Long-Term Care Insurance Pilot: A Study on Financing and Payment from 49 Cities, China

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Abstract. After China entered the stage of deep aging, long-term care insurance, as an important institutional innovation for addressing aging in China, has been expanded to 49 cities since its pilot program in 2016.Methods: This study summarizes the practical situations of long-term care insurance fund raising and benefit payment through content analysis method and longitudinal comparison method. The funding standards for pilot cities of long-term care insurance are mainly divided into three models: fixed amount financing, proportional financing and mixed financing. The service supply in the pilot cities for long-term care insurance mainly includes home care, community care and institutional care. Meanwhile, some cities have launched supportive equipment rental services. The payment methods for long-term care insurance in pilot cities mainly include service payment, cash compensation, and a combination of both. In terms of payment standards, none of the pilot cities has set a deductible for long-term care insurance. However, each pilot city has its own characteristics in terms of payment ratios, payment limits, disability levels and care methods for different types of insured individuals. Discussion: Optimize the financing mechanism of long-term care insurance, emphasizing multi-party sharing and sustainable development. Build a scientific calculation and payment standard based on actuarial science and optimize the dynamic adjustment mechanism. Strengthen the protection of the rights and interests of the demand side and explore payment based on "long-term care service-related groups" under total amount control. Conclusion: Generally speaking, each pilot city has adapted measures based on its own economic level and local conditions. In terms of the insured objects, fund raising, benefit payment and service provision, further improvement, exploration and innovation are still needed. So as to promote long-term care insurance nationwide.

Keywords: Long-term care insurance; Payment standard; Payment method; Raising funds

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1 Introduction

The *2024 China Statistical Yearbook* shows that in 2023, the number of people aged 65 and above rose to 217 million, accounting for 15.40%[1,2]. According to the internationally accepted classification standards, China has entered a stage of deep aging. The fifth *Sample Survey Results on the Living Conditions of Urban and Rural Elderly People in China* shows that in 2021, 4.5% of the elderly in China were unable to take care of themselves, and 7.1% had some difficulty taking care of themselves [3]. In addition, the size of Chinese families is becoming smaller and more empty-nest. With the rapid growth of the elderly population, the number of disabled elderly people in China will increase year by year. The contradiction between the insufficient supply of long-term care services and the growing demand for long-term care has become one of the key points to be faced in the future.

Long-term care insurance, as a pivotal institutional innovation in China's response to population aging, has evolved from an initial pilot program launched in 2016 into a nationwide initiative encompassing 49 cities. It now covers 180 million insured individuals, with cumulative fund expenditures exceeding 80 billion yuan, and has established a comprehensive support network for approximately 2.6 million disabled individuals. Recognized as the "sixth social insurance," it complements the existing five major social insurance schemes—namely, basic old-age insurance, basic medical insurance, work-related injury insurance, unemployment insurance, and maternity insurance. By ensuring access to essential care services, long-term care insurance not only improves the quality of life for disabled individuals but also substantially alleviates the financial and caregiving burdens on their families.

However, China's long-term care insurance is still in the pilot stage. At the macro level, there are problems such as the differentiation of regional population growth and decline, insufficient financing levels and relatively single financing channels. At the same time, there are problems in the system itself, such as the lack of unified norms for payment standards in each pilot city, the need for optimization of payment methods, and whether the assessment of disability levels is objective and fair. This study examines the pilot cities in China's long-term care insurance program, summarizing the practical experiences in fund raising and benefit payments, analyzing the problems encountered during implementation, and proposing specific suggestions to optimize the payment methods of long-term care insurance.

2 Sample and Methods

2.1 Sample

This study conducted a search through the official websites of the governments, medical security bureaus, human resources and social security bureaus, and finance bureaus of 49 pilot cities, using the keywords "long-term care insurance, long-term care insurance, and long-term care". Through the above methods, we obtained the policy docu-

ments on "long-term care insurance" publicly released by the pilot cities. We have collected and sorted out all kinds of documents, opinions, plans, measures and notices related to the "long-term care insurance system". At least one latest normative document should be selected from each pilot city as the inclusion and exclusion criteria. A total of 85 policies on "long-term care insurance" were ultimately included in 49 pilot cities.

