

SERFF Tracking Number: IASL-128346165 State: Arkansas
Filing Company: State Mutual Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: SM LTC CLM DENIAL RPT AR
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: State Mutual Insurance Company 2011 LTC Claim Denial Report
Project Name/Number: SM LTC CLM DENIAL RPT AR/

Filing at a Glance

Company: State Mutual Insurance Company
Product Name: State Mutual Insurance Company 2011 LTC Claim Denial Report
TOI: LTC06 Long Term Care - Other
Sub-TOI: LTC06.000 Long Term Care - Other
Filing Type: Form
Implementation Date Requested: On Approval
State Filing Description:

SERFF Tr Num: IASL-128346165 State: Arkansas
SERFF Status: Closed-Accepted For Informational Purposes
Co Tr Num: SM LTC CLM DENIAL RPT AR
Author: Lauren Perley
Date Submitted: 05/09/2012

State Tr Num: RPT-LTC 2011
State Status: Closed-Accepted for Informational Purposes
Reviewer(s): Donna Lambert
Disposition Date: 05/09/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:

General Information

Project Name: SM LTC CLM DENIAL RPT AR
Project Number:
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Lauren Perley
Filing Description:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/09/2012
State Status Changed: 05/09/2012
Created By: Lauren Perley
Corresponding Filing Tracking Number:

In accordance with your state's Long Term Care regulations, Insurance Administrative Solutions, L.L.C. is providing you with the 2011 Long Term Care Claim Denial Report for State Mutual Insurance Company, NAIC #69132, due June 30, 2012.

This is a closed block of business.
State Narrative:

Company and Contact

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Filing Contact Information

Lauren Perley, Lauren.Perley@iasadmin.com
 8545 126th Avenue North, Suite 200 727-584-0007 [Phone]
 Largo, FL 33773-1502 727-584-5613 [FAX]

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company CoCode: 69132 State of Domicile: Georgia
 210 East Second Avenue Group Code: Company Type:
 Rome, GA 30162 Group Name: State ID Number:
 (706) 291-1054 ext. [Phone] FEIN Number: 58-1449898

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$0.00	05/09/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		05/09/2012	05/09/2012

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Disposition

Disposition Date: 05/09/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	State Mutual Insurance Company 2011 LTC Claim Denial Report	Accepted for Informational Purposes	Yes
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A - Submission of LTC Claim Denial Report Comments:		
Bypassed - Item: Application Bypass Reason: N/A - Submission of LTC Claim Denial Report Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A - Submission of LTC Claim Denial Report Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A - Submission of LTC Claim Denial Report Comments:		
Satisfied - Item: State Mutual Insurance Company 2011 LTC Claim Denial Report Comments: Attachment: AR SM Claims Denial Report.pdf	Accepted for Informational Purposes	05/09/2012

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Item Status:

Status

Date:

Satisfied - Item: Third Party Authorization Letter

Accepted for Informational
Purposes

05/09/2012

Comments:

Attachment:

2012 01 SM IAS Authorization Letter.pdf

Claims Denial Reporting Form
 Long-Term Care Insurance
 For the State of Arkansas
 For the Reporting Year of 2011

Company Name: STATE MUTUAL INSURANCE COMPANY Due: June 30 annually
 Company Address: 8545 126th Avenue N, Suite 200, Largo, FL 33773-1502
 Company NAIC Number: 69132
 Contact Person: Lauren Perley Phone Number: 877-777-2443, ext. 2319
 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. "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.

		State Data	Nationwide Data ¹
1.	Total Number of Long-Term Care Claims Reported	0	46
2.	Total Number of Long-Term Care Claims Denied/Not Paid	0	2
3.	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	1
5.	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	1
6.	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0%	.02%
7.	Number of Long-Term Care Claims Denied due to:		
8.	• Long-Term Care Services Not Covered under the Policy ²	0	0
9.	• Provider/Facility Not Qualified under the Policy ³	0	0
10.	• Benefit Eligibility Criteria Not Met ⁴	0	1
11.	• Other	0	0

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.



January 24, 2012

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments.

Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Richard Burton
Vice President and Corporate Compliance Officer