

ANTIFRAUD (D) TASK FORCE

Antifraud (D) Task Force March 24, 2026, Minutes

Draft Pending Adoption

Draft: 3/31/26

Antifraud (D) Task Force
San Diego, California
March 24, 2026

The Antifraud (D) Task Force met in San Diego, CA, March 24, 2026. The following Task Force members participated: Trinidad Navarro, Chair (DE); John F. King, Vice Chair (GA); Heather Carpenter represented by Alex Romero and Kayla Erickson (AK); Charles Bassett represented by Maria Ailor (AZ); Ricardo Lara represented by Andrew Gulcher (CA); Joshua Hershman represented by Nick Gill (CT); Dean L. Cameron represented by Randy Pipal (ID); Vicki Schimdt represented by Monicka Richmeier (KS); Sharon P. Clark represented by Shawn Boggs (KY); Timothy J. Temple represented by Nathan Strebeck (LA); Marie Grant represented by Mark Zimmerman (MD); Anita G. Fox represented by Joseph Garcia (MI); Angela L. Nelson represented by Jeana Thomas (MO); Mike Chaney represented by John Hornback (MS); Mike Causey represented by Angela Hatchell (NC); Jon Godfread represented by Robyn Krile (ND); Eric Dunning represented by Martin Swanson (NE); Alice T. Kane represented by Devin Chapman (NM); Ned Gaines represented by Alexia Emmermann (NV); Glen Mulready represented by Rick Wagnon (OK); Michael Humphreys represented by David Buono (PA); Michael Wise represented Della Sisson (SC); Larry D. Deiter represented by Travis Jordan (SD); Amanda Crawford represented by Rick Watson (TX); Jon Pike represented by Armand Glick (UT); Scott A. White represented by Juan A. Rodriguez Jr. and Richard Tozer (VA); Patty Kuderer represented by Christina Keeley (WA); and Allan L. McVey (WV).

1. Adopted its 2025 Fall National Meeting Minutes

Commissioner McVey made a motion, seconded by Gulcher, to adopt the Task Force's Dec. 10, 2025, minutes (*see NAIC Proceedings – Fall 2025, Antifraud (D) Task Force*). The motion passed unanimously.

2. Heard a Presentation from Verisk on its History, ClaimSearch, and Support for Insurance Fraud Prevention

Shane Riedman (Verisk) provided an overview of Verisk and addressed its efforts to support states in combating insurance fraud. He said that from an external perspective, questions may arise regarding whether Verisk's services are open, accepting, and promoting competition in the industry. Riedman said that they are and emphasized that Verisk has moved away from a closed ecosystem and instead opened it up to partners. Riedman said that Verisk's number of partners continues to grow, with approximately 25 current partners and more than 150 in the pipeline; by the end of the year, there will be well over 100 ecosystem partners. He said Verisk's openness allows other businesses to flourish and serves the industry and consumers.

Riedman stated that the organization recently completed a busy couple of weeks, including hosting the Insurance Fraud Management (IFM) Conference. He described the IFM Conference as the premier insurance fraud event in the country, bringing together industry professionals, experts from the National Insurance Crime Bureau (NICB), law enforcement, state regulators, district attorneys, and others to collaborate on defeating insurance fraud. Riedman said that feedback from customers at the conference revealed concerns about the potential threat posed by artificial intelligence (AI), specifically how fraudsters and bad actors are using powerful, readily available technology for malicious purposes.

Riedman said that the timing of these concerns was notable, as Verisk had just released a study observing consumer attitudes toward AI and insurance fraud. He shared that the study found that 60% of U.S. consumers believe AI is being used to commit insurance fraud, and 33% admitted they would be willing to use AI to manipulate a claim image. Riedman said that the generational breakdown was even more alarming, with more than half of Gen Z respondents indicating a willingness to commit insurance fraud using AI. He stated that the study contains additional insights and is available to attendees.

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In closing, Riedman stated that Verisk shares the NAIC's desire to strengthen, stabilize, and create cohesion in the market. He expressed the belief that Verisk's work directly impacts these goals and reiterated its commitment to supporting both the industry and the NAIC.

3. Heard a Presentation from the Coalition on an LTC Fraud Survey

Michelle Rafeld (Coalition Against Insurance Fraud—Coalition) said the Coalition is the nation's sole alliance uniting insurers, government agencies, consumer groups, and other stakeholders to collaboratively fight insurance fraud through outreach, advocacy, and research.

Rafeld said that during the 2025 Spring National Meeting, the Coalition presented on increasing concerns regarding long-term care (LTC) fraud. She noted that, after consulting with industry members and reviewing a report by Milliman, it was projected that LTC claims could exceed \$40 billion annually by 2042, and if just 5% are fraudulent, losses could surpass \$2 billion each year, highlighting the need for proactive prevention. Rafeld said that to address these concerns, the Coalition established an LTC subcommittee under its Life and Disability Fraud Task Force. She said the subcommittee met monthly throughout 2025 to discuss pressing issues related to LTC fraud and consider initiatives to raise awareness.