2.2 Methods

This study employs the literature research method (content analysis method) and the comparative research method (longitudinal comparison method). This study systematically sorts out the policy documents, materials and literature contents of the long-term care insurance included in the research based on the content analysis method in the literature research method. Then, through the horizontal comparison method in the comparative research approach, the similarities and differences in the policy goals, policy contents, and policy implementation effects of the long-term care insurance system are analyzed, and a summary is made from them. Read the implementation opinions issued by the state on the construction of the long-term care insurance system to form the content analysis dimensions of the fund-raising and benefit payment policies for the pilot cities of "long-term care insurance". As shown in Figure 1.

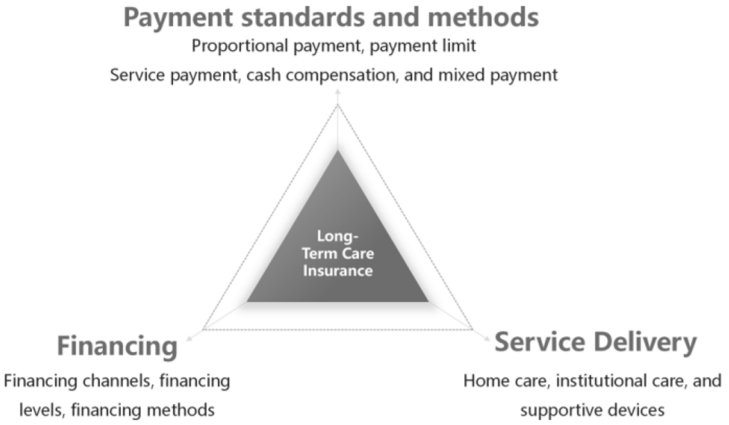

Fig. 1. Content analysis dimensions of the fund-raising and benefit payment policies in the pilot cities of "long-term Care Insurance"

3 Results

China began piloting the long-term care insurance system in 2016, marking the entry into the stage of practical exploration[4]. In 2020, the Chinese government began to expand the pilot cities for the long-term care insurance system, increasing the number

from the original 16 to 49. Subsequently, The State Council issued a statement listing long-term care insurance as an important measure to address the aging population. After 2022, a series of supporting policies and regulations were successively introduced. For instance, the Ministry of Finance and the National Healthcare Security Administration of the People's Republic of China successively issued over ten supporting documents such as *the Interim Measures for the Assessment and Management of Disability Levels under Long-Term Care Insurance* and *the Interim Measures for the Management of Designated Care Service Institutions under Long-Term Care Insurance*, promoting the establishment of a unified national standard for disability assessment and service norms[5]. Meanwhile, each local pilot city has issued detailed implementation rules in accordance with relevant national documents[6]. In 2024, the Chinese government proposed *accelerating the establishment of a long-term care insurance system*, which became a guiding document for the large-scale implementation of policies in the future. As shown in Figure 2.

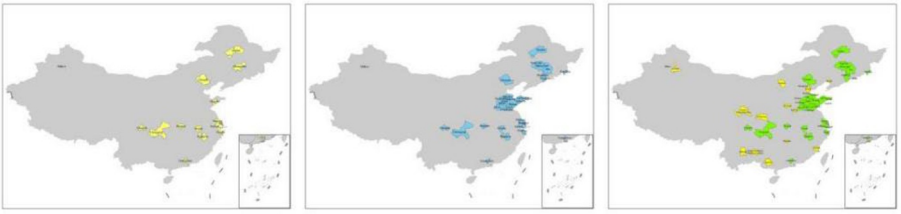

Fig. 2. Changes in pilot cities of "Long-term care insurance" (2016-present) (A) Pilot cities for long-term care insurance in 2016; (b) Cities to be added to the pilot cities for long-term care insurance from 2016 to 2019; (c) New pilot cities for long-term care insurance in 2020

3.1 Fund Raising in Pilot Cities of Long-term Care Insurance

In China long-term care insurance pilot cities, the fund raising standards are mainly divided into three modes: Fixed Amount Financing, Proportional Financing and Mixed Financing[7][8].

Fixed Amount Financing.

