

16 - LTC Morbidity Improvement Considerations

SOA Antitrust Disclaimer SOA Presentation Disclaimer

2019 Valuation Actuary Symposium

Session 16: LTC Morbidity Improvement Considerations

Matt Morton, FSA MAAA

Robert Eaton, FSA MAAA

August 26, 2019





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Active participation in the Society of Actuaries is an important aspect of membership. While the positive contributions of professional societies and associations are well-recognized and encouraged, association activities are vulnerable to close antitrust scrutiny. By their very nature, associations bring together industry competitors and other market participants.

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- Do not discuss what you or other entities plan to do in a particular geographic or product markets or with particular customers.
- Do not speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
- Do leave a meeting where any anticompetitive pricing or market allocation discussion occurs.
- Do alert SOA staff and/or legal counsel to any concerning discussions
- Do consult with legal counsel before raising any matter or making a statement that may involve competitively sensitive information.

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Presentation Disclaimer

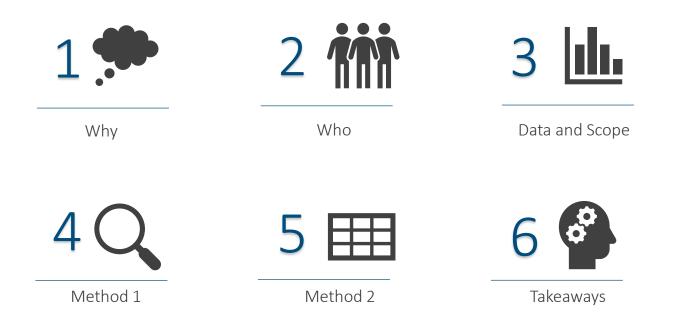
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SOA: LTC Calendar Year Trends



SOA: LTC Calendar Year Trends





Why now?

2018 SOA Board of Directors Meeting

Long-term care initiatives

Provide more resources to LTC actuaries



Industry input

Project Oversight Group

- Rachel Erne (Chair)
- Rhonda Ahrens
- Vince Bodnar
- Linda Chow
- Peter Da Silva
- Sivakumar Desai
- Perry Kupferman
- Greg Gurlik
- Janet Perrie
- Brad Rokosh
- Al Schmitz
- Eric Stallard
- Richard Xu

SOA Staff

- Cindy MacDonald
- Mervyn Kopinsky
- Pete Miller
- Erika Schulty

Authors - LTCG

- Matt Morton
- Ralph Donato



In Scope

Out of Scope



Claim length

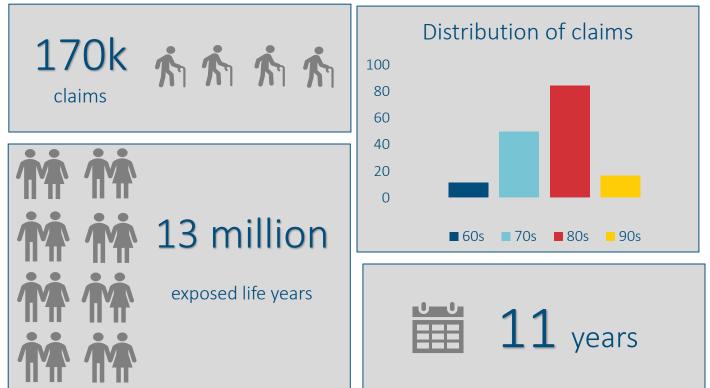




Benefit utilization



Data





Analysis Comparison

	Method 1	Method 2
Analysis Type	Observation	Actual to Model
Data	Intercompany Data	Intercompany Data
Model	N/A	2000-2011 Experience Basic Table
Incidence Rates	Total Lives	Total Lives
Analysis Type	Homogeneous Cell	Aggregated
Claim count	Credibility considerations	Aggregated



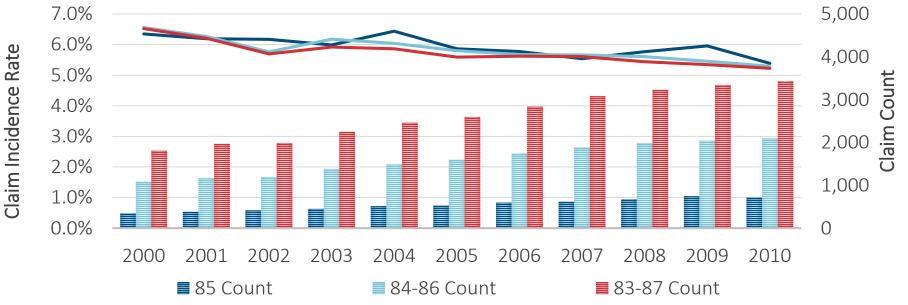
Method 1 – Observation Based

Observe		Incidence rates by calendar yearUtilize average over period for benchmark				
Dete	 Determine Age, gender, coverage, benefits, etc. 					
	Consider			 Credibility of data Standard deviation Existence of trend 		
	⇒ D	Drivers		UW changesBenefit configurationsUnderlying bias?		



