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OIFP Leads Nation's Insurance Fraud War

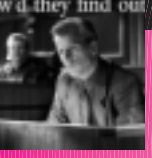
by Stephen D. Moore

The $100 Billion Industry

It seemed that Vito Gruppuso had found that profitable niche in the world of business that most of us can only dream of. He brokered expensive, high-end insurance policies for more than 100 housing, retail, and office complexes throughout the United States in a sophisticated premium financing arrangement involving loans from banking institutions. Unfortunately, Gruppuso didn't always use those funds to buy insurance for his trusting clients. Rather, an investigation by New Jersey's Office of the Insurance Fraud Prosecutor (OIFP) revealed that he had, in fact, stolen more than $100 million in his profitable little niche. Mr. Gruppuso is now expected to spend much of his future behind bars and to make restitution to his victims in the tens of millions of dollars.

Anhuar Bandy was living the American dream. He had worked hard to become the proud owner of a string of chiropractic clinics in Northern New Jersey...and he wasn't even a chiropractor. In fact, he had no educational background or experience whatsoever in the field of health care. Yet, in the short span of three years, his clinics earned him millions of dollars of income. Bandy, however, was an excellent organizer. He devised, planned, and organized an entire ring of thieves who conspired to stage automobile accidents and file phony medical claims. After a lengthy undercover investigation by OIFP, Bandy and 27 other co-conspirators, were charged in ten separate State Grand Jury indictments with multiple counts of conspiracy, racketeering, Health Care Claims Fraud, theft by deception, and possession of a firearm without a permit. Bandy's fraud ring "staged" more than 90 automobile accidents which resulted in 24 insurance companies paying more than $2 million in fraudulent automobile accident and personal injury medical claims. Bandy was sentenced to 29 years in State prison and ordered to pay a $100,000 fine and an amount of restitution as yet to be determined.

Dr. Carl Lichtman successfully combined multi-level marketing techniques with a psychology degree to grow his counseling practice into a multi-million dollar money machine. Lichtman lost his Midas touch, however, when an investigation by OIFP revealed that nearly 200 of the "patients" participating in his elaborate kickback scheme never received the treatment for which he had billed some 35 insurance carriers and other insurers, including the New Jersey Health Benefits Plan. Lichtman had established a "referral" system to recruit new patients in return for a recruiting fee of $750 per new patient and 25 percent of the insurance proceeds for the nonexistent treatments. The toppling of



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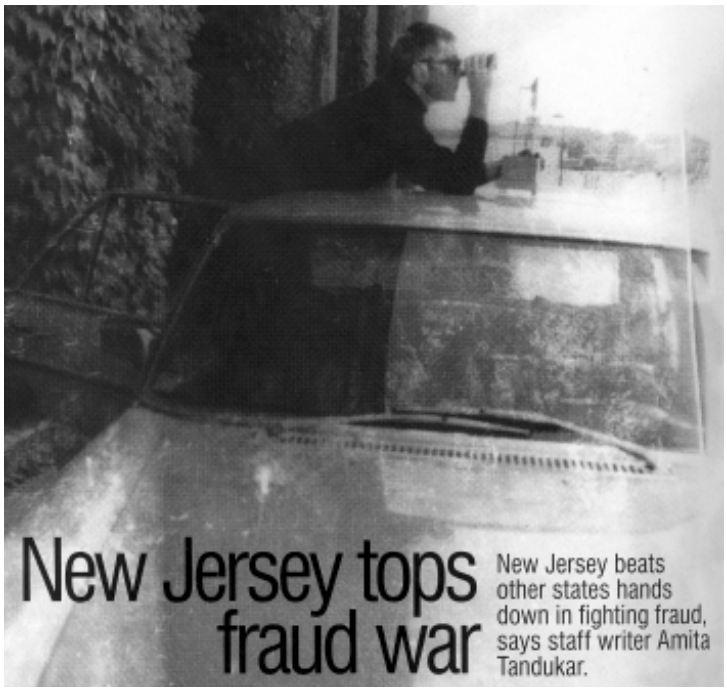
Lichtman's bogus patient pyramid by OIFP resulted in the successful prosecution of approximately 190 people, including many former teachers and other public employees who lost their right to hold public employment when convicted. Lichtman was sentenced to spend five-and-a-half years behind bars, make restitution of approximately $2 million, and sign a $200,000 judgment.

You would think Donna Vitullo would have been delighted when investigators came knocking on her door to inform her they had recovered the 1988 Porsche she had previously reported stolen. Instead, she "fessed up" to committing insurance fraud. Her vehicle, it seems, had been hauled from the bottom of a remote lake in the New Jersey Pinelands, where fishing expeditions by law enforcement officials yielded numerous other vehicles which had also been disposed of by their owners in conjunction with phony insurance claims. Ms. Vitullo was but one of many people who are caught by OIFP and County Prosecutors every year ditching their SUVs, sports cars, and other vehicles to file insurance claims in order to get out from under a heavy loan payment, a substantial lease-end mileage charge, or the sour recurring costs of owning a "lemon."

"New Jersey tops fraud war: New Jersey beats other states hands down in fighting fraud, says staff writer Amita Tandukar: (Article from Fraud International Issue 22 May-June 2004: Reprinted with the permission of Fraud International copyright 2004)



Let there be no doubt; insurance fraud is big business, very big business. Studies conducted over the past ten years have pegged the amount of our nation's losses attributable to insurance fraud in the range of $100 billion to $200 billion per year. While a 2000 study estimated that insurance fraud costs U.S. insurance consumers $96.2 billion in higher premiums in 1999, the same study estimated that fraud costs our domestic economy as much as $530 billion annually in total costs of goods and services. According to a 1992 study by the U.S. Government Accounting Office (GAO), fraud and abuse in our country's Medicare and Medicaid systems had also reached as much as $100 billion annually; and that study estimated that fraud, alone, accounts for approximately 10 percent of our nation's health care spending.

Other studies have suggested that, if the "enterprise" of insurance fraud were a corporation, it would rank in the top 25 of the Fortune 500 list of America's companies and would be considered a growth industry unto itself. But insurance fraud is not a legitimate enterprise and it can be devastating to both legitimate companies and individuals alike. At least 30 percent of the 302 property and casualty insurance companies that became insolvent between 1969 and 1990 were reportedly due to fraudulent activities. And it has been estimated that, on a personal level, insurance fraud costs the average American household as much as $1,000 annually, including

the addition of as much as $200 to $300 in insurance premiums to every family's automobile insurance policy.

Insurance fraud displays its many faces in persons and places both strange and familiar. Insurance fraud is as simple and common as lying on an application for automobile or life insurance and as veiled and complex as a sophisticated fraud ring comprised of crooked doctors, corrupt lawyers, and phony accident victims. It may be committed by a hardened career criminal, but as a crime of opportunity, it may just as likely be committed by your next-door neighbor. And, contrary to what sometimes seems the "conventional wisdom," insurance fraud is not a victimless crime. Every time someone commits insurance fraud, the pockets he picks are ultimately the pockets of those of us who purchase the protection afforded by insurance.

