Washington State Department of Labor & Industries

Improving Integrity and Accountability in the Workers' Compensation System

Fiscal Year (FY) 2022 Annual Report to the Legislature

January 2023

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Executive Summary

This annual report summarizes the Department of Labor & Industries' (L&I) efforts to educate first, recognizing the vast majority of workers, employers and providers intend on doing the right thing; and, where education is not successful, to find and eliminate deliberate fraud in the workers' compensation system. It describes the department's education and assistance efforts with employers and, as directed in law, includes actual and estimated cost savings from the agency's investigations into workers' compensation fraud. This report does not address L&I's investigations into employer practices regarding minimum wage, overtime, other pay requirements, or meal and rest breaks. That information can be found in the Workplace Rights Investigations Legislative Report.

Education and Outreach

Education and outreach is the department's first priority in this area. L&I offered a wide array of programs and services virtually in Fiscal Year (FY) 2022 to help businesses reduce reporting mistakes and understand applicable laws and rules, including:

- Contractor training days
- "Introduction to L&I" workshops
- Helping health care providers understand L&I's billing and documentation requirements
- Webinars and e-learning modules
- Early contact calls to employers who have a time loss claim

In addition using Lean principles, L&I standardized processes for employers opening new industrial insurance accounts. A key focus is to ensure that the correct premium rates are being charged, and to educate businesses about quarterly reporting requirements.

Identifying and addressing fraud

L&I confronts industrial insurance fraud in three key areas: among workers, employers, and also those providers who care for or train injured workers. Along with pursuing both civil and criminal charges, the department intervenes on behalf of injured workers who may be discriminated against for filing a workers' compensation claim or whose employer knowingly suppresses the filing of an injury or illness claim.

Worker fraud

In FY 2022, L&I received more than 1,400 referrals resulting in investigations relating to potential worker fraud, and conducted 70 investigations of fraudulently claimed workers' compensation benefits. Cost savings due to fraud investigations for FY 2022 (July 1, 2021 to June 20, 2022) are calculated at $3.5 million.

Employer fraud

L&I received nearly 2,700 leads related to potential employer fraud in FY 2022. The resulting reviews and audits led to over $24.4 million in additionally assessed premiums, penalties, and interest. To reduce and prevent employer fraud in FY 2022, L&I:

- Audited nearly 2,100 employers; more than 620 of these were unregistered employers. Of those audited, 78 percent owed debts to L&I.
- Completed 17 criminal employer fraud investigations.
- Reviewed about 4,000 public works contracts worth $6.3 billion to ensure workers' compensation premiums were paid.

Provider fraud

The Provider Fraud Unit addresses fraud allegations among those entrusted to help injured workers including; claims related to medical or therapeutic care, vocational training, or language interpretation. L&I identified nearly $4.6 million in provider overpayments in FY 2022.

The unit completed 25 cases in FY 2022 which included the review of nearly 1,100 providers, almost 2,500 claims and files, and more than127,000 line items that were billed to the department.

Collections

In FY 2022, L&I collected $260.7 million in delinquent funds of which $243.8 million was from employer Industrial Insurance premiums. Other sources include the Retrospective Rating program, Washington Industrial Safety and Health Act (WISHA) citations, contractor infractions, the Medical Information Payment System (MIPS) for provider payments, claims overpayments, the Wage Payment Act and third-party claims.

Measuring return on investment

In FY 2022, L&I employed 265 FTEs in detecting, investigating, and enforcing action against workers' compensation fraud. For every dollar spent on these efforts, L&I returned $14.99 to employers, workers and medical providers.

Introduction

L&I provides information and services to help workers, employers, and providers understand and comply with the requirements of Washington's workers' compensation system to preserve the integrity of the workers' compensation fund. The goal is to ensure money is available to pay for injured worker benefits and to help reduce premium costs for both workers and employers. The department uses discovery tools, interagency partnerships and public tips to detect and deter fraud in the workers' compensation system. In the most egregious cases, the department pursues criminal prosecution.

This report describes how L&I detects, audits, investigates, and prosecutes fraud committed by workers, employers and providers. It details L&I's efforts in Fiscal Year (FY) 2022 (July 1, 2021 to June 30, 2022) to find and eliminate deliberate fraud in the workers' compensation system. It explains how L&I collects debt, averts fraud through education and outreach, and implements innovative programs and tools to combat fraud.

It also describes the department's first priority of targeted education and assistance efforts with employers, as directed in state law. It includes actual and estimated cost savings from the agency's investigations into workers' compensation fraud. This report does not address L&I's investigations into employer practices regarding minimum wage, overtime, other pay requirements, or meal and rest breaks. That information can be found in the Workplace Rights Investigations Report.

