

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

Due Date:

March 1st of each year

General Instructions:

Always obtain a current version of the report form from our website -- old versions will fail to load into our database and will be returned. The current version may be found at <http://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements>. Scroll down to Fraud and Abuse Annual Report.

The Maine Fraud & Abuse report must be filed by all insurers as that term is defined in 24-A M.R.S. § 2186(B). *For this purpose, insurer is defined as: an authorized insurance company, fraternal benefit society, reinsurer, surplus lines insurer, unauthorized insurer, nonprofit hospital and medical service organization, health maintenance organization, risk retention group or multiple employer welfare organization. "Insurer" also includes an insurance producer or other person acting on the behalf of an insurer. For the purposes of this section, "insurer" also means the state Medicaid program.*

- Information must be reported individually for each company. When reporting for multiple entities, complete a separate report for each entity; group filings are no longer accommodated by our reporting system. To achieve the former group filing results -- Enter the aggregate data on one company report and complete zero reports for the other affiliated entities.
- Third party administrators (TPA) providing claims handling for an insurer may complete the report; however, *either* the TPA *or* the insurer should file the report, **not both**. Only one report should be submitted for each insurer to avoid duplicate reporting.

All fields must be completed - blank fields may cause a load failure and the report will be
returned for correction

Null reports are acceptable: company and contact sections I & II must be completed

SECTIONS I & II: COMPANY AND CONTACT INFORMATION

Sections I:

- Enter the company's full name and Maine license number (*this is included in the report notification email sent in January, you may also find it using our Licensee Lookup feature <https://www.maine.gov/pfr/insurance/licensee-search>*).
do not include the three-letter prefix – it will cause a load failure.

Section II:

- Include the contact person's name (first and last) and contact information (Email and phone number).
 - *Using an Email address that goes to a central inbox will ensure that future notices are received by the company in the event of staffing changes.*

SECTION III. CASES AND CLAIMS INVOLVING SUSPECTED INSURANCE FRAUD IN MAINE IN REPORTING YEAR

Complete the Cases and Claims section by entering data into the yellow fields only. The gray shaded fields are locked and calculated.

Note:

The Maine Fraud and Abuse report is looking for information on cases and claims that involved suspected (or confirmed) insurance fraud in Maine for the reporting year.

- A claim is any claim submitted for payment in which your company suspects fraud. *Reported claims would be the number of claims for which fraud was suspected*
- A case is an instance of suspected fraud that has been assigned a case number by your company. *Reported cases may involve multiple related claims or possibly instances of suspected fraud that did not involve a claim, such as provider fraud or premium fraud*

If the suspected fraud is claim-related, one case may include multiple claims, but still constitutes one case for this report (e.g., a company is investigating a certain medical provider whose name has appeared in 100 recent accident claims that appear to be fraudulent. This would be one case for reporting purposes.) This number should capture all cases of suspected fraud that were handled internally by your company during the period. This number should also capture all cases of confirmed fraud that were referred to outside agencies for further action during the reporting period.

On the spreadsheet, the amounts paid, and amounts denied refer only to amounts associated with those cases and claims in which fraud was suspected: the amounts paid on such claims and the amounts denied.

SECTION IV. REFERRALS MADE TO LAW ENFORCEMENT OR OTHER AGENCIES IN REPORTING YEAR

Enter the number of known or suspected fraudulent cases or claims referred to law enforcement or other agencies by the claimant. If you entered a number > 0 in the “Others” category in Section IV., please list the name of the other type of law enforcement or other agency along with the number of referrals to them in the yellow box under “Other Law Enforcement or Agencies to Which Referrals were Made”.

Note: The information we intend to capture with this field is the number of separate fraud matters that are referred to each entity. Each referral may encompass multiple claims or related cases, but you are not required to break the total number of referrals down to the claim and case level. For example, if you referred two matters to the U.S. Attorney’s office that included four cases and twenty claims, you would need only report ‘2’ in the Number of Referrals column.

SUBMITTING YOUR REPORT

- Save the report as an Excel document with the following naming convention: **Full Company Fraud and Abuse.xlsx** (example: ABC Insurance Company Fraud and Abuse.xlsx) *Files saved in any format other than Excel will fail to load into our database.*
 - **Do not use acronyms**—We need to be able to easily identify your company as having filed the report.
 - **PDFs will not load, and will be sent back**
- Email completed reports to Barbra.L.Garboski@maine.gov
 - **Do not encrypt/secure Email** - Due to the number of insurers that are required to file our annual reports, we do not accept encrypted emails that compel signing up for an account to view them. ALL reports submitted to the Bureau of Insurance are kept confidential and any information shared in our legislative reports is aggregated and does not identify any single carrier.
- You may contact Barbra Garboski at 207-624-8440 or electronically at the above email with questions regarding submitting the report

QUESTIONS

If you have questions related to completing this report, please contact Connie Mayette at (207)-624-8474 or electronically at Connie.M.Mayette@maine.gov