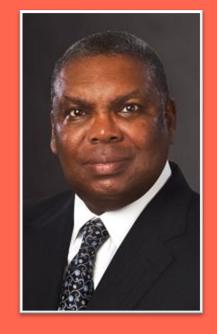
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# ORWARD

### Session 80-E How Will Future Trends Impact Your Business Planning?



AV Powell, ASA, MAAA Board Chair



Coleman Naughton, FSA, MAAA Consulting Actuary

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### **Presentation Overview**

- 1. Objectives
- 2. Database description
- 3. Experience study demographics
- 4. Experience study utilization statistics
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### **Database Description**

- 1. 365,000 older adults between 1970 and 2020
- 2. Excludes direct entrants to assisted living and nursing care
- 3. 66% female and 34% male
- 4. 48% single and 52% w/roommate (35% of units)



4

### **Size Comparison for Databases**

<b>Observation Period</b>	Life Years of Exposures	Deaths (Decrements)
NIH 1990 to 1997	95,797	≈ 10,000*
AVP 1970 to 2020	≈ 2,600,000	≈ 205,000
AVP 2001 to 2010	≈ 880,000	≈ 70,000
AVP 2011 to 2020	≈ 950,000	≈ 80,000

\*guesstimated since not in report

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### **Presentation Overview**

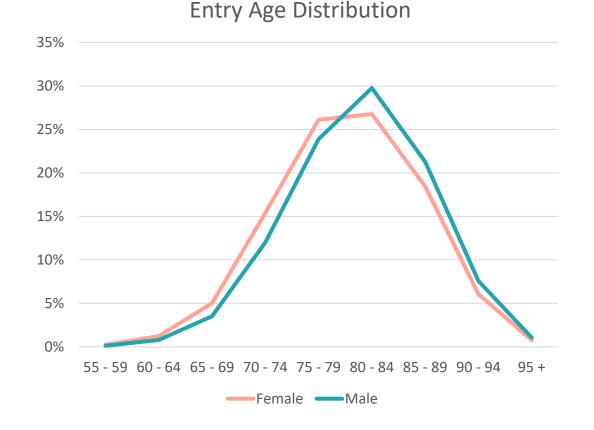
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6

# New Entrant Demographics (2016 to 2020)

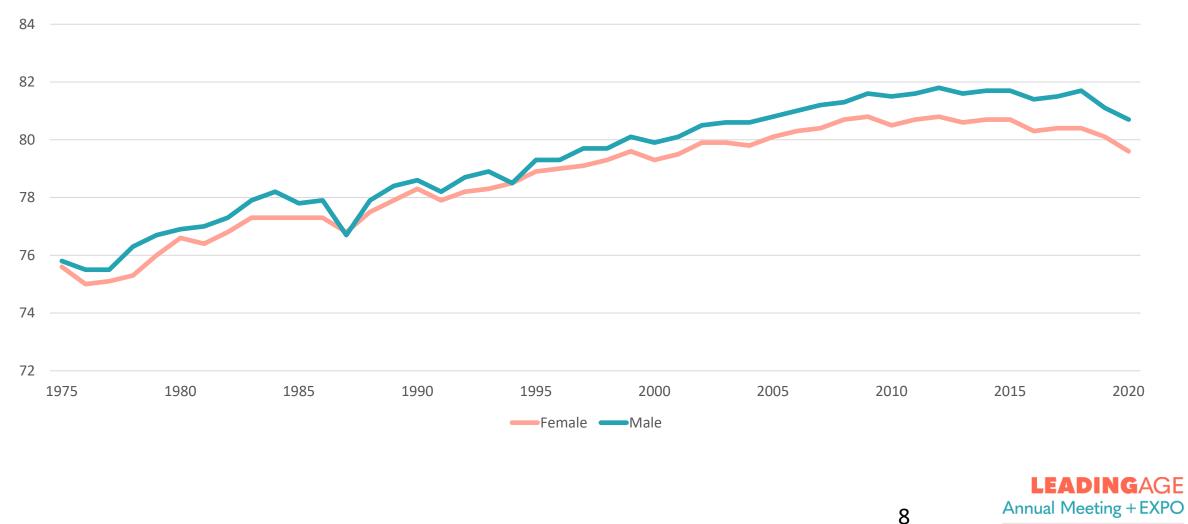
- 1. Gender for single entrants
  - 77% female
- 2. Aggregate percentage couples
  - 40% of new entrants
- 3. Contract distribution in database
  - 42% Type A
  - 36% Type B
  - 20% Type C
- 4. Refund distribution in database
  - Refundable—32%
  - Nonrefundable—68%



7

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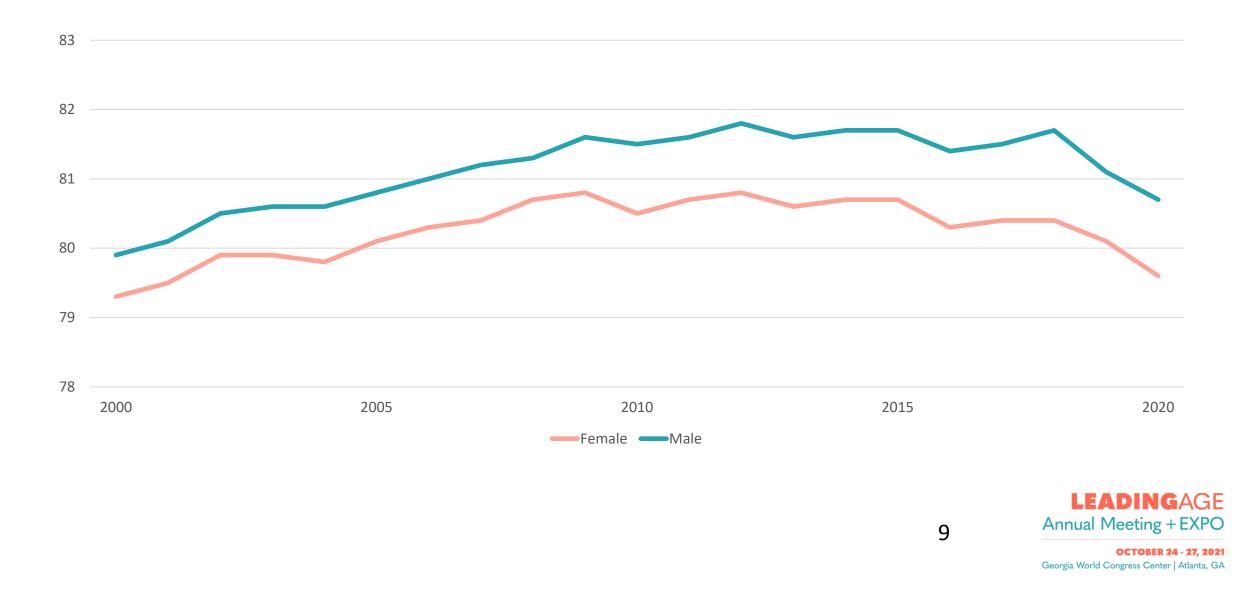
### **Average Entry Age Since 1975**