Types of fraud

Workers' compensation fraud comes in three forms: **employers** who fail to pay their workers' compensation premiums, **employees** who make false injury and disability claims or vocational **providers** who bill dishonestly.

Cheating the workers' compensation system is not a victimless crime. Fraud drives up costs. Both employers and workers pay insurance premiums into the system and they all pay the price if costs are higher due to fraud.

What is Workers' Compensation?

Workers' compensation is a form of insurance that provides medical treatment, wage replacement and other disability benefits when workers are injured or suffer a work-related illness.

About 198,000 employers and 3.5 million workers are covered by L&I. Both pay premiums to fund the system.

Insurance premiums are based on the risk associated with the type of work employees perform. Employers with similar job hazards are grouped into "risk classes.".

In addition to the assigned risk class(es), **premium rates** are adjusted for each individual employer based on the number of injuries and worker hours the employer reports.

This is referred to as the employer's "experience factor." Hazardous work activities with an increased risk of injury require a higher premium rate through the risk class.

Companies that experience more costs for workplace injuries pay higher rates within the class, and those with lower costs pay less.

Impact to honest employers

Employers that don't comply with business regulations and laws have lower costs, giving them an unfair advantage over businesses that do. By not paying workers' compensation or other taxes, licenses, and wages required by law, these employers cause costs to be higher for the fewer businesses that must cover all system expenses.

Impact to workers and the public

Higher premium rates resulting from fraud may also result in reduced workers' wages, lowered legitimate business profits, and increased prices for consumer goods and services.

Identifying and addressing fraud

Along with pursuing both civil and criminal charges, the department intervenes on behalf of injured workers who may be discriminated against for filing a workers' compensation claim or whose employer knowingly suppresses the filing of an injury or illness claim.

Worker Fraud Investigations

OVERVIEW

In general, anyone collecting workers' compensation benefits to which they are not legally entitled, or obtaining benefits through deliberate misrepresentation, is committing worker fraud.

Fraud investigations may result in workers having to repay benefits, including penalties and interest, and in some cases, facing criminal charges. Investigations do more than identify debts owed to L&I; they also help avoid unnecessary expenses to the system. When an investigation determines someone is not entitled to workers' compensation benefits, L&I stops paying benefits to the worker. Investigations often uncover vital information that enables better claim adjudication decisions and helps workers return to work, avoiding workplace disability. L&I estimates that over $3.5 million in future workers' compensation costs were avoided through these efforts during FY 2022.

DETECTION

L&I's Detection and Tracking Unit (DTU) identifies and prevents fraud within the injured worker claim system using a variety of resources and tools. L&I employees review individual claims and assess the potential for fraud by analyzing multi-agency, cross-matched resources and data. They also review tips from the public and share them among internal programs.

In FY 2022, over 1,550 tips were received using these methods and filed in the internal Investigation Case Management (ICM) System.

CRIMINAL AND CIVIL CASES

In FY 2022, investigators referred three claimant fraud cases to the Office of the Attorney General (ATG) for consideration of prosecution. One of these cases remains in a pending status awaiting charging decisions. The Attorney General's Office declined to file charges on the remaining two cases.

During this reporting period, two claimants also agreed to plea deals with felony charges. These cases were sent to the ATG for consideration of prosecution in FY 2021. For civil cases, if an initial review of a tip received about potential workers' compensation fraud suggests inconsistencies, staff refers the tip to L&I Investigators. This team gathers evidence and, when appropriate, issues Administrative Fraud Orders (AFOs) to recover money paid in fraudulent benefits. In FY 2022, Fraud Adjudicators issued 42 worker fraud AFOs, which assessed more than $1 million.

INVESTIGATION PROCEDURES

When L&I staff conduct an investigation into potential worker fraud, the methods include:

- **Activity checks** to review worker activities to see if the worker is still unable to work.
- **Validity checks** of a claim to confirm it is legitimate (for example, that the injury was work-related).
- **Intentional misrepresentation** of injuries to continue receiving benefits (for example: a person working under the table while continuing to receive wage-replacement funds).
- Requests to **reopen claims** that were previously closed, to ensure there were no intervening incidents, such as traffic accidents or other insurance claims for the same type of injury, occurred between the time the claim was closed and the request to reopen it was received.
- **Other** investigations can result from discoveries of irregularities by claim managers when they request information, such as medical records, to manage a claim.

