

Division of Fraud Investigations

DOI eService Training Guide

Division of Fraud Investigations (the “Division”) has created this manual to help insurers (new and existing companies) manage and update the compliance requirements through eService.

The insurance company SIU Head assigned for the company will receive an email like the image below

OrgAdmin Invite for eService Insurer Organization



KOG_DoNotReply <KOG_DoNotReply@ky.gov>
To: Henderson, Cleo (PPC)

Cleophus Henderson,

You have been designated as an Administrator for a Kentucky Department of Insurance eService Insurer Organization. -**Falls City Mutual Insurance Co, Inc.**

Application Name: KY Department of Insurance eServices

Role Name: INS_SIU_ADM

Application Name: Organization Management

Role Name: DOI eServices Insurer SIU Head Administrator

[Click here to complete the process.](#)

This invitation link will expire and is valid only for a one-time use. Please use the same email address to create the account that this email was sent to.

If you need any assistance further, please contact the Kentucky Online Gateway HelpDesk.

For instructions on setting up your eServices roles, [Click here.](#)

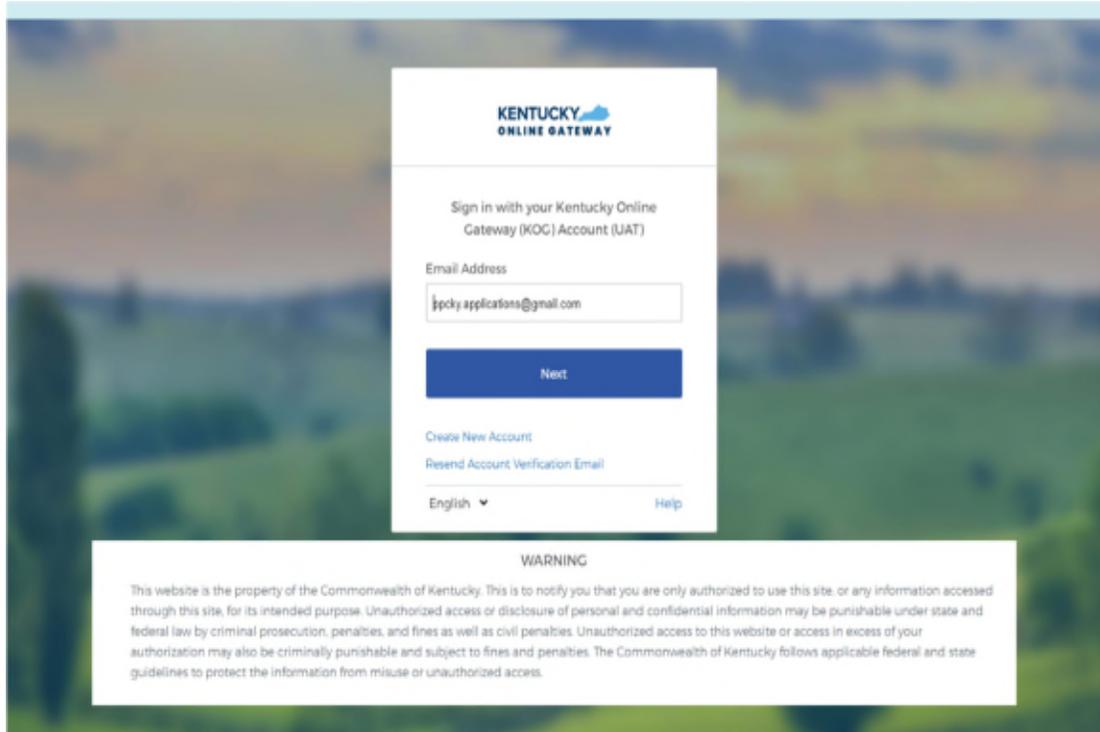
Kentucky Online Gateway
[Kentucky Online Gateway HelpDesk](#)

NOTE: Do not reply to this email. This email account is only used to send messages.

Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without to get this message, please destroy all copies.

