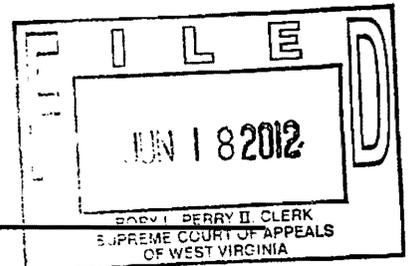


BRIEF FILED
WITH MOTION

No. 12-0210



IN THE SUPREME COURT OF APPEALS OF WEST VIRGINIA

NATIONWIDE MUTUAL INSURANCE COMPANY,

Petitioner,

v.

CARMELLA J. FARIS and ROBERT FARIS,

Respondents.

From the Circuit Court of
Harrison County, West Virginia
Civil Action No. 10-C-123-1

**BRIEF OF AMICI CURIAE NATIONAL INSURANCE CRIME BUREAU AND
COALITION AGAINST INSURANCE FRAUD IN SUPPORT OF
NATIONWIDE MUTUAL INSURANCE COMPANY'S BRIEF AND TO SUPPORT
REVERSAL OF CIRCUIT COURT'S COMBINED ORDER**

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INTEREST OF AMICUS CURIAE¹
AND REASON WHY PARTICIPATION IS DESIRABLE.

Amici curiae National Insurance Crime Bureau (NICB) and the Coalition Against Insurance Fraud (the Coalition) respectfully submit this brief in support of Nationwide Mutual Insurance Company (“Nationwide”). The NICB and the Coalition submit this *amici curiae* brief to ask the Court to grant Nationwide’s appeal and reverse the decision of the Circuit Court regarding the Medical Protective Orders at issue in its Combined Order dated Jan. 13, 2012. Further, *amici* wish to apprise the Court of the repercussions that, if left uncorrected, the Medical Protective Order at issue in this case and similar protective orders will have on the ability of state law enforcement agencies and the insurance industry to combat insurance fraud.

The NICB is a not-for-profit corporation which, along with its predecessors, has a 100-year history of fighting insurance fraud and crime. The NICB is dedicated to preventing, detecting and defeating insurance fraud through data analytics, investigations, training, legislative advocacy, and promotion of public awareness. The NICB’s employees work with law enforcement agencies, technology experts, government officials, prosecutors and international crime-fighting organizations to identify and prosecuted insurance criminals nationwide, including West Virginia. Robert S. Mueller, Director of the Federal Bureau of Investigation (FBI), specially recognized that the NICB is a key ally in “expos[ing] and investigat[ing] fraud within the (health care) system.”² The NICB identified the owner of the vehicles used in the

¹ No counsel for a party authored this brief in whole or in part, and no such counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No person other than the *amici*, or their counsel, made a monetary contribution intended to fund its preparation or submission.

² See Federal Bureau of Investigation, <http://www.fbi.gov/news/testimony/priorities-in-the-fbi2018s-criminal-programs>, quoting Director Robert Mueller, III, speaking before the Senate Judiciary Committee, Washington, D.C., Sept. 16, 2009 (last visited June 12, 2012).

1993 World Trade Center bombing, which lead to the owner's arrest by the FBI.³ The NICB also identified the owner of the vehicle used in the Oklahoma City bombing in 1992.⁴

The NICB's membership includes approximately 1,100 leading commercial and property/casualty insurers, self-insured organizations, rental car companies and transportation related firms. Petitioner Nationwide is one of NICB's member companies.

The Coalition Against Insurance Fraud is a national alliance of nearly 100 insurers (including Petitioner Nationwide), government agencies, and consumer groups. The Coalition's mission is to combat insurance fraud through legislative advocacy, consumer education and research. The staff of the Coalition has frequently provided expert testimony to legislators and regulators on the issue of insurance fraud.

The NICB and the Coalition seek to appear as *amici curiae* because the proliferation of protective orders such as the one entered below threaten the effectiveness of vital antifraud efforts undertaken by the NICB and by other components of the insurance industry in conjunction with government law enforcement agencies. By impeding access to the seemingly ordinary claims information whose electronic and manual examination is a key element of finding, proving and prosecuting insurance fraud, such restrictive orders make significantly harder the already challenging process of combating insurance fraud. *Amici* urges the Court to rein in such interference with its important public mission and with the overall effort to attack insurance fraud.

