
SOCIETY OF ACTUARIES
Group and Health Core Exam – U.S.

Exam GHCORU

MORNING SESSION

Date: Tuesday, October 28, 2014

Time: 8:30 a.m. – 11:45 a.m.

INSTRUCTIONS TO CANDIDATES

General Instructions

1. This examination has a total of 100 points. It consists of a morning session (worth 60 points) and an afternoon session (worth 40 points).
 - a) The morning session consists of 9 questions numbered 1 through 9.
 - b) The afternoon session consists of 6 questions numbered 10 through 15.

The points for each question are indicated at the beginning of the question.
2. Failure to stop writing after time is called will result in the disqualification of your answers or further disciplinary action.
3. While every attempt is made to avoid defective questions, sometimes they do occur. If you believe a question is defective, the supervisor or proctor cannot give you any guidance beyond the instructions on the exam booklet.

Written-Answer Instructions

1. Write your candidate number at the top of each sheet. Your name must not appear.
2. Write on only one side of a sheet. Start each question on a fresh sheet. On each sheet, write the number of the question that you are answering. Do not answer more than one question on a single sheet.
3. The answer should be confined to the question as set.
4. When you are asked to calculate, show all your work including any applicable formulas.
5. When you finish, insert all your written-answer sheets into the Essay Answer Envelope. Be sure to hand in all your answer sheets because they cannot be accepted later. Seal the envelope and write your candidate number in the space provided on the outside of the envelope. Check the appropriate box to indicate morning or afternoon session for Exam GHCORU.
6. Be sure your written-answer envelope is signed because if it is not, your examination will not be graded.

****BEGINNING OF EXAMINATION****
Morning Session

1. *(4 points)*

- (a) *(2 points)* Outline and describe four common assumptions used for valuing both pension and retiree group benefits.
- (b) *(2 points)* Identify assumptions not discussed in part (a) which impact retiree group benefit plan valuations.

2. *(8 points)* The State of Bliss has the highest per capita income in the United States. The state has a Medicaid plan that takes care of 750,000 categorically and medically-needy members. The state pays for outpatient hospital and physician services on a fee-for-service (FFS) basis, and pays per diem for inpatient claims.

Benefits Covered:

Inpatient Hospital	Home Health
Outpatient Hospital	Non-Emergent Transportation
Physician Services	Skilled Nursing Facility
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	Free Standing Birth Center
Family Planning	Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)
Adult Dental	Nurse Midwife
Prosthetic Devices	Eyeglasses
Laboratory & X-ray	Preventive Care, Prenatal Care

Current Office Visit Experience:

Average utilization is 2,310 visits/1,000 members at an average cost of \$45 per visit.

Office Visit Type	Distribution of Visits
High	15%
Medium	30%
Low	55%

2. Continued

- (a) (*2 points*) Budget constraints mean the state must trim the costs of the program for 2015.
- (i) Identify general approaches to reduce overall program costs.
 - (ii) Identify one specific action the State of Bliss could take for each strategy.
- (b) (*4 points*) Poindexter, an analyst for the state, recommends that the state change its reimbursement schedule for the three most frequently used office visit types. He proposes two new options to pay for office visits.

Option A – A Fee Schedule

Office Visit Type	Payment per Visit
High	\$60
Medium	\$40
Low	\$30

Option B – 75% of what Medicare pays

Office Visit Type	Relative Value Units per Visit		
	Work	Practice Expense	Malpractice
High	0.95	0.6	0.20
Medium	0.70	0.4	0.14
Low	0.50	0.3	0.10
Geographic Factor	1.02	1.04	0.95

Conversion Factor = 42.5

Determine the most cost efficient of the three options (including the status quo) based solely on changing the reimbursement for office visits. Show your work.

- (c) (*1 point*) Discuss the potential repercussions of reducing office visit reimbursements.
- (d) (*1 point*) Compare the eligibility criteria of the following, given that the legislature has opted to expand Medicaid under the ACA.
- (i) Medically needy
 - (ii) Categorically needy
 - (iii) ACA expansion population

3. (4 points)

- (a) (1 point) List and describe the triple aim of U.S. health policy.
- (b) (3 points) Identify which aim the Affordable Care Act (ACA) best targets. Explain how specific components of the ACA address this aim. Defend your answer.

