



Draft date: 2/17/23

*2023 Spring National Meeting  
Louisville, Kentucky*

**HEALTH ACTUARIAL (B) TASK FORCE**

Tuesday, March 21, 2023

1:00 – 3:00 p.m.

Ballroom A—Main Concourse—KY Convention Center

**ROLL CALL**

Andrew N. Mais, Chair	Connecticut	Pending	N. Mariana Islands
Anita G. Fox, Vice Chair	Michigan	Eric Dunning	Nebraska
Mark Fowler	Alabama	Marlene Caride	New Jersey
Ricardo Lara	California	Jennifer Catechis	New Mexico
Michael Conway	Colorado	Judith L. French	Ohio
Karima M. Woods	District of Columbia	Glen Mulready	Oklahoma
Gordon I. Ito	Hawaii	Michael Humphreys	Pennsylvania
Dean L. Cameron	Idaho	Alexander S. Adams Vega	Puerto Rico
Amy L. Beard	Indiana	Michael Wise	South Carolina
Doug Ommen	Iowa	Cassie Brown	Texas
Vicki Schmidt	Kansas	Jon Pike	Utah
Timothy N. Schott	Maine	Scott A. White	Virginia
Kathleen A. Birrane	Maryland	Mike Kreidler	Washington
Grace Arnold	Minnesota		

NAIC Support Staff: Eric King

**AGENDA**

1. Consider Adoption of its 2022 Fall National Meeting Minutes Attachment One  
—*Paul Lombardo (CT)*
2. Consider Adoption of the Report of the Long-Term Care Actuarial (B) Working Group, Including its Feb. 17 Minutes Attachment Two  
—*Fred Andersen (MN) and Paul Lombardo (CT)*
3. Consider Disbanding the Long-Term Care Pricing (B) Subgroup and the Long-Term Care Valuation (B) Subgroup—*Paul Lombardo (CT)*
4. Hear an Update from the Federal Center for Consumer Information and Insurance Oversight (CCIIO)—*(CCIIO)*



5. Hear an Update on Society of Actuaries (SOA) Research Institute Activities  
—*(SOA)* Attachment Three
6. Hear an Update from the American Academy of Actuaries (Academy) Health  
Practice Council—*(Academy)* Attachment Four
7. Hear an Academy Professionalism Update—*(Academy)*
8. Discuss Any Other Matters Brought Before the Task Force  
—*Paul Lombardo (CT)*
9. Adjournment

## Draft Pending Adoption

Draft: 12/12/22

Health Actuarial (B) Task Force  
Virtual Meeting (*in lieu of meeting at the 2022 Fall National Meeting*)  
December 5, 2022

The Health Actuarial (B) Task Force met Dec. 5, 2022. The following Task Force members participated: Andrew N. Mais, Chair, represented by Paul Lombardo (CT); Russel Toal, Vice Chair, and Julie Weinberg (NM); Mark Fowler represented by Jennifer Li (AL); Ricardo Lara represented by Ahmad Kamil (CA); Michael Conway represented by Eric Unger and Sydney Sloan (CO); Dean L. Cameron represented by Weston Trexler (ID); Amy L. Beard represented by Scott Shover (IN); Vicki Schmidt represented by Nicole Boyd (KS); Kathleen A. Birrane represented by Jeff Ji (MD); Timothy N. Schott represented by Marti Hooper (ME); Anita G. Fox represented by Kevin Dyke (MI); Grace Arnold represented by Julia Lyng (MN); Chlora Lindley-Myers represented by William Leung (MO); Eric Dunning represented by Michael Muldoon (NE); Marlene Caride represented by Seong-min Eom (NJ); Judith L. French represented by Craig Kalman (OH); Glen Mulready represented by Andrew Schallhorn (OK); Michael Humphreys represented by Michael Gurgiolo (PA); Michael Wise represented by Andrew Dvorine (SC); Cassie Brown represented by Aaron Hodges (TX); Mike Kreidler represented by Lichiou Lee (WA); and Allan L. McVey represented by Ellen Potter (WV).

