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Health Insurance Annual Anti-fraud Experience Report Instructions and Definitions

I. Instructions

This report is due annually, on or before March 31 of each year.

The data evaluation date for this report is January 1 through December 31.

Data must be provided separately for each company that is part of a group.

Use the tab key to advance through the form, shift tab to go back.

You can mouse over fields for tips and additional information about that field.

Report may be printed using the Acrobat Reader "PRINT" button on the bottom of the form.

Submitting the completed form:

Please do not manually submit the form as an e-mail attachment – Please use the SUBMIT button – Upper Right Ribbon.

Report with data can be saved using Acrobat Reader ”SAVE”

The forms work best using the latest version of -→ Adobe Reader:

Comments or questions may be e-mailed to mailto:MCEAFC@dobi.nj.gov

Report may be mailed to:

New Jersey Department of Banking and Insurance
Office of Consumer Protection Services
Market Conduct and Anti-Fraud Compliance
20 West State Street
P.O. Box 329
Trenton, N.J. 08625

Scope:

This report includes data regarding health insurance fraud prevention and detection statistics. Self-Insured data should not be included in this report.

II. Definitions

Calendar Year means the period January I to December 31.

Case refers to an SIU investigation or OIFP referral that may include several health care claims that were under investigation for fraud.

Cases Opened/Received means the total number of cases (comprehensive health care claims and / or limited health care claims) opened or received by the SIU during reporting period.

Claim means a request for indemnity by an insured or member.

Comprehensive health care benefits means the following services: preventive care, emergency care, inpatient and outpatient hospital and provider care, diagnostic laboratory and diagnostic and therapeutic radiological services and other services set forth in N.J.A.C. 11:24-5, including all services listed at N.J.A.C. 11:24-5.2.

Dollar Amount Spent is based either on actual expenses for those insurers that track this information individually and by State, or the insurer's pro-rata share in the event that expenses are tracked on an aggregate, national level. Self-insured risk expenditures should be excluded, either on a direct dollar basis or by pro-rata share or other method that distinguishes self-insured and non-self-insured expenditures.

Health Insurer subject to this reporting requirement means a contract or agreement whereby an insurer is obligated to pay or allow a benefit of pecuniary value with respect to the bodily injury, disablement, sickness, death by accident or accidental means of a human being, or because of any expense relating thereto, or because of any expense incurred in prevention of sickness, and includes every risk pertaining to any of the enumerated risks. Health insurance does not include any administrative services only (ASO) contracts, workers' compensation coverage, or stop-loss coverage.

Limited Benefit Contracts include but are not limited to the following:

- Coverage only for accident (including accidental death and dismemberment)
- Disability income coverage
- Credit-only insurance (for example, mortgage insurance)
- Coverage for on-site medical clinics
- Limited-scope dental benefits
- Limited-scope vision benefits
- Long-term care benefits
- Coverage for only a specified disease or illness
- Hospital indemnity or other fixed indemnity insurance
- Medicare supplemental health insurance
- Insurance issued as a supplement to liability insurance
- Any other supplemental hospital indemnity benefits

NJ Cases refers to an SIU investigation or Office of the Insurance Fraud Prosecutor or the Bureau of Fraud Deterrence referral that may include several *claims* that were made in the State of New Jersey.

New Jersey Claim refers to a claim that was made in the State of New Jersey.

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NJ Policies and Applications refer to coverage's written or applied for in the State of New Jersey.

Non-SIU Investigation means all fraud-investigative activity conducted in the normal course of handling a claim.

SIU Investigation means all investigative activity that was performed exclusively by the Special Investigative Unit.

Total Dollars Saved applies to all funds that would have been fraudulently or improperly obtained by claimants, ordered or agreed to be returned through adjudication or judgment, as a result of a fraud investigation.