

LTCI Partnerships:

The States' View of Implementation

Facilitated By:

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Our Panel

- Mark Meiners, PhD, Center for Health Policy Research, George Mason University
- Suzanne Gore
Commonwealth of Virginia
- Paul Strebe
State of Minnesota
- Ilana Cohen,
National Association of State Medical Directors

Partnership Overview:

A Historical Perspective

Mark R. Meiners, Ph.D.

Director, Center for Health Policy Research
and Ethics Professor

College of Health and Human Services
George Mason University

Partnership Model Overview

- Originally operational in four states; creates access to affordable, high-quality long-term care insurance. If benefits are exhausted, Medicaid covers ongoing care.
- The Deficit Reduction Act of 2005 allows more states to develop Partnership programs.
- RWJF wants to promote state adoption of the Partnership.

Partnership History

- Balance cost/quality trade-off
- Inflation Protected Quality
- Consumer education campaigns.
- Uniform reporting for insurers.
- Asset Protection models:
 - Dollar for dollar
 - Total assets
 - Combo of these

Partnership Positives

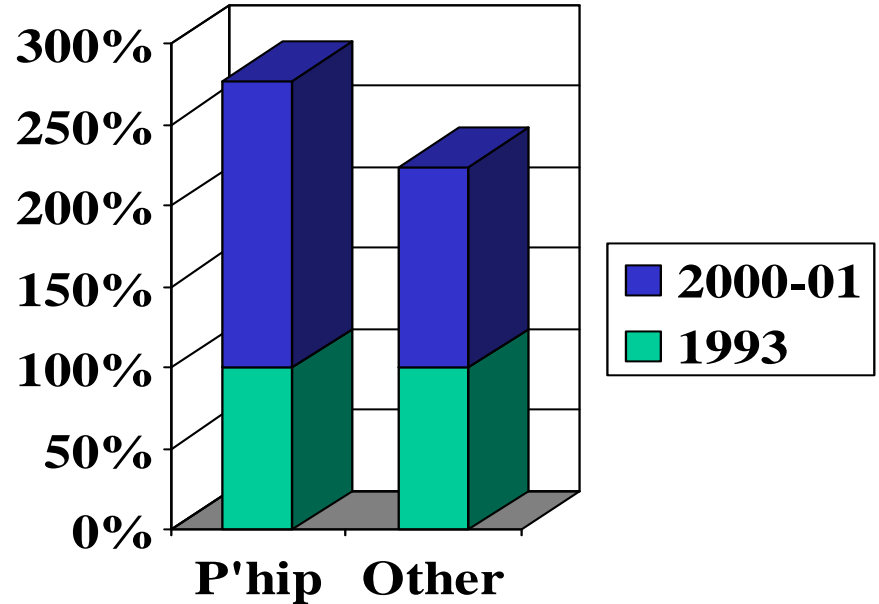
- Efficient subsidy.
- Helps avoid Medicaid gaming.
- Helps avoid impoverishment.
- Improves important working relationships.
- Improves consumer confidence.
- Mitigates means testing concerns.

Partnership Challenges

- Targeting difficulties.
- State-by-State filing burden.
- Reciprocity of asset incentive.
- Distribution channel reluctance.
- Medicaid unevenness and changes.

Sales Grow Faster in Partnership States

- Normalized sales as of 1993
- Partnership states had 23% higher sales compared to other states in 2000-01



State Perspective:

Developing a Long-term Care Partnership

Suzanne S. Gore
Commonwealth of Virginia

Administrative

Each State Has Unique Requirements

- Legislation
- Medicaid State Plan Amendment
- Medicaid Agency Regulations
- Insurance Commission Regulations

Other Implementation Components

- Establishing Agent Training Requirements
- Consumer Awareness and Education
- Developing a Process and Training for Medicaid Eligibility Determination Staff
- Medicaid Agency/Medicaid Eligibility Data Base Upgrades