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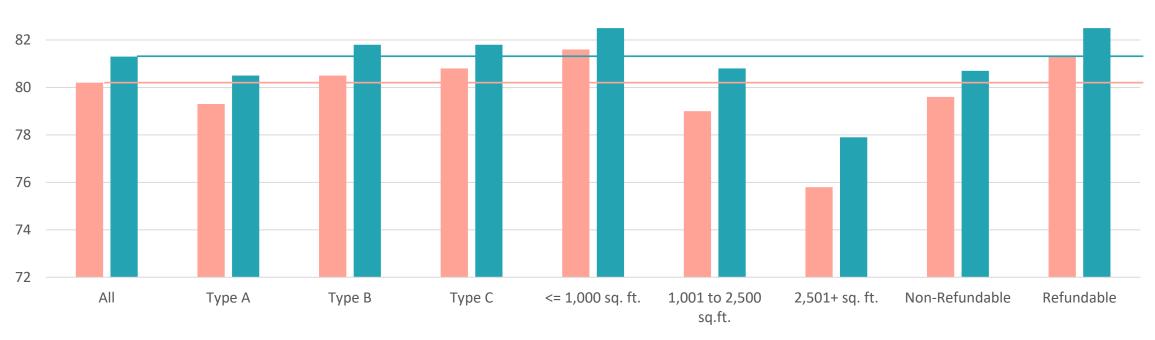
### **Average Entry Age Trending Downward?**



### Younger Entrants for Larger ILUs & Non-Refundable

Observation Period January 1, 2016 to December 31, 2020

84



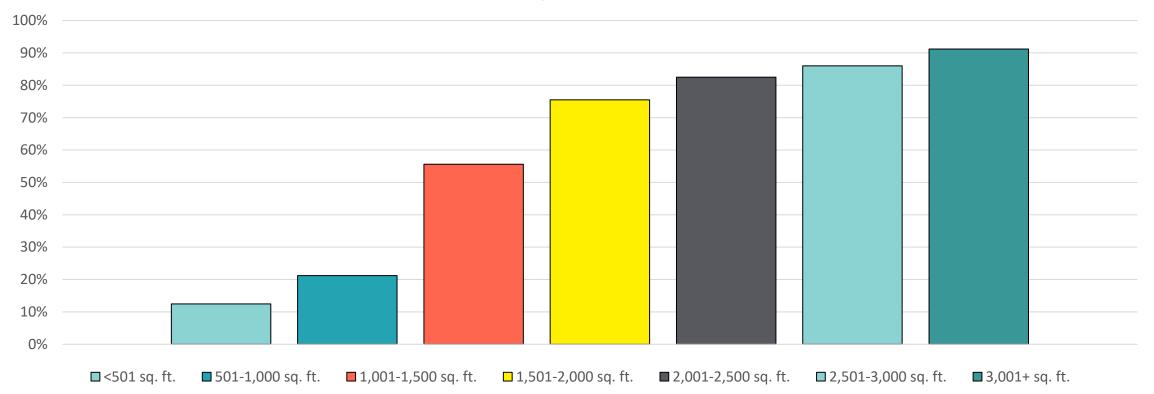
Female Male



10

### **Couples Select Larger ILUs**

Observation Period January 1, 2016 thru December 31, 2020



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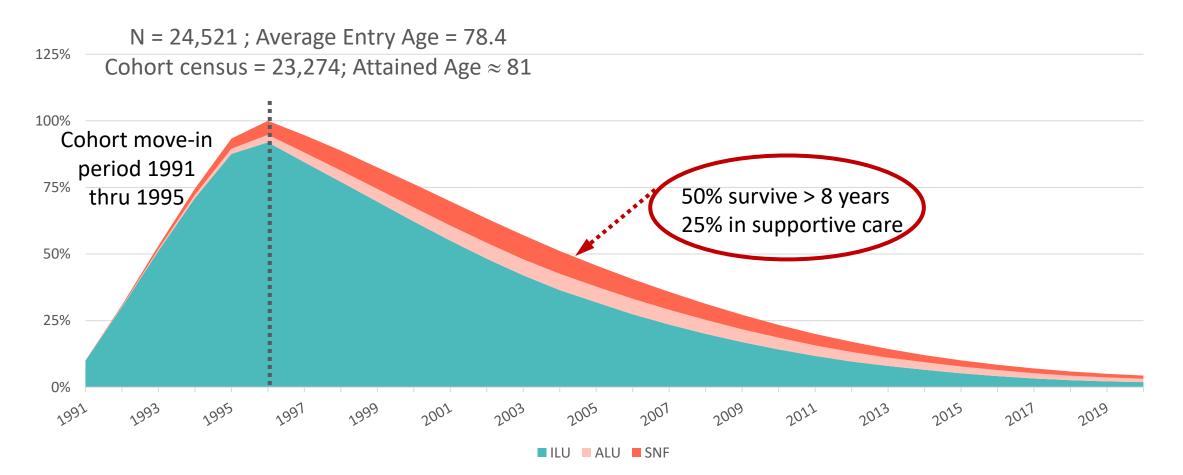
11

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### Longitudinal Data Validates Life Expectancies

