



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Official Report – April 7, 2022

Bureau of Special Investigations Annual Report

Fiscal Year 2021
July 1, 2020–June 30, 2021



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ABOUT THE BUREAU OF SPECIAL INVESTIGATIONS

As part of the Office of the State Auditor, the Bureau of Special Investigations (BSI) is charged with investigating allegations of public assistance fraud throughout the Commonwealth. The diligent work of BSI examiners ensures that taxpayer dollars, which fund Massachusetts’s public benefits programs, are used effectively so that those benefits are available to residents who truly need them.

Under state law, BSI’s investigative authority extends to any assistance program administered by the Department of Transitional Assistance (DTA), the Department of Children and Families,¹ and the Division of Medical Assistance (which administers MassHealth, the state’s Medicaid program). Although the Department of Early Education and Care (EEC) is not included in the BSI statute, BSI works with EEC through a memorandum of understanding. As a result of BSI’s investigations, public assistance fraud cases are referred to agencies for administrative action, fraudulent overpayments are recovered through civil agreements, individuals are disqualified from programs for specified periods of time, and cases are prosecuted in state district or superior courts and the US District Court for the District of Massachusetts. BSI recommends cases for prosecution based on the severity of the fraud, the intent of the perpetrator, and the case’s potential to serve as a deterrent to future fraud.

Working under Section 17 of Chapter 11 of the Massachusetts General Laws, BSI examiners operate from five offices across the Commonwealth. BSI consists of three separate investigative units: the Central Processing Unit, the MassHealth/DTA Unit, and the Data Analytics Unit. Each unit is headed by an assistant director who reports directly to the director of BSI. While each unit has its own specific concentration, all of the BSI units collaborate with one another, as investigations often involve more than one benefit program activity. BSI participates in joint investigations and task forces that focus on combating fraudulent activities with other state and federal agencies across the Commonwealth.

This report, as statutorily required, summarizes BSI’s work in fiscal year 2021 (July 1, 2020–June 30, 2021).

1 The Department of Children and Families does not administer public assistance funding and therefore does not fall within the scope of BSI’s investigative work.

EXECUTIVE SUMMARY

On June 15, 2021, the State of Emergency that Massachusetts Governor Charles Baker declared in response to the COVID-19 pandemic terminated. The COVID-19 pandemic has affected nearly every aspect of government work, including the work of BSI. Since March 2020, BSI staff members have continued to work primarily outside of their office locations in Boston, Chicopee, and Brockton. Although faced with unprecedented challenges, BSI continued its work by using technology and innovation. The fiscal year 2021 (FY21) Bureau of Special Investigations Annual Report summarizes BSI's work and initiatives to execute the Office of the State Auditor's mission to make government work better by investigating, under its statutory charge, fraud, abuse, and illegal acts involving public assistance benefits throughout the Commonwealth. During FY21, BSI continued to investigate and identify fraud in order to maintain program integrity and uphold the Commonwealth's residents' faith in public assistance programs. BSI's efforts ensure that public assistance programs operate with transparency so that benefits are available to residents who truly need them. Public assistance programs administered by the Department of Transitional Assistance, the Department of Early Education and Care, and MassHealth provide vital social services for the Commonwealth's most vulnerable and disadvantaged residents—children, persons with disabilities, low-income individuals and families, and seniors.

**In FY21, BSI identified
\$6,139,720
in fraud.**

BSI continued to be impacted by COVID-19 throughout FY21. The division experienced operational challenges both internally and externally with our partners and stakeholders, who were equally impacted by COVID-19, that led to less referrals, backlogs and delays in fraud calculations, and ultimately, less identified fraud when compared to other years.

In FY21, BSI opened 3,224 new investigations and completed 3,402² total investigations. This report includes a comprehensive breakdown of the fraud identified within each program BSI investigates. Of the 479³ completed cases with identified fraud, the average amount of fraud was \$12,817.79.

2 This figure includes investigations that may have been opened during previous fiscal years and is not tied to investigations opened during FY21.

3 This number reflects all the cases with a calculated overpayment (financial type).

Statistical data demonstrates that the cases BSI investigated in FY21 most frequently involved allegations of undisclosed employment, personal care attendants, undisclosed unemployment compensation, or an unreported non-custodial parent in the household.

Highlighting the Data Analytics Unit’s analytical support services, the following tables illustrate FY21’s total fraud allegations by county.

Table 1A. FY21 Total Fraud Allegations by Allegation Type and County

Allegation	Barnstable	Berkshire	Bristol	Dukes	Essex	Franklin	Hampden	Total
Assets	4	1	15	0	9	3	18	<u>50</u>
Child Care	0	0	0	0	0	0	0	<u>0</u>
Dependent Not in Home	14	13	45	0	38	6	50	<u>166</u>
EBT Fraud	0	1	6	0	2	0	1	<u>10</u>
Employment	21	19	111	0	64	9	89	<u>313</u>
False Identity	0	1	5	0	8	0	2	<u>16</u>
Multiple Assistance	2	1	2	0	2	0	1	<u>8</u>
NCP Present	16	12	46	2	29	6	75	<u>186</u>
Non Resident	1	0	10	1	13	0	10	<u>35</u>
Other	1	0	0	0	1	0	0	<u>2</u>
Other Earner in the Home	3	1	23	0	14	2	25	<u>68</u>
Out of State	4	4	21	1	35	3	19	<u>87</u>
Personal Care Attendant	13	19	116	0	43	13	85	<u>289</u>
Subject Living Above Means	8	10	66	3	47	2	39	<u>175</u>
Support Payments	1	2	4	0	2	0	3	<u>12</u>
Trafficking	0	0	3	0	2	0	5	<u>10</u>
Unemployment Compensation	46	19	82	2	24	6	87	<u>266</u>
Grand Total	<u>134</u>	<u>103</u>	<u>555</u>	<u>9</u>	<u>333</u>	<u>50</u>	<u>509</u>	<u>1,693</u>

