

LONG TERM CARE THINK TANK

EXPLORING THE POSSIBILITIES FOR HELPING THE AMERICAN PUBLIC
MANAGE THE FINANCIAL BURDEN OF LONG TERM CARE

Presented to the NAIC LTC Innovation (B) Subgroup

August 8, 2016



AGENDA

1. **Background**
2. **Workshop Process and Results**
3. **Platform #1: Data Driven Decision Support**
4. **Platform #2: Service Evolution and Expansion**
5. **Platform #3: Paying For Care**
6. **A New Financing Approach**
7. **What Next?**

BACKGROUND

On October 19 and 20, 2015, the Society of Actuaries' Long Term Care Think Tank met in Rosemont, Illinois, for a collaborative workshop to:

- Review previous work and examine what we have learned
- Hypothesize and describe how consumers' needs may be changing
- Brainstorm how solution offerings could evolve to meet these needs in innovative new ways

LONG TERM CARE FINANCING IS A “WICKED” PROBLEM

A **wicked problem** is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. The use of term "wicked" here has come to denote resistance to resolution, rather than evil. Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems.*



*source : Wikipedia

FRAMING THE PROBLEM

You can't read the label when you're...



OBJECTIVES – EXPAND THE PROBLEM SPACE

“Fair Game” for the workshop included ideas that would potentially impact the following areas:

- Helping people *pay* for their care differently
- Making care more *accessible* to everyone
- Helping *reduce the costs* of care
- *Mitigating the need* for care in the first place

WORKSHOP PARTICIPANTS

The participants are multidisciplinary in training and background and represent multiple stake holders. The group not only includes experts from within the long term care insurance industry but also from adjacent areas such as legislative influencers, providers and those who have other ancillary expertise.

Loida Abraham, Genworth
Gretchen Alkema, The SCAN Foundation
Vincent Bodnar, LTCG
Joe Caldwell, NCOA
Brian Collins, Bipartisan Policy Center
Christie Conway, Bankers Life
Sivakumar Desai, Unum
Barry Fisher, Broad Tower Insurance
Joseph Furlong, RGA
James Glickman, Life Care Assurance
Bob Glowacki, Transamerica
Carroll Golden, Transamerica
Michael Hamilton, Lincoln Financial Group
Heather Jerbi, American Academy of Actuaries
Laurel Kastrup, KPMG
Patrick J. Kinney, Genworth
Roger Loomis, Arcval
Shawna Meyer, New York Life

Joel Meir, Genworth
John O'Leary, O'Leary Marketing Associates, LLC
Amy Pahl, Milliman
Anna Rappaport, Anna Rappaport Consulting
Patrick Reeder, Genworth
Thomas Rieske, LTCI Partners
Allan Schmitz, Milliman
Steven Schoonveld, Lincoln Financial Group
Roger Schultz, Independent Consultant
Barbara Stucki, Nestcare
Eileen Tell, ET Consulting, LLC
Rebecca Tipton, Thrivent
Terry Truesdell, National LTC Network
Brian Vestergaard, LifeSecure
Scott Williams, LTCI Partners
Joe Wurzbarger, Society of Actuaries
Robert Yee, Price Waterhouse Coopers

Facilitators and experts from Maddock Douglas:

Andrea Choka, Wes Douglas, Maria Ferrante-Schepis, Jerry Leiby, Lauren Schwartz, Doug Stone

Day 1: Brainstorm and Categorize

- Split into groups
- Think big and outside of the box
- No such thing as a bad idea
- Explain concepts to entire group
- Output: 85 ideas
- Each idea received votes from all attendees
- Ideas with enough votes were grouped into 15 sets of concepts

Day 2: Flesh Out Leading Concepts

- 15 concept sets were grouped into three platforms:

**Data-Driven
Decision
Support**

**Service
Evolution and
Expansion**

**Paying
For Care**

- A team was assigned to each platform to further discuss and flesh out its respective concepts

Data-Driven Decision Support

This category addresses how data is used to drive more evidence-based decision-making. Ideas in this category aim to educate caregivers and care recipients, keep them informed of best practices, guide them in making decisions, improve the coordination of care, and obtain longitudinal data required to improve pricing and recommendations.

5 Finalist Concepts:



HEALTHY LONGEVITY APP

Customer Insight: Seniors are more fearful of cognitive decline/Alzheimer's than any other chronic disease including cancer. The assumption is that there are behaviors that would mitigate cognitive decline and that consumers and especially seniors are interested in doing anything they can to avoid or lessen the impact of this condition.

Headline: *Incenting behaviors for healthy longevity*

Description (*What it is*):

An app to encourage users to lead healthier, more engaged and fulfilled lives. Focus on emotional, psychological and social engagement factors. The app could act as coach/companion.

Concept Details (*What it does/How it works*):

- Incentives (via points for merchandise or premium credits)
- Brain fitness activities
- Exercise (steps, weight control, etc.)
- Volunteering
- Hiking/biking
- Taking a class (dance, cooking, academic, etc.)
- Sharing your health records with LTC insurer (ties into the idea of accessing LTC insured's health records for analytics and measurement)
- Pets, gardening
- Meditation
- Sleep hours
- Social networking
- **Differentiated from health care focus on conditions leading to acute medical claims**



THE CARE PORTAL

Customer Insight (What does it solve?): The assumption is that the long term care system is difficult to navigate when someone is in need and that consumers want help doing so.

