

Section 1: Company Information

Antifraud Plan Repository Workflow

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.

Was it discussed how this would work in different states, when some subsidiaries are licensed and others are not?

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.

Similar question here . . . the LOA may differ for entities from state to state.

Go To Workflow For
Section 2

Section 2: State Submission

Antifraud Plan Repository Workflow

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:

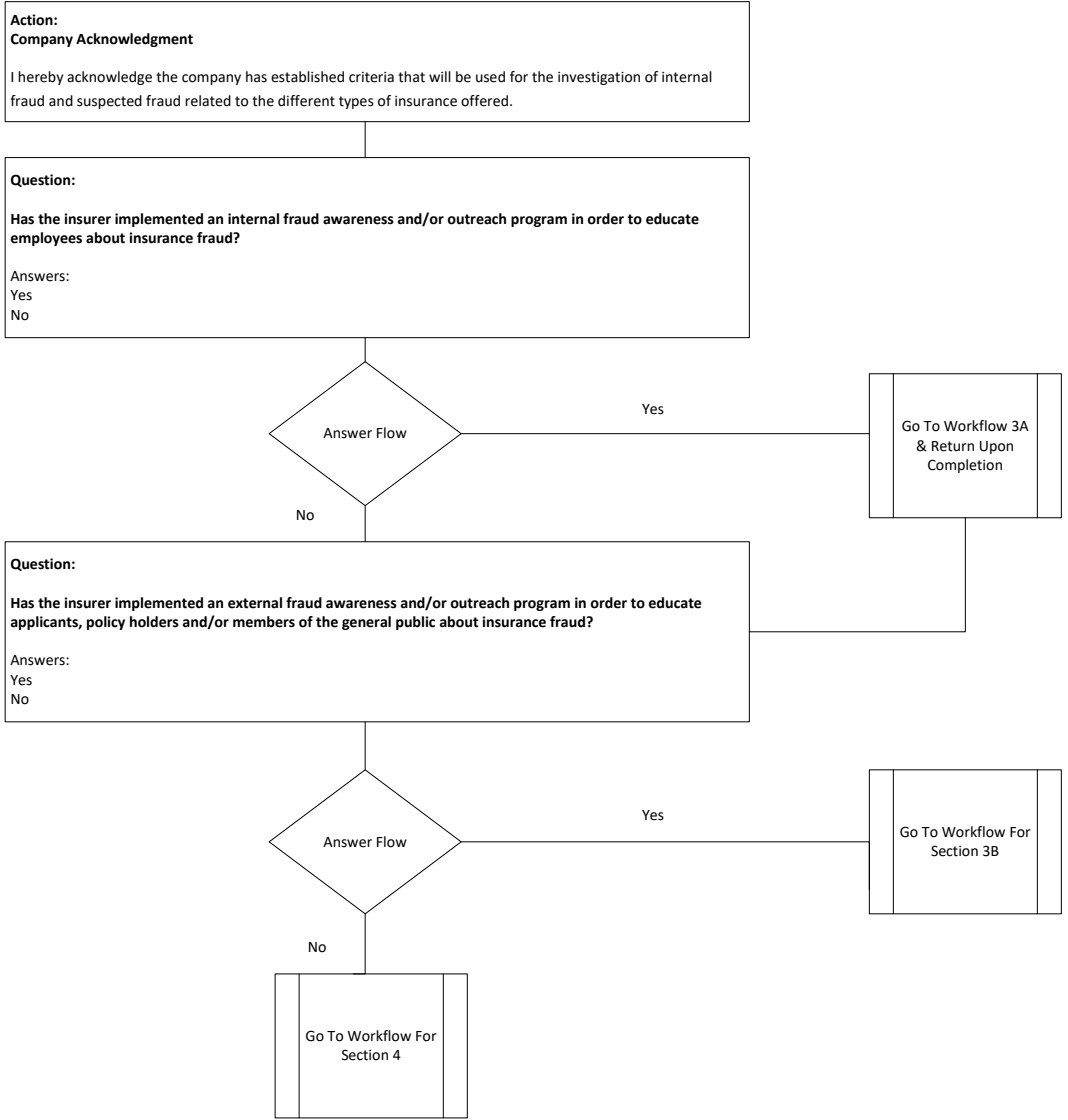


Alabama	Florida*	Louisiana	New Mexico*	Rhode Island	Wisconsin
Alaska	Georgia	Maine*	New York*	South Dakota	Wyoming
American Samoa	Guam	Maryland*	North Carolina	Tennessee	
Arizona	Hawaii	Massachusetts	North Dakota	Texas	
Arkansas*	Idaho	Massachusetts	Northern Mariana Islands	Utah*	
California*	Illinois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