Click “Click Here to complete the process” this will take you to eService.

Once there you will enter the same email address from the invite to create the account. If you haven’t had an account before, you will need to create a new account. Once you have created a new account, return to the invite email, click on “Click Here to complete process” to link your account to your insurance company(s).



KENTUCKY ONLINE GATEWAY

Sign in with your Kentucky Online Gateway (KOG) Account (UAT)

Email Address

ppcky.applications@gmail.com

Next

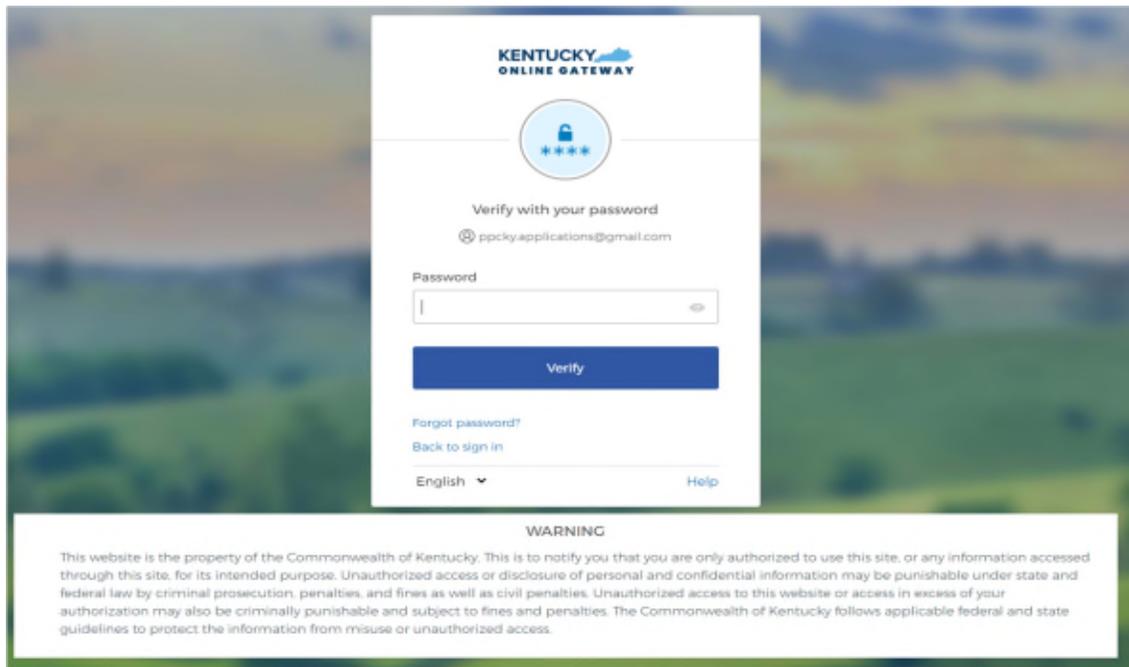
[Create New Account](#)

[Resend Account Verification Email](#)

English ▼ [Help](#)

WARNING

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KENTUCKY ONLINE GATEWAY

Verify with your password

ppcky.applications@gmail.com

Password

Verify

[Forgot password?](#)

