ROLL CALL

Scott J. Kipper, Chair    Nevada       Mike Chaney       Mississippi
Kevin M. McCarty, Vice Chair Florida John M. Huff       Missouri
Jim L. Ridling Alabama Monica J. Lindeen   Montana
Lori K. Wing-Heier Alaska Bruce R. Ramge    Nebraska
Germaine L. Marks Arizona Roger A. Sevigny   New Hampshire
Allen W. Kerr Arkansas Kenneth E. Kobylowski New Jersey
Dave Jones California John G. Franchini   New Mexico
Marguerite Salazar Colorado Wayne Goodwin   North Carolina
Anne Melissa Dowling Connecticut Adam Hamm North Dakota
Karen Weldin Stewart Delaware Mary Taylor Ohio
Chester A. McPherson District of Columbia John D. Doak Oklahoma
Gordon I. Itu Hawaii Laura N. Cali Oregon
Tom Donovan Idaho Teresa D. Miller Pennsylvania
James A. Stephens Illinois Joseph Torti III Rhode Island
Nick Gerhart Iowa Larry Deiter    South Dakota
Ken Selzer Kansas Julie Mix McPeak Tennessee
Sharon P. Clark Kentucky David Mattax Texas
Eric A. Cioppa Maine Todd E. Kiser Utah
Al Redmer Jr. Maryland Jacqueline K. Cunningham Virginia
Annette E. Flood Michigan Ted Nickel Wisconsin
Mike Rothman Minnesota

AGENDA

1. Consider Adoption of its 2014 Fall National Meeting Minutes
   —Commissioner Scott J. Kipper (NV)  Attachment One

2. Consider Adoption of its March 9 Minutes—Commissioner Scott J. Kipper (NV)  Attachment Two

3. Hear Federal Legislative Update—Brian Webb (NAIC)

4. Consider Adoption of its Subgroup Reports:
   • Long-Term Care Consumer Disclosure (B) Subgroup—Tyler McKinney (CA)  Attachment Three
   • Long-Term Care Guidance Manual (B) Subgroup—Jan Graeber (TX)
   • Long-Term Care Partnership Reporting (B) Subgroup—Elizabeth Dwyer (RI)  Attachment Four

5. Hear Report from the Long-Term Care Actuarial (B) Working Group of the Health Actuarial (B) Task Force
   —Perry Kupferman (CA)

6. Discuss Any Other Matters Brought Before the Task Force—Commissioner Scott J. Kipper (NV)

7. Adjournment
The Senior Issues (B) Task Force met in Washington, DC, Nov. 16, 2014. The following Task Force members participated: Scott J. Kipper, Chair (NV); Wayne Goodwin, Vice Chair (NC); Jim L. Ridling represented by Steve Ostlund (AL); Jay Bradford represented by Dan Honey (AR); Dave Jones represented by Perry Kupferman and Tyler McKinney (CA); Marguerite Salazar (CO); Thomas B. Leonard represented by Mary Ellen Breault (CT); Kevin M. McCarty represented by Rich Robleto and Jack McDermott (FL); Gordon I. Ito represented by Martha Im (HI); William W. Deal represented by Kathy McGill (ID); Andrew Boron represented by Yvonne Clearwater (IL); Stephen W. Robertson represented by Tina Korty (IN); Sandy Praeger represented by Linda Sheppard (KS); Sharon P. Clark represented by Maggie Woods (KY); Therese M. Goldsmith represented by Joy Hatchette (MD); Eric A. Cioppa represented by Tom Record (ME); Mike Rothman represented by Kristi Bohn (MN); John M. Huff represented by Mary Mealer (MO); Monica J. Lindeen represented by Carol Roy (MT); Bruce R. Ramge represented by Martin Swanson (NE); Kenneth E. Kobylowski represented by Felix Schirripa (NJ); Mary Taylor represented by Matt Elston (OH); Laura N. Cali represented by Gayle Woods (OR); Michael F. Consedine represented by Peter Camacci (PA); Julie Mix McPeak represented by Chlora Lindley-Myers (TN); Julia Rathgeber represented by Jan Graeber (TX); Todd E. Kiser represented by Tomasz Serbinowski (UT); Jacqueline K. Cunningham represented by Althelia Battle (VA); and Ted Nickel represented by Molly Zito (WI).

