Action (Select 1):

Create A New Plan
Continue An In Process Plan*
(*Plan Started But Not Submitted)
Edit A Filed Plan

Note: When "Edit A Filed Plan" is selected, the system should automatically populate the fields in the system so they can be edited accordingly.

Action:
Enter Insurer NAIC Number (Parent Company Group Code)

Note: Once company code entered, the parent company name and all subsidiary company names (and individual company codes) should be displayed with boxes to select.

Data Field :
Company Address

Note: Would like company address in NAIC database to auto populate all address fields.

Data Field :
Company City

Note: Would like company address in NAIC database to auto populate all address fields.

Data Field :
State

Note: Would like company address in NAIC database to auto populate all address fields.

Data Field :
Company Zip Code

Note: Would like company address in NAIC database to auto populate all address fields.

Action:
Name of individual submitting antifraud plan on behalf of the insurer.

Data Field :
Submitter Contact Name

Data Field :
Submitter Contact Title

Data Field :
Submitter Phone Number

Data Field :
Submitter Email Address

Action :
This antifraud plan applies to the following companies: (Check all that apply)

Option:
Select All Feature

Note: Once company code entered, the parent company name and all subsidiary company names should be displayed so creator of plan can check all companies the plan applies to.

Action:
Check The Lines Of Authority For Which This Plan Applies: (Check all that apply)

Option:
Select All Feature

Note: We would like the lines of authority associated with company code COAs selected to appear under this action item.

If it's not possible to pull the lines of authority, a check box system would be the next best option. The NAIC's COAA Lines of Authority document can be used to develop a list. We would also like companies to have the ability to file antifraud plans for different LOAs due to some companies having substantial differences in SIU operations for individual lines.

Go To Workflow For
Section 2

Action:
This antifraud plan is to be submitted / made available to the following states / territories: (Check All That Apply)

Option:
Select All States

Note: Would like the system to only display all states in which a company and it's subsidiaries are licensed. Would also like an asterick displayed for those states who require an anti-fraud plan.

Go To Workflow For Section 3
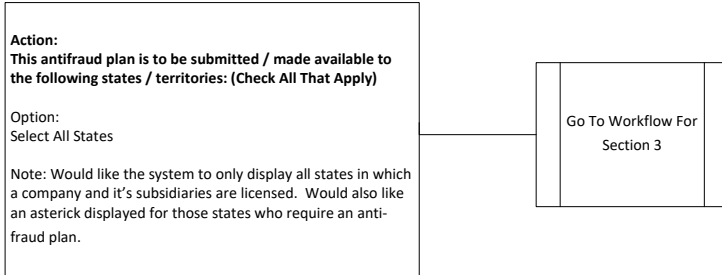
If auto-display not possible, the following states / territories should be displayed:

Alaska	Idaho	Massachusetts	North Dakota	Texas
American Samoa	Illinois	Minnesota*	Northern Mariana Islands	US Virgin Islands
Arizona	Indiana	Mississippi	Ohio	Utah*
Arkansas*	Iowa	Missouri	Oklahoma	Vermont
California*	Kansas*	Montana	Oregon	Virginia
Colorado	Kentucky*	Nebraska	Pennsylvania	Washington*
Connecticut	Georgia	Nevada	Puerto Rico	West Virginia
Delaware	Guam	New Hampshire*	Rhode Island	Wisconsin
District of Columbia*	Louisiana	New Jersey	South Carolina	Wyoming
Florida*	Maine	New Mexico	South Dakota	
		New York		

*Denotes antifraud plan required

Action:
Company Acknowledgment

I hereby acknowledge the company has established criteria that will be used for the investigation of internal fraud and suspected fraud related to the different types of insurance offered.

Question:

Has the insurer implemented an internal fraud awareness and/or outreach program in order to educate employees about insurance fraud?

Answers:
Yes
No

Answer Flow

Yes

Go To Workflow 3A & Return Upon Completion

No

Question:

Has the insurer implemented an external fraud awareness and/or outreach program in order to educate applicants, policy holders and/or members of the general public about insurance fraud?

Answers:
Yes
No

Answer Flow

Yes

Go To Workflow For Section 3B

No

Go To Workflow For Section 4

Section 3A (Alternate Choice):
Internal Antifraud Awareness

Action:
Provide a description of the insurer's internal awareness / antifraud education and training initiatives of any personnel involved in antifraud related efforts. Insurers should include all of the following when providing their description:

*An overview of antifraud training provided to new employees.
*An overview of the internal positions the insurer offers regular education and training, such as underwriters, adjusters, claims representatives, appointed agents, attorneys, etc.
*A description of the various training topics covered with employees.
*The method(s) in which training is provided.
*The frequency and minimum number of training hours provided.