### 1. Adopted its Sept. 28, Sept. 6, and Summer National Meeting Minutes

Lombardo said the Task Force met Sept. 28, Sept. 6, and Aug. 1. During these meetings, the Task Force took the following action: 1) adopted the American Academy of Actuaries (Academy) and the Society of Actuaries (SOA) Research Institute Group Life Waiver of Premium Valuation Table (GLWPVT) Work Group proposal for valuation tables to replace the 2005 Group Term Life Waiver Mortality and Recovery Tables in *Actuarial Guideline XLIV—Group Term Life Waiver of Premium Disabled Life Reserves* (AG 44); and 2) adopted its 2023 proposed charges.

Weinberg made a motion, seconded by Leung, to adopt the Task Force's Sept. 28 (Attachment One), Sept. 6 (Attachment Two), and Aug. 1 (*see NAIC Proceedings – Summer 2022, Health Actuarial (B) Task Force*) minutes. The motion passed unanimously.

### 2. Adopted the Report of the Long-Term Care Actuarial (B) Working Group

Lombardo said the Working Group met Oct. 17 and took the following action: 1) discussed comments received on an exposure of the Academy and the SOA Research Institute's final *Long-Term Care Insurance Mortality and Lapse Study*.

Weinberg made a motion, seconded by Schallhorn, to adopt the report of the Long-Term Care Actuarial (B) Working Group (Attachment Three). The motion passed unanimously.

### 3. Heard an Update from the CCIIO

Megan Mason (federal Center for Consumer Information and Insurance Oversight—CCIIO) presented an update on plan year 2024 federal Affordable Care Act (ACA) rate filing submissions (Attachment Four).

Lombardo asked if the reminder that once a filing is closed that it must be deactivated is a limitation of the System for Electronic Rates & Forms Filings (SERFF) or if it is a CCIIO requirement. Mason said this is a SERFF limitation and that the CCIIO is working with SERFF to resolve this issue.

## Draft Pending Adoption

Sloan said that last year, there was an issue with SERFF filings not having the capability of making Unified Rate Review Template (URRT) filings publicly accessible. She asked if this issue has been resolved. Mason said she thinks the SERFF team has resolved this issue for this year.

### 4. Heard a Presentation from the ACLI on Combination LTCI Products

Jan Graeber (American Council of Life Insurers—ACLI) gave a presentation (Attachment Five) on combination LTCI products.

Andersen asked if there is a certain type of consumer who would tend to buy a combination LTCI product rather than a chronic illness combination product. Graeber said she thinks the choice would be made based on the individual's needs and that she can ask ACLI member companies if they have any additional information.

Lombardo said a general concern in Connecticut is the possibility that combination product consumers may not understand that they do not have two separate policies—for example, a life insurance policy and a long-term care insurance (LTCI) policy—but that they actually have one policy, which will have reduced death benefits in the event LTCI benefits are paid. He asked what ACLI member companies are doing to ensure that combination product consumers understand how the policy works.

Bonnie Burns (California Health Advocates) said explaining how combination products work to consumers is fraught with hazard and that the California Department of Insurance (DOI) has begun to develop a continuing education (CE) curriculum to address how to educate consumers on this topic. She said these products should be more closely scrutinized and that disclosures and disclosure standards for them should be developed.

Toal said that New Mexico generally takes a dim view of combination products because they seem to be deliberately designed to confuse consumers and do not provide information disclosures that are easily understood.

### 5. Heard an Update on SOA Research Institute Activities

Achilles Natsis (SOA) presented an update on SOA Research Institute activities (Attachment Six).

### 6. Heard an Update from the Academy on HPC Activities

Barbara Klever (Blue Cross Blue Shield Association—BCBSA) gave an update on Academy Health Practice Council (HPC) activities (Attachment Seven).