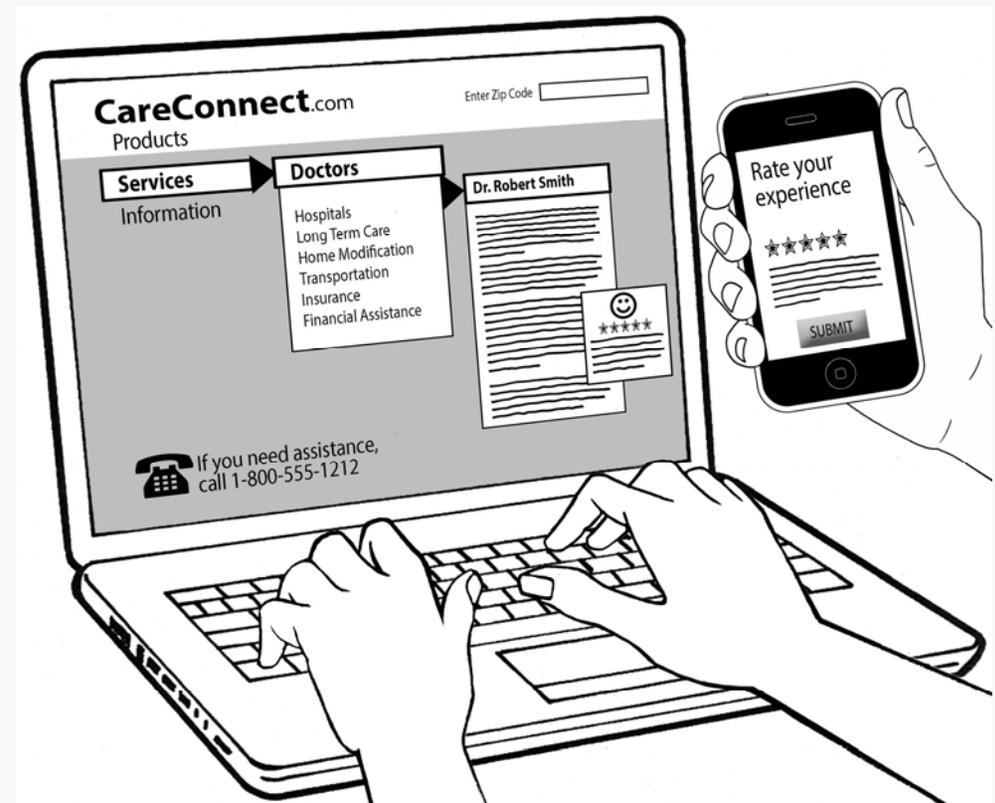
Headline: *Information to help connect me to care*

Description (What it is):

This is a curated portal accessible via the Web that aggregates vetted products and services (such as care.com, caring.com) and points people in need of care to relevant products and services.

Concept Details (What it does/How it works):

- This Web portal is funded and promoted by insurance carriers and managed by a nonprofit organization. It can be accessed by people in need of services such as (but not limited to) transition to/from LTC, coordination, claim questions (general, like an FAQ section), transportation, housing-related (ramps, etc.) and general benefits. A “news” section could be included to help keep people aware of changes in health care, etc.
- Producers can offer to clients
- Claims departments can point callers to this resource when appropriate
- Collects feedback from consumers (possibly even customer testimonials via videos on YouTube) about providers and their services
- Can be used by carriers/distributors for arms-length recommendations before someone actually has a LTC claim.



OTHER CONCEPTS FROM PLATFORM #1

The Open Kimono

Customer Insight (What does it solve?):

Transparency brings about change.

Description (What it is):

The SOA and participating carriers will regularly publish “care” costs and expected incident rates at a very granular level (e.g., by care provider). By publishing and promoting it, this new information could be used by the current ecosystem as well as new entrants for innovation and claimant negotiation to drive lower costs.

Concept Details (What it does/How it works):

- Carriers would supply costs paid by provider. This would allow for unprecedented visibility into the distribution of costs and create leverage for care coordinators (insured and uninsured populations) in negotiations
- This data would be added to reviews, ratings, etc., in an effort to place better and more thorough information into the market. All in the ecosystem could use this data to negotiate, compete, improve business, innovate, etc.
- SOA's role in process is to make data anonymous to prevent carrier-level exposure

Level the Playing Field

Customer Insight (What does it solve?):

Minimizing inefficiency.

Description (What it is):

Develop a national R&C database to be used by the actuarial claims teams.

Concept Details (What it does/How it works):

- Provide the claims team with a means to apply R&C to expenses and advise policyholders how they are spending their benefit dollars
- Help actuaries improve their models with more accurate and consistent costs by geographic area

OTHER CONCEPTS FROM PLATFORM #1

Quality Care Training and Certification Council

Customer Insight (What does it solve?):

Affordable certification of ADL, IADL and cognitive caregiving skills to ensure caregivers are trained to stay up to date with evidence-based best practices.

Description (What it is):

This evidence-based caregiving authority would collaborate with caregiving agencies and practitioners to determine the most up-to-date standards in providing high-quality care. Based on this research, the council would then develop an online platform of caregiving classes offered for free. For a fee, these classes can be validated, combined into nano-degrees and certified at in-person testing facilities (similar to Udacity).

Concept Details (What it does/How it works):

- Those interested in learning about evidence-based caregiving can log in and search classes, signing up for as many online modules as they want for free.
- However, those who want to be certified as having learned and mastered ADL, IADL, cognitive or specialty skills can pay for the verification process. This certification process involves:
 - Paying for keystroke validation that you actually took the classes
 - Paying for nano-degree access to unlock the class combinations required to be competent in different areas (e.g., IADL, ADL, cognitive and specialty nano-degrees available)
 - Going in person to a testing facility to prove you learned what you were supposed to and have the required caregiving hours to be certified (e.g., similar to DMV license experience)
 - As a result, certified caregivers are provided badges for completed nano-degrees in different skill sets. This system integrates with insurance companies and hospitals to allow patients to search for caregivers who are certified in the skills they're looking for.

