	5	12
	Action Plan Provided (Best Practice)	9	0	0	7	0	1	3	0	0	19	0	1
<b>Benefit Delivery/Wages</b>	Compensability Determination Performed (Best Practice)	8	1	0	8	0	0	0	2	1	16	3	1
	AWW/TD Rate Verified (Best Practice)	7	1	1	4	0	4	0	0	3	11	1	8
	Stop TD Letters (State Regulation Section 9110.70)	0	5	4	0	0	8	0	0	3	0	5	15
<b>Medical Review</b>	Overpayment On File (Best Practice)	0	2	7	0	6	2	0	0	3	0	8	12
	Medical Analysis Completed (Best Practice)	9	0	0	7	0	1	0	0	3	16	0	4
	Medical Authorization Request Sent (Best Practice)	7	2	0	5	2	1	0	0	3	12	4	4
	Medical Canvas Performed (Best Practice)	9	0	0	3	2	3	0	0	3	12	2	6
<b>Forms</b>	Drug Test Performed (Best Practice)	3	3	3	3	1	4	1	0	2	7	4	9
	FROI Filed (State Regulation/Requirement)	9	0	0	7	0	1	0	0	3	16	0	4
	Delay Letter sent - Within 14 Days (State Regulation Section 9110.70)	0	2	7	0	0	8	0	0	3	0	2	18
	Denial Letter sent - Within 14 Days (State Regulation Section 9110.70)	1	0	8	1	0	7	0	0	3	2	0	18
<b>Reserves</b>	Settlement/Reserve Analysis (Best Practice)	9	0	0	5	0	3	0	0	3	14	0	6
	Reserves Set Timely (5-14 Business Days): Best Practice	9	0	0	8	0	0	0	0	3	17	0	3
	Reserve Exposure Set (Best Practice)	9	0	0	8	0	0	0	0	3	17	0	3



		Aviation								
		Indemnity/Managed Medical			Medical Only			Incident Only		
Total Number of Claims Reviewed:		9			8			3		
		Y	N	N/A	Y	N	N/A	Y	N	N/A
Subrogation	Stair-stepping (Set as bills are received) (Best Practice)	0	0	9	0	0	8	0	0	3
	Third Party Potential Assessed (Best Practice)	9	0	0	8	0	0	3	0	0
	Liability Analysis Provided (Best Practice)	2	0	7	0	0	8	0	0	3
	Recovery Received (Best Practice)	0	1	8	0	0	8	0	0	3
Litigation	IFA Litigation Summary (Best Practice)	2	0	7	0	2	6	0	0	3
	Budget (Best Practice)	1	1	7	0	2	6	0	0	3
	Settlement Authorization Requested (Best Practice)	1	0	8	1	1	6	0	0	3
Closure	File Aggressively Handled (Best Practice)	5	0	4	5	0	3	0	0	3
	All Bills Paid (Best Practice)	5	0	4	5	0	3	0	0	3
	Closed Timely (Best Practice)	4	1	4	5	0	3	3	0	0
Miscellaneous	Return To Work Addressed (RTW) (Best Practice)	6	0	3	6	0	2	0	0	3
	Surveillance Assigned (Best Practice)	0	0	9	0	0	8	0	0	3
	Medicare Verified (Federal Regulation)	9	0	0	8	0	0	0	0	3
	Diary Completed (Best Practice)	9	0	0	7	1	0	0	0	3

Aviation		
Totals		
Y	N	N/A
0	0	20
20	0	0
2	0	18
0	1	19
2	2	16
1	3	16
2	1	17
10	0	10
10	0	10
12	1	7
12	0	8
0	0	20
17	0	3
16	1	3