Having no further business, the Health Actuarial (B) Task Force adjourned.

SharePoint/NAIC Support Staff Hub/Member Meetings/B CMTE/HATF/2022\_Fall/12-05-22/ Minutes\_HATF\_12-05-22.docx

Draft: 3/9/23

Long-Term Care Actuarial (B) Working Group  
Virtual Meeting  
February 17, 2023

The Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met Feb. 17, 2023. The following Working Group members participated: Paul Lombardo, Co-Chair (CT); Fred Andersen, Co-Chair (MN); Sanjeev Chaudhuri (AL); Ahmad Kamil (CA); Lilyan Zhang (FL); Nicole Boyd (KS); Marti Hooper (ME); Michael Muldoon (NE); Anna Krylova (NM); Bill Carmello (NY); Craig Kalman (OH); Andrew Schallhorn (OK); Jim Laverty (PA); Andrew Dvorine (SC); Anamaria Burg and R. Michael Markham (TX); and Tomasz Serbinowski (UT).

1. Discussed Disbanding the Long-Term Care Pricing (B) Subgroup and the Long-Term Care Valuation (B) Subgroup

Andersen said Serbinowski will no longer be chair of the Working Group, and he and Lombardo will be co-chairs of the Working Group. Lombardo said the work of the Long-Term Care Pricing (B) Subgroup and the Long-Term Care Valuation (B) Subgroup will now be done by the Working Group, and the Health Actuarial (B) Task Force will consider the proposal to disband the two subgroups during its March 21 meeting. Andersen said that any members of the two subgroups and any other state insurance regulators are welcome to become members of the Working Group if they are not already. Lombardo said that Serbinowski will continue as a member of the Working Group.

2. Exposed a Request for Comments on a Proposal to Revise the Nationally Coordinated LTCI Rate Increase Review Checklist

Andersen said the Working Group, and the Long-Term Care Valuation (B) Subgroup began work approximately five years ago on a project to develop a single checklist that reflects significant aspects of long-term care insurance (LTCI) rate review increase checklists used by all individual states. He said these checklists typically contain questions that states ask insurers at the beginning of an LTCI rate increase request. He said the Nationally Coordinated LTCI Rate Increase Review Checklist (Checklist) that was developed contains aspects of the *Guidance Manual for Rating Aspects of the Long-Term Care Insurance Model Regulation* and input from many states' experiences with their individual checklists. He said the intent of creating the Checklist was to move away from having all states using different checklists, and to add efficiency to the overall rate increase review process nationwide. He said it was recognized that some states may still need to request information that is not asked for in the Checklist, but the intent was that approximately 90% of the information that any one state requires would be requested through the Checklist.

Andersen said the Health Actuarial (B) Task Force adopted the Checklist in 2018. He said many states are relying on the Checklist for their LTCI rate increase reviews, but insurers that have filed rate increase requests report that many states are not relying on it. He said that when the Long-Term Care Insurance Multistate Rate Review (EX) Subgroup and Multistate Actuarial Team (MSA Team) began work in 2019, it decided to rely upon the Checklist for its LTCI Multistate Rate Review process. He said after the first few pilot MSA Team rate increase reviews, it was recognized that requests for additional information were similar for each of the pilot reviews, and a supplemental MSA Team checklist was developed. He said the supplemental checklist includes requests for information, including benefit utilization experience, cost of care trends, and waiver of premium treatment. He said the MSA Team has found that when the Checklist was combined with the supplemental checklist (Attachment), the number of reviewer objections and interactions with filers have been greatly reduced, resulting in a more efficient review process. He said the Working Group proposes consideration of revising the Checklist by

adding the supplemental MSA Team checklist to it, and possibly consider adding or deleting requested information as suggested by state insurance regulators and interested parties. He said the proposal will be exposed for public comment until April 24.

Lombardo said it will be helpful if states that do not use the Checklist and the supplemental MSA Team checklist identify specific items that are not included in them that prevent the state from using them for their LTCI rate increase reviews.