Service Evolution and Expansion

This category addresses consumer needs that relate to where, how or when claims dollars can be spent and how this impacts access to care. Ideas in this category aim to increase the number of caregivers in the system, more efficiently distribute available care to match care recipient needs, more efficiently deploy care-related resources, improve access to quality care, and delay the need for care in the first place.

5 Finalist Concepts:



UBERIFICATION

Customer Insight (What does it solve?): The assumption is that technology can be used to drive transparent markets, lower costs and increase supply of care and that people will want to participate as both suppliers of care and/or recipients of care.

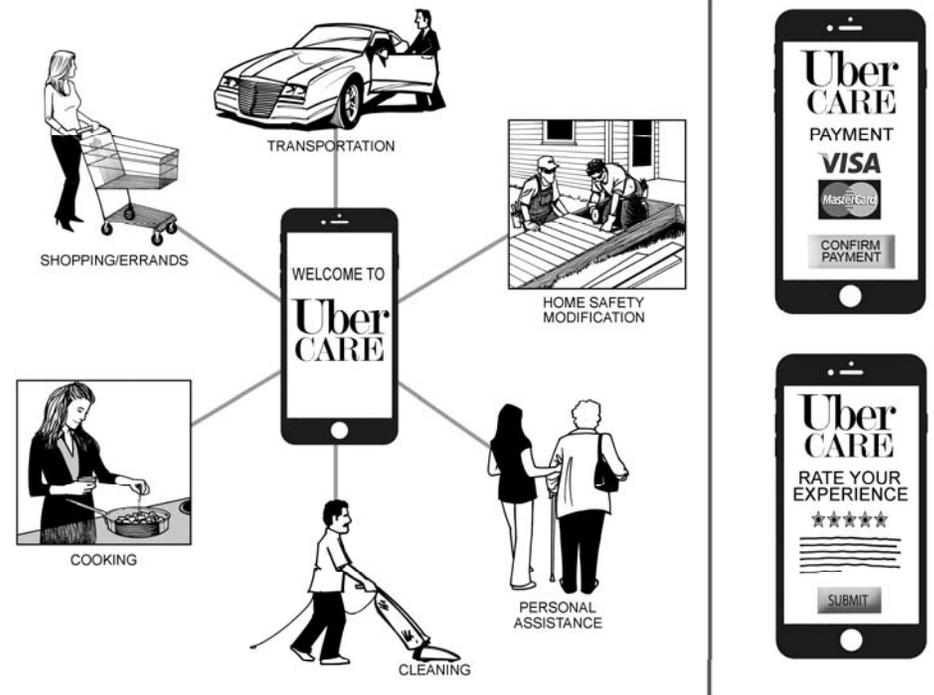
Headline: *Uberfication of home health care lowers costs!*

Description (What it is):

- Technology can increase service capacity and lower service prices.

Concept Details (What it does/How it works):

- For example, Uberfy HHC. This would lower barriers of entry to becoming a provider and facilitate individuals to become entrepreneurial providers. A transparent market would set unit costs and provide reviews of individual providers.
- Create a low-cost way for aspiring caregivers to become certified and join the “UberCare” network of independent providers
- This could create a large supply of high-quality, low-cost, efficient providers
- Trust and attachment to individual providers would encourage people to use low-cost HHC settings as much as possible
- “Uber-like” market allows entrepreneurs to enter the market efficiently
- Loan forgiveness for caregiver participants to encourage participation by those in related fields
- Strict training, credentialing and quality assurance criteria
- Focus on IADL assistance more than personal care or supervisory care to avoid potential for fraud or abuse. Also limit use with people who have cognitive impairments or other similar vulnerabilities.



OTHER CONCEPTS FROM PLATFORM #2

Caregiving Corps

Customer Insight (What does it solve?):

Addresses the national caregiver shortage by creating new incentives and easier pathways to becoming a caregiver.

Description (What it is):

This nonprofit organization provides students and employees with the opportunity to volunteer as caregivers for recipients in need in their local community. In exchange, the organization will provide school scholarships that turn into loans pending on completion of required hours as well as loan forgiveness for volunteers with college debt.

Concept Details (What it does/How it works):

- Individual learns about the opportunity through their high school career counselor, employee volunteer program or unemployment agencies/career development centers.
- Individual logs into the website and applies as a volunteer, after which they are required to complete basic training and a background check (this is also an integration opportunity with the Quality Care Training and Certification Idea).
- Next they search for Medicaid-eligible care recipients in their area and sign up for volunteer slots on the calendar feature. If volunteers don't show up to their assigned slot or are late too many times, they are terminated.
- Volunteers acquire loan forgiveness dollars toward college debt or scholarship dollars toward current schooling. For scholarships, should a student fail to meet his/her hourly commitment, the scholarship turns into a loan that he/she can pay back.

Care Exchange

Customer Insight (What does it solve?):

There is a great need for IADL care, and there are underutilized resources in the community.

Description (What it is):

A government framework for training and certifying individuals that can be effectively deployed by an individual or private business (including community and nonprofits) that match up consumers and providers.

Concept Details (What it does/How it works):

Government sets up a database for various levels of training/credentials, for example, an RN.

- Includes background check and periodic recertification
- Training all done online; different training for different levels of care
- Database accessible to individuals and businesses to search

Business Model:

The database creates an environment for a third-party business to match providers with consumers.

- Similar to Uber, Airbnb, Angie's List and Care.com
- Creates infrastructure for new patient and community based on organizations to create local solutions
- Allows government participation through waver program for lower income families
- Allows for student loan forgiveness program from government to provide more workers (in exchange for providing defined levels of service commitment through the exchange)
- Could also utilize unused physical capital in a community, for example, the model of childcare at YMCA or church

OTHER CONCEPTS FROM PLATFORM #2

Care Watch

Customer Insight (What does it solve?):

Easier coordination and management of care activities to ensure quality care and prevent mistake.