In 49 pilot cities, 26 cities have adopted a fixed quota financing method to raise funds. Regarding different types of insurance, the highest financing standard is 180 yuan per person per year for urban employees in Tianjin and Shijingshan District of Beijing, while the lowest is 40 yuan per person per year for urban employees in Anqing, Anhui. For urban and rural residents medical insurance, some pilot cities have not yet introduced long-term care insurance. Among the cities that have, Shijingshan District of Beijing has the highest financing standard at 180 yuan per person per year, while Qianxinan has the lowest at 7 RMB per person per year. In Zibo and Jining of Shandong, the financing standard for urban and rural residents is the lowest at 30 yuan per person per year. In Nantong of Jiangsu, Shangrao of Jiangxi, Panjin of Liaoning, and Weihai of Shandong, the financing standards for urban employees and urban and rural

residents are equal. Of the 26 pilot cities using a fixed quota financing method, 18 cities involve government financial subsidies during the financing process, with Shijingshan District providing the largest subsidy, 90 yuan per person per year. From a horizontal comparison within the same city, Kaifeng and Zibo have the largest gap in the financing standards for urban employees and rural residents, with a difference of 80 RMB per person per year.

Proportional Financing.

Among the 49 pilot cities, 8 of them raise funds by using a certain specific base (such as the contribution base for basic medical insurance, the total salary of insured persons in the previous year as the base, etc.) as a proportion. Among these cities, only Guangzhou in Guangdong and Jingmen in Hubei funded both urban employees and residents, while the other six cities funded only urban employees. Specifically, the funding base for urban employees in Guangzhou and Chengde was derived from the total salary of the previous year, whereas Jingmen used the per capita disposable income of residents from the previous year as the specific base. Guangzhou not only differentiated the funding standards for urban employees and residents but also segmented the population by age group.

Mixed Financing.

In 49 pilot cities, 15 cities have adopted a mixed financing approach to raise funds. Overall, 12 pilot cities, including Qingdao in Shandong and Chengdu in Sichuan, have extended medical insurance coverage to urban workers and residents. In terms of different types of insurance participation, Qingdao in Shandong, Dongying in Shandong, and Hohhot in Inner Mongolia use a combination of individual contributions, proportional contributions from the medical insurance fund, and fiscal subsidies. The other cities, except for Chengdu in Sichuan, which provides a 0.01% fiscal subsidy for retired workers, all use only individual contributions and proportional contributions from the medical insurance fund. Additionally, each city has its own unique features in the mixed financing approach. For example, Xiangtan in Hunan has clearly differentiated between employed workers, flexible employment personnel, and retirees of different age groups. Cities like Liaocheng, Jining, and Zibo in Shandong, in addition to individual contributions, fund allocations, and fiscal subsidies, have also introduced welfare lottery public welfare funds.

3.2 Service Delivery in Pilot Cities for Long-term Care Insurance

Scope of Service Provision.

The *Guiding Opinions on Conducting Pilot Programs of Long-Term Care Insurance System* and the *Trial Procedures for the Administration of Long-Term Care Insurance* issued in 2016 and 2024 respectively clearly stipulate that the payment scope of long-term care insurance should be based on the principle of "ensuring the basics", including basic living care, medical care services and extended services. Specific implementation rules for th payment scope have also been formulated in light of local actual conditions

during the pilot projects in various regions. The core dimensions of the payment scope include home care, community care and institutional care.

Supportive Appliances.

Among the 49 pilot cities, only 15 explicitly mentioned policies and detailed implementation rules related to assistive device rental services, mainly covering transfer/relocation, life care, and medical assistance. When implementing the detailed rules, each region also has its own characteristics. For instance, Chengdu in Sichuan Province and Nantong in Jiangsu Province have clearly defined the types of equipment to be leased and sold, and have also established reimbursement standards as well as restrictions on leasing or purchasing. In contrast, Qiannan, Guizhou Province, has not clearly set up a rental directory. Instead, it relies on designated assistive device service institutions to provide rental and sales services of assistive devices for home-based disabled insured individuals.In addition, Shanghai has restricted the population to ensure the accuracy and efficiency of assistive device rental services.

3.3 The Payment Methods for Benefits in Pilot Cities of Long-term Care Insurance

Among the 49 pilot cities, the payment methods for long-term care insurance benefits vary in different regions. The forms mainly include service payment, cash compensation and mixed payment methods.

Service Payment.

