DEPARTMENT OF LABOR AND REGULATION

DIVISION OF INSURANCE

CLAIMS DENIAL REPORTING FORM FOR

LONG-TERM CARE INSURANCE POLICIES

Chapter 20:06:21

APPENDIX H

SEE: § 20:06:21:52

**Source:** 28 SDR 157, effective May 19, 2002; 36 SDR 209, effective July 1, 2010.

**Claims Denial Reporting Form**

**Long-Term Care Insurance**

**For the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For the Reporting Year of \_\_\_\_\_\_\_\_\_\_\_\_**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due: June 30 annually

Company

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company NAIC

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line of Business: Individual Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies.

Indicate the manner of reporting by checking one of the boxes below:

□  Per Claimant -- counts each individual who makes one or a series of claim requests.

□  Per Transaction -- counts each claim payment request.

"Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

|  |  |  |
| --- | --- | --- |
|  | **State**  **Data** | **Nationwide Data** |
| Total Number of Inforce Policies [Certificates] as of December 31 |  |  |

Claims & Denial Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | **State**  **Data** | **Nationwide** **Data**1 |
| 1 | Total Number of Long-Term Care Claims Reported | |  |  |
| 2 | Total Number of Long-Term Care Claims Denied/Not Paid | |  |  |
| 3 | Number of Claims Not Paid due to Preexisting Condition | |  |  |
|  | Exclusion | |  |  |
| 4 | Number of Claims Not Paid due to Waiting (Elimination) Period | |  |  |
|  | Not Met | |  |  |
| 5 | Net Number of Long-Term Care Claims Denied for Reporting | |  |  |
|  | Purposes (Line 2 Minus Line 3 Minus Line 4) | |  |  |
| 6 | Percentage of Long-Term Care Claims Denied of Those | |  |  |
|  | Reported (Line 5 Divided By Line 1) | |  |  |
| 7 | Number of Long-Term Care Claims Denied due to: | |  |  |
| 8 | • Long-Term Care Services Not Covered under the Policy2 | |  |  |
| 9 | • Provider/Facility Not Qualified under the Policy3 | |  |  |
| 10 | • Benefit Eligibility Criteria Not Met4 | |  |  |
| 11 | • Other | |  |  |
|  |  | |  |  |
| 1. | | The nationwide data may be viewed as a more representative and credible indicator | | |
|  | | where the data for claims reported and denied for your state are small in number. | | |
| 2. | | Example─home health care claim filed under a nursing home only policy. | | |
| 3. | | Example─a facility that does not meet the minimum level of care requirements or the | | |
|  | | licensing requirements as outlined in the policy. | | |
| 4. | | Examples─a benefit trigger not met, certification by a licensed health care practitioner | | |
|  | | not provided, no plan of care. | | |