Description (What it is):

A coordination suite of apps or a dashboard integrating existing and future technology to assist caregivers.

Concept Details (What it does/How it works):

- Start with a questionnaire to determine levels of assistance needed, number of people involved in care, what care activities are needed, diagnosis, functional and/or cognitive impairments and existing technology.
- Categories of technology include home monitoring (e.g., locking doors, kitchen use), ADL care services and care coordination (e.g., service recommendations and scheduling, caregiver notes, medication management, financial planning/IADLs, scheduling doctor visits, etc.). GPS use allows for alerts when care recipient falls or needs help. Biometric monitors that track blood sugar, blood pressure, sleeping, etc., could be integrated as well for both home and facility monitoring.

The LTC Sherpa

Customer Insight (What does it solve?):

Navigating the system.

Description (What it is):

- Matching services and care with need
- Targeting middle class working caregivers who want to access actual services and products

Concept Details (What it does/How it works):

- Service for fee: Recommendations (for profit) offered to the segment of people who value the support and experience of professional services/care coordinators who can help navigate some of the most critical elements of care and move through the paperwork and bureaucracy
- Helps with transition planning
- Offers tiered services to address varied income levels
- Online access allows interaction via an app
- Allows consumer to share their feedback via social media
- Bronze:
 - Review content
 - Online calendar
 - 24-hour response
- Silver:
 - Calendar sync
 - Two hours of chat time for consultation
- Gold:
 - Access to coordinator 24/7
 - Reporting

Paying for Care

This category addresses how long term care costs are funded. Ideas in this category aim to help the industry and consumers to find additional ways of financing long term care, more effectively pool their resources, and make receiving financial reimbursement more familiar.

5 Finalist Concepts:

Flex 401(k)

Family LTC
Account

Health Care
Look-A-Like

Health & LTSS
Combination

Medicare
LTC Benefit

FLEX 401(k)

Customer Insight (What does it solve?): This idea assumes that consumers would find the ability to pre-fund Long Term Services and Supports and/or Long Term Care with tax-favored funds in defined contribution (DC) plans and IRAs attractive and would potentially take more responsibility for funding their own care.

Headline: *Multipurpose savings (retirement)*

Description (What it is):

Individuals/families should have more options to use DC plan/IRA funds to pay for LTSS (Long Term Services and Supports) directly and/or LTC insurance.

Concept Details (What it does/How it works):

- Tax-favored contributions and distributions to pay for LTSS or LTC insurance at or below retirement age
 - Expand contribution limits
- Enable innovative insurance designs
 - Take \$1 out to pay for LTSS, carrier adds \$1
 - Side fund for LTSS
- Could buy a variety of products: Traditional products, combo products, future products that are integrated with Medigap/Medicare Advantage
- Allow distributions to pay for impaired annuities
 - DC plan assets can already be rolled over to an impaired annuity
- Employer match could be increased for employees who pick LTC options
- An exchange to purchase LTC insurance



THE FAMILY LONG TERM CARE ACCOUNT

Customer Insight (What does it solve?): This assumes that consumers would find a product that included the ability to use benefits on other family members attractive to pay for either their own care or that of someone they may end up responsible for.

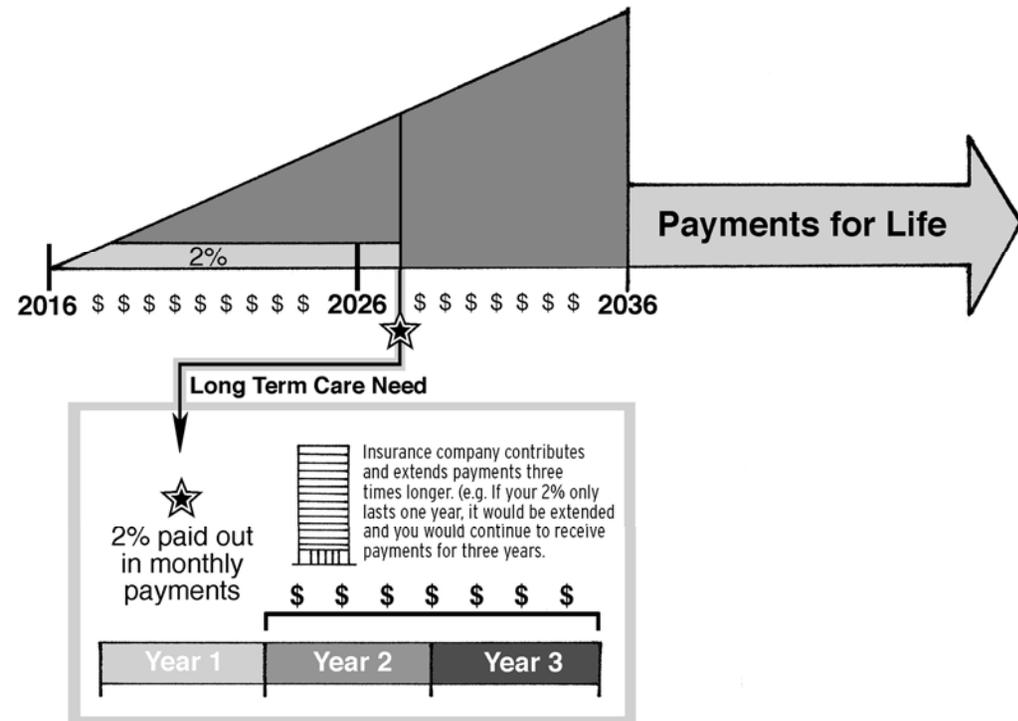
Headline: *Family long term care with a punch*

Description (What it is):

The Family Long Term Care Account is a product designed to help an individual or a family save responsibly for long term care needs of multiple family members with a benefit that lasts beyond their savings, thanks to an insurance element added to it.