Figure 1 shows the number and types of worker fraud investigations in FY 2022. Over 1,400 investigations were conducted. The most common were activity investigations to verify whether an injured worker was still unable to work. The data in Figure 1 includes the civil and criminal cases identified, above.

Figure 1: L&I investigations, FY 2022

Type of Referral	Number of Referrals
Activity	841
Other	315
Validity	181
Misrepresentation	70
Claim Reopening	3
Total	**1,410**

Source: L&I Investigations

Employer Fraud Investigations

OVERVIEW

Employer fraud occurs when an employer knowingly misclassifies employees in lower-cost rate classes, underreports or fails to report worker hours, or fails to pay required premiums. Employer fraud cases are investigated by both L&I auditors and investigative staff. Employers that commit fraud can incur large assessments and penalties and may be criminally prosecuted. Some examples of employer fraud include:

- Operating a business without the proper license.
- Paying workers in cash with no payroll records.
- Intentionally underreporting worker hours.
- Deliberately reporting worker hours in the incorrect risk classification.
- Treating workers as independent contractors (not covering workers with industrial insurance).

In FY 2022, the Investigations program initiated four criminal cases related to employer fraud in the most serious cases. These involved allegations of employer misconduct, such as failure to secure industrial insurance for employees, continuing to employ workers after their certificate of coverage was revoked, or violations listed above. These referrals come from internal collections activity, audits, and L&I's Contractor Compliance program. Though rare, their complexity requires the most investigative time.

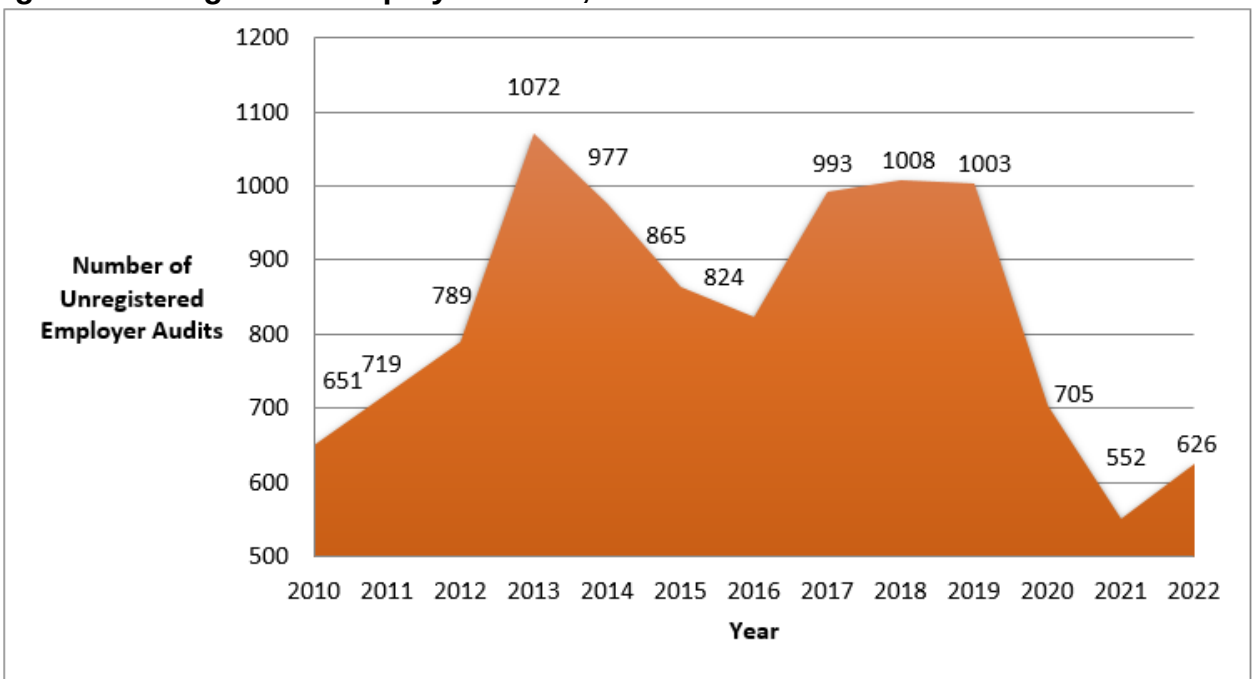
DETECTION

On-going improvements in detection and analytic capacity has led to better detection of employers who owe premiums, and minimized audits on businesses who are correctly reporting workers' compensation premiums.