Points of Consideration for States

- Ongoing Operation of Partnership Program
 - Staffing,
 - Consumer/agent inquires,
 - Website,
 - Tracking information,
 - Funding

Points of Consideration for States

- Treatment of existing long-term care insurance policies
- Reciprocity with other states
- Inflation Protection
- Consumer Protection
 - Ensuring that Consumers Understand the Partnership- Not a “Golden Ticket” to Medicaid
 - Providing Clear Documentation

State challenges with Partnership

Paul Strebe
State of Minnesota

State challenges

- It's a Partnership in more ways than one!
 - Not just Medicaid/LTCI industry, but:
 - Within agencies
 - Between agencies
 - Between states and federal
 - Within trade groups
 - Between insurers

State challenges

- Possible lack of resources
 - Funding for implementation and administration
 - Personnel with necessary knowledge
 - Willingness to invest to make it a true partnership

State challenges

- Possible lack of commitment
 - Lack of understanding among policy makers
 - Financial payoffs relatively a long way out
 - Skepticism about “privatization” within Medicaid agencies
 - Lack of concern about Medicaid budgets within insurance agencies

Some solutions

- Try to get everyone to table early on
- Spell out roles and responsibilities
- Be prepared to educate
- Use other states as resources and examples
- Be patient

Overview From The States

Ilana Cohen

National Association of State
Medicaid Directors

Overview from the States

- A fall 2006 survey of State Medicaid directors found that 20 (of 40 total) respondents indicated that they planned to propose a Long-Term Care Partnership program within the year.
- This spurred a state survey on the implementation of partnership programs in February-March 2007.

Overview from the States

- States were asked a series of questions which included:
 - Have you filed a State Plan Amendment?
 - » If not, when do you plan to do so?
 - Will approval of state law or regulatory policy be needed in order to create the LTCPP?
 - How long do you anticipate it will take until you can create a fully operational program?
 - What have states done with regard to training?
 - A request for states to share best practices

Overview from the States

- 3 states have had their SPA approved
- 17 states will submit a SPA in 2007
- 3 states will submit a SPA in 2008
- 3 states are unsure when they will submit a SPA

Overview from the States

- 25 states require a change in law or policy
- 5 states do not require a change in law or policy
- 2 states are currently working to update their insurance regulations
- 15 states believe it will take up to 1 year to fully implement a program
- 8 states believe it will take between 1 and 2 years to fully implement a program

Overview from the States

- 11 states have begun to work on the training requirements
- Considerations:
 - States may wish to keep open lines of communication with others, specifically stakeholders.
 - States may wish to take into consideration the specific areas of expertise that each group of stakeholders can provide.
 - States may wish to partner with other state government agencies.
 - Several states provided the above considerations.

Partnership Expansion Grants:

Mark R. Meiners, Ph.D.

Director, Center for Health Policy Research
and Ethics Professor

College of Health and Human Services
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RWJF Partnership Expansion Goals

The project has three broad purposes:

- Replicate the partnership in up to 10 states
- Identify and share best practices from current Partnership programs
- Provide intensive technical assistance to selected states

Who Is Involved

- The Center for Health Care Strategies
- George Mason University
- HHS Office of the Secretary for Planning and Evaluation (ASPE)
- The Robert Wood Johnson Foundation

Selection Criteria

- States that are:
 - Committed to expanding affordable long-term care coverage
 - Ready to involve key stakeholders
 - Willing to invest in public information and education
 - Ready to implement within the first 12 months of the grant period

Initiative Overview

- 18-month “active” CHCS/GMU technical assistance phase (June 2007 – December 2008)
- 12 months additional reporting (January-December 2009)
- Up to \$50,000 in seed grants to defray costs of participation
- State Team Meetings
- Technical assistance

Lessons Looking Forward

- Make It Simple – to adopt, discuss, and promulgate
- Agents as Partners – revisit strategies
- Comparability to Non-Partnership Policies
- Cost-effectiveness important to measure and track

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Defining Directions: The 7th Annual Intercompany LTCi Conference