Concept Details (What it does/How it works):

The Family Long Term Care Account is a flexible premium-deferred annuity, where if any one of the insured has a long term care need (based on current benefit triggers), 2 percent of the accumulated savings becomes payable as a monthly benefit. The insurance “punch” comes from extending the benefit period to three times the length it would have lasted if you are depending only on your accumulation. In other words, if you accumulated \$20,000 at the point of claim, the benefit would allow you to pull out \$400 a month for the length of time that \$60,000 would last. The product would be marketed and sold through direct, robo, private exchanges and worksite to minimize overhead/commission costs. The product would have an accompanying website that provides an automated dashboard to track accumulation, benefits and claims activity and would allow people to model their scenarios to increase or decrease configurations.



HEALTH CARE LOOK-A-LIKE

Customer Insight (What does it solve?): The assumption is that health insurance products are already familiar and have built-in ways to adjust pricing and make the LTC insurance product more manageable and understandable for both the consumer and the carrier.

Headline: A LTC insurance policy that looks like a health insurance policy

Description (What it is):

Design a LTC insurance policy that “looks like” a health insurance policy.

Concept Details (What it does/How it works):

Policy has:

- High deductible (replaces E.P.) that increases annually (HDHP)
- Coinsurance cost-sharing features to align carrier and policyholder interests and increase claimant participation
- Tax-advantaged savings fund that accumulates over time with restrictions on withdrawals; can use for out-of-pocket expenses (insured and not; like an HSA)
- Out-of-pocket maximum
- Networks for providers with in-/out-of-network benefits
- Integration/coordination with all health care providers to guide care decisions

Coverage for: Individual
Plan Type: LTCI
Coverage Period #####

Long Term Care Insurance Summary of Benefits and Coverage: What this plan covers and what it will cost

Important Questions	Answers
What is the overall deductible?	### Doesn't apply to [insert]
Are there other deductibles for specific services?	Yes, ### for [insert] coverage There are no other specific deductibles
Is there an out-of-pocket limit on my expenses?	Yes, for participating providers \$#,### For non-participating providers \$#,###
What is not included in the out-of-pocket limit?	Premiums, balanced-billed changes, and care this plan does not cover
Is there an overall annual limit on what the plan pays?	No
Does this plan use a network of providers?	Yes, go to www.[insert].com or 1-800-[insert] for a list of participating providers
Do I need a referral for a specialist?	No, you do not need a referral
Are there services this plan does not cover?	Yes

Questions: Call 1-800-###-#### or visit [www.#####.com](#)
If you are not clear about any of the terms used in this form, see the Glossary.
You can view the Glossary at [www.#####.com](#) or call 1-800-###-####

YTD Contribution Details

Account Information

Long Term Care Savings Account

LTCI Cash Account (****) Open

YTD Contribution Details

TAX YEAR 2015 (previous year)

YTD Contribution Total	\$###.##
Your Contributions	\$###.##
Other Contributions	\$###.##
Investive Charges	\$###.##

2015

1 Gross Distribution \$###.##

2 Distribution Code 1

3 Other 0

4 Net on date of death \$###.##

5 Earnings on account \$###.##

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OTHER CONCEPTS FROM PLATFORM #3

Health and LTSS Combination

Customer Insight (What does it solve?):

People without a lot of assets living paycheck-to-paycheck need some way to fund LTSS. Add LTSS benefit to Medigap and Medicare Advantage and leverage those enrollment processes.

Description (What it is):

- Carriers in Medigap and Medicare Advantage must offer a short-term care product
- Cover custodial (home) care; smaller benefit
- Price at half of the cost of Medigap and Medicare Advantage (maybe \$50 – \$75 a month)

Concept Details (What it does/How it works):

When Americans turn 65, they must purchase either Medigap or Medicare Advantage. Most enroll in part D too. Can also facilitate coordination between health services and LTSS. This guaranteed-issue benefit will “catch” people who didn’t buy LTC insurance earlier or who don’t have large assets.

- Use existing risk adjustment in Medicare Advantage to facilitate
- Add near risk adjustment for Medigap to handle risk selection
- No waiver of premium when on claim
- Deemed partnership eligible with credits for informal care (e.g., if I provide unpaid care, I get \$20 of credit toward partnership)
- Think about similar benefit for 75% – 150% of FPL
- Could have dividends for wellness; savings on the acute side

Medicare LTC Benefit

Customer Insight (What does it solve?):

Some people still won’t have coverage even if we expand retirement plans, Medigap or Medicare Advantage. This closes the gap.

Description (What it is):

Everyone with earnings pays in and everyone gets a base of LTC insurance coverage. Individuals can purchase private supplemental coverage.

Concept Details (What it does/How it works):

Basic LTSS benefit for everyone eligible for Medicare or Social Security. Financed by payroll tax. Individuals may buy supplemental/private insurance.

ANOTHER LOOK AT PAYING FOR CARE CONCEPTS

What new opportunities for private insurance emerged from the Think Tank?

