

191—72.9(514H) Reporting requirements. Unless otherwise noted, the requirements of this rule refer to issuer documentation and reporting requirements for qualified policies and certificates. The reports shall be submitted for each person entitled to benefits under a qualified policy or certificate. Each issuer shall do the following:

72.9(1) Maintain a registry and submit on a quarterly basis and in a format specified by the state of Iowa, a report to the department of human services that will include the following information on all individuals who purchased a qualified policy or certificate during the reporting period:

- a.* Name, address, telephone number, date of birth, sex, marital status, and social security number.
- b.* Policy or certificate identification information, including the following:
 - (1) The policy or certificate form number.
 - (2) The policy or certificate number.
 - (3) The policy or certificate category.
 - (4) The effective date of coverage.
- c.* Policy or certificate elimination period in days by type of service.
- d.* The maximum daily benefit for nursing facility care and for home- and community-based care.
- e.* Maximum lifetime benefit amounts.
- f.* Any options and riders in force.
- g.* Purchase type (upgrade, conversion or new issue).
- h.* Method used for calculation of the inflation protection benefit.
- i.* For expense incurred policies or certificates, the percentage of expenses payable.
- j.* The annual premium for the policy or certificate, the premium mode (monthly, bank draft, quarterly), and the type of premium calculation (level, issue age, other).

72.9(2) Maintain a registry and submit on a quarterly basis and in a format specified by the state of Iowa a report to the department of human services that will include the following information on all individuals who have changed or amended qualified policies or certificates during the reporting period:

- a.* Name, address, telephone number, and social security number.
- b.* Effective date of the policy or certificate change or coverage amendment.
- c.* A description of the new policy or certificate or amended policy or certificate as described in 72.9(1).

72.9(3) Maintain a registry and submit on a quarterly basis and in a format specified by the state of Iowa a report to the department of human services that will include the following information on all individuals who dropped their policies or certificates during the reporting period:

- a.* Name, address, telephone number, and social security number.
- b.* The date the policy or certificate was dropped.
- c.* The reason the policy or certificate was dropped, including any of the following:
 - (1) Death of insured.
 - (2) Converted policy or certificate.
 - (3) Maximum benefits expended.
 - (4) Recision.
 - (5) Voluntarily.
 - (6) Qualification of the policy or certificate lost.
 - (7) Other.
 - (8) Unknown.

72.9(4) Maintain a registry and submit on a quarterly basis in a format specified by the state of Iowa a report to the department of human services that will include the following information on all individuals who are denied a qualified policy or certificate during the reporting period:

- a.* Name, address, telephone number, date of birth, sex, marital status and social security number.
- b.* Reason for denial of the application, including the following:
 - (1) Application was not complete.
 - (2) Age was not in allowable range.
 - (3) Eligibility for Medicaid.
 - (4) Medical or other reasons.

(5) Other.

72.9(5) Maintain a registry and submit on a quarterly basis and in a format specified by the state of Iowa a report to the department of human services that will include the following information on all individuals who were assessed for long-term care and benefit eligibility during the reporting period:

- a. Name, address, telephone number, and social security number.
- b. Date the assessment was conducted.
- c. Name, address, and telephone number of the person or company that performed the assessment and whether the claimant was found eligible for long-term care services and for asset protection.
- d. A listing of the insured event criteria met for all persons assessed, including complex, unstable medical conditions, deficiencies in activities of daily living, and cognitive impairment.

72.9(6) Maintain a registry and submit on a quarterly basis and in a format specified by the state of Iowa a report to the department of human services that will include the following information on each service used and benefits claimed during the reporting period for each insured:

- a. Name, address, telephone number, and social security number.
- b. Whether the policyholder or certificate holder was currently enrolled in Medicare Parts A and B (42 U.S.C. 1395 et seq.) and either:

(1) A beneficiary of a Medicare supplement insurance policy or certificate approved by the division of insurance.

(2) Enrolled in a prepaid health care delivery plan that provides acute care and preventive service;
or

(3) Covered under a contract under Section 1876 or 1833 of the Social Security Act (42 U.S.C. 1395 et seq.).

- c. Service or procedure code.
- d. Whether the claim for the service was denied or approved.
- e. Start and end date for the service.
- f. Number of units of service and amount billed.
- g. Amount paid by the policy or certificate and the amount paid which counts toward the asset protection.

72.9(7) Maintain a registry and submit on a quarterly basis and in a format specified by the state of Iowa a report to the department of human services that will include the following information on the following aggregate information for the reporting period:

a. The number of applications for qualified long-term care insurance policies and certificates received during the quarter.

b. The number of persons denied a qualified policy or certificate and the reason for denial. Reasons for denial to be specified include the following:

- (1) Application was incomplete.
- (2) Age was not in allowable range.
- (3) Eligibility for Medicaid.
- (4) Medical or health reasons.
- (5) Other.

c. The number of qualified policies and certificates purchased during the quarter.

d. The number of qualified policyholders and certificate holders who dropped their qualified policy or certificate during the quarter for any of the following reasons:

- (1) Death of insured.
- (2) Converted policy or certificate.
- (3) Maximum benefits expended.
- (4) Recision.
- (5) Voluntarily.
- (6) Qualification of the policy or certificate lost.
- (7) Other.
- (8) Unknown.

e. The number of beneficiaries of qualified policies and certificates in force at the end of the quarter.

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