

**Instructions for Completing the Maine Fraud & Abuse Report Required by 24-A M.R.S.A. § 2186(4)**  
**Due March 1st**

**General Instructions:**

The Maine Fraud & Abuse report must be filed by all insurers authorized to do business in Maine during the prior calendar year. Companies may report information individually for their own company or they may report information collectively for their insurance group. If information is reported for the group, then only one report should be filed. Enter in Part B the license number of every company for whom you are reporting information, excluding the company that is filing the Group report.

Third party administrators (TPA) providing claims handling for an insurer may complete the report; however, either the TPA or the insurer should file a report, **not both**. Only one report should be submitted for each insurer to avoid duplicate reporting. TPAs should enter in Part B the license number of every company for whom they are reporting information, excluding their own.

**To access your online form:**

- Go to the following website: <https://www.pfr.maine.gov/Insurance/Filing.aspx>.
- Enter your license number and access code, which you receive in an e-mail notification from our office in January.
- Then click on the Submit button. This brings you to the Forms Available screen which shows you the forms that you need to complete.
- Under Forms and Descriptions, click on the Maine Fraud and Abuse Form. This brings you to the Form Status and Periods Available Screen. You will see three categories: 1) Submitted Forms Form (Those already completed and submitted to our database), 2) Forms Currently in Process (Forms that you have worked on and saved but have **not** submitted to our database. These are **not** complete until you submit them), and 3) Forms Available for Completion (Forms that you have **not** yet worked on. These are **not** complete until you enter the information and submit them). Remember, you are not finished until information has been entered and the form has been submitted. Therefore, if

there is a blue hyperlink listed under Forms Currently in Process or Forms Available for Completion, then click on the link and your form will display. This online form is comprised of various sections described below.

### **Part A: Company and Contact Information**

The information at the top of this portion of the form contains information that comes from the Maine Bureau of Insurance Licensing System (i.e., Company Name, Calendar Year this Report Covers, License #, and Mailing Address). This information cannot be changed by you. If this information is not correct, please contact Andrew Perry at (207)-624-8489 or via e-mail at [Andrew.R.Perry@maine.gov](mailto:Andrew.R.Perry@maine.gov) to request a change.

Beneath the licensing information, you may select a contact (i.e., the person completing the report). You do this by clicking on the drop down arrow beside the Select a Contact label.

- If the name of the person completing this year's report appears in the drop down list, highlight that name and click on the Attach Contact button. Information such as Title, Address, Phone, Fax and E-Mail appears.
- If the contact information for that person is not correct, click on the Add/Update Contacts button. Next Click on the Edit Contact button beside the Contact Person for whom you want to update information. Make any necessary changes and click on the Save Contact button. You will see a green message if the changes were successful. Then click on the Return to Form button to continue working on the Fraud & Abuse report form.
- If the name of the person completing this year's report does not appear in the drop down list, click on the Add/Update Contacts button. Under Contacts, click on the New Contact button. The New Contact screen appears. Enter information about the new contact and then click on the Save Contact button. When you are finished, click on the Return to Form button. You may then select the contact person by clicking on the drop down arrow beside Select a Contact and then click the Attach Contact button. After attaching the contact to the report, you may continue working on the Fraud & Abuse report form.

### **Part B: Other Companies Included in This Report**

If you are reporting information for an insurance group together as one report, rather than reporting data for each company separately, enter the license number of each company included in the group report. Click the Add License

Number button if you need to include more license numbers than are currently available. Please do not enter the license number of the company filing the group report. This is already included.

### **Part C: Fraudulent Insurance Acts During the Prior Calendar Year**

- Section I. Claimant May Have (Lines 1-6): Enter the number of known or suspected fraudulent cases committed by the claimant. Use the Notes section below number 6 to describe “Other” suspected fraudulent acts committed by the claimant.
- Section II. Legal Provider May Have (Lines 7-9): Enter the number of known or suspected fraudulent cases committed by the legal provider. Use the Notes section below number 9 to describe “Other” fraudulent acts committed by the legal provider.
- Section III. Medical Provider May Have (Lines 10-18): Enter the number of known or suspected fraudulent cases committed by the medical provider. Use the Notes section below number 18 to describe “Other” fraudulent acts committed by the medical provider.
- Section IV. Other Person or Entity May Have (Lines 20-24): Enter the number of known or suspected fraudulent cases committed by other persons or entities (not the claimant, legal provider or medical provider). Use the Notes section below number 24 to describe “Other” fraudulent acts committed by other persons or entities.
- Question 25: Enter the total number of known or suspected fraudulent claims by the line of coverage (e.g., auto or workers’ compensation). Use the Notes section below line 25 to describe the “Other” lines of insurance not specifically mentioned in line 25.
- Question 26: Enter the total number of known or suspected fraudulent claims type of insurance (personal lines or commercial lines).
- Question 27: Enter the number of cases that were reported or referred to other agencies by the agency to whom the report or referral was made. There are two Notes fields for this question: 1) to specify “Other” Law Enforcement Agencies (other than County or U.S. Attorney’s Offices) to whom the report or referral was made and 2) to specify “Other” Agencies or Authorities (excluding the Workers’ Compensation Board and the NICB) to whom the report or referral was made. Enter the number of cases reported or referred beside each entry you make in the Notes fields.

- Question 28: Enter the dollar amount that would have been paid on claims if they were not identified as fraudulent.

### **Save Button**

If you have begun your report but want to finish it at a later time, you may click on the Save button and all work that you have done on the form thus far will be available when you return to complete the form. Remember, you are not finished until you submit the information to our database.

### **Submit Button**

When you click on the Submit button, your information will be submitted to the Bureau of Insurance's database and will no longer be available for editing. You will receive a confirmation email with a PDF file containing your data report.

### **Print PDF**

When you have finished the report, you may click on the Print PDF button to generate a PDF document of the completed report for your records.

### **Questions**

If you have questions related to completing this report or need to have your report reopened to correct information after it has been submitted, please contact either Kelly Rogers at (207)-624-8438 or electronically at [Kelly.E.Rogers@maine.gov](mailto:Kelly.E.Rogers@maine.gov).