Washington State Department of Labor & Industries

Improving Integrity and Accountability in the Workers' Compensation System

Fiscal Year (FY) 2025 Annual Report to the Legislature

January 2026

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Executive Summary

This annual report summarizes the Department of Labor & Industries' (L&I) efforts to find and eliminate deliberate fraud in the workers' compensation system. These efforts start with education, recognizing that the vast majority of workers, employers, and medical providers intend to do the right thing. Only when education is unsuccessful is enforcement action needed.

In fiscal year (FY) 2025 (July 1, 2024–June 30, 2025), 234 L&I employees detected, investigated, and enforced actions against workers' compensation fraud. For every dollar spent on these efforts, L&I returned $15.16 to employers, workers, and providers. The department has collected $372.7 million in delinquent funds, of which $350.2 million was from employer workers' compensation premiums. In addition, agency programs have identified cost avoidance amounting to over $11.7 million for FY 2025. The remaining completed cases are queued for review and have significant projected impact.

This report also describes the department's education and assistance efforts with employers, workers, and providers and, as mandated by law, includes actual and estimated cost savings from the agency's investigations into workers' compensation fraud. It 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 are among the department's priorities in eliminating fraud in the workers' compensation system. L&I offered an array of virtual programs and services in FY 2025 to help businesses and providers reduce reporting mistakes and understand applicable laws and rules, including:

- contractor training days;
- "L&I Essentials for Business" workshops;
- helping providers understand L&I's billing and documentation requirements;
- webinars and e-learning modules; and
- early contact calls to employers that have a time-loss claim.

In addition, by using Lean Six Sigma principles and L&I standardized processes for employers opening new workers' compensation accounts, the department can better focus on ensuring correct premium rates are being charged and educating businesses about quarterly-reporting requirements.

Identifying and addressing fraud

L&I confronts workers' compensation fraud in three critical areas: workers, employers, and providers who treat or train injured workers. Along with pursuing both civil and criminal charges, the department intervenes on behalf of injured workers who may have been retaliated against for filing a workers' compensation claim or whose employer knowingly suppresses the filing of an injury or illness claim.

Worker fraud

In FY 2025, L&I received more than 2,200 referrals of potential worker fraud, which resulted in completing over 1,600 individual investigations of all types. Of these, 89 cases were referred as willful misrepresentation/fraud cases for civil decisions. Fraud investigations for FY 2025 resulted in cost savings of more than $11.7 million based on just over 600 case reviews. This equates to an average of approximately $18,500 per completed case. The remaining cases are queued for final cost-savings review.

Employer fraud
L&I received nearly 2,300 leads related to potential employer misreporting in FY 2025. The resulting reviews and audits led to more than $118.2 million in additionally assessed premiums, penalties, and interest. To reduce and prevent employer fraud in FY 2025, L&I:

- Audited over 1,350 employers. Of those, 75% were found to owe debts to L&I. More than 570 of these were unregistered employers.
- Reviewed more than 5,960 public works contracts worth nearly $8.9 billion to ensure workers' compensation premiums were paid.

Provider fraud
L&I addresses fraud allegations among providers entrusted to help injured workers. These include claims related to medical or therapeutic care, as well as vocational training and language interpretation. L&I identified more than $24 million in provider overpayments in FY 2025 and issued assessments on $959,691.

Forty-two cases were completed in FY 2025 that included reviewing 92 providers, over 13,000 claims and files, and more than 123,000 line items that were billed to the department.

Collections
In FY 2025, L&I collected $372.7 million in delinquent funds, of which $350.2 million was from employer workers' compensation 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.

Introduction

To preserve the integrity of the workers' compensation fund, L&I offers information and services to help workers, employers, and providers understand and comply with state workers' compensation requirements. The goal is to ensure money is available to pay for injured worker benefits and help reduce premium costs for both workers and employers. L&I uses discovery tools, interagency partnerships, and public tips to detect and deter workers' compensation fraud. 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 FY 2025 to find and eliminate deliberate fraud in the workers' compensation system; and explains how L&I collects debt, averts fraud through education and outreach, and implements innovative programs and tools to combat fraud.