1. **Adopted its Sept. 15 Minutes**

Commissioner Kipper reviewed the Task Force’s Sept. 15 minutes. Mr. Ostlund made a motion, seconded by Commissioner Goodwin, to adopt the Task Force’s Sept. 15 minutes (Attachment One). The motion passed.

2. **Heard Presentation from the ACL on SHIP**

Commissioner Kipper explained that the Administration on Community Living (ACL) is a new federal agency that combines the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities. He said the Task Force had invited Kathy Greenlee (ACL and U.S. Department of Health and Human Services—HHS) to discuss recent changes to SHIP, given that one-third of SHIPs are housed within the state insurance departments.

Ms. Greenlee said she well understands the needs of SHIP, based on her experience in Kansas and other roles in which she has served. At the federal level, she noted that this program was transferred from the U.S. Centers for Medicare & Medicaid Services (CMS) to the ACL.

Josh Hodges (ACL) reported that the ACL is working to ensure a smooth transition for SHIP. He explained that the Senior Medicare Patrol (SMP) program has also been moved to the ACL, and that there are strong benefits to keeping SHIP and the SMP program together within the same agency. He said the ACL is working to ensure that established program connections at CMS are maintained so that important information avenues for SHIPs are not lost, noting that the ACL is also working to establish new connections. He said the ACL is working with the SHIP CMS Steering Committee, where more than 50% of the SHIP seats are represented by state insurance department representatives. He added that the ACL is also reinstating the national SHIP grantee meeting, which was previously put on hold.

Ms. Greenlee and Mr. Hodges urged Task Force members to contact them if they have any questions or concerns.

Commissioner Goodwin expressed concern that the transfer of the SHIP program from CMS to the ACL may translate into a loss of technical support from CMS for SHIP staff. Ms. Greenlee agreed that technical support is critical to SHIPs. She urged the states to relay any problems with maintaining technical support from CMS so that the ACL can work quickly to track down any problems.

Commissioner Goodwin also expressed concern about the lack of support for SHIP at the federal level due to the workload caused by the federal Affordable Care Act (ACA). Ms. Greenlee said the ACL’s focus is not on ACA issues. She noted that the ACL had a similar structure to CMS, in that it operates through regional offices. She urged the states to convey any problems or inconsistencies to her so that she can address them.
Draft Pending Adoption

3. Appointed the Long-Term Care Partnership Reporting (B) Subgroup

Commissioner Kipper noted that, at the 2014 Summer National Meeting, the Task Force discussed a concern about the loss of data-reporting for Long-Term Care Partnership policies. The Task Force discussed the possibility of exploring whether the NAIC should assume this data collection. Commissioner Kipper recommended that the Task Force appoint a subgroup to further explore this issue, and Ms. Dwyer agreed to chair the subgroup.

Ms. Dwyer reminded the Task Force that HHS had been collecting this data, but that it had ceased to do so. Because this important data is no longer available to the states, she had raised the question of whether the NAIC could take on this role. She noted that, while Rhode Island is not statutorily required to provide federal data reporting, it found that the data reports were important, as they included information not available elsewhere. If the NAIC were to collect such data, companies could more easily report this information to a single source rather than respond to multiple new state requirements.

Julie Fritz (NAIC) said that NAIC staff would work with the new subgroup to help assess the feasibility of collecting this data and how it could be accomplished.

Commissioner Goodwin made a motion, seconded by Commissioner Salazar, to appoint the Long-Term Care Partnership Reporting (B) Subgroup. The motion passed.

4. Heard a Federal Update

Josh Goldberg (NAIC) reported that current federal law to delay changes to the Medicare sustainable growth rate (SGR) would expire in March 2015, requiring new legislation to delay or fix these changes. This means that a new round of discussions by the U.S. Congress would arise in the quest for federal savings to pay for the SGR legislation, which would be likely to include changes to Medicare, including potential changes to Medicare supplement (Medigap) plans. Mr. Goldberg noted that long-term care insurance is always an issue of interest to Congress, although there is nothing specific being considered at this time. Commissioner Kipper asked what impact the outcome of the most recent congressional elections would have on the outlook for these issues. Mr. Goldberg responded that the U.S. House of Representatives is now more likely to consider changes to Medigap in order to find federal savings.