### 3. Exposed a Request for Comments on the Minnesota and Texas LTCI Rate Increase Review Methodologies

Andersen said from 2016 to 2019, the Long-Term Care Pricing (B) Subgroup and the Working Group discussed and vetted the LTCI rate increase review methodologies that Minnesota and Texas use. He said appropriate recognition of the shrinking block issue and treatment of past losses were discussed for each of the methodologies. He said the concept of cost-sharing by the insurer as it relates to reducing the burden to policyholders without causing excess financial distress to the insurer was also discussed. He said the decline in interest rates and the impact on available investment returns to support LTCI blocks was also considered. He said the Minnesota and Texas approaches were deemed to be appropriate by most participants in the discussions.

Andersen said at roughly the time that discussions concerning the Minnesota and Texas approaches concluded, the Long-Term Care Insurance (EX) Task Force was created, with its primary mission being increasing uniformity in rate increase approvals among the states. He said this led to greater scrutiny of the Minnesota and Texas approaches, and it was determined that these two methodologies would be used for the LTCI Multistate Rate Review process pilot program. He said the Minnesota and Texas approaches have been codified into the Long-Term Care Insurance Multistate Rate Review Framework (LTCI MSA Framework) that the Executive (EX) Committee and Plenary adopted in April 2022.

Andersen said the MSA Team has applied the Minnesota and Texas methodologies to several LTCI rate increase filings. He said as these blocks have grown older and passed from premium-paying periods to claims-paying periods, more data has become available for evaluation. He said the MSA Team has faced challenges with applying the two methodologies in certain instances, and it wants to determine if the approaches can be improved for future use. He said the most common feedback to date on the Minnesota approach is a potential lack of transparency and that he hopes details available in the Framework can assist in better understanding it. He said he thinks the Minnesota approach achieves an appropriate balance between fairness to consumers and avoiding further insurer financial distress. He said that it is possible that a lack of transparency can be attributed to necessary actuarial judgment that insurers and state insurance regulators apply for assumptions used in premium and claims projections. He said some of the issues the MSA Team has encountered in using the TX methodology are situations where past rate increases were granted prior to the development of the TX methodology, precisely defining what is meant by a past loss, mature blocks of business having high sensitivity to later duration factors while placing less emphasis on past experience, and potential imbalances between fairness to consumers and avoiding further insurer financial distress.

Markham said although he thinks the Texas methodology is fairly transparent, he has found some insurers have difficulty performing the required calculations for rate increase request submittals. Serbinowski said he has seen that insurers easily project future experience for current in-force business using current assumptions, but some have difficulties developing projections using initial filing assumptions because of a lack of initial filing documentation. He said because the Texas approach compares these two different projections, the results of using it can be questionable due to the possible lack of quality in the projection using initial filing assumptions. Lombardo said that some state insurance regulators and insurers have a desire for a one-size-fits-all methodology

to be used in the MSA Team reviews, but because different blocks of business have different characteristics, he does not think the MSA Team is close to being able to develop such a uniform approach. He said the MSA Team is open to finding a uniform approach and is working towards finding a methodology that may be a better fit for the majority of rate increase reviews submitted.

Jan Graeber (American Council of Life Insurers—ACLI) said industry is not necessarily requesting there be a single, uniform methodology that is used, but would like to know what characteristics of a block make the MSA Team determine which of the Minnesota or Texas approaches will be used. Muldoon suggested the MSA Team use a process upon receiving a rate increase request to determine whether the Minnesota or Texas approach is best suited to the block being reviewed, and then base the recommended rate increase on only the methodology that was deemed best. Lombardo said the MSA Team does perform this sort of analysis upon its initial review, and thinks it is a good idea to document a flowchart of the analysis process used. He said there are instances where the MSA Team sees there are benefits to using both approaches, and this results in a rate increase recommendation that is a blend of the two approaches.