Because states which are most densely populated, such as New Jersey, tend to generate higher rates of crime and automobile accidents, both of which correlate closely to the incidence of insurance fraud, it is those most densely populated states that are most adversely impacted by the current pandemic of insurance fraud. Indeed, New Jersey has long held the dubious distinction as having the highest automobile insurance rates in the country.

A Gathering Storm

After years of climbing automobile insurance rates, fueled in large part by the hidden costs of insurance fraud, the automobile insurance crisis in New Jersey had grown to epic proportions by the spring of 1998. Many motorists were finding they had to spend more to insure their cars than they had left to put dinner on their tables at night, if they were even able to find an insurer. Despite New Jersey's compulsory automobile insurance laws, many simply chose to drive without any insurance at all, sometimes purchasing fake insurance cards on the black market to avoid New Jersey's severe penalties for driving without insurance, which included hefty fines and mandatory drivers' license revocation.

Unless drastic measures were taken immediately, the situation was going to get worse, much worse, before it got better. When the New Jersey Legislature convened hearings nearly eight years ago in a desperate effort to grapple with the State's automobile insurance crisis, it quickly became clear that, as a major contributing factor to New Jersey's skyrocketing insurance rates, the problem of rampant insurance fraud would have to be addressed in a dramatic fashion.

As in other states, New Jersey's approach to dealing with the problem of insurance fraud had been piecemeal and fragmented. The relatively few criminal investigations and prosecutions for insurance fraud in New Jersey were usually undertaken by a modestly staffed unit within the New Jersey Attorney General's Division of Criminal Justice, and even more infrequently, by one of the State's 21 County Prosecutors' Offices. Although, in 1983, the New Jersey Legislature created the Division of Insurance Fraud Prevention within the Department of Banking and Insurance, its Civil Investigators were armed with only the narrow authority to impose civil fines for a limited array of various types of insurance fraud.

Prior Legislatures had attempted repeatedly without success to reform New Jersey's insurance laws in a futile effort to contain New Jersey's ever-increasing insurance rates. But this time it would be different. Unlike the manner in which legislation had all too often been hastily enacted in response to emergent problems or the demands of political expediency, this time the New Jersey Legislature pursued its mission with a fervor, foresight, and

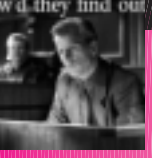
Acting Governor Richard J. Codey was instrumental in establishing the Office of the Insurance Fraud Prosecutor in his role as a member of the Joint Committee on Automobile Insurance Reform in 1998.

focus to detail akin to that of a constitutional convention.

While the challenge of crafting legislation to deal with the monumental problem of insurance fraud engendered broad bipartisan support, it would come as little surprise that one of its main proponents was a prominent legislator with professional experience as a licensed insurance producer, the State Senate's Minority Leader, who would years later unexpectedly find himself as Acting Governor, Richard Codey. The principal issue confronting then Senator Codey and his legislative colleagues was not whether to mount an unprecedented offensive on insurance fraud, but how to go about it in the most effective way possible.

In the hearings which ensued, many ideas were floated, debated, deflated, and sunk: how to ensure continued medical coverage for those injured in auto accidents while controlling spiraling medical costs; how to establish an effective mechanism for resolving disputes between insureds and insurers; how to reform the antiquated rating system; and how to attack insurance fraud.

It was an idea whose time had come, and not a moment too soon. While the concept had long been bandied about the corridors of the State House, it appears to have first been formally proposed by New Jersey Manufacturers Insurance Company at a Senate Commerce Committee hearing in May of 1997 when, in remarks prepared and submitted by Bernard Flynn, the Company requested that "consideration should be given to the creation of a single State Insurance Fraud Prosecutor to coordinate infor-



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mation and action among the various agencies involved in fighting fraud. Such a person could be designated administratively by the Attorney General to facilitate anti-fraud efforts creating little, if any, additional bureaucracy. The form the position takes is less important than the substance. Serious fraud cases must result in serious criminal penalties to deter future conduct."

The call for a special State prosecutor to investigate and prosecute insurance fraud was echoed nine months later, in February 1998, by the President of the New Jersey State Bar Association, Jay H. Greenblatt, when, in prepared remarks before the Joint Committee on Automobile Insurance Reform, he stated, "we call for the immediate appointment of a special prosecutor from the ranks of the Office of Attorney General, with sufficient staffing expertise to aggressively prosecute fraud and deter future conduct. People don't cheat on their income taxes because they fear consequences. Automobile insurance fraud must be prevented in the same way."

As in planetary alignment, it was the rarest and most auspicious of moments, when the insurance industry and the legal profession would mutually agree upon a key element of insurance reform: the dire need for a dedicated State prosecutor to lead New Jersey's war on insurance fraud. From that moment forward, the solution to attacking New Jersey's fraud monster became where, rather than whether, an Insurance Fraud Prosecutor would stand in the pantheon of public officialdom, and the task at hand was to craft a blueprint to guide the Prosecutor's efforts while providing the Prosecutor with the resources required to get the job done right.

The New Jersey Office of the Insurance Fraud Prosecutor was finally established on May 19, 1998, when the Legislature enacted the Automobile Insurance Cost Reduction Act of 1998 (AICRA). In an unusually detailed preamble to the law borne of the auto insurance crisis, the Legislature described and defined many of the causes of New Jersey's insurance crisis, including the problems associated with insurance fraud, and clearly defined its goals and objectives for dealing effectively and appropriately with those problems. As explained in the preamble, the high cost of automobile insurance in New Jersey presented "a significant problem for many lower income residents of the State, many of whom have been forced to drop or lapse their coverage in violation of the State's mandatory motor vehicle insurance laws...."

It also recognized that, "fraud, whether in the form of inappropriate medical treatments, inflated claims, staged accidents, falsification of records, or in any other form, has increased premiums, and must be uncovered and vigorously prosecuted, and while the pursuit of those who defraud the automobile insurance system has heretofore been addressed by the State through various agencies, it has been without sufficient coordination to aggressively combat fraud, leading to the conclusion that greater consolidation of agencies which were created to combat fraud is necessary to accomplish this purpose...."

While most of the Act dealt with a variety of detailed and complicated regulatory measures to reform New Jersey's automobile insurance laws, several critical pages spelled out in great specificity the Legislature's expectations and mandate for New Jersey's new Insurance Fraud Prosecutor. AICRA vested the Insurance Fraud Prosecutor and OIFP with broad authority and responsibility for investigating all types of insurance fraud, and for conducting and coordinating civil, criminal, and administrative investigations and prosecutions of insurance and Medicaid fraud in New Jersey. AICRA also empowered OIFP and the Insurance Fraud Prosecutor to oversee and coordinate the anti-insurance fraud efforts of law enforcement and other public agencies and departments throughout New Jersey with those of the insurance industry.

