ROLL CALL

Perry Kupferman, Chair  California
Steve Ostlund  Alabama
Paul Lombardo  Connecticut
Benjamin Ben  Florida
Weston Trexler  Idaho
Nicole Boyd  Kansas
Marti Hooper  Maine
Fred Andersen  Minnesota
Rhonda Ahrens  Nebraska
Anna Krylova  New Mexico
Bill Carmello  New York
Laura Miller  Ohio
Andrew Schallhorn  Oklahoma
Tracie Gray  Pennsylvania
Andrew Dvorine  South Carolina
Mike Boerner  Texas
Tomasz Serbinowski  Utah

NAIC Support Staff: Eric King

AGENDA

1:00 – 1:05 p.m. 1. Call to Order/Roll Call—Perry Kupferman (CA)

1:05 – 1:10 p.m. 2. Consider Adoption of its Jan. 23, 2020, and 2019 Fall National Meeting Minutes —Perry Kupferman (CA)

1:10 – 1:30 p.m. 3. Hear an Update from the American Academy of Actuaries (Academy) on Long-Term Care Insurance (LTCI) Working Group Activities —Warren Jones (Academy)

1:30 – 2:10 p.m. 4. Consider Adoption of the Long-Term Care Pricing (B) Subgroup Report—Paul Lombardo (CT)

2:10 – 2:50 p.m. 5. Consider Adoption of the Long-Term Care Valuation (B) Subgroup Report —Fred Andersen (MN)

2:50 – 3:00 p.m. 6. Discuss Any Other Matters Brought Before the Working Group —Perry Kupferman (CA)

7. Adjournment
The Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met via conference call Jan. 23, 2020. The following Working Group members participated: Perry Kupferman, Chair (CA); Steve Ostlund (AL); Benjamin Ben (FL); Nicole Boyd (KS); Marti Hooper (ME); Fred Andersen (MN); Rhonda Ahrens (NE); Anna Krylova (NM); Laura Miller (OH); Andrew Schallhorn (OK); Andrew Dvorine (SC); Raja Malkani (TX); and Jaakob Sundberg (UT).

1. **Adopted a Draft of Revisions to the Forms**

Mr. Kupferman presented draft of revisions (Attachment Two-A) to the Long-Term Care Experience Reporting Forms (Forms) found in the annual financial statement and instructions (Attachment Two-B) for the revised Forms. He said the draft was produced as a response to a referral from the Financial Analysis (E) Working Group that requests assistance from the Long-Term Care Actuarial (B) Working Group with long-term care insurance (LTCI) total reserve reporting in the Forms and the annual financial statement. He said the draft revisions were exposed for public comment, and he presented a comment letter (Attachment Two-C) from the American Council of Life Insurers (ACLI).

Ms. Ahrens suggested that the Total Inception-to-Date rows be deleted for the Assumed and Ceded sections of Form 1. The Working Group agreed to these changes.

Jan Graeber (ACLI) asked if the current Form 3 will be retained in the set of Forms. Mr. Kupferman said Form 3 will be retained, and no changes to it have been proposed.

Mr. Ostlund made a motion, seconded by Ms. Ahrens, to adopt the draft Forms (Attachment Two-D) and instructions (Attachment Two-E) with changes agreed to during the discussion. The motion passed unanimously. Mr. Kupferman said the draft Forms and instructions will be forwarded to the Health Actuarial (B) Task Force for its consideration.

Having no further business, the Long-Term Care Actuarial (B) Working Group adjourned.
The Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met in Austin, TX, Dec. 6, 2019. The following Working Group members participated: Steve Ostlund, Deputy Chair (AL); Paul Lombardo (CT); John Reilly (FL); Weston Trexler (ID); Nicole Boyd (KS); Marti Hooper (ME); Fred Andersen (MN); Rhonda Ahrens (NE); Anna Krylova (NM); Laura Miller (OH); Tracie Gray (PA); Andrew Dvorine (SC); Mike Boerner and Raja Malkani (TX); and Tomasz Serbinowski (UT).