*Denotes antifraud plan required

Section 3: Investigation Of Fraud

Antifraud Plan Repository Workflow



Section 3A (Alternate Choice): Internal Antifraud Awareness

Antifraud Plan Repository Workflow

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

Section 3B: External Awareness

Antifraud Plan Repository Workflow

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

Section 4: Corporate Policy Regarding Internal Fraud

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

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.

No

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

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.

No

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

Yes

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

No

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

Antifraud Plan Repository Workflow

Section 5:
Corporate Policy Regarding Fraud Prevention /
Identification Of Suspected Fraud

Antifraud Plan Repository
Workflow

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.

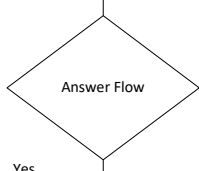
Go To Workflow For
Section 6

Section 6: SIU Overview

Antifraud Plan Repository Workflow

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

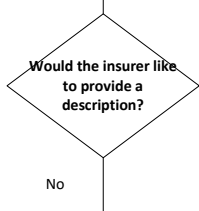
Question:
Does the company have an internal SIU to investigate suspected insurance fraud?
Options:
Yes
No



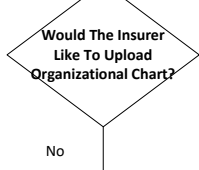
Go To Section 6A
Workflow – Action
Item 1

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.



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.



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.

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

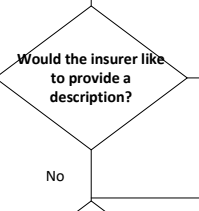
Data Field :
City

Data Field :
State

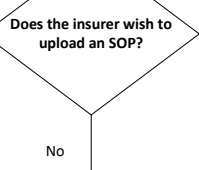
Data Field :
Zip Code

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.



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.