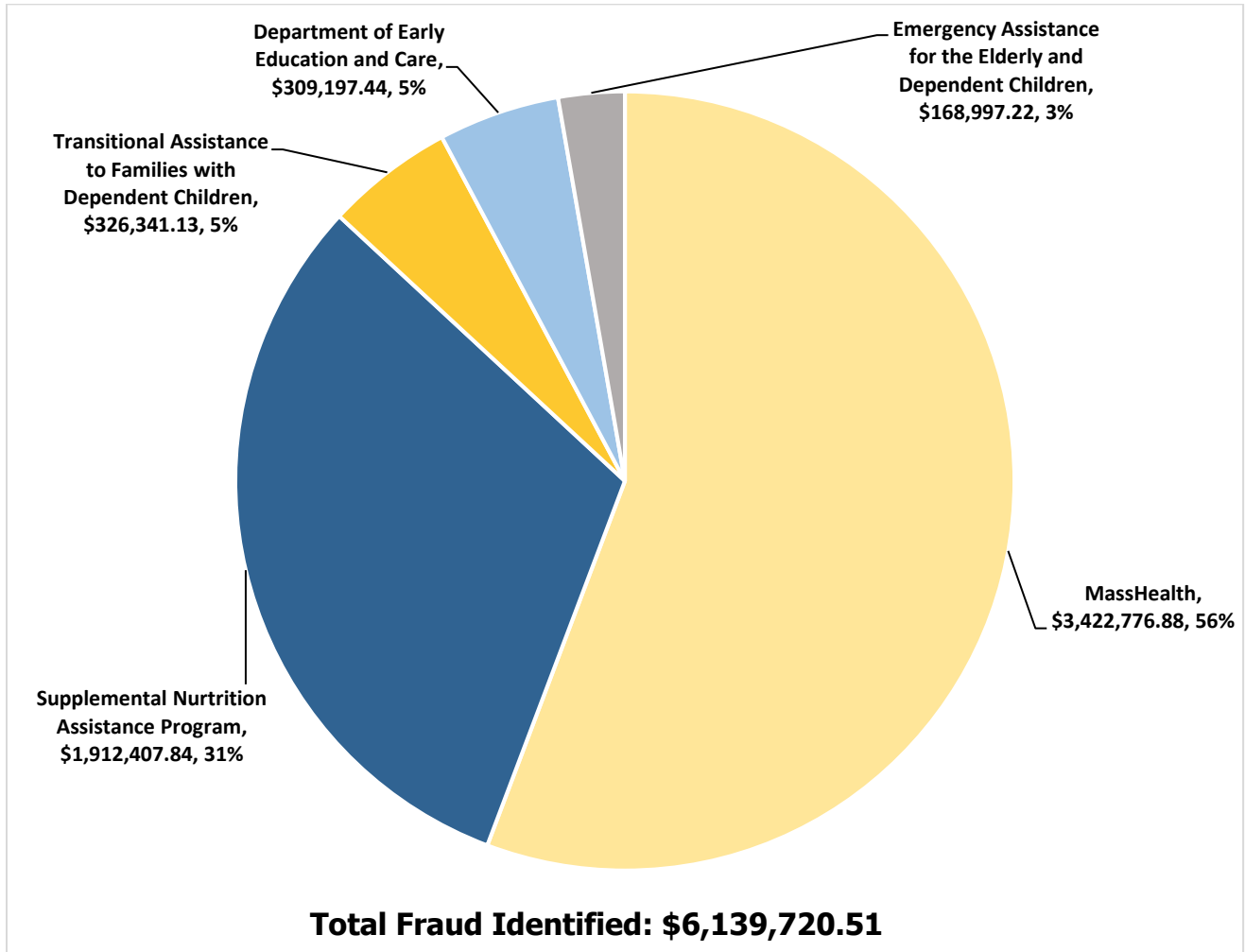
Table 1B. FY21 Total Fraud Allegations by Allegation Type and County

Allegation	Hampshire	Middlesex	Nantucket	Norfolk	Plymouth	Suffolk	Worcester	Grand Total
Assets	7	14	0	6	10	17	10	<u>64</u>
Child Care	0	0	0	0	0	0	0	<u>0</u>
Dependent Not in Home	4	41	0	19	16	33	59	<u>172</u>
Electronic Benefit Transfer Fraud (EBT) Fraud	0	0	0	0	2	0	1	<u>3</u>

