

☛ 05hr_SSC-HCR_Misc_pt43



☛ Details: Department of Health and Family Services Update and Long Term Care. Hearing held in Madison, Wisconsin on October 17, 2006.

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Select Committee on Health Care Reform...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**


Malszycki, Marcie

From: Stegall, Jennifer
Sent: Friday, June 02, 2006 12:39 PM
To: 'Bloch, Jodi'
Cc: Malszycki, Marcie
Subject: RE: Senate Select Committee on Health Care Reform

Yes, I definitely think the committee should hear from the nursing home community when a hearing is held on MA and LTC. I have specified this on my list to Marcie so she will know to raise the issue with Carol and Alberta.

From: Bloch, Jodi [mailto:jbloch@wha.org]
Sent: Thursday, June 01, 2006 9:42 AM
To: Stegall, Jennifer
Cc: Borgerding, Eric
Subject: RE: Senate Select Committee on Health Care Reform

Jennifer,

 If you focus on MA issues at the July 26th hearing, I think it would be interesting to hear the perspective from nursing homes and their MA issues/ideas for reform. We have a number of hospitals that are subsidizing nursing homes to keep them open in their communities. Let me know if you think that is appropriate. - Jodi

Jodi Bloch
VP-Government Affairs
Wisconsin Hospital Association
608.268.1836 (direct)

From: Stegall, Jennifer [mailto:Jennifer.Stegall@legis.state.wi.us]
Sent: Thursday, June 01, 2006 8:55 AM
To: Bloch, Jodi
Subject: RE: Senate Select Committee on Health Care Reform

Sorry to get back to you so late!! Yes, both of the hearings will be in Madison. I don't know that either one will focus on single payer/universal health plans. The June 16th hearing will likely be limited to a presentation from ETF and a presentation by the WI. Association of Health Underwriters. This will hopefully be confirmed today. The co-chairs haven't decided what the issue will be for the July 26th hearing. I tend to think it may focus on a few MA issues but they may decide to do something else.

From: Bloch, Jodi [mailto:jbloch@wha.org]
Sent: Tuesday, May 30, 2006 3:10 PM
To: Stegall, Jennifer
Subject: RE: Senate Select Committee on Health Care Reform

Jennifer,

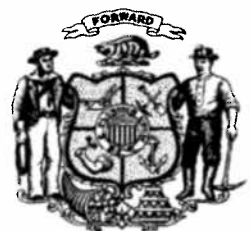
Will they both be in Madison and which one is David Riemer scheduled to present his plan at? - Jodi

From: Stegall, Jennifer [mailto:Jennifer.Stegall@legis.state.wi.us]

6/2/2006



WISCONSIN STATE LEGISLATURE



Malszycki, Marcie

From: Sumi, Gail [GSumi@aarp.org]
Sent: Friday, July 28, 2006 1:09 PM
To: Sen.Roessler
Cc: Sweet, Richard; Stegall, Jennifer; Malszycki, Marcie
Subject: CMS Partnership guidelines & Health Care Reform
Attachments: CMS guidance 7 06.pdf; LTCEnclosure from CMS.pdf

~~8/11~~
 9/6
 9:30
 1:00

Dear Senator Roessler,

Please find attached two documents from CMS dated July 27, 2006 related to "Qualified State LTC Insurance Partnership," which we have talked about previously. I look forward to working with you on that issue.

Also, as you heard at the July 26 public hearing, AARP Wisconsin is very involved in the discussion around the reform of Wisconsin's Health Care system – or as some people pointed out at the hearing – it's currently not really a system. If you have time over the next couple of weeks, I would like to sit down with you or your staff to talk about how we can be helpful in this debate. I am so glad it is you and your committee that is willing to take it on. I'll call this afternoon to make an appointment.

