

## Maine Long-Term Care Report Instructions

The Maine Long-Term Care Report is required under [24-A M.R.S.A. §§ 5071-5083](#) and [Rule Chapter 425](#) (see Ch.425). The report is due annually on June 30<sup>th</sup> for the preceding calendar year.

All companies that are licensed for Health authority in Maine must complete the report at <https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements>. Scroll to Long-Term Care Insurance Reporting (Rule 425).

**Important: The following information is required. If any fields are left blank, your report will not load into our database and will be returned for completion.**

*To avoid file corruption and possible load failure*

***\*OPEN A FRESH REPORT FORM FOR USE WITH EACH COMPANY. \****

### **Section I. Company Information**

Company Name and NAIC Code.

### **Section II. Contact Information**

First Name, Last Name, E-mail, and Phone Number of the individual responsible for completing the report.

### **Section III. Lapsed long-Term Care Insurance Policies**

Number of lapsed policies, for Maine only, as of the end of the preceding calendar year, listed on the report form.

### **Section IV. Information about Long-Term Care Insurance Claim Denials by Class of Business**

- Report information for Maine only.
- Values entered in Section IV must be whole numbers greater than or equal to zero.
- The Number of Claims Denied must be less than or equal to the Number of Long-Term Care Insurance Claims.
- Values for cells in gray are calculated and you may not enter values there.

### **Definitions:**

**Classes of Business** means Individual policies or Group policies.

**Denied claim** means the insurer refused to pay a claim for any reason other than for failure to meet the waiting period or because of an applicable pre-existing condition.

**First Level Review** means the Standard Appeal as outlined in Rule 425 § 32(C). The insured may appeal the claims denial by sending a written request to the insurer within 120 days after receipt of the claim denial along with any additional supporting information.

**Second Level Review** means the second level review is outlined in [Rule 425](#) (see Ch. 425) § 32(D). An insurer shall provide a second level appeal process to an insured who is dissatisfied with a first level review determination under Subsection C.

### **Questions**

If you have questions about the report form, contact [Pamela.Stutch@maine.gov](mailto:Pamela.Stutch@maine.gov) or call her at (207) 624-8458.

### **How to Submit Your Completed Report**

Save your completed report form with your company name at the beginning of the file name. We store received reports alphabetically by year. Please do not use acronyms. Send it by e-mail to [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov).

### **Encrypted E-Mail**

Please do not use encrypted e-mail. We do not accept e-mails that require us to establish accounts with usernames and passwords to receive reports. If this is an issue, please contact [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov) or call (207)-624-8440 to discuss other possibilities.

### **General E-Mail Addresses**

Consider using an e-mail address that will always be received by someone on your staff (e.g., [compliance@abc.com](mailto:compliance@abc.com) or [reporting@abc.com](mailto:reporting@abc.com)). This will ensure that, if someone leaves your company, our notices are not undelivered.