Long-Term Care Agents Data Call
LTCA-2009 (Part 2)
STATISTICAL PLAN

INTRODUCTION

This is a statistical plan for the LTCA-2009 (Part 2) Data Call. This document contains the reporting requirements, due dates and related information needed to complete your company's reporting obligations under California Insurance Code Section 10234.93(a)(3).

The statistical plan contains nine sections. These sections are outlined below:

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A. SCOPE OF THE STUDY

This study is being released to all insurers in the Long-Term Care Insurance Market.

- **California Department of Insurance Jurisdiction:**

Pursuant to California Insurance Code Section: 10234.93(a)(b)*

> **California Insurance Code 10234.93(a)(3)**
>
> (a) Every insurer of long-term care in California shall…
>
> (3) Submit to the commissioner within six months of the effective date of this act, a list of all agents or other insurer representatives authorized to solicit individual consumers for the sale of long-term care **insurance**. **These submissions shall be updated at least semi-annually.**

***Important Note**: For a copy of CIC 10234.93 (a) (3) visit the State of California Legislative Information website at http://www.leginfo.ca.gov.

- Upon entering the website, click on "CALIFORNIA LAW".
- Select the box entitled "Insurance Code" from the list of codes (located in 2nd column)
- Scroll down to bottom of page and ENTER "10234.93(a)(3)" in the Search By Keyword field.
- Click "*Search*" button (located at the bottom of page)
- Select the appropriate link from the results page.

- **Definition of Long-Term Care Insurance:**

For the purposes of the reporting requirements in CIC 10234.93(a)(3), Long-Term Care Insurance is defined in CIC 10231.2.

> **California Insurance Code 10231.2**
>
> "Long-term care **insurance**" includes any **insurance** policy, certificate, or rider advertised, marketed, offered, solicited, or designed to provide coverage for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services that are provided in a setting other than an acute care unit of a hospital. Long-term care **insurance** includes all products containing any of the following benefit types: coverage for institutional care including care in a nursing home, convalescent facility, extended care facility, custodial care facility, skilled nursing facility, or personal care home; home care coverage including home health care, personal care, homemaker services, hospice, or respite care; or community-based coverage including adult day care, hospice, or respite care. Long-term care **insurance** includes disability based long-term care policies but does not include **insurance** designed primarily to provide Medicare supplement or major medical expense coverage.

SCOPE OF THE STUDY (continued) -

- **Definition of Long-Term Care Agent:** *A licensee authorized by and on behalf of an insurer to transact long-term care insurance as defined in Section 10231.2 of the California Insurance Code. This licensee must fulfill the* ***continuing education*** *requirements stated in Section 10234.93(a)(4)(A)(B)(C).*

- **Definition of Other Insurer Representative:** *An insurer representative is a* ***licensee, such as a broker****, who is authorized by an insurer to transact long-term care insurance as defined in Section 10231.2 of the California Insurance Code. That insurer representative must fulfill the* ***continuing education*** *requirements stated in Section 10234.93(a)(4)(A)(B)(C).*

- **For definitions of the data elements collected in the LTCA-2009 (Part 2) Data Workbook, please refer to *Section H - Explanations of Each LTCA Worksheet on page 10.***

B. GENERAL RULES

INFORMATION PERIOD:
Collect and report your company's agent and/or other insurer representative data from your company's database/records as of **November 30, 2009**.

WHO MUST FILE:
The LTCA-2009 (Part 2) reporting requirements pertain to companies ***that are currently offering new business in Long-Term Care Insurance.*** For the purposes of the LTCA-2009 (Part 2) reporting requirements, Long-Term Care Insurance is defined by California Insurance Code Section 10231.2.

- If your company is **currently offering new business in Long-Term Care Insurance**, as defined by CIC 10231.2, your company is subject to the reporting requirements in CIC 10234.93(a)(3) and must respond to the LTCA-2009 (Part 2) Data Call. Companies that have information to report under this data call are required to complete the LTCA-2009 (Part 2) Acknowledgement of Receipt Form confirming their participation in the LTCA-2009 (Part 2) Data Call.

- If your company is NOT **currently offering Long-Term Care Insurance**, please complete the "WE ARE CURRENTLY NOT MARKETING LONG-TERM CARE INSURANCE IN CALIFORNIA" section in the LTCA-2009 (Part 2) Acknowledgement Form and return that form to the California Department of Insurance.

- **PLEASE NOTE:** Companies that fail to submit a completed LTCA-2009 (Part 2) ACKNOWLEDGEMENT OF RECEIPT FORM by the due date requested, will be considered in non-compliance CIC 10234.93(a)(3) and will be referred to the department's Legal Division for further action.