Also included is a description of the department's first priority of providing employers with targeted education and assistance. 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** that fail to pay their workers' compensation premiums; **employees** who make false injury and disability claims; and **providers** that bill dishonestly. Cheating the workers' compensation system is not a victimless crime. Fraud drives up workers' compensations costs. These increases are then passed along to both employers and workers in the form of higher insurance premiums.

Impact to honest employers
Employers that do not 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, costs are shifted to compliant businesses that must bear the burden of paying higher workers' compensation costs to cover system expenses.

Impact on workers and the public
Higher premium rates resulting from workers' compensation fraud may also result in reduced employee wages, lower legitimate business profits, and higher prices for consumer goods and services.

Along with pursuing both civil and criminal charges, L&I intervenes on behalf of injured workers who may have been retaliated against for filing a workers' compensation claim or whose employer knowingly suppresses the filing of an injury or illness claim.

What is Workers' Comp?

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

About 203,000 employers and 2.78 million workers 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. Those with lower costs pay less.

Workers' Compensation Claimant Fraud Investigations

OVERVIEW

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

Fraud investigations may result in workers having to repay benefits, including penalties and interest. In some cases, workers may face criminal charges. Investigations do more than identify debts owed to L&I; they 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. Finally, successful prosecution of fraud cases may also deter future fraud.

DETECTION

Detection and tracking identify and prevent 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 2025, more than 2,200 tips were received using these methods and filed in the internal Investigation Case Management (ICM) system.

CRIMINAL AND CIVIL CASES

Investigative staff will refer a case to the Office of the Attorney General or county prosecutors for criminal or civil action if they believe there is evidence of fraud or willful misrepresentation. During this reporting period, 169 cases were referred to fraud.

Of the 169 cases referred, 89 willful misrepresentation orders were issued, totaling over $1.9 million. Sixteen of these claimants were referred for criminal prosecution, 13 of which have been charged or are pending charges in Thurston County. There are currently five criminal cases pending decision at the Office of the Attorney General. Four criminal cases from past reporting periods are still pending trial.

INVESTIGATION PROCEDURES

L&I's methods in conducting investigations into potential worker fraud include:

- **Activity checks** to review worker activities to see if the worker is still unable to work.
- **Other** investigations resulting from discoveries of irregularities by claims managers when they request information, such as medical records, to manage a claim.
- **Validity checks** of a claim to confirm it is legitimate (e.g., the injury was work-related).
- **Willful misrepresentation** of injuries to continue receiving benefits (e.g., a person working "under the table" while continuing to receive wage-replacement funds).
- Requests to **reopen claims** that were previously closed to ensure 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.

Figure 1 shows the number and types of referrals for worker fraud investigations received in FY 2025. Of the over 2,200 referrals received, more than 1,600 investigations were conducted. Activity investigations, which verify whether an injured worker was still unable to work, were the most common type of investigations. The data in Figure 1 includes identified civil and criminal cases, as described above.

Among the more than 1,600 completed cases, a cost avoidance review has been completed on 635 of them. This review accounts for approximately $11.8 million in cost avoidance from future impacts to L&I. The remaining cases are queued for their cost savings final review and have a projected significant impact. The investigations for those cases are complete.

Figure 1: L&I worker fraud investigations, FY 2025

Type of Referral	Number of Referrals
Activity	939
Other	331
Validity	200
Fraud	141
Claim Reopening	1
Total	**1,612**

Source: L&I Investigations

Employer Fraud Investigations

OVERVIEW

Employers that knowingly misclassify employees in lower-cost rate classes, underreport or fail to report worker hours, or fail to pay required premiums are committing employer fraud. Cases of employer fraud are investigated by 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 workers' compensation certificate and contractor registration license;
- paying workers in cash with no payroll records;
- intentionally underreporting worker hours;
- deliberately reporting worker hours in the incorrect risk classification; and
- treating workers as independent contractors (not covering workers with workers' compensation insurance).

In FY 2025, L&I initiated 15 criminal cases related to employer fraud. These were the most serious cases and involved allegations of employer misconduct, such as failing to secure workers' compensation insurance for employees, continuing to employ workers after their certificate of coverage was revoked, or any of the 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.

