



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

AMENDED ADVISORY LETTER NO. 2010-02

**TO: ALL AUTHORIZED INSURERS AND
HEALTH MAINTENANCE ORGANIZATIONS**

FROM: JAMES J. DONELON, COMMISSIONER OF INSURANCE

RE: ANTI-FRAUD PLAN FILING REQUIREMENTS

DATE: May 30, 2017

LSA-R.S.22:572.1, which became effective on January 1, 2011, and amended by Acts 2014, Number 121, mandates that each authorized insurer, other than a "small company", as defined in LSA-R.S.22:46, and each health maintenance organization (HMO) licensed to operate in Louisiana shall file with the Commissioner of Insurance (Commissioner) an anti-fraud plan with regard to its operations in this state. In accordance with LSA-R.S.22:572.1, subsection F, the initial filing of the anti-fraud plan shall be made between January 1 and April 1, 2011. Any insurer required to file and any HMO that may have already filed its anti-fraud plan with the Louisiana Department of Insurance (LDI) prior to the January 1, 2011 effective date shall re-file with the LDI in accordance with the electronic format specified below.

Also, LSA-R.S. 22:572.1 authorizes the Commissioner to establish the format for the filing of the initial anti-fraud plan, any supplemental report on material changes to the anti-fraud plan, and the mandatory annual summary report. Accordingly, I hereby direct that each authorized insurer required to file and each health maintenance organization shall file its initial anti-fraud plan, any supplemental report on material changes to its anti-fraud plan, and the mandatory annual summary report with the LDI in electronic format only through the Industry Access Portal on the LDI website or the most current version of electronic reporting.

Upon filing electronically with the LDI, each insurer required to file and each HMO will receive an electronic acknowledgment stating that it can assume substantial compliance unless it is advised otherwise by the LDI, in writing, within forty-five (45) days of said filing. No other information and no statistical data were due at the time of the filing of the initial 2011 anti-fraud plan with the LDI.

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Additionally, between January 1 and April 1 of every year, each insurer required to file and each HMO licensed to operate in Louisiana shall file with the LDI both a supplemental report regarding its anti-fraud plan and an annual summary report of its suspected fraud referrals for each preceding calendar year. The first of these reports was due between January 1 and April 1, 2012, for the 2011 calendar year. A supplemental report and a summary report for each subsequent calendar year thereafter shall be filed between January 1 and April 1 of the following year. If there are no material changes to the anti-fraud plan, the insurer, if required to file, or HMO must click a checkbox to that effect. If there are material changes to the anti-fraud plan, then the insurer, if required to file, or HMO must click a different checkbox and provide an attachment with the material changes to its anti-fraud plan.

In the annual summary report, each insurer required to file and each HMO shall provide the following statistics to the LDI: (1) How many claims did your company process in Louisiana the previous calendar year; and (2) How many of those claims did your company refer to the LDI Fraud Section as suspicious? Blanks will be available for each insurer required to file and each HMO to report on these statistics.

If you have any question or need clarification about Advisory Letter No. 2010-02, the filing of the initial anti-fraud plan, the annual supplemental report or the annual summary report, please contact the Deputy Commissioner of Fraud and Enforcement at (225) 342-4956.

Baton Rouge, Louisiana, amended on this 30th day of May, 2017.



JAMES J. DONELON
COMMISSIONER OF INSURANCE