Method 1 - Illustrative

85 YEAR OLD INCIDENCE RATES



Control for age and gender only



Method 1 - Illustrative

85 YEAR OLD INCIDENCE RATES



Observed trends highly dependent on risk characteristics included as filters Comp / Dur 10+ / Indiv / Fully UW / Single / 90 EP



Method 1 – Limitations



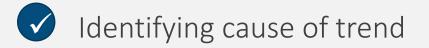
More homogenous cell yields less data



Credibility considerations



Determination of required characteristics





Method 2 – Actual to Model

Model selection • Select mod • Apply mod "expected				oly mod	del at seriatim level to determine		
4	Analyze ^{ca}				alyze actual and model claim counts by lendar year ends over time?		
		Con	side	er	Biases in data?Biases in model?		
	L	•	Drivers		5	• Which cohorts exhibit consistent behavior	



Method 2 - Illustrative

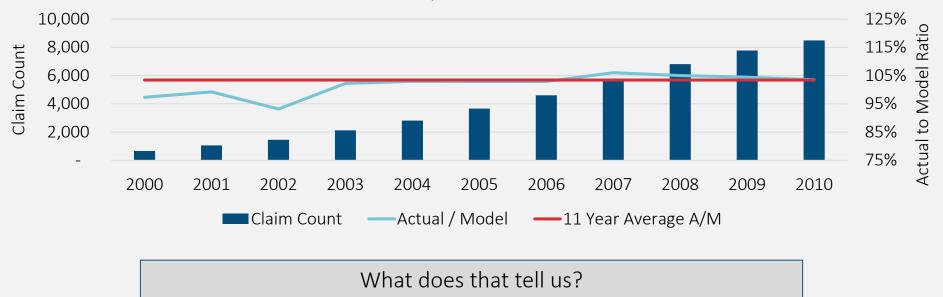
Actual and Model Ratio Incurred Ages 80-89 by Calendar Year Policy Durations 1 - 9





Method 2 - Illustrative

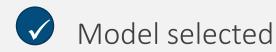
Actual and Model Ratio Incurred Ages 80-89 by Calendar Year Policy Durations 10+





Method 2 – Limitations







Embedded assumptions any model



Takeaways

1 Q

There are many ways to conduct this analysis. No single solution

Many considerations and characteristics are required to conduct analysis

2		
\prec		
5		

A good start, but more data and information will be collected in the future for a more complete analysis



A recent client study







1 📮

Are claims getting longer?

Analyze survival rates

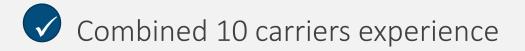
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Determine key characteristics that are changing



Claim data





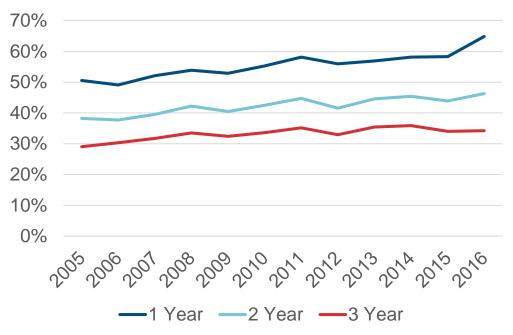


Consistent definitions of unique claim



Illustration: Claim length

Survival Rates

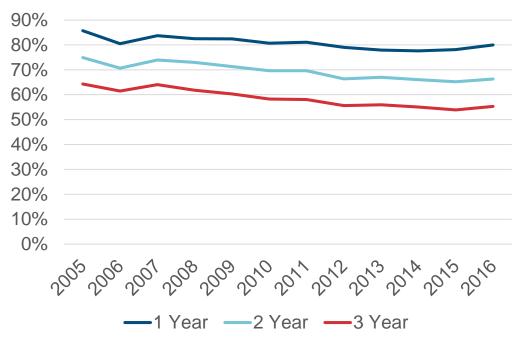


- 1. 80-84 year old disability age
- 2. Female
- 3. Survival Rates
- 4. Recovery and death



Illustration: Claim length

Survival Rates

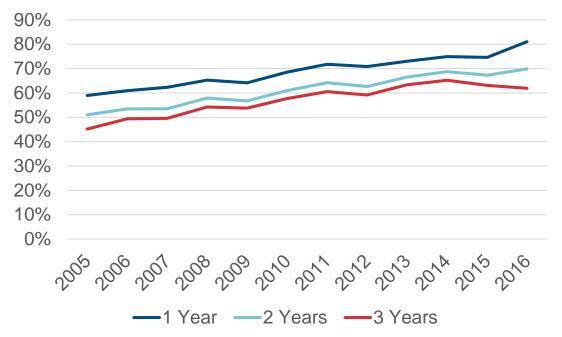


- 1. 80-84 year old disability age
- 2. Female
- 3. Survival Rates
- 4. Death only



