



State of Nevada  
**Claims Denial Reporting Form**  
 Long-Term Care Insurance

Reporting Year: \_\_\_\_\_

Due: June 30 annually

Company Name: \_\_\_\_\_

Org ID #: \_\_\_\_\_

Company Address: \_\_\_\_\_

NAIC #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date: \_\_\_\_\_

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 contracts. “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.

|    |   | <b>State<br/>Data</b> | <b>Nationwide<br/>Data<sup>1</sup></b> |
|----|---|-----------------------|--|
| 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<br>(Line 2 minus Line 3 minus Line 4) |                       |  |
| 6  | Percentage of Long-Term Care Claims Denied of Those Reported<br>(Line 5 Divided By Line 1)              |                       |  |
| 7  | Number of Long-Term Care Claims Denied due to:  |                       |  |
| 8  | • Long-Term Care Services Not Covered <sup>2</sup>  |                       |  |
| 9  | • Provider/Facility not Qualified <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 statewide 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.

Reports are required by NAC 687B.004 to be submitted electronically via SERFF at <https://login.serff.com/index.html> (use TOI “Required Industry Reports”). Related inquiries may be made to [ladair@doi.nv.gov](mailto:ladair@doi.nv.gov), or mailed to:

**Department of Business and Industry**  
**Division of Insurance – ATTN: Life and Health Section**  
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