Thank you,

Gail Sumi

State Issues Advocacy Director
 AARP Wisconsin
 222 West Washington Ave., Suite 600
 Madison, WI 53703

Office: 608/286-6307
 Cell: 608/658-0351
 Fax: 608/251-7612

For more on AARP go to <http://www.aarp.org>

Vacation
 8/11 - 9/4

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

SMDL #06-019

JUL 27 2006

Dear State Medicaid Director:

This letter is one of a series that provides guidance on the implementation of the Deficit Reduction Act of 2005 (DRA), Pub. L. 109-171. The legislation made a number of changes in the Medicaid rules on eligibility and benefits. This letter provides information for States regarding implementation of section 6021 of the DRA. Section 6021 amends section 1917(b) of the Social Security Act (the Act) to provide for Qualified State Long-Term Care (LTC) Insurance Partnership programs, and permits an exception to estate recovery provisions with respect to individuals who receive benefits under LTC insurance policies sold in States that implement a Partnership program. These changes are described briefly below and are discussed in detail in the enclosure to this letter.

Qualified Partnerships

A Qualified State LTC Insurance Partnership (Qualified Partnership) means an approved State plan amendment (SPA) that provides an exemption from estate recovery in an amount equal to the benefits paid by certain LTC insurance policies, where those benefits were disregarded in determining an individual's Medicaid eligibility. Policies must meet specific conditions and the State Insurance Commissioner, or appropriate State official, must certify that a policy meets those conditions, in order for the State to apply the exemption from estate recovery. The term "Qualified Partnership" refers to Partnership SPAs, other than those approved as of May 14, 1993. However, those States that had approved Partnership SPAs as of May 14, 1993, continue to be "Partnership States," as long as they have not relaxed the consumer protection standards that were applied under their State plans as of December 31, 2005.

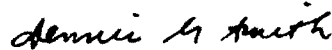
Effective Dates

A State plan amendment that provides for a Qualified Partnership under section 1917(b)(1)(C)(iii) of the Act can specify that policies issued after a certain date will be subject to the amendment, as long as that date is not earlier than the first day of the first calendar quarter in which the SPA is submitted for approval.

Page 2 - State Medicaid Director

I am enclosing a more detailed explanation of the above DRA provisions. If you have any questions about this letter, or the enclosure, please feel free to contact Gale Arden, Director, Disabled & Elderly Health Programs Group at (410)786-6810, or by e-mail at Gale.Arden@cms.hhs.gov. We look forward to working with you as you implement this legislation.

Sincerely,



Dennis G. Smith
Director

Enclosure

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
for Medicaid and State Operations

Martha Roherty
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Page 3 – State Medicaid Director

Lynne Flynn
Director for Health Policy
Council of State Governments

Enclosure

Qualified Long-Term Care Partnerships
Under the
Deficit Reduction Act of 2005

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations

July 27, 2006

Enclosure Highlights—Section 6021

- I. Expansion of State Long-Term Care Insurance Partnerships
- II. Definition of “Qualified State Long-Term Care Insurance Partnership” and Requirements
 - A. Definition
 - B. Requirements
- III. Grandfather Clause
- IV. Effective Date

Appendix I Requirements for a Long-Term Care Insurance Policy under a Qualified Long-Term Care Insurance Partnership

Appendix II National Association of Insurance Commissioners Model Regulations

Appendix III National Association of Insurance Commissioners Model Act

Deficit Reduction Act of 2005

I. Expansion of State Long-Term Care (LTC) Partnership Program

Section 6021(a)(1)(A) of the Deficit Reduction Act of 2005 (DRA), Pub. L. 109-171, expands State LTC Partnership programs, which encourage individuals to purchase LTC insurance. Prior to enactment of the DRA, States could use the authority of section 1902(r)(2) of the Social Security Act (the Act) to disregard benefits paid under an LTC policy when calculating income and resources for purposes of determining Medicaid eligibility. However, under section 1917(b) of the Act, only States that had State plan amendments approved as of May 14, 1993, could exempt the LTC insurance benefits from estate recovery.

The DRA amends section 1917(b)(1)(C)(ii) of the Act to permit other States to exempt LTC benefits from estate recovery, if the State has a State plan amendment (SPA) that provides for a qualified State LTC insurance partnership (Qualified Partnership). The DRA then adds section 1917(b)(1)(C)(iii) in order to define a "Qualified Partnership." States that had State plan amendments as of May 14, 1993, do not have to meet the new definition, but in order to continue to use an estate recovery exemption, those States must maintain consumer protections at least as stringent as those they had in effect as of December 31, 2005. We refer to both types of States as "Partnership States."

