

- Specify the period of time under review for which the insurer declined eligibility, but during which the independent review organization deemed the benefit trigger to have been met; and
- Provide a certification that the insured is a chronically ill individual for tax-qualified long-term care insurance contracts.

Prompt Payment of Clean Claims

A clean claim refers to a claim that has no defect or impropriety.

Within 30 days after receipt of a claim for benefits under a long-term care insurance policy or certificate, an insurer must pay the claim if it is a clean claim, or send written notice acknowledging the date of receipt of the claim and **one** of the following:

- The insurer is declining to pay all or part of the claim and the specific reason(s) for the denial; **or**
- Additional information is necessary to determine if all or part of the claim is payable and the specific additional information that is necessary.

If an insurer fails to comply, it must pay interest of 1% per month on the amount of the claim that should have been paid but remains unpaid 45 business days after the receipt of the claim.

Any violation of this regulation by an insurer if committed flagrantly and in conscious disregard of the provisions must be considered a violation of the Unfair Insurance Practices Act.

Effective Date: 60 days, and applicable to benefit trigger requests made on or after 60 days after the effective date of this act.