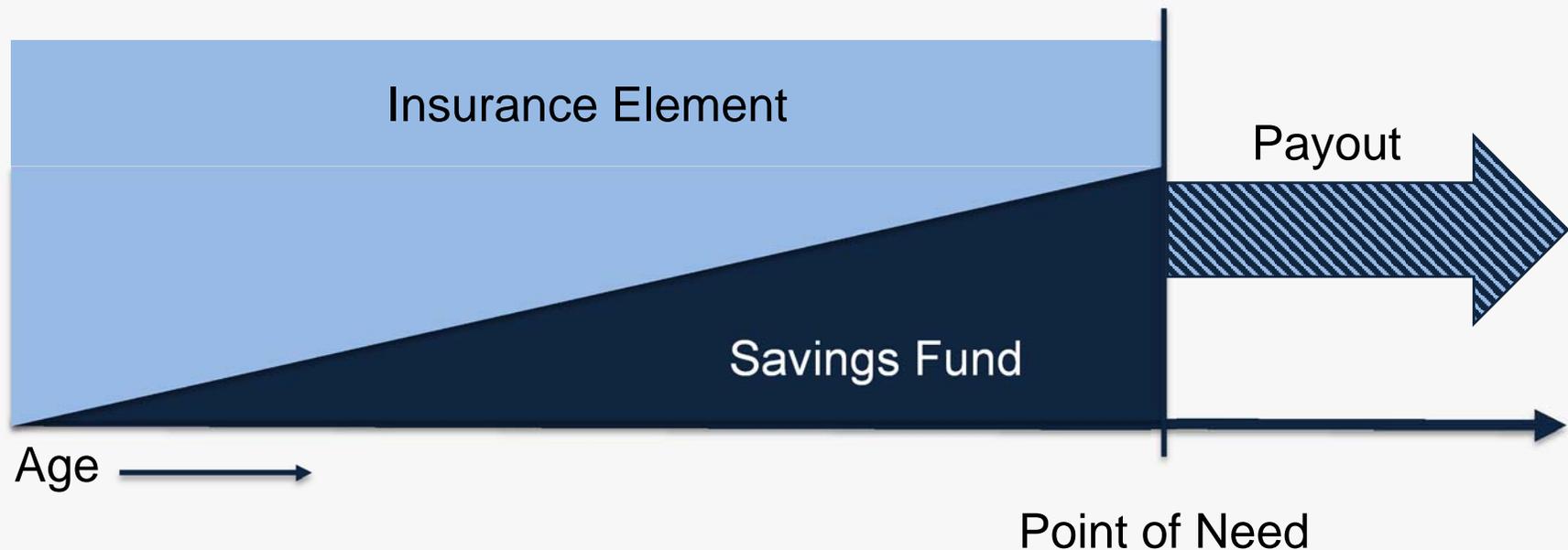
- 16 of the total 85 ideas generated on Day 1 are relevant.
- A review of these ideas, with a weighting towards the features of the 5 leading concept sets reveals 5 core thoughts:



These core thoughts can be assembled to create a new financing approach with new opportunities for private insurance. This approach is described on the following 4 pages.

A NEW FINANCING APPROACH

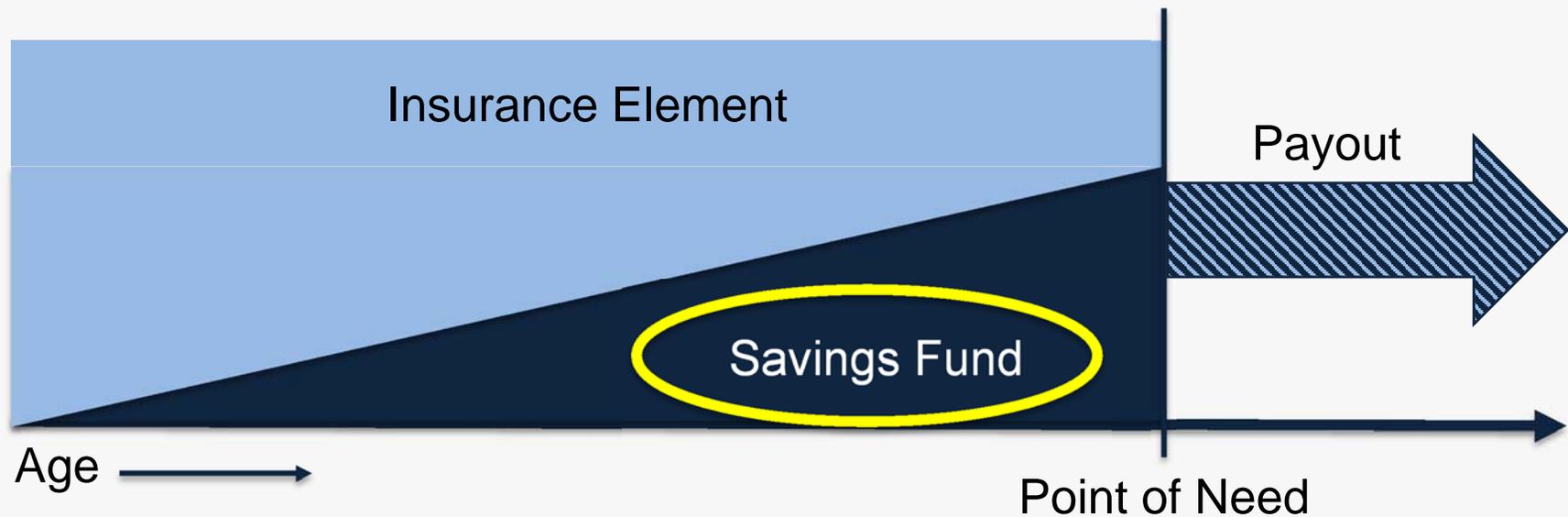
When assembled together, the 5 core thoughts create a new view of financing LTSS. It has a basic structure that can take on many variants:



Three basic components:

1. Savings Fund: Consumer equity in financing plan
2. Insurance Element: Pooling of risk of **needing** LTSS
3. Payout: Options for accessing funds, including pooling of risk of **longevity** of LTSS