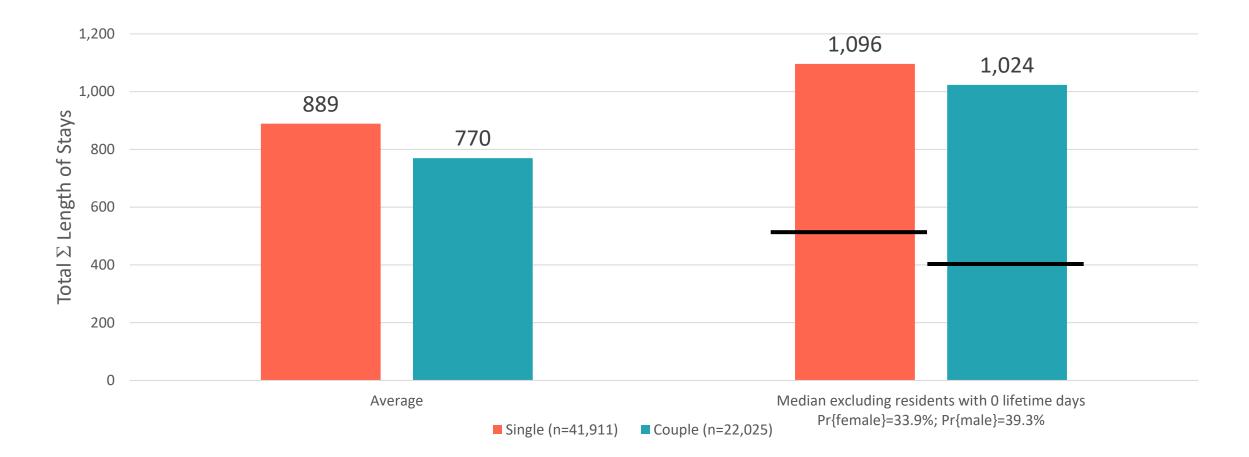




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13

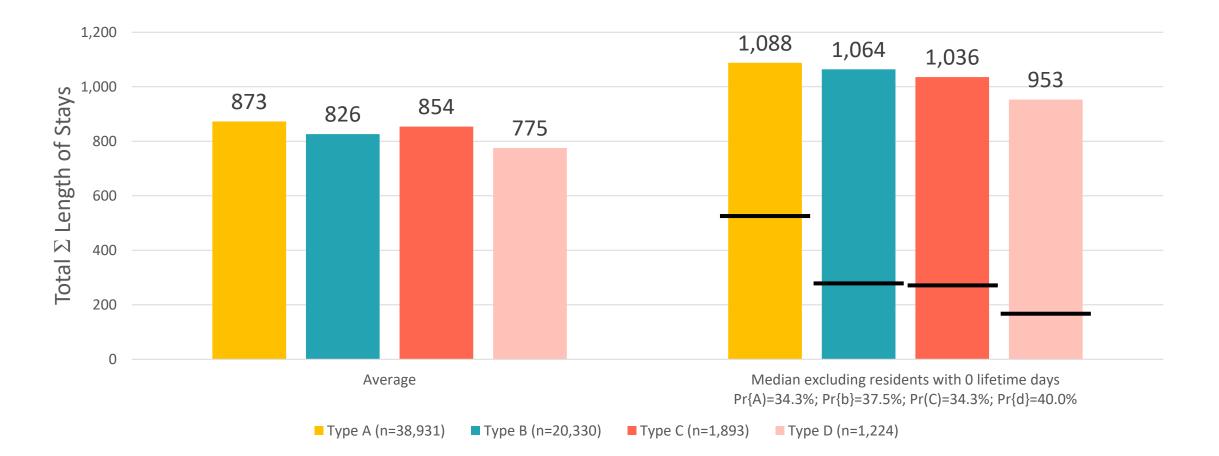
### **Single versus Couple Health Care Usage**





14

### Perm Health Care LOS by Contract Type





15

### **Trends in Health Care Usage**

- 1. Female entrants between 1980 and 2014
- 2. Divided into seven (7) quinquennial cohorts
- 3. Reviewed utilization for 5/10 years after move-in
  - 1. Frequency, probability of transfer per person; Pr{Usage}
  - 2. Severity, total length of stays per person; ΣLOS
  - 3. Can be confusing if viewed separately
- 4. Average length of stay per resident combines frequency & severity

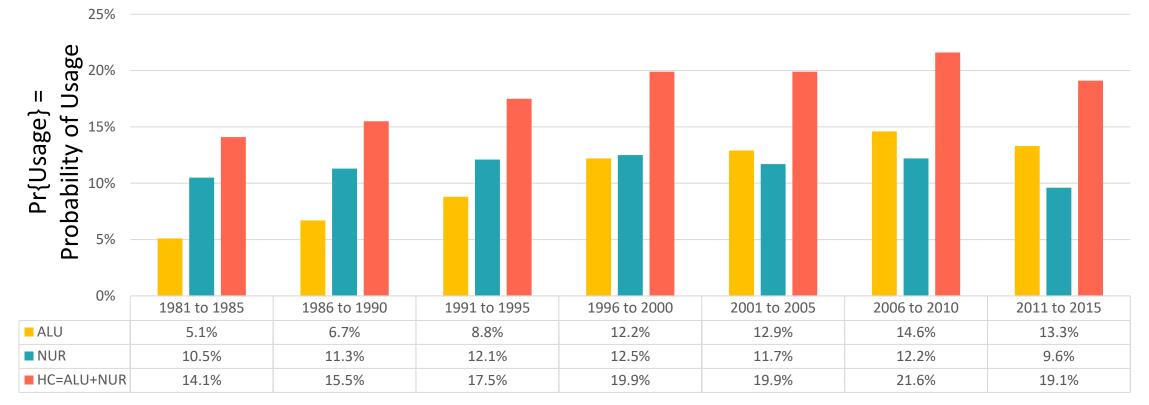


### **Entry Cohort Group Description**

Entry Years	End of Observation Period	Number of Female of Records	Average Age at Entry
1981 – 1985	1988	13,142	77.1
1986 – 1990	1993	21,235	77.6
1991 – 1995	1998	24,521	78.4
1996 – 2000	2003	29,660	79.3
2001 – 2005	2008	35,316	79.9
2006 – 2010	2013	31,968	80.5
2011 – 2015	2018	37,526	80.7