NOTE: A free form box with unlimited text allowance should appear beneath the overview so the insurer has the ability to provide a general narrative before getting into the added sections. The ability for spell check would be preferred as well.

Action:

Describe the various method(s) in which internal employees can report suspected fraud.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Go To Workflow For
Section 3B

Action:

Provide a description of the insurer's external fraud awareness or outreach program(s) geared towards applicants, policy holders and members of the general public.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.
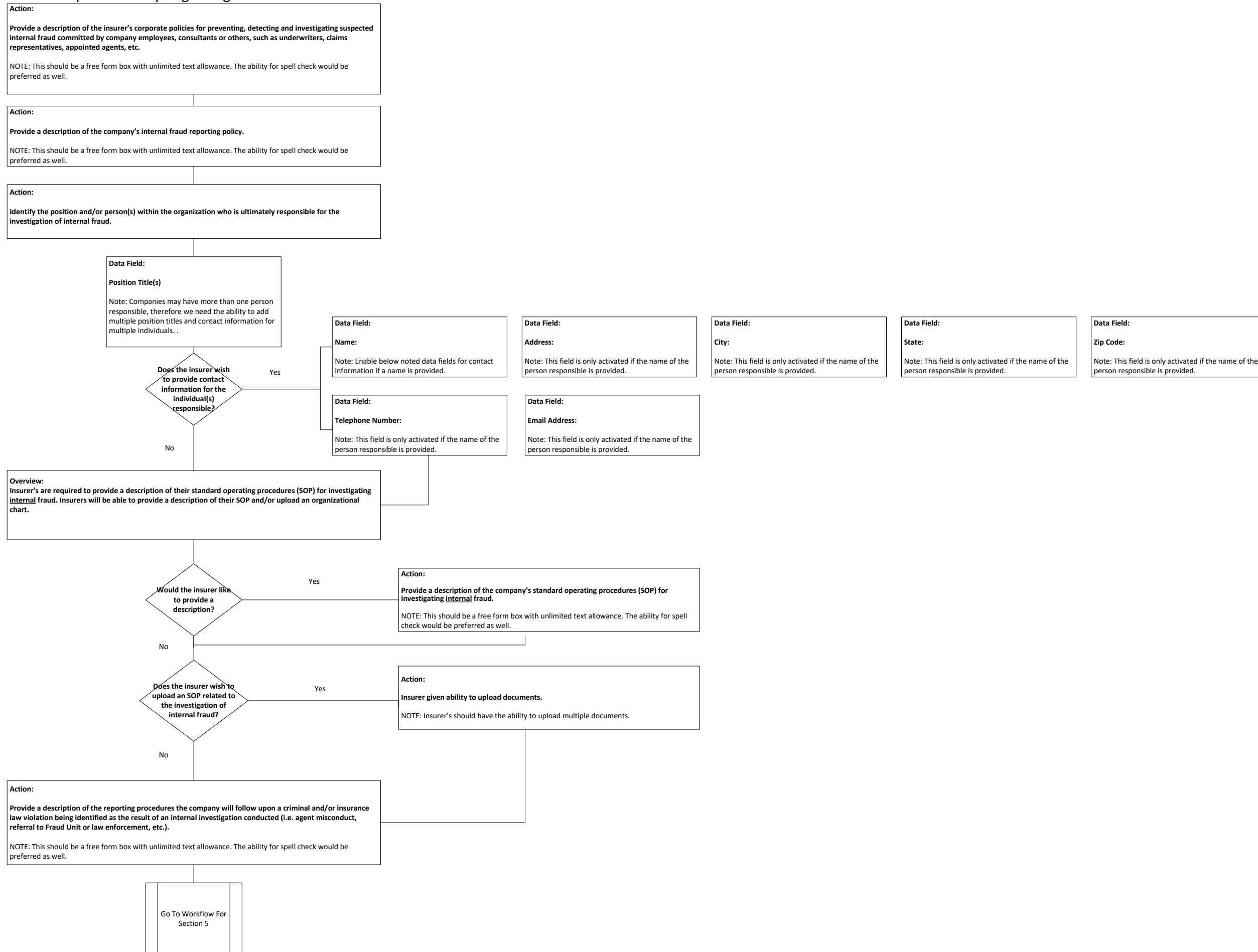
Action:

Describe the various method(s) in which policyholders and members of the general public can report suspected fraud.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Go To Workflow For
Section 4

Action:

Provide a description of the insurer's corporate policies for preventing, detecting and investigating suspected internal fraud committed by company employees, consultants or others, such as underwriters, claims representatives, appointed agents, etc.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Action:

Provide a description of the company's internal fraud reporting policy.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Action:

Identify the position and/or person(s) within the organization who is ultimately responsible for the investigation of internal fraud.