Ms. Ahrens made a motion, seconded by Mr. Lombardo, to adopt the Working Group’s Oct. 24 (Attachment Four-A), Sept. 24 (Attachment Four-B), Aug. 28 (Attachment Four-C), Aug. 20 (Attachment Four-D), and Aug. 2 (see NAIC Proceedings – Summer 2019, Health Actuarial (B) Task Force, Attachment One) minutes. The motion passed unanimously.

2. **Heard an Update from the Academy on LTC Work Group Activities**

Warren Jones (PricewaterhouseCoopers LLP) gave an update (Attachment Four-E) on the American Academy of Actuaries (Academy) Long-Term Care Valuation Work Group’s development of mortality and lapse valuation tables. He said the Academy has published the “Long-Term Care (LTC) Combination Product Valuation Practice Note,” as requested by the Working Group in July 2015.

3. **Heard an Update on SOA LTCI Research**

Dale Hall (Society of Actuaries—SOA) gave an update (Attachment Four-F) on recent work on the SOA’s Long-Term Care Experience Study.

4. **Adopted the Report of the Long-Term Care Pricing (B) Subgroup**

Mr. Lombardo said the Long-Term Care Pricing (B) Subgroup met Sept. 12 and took the following action: 1) discussed group long-term care insurance (LTCI) pricing.

Mr. Lombardo made a motion, seconded by Ms. Ahrens, to adopt the report of the Long-Term Care Pricing (B) Subgroup, including its Sept. 12 minutes (Attachment Four-G). The motion passed unanimously.

5. **Adopted the Report of the Long-Term Care Valuation (B) Subgroup**

Mr. Andersen said an Actuarial Guideline LI—The Application of Asset Adequacy Testing to Long-Term Care Insurance Reserves (AG 51) guidance document (Guidance Document) (Attachment Four-H) was developed to be used for year-end 2019 AG 51 filings, and it is available on the Subgroup’s webpage. He said a review group composed of Subgroup members has reviewed AG 51 year-end 2018 filings for the 50 largest, based on policyholder exposure, LTCI companies. He said the review group has conducted in-person meetings with 11 insurers to further discuss their AG 51 filings.

Mr. Andersen made a motion, seconded by Mr. Boerner, to adopt the report of the Long-Term Care Valuation (B) Subgroup, and the Guidance Document. The motion passed unanimously.

Having no further business, the Long-Term Care Actuarial (B) Working Group adjourned.
The Long-Term Care Pricing (B) Subgroup of the Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met via conference call Feb. 6, 2020. The following Subgroup members participated: Paul Lombardo, Chair (CT); Steve Ostlund (AL); Perry Kupferman (CA); Benjamin Ben (FL); Weston Trexler (ID); Nicole Boyd (KS); Marti Hooper (ME); Fred Andersen (MN); David Yetter (NC); Rhonda Ahrens (NE); David Sky (NH); Anna Krylova (NM); Laura Miller (OH); Tomasz Serbinowski (UT); and Joylynn Fix (WV). Also participating was: Sarah Neil (RI).

1. Discussed LTCI Cash Value Buyouts

Mr. Lombardo said the Subgroup will continue its discussion of pricing considerations for long-term care insurance (LTCI) cash value buyouts (CVBs) to policyholders in lieu of rate increases from its Jan. 6 conference call. He said CVBs offer policyholders an additional option that is beyond the scope of their existing LTCI contracts. He said most LTCI policies were not initially priced assuming CVBs would be offered. He said the amount of the CVB will likely be calculated as a percentage of the statutory reserve held for the given policy and that the percentage used is an important aspect of CVB considerations. He said the percentage needs to be high enough to appeal to policyholders, but not so high that it affects policyholders that continue their LTCI coverage.

Mr. Lombardo said possible factors influencing the CVB take-up rate by policyholders are: 1) the policyholder’s financial situation; 2) the policyholder’s attained age; and 3) the policyholder’s perception of needing long-term care (LTC) in the future. He said state insurance regulators have a responsibility to ensure that the election of CVBs does not result in harm to remaining policyholders or financial harm to insurers due to potential unpriced for increases in claims costs to the remaining block of policyholders. He said he thinks the balance of the statutory reserve that remains after the percentage of it is paid to policyholders electing CVBs should be earmarked for supporting the block of remaining policyholders. Mr. Andersen agreed that these reserve balances should be earmarked.