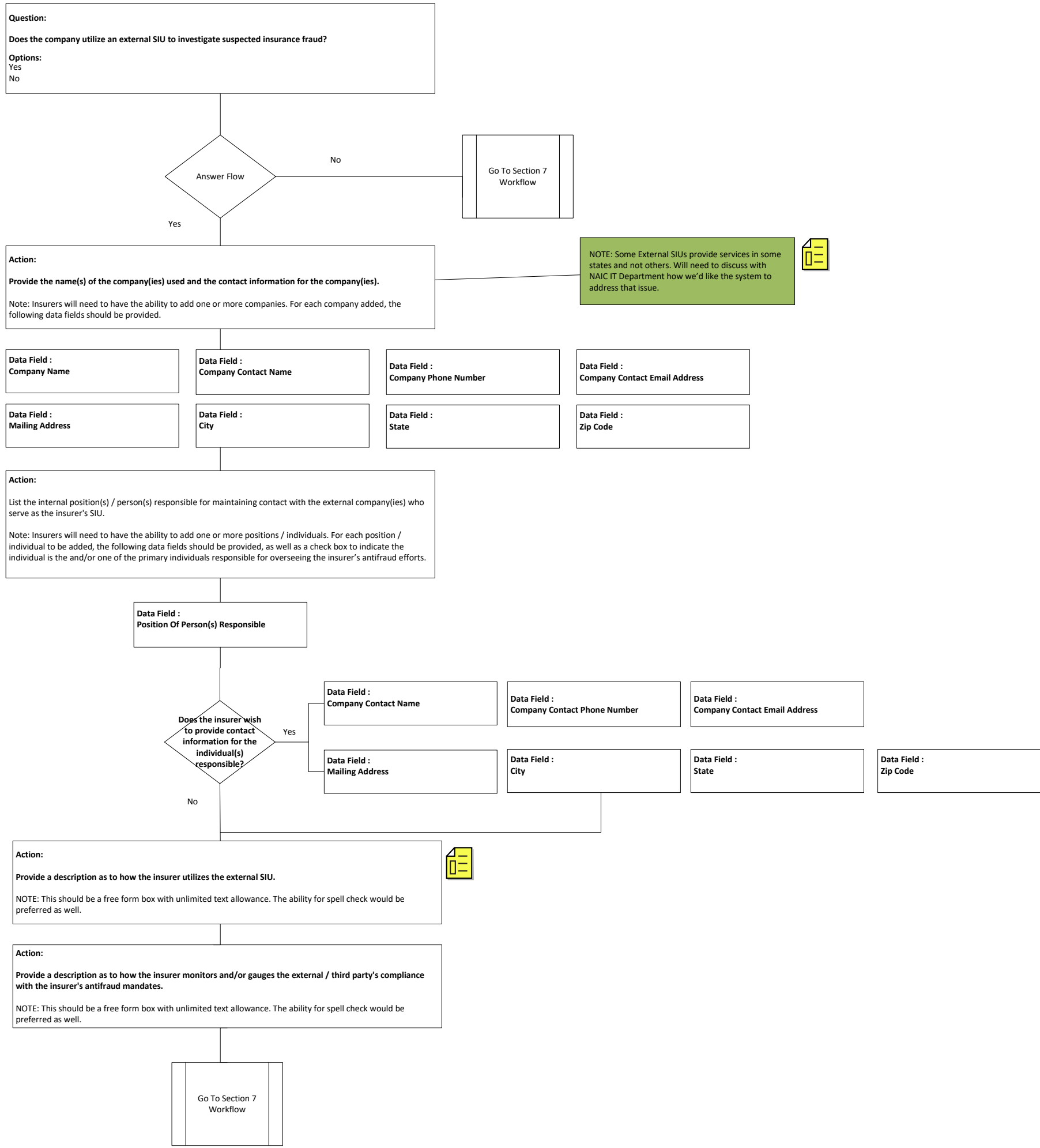


Action:
Insurer given ability to upload documents.
NOTE: Insurer's should have the ability to upload multiple documents.

Go To Section 6A
Workflow

Section 6A:
Overview Of External SIU

Antifraud Plan Repository
Workflow



Section 7: Methods Used To Document Referrals & Investigations

Antifraud Plan Repository 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

Section 8: Reporting Of Suspected Fraud

Antifraud Plan Repository 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

Data Field :
Company Contact Name
Note: Enable below noted data fields for contact information if a name is provided.

Data Field :
Company Contact Phone Number
Note: Enable below noted data fields for contact information if a name is provided.

Data Field :
Company Contact Email Address
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.

No

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

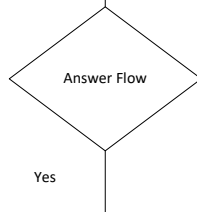
Section 9: Providing Of Records

Antifraud Plan Repository Workflow

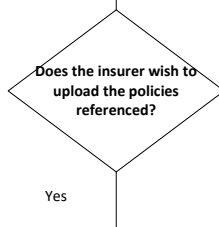
Action:
Provide an overview of the steps the insurer will take to ensure all information they, or a contracted party possess with regard to a specific claim or incident of suspected insurance fraud is provided in a timely and complete manner when a formal written request from a state regulatory agency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

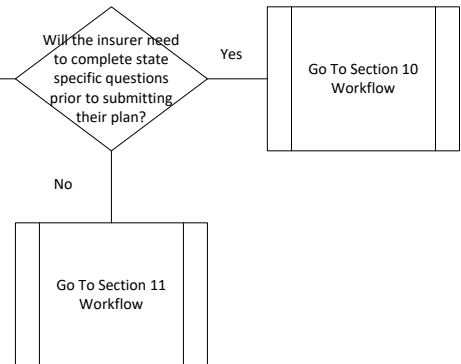
Question:
Does the insurer have any policies which prevents the listed companies from providing un-redacted documents and/or all documents as requested by insurance departments?
Answer Options:
Yes
No



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.



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



Section 10: State Specific Questions

Antifraud Plan Repository Workflow

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

Section 11: Submission Process

Antifraud Plan Repository Workflow

