



Department of Consumer and Business Services
Division of Financial Regulation – 7
P.O. Box 14480, Salem, OR 97309-0405
350 Winter St. NE, Salem, Oregon
Phone: 503-947-7982, Fax: 503-378-4351
dfr.oregon.gov

**LTC Claims Denial
Reporting Form**

Required by OAR 836-052-0636

Long-Term Care Insurance

For the state of _____

For the reporting year of 20

Due: June 30, annually

Company name: _____ NAIC no. _____

Address: _____
Street or P.O. Box City State ZIP

Contact person: _____ Phone: _____ - -

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 pre-existing condition. It **does not** include a request for payment that is in excess of the applicable contractual limits.

In force data

	State data	Nationwide data ¹
Total number of in force policies [certificates] as of Dec. 31 st		

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.

Claims and denial data

		State data	Nationwide data ²
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 pre-existing 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 policy ³		
9	• Provider/facility not qualified under the policy ⁴		
10	• Benefit eligibility criteria not met ⁵		
11	• Other		

² 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.

³ Example – home health care claim filed under a nursing home only policy.

⁴ Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

⁵ Examples - a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.