GENERAL RULES (continued) -

- Insurers who file a **consolidated annual statement**, as a group of companies **MAY NOT SUBMIT A CONSOLIDATED FILING**. A separate company acknowledgment and data workbook must be submitted for each company that is required to submit this information under CIC 10234.93(a)(3).

- ***RE-SUBMISSIONS:***
  Submissions that do not pass the department's validating tests will be returned to the company for corrections. No more than **one (1)** re-submission is acceptable. The company will be allowed **5 working days** to resubmit its data to the department.

- ***VALIDATING PROCEDURE:***
  Companies should establish their own validating programs and procedures to detect errors to AGENT LICENSE NUMBER and other data reported.

  All data will be tested for accuracy and reasonability. Rejected data will be returned to the company for correction and resubmission. *If the company believes that the data is correct as submitted, but may be questioned by this department, the company should provide an explanation in writing.*

C. REPORTING DUE DATES

- The ***LTCA-2009 (Part 2) Acknowledgement of Receipt Form*** is due no later than **NOVEMBER 30, 2009**.

- The ***LTCA-2009 (Part 2) Data Workbook*** is due no later than **DECEMBER 14, 2009**.

- **Requests for extensions in submitting the *LTCA-2009 (Part 2)* Data Call** must be received no later than **DECEMBER 04, 2009**.

  All extension requests should be in writing and must be sent by e-mail to: hayine@insurance.ca.gov

Should you have an extension request, and/or questions related to the Statistical Plan or programming of the data workbook, please address your inquiries or concerns to the contact person indicated below.

Erlinda D. Hayin
CALIFORNIA DEPARTMENT OF INSURANCE
Statistical Analysis Division
Telephone: (213) 346-6311
Facsimile: (213) 897-6571
E-mail: hayine@insurance.ca.gov

D. RETRIEVING THE LTCA-2009 (PART-2) DATA CALL PACKAGE FROM THE INTERNET

To retrieve the LTCA-2009 (Part 2) reporting forms (Acknowledgement of Receipt Form, Statistical Plan, Transmittal Forms and the Affidavit Forms), please follow the instructions below:

- Go to the Department of Insurance web site at http://www.insurance.ca.gov
- Select the **Insurers** page.
- From the **Insurers** page, select **Data and Reports** link on the left-hand column.
- Select **Statistical Plans** and then **Reporting Year 2009 Statistical Plans** link.
- A message will appear requesting a user name and password. Enter the following:
  User Name: GOTNUMBERS09 (case sensitive)
  Password: STAT2009 (case sensitive)
- Select : **Long-Term Care Agents Data Call [LTCA-2009 (Part 2)]**
- From the LTCA-2009 (Part 2) site, you can retrieve:
  - ***LTCA-2009 (Part 2) Acknowledgement of Receipt Form*** ***– DUE NOVEMBER 30, 2009. * This form must be returned via e-mail per the instructions included in the form.***
  - ***LTCA-2009 (Part 2) Data Workbook*** ***– DUE DECEMBER 14, 2009. This form must be returned via e-mail per the instructions included in the workbook.***
  - ***LTCA-2009 (Part 2) Statistical Plan*** ***– Contains instructions on how to complete the LTCA-2009 (Part 2) Data Workbook.***
  - ***LTCA-2009 (Part 2) Affidavit Form*** ***– A signed affidavit confirming the validity of the data workbook. This form needs to be completed manually and mailed to the department.***

*** IMPORTANT** Regardless of your reporting information, the **Acknowledgement of Receipt Form MUST BE SENT BY E-MAIL NO LATER THAN NOVEMBER 30, 2009** to:
submissions@insurance.ca.gov

E. METHOD OF REPORTING

The LTCA Data Workbook is available on the Internet (see Section D for retrieval instructions).

The LTCA Data Workbook **must be submitted by e-mail attachment** to:

submissions@insurance.ca.gov

NOTE: A printed "hard copy" will not be accepted by the department. We will print a hard copy of your data upon receiving the electronic submission. If you are unable to process an Excel 97 file, please contact this office for further instructions (Section F).

AFFIDAVIT FORM – Mandated legislative filings must be submitted with an affidavit completed and signed under oath before a notary public. Submit this form via US Mail to the address listed in Section F.