Employment	7	75	0	39	44	100	83	<u>348</u>
False Identity	1	7	0	3	2	10	8	<u>31</u>
Multiple Assistance	0	2	0	2	0	1	1	<u>6</u>
Non-Custodial Parent (NCP) Present	9	37	0	15	34	41	58	<u>194</u>
Non Resident	0	14	0	1	5	10	11	<u>41</u>
Other	0	3	0	2	0	1	0	<u>6</u>
Other Earner in the Home	3	17	0	10	4	27	22	<u>83</u>
Out of State	1	29	1	11	11	9	20	<u>82</u>
Personal Care Attendant	15	60	0	48	51	91	83	<u>348</u>
Subject Living Above Means	5	45	0	32	21	33	58	<u>194</u>
Support Payments	0	6	0	1	2	6	0	<u>15</u>
Trafficking	0	2	0	0	2	2	2	<u>8</u>
Unemployment Compensation	5	23	1	14	16	41	39	<u>139</u>
Grand Total	<u>57</u>	<u>375</u>	<u>2</u>	<u>203</u>	<u>220</u>	<u>422</u>	<u>455</u>	<u>1,734</u>

BSI YEAR IN REVIEW

Figure 1. FY21 Fraud Dollars Identified by Public Benefit Program

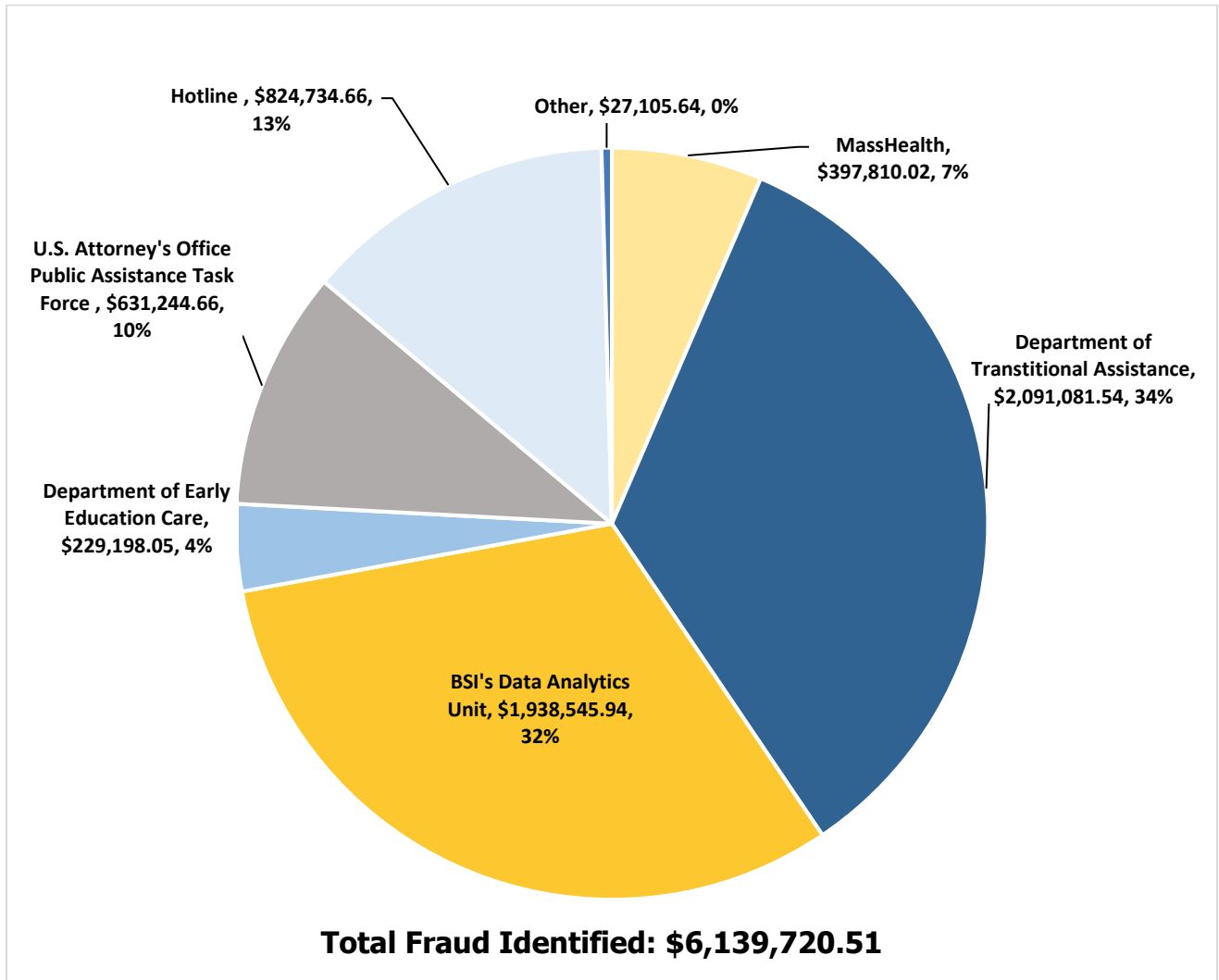


BSI By the Numbers

- 1,505⁴: BSI cases at the start of fiscal year 2021 (FY21)
- 3,224: New investigations
- 3,402: Total completed investigations
- 479: Completed investigations with identified fraud
- 1,327: BSI cases at the start of fiscal year 2022

⁴ In the FY20 Annual Report, the number of cases reported at the start of FY21 was 1,531. The reporting criteria used during the FY20 Annual Report differs from FY21.

Figure 7. FY21 Fraud Dollars Identified by Referral Source



* Percentages do not total 100 because of rounding.