**f. Appendix F – Top 20 Claims by Civilian, Police and Fire, Federally Funded Civilian, and Aviation**

Top 20 Police and Fire Claim Payments	Top 20 Civilian Claim Payments
\$171,165	\$959,611
\$145,435	\$258,068
\$118,281	\$224,189
\$116,529	\$216,982
\$115,145	\$210,145
\$103,132	\$207,548
\$101,273	\$203,635
\$97,987	\$203,483
\$97,975	\$196,896
\$96,149	\$195,595
\$92,189	\$185,668
\$85,463	\$185,180
\$83,558	\$178,938
\$83,539	\$176,479
\$81,669	\$175,814
\$81,658	\$171,685
\$81,642	\$170,966
\$81,319	\$169,400
\$80,951	\$166,603
\$80,764	\$159,713



Top 20 Federally Funded Civilian Claim Payments	Top 20 Aviation Claim Payments
\$94,555	\$141,319
\$22,341	\$120,044
\$21,504	\$82,727
\$19,766	\$75,092
\$19,683	\$74,345
\$17,871	\$65,990
\$17,598	\$64,233
\$17,432	\$63,869
\$15,908	\$63,169
\$13,870	\$54,867
\$7,775	\$52,415
\$6,516	\$50,908
\$6,110	\$48,338
\$3,701	\$48,299
\$3,321	\$47,881
\$3,108	\$46,961
\$2,050	\$43,763
\$1,631	\$43,027
\$908	\$42,768
\$805	\$42,025



**g. Appendix G – Number of Days Between Injury Date and System Add for Civilian Police and Fire Claims:**

Days Between Injury Date and System Add Date Civilian & Police and Fire Claims	
Number of Days	Number of Claims
219	1
147	1
142	1
115	1
109	1
107	2
104	1
102	1
98	1
97	1
89	3
87	1
86	1
84	1
82	1
79	2
67	1
65	2
64	1
63	1
62	1



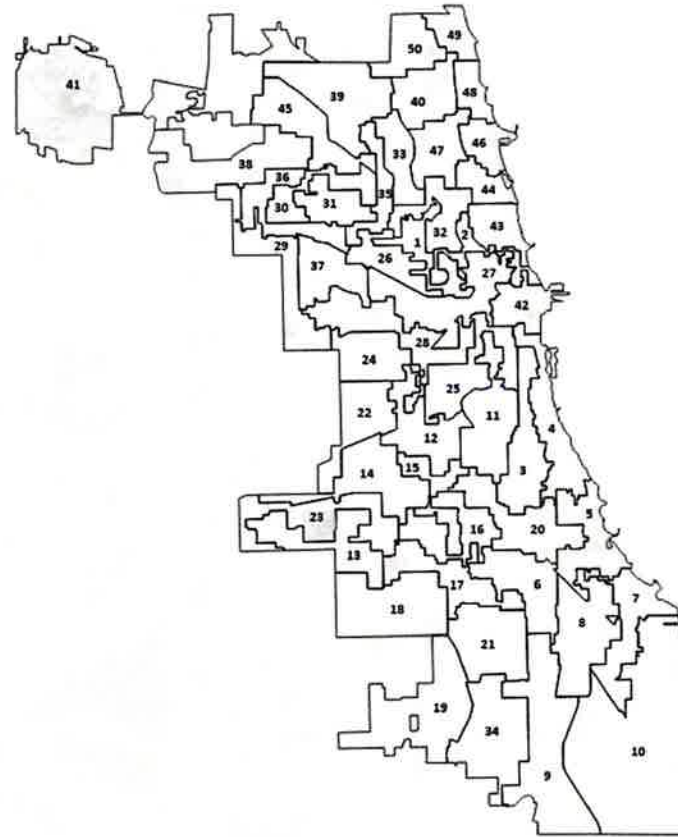
Days Between Injury Date and System Add Date Civilian & Police and Fire Claims	
Number of Days	Number of Claims
58	2
56	1
55	1
53	1
51	1
49	1
48	1
43	3
42	1
41	2
39	2
37	2
36	1
35	5
34	2
32	2
30	3
29	4
28	6
27	2
26	2
25	4
24	2