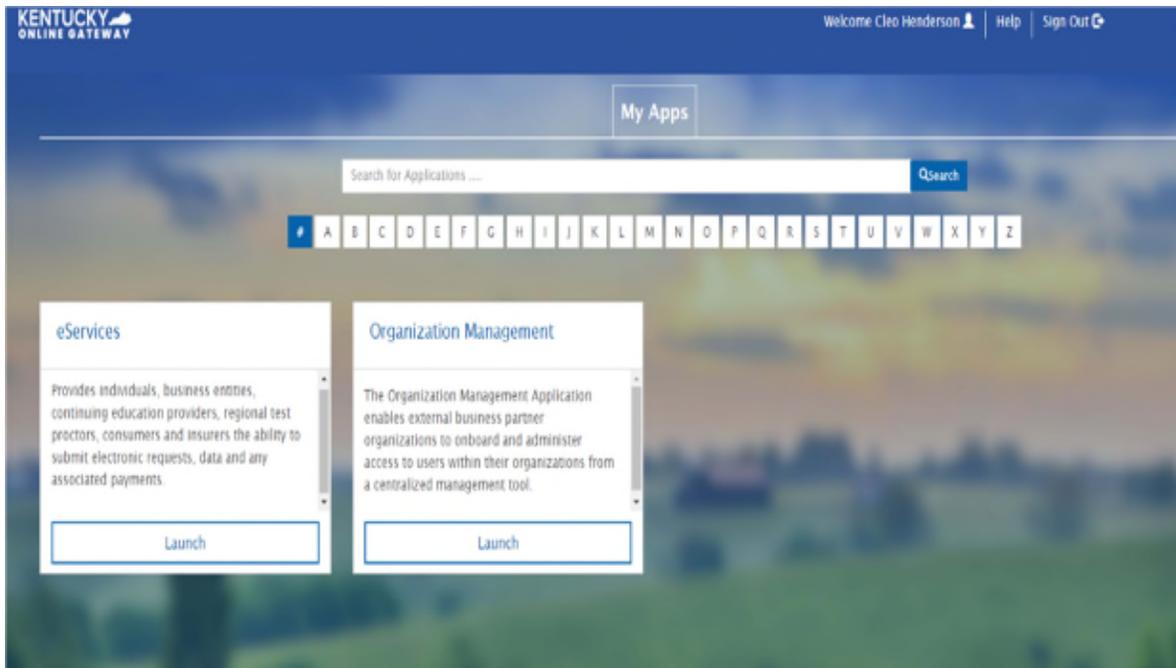
[Back to sign in](#)

English ▼ [Help](#)

WARNING

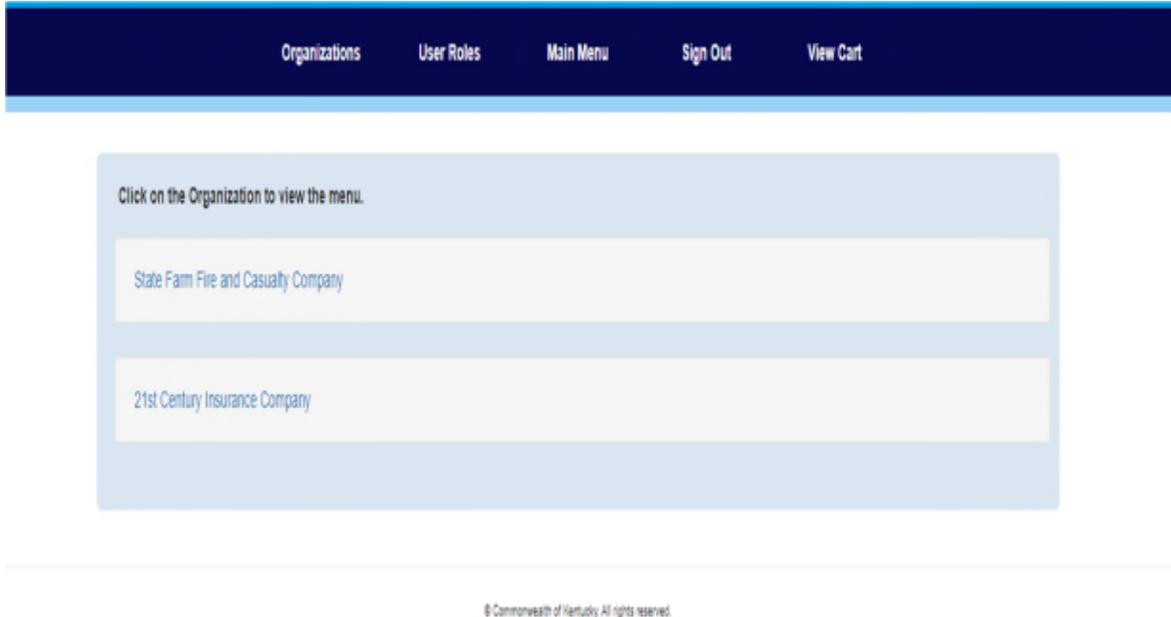
This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable under state and federal law by criminal prosecution, penalties, and fines as well as civil penalties. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable and subject to fines and penalties. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Once your password and security questions are complete, you will be directed to Kentucky Online Gateway (KOG).