To identify businesses most likely to owe premiums, L&I uses tips from the public, shares data and information with other agencies, and uses data available internally to send auditors to the right businesses. Improved detection methods ensure L&I identifies and actively pursues the employers most likely to commit fraud—saving time and trouble for employers who follow the rules. In FY 2022, L&I received nearly 2,700 employer fraud leads. Of the nearly 2,100 employer audits completed in FY 2022, 78 percent were found to owe money to L&I—resulting in more than $24.4 million in assessed premiums.

As shown in Figure 1, since 2010 the number of audits of unregistered businesses has fluctuated. The rapid decline shown for FY 2020 and 2021 is related to audits being paused due to COVID-19; however, these audits are on the rise in FY 2022 since returning to standard work processes.

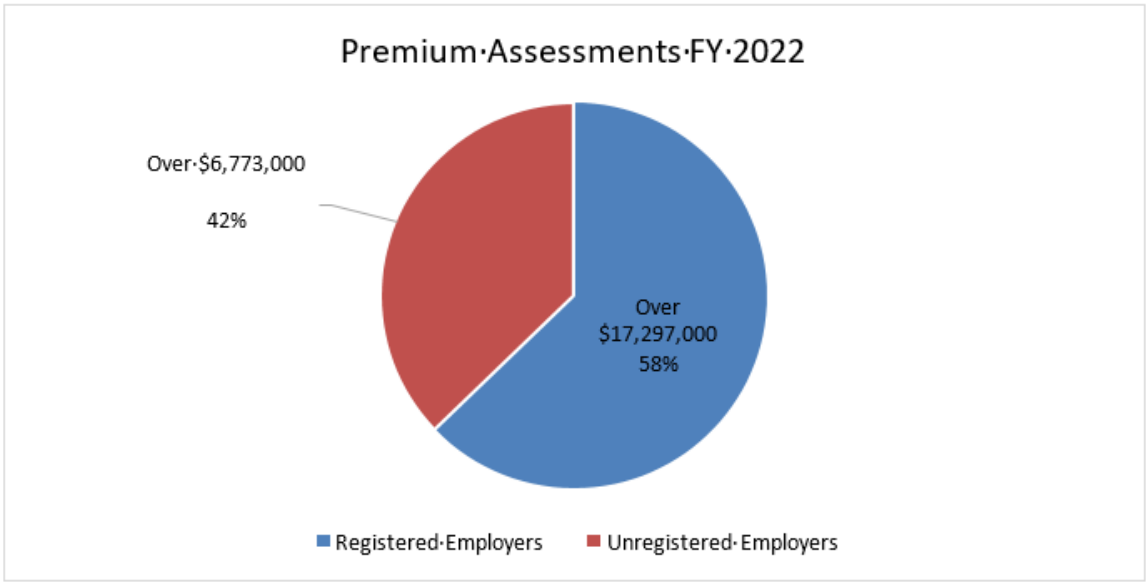
Figure 2: Unregistered employer audits, FY 2010-2022



Source: L&I Field Audit

As shown in Figure 3, about 42 percent of premium assessments in FY 2022 involved unregistered employers, totaling nearly $6.8M. This is slightly up from 36 percent in FY 2021, showing continued success in leveling the playing field for all employers.

Figure 3: Premium assessments, FY 2022



Source: L&I Field Audit

Field audits
Field audits are an important tool to ensure employers report their worker hours correctly and pay appropriate workers' compensation premiums. L&I's standard audit process includes checking business records, conducting interviews, verifying the number of workers reported and that all hours are reported in the correct risk class.

Auditors located throughout Washington conduct these reviews in the field. After completing an audit, L&I performs a closing conference with the employer, either by phone or in person, in which auditors supply educational materials and explain how to improve record keeping. This post-audit conference is required for every audit to help employers understand their reporting obligations. It's also a chance to answer employer questions, which helps prevent recurring problems. In FY 2022, three auditors successfully completed the Certified Fraud Examiner (CFE) certification— including a rigorous study program and a four-part examination. Currently, 25% of all auditors are CFEs.

Public works contracts
L&I reviews public works contracts over $35,000 to verify appropriate workers' compensation premiums were paid. On these projects, the final five percent of payments is withheld until certain tax payments are verified by the Contract Release Unit. This ensures contractors follow the law and pay taxes, including any premiums owed to L&I. If L&I discovers a contractor owes premiums on other projects, the department may pursue those debts as well. In FY 2022, L&I reviewed about 4,000 public works contracts, valued at nearly $6.3 billion. In this review, L&I found over $1.7 million in workers' compensation premium that was owed for work on public projects during the year.