AICRA established OIFP as a law enforcement agency within the State's Division of Criminal Justice in the Department of Law and Public Safety with a primary objective of criminally investigating and prosecuting insurance fraud. However, in order to consolidate civil and criminal authority for investigating insurance fraud in a single agency, AICRA also required that the entire civil investigative staff of the Department of Banking and Insurance be transferred to the fledgling agency.

Among other things, AICRA required that a section of OIFP "be designated to be responsible for establishing a liaison and continuing communication between the office... any professional board in the Division of Consumer Affairs in the Department of Law and Public Safety, the Department of Banking and Insurance, the Division of State Police, every county prosecutor's office, such local government units as may be necessary or practicable and insurers." OIFP was also charged with establishing a statewide fraud enforcement policy for all State and local agencies, including the promulgation of detailed guidelines for investigating and prosecuting insurance fraud. The Insurance Fraud Prosecutor was also required to establish and maintain databases for all cases in which fraud is suspected, and incorporating comprehensive information with respect to various types of insurance claims made against private insurers.

A Record of Accomplishment

An Immediate and Growing Impact

The enactment of AICRA in May of 1998 was followed several weeks later by Governor Whitman's issuance of Reorganization Plan No. 007-1998 on June 25, 1998, which specified, in broad terms, those steps to be taken to effect the transfer, consolidation, and reorganization of numerous functions of the respective agencies affected by AICRA, particularly the Departments of Banking and Insurance and of Law and Public Safety. The entire reorganization and the official establishment of the New Jersey Office of the Insurance Fraud Prosecutor was to be completed within 60 days.

Immediately after the enactment of AICRA, the officials charged with its implementation sprang quickly into action. On July 17, 1998, the Commissioner of the Department of Banking and Insurance and the Attorney General, as head of the Department of Law and Public Safety, entered into a detailed Memorandum of Agreement "to effectuate the timely and efficient transfer of the functions, powers, duties and responsibilities relating to insurance fraud investigation and prosecution from the Department of Banking and Insurance to the Department of Law and Public Safety."

Those charged with the arduous task of actually effectuating the change promptly turned their full attention to reviewing, identifying, and addressing those thousands of details necessary to create a new and unprecedented governmental agency to oversee the anti-insurance fraud efforts of the entire State of New Jersey. Their charge was monumental, entailing, among other things, the establishment of three regional offices located, respectively, in the southern, central, and northern portions of the State; the transfer of the entire civil investigative staff from the Department of Banking and Insurance to the Division of Criminal Justice within the Department of Law and Public Safety; the integration of the Insurance Fraud Unit and the Medicaid Fraud Section of the Division of Criminal Justice into the newly-created OIFP; and the conducting of screening, background investigations, and hiring of additional qualified investigative, prosecutorial, and administrative and clerical support staff.

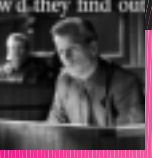
On October 28, 1998, a seasoned prosecutor from the Division of Criminal Justice, Edward M. Neafsey, was sworn in as New Jersey's first Insurance Fraud Prosecutor. By late 1998, the foundations had been laid for the nascent agency, at long last, to realize the vision the legislators and insurers had labored so long and hard to fashion: a definitive model to attack insurance fraud through a statewide program. Early in 1999, the civil investigators transferred from the Department of Banking and Insurance physically joined with criminal investigators and prosecutors from the Division of Criminal Justice, as they established their central headquarters in Lawrenceville and satellite offices in Whippany and Cherry Hill, and quickly went about the business of building the new governmental agency from the ground up.

And from those first heady, tumultuous days of OIFP, it rapidly emerged as one of the nation's premier insurance fraud-fighting institutions.

Blueprint for Success

The crafting of OIFP's structure may be viewed, in retrospect, as noth-

Insurance Fraud Prosecutor Greta Gooden Brown accepts the New Jersey Vehicle Theft Investigators' Association Robert A. Ziegler Award for the successful OIFP "Give and Go" prosecution. (l. to r.) Joanne Roberts, Assistant Vice President of Selective Insurance Company; Deputy Chief Investigator Richard Falcone; Deputy Chief Investigator Sheila Brown; State Investigator Jose A. Vendas; State Investigator Jaroslaw Pyrzanowski; Insurance Fraud Prosecutor Greta Gooden Brown; Deputy Attorney General Michael Monahan; Supervising Deputy Attorney General Tina Polites; and State Investigator Marc Cafone.



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ing short of the most successful blueprint for the operation of a dedicated insurance fraud-fighting agency in history. First and foremost, in designating OIFP as New Jersey's lead agency to implement a comprehensive program for the investigation and prosecution of insurance fraud, the Legislature vested OIFP under AICRA with authority and responsibility for investigating every type of insurance fraud, and with the tools for conducting and coordinating criminal, civil, and administrative investigations and prosecutions of insurance and Medicaid fraud throughout the State. Moreover, to provide for the most effective and well integrated strategy possible to combat insurance fraud throughout the State, the Legislature empowered OIFP under AICRA to oversee and coordinate the anti-fraud efforts of law enforcement and other public agencies in New Jersey with those of the insurance industry.

OIFP was officially established as a law enforcement agency within the State's Division of Criminal Justice under the direction of a State Insurance Fraud Prosecutor, appointed by the Governor, confirmed by the Legislature, and overseen by the New Jersey Attorney General, with a singular mission to pursue insurance fraud wherever found, in whatever form, as aggressively and effectively as possible. AICRA also required that, in order to unify both criminal and civil authorities for investigating and prosecuting insurance fraud in one agency, the civil enforcement functions previously in the Division of Insurance Fraud Prevention in the Department of Banking and Insurance would be transferred to the newly established OIFP. While criminal and civil authority for insurance fraud was now consolidated in OIFP, those functions would now be administered in separate criminal and civil bureaus within OIFP which, in turn, would be comprised of several specialized sections. Specialization within OIFP was further refined by a major reorganization in 2002 which resulted in the creation of specialized insurance fraud sections, mirroring classifications in the insurance industry, in both the criminal and civil bureaus.

As a result of the restructuring, OIFP-Criminal was broken down into sections focusing on auto fraud, health and life fraud, and property and casualty fraud, as well as the Medicaid Fraud Section. OIFP-Civil was similarly structured along the lines of specialized teams of Civil Investigators who were assigned to investigate cases of possible violations of the New Jersey Insurance Fraud Prevention Act (Fraud Act) and, where appropriate, seek restitution and civil fines.

Because of the greater burden of proof required in criminal cases, that of proof "beyond a reasonable doubt," OIFP-Civil has frequently been able to impose fines or obtain restitution in cases where the facts would be unable to sustain a successful criminal prosecution. Inasmuch as civil actions are subject to a longer ten-year Statute of Limitations, civil actions may also be undertaken in lieu of a criminal prosecution in many cases where a criminal prosecution is barred by the shorter five-year Statute of Limitations applicable to criminal prosecutions. While the imposition of penalties at the conclusion of an OIFP-Civil investigation is frequently an effective alternative outcome to a criminal prosecution, the imposition of civil penalties is often a complement to a successful criminal prosecution wherein both civil and criminal penalties are imposed.

