

## ANTIFRAUD PLAN GUIDELINE

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### Preface

Insurance fraud costs insurers and consumers billions of dollars annually, and no line of insurance is immune to fraud. Because of this, state departments of insurance (DOIs) believe it is imperative that insurers make detection, investigation, and reporting of suspected fraud a priority in their overall operations. Failure to dedicate resources to the fight against insurance fraud can affect an insurer's financial stability as well as the rates charged to consumers. In light of this, insurers are encouraged to proactively take measures to minimize the cost of fraud.

To encourage insurers to take a proactive approach to fighting fraud, and minimize organizational risk, many states require the preparation and/or submission of an antifraud plan. Such plans are often audited and inspected for compliance purposes and/or reviewed in conjunction with market conduct and financial examinations.

While the development and submission of an antifraud plan is currently not mandated in all states, most state DOIs and fraud fighting agencies believe it is a best practice for all insurers, whether state mandated or not, to develop an antifraud plan that documents the antifraud efforts an insurer has put in place to prevent, detect, investigate, and report fraud. As such, this guideline is intended to serve as a guide for insurance company special investigation units (SIUs) and other interested parties in the preparation of antifraud plans that meet state mandates.

In the spirit of promoting uniformity among the states and providing insurers with added insight regarding key elements that should be considered when developing an antifraud plan, state fraud bureaus are encouraged to utilize this guideline to introduce new antifraud plan legislation or revise existing antifraud plan laws in their states.

To further uniformity in this area and assist both insurers and state DOIs with compliance efforts, the NAIC Antifraud Task Force intends to utilize this revised guideline as a basis for developing an antifraud plan submission repository/system that will streamline insurer antifraud plan compliance nationwide. Until such a system is developed and implemented, insurers are encouraged to utilize this guideline, and incorporate all information outlined within the document when developing or updating company antifraud plans.

**Important Note:** Unless this guideline is adopted by a state, this guideline does not preempt existing state laws.

### Section 1. Application

The purpose of this guideline is to establish standards for insurance company special investigation units (SIUs) and any other interested parties regarding the preparation of an Antifraud Plan that meets the mandated requirements of [insert Department of Insurance (DOI) name].

**Drafting Note:** In lieu of an agency name, states may amend this statement to incorporate a reference to a state law/rule.

### Section 2. Definitions

- A. "Insurance" means any of the lines of authority authorized by state law.
- B. "Insurance commissioner" or "commissioner" means the insurance commissioner of this state.
- C. "Insurer" means a company required to be licensed under the laws of this state to provide insurance products.

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- D. “Material or substantive change” means any change, modification or alteration of the operations, standards, methods, staffing, or outsourcing utilized by the insurer to detect, investigate and report suspected insurance fraud.
- E. “National Association of Insurance Commissioners” (NAIC) means the organization of state insurance regulators from the fifty (50) states, the District of Columbia and all participating U.S. territories.
- F. “Report in a timely manner” means in accordance with all applicable laws and rules of the state.

**Drafting Note:** States should insert a reference to a state law/rule if they feel it is necessary.

- G. “Respond in a reasonable time” means to respond in accordance with all applicable laws and rules of the state.

**Drafting Note:** States should insert a reference to a state law/rule if they feel it is necessary.

- H. “Special Investigation Unit” (SIU) means an insurer's unit or division that is established to investigate suspected insurance fraud. The SIU may be made up of insurer employees or by contracting with other entities.
- I. “Suspected Insurance Fraud” means any misrepresentation of fact or omission of fact pertaining to a transaction of insurance including claims, premium and application fraud. These facts may include but are not limited to evidence of doctoring, altering or destroying forms, prior history of the claimant, policy holder, applicant or provider, receipts, estimates, explanations of benefits (EOB), medical evaluations or billings, medical provider notes, police and/or investigative reports, relevant discrepancies in written or oral statements and examinations under oath (EUO), unusual policy activity and falsified or untruthful application for insurance. An identifiable pattern in a claim history may also suggest the possibility of suspected fraudulent claims activity. A claim may contain evidence of suspected insurance fraud regardless of the payment status.