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### Pr{Usage} for ALU Trending Up

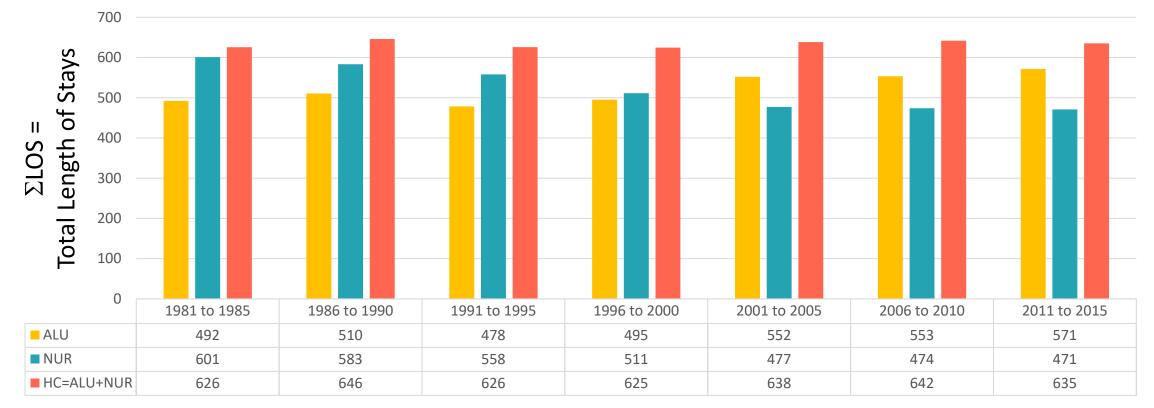


■ ALU ■ NUR ■ HC=ALU+NUR



18

### Nursing Care ΣLOS during 1<sup>st</sup>-5 years trending down

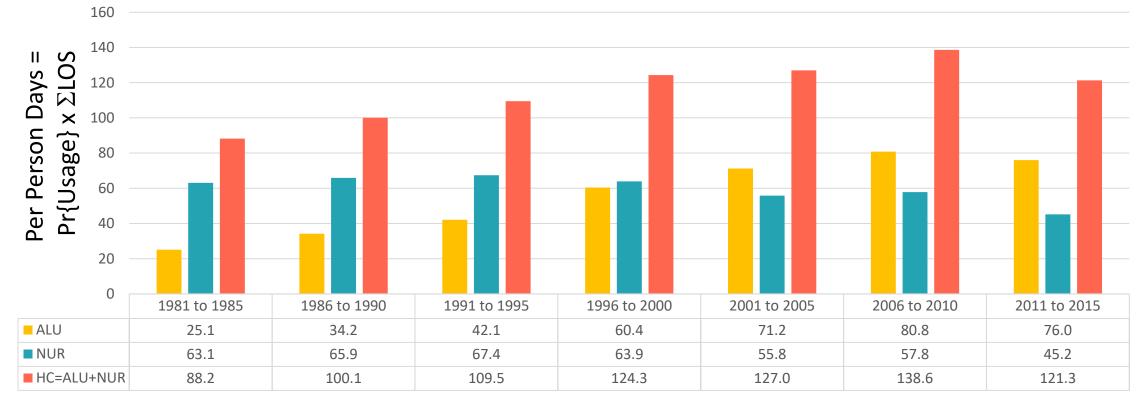


■ ALU ■ NUR ■ HC=ALU+NUR

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### **Exp{PPD} for ALU Increasing Relative to SNF**



■ ALU ■ NUR ■ HC=ALU+NUR



20

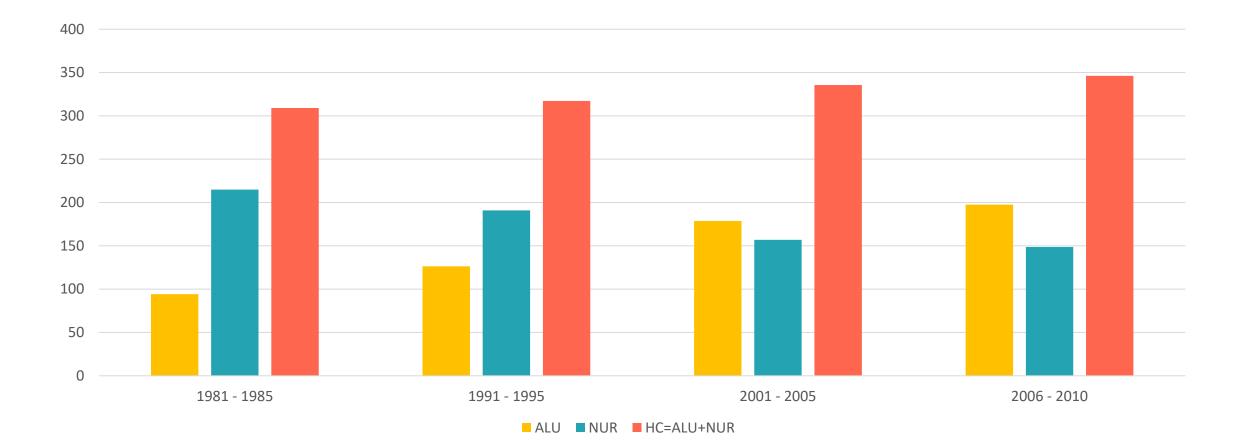
### Has Per Resident HC Usage Changed?

