

Long-Term Care Data Call

Instructions for Reporting

Reporting Period: the previous full calendar year

Introduction

Per 28 Texas Administrative Code §3.3837, certain insurers that issue or market long-term care insurance in Texas are required to submit data to TDI each year. TDI provides the following instructions, as well as other resources located on the [Long-Term Care Data Call Index Page](#), to help insurers collect data and submit the reports.

Applicability

This data call applies to insurers that issued or marketed long-term care insurance in Texas during the reporting year. Insurers will submit reports based on the following criteria:

- If an insurer **issued and marketed** long-term care insurance in Texas during the reporting year, **all five** forms must be submitted – LHL562, LHL563, LHL564, LHL565, and LHL566.
- If an insurer **only issued** long-term care insurance in Texas during the reporting year, **four** of the forms must be submitted – LHL562, LHL563, LHL564, and LHL566.
- If an insurer **only marketed** long-term care insurance in Texas during the reporting year, **one** of the forms must be submitted – LHL565.

All reporting applies to riders for group and individual annuities and life insurance policies that provide long-term care insurance.

All reporting **does not** apply to life insurance policies:

- that accelerate the death benefit for one of more of the qualifying events of terminal illness, medical conditions requiring extraordinary medical intervention, or permanent institutional confinement; and
- that provide the option of a lump-sum payment for those benefits; and
- where neither the benefits nor the eligibility for the benefits is conditioned upon the receipt of long-term care.

Insurers that did not issue or market long-term care insurance in Texas during the reporting year **are not** required to submit exempt reports.

Report Submission

The reporting period is January 1 to December 31 of the previous year. The report is due each year on June 30.

Reporting Forms

Insurers required to submit data must complete the interactive PDF forms located on the [Long-Term Care Data Call Index Page](#) of TDI's website. The reporting forms contain fillable fields that must be completed electronically using Adobe Reader 9.0 or higher to ensure proper form functionality. TDI recommends downloading the forms before entering data.

The following are the reporting forms:

- LHL562 – Replacement and Lapse
- LHL563 – Rescission
- LHL564 – Claim Denials
- LHL565 – Policies Sold; and
- LHL566 – Suitability

Insurers will submit reports based on the criteria previously mentioned in the applicability section.

LHL562 – Replacement and Lapse Reporting Form

An insurer must report replacement and lapse information if it issued long-term care insurance in Texas at any time during the reporting year. If not, the insurer does not need to submit an exempt reporting form.

The purpose of this form is to specify the information about long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales.

Insurers should provide all requested company contact information.

- **Reporting Year:** Field has been pre-filled with the current reporting year.
- **Company NAIC Number:** Enter the insurer's NAIC number.
- **Company Name:** Enter the insurer's name.
- **Company Address:** Enter the mailing address for the insurer, including the city, state (drop-down menu), and ZIP code.
- **Contact Name:** Enter the first and last name of the person designated by the insurer to discuss the report with TDI staff.
- **Contact Title:** Enter the contact person's title.
- **Contact Email:** Enter the contact person's email address.
- **Contact Phone Number:** Enter the contact person's direct telephone number.
- **Extension:** Enter the contact person's extension, if applicable.

In the first table, an insurer will provide the information required for reporting the 10 percent of agents with the greatest percentage of policy or certificate replacements sold during the reporting year. The table is limited to 22 agents per form. Insurers that need to report information for more than 22 agents will need to submit an additional form. If no replacements were sold, leave the table blank.

- **Agent's Name:** Enter the agent's name.

- **Number of Policies Sold by this Agent:** Enter the number of long-term care policies sold by the agent during the reporting year.
- **Number of Policies Replaced by this Agent:** Enter the number of replacement long-term care policies sold by the agent during the reporting year.
- **Number of Replacements as Percent of Number Sold by this Agent:** Automatically calculated and displayed as a percentage.

In the second table, an insurer will provide the information required for reporting the 10 percent of agents with the greatest percentage of policy or certificate lapses during the reporting year. The table is limited to 22 agents per form. Insurers that need to report information for more than 22 agents will need to submit an additional form. If no lapses occurred, leave the table blank.

- **Agent's Name:** Enter the agent's name.
- **Number of Policies Sold by this Agent:** Enter the number of long-term care policies sold by the agent during the reporting year.
- **Number of Policies Lapsed by this Agent:** Enter the number of lapsed long-term care policies by the agent during the reporting year.
- **Number of Lapses as Percent of Number Sold by this Agent:** Automatically calculated and displayed as a percentage.