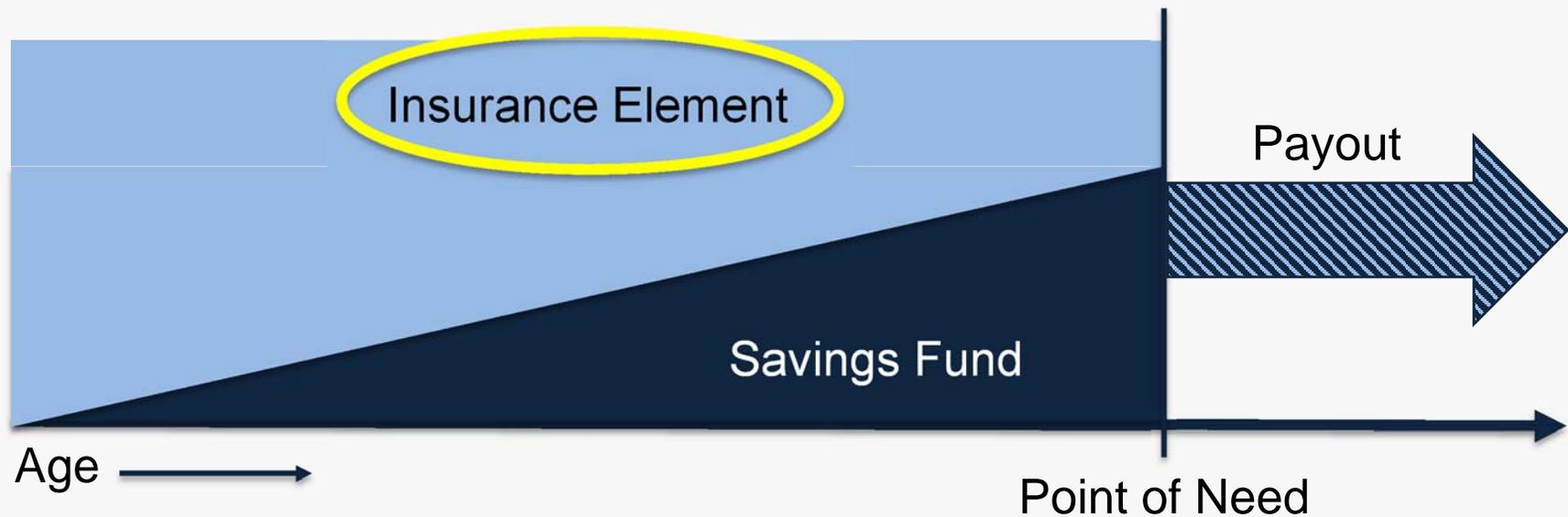
A NEW FINANCING APPROACH



Potential Features of Savings Fund

- LTSS Savings Account (like an HSA)
- Contributions made by consumer
- Credited with investment income
- Contribution pattern can vary, including lump sums
- Employer contributions / matching
- Integration with 401(k) / IRA
- Means-tested public contributions
- Auto-enrollment of a required payroll contribution
- Pre-tax contributions
- Ability to include home equity
- Shared account among family members
- Inter-generational pass through
- Owned by consumer
- Withdrawals / payouts not used for LTSS are taxed
- Participation in population health management programs
- Trade in traditional LTC insurance policy for lump-sum contribution to savings fund