³ Breisch, Sandra Lee , Chicago Tribune, Modern Day Detective Work, http://articles.chicagotribune.com/1993-07-25/features/9307250045_1_national-insurance-crime-bureau-premiums-law-enforcement (last visited June 13, 2012).

⁴ CNN.com, Oklahoma City Bombing: 10 Years Later, <http://transcripts.cnn.com/TRANSCRIPTS/0504/23/cp.01.html> (last visited June 13, 2012).

Amici curiae, NICB and the Coalition, by and through its attorneys submit this brief in support of Nationwide's Motion for Acceptance of Notice of Appeal and reversal of the Circuit Court's Combined Order.

INTRODUCTION

The dispute which gave rise to Nationwide's appeal centers on a Medical Protective Order entered in a civil action arising out of an automobile accident in West Virginia. The Circuit Court of Harrison County, in its January 13, 2012, *Combined Order Affirming Medical Protective Orders Entered In These Civil Actions*, refers to limitations "on the use and dissemination of such [medical] records consistent with West Virginia public policy and HIPAA." However, this order fails to recognize that West Virginia public policy and federal law call for the use of such records for the detection and prevention of Insurance Fraud. This Medical Protective Order will, in fact, tend to subvert West Virginia public policy and impede the efforts of law enforcement agencies, insurance regulators, and the insurance industry to comply with West Virginia law in detecting and preventing insurance fraud. Further, the court below inappropriately applies the provisions of the Health Insurance Portability and Accountability Act, (Pub.L. 104-191, 110 Stat. 1936, enacted August 21, 1996 (HIPAA)) to the instant case. HIPAA governs the release of personal health information only by a "covered entity", which does not include policies such as accident and automobile liability or automobile medical payment and credit. Thus, the types of insurance policies written in this case are not subject to the requirements of HIPAA; and if they were, the use of such records for the detection and prevention of Insurance Fraud would be allowed.

The court below issued an order which would prevent Nationwide and other Insurance Carriers in West Virginia from complying with the West Virginia public policy, the West Virginia Legislature's directives and the clear exceptions in State and Federal privacy laws.

The protective order entered in this case, and similar orders that are increasingly being entered across West Virginia, actually work in favor of those committing insurance fraud.

Because of the enormous volume of casualty insurance claims that are filed across the country every day, and because criminals are adept at disguising their claims to look like routine and unobjectionable insurance claims, fraud detection and investigation requires patience, careful scrutiny and analytical tools capable of processing information across millions of claims.

The protective order entered in this case strikes at critical antifraud tools. Databases without information are useless and make it impossible to perform the pattern analysis that can reveal fraud in otherwise unremarkable cases. For example, ten similar claims alleging minor bodily injury submitted to different insurers under different names may not raise flags, but if a search of a database shows that all ten near-identical injuries occurred in the same month and involved persons living at the same address, insurers have a duty to investigate further.

Second, the protective order would strip claim files of the information that insurers and prosecutors need to build a fraud case. Protective orders like the one below generally require that medical records, medical invoices and related information must be removed from claim files after a claim is settled or never be placed in the file in the first place. This means that, if that claim later turns out to be part of a pattern of fraud – which needs not involve the claimant, but may implicate his or her medical provider – there is no realistic way for an insurer or NICB to go back and verify the charges, investigate the treatment or compare it with other cases of fraud. Without complete and accurate claim files, there can be no fraud investigations. And without

investigations, there can be no criminal fraud cases. The result is that insurers' and NICB's antifraud programs will be drastically diminished, contrary to West Virginia law and overwhelming public interest.

For these reasons, NICB and the Coalition respectfully request that this Court exercise its authority to stop the growth of overbroad and unnecessary protective orders like the one issued from the court below, by hearing Nationwide's appeal and striking down the Medical Protective Order of the Circuit Court of Harrison County, West Virginia.

ARGUMENT

I. Nationwide Needs to Retain Medical Records and the Information They Contain.

Insurers such as Nationwide need to retain medical records and the nonpublic information they contain for the purpose of using this information in detecting, preventing, and prosecuting Insurance Fraud. This legally proper and even obligatory use requires that this information be disseminated to law enforcement agencies, the West Virginia Insurance Commissioner and the NICB for such use, including the analysis of aggregated medical data.