In the third table, an insurer will provide information to indicate the number of replacement long-term care policies sold as a percentage of the insurer's total annual sales of such policies and the number of lapsed long-term care policies as a percentage of the insurer's total annual sales of such policies.

- **Replacement Policies Sold:** Enter the total number of long-term care replacement policies sold during the reporting year. If none, enter 0.
- **Annual Policies Sold:** Enter the total number of long-term care policies sold during the reporting year. If none, enter 0.
- **Policies In Force:** Enter the total number of long-term care policies in force at the end of the reporting year. If none, enter 0.
- **Percent of Replacement Policies Sold to Annual Policies Sold:** Automatically calculated and displayed as a percentage. Will remain blank if annual policies sold is 0.
- **Percent of Replacement Policies Sold to Policies In Force:** Automatically calculated and displayed as a percentage. Will remain blank if policies in force is 0.
- **Policies Lapsed:** Enter the total number of long-term care policies lapsed during the reporting year. If none, enter 0.
- **Percent of Policies Lapsed to Annual Policies Sold:** Automatically calculated and displayed as a percentage. Will remain blank if annual policies sold is 0.
- **Percent of Policies Lapsed to Policies In Force:** Automatically calculated and displayed as a percentage. Will remain blank if policies in force is 0.

LHL563 – Rescission Reporting Form

An insurer must report rescission information if it issued long-term care insurance in Texas at any time during the reporting year. If not, the insurer does not need to submit an exempt reporting form.

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates for the reporting year. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. An insurer will submit one form per rescission.

Insurers should provide all requested company contact information.

- **Reporting Year:** Field has been pre-filled with the current reporting year.
- **Company NAIC Number:** Enter the insurer's NAIC number.
- **Company Name:** Enter the insurer's name.
- **Company Address:** Enter the mailing address for the insurer, including the city, state (drop-down menu), and ZIP code.
- **Contact Name:** Enter the first and last name of the person designated by the insurer to discuss the report with TDI staff.
- **Contact Title:** Enter the contact person's title.
- **Contact Email:** Enter the contact person's email address.
- **Contact Phone Number:** Enter the contact person's direct telephone number.
- **Extension:** Enter the contact person's extension, if applicable.

In the table, an insurer will provide information for each rescinded policy. If no rescissions occurred during the reporting year, enter N/A using the drop-down menu in the Policy Form Number field—no additional information will need to be reported.

- **Policy Form Number:** Enter the insurer's policy form number.
- **Policy and Certificate Number:** Enter the insurer's policy and certificate number.
- **Name of Insured:** Enter the full name of the insured on the policy.
- **Date of Policy Issuance:** Enter the date the policy was issued.
- **Date(s) Claim(s) Submitted:** Enter the date(s) claim(s) were submitted for the policy.
- **Date of Rescission:** Enter the date the policy was rescinded.
- **Detailed Reason for Rescission:** Enter a detailed explanation about why the policy was rescinded. Field is limited to 1,000 characters.

LHL564 – Claim Denials Reporting Form

An insurer must report claim denials information if it issued long-term care insurance in Texas at any time during the reporting year. If not, the insurer does not need to submit an exempt reporting form.

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Claim" means a request for payment of benefits under an in force policy regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met. "Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Insurers that need to report information for both group and individual lines of business will need to submit separate forms for each line of business.

Insurers should provide all requested company contact information.

- **Reporting Year:** Field has been pre-filled with the current reporting year.
- **Company NAIC Number:** Enter the insurer's NAIC number.
- **Company Name:** Enter the insurer's name.
- **Company Address:** Enter the mailing address for the insurer, including the city, state (drop-down menu), and ZIP code.

- **Contact Name:** Enter the first and last name of the person designated by the insurer to discuss the report with TDI staff.
- **Contact Title:** Enter the contact person's title.
- **Contact Email:** Enter the contact person's email address.
- **Contact Phone Number:** Enter the contact person's direct telephone number.
- **Extension:** Enter the contact person's extension, if applicable.

Insurers must identify the line of business and manner of reporting for which they are providing information. Separate forms are required for each line of business and manner of reporting.