Table 2. FY21 Caseload by Referral Source

Caseload	Department of Early Education and Care	Data Analytics Unit	MassHealth	Department of Transitional Assistance	Hotline	Task Force	Other	Total
Beginning Balance	11	135	204	935	174	26	20	<u>1,505</u>
New Investigations	32	180	504	1,893	581	29	5	<u>3,224</u>
Total Completed Investigations	9	222	512	2,043	593	16	7	<u>3,402</u>
Completed with No Fraud	2	20	475	814	516	4	5	<u>1,836</u>
Completed with Identified Fraud	3	192	29	143	8	1	0	<u>376⁵</u>
Completed as Potential Intentional Program Violation	0	0	2	1,021	45	0	0	<u>1,068</u>
Completed Pending Court/Non-Court/ Calculation⁶	4	10	6	65	24	11	2	<u>122⁷</u>

5 This number reflects the disposition selected that signifies identified fraud.

6 Completed Pending Court/Non-Court/Calculation includes calculated cases pending court/non-court outcomes and cases that are pending fraud calculation(s) from referral source(s).

7 This number indicates cases without a disposition selected or financial types because they are pending court/non-court/calculation.

Closed Cases with Identified Fraud by Disposition

When BSI investigations are completed, BSI fraud examiners make determinations regarding the final resolutions of the cases, which may include referring the matter for prosecution, completing a civil recovery, or referring the matter for further action. Cases referred for prosecution are cases in which BSI files a criminal complaint against the subject(s) or refers the case to a district attorney's office, the Attorney General's Office, or the US Attorney's Office.

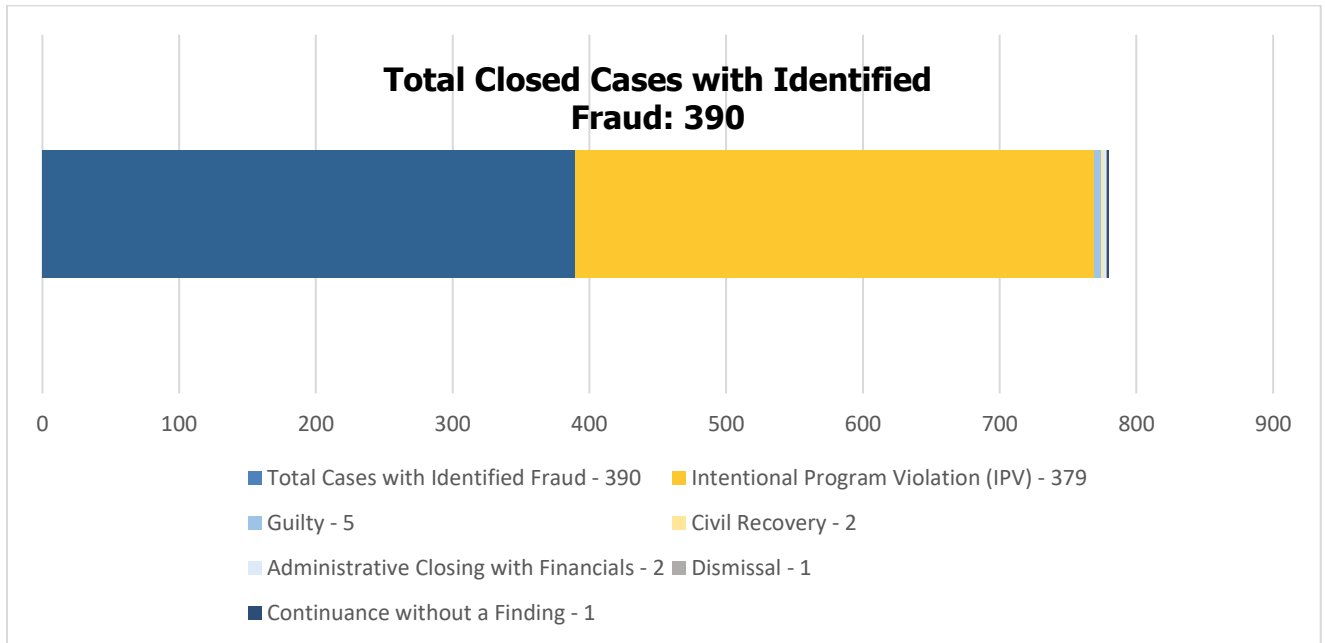
All investigations that are completed and closed by BSI are considered closed cases, with or without identified fraud. In some cases, a closed case without identified fraud does not necessarily indicate that there was no fraud present, but rather that BSI was not able to obtain the necessary documentation to substantiate the fraud or that the individual was not receiving public assistance benefits during the period of allegation. Closed cases are cases that have been adjudicated completely, for which BSI will not pursue any further action.

BSI uses different disposition codes to categorize closed investigations with identified fraud. The seven disposition codes are as follows:

- Intentional program violations, or IPVs, are cases that are returned to the DTA, MassHealth, or the Department of Early Education and Care to be handled administratively by those agencies.
- Administrative closing with financials are cases that are completed with an overpayment calculation, but recovery was not completed due to various factors (subject deceased, subject moved and BSI unable to locate, BSI error).
- Civil recovery cases are resolved through an agreement in which subjects agree to pay back part or all of the fraudulently obtained benefits to the Commonwealth. Repayment terms must follow the originating agency's rules and regulations.
- Continuance without a finding are completed cases with identified fraud that were referred for prosecution where the subject admits that there is sufficient evidence against him/her for a reasonable jury to find them guilty of the charged offense(s).
- Guilty are completed cases with identified fraud that were referred for prosecution where the subject has either pleaded guilty or received a guilty verdict after a bench or jury trial.
- Dismissed with financials are completed cases with identified fraud that were referred for prosecution where the court dismisses the case; the matter may be returned to the benefit program for further action.

