

6. On November 21, 2017, Respondent submitted to Argo another disability claim form, which stated, Respondent was unable to work through December 7, 2017.

7. Relying on the aforementioned disability forms, Argo paid Respondent \$4,945.56 in temporary total disability indemnity benefits.

8. On November 27, 2017, an Argo representative contacted the medical center to verify Respondent's disability status. A representative for the medical center advised that the treating healthcare provider released Respondent to return to work in a limited capacity on November 21, 2017. The disability claim form, which kept Respondent in a "no work" status until December 7, 2017, was altered.

9. On December 7, 2017, an Argo representative interviewed the treating physician whose signature appeared on the November 21, 2017 disability form. The treating physician confirmed the November 21, 2017 disability form submitted to Argo by Respondent was altered to reflect Respondent was placed in a no work status until December 7, 2017, when he was actually released to return to work. The treating physician advised that Respondent admitted to him that he altered the disability claim form.

10. Relying on the November 21, 2017 disability form, which stated Respondent was unable to work until December 7, 2017; Argo continued to pay Respondent disability benefits through November 28, 2017. Payments should have stopped on November 21, 2017. The altered disability form resulted in an overpayment of \$375.00 in disability benefits to Respondent.

11. 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.

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

12. In the course of its investigation, the MIA contacted Argo and confirmed its handling of Respondent's claim.

13. On September 26, 2018, an MIA investigator interviewed a representative for the office of the treating physician who allegedly completed the November 21, 2017 disability claim form, which stated Respondent was in a "no work" status. The representative confirmed the disability claim form had been altered to falsely state Respondent was unable to return to work. The actual November 21, 2017 disability claim form authorized Respondent to return to work, in a limited capacity.

14. On September 26, 2018, an MIA investigator interviewed the medical case manager retained by Argo who advised that on November 27, 2017, she discovered that the disability claim form submitted by Respondent, dated November 21, 2017, had been altered. She brought the discrepancy to the attention of the treating physician who confirmed it was altered. The treating physician confronted Respondent who admitted to altering the disability claim form.

II. Violation(s)

15. 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:

16. § 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[.]

17. § 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

* * *

(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.

18. By the conduct described herein, Respondent knowingly violated § 27-403. Respondent committed a violation of the Insurance Article when he submitted the false documents to Argo in support of his claim. As such, Respondent is subject to an administrative penalty under the Insurance Article § 27-408(c).

III. Sanctions

19. 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 that a fraudulent claim has been submitted to an insurer. Insurance Article §§ 2-201(d) (1) and 2-405.

20. Having considered the factors set forth in § 27-408(c)(2) and COMAR 31.02.04.02, the MIA has determined that \$2,000.00 is an appropriate penalty.

21. Additionally, Respondent is ordered to reimburse Argo \$375.00, the amount he fraudulently obtained when he submitted a falsified disability form.

22. Administrative penalties shall be made payable to the Maryland Insurance Administration and shall identify the case by number (R-2018-2333A) and name (Kwasi Poku

Boah). 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.

23. Notification of reimbursement to Argo shall be made in writing to the Associate Commissioner, Insurance Fraud Division, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202. Such notification shall include a copy of the money order or cancelled check issued to Argo as proof of reimbursement and identify the case by number (R-2018-2333A) and name (Kwasi Poku Boah).

24. 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 29th day of October 2018, **ORDERED** that:

- (1) Kwasi Poku Boah shall pay an administrative penalty of two thousand dollars (\$2,000.00) within 30 days of the date of this Order.
- (2) Kwasi Poku Boah shall pay restitution to Argo, in the amount of three hundred and seventy-five dollars (\$375.00) within 30 days of the date of this Order.

ALFRED W. REDMER, JR.
Insurance Commissioner

signature on original

BY:

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 served. 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.