5. Adopted the Report of the Long-Term Care Consumer Disclosure (B) Subgroup

Commissioner Kipper reminded the Task Force that the Long-Term Care Consumer Disclosure (B) Subgroup was appointed at the Summer National Meeting. Mr. McKinney provided the Task Force with an update on the Subgroup’s activities.

Mr. McKinney reported that the Subgroup held its first conference call Oct. 28 to discuss the Subgroup’s charge to consider consumer disclosure requirements, both at the time of sale and at the time of rate increase. He said the Subgroup heard comments from several regulators and interested parties about improvements needed to existing consumer disclosures. The Subgroup also received written comments, which have been distributed to Subgroup members for review. The Subgroup intends to compile a list of all the existing consumer disclosure requirements in the Long-Term Care Insurance Model Act (#640), the Long-Term Care Insurance Model Regulation (#641) and the Guidance Manual for Rating Aspects of the Long-Term Care Insurance Model Regulation so that the Subgroup can better evaluate what improvements are needed.

Mr. McKinney reported that he hopes the Subgroup will be able to complete its work and present recommendations to the Task Force by the 2015 Summer National Meeting. Mr. Camacci made a motion, seconded by Mr. Ostlund, to adopt the report of the Long-Term Care Consumer Disclosure (B) Subgroup. The motion passed.

6. Adopted the Report of the Long-Term Care Guidance Manual (B) Subgroup

Ms. Graeber provided the report of the Long-Term Care Guidance Manual (B) Subgroup. She reported that the Subgroup had been working on revisions to the Guidance Manual for Rating Aspects of the Long-Term Care Insurance Model Regulation to implement the revisions to Model #641 that were adopted by the NAIC membership at the Summer National Meeting. She noted that the Subgroup chair, John Rink (NE), has developed a model certification, which is being reviewed by Subgroup members. She said the Subgroup has also developed a checklist of items to be included in actuarial memoranda for filings.

Ms. Graeber made a motion, seconded by Mr. Swanson, to adopt the report of the Long-Term Care Guidance Manual (B) Subgroup. The motion passed.
Draft Pending Adoption

7. **Received a Report from the Long-Term Care Actuarial (B) Subgroup**

Mr. Kupferman provided a report of long-term care activities that are underway at the Health Actuarial (B) Task Force and that had been discussed at the Long-Term Care Actuarial (B) Working Group meeting. As all of the items of interest to Task Force members from the Health Actuarial (B) Task Force were included in the Long-Term Care Actuarial (B) Working Group report; as such, a separate report from the Health Actuarial (B) Task Force was not necessary.

8. **Discussed Medigap and Federal Health Plan Innovation Initiative**

Commissioner Kipper alerted the Task Force to an emerging issue involving CMS’ Center for Medicare & Medicaid Innovation (CMMI). He reported that, in early October 2014, CMMI announced its intent to test “health plan innovations” in Medigap, Medicare Part D, Medicare Advantage, Medicaid managed care and retiree supplemental health plans. The CMMI made this announcement by issuing a “Request for Information” (RFI) asking for feedback on its ideas. The RFI indicated that the CMMI is seeking to test “case management” and “care coordination” services for Medigap and retiree health plans to “help manage the care of complex, high-cost beneficiaries.”

Commissioner Kipper reported that the Task Force had submitted a brief comment letter suggesting that the CMMI consult with the Task Force and state insurance regulators on these issues. He also reported that the RFI did recognize that coordination with state insurance regulators will be important in order to achieve the initiative’s goals.

Commissioner Kipper reported that the CMMI had been invited to join the Task Force meeting, but that a representative was unable to attend. He said the CMMI has indicated that it is interested in attending a future meeting of the Task Force, and that representatives are willing to speak with any regulators or interested parties who have questions about the initiative.

9. **Discussed Medigap Under Age 65 State Provisions**

Commissioner Kipper said that Cindy Goff (America’s Health Insurance Plans—AHIP) had shared information with regulators that tracks different state provisions expanding access to Medigap for the under age 65 disabled population, as well as information tracking the status of state high-risk pools. He noted that the Task Force had discussed the need to make information about state provisions for the under age 65 population available to state insurance regulators, as it would be of interest as the states make decisions about closing their high-risk pools.