L&I works with contractors to resolve unintentional reporting discrepancies. However, not all cases are resolved voluntarily and a small number require an audit. In FY 2022, more than 32,100 account reviews were completed and 27 of those were audited. This was a smaller number than usual due to the temporary adjustments made for the pandemic. As of now, staff are back to providing full service. In FY 2022, the Contract Release Unit focused the first part of the year educating employers and requested that they voluntarily amend their reports to come into compliance. As the audit team fully resumed their processes, Contract Release resumed their normal process of audit referrals as well.

CRIMINAL AND CIVIL CASES

Criminal cases
A criminal case may be filed against an employer for the most egregious actions of underpayment or non-reporting. Vital support comes from two Assistant Attorneys General who help develop these cases for criminal prosecution. In FY 2022, L&I forwarded three of the seventeen completed cases of employer fraud investigations to their team. Criminal charges were filed on two of these cases. In both cases, the companies' owners agreed to plea agreements that included felony charges.

Civil cases

Civil misrepresentation penalties occur when employers intentionally misclassify or underreport employee hours for workers' compensation. In FY 2022, L&I assessed 13 misrepresentation penalties, totaling over $1.1 million. This was in addition to premiums owed.

Provider Fraud Investigations

OVERVIEW

The Provider Fraud Unit addresses allegations of fraud among those who care for injured workers. This includes medical or therapeutic care, vocational training, and language interpretation in worker compensation claims. Most of these providers ensure the needs of the injured worker are met with integrity and honesty. However, some provider fraud does occur.

In this context, provider fraud is any scheme to obtain payment from L&I that was not earned. Examples include medical billing in excess of the services provided and "upcoding" (for example, billing for an electric wheelchair but providing a manual wheelchair). L&I has one employee dedicated to completing a preliminary review to validate referrals.

Figure 4 shows eight common types of provider fraud. Any of these fraud types may be represented in the cases described below.

Figure 4: Types of health care provider fraud

Billing for services not rendered
Billing for a non-covered service as a covered service
Misrepresenting location of service (billing for treatment services while in a separate physical location)
Misrepresenting provider of service
Incorrect reporting of procedures (includes unbundling and up-coding)
Overutilization of services
Corruption (kickbacks and bribery)
False or unnecessary issuance of durable medical equipment (DME)

Source: L&I Investigations

DETECTION

L&I receives referrals of provider fraud from both internal and external sources, including injured workers, medical providers, other agencies, claim managers, and staff responsible for paying bills related to the treatment of injured workers. In FY 2022, L&I reviewed 57 referrals of suspected provider fraud involving 20 providers.L&I has one person dedicated to detecting improper billing and fraud by medical providers. In FY 2022, after reviewing all 20 providers referred for suspected fraud, 6 potential cases totaling more than $975,000 in estimated improper payments were identified. These 6 cases were

forwarded to fraud investigators for further action.

CRIMINAL AND CIVIL CASES

Provider Fraud criminal cases
In FY 2022, L&I did not refer any new health care provider cases to prosecutors for potential criminal charges but did reach a conclusion on a criminal case that had originally been referred to the prosecutors in FY 2020. The conclusion included the provider pleading guilty to a misdemeanor criminal offense and being ordered to pay restitution of more than $45,000, which included nearly $2,200 in interest. It also resulted in the provider's professional certification being revoked and the provider number with the department being terminated. Without a provider number, they may no longer bill for services rendered.

Provider Fraud investigations
The Provider Fraud Unit completed 25 cases in FY 2022, including the review of nearly 1,100 providers, almost 2,500 claims and files, and more than 127,000 line items billed to the department. While working the cases, just over $1,000 was identified and recouped internally for billing errors.

Provider Fraud staff assisted on fraud and abuse cases with other state and federal agencies, provided outreach to internal and external customers, attended inter and intra-state health care fraud task force workgroups on rising trends in medical fraud and workers compensation, and worked with internal customers on tightening policies to prevent future fraud and abuse.

Provider Fraud civil cases

Civil cases rely on lower evidentiary standards and are more common than criminal cases. Provider Civil Fraud cases primarily involved issues around telehealth services and improper billing for service in FY 2022. During this period, the department notified providers of violations and collected where money was owed due to improper billing, but did not assess penalties.

PROVIDER OVERSIGHT

Private sector rehabilitation services
L&I's Private Sector Rehabilitation Services (PSRS) Unit ensures that Washington's injured workers receive high quality vocational rehabilitation services that comply with applicable state laws, regulations, and policies. PSRS investigates complaints received about vocational providers monitors and audits how providers deliver their services, what the services are, and how providers bill for their services. During FY 2022, PSRS assessed $122,000 in overpayments.