- **Line of business:** Select either group or individual.
- **Manner of reporting:** Select either per claimant or per transaction. Per claimant counts each individual who makes one or a series of claim requests and per transaction counts each claim request.

Insurers will report Texas and nationwide long-term care claims data in two tables. The nationwide data may be viewed as a more representative and credible indicator when the data for claims reported and denied for the state is small in number.

In the first table, an insurer will report the following claims data:

- **Total Number of Long-Term Care Claims Reported:** Enter the total number of long-term care claims reported.
- **Total Number of Long-Term Care Claims Denied/Not Paid:** Enter the total number of long-term care claims denied or not paid.
- **Number of Claims Not Paid due to Preexisting Condition Exclusion:** Enter the total number of long-term care claims not paid due to a preexisting condition exclusion.
- **Number of Claims Not Paid due to Waiting (Elimination) Period Not Met:** Enter the total number of long-term care claims not paid due to the waiting (elimination) period not having been met.
- **Net Number of Long-Term Care Claims Denied for Reporting Purposes:** Automatically calculated and displayed as a number.
- **Percentage of Long-Term Care Claims Denied of Those Reported:** Automatically calculated and displayed as a percentage.

In the second table, an insurer will report the following claims denial data:

- **Long-Term Care Services Not Covered under the Policy:** Enter the total number of long-term care claims denied because the long-term care services are not covered under the policy. An example would be a home health care claim filed under a nursing home only policy.
- **Provider/Facility Not Qualified under the Policy:** Enter the total number of long-term care claims denied due to the provider/facility not being qualified under the policy. An example would be a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- **Benefit Eligibility Criteria Not Met:** Enter the total number of long-term care claims denied because the benefit eligibility criteria are not met. Examples include a benefit trigger not being met, certification by a licensed health care practitioner not provided, and no plan of care.

- **Other:** Enter the total number of long-term care claims denied because of any other reason not specified above. Examples include a duplicate submission, an incomplete claim submission, and an advance billing.

LHL565 – Policies Sold Reporting Form

An insurer must report policies sold information if it marketed long-term care insurance in Texas at any time during the reporting year. If not, the insurer does not need to submit an exempt reporting form.

Insurers should provide all requested company contact information.

- **Reporting Year:** Field has been pre-filled with the current reporting year.
- **Company NAIC Number:** Enter the insurer's NAIC number.
- **Company Name:** Enter the insurer's name.
- **Company Address:** Enter the mailing address for the insurer, including the city, state (drop-down menu), and ZIP code.
- **Contact Name:** Enter the first and last name of the person designated by the insurer to discuss the report with TDI staff.
- **Contact Title:** Enter the contact person's title.
- **Contact Email:** Enter the contact person's email address.
- **Contact Phone Number:** Enter the contact person's direct telephone number.
- **Extension:** Enter the contact person's extension, if applicable.

Insurers will report the number of policies sold and the average age per policy sold for long-term care partnership and non-partnership policies in two tables. Include certificates and riders in the information reported. If no policies were sold for a specific policy type, enter 0 for both the number sold and average age.

In the first table, an insurer will report the following partnership policy data:

- **Comprehensive (institutional and community care):** Enter the number of long-term care comprehensive (institutional and community care) partnership policies sold and the average age per policy sold.
- **Nursing Home (institutional only):** Enter the number of long-term care nursing home (institutional only) partnership policies sold and the average age per policy sold.

In the second table, an insurer will report the following non-partnership policy data:

- **Comprehensive (institutional and community care):** Enter the number of long-term care comprehensive (institutional and community care) non-partnership policies sold and the average age per policy sold.
- **Nursing Home (institutional only):** Enter the number of long-term care nursing home (institutional only) non-partnership policies sold and the average age per policy sold.
- **Home Health Care (community-based services):** Enter the number of long-term care home health care (community-based services) non-partnership policies sold and the average age per policy sold.

- **Riders (attached to life policies, annuity contracts):** Enter the number of long-term care rider (attached to life policies, annuity contracts) non-partnership policies sold and the average age per policy sold.

LHL566 – Suitability Reporting Form

An insurer must report suitability information if it issued long-term care insurance in Texas at any time during the reporting year. If not, the insurer does not need to submit an exempt reporting form.

Insurers should provide all requested company contact information.

