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ALEE SOLUTIONS

FREE
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ADVICE

*What to expect when starting
a long-term care insurance claim*

Filing a Long Term Care Claim

Free PDF Guide | Filing a Long Term Care Claim

This guide is not intended to replace our NO COST services offered to you and your family. We recommend you call for personalized insurance policy review, expert guidance and recommendations from our 20+ year experienced Social Worker.

What to expect during the long-term care claim process | Filing a Long Term Care Claim

Once you have determined Long Term Care services (in-home care or senior living) are needed, it is essential we work together immediately to initiate a claim.

We're here to help make the process easier. This PDF brochure outlines the steps often involved when filing a Long Term Care insurance claim as well as provides answers to the most common questions.

First Steps

Many (LTC) Long Term Care Insurance companies require various forms before the claim can be processed. This can cause a delay in starting or getting your claim approved.

- **Approved Service Providers in the area** | The list you receive from the online companies or directly from your LTC insurance are not always fully inclusive of local service providers in your area. They often include options that do not meet your individual policies requirements or have many options left off. Each state is different in senior living certifications, licenses and levels of care offered. Understanding the differences and each senior living facilities license gives Alee Solutions to best resources to ensure your individualized list will include those options that meet your policy requirements and care needs.

"Alee Solutions provided me with 10 more options than what the Long-term care insurance care coordinator provided me when I called. Their representative did not know that Kentucky had a level of care called Personal Care, which is higher than Assisted living, and allowed our Mother to stay out of the nursing home and still use her LTC policy." – Kevin H.



The list we will provide might include options such as assisted living, personal care, nursing facilities, adult day care, visiting nurse options, in-home caregiver agencies, and community programs. We are here for you to establish a starting point for the insured and loved ones to find the right solution. We can help you process the current care needs and likely progression of needs to better pick the best solution for your loved one.

Alee Solutions can provide you a personalized list of senior living options, after reviewing your policy, to ensure time touring is spent on options that indeed meet criteria for your policy. We are here to help you through the process and know what LTC Insurance needs from the facility or home-care provider to start processing the claim. This service is offered free of charge for our clients and is highly recommended.*

Request or download a claim form packet is often mailed to you or your representative, which will likely contain:

- **A HIPAA authorization | This form allows for the Release of Medical Records**

This form allows your care providers to release relevant information directly to the LTC insurance to expedite review of the claim.

- **Authorization for the Release of Information | This is usually given on behalf of Family Members & Other Individuals such as Alee Solutions Social Worker Alisha.**

(It can also be referred to as the “Friends and Family Form”) — when applicable. This form allows the LTC insurance to discuss the claim with designated representatives.

- **A Medical and Care Needs Questionnaire** | This form is to be filled out about the claimant by any designated contact people, and care providers. *It is important that the documents listed above be completed, signed, and dated by the insured or their legal representative.* This is highly recommended that a POA reviews the documents as if any care needs were diminished in description vs reality of need it could result in a delay or denied of claim.

- **Power of Attorney (POA)/ Health Care Surrogate** — if applicable. If the insured wishes to have someone act on their behalf and manage their insurance affairs, we will need to have a valid copy of the POA papers on file with us. We recommend you consult with an Elder law Attorney to ensure the POA/HCS documents you have will cover the duties needed to file the claim. There are free services offered by Elder law Attorneys in our area. It maybe beneficial for you to seek legal advice to ensure you have the appropriate type of POA in place.

Next Steps

- **Documentation Gathering** | for LTC insurance to determine the eligibility of both the insured and the service or care provider they have selected specific documents will be required. This documentation is dependent upon many factors. Alee Solutions can assist with determining the insured’s condition, reviewing the policy, or matching those with state requirements.*

- **On-site Assessment Scheduling** | The insured will be required to meet with a medical professional (usually a licensed nurse of the LTC insurance choosing. Locally they often use Long Term Care Group LTCG. LTCG has partnered with leading long term care (LTC) insurers to improve their financial and operational performance.) to assess their needs for services. This assessment is a key factor in approval of the claim. It is good to remember that although the staff from LTCG, or like agency, do not work for the LTC insurance directly they are contracted by them. This assessment is typically conducted in the home or the senior living facility where they have moved.

Alee Solutions provides you with brochures and video tours to help make the best use of your time during this journey. We realize this is time where some difficult decisions may need to be made for you and your family. We are here for you. Our Social Worker, Alisha, can help you process the feelings and family dynamics that come into play during times like this.

Our Senior Living Master’s level Social Worker will work with your doctor or other medical professionals to assist you in determining the services that are appropriate for your long term care needs. After reviewing your Long-Term Care policy outline of benefits, services, and types of care that are covered a list of individualized options will be provided to you.

FREQUENTLY ASKED QUESTIONS

Who might I be speaking with during the benefit approval and invoicing processes?

An **Intake or Benefit Specialist** will be your initial point of contact at the LTC insurance, working with us to gather pertinent information and get the benefit claim paperwork started.

Then the claim will be passed on to a **Care Coordinator**. This care coordinator will then begin to review the claim, gathering additional documentation as needed to decide on the claim's eligibility – in other words approving or denying the claim.

Once the claim is approved, a **Claims Analyst** will take over. Their job is to review the proofs of loss submitted for repayment, such as invoices, in-home care plans, billing statements, etc., prior to approving them for payment. Most invoices are reviewed within 15 business days.

If the claim is denied and you may choose to file an appeal, then you will likely be connected with a **Senior Appeal Specialist** who will review the request and render an appeal decision.

What are the Claims Reimbursement requirements?

- Eligibility criteria has been met and the claim has been approved; and,

- The Elimination Period has been met; and,
- Itemized Billing Statements have been submitted.

What do Itemized Billing Statements include?

Each policy and plan are different. Most request that it includes at least the following.

- Policy number.
- The name of the insured.
- Service Providers Name.
- The dates/times service was provided
- The associated charges (hourly, daily, monthly) with said services.

If the policy has an Elimination Period how does it impact the claim?

- The Elimination Period must be met before any Long Term Care policy benefits can be paid.

“» An Elimination Period is the time during which no benefits are payable (similar to a deductible, but measured in days). For example, if the policy Elimination Period is 90 days, the expenses incurred for the first 90 days of services received are the responsibility of the insured.» These dates of services are applied towards the Elimination Period as long as the services have already been rendered.

» If there are days during the billing period when services are not received, these dates will need to be indicated on the itemized billing statement.”

- The bill must be on the provider's letterhead.

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MAKING-A-MOVE NAVIGATING HEALTHCARE AGING IN PLACE

CASE MANAGEMENT AGING SERVICES

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UNDERSTANDING MEDICARE STROKE ELDERLAW COORDINATION

Information and images taken from client policies, after given approval to share, and from Transamerica booklet on how to submit a claim. Please contact Transamerica for approval and specifics. Alee Solutions is not responsible for approval of claims and recommends clients verify with Transamerica directly. *

Information from: Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company, MetLife, Genworth Financial, John Hancock Long-Term Care Insurance, LTCG, Mutual of Omaha, National Guardian Life Long-Term Care Insurance, Northwestern Mutual Long-Term Care, Prudential Long-Term Care Insurance, Met Life Long-Term Care Insurance, and Bankers Life and Casualty Long-Term Care Insurance's online materials, copies of benefits given to previous clients, and forms provided were used in the creation of this PDF brochure.