

SENATE BILL NO. 281

BY SENATOR BROWN

1 AN ACT

2 To amend and reenact R.S. 22:572.1, relative to insurance anti-fraud plan; to provide with
3 respect to an exemption for small companies from the requirement to prepare,
4 implement, maintain, and file with the commissioner an insurance anti-fraud plan;
5 and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:572.1 is hereby amended and reenacted to read as follows:

8 §572.1. Insurance anti-fraud plan

9 A. Each authorized insurer, **other than a "small company" as defined in**
10 **R.S. 22:46**, and each health maintenance organization licensed to operate in this state
11 shall prepare, implement, ~~and maintain,~~ **and file with the commissioner** an
12 insurance anti-fraud plan for ~~the insurer's or health maintenance organization's~~ **its**
13 operations in this state.

14 B. The insurance anti-fraud plan ~~utilized by each authorized insurer and each~~
15 ~~health maintenance organization in this state shall be filed with the commissioner of~~
16 ~~insurance and~~ **required by Subsection A of this Section** shall outline specific
17 procedures, actions, and safeguards that ~~are applicable, relevant, and appropriate to~~
18 ~~the type of insurance the authorized insurer writes or the type of coverage offered by~~
19 ~~the health maintenance organization in this state and shall~~ include how the authorized
20 insurer or health maintenance organization will **do each of the following**:

21 (1) Detect, investigate, and prevent all forms of insurance fraud, including
22 fraud involving ~~the insurer's or health maintenance organization's~~ **its** employees or
23 agents; fraud resulting from misrepresentations in the application, renewal, or rating
24 of insurance policies; fraudulent claims; and **breach of** security of ~~the insurer's or~~
25 ~~health maintenance organization's~~ **its** data processing systems.

26 (2) Educate ~~appropriate~~ employees on fraud detection and the ~~insurer's or~~
27 ~~health maintenance organization's~~ **insurance** anti-fraud plan.

1 (3) Provide for fraud investigations, whether through the use of internal fraud
2 investigators or third-party contractors.

3 (4) Report a suspected fraudulent insurance act, as defined by R.S.
4 22:1923~~(1)~~(2), to the Department of Insurance as well as ~~appropriate~~ law
5 enforcement and other regulatory authorities engaged in the investigation and
6 prosecution of insurance fraud.

7 (5) Pursue restitution for financial loss caused by insurance fraud, ~~when~~
8 ~~applicable, relevant, and appropriate.~~

9 C. The commissioner shall review the insurance anti-fraud plan submitted by
10 ~~each authorized insurer and each health maintenance organization~~ **pursuant to**
11 **Subsection A of this Section** to determine compliance with the requirements of this
12 Section.

13 D. The commissioner ~~shall have the authority to~~ **may** investigate and
14 examine the records and operations of ~~each~~ authorized insurers and ~~each~~ health
15 maintenance organizations to determine if ~~the insurer or health maintenance~~
16 ~~organization has~~ **they have** implemented and ~~maintained compliance~~ **complied** with
17 the insurance anti-fraud plan.

18 E. The commissioner ~~is authorized to~~ **may** direct any authorized insurer or
19 ~~health maintenance organization to make~~ any modification to the insurer's or health
20 ~~maintenance organization's~~ insurance anti-fraud plan necessary to ~~obtain and~~
21 ~~maintain compliance~~ **comply** with the requirements of this Section, and the
22 commissioner may require ~~any other reasonable remedial~~ action to ~~the insurer's or~~
23 ~~health maintenance organization's~~ insurance anti-fraud plan if the investigation and
24 ~~examination reveals~~ **remedy** substantial noncompliance ~~by the insurer or health~~
25 ~~maintenance organization with the terms of the insurer's or health maintenance~~
26 ~~organization's~~ insurance anti-fraud plan.

27 F. The **insurance** anti-fraud plan and any summary report shall be filed with
28 the commissioner on or before April first of each calendar year. Either on a calendar
29 year basis or ~~on whatever~~ **such** other interval ~~he~~ **the commissioner** deems
30 appropriate, the commissioner ~~is authorized to~~ **may** require that each authorized

1 insurer and each health maintenance organization file a summary report of any
 2 material change to the insurance anti-fraud plan, including the total number of claims
 3 and the number of claims referred to the commissioner as suspicious, and the
 4 commissioner ~~is authorized to direct each insurer and each health maintenance~~
 5 ~~organization as to~~ **may prescribe** the format of the summary report.

6 G. The insurance anti-fraud plan ~~submitted to the department, as well as the~~
 7 ~~summary report of the insurer's or health maintenance organization's insurance anti-~~
 8 ~~fraud activities and results,~~ **and any summary report required by this Section** are
 9 not public records and are exempt pursuant to R.S. 44:1 et seq., and specifically R.S.
 10 44:4.1(B)~~(10)~~**(11)**, shall be and are hereby declared to be ~~company~~ proprietary and
 11 ~~business~~ confidential **business** records ~~and~~ not subject to public examination or
 12 subpoena.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____