- **Reporting Year:** Field has been pre-filled with the current reporting year.
- **Company NAIC Number:** Enter the insurer’s NAIC number.
- **Company Name:** Enter the insurer’s name.
- **Company Address:** Enter the mailing address for the insurer, including the city, state (drop-down menu), and ZIP code.
- **Contact Name:** Enter the first and last name of the person designated by the insurer to discuss the report with TDI staff.
- **Title:** Enter the contact person’s title.
- **Contact Email:** Enter the contact person’s email address.
- **Contact Phone Number:** Enter the contact person’s direct telephone number.
- **Extension:** Enter the contact person’s extension, if applicable.

Insurers will report suitability data for long-term care partnership and non-partnership policies in two tables. The information reported will include riders for group and individual annuities and life insurance policies that provide long-term care insurance.

The information reported should not include life insurance policies:

- that accelerate the death benefit for one of more of the qualifying events of terminal illness, medical conditions requiring extraordinary medical intervention, or permanent institutional confinement; and
- that provide the option of a lump-sum payment for those benefits; and
- where neither the benefits nor the eligibility for the benefits is conditioned upon the receipt of long-term care.

The following is the information to be reported in both tables:

- **Total Number of Applications Received:** Enter the total number of long-term care applications received in Texas for each partnership and non-partnership policy type shown during the reporting year.
- **Total Number of Applicants Who Declined to Provide Personal Worksheet Information:** Enter the total number of long-term care applicants who declined to provide personal worksheet information in Texas for each partnership and non-partnership policy type shown during the reporting year.
- **Total Number of Applicants Who Did Not Meet Suitability Standards:** Enter the total number of long-term care applicants who did not meet suitability standards in Texas for each partnership and non-partnership policy type shown during the reporting year.

- **Total Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter:** Enter the total number of long-term care applicants who chose to confirm after receiving a suitability letter in Texas for each partnership and non-partnership policy type shown during the reporting year.

In the first table, an insurer will report information for the following partnership policy types:

- **Comprehensive (institutional and community care);** and
- **Nursing Home (institutional only).**

In the second table, an insurer will report information for the following non-partnership policy types:

- **Comprehensive (institutional and community care);**
- **Nursing Home (institutional only);**
- **Home Health Care (community-based services);** and
- **Riders (attached to life policies, annuity contracts).**

Definitions

The definitions shown are from 28 TAC §3.3804.

- **Applicant** – The person who seeks to contract for benefits or services, in the instance of an individual long-term care insurance policy; or the proposed certificate holder or enrollee, in the instance of a group long-term care insurance policy.
- **Certificate** – Any certificate issued under a group long-term care insurance policy, which certificate has been delivered or issued for delivery in this state. For purposes of these sections, the term:
 - Also includes any evidence of coverage issued pursuant to a group health maintenance organization contract for long-term care health coverage.
 - Does not include certificates that are delivered or issued for delivery in this state under a single employer or labor union group policy that is delivered or issued for delivery outside this state.
- **Group long-term care insurance** – A long-term care insurance policy or certificate of group long-term care insurance that is delivered or issued for delivery in this state and issued to an eligible group as defined by TIC Chapter 1251 Subchapter B (relating to Group Accident Health Insurance: Eligible Policyholders) but subject to the exemptions in TIC §1651.002 (relating to Exemptions), or a long-term care rider issued to an eligible group as defined by TIC §1131.002 (relating to Certain Group Life Insurance Authorized).
- **Home health care services** – Medical or nonmedical services provided to ill, disabled or infirm persons in their residences. Such services may include homemaker services, assistance with activities of daily living, respite care services, case management services, and maintenance or personal care services.
- **Long-term care benefit classifications** - Institutional long-term care benefits only, non-institutional long-term care benefits only, or comprehensive long-term care benefits.
- **Long-term care benefit plan** - An insurance policy or group certificate, or rider to the policy or certificate, or evidence of coverage issued by a health maintenance organization subject to the Texas Health Maintenance Organization Act (TIC Chapter 843) that is advertised or marketed as providing, or offered or designed to provide, coverage for not less than 12 consecutive months

for each covered individual on an expense-incurred, indemnity, prepaid, or other basis for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services provided in a setting other than an acute care unit of a hospital. Pursuant to TIC §1651.003(b), the term includes a plan or rider, other than a group or individual annuity or life insurance policy, that provides for payment of benefits based on cognitive impairment or for the loss of functional capacity. The term does not include an insurance policy, group certificate, or evidence of coverage that is offered primarily to provide Medicare supplement coverage, basic hospital expense coverage, basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability income protection coverage, accident-only coverage, specified disease or specified accident coverage, or limited benefit health coverage or basic or single health care services.