II. Definition of "Qualified State LTC Partnership" and Requirements

A. Definition

Section 6021(a)(1)(A) of the DRA adds several new clauses to section 1917(b)(1)(C) of the Act. The new clause (iii) defines the term "Qualified State LTC Partnership" to mean an approved SPA that provides for the disregard of resources, when determining estate recovery obligations, in an amount equal to the LTC insurance benefits paid to, or on behalf of, an individual who has received medical assistance. A policy that meets all of the requirements specified in a Qualified State LTC Partnership SPA is referred to as a "Partnership policy."

The insurance benefits upon which a disregard may be based include benefits paid as direct reimbursement of LTC expenses, as well as benefits paid on a per diem, or other periodic basis, for periods during which the individual received LTC services. The DRA does not require that benefits available under a Partnership policy be fully exhausted before the disregard of resources can be applied. Eligibility may be determined by applying the disregard based on the amount of benefits paid to, or on behalf of, the individual as of the month of application, even if additional benefits remain available under the terms of the policy. The amount that will be protected during estate recovery is the same amount that was disregarded in the eligibility determination.

It should be noted that while an approved Partnership SPA may enable an individual to become eligible for Medicaid by disregarding assets or resources under the authority of section 1902(r)(2) of the Act, the use of a qualified Partnership policy will not affect an individual's ineligibility for payment for nursing facility services, or other LTC services, when the individual's equity interest in home property exceeds the limits set forth in section 1917(f) of the Act, as amended by the DRA.

B. Requirements

The new clause (iii) also sets forth other requirements that must be met in order for a State plan amendment to meet the definition of a Qualified Partnership. These include the following:

1. The LTC insurance policy must meet several conditions, which are listed in Appendix I of this enclosure. These conditions include meeting the requirements of specific portions of the National Association of Insurance Commissioners' (NAIC) LTC Insurance Model Regulations and Model Act (see Appendices II and III).

The Qualified Partnership SPA **must** provide that the State Insurance Commissioner, or other appropriate State authority, certify to the State Medicaid agency that the policy meets the specified requirements of the NAIC Model Regulations and Model Act. The State Medicaid agency may also accept certification from the same authority that the policy meets the Internal Revenue Code definition of a qualified LTC insurance policy, and that it includes the requisite inflation protections specified in Appendix I. If the State Medicaid agency accepts the certification of the Commissioner or other authority, it is not required to independently verify that policies meet these requirements. Changes in a Partnership policy after it is issued will not affect the applicability of the disregard of resources as long as the policy continues to meet all of the requirements referenced above.

If an individual has an existing LTC insurance policy that does not qualify as a Partnership policy due to the issue date of the policy, and that policy is exchanged for another, the State Insurance Commissioner or other State authority must determine the issue date for the policy that is received in exchange. To be a qualified Partnership policy, the issue date must not be earlier than the effective date of the Qualified Partnership SPA.

2. The State Medicaid agency must provide information and technical assistance to the State insurance department regarding the Partnership and the relationship of LTC insurance policies to Medicaid. This information must be incorporated into the training of individuals who will sell LTC insurance policies in the State.
3. The State insurance department must provide assurance to the State Medicaid agency that anyone who sells a policy under the Partnership receives training and

demonstrates an understanding of Partnership policies and their relationship to public and private coverage of LTC.

4. The issuer of the policy must provide reports to the Secretary, in accordance with regulations to be developed by the Secretary, which include notice of when benefits are paid under the policy, the amount of those benefits, notice of termination of the policy, and any other information the Secretary determines is appropriate.
5. The State may not impose any requirement affecting the terms or benefits of a Partnership policy unless it imposes the same requirements on all LTC insurance policies.

III. "Grandfather" Clause

A State that had a LTC insurance Partnership SPA approved as of May 14, 1993, is considered to have satisfied the requirements in section II above if the Secretary determines that the SPA provides consumer protections no less stringent than those applied under its SPA as of December 31, 2005. Under this provision California, Connecticut, Indiana, Iowa, and New York would continue to be considered Partnership States.

IV. Effective Dates

A SPA that provides for a Qualified State LTC Insurance Partnership under the amended section 1917(b)(1)(C) of the Act may be effective for policies issued on or after a date specified in the SPA, but not earlier than the first day of the first calendar quarter in which the SPA is submitted.

