



Annual Long-Term Care Claims Denial Reporting Florida Office of Insurance Regulation

Pursuant to 624.424, 624.307(1), 627.9407(1), 627.410(7), F.S. and 690-157.111, F.A.C.

Required Filers and General Reporting Definitions

Pursuant to 690-157.111(6), F.A.C., “Each insurer shall report by June 30, for qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied.”

The required filers include the following Florida Certification of Authority Categories:

- (1) LIFE AND HEALTH INSURER
- (2) PROPERTY AND CASUALTY INSURER
- (3) FRATERNAL BENEFIT SOCIETY

having one or more of the following Florida Lines of Business active during the calendar reporting year:

- a. FRATERNAL HEALTH
- b. ACCIDENT AND HEALTH

“**NO DATA FILING**” is to be used if the reporting entity had:

- **no long-term care insurance policies contracts in force in the State of Florida as of December 31st of the calendar reporting year.**

“**DATA FILING**” is to be used by all other reporting entities

This template is provided for reporting long-term care claims denied by authorized Florida Insurance carriers.

DEADLINE FOR COMPLETING AND SUBMITTING THIS DATA FILING IS JUNE 30. IF THIS DATE OCCURS ON THE WEEKEND, IT IS THE NEXT BUSINESS DAY.

Data must be submitted on an individual company basis only.

Use the Insurance Regulation Filing System (IRFS) at <https://irfs.fldfs.com/> to submit your filing.

COMPONENTS OF THE FILING

Your Annual Long-Term Care Claims Denial Reporting (LTCCD) Data Filing will include the following components:

- **For a Data Filing** - Reporting Template – This is an Excel file. It is downloaded from within IRFS. You will click on “+” to upload successfully.
- Contacts – Filers can add other individuals to received correspondence on this filing. Save once all individuals have been included.
- Data filers must complete a declaration of facts, signed by a company officer, and formatted as a PDF document, and upload it to the Affidavit Component.
- No data filers must complete a certification of no data.
- Other Information/Documents – Upload any information in the available formats needed to explain any data or other portion of the filing.
- The “Response to Request for Clarification” component should be used only as a response area after submission; upload documents to this component should we request additional information to complete your filing.

If you have any questions regarding IRFS support, please contact the Market Research and Technology Unit at 850-413-3147, or by email:

LTCDDataCall@flor.com

General Instructions

STEPS FOR PROCESSING AND REPORTING DATA TO THE OFFICE OF INSURANCE REGULATION:

- Using your DCAM account username and password, log into the new system. If you have not used DCAM before, create a new account.

- New users must subscribe to a company (ies) by selecting Entity Management on the User Menu dropdown list.
- Select Add Company.
- Type in the company name and click Search.
- Select your company next to its name and click the Add Selected button at the bottom of the screen.
- Select Create Filing in the top right corner of the screen.
- In the Data Collection tile, click Begin.
- STEP 1: Select the company for which you are creating the filing. Click Next.
- STEP 2: Select the Annual Long-Term Care Reporting Module. Click Next.
- STEP 3: Skip step Three, which is for group filings (not permitted with this data call).
- STEP 4: Review the information. Click Create. You will be redirected to the Workbench.
- You must repeat steps 1 – 4 to create a Filing for each company that you represent.
- View and edit the filing on the Workbench by clicking the Filing ID in the first column.
- Expand components by clicking on the plus sign.
- Select the Florida Long-Term Care Claims Denial Template. This is a mandatory component for a data filing. Follow the instructions to download the Excel template file to your local PC. Save the template to your local drive – you may add to it as needed and upload it back to the same page in IRFS when you are ready.

Steps for completing the template:

- Open the Contacts page and verify the information displayed.
 1. Please select if the filing for Individual, Group or Both Coverages.
 2. Please enter the date you are completing this report.
 3. Complete any other responses that are not present or in need of correction so that all data validations on the right-hand are “TRUE”.
- Long-term claim information is entered on the OIR-B2-1553. Complete the columns as shown:
 1. Section A – Enter the Insurer’s Address
 2. Section B – If Individual or Group is selected from the Contacts tab, only the first 11 lines must be completed. If Both are selected, both sections must be completed.
NOTE – The sum of lines 8 -11 must be equal to Line 2 in both Statewide and Nationwide columns.
- In the Contacts Component, other email accounts subscribed to your company will be listed under Add Company Contact. Include additional email addresses that are not subscribers of the company in the text box. Any email listed in this component will receive email notifications about the filing. Click Save.
- There is an optional Other Information/Documents component if you choose to include a letter or upload relevant documents.
- There is an optional Response to Request for Clarification component that may be ignored during the initial filing. This is for use only if the Office has questions after reviewing your filing.

