

# The Federal Long Term Care Insurance Program



## Beginning the Claims Process



The **Federal** Long Term Care Insurance Program™

Please refer to this magnet  
for contact information.

Note: To protect your privacy, we are only able to speak with those insured under the FLTCIP or an authorized legal representative. Authentication questions will be asked to ensure your protection.



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# Beginning the claims process

Thank you for your participation in the Federal Long Term Care Insurance Program (FLTCIP). As administrators of the FLTCIP, Long Term Care Partners, LLC, realizes the need for long term care can be a stressful time. This brochure is designed to alleviate some of that stress by explaining the key steps in the claims process, such as determining your eligibility for benefits and educating you on what to expect if you are approved.

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To start the claims process, review the eligibility requirements on page 4 and then call Long Term Care Partners at **1-800-LTC-FEDS** (1-800-582-3337) **TTY** 1-800-843-3557. When you call, you will reach one of our customer service consultants (CSC), who will explain the process and review the initial information we need from you, including the required forms you must complete and submit to begin your claim.

We are only authorized to speak with you, the policy holder. If you'd like to authorize us to speak with a designated person about your coverage, complete and return the Authorization for Disclosure of Information.

If you have a legal representative that is authorized to make decisions on your behalf, please submit a copy of your durable financial power of attorney or guardianship papers (as determined by your state of residence).

## Calling Long Term Care Partners

Our Customer Service team is here to assist you. Each CSC is trained to support our care coordination and claims process. Throughout your claim, you will be directed to the Care Coordination or Claims Administration department according to your particular needs. All calls are recorded for quality assurance.

Your privacy is important to us. We are a covered entity under the Health Insurance Portability and Accountability Act, and as such must ensure your identity by asking for personally identifiable information through our security check.

Each time you (or your legal representative) call, the CSC will ask you to verify three facts:

- ▶ your unique ID (found on your billing statements), your claim ID (provided to you by a care coordinator or shown on your explanation of benefits paperwork as well as any care coordination or claims correspondence), or your Social Security number (or last four digits)
- ▶ your date of birth
- ▶ your address

This security check is required to protect your personal health information. Without it, Customer Service will not be able to provide support or refer calls. Together, your date of birth and Social Security number are used to verify your identity as a FLTCIP enrollee.

Once the security check is successfully completed, the CSC will ask how he or she may assist you. Many questions can be answered by the CSC. If you need to speak directly to a care coordinator or if you are returning a care coordinator's call, the CSC will provide you with instructions.

You may be eligible to receive the benefits of your plan if a licensed health care practitioner has certified (provided a written statement describing the nature and degree of physical or cognitive loss, how long services may be needed, and the services that may be required) in the last 12 months that:

- ▶ you are unable to perform, without substantial assistance from another person, at least two activities of daily living for an expected period of **at least 90 days** due to a loss of functional capacity; or
- ▶ you require substantial supervision due to your severe cognitive impairment

### What are the activities of daily living?

If you need substantial assistance (hands-on assistance, which is physical help by another person, or standby assistance, which is the presence of another person within arms reach to prevent injury by physical intervention or cuing) from another person to complete any of these activities, then you are dependent for that activity. Activities of daily living include:

#### Bathing

- ▶ getting into and out of a tub or shower
- ▶ washing your body in a tub, shower, or by sponge bath
- ▶ washing your hair in a tub, shower, or sink

#### Dressing

- ▶ putting on and taking off all clothing items and any necessary braces, fasteners, or artificial limbs

#### Toileting

- ▶ getting on and off the toilet
- ▶ performing associated personal hygiene

#### Transferring

- ▶ getting into and out of a bed, chair, or wheelchair

#### Continence

- ▶ maintaining control of bowel and bladder function
- ▶ when unable to maintain control of bowel or bladder function, performing associated personal hygiene (including caring for a catheter or colostomy bag)

#### Eating

- ▶ feeding yourself by getting food into your mouth from a container (such as a plate or cup), including the use of utensils when appropriate (such as a spoon or fork)
- ▶ when unable to feed yourself from a container, feeding yourself by a feeding tube or intravenously

### What is a severe cognitive impairment?

A severe cognitive impairment is a deterioration or loss in intellectual capacity (such as Alzheimer's disease) that:

- ▶ places you in jeopardy of harming yourself or others, and therefore you require substantial supervision (continual monitoring by another person to protect you from threats to your health and safety, for instance, while wandering) by another person
- ▶ is measured by clinical evidence and standardized tests that reliably measure impairment in:
  - ▶ short or long term memory
  - ▶ orientation to people, places, or time
  - ▶ deductive or abstract reasoning

**If you do not meet the above activities of daily living or severe cognitive impairment criteria, you do not need to complete the other steps in this brochure.** If you have any questions, call Customer Service at **1-800-LTC-FEDS** (1-800-582-3337) TTY 1-800-843-3557 or email [claimsinfo@lhcpartners.com](mailto:claimsinfo@lhcpartners.com).

Here's an overview of the required (and optional) forms you must complete and submit to begin your claim. These forms are available by calling us at **1-800-LTC-FEDS** (1-800-582-3337) **TTY 1-800-843-3557** or visiting [LTCFEDS.com](http://LTCFEDS.com).

### **FLTCIP Claims Initiation Kit**

This separate kit contains important documents that are used to initiate the official claims process. They include:

#### **Required forms**

##### **1. FLTCIP Claims Initiation Form**

This form is used to gather detailed information about you, your health care, and your providers. By signing this form, you certify that the information you have provided is accurate and complete to the best of your knowledge and ability.