Ultimately, the objective yardstick by which the success of any endeavor must be measured is that of its performance as reflected in the number and quality of matters it has pursued to a successful conclusion. Today, OIFP continues to thrive and post some of the best numbers in its relatively brief existence as a law enforcement agency. Since it commenced operations six years ago, OIFP has reviewed and screened over 60,000 matters of suspected or actual insurance fraud, issued 4,546 civil Consent Orders and agreements, imposed approximately $22 million in civil fines, convicted nearly 840 persons of insurance fraud or insurance fraud-related offenses, obtained restitution totaling $46,347,499, and sentenced 289 people to jail terms totaling over 648 years.

Knowledge is Power

OIFP recognized early that information, knowledge, and intelligence are essential to the success of any investigative law enforcement agency and that OIFP would be no exception. OIFP has striven, from its inception, to expand the channels through which it obtains information and to implement mechanisms to ensure that information is shared, utilized, and employed as effectively as possible to identify, investigate, and pursue appropriate action against insurance cheats.

OIFP's system to manage information begins with a carefully designed Section for receiving, screening, assigning, and tracking up to 10,000 new cases annually, known within OIFP as the Case Screening, Litigation and Analytical Support Section (CLASS). Every referral to OIFP, whether from the mandatory reporting of suspicious claims by insurance carriers, OIFP's hotline or Web site, law enforcement or other public agencies, citizen complaint letters or walk-ins, first undergoes an "intake" process in which each referral is promptly date stamped and entered into OIFP's case tracking system known as Law Manager. Case numbers are assigned, existing databases are searched for overlapping information, and cases are screened by specially trained Civil Investigators to

determine whether the referral contains sufficient information to initiate a civil or criminal investigation.

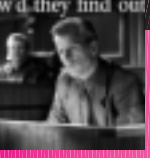
Where it appears that a criminal investigation is warranted, the matter is referred to a Supervising Deputy Attorney General who, in most instances, makes the final determination as to whether to open a formal criminal investigation. The screening process typically involves the obtaining of background information on the person suspected of committing insurance fraud through queries of a variety of governmental and public records databases. Cases warranting investigation are coded according to the type of alleged insurance fraud, such as automobile, life, or disability, and assigned for further investigation to the most geographically appropriate of OIFP's three regional offices. Subsequent to the assignment of cases, Analysts and Technical Assistants in the CLASS Unit frequently continue to assist in the investigations, employing a variety of sophisticated software applications to analyze the complex relationships existing among individuals, businesses, and their financial relationships. Through its Liaisons, OIFP has also established, and maintains, databases of information through collaborative and cooperative arrangements with other law enforcement agencies, other governmental agencies, and the Department of Banking and Insurance.

Finally, after years of planning and collaboration with insurance industry representatives, OIFP went online in 2004 with its All Claims Database which encompasses comprehensive data submitted by insurance carriers regarding New Jersey automobile insurance claims involving a theft or an accident. The Database's utility will be enhanced with a software tool which is arguably the most powerful "data mining" application available. By "mining" such claims data, OIFP expects to be able to identify fraudulent patterns and trends amidst an otherwise incomprehensible myriad of data.

New Jersey Attorney General Peter C. Harvey discusses OIFP's insurance fraud-fighting efforts with New Jersey Network News at the Seventh Annual Insurance Fraud Summit.

An effective strategy to wage war on insurance fraud requires both the enlistment of critical allies, such as those in the insurance industry, law enforcement, and other governmental agencies having a stake in addressing insurance fraud, and arming those allies with the knowledge, skills, and expertise necessary to do the job. Law enforcement and OIFP's other partners in the war on insurance fraud must have, or develop, a thorough understanding of what constitutes insurance fraud and the "red flag" identifiers that should alert an officer or investigator to the possibility that a particular matter may involve insurance fraud and may warrant further investigation. Law enforcement officials whose primary responsibilities are to investigate or prosecute insurance fraud must have an even more sophisticated knowledge and expertise with respect to the unique characteristics of insurance fraud.

As the State's designated leader in the war on insurance fraud, OIFP in its infancy quickly went about the task of implementing programs to share its own expertise through an ambitious and comprehensive program for the training and instruction of law enforcement and insurance industry officials throughout the State. Through its County Prosecutor Liaison, OIFP has provided annual in-service instruction on many facets of insurance fraud to Assistant Prosecutors and investigative personnel in County Prosecutors' Offices in the State's 21 counties. Through its Insurance Industry Liaison,



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Supervising Deputy Attorney General Stephen D. Moore with NJSIA President Kevin Crimmins after appearing as a guest speaker on behalf of OIFP at the December 2004 NJSIA meeting.

OIFP has instituted a joint training program with experienced insurance industry professionals to offer training to investigative staff from both OIFP and insurance industry special investigative units. Through its Law Enforcement Liaison, OIFP has scheduled quarterly law enforcement coordination meetings in each of its three regional offices which provide opportunities to share information and intelligence among law enforcement agencies at every level in New Jersey and neighboring states, including municipal police departments, County Prosecutors' Offices, the New Jersey State Police, and federal agencies such as the Federal Bureau of Investigation and the United States Postal Inspector's Office.

OIFP continued in 2004 with its innovative program of training and instruction and, in addition to the regularly scheduled training opportunities provided by OIFP's Liaisons, participated in many seminars and symposia, such as OIFP First Assistant Prosecutor, John Smith's, presentation to the Chubb Insurance Company in New York and presentations for New Jersey's Institute for Continuing Legal Education, as well as for insurance industry investigators and personnel.

Leading a Coordinated Effort

OIFP's success in fighting insurance fraud is due, in great part, to the manner in which it has responded to the Legislature's mandate that it lead a comprehensive effort to marshal and utilize all possible resources in both the public and private sectors to combat insurance fraud. In recognizing that a greater consolidation of resources was necessary to effectively carry out this mandate, AICRA required that OIFP establish a section of the Office for the specific purpose of acting as liaison with law enforcement and other public agencies and the insurance industry. OIFP's Liaison Section has been designated by the State's Insurance Fraud Prosecutor to serve as the Office's primary vehicle to foster communication, cooperation, and coordination among fraud fighters throughout New Jersey.

To ensure that the Liaison Section of OIFP is able to effectively coordinate the many overlapping responsibilities and activities of the public agencies and insurers which investigate or come into contact with insurance fraud in New Jersey, OIFP assigned experienced professionals to serve as County Prosecutor, Law Enforcement, Insurance Industry, and Professional Boards Liaisons. Each Liaison is responsible for insuring that all OIFP investigations are coordinated with the activities of those agencies or entities falling within their purview.