West Virginia takes the threat that fraud poses both to individuals and to the insurance and health care systems extremely seriously. Recently, addressing the proliferation of requests for overbroad protective orders, the West Virginia Insurance Commissioner sent a letter to all insurers in this State, admonishing that: “[r]ecord retention is . . . an important tool in detecting fraudulent insurance claims. . . . Consistent maintenance of essential records by insurers is crucial to a comprehensive investigation of potentially fraudulent claims. Additionally, use of

such claim information is necessary to protect the citizens of West Virginia from insurance fraud.”⁵

When thinking of Insurance Fraud, it is commonly believed that fraud is committed by individual claimants; however healthcare fraud is more often committed by healthcare professionals. For example, on September 7, 2011, in announcing the federal indictments against 91 defendants who were alleged to have filed nearly \$300 million in false Medicare billings, Attorney General Eric Holder and Assistant Attorney General Lanny Breuer stated that billed medical “services” were sometimes not medically necessary nor were ever provided. A Detroit doctor was alleged to have billed Medicare “for performing psychotherapy treatments more than 24 hours per day.” This doctor was also “charged with billing the Medicare program for services provided to dead beneficiaries.”⁶

Attorney General Holder further stated that “[d]octors, nurses, and health care company owners and executives” were charged for allegedly defrauding Medicare.⁷ Assistant Attorney General Breuer mentioned a supervisor at a community mental health center, along with a “registered nurse, mental health counselors, and other healthcare professionals” being indicted for fraud.⁸

If applied to a case involving automobile insurance medical payments, such as the case above involving \$300 million in false billings to Medicare, the Medical Protective Order would

⁵ West Virginia Informational Letter No. 172, issued by the West Virginia Insurance Commissioner in September 2009.

⁶ See Justice News, <http://www.justice.gov/criminal/pr/speeches/2011/crm-speech-110907.html>, quoting Assistant Attorney General Breuer speaking at the Health Care Takedown Press Conference, Washington, D.C., Sept. 7, 2011 (last visited June 12, 2012).

⁷ See Justice News, <http://www.justice.gov/iso/opa/ag/speeches/2011/ag-speech-110907.html>, quoting Attorney General Eric Holder speaking at the Health Care Fraud Takedown Press Conference, Washington, D.C., Sep. 7, 2011 (last visited June 12, 2012).

⁸ See Justice News, Assistant Attorney General Breuer, *supra*.

prevent investigators from aggregating insurance information from innocent insured's medical records, thus preventing fraudsters from being detected.

From years of careful analysis of claims, the NICB has concluded that the main cost of health care fraud to third-party payors arises from sophisticated interstate, often international, fraud rings which include unscrupulous medical providers. NICB personnel review claims for anomalies and may request complete claim files from insurers in order to conduct an investigation to determine if the matter should be referred to law enforcement for further investigation and possible prosecution. Law enforcement officers may also come to the NICB for assistance in gathering and analyzing claim files when they have already started a criminal investigation.

The NICB also is working with many insurers on an aggregate medical database, in which detailed insurance claim information, scrubbed to remove personal identifiers, is aggregated and examined for patterns indicating possible fraud, such as many patients traveling great distances to a certain clinic or medical personnel billing for more than 24 hours in a day, or billing on Sundays when their offices are closed on Sundays. The NICB's ability to review large volumes of medical data, especially medical data related to automobile liability policies, has been an increasingly critical tool in the fight against health care fraud and is vital to support law enforcement. In a paper entitled "Privacy Impact Assessment for the Staged Accident Data Mining Initiative March 2008" the FBI stated:

In the regular course of business, NICB analysts review claims in order to discover and analyze claim and fraud trends. Subsequently, NICB began to provide the FBI with data from the Claimsearch database that NICB analysts had determined to be suspicious in nature. The FBI's use and analysis of data provided by the NICB enables the FBI to more effectively direct investigations and allocate resources to automobile accident fraud investigations.⁹

⁹ See Federal Bureau of Investigations, Privacy Impact Assessment for the Staged Accident Data Mining Initiative March 2008, <http://www.fbi.gov/foia/privacy-impact-assessments/staged-accident> (last visited June 12, 2012).

Further in section 1.2 of this report the FBI states: “[i]nformation provided by the NICB was also compared with Medicare billing information for medical providers contained in the Health Care Information Services (HCIS) databases, maintained by HHS’s Center for Medicare and Medicaid Services.”¹⁰

The claims departments of insurance companies are the front line of defense against insurance and health care fraud. Indeed, it is not an exaggeration to say that without the data shared by insurers, insurance fraud could not be identified efficiently by insurers, NICB or law enforcement agencies. Moreover, without the information retained in insurers’ claim files, insurance fraud could not be investigated or prosecuted effectively once it has been identified.