Days Between Injury Date and System Add Date Civilian & Police and Fire Claims	
Number of Days	Number of Claims
23	4
22	2
21	8
20	2
19	6
18	3
17	5
16	4
15	14
14	12
13	18
12	18
11	12
10	16
9	22
8	56
7	74
6	88
5	130
4	157
3	188



## h. Appendix H – City of Chicago Ward Boundaries Legend



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**i. Appendix I – City of Chicago Aldermanic Wards and Zip Codes**

Ward	Alderman	Zip Codes								
1	Proco "Joe" Moreno	60612	60618	60622	60642	60647				
2	Brian Hopkins	60610	60611	60614	60622	60642	60647	60654		
3	Pat Dowell	60605	60609	60615	60616	60621	60637	60653		
4	Sophia King	60604	60605	60615	60616	60653				
5	Leslie A. Hairston	60615	60619	60637	60649					
6	Roderick T. Sawyer	60619	60620	60621	60636	60637				
7	Gregory I. Mitchell	60617	60619	60649						
8	Michelle A. Harris	60617	60619	60628	60649					
9	Anthony A. Beale	60619	60628	60827						
10	Susan Sadlowski Garza	60617	60628	60633						
11	Patrick Daley Thompson	60607	60608	60609	60616					
12	George Cardenas	60608	60609	60623	60632					
13	Marty Quinn	60629	60632	60638	60652					
14	Edward M. Burke	60623	60629	60632	60638					
15	Raymond A. Lopez	60609	60629	60632	60636					
16	Toni L. Foulkes	60609	60621	60629	60636					
17	David H. Moore	60620	60621	60629	60636					
18	Derrick G. Curtis	60620	60629	60636	60652					
19	Matthew J. O'Shea	60620	60643	60655						
20	Willie B. Cochran	60609	60615	60621	60637					
21	Howard B. Brookins, Jr.	60620	60628	60643						
22	Ricardo Munoz	60623	60632	60638						
23	Silvana Taberas	60629	60632	60638						
24	Michael Scott, Jr.	60608	60612	60623	60624	60644				



Ward	Alderman	Zip Codes								
25	Daniel "Danny" Solis	60605	60607	60608	60616					
26	Roberto Maldonado	60612	60622	60639	60647	60651				
27	Walter Burnett, Jr.	60607	60610	60612	60622	60624	60642	60651	60654	
28	Jason C. Ervin	60607	60608	60612	60624	60644				
29	Chris Taliaferro	60634	60639	60644	60651	60707				
30	Ariel E. Reboyras	60618	60634	60639	60641					
31	Milagros "Milly" Santiago	60634	60639	60641	60647					
32	Scott Waguespack	60614	60618	60622	60642	60647	60657			
33	Deborah Mell	60618	60625							
34	Carrie M. Austin	60628	60643							
35	Carlos Ramirez-Rosa	60618	60625	60630	60639	60647				
36	Gilbert Villegas	60634	60639	60641	60707					
37	Emma M. Mitts	60624	60639	60644	60651					
38	Nicholas Sposato	60630	60634	60641	60656					
39	Margaret Laurino	60618	60625	60630	60641	60646	60659			
40	Patrick J. O'Connor	60625	60626	60640	60659	60660				
41	Anthony V. Napolitano	60631	60646	60656						
42	Brendan Reilly	60601	60602	60603	60604	60605	60606	60611	60654	60661
43	Michelle Smith	60610	60614							
44	Tom Tunney	60613	60657							
45	John S. Arena	60618	60630	60641	60646	60656				
46	James Cappleman	60613	60640	60657						
47	Ameya Pawar	60613	60618	60625	60640	60657				
48	Harry Osterman	60640	60660							
49	Joe Moore	60626	60645							
50	Debra L. Silverstein	60626	60645	60659						