The DRA requires the Secretary to develop standards regarding the portability of Partnership policies by January 1, 2007. These standards will address reciprocal treatment of policies among Partnership States. The Secretary is also required to develop regulations regarding reporting requirements for issuers of Partnership policies and related data sets. It is not necessary for States to wait for these standards and rules to be promulgated before submitting a Partnership SPA. A State may submit a Partnership SPA at any time after the effective date of the DRA.

Appendix I

Requirements for a Long-Term Care Insurance Policy under a Qualified Long-Term Care Insurance Partnership

In order for a State Plan Amendment to meet the definition of a "Qualified Partnership," allowing the State to disregard assets or resources equal to the amount paid on behalf of an individual, the long-term care insurance policy, including a group policy, must meet the following conditions:

1. The policy must cover a person who was a resident of the Qualified Partnership State when coverage first became effective. If a policy is exchanged for another, the residency rule applies to the issuance of the original policy.
2. The policy must meet the definition of a "qualified long-term care insurance policy" that is found in section 7702B(b) of the Internal Revenue Code of 1986.
3. The policy must not have been issued earlier than the effective date of the SPA.
4. The policy must meet specific requirements of the National Association of Insurance Commissioners (NAIC) Long Term Care Insurance Model Regulations and Model Act. These are listed in Appendices II and III.
5. The policy must include inflation protection as follows:
 - For purchasers under 61 years old, compound annual inflation protection;
 - For purchasers 61 to 76 years old, some level of inflation protection; or
 - For purchasers 76 years or older, inflation protection may be offered but is not required.

Appendix II

NAIC Model Regulations

The following is a list of the NAIC Model regulations that are referenced in Appendix I, item 4:

Model Regulations

1. Section 6A, with a certain exception, relating to guaranteed renewal or non-cancellability;
2. Section 6B of the Model Act, as it relates to 6A;
3. Section 6B, with certain exceptions, relating to prohibitions on limitations and exclusions;
4. Section 6C, relating to extension of benefits;
5. Section 6D, relating to continuation or conversion of coverage;
6. Section 6E, relating to discontinuance and replacement of policies;
7. Section 7, relating to unintentional lapse;
8. Section 8, with certain exceptions, relating to disclosure;
9. Section 9, relating to disclosure of rating practices to the consumer;
10. Section 11, relating to prohibitions against post-claims underwriting;
11. Section 12, relating to minimum standards;
12. Section 14, relating to application forms and replacement coverage;
13. Section 15, relating to reporting requirements;
14. Section 22, relating to filing requirements for marketing;
15. Section 23, with certain exceptions, relating to standards for marketing, with the exception of specific paragraphs;
16. Section 24, relating to suitability;
17. Section 25, relating to prohibition against pre-existing conditions and probationary periods in replacement policies or certificates;
18. Section 26, relating to contingent non-forfeiture benefits;
19. Section 29, relating to standard format outline of coverage; and
20. Section 30, relating to the requirement to deliver the NAIC publication "*A Shopper's Guide to Long-Term Care Insurance*".

Appendix III

NAIC Model Act

The following is a list of the requirements of the NAIC Model Act that are referenced in Appendix I, item 4:

1. Section 6C, relating to pre-existing conditions;
2. Section 6D, relating to prior hospitalization;
3. Section 8, the provisions relating to contingent non-forfeiture benefits;
4. Section 6F, relating to right to return;
5. Section 6G, relating to outline of coverage;
6. Section 6H, relating to requirements for certificates under group plans;
7. Section 6J, relating to policy summary;
8. Section 6K, relating to monthly reports on accelerated death benefits; and
9. Section 7, relating to incontestability period.



Center for Medicaid and State Operations

OP
Read

SMDL #06-019

JUL 27 2006

Dear State Medicaid Director:

This letter is one of a series that provides guidance on the implementation of the Deficit Reduction Act of 2005 (DRA), Pub. L. 109-171. The legislation made a number of changes in the Medicaid rules on eligibility and benefits. This letter provides information for States regarding implementation of section 6021 of the DRA. Section 6021 amends section 1917(b) of the Social Security Act (the Act) to provide for Qualified State Long-Term Care (LTC) Insurance Partnership programs, and permits an exception to estate recovery provisions with respect to individuals who receive benefits under LTC insurance policies sold in States that implement a Partnership program. These changes are described briefly below and are discussed in detail in the enclosure to this letter.