Accordingly, the NICB has long identified this sharing of as having the greatest impact in the identification and investigation of insurance fraud activity. *The NICB is, therefore, extremely concerned that protective orders of the kind entered in this and similar cases would preclude an insurer from sharing information about a covered claim with the NICB for the purpose of detecting insurance fraud.*

When a claim adjuster or specialized claims examiner receives a claim, he or she uses the information provided in the original claim to look for red flags that indicate the possible presence of fraud. Many of these “red flags” require the review of medical records from other claims to detect patterns. Among the many possible red flags are:

- claims are only for soft-tissue injuries are claimed;
- multiple claimants all have the same soft-tissue injury claims;
- otherwise unconnected claimants used the same doctor or medical clinic who is not their regular physician;
- minimal damage to a vehicle or a very low-speed accident accompanied by significant bodily injury claims;

¹⁰ See Federal Bureau of Investigations, Privacy Impact Assessment, *supra*.

- a medical provider has a history of billing for a disproportionate number of expensive treatments and tests;
- multiple unrelated claimants from different claims list the same address;
- unrelated parties have the same legal representative;
- claimants were referred to a medical provider or lawyer at the scene of the accident;
- claimants refuse on-the-scene treatment;
- numerous claims connect the same attorney, medical provider and/or body shop;
- multiple claimants use exactly the same words in describing the accident; and
- the same attorney is involved at a very early stage in several apparently unrelated

Preventing insurers from aggregating claimant medical information through a third party, such as the NICB, does not protect an individual's privacy. It could however protect those who are attempting to commit fraud against the American people. There is no showing that Nationwide, any other insurer or the NICB ever misused the individual's medical information. However, there is extensive evidence of how fraudsters submit false medical billings to insurers and to the federal government for their own greed, which the Medical Protective Order, if allowed to stand, would make it more difficult to detect and deter.

II. The Court Below Erred in Finding that Such Medical Protective Orders are Consistent with West Virginia Public Policy and HIPAA.

The Circuit Court of Harrison County erred in finding that the types of limitations on the retention, use, and dissemination of medical records contained in Medical Protective Orders like the one at issue in this case are consistent with West Virginia public policy and HIPAA. It is true that West Virginia's insurance regulations do contain strict requirements that protect a policyholder's personal health information against improper use and dissemination to third parties. *See, e.g.,* W. Va. C.S.R. 114-57-15.1. However, these regulations also contain a crucial exception which authorizes the use of "nonpublic personal health information...for the...detection, investigation or reporting of actual or potential fraud, misrepresentation or criminal activity," W. Va. C.S.R. 114-57-15.2, and impose an affirmative obligation on insurers

like Nationwide to report suspected fraud to the West Virginia Insurance Commissioner's Fraud Unit, W. Va. Code § 33-41-5(a).

As to HIPAA, the court below failed to recognize that HIPAA governs the release of personal health information by a "covered entity," which includes Health Plans, Health Care Providers and Health Care Clearinghouses, along with subcontractors referred to as "Business Associates." 45 CFR §§ 160.103,104 & 164.500. HIPAA does not cover policies such as accident, disability, supplemental to a liability policy, general liability, automobile liability, workers' compensation, automobile medical payment and credit. 42 USCS § 300gg-91(c)(1). Thus, the types of insurance policies written in this case are not subject to the requirements of HIPAA, and HIPAA is inappropriately considered by the court below in the instant case.

Assuming *arguendo* that HIPAA would apply to the instant case, the Protective Order is inconsistent with the provisions of HIPAA. For the types of insurance covered by HIPAA, such as health insurance, medical information on individuals may be maintained, used and released to organizations such as the NICB as part of the Insurers "health care operations", for "fraud and abuse detection." 45 CFR § 164.501(4) and 45 CFR 164.502 (a)(1)(ii).

Fraud detection and prosecution is a compelling public interest. According to Justice Ketchum, "the insurance industry should be allowed to hold down its costs by maintaining data banks of medical records to identify malingerers and cheaters and double-dippers." *State Farm Mutual Automobile Insurance Company v. Honorable Thomas A. Bedell, et al.*, 115 W.Va. 519, 719 S.E.2d 722, 744 (2011) (dissenting, J. Ketchum). Insurance fraud hurts all Americans. Fraud is the second most costly white-collar crime in America, costing Americans billions of dollars each year. It is estimated "at least \$80 billion a year, or nearly \$950 for each family."¹¹

¹¹ See Coalition against Insurance Fraud, Consumer Information, Insurance Fraud Backgrounder, http://www.insurancefraud.org/fraud_backgrounder.htm.

