Draft: 9/29/20

*Adopted by the Executive (EX) Committee and Plenary, TBD*

*Adopted by the Health Insurance and Managed Care (B) Committee, TBD*

*Adopted by the Health Actuarial (B) Task Force, TBD*

**2021 PROPOSED CHARGES**

**HEALTH ACTUARIAL (B) TASK FORCE**

The mission of the Health Actuarial (B) Task Force is to identify, investigate and develop solutions to actuarial problems in the health insurance industry.

**Ongoing Support of NAIC Programs, Products or Services**

1. The **Health Actuarial (B) Task Force** will:
2. Provide recommendations, as appropriate, to address issues and provide actuarial assistance and commentary with respect to model requirements for appropriate long-term care insurance (LTCI) rates, rating practices and rate changes.
3. Provide support for issues related to implementation of, and/or changes to, the federal Affordable Care Act (ACA).
4. Continue to develop health insurance reserving requirements (VM-25, Health Insurance Reserves Minimum Reserve Requirements) using a principle-based reserving (PBR) framework.
5. Develop LTCI experience reporting requirements in VM-50, Experience Reporting Requirements, and VM-51, Experience Reporting Formats, of the *Valuation Manual*.
6. Provide recommendations, as appropriate, to address issues and provide actuarial assistance and commentary to other NAIC groups relative to their work on health actuarial matters.
7. The **Health Care Reform Actuarial (B) Working Group** will:
8. Assist the Health Actuarial (B) Task Force in completing its charge to provide support for issues related to implementation of, and/or changes to, the federal Affordable Care Act (ACA).
9. The **Long-Term Care Actuarial (B) Working Group** will:
10. Assist the Health Actuarial (B) Task Force in completing the following charges:
	1. Provide recommendations, as appropriate, to address issues and provide actuarial assistance and commentary with respect to model requirements for appropriate long-term care insurance (LTCI) rates, rating practices and rate changes.
	2. Continue to develop health insurance reserving requirements (VM-25, Health Insurance Reserves Minimum Reserve Requirements) using a principle-based reserving (PBR) framework.
	3. Develop LTCI experience reporting requirements in VM-50, Experience Reporting Requirements, and VM-51, Experience Reporting Formats, of the *Valuation Manual*.
11. The **Health Reserves (B) Subgroup** will:
12. Assist the Health Actuarial (B) Task Force in completing its charge to continue to develop health insurance reserving requirements (VM-25, Health Insurance Reserves Minimum Reserve Requirements) using a principle-based reserving (PBR) framework.

NAIC Support Staff: Eric King

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