Data Field:

Position Title(s)

Note: Companies may have more than one person responsible, therefore we need the ability to add multiple position titles and contact information for multiple individuals. .

Does the insurer wish to provide contact information for the individual(s) responsible?

Yes

No

Data Field:

Name:

Note: Enable below noted data fields for contact information if a name is provided.

Data Field:

Address:

Note: This field is only activated if the name of the person responsible is provided.

Data Field:

City:

Note: This field is only activated if the name of the person responsible is provided.

Data Field:

State:

Note: This field is only activated if the name of the person responsible is provided.

Data Field:

Zip Code:

Note: This field is only activated if the name of the person responsible is provided.

Data Field:

Telephone Number:

Note: This field is only activated if the name of the person responsible is provided.

Data Field:

Email Address:

Note: This field is only activated if the name of the person responsible is provided.

Overview:
Insurer's are required to provide a description of their standard operating procedures (SOP) for investigating internal fraud. Insurers will be able to provide a description of their SOP and/or upload an organizational chart.

Would the insurer like to provide a description?

Yes

No

Action:

Provide a description of the company's standard operating procedures (SOP) for investigating internal fraud.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Does the insurer wish to upload an SOP related to the investigation of internal fraud?

Yes

No

Action:

Insurer given ability to upload documents.

NOTE: Insurer's should have the ability to upload multiple documents.

Action:

Provide a description of the reporting procedures the company will follow upon a criminal and/or insurance law violation being identified as the result of an internal investigation conducted (i.e. agent misconduct, referral to Fraud Unit or law enforcement, etc.).

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Go To Workflow For
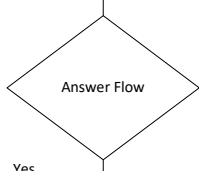Section 5

Action:

Provide a description of the insurer's corporate policies for preventing fraudulent insurance acts committed by first or third party claimants, medical or service providers, attorneys, or any other party associated with a claim.

NOTE: A free form box with unlimited text allowance should appear beneath the overview so the insurer has the ability to provide a general narrative before getting into the added sections. The ability for spell check would be preferred as well.

Action:

Provide a description of the technology and/or detection procedures the insurer has put in place to identify suspected fraud.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Question:

What criteria is used to report suspicious transactions and/or claims of insurance fraud for investigation to the insurer's SIU?

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Go To Workflow For
Section 6

Overview:
Insurer's are required to explain if they have an internal SIU and/or utilize the services of an external SIU.

Question:

Does the company have an internal SIU to investigate suspected insurance fraud?

Options:
Yes
No

Answer Flow

No → Go To Section 6A Workflow – Action Item 1

Yes

Action:

Provide a description as to whether the unit is part of any other department within the organization.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Overview:

Insurer's are required to provide a description and/or chart outlining the organizational arrangement of all internal SIU positions / job titles. In this section, insurers will be able to provide a description of their organizational arrangement and/or upload an organizational chart.

Would the insurer like to provide a description?

Yes → **Action:**
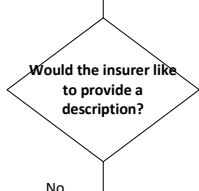
Provide a description outlining the organizational arrangement of all internal SIU positions / job titles.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well. May additionally want to consider having a position field and description field that could be completed and show in a grid format.

No

Would The Insurer Like To Upload Organizational Chart?
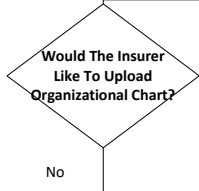
Yes → **Action:**

Insurer uploads organizational chart(s).

NOTE: Insurer's should have the ability to upload a chart in addition to providing a description. They should additionally have the ability to upload multiple charts.

No

Action:

Provide general contact information for the company's SIU as well as contact information for the position and/or person(s) responsible for overseeing the insurer's antifraud efforts.