During FY21, BSI closed 390 cases with identified fraud and categorized them under the following disposition codes: 379 IPVs, 5 guilty court dispositions, 2 civil recoveries, 2 administrative closings with financials, 1 dismissal with financials, and 1 continuance without a finding.

Figure 8. Summary of Closed Cases with Identified Fraud for FY21



FISCAL YEAR 2021 SUMMARY BY UNIT

Central Processing Unit

The Central Processing Unit (CPU) received 3,224 new referrals for investigation in fiscal year 2021 (FY21) and processed, analyzed, and reviewed 3,232 referrals from the following sources.

Table 3. FY21 CPU Referral Sources

Source	Number of Referrals	Percentage of Total
Department of Transitional Assistance	1,899	59%
Hotline	571	18%
MassHealth	490	15%
Data Analytics Unit	209	6%
Department of Early Education and Care	31	1%
Task Force	28	0.9%
Other	4	0.1%

The following is a breakdown of the public assistance programs involved in the 3,232 analyzed referrals.

Table 4. FY21 CPU Caseload by Public Assistance Program

Type	Number of Cases	Percentage of Total*
Supplemental Nutrition Assistance Program	1,106	34%
MassHealth	901	28%
Transitional Aid to Families with Dependent Children	656	20%
Emergency Aid to the Elderly, Disabled and Children	534	17%
Department of Early Education and Care	31	1%
Other	4	0.1%

* Percentages do not total 100 because of rounding.

CPU team members identified 1,046 referrals as potential intentional program violation (IPV) cases, where BSI determined that a fraud claim had merit but returned the case to the Department of Transitional Assistance (DTA) for further action based on the evidence. Typical agency actions include civil recovery, disqualification, and recalculation of benefits. Additionally, CPU closed 1,533 referrals administratively with no fraud determined after completing preliminary investigations. CPU designated 653 referrals for

case assignment. CPU team members continued to carry a small caseload in FY21, completing 54 investigations within the unit.

FY21 was eventful for many reasons. The pandemic continued to impact BSI's work environment, causing CPU to adapt and, ultimately, improve its internal processes. Despite delays due to challenges faced by external partners working remotely, changes to the benefit programs enacted by Congress, and decreased referrals due to limited personnel, CPU remained committed to providing our investigative staff with comprehensive preliminary case analyses, complete with corroborating documented evidence. During this period, CPU also assisted in the onboarding and mentoring of new BSI team members.

Technology again played a major role in the work of CPU by identifying potential subjects, co-subjects, other identifiers, and addresses; determining the potential breath and width of fraud; and gathering evidence to substantiate fraud. Although team members worked remotely in different locations, CPU seamlessly integrated technology, such as video conferencing and other communication tools, to continue its collaborative team efforts.

CPU team members participated in the vendor selection process, business requirement meetings, testing, and database implementation relative to the new BSI Case Management System (CMS). From inception to going live in June 2021, CPU members were critical to the CMS's development, testing, and operation.

MassHealth | DTA | EEC Unit

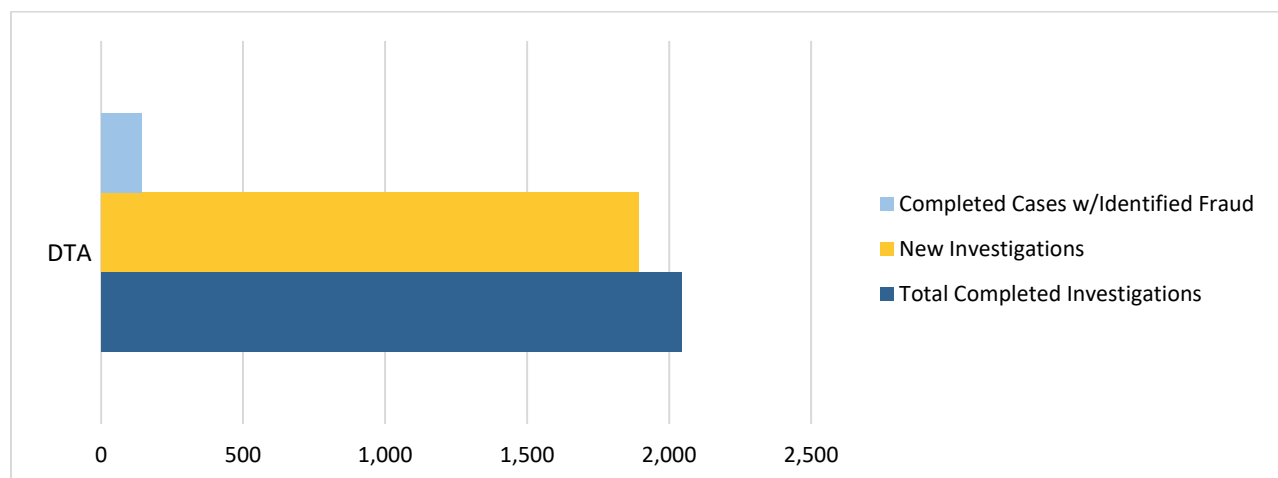
Recognizing that fraud can and often does occur in more than one public benefit program, the MassHealth and DTA units combined to create the Super Fraud Unit. The newly formed Super Fraud Unit consists of seven fraud examiners and three senior fraud examiners who are under the supervision of an assistant director and two supervising fraud examiners.

