

- Date of Loss: March 8, 2019 - Respondent reported she and her minor child were injured when the Uber driver struck a mailbox.
- Date of Loss: March 23, 2019 - Respondent reported she was injured as she exited the Uber, which pulled off before she was completely out; she fell to the ground.
- Date of Loss: April 15, 2019 – Respondent reported she was injured as she was assisting her stepdaughters enter the Uber, which pulled forward; she fell to the ground.

3. In support of her injury claims, Respondent submitted photographs of injuries, she and her minor child allegedly received. In addition, Respondent submitted the following seven Medstar Health (“Medstar”) invoices for medical treatment she or her minor child purportedly received, totaling \$16,838.09:

1. February 28, 2019, billed amount - \$4,624.35, “Paid in full by patient on March 3, 2019.”
2. March 8, 2019, billed amount - \$2,886.00, “Patient came in with mother and father from a car accident bruising on child’s back and arm...small laceration on cheek, possible stitched...”
3. March 8, 2019, billed amount \$3,285.00, “Patient came in with bruising on her arm, leg and upper thigh... Possible head trauma.”
4. March 12, 2019, billed amount \$740.00, “Follow up removing of stitches.”
5. March 23, 2019, billed amount \$2,041.95, “X-ray of foot.” “Paid in Full...”
6. March 27, 2019, billed amount - \$1,219.34, “follow up appointment... Determined ankle is sprain [*sic*] not broken.” “Paid in Full.”
7. April 15, 2019 and April 23, 2019, billed amount \$2,041.95, Clinical Laboratory CHRG 4/15, 4/23.” “Paid in Full.”

4. Relying on statements made and documents submitted by Respondent, in support of her claims, James River issued payments to Respondent totaling \$4,500.00 to settle her February 24, 2019, and March 23, 2019 claims.

5. On March 5, 2019, a James River representative asked Respondent's February 24, 2019, Uber driver about the alleged accident, the Uber driver replied,

Sorry, didn't have an accident. Don't know how you received this misleading information.

6. On March 8, 2019, a James River representative examined the invoices submitted by Respondent, and noted several irregularities, to include, the February 28, 2019 invoice, in which the word Center, for Medstar "Hospital Center" was spelled "Centrr," and the bottom right hand corner of the same invoice stated, "PhotoGrid," which the representative believed to be a photo editing application. Consequently, the James River representative contacted Medstar and learned that the account information on the invoice did not appear in its system. Therefore, James River forwarded Respondent's claim to Covent Bridge's Special Investigations Unit ("SIU") for further investigation into Respondent's five claims.

7. On March 11, 2019, a James River representative interviewed Respondent's March 8, 2019, Uber driver who denied having an accident on March 8, 2019.

8. On April 4, 2019, a James River representative interviewed Respondent's March 23, 2019, Uber driver who denied having an accident on March 23, 2019.

9. On April 26, 2019, a James River representative interviewed Respondent's April 15, 2019, Uber driver who denied having an accident on April 15, 2019.

10. An SIU investigator examined the invoices Respondent submitted to James River, as well as the photographs she submitted in support of her March 8, 2019 claim. The investigator noted that the invoices failed to depict treatment codes, and the treatment description

was not in line with typical medical wording. Additionally, several invoices reflected a website address, "create.onlineinvoices.com." The investigator discovered that two of the photographs Respondent submitted, reflecting injuries, were actually images found during an online image search; the uploaded images predated March 8, 2019.

11. James River sent Respondent letters denying her March 8, and April 15, 2019 claims, as its investigation revealed no evidence to support that there was an accident on those dates.

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

An authorized insurer, its employees, fund producers, or 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.

James River, having a good faith belief that Respondent committed insurance fraud, referred Respondent's claim to the MIA, Fraud Division.

13. During the course of its investigation, the MIA contacted James River and confirmed the facts regarding its handling of the Respondent's claims.

14. On November 20, 2019, the MIA issued a subpoena to MedStar, to confirm the authenticity of the seven treatment invoices Respondent submitted to James River, in support of her claims.

15. On January 2, 2020, in response to the subpoena, a Medstar representative advised,

After a thorough review of the invoices/receipts referenced in the subpoena, MedStar can confirm with high certainty that to the best of its knowledge, these are not authentic MedStar documents.

16. On January 13, 2020, in a follow-up response, MedStar confirmed that medical treatment referenced on the seven invoices was not rendered by MedStar.

II. Violation(s)

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

18. § 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.

19. § 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.

20. By the conduct described herein, Respondent knowingly violated § 27-403. A fraudulent insurance act of making a false statement or submitting a false document in support of a claim is complete upon making the false statement or submitting the false document. Respondent committed a violation of the Insurance Article when she made false statements and

submitted false documents to James River. As such, Respondent is subject to an administrative penalty under the Insurance Article § 27-408(c).

III. Sanctions

21. 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.

22. Having considered the factors set forth in § 27-408(c)(2) the MIA has determined that \$7,500.00 is an appropriate penalty.

23. Additionally, Tanae Sharice Hopkins is ordered to reimburse James River Insurance Company \$4,500.00, which is the amount she obtained from James River when it relied on information submitted by Respondent, in support of her claims, which were later found to be false.

24. Administrative penalties shall be made payable to the Maryland Insurance Administration and shall identify the case by number(s) (R-2019-4387A, 4388A, 4389A, 4390A) and name (Tanae Sharice Hopkins). 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. Unpaid penalties will be referred to the Central Collections Unit for collection.

25. Notification of reimbursement to James River shall be made in writing to the Associate Commissioner, Insurance Fraud Division, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21201. Such notification shall include a copy of the money order or cancelled check

issued to James River as proof of reimbursement and identify the case by number(s) (R-2019-4387A, 4388A, 4389A, 4390A) and name (Tanae Sharice Hopkins).

26. This Order does not preclude any potential or pending action by any other person, entity or government authority, regarding any conduct by the 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 31st day of January 2020, **ORDERED** that:

- (1) Tanae Sharice Hopkins shall pay an administrative penalty of seven thousand five hundred dollars (\$7,500.00) within 30 days of the date of this Order.
- (2) Tanae Sharice Hopkins shall pay restitution of four thousand five hundred dollars (\$4,500.00) to James River 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: Melanie Gross, Executive Assistant to the Deputy Commissioner. 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.