

# Instructions for LTC Annual Report

NAIC Long Term Care Insurance Model Regulation 641-1 § 31

W.Va. CSR Series 32-29.6.c

## **Appealing an Insurer's Determination that the Benefit Trigger Is not met**

**Benefit trigger**-means a contractual provision in the insured's policy of long-term insurance conditioning the payment of benefits on the determination of the insured's ability to perform activities of daily living and on cognitive impairment. For the purpose of a tax-qualified long term care insurance contract as defined in section 7702B of the Internal Revenue Code of 1986, as amended, benefit trigger shall include a determination by a licensed health care practitioner that an insured is a chronically ill individual.

### **Part 1. Aggregate Information**

1. Enter Company Name
2. Enter the NAIC CoCode of the company.
3. Total number of requested that were made by that insurer.
4. Total number of actual reviews done.
5. Total number of reviews upheld.
6. Total number of denials overturned.
7. Total number of denial reviews that were withdrawn.

### **Part 2. Detailed Information**

1. List the Company name reviewed the decision.
2. Include the NAIC CoCode of the company
3. Include some type of identifiable information for insured, file number or last name.
4. Explain what the reason for the denial was.
5. Was the decision to deny by the insurer upheld?
6. Was the decision to overturn the denial?
7. Did the insured or insurer withdraw the review request?
8. How many days did it take to make a decision? From date of receipt to decision.