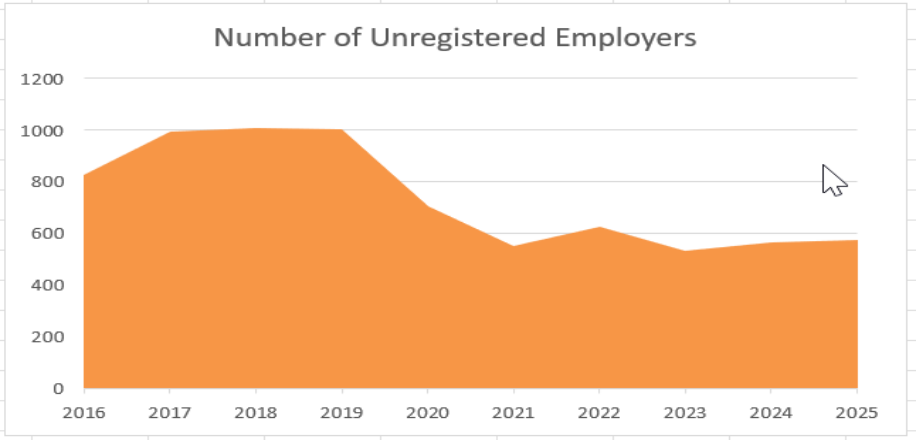
DETECTION

Ongoing enhancements in detection and analytic capacity have led to better detection of employers that owe premiums, and fewer unnecessary audits on businesses that are correctly reporting workers' compensation premiums.

To identify businesses most likely to owe premiums, L&I uses tips from the public, data and information shared with other agencies, and available internal data to send auditors to the right businesses. Enhanced detection methods ensure L&I identifies and actively pursues the employers most likely to commit fraud, saving time and trouble for compliant employers. In FY 2025, L&I received nearly 2,300 employer fraud leads. Of the over 1,350 employer audits completed in FY 2025, 75% were found to owe money to L&I, resulting in more than $118.2 million in assessed premiums.

As shown in Figure 2, since 2013, the number of audits of unregistered businesses has fluctuated. The rapid decline during fiscal years 2020 and 2021 is due to pauses in audits as a result of COVID-19, and to fewer audit referrals for unregistered firms in 2023.

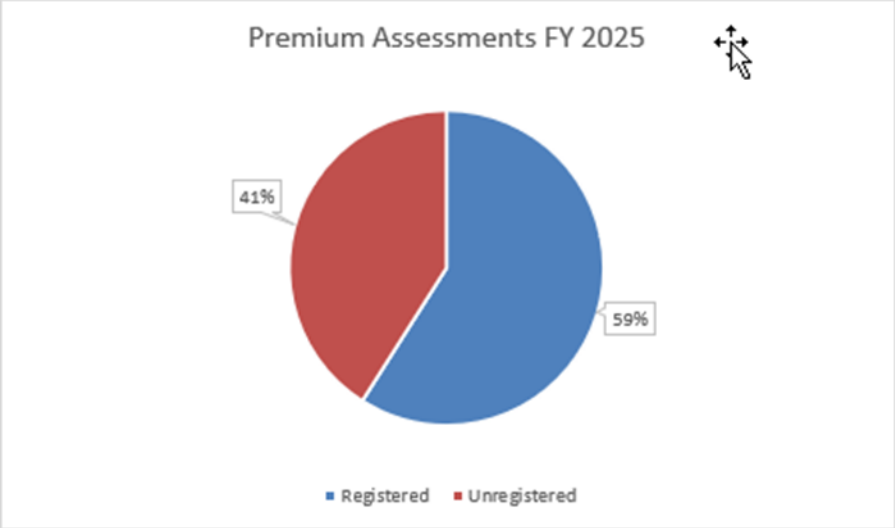
Figure 2: Unregistered employer audits, fiscal years 2014-2025



Source: L&I Field Audit

As shown in Figure 3, about 41% of audits performed in FY 2025 involved unregistered employers, with premium assessments totaling over $9.9 million. Although audits of unregistered employers in FY 2024 was also 41%, the department has assessed $3.1 million more in FY 2025, affirming continued success in leveling the playing field for all employers.