- When all mandatory components are Complete, your filing may be submitted by clicking on the Submit button.

You and any accounts listed in Company Contacts will receive an email receipt with your Filing ID. If you do not receive an email and the submission status does not change to Received, contact the Market Research and Technology Unit (MRTU).

If you have any questions, please contact the MRTU via email: LTCDatCall@floir.com or telephone 850-413-3147.

THE LTCCD TEMPLATE FORMAT IS SHOWN BELOW

LTCCD Template Contacts Tab

Except for the last two questions, the below information is usually pre-populated from the user's account information.

Contact Information		VALIDATION CHECKS
THIS IS REQUIRED INFORMATION that is to be provided each time the Claims Denial Reporting Form template is submitted to the Office of Insurance Regulation		
<i>Verify pre-populated cells are accurate before submission</i>	ENTER RESPONSES BELOW	Required Data Field Complete?
Reporting Period End Date	December 31, 2017	TRUE
Please provide the name of the individual responsible for the coordination and submission of this filing.		FALSE
What is her or his email address?		FALSE
What is the best number where she or he can be reached?		FALSE
What is the Company's Name?		FALSE
What is the Company's NAIC code? ("00000" if no NAIC Code exists)		FALSE
What is the Florida Company Code?		FALSE
What is the Company's FEIN?		FALSE
What is the Company's NAIC group code? ("0000" if no group code exists)		FALSE
Is this filing for Individual, Group, or Both coverage?		FALSE
Date of Completing this Report (Date Report Completed)		FALSE

LTCCD Template OIR-B2-1553

Section A – Enter address, city, state, and zip.



OFFICE OF INSURANCE REGULATION *Market Investigations*

Appendix E

Claims Denial Reporting Form
Long-Term Care Insurance
For the State of Florida
For the Reporting Year
2017

Section A: Submission Period: 2017

	Insurer Name:	
Insurer Address:	Number, Street, unit#:	
	City, State, Zip Code:	
	Insurer NAIC Number:	
	Florida Company Code:	
	Contact Person:	
	Email Address:	
	Phone Number:	
	Submission Date:	

Due: June 30 (annually)

Include Address, City, State, and Zip then click on the Right Arrow Key to continue to the data portion

SECTION B: If Individual or Group is selected on the Contacts tab, only the first table must be completed. If Both is selected, the two tables must be completed.

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.

Section B:		Statewide Data	Nationwide Data ¹	Required Data Fields Complete?
Line Number	Filing Type Not Identified on Contacts Tab			
1	Total Number of Long-Term Care Claims Reported			FALSE
2	Total Number of Long-Term Care Claims Denied/Not Paid			FALSE
3	Total Number of Claims Not Paid Due to Preexisting Condition Exclusion			FALSE
4	Number of Claims Not Paid Due to Waiting (Elimination) Period Not Met			FALSE
5	Net Number of Long-Term Care claims Denied for Reporting Purposes (Line 2 minus Line 3 minus Line 4)			FALSE
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 divided Line 1)	0.000	0.000	FALSE
7	Number of Long-Term Care Claims Denied Due <i>The sum of line numbers 8-11 must equal line number 2</i>			
8	Long-Term Care Services Not Covered Under the Policy ²			FALSE
9	Provider/Facility Not Qualified Under the Policy ³			FALSE
10	Benefit Eligibility Criteria Not Met ⁴			FALSE
11	Other			FALSE

Filing Type Not Identified on Contacts Tab				
1	Total Number of Long-Term Care Claims Reported			TRUE
2	Total Number of Long-Term Care Claims Denied/Not Paid			TRUE
3	Total Number of Claims Not Paid Due to Preexisting Condition Exclusion			TRUE
4	Number of Claims Not Paid Due to Waiting (Elimination) Period Not Met			TRUE
5	Net Number of Long-Term Care claims Denied for Reporting Purposes			TRUE