Qualified Partnerships

A Qualified State LTC Insurance Partnership (Qualified Partnership) means an approved State plan amendment (SPA) that provides an exemption from estate recovery in an amount equal to the benefits paid by certain LTC insurance policies, where those benefits were disregarded in determining an individual's Medicaid eligibility. Policies must meet specific conditions and the State Insurance Commissioner, or appropriate State official, must certify that a policy meets those conditions, in order for the State to apply the exemption from estate recovery. The term "Qualified Partnership" refers to Partnership SPAs, other than those approved as of May 14, 1993. However, those States that had approved Partnership SPAs as of May 14, 1993, continue to be "Partnership States," as long as they have not relaxed the consumer protection standards that were applied under their State plans as of December 31, 2005.

Effective Dates


A State plan amendment that provides for a Qualified Partnership under section 1917(b)(1)(C)(iii) of the Act can specify that policies issued after a certain date will be subject to the amendment, as long as that date is not earlier than the first day of the first calendar quarter in which the SPA is submitted for approval.

opportunity for fraud - only applies if income is
asset eligible for MA.

Page 2 - State Medicaid Director

I am enclosing a more detailed explanation of the above DRA provisions. If you have any questions about this letter, or the enclosure, please feel free to contact Gale Arden, Director, Disabled & Elderly Health Programs Group at (410)786-6810, or by e-mail at Gale.Arden@cms.hhs.gov. We look forward to working with you as you implement this legislation.

Sincerely,



Dennis G. Smith
Director

Enclosure

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
for Medicaid and State Operations

Martha Roherty
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
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Matt Salo
Director of Health Legislation
National Governors Association

Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Page 3 – State Medicaid Director

**Lynne Flynn
Director for Health Policy
Council of State Governments**

Enclosure

Qualified Long-Term Care Partnerships
Under the
Deficit Reduction Act of 2005

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations

July 27, 2006

Buy policy
Value exempted
at time of death
Assets protected through insurance
10,000 not taken at X
of death

Enclosure Highlights—Section 6021

- I. Expansion of State Long-Term Care Insurance Partnerships
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II. Definition of "Qualified State LTC Partnership" and Requirements

A. Definition

Section 6021(a)(1)(A) of the DRA adds several new clauses to section 1917(b)(1)(C) of the Act. The new clause (iii) defines the term "Qualified State LTC Partnership" to mean an approved SPA that provides for the disregard of resources, when determining estate recovery obligations, in an amount equal to the LTC insurance benefits paid to, or on behalf of, an individual who has received medical assistance. A policy that meets all of the requirements specified in a Qualified State LTC Partnership SPA is referred to as a "Partnership policy."

The insurance benefits upon which a disregard may be based include benefits paid as direct reimbursement of LTC expenses, as well as benefits paid on a per diem, or other periodic basis, for periods during which the individual received LTC services. The DRA does not require that benefits available under a Partnership policy be fully exhausted before the disregard of resources can be applied. Eligibility may be determined by applying the disregard based on the amount of benefits paid to, or on behalf of, the individual as of the month of application, even if additional benefits remain available under the terms of the policy. The amount that will be protected during estate recovery is the same amount that was disregarded in the eligibility determination.

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B. Requirements

The new clause (iii) also sets forth other requirements that must be met in order for a State plan amendment to meet the definition of a Qualified Partnership. These include the following:

1. The LTC insurance policy must meet several conditions, which are listed in Appendix I of this enclosure. These conditions include meeting the requirements of specific portions of the National Association of Insurance Commissioners' (NAIC) LTC Insurance Model Regulations and Model Act (see Appendices II and III).

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2. The State Medicaid agency must provide information and technical assistance to the State insurance department regarding the Partnership and the relationship of LTC insurance policies to Medicaid. This information must be incorporated into the training of individuals who will sell LTC insurance policies in the State.
3. The State insurance department must provide assurance to the State Medicaid agency that anyone who sells a policy under the Partnership receives training and

demonstrates an understanding of Partnership policies and their relationship to public and private coverage of LTC.