Entry Years	End of Observation Period	Number of Female of Records	Average Age at Entry
1981 – 1985	1993	13,142	77.1
1991 – 1995	2003	24,521	78.4
2001 – 2005	2013	35,316	79.9
2006 – 2010	2018	31,968	80.5



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### Same ALU/NUR Relationship Trend 1st-10 years



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# **Actuaries Estimate Lifetime Trends**

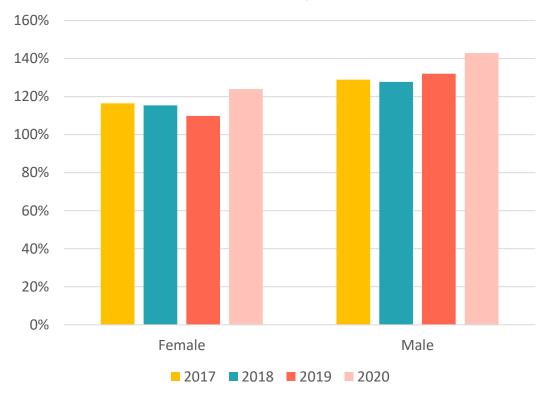
- 1. An experience study translates a short period of data into decrement rates
  - Mortality
  - Permanent transfer morbidity
  - Temporary transfer morbidity
  - Withdrawal or voluntary move-out
- 2. Actuarial mathematics apply these rates to project:
  - Longevity
  - Health care utilization
- 3. Other considerations
  - Select period
  - COVID-19

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### **COVID 19's Impact on Aggregate Mortality**



**Crude Rates** 

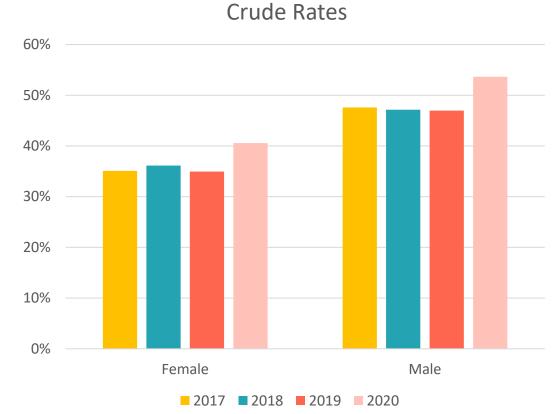


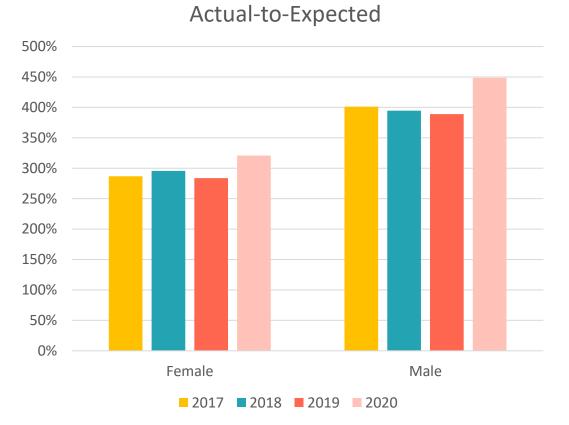
Actual-to-Expected



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### **COVID 19's Impact on SNF Mortality**



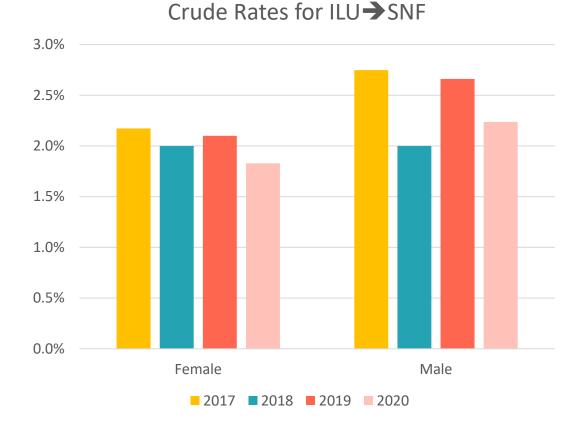


26

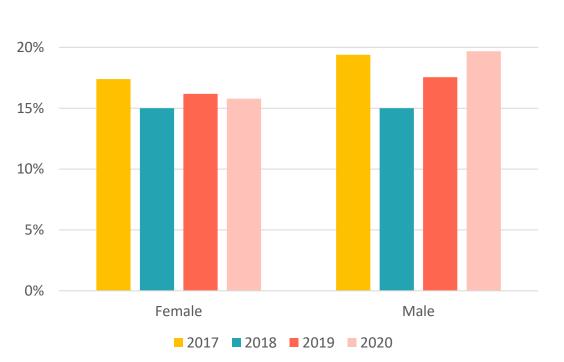
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### **COVID 19's Impact on Permanent Morbidity**

25%



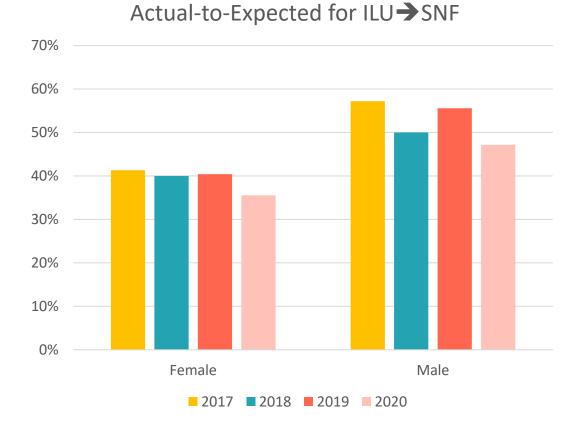
Crude Rates for ALU→SNF



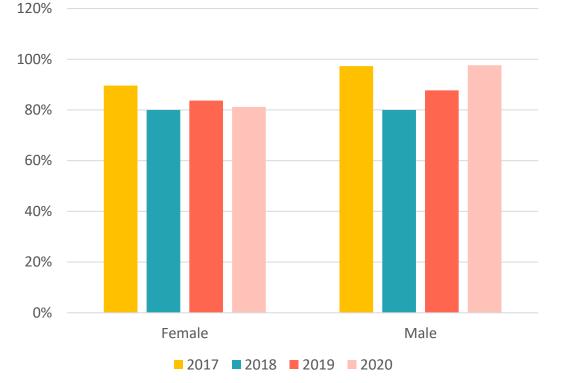
27

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### **COVID 19's Impact on Permanent Morbidity**



