

Appendix E

Claims Denial Reporting Form Long-Term Care Insurance For the State of Florida For the Reporting Year 20\_\_

Insurer Name:			
Insurer Address	No., Street, unit #:		
	City, State, Zip code:		
Insurer NAIC Num	nber:		
Contact Person:			
Phone Number: (	) -		
Line of Business:	Individual:	Group:	

Due: June 30 annually

**Instructions:** The purpose of this form 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.

Mail to: Florida Office of Insurance Regulation Market Investigations 200 E. Gaines Street

Tallahassee, FL 32399-4210

		State Data	Nationwide Data <sup>1</sup>
1	Total Number of Long-Term Care Claims Reported		
2	Total Number of Long-Term Care Claims Denied/Not Paid		
3	Total 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)		
h h	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 Policy <sup>2</sup>		
9	Provider/Facility Not Qualified Under the Policy <sup>3</sup>		
10	Benefit Eligibility Criteria Not Met <sup>4</sup>		
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.