Automobile accident fraud accounts for between 13 percent and 18 percent of total automobile bodily injury insurance payments, or approximately \$4.8 and \$6.8 billion each year. Fraud causes higher insurance rates, raises taxes, and inflates prices for consumer goods.

Protective orders, such as the one at issue, potentially “frustrate the policy goals of the fraud prevention....” *State Farm*, 115 W.Va. 519, 719 S.E.2d, 722, 746 (dissenting, J. Benjamin). In conflict with the West Virginia Legislature’s directives, and the clear exceptions in State and Federal privacy laws, the court below issued this order which would prevent Nationwide from maintaining such “nonpublic personal health information” for the purpose of aggregating and analyzing such information in medical records in order to detect, investigate or report “actual or potential fraud, misrepresentation or criminal activity.”

III. The Legislature Allows the Use of Consumer Information and Compels its Disclosure to Investigate Potential Fraud.

By enacting the West Virginia Fraud Prevention Act, the Legislature recognized the potential for fraud and other illegal activities in the insurance industry. *Id.* See W. Va. Code § 33–41–1(b). The Legislature’s carefully crafted regulatory regime authorizes the use of consumer information to investigate and prosecute fraud. W. Va. Code § 33–41–1(b). A person engaged in the business of insurance is required to provide information to the Insurance Commissioner when that person has knowledge or a reasonable belief that insurance fraud or other insurance related crime is being, has been, or will be committed. W. Va. Code § 33–41–5(b). Hence when insurance companies such as Nationwide and State Farm reasonably suspect insurance fraud, the law compels them to report such information to the Insurance Commissioner.

A potential for conflict arises when a court grants a protective order preventing the disclosure of medical information to parties not listed in the order, including the Insurance

Commissioner. The protective order places insurance companies “between a rock and a hard place.” *State Farm*, 115 W.Va. 519, 719 S.E.2d, 722, 746 (dissenting, J. Benjamin). Should fraud be suspected, insurance companies are “required to choose between violating statutory law or violating [the protective order].” *Id.* (dissenting, J. Benjamin). Justice Benjamin was correct in stating that the allowed enforcement of a protective order is a harmful precedent that may result in a direct conflict with the laws of West Virginia. *State Farm*, 115 W.Va. 519, 719 S.E.2d 722, 745 (dissenting, J. Benjamin). Protective orders similar to the one issued in this case will make it difficult, if not impossible for insurance companies to comply with their statutory duties to report insurance fraud.

The ruling below effectively prevents insurance companies and the NICB from being able to discover insurance fraud and support law enforcement in their efforts to combat these crimes. It is essential to have access to medical information, including such health information such as billing and procedural codes, to look for fraud indicators across a broad pool of apparently neutral insurance claims information.

IV. Examples of Cases Where the NICB and Law Enforcement Jointly Used Data Collected by the NICB to Thwart Insurance Fraud.

The best way to illustrate the impact that this decision would have on the united effort to fight insurance fraud is to examine several actual cases that the NICB investigated and analyzed leading to the arrest and prosecution of insurance fraudsters. If the protective order stands, such results will become far more difficult to achieve and therefore more criminals will escape detection.

These cases are illustrative of the investigations of large-scale health care fraud that are heavily dependent on the data analytics that the protective order of the West Virginia Circuit Court imperils:

1. Forty-four members of an Armenian-American Organized Crime Enterprise were charged on October 13, 2010 by the United States Attorney in Manhattan with a \$100 million in Medicare Fraud. Charges included Racketeering, Identity Theft and Money Laundering.¹²
2. Timothy Huntley pled guilty to insurance fraud on March 15, 2011 which, as noted by the FBI, “arose from an investigation by the National Insurance Crime Bureau (NICB) into multiple suspicious insurance claims associated with Huntley.”¹³ Mr. Huntley filed at least 30 fraudulent claims to at least 11 different insurance companies using a variety of fictitious names, addresses and Social Security Numbers belonging to other people.
3. Dr. John Sharp operated a clinic in Marlinton. He solicited accident patients for unnecessary imaging and other abuses and established a separate company known as WV Imaging and medical facilities in various regions of West Virginia. NICB’s investigation, which was prompted by the suspicions of one insurer, began with the identification and review of 196 claims in which Dr. Sharp and his clinic and imaging company allegedly had provided medical services. In 2009, Dr. Sharp was convicted in federal court for 29 counts of health care fraud, sentenced to many months of imprisonment, and ordered to forfeit more than \$542,000 in assets. His facilities were all closed and their assets forfeited. His conviction was affirmed on appeal. *United States v. Sharp*, Cr. No 2:07cr19 (N.D. W. Va., indictment returned July 20, 2007), *aff’d*, No. 09-4932 (4th Cir. Nov. 5, 2010).
4. Operation Twisted Metal in the Southern District of California: In this 1998 case, 14 individuals were arrested, including several medical providers and an attorney for allegedly staging 11 automobile accidents and submitting more than 40 insurance claims from the staged accidents. The FBI noted “[t]he biggest beneficiaries of this illegal business are dishonest attorneys, medical professional, and ‘cappers.’ (“Cappers” arranged staged or fictitious accidents.)¹⁴
5. Charges were brought in an alleged scheme to defraud private insurance companies of more than \$279 million dollars. Thirty-six individuals were listed in the indictment, including: ten licensed doctors, three attorneys, and the owners and controllers of fraudulent medical clinics. It is the largest single no-fault automobile insurance fraud ever charged.¹⁵

Preventing insurers from aggregating claimant medical information through a third party, such as the NICB, does not protect an individual’s privacy. It only protects those who are attempting to commit fraud against the American people. There was no showing that

¹² See Federal Bureau of Investigation Press Release, Medicare Fraud Scheme, <http://www.fbi.gov/newyork/press-releases/2010/nyfo101310.htm> (last visited Sept. 1, 2011).

¹³ See Federal Bureau of Investigation Press Release, Eugene Man Pleads Guilty to Insurance Fraud, <http://www.fbi.gov/portland/press-releases/2011/pd031511.htm> (last visited Sept. 1, 2011).

¹⁴ See Federal Bureau of Investigation San Diego Division, Operation Twisted Metal, <http://www.fbi.gov/sandiego/history/operation-twisted-metal> (last visited Sept. 1, 2011).

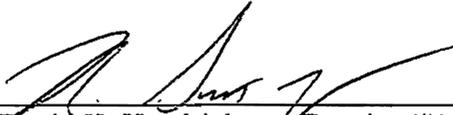
¹⁵ United States Attorney’s Office, Southern District of New York, Manhattan U.S. Attorney Announces Charges Against 36 Individuals for Participating in \$270 Million Health Care Fraud Scheme, <http://www.justice.gov/usao/nys/pressreleases/February12/zemlyanskymikhailetalindictment.html> (last visited June 15, 2012).

Nationwide, any other insurer or the NICB ever misused individual's medical information. However, there is extensive evidence of how fraudsters submit false medical billings to insurers and to the federal government for their own greed, which the protective order, if allowed to stand, would make it more difficult to detect and deter.

CONCLUSION

For the reasons set forth above and in the Brief of Petitioner Nationwide, this Court should accept Petitioner Nationwide's Notice of Appeal and reverse the decision of the Circuit Court regarding the Medical Protective Orders at issue in its Combined Order dated Jan. 13, 2012.

Respectfully Submitted,



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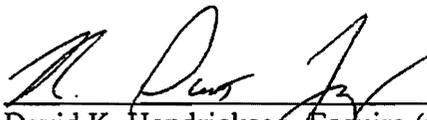
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CERTIFICATE OF SERVICE

I, R. Scott Long, do hereby certify that on the 18th day of June, 2012, I have served the foregoing “**BRIEF OF *AMICI CURIAE* NATIONAL INSURANCE CRIME BUREAU AND COALITION AGAINST INSURANCE FRAUD IN SUPPORT OF NATIONWIDE MUTUAL INSURANCE COMPANY’S BRIEF AND TO SUPPORT REVERSAL OF CIRCUIT COURT’S COMBINED ORDER**” with proposed *AMICI BRIEF* upon counsel of record listed below by placing the same in the United States mail, postage prepaid, addressed as follows:

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<p>Hon. John Lewis Marks, Jr., Judge Circuit Court of Harrison County Harrison County Courthouse 301 West Main Street Clarksburg, West Virginia 26301-2967</p>	<p>Hon. Donald Kopp, Clerk Circuit Court of Harrison County Harrison County Courthouse 301 West Main Street Clarksburg, West Virginia 26301</p>



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