Note: Insurers will need the ability to add one or more positions / names. For each individual to be added, the following data fields should be provided, as well as a check box to indicate the individual is the and/or one of the primary individuals responsible for overseeing the insurer's antifraud efforts.

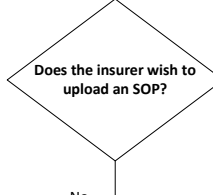| Data Field : Company Contact Title	Data Field : Company Contact Name	Data Field : Company Contact Phone Number	Data Field : Company Contact Email Address
Data Field : Mailing Address	Data Field : City	Data Field : State	Data Field : Zip Code

Action:
This individual is responsible for overseeing the insurer's antifraud efforts.

Overview:

Insurers are to provide a description of the insurer's standard operating procedures (SOP) for investigating suspected insurance fraud involving first or third party claimants, medical or service providers, attorneys, or any other party associated with a claim.

Insurers will be able to provide a description of their SOP and/or upload their SOP for investigating suspected insurance fraud.
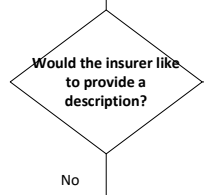
Would the insurer like to provide a description?

Yes → **Action:**

Provide a description of the company's standard operating procedures (SOP) for investigating suspected insurance fraud involving first or third party claimants, medical or service providers, attorneys, or any other party associated with a claim.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.
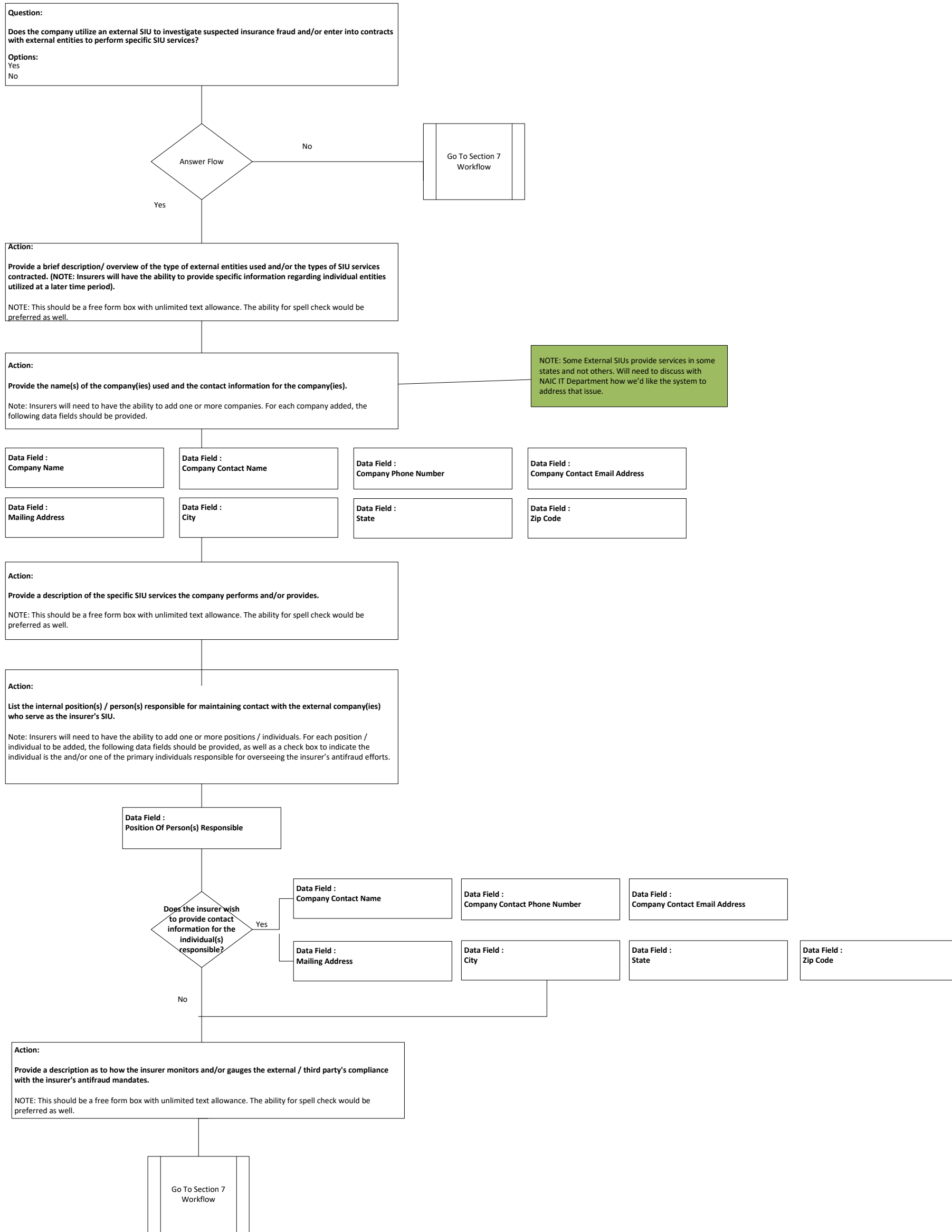
No