The Super Fraud Unit completed 629 cases in FY21, which contributed to identifying fraud totaling \$4,684,362.51 in 439 cases. The breakdown of identified fraud by public benefit program was as follows:

- \$1,891,805.85 for MassHealth (MA) investigations (40.39%)
- \$1,890,274.84 for Supplemental Nutrition Assistance Program (SNAP) investigations (40.35%)
- \$408,731.78 for Department of Early Education and Care (EEC) investigations (8.73%)
- \$338,075.39 for Transitional Aid to Families with Dependent Children (TAFDC) investigations (7.22%)
- \$155,271.01 for Emergency Aid to the Elderly, Disabled and Children (EAEDC) investigations (3.31%)

In FY21, due to COVID-19-related court closures and delays, BSI filed criminal charges in just one case in Boston (Boston Municipal Court), which was set for potential settlement by civil recovery following a show cause hearing. Working remotely, coupled with COVID-19 restrictions, halted civil recovery and subject interview efforts at all BSI offices during FY21.

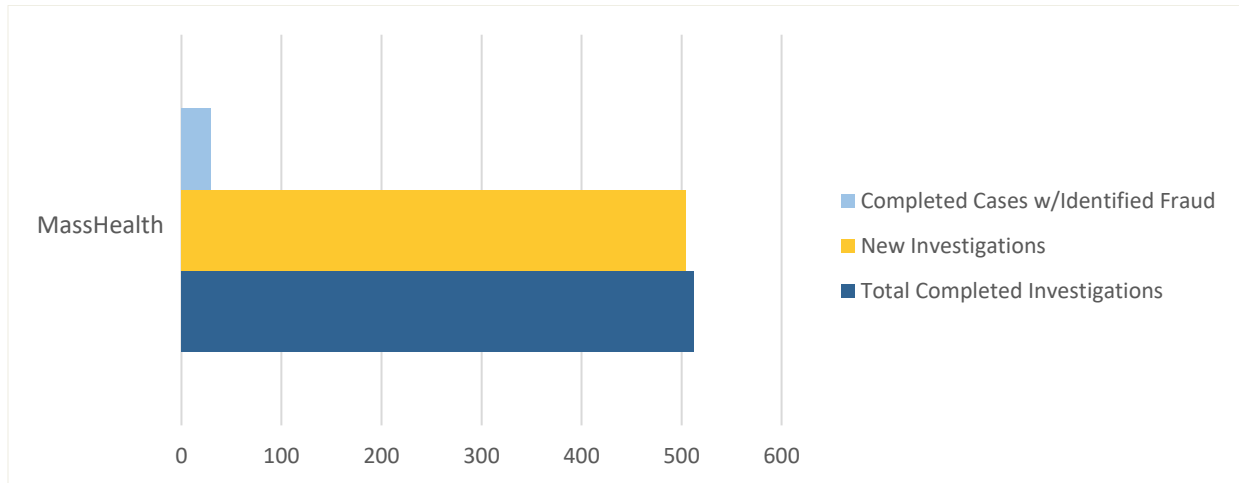
Figure 9. FY21 DTA Caseload



Note: BSI's DTA caseload for FY21 included SNAP, TAFDC, and EAEDC cases.

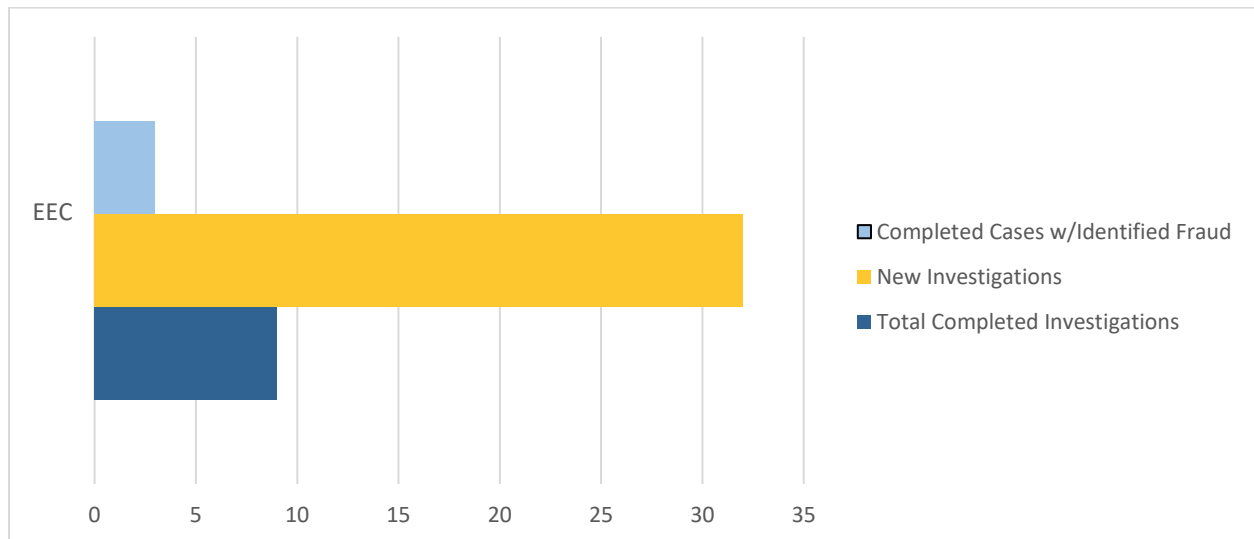
Additional changes throughout this fiscal year included BSI and DTA streamlining the method for obtaining electronic benefits transfer history reports. BSI's CPU unit now collects and submits requests directly to DTA, who generates the requested reports and makes them available to BSI.