Figure 3: Premium assessments, FY 2025



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 verifying that all hours are reported in the correct risk class.

Auditors throughout Washington conduct these reviews. After completing an audit, L&I holds a closing conference with the employer, either by phone or in person, to provide 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 is also an opportunity to answer employer questions, which helps prevent recurring issues. The Certified Fraud Examiner (CFE) certification includes a rigorous study program and a four-part examination. Due to budget constraints, new CFE certifications were not offered to auditors in FY25. We hope to resume new certifications when the budget allows. Currently, 36% of the auditors in the Field Audit program are CFEs.

Public works contracts
L&I reviews public works contracts valued at over $35,000 to verify appropriate workers' compensation premiums were paid. On these projects, the final 5% of payments is withheld until certain tax payments are verified by the department. This review 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 2025, L&I reviewed about 5,960 public works contracts valued at nearly $8.9 billion. During this review, L&I found over $2.29 million in workers' compensation premiums that were owed for work on public projects during the fiscal year.

L&I works with contractors to resolve unintentional reporting discrepancies. Not all cases are resolved voluntarily, however, and a small number require an audit. In FY 2025, more than 43,700 account reviews were completed; and 23 of those contractors were referred to audit. When pursuing amendment requests are not completed timely, the contractor is referred to audit.

EMPLOYER FRAUD CRIMINAL AND CIVIL CASES

Criminal cases
In FY 2025, L&I forwarded two cases of employer fraud for criminal charges.

Civil cases
On the civil side, misrepresentation penalties occur when employers intentionally misclassify or underreport employee hours for workers' compensation. In FY 2025, L&I assessed nine misrepresentation penalties totaling over $2.7 million. This was in addition to premiums owed.

Provider Fraud Investigations

OVERVIEW

Department staff also address fraud allegations among providers entrusted to help injured workers. These include claims related to medical or therapeutic care, as well as vocational training and language interpretation.

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 noncovered 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 upcoding).
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 internal and external sources, including injured workers, claims managers, other medical providers and agencies, and staff responsible for paying bills related to treating injured workers. In FY 2025, L&I reviewed 207 referrals of suspected provider fraud. After reviewing the providers referred for suspected fraud, 24 potential cases were identified. These 24 cases were forwarded to fraud investigators for further action.

CRIMINAL AND CIVIL CASES

Provider Fraud investigations

Provider Fraud completed 42 cases in FY 2025, that included reviewing 92 providers, over 13,000 claims and files, and more than 123,000 line items billed to L&I totaling over $24 million. While working the cases, staff identified over $247,800 in overpayments, which were recouped internally for billing errors.

Provider Fraud staff helped other state and federal agencies with fraud and abuse cases; reached out to internal and external customers; attended inter- and intra-state health care fraud taskforce workgroups on rising trends in provider and workers' compensation fraud; 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. In FY 2025, provider civil fraud cases primarily involved issues around hearing aids, interpreters, and improper billing for services. During this period, L&I notified providers of violations and recovered money administratively that was owed due to improper billing but did not assess penalties.

Provider Fraud criminal cases

In FY 2025, L&I did not refer any health care provider fraud cases for potential criminal charges.

PROVIDER OVERSIGHT

Private sector rehabilitation services

L&I staff in the Private Sector Rehabilitation Services (PSRS) unit ensure that Washington's injured workers receive high-quality vocational rehabilitation services that comply with applicable state laws, regulations, and policies. Staff investigate complaints about vocational providers, monitor and audit how providers deliver their services and what those services are, and how providers bill for their services. In FY 2025, PSRS initiated 42 complaint reviews.