4. The issuer of the policy must provide reports to the Secretary, in accordance with regulations to be developed by the Secretary, which include notice of when benefits are paid under the policy, the amount of those benefits, notice of termination of the policy, and any other information the Secretary determines is appropriate.
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IV. Effective Dates

A SPA that provides for a Qualified State LTC Insurance Partnership under the amended section 1917(b)(1)(C) of the Act may be effective for policies issued on or after a date specified in the SPA, but not earlier than the first day of the first calendar quarter in which the SPA is submitted.

The DRA requires the Secretary to develop standards regarding the portability of Partnership policies by January 1, 2007. These standards will address reciprocal treatment of policies among Partnership States. The Secretary is also required to develop regulations regarding reporting requirements for issuers of Partnership policies and related data sets. It is not necessary for States to wait for these standards and rules to be promulgated before submitting a Partnership SPA. A State may submit a Partnership SPA at any time after the effective date of the DRA.

Appendix I

Requirements for a Long-Term Care Insurance Policy under a Qualified Long-Term Care Insurance Partnership

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1. The policy must cover a person who was a resident of the Qualified Partnership State when coverage first became effective. If a policy is exchanged for another, the residency rule applies to the issuance of the original policy.
2. The policy must meet the definition of a "qualified long-term care insurance policy" that is found in section 7702B(b) of the Internal Revenue Code of 1986.
3. The policy must not have been issued earlier than the effective date of the SPA.
4. The policy must meet specific requirements of the National Association of Insurance Commissioners (NAIC) Long Term Care Insurance Model Regulations and Model Act. These are listed in Appendices II and III.
5. The policy must include inflation protection as follows:
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Appendix III

NAIC Model Act

The following is a list of the requirements of the NAIC Model Act that are referenced in Appendix I, item 4:

1. Section 6C, relating to pre-existing conditions;
2. Section 6D, relating to prior hospitalization;
3. Section 8, the provisions relating to contingent non-forfeiture benefits;
4. Section 6F, relating to right to return;
5. Section 6G, relating to outline of coverage;
6. Section 6H, relating to requirements for certificates under group plans;
7. Section 6J, relating to policy summary;
8. Section 6K, relating to monthly reports on accelerated death benefits; and
9. Section 7, relating to incontestability period.



Stegall, Jennifer

Subject: FW: October Health Committee Hearing

From: Laura DeGolier [mailto:degolierinsurance@tds.net]
Sent: Wednesday, September 06, 2006 10:41 AM
To: Stegall, Jennifer; Malszycki, Marcie
Subject: October Health Committee Hearing

Jennifer and Marcie,

This morning I had a conversation with one of the foremost experts on long term care insurance and how legislation impacts this product and government spending, Stephen Moses. I was trying to get him into WI for another event, but then he went on to tell me that he often testified to Congress and state legislatures and would be very happy to do that. So I told him about your upcoming hearing (although I did not have a date). Then I asked about costs and he has been given a grant in return for speaking to legislatures and writing articles for the Heartland Think Tank in Chicago. They could pay for bringing him in.

If we can make that happen, this is the best possible person to talk about partnerships and the dangers we face if we don't take action to fund long term care privately.

Please let me know if you have an interest in pursuing him for the Hearing.

Laura DeGolier



From: Malszycki, Marcie

Sent: Tuesday, September 12, 2006 3:35 PM

To: Knutson, Tryg; Kuhn, Jamie; Lipp, Elizabeth; Schulze, Connie; Smith, Heather; Volz, David

Cc: Sweet, Richard; Rose, Laura

Subject: October Hearing For the Senate Select Committee on Health Care Reform

Please mark you calendars for the October 17, 2006 committee hearing starting at 10:00 in room 411 South. This committee hearing will be in regard to Long Term Care Partnership, Divestment, Family Care, and more.

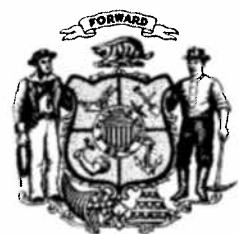
More details to follow closer to the date of the hearing. If you have any questions, feel free to contact me.

