

SERFF Tracking Number: META-126210113 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42797  
Company Tracking Number: DENIED CLAIMS REPORT-MLIC  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Individual LTCI  
Project Name/Number: Denied Claims Report -MLIC/Denied Claims Report -MLIC

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual LTCI SERFF Tr Num: META-126210113 State: Arkansas  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Withdrawn State Tr Num: 42797  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: DENIED CLAIMS State Status: Closed  
REPORT-MLIC

Filing Type: Form

Reviewer(s): Harris Shearer  
Author: Disposition Date: 08/05/2009  
Date Submitted: 06/29/2009 Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Denied Claims Report -MLIC  
Project Number: Denied Claims Report -MLIC  
Requested Filing Mode: Informational  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 08/05/2009

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 08/05/2009  
Created By: Mary Rinaldi  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Rinaldi

Filing Description:

June 30, 2009

Dear Commissioner:

Re: Metropolitan Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

- Denied Claims

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Respectfully,

Loren Balletto  
 Sr. Product Consultant

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com  
 MKTG/AD  
 Green Farms Road 203-221-3859 [Phone]  
 Westport, CT 06880

### Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York  
 MetLife Group Code: -99 Company Type: Life  
 1095 Avenue of the Americas Group Name: State ID Number:  
 New York, NY 10036-6796 FEIN Number: 13-5581829  
 (212) 578-2211 ext. [Phone]

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	06/29/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Harris Shearer	08/05/2009	08/05/2009

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Withdrawal Letter	Mary Rinaldi	06/30/2009	06/30/2009

*SERFF Tracking Number:*      *META-126210113*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company.*              *State Tracking Number:*      *42797*  
*Company Tracking Number:*      *DENIED CLAIMS REPORT-MLIC*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Individual LTCI*  
*Project Name/Number:*      *Denied Claims Report -MLIC/Denied Claims Report -MLIC*

## **Disposition**

Disposition Date: 08/05/2009

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126210113 State: Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Denied Claims Report		Yes
<b>Supporting Document</b>	cover letter		Yes
<b>Supporting Document</b>	Withdrawal Letter		Yes

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**Amendment Letter**

Submitted Date: 06/30/2009

**Comments:**

We are withdrawing this submission.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Withdrawal Letter**

Comment:

AR MLIC WD LETTER.pdf

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> NA for this submission.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> NA for this submission.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> NA for this submission.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> NA for this submission.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Denied Claims Report		
<b>Comments:</b>		
<b>Attachment:</b>		
AR MLIC CLAIMS DENIAL REPORTING FORMS.pdf		

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**Item Status:**

**Status  
Date:**

**Satisfied - Item:** cover letter

**Comments:**

**Attachment:**

AR MLIC LETTER.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Withdrawal Letter

**Comments:**

**Attachment:**

AR MLIC WD LETTER.pdf

**CLAIMS DENIAL REPORTING FORMS  
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS  
FOR THE REPORTING YEAR OF 2008  
Due 2009**

**Company Name:** Metropolitan Life Insurance Company **Due:** June 30 annually

**Company Address:** 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6546  
P.O. Box 937, Westport, CT 06881-9909  
(for mailing only)

**Company NAIC Number:** 65978

**Contact Person:** Loren Balletto

**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 request

"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 claims that are duplicate submissions and were paid as a prior claim.

		<b>STATE DATA</b>	<b>NATIONWIDE DATA<sup>1</sup></b>
1.	Total Number of Long-Term Care Claim Reported	538	95,169
2.	Total Number of Long-Term Care Claims Denied/Not Paid	35	7,522
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting ( <i>Elimination</i> ) Period not met	24	4,676
5.	Net Number of Long-Term Care Claims Denied for Reporting purposes ( <i>Line 2, Minus Line 3, Minus Line 4</i> )	11	2,846

6.	Percentage of Long-Term Case Claim Denied of Those Reported ( <i>Line 5 divided by Line 1</i> )	2.04%	2.99%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy <sup>2</sup>	1	573
9.	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	3	516
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	297
11	• Other <sup>5</sup>	7	1460

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.
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.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.



Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 937, Westport, CT 06881-0937



June 30, 2009

The Honorable Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

- Denied Claims

Respectfully,

A handwritten signature in black ink, which appears to read "Loren Balletto". The signature is written in a cursive, flowing style.

Loren Balletto  
Sr. Product Consultant

Enclosure(s)

Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 937, Westport, CT 06881-0937



June 30, 2009

The Honorable Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company

The report Denied Claims report has been updated, therefore, we are withdrawing this submission and will resubmit the with the new totals.

We apologize for any inconvenience this matter may have caused.

Respectfully,

A handwritten signature in black ink, which appears to read "Loren Balletto". The signature is written in a cursive, flowing style.

Loren Balletto  
Sr. Product Consultant

Enclosure(s)