Mr. Andersen said insurers that pay out CVBs should consider the effect of morbidity on the remaining block of policyholders for subsequent valuations of liabilities. Mr. Lombardo agreed and said he understands “morbidity” to include claim incidence, claim continuance and percent of maximum allowable benefit utilization. Mr. Andersen agreed with the components of morbidity.

Mr. Lombardo said the Subgroup should discuss whether CVBs should be one-time offers and how long after the offer of a CVB will policyholders be given to decide whether to elect it. He said the number and frequency of CVB offers have the potential to influence the degree of antiselection.

Jan Graeber (American Council of Life Insurers—ACLI) said the ACLI will meet with some of its member companies to discuss the issues above, as well as potential legal issues associated with the offering of CVBs. She said there are concerns that a policyholder or representative could sue an insurer if a CVB were elected, and the CVB recipient later required LTC, or that remaining policyholders could sue the insurer in response to rate increases or financial instability resulting from antiselection against the remaining block. She said ACLI members will also discuss potential tax ramifications to policyholders with tax-qualified LTCI policies upon election of a CVB. She said she will report the results of the ACLI member meeting to the Subgroup during a future conference call.

Ray Nelson (America’s Health Insurance Plans—AHIP) said discussions he has had with AHIP member companies indicate companies are interested in possibly offering CVBs and do not want this option to be prohibited. He said AHIP member companies have expressed the same concerns as those identified by the Subgroup.

Mr. Lombardo said he has discussed the possibility of offering CVBs to policyholders with three insurers. He said one insurer has analyzed the issues associated with CVBs and is interested in further consideration, and two insurers have not analyzed CVBs but are interested in considering offering them.

Ms. Neil asked Ms. Graeber and Mr. Nelson if either are aware of insurers currently offering CVBs. Ms. Graeber and Mr. Nelson said they are not aware if any insurers are or are not. Mr. Lombardo asked Ms. Graeber to ask ACLI members at
the upcoming ACLI meeting if any are currently offering CVBs. Ms. Graeber said she will consult with ACLI legal staff to
determine if this is information she can share with the Subgroup.

Mr. Lombardo said the concept of CVBs is also being discussed in one of the workstreams of the Long-Term Care Insurance
(EX) Task Force and that Subgroup members might assist the Task Force in this effort.

2. Discussed LTCI Hybrid Products

Mr. Lombardo said there have been recent discussions in the Connecticut Legislature concerning the ability of stand-alone
LTCI policyholders to convert their policies to some form of hybrid LTCI policy, using some of the accumulated value of the
stand-alone policy to offset the cost of the hybrid policy. He asked if others think this proposal is feasible.

Birny Birnbaum (Center for Economic Justice—CEJ) said there may be issues with calculating what value will be assigned to
cancelling the stand-alone coverage that will be transferred to the hybrid coverage that are similar to calculating a CVB value.

Having no further business, the Long-Term Care Pricing (B) Subgroup adjourned.
The Long-Term Care Pricing (B) Subgroup of the Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force met via conference call Jan. 6, 2020. The following Subgroup members participated: Paul Lombardo, Chair (CT); Steve Ostlund (AL); Perry Kupferman (CA); Marti Hooper (ME); Fred Andersen (MN); William Leung (MO); Rhonda Ahrens (NE); Anna Krylova (NM); David Yetter (NC); Laura Miller (OH); Raja Malkani (TX); Tomasz Serbinowski (UT); and Joylynn Fix (WV).

1. Discussed LTCI Cash Value Buyouts

Mr. Lombardo said the Subgroup will discuss pricing considerations for long-term care insurance (LTCI) cash value buyouts (CVBs) to policyholders in lieu of rate increases. He said he does not believe most LTCI carriers account for the option of CVBs to policyholders in their initial pricing. He said this may subject carriers to antiselection, and they may become financially disadvantaged in the event policyholders elect CVBs.

