

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.

1 (d) The number of claims referred for investigation to the insurer's fraud
2 investigators.

3 (e) The number of claims investigated or accepted by the insurer's fraud
4 investigators.

5 (f) The number of insurance fraud matters investigated or accepted by the
6 insurer's fraud investigators that were not claim related.

7 (g) The number of cases referred to the department.

8 (h) The estimated dollar amount of losses attributable to fraudulent insurance
9 acts, organized by type of fraud, including claimant, employer, provider, agent, and
10 other types.

11 (i) The estimated dollar amount of recoveries attributable to fraudulent
12 insurance acts, organized by type of fraud, including claimant, employer, provider,
13 agent, and other types.

14 (j) The dollar amount of claims denied or not paid based on fraud
15 investigation organized by product line.

16 (k) Quantification of the resources committed to investigating insurance
17 fraud, organized by line of business, for the prior year.

18 (3) ~~the~~ The commissioner may prescribe the format of the summary report
19 provided for in this Subsection.

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DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 399 Engrossed 2024 Regular Session Henry

Abstract: Requires persons and risk-bearing entities to disclose certain information with respect to consumer and financial information and insurance anti-fraud plans.

Present law requires each risk-bearing entity to annually disclose to the commissioner of insurance (commissioner) the accurate information of the name, address, phone number, and electronic mail address of the contact person responsible for the following duties:

- (1) The receipt of and response to consumer complaints.

- (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))