Andersen said the Working Group will expose a request for public comment on the Minnesota and Texas actuarial approaches as described in the Framework document until April 24. Muldoon suggested that the MSA Team provide the insurer with a copy of the spreadsheet used with the Minnesota methodology to arrive at the recommended rate increase that was calculated. Andersen said the Working Group will include this suggestion in the set of comments on the Minnesota and Texas approaches.

#### 4. Heard an Update on LTCI Valuation Issues

Andersen said the Long-Term Care Valuation (B) Subgroup has been inactive since the adoption of *Actuarial Guideline LI—The Application of Asset Adequacy Testing to Long-Term Care Insurance Reserves* (AG 51) in 2017. He said many of the members of the Subgroup have been involved with the review of annual AG 51 filings.

Andersen said one of the key trends seen in AG 51 reviews for the past few years is cost of care inflation, particularly for companies with policies that include a 5% inflation protection feature. He said the inflation in the cost of care is creating issues with reserve adequacy observed in AG 51 filings. He said another issue observed is the impact of COVID-19 on LTCI experience data in 2020. He said the impact of COVID-19 on experience data trended closer to normal in 2021, and the expectation was that there would be a negligible COVID-19 effect on 2022 LTCI experience data. He said one of the reviewers' findings is that the COVID-19 impact has leveled off between 2021 and 2022. He said an issue is whether the experience data seen in 2022 will be the new norm, or if there will be delayed COVID-19 impacts to experience in future years. He said the 2022 AG 51 filings are due in approximately six weeks, and the reviewers will report any issues that develop from the reviews to the Working Group.

Lombardo said the Working Group will begin work on incorporating new mortality and lapse tables proposed in American Academy of Actuaries (Academy) and Society of Actuaries (SOA) Research Institute's *Final Long-Term Care Insurance Mortality and Lapse Study* into VM-25, Health Insurance Reserves Minimum Reserve Requirements, of the *Valuation Manual*.

Having no further business, the Long-Term Care Actuarial (B) Working Group adjourned.

Meetings/Member Meetings/B CMTE/HATF/2023\_Spring/02-17-23/Minutes\_LTCAWG\_02-17-23.docx



# SOCIETY OF ACTUARIES RESEARCH UPDATE TO HATF

March 21, 2023

R. Dale Hall, FSA, MAAA, CERA, CFA  
Managing Director of Research

# Presentation Disclaimer

*The material and information contained in this presentation is for general information only. It does not replace independent professional judgment and should not be used as the basis for making any business, legal or other decisions. The Society of Actuaries assumes no responsibility for the content, accuracy or completeness of the information presented.*

# Social Physical and Cultural Determinants of Health: Their Incorporation into Actuarial Data and Workstreams



# This provides actuaries with guidance on how to use determinants of health (DOH) for actuarial work streams in the health care space.

- DOH data can be used to enrich health care data analysis beyond traditional data elements, such as age, gender, zip code or health diagnosis.
  - Often individuals who share similar traditional data characteristics can have very different DOH's resulting in very different outcomes
  - For example, within a county or a three-digit zip code, you can have completely different living environments and local characteristics, such as provider availability, food availability, income levels, cultural differences resulting in very different outcomes for individuals with similar age, gender, geography and health diagnoses

# SDOH Data Resources

- DOH data is evolving but still fragmented and inconsistent. Can be categorized into Primary and Secondary data
  - Primary Source Characteristics
    - Their use was addressed in the SOA's Quantitative SDOH Paper:
    - Inconsistent definition or coding between different entities
    - Frequently self-reported, resulting in subjectivity and personal perspective
    - Difficult to maintain best practices
  - Secondary Source Derivation
    - Compiles Primary data into global measures of relative DOH intensity
    - Don't tie directly to the claimant, but indirectly to claimant elements (often geographical area)
    - Used as a proxy for member statuses