Provider quality and compliance
L&I's Provider Quality and Compliance (PQC) Unit audits medical bills for services paid by the state's workers' compensation fund. The purpose of the audits are to notify providers of any violations identified regarding applicable laws, regulations, and L&I policies that affect the billing and reimbursement for services provided to injured workers. The audits also enforce compliance with L&I's medical aid rules and fee schedules. In FY 2022, the unit completed a total of 91 medical provider reviews and assessed nearly $467,000 for improper billing. Actions related to collections efforts are

included below.

Data Sharing

In addition to L&I's detection efforts, cross-matching L&I data with other agencies helps catch inconsistent reporting or duplicated claims that may indicate worker, employer, or provider fraud. Here are some ways L&I is using data sharing to fight fraud:

Cross-agency collaboration

L&I receives and shares data with the Department of Revenue (DOR) and Employment Security Department (ESD). When any of the agencies finds businesses or individuals that may need to be investigated, they send referrals and share or cross-check data with the other agencies.

L&I and the Department of Corrections (DOC) have an interagency data-sharing agreement to ensure incarcerated individuals are not receiving wage replacement benefits through workers' compensation.

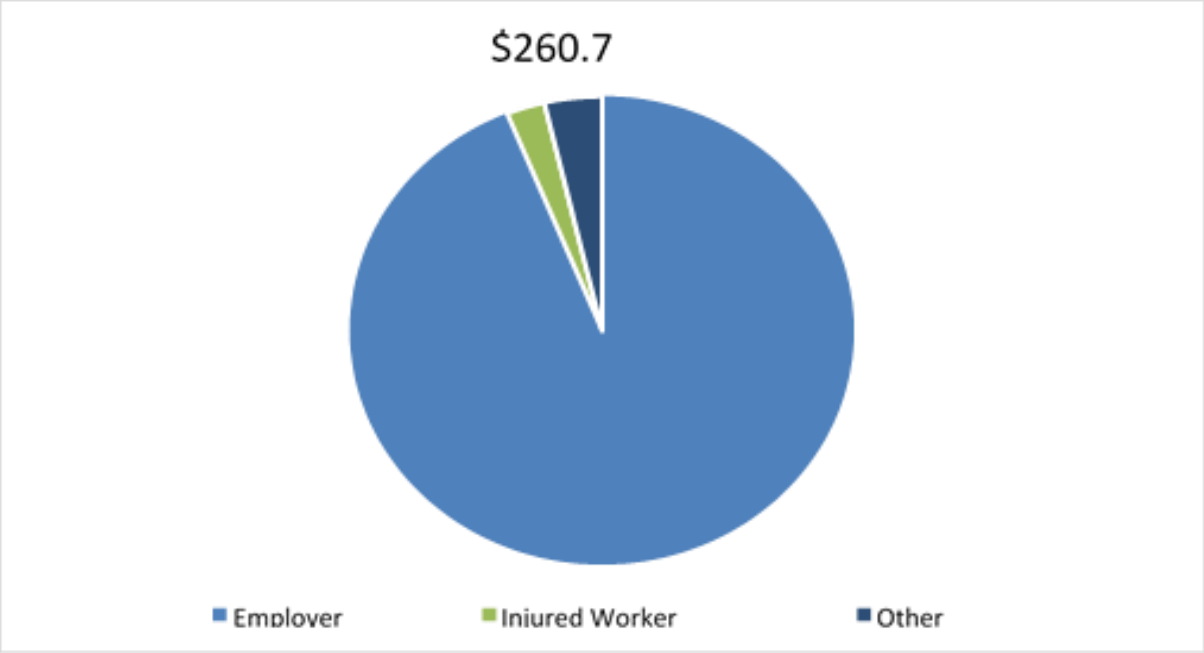
L&I's Fraud Management team began meeting on a regular basis with Fraud Managers from ESD, DOR, and Department of Social and Health Services (DSHS) to further collaborate and share data. This group has been expanding to include Department of Licensing (DOL) and Office of the Insurance Commissioner (OIC) and continues to expand to other agencies and programs.

Collections

L&I's Collections Program gets involved when workers, employers, or providers are delinquent in paying money owed to L&I whether workers' compensation premiums, overpayments to providers or injured workers, or penalties. The program is also responsible for collecting other types of debt on behalf of other L&I programs; however, this report only addresses workers' compensation-related collections.