Actual-to-Expected for ALU→SNF



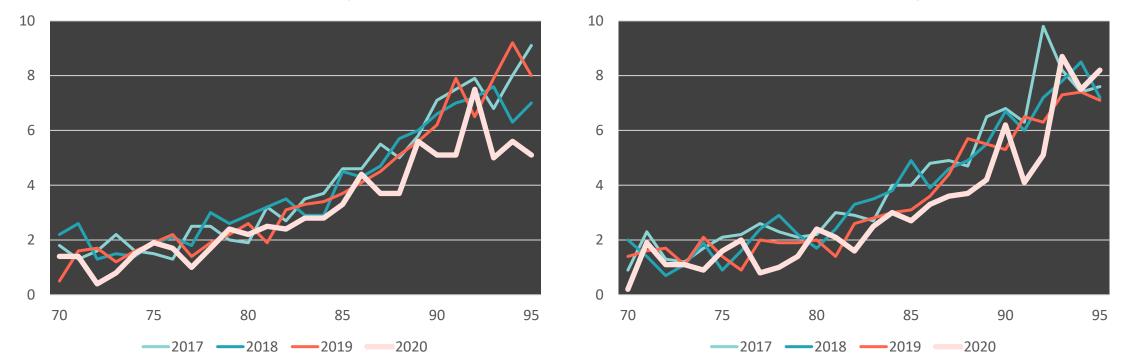
28

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### COVID 19's impact on temp morbidity (ILU→SNF)

Females: Average Number of Days Per 1 Life Year of Exposure Males: Average Number of Days Per 1 Life Year of Exposure

29





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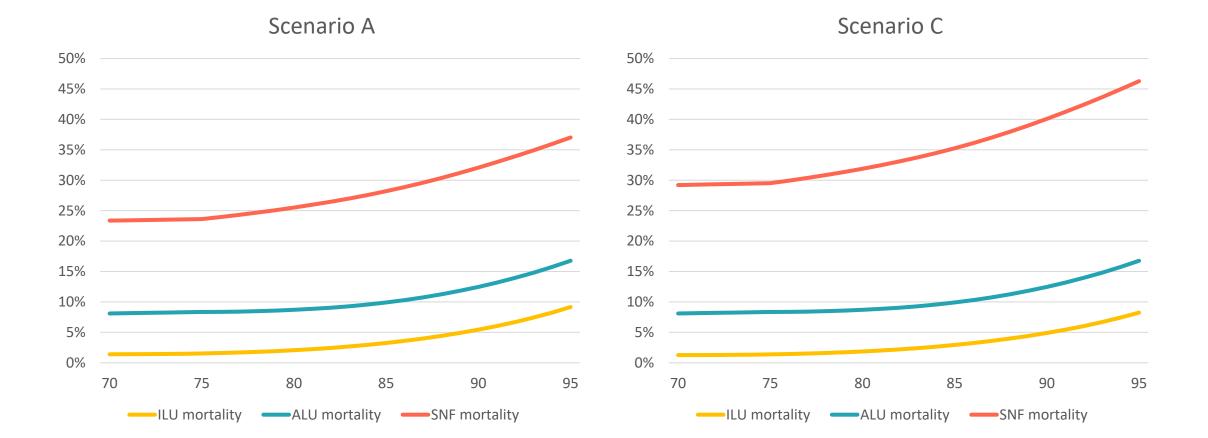
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### **Table Nomenclature**

- 1. NIH (1995/97)= 2002 NIH study
- 2. 2012 IAR = NAIC adopted tables for valuing annuities
- 3. SSA 2020 = Social Security Administration 2020 period table
- 4. AVP 1989 = rates adjusted based on AVP 1989 standard
- 5. AVP 1997 = rates adjusted based on AVP 1997 standard
- 6. Exp-2010 = AVP database from 2001 thru 2010
- 7. Exp-2020 = AVP database from 2011 thru 2020
- 8. AVP 2020\* A = AVP Scenario A rates derived from 2021 experience study
- 9. AVP 2020\* C = AVP Scenario C rates derived from 2021 experience study



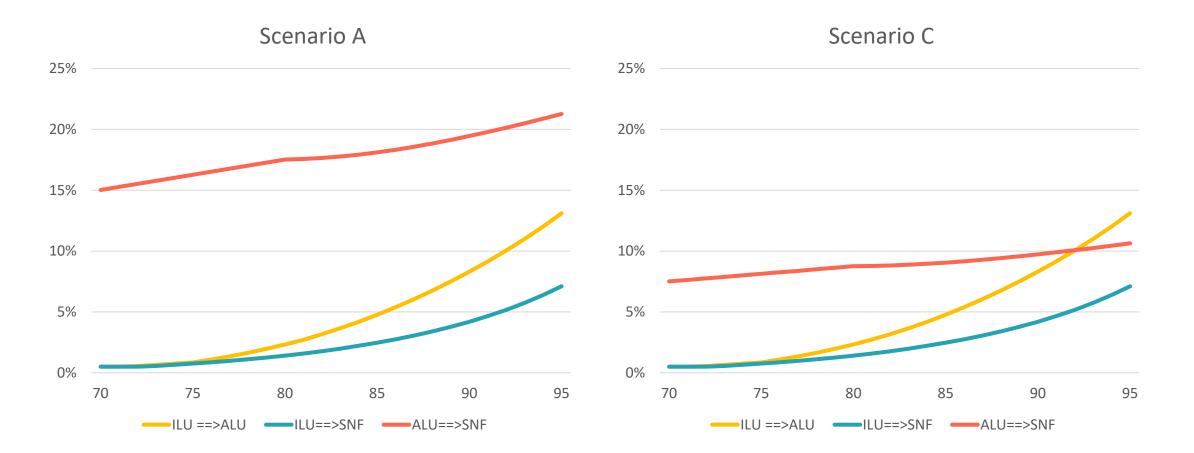
### Mortality comparison for AVP 2020\* rates





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### **Morbidity comparison for AVP 2020\* rates**