# SDOH Data Resources

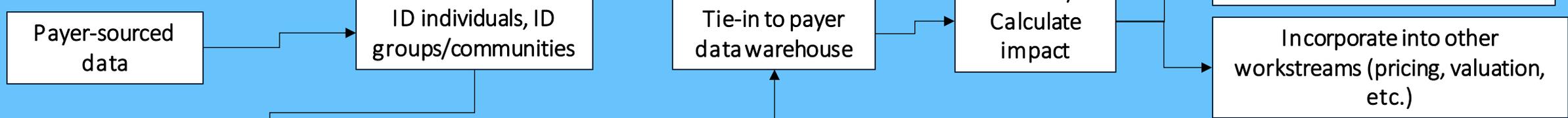
- Secondary Source Characteristics
  - **Consistency** – values of characteristics are relatively stable
  - **Persistency** – production of these data sources is likely to continue over time
  - **Comprehensiveness** – Capture most populations and relevant DOHs
  - **Robustness** – Captures differences and variations (i.e. by geography)
  - **Applicability** – How well does a measure match with populations being analyzed
  - **Neutrality** – Minimizing biases in choice of variables or clustering of results
  - **Version Control** – Being transparent about methodology changes over time
  - **Open and Clear Methodology** – Good documentation of source materials

# DOH Ecosystem As It Relates To Analytics and Actuarial Functions

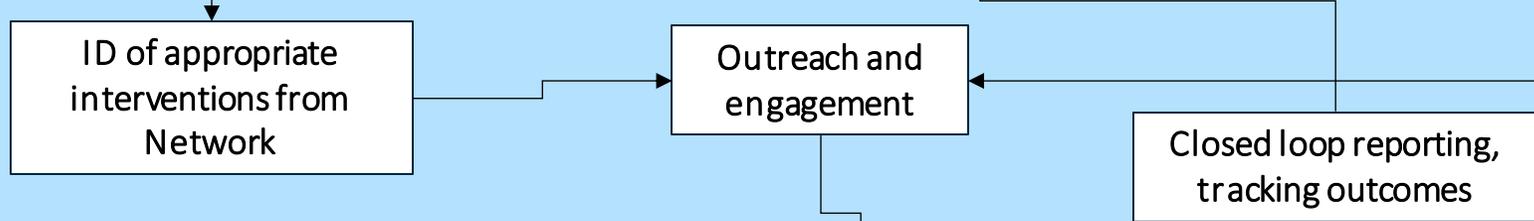
Data and Analytics sources: vendor(s), government organizations, community entities



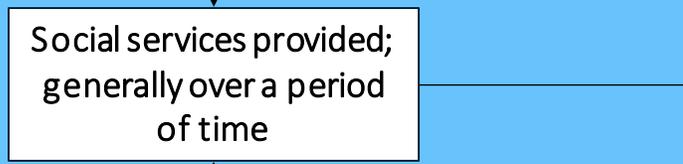
Payer/Health system provider



SHARPS\*



CBOs\*\* and other Intervention Providers



\*Social Health and Resource Providers  
 \*\*Community Benefit Organizations

# Additional Challenges and Considerations with Using DOH Data

- Traditional workstreams such as pricing, reserving, risk adjustment and evaluation may be enhanced by incorporating DOH data
- Traditional models for evaluation, including strict requirements for financial return on investment, may not be appropriate in the context of DOH
- Ethical and Practical Considerations
  - Does the work reflect a fair use of data and modeling
  - Does the work align with existing practice
  - Use of SDOH in models should be easy to integrate, maintain, justify, adapt and simple
  - Avoid being technically correct but ethically problematic

