IN THE MATTER OF THE	*	**BEFORE THE MARYLAND**
	*	
MARYLAND INSURANCE ADMINISTRATION	*	**INSURANCE COMMISSIONER**
	*	
v.	*	
	*	**CASE NO. : MIA- 07-021**
PATASHA GREEN	*	
1920 Harlem Avenue	*	**Fraud Division File No.: R-2016-1349A**
Baltimore, Maryland 21217	*	
	*	

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ORDER

This Order is entered by the Maryland Insurance Administration ("MIA") against Patasha Green ("Respondent") pursuant to §§ 2-108, 2-201, 2-204 and 2-405 of the Insurance Article, Md. Code Ann. (2011 Repl. Vol. & Supp.)("Insurance Article").

I. Facts

1. Respondent had Long Term Disability insurance ("LTD") through her employer with The Hartford Financial Services Group, Inc. ("Hartford"), an authorized insurer. The policy was in effect from July 1, 2007 to July 1, 2011.

2. On January 18, 2011, Respondent began receiving month LTD benefit payments, pursuant to a disability claim. The monthly benefits continued until September 30, 2015.

3. As part of Respondent's LTD plan, she was required throughout her disability term to submit to Hartford an "Attending Physician's Statement of Continued Functionality" ("APS") as proof of loss, in order to document her diagnosis, treatment plan and abilities. In pertinent part, the APS is to be completed and signed by Respondent's attending physician

4. On August 17, 2015, Respondent provided Hartford with an APS form ostensibly signed by her treating physician on August 11, 2015.

5. On September 28, 2015, a Hartford case manager spoke with the treating physician whose name appeared on the APS dated August 11, 2015, to clarify Respondent's medical condition. The case manager faxed a copy of the APS to the physician. He examined the APS and advised he did not recognize the handwriting. The physician checked with other staff members in his office, and they too did not recognize the handwriting.

6. On September 29, 2015, Harford referred the matter to its Special Investigations Unit, ("SIU") for further investigation.

7. On September 29, 2015, a Hartford investigator sent Respondent a letter advising her that Hartford confirmed that the APS she submitted had not been completed by the named physician. Further, Hartford requested additional information to determine continued eligibility for LTD benefits. Respondent failed to reply to Hartford's request for additional information, The investigator then sent follow-up letters to Respondent on October 9, 2015 and October 19, 2015. Respondent did not reply to those letters.

9. On October 30, 2015, Hartford sent Respondent a letter advising her that it completed its investigation of her benefits claim and determined that she had not continued to provide proof of ongoing disability. Consequently, her LTD benefits were not payable after September 30, 2015.

10. Section 27-802(a)(1) of the Maryland Insurance Article states,

> "An authorized insurer, its employees, fund producers, insurance producers, ... who in good faith has cause to believe that insurance fraud has been or is being committed shall report the suspected insurance fraud in writing to the Commissioner, the Fraud Division, or the appropriate federal, State or local law enforcement authorities."

Hartford, having a good faith belief that Respondent committed insurance fraud, referred the matter to the MIA, Fraud Division.

11. MIA contacted Hartford and confirmed its handling of Respondent's claim.

12. On May 4, 2016, a MIA investigator interviewed the Office Manager for Respondent's treating Physician whose signature appeared on the APS. She examined the APS and advised the signature was not that of the treating physician, and the height and weight of the Respondent had been handwritten. Height and weight data on the APS form should not have been handwritten but automatically populated by the physician's computer system pursuant to existing office protocol. Further, if a staff member had completed the form, that member's initials would have been written under the physician's signature. That also did not occur in this instance.

13. On June 10, 2016, a MIA investigator interviewed the treating physician whose name appeared on the APS submitted to Hartford by Respondent, dated August 11, 2015. He confirmed the signature on the APS was not his and he had not completed the APS.

II. Violation(s)

14. In addition to all relevant sections of the Insurance Article, the Administration relies on the following pertinent sections in finding that Respondent violated Maryland's insurance laws:

15. **§27-403**

It is a fraudulent insurance act for a person:

(2) to present or cause to be presented to an insurer documentation or an oral or written statement made in support of a claim...with knowledge that the documentation or statement contains false or misleading information about a matter material to the claim.

16. **§27-408(c)**

(1) In addition to any criminal penalties that may be imposed under this section, on a showing by clear and convincing evidence that a violation of this subtitle has occurred, the Commissioner may:

(i) impose an administrative penalty not exceeding $25,000 for each act of insurance fraud; and

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(2) In determining the amount of an administrative penalty, the Commissioner shall consider:

(i) the nature, circumstances, extent, gravity, and number of violations;
(ii) the degree of culpability of the violator;
(iii) prior offenses and repeated violations of the violator; and
(iv) any other matter that the Commissioner considers appropriate and relevant.

17. By the conduct described herein, Respondent knowingly violated §27-403. Respondent committed a violation of the Insurance Article when she submitted a false document to Hartford. As such, Respondent is subject to an administrative penalty under the Insurance Article §27-408(c).

III. Sanctions

18. Insurance fraud is a serious violation which harms consumers in that the losses suffered by insurance companies are passed on to consumers in the form of higher premiums. The Commissioner may investigate any complaint that alleges a fraudulent claim has been submitted to an insurer. Insurance Article §§2-201(d) (1) and 2-405.

19. Having considered the factors set forth in §27-408(c)(2) and COMAR 31.02.04.02, MIA has determined that $1,500.00 is an appropriate penalty.

20. Administrative penalties shall be made payable to the Maryland Insurance Administration and shall identify the case by number (R-2016-1349A) and name (Patasha Green). Unpaid penalties will be referred to the Central Collections Unit for collection. Payment of the administrative penalty shall be sent to the attention of: Associate Commissioner, Insurance Fraud Division, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202.

21. This Order does not preclude any potential or pending action by any other person, entity or government authority regarding any conduct by Respondent, including the conduct that is the subject of this Order.

WHEREFORE, for the reasons set forth above, and subject to the right to request a hearing, it is this 26th day of July 2016, **ORDERED** that:

(1) Patasha Green shall pay an administrative penalty of Fifteen Hundred Dollars ($1,500.00) within 30 days of the date of this Order.

ALFRED W. REDMER, JR.
Insurance Commissioner

BY: signature on original
STEVE WRIGHT
Associate Commissioner
Insurance Fraud Division

RIGHT TO REQUEST A HEARING

Pursuant to §2-210 of the Insurance Article and Code of Maryland Regulations ("COMAR") 31.02.01.03, an aggrieved person may request a hearing on this Order. This request must be in writing and received by the Commissioner within thirty (30) days of the date of the letter accompanying this Order. However, pursuant to §2-212 of the Article, the Order shall be stayed pending a hearing only if a demand for hearing is received by the Commissioner within ten (10) days after the Order is issued. The written request for hearing must be addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Attn: Hearings and Appeals Coordinator. The request shall include the following information: (1) the action or non-action of the Commissioner causing the person requesting the hearing to be aggrieved; (2) the facts related to the incident or incidents about which the person requests the Commissioner to act or not act; and (3) the ultimate relief requested. The failure to request a hearing timely or to appear at a scheduled hearing will result in a waiver of your rights to contest this Order and the Order shall be final on its effective date. Please note that if a hearing is requested on this initial Order, the Commissioner may affirm, modify, or nullify an action taken or impose any penalty or remedy authorized by the Insurance Article against the Respondent in a Final Order after hearing.