##### **2. Medical Release**

This health authorization permits others, such as a licensed health care practitioner, medical facility, or any other entity or person that has any health documentation, to disclose information about you that we will request for a benefit eligibility decision.

##### **3. IRS Form W-9**

This form should be filled out by you or your legal representative. By completing this form, you are certifying that the Tax Identification Number (TIN) provided is correct. This TIN is used in our required reporting to you and the Internal Revenue Service for benefits paid during the year.



## Optional form

### 4. Authorization for Disclosure of Information

This form is provided if you would like to authorize us to speak with a designated person(s) about your coverage on your behalf. **Note: This does not authorize someone to make decisions on your behalf.\***

**\*If a legal representative is authorized to make decisions on your behalf about your long term care insurance policy, we require a copy of your durable financial power of attorney or guardianship papers (as determined by your state of residence).** We will not be able to proceed with the claim until we have received the documentation authorizing the legal representative to make decisions about your coverage on your behalf. **Note:** A health care proxy is not sufficient for this purpose.

## Additional forms

### 5. Power of Attorney

There are different types of power of attorney documents. For the purposes of administering a claim, a financial power of attorney is necessary to authorize a person to make financial decisions and manage your insurance transactions on your behalf. A health care power of attorney does not meet this need. However, some medical providers may require a health care power of attorney if the medical release is signed by your legal representative. Durable power of attorney documentation is reviewed by us.

In some cases, an incapacitated claimant is unable to execute a power of attorney. When this happens, family members or other loved ones may go before the court in the claimant's state of residence to request guardianship. The document provided by the court will inform us who the guardian is and allow us to work with that person in the best interest of the claimant.

Visit [LTCFEDS.com/POA](http://LTCFEDS.com/POA) to learn more.

## Return your completed forms to:

Long Term Care Partners, LLC

P.O. Box 797

Greenland, NH 03840-0797

**Email:** [claimsinfo@lhcpartners.com](mailto:claimsinfo@lhcpartners.com)

**Fax:** 1-866-513-2674

Now that you have completed the initial steps for opening a claim, here's what you can expect going forward.

To assist us in determining if you're eligible for benefits, a care coordinator may:

- ▶ contact you, your physician, or other persons familiar with your condition
- ▶ access your medical records to get information about your condition or the services provided to you (we cannot approve a claim if we are not given access to your medical records)
- ▶ request to have you examined, at our expense, by a licensed health care practitioner and/or
- ▶ conduct an on-site assessment at your residence by a registered nurse who is local to your geographic area and employed by our contracted national vendor. The nurse will observe your ability to perform activities of daily living and administer a brief mental status exam.

Note: If you refuse to have an examination or assessment, we'll be unable to process your benefit eligibility determination.

It's important that you notify us immediately if your health changes or you receive any diagnosis, medical advice, or treatment from a physician or licensed health care practitioner.

If there is a conflict between the information you provided on your FLTCIP application and the information documented in your medical records, your benefit eligibility decision may be delayed while we review these records.

This process can take several weeks depending on the amount of information (and its availability) needed to determine your claims benefit eligibility date. This date is when you started needing long term care assistance, according to the policy.

**We will send you a written notice of our decision on whether or not you are eligible for benefits no later than 10 business days after we receive all the requested medical information.**

### Benefit eligibility approval

If your benefit eligibility is approved, a care coordinator will call you, and you'll receive a letter stating the date you are eligible for benefits. The letter will include instructions on how to submit claims for reimbursement.

As part of this process, we'll assign a team of care coordinators to work with you and your family members to develop a plan of care that meets your individual needs. Our care coordinators can also help you find care providers in your area; share the results of state survey reports about service availability, quality, costs, and licensing; provide access to discounts for services; monitor the care you are receiving; and assist with changing your plan of care as your needs change.

### Benefit eligibility denial

If your benefit eligibility is denied, a care coordinator will call you, and you'll receive a letter stating the reason for the denial. If you disagree with our reasoning, you may request a review of the denial decision by sending a written request to us no later than 60 days after the date of the denial. After our review is completed, we'll send you a written notice of our decision. If we uphold the initial denial and you wish to pursue your request further, you may file an appeal at that time.

For more information about the review and appeals process, refer to the most recent *FLTCIP Benefit Booklet* we sent to you or review the downloadable PDF version within your online account at LTCFEDS.com.



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## Track your progress

1

- Contacted Customer Service** \_\_\_\_\_  
Date

2

- Reviewed my eligibility requirements**

3

- Completed and returned the required forms** \_\_\_\_\_  
Date mailed
- FLTCIP Claims Initiation Form
  - Medical Release
  - IRS Form W-9
  - Authorization for Disclosure of Information (optional)

Note: If any form is signed by a durable power of attorney designee, guardian, or executor, the appropriate documents must be in good order and submitted with the claims initiation form. If the Medical Release is signed by someone other than the insured, a copy of the durable financial power of attorney, or guardianship papers, may be required.

4

- Review the next steps**

Please understand that the required forms must be completed and returned to us before we will process your claim.

### Save copies of your receipts

If you're already receiving covered services, be sure to retain copies of your invoices and proof of payment, such as canceled personal, business, substitute, or cashier's checks; eStatements; online bill pay; money orders; or payroll payments. If your benefit eligibility is approved, you will need to submit these for reimbursement. Do not pay for covered services in cash.



# Register for an Online Account

With a secure online account, you can access important information about your coverage, including:

- ▶ plan information
- ▶ claim information (if applicable)
- ▶ personal information, which you can update as needed
- ▶ important brochures and forms, which can be downloaded



Please register by visiting [LTCFEDS.com/register](https://LTCFEDS.com/register).



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