TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Accident and Health Program (106-1D)
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Figure: 28 TAC §3.3837(c)(2)

Long-Term Care Insurance

Claim Denials Reporting Form

FOR THE STATE OF TEXAS

Due: No later than June 30 annually for the preceding calendar year

For the Reporting Year of: 2019

Company Information:

Company NAIC Number: ☐☐☐☐☐

Company Name: _____

Company Address: _____

City: _____ State: _____ ZIP: ☐☐☐☐☐

Contact Information:

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone Number: _____ EXT: _____

Instructions:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Claim" means a request for payment of benefits under an in force policy regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met.

Indicate the line of business by checking one of the boxes below:

☐ Group

☐ Individual

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 request

"Denied" means a claim that is not paid for any reason other than 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.

		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)*	0	0
6	**Percentage of Long-Term Care Claims Denied of Those Reported** *(Line 5 divided by Line 1)*		

	Number of Long-Term Care Claims Denied due to:	State Data	Nationwide Data[1]
7	**Long-Term Care Services Not Covered under the Policy[2]**	0	0
8	**Provider/Facility Not Qualified under the Policy[3]**	0	0
9	**Benefit eligibility Criteria Not Met[4]**	0	0
10	**Other[5]**	0	0

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: (i) a benefit trigger not met; (ii) certification by a licensed health care practitioner not provided; (iii) no plan of care.
5. Examples: duplicate submission, incomplete claim submission, advance billing.

Print Form

Submit By Email

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