Rafeld said that fraudulent claims can deplete LTC policies, leaving consumers without legitimate care when needed. She said to reduce this risk, the subcommittee developed a consumer brochure and several infographics to educate consumers about LTC fraud, which are available for download under the consumer and member resources sections of the Coalition's website.

Rafeld said the Coalition will publish the results of the LTC survey in April. A preview revealed that 11 out of 12 carriers identified suspected or confirmed LTC fraud during the survey period. She explained that carriers with large standalone LTC blocks saw higher investigation volumes compared to those offering hybrid products, possibly reflecting differences in maturity and fraud controls.

Rafeld reported that LTC fraud schemes are consistent across carriers, with exaggeration of care needs, billing for services not provided, use of unqualified caregivers, forged documents, and collusion being the most common methods. She said those involved include claimants, caregivers, agencies, family, and powers of attorney. Rafeld said carriers face challenges such as verifying home care, limited access to credential data, privacy constraints, delayed detection, and resource-heavy investigations. She said all carriers employ various tools, including field investigations, electronic verification, analytics, and AI, and typically report cases to authorities, though not all due to evidentiary and enforcement concerns.

Rafeld said this survey revealed an opportunity for better education on reporting fraud. Rafeld emphasized the need for coordinated efforts among all stakeholders and invited regulators and consumer groups to join the Coalition's initiatives. She supported the addition of a new reporting category for LTC fraud and outlined next steps, including publishing survey results, sharing best practices, providing training, and encouraging improved detection and reporting tools. The Coalition remains committed to collaboration and ongoing solutions to combat LTC fraud.

4. Received an Update from the Antifraud Technology (D) Working Group

Glick stated that Strebeck has agreed to serve as vice chair of the Antifraud Technology (D) Working Group. He said the Working Group has not met this year, but members have remained actively engaged in various activities.

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Glick said the Working Group has been involved in ongoing coordination regarding proposed changes and enhancements to the way insurers report insurance fraud to states. He explained that this includes working with the NICB and NAIC to coordinate updates to questionable claim referrals. Glick said that these proposed changes will also include updates to fraud schemes and insurance types, which the Working Group has previously discussed.

Glick said the Working Group has received feedback in recent months on the proposed changes to fraud schemes and insurance types from members of the CAIF, PricewaterhouseCoopers (PWC), and NAIC partners. He said the Working Group is currently waiting for feedback from the NICB on these changes. Glick said that once coordination with the NICB is complete and an agreement is reached, the changes will be adopted through the NICB questionable claims referral process and the NAIC and will ultimately be adopted into state records management systems.

Glick said Working Group members have also collaborated with the NICB on the formation of a fraud directors' intelligence sharing network.

5. Received an Update from the Improper Marketing of Health Insurance (D) Working Group

Swanson said the Working Group has not met this year. However, background planning has been underway. He said the Working Group's first meeting is scheduled for April 2 and will be in joint session with the Employee Retirement Income Security Act (ERISA) and Alternative Health Coverage (H) Working Group and will be limited to regulators due to ongoing investigations.

Swanson noted that monthly regulator-to-regulator meetings will continue throughout the year, and open meetings will also be held. He said the key topics for discussion in the coming months include remote examinations for insurance producers, level-funded health plans, unauthorized agent transfer issues, steering and National Producer Number (NPN) overrides, and potentially marketing practices for LTC and life insurance policies. Swanson said the Working Group remains actively engaged with state insurance regulators at both state and federal levels, working closely with the U.S. Department of Labor (DOL) to monitor and address proper marketing of health plans.

6. Heard Reports from Interested Parties

A. NICB

Kyle McCollum (NICB) stated that reports of suspected insurance fraud are rising rapidly, making it essential for the NAIC and the Task Force to reinforce their commitment to fraud reporting and strengthen information sharing. He said that, according to the NICB's latest national trend report, questionable claims submitted to the NICB in 2025 increased by over 16% compared to the previous year, with significant spikes in certain fraud types: reports of suspected staged accidents rose nearly 35%, and suspected fake or exaggerated injuries increased by 43%.

McCullom said these trends underscore the growing affordability challenges consumers face due to fraud. He explained that the NICB is leveraging its intelligence to fortify the anti-fraud ecosystem, citing 46 testimonies and over 370 meetings with lawmakers in 2025 to advocate for stronger anti-fraud laws, greater collaboration, and increased resources. McCullom said predatory towing claims surged by 89% over three years, and the NICB used this data to drive reforms in several states while highlighting a significant rise in cargo theft and the advanced tactics used by fraudsters. He mentioned that the NICB testified before the U.S. Senate (Senate) in support of bipartisan legislation to combat cargo theft, and that questionable claims involving vendor fraud increased by 20%, with inflated damages rising by 51% over two years. McCullom said this intelligence supported reforms

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against storm chaser, public adjuster, and contractor fraud in multiple states. He added that the NICB partnered with the CAIF at the National Council of Insurance Legislators (NCOIL) to strengthen model legislation.