With regard to life insurance, this term does not include life insurance policies:

- that accelerate the death benefit specifically for one or more of the qualifying events of terminal illness, medical conditions requiring extraordinary medical intervention or permanent institutional confinement; and
 - that provide the option of a lump-sum payment for those benefits; and
 - where neither the benefits nor the eligibility for the benefits is conditioned upon the receipt of long-term care.
- **Long-term care insurance –**
 - Any insurance policy, group certificate, rider to such policy or certificate, or evidence of coverage that is advertised, marketed, offered, or designed to provide coverage for not less than 12 consecutive months for each covered person on an expense-incurred, indemnity, prepaid, per diem or other basis for one or more necessary or medically necessary services of the following types, administered in a setting other than an acute care unit of a hospital: diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative, maintenance, or personal care. The term includes riders for group and individual annuities and life insurance policies that provide long-term care insurance. The term also includes a policy, certificate, or rider that provides for payment of benefits based upon cognitive impairment or the loss of functional capacity. The term shall also include qualified long-term care insurance contracts. Long-term care insurance may be issued by insurers; fraternal benefit societies; nonprofit health, hospital, and medical service corporations; prepaid health plans; and health maintenance organizations or any similar organization to the extent they are otherwise authorized to issue life or health insurance.
 - The term "long-term care insurance" shall not include any insurance policy, group certificate, subscriber contract, or evidence of coverage that is offered primarily to provide basic Medicare supplement coverage, basic hospital expense coverage, basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability income or asset-related protection coverage, accident only coverage, specified disease or specified accident coverage, or limited benefit health coverage.
 - With regard to life insurance, this term does not include life insurance policies:
 - that accelerate the death benefit specifically for one or more of the qualifying events of terminal illness, medical conditions requiring extraordinary medical intervention or permanent institutional confinement; and
 - that provide the option of a lump-sum payment for those benefits; and
 - where neither the benefits nor the eligibility for the benefits is conditioned upon the receipt of long-term care.

- Notwithstanding any other provision of this subchapter, any product advertised, marketed or offered as long-term care insurance shall be subject to the provisions of this subchapter.
- **Long-term care partnership insurance policy** – A long-term care insurance policy and/or certificate established under the Human Resources Code Chapter 32 Subchapter C and that meets the requirements of the Federal Deficit Reduction Act of 2005, Pub. L. No. 109-171 and TIC Chapter 1651 Subchapter C. This term does not include a life insurance policy or annuity contract that provides long-term care benefits by rider.
- **Policy** – Any policy, contract, subscriber agreement, rider, or endorsement, delivered or issued for delivery in this state by an insurer, fraternal benefit society, nonprofit group hospital service corporation, or health maintenance organization subject to the Texas Health Maintenance Organization Act (TIC Chapter 843).
- **Preexisting Condition** – A condition for which medical advice was given or treatment was recommended by, or received from, a physician within six months before the effective date of coverage.
- **Qualified long-term care insurance contract** – A long-term care insurance contract meeting the requirements as contained in Internal Revenue Code of 1986, §7702B(b).

Data Submission Instructions

Insurers will need to complete the reporting forms on-screen using Adobe Reader 9.0 or higher. The PDF forms can be printed or exported to a separate file after completion. Insurers can print copies of the completed PDF forms by clicking “Print Form” at the end of each form. The completed PDF forms cannot be saved as PDFs using Adobe Reader. The instructions for submitting the forms by email are as follows:

- Make sure the email application is open before attempting to send the form;
- Click “Submit by Email” at the end of the form and a message with information will appear;
- Click “OK” and a new email message addressed to AHLTCAAnnualRpts@tdi.texas.gov with an XML attachment should appear; and
- Click “Send” to submit the report.

The forms cannot be submitted if any of the required fields have not been completed. If an insurer clicks on “Submit by Email” and a required field is blank, an error message will display and a red border will appear around the fields that require completion. Once all of the fields are completed, click on “Submit by Email” to convert the data to an XML attachment.

Questions?

Send questions about the long-term care data call to AHLTCAAnnualRpts@tdi.texas.gov.