Figure 5 shows the sources of the collections. Employer premiums account for the vast majority of dollars identified as owing to the department and collected, totaling more than $243.8 million of the total $260.7 million collected in FY 2022. "Other debts" includes unpaid wages, unpaid penalties, safety and health citations, Right-to-Know billings, and Retrospective Rating program billings.

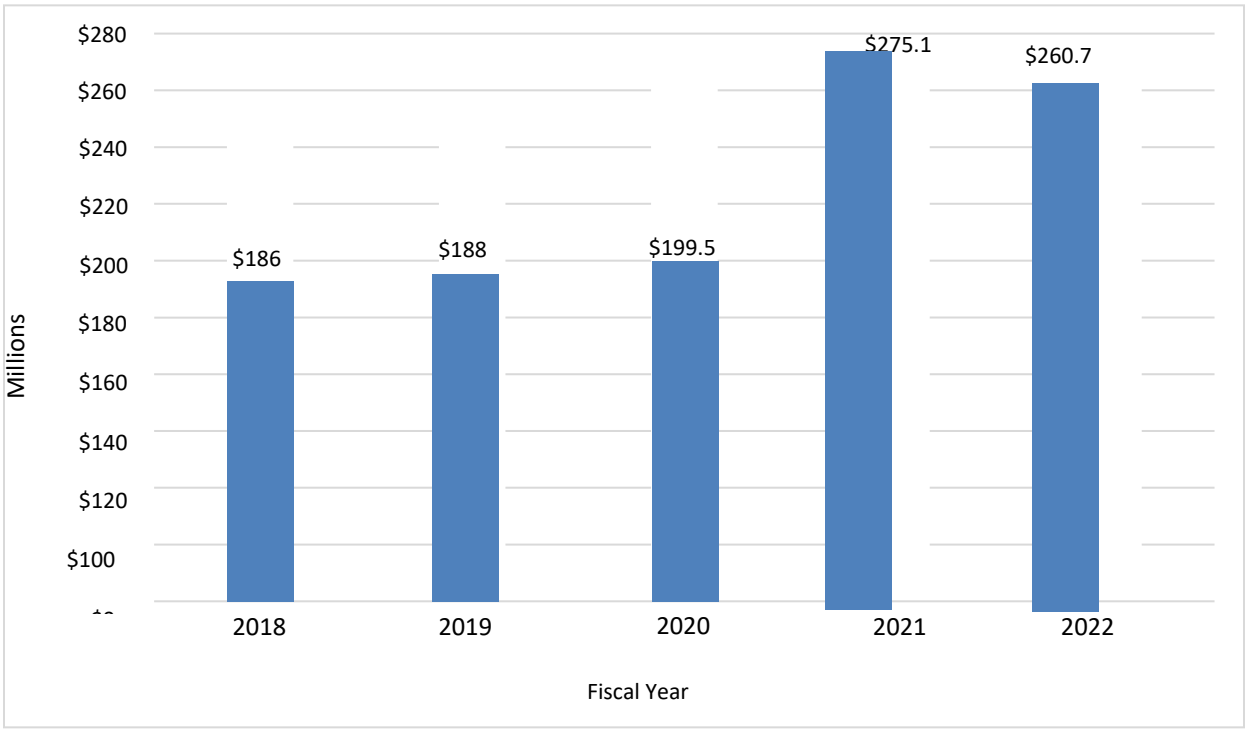
Figure 5: Distribution of delinquent money collected, FY 2022



Source: L&I Collections

Figure 6 shows collections for delinquent workers' compensation premiums over the past five fiscal years. FY 2021 was an unusual increase, due to the impacts of COVID-19. Amounts collected in FY 2022 decreased by 11%, as the COVID-19 impacts for businesses were reduced.

Figure 6: Delinquent premiums collected, FY 2018-2022



Source: L&I Collections

Education and Outreach

L&I is proactive in helping employers avoid making costly mistakes that can potentially lead to fraud. Reducing reporting errors and knowing the rules they must follow makes it easier for them to do business with L&I. Importantly, it allows L&I to focus efforts on businesses that intentionally undermine the system. The agency offers many programs and services with this goal in mind.

New employer reviews

Historically, L&I offered new employer reviews with instructional audits, but only a handful participated. Now, the team contacts employers directly when they open a new account. This gives L&I an opportunity to help ensure employers understand compliance requirements. For established accounts that are out of compliance, L&I offers ways to self-correct. If that fails, they are referred to audit.

