



Article from

Health Watch

December 2015

Issue 79

Chairperson's Corner

By Elaine Corrough

“So ... what do *you* do for a living?”

I used to have a hard time answering this question. My informal chit-chat skills have always been deplorable anyway, even after 20+ years in consulting. Few people knew what a health actuary was back in the day, and for many years, it seemed easier just to say “I work with spreadsheets, a lot” or “I work in insurance,” however inadequate those descriptions seemed. As time went by and I took new roles with different employers, the answer seemed increasingly complex.

This holds true for many of us. In the past 20 years, we have expanded our roles as deep subject matter experts and technical masters, adding both breadth and depth to the collective expertise of our profession. Some of our health actuaries have committed themselves to the important goal of preserving excellence in traditional actuarial roles, while others are creating innovation at the boundaries of the current health care system. Some of us, myself included, are just trying to keep up on both fronts. We have attracted new customers and employers who see the value that health actuaries bring with our problem-solving skills and ability not just to report the numbers, but also to explain what the numbers mean.

So, how would I answer that same question today? I'm reminded of my favorite book as a child: the wonderfully illustrated *What Do People Do All Day?* by Richard Scarry. From that book, Grocer Cat and the many other fine citizens of Busytown were introduced to me, and I loved learning about what each of them did in the community. I dreamed about becoming Stitches the Tailor.

What would Mr. Scarry write if Harvey the Health Actuary came to Busytown? If the occupations of our friends and colleagues are any indicator, Harvey might be a medical economics guru, or an expert on long-term care. He might spend most of his time analyzing cost and utilization trends, or be an all-things-actuarial resource for his professional counterparts. He might focus solely on rate filings, or programming and statistics, or financial reporting. Harvey could be a predictive modeling expert, researcher, Medicare specialist, risk consultant for hospital systems and provider groups, strategic adviser to health plans, or that guy who loves calculating reserves. He might advise employers on benefit design, work with state government, or inter-

pret new regulations for other actuaries. This is by no means a complete list, and Harvey will have likely done more than one of these things in his career.

With all these activities to choose from, it's an exciting time to be a health actuary, and I encourage members to explore the different roles that health actuaries might play. We must also recognize that some of those roles do not exist today. To support our members through this evolution, we embarked last year on a major strategic initiative, titled, fittingly enough, “Evolution of the Health Actuary.” Over the next several months, you will continue to hear more about this initiative and what it means for the support you and your colleagues get from the Society of Actuaries (SOA) and the Health Section.

Back to the original question: Nowadays, I simply reply, “I'm a health actuary.” ‘Nuff said!

* * *

If you have not had the opportunity, please be sure to check out the Health Section publication *The ACA@5: An Actuarial Retrospective*. This report covers a variety of issues we have faced under the Affordable Care Act (ACA), written by actuaries and professionals who have been steeped in ACA activities since its enactment. Many thanks to Valerie Nelson, our *Health Watch* editor, who edited *ACA@5*, as well as all of the contributing authors.

* * *

Health Section Council members are among our most active and committed volunteers, and we would like to thank Kara Clark and Eric Goetsch, whose terms are expiring. A very special thank you goes to Andie Christopherson, whose term is expiring and who has been a truly admirable chairperson this year.

At the same time, I'm delighted to welcome our newly elected council members. JoAnn Bogolin, Greg Fann, Sarah Osborne and Jenny Gerstorff are joining our council. I'm also delighted to announce the appointment of Marilyn McGaffin to our 2016 council. Our continuing council members form the backbone of our council, and of course, I will rely heavily on Brian Pauley, our incoming council vice chair.

Finally, I would like to thank all of you who contribute your time and expertise as volunteers. We all enjoy a richer and more exciting profession as a result of your efforts. ■



Elaine Corrough, FSA, FCA, MAAA, is senior consulting actuary with Axene Health Partners LLC in Murrieta, Calif. She can be reached at elaine.corrough@axenehp.com.