**Section 2012.EXHIBIT I Claims Denial Reporting Form: Long-Term Care Insurance**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For the State of Illinois 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 format is to report all long-term care claim denials under in force long-term care insurance policies. "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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | State Data | Nationwide Data1 |
| 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 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 Example − a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

(Source: Amended at 32 Ill. Reg. 7600, effective May 5, 2008)