Provider quality and compliance

L&I staff in the Provider Quality and Compliance (PQC) unit audit medical bills for services paid by the state's workers' compensation fund. The purpose of the audits is to notify providers of any violations regarding applicable laws, regulations, and L&I policies that affect the billing of, and payment for, services provided to injured workers. The audits also enforce compliance with L&I's medical aid rules and fee schedules. In FY 2025, staff completed 14 medical provider reviews and assessed $779,166 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 identify inconsistent reporting or duplicated claims that may indicate worker, employer, or provider fraud. Below 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 Social and Health Services (DSHS), Department of Revenue (DOR), and Employment Security Department (ESD) when any of the agencies find businesses or individuals that may require investigation. The process is to 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.

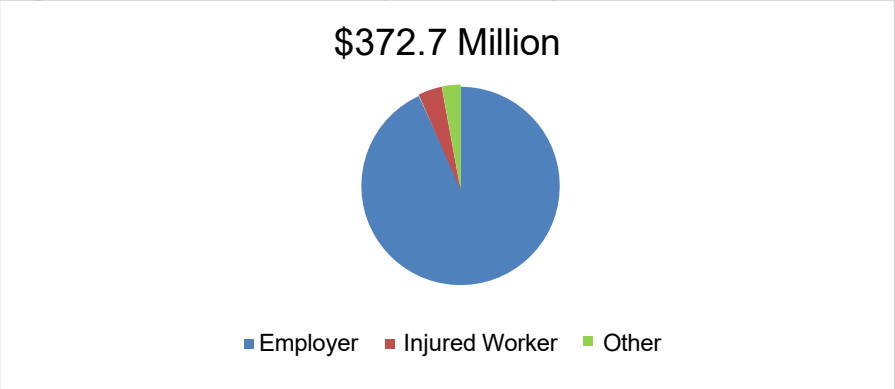
L&I's Fraud Management team meets on a regular basis with fraud managers from ESD, DOR, and DSHS to further collaborate and share data. This group has been expanded to include the Department of Licensing (DOL) and Office of the Insurance Commissioner (OIC), and continues to expand to other agencies and 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.

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 $350.2 million of the $372.7 million collected in FY 2025. "Other" debts include unpaid wages, unpaid penalties, safety and health citations, Right-to-Know billings, and Retrospective Rating program billings.

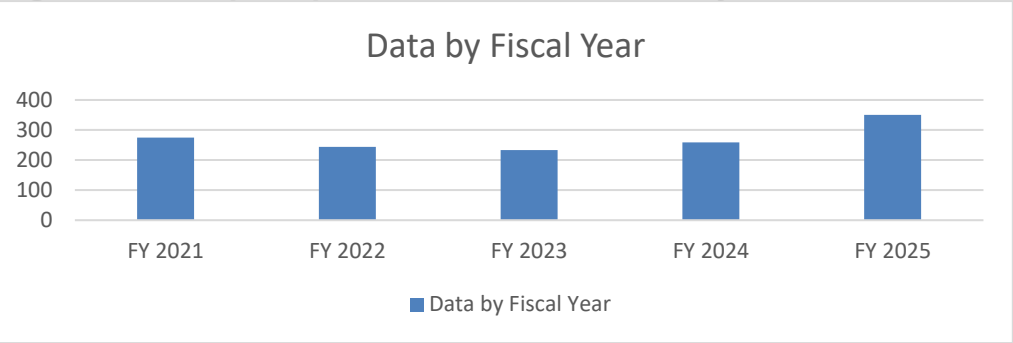
Figure 5: Source of delinquent money collected, FY 2025



Source: L&I Collections

Figure 6 shows collections for delinquent workers' compensation premiums. FY 2021 was an unusual increase due to COVID-19. FY 2025 was the highest level in this 5-year period, due to an increase in the number of active and delinquent workers' compensation accounts.

Figure 6: Delinquent premiums collected, fiscal years 2020-2025



Source: L&I Collections

Education and Outreach

L&I proactively helps employers avoid making costly mistakes that can potentially lead to fraud. Reducing reporting errors and knowing the rules they must follow make it easier for employers to do business with L&I. Importantly, it enables the agency to focus efforts on businesses that intentionally undermine the system. L&I 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 is unsuccessful, the employers are referred to the Audit program.

Contractor training
L&I invests considerable time to help all businesses, including construction contractors, know their legal obligations. In FY 2025, nearly 400 construction contractors received in-person or virtual training. At these highly rated events, L&I offers training on a variety of subjects, including proper reporting and payments, ensuring workplace safety, contract writing, and more in the customers preferred language, including Spanish and French.

