

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

General Instructions:

This report must be filed by all insurers that are authorized to do business in Maine during the prior calendar year. 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. Please note that TPAs should indicate the license number(s) of any company for whom they are reporting information in Part B.

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. It should list the license numbers of all companies that are included in Part B. Please do **not** create duplicate reports by submitting group information and then separately reporting individual company reports.

Reports are due on or before March 1 and should include information on fraudulent insurance acts that the insurer knew or reasonably believed had been committed during the previous calendar year. Companies reporting any fraudulent claims must report the amount of money not paid on suspected fraudulent cases.

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 were included in the e-mail notification that you received from our office.
- 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: Submitted Forms Form (Those already completed and submitted to our database), 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 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 you must click on the link so you can complete the form and submit it. Doing so will bring up the Maine Fraud and Abuse Reporting Form. 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 Barbra Garboski at (207)-624-8489 or via e-mail at Barbra.L.Garboski@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 for which you entered the license number and access code to enter the online reporting system. If you do, you will receive an error message.

Part C: Cases Information

Each case that you enter in lines 1-24 must be counted as either personal or commercial in line 26. The total of all claims in line 25 (by line of business) should equal the total of all claims in line 26 (by type of insurance—personal or commercial).

- Section I. Claimant May Have (Lines 1-6): Enter the number of cases of suspected fraudulent insurance acts committed by the claimant that the insurer knew or reasonably believed had been committed during the previous calendar year. 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 cases of suspected fraudulent insurance acts committed by the legal provider that the insurer knew or reasonably believed had been committed during the previous calendar year. 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 cases of suspected fraudulent insurance acts committed by the medical provider that the insurer knew or reasonably believed had been committed during the previous calendar year. 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 cases of suspected fraudulent insurance acts committed by other persons or entities (not the claimant, legal provider or medical provider) that the insurer knew or reasonably believed had been committed during the previous calendar year. Use the Notes section below number 24 to describe “Other” fraudulent acts committed by other persons or entities.
- Question 25: Total number of suspected fraud cases by line of business, enter the number of cases of fraudulent insurance acts that the insurer knew or reasonably believed had been committed during the previous calendar year 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: Total number of suspected fraud claims by type of insurance, enter the number of cases of fraudulent insurance acts that the insurer knew or reasonably believed had been committed during the previous calendar year by the type of insurance (personal lines or commercial lines).
- Question 27: Number of Cases Reported / Referred to Law Enforcement Agency, enter the number of cases of fraudulent insurance acts that were reported to the listed enforcement agencies. There are two areas to report notes for this section, one is to list “Other” Law Enforcement Agencies (other than County or U.S. Attorney’s Offices) and the other is to list “Other” Agencies or Authorities to whom fraudulent claims are reported (including U.S. Postal Authority).
- Question 28: Amount of money not paid on suspected fraudulent claims -- enter the dollar amount that would have been paid on claims if they were not identified as fraudulent. Note: If you have reported fraudulent claims, you should also report a dollar amount in line 28.

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 or contact Brad Brown at (207)624-8478 or electronically at Bradford.L.Brown@maine.gov.