Illustration: Claim length

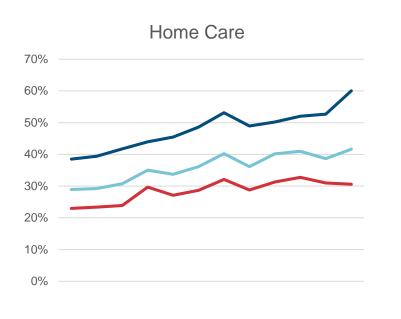
Survival Rates



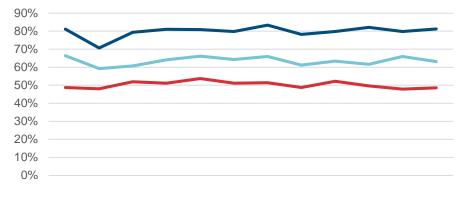
- 1. 80-84 year old disability age
- 2. Female
- 3. Survival Rates
- 4. Recovery only



Illustration: Claim length: Deaths & Recoveries







Nursing home

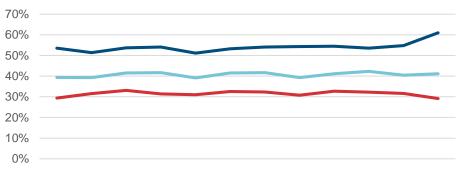
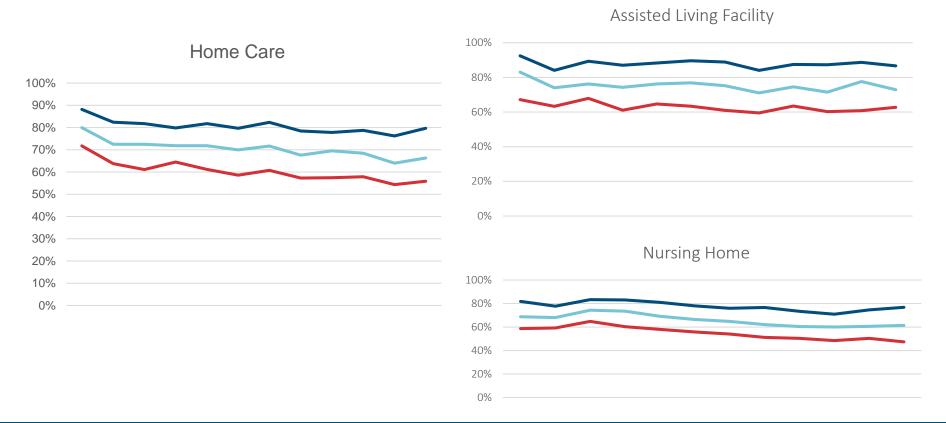




Illustration: Claim length: Deaths



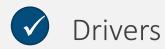
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Limitations





Survival rates vs. claim termination





LTC Medical Symposium





LTC Medical Symposium

- Panel of 13 professionals external to the LTC insurance industry
 - Gerontology
 - Geriatricians
 - Geneticists
 - Economist
 - Mortality
 - Other academics



LTC Medical Symposium

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• Dementia / Alzheimer's



- Functional impairment
 - Diseases should not be considered in isolation
- Aging: the underlying factor
 - Slowing the process by making cells divide slower / less (curing senescent stage of cell life)



- Obesity
 - Increase in stroke and mortality for 20-30 year olds
 - Level-off ("Obesity saturation") expected soon
 - Obese children have risk factors not seen before
 - Impact to LTCI: Earlier deaths? Historical data will not reflect future experience.



- Biomarker tests provide consumers with an understanding of mortality (at the tails)
- Not perfect, but improving, and costs decreasing
- Liquid biopsies detect cancer early
- Hopkins test for 8 different types of cancer
- Growing fields of medicine: how to choose drugs for patients based on genes



Future of Care Delivery

- Opportunities for care management in LTCI blocks
- Expanding inforce management to include proactive pre-claim intervention
- Pharmacogenetics
- Educating family caregivers
- Telemedicine



Future of Care Delivery

- Technologies for aging in place
- Smart home and ADL assistive technologies
- Digital care planning



Actuarial Guideline 51





- In response to growing concern for LTC reserve adequacy
- First required in YE2017 for companies with 10,000+ policyholders
 - Gross basis (i.e. direct issued and net retained)
- Separate LTC projections required in cash flow testing



- Morbidity
 - Studies
 - Trends
 - Industry or external data
 - Older-age assumptions
- Morbidity Improvement
- Overall level of claims: PVFB for key cells



- Reinsurance treaty info
- Sensitivities
 - 0% morbidity improvement / 0% mortality improvement
 - 0% morbidity improvement (but with mortality improvement
 - No future non-approved premium rate increases
 - Net yield pickup capped at 150bps above Treasury yields
 - Average over the block of LTC policies



- Regulator feedback
 - Very wide array of company morbidity assumptions
 - Seeking greater understanding of drivers
 - Providing company feedback



