



A Strategic Guide to Initiating a Long-Term Care Insurance Claim

AN EXPERT GUIDE

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Summary

As the need for long-term care (LTC) arises, it is imperative for policyholders to understand the process of initiating a claim under their long-term care insurance policy. This white paper aims to demystify the steps involved in making a claim, ensuring that policyholders can efficiently access their entitled benefits. The document provides a comprehensive overview of the necessary preparations, the documentation required, and the procedural steps for initiating a claim, as well as strategies for handling potential challenges.

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Expert Support

With over seven years of experience, our in-house long-term care insurance expert can handle all the filing necessary for our clients to receive their maximum benefit. We will take over the administrative aspects of each claim, allowing families to focus on their loved ones.

Introduction

Long-term care insurance is designed to provide financial support for individuals who require assistance with activities of daily living or suffer from severe cognitive impairments. When the time comes to utilize this insurance, many policyholders may find the claim process daunting due to the complexities involved. Understanding the initiation process is essential to leverage the benefits smoothly and promptly.

*“If the insured has a condition that they believe will last more than 90 days, then **INITIATE!** There is no risk to starting a claim. You can satisfy your elimination period (waiting period) and often when the care needs are more modest.”*

—Natalie Karp
Founding partner at Karp Loshak LTC Insurance

Preparing to Initiate a Long-Term Care Claim

1. RECOGNIZING THE TRIGGER FOR BENEFITS

- **Definition:** LTC benefits are typically triggered when the insured is diagnosed with a cognitive impairment or is unable to perform 2 of out 6 of activities of daily living (ADLs) independently. These activities include dressing, bathing, toileting, continence care, transferring, or feeding.
- **Action:** Obtain a formal assessment from a licensed healthcare provider to confirm that the policyholder meets the benefit eligibility criteria.

2. UNDERSTANDING YOUR POLICY

- **Coverage Details:** Familiarize yourself with the specifics of your policy—what types of care are covered, daily benefit amounts, elimination periods, and benefit duration. Depending on your insurance provider, this can typically be found under Summary of Benefits, Coverage Summary, Schedule of Benefits, or similar language. This is typically at the beginning of the policy packet you received when you applied for Long Term Care.
- **Contact Points:** Identify the contact information for claims submission and support within your insurance company.

3. GATHERING NECESSARY DOCUMENTATION

- **Medical Documentation:** Comprehensive records including diagnosis, list of ADLs affected, and a care plan recommended by a health professional.
- **Care Provider Details:** Information about the chosen care providers, their qualifications, and the services they will provide.

- **Proof of Care Expenses:** Invoices and receipts related to care expenses that will be claimed.

Steps to Initiate an LTC Claim

1. NOTIFICATION OF CLAIM

- **Immediate Notification:** Inform your insurance provider about the need to start claiming benefits as soon as possible after a qualifying condition is diagnosed.
- **Initial Contact:** Use the designated forms or contact methods specified by your insurance company to initiate the claim. This is typically done by calling their claim initiation department and beginning a phone conversation. This will prompt them to either send you an initiation packet in the mail or via email.

2. FORMAL CLAIM SUBMISSION

- **Filling Out Forms:** Complete all required claim forms accurately. Include any initial evidence of eligibility and care needs as instructed by your policy. Please also make sure to sign all the authorization forms and direct deposit paperwork if you do not want to get reimbursed via physical check.
- **Submission of Documentation:** Submit the completed forms along with all necessary medical records, care provider information, and expense documentation.

3. CLAIM ASSESSMENT BY INSURER

- **Review Process:** The insurer will review the submitted claim to verify the validity and ensure all conditions and policy terms are met. This will also be the portion of your approval where the insurer might source a third-party nurse to assess your physical and cognitive state.
- **Assessment Outcome:** Communication from the insurer regarding the approval or any issues with the claim.

4. RESPONDING TO INSURER REQUESTS

- **Additional Information:** Be prepared to provide additional information or clarification as requested by the insurer during the claim review process. They might also reach out to your physician or provider and ask them to submit documents, please follow up with everyone you listed on your claim initiation packet to make sure they don't delay your approval.
- **Appealing Decisions:** Understand the process for appealing any denials or adjustments to the claim. The process typically involves receipt of an initial denial via mail, review of the denial, gathering all medical documentation, filing the appeal, and waiting for the internal review to be complete in order for a decision to be made.

Best Practices for a Smooth Claim Process

1. MAINTAIN ORGANIZED RECORDS

- Keep a detailed and organized file of all documents related to the LTC claim, including copies of all submissions and correspondence with the insurer.

2. STAY PROACTIVE IN COMMUNICATION

- Regularly follow up with the insurance company to check the status of your claim and promptly respond to any inquiries or requests for additional information. Depending on your insurance provider, you will either be assigned a case manager, or you should be calling the main line to speak with a claims representative. Once a claim is in progress, a decision is usually made within 30 days, you can maintain a weekly schedule where you call the insurance once a week to check on status or ask LifeWorx to manage the process for you. Please also check your physical mail regularly as most insurances send correspondence via mail.

3. CONSULT PROFESSIONALS

- Consider consulting with a financial advisor or an attorney specializing in elder law to assist in navigating complex claim situations or appeals. We also provide Long Term Care consulting services at LifeWorx and can help you manage initiating your claim.

Conclusion

Initiating a claim for long-term care benefits does not have to be an overwhelming process. By understanding the steps involved and preparing adequately, policyholders can effectively manage their claims and ensure they receive the benefits they are entitled to. This guide serves as a resource for individuals and families navigating the critical transition to using their long-term care insurance effectively. If you are ready to initiate a claim, or need help gathering the necessary documents, reach out to LifeWorx' team of LTC experts who can assist you in filing your claims correctly.

Additional Resources

LifeWorx has put together an additional long-term care guide and other resources that anyone can access to learn everything from the essentials to expert policy management tips.

- [Long-Term Care Guide](#)
- [FAQs](#)
- [Resources](#)