Figure 10. FY21 MassHealth Caseload



BSI's working relationships with outside stakeholders have always been important, even more so during the last fiscal year. BSI, along with MassHealth and Attorney General's Office personnel from the Personal Care Attendant (PCA) Task Force, presented to Personal Care Management agencies and Fiscal Intermediaries about PCA fraud investigations. The goal of this presentation was to allow open communication and a better understanding of the work each respective agency conducts.

Figure 11. FY21 EEC Caseload



Lastly, the unit completed six investigations that were referred from EEC and identified \$297,181.79 in fraud from these referrals. Because individuals suspected of defrauding EEC often also receive other forms of public assistance, BSI routinely checks EEC subjects' other public assistance benefits and, in particular,

their reporting of household income and composition to other agencies. These supplemental investigations have led to the discovery of additional fraud in DTA and MassHealth public benefit programs.

As part of BSI's expanding working relationship with EEC, EEC permits BSI examiners to participate in EEC's administrative hearings under the Informal Fair Hearings Rules. The EEC administrative hearing provides BSI examiners the opportunity to explain their investigation and its findings. In FY21, a BSI examiner testified about their investigation at an EEC administrative hearing.

Data Analytics Unit

The growth of BSI's Data Analytics Unit (DAU), its increasing technical capabilities, and its continued collaboration with partners led to 180 referrals to CPU. The majority of these referrals alleged that personal care attendants (PCAs) failed to accurately disclose their income to the Department of Transitional Assistance (DTA) and MassHealth agencies as required while receiving public assistance benefits. BSI's DAU also continued to field referrals from BSI's Public Assistance Fraud Hotline, analyzing seven provider referrals that alleged provider fraud. Many of those investigations remain ongoing.

In addition, using advanced data analysis, BSI's DAU identified MassHealth providers with a high potential for fraud. The unit identified and referred four MassHealth providers to the Office of the State Auditor's Medicaid Audit Unit. The unit's analysis focused on improper billing associated with a variety of dental and physician services. Other analyses conducted by DAU in FY21 focused on services related to vision care, adult foster care, physician services, and the use of certain claim modifiers.

BSI's DAU continues to support multiple state and federal partners through joint investigative work in addition to accepting referrals for investigation and creating and sending referrals to the appropriate entities. During FY21, BSI's DAU continued to collaborate with federal partners, including the Office of the Inspector General's Office of Investigations and the Executive Office of Health and Human Services, on an ongoing investigation related to services provided within both the Medicaid and Medicare programs.

Lastly, BSI's DAU completed the rollout of its Analytical Support Services, which allows BSI examiners to choose from a suite of services designed to aid in the completion of data analysis tasks associated with their investigations. Services include, but are not limited to, the creation of visualizations (maps, timelines, charts, graphs, etc.) for presentation in court and other settings; the customization of findings reports for the analysis of financial, healthcare, and other relevant data; network and social media analysis; technical training; and Optical Character Recognition services. These services will assist in streamlining and automating several aspects of BSI's operations.

Other BSI News

During FY21, BSI formed a Training Team to identify staff training needs; build informative trainings, presentations, and job aids; and effectively lead training sessions for all BSI staff. The Training Team was able to successfully create and execute a remote process to conduct civil recoveries and interviews that were previously conducted in-office only. In FY21, BSI initiated repayment agreements and disqualification consent agreements (DCAs) totaling \$15,604 following the implementation of the virtual process. DCAs are agreements that subjects sign to disqualify themselves from receiving further DTA and/or EEC benefits because of their IPVs. When pursuing civil recovery for DTA and EEC cases, DCAs are required to complete the civil recovery agreement.

In FY21, the BSI Training Team also hosted mock interview and mock civil recovery trainings, which detailed the processes to conduct each remotely. Examiners actively participated in mock interviews by following partial scripts and watched a video of a mock civil recovery.

During FY21, BSI successfully onboarded four new Fraud Examiners remotely. Using a collaborative team effort, BSI members created a detailed onboarding agenda, which consisted of multiple PowerPoints, job aids, and learning templates. All onboarding materials will serve as lasting guides and remain available on the public drive for all BSI staff members to reference.

FY21 also featured the creation and release of BSI's new Case Management System (CMS). The new CMS is a platform where all staff members have access to a full case file without physically requesting information from the assigned examiner. The CMS has enhanced the process by which BSI personnel assign cases, request and save documents, request tasks, track case progress, log financials, and generate reports of investigations. The CMS serves as an organized database for examiners to save case files with greater access to management and significantly decreased BSI's use of and reliance on paper.