Mr. Andersen said he and other state insurance regulators have begun a study of the mathematical aspects of the impacts on policyholders who elect a CVB and the effect on the remaining block of policyholders. He said state insurance regulators’ main concern is that the remaining policyholders may be in a worse position after others have opted for CVBs. He said preliminary findings indicate three factors may influence whether CVB election will harm remaining policyholders. He said the first factor is the amount of the CVB, such as if it is calculated as a percentage of held statutory reserves within a given rating cell, where the risk of harm to remaining policyholders increases as the percentage applied increases. He said the second factor is the percentage of policyholders opting for CVBs, with increasing percentages increasing the risk to remaining policyholders. He said the third factor is the degree of antiselection that may occur if healthier policyholders opt for CVBs, resulting in higher-than-anticipated claims costs among the pool of remaining policyholders.

Mr. Andersen said three factors were identified that may contribute to antiselection in the presence of CVBs. He said it is possible that policyholders that elect CVBs tend to be more likely to lapse in general, whether or not a CVB is offered. He said there may be a tendency for policyholders that are aware that they are likely to die soon to elect CVBs, and when such individuals are no longer in the pool of remaining policyholders, the reduction in remaining pool mortality may result in claims costs in excess of those initially priced for. He said there may be a tendency for policyholders that have expectations that they will have lower-than-average long-term care (LTC) claims costs to elect CVBs, and when such individuals are no longer in the pool of remaining policyholders, the reduction in remaining pool morbidity may result in claims costs in excess of those initially priced for.

Ms. Ahrens said the Nebraska Department of Insurance (DOI) is generally not in favor of CVBs, as it is difficult to determine the effect that policyholder election of CVBs will have on the remaining policyholder block’s experience. She said there are other options for policyholders, and the DOI questions what purpose offering CVBs serves. She said CVBs are extra-contractual benefits and do not preserve insurance benefits.

Mr. Kupferman said he thinks the percentage of policyholders that opt for CVBs is very small. Mr. Serbinowski said since the percentage of policyholders that will elect CVBs is likely small, the Utah Insurance Department likely would not prohibit an insurer from offering CVBs.

Mr. Lombardo said that some policyholders that are eligible for CVBs may also be eligible for nonforfeiture benefits (NFBs), and the CVB will likely be much greater than the NFB amount. He asked if the CVB is in lieu of, and not in addition to, the NFB. Mr. Andersen said he believes the CVB is in lieu of the NFB.

Mr. Andersen said he and other state insurance regulators discussed a scenario where the offered CVB is a low percentage of the held statutory reserve, and the insurer expects to experience a financial gain when the CVB is elected. He asked if state insurance regulators should require the insurer to hold this gain as a reserve for the block of remaining policyholders. He said if this is required, state insurance regulators will need to determine how to measure the amount of the gain.
Jan Graeber (American Council of Life Insurers—ACLI) said she will survey ACLI member companies for their input related to offering CVBs to policyholders, and policyholder take-up rates on the various reduced benefit and nonforfeiture options offered. She said she estimates, in general, that 92% of policyholders presented with a rate increase choose to continue coverage at the unmodified increased premium level. Ray Nelson (America’s Health Insurance Plans—AHIP) said he will survey AHIP member companies for the same information.

Mr. Lombardo said the Subgroup will continue to discuss and analyze CVB options.

Having no further business, the Long-Term Care Pricing (B) Subgroup adjourned.
2020 Spring National Meeting  
Conference Call  

HEALTH ACTUARIAL (B) TASK FORCE  
Thursday, April 2, 2020  
12:30 – 2:30 p.m. PT / 1:30 – 3:30 p.m. MT / 2:30 – 4:30 p.m. CT / 3:30 – 5:30 p.m. ET  
Diamond Pass Call – http://dpregister.com/10140363