**Drafting Note:** States can insert, modify, or delete definitions as needed and/or insert references to state law if necessary.

### Section 3. Antifraud Plan Creation/Submission

- A. An insurer, subject to [insert appropriate state code], shall create an antifraud plan that documents the insurer’s antifraud efforts.
- B. An insurer shall develop a written plan within [insert number of days based upon state law] days after obtaining its license to transact business within this state or within [insert number of days] days after beginning to engage in the business of insurance.
- C. The DOI has the right to review an insurer’s antifraud plan in order to determine compliance with appropriate state laws.
- D. An insurer shall submit their antifraud plan in accordance with all state laws, regulations, and requirements.

**Drafting Note:** States should insert a reference to a state law/rule if they feel it is necessary.

- E. If an insurer makes a material/substantive change in the manner in which they detect, investigate and/or report suspected insurance fraud, or there is a change in the person(s) responsible for the insurer’s antifraud efforts, the insurer will be required to amend [and submit] their antifraud plan within [insert number of days] days of the change(s) being made.

**Drafting Note:** States without mandatory submission requirements should adjust this section appropriately.

**Section 4. Antifraud Plan Requirements**

- A. An antifraud plan is an overview of the insurer's efforts to prevent, detect, investigate and report all aspects of suspected insurance fraud related to the different types of insurance offered by that insurer.
- B. One antifraud plan may cover several insurer entities if one SIU has the fraud investigation mission for all entities.
- C. The following information should be included in the submitted antifraud plan to satisfy this Section:
  - (1) The insurer's name and NAIC individual and group code numbers.
  - (2) A description of the insurer's approved lines of authority.

**Drafting Note:** Upon exploring the creation of an electronic fraud plan submission system, the working group will explore the possibility of the above noted information auto-populating based upon NAIC carrier data maintained by individual/group codes.

- (3) An acknowledgment that the insurer has established criteria that will be used for the investigation of internal fraud and suspected fraud related to the different types of insurance offered.
- (4) A statement as to whether the insurer has implemented an internal and/or external fraud awareness and/or outreach program to educate employees, applicants, policy holders and/or members of the general public about insurance fraud.
- (5) A description of the insurer's external fraud awareness or outreach program(s) geared towards applicants, policy holders and members of the general public.
- (6) A description of the insurer's internal awareness/antifraud education and training initiatives of any personnel involved in antifraud related efforts. The description shall include:
  - (a) An overview of antifraud training provided to new employees.
  - (b) The internal positions the insurer offers regular education and training to, such as underwriters, adjusters, claims representatives, appointed agents, attorneys, etc.
  - (c) A description of training topics covered with employees.
  - (d) The method(s) in which training is provided.
  - (e) The frequency and minimum number of training hours provided.
  - (f) The method(s) in which employees, policyholders and members of the general public can report suspected fraud.
- (7) 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.
  - (a) The insurer shall include a description of their internal fraud reporting policy.
  - (b) The insurer shall identify the person and/or position within the organization who is ultimately responsible for the investigation of internal fraud.
  - (c) A description of the insurer's standard operating procedures (SOP) for investigating internal fraud.

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- (d) The insurer shall include a description of the reporting procedures it 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.).
- (8) 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.
- (a) A description of the technology and/or detection procedures the insurer has put in place to identify suspected fraud.
  - (b) The criteria used to report suspicious claims of insurance fraud for investigation to an insurer's SIU.
- (9) A statement as to whether the insurer has established an internal SIU to investigate suspected insurance fraud.
- (a) A description as to whether the unit is part of any other department within the organization.
  - (b) A description or chart outlining the organizational arrangement of all internal SIU positions/ job titles.
  - (c) A general overview of each SIU position is required. In lieu of a general overview, insurers can provide a copy of all applicable position descriptions to the DOI.