County Prosecutors

By virtue of their local presence throughout the State, County Prosecutors in New Jersey have developed, and maintain, an intimate familiarity with the landscape of criminal activities within their respective jurisdictions. Consequently, their knowledge of the demographics of crime within their counties and their ability to cultivate informants and identify potential criminal suspects often enables them to investigate and prosecute insurance cheats and organized insurance fraud enterprises which might, in many cases, avoid detection by a centralized State agency such as OIFP.

It was in recognition of this critical role of the State's County Prosecutors that AICRA provided a mechanism to fund their efforts at fighting insurance fraud within their respective counties. From its creation in 1999, the New Jersey County Prosecutor Insurance Fraud Reimbursement Program, administered by the Attorney General through the Insurance Fraud Prosecutor, has provided funding for fraud-fight-

ing personnel and equipment in 20 of New Jersey's 21 counties.

The funding has served to enhance the ability of County Prosecutors to investigate and prosecute insurance fraud by supporting or contributing to the salaries of 38 detectives and investigators, 11 assistant prosecutors and 6 technical and administrative support staff, and by encouraging and allowing counties to undertake new and innovative initiatives carefully designed to catch insurance cheats within their respective jurisdictions.

The County Prosecutor Insurance Fraud Reimbursement Program requires that counties work closely with OIFP's County Prosecutor Liaison and coordinate their activities with OIFP on a continuing basis. Among other things, County Prosecutors submit Cumulative Monthly Reports which include pertinent identifiers with respect to all persons within their jurisdictions under investigation for possible insurance fraud. The information in these reports is scrutinized by the County Prosecutor Liaison and incorporated in OIFP's own databases to ensure that the investigative and prosecutorial activities of OIFP and County Prosecutors do not duplicate or undermine each other. This information also enables OIFP, in many cases, to open corresponding civil cases where the suspected insurance fraud may subject the perpetrator to civil penalties pursuant to the provisions of the Insurance Fraud Prevention Act.

The reporting of subjects under investigation by County Prosecutors in 2004 enabled OIFP to open nearly 712 civil investigations, few of which would have come to OIFP's attention but for the reporting protocol of County Prosecutors under the terms of the Reimbursement Program. Further, in 2004, County Prosecutor Insurance Fraud Units and personnel funded by OIFP charged 313 defendants and obtained 129 convictions by guilty plea or trial, resulting in jail terms totaling more than 51 years. Some of the most notable cases handled by units funded by OIFP are summarized in this Annual Report.

Unfortunately, as a result of five years of flat funding levels in the OIFP budget, budgetary pressures nearly resulted in the elimination of the County Prosecutor Reimbursement Program at the close of 2004. Efforts by the Attorney General and Insurance Fraud Prosecutor saved the program from elimination in 2005, though funding was reduced by nearly 20 percent. Budgetary pressures in 2004 did, however, require the elimination of a program funded by OIFP which supported the Insurance Fraud Unit of the New Jersey State Police, which focused on the use or sale of counterfeit insurance identification cards.

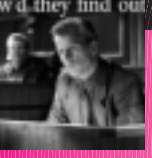
Law Enforcement

OIFP also coordinates its activities with many law enforcement agencies other than County Prosecutors' Offices, ranging from local and county police departments, to County Sheriffs' Departments, to the New Jersey State Police, and to federal law enforcement agencies such as the Federal Bureau of Investigation and the United States Postal Inspector's Office, as well as law enforcement agencies in nearby states. OIFP has assigned a Law Enforcement Liaison whose primary responsibility is to coordinate OIFP's investigations and prosecutions with those of other law enforcement agencies both in and beyond New Jersey's borders. OIFP has also vested the Law Enforcement Liaison with responsibility for administering a number of other law enforcement support protocols and services such as the issuance of documentation used in undercover investigations including fictitious insurance cards and pretext insurance policies which provide undercover investigators with the critical documentation necessary for successful undercover sting operations.

The Law Enforcement Liaison is assigned responsibility for distributing training and other informative materials, such as OIFP's roll call training videos, to local police departments throughout New Jersey. The Law Enforcement Liaison is also responsible for distribution of over 1,000 copies of the OIFP Uninsured Motorists Identification Directory (UMID), which provides law enforcement agencies with a comprehensive directory of insurance company hotline phone numbers to verify insurance coverage. Among the Law Enforcement Liaison's other responsibilities is the scheduling of periodic regional insurance fraud meetings throughout the State in which many law enforcement agencies participate to share intelligence and information and learn from guest speakers with special expertise in areas such as health care fraud, fraud rings, and insurance fraud forensics.

Insurance Industry

In enacting AICRA, legislators recognized that the insurance industry was an integral partner in order for government to be successful in addressing the State's insurance fraud problem. Consequently, AICRA expressly required that OIFP establish a formal liaison with the insurance industry for the purpose of ensuring effective coordination and open channels of communication. Such coordination is particularly important because the vast majority of OIFP's insurance fraud cases are opened from referrals received by insurance carriers, which are required by regulation to report all cases of suspected fraud. OIFP's Insurance Industry Liaison maintains appropriate standards for referrals from insurance companies and acts as OIFP's primary point of contact with the insurance in-



dustry. Through its Industry Liaison, OIFP provides technical guidance and assistance and sponsors Working Groups which meet regularly to identify areas of common concern and explore the manner in which OIFP and the insurance industry can work constructively together to further their respective efforts to combat insurance fraud. Many of the recommendations incorporated in OIFP's Annual Reports have sprung from discussions in the Working Groups. In 2004, the Industry Liaison and his staff provided guidance and assistance to those in the insurance industry on 875 occasions.

The Industry Liaison also represents OIFP in numerous meetings with insurance industry officials and in-

Fraud crackdown credited for GEICO's return to N.J.

surance industry trade associations throughout the year affording both OIFP and the insurance industry the opportunity for open and ongoing communications regarding issues of mutual interest. In 2004, the Industry Liaison attended meetings of the National Insurance Crime Bureau, the Insurance Council of New Jersey, the New Jersey Special Investigators Association, the Anti-Fraud Association of the Northeast, the Delaware Valley and national meetings of the International Association of Special Investigative Units, and the New Jersey Vehicle Theft Investigators Association. In conjunction with this participation in industry trade associations and his communications with insurance carriers, the Industry Liaison also frequently conducts insurance fraud training concerning the structure and operations of OIFP and requirements for reporting fraud by insurance companies. In 2004, the Industry Liaison offered training or instruction to nearly 1,789 insurance industry personnel as part of his official responsibilities. OIFP's Industry Liaison was, again in 2004, instrumental in orchestrating both the Annual New Jersey Insurance Fraud Summit and the Annual Conference of the New Jersey Special Investigators Association.

OIFP also works closely, through the Industry Liaison, with New Jersey's Department of Banking and Insurance, coordinating investigations and tracking OIFP cases which involve professionals licensed by the Department, which includes public adjusters, real estate agents, and licensed insurance producers. In 2004, the Industry Liaison tracked 82 such cases in coordination with the Department.