ROLL CALL

AGENDA

1. Call to Order/Roll Call—Jaakob Sundberg (UT)

2. Consider Adoption of its Feb.14, 2020 minutes—Jaakob Sundberg (UT)

3. Hear an Update from the Society of Actuaries (SOA) on Health Research—Dale Hall (SOA)

4. Consider Adoption of the Report of the Long-Term Care Actuarial (B) Working Group  
   —Perry Kupferman (CA)

5. Consider Adoption of the Report of the Health Care Reform Actuarial (B) Working Group  
   —David Shea (VA)  
   a. Hear an Update from the Federal Center for Consumer Information and Insurance Oversight (CCIIO)  
      —(CCIO)

NAIC Support Staff: Eric King
6. Hear an Update from the American Academy of Actuaries (Academy) Council on Professionalism—Shawna Ackerman (Academy), Kathleen Riley (Academy) and Godfrey Perrott (Academy)

7. Hear an Update from the Academy Health Practice Council—Barb Klever (Academy)

8. Discuss Any Other Matters Brought Before the Task Force—Jaakob Sundberg (UT)

9. Adjournment

W:\National Meetings\2020\Spring\Agenda\HATF.docx
The Health Actuarial (B) Task Force met via conference call Feb. 14, 2020. The following Task Force members participated: Todd E. Kiser, Chair, represented by Jaakob Sundberg (UT); Eric A. Cioppa, Vice Chair, represented by Marti Hooper (ME); Lori K. Wing-Heier represented by Jacob Lauten (AK); Ricardo Lara represented by Perry Kupferman (CA); Vicki Schmidt represented by Nicole Boyd (KS); Chlora Lindley-Myers represented by William Leung (MO); Mike Causey represented by David Yetter (NC); Bruce R. Ramge represented by Michael Muldoon (NE); Marlene Caride represented by Seong-min Eom (NJ); Jillian Froment represented by Laura Miller (OH); Glen Mulready represented by Andrew Schallhorn (OK); Jessica K. Altman represented by Tracie Gray (PA); Kent Sullivan represented by Mike Boerner (TX); Mike Kreidler represented by Lichiou Lee (WA); and James A. Dodrill represented by Joylynn Fix (WV).

1. Adopted its 2019 Fall National Meeting Minutes

Mr. Lauten made a motion, seconded by Ms. Eom, to adopt the Task Force’s Dec. 6, 2019, minutes (see NAIC Proceedings—Fall 2019, Health Actuarial (B) Task Force). The motion passed unanimously.

2. Adopted a Draft of Revisions to the Forms

Mr. Kupferman presented a draft of revisions (Attachment One-A) to the Long-Term Care Experience Reporting Forms (Forms) found in the annual financial statement and instructions (Attachment One-B) for the revised forms as forwarded to the Task Force by the Long-Term Care Actuarial (B) Working Group. He also presented comments (Attachment One-C) on the revisions submitted by Utah.

Mr. Kupferman gave an overview of the revisions and said the changes suggested in the Utah comment letter will be incorporated into the draft.

Bob Yee (PricewaterhouseCoopers LLP—PwC) suggested that the reserves reported on Form 3 should be recast using current assumptions. Ray Nelson (America’s Health Insurance Plans—AHIP) said AHIP member companies think Form 3 should reflect the actual history of reserves held. He said requiring reserves to be recast would make completion of the forms more difficult and may create systems programming issues. Mr. Sundberg said he agrees with Mr. Nelson. Mr. Yee suggested companies be given the option of recasting reserves, with a checkbox to indicate this has been done on Form 3. The Task Force agreed to this change.

Mr. Nelson suggested that policies that have received contingent nonforfeiture benefits be considered as in-force policies for Forms reporting purposes, as they are still eligible to receive benefits and require a reserve to be held. The Task Force agreed to this classification.

Mr. Nelson suggested that the Form 2 instructions not prescribe the classification of comprehensive policies that later drop rider coverage. The Task Force agreed to this change.

Mr. Sundberg suggested the Forms include a way for companies to indicate whether waiver of premium amounts are included in claims and premium reporting. The Task Force agreed to this change.

Mr. Kupferman made a motion, seconded by Mr. Muldoon, to adopt the revised draft Forms and instructions with the changes discussed. The motion passed unanimously.