4. (12 points) You are an employee benefits actuary in a consulting firm that has been retained by Dizzy Lizzy, Inc. (DL) to help DL determine costs for its retiree health plan for the current year, 2014. You are given the following information regarding DL's plan:

DL Plan Information

	12/31/2013
- APBO	\$590,000
- Unrecognized (gains)/losses	\$27,000
- Unrecognized past service costs	\$0
- Expected average remaining service until retirement	10 years
- Expected average remaining service until plan eligibility	8 years
- Plan discount rate	5.00%
- Expected investment interest rate	7.00%

Furthermore:

- The 2014 service cost, calculated as of the beginning of the year, is \$40,000
- The 2014 expected benefit payments are \$10,000
- Benefit payments are made uniformly throughout the year
- Assume the amortization basis minimizes the impact on expense, within the rules prescribed by FAS 106

- (a) (1 point) Describe the key components of the net periodic postretirement benefit cost.
- (b) (2 points) List and describe eight actuarial assumptions used for valuation of life and health group benefit plans.
- (c) (4 points) Calculate DL's net periodic postretirement benefit cost for 2014. Show your work.

4. Continued

- (d) (*3 points*) DL performs a full valuation of its postretirement benefit plan in early 2014, and elects to recognize its results as of January 1, 2014. You are provided with the following information:
- Revised APBO as of 1/1/2014: \$670,000
 - Revised 2014 service cost: \$53,000
 - Revised 2014 expected benefit payments: \$12,000
 - Revised Expected Average Remaining Service Life (EARSL) to retirement: 9 years
 - Revised EARSL to plan eligibility: 7 years
- (i) (*1 point*) Discuss possible reasons for the increase in APBO.
- (ii) (*2 points*) Calculate the revised net periodic postretirement benefit cost for 2014. Show your work.
- (e) (*2 points*) You receive a call from the Retiree Benefits Manager at DL who is forecasting a budget for 2015. She is particularly concerned with the discount rate risk, as it has recently been volatile on a month-to-month basis.

Describe the expected impact on the components of the net periodic postretirement benefit cost if the discount rate at December 31, 2014 decreases by 50 basis points.

5. (*7 points*) You are the health pricing actuary for Buy My Insurance, Inc., a private organization based in New York. You are considering offering a new individual plan that will be available on the New York State Health Benefit Exchange (HBE). In doing so, you are considering how the Affordable Care Act (ACA) impacts the pricing of your individual plan.

- (a) (*1 point*) Describe the pricing risks and the implications of these risks when considering offering an individual plan on the exchange.
- (b) (*4 points*) List and explain ACA provisions established to mitigate pricing risks that Buy My Insurance is facing with this new product.
- (c) (*2 points*) Outline key elements required in the actuarial rate filing memorandum based on ASOP 8.

- 6.** (6 points) Joey Bats, a manufacturer of baseball bats in Canada, has experienced faster growth than expected since opening last year.

You have been asked to provide guidance to the management of Joey Bats to help them avoid the peril of “growing broke.”

In order to develop your suggestions, you are provided with the following:

- Balance sheets (in thousands) from last year and one year later are:

	April 30, 2013	April 30, 2014
Assets		
1. Cash and securities	\$750	\$410
2. Accounts receivable	\$1,803	\$3,660
3. Inventories	\$1,142	\$1,604
4. Fixed assets	<u>\$987</u>	<u>\$1,163</u>
Total Assets	\$4,682	\$6,837
Liabilities		
1. Bank loan	\$540	\$590
2. Accounts payable	<u>\$1,675</u>	<u>\$2,772</u>
Total Liabilities	\$2,215	\$3,362
Owner's Equity		
1. Retained earnings	<u>\$2,467</u>	<u>\$3,475</u>
Total Owner's Equity	\$2,467	\$3,475

- Income statements (in thousands) from fiscal 2013 and fiscal 2014:

	2013	2014
Revenue		
1. Sales	\$12,954	\$19,621
2. Cost of sold materials	<u>(\$10,363)</u>	<u>(\$15,338)</u>
Total Revenue	\$2,591	\$4,283
Expenses		
1. All (incl. payroll, benefits, general expenses)	<u>(\$1,432)</u>	<u>(\$2,576)</u>
Total Expenses	(\$1,432)	(\$2,576)
Earnings before taxes	\$1,159	\$1,707
1. Taxes	<u>(\$464)</u>	<u>(\$699)</u>
Earnings after taxes	\$695	\$1,008

- (1 point) Discuss how a company can “grow broke” and related actions to avoid this peril.

6. Continued

- (b) (*3 points*)
- (i) Calculate the 2014 sustainable and actual growth rates. Show your work.
 - (ii) Describe the impacts on the balance sheet of your findings.
- (c) (*1 point*) Discuss why corporations do not, in general, issue more equity.
- (d) (*1 point*) Explain why the reasons from (c) may or may not apply to Joey Bats.

7. (*4 points*) The State of Euphoria convenes a work group to improve care for their senior citizens in the state, particularly those whose economic circumstances have made them dually eligible, by creating an integrated program.