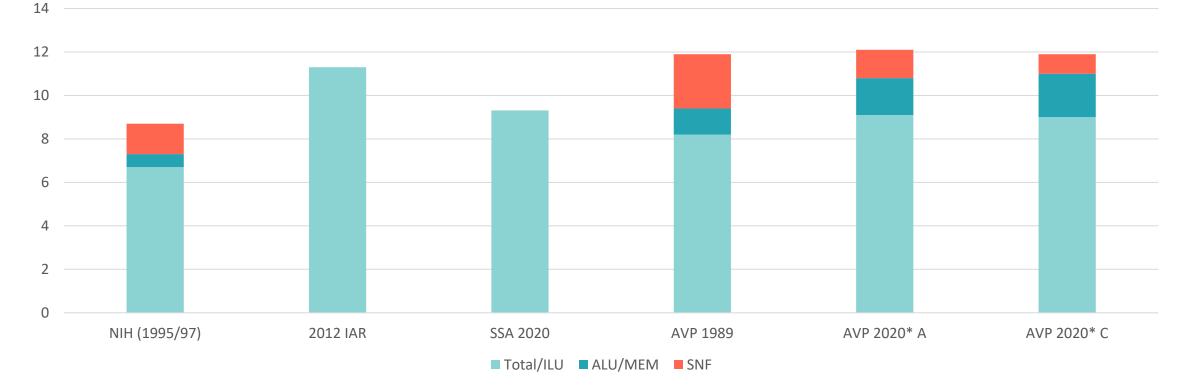


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# % of Lifetime in ALU or SNF Shrinking Slightly?

Female Age-80



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33

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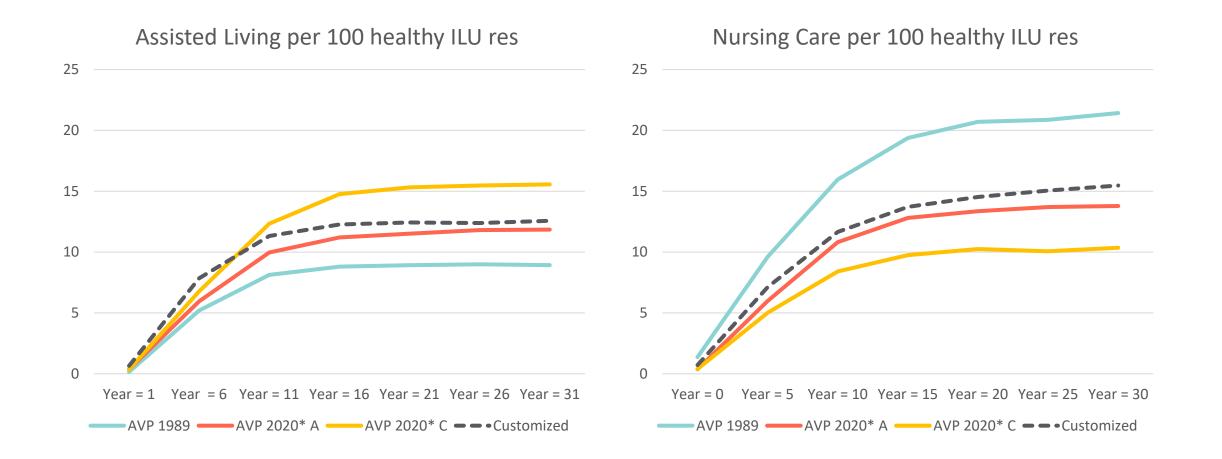


# **Experimental Design**

- 1. Illustrative CCRC case study
  - Green field with immediate fill-up
  - New entrant demographics
  - Move along continuum philosophy
- 2. Decrement assumptions based on:
  - Legacy standard
  - Proposed new standards
  - Customized

- 3. Projected health care usage
- 4. ASOP#3 at start-up
  - Actuarial valuation
  - Contract pricing
  - Cash flows and debt covenants
- 5. ASOP #3 at stabilization
  - Actuarial valuation
  - Contract pricing
  - Cash flows and debt covenants

### **Permanent Health Care Usage (by location)**



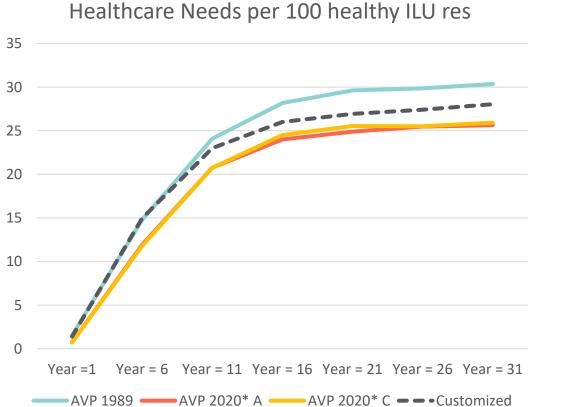
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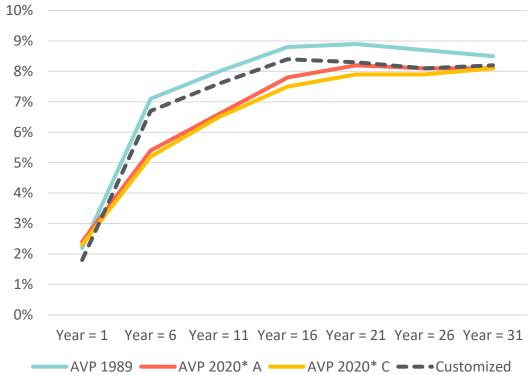
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### **Healthcare Ratio and Unit Attrition**



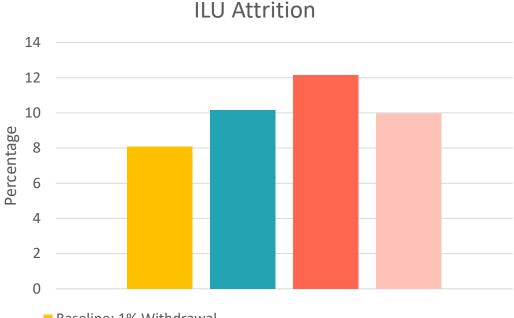


37

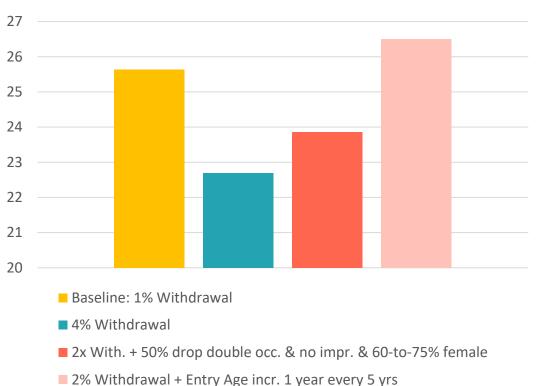
ILU Attrition (Turnover)

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### Why Doesn't Your CCRC Match the Illustrations?