# Additional Health Research

# Experience Studies, Practice Research & Data Driven In-house Research

Project Name	Objective	Expected Completion Date
Risk Adjustment White Paper	Interview Risk Adjustment SMEs and create a white paper that will address recent concerns brought up by political leaders about the use of Risk Adj through an actuarial user's guide to its past and future applications.	<a href="https://www.soa.org/resources/research-reports/2023/risk-adjustment-ma/">https://www.soa.org/resources/research-reports/2023/risk-adjustment-ma/</a>
State Based Public LTC Catastrophic Research	Studies the feasibility, possibilities and potential options for a state specific public product for Catastrophic LTC protection.	<a href="https://www.soa.org/resources/research-reports/2023/ltc-catastrophic-insurance/">https://www.soa.org/resources/research-reports/2023/ltc-catastrophic-insurance/</a>
Social Physical and Cultural Determinants of Health	Qualitative SDOH research project.	3/10/2023
Digital Health	A study focusing on telehealth and other digital communications.	3/31/2023
Emerging Impact of Long COVID on HealthCare Costs and Medical Conditions	A study that will examine the impact of a COVID 19 diagnosis on patient claims and medical conditions.	3/31/2023
Wall Street Journal Health Forum Update	This brief will summarize key takeaways for acturians in the Health space on emerging topics and technologies discussed at the March 6th Wall Street Journal Health Forum	3/31/2023
Group Life Waiver of Premium Valuation Tables	Develop valuation tables for claim mortality and recovery on Group Term Life policies with Waiver of Premium benefits.	4/30/2023
HCCI Quick Hit - Specialty Pharmacy Trends	This research will examine some key specialty drugs to look at how increases in uptake in drugs worth between 10K and 200K are driving current pharmacy trend.	5/31/2023
Health and Health Care Inequalities: Research Challenges and Considerations	A summary of the challenges involved in conducting research that requires health or health care data and protected personal information. Includes considerations for future research.	5/31/2023
Initiative 18/11 - 5/50 Project - Analyzing Characteristics of the top 5% members by cost who drive 50% of Medical Expenses	Validate the 5/50 Premise through % of total costs and average allowed annual costs by percentile grouping. Analyze ability to predict the 5% based on prior claims and risk factors. Calculate Transition probabilities between different groups.	5/31/2023



# American Academy of Actuaries Health Practice Council—Spring 2023 Updates

March 21, 2023—National Association of Insurance Commissioners (NAIC)  
Health Actuarial (B) Task Force (HATF) Meeting

Barbara Klever, MAAA, FSA  
Vice President, Health Practice Council  
American Academy of Actuaries

# About the American Academy of Actuaries



- The American Academy of Actuaries is a 19,500-member professional association whose mission is to serve the public and the U.S. actuarial profession. For more than 50 years, the Academy has assisted public policymakers on all levels by providing leadership, objective expertise, and actuarial advice on risk and financial security issues.
- The Academy also sets qualification, practice, and professionalism standards for actuaries in the United States.

For more information, please visit: [www.actuary.org](http://www.actuary.org)

# Public Policy and the Academy

- The Academy, through its public policy work, seeks to address pressing issues that require or would benefit from the application of sound actuarial principles. The Academy provides unbiased actuarial expertise and advice to public policy decision-makers and stakeholders at the state, federal, and international levels in all areas of actuarial practice.

# Health Practice Council— Key Policy Priorities for 2023

- Health equity
- COVID-19 and other public health challenges
- Insurance coverage and benefit design
- Health care costs and quality
- Medicare sustainability
- Long-term services and supports (LTSS)
- Financial reporting and solvency
- Professionalism

# Health Equity

- Issue Briefs:
  - *Data Collection for Measurement of Health Disparities* (forthcoming)
- Events:
  - Health Equity Symposium (TBA)

# COVID-19 and Other Public Health Challenges

- Webinar: "[The Great Unwinding: What's Next for the Medicaid Population?](#)" (March 14, 2023)
  - Topic is included in our *Drivers of 2024 Health Insurance Premium Changes* issue brief (forthcoming)

# COVID-19 and Other Public Health Challenges: Climate Change and Health

- Climate Change Joint Task Force:
  - In November 2021, the Academy launched the Climate Change Joint Task Force. Membership is comprised of members from the health, casualty, life, and pension practice areas and reports to the Risk Management and Financial Reporting Council (RMFRC).
  - The task force has submitted numerous comment letters to federal agencies, and other stakeholders, on climate-related disclosures and financial risks. For example, the Task Force has submitted a comment letter to the International Sustainability Standards Board.