**Drafting Note:** Upon exploring the creation of an electronic fraud plan submission system, the working group will explore the possibility of insurers having the ability to upload an organization chart/list of SIU employees/position descriptions, etc.

- (d) General contact information for the company's SIU as well as contact information for the person/position(s) responsible for overseeing the insurer's antifraud efforts.
  - (e) A description of the insurer's SOPs for investigating suspected insurance fraud.
- (10) A statement as to whether the insurer utilizes an external/third party as their SIU or in conjunction with their internal SIU.
- (a) If an external/third party is used to substantially perform the insurer's SIU function, the insurer shall provide the name of the company(ies) used and contact information for the company(ies).
  - (b) The insurer shall specify the internal persons or position responsible for maintaining contact with the external company(ies) which will serve as the insurer's SIU. The insurer shall provide a description of how they will monitor and/or gauge the external/third party's compliance with insurer antifraud mandates.

**Drafting Note:** If a state requires the disclosure of specific and/or all vendors for investigative activities conducted, this section can be modified accordingly.

- (11) A description of the method(s) used to document SIU referrals received and investigations conducted.
- (a) An overview of any case management system and/or computer program used to memorialize SIU referrals received and investigations conducted.

- (b) The manner in which the insurer tracks SIU/investigative information for compliance purposes, i.e., the number of SIU referrals received, the number of investigations opened, the outcome of investigations conducted, etc.

**Drafting Note:** States that do not mandate fraud reporting or have other requirements should revise this section to reflect state requirements.

- (12) A description of the procedures the insurer has established to ensure that suspected insurance fraud is timely reported to [agency/division name] pursuant to [insert reference to state law].
- (13) A statement as to which individual(s) or group, within the organization is responsible for reporting suspected fraud on the insurer's behalf.
  - (a) When composing such a statement, companies may cite specific position descriptions in lieu of employee names.
  - (b) A description of the insurer's criteria or threshold for reporting fraud to the commissioner.
  - (c) A description of insurer's means of submission of suspected fraud reports to the commissioner (e.g. Online Fraud Reporting System (OFRS), National Insurance Crime Bureau (NICB), National Health Care Anti-Fraud Association (NHCAA), electronic state system, or other).

**Drafting Note:** States that do not mandate fraud reporting should revise or remove inapplicable requirements from this section.

**Drafting Note:** If a state has a mandatory reporting method, this section should be adjusted to reflect an acknowledgment of the reporting method.

- (14) An insurer shall incorporate within its antifraud plan the steps it will take to ensure all information they, or a contracted party, possess about a specific claim or incident of suspected insurance fraud is provided in a timely and complete manner when a formal written request from the [insert agency/division name] has been received.
  - (a) For the purpose of this section, the timely release of information means by the deadline provided by the DOI.

**Drafting Note:** States who have a specific time period in which carriers must provide information can determine if a reference to a state statute or rule is warranted.

- (b) Unless an insurer is able to cite legal grounds for withholding information, they must not redact or withhold any information that has been requested by the DOI.
- (c) If an insurer has a reasonable belief that information cannot legally be provided to the DOI, the insurer will be required to provide, in writing, a description of any information being withheld, and cite the legal grounds for withholding such information.

## **Section 5. Regulatory Compliance**

The DOI has the right, in accordance with Section [insert specific state code], to take appropriate administrative action against an insurer if it fails to comply with the mandated requirements and/or state laws.

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### **Section 6. Confidentiality of Antifraud Plan**

The submission of required information is not intended to constitute a waiver of an insurer's privilege, trade secret, confidentiality or any proprietary interest in its antifraud plan or its antifraud related policies and procedures. The Commissioner shall maintain the antifraud plan as confidential. Submitted plans shall not be subject to the Freedom of Information Act (FOIA) if submitted properly under the state statutes or regulations which would afford protection of these materials [insert applicable state code].

**Drafting Note:** State will need to cite state specific privacy and protection authority.

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*Chronological Summary of Action (all references are to the Proceedings of the NAIC)*

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2021 Spring National Meeting (amended),*