Beginning the Claims Process

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

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Thank you for your participation in the Federal Long Term Care Insurance Program (FLTCIP). As administrator of the FLTCIP, FedPoint realizes that 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.

1 Contact Customer Service

To start the claims process, review the eligibility requirements on page 4 and then call FedPoint at **1-800-LTC-FEDS** (1-800-582-3337) **TTY** 711. 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 FedPoint

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 department according to your particular needs. All calls are recorded for quality assurance.

Your privacy is important to us. We are bound to comply with the Health Insurance Portability and Accountability Act (HIPAA), 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, these facts are used to verify your identity as a FLTCIP enrollee.

Once the security check is successfully completed, the CSC will ask how they 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.

2 Review the eligibility requirements

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 arm's reach to prevent injury by physical intervention or cueing) 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; and
- 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 are not currently eligible for benefits and, therefore, 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** 711 or email **claimsinfo@ltcfeds.gov**.

3 Complete and return the required forms

Here's an overview of the required (and optional) forms you must complete and submit to begin your claim. These forms are available by visiting **LTCFEDS.gov** or calling us at **1-800-LTC-FEDS** (1-800-582-3337) **TTY** 711.

FLTCIP Claims Initiation Kit

This separate kit contains important documents that are used to initiate the official claims process. These forms should be filled out by you or your legal representative. 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

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

3 Complete and return the required forms

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)**.

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 typically 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.

If someone is initiating a claim on your behalf, 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.

Visit **LTCFEDS.gov/POA** to learn more.

Return your completed forms to:

FLTCIP, Attn: FedPoint
P.O. Box 797
Greenland, NH 03840-0797
Email: claimsinfo@ltcfeds.gov
Fax: 1-866-513-2674

4 Review what to expect next

Once you've completed the initial steps for opening a claim, we'll review your information to determine your benefit eligibility. This process typically takes eight to ten weeks. We'll notify you if there is something we need from you and contact you when a decision is made. In the meantime, there are a few things you can do to prevent any unnecessary delays.

Care Coordination Team

What we do ...

Review your claims forms

We'll only call you, the person authorized by you to speak about your care, or your physician if we need to verify any of the information submitted on your Claims Initiation Form.

- If we have everything we need, we won't contact you at this time.
- If we're unable to reach you after three attempts, we'll send a letter to notify you.

Request your medical records

We'll contact your provider(s) to get access to your medical records for more information about your condition and to determine the date you started needing care.

- If the provider hasn't returned the requested information within 20 days, we'll send a letter to notify you.

Request additional evaluations

We may request a third-party examination by a licensed health care practitioner and/or an assessment at your residence by a registered nurse.

- Our third-party vendor will contact you to set up the appointment for your assessment.

Make a decision

We'll send you a letter with our decision no later than ten business days after we receive all of the required medical information.

If you're approved, your transition care coordinator will also call you within five business days to start the set-up of your claim.

You

What you can do while you wait ...

Authorize others to speak for you

We can only speak to you about your coverage unless you designate someone to speak on your behalf.

If you have a legal representative authorized to make decisions for you, we need a copy of your durable financial power of attorney or guardianship papers (as determined by your state of residence).

You don't need to wait until you're eligible for benefits to submit these documents. The sooner we have them on file, the better!

Submit your completed forms to:
Email: claimsinfo@ltcfeds.gov
Fax: 1-866-513-2674*
Mail: FLTCIP, Attn: FedPoint
P.O. Box 797, Greenland, NH 03840-0797

*To avoid delays, use our fax cover sheet at **LTCFEDS.gov/planning-tools/resources** and include your unique ID or name on each page.

Save your receipts

If you're already receiving covered services, including physical and occupational therapy, be sure to keep copies of your invoices, proof of payment, and Medicare explanation of benefits (if applicable). If your benefit eligibility is approved, you may need to submit these for reimbursement or to satisfy your service day waiting period (if you are enrolled in a FLTCIP 1.0 plan).

Do not pay for covered services in cash.

Attend our webinar

Benefit Eligibility Review for FLTCIP Claimants

Join us as we review important information for new claimants. At the end, we'll have a live Q&A with a FLTCIP care coordinator. If you can't attend a live webinar, a recorded version is also available to watch at your convenience. Visit **LTCFEDS.gov/webinar** to register.

4 Review what to expect next

If your claim is approved

Plan of care

Your transition care coordinator will work with you and your family to develop a plan of care and identify caregivers that best meet your long term care 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.

Waiting period

You must satisfy your waiting period, which is the number of days you must be eligible for benefits before we will reimburse you for covered services. It's similar to a deductible in other types of insurance plans. You can view your plan's waiting period in the "Plan Policy & Details" section of your onine account at **LTCFEDS.gov/account**. The waiting period doesn't apply for hospice care, respite services, or caregiver training. Note: If it's determined that you're eligible for benefits, you no longer have to pay your premium once you've satisfied your waiting period or if you're receiving hospice care.

If your claim is not approved

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.gov**.

5 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 what to expect next**

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

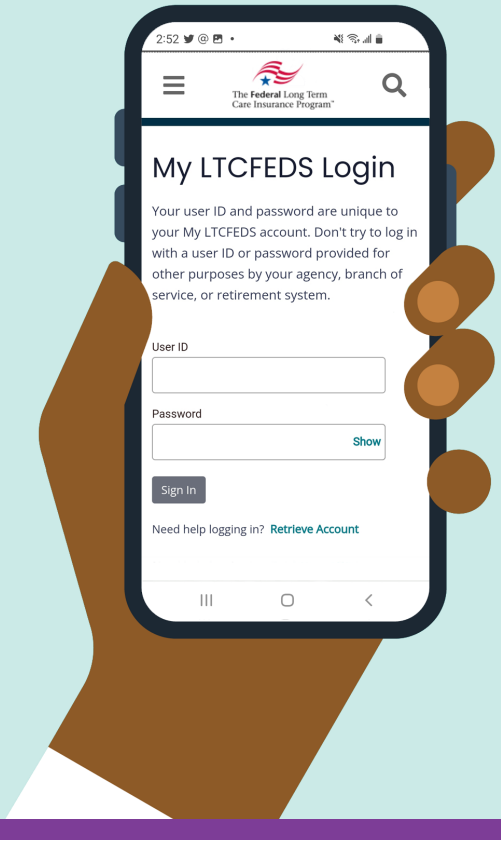
Save copies of your receipts

If you're already receiving covered services, be sure to retain copies of your invoices and proof of payment, such as cancelled 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.

Managing your FLTCIP claim is easier than ever.

To improve your benefits experience, we developed a Claims dashboard on **LTCFEDS.gov**, where reimbursement requests can be submitted online, at your convenience, in one secure location. Log into your **My LTCFEDS** account to:

- track time and upload proofs of payment for informal caregivers
- submit invoices for formal caregivers and facilities
- view your FLTCIP claims history and get your real-time invoice status
- go paperless and view your explanation of benefits online



Visit LTCFEDS.gov to log into or create an account today.

In addition to the features above, you'll find many valuable resources on **LTCFEDS.gov**, including downloadable FLTCIP materials and forms, webinars, videos, news articles, and frequently asked questions.

Access your FLTCIP plan information, including your:

- overview of your current coverage
- benefit booklet
- approved plan of care
- remaining waiting period days
- benefit amounts to date, including remaining bed reservation and respite days

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

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, under a group long term care insurance policy, and administered by FedPoint®. FedPoint is the trade name of Long Term Care Partners, LLC®.

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