**j. Appendix J – Zip Codes by Claims and Active Employees Analysis<sup>20</sup>**

<b>Total Active Employees<sup>21</sup></b>	33,498
<b>Total Claims</b>	4,959
<b>Total Police and Fire Claims</b>	3,000
<b>Total Civilian Claims</b>	1,845
<b>Total Aviation Claims</b>	114

Zip Code	Claims				Active Employees	Percent Analysis				
	Aviation	Civilian	P&F	Total	Number	% of Active Employees	% of Total Claims	% of Aviation	% of Civilian	% of P&F
60655	2	93	396	491	3,231	9.65%	9.90%	1.75%	5.04%	13.20%
60638	16	145	329	490	2,724	8.13%	9.88%	14.04%	7.86%	10.97%
60634	12	96	253	361	1,836	5.48%	7.28%	10.53%	5.20%	8.43%
60631	9	48	273	330	2,146	6.41%	6.65%	7.89%	2.60%	9.10%
60656	8	32	166	206	1,273	3.80%	4.15%	7.02%	1.73%	5.53%

<sup>20</sup> Zip code data was not provided for Federally Funded Civilians, therefore a zip code analysis could not be completed for these claims.

<sup>21</sup> This analysis was completed based on data available from the OIG’s “Map: City Active Employees by Ward and Zip Code” dashboard. The OIG’s dashboard is updated weekly, therefore, data used for this analysis reflect current active employees as of May 2, 2019. Zip codes with claims data without employee data in the OIG’s dashboard are displayed as “NA”. The OIG dashboard does not provide a breakdown of active employees by employee group by zip code.



Zip Code	Claims				Active Employees Number	Percent Analysis				
	Aviation	Civilian	P&F	Total		% of Active Employees	% of Total Claims	% of Aviation	% of Civilian	% of P&F
60643	2	75	119	196	1,517	4.53%	3.95%	1.75%	4.07%	3.97%
60652	3	78	97	178	1,228	3.67%	3.59%	2.63%	4.23%	3.23%
60630	2	28	142	172	1,081	3.23%	3.47%	1.75%	1.52%	4.73%
60646	3	25	132	160	1,159	3.46%	3.23%	2.63%	1.36%	4.40%
60628	6	108	46	160	933	2.79%	3.23%	5.26%	5.85%	1.53%
60617	3	92	51	146	1,058	3.16%	2.94%	2.63%	4.99%	1.70%
60619	3	101	40	144	889	2.65%	2.90%	2.63%	5.47%	1.33%
60620	2	75	50	127	908	2.71%	2.56%	1.75%	4.07%	1.67%
60629	2	69	55	126	855	2.55%	2.54%	1.75%	3.74%	1.83%
60641	2	41	72	115	628	1.87%	2.32%	1.75%	2.22%	2.40%
60618	1	22	77	100	657	1.96%	2.02%	0.88%	1.19%	2.57%
60609	1	65	31	97	680	2.03%	1.96%	0.88%	3.52%	1.03%
60608	7	27	58	92	649	1.94%	1.86%	6.14%	1.46%	1.93%
60639	3	50	36	89	523	1.56%	1.79%	2.63%	2.71%	1.20%
60651	1	43	27	71	454	1.36%	1.43%	0.88%	2.33%	0.90%
60616	2	35	33	70	623	1.86%	1.41%	1.75%	1.90%	1.10%
60649	1	45	21	67	412	1.23%	1.35%	0.88%	2.44%	0.70%