Thank you,

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300



WISCONSIN STATE LEGISLATURE



From: Tom Frazier [mailto:tfrazier@cwag.org]
Sent: Wednesday, September 13, 2006 10:14 AM
To: Malszycki, Marcie
Subject: RE: Senate Select Committee On Health Care Reform

I don't know the plan but I would be interested in testifying on FamilyCare expansion either invited or if the Committee will be taking testimony from the public. Please let me know. Thank you.

From: Malszycki, Marcie [mailto:Marcie.Malszycki@legis.wisconsin.gov]
Sent: Wednesday, September 13, 2006 8:39 AM
To: Bill Smith; Dan Schwartz; Delora Newton; Dianne Kiehl; Eric Englund; Erik Hekkers (Assurant Health Ins); Greg Hubbard; Jordan Lamb; Juliana (Daimler Chrysler); Laura DeGolier; Mike Hert; Peggy Rosenzweig; R.J. Pirlot; Sabrina Gentile (Wi. Farm Bureau Federation); Senate Committee on Health, Children, Families, Aging and Long Term Care ; Sheri Krause (WASB); Steven Lorenz; Susan McMurray; Tim Shaw (Allied Health); Victor Perez, Assurant; *** Top of List ***; Alice O'Connor; Alison Prange; Andrew Franken; Ann Medeiros; Bob Andersen; Bryan Brooks; Cathleen Dettmann; Ellen Henningsen; Eric Borgerding; George Petak; Gina Dennik-Champion; Greer, Rosie; Greg Aronin (Johnson and Johnson); Guarasci, Patrick - Office of Governor Jim Doyle; Hermes, Ron; Hillary Conley; Huffer, Linda; Jack; Jason Johns; Jason Westphal; Jeff Ranous; Jeremy Levin; Jim Hemes; Jim Tenuta; Jodi Bloch; Jodie Tierney ; John D. Forester; Joseph Win (AHIP); Julie Swiderski; Karla (Ministry Health Care); Kate Venne; Katie Boycks; Katie Walby; Laurie Kuiper; Linda Hall; Linda Klein-Schmidt; Lisa Macaulay; Lisa Maroney; Lisa Roys; Liz Schumacher Meriter; Louie Schubert; Mark Grapentine; Mark Reihl (carpenters union); Martin, Larry - DRL; Mary Klaver RTL; Maureen McNally; mbrooks@wda.org; Michael Blumenfeld ; Michael Heifetz; Michael Welch; Michelle Mettner; Moyer, Andrew - Office of Governor Jim Doyle; Nancy Wenzel; Paul Merline; Paul Westrick; Peter Christianson; Peter Theo; Plona, Katie - Office of Governor Jim Doyle; Ray, Alan; Robert Phillips; Snyder, MaryAnne; Tom Engels; Tom Fonfara; Tom Frazier; Tom Moore; Tony Driessen; Tony Langenohl; Vaughn Vance
Subject: Senate Select Committee On Health Care Reform

For your information, the Senate Select Committee on Health Care Reform will be holding a hearing on October 17, 2006 at 10:00 in room 411 South. This committee hearing will be in regard to Long Term Care Partnership, Divestment, Family Care, and more.

More details to follow closer to the date of the hearing. If you have any questions, feel free to contact me.

Thank you,

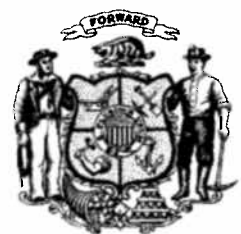
Marcie Malszycki

Office of Senator Carol Roessler

608-266-5300



WISCONSIN STATE LEGISLATURE



Malszycki, Marcie

From: Hermes, Ron
Sent: Thursday, September 14, 2006 4:34 PM
To: Malszycki, Marcie
Subject: Re: Senate Select Committee On Health Care Reform

?
DHFS

Marcie-
Is Carol wanting the Department to testify on these issues?