Ms. Goff explained that the AHIP materials were originally internal documents, but she thought the information would be helpful as the states make decisions about high-risk pool closures. She noted that, because coverage for individuals under age 65 who are Medicare-eligible due to end stage renal disease (ESRD) is so expensive, AHIP recommended that these individuals not be put directly into the general Medigap pool, but that the states instead look at other ways to help these beneficiaries without affecting the rates for the general Medigap population. She said that companies understand why the states would consider expanding access to Medigap to cover these individuals, but they believe it is important to protect seniors from the high cost of including these individuals.

Mr. Swanson inquired whether AHIP would support removing CMS’ anti-duplication rule for individuals covered by high-risk pools in order to give them access to better coverage. Ms. Goff said AHIP’s main concern is to protect seniors from the impact of the high cost of moving these individuals directly into Medigap, and encouraged the states to look at rating rules and other ideas.

Ms. Goff suggested that the states with corrected information for the charts should provide that to her at cgoff@ahip.org. She will update the chart for NAIC staff to post on the Task Force’s Web page.

Ms. Burns said she has continued to advocate for access to Medigap for the under age 65 population and believes that it would be important to gather additional information to know the size of the problem, including the number of individuals who are on Medicare due to ESRD and the number of individuals who are on Medicaid with ESRD. She said this information is critical to assessing the potential cost impact to Medigap. She suggested that companies or the states may want to consider whether they could create a high-risk Medigap product.

Having no further business, the Senior Issues (B) Task Force adjourned.

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Senior Issues (B) Task Force
Conference Call September 15, 2014

The Senior Issues (B) Task Force met via conference call Sept. 15, 2014. The following Task Force members participated: Scott J. Kipper, Chair (NV); Wayne Goodwin, Vice Chair (NC); Jim L. Ridling represented by Steve Ostlund (AL); Dave Jones represented by Perry Kupferman (CA); Marguerite Salazar represented by Peg Brown (CO); Chester A. McPherson represented by John Morgan (DC); Kevin M. McCarty represented by Rich Robleto (FL); Gordon I. Ito represented by Colin Hayashida (HI); Andrew Boron represented by Yvonne Clearwater and Eric Anderson (IL); Stephen W. Robertson represented by Karl Knable (IN); Sandy Praeger represented by Linda Sheppard (KS); Sharon P. Clark represented by Stephanie McGaughey (KY); Eric A. Cioppa represented by Marti Hooper (ME); Therese M. Goldsmith represented by Joy Hatchette (MD); John M. Huff represented by Mary Mealer (MO); Monica J. Lindeen represented by Carol Roy (MT); Bruce R. Ramge represented by John Rink and Martin Swanson (NE); Adam Hamn represented by Rebecca Ternes and David Zimmerman (ND); Mary Taylor represented by Tynesia Dorsey and Matt Elston (OH); John D. Doak represented by Buddy Combs (OK); Laura N. Cali represented by Gayle Woods (OR); Angela Wayne represented by Juan Rodriguez (PR); Merle D. Scheiber represented by Melissa Klemann (SD); Julie Mix McPeak represented by Brian Hoffmeister (TN); Julia Rathgeber represented by Jan Graeber (TX); Todd E. Kiser represented by Tomasz Serbinowski (UT); Jacqueline K. Cunningham represented by Bob Grissom (VA); and Ted Nickel represented by Mollie Zito and Diane Dambach (WI). Carla Obiol (NC) also participated.

1. **Discussed and Adopted its 2015 Proposed Charges**

Commissioner Kipper reviewed the Task Force’s 2015 proposed charges. During the Task Force’s meeting at the Summer National Meeting, the Task Force discussed and agreed to draft two amendments to the current charges.