Does the insurer wish to upload an SOP?

Yes → **Action:**

Insurer given ability to upload documents.

NOTE: Insurer's should have the ability to upload multiple documents.

No

Go To Section 6A Workflow

Question:

Does the company utilize an external SIU to investigate suspected insurance fraud and/or enter into contracts with external entities to perform specific SIU services?

Options:
Yes
No

Answer Flow

No

Go To Section 7 Workflow

Yes

Action:

Provide a brief description/ overview of the type of external entities used and/or the types of SIU services contracted. (NOTE: Insurers will have the ability to provide specific information regarding individual entities utilized at a later time period).

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Action:

Provide the name(s) of the company(ies) used and the contact information for the company(ies).

Note: Insurers will need to have the ability to add one or more companies. For each company added, the following data fields should be provided.

NOTE: Some External SIUs provide services in some states and not others. Will need to discuss with NAIC IT Department how we'd like the system to address that issue.

Data Field : **Company Name**	**Data Field :** **Company Contact Name**	**Data Field :** **Company Phone Number**	**Data Field :** **Company Contact Email Address**
Data Field : **Mailing Address**	**Data Field :** **City**	**Data Field :** **State**	**Data Field :** **Zip Code**

Action:

Provide a description of the specific SIU services the company performs and/or provides.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Action:

List the internal position(s) / person(s) responsible for maintaining contact with the external company(ies) who serve as the insurer's SIU.

Note: Insurers will need to have the ability to add one or more positions / individuals. For each position / individual to be added, the following data fields should be provided, as well as a check box to indicate the individual is the and/or one of the primary individuals responsible for overseeing the insurer's antifraud efforts.

Data Field : **Position Of Person(s) Responsible**

Does the insurer wish to provide contact information for the individual(s) responsible?

Yes

Data Field : **Company Contact Name**	**Data Field :** **Company Contact Phone Number**	**Data Field :** **Company Contact Email Address**	
Data Field : **Mailing Address**	**Data Field :** **City**	**Data Field :** **State**	**Data Field :** **Zip Code**

No

Action:

Provide a description as to how the insurer monitors and/or gauges the external / third party's compliance with the insurer's antifraud mandates.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Go To Section 7 Workflow

Action:

Provide a description of the method(s) used to document SIU referrals received and investigations conducted. When providing a description, the following should be included:

*An overview of any case management system and/or computer program used to memorialize SIU referrals received and investigations conducted.
*An overview regarding the manner in which the insurer tracks SIU / investigative information for compliance purposes (i.e. number of SIU referrals received, number of investigations opened, outcome of investigations conducted, etc.)

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Go To Section 8
Workflow
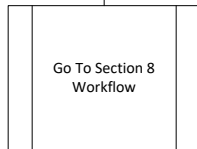
Action:

Provide a description of the procedures the insurer has established to ensure suspected insurance fraud is timely reported to state departments of insurance and/or law enforcement as required by law.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Action:

Identify the position(s) and/or person(s) responsible for reporting suspected fraud on the insurer's behalf? (Note: In lieu of employee names, specific position descriptions may be cited.)

Note: Insurers will need the ability to add one or more positions / names. For each individual to be added, the following data fields should be provided

Data Field :
Position Title(s)
Note: Companies may have more than one person responsible, therefore we need the ability to add multiple position titles and contact information for multiple individuals.

Does the insurer wish to provide contact information for the individual(s) responsible?

Yes

No

Data Field : Company Contact Name	Data Field : Company Contact Phone Number	Data Field : Company Contact Email Address
Note: Enable below noted data fields for contact information if a name is provided.	Note: Enable below noted data fields for contact information if a name is provided.	Note: Enable below noted data fields for contact information if a name is provided.
Data Field : Mailing Address Note: Enable below noted data fields for contact information if a name is provided.	**Data Field : City** Note: Enable below noted data fields for contact information if a name is provided.	**Data Field : State** Note: Enable below noted data fields for contact information if a name is provided.