Professional Licensing Boards

According to the Health Insurance Association of America, over three-quarters of health care fraud is committed by health care professionals. The New Jersey Legislature rightly recognized that any effort to contain insurance fraud in New Jersey would have to make provision for ensuring that crooked health care professionals would not benefit from a system of enforcement in which the "right hand didn't know what the left hand was doing." Accordingly, AICRA expressly provides that OIFP should coordinate its activities with the professional boards in the Division of Consumer Affairs which license, among others, those employed in the field of health care. OIFP's Professional Boards Liaison has been charged with responsibility for providing and maintaining a mechanism that ensures effective coordination between OIFP and professional licensing authorities which have the power to impose such sanctions as license suspension, license revoca-

tion, and fines. To that end, OIFP's Professional Boards Liaison has established, and maintains, a database of professional licensees who have been the subject of complaints to either a County Prosecutor's Office, OIFP, or one of New Jersey's many professional licensing boards.

OIFP's database of professional licensees includes information concerning the nature and source of the referral or complaint and the status of any proceedings brought by the Enforcement Bureau of the Division of Consumer Affairs, the enforcement arm of the professional licensing system in New Jersey. The database also includes information concerning the status of any investigation or prosecution of a listed licensee by a prosecuting authority such as OIFP, a County Prosecutor, or their counterparts in the federal or another state system.

The Professional Boards Liaison administers a protocol pursuant to which professional licensing boards are promptly notified whenever OIFP initiates an investigation of any licensee within the board's jurisdiction, and OIFP is promptly notified whenever any of the professional boards receive a complaint against one of their licensees which involves insurance fraud. In addition to daily communications between the Professional Boards Liaison and the various licensing boards, the Liaison conducts quarterly meetings with key members of the Enforcement Bureau and OIFP's investigative and prosecutorial staff, designated the Liaison and Continuing Communications Group, to share information regarding the status of any proceedings, planned or pending, against any licensee in the database involving any type of official action such as the bringing of administrative charges, the initiation of an investigation or prosecution, or the imposition of civil fines.

By ensuring the timely and continuing exchange of information concerning licensees within their respective areas of concern, OIFP's Professional Boards Liaison and the professional boards ensure that actions taken by any one agency do not adversely impact upon the actions taken by any other agency. This sharing of information also serves to enhance each agency's ability to effectively conduct its own investigations and determine what, if any, further action should be taken against a licensee.

In 2004, the Liaison and Continuing Communications Group monitored 634 active cases of suspected insurance fraud. Since it was established in 1998, the Group has reviewed and disposed of 198 cases by way of civil or criminal actions undertaken by OIFP, licensing sanctions taken by a professional licensing board, or by administrative closure. Of those monitored in 2004, 12 licensees were indicted, 8 pled guilty or were found guilty after a trial, and 7 received sentences ranging from 2 years of probation with restitution and fines, to jail terms of up to 7 years. Coordination by the Professional Boards Liaison also assisted professional licensing boards with the imposition of 33 disciplinary actions against licensees in 2004.

Like his colleagues in the Liaison Section, the Professional Boards Liaison communicates daily with his counterparts in other agencies such as the Board of Medical Examiners, and the Nursing, Pharmacy, Dentistry, and Chiropractic Boards. Within OIFP, the Professional Boards Liaison also works closely with OIFP's intake unit, the Case Screening, Litigation and Analytical Support Section (CLASS), so that referrals to OIFP involving professional licensees are entered into the database which he maintains, and to ensure that cases involving professional licensees are appropriately assigned and coordinated among the investigators and attorneys in both OIFP's criminal and civil sections.

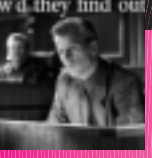
A Growing Reputation

Recognition and Acclaim

As in years past, OIFP's prominence in the field of insurance fraud is perhaps best reflected by the recognition and acclaim the agency and its staffers have received from others joined in the fight on insurance fraud. While OIFP's record of success has yielded great dividends to New Jersey's citizens, the benefits of its efforts, and the recognition of those benefits, have spread well beyond New Jersey's relatively small geographic bounds. Indeed, the New Jersey model for fighting insurance fraud has garnered the attention of government and insurance industry officials not only throughout the United States, but throughout the world; and the manner in which OIFP has approached the war on insurance fraud has been widely studied, praised, and emulated.

Among the honors which OIFP received in 2004 was its selection for the Outstanding Achievement Award of the International Association of Arson Investigators, recognizing OIFP's successes in attacking arson frauds and cracking a major arson insurance fraud ring. OIFP was also presented with the Ziegler Award of the New Jersey Vehicle Theft Investigators Association in 2004, which is awarded to an individual or group that "has shown extraordinary initiative or achieved outstanding results in the area of auto theft." OIFP was also the recipient in 2004 of the Attorney General Award for Fraud Prevention, awarded by the New Jersey Attorney General in recognition of OIFP's outstanding achievements.

OIFP's Medicaid Fraud Unit was recognized as a national leader in the fight against Medicaid fraud in June of 2001 when it was featured prominently throughout a United States General



OIFP Leads Nation's Insurance Fraud War

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Accounting Office report as a notable example of a Medicaid Fraud Control Unit which was particularly well run. That report, GAO-01-662, State Efforts to Control Improper Payments Vary (2001), recognized New Jersey's Medicaid Program for its stringent enrollment requirements, its use of readily available software for analyzing claims for unusual patterns prior to making payment, and for conducting pre-enrollment site visits to the premises of potentially high risk enrollees. Because of its effectiveness, OIFP's Medicaid Fraud Unit was one of only four such units selected nationally by GAO for a site visit as part its preparation for the issuance of its report.

In 2004, OIFP's public awareness campaign was also once again recognized for its creativity and effectiveness, garnering the Creativity 34 Award of Distinction awarded by *Creativity*, an Advertising Age magazine devoted to creative excellence. The *Creativity* Awards are awarded annually to national global advertising and design agencies. OIFP's public awareness campaign has been similarly recognized in previous years by leaders in the marketing and advertising world. In the past, OIFP's television and radio commercials have earned OIFP first-place trophies from the New Jersey Business Marketing Association, the New Jersey Advertising Club, and the New Jersey Communications and Marketing Association.

OIFP has also been the recipient of many prestigious awards in prior years, such as its selection in 2003 by the International Association of Chiefs of Police (IACP) as a national finalist for its Excellence in Criminal Investigations Award. The Award recognizes quality achievements in the management and conduct of criminal investigations and promotes the sharing of information on successful programs. It is presented nationally to the law enforcement agency, unit, task force, or inter-agency task force which most demonstrates exceptional innovation and excellence in criminal investigations.