Mr. Sundberg said the revised draft forms (Attachment One-D) and instructions (Attachment One-E) will be forwarded to the Senior Issues (B) Task Force and the Health Insurance and Managed Care (B) Committee for their consideration.

Having no further business, the Health Actuarial (B) Task Force adjourned.
Society of Actuaries
Research Update

DALE HALL, FSA, MAAA
Managing Director of Research
March, 2020
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.
50 States, Fifty Stories: A Decade of Health Reform Under the Affordable Care Act
Key Takeaway from 50 States, 50 Stories

• Main goals of the Affordable Care Act
  • Reduction in the uninsured rate
  • Competition in the exchanges
  • Premium rate level and volatility

• Stages of the ACA over its first decade
Main Goals of the Affordable Care Act

SELECT NATIONWIDE METRICS ASSOCIATED WITH ACA’S STATED GOALS

- **Preparation and implementation**
  - Uninsured rate:
    - 2013: 17.01%
    - 2014: 13.8%
    - 2015: 11.2%
    - 2016: 10.3%
    - 2017: 10.5%
    - 2018: 10.7%
  - Insurer competition in the exchanges (insurer count):
    - 2013: 256
    - 2014: 310
    - 2015: 291
    - 2016: 224
    - 2017: 182
    - 2018: 205
    - 2019: 230
  - Premium rate levels (average lowest silver premium):
    - 2013: $256
    - 2014: $265
    - 2015: $286
    - 2016: $340
    - 2017: $452
    - 2018: $455
    - 2019: $444

- **Rollout and disruption**
  - Uninsured rate:
    - 2013: 17.01%
    - 2014: 13.8%
    - 2015: 11.2%
    - 2016: 10.3%
    - 2017: 10.5%
    - 2018: 10.7%
  - Insurer competition in the exchanges (insurer count):
    - 2013: 256
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    - 2013: $256
    - 2014: $265
    - 2015: $286
    - 2016: $340
    - 2017: $452
    - 2018: $455
    - 2019: $444

- **Repeal and replace**
  - Uninsured rate:
    - 2013: 17.01%
    - 2014: 13.8%
    - 2015: 11.2%
    - 2016: 10.3%
    - 2017: 10.5%
    - 2018: 10.7%
  - Insurer competition in the exchanges (insurer count):
    - 2013: 256
    - 2014: 310
    - 2015: 291
    - 2016: 224
    - 2017: 182
    - 2018: 205
    - 2019: 230
  - Premium rate levels (average lowest silver premium):
    - 2013: $256
    - 2014: $265
    - 2015: $286
    - 2016: $340
    - 2017: $452
    - 2018: $455
    - 2019: $444

- **Patchwork quilt**
  - Uninsured rate:
    - 2013: 17.01%
    - 2014: 13.8%
    - 2015: 11.2%
    - 2016: 10.3%
    - 2017: 10.5%
    - 2018: 10.7%
  - Insurer competition in the exchanges (insurer count):
    - 2013: 256
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    - 2014: $265
    - 2015: $286
    - 2016: $340
    - 2017: $452
    - 2018: $455
    - 2019: $444
Premium Rate Level and Volatility

NUMBER OF INSURER OPTIONS AVAILABLE TO CONSUMERS THROUGH THE EXCHANGES

- Insurer participation peaked in 2015
- As profit margin fell, insurer participation declined with 21% of insurers having only one option in 2018
- Insurers returned to the marketplace in response to stabilizing profit margins
- Yellow line represents all counties and not just individual States
ACA @ 10 Background

- Health Section Strategic Initiative
  - Initiated by the Health Section
  - An update on the ACA@5 released in 2015

- A series of Health Watch Articles to be published concurrently with the research proposal.
  - Introductory Article – Joan Barrett
  - Successes of the ACA – Dave Dillon
  - Impact on Rural Areas – Ryan Mueller
  - Regardless (A look at Cost and Quality) – Joan Barrett
  - Elusive Paradoxes – Greg Fann
  - Medicaid – Rebecca Owen

- Articles and research paper will be linked to the ACA@10 web landing page
Group Life Waiver of Premium Valuation Tables - Project Update