Workers' compensation coverage determination
The department also offers assistance to employers to determine whether a worker is an independent contractor or must be covered for workers' compensation purposes as an employee. The team helps employers by combining education and support to bring businesses into compliance before any reporting errors are discovered during an audit.

EMPLOYER OUTREACH

L&I has continued to prioritize outreach 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 requirements, resources, and services. These workshops are promoted via an array of platforms. In FY 2025, L&I offered 16 of these courses.

- Twelve were in English, and four were in Spanish.
- Over 700 employers attended these workshops.

- In post-workshop surveys, all attendees gave the webinar an overall rating of "Excellent" (90.5%) or "Good" (9.5%).
- All attendees rated as "Excellent" (88.1%) or "Good" (11.9%) the webinar's "ability to answer your specific questions."

Small Business News
L&I's Small Business Office publishes a quarterly e-newsletter called "Small Business Newsletter." Over 11,100 subscribers learn about upcoming training courses, 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
In 2020, L&I launched the Small Business Outreach Contracts program with employer-trusted entities to deliver important messaging to small businesses and nonprofits, significantly expanding the number of employers that learn about L&I requirements, resources, and services. In January 2024, L&I contracted with 32 organizations (partners) including industry associations, ethnic and cultural groups, entrepreneurial training and advising organizations, chambers of commerce, and others. From July 1, 2024, to June 30, 2025, L&I reached nearly 160,000 people through these partner organizations. For the entire contract term (January 2024 to June 2025), L&I reached a total of 188,625 people.

Multi-Agency Small Business Requirements & Resources (SBRR) Workshops
L&I partners with other agencies to offer collaborative Small Business Requirements & Resources (SBRR) virtual workshops called "Start Your Business in Washington." In FY 2025, more than 240 people attended the six SBRR webinars. Additionally, over 650 people attended 21 in-person SBBR workshops (12 in English, five in Spanish, two in Filipino, one in Korean, and one in Ukrainian). Attendees learned business essentials, including L&I requirements and access to resources.

Provider Outreach
L&I offered outreach and education to providers in FY 2025, including:
- Hosting six virtual and three in-person billing workshops. These workshops were attended by 131 people (37 in person and 94 in virtual workshops). Both formats will be continued to meet customer requests and will include a monthly cadence for virtual workshops.
- Offering virtual and in-person consultations to clinics and individual providers upon request addressing specific provider needs. During these consultations, providers receive step-by-step help and hands-on demonstrations on how to use L&I resources.
- Supporting providers via email with a dedicated mailbox, ProviderSupport@Lni.wa.gov, through which they can send questions or request help.

FUTURE INITIATIVES

L&I will continue to prioritize educating workers, employers, and providers, and aggressively pursue fraud. In FY 2026 the department is continuing several strategies and adding more collaboration for suspected violations. Goals for 2026 include:

- Applying lessons learned, using virtual platforms to reach more employers and providers for future training, small business assistance, and compliance actions.
- Increasing contact with business entities to expand the number of employers receiving educational materials.
- Improving data collection tools and the analytical abilities to more efficiently identify fraudulent activity.
- Building upon coordinated enforcement concepts that have been embedded into the standard

operating procedures of many L&I programs to ensure agency response is appropriate to the action, and that consequences are applied more consistently.
- Continuing to look for and implement computer forensics and auditing resources.
- Collaborating with employers, retrospective rating groups, advocates, trade groups, and others to identify, deter, and report all types of suspected violations.
- Focusing on bad actors severely out of compliance across various business lines. A cross-agency Business Strategy Group works across the enterprise to resolve issues with cross-training, systems, and policies, and shares significant cases affecting multiple business areas.
- Implementing data analytics for high-probability case leads on early worker fraud investigations.
- Collaborating with other federal, state, and private investigation groups to identify provider investigations with common themes.
- Developing and enhancing relationships with key partner groups to improve investigations.

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.

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 to the Washington State Department of Social and Health Services.

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