

2024 Regular Session

HOUSE BILL NO. 399

BY REPRESENTATIVE HENRY

INSURANCE: Provides for transmission of information relative to the Department of Insurance

1 AN ACT

2 To amend and reenact R.S. 22:41.2 and 572.1(F), relative to the disclosure of contact
3 information to the Department of Insurance; to provide relative to persons and risk-
4 bearing entities licensed by the commissioner of insurance; to require such persons
5 and entities to disclose certain consumer and financial information; to provide
6 relative to insurers and health maintenance organizations; to provide relative to
7 insurance anti-fraud plans; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:41.2 and 572.1(F) are hereby amended and enacted to read as
10 follows:

11 §41.2. Submission of contact information

12 A. ~~Each risk-bearing entity authorized~~ Every person licensed by the
13 commissioner shall provide accurate contact information to the commissioner:

14 B. ~~A risk-bearing entity and~~ shall annually inform the commissioner by
15 electronic means of the name, mailing address, phone number, and electronic mail
16 address of each individual responsible for each of the following:

- 17 (1) Receipt of and response to consumer complaints.
- 18 (2) Receipt of rules, regulations, and other directives from the commissioner.
- 19 (3) ~~Receipt and filing of inquiries regarding the financial condition of the~~
20 ~~entity.~~

1 ~~(4) Receipt and filing of inquiries regarding tax payments.~~

2 ~~(5)~~ (3) Any other ~~function~~ information the commissioner deems necessary
3 to the exercise of his authority.

4 B. In addition to the requirements of Subsection A of this Section, every
5 authorized risk-bearing entity licensed by the commissioner shall provide accurate
6 contact information to the commissioner and shall annually inform the commissioner
7 by electronic means of the name, mailing address, phone number, and electronic mail
8 address of each individual responsible for each of the following:

9 (1) Receipt and filing of inquiries regarding the financial condition of the
10 entity.

11 (2) Receipt and filing of inquiries regarding tax payments.

12 C. A person or risk-bearing entity shall inform the commissioner within
13 thirty days of any change in the information required to be submitted ~~in Subsection~~
14 ~~B of~~ pursuant to this Section.

15 * * *

16 §572.1. Insurance anti-fraud plan

17 * * *

18 F.(1) The insurance anti-fraud plan and any summary report shall be filed
19 with the commissioner on or before April first of each calendar year.

20 (2) Either on a calendar year basis or such other interval the commissioner
21 deems appropriate, the commissioner may require that each authorized insurer and
22 each health maintenance organization file a summary report of any material change
23 to the insurance anti-fraud plan, including the total number of claims and the number
24 of claims referred to the commissioner as suspicious, and all of the following
25 information:

26 (a) The number of policies in effect.

27 (b) The amount of premiums written for policies.

28 (c) The number of claims received.

- (2) The receipt of rules, regulations, and directives from the commissioner.
- (3) The receipt and filing of inquiries into the financial state of the company.
- (4) The receipt and filing of tax payments.
- (5) Any other duty or function the commissioner deems necessary.

Proposed law retains present law but changes "function" to "information" and makes other technical changes to present law.

Proposed law further requires every person licensed by the commissioner to annually disclose to the commissioner the accurate information of the name, mailing address, phone number, and electronic mail address of the contact person responsible for each of the following:

- (1) Receipt of and response to consumer complaints.
- (2) Receipt of rules, regulations, and other directives from the commissioner.
- (3) Any other information the commissioner deems necessary to the exercise of his authority.

Present law requires a risk-bearing entity to notify the commissioner within 30 days of any change in information required for submission in present law.

Proposed law retains present law but extends the notification requirement to persons licensed by the commissioner.

Present law requires authorized insurers and health maintenance organizations (HMOs) licensed in this state to prepare, implement, and maintain an insurance anti-fraud plan for their operations in this state.

Proposed law retains present law.

Present law requires an insurer or HMO to annually file its insurance anti-fraud plan and any summary report with the commissioner on or before April 1. Authorizes the commissioner to periodically require that each such entity file any material change to a summary report of the anti-fraud plan, including the total number of claims and the number of claims referred to the commissioner as suspicious, and to provide the required format of the summary report.

Proposed law retains present law but further requires authorized insurers and HMOs to submit the following additional information:

- (1) The number of policies in effect.
- (2) The amount of premiums written for policies.
- (3) The number of claims received.
- (4) The number of claims referred for investigation to the insurer's fraud investigators.
- (5) The number of claims investigated or accepted by the insurer's fraud investigators.
- (6) The number of insurance fraud matters investigated or accepted by the insurer's fraud investigators that were not claim related.
- (7) The number of cases referred to the Dept. of Insurance.

- (8) The estimated dollar amount of losses attributable to fraudulent insurance acts, organized by type of fraud, including claimant, employer, provider, agent, and other types.
- (9) The estimated dollar amount of recoveries attributable to fraudulent insurance acts, organized by type of fraud, including claimant, employer, provider, agent, and other types.
- (10) The dollar amount of claims denied or not paid based on fraud investigation organized by product line.
- (11) Quantification of the resources committed to investigating insurance fraud, organized by line of business, for the prior year.

(Amends R.S. 22:41.2 and 572.1(F))