- Baseline: 1% Withdrawal
- 4% Withdrawal
- 2x With. + 50% drop double occ. & no impr. & 60-to-75% female
- 2% Withdrawal + Entry Age incr. 1 year every 5 yrs

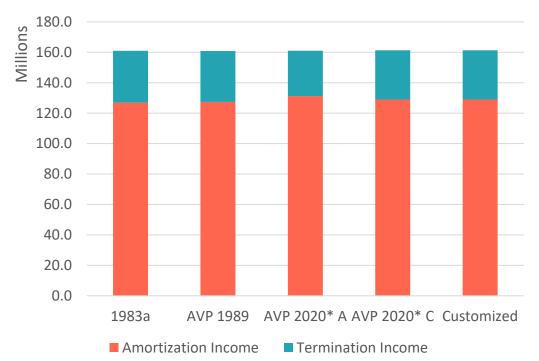


### Healthcare Ratio

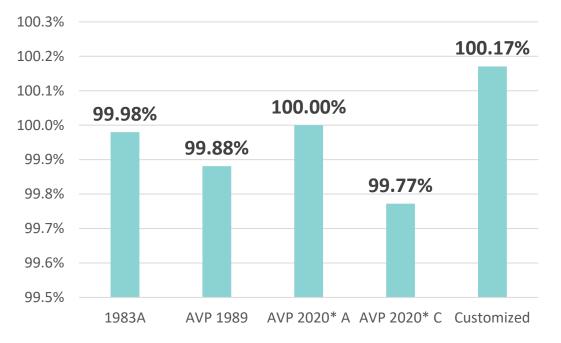
38

# ASC 606 Income has Limited Sensitivity to $e_x$

### Aggregate Income Recognition From 1985 to 2020



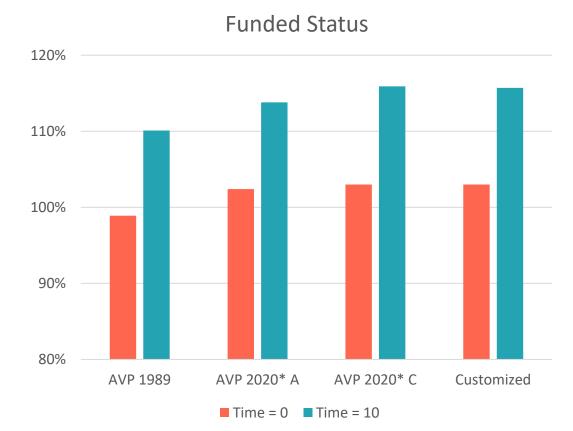
### Aggregate Income Recognition as % of AVP 2020\* A benchmark



39

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### **Funded Status and Contract Surplus**



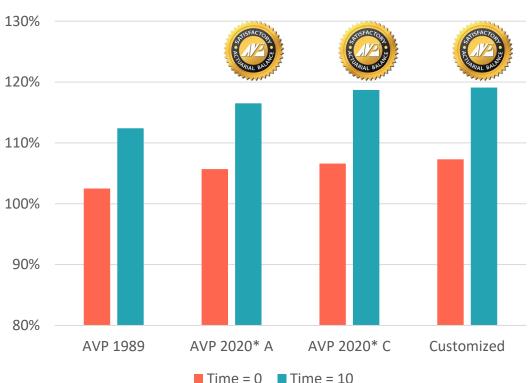
12% 10% 8% 6% 4% 2% 0% AVP 1989 AVP 2020\* A AVP 2020\* C Customized ■ Time = 0 ■ Time = 10

Type A Fee Margin

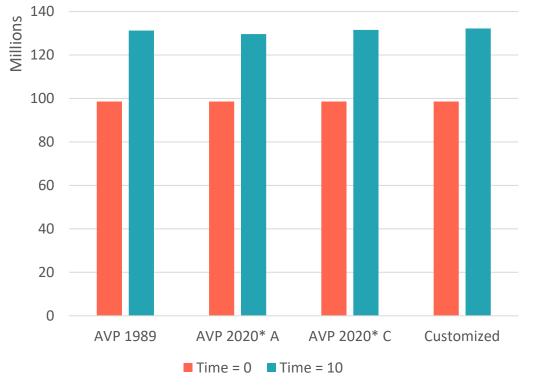


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### Solvency means >100% UFS & Cash Incr. > Inflation



Unified Funded Status



### Projected Liquid Asset Balances



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### More Reliable Projections with Enhanced Data

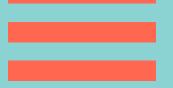
- 1. The Life Plan (Continuing Care) concept is **actuarially VIABLE**
- 2. Consistent and complete resident data is needed to prove this observation to interested parties
- 3. Move from location focus to functional status
  - Such as "broad" categorization by ADLs or IADLs
  - Annual (or regular) assessments
  - Trending/converging toward CCaH protocols?
- 4. Actuarial projections based on services used and not location provided
- 5. Will aging-in-place become the de facto practice?
- 6. Future projections may reflect increased life span from 115 to 120



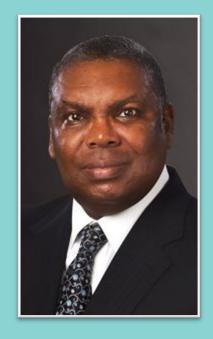
# **Future Transition Tracking**

Transition Category	Legacy {Location Dominated}	Future {Functional Status}
Admission criteria	Healthy	Super preferred, Preferred, or Standard
Perm (one-way)	ILU	No ADLs nor IADLs
Perm (one-way) or Temp (two-way)	Assisted Living Unit	1 or 2 ADLs or 3+ IADLs
Perm (one-way) or Temp (two-way)	Memory Care in Assisted Living Unit or Nursing Care	Dementia with 2 or more ADLs
Perm (one-way) or Temp (two-way)	Nursing Care	3 or more ADLs or 4+ IADLs
Perm (one-way)	Death	
Perm (one-way)	Withdrawal	





### **Questions & Answers**



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