McCullom said that fraud reporting drives intelligence, which in turn fuels impactful policy changes that protect consumers, and stated that the NICB will continue this momentum in 2026, inviting further collaboration. McCullom said that recent enhancements to the questionable claim submission process focus on improving user experience and data quality, including streamlined referral reasons and better integration with the NAIC's system. He noted improvements such as prompts for direct investigator contact information and the ability for fraud bureaus to receive attachments with referrals. He highlighted the strong and ongoing partnership between the NICB and NAIC, with monthly meetings to enhance integration and efficiency.

McCullom said the New York State Department of Financial Services (NY DFS) is making significant progress toward connecting its referrals to the NICB and NAIC partnership, expressing confidence that this initiative will soon be completed.

Nelson Vazquez (NICB) said that over the past two years, the NICB has collaborated with various internal and external stakeholders to develop a program many believe was long overdue. The initiative is now known as the NICB State Fraud Bureau Intelligence Network. Vazquez said that the network is fundamentally intended to enhance intelligence sharing among agencies responsible for investigating insurance fraud in the U.S. At its core, the network aims to unify these agencies by facilitating the exchange of information on bad actors, fraud schemes, and emerging trends and insights related to fraud activity nationwide.

Vazquez said that the network also seeks to identify additional investigative opportunities, with a focus on complex interstate insurance fraud and related crimes. While intelligence sharing has always existed, the NICB recognizes significant room for improvement by enabling more consistent, real-time information exchange in a secure environment, provided at no cost to the anti-fraud community. Vazquez said consumers will benefit from a more unified ecosystem of fraud fighters equipped with actionable intelligence to detect and deter fraudulent activity.

Vazquez said that the NICB looks forward to presenting its State Fraud Bureau Intelligence Network platform during the closed session, which will include a detailed walkthrough of the journey so far, an explanation of participant expectations and program governance, a list of current participants, and a live demonstration of the platform.

B. Coalition

Brent Walker (Coalition) said the Coalition's State and Industry Fraud Directors Task Force offers valuable opportunities for industry interaction, while the Fraud Directors Subcommittee facilitates internal discussions. He referenced legislative interests raised during the Coalition update at the 2025 Fall National Meeting and provided a brief update, noting that many legislative sessions are adjourning soon. The Coalition, in partnership with the NICB, participated in testimony and contributed to drafting model privacy protections. Walker explained that clarification was provided for balancing consumer protection with anti-fraud measures, thanks to input from the NICB and Glick.

Walker said the Coalition is tracking more than 200 bills aligned with its priorities of safeguarding the insurance system, ensuring stability, protecting consumers from fraud, and addressing emerging issues such as privacy and AI. He described the current legislative landscape as a heat map and offered to share tracked bill information with the Task Force. Walker highlighted national trends, including predatory towing, public adjuster concerns, AI threats, and states' efforts to increase funding and civil authority for fraud prevention. He reported progress on a Kansas bill that would improve civil-level fraud enforcement and mandatory reporting.

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Walker said that AI presents new fraud threats, with several states enacting legislation to protect consumers' digital likeness and impose penalties for forgery. He suggested that anti-fraud stakeholders should also focus on fraudsters using technology. Walker said the importance of early engagement and collaboration for next year's legislative sessions, especially regarding anti-fraud bills of interest.

Walker said that impactful stories are effective in legislative advocacy and requested real case examples from attendees. He said participants are invited to keep the Coalition informed of opportunities to provide testimony and reiterated the Coalition's commitment to supporting efforts against insurance fraud, relying on members' vigilance.

Walker said that social media outreach targeting younger generations is crucial and referenced a 2023 Coalition study showing unfavorable shifts in attitudes toward insurance fraud among Gen Z. He said that last fall, a pilot project with Wayne State University (Detroit, MI) marketing students resulted in significant engagement with the Coalition's Instagram page. Walker said the report expanded the initiative, reaching more students and leading to increased views and content. He said organizations are encouraged to use and share these social media assets and offered to provide templates for similar educational projects at other universities.

Walker said the Coalition's State and Industry Fraud Directors Task Force addressed longstanding referral issues for state fraud bureaus. He said that as a result, a guidance document was developed with input from industry and state fraud directors, and it is scheduled for release soon. Walker announced upcoming webinars to train industry partners on fraud referrals and criminal case assessments, in collaboration with NICB and others.

Walker stated that the Coalition's 2026 Mid-Year Meeting will take place June 15–16 in New Orleans, LA.

7. Discussed Other Matters

Greg Welker (NAIC) stated that several previously discussed topics were brought to the open meeting for further consideration. He said the first update concerns the participation of non-regulators. Welker said that the Task Force has expressed a desire for broader representation at the table, including fraud directors or staff outside the departments of insurance (DOIs). For example, if a fraud bureau operates outside the DOI, registration for those participants will be waived as an affiliate of the state DOI and provided a badge that designates their affiliation but does not list them as a regulator.

Welker stated that there has also been a request for more education and training. He said that he has communicated with the NAIC's Education and Training team about the Task Force's desire for more training and the potential for a certification or designation. Welker said the Education and Training team has been invited to attend the Task Force's session at the Summer National Meeting to discuss options with Task Force members.

Having no further business, the Antifraud (D) Task Force adjourned.

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