Genworth

May 16, 2023

Thomas J. Price
17358 W. 93rd Place
Lenexa, KS 66219

CLAIMANT: Thomas Price
POLICY NO.: UDG4209341
CLAIM NO.: A797816

272 3502315 197646 4695 3/6

Dear Mr. Price:

We recently completed an initial review of your request for **Long Term Care Facility Benefits** under the above referenced policy. As you are aware, in our previous correspondence of March 27, 2023, we provided you with the results of our virtual functional assessment interview conducted on March 1, 2023, and provided you with an opportunity to submit sources for us to obtain additional information if you disagreed with the results of the assessment report.

At this time, no new eligibility information has been received for further review of your claim. Therefore, we have determined, based on the information obtained from the functional assessment, that you have not satisfied the Benefit Eligibility requirements of your Long Term Care Insurance Policy.

In order to help you understand our decision to decline benefits, please refer to page 8 of your policy, wherein the **Benefit Provisions** state the conditions for **Eligibility For The Payments Of Benenfits** as follows:

"For an Insured Person to be eligible for Benefits provided by the policy we must receive ongoing proof, including a Current Eligibility Certification, which demonstrates, based on information from care providers, personal physicians and other Licensed Health Care Practitioners, that the covered care is needed due to the Insured Person continually:

- being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; **or**
- requiring Substantial Supervision to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Insured Person meets the above requirements."

The policy recognizes the following **Activities of Daily Living** as benefit triggers: **Bathing**, **Dressing**, **Eating**, **Continence**, **Toileting**, and **Transferring**. You may refer to the definitions of these terms on page five (5) of the policy. Additionally, the terms **Substantial Assistance**, **Severe Cognitive Impairment** and **Substantial Supervision** are defined on pages eight (8) and nine (9) of the policy, should you wish to review them.

Thus, in accordance with the eligibility requirements of your policy, you must be unable to perform at least two (2) of the above referenced Activities of Daily Living, "without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual", for an expected period of at least 90 days; or you must require Substantial Supervision due to Severe Cognitive Impairment, as defined in the policy. Additionally, we must receive a Current Eligibility Certification from a Licensed Health Care Practitioner that you meet the eligibility requirements of your policy.

As we explained in our prior correspondence, in order to evaluate your care needs and cognitive status, we had a nurse from CareScout conduct a virtual functional assessment with you on March 1, 2023. The results of the assessment indicated that you were able to independently perform all of the policy-defined Activities of Daily Living. Additionally, based on the results of the cognitive screening administered during the assessment, it was determined you did not require Substantial Supervision due to Severe Cognitive Impairment as defined in the policy.

We have also not received the required certification from a Licensed Health Care Practitioner that you meet the eligibility requirements of your policy.

Please note that while we understand that you may currently benefit from assistance with services such as shopping, housekeeping, transportation, and meal preparation, these are not activities that are recognized by your policy as benefit eligibility criteria.

Based on this information, we have not received a Current Eligibility Certification to support that you meet the eligibility requirements of your policy, and no benefits are payable at this time; nor may any services be applied against the policy's Deductible or Elimination Period, if applicable. We have now closed our handling of this claim.

We recognize that your care needs may change over time. Should you experience an increase in your care needs to where you feel you are satisfying the policy's eligibility criteria, we encourage you, or your representative, to contact our Claims Intake Department to discuss opening a new claim for benefits.

Lastly, please also be aware that a full claim evaluation is a two-fold process which allows us the opportunity to not only determine if the Insured individual meets the

policy's benefit eligibility criteria, but also whether the provider satisfies the requirements of the policy. The determination explained above applies only to benefit eligibility and does not take into account any specific provider requirements under the policy, which may require a separate evaluation, if one has not already been completed. Additionally, if you are interested, in the future, in determining whether a caregiver, agency, or facility provider would qualify under the policy, you may contact us at the number below, and we will be happy to review this for you.

This claim was reviewed based upon policy provisions and information gathered during the claims evaluation process. *Due to the COVID-19 outbreak, and in light of concerns for your health and the health of others, we conducted a telephonic functional assessment in lieu of an in-person assessment to evaluate your eligibility under the policy provisions. However, based upon the information received during this assessment, we find you did not meet the eligibility requirements based upon the policy provisions.* If you do not agree with the above decision, you may ask for a review. All written requests should include any additional information you think would be helpful. This should include the names, addresses and telephone numbers of medical providers from which you have received care, treatment, services, equipment, or other items. We will respond promptly and our decision will be in writing.

If, at any time, you wish to have copies of specific documents or records gathered during the claims evaluation process, please send us a request for this in writing.

Our appeal process provides you with two (2) separate opportunities to request an internal review of the benefit eligibility determination. Upon exhausting our internal appeal process, you will receive additional information regarding the offer of an independent third party review of our benefit eligibility determination.

We are ready to assist you. If you have questions, please contact us.

- **To Email Documents:**
  - Email documents to: LTCDocuments@ltc-claims.com

  Please include your claim number (found at the top of this letter) in the subject line of the email and allow 48 hours for the information you send electronically to be updated in the claim file. Note that your email system may or may not transmit messages and their subject lines securely. We are not responsible for the security of the transmission of any email sent to us.

- **To Mail Documents:** Please mail documents to the address below along with a brief cover letter specifying your claim number.

  Genworth Life Insurance Company
  Long Term Care Claims
  P.O. Box 40007
  Lynchburg, VA 24506-9939

- **To Contact Us By Phone:** 800 876.4582. We are available Monday through Thursday from 8:30 AM ET to 6:00 PM ET and on Friday from 9:00 AM ET to 6:00 PM ET.

Sincerely,

Jacqueline L Hamlet

Jacqueline Hamlet
Adjudication Specialist Coordinator
Claims Services, Genworth Life Insurance Company