

SERFF Tracking Number: UNAM-128479006 State: Arkansas
Filing Company: American Pioneer Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Claims Denial Report - 2011
Project Name/Number: /

Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: LTC Claims Denial Report - 2011 SERFF Tr Num: UNAM-128479006 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: RPT-LTC 2011

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Author: Holly Parenti

Reviewer(s): Donna Lambert

Date Submitted: 06/14/2012

Disposition Date: 06/14/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/14/2012

State Status Changed: 06/14/2012

Deemer Date:

Created By: Holly Parenti

Submitted By: Holly Parenti

Corresponding Filing Tracking Number:

Filing Description:

Enclosed is a copy of the Claims Denial Reporting Form Long-Term Care Insurance for the reporting year 2011.

Should you have any questions, please contact me at 407-444-4522, or toll free at 1-800-538-1053 ext. 4104522 or hparenti@universalamerican.com.

Thank You

Holly Parenti

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State Narrative:

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@universalamerican.com
 P.O. Box 958465 407-444-4522 [Phone]
 Lake Mary, FL 32795-8465

Filing Company Information

| | | |
|---|-------------------------|----------------------------|
| American Pioneer Life Insurance Company | CoCode: 60763 | State of Domicile: Florida |
| 1001 Heathrow Park Lane | Group Code: 953 | Company Type: |
| Suite 5001 | Group Name: | State ID Number: |
| Lake Mary, FL 32746 | FEIN Number: 59-0935083 | |
| (407) 995-8000 ext. [Phone] | | |

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|--------|----------------|---------------|
| American Pioneer Life Insurance Company | \$0.00 | 06/14/2012 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---|------------|------------|----------------|
| Accepted For Donna Lambert Informational Purposes | | 06/14/2012 | 06/14/2012 |

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Disposition

Disposition Date: 06/14/2012

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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 | LTC Claims Denial Reporting Form | Accepted for Informational Purposes | Yes |

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Supporting Document Schedules

| | Item Status: | Status Date: |
|--|-------------------------------------|--------------|
| Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Application Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments: | | |
| Satisfied - Item: LTC Claims Denial Reporting Form Comments: Attachment: LTC Claims Denial Report - AR - APL.pdf | Accepted for Informational Purposes | 06/14/2012 |

Claims Denial Reporting Form Long-Term Care Insurance

For the State of Arkansas

For the Reporting Year of 2011
Due: June 30 annually

Company Name: American Pioneer Life Ins. Co.

Company Address: 1001 Heathrow Park Lane
Lake Mary, FL 32745

Company NAIC Number: 60163

Contact Person: MARY REICHERT Phone Number: 407-444-4371

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 | 224 | 459,941 |
| 2 | Total Number of Long-Term Care Claims Denied/Not Paid | 16 | 682 |
| 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 | 11 | 72 |
| 5 | Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4) | 5 | 610 |
| 6 | Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1) | 3% | 1% |
| 7 | Number of Long-Term Care Claim Denied due to: | - | - |
| 8 | • Long-Term Care Services Not Covered under the Policy ² | 2 | 116 |
| 9 | • Provider/Facility Not Qualified under the Policy ³ | 0 | 0 |
| 10 | • Benefit Eligibility Criteria Not Met ⁴ | 3 | 245 |
| 11 | • Other | 0 | 243 |

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.