Data Field :
Zip Code
Note: Enable below noted data fields for contact information if a name is provided.

Action:
Provide a description of the insurer's criteria or threshold for reporting fraud to state departments of insurance.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Question:

How does the insurer report suspected fraud to state departments of insurance?

Answers: (Check All That Apply)
NAIC Online Fraud Reporting System
NICB Isonet System
NHCAA SIRUS System
Electronic State System / Website
Other

NOTE: If "Other" selected, a free form text box should appear so the insurer can provide details.
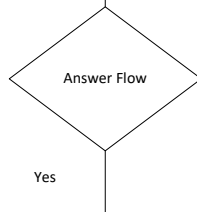
Go To Section 9
Workflow

Action:

Provide an overview of the steps the insurer will take to ensure all information they, or a contracted party possess with regard to a specific claim or incident of suspected insurance fraud is provided in a timely and complete manner when a formal written request from a state regulatory agency or law enforcement entity is received.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well.

Overview:

Unless an insurer is able to cite legal grounds for withholding information, insurers must not redact or withhold any information that has been requested by a state regulatory agency or law enforcement entity.
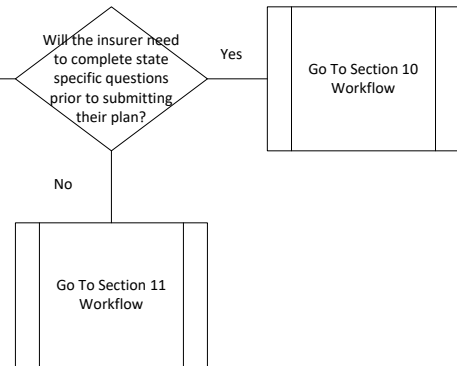
Question:

Does the insurer have any policies which prevents the listed companies from providing un-redacted documents and/or all documents as requested by insurance departments?

Answer Options:
Yes
No

Answer Flow

No

Yes

Will the insurer need to complete state specific questions prior to submitting their plan?

Yes

Go To Section 10 Workflow

No

Go To Section 11 Workflow

Action:

Provide an overview of all company policies that prevent the organization from providing un-redacted and/or all documents requested.

NOTE: This should be a free form box with unlimited text allowance. The ability for spell check would be preferred as well. The insurer should additionally have the ability to upload documents.
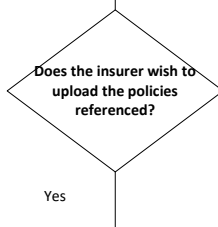
Does the insurer wish to upload the policies referenced?

No

Yes

Action:

Insurer given ability to upload documents.

NOTE: Insurer's should have the ability to upload multiple documents.

Overview:

The following states require insurers to answer state specific questions. Those states are:

i.e. Florida

Note: System to list those states checked in section 2 that have state specific questions. May wish to consult NIPR for how state specific questions are handled for producer licensing applications.

Action:

Insurer completes state specific questions for all applicable states.

Go To Section 11
Workflow

Overview:

Before submitting this antifraud plan, you are encouraged to review the plan to ensure all sections have been answered. Once the plan has been reviewed, you will have the opportunity to amend or submit your plan.

Action:

Do you wish to view your plan before submitting?

Answer Options:
Yes
No

Answer Flow

Yes

Action:

System provides user the ability to view / download a draft pdf of their antifraud plan.

No

Action:

Do you wish to amend your plan before submitting?

Answer Options:
Yes
No

Answer Flow

Yes

Action:

System allows user to amend plan by offering them a way to go back to one or more sections to make amendments.

Note: Will need to discuss options to do this with NAIC IT Department.

No

Action:

By clicking this button, the insurer's antifraud plan will be submitted and/or made available to all states selected.

Note: System displays a submission button so insurer's plan can be submitted to the system.

User Given Ability To Return To Applicable Sections So Amendments Can Be Made To Plan. Once Amendments Are Made, The User Will Return To Section 11

Action:

System emails user submission confirmation.

Action:

Do you wish to download a copy of the plan submitted?

Answer Options:
Yes
No

Answer Flow

Yes

Action:

System provides user the ability to view / download a pdf of their antifraud plan. Plan includes submission date.

No

Submission Process Complete