OIFP's staffers were also again recognized in 2004 as outstanding members of our nation's insurance fraud-fighting community. OIFP's Insurance Industry Liaison, John Butchko, was presented with the Outstanding Service Award by the International Association of Special Investigative Units, which recognizes individuals who have demonstrated unusual commitment and made outstanding contributions in the fight against insurance fraud. Other OIFP staffers were honored at the Regional Commissioner's Honor Award Ceremony of the United States Social Security Administration for their investigative efforts in combating fraud, waste, and abuse in Social Security Administration programs. The New Jersey Director of the Division of Criminal Justice also cited the outstanding accomplishments of many OIFP staffers, including Administrative Assistant Pat Miller, Supervising State Investigator Ciro Sebasco, and State Investigator Andrea Hayes who received special Director's Awards.

In years past, OIFP staffers have received awards by such organizations as the American International Group, the Detectives Crime Clinic of Metropolitan New Jersey and New York, the Delaware Valley Chapter of the International Association of Special Investigation Units, the Society of Investigators of Greater Newark, and the Western New Jersey Chap-

ter of the American Society for Industrial Security, to name but a few.

OIFP's accomplishments in the field of fighting insurance fraud have also been noticed by those reporting on insurance fraud or by those in other jurisdictions charged with responsibility for fighting insurance fraud. An article in *Fraud International* magazine in 2004, entitled "New Jersey tops fraud war," observed that, "New Jersey beats other states hands down in fighting fraud...." In late summer, a headline in a major New Jersey daily trumpeted, "Fraud crackdown credited for GEICO's return to N.J." In the accompanying article, billionaire Warren Buffet credited New Jersey's "get tough" stand against insurance fraud for GEICO Insurance Company's decision to return to New Jersey after an absence of nearly 30 years. In 2003, the *New Jersey Lawyer*, a weekly newspaper for the New Jersey legal profession, reported, "Jersey's insurance fraud prosecutions tops in U.S.," based upon a national survey and study by the Coalition Against Insurance Fraud. OIFP's successes and accomplishments have also been covered by such prominent publications as the Coalition Against Insurance Fraud's *Fraud Focus*, Mealey's *Litigation Report-Insurance Fraud*, and similar periodicals of regional and national stature. OIFP has also been cited as an example of a highly effective fraud-fighting agency in at least one leading college textbook, *Criminology*.

A Community Presence

As one of the world's recognized leaders in fighting insurance fraud, OIFP has assumed responsibility for sharing its expertise with others engaged in the war on insurance fraud, both here and abroad. The New Jersey Insurance Fraud Prosecutor, OIFP, and its staffers are routinely called upon by law enforcement officials for guidance and advice in fighting fraud from within New Jersey, from other states, and from other countries around the globe.

In 2004, Insurance Fraud Prosecutor Greta Gooden Brown was a featured speaker at numerous conferences and meetings in a variety of venues, including the American Bar Association Health Fraud 2004 Program in New Orleans, the Puget Sound Special Investigators in Washington State, the New Jersey Insurance Fraud Summit, and meetings of the Insurance Council of New Jersey and the New Jersey State Bar Association. The Insurance Fraud Prosecutor was also invited in 2004 to deliver a keynote address at the II International Seminar on Insurance Fraud in Bogota, Colombia. Similarly, in 2003 and prior years, the Insurance Fraud Prosecutor spoke before the Asia-Pacific Fraud Conference in Australia, the National Health Care Anti-Fraud Association in Washington, D.C., the Delaware Valley Chapter of the International Association of Special Investigation Units, the New Jersey Special Investigators Association, and the New Jersey Judicial College.

OIFP's Executive Staff were also frequent speakers at conferences, seminars, and similar events in 2004, addressing the New Jersey Special Investigators Association, the International Association of Special Investigation Units, the New Jersey Insurance Fraud Summit, the New Jersey Chiefs of Police Association, the American Physical Therapy Association, the New Jersey Institute for Continuing Legal Education, the Insurance Fraud Executive Council in Charleston, South Carolina, and the Health Care Compliance Certification Program of Seton Hall University.

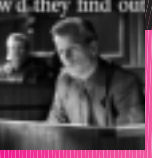
As a model for waging a statewide campaign against insurance fraud, OIFP has frequently been called upon by officials from other jurisdictions in the United States and abroad for guidance and counsel as to the most effective ways of establishing their own fraud-fighting programs. In past years, OIFP has hosted dignitaries and contingencies from Japan, Columbia, and several provinces in Canada, as well as from other states such as New York, to provide them with information and insight as to how to best establish an effective fraud-fighting agency. OIFP continues to routinely field inquiries from officials from other states with respect to a variety of matters concerning the best practices for fighting insurance fraud.

Raising the Public's Consciousness

OIFP understood from its earliest days that, while its primary mission was the effective investigation and prosecution of insurance fraud, New Jersey's ultimate success in addressing its insurance fraud problem would likewise require a sea change in the public's awareness and attitudes regarding insurance fraud. Various studies over the years have shown that insurance fraud is little understood and lightly taken by most members of the public. Such studies also suggest that nearly two-thirds of Americans tolerate insurance fraud to some degree, including up to a third who believe it is acceptable to "pad" insurance claims to compensate for deductibles or prior premiums paid.

Successful prosecutions, in and of themselves, achieve a real and tangible, albeit small, measure of deterrence in many cases by removing guilty culprits from society. The greater deterrence from successful prosecutions, however, is derived by making the general public aware of the consequences of committing insurance fraud, as well as by making the public aware of the added costs they directly incur as a consequence of those who successfully commit insurance fraud.

Prior to the advent of OIFP, it was rare to hear of anyone being pros-



ecuted for insurance fraud, not only because such prosecutions actually were relatively rare in the larger scheme of things, but also because those prosecutions which were successfully undertaken usually received little or no notice by the public. Consequently, OIFP embraced a comprehensive, proactive, multi-pronged approach to informing the public of the nature, scope, and consequences of insurance fraud in New Jersey. OIFP routinely issues press releases with respect to significant events in most of its major insurance fraud prosecutions, including indictments, guilty pleas, trial convictions, and sentences. OIFP has also over the years conducted an ambitious media campaign in both the print and broadcast media. OIFP maintains an informative Web site and produces and distributes informative publications such as brochures and posters to warn the public of the consequences of committing insurance fraud and to encourage the reporting of instances of suspected insurance fraud to OIFP.

A Friendlier Market for Automobile Insurance

While the savings attributable to OIFP's efforts are impossible to quantify, it is undeniable that OIFP's proven track record of success in pursuing insurance cheats and its award-winning message of deterrence have been instrumental in transforming New Jersey's once abysmal automobile insurance market to one where new insurers are joining, old insurers are returning, and current insurers are paying dividends and rebates to their insureds. And while a variety of circumstances, including the relaxing of a stringent regulatory environment, have contributed to making the New Jersey automobile insurance market more attractive and profitable to insurance companies, it is clear that OIFP's well-publicized successes in fighting insurance fraud have been a major factor in this amazing transformation.