Among the 49 pilot cities, 25 cities, including Guangzhou in Guangdong Province, Ningbo in Zhejiang Province and all the pilot cities in Jilin Province, have adopted service payment. The service payment method can fully reflect the professionalism and quality of nursing services, and also facilitate the management of long-term care insurance funds.

Cash Compensation.

Among the 49 pilot cities, Binzhou, Shandong Province, has adopted a more flexible cash compensation method, allowing insured individuals to purchase care services on their own and increasing their choice rights.

Mixed Payment.

Except for service payment and cash compensation, all other cities adopt a mixed payment method. In cities such as Jingmen, Hubei Province, Chengdu, Sichuan Province and Urumqi, Xinjiang, insured individuals are also allowed to choose self-care or have their relatives provide care services, and support is given in the form of cash compensation. Table 1 for details.

Table 1. Payment method table of pilot cities for long-term care insurance

Province	City	Urban employees	Urban and rural residents
Guangdong	Guangzhou		
Ji Lin	Changchun, Ji Lin, Meihekou, Hunchun, Songyuan, Tonghua	Service payment	Service payment
Liaoning	Panjin		
Zhejiang	Ningbo		
Guangxi	Nanning		
Fujian	Fuzhou	Service payment	
Hunan	Xiangtan		
Yunnan	Kunming		
Guizhou	Qiannan	Mixed payment	
Xinjiang	Urumqi	Service payment	Service payment
	Shihezi	Mixed payment	Mixed payment
Jiangsu	Nantong	Mixed payment	Mixed payment
	Suzhou	Service payment	Service payment
Hubei	Jingmen	Mixed payment	Mixed payment
Inner Mongolia	Hohhot	Mixed payment	Mixed payment
Beijing	Shijingshan District	Mixed payment	Mixed payment
Henan	Kaifeng	Mixed payment	Mixed payment
Sichuan	Chengdu	Mixed payment	Mixed payment
Jiangxi	Shangrao	Mixed payment	Mixed payment
Shandong	Liaocheng, Qingdao, Dongying, Dezhou, Heze, Jinan, Jining, Zibo	Service payment	service payment
	Binzhou	Cash compensation	
	Rizhao, Weihai, Weifang, Zaozhuang, Binzhou Linyi, Yantai	Mixed payment service payment	Mixed payment
	Tai 'an	Mixed payment	
Shanghai	Shanghai	Mixed payment	Mixed payment
Tianjin	Tianjin		
Chongqing	Chongqing		
Shanxi	Jincheng		
Hebei	Chengde	Mixed payment	
Anhui	Anqing		
Gansu	Gannan		
Heilongjiang	Qiqihar		
Shaanxi	Hanzhong		

3.4 Payment Standards in Pilot Cities for Long-term Care Insurance

Among the 49 pilot cities, no uniform deductible has been established for long-term care insurance. However, variations exist across cities in key aspects such as benefit payment ratios, payment caps, levels of disability classification, and modes of care delivery, with each city adopting differentiated approaches tailored to its specific context.

Payment Ratio.

Most pilot cities have made distinctions in the payment ratios for the types of insurance coverage (urban employees and urban and rural residents), home care and institutional care, and the degree of disability. The principle that urban employees are more likely to be affected than urban and rural residents, institutional care is more likely to be affected than home care, and severe disability is more likely to be affected than moderate and mild disability is generally followed. The payment ratio for urban employees is mostly between 70% and 90%, while that for urban and rural residents is around 60% to 70%. In addition, pilot cities generally offer higher payment ratios to severely disabled individuals. The research also found that the payment ratios vary significantly among different pilot cities. For instance, the payment ratio for home care in Shanghai can reach 90%, while in Qiqihar, Heilongjiang Province, it is only 50%. Pilot cities such as Chengdu in Sichuan Province, Meihekou in Jilin Province and Urumqi in Xinjiang have further refined the payment ratio based on the disability level and care methods.

Upper Limit of Payment Amount.

Most pilot cities generally took into account the differences in disability levels and care methods when setting payment limits. Disability levels are classified as severe, moderate and mild, and the payment limit increases as the disability level rises. In places such as Qingdao, Shandong Province, Jincheng, Shanxi Province, and Gannan, Gansu Province, monthly or daily payment limits have been set based on the degree of disability. The payment limit for severely disabled individuals is significantly higher than that for moderately and mildly disabled ones. In addition, the payment limits for home care and institutional care are also different. The payment limit for home care is usually lower than that for institutional care. There are significant differences in the specific values of payment limits among different pilot cities. For instance, in Guangzhou, Guangdong Province, the payment limit for home care can reach 105 yuan per person per day, while in Kaifeng, Henan Province, it is only 900 yuan per person per month. In addition, some cities such as Chengdu in Sichuan Province and Changchun in Jilin Province have set payment limits respectively according to the specific items of nursing services.

