ANNUAL REPORT
2005

Case Statistics 2005

New Cases Open: 161
2005 Cases Closed: 128
2005 Cases Active: 33

During 2005, the Bureau opened 161 cases from the approximately 300 referrals received. At the present time, about 33 cases are under active investigation, including half-million dollar alleged arson in Socorro, NM and a long-standing fraudulent mental health clinic. About a dozen cases are in various stages of prosecution, ranging from insurance office embezzlements to a massive auto glass scam being prosecuted by the NM Insurance Fraud Bureau and the Arizona Department of Insurance.

In addition, a Deming cremation service company has made full restitution to pre-need policy holders and a Las Cruces man has paid Foundation Reserve back for an auto claim that occurred in Mexico.

Training Activities for Insurance Fraud Bureau Staff:

Insurance Fraud Bureau staff attended law enforcement training courses and insurance fraud related seminars including:

- NM Chapter International Association of Arson Investigators Seminar
- NM Municipal League Law Enforcement Conference
- NCIC Terminal Agency Coordinator Training
- Polygraph/investigations seminar and review of San Antonio District Attorney Case Management system
- International Association of Special Investigative Units- 20th Annual Seminar & Expo on Insurance Fraud
- Insurance Fraud Directors Annual Conference –Phoenix, Arizona
NM Insurance Fraud Bureau to host 2006 Insurance Fraud Directors Conference:

The 2006 Insurance Fraud Directors conference will be held in Santa Fe, New Mexico. The conference typically attracts 30-40 Fraud Bureau Directors from throughout the nation for a three day program of fraud prevention, coordination and detection topics. The NM Insurance Fraud Bureau will plan and host the conference. The conference is tentatively scheduled for the last week of October 2006.

Coordination Activities:

New Mexico Insurance Fraud Bureau staff are active members of the New Mexico Chapter of the International Association of Special Investigation Units. The Organization meets bi-monthly and is dedicated to:

- Promoting a coordinated effort within the industry to combat insurance fraud;
- Providing education and training for insurance investigator;
- Developing greater awareness of the insurance fraud problem;
- Encouraging high professional standards of conduct among insurance investigators; supporting legislation that acts as a deterrent to the crime of insurance fraud.

The New Mexico Insurance Fraud Bureau has established and presides over the bi-monthly meeting of the League of Health Care Justice. The League membership is comprised of representatives of: Private/Commercial Health Care providers, Medicaid, Medicare, State Medical and Licensing Boards, Internal Revenue Service, Federal Bureau of Investigation, Human Services Department, New Mexico Attorney General’s Office, New Mexico Taxation and Revenue Department, and The New Mexico Workers Compensation Administration. The League’s mission is to improve the coordination of detection, investigation, prosecution and prevention of health care fraud in New Mexico.

Other items:

Reclassification of the Fraud Bureau's Special Agents from Range 60 to 65 has been approved. It is expected that the reclassification will enhance the Bureau's ability to attract and retain experienced investigators.