§ 144.206 Reporting requirements.

(a) General requirement.

Any insurer that sells a qualified long-term care insurance policy under a qualified State long-term care insurance partnership must submit, in accordance with the requirements of this section, data on insured individuals, policyholders, and claimants who have active partnership qualified policies or certificates for a reporting period.

(b) Specific requirements.

Insurers of qualified long-term care insurance policies must submit the following data to the Secretary by the deadlines specified in paragraph (c) of this section:

(1) Registry of active individual and group partnership qualified policies or certificates.

   (i) Insurers must submit data on—

      (A) Any insured individual who held an active partnership qualified policy or certificate at any point during a reporting period, even if the policy or certificate was subsequently cancelled, lost partnership qualified status, or otherwise terminated during the reporting period; and

      (B) All active group long-term care partnership qualified insurance policies, even if the identity of the individual policy/certificate holder is unavailable.

   (ii) The data required under paragraph (b)(1)(i) of this section must cover a 6-month reporting period of January through June 30 or July 1 through December 31 of each year; and

   (iii) The data must include, but are not limited to—

      (A) Current identifying information on the insured individual;

      (B) The name of the insurance company and issuing State;

      (C) The effective date and terms of coverage under the policy.

      (D) The annual premium.

      (E) The coverage period.

      (F) Other information, as specified by the Secretary in “State Long-Term Care Partnership Insurer Reporting Requirements.”

(2) Claims paid under partnership qualified policies or certificates.

Insurers must submit data on all partnership qualified policies or certificates for which the insurer paid at least one claim during the reporting period. This includes data for employer-paid core plans and buy-up plans without individual insured data. The data must—

   (i) Cover a quarterly reporting period of 3 months;

   (ii) Include, but are not limited to—
(A) Current identifying information on the insured individual;

(B) The type and cash amount of the benefits paid during the reporting period and lifetime to date;

(C) Remaining lifetime benefits;

(D) Other information, as specified by the Secretary in “State Long-Term Care Partnership Insurer Reporting Requirements.”

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**CATEGORIES OF RECORDS IN THE SYSTEM:**

- Name
- Address
- Social Security Number
- Date of Birth
- Long Term Care Insurance Policy Information
  - Long Term Care Insurance Company
  - Long Term Care Insurance Policy Number
  - Type of Policy (Group, Individual and Comprehensive, Nursing Home Only)
  - Policy Issue State
  - Lifetime Maximum Benefit
  - Duration of Insurance Benefits (dollars or days)
  - Daily Benefit Amount
  - Inflation Protection Feature (required by DRA for select ages)
- Claims Information
  - Qualifying Condition for Claim (ADL, Cognitive Impairment, Other)
  - Benefits Payment by Type of Service (institutional or home)
  - Remaining Lifetime Maximum Benefits (by service type when multiple pools)