F. CDI CONTACT INFORMATION

Should you have an ***extension request***, and/or ***questions related to the Statistical Plan or the LTCA Workbook***, please address your inquiries or concerns to the contact person indicated below. All extension requests should be in writing and must be sent by e-mail to: ***hayine@insurance.ca.gov***

Erlinda D. Hayin
CALIFORNIA DEPARTMENT OF INSURANCE
Statistical Analysis Division
300 South Spring Street, 14th Floor
Los Angeles, CA 90013
Telephone: (213) 346-6311
Facsimile: (213) 897-6571
E-mail: hayine@insurance.ca.gov

G. INSTRUCTIONS FOR COMPLETING THE LTCA-2009 (PART-2) DATA WORKBOOK

The purpose of this section is to provide you with the reporting instructions necessary for completing the LTCA-2009 (Part 2) Data Workbook. The LTCA-2009 (Part 2) Workbook was developed using Microsoft Excel. Within the workbook, you will find three (3) worksheets. These worksheets are as follows:

- Company Contact Worksheet – Requests company contact information.

- Agent Info Worksheet - The purpose of this worksheet is to collect basic identification information about agents authorized by your company. This worksheet collects the following information:
    - license number (CDI lic. #) – enter agent's CDI license number;
    - license expiration date – enter the expiration date of agent's CDI license;
    - first name – enter agent's first name (as it appears on CDI license);
    - middle name – enter agent's middle name (as it appears on CDI license);
    - last name – enter agent's last name (as it appears on CDI license).
    - If there are not enough rows in the worksheet, simply CLICK on the "**ADD 10 MORE ROWS**" button at the top of the worksheet to add more rows.

- Other Representative Info Worksheet - The purpose of this worksheet is to collect basic identification information on other representatives (excluding agents) authorized by your company. This worksheet collects the following information:
    - license number (CDI lic. #) - enter rep.'s CDI license number;
    - license expiration date - enter the expiration date of rep.'s CDI license;
    - first name – rep.'s first name (as it appears on CDI license);
    - middle name - enter rep.'s middle name (as it appears on CDI license);
    - last name - enter rep.'s last name (as it appears on CDI license).
    - If there are not enough rows in the worksheet, simply CLICK on the "**ADD 10 MORE ROWS**" button at the top of the worksheet to add more rows.

Upon accessing the Transmittal Forms on the department's web site (see Section D), you can move from worksheet to worksheet by clicking the worksheet "tabs" at the bottom of your screen or clicking the **"Next Page"** button at the top of the worksheet. Complete all the worksheets provided. If your company cannot read or load the Microsoft Excel workbook, please contact the Department of Insurance's contact person listed in Section F of this statistical plan.

INSTRUCTIONS FOR COMPLETING THE LTCA-2009 (PART-2) DATA WORKBOOK (continued) -

SYSTEMS REQUIREMENTS

In order to complete this filing:

1. You will first need to retrieve the data workbook *(LTCA_Data2009.xls)*, from the CDI website, requiring:
   - **Internet Explorer Version 5** or
   - **Netscape Navigator**

   See the section below entitled, **Opening File From Department Web Site**, which outlines some of the varying messages and/or procedures you may encounter when using ***Internet Explorer*** as opposed to ***Netscape Navigator***. It is possible to retrieve the Transmittal Form using either version.
2. Secondly, you will also need to complete this form in:
   - **Microsoft Excel 97 or higher** – The transmittal forms will only run on Microsoft Excel 97 or higher. If you are experiencing difficulty in opening the transmittal files, please contact Erlinda D. Hayin at 213-346-6311.

OPENING FILE FROM DEPARTMENT WEB SITE

Upon entering the Long-Term Care Agents web site (see Section D for accessing this page), click on the Transmittal Forms box to bring up the Excel workbook file, ***LTCA_Data2009.xls***.

You may see different messages appear when using ***Internet Explorer*** or ***Netscape Navigator*** to access the Transmittal Forms. **Please refer to the appropriate sections below to SAVE the transmittal data to your local drive or a diskette before starting your data entry**.

1. **If You Are Using Internet Explorer Version 5** –
   - A message will be displayed…***Microsoft Excel…The Workbook you are opening contains Macros…***
   - Select **Yes**. ***Enables the macros that are needed to run the workbook. Calculations have been programmed and are automatic once data are provided.***

   To ***save*** the file to a diskette after retrieving file from the department's web site, is indicated in Section D.
   - At the **TOP LEFT-HAND** corner of the LTCA-2009 (Part 2) Excel worksheet, **CLICK** on the button labeled "DOWNLOAD LTCA-2009 (Part 2) WORKBOOK" .
   - Select the ***path*** where you wish to save file. If you are planning to save this file to a DISKETTE, choose the **"a:\"** drive, otherwise, choose **"c:\"** for your hard-drive.
   - Under **FILE NAME** type ***LTCA_Data.xls***
   - Select **SAVE**.
   - Go to STEP 3 below and begin entering data.