# Health Insurance Coverage and Benefit Design

- Issue Brief and Webinar:
  - *Drivers of 2024 Health Insurance Premium Changes* (forthcoming)
- Comment Letters:
  - Comments on proposed rule for the [2024 Notice of Benefit and Payment Parameters \(NBPP\)](#) (January 2023)
  - Comments on [Draft 2024 Actuarial Value \(AV\) Calculator Methodology](#) (January 2023)

# Health Care Costs and Quality

- Issue Briefs:
  - *Addressing High Insulin Spending: Moving Beyond Co-pay Caps* (forthcoming)
  - *Gene Therapy Drug Costs* (forthcoming)

# Medicare Sustainability

- Issue Brief:
  - *Medicare's Financial Condition: Beyond Actuarial Balance* (forthcoming)
- Capitol Forum Webinar:
  - Medicare Trustees Report: A Deep-Dive Discussion With the Program's Chief Actuary" (forthcoming)

# Long-Term Services and Supports (LTSS)

- Issue Briefs:
  - Refresh of [\*Impact of COVID-19 on Long-Term Care Insurance\*](#) issue brief (originally published January 2021—forthcoming).
  - Refresh of [\*Essential Criteria for Long-Term Care Financing Reform Proposals\*](#) issue brief (originally published November 2016—forthcoming).
  - *State of Long-term Care and How It Is Evolving* (forthcoming).

# Financial Reporting and Solvency

- Comment Letters:
  - [Comments to the NAIC Health Risk-Based Capital \(E\) Working Group on Investment Income](#) (February 2023).
  - [Comments to the NAIC Long-Term Care Actuarial \(B\) Working Group on AG 51, Appendix A-010](#) (LTC reserve adequacy) (February 2023).

# HPC NAIC Workstreams—HRBC

- Health Risk-Based Capital (E) Working Group (HRBC)
  - Request for comprehensive review of the H2—Underwriting Risk component and managed care credit calculation in the health risk-based capital formula.
    - [July 2021](#)—Academy comment letter.
    - [January 2022](#)—Academy report.
    - [July 2022](#)—Timeline letter.
    - November 2022—Academy [Health Underwriting Risk Factors Analysis Work Group](#) commences work.
    - December 2022—[Update](#) to the NAIC HRBC Working Group at the Fall National Meeting.
    - February 2023—[Comments to the NAIC HRBC Working Group on Investment Income](#)

# HPC NAIC Workstreams—HRBC

- Health Care Receivables Factors Work Group
  - The work group is completing a review of the current health care receivables factors for the NAIC.
  - Work task 1: Update the chart of health care (HC) receivables (HC Receivables now being reported on the Blue Blank as well as the Orange Blank).
  - Work task 2: Evaluate 2018-2021 NAIC data.

# HPC NAIC Workstreams—LTCAWG

- NAIC Long-Term Care Actuarial (B) Working Group (LTCAWG)
- Long-Term Care Insurance Mortality and Lapse Study
  - Original request from the NAIC LTCAWG
  - [Report](#) released November 2021.
    - Developed by the Long-Term Care Valuation Work Group of the Academy and the Society of Actuaries Research Institute (SOARI).
  - [Presentation](#) to NAIC HATF in November 2021.
  - [Update presentation](#) to NAIC LTCAWG in June 2022.
  - [Exposed](#) by the NAIC LTCAWG until Sept. 5, 2022.
  - Status: LTCAWG is to draft changes to VM-25 and to adopt tables within the report (TBD).

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# Thank You

## Questions?

Contact: Matthew Williams, JD, MA  
Senior Health Policy Analyst, Health  
[williams@actuary.org](mailto:williams@actuary.org)