Contractor training

L&I invests considerable time to help all businesses, including construction contractors, know their legal obligations. In FY 2022, over 600 construction contractors received virtual training. At these highly rated webinars, the department offers training on a variety of subjects, including proper reporting and payments, ensuring workplace safety, marketing, contract writing, and more.

Workers' compensation coverage determination

The Workers' Compensation Coverage Determination Unit offers guidance about coverage requirements without fear of an assessment. Assistance includes determining whether a worker is an independent contractor or must be covered for workers' compensation purposes. The team helps employers by combining education with help to bring businesses into compliance before any reporting errors are discovered during an audit.

Employer outreach

L&I continued to prioritize outreach to the employer community as a proactive method to help employers avoid reporting mistakes. The following are several examples of this outreach.

L&I Essentials for Business workshops: L&I holds virtual workshops offering a quick but comprehensive overview of L&I requirements, resources, and services. They are promoted through an array of platforms. In FY 2022, the agency offered 16 of these courses; 11 in English and 5 in Spanish. Nearly 900 employers attended these workshops. In post-workshop surveys, 99.6% gave the webinar an overall rating of "Excellent (84.6%)" or "Good (15.0%)". Also, 100% rated as "Excellent (82.0%)" or "Good (18%)" the webinar's "ability to answer your specific questions".

Small Business News: L&I's Small Business Liaison Office publishes a quarterly e-newsletter, "News for Small Business". The newsletter has nearly 10,000 subscribers who learn about upcoming trainings, new L&I resources and tools, new laws or changes in laws, rules and policies, and a variety of other information of benefit to small businesses.

Small Business Outreach Contracts: L&I launched the Small Business Outreach Contracts program in 2020 with employer-trusted groups to deliver important messaging to small businesses and nonprofits, significantly expanding the number of employers that learn about L&I requirements, resources, and services. L&I has had contracts with 27 organizations during the 2021/2023 biennium, including industry associations, ethnic and cultural groups, entrepreneurial training and advising organizations, chambers of commerce, and others. In FY 2022, L&I reached nearly 84000, employers through these contractors.

Multi-Agency Small Business Requirements & Resources (SBRR) Workshops: L&I partners with other agencies to offer two collaborative SBRR virtual workshops, "Start Your Business in Washington" and "Grow Your Business in Washington". In FY 2022, nearly 500 people attended the 12 SBRR webinars that were offered. Attendees learned business essentials including L&I requirements and access to resources.

Provider outreach

The department took a unique approach to provider education in FY 2022, offering one-on-one consultations to providers on specific questions and needs. During these consultations, providers receive step-by-step help and hands-on demonstrations of how to use L&I resources and, most important, they can ask questions about their specific billing needs. In addition, L&I provides an online option to receive provider questions.

FUTURE INITIATIVES

L&I will continue to prioritize educating workers, employers, and providers, and will also aggressively pursue fraud. In FY 2023, the department is continuing several strategies and adding more collaboration on suspected violations. Goals for 2023 include:

- Apply lessons learned, using virtual platforms to reach more employers and providers for future training, small business assistance, and compliance actions.
- Increase contact with business entities to expand the number of employers receiving educational materials.
- Transform data collection tools to be incorporated into the Workers' Compensation replacement system. This will enable more efficient identification of fraudulent activity.
- Build upon coordinated enforcement concepts that have been embedded into the standard operating procedures of many L&I programs to ensure the agency response is appropriate to the employer's action, and that there is a consistent application of consequences.
- Continue to look for and implement computer forensics and auditing resources.
- Collaborate with employers, retrospective rating groups, advocates, trade groups, and others to identify, deter, and report all types of suspected violations.
- Focus on bad actors severely out of compliance across various business lines.
- Implement data analytics for high-probability case leads on early worker fraud investigations.
- Collaborate with other federal, state, and private investigation groups to identify provider investigations with common themes.
- Develop and enhance relationships with key partner groups to improve investigations.

ANYONE CAN REPORT FRAUD; HERE'S HOW

Anyone can help stop workers' compensation fraud by reporting situations that may be fraudulent, and telling others how to report:

- Fraud hotline: 888-811-5974
- L&I's fraud website
- Report a contractor

Employers can help L&I detect workers' compensation fraud by reporting newly hired workers.

The information will be shared with L&I to ensure employed workers aren't also claiming benefits they're not entitled to receive.

Conclusion

Educating workers, employers, and providers about their rights and responsibilities in the workers' compensation system is a top priority at L&I. Fighting fraud is necessary when education is not enough. The department continues to focus on a range of initiatives—including increased innovation, regulatory actions, and collective resources—to bolster measurable results in the fight against fraud.