Click on Launch on eService tab:

The menu shown below will appear if you are the SIU Head or Administrator of multiple Insurance companies.



If there is only one insurance company, you will automatically log into the Main menu shown below.



At the Main menu, you will be able to update and submit compliance documents, report insurance fraud, and upload referral documents. You will also be able to add, edit or remove users for eServices, as needed.

SIU Contact List

The SIU Contact list is required to be updated every two (2) years or within 30 days of a material change. Per [806 KAR 47:010 Fraud Prevention Section 3](#), “To facilitate communication with the division an insurer shall designate two (2) primary contact persons, one (1) of whom shall be the head of the SIU, who shall communicate with the division on matters relating to the reporting, investigation, and prosecution of suspected fraudulent insurance acts, as established in KRS 304.47-020.”

From the Main Menu -> Click on Update SIU Contacts, this menu will appear.

DOI Number: 301809

Email: ppcky.applications@gmail.com

Name: State Farm Fire and Casualty Company

(Insurer - SIU Head)

SIU CONTACTS

The Kentucky Revised Statutes and Regulations (KRS 304.47-060 and 806 KAR 47-010-030) require each insurer to maintain a unit to investigate insurance fraud and furnish the following information.

One SIU Head contact and Two Primary Contacts are required.

Contact Type: SIU Head Primary Contact Secondary Contact

Name:

Title / Address Line 1: Address Line 2: Address Line 3:

Postal Code: State: City: County:

Phone Number: Ext.: Fax: Email:

Save Contact

Clear Contact

| Remove | Name | Contact_type | Address | Phone | Phone Ext | Fax | Email | |
|--------------------------|--------------------|--------------|------------------------------------|------------|-----------|-----|-----------------------|------|
| <input type="checkbox"/> | Cleophus Henderson | Primary | 600 Mero Street | 5027825453 | | | Cleo.henderson@ky.gov | Edit |
| <input type="checkbox"/> | Michelle Mills | Primary | Procedure Development Specialist I | | | | | Edit |

Remove Contact

Submit and Check Out

You will be able to add, edit and remove SIU Contacts.

After an individual is added, updated, or removed, click save contact, then submit and check out. This will send a notice to the Fraud Division.

Email : ppcky_applications@gmail.com

Name : State Farm Fire and Casualty Company

(Insurer - SIU Head)

TRANSACTION DETAILS

Your transaction has been processed and does not require any additional Payment information.

Below are the details of your transaction. You may print a copy of this for your records by clicking on the 'Print copy of invoice' listed below.

Order Information

DOI Transaction ID: 1065535

Transaction Date: 2/23/2023

| Qty | Description | Fee(s) |
|-----|---------------------|--------|
| 1 | SIU Contacts Update | \$0.00 |
| | Total Charged: | \$0.00 |

Items Ordered

[Print copy of invoice](#) | [Click here to return to the main menu](#)

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Fraud Compliance Report

Per 806 KAR 47:010, Section 5, a Fraud Compliance Report is required within 90 days of an insurer's admission to do business in Kentucky. The Report must then be updated once every two (2) years, or when there is a material change in the Anti-Fraud Plan. An insurer shall submit to the Division a written report stating how the insurer is complying with Section 4 of this administrative regulation.

From the Main menu->Click Submit Compliance Report. Shown below is the menu to update and submit your Compliance report.