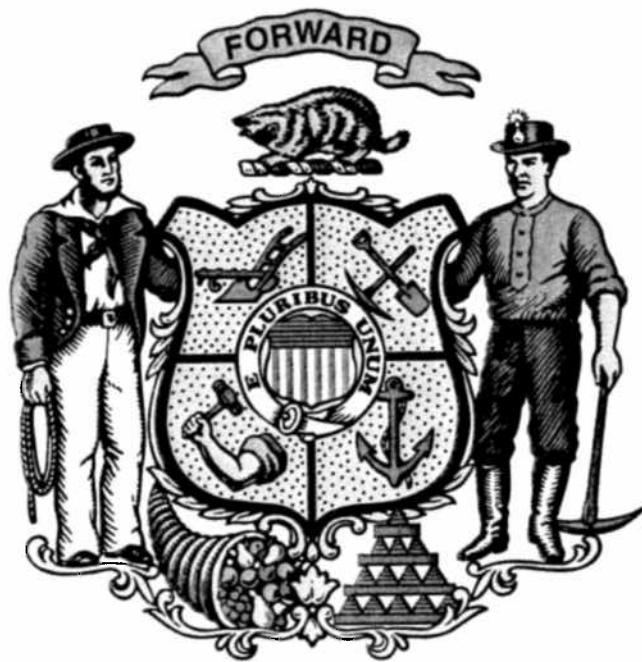
>>> "Malszycki, Marcie" <Marcie.Malszycki@legis.wisconsin.gov> 09/13/06
8:38 AM >>>

For your information, the Senate Select Committee on Health Care Reform will be holding a hearing on October 17, 2006 at 10:00 in room 411 South. This committee hearing will be in regard to Long Term Care Partnership, Divestment, Family Care, and more.

More details to follow closer to the date of the hearing. If you have any questions, feel free to contact me.

Thank you,

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300



Stegall, Jennifer

Subject: FW: October 17th Hearing

From: Malszycki, Marcie
Sent: Tuesday, September 19, 2006 8:42 AM
To: Stegall, Jennifer
Subject: October 17th Hearing

1. Partnership:
Laura DeGollier (info in folder)
Gail Sumi (info in folder)
Michael Blumenfeld
2. Divestment:
Lisa Roy with the State Bar (elder law), 250-6128
3. Family Care:
Tom Frasier & Lyn Breedlove
4. DHFS
Ron Hermes emailed asking if we would want the Dept. to testify to any of these topics.
5. LTC in Nursing Homes:
Jodi Block, 268-1836: Bill Bruce NH Director

Stephen
Moss
Yes

Stew didn't
want
Bruce
/ Yes
Stew
Block

Family
Care
Expansion?

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300

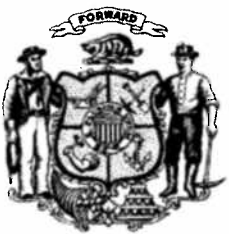
* Health
Board

* DHFS to testify on
MA. Fraud.

9/21: Laura called - yes, shall testify (Partnership + LTC)



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: Long Term Partnership meeting

From: Laura DeGolier [mailto:degolierinsurance@tds.net]
Sent: Wednesday, September 20, 2006 6:20 PM
To: Stegall, Jennifer
Subject: Long Term Partnership meeting

Hi Jennifer,
Welcome Back!

I called Carol last week to solidify the date of Hearing mentioned above and have received that from Marcie. She stated that it would be on Oct. 17th.

The speaker I mentioned to Carol, Steve Moses, cannot come. He has been previously booked for a speaking engagement in Las Vegas and that meeting is proceeding so that he needs to honor that commitment. He does have some very interesting things to say which I provided to me in an article he had written. I would love a way for that to get into the testimony. Is there a way to do that?

Also you might be interested to know he does not advocate the partnership plans per se, but has some strong suggestions to the states of things that they can do. He contends in this latest writing that the partnership plans proceeded with false assumptions. His statements are still very interesting and should be put in the record and the committee members made aware of them.

Please let me know the best way to do that.

As to other speakers, I would recommend someone from the State of Indiana where partnership plans have been at work since 1992 to hear what they have to say about how they work, what works and what should be changed.

Any other thoughts?

Just so that Carol is aware, this will be a subject discussed at the meeting she is attending at NAIFA Fond du Lac on November 12. Questions will be asked about her opinion and what needs to be changed to make it happen, or what can be done to encourage people to provide for themselves. There will also be questions about the health plans such as the Leean plan that some of our members have heard about before.

Laura DeGolier

9/21

Laura called me back.

She will testify.