- Academy & SOA Work Groups Working Jointly
- Table dimension work is proceeding
- AG44 revisions are being drafted
- Credibility formulas for blending company experience are being tested
- Next steps including smoothing and table extension; margins
- No proposed change to timeline as yet
## SOA Experience Studies

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Objective</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2015 Individual Disability Income - Incidence Report</td>
<td>Complete a study of incidence for individual disability and release a report with the findings and an aggregated database of the experience data.</td>
<td>Complete. On SOA web site. ¹</td>
</tr>
<tr>
<td>2006-2015 IDI Persistency</td>
<td>Complete a study of policy terminations for individual disability and release a report with the findings.</td>
<td>3/31/2020</td>
</tr>
<tr>
<td>2006-2015 Individual Disability Income - Termination Report</td>
<td>Complete a study of claim termination for individual disability and release a report with the findings and an aggregated database of the experience data.</td>
<td>5/31/2020</td>
</tr>
<tr>
<td>2000 - 2016 Long Term Care - Database</td>
<td>Develop a database with Long-Term Care claim termination and incidence experience.</td>
<td>7/31/2020</td>
</tr>
<tr>
<td>2000-2011 LTC Lapse and Mortality Valuation Assumptions</td>
<td>Develop a replacement mortality LTC valuation table and a proposal to replace the current LTC voluntary lapse parameters. Work done in conjunction with the AAA.</td>
<td>7/31/2020</td>
</tr>
<tr>
<td>2009-2017 Group LTD Claim Termination Study - Final Report</td>
<td>Perform study of termination experience under group long-term disability claims and release a database and report with this experience.</td>
<td>8/31/2020</td>
</tr>
</tbody>
</table>

## SOA Practice Research

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Objective</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Records White Paper</td>
<td>Write a white paper research report providing a detailed background to the use of Electronic Health Records and how actuaries will be impacted.</td>
<td>Complete. On SOA web site.¹</td>
</tr>
<tr>
<td>Modeling Effects of Enrollee Choice in the Commercial Health Insurance Market</td>
<td>Examine the impact of greater enrollee choices on health care costs and how the design and composition of benefits can influence the types of coverage that individuals choose.</td>
<td>1/15/2020</td>
</tr>
<tr>
<td>Patient Centered Medical Homes</td>
<td>Examines an actuarial perspective on the relationship of patient centered medical homes and healthcare costs including looking at scenarios of various arrangements.</td>
<td>3/15/2020</td>
</tr>
<tr>
<td>Fifty States, Fifty Stories: A Decade of Health Care Reform Under the Affordable Care Act</td>
<td>Examine the success of the ACA to different stakeholders in the individual and Medicaid Marketplaces.</td>
<td>3/23/2020</td>
</tr>
<tr>
<td>Direct Primary Care – Evaluating a New Model of Delivery and Financing</td>
<td>Conduct Market Survey and Literature Review to Define DPC and Examine its expected efficacy. Interview Physicians who operate under a DPC model. Create case Study to quantify the impact of DPCs.</td>
<td>3/31/2020</td>
</tr>
<tr>
<td>Initiative 18/11 - 5/50 Project - Analyzing Characteristics or the top 5% members by cost who drive 50% of Medical Expenses</td>
<td>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. Develop a methodology for identifying and stratifying future year risks.</td>
<td>3/31/2020</td>
</tr>
<tr>
<td>Comparing Measures of Social Determinants of Health to Assess Population Risk</td>
<td>Assess how well different measures of SDOH quantify and characterize patient risk status in order to optimize a variety of population health and payment purposes.</td>
<td>4/30/2020</td>
</tr>
<tr>
<td>PrEP Toolkit</td>
<td>Create a toolkit to help actuaries estimate the costs of covering HIV related Pre-Exposure and Post-Exposure Prophylaxis drugs.</td>
<td>6/30/2020</td>
</tr>
</tbody>
</table>

¹ [https://www.soa.org/resources/research-reports/2020/electronic-health-records/](https://www.soa.org/resources/research-reports/2020/electronic-health-records/)