FRAUD COMPLIANCE REPORT

KAR 47:010, Section 5: Compliance Report

- (1) Within ninety (90) days of admission, and at least once every two
 (2) years, An insurer shall submit to the division a written report stating how the insurer is complying with Section 4 of this administrative regulation. The report shall also include:
- (a) The total number of SIU Investigative staff responsible for cases in Kentucky, and whether or not any staff member also investigates cases in other jurisdictions; and
1. If the insurer formed the SIU in house and solely governs it, the year that the SIU was formed; or
 2. If the insurer has contracted SIU services through another company, the identity of the company providing SIU services and the initial year of the contract between the insurer and the company.

The total SIU Investigative staff responsible for cases in Kentucky:

Total SIU Investigative staff also responsible for other jurisdictions:

Is the insurer's SIU unit in house?

Yes No

Year the in-house SIU unit was formed:

If no, has the insurer contracted for SIU services through a separate company?

Yes No

Name of the Company contracted to provide SIU services:

Year contract began:

KAR 47:010, Section 4: Special Investigative Units and Anti-Fraud Plans

- (1) An insurer shall maintain an SIU to fulfill the requirements of KRS 304.47-080.
 (2) In conjunction with its SIU, an insurer shall:
- (a) Implement systematic and effective methods to detect and investigate suspected fraudulent insurance claims;
 - (b) Educate and train all claims handlers to identify possible insurance fraud
 - (c) Develop policies for the SIU to cooperate, coordinate, and communicate with:
 1. The insurer's claims handlers, legal personnel, technical support personnel, and database support personnel;
 2. The division and other relevant law enforcement agencies; and

Year contract began:

KAR 47:010, Section 4: Special Investigative Units and Anti-Fraud Plans

- (1) An insurer shall maintain an SIU to fulfill the requirements of KRS 304.47-080.
 (2) In conjunction with its SIU, an insurer shall:
- (a) Implement systematic and effective methods to detect and investigate suspected fraudulent insurance claims;
 - (b) Educate and train all claims handlers to identify possible insurance fraud
 - (c) Develop policies for the SIU to cooperate, coordinate, and communicate with:
 1. The insurer's claims handlers, legal personnel, technical support personnel, and database support personnel;
 2. The division and other relevant law enforcement agencies; and
 - (d) Develop and submit to the division a written antifraud plan, which shall include:
 1. Acknowledgment of duty to report to the division, including mandatory reporting of the determination that a suspected fraudulent act has been committed within fourteen (14) days;
 2. SIU contact information.
 3. SIU Investigative ethics
 4. Procedures to detect and deter fraud
 5. Continuing education plans for SIU staff

Are you compliant with 806 KAR 47:010 (Section 4).

Yes No

This Insurer agrees to amend and resubmit this Compliance Report to the Division of Fraud Investigations within thirty (30) days of any material change to the information provided herein.

Yes No

[Submit and Check Out](#)

Fill in necessary information to complete compliance report. Before submitting, you MUST check YES to the final two questions (agreeing that the company complies per the Written Anti-Fraud Plan).

If you have more compliance documents that you would like to submit. You can click Continue Shopping and it will take you to Main Menu and hold the compliance document in your cart. Once everything is completed, Click Submit and Check Out. This time, to submit to the Division, you will have to click Checkout/Complete Order.

Email : ppcky.applications@gmail.com
Name : State Farm Fire and Casualty Company
(Insurer - SI

TRANSACTION / ORDER INFORMATION

To remove any item from your order, click on the checkbox and press "Remove".

Forms Completed by User: [applications ppc]

| Remove | Description | Fee(s) |
|--------------------------|--------------------------|--------|
| <input type="checkbox"/> | Submit Compliance Report | \$0.00 |

Remove

Checkout / Complete Order

Continue Shopping

Cancel Order

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Anti-Fraud Plan and Anti-Fraud Checklist

The Anti-Fraud Plan is a written plan that explains how an insurer shall prevent, detect, and report insurance fraud. The Anti-Fraud Plan MUST meet the following requirements to comply:

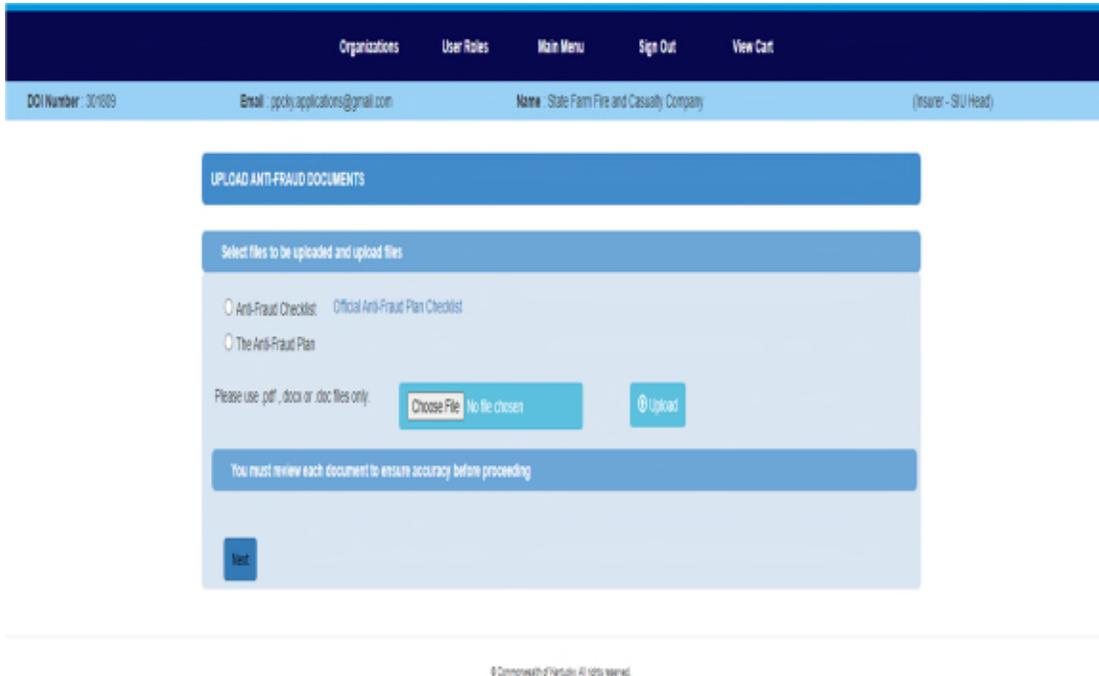
***Let's leave this last sentence highlighted yellow to show the importance.

- SIU Contact Information
- Code of Conduct/Ethics
- Education/Training
- Prevention and Detection

- Mandatory Report – Acknowledgement of duty to report to the division, including mandatory reporting of the determination that a suspected fraudulent act has been committed within fourteen (14) days.

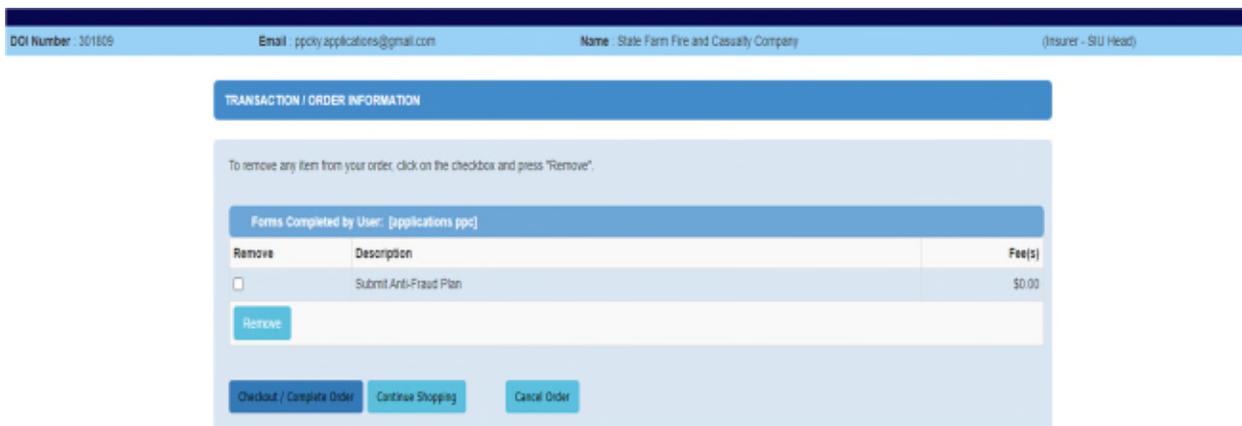
An Anti-Fraud Plan Checklist is a guide for the insurer to help with the proper information, documentation and it helps the Fraud Division locate the information for approval of the Anti-Fraud Plan.