- (a) (*1 point*)
- (i) List social determinants which negatively affect health.
 - (ii) Describe how the two primary determinants affect the target population.
- (b) (*1 point*) List dual eligible benefits and identify which are paid by Medicare or by Medicaid.
- (c) (*1 point*)
- (i) Explain how acute care services delivered to dual eligibles in a non-integrated program result in limited cost savings.
 - (ii) Describe how this affects the care delivered to the beneficiary.
- (d) (*1 point*) Describe why the state of Euphoria might not want to switch to an integrated approach.

- 8.** (9 points) You are the Chief Product Officer of Nanaimo Life. Nanaimo's strategic plan includes entering into a new non-participating A&H product line. The new products will be fully-insured.

The finance department prepared a 3-year financial pro forma using data provided by the product, sales and marketing teams.

Income Statement					
	\$ in 000s				
	1/1/2015	12/31/2015	12/31/2016	12/31/2017	
Net Premium Income	\$ 120,000	\$ 137,280	\$ 157,048		
Other operating revenue	\$ -	\$ -	\$ -		
Total Revenue	\$ 120,000	\$ 137,280	\$ 157,048		
Expenses					
Claims	96,000	109,824	125,639		
Operating Expenses	12,000	13,728	15,705		
Total Earnings before tax	\$ 12,000	\$ 13,728	\$ 15,705		
Taxes (40% flat tax on earnings)	4,800	5,491	6,282		
Earnings after taxes	\$ 7,200	\$ 8,237	\$ 9,423		
Balance Sheet					
	\$ in 000s				
	1/1/2015	12/31/2015	12/31/2016	12/31/2017	
Assets					
Current Assets					
Cash and Securities	10,000	24,300	27,503	31,443	
Accounts Receivable (2% of premium)		2,400	2,746	3,141	
Prepaid expenses (2.5% of operating expenses)		300	343	393	
Other	-	-	-	-	
Total Current Assets	10,000	27,000	30,592	34,976	
Net Fixed Assets	5,000	5,000	5,000	5,000	
Total Assets	15,000	32,000	35,592	39,976	
Liabilities and Owner's Equity					
Current Liabilities					
Claims unpaid (1.5 months of premium)		15,000	17,160	19,631	
Accounts Payable (10% of operating expense)		1,200	1,373	1,570	
Other Current Liabilities	-	-	-	-	
Total Current Liabilities	-	16,200	18,533	21,202	
Long Term Debt	5,000	4,000	3,200	2,560	
Common Stock	10,000	10,000	10,000	10,000	
Retained Earnings	-	1,800	3,859	6,215	
Total liabilities and owner's equity	15,000	32,000	35,592	39,976	

8. Continued

- (a) (*1 point*) Describe three ways to cope with uncertainty in financial forecasts.
- (b) (*6 points*) Prepare a revised 3-year financial pro forma making the following revisions to the initial projection:
- (i) (*2 points*) Income Statement
- Net premium income of \$108,000,000 for all years
 - 40% tax rate on earnings, with no tax credit assumed for net operating losses
- | % of premium | 2015 | 2016 | 2017 |
|-----------------------------|------|------|------|
| Projected claims loss ratio | 88% | 86% | 85% |
| Operating expenses | 15% | 12% | 11% |
- (ii) (*4 points*) Balance Sheet
- 1½ months premium held for unpaid claims
 - Accounts payable are 10% of operating expenses
 - 25% of post-tax earnings are retained each year
 - Accounts receivable are 2% of premium
 - Prepaid expenses are 2.5% of operating expenses

Show your work.

- (c) (*2 points*) Calculate the following 12/31/2017 profit measures for Year 3, for both the initial 3-year pro forma statement and the pro forma you created in (b). Show your work and define the terms.
- (i) Return on equity
- (ii) Return on assets
- (iii) Profit margins

9. (*6 points*) New Albanian Health Insurance Company (NAHIC) wants to grow membership in its U.S. disability portfolio:

- Noncancelable renewable individual disability insurance
- Guaranteed renewable group long term disability (LTD) insurance
- Optionally renewable group short term disability (STD) insurance

(a) (*2 points*) Describe how renewability impacts each of these policies.

(b) (*4 points*) Describe the applicability, under FAS 60, of the following items for each of New Albanian's disability products:

- Accrued experience refunds
- Active life reserves
- DAC reserves
- Maintenance expense reserves
- Premium deficiency reserves
- Unearned premium reserves
- Unpaid claims adjustment expense

****END OF EXAMINATION****
Morning Session

USE THIS PAGE FOR YOUR SCRATCH WORK

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