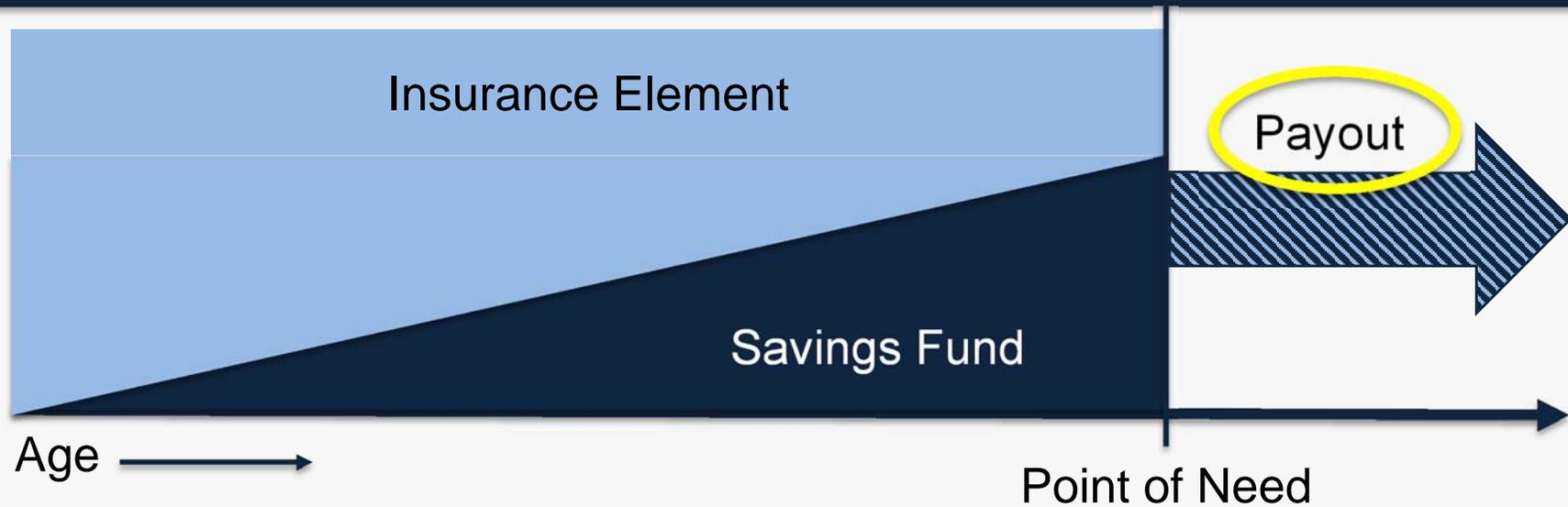
A NEW FINANCING APPROACH



Potential Features of Insurance Element

- Pool risk of **needing** LTSS
- Savings Fund = LTSS deductible
- Shape of insurance corridor can vary:
 - Insurance = target amount less savings
 - Insurance = constant amount
 - Insurance = multiple of savings
 - No pattern: buy what you can each year
 - Others?
- Premiums resemble cost of insurance charges
- Premiums set each year, like health insurance
- Subject to underwriting or vesting periods
- Credits for healthy living habits
- Payments from Savings Fund or external sources
- Means-tested public subsidies of premium payments
- Insurance provider does not have to be the same entity that manages the savings fund
- Add-on of other supplemental insurance benefits, such as term life.

A NEW FINANCING APPROACH



Potential Features of Payout

- Pool risk of *longevity* of LTSS
- Possible payment forms:
 - Periodic payment until benefit fund exhausted
 - Underwritten (enhanced) immediate annuity¹
 - Lump sum or periodic payment to a LTSS ACO or housing entity (e.g., CCRC)
 - Withdraw as needed (medical HSA approach)
- Can be a stand-alone product purchased at point of need
- Payments for LTSS are not taxed
- Unused Savings Fund is not lost (some approaches)
- Consumers vested in managing costs
- Access to provider networks / discounted fees
- Means-tested public funding of immediate annuity

¹What is an underwritten immediate annuity?

- Converts a lump sum into an income payment for life.
- Unlike most immediate annuities, it is underwritten based on health at point of need.
- Impaired health shortens life expectancy, thus greatly *increasing* the income payment amount.

A NEW FINANCING APPROACH

This financing approach relieves **consumer “pain points”** that can emerge with today’s products:

Existing Pain Points:

- Decisions related to large premium rate increases: Double-down or lose “investment” in product?
- Affordability
- Inflexibility on how to use benefits / uncertainty about future care delivery
- Not healthy enough to buy LTCI
- Complicated features

Relief:

- Savings Fund is owned by consumer
- Dial down or increase insurance element mid-stream without losing investment
- Contribute what you can when you can
- Options of how to receive payout
- Everyone can participate in Savings Fund and Payout pooling
- Decreased long-term risk for carriers may relax underwriting of insurance
- Simple and familiar features

A NEW FINANCING APPROACH

This approach also relieves *insurance carrier “pain points”*:

Existing Pain Points:

- **Uncertainty** in long term environmental factors that must be factored into pricing:
 - Interest rates
 - Mortality rates
 - Lapse rates
 - LTSS incidence, longevity and costs
 - Changes to care delivery system

Relief:

- **Better boxing** of risks being pooled:
 - Each year’s LTSS Insurance Element is priced as experience emerges
 - Longevity risk of each Payout cohort is priced as it begins
 - Interest is credited according to experience
 - No active life mortality or lapse risk

Better boxing of risks should result in decreased capital requirements and increased capacity in the insurance industry.

WHAT NEXT?

- Working Groups have been formed for each of the 3 concept platforms:

**Data-Driven
Decision
Support**

**Service
Evolution and
Expansion**

**Paying
For Care**

- Each Working Group is pushing its platform along a roadmap to clarify, validate and potentially develop key its concepts.
- Working Group leaders will meet periodically to keep the solution sets integrated.

A PRACTICAL ROADMAP FOR CHANGE

Each Working Group will work on three concurrent, interactive work-streams:

1. Build and Launch Solutions

- A. Clarify.** Continue to add details to key concepts. Consider additional concepts.
- B. Validate.** Conduct market landscape scanning, consumer testing and initial pricing.
- C. Regulatory and public policy analyses.** Identify changes required to enable key concepts.
- D. Commercial development.** Interested businesses leverage these efforts to develop and launch products.

2. Collaborate

Outreach to and collaboration with stake holders:

- All three platform groups
- Insurers
- Providers
- Consumer groups
- Regulatory community
- Public policymakers
- Distribution channels

Some concepts already exist. Exposure to all stakeholders may have immediate impacts.

3. Seek Funding

The Think Tank is a volunteer effort. The Working Groups will push their tasks as far and as fast as is practical.

Heavy lifting and timely progress will require funding and resources.

HOW CAN INSURANCE REGULATORS HELP?

- Participate in collaboration efforts. Regulatory insights will be critical.
- Provide reactions to initial thoughts on state regulatory changes that would be required to enable the new landscape:
 - Allow attained-age rating
 - Allow term coverage periods
 - Allow account values for LTC products without linking to a life policy or annuity
 - Allow conversions from legacy products
 - Remove mandatory offer of inflation option
 - Remove benefit period minimums
 - New sales training requirements and shoppers guides / illustrations
- What components could be launched without regulatory changes?
 - Some could have an immediate impact on Medicaid budgets

HOW TO ACCESS THE FULL THINK TANK REPORT

<https://www.soa.org/ltc/>



MY SOA ▾

Long Term Care Insurance Section

Join the Long Term Care Insurance Section! As a member, you'll receive numerous benefits including:

- Three printed issues of *Long Term Care News* annually
- Access to LinkedIn discussions
- Exposure to specialized projects: National Conversation on Long Term Care, LTC Experience Study, LTC Delphi Study

Who should join? Individuals interested in long-term care insurance: Actuarial, regulatory and compliance, marketing, underwriting and claims

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