From the main menu->Click Submit Anti-Fraud Plan



Once there, you will click Anti-Fraud Plan Checklist and/or Anti- Fraud Plan to complete the form(s) and upload the document(s) by clicking Choose File->Location of File->Open->Upload.

The document will appear below. Click Next and it is ready to be sent to the Division



For verification purposes, once a document is submitted, a DOI Transaction ID is given along with the Transaction Date for your records.

DOI Number : 301809
(Insurer - SIU Head)

TRANSACTION DETAILS

Your transaction has been processed and does not require any additional Payment information.
 Below are the details of your transaction. You may print a copy of this for your records by clicking on the 'Print copy of invoice' listed below.

| Order Information | Qty | Description | Fee(s) |
|-----------------------------|-----|------------------------|--------|
| DOI Transaction ID: 1055526 | 1 | Submit Anti-Fraud Plan | \$0.00 |
| Transaction Date: 2/9/2023 | | Total Charged: | \$0.00 |

Items Ordered

[Print copy of invoice](#) | [Click here to return to the main menu](#)

Create/Edit Users

The SIU Head can assign an **SIU Administrator** to the insurance companies eService account for updating compliance information and reporting suspected fraudulent insurance acts. The SIU Administrator will not be able to Create or Delete users, this MUST be done by the SIU Head.

The SIU Head may assign **SIU Investigators** to the insurance companies eService account for reporting insurance fraud by completing a referral and uploading additional referral documentation.

From the Main Menu-> Create and Edit User

Click Manage on the Insurance Company that you want to assign a role (you will have to repeat this step if you want to add an individual to other insurance companies).

KENTUCKY ONLINE GATEWAY Welcome Clea Henderson | My Account | Sign Out | Help

Home > Organizations

| Organization Name | Organization Type Name | |
|---|------------------------|------------------------|
| Falls City Mutual Insurance Co, Inc. | DOI_eServices_Insurer | Manage |
| Hancock County Assessment or Co-Operative Insurance Company | DOI_eServices_Insurer | Manage |
| Washington Mutual Fire Insurance Assn, Inc. | DOI_eServices_Insurer | Manage |

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Click on Invite Users. You will input their First and Last name and their email that will be used to login. **Add** the role that the individual will have for the insurance company, Click Send Pending Invitations.

KENTUCKY ONLINE GATEWAY

Home > Organizations > Falls City Mutual Insurance Co, Inc. > Organization Invites

[Details](#) | [Email Domains](#) | [Invite Users](#) | [Pending Invitations](#) | [Manage Users](#)

1. User to Invite

[Search](#)

Or

Please fill out the form below to invite a New User

First Name:

Last Name:

Email Address:

[Reset](#)

2. Select Roles To Invite

Organization Admin Group(s)

ORG_SIU_ADM

Organization Roles

| Role Name | App Name | |
|-------------------|--------------------------------------|---------------------|
| SIU Administrator | KY Department of Insurance eServices | Add |
| SIU Investigator | KY Department of Insurance eServices | Add |

3. Selected Roles

[Send Pending Invitations](#)

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You can delete Pending Invitations and manage users from the Pending Invitations and Manage users' tabs.

If you have any questions, feel free to contact our office at 502-564-1461