4 Discussion and Suggestions

4.1 Optimize the Financing Mechanism, Attach Importance to Diversified Sharing and Sustainable Development

Emphasize the Diversification of Financing Channels to Reduce Pressure on the Basic Medical Insurance Fund.

This study found that the financing for the long-term care insurance system includes Fixed Amount Financing, Proportional Financing and Mixed Financing. The sources of funds include personal contributions (or transfers from personal accounts of basic

medical insurance), transfers from the pooled fund of basic medical insurance, government financial subsidies, and welfare lottery public welfare funds, among others. In China, long-term care insurance is not actually a separate type of insurance. It is attached to the allocation of the basic medical insurance pooled fund and the individual accounts of basic medical insurance, which is also the most important financing channel for long-term care insurance. With the intensification of social aging, long-term care insurance may squeeze the capacity of the basic medical insurance pooled fund to provide protection for other medical services. Except for a few pilot cities, most regions have not established a government financial subsidy mechanism. The absence of government finance to some extent also affects the level of financing. In the vast majority of pilot cities, the individual contribution rate is relatively low, which weakens the personal responsibility of insured individuals and may lead to a lack of risk-sharing awareness among insured individuals. Therefore, to reduce the excessive reliance of long-term care insurance on the pooled fund of basic medical insurance, it is necessary to systematically promote more diversified financing sources, enhance their stability, and maintain their sustainable development [9].

Narrow the Gap Between Urban and Rural Areas and Ensure That the Level of Financing Is Commensurate with the Level of Economic Development.

This study found that the financing level of most pilot cities is positively correlated with the economic development level. However, the financing level of long-term care insurance in pilot cities lags significantly behind their economic development level. Specifically, service resources show a pattern of "strong in the east and weak in the west", with "big cities outperforming small ones", "urban employees outperforming urban and rural residents", and "full coverage of urban and rural residents has not been achieved". As a social security system, from the perspective of social equity, long-term care insurance does not cover all residents, and the internal differences are very obvious.

Link Commercial Long-term Care Insurance to Meet the Needs of Residents at Different Levels.

Strengthen the integration of relevant policies on long-term care insurance to achieve linkage and form a synergy. Meanwhile, in the current situation where the supply of long-term care insurance is insufficient and the coverage is relatively low, it is encouraged that employers and individuals purchase commercial long-term care insurance, and promote the linkage between the long-term care insurance of commercial insurance companies and that of the government. At the same time, commercial long-term care insurance can also be introduced into the fund pool of government long-term care insurance to enhance the risk-resistance capacity and sustainability of government long-term care insurance[10]. With commercial long-term care insurance, the structure of service supply can also be optimized to meet the needs of residents at different levels [11].

4.2 Establish a Scientific Calculation of Payment Standards Based on Actuarial Science and Optimize the Dynamic Adjustment Mechanism

Establish Actuarial Payment Standards for Long-term Care Insurance.

At present, in the pilot cities, there is basically no mechanism design based on actuarial science, nor is there a cost calculation for the care services needed by people with different levels of disability. With the intensification of aging and the strengthening of publicity for long-term care insurance, its high-risk characteristics of long coverage periods and uncertain costs have become increasingly prominent. Therefore, it is particularly important to introduce the idea of actuarial science in insurance. It is suggested to establish a quantified payment standard for demand forecasting and cost risk, and comprehensively consider factors such as the economic development level of each region, the cost of care services, the degree of aging and the proportion of disabled population. Through the above measures, it is conducive for local governments and local medical security bureaus to grasp its operation and ensure the sustainability of this public service product.

Establish a Dynamic Adjustment Mechanism for Payment Standards.