For the first time in many years, automobile insurers are actively seeking approval to market their products to New Jersey motorists, reversing a ten-year trend in which New Jersey drivers saw more than twenty automobile insurance carriers flee the State. At the end of 2003, Mercury Insurance, a large west coast insurance carrier, became the first new carrier in seven years to seek to enter the New Jersey automobile insurance market. State Farm, the largest auto insurer in the State, initiated a voluntary statewide rate reduction of 4.1 percent, suspended its practice of dropping 4,000 policyholders a month, and withdrew from its plans to pull out of the New Jersey market altogether. USAA, Liberty Mutual, and Allstate Insurance Companies lowered their rates, and New Jersey Manufacturers Insurance Company announced the payment of some $60 million in dividends to nearly 350,000 New Jersey policyholders, averaging approximately $173 per policy.

Perhaps most significantly, the GEICO Insurance Company, which had fled from New Jersey after it switched to a no-fault system of insurance nearly 30 years ago, recently returned to New Jersey, crediting its return, in large part, to New Jersey's crackdown on insurance fraud. At a news conference in Trenton this past summer, billionaire and Chairman of GEICO Insurance Company's corporate parent, Warren Buffet, explained that New Jersey's tough stand against insurance fraud starting in the late 1990s (which coincided with the creation of OIFP), was an important reason for his company's decision to finally return to New Jersey.

A Catalyst for Reform

Consistent with its legislative mandate to lead New Jersey's fight against insurance fraud, AICRA expressly empowered OIFP to craft recommendations to enhance New Jersey's ability to deal with all aspects of the insurance fraud problem. From its inception, OIFP has incorporated proposed recommendations in its Annual Reports for regulatory and legislative reforms to strengthen law enforcement's hand in dealing with insurance fraudsters and to close loopholes through which creative and unscrupulous individuals try to "game the system." Among the recommendations advanced by OIFP over the years which have been embodied in legislation or regulation are requirements for the inclusion of anti-counterfeiting technology in insurance identification cards, changes in insurance regulations concerning "eligible persons" which permit insurance carriers to restrict coverage in the open insurance market for those individuals who have committed insurance fraud, and the establishment of a program offering a reward of up to $25,000 for those who report insurance fraud.

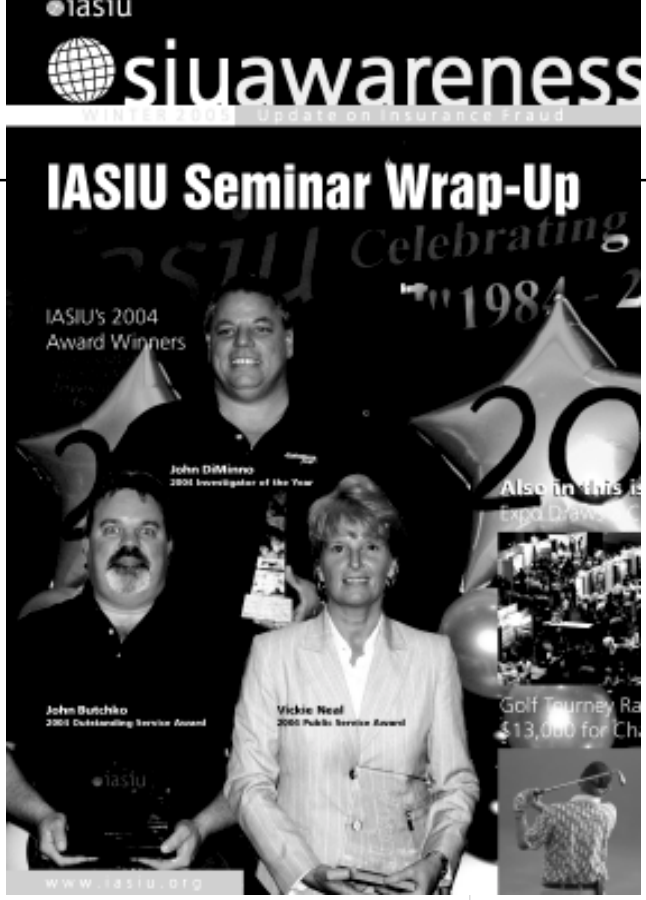
Perhaps most significantly, OIFP's participation was instrumental in the enactment of legislation in June of 2003 which created what is arguably the toughest criminal insurance fraud law in the country. Resembling in many respects New Jersey's Health Care Claims Fraud Act of 1997, Public Law 2003, Chapter 89, created the crime of "Insurance Fraud" in New Jersey as a distinct and clearly defined crime allowing State prosecutors to charge insurance fraudsters with serious criminal offenses involving most types of insurance fraud without having the former burden of aggregating thousands of separate fraudulent acts to reach what had been a monetary threshold of $75,000 for a second degree crime.

Prospects for the Future

Are we, at long last, beginning to "win" the war on insurance fraud? Follow-up studies on the effectiveness of OIFP's media campaign suggest that New Jersey's citizens are growing far more knowledgeable, and consequently intolerant, of insurance fraud and its negative impact on New Jersey's quality of life. And it would appear that OIFP's continuing track record of successful investigations and prosecutions has taken a significant toll on those who would dare to commit insurance fraud in New Jersey. The investment of our insurance industry and citizens in OIFP has undeniably yielded tremendous dividends. Yet, it is virtually axiomatic that, "the more you learn, the more you learn you don't know." In the field of insurance fraud, OIFP has found that, the more it investigates and prosecutes insurance fraud, the greater and more complex appears the magnitude of the problem.

The prospects for OIFP's continuing success, indeed, New Jersey's success, in its war on insurance fraud, will, of necessity, depend upon the continuing support of both the insurance industry and State government. Despite provision in the law allowing for an increase in OIFP's annual budget, its budget has, in actual dollars, remained essentially static over the past five years. When taking into account the effects of inflation over that period, OIFP's budget has actually decreased in terms of its ability to support its staffing and programs.

As a consequence of these growing fiscal pressures, OIFP was regrettably compelled to terminate its financial support of the New Jersey State Police Insurance Fraud Unit, which it had funded since its inception. It was also forced to decrease the funding it has provided to County Prosecutors to support their insurance fraud programs. It is only with continued support and the funding necessary to continue OIFP's programs, that the citizens of New Jersey can expect that OIFP will be able to continue to expand the war on insurance cheats and spread its message of deterrence; that those who commit insurance fraud pick all of our pockets and will be called to account through civil and criminal prosecutions. The continuing success of New Jersey's war on insurance fraud ultimately depends not only upon the leadership, accomplishments, or expertise of OIFP and its staff of dedicated professionals, but also upon those who determine whether OIFP's funding will, in real dollars, continue to shrink in the shadow of creeping inflation.



OIFP Special Assistant John J. Butchko (lower left) is awarded the International Association of Special Investigative Units' 2004 Annual Outstanding Service Award. (Reprinted with the permission of SIU Awareness and the International Association of Special Investigative Units.)

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