Zip Code	Claims				Active Employees Number	Percent Analysis				
	Aviation	Civilian	P&F	Total		% of Active Employees	% of Total Claims	% of Aviation	% of Civilian	% of P&F
60647	4	17	40	61	465	1.39%	1.23%	3.51%	0.92%	1.33%
60707	6	18	35	59	384	1.15%	1.19%	5.26%	0.98%	1.17%
60644	0	42	14	56	353	1.05%	1.13%	0.00%	2.28%	0.47%
60632	0	34	18	52	443	1.32%	1.05%	0.00%	1.84%	0.60%
60653	1	23	28	52	422	1.26%	1.05%	0.88%	1.25%	0.93%
60659	0	16	32	48	261	0.78%	0.97%	0.00%	0.87%	1.07%
60636	0	42	4	46	208	0.62%	0.93%	0.00%	2.28%	0.13%
60615	1	20	24	45	381	1.14%	0.91%	0.88%	1.08%	0.80%
60612	1	27	17	45	345	1.03%	0.91%	0.88%	1.46%	0.57%
60623	2	28	13	43	388	1.16%	0.87%	1.75%	1.52%	0.43%
60637	1	28	13	42	332	0.99%	0.85%	0.88%	1.52%	0.43%
60633	0	19	23	42	333	0.99%	0.85%	0.00%	1.03%	0.77%
60645	1	14	24	39	284	0.85%	0.79%	0.88%	0.76%	0.80%
60624	1	32	5	38	258	0.77%	0.77%	0.88%	1.73%	0.17%
60625	0	5	32	37	402	1.20%	0.75%	0.00%	0.27%	1.07%
60622	2	11	21	34	282	0.84%	0.69%	1.75%	0.60%	0.70%
60621	0	27	6	33	177	0.53%	0.67%	0.00%	1.46%	0.20%





Zip Code	Claims				Active Employees	Percent Analysis				
	Aviation	Civilian	P&F	Total	Number	% of Active Employees	% of Total Claims	% of Aviation	% of Civilian	% of P&F
60640	0	8	21	29	313	0.93%	0.58%	0.00%	0.43%	0.70%
60607	0	0	24	24	183	0.55%	0.48%	0.00%	0.00%	0.80%
60626	0	6	14	20	244	0.73%	0.40%	0.00%	0.33%	0.47%
60613	1	3	15	19	243	0.73%	0.38%	0.88%	0.16%	0.50%
60660	0	3	14	17	196	0.59%	0.34%	0.00%	0.16%	0.47%
60657	0	4	13	17	226	0.67%	0.34%	0.00%	0.22%	0.43%
60614	0	5	11	16	156	0.47%	0.32%	0.00%	0.27%	0.37%
60610	0	4	5	9	133	0.40%	0.18%	0.00%	0.22%	0.17%
60642	0	4	4	8	102	0.30%	0.16%	0.00%	0.22%	0.13%
60605	0	1	6	7	165	0.49%	0.14%	0.00%	0.05%	0.20%
60601	0	0	5	5	55	0.16%	0.10%	0.00%	0.00%	0.17%
60611	0	0	4	4	86	0.26%	0.08%	0.00%	0.00%	0.13%
60654	0	1	3	4	138	0.41%	0.08%	0.00%	0.05%	0.10%
60635	0	2	1	3	NA	NA	0.06%	0.00%	0.11%	0.03%
60661	1	2	0	3	28	0.08%	0.06%	0.88%	0.11%	0.00%
60604	0	2	1	3	6	0.02%	0.06%	0.00%	0.11%	0.03%
60805	0	0	2	2	NA	NA	0.04%	0.00%	0.00%	0.07%





Zip Code	Claims				Active Employees	Percent Analysis				
	Aviation	Civilian	P&F	Total	Number	% of Active Employees	% of Total Claims	% of Aviation	% of Civilian	% of P&F
60606	0	2	0	2	11	0.03%	0.04%	0.00%	0.11%	0.00%
60827	0	2	0	2	23	0.07%	0.04%	0.00%	0.11%	0.00%
60452	0	0	2	2	NA	NA	0.04%	0.00%	0.00%	0.07%
60478	1	0	0	1	NA	NA	0.02%	0.88%	0.00%	0.00%
60098	0	0	1	1	NA	NA	0.02%	0.00%	0.00%	0.03%
60477	0	0	1	1	NA	NA	0.02%	0.00%	0.00%	0.03%