INSTRUCTIONS FOR COMPLETING THE LTCA-2009 (PART 2) DATA WORKBOOK (continued) -

2. **If You Are Using Netscape Navigator** –
   - A message will be displayed…
   - Select **SAVE TO DISK** and choose the path where you would like to save your file.
   - Under **FILE NAME** type ***LTCA_Data.xls***.
   - Select **SAVE**.
   - **EXIT** Internet
   - Proceed to STEP 3 below.

3. **AFTER YOU HAVE DOWNLOADED FILE - Retrieve file by Using Microsoft Excel (97 or higher versions) and Proceed with Data Entry**
   - **OPEN** MS Excel (version 1997 or higher).
   - From Excel, **RETRIEVE** and **OPEN** the file (LTCA_Data.xls) from where you have saved it. When opening the file, a dialog box will appear on the screen asking if you wish to ***enable macros***.
   - **Select *Enable Macros*.**
   - Complete the form using Microsoft Excel (Office 97 version or higher).
   - Submit as an Excel attachment to the e-mail address listed in Section E, Method of Reporting.

ENTERING DATA: As stated in the beginning of Section G, the Excel workbook has a number of worksheets. The macro will automatically bring you to the Company Contact Worksheet. If not, simply click on the worksheet entitled, "COMPANY CONTACT WORKSHEET". **IMPORTANT: Be sure that your company's Contact Information is filled out completely**.

Continue entering the appropriate data, as requested by each worksheet. To move from worksheet to worksheet, click the worksheet tabs at the bottom of your screen or click the "Next Page" button at the top of the worksheet.

VALIDATE and confirm your entries. Be sure to check for errors such as transposing of license numbers and omitting data.

SAVE: Save the entire workbook on diskette or on your hard drive. If unable to submit data to this department via the desired e-mail method, contact the CDI Contact Person listed in Section F of this statistical plan.

PRINT: As a tool to help you review your entries, you may print a worksheet by clicking the "Print" button. The department **WILL NOT ACCEPT** printed copies of the LTCA Data Workbook.

SUBMISSION OF DATA: Submit your completed LTCA-2009 (Part 2) filing to the California Department of Insurance as explained under Method of Reporting in Section E of this statistical plan. ***A completed LTCA filing consists of a completed LTCA Data Workbook and a signed LTCA Affidavit.***

IMPORTANT: As discussed in Section E of this Statistical Plan, a completed and signed AFFIDAVIT Form must be submitted in conjunction with your electronic submission of the LTCA Data Workbook, and must be mailed to the department (see CDI address in Section F).

H. EXPLANATIONS OF EACH LTCA-2009 (PART 2) WORKSHEET

Company Info Worksheet: This worksheet will contain your company name and contact information. This will include company's NAIC number and mailing address, as well as detailed contact information such as telephone number, fax number, and e-mail address.

Agent Info Worksheet : The purpose of this worksheet is to collect basic identification information on agents authorized by your company. This worksheet collects the following information:

- license number (CDI lic. #) – enter agent's CDI license number;
- license expiration date – enter the expiration date of agent's CDI license;
- first name – enter agent's first name (as it appears on CDI license);
- middle name – enter agent's middle name (as it appears on CDI license);
- last name – enter agent's last name (as it appears on CDI license).
- If there are not enough rows in the worksheet, simply CLICK on the "**ADD 10 MORE ROWS**" button at the top of the worksheet to add more rows.
- Count only those agents that were authorized by your company to write Long-Term Care Insurance as of **NOVEMBER 30, 2009**.

Other Representative Info Worksheet : The purpose of this worksheet is to collect basic identification information other insurer representatives (excluding agents) authorized by your company. This worksheet collects the following information:

- license number (CDI lic. #) – enter representative's CDI license number;
- license expiration date – enter the expiration date of representative's CDI license;
- first name – enter representative's first name (as it appears on CDI license);
- middle name – enter representative's middle name (as it appears on CDI license);
- last name – enter representative's last name (as it appears on CDI license).
- If there are not enough rows in the worksheet, simply CLICK on the "**ADD 10 MORE ROWS**" button at the top of the worksheet to add more rows.
- Count only those representatives that were authorized by your company to write Long-Term Care Insurance as of **NOVEMBER 30, 2009**.

I. PROPRIETARY POLICY

As a general rule all data submitted to the California Department of Insurance (CDI) Statistical Analysis Division is deemed to be proprietary in nature and treated as confidential. Data will only be released in the aggregate so no individual company experience is revealed, unless;

a. Mandated by California Insurance Code or California Code of Regulations.
b. Requested by other CDI Units for internal use, but continue to maintain confidentiality.
c. Ordered by the Insurance Commissioner or Legislative Insurance Committee in the public interest, and does not conflict with proprietary protection under current law.