NOTABLE BSI ACTIVITY

Cambridge Woman Pleads Guilty to Theft of Government Benefits.

On September 16, 2020, a Cambridge woman pleaded guilty in the US District Court in Boston on two counts of theft of government benefits. The indictment alleged the woman fraudulently received approximately \$71,636 in Social Security benefits and \$13,923 in Supplemental Nutrition Assistance Program (SNAP) benefits from December 2009 through September 2018 by failing to report that her mother, the rightful recipient of these benefits, was deceased. Sentencing was initially scheduled for December 17, 2020, but was not held.

Cambridge Woman Charged with Theft of Government Benefits and Wire Fraud.

On April 5, 2021, a Cambridge woman was arrested and charged with stealing Social Security benefits and committing wire fraud to receive SNAP benefits. The woman faces one count of theft of public funds and three counts of wire fraud. The indictment alleges the woman maintained and used two Social Security numbers under two different names, under both of which she applied for and received Social Security benefits. It also alleges that she applied for and received SNAP benefits that she was not entitled to receive using the two names and numbers. As a result, it is alleged that she stole approximately \$184,410 in Social Security benefits from March 1993 through November 2018 and \$12,916.89 in SNAP benefits from February 2012 through April 2020.

Fitchburg Woman Sentenced for Theft of Government Benefits.

Also on April 5, 2021, a Fitchburg woman was sentenced in the US District Court in Worcester on three counts of theft of public funds and two counts of making false statements. In December 2020, the woman changed her not guilty plea and pleaded guilty to all five counts. Over approximately eight years, the woman fraudulently received \$71,462 in Social Security benefits, \$6,444 in MassHealth benefits, and \$13,505 in SNAP benefits by falsely informing the Department of Transitional Assistance (DTA) and the Social Security Administration about the members of her household.

Despite Pandemic, BSI Participation in Document and Benefit Fraud Task Force Continues.

As an active member of the US Attorney's Public Assistance Fraud Task Force, BSI received 29 referrals in FY21. BSI also continued to serve on the Homeland Security Investigation's Document and Benefit Fraud

Task Force (DBFTF), which comprises various local, state, and federal agencies with expertise in detecting, deterring, and disrupting organizations and individuals involved in various types of document, identity, and benefit fraud schemes.

DBFTF's "Double Trouble" investigation continued to identify suspected aliens, predominately from the Dominican Republic, who allegedly obtained stolen identities of United States citizens living in Puerto Rico and then used those identities to obtain documents and public benefits that they would not otherwise be eligible to receive. Most frequently, these benefits included Registry of Motor Vehicles identity documents, Social Security numbers, Medicaid, unemployment compensation, and public housing subsidies. During FY21, the defendants in two separate Double Trouble cases were sentenced.

On February 10, 2021, a Dominican national previously residing in Lynn, pleaded guilty to theft of public money and making a false statement on an application for Social Security benefits. He applied for Social Security benefits and SNAP benefits using the identity of a Puerto Rican citizen. He fraudulently received \$12,222 in SNAP benefits and \$16,080 in MassHealth benefits from October 2008 through July 2016 by using the stolen identity. (<https://www.justice.gov/usao-ma/pr/dominican-national-pleads-guilty-stealing-government-benefits-and-making-false-statement>)

On May 18, 2021, he was sentenced to 18 months in prison and two years of supervised release. He was ordered to pay \$15,840 to MassHealth and \$12,222 to DTA in restitution. Upon completion of his sentence, he will face deportation proceedings. (<https://www.justice.gov/usao-ma/pr/dominican-national-sentenced-stealing-government-benefits-and-making-false-statement>)

On November 23, 2020, a Dominican national was sentenced by US District Court Judge Denise J. Casper to 18 months in prison and two years of supervised release and was ordered to pay \$47,762 in restitution. He was arrested and charged in June 2019, and he pleaded guilty to one count of unlawful entry, one count of false representation of a Social Security number, and two counts of theft of government money in September 2020.

Previously deported from the United States in 1998, he applied for a Massachusetts identification card using the name and Social Security number of another United States citizen on October 7, 2015. Based on the application, he was issued an identification card in the name of the other United States citizen. He also used that name and Social Security number to receive Section 8 housing assistance and SNAP benefits. He fraudulently received \$32,352 in Section 8 benefits for more than six years and \$15,409 in

SNAP benefits over the course of a decade. (<https://www.justice.gov/usao-ma/pr/dominican-national-sentenced-social-security-fraud-and-theft>)

On June 11, 2021, a Dominican national previously residing in Roslindale, pleaded guilty to one count of false representation of a Social Security number and one count of making a false statement relating to health care matters. Using the identity of a Puerto Rican citizen, he obtained Massachusetts driver's licenses, identification cards, and MassHealth benefits. He fraudulently received approximately \$18,977 in MassHealth benefits for which he was not entitled by using the victim's identity between January 1, 2008 and December 21, 2019. (<https://www.justice.gov/usao-ma/pr/dominican-national-pleads-guilty-misusing-social-security-number-and-making-false>)

While the bulk of cases BSI investigates are referred from state agencies and law enforcement, the general public also plays a vital role in reporting fraud. The State Auditor's Office has an online form to report public assistance fraud: <https://www.mass.gov/forms/report-public-benefit-fraud-online>. Citizens can also use BSI's fraud reporting hotline: (617) 727-6771. All complaints are kept confidential.