Payment standards and financing levels are key factors influencing the sustainable operation of long-term care insurance, and they also determine the level of payment for long-term care insurance participants and the quality of care services. This study shows that none of the current pilot cities have proposed to establish a dynamic payment standard and financing system. This will lead to an inability to accurately predict the demand for long-term care insurance, quantify economic risks, and effectively respond to medical inflation. Therefore, it is particularly important to establish a dynamic mechanism covering multiple dimensions such as social and economic development, assessment of care needs, evaluation of health outcomes, and accumulated fund balances. Through the above-mentioned measures, it is ensured that insured individuals from different regions, with different economic levels and population structures can all obtain relatively fair and long-term care protection, achieving a relatively balanced regional situation.

4.3 Strengthen the Protection of the Rights and Interests of the Demand Side and Explore Payment Based On "long-term care service-related groups" Under Total Amount Control

Strengthen the Protection of the Rights and Interests of the Demand Side to Prevent Insufficient Provision of Nursing Services.

The results of this study show that the payment forms of long-term care insurance mainly include payment by service, cash compensation, and a combination of both. Service payments made to suppliers are standardized care services provided by professional care institutions and service personnel, which can directly meet the care needs of the disabled and effectively reduce the care burden on the families of the disabled[12]. However, how to effectively evaluate the service quality of service payment, how insured individuals make choices when service institutions are limited, whether there is insufficient provision of care services, and whether disabled and dementized elderly

people are unable to express their demands or dare not express them, etc., all need to be considered[13]. Some studies have found that the correlation between providing care services and the disability status of urban and rural residents is significant, while the correlation with cash compensation is not significant [13]. Therefore, the cash compensation paid to the demand-side has a relatively high degree of flexibility. Insured individuals can choose the form of care services based on their own needs. For instance, in Chengdu, Sichuan Province, implementing care provided by family members or hiring non-professional caregivers can offer supplementary economic support to families of the disabled, alleviate their economic pressure, and meet the cultural preference of some families to receive care from relatives at home. This also conforms to the social attribute of "body, mind, society and spirit" in China. However, cash compensation also poses a risk of fund abuse. The lack of effective supervision over the direction of long-term care insurance fund usage may result in some funds not being used for care services and being unable to directly guarantee the quality of care services[14]. Therefore, in cases where services are accessible, based on the degree of disability and service requirements, the demand side should be granted the autonomy to choose in terms of nursing service institutions, nursing staff, and nursing service items. In cases where services are inaccessible or in special circumstances, cash payment should be appropriately adopted to enable the demand side to select the most suitable nursing service according to their own needs and preferences[15].

Explore the Shift from Single Payment to Payment Under Total Control Based on "long-term care service-related groups".

For the advantages and disadvantages of the above-mentioned service payment, cash compensation, and their combined payment methods, the reform of China's Basic Medical Insurance Payment Methods (DRG and DIP) can be referred to. Based on dimensions such as the type of disease, disability level and type of insurance coverage of the insured individuals, explore a shift from single payment to payment under total control based on "long-term care service-related groups". This approach not only increases the insured individuals' choice rights but also effectively addresses the issue of uneven service quality. Moreover, it enables effective control over the long-term care insurance fund at the macro level[16].

5 Conclusion

Overall, each pilot region has tailored its services based on its own economic conditions and has its own characteristics. However, there is still a need for further improvement, exploration and innovation in terms of the insured population, fund raising, benefit payment and service provision. More importantly, it is necessary to make forward-looking plans for the integration of long-term care insurance preventive services and artificial intelligence supervision in long-term care insurance, so as to provide relevant references and data support for the future implementation of long-term care insurance poli-

cies across the country, ensuring that the disabled have a reliable support system, enhancing the people's sense of gain, and truly fulfilling the social commitment of "having care in old age".

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Authors' contributions

Liu Zhen and Jin Hui were major contributors to collecting the data. Liu Zhen analyzed the data. WinQg Kit Chan, Liu Zhen and Fang Fang supported the interpretation of the findings. Liu Zhen drafted the manuscript. Wing Kit Chan reviewed and revised the manuscript. All authors read and approved the final manuscript.

Declarations

Ethics approval and consent to participate: The Ethics Committee of the Second Affiliated Hospital of Chengdu Medical College approved this study. This study did not involve human subjects, but we still adopted the ethical standards of the Ethics Committee of the Second Affiliated Hospital of Chengdu Medical College and the 1964 Declaration of Helsinki and its subsequent revisions or similar ethical standards.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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