First, at Commissioner Goodwin’s suggestion, the Task Force agreed to expand the charge concerning the State Health Insurance Program (SHIP). The revised language clarifies the role of the Task Force in monitoring and commenting on developments concerning SHIPs at the national level, as well as in supporting the states that house SHIPs within insurance departments. Commissioner Goodwin agreed that the proposed language accomplished the goal of clarifying the Task Force’s role as it relates to SHIPs. Ms. Obiol noted that the SHIP program had recently been transferred at the federal level from within the Centers for Medicare and Medicaid Services (CMS) to the Administration on Community Living (ACL) however, because the SHIPs will continue to rely heavily upon information provided by CMS, the charge emphasized the need to maintain a close relationship with CMS.

Second, at Mr. Ostlund’s suggestion, the proposed revisions expand the charge calling upon the Task Force to monitor and provide assistance to states on implementation of the rate stability amendments to the Long-Term Care Insurance Model Regulation (#641) adopted in 2000, to also include implementation of the amendments to Model 641 adopted in August 2014 and the Model Bulletin adopted in December 2013 regarding Alternative Filing Requirements for Long-Term Care Premium Rate Increases.

Mr. Kupferman inquired about what the Task Force was doing regarding the charge calling upon the Task Force to examine how regulators should treat the spin-off or transfer of closed blocks of long-term care insurance business to another entity, including process issues related thereto. Commissioner Kipper explained that the charge allowed the Task Force to discuss these types of situations, and without such a charge the Task Force lacked authority to examine the regulatory issues involved.

Mr. Ostlund made a motion, seconded by Ms. Lindley-Myers, to adopt Task Force’s 2015 proposed charges (Attachment One-A). The motion passed.

2. **Received Update on Subgroups**

Commissioner Kipper noted that, at the Summer National Meeting, the Task Force created a new subgroup to review long-term care consumer disclosures. The Subgroup will be chaired by Tyler McKinney (CA), who will be convening the subgroup in the near future and will provide the Task Force with an update at the Fall National Meeting.
Mr. Rink reported that the Long-Term Care Guidance Manual (B) Subgroup had held a call recently, and that they would soon begin holding weekly discussions. He hoped to begin holding open calls in the near future to consider revisions to the Guidance Manual for Rating Aspects of the Long-Term Care Insurance model Regulation to implement the amendments to Model 641 adopted in August 2014.

Having no further business, the Senior Issues (B) Task Force adjourned.
SENIOR ISSUES (B) TASK FORCE

The mission of the Senior Issues (B) Task Force is to: 1) consider policy issues; 2) develop appropriate regulatory standards; and 3) revise, as necessary, the NAIC models, consumer guides and training material on Medicare supplement insurance, senior counseling programs and other insurance issues which affect older Americans.

Ongoing Maintenance of NAIC Programs, Products or Services:

1. The Senior Issues (B) Task Force will:
   • Develop appropriate regulatory standards and revisions, as necessary, to the NAIC models, consumer guides and training material on Medicare supplement insurance, senior counseling programs and other insurance issues that affect older Americans.—Essential
   • Continue to monitor and work with federal agencies to advance appropriate regulatory standards for Medicare supplement and other forms of health insurance applicable to older Americans.—Essential
   • Review the Medicare Supplement Insurance Minimum Standards Model Act (#650) and the Medicare Supplement Insurance Minimum Standards Regulation (#651) to determine if amendments are required based on changes to federal law, and revise if necessary.—Essential
   • Monitor the Medicare Advantage and Medicare Part D marketplace, assist the states as necessary with regulatory issues, and maintain a dialogue and coordinate with the U.S. Centers for Medicare & Medicaid Services (CMS) on regulatory issues, including solvency oversight of waived plans and agent misconduct.—Essential
   • Monitor and assist states in the implementation of changes to the Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651) to modernize the Medicare supplement market, as approved by the NAIC in March 2007 as required by the Medicare Improvement for Patients and Providers Act of 2008 and the Genetic Information Nondiscrimination Act of 2008.—Essential
   • Continue to monitor the changes in the Medicare supplement insurance market and assist states with implementation of Medicare supplement model amendments due to federal statutory changes.—Essential
   • Provide the perspective of state insurance commissioners to the U.S. Congress, as appropriate, and CMS on insurance issues, including those concerning the effect and result of federal activity on the senior citizen health insurance marketplace and regulatory scheme.—Essential
   • Review and monitor state and federal relations with respect to senior health care initiatives and other impacts on the states. Work with federal agencies as appropriate.—Essential
   • Work with the Centers for Medicare & Medicaid Services to revise the annual joint publication, Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.—Essential
   • Monitor developments concerning the State Health Insurance Assistance Programs (SHIPs), including information on legislation impacting the funding of State Health Insurance Assistance Programs (SHIPs), provide assistance to states with issues relating to SHIPs, support strong partnership between SHIPs and CMS, and provide the perspective of state insurance commissioners to federal officials, as appropriate on issues concerning SHIPs.—Important
   • Assist the states and serve as a clearinghouse for information on Medicare Advantage plan activity.—Important
   • Monitor and maintain, in accordance with changes to the Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651) approved by the NAIC in March 2007, a record of state approvals of all Medicare supplement insurance new or innovative benefits for use by regulators and others.—Important
   • Review, in accordance with changes to the Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651) approved by the NAIC in March 2007, state approved new or innovative benefits and consider whether to recommend that they be made part of standard benefit plan designs in the model regulation.—Important
   • Develop appropriate regulatory standards and revisions, as necessary, to the NAIC models, consumer guides and training material on long-term care insurance. Work with federal agencies as appropriate.—Essential
   • Continue to study and evaluate evolving long-term care insurance product design, rating, suitability and other related factors, and review the existing Long-Term Care Insurance Model Act (#640) and Long-Term Care Insurance Model Regulation (#641) to determine their flexibility to remain compatible with the evolving delivery of long-term care services and remain compatible with the evolving long-term care insurance marketplace.—Essential
• Monitor and provide assistance to the states on the implementation of the 2000 and 2014 rating practices amendments to the Long-Term Care Insurance Model Regulation (#641), and the Model Bulletin adopted by the NAIC in December 2013 regarding Alternative Filing Requirements for Long-Term Care Premium Rate Increases.—Important

• Examine whether there is anything the NAIC can or should do to address possible long-term care insurance reserve deficiencies and rating issues, such as mitigation against rate increases and death spirals.—Essential

• Explore options, in line with the NAIC’s current long-term care models, where appropriate, and monitor efforts to ensure the fair or equal treatment of policyholders, including those in situations where policyholders live in multiple states.—Essential

• Examine how regulators should treat the spin-off or transfer of closed blocks of long-term care insurance business to another entity, including process issues related thereto.—Essential
The Senior Issues (B) Task Force met via conference call on March 9, 2015. The following Task Force members participated: Scott J. Kipper, Chair (NV); Kevin M. McCarty, Vice Chair (FL); Jim L. Ridling represented by Steve Ostlund (AL); Lori K. Wing-Heier (AK); Allen W. Kerr represented by Dan Honey (AR); Dave Jones represented by Perry Kupferman and Tyler McKinney (CA); Chester A. McPherson represented by Mary Beth Senkewicz (DC); Gordon I. Ito represented by Michele Nishimoto (HI); James Stephens represented by Eric Anderson (IL); Sharon P. Clark represented by Christa Cox (KY); Al Redmer, Jr. (MD); Mike Chaney represented by Chad Bridges (MS); John M. Huff represented by Mary Mealer (MO); Monica J. Lindeen represented by David Dachs (MT); Bruce R. Ramge represented by Martin Swanson and John Rink (NE); Wayne Goodwin represented by Ted Hamby (NC); John D. Doak represented by Cuc Nguyen (OK); Joseph Torti III represented by Elizabeth Dwyer (RI); Larry Deiter represented by Melissa Klemann (SD); David Mattax represented by Jan Graeber (TX); Todd E. Kiser represented by Tomasz Serbinowski (UT); and Ted Nickel represented by Susan Ezalarab (WI).

1. **Received a Report from the Long-Term Care Consumer Disclosure (B) Subgroup**

   Mr. McKinney reported that the Long-Term Care Consumer Disclosure (B) Subgroup has held three conference calls and has a fourth scheduled for April 9. The Subgroup is reviewing the *Long-Term Care Insurance Model Act* (#640), the *Long-Term Care Insurance Model Regulation* (#641) and the *Guidance Manual for the Rating Aspects of the Long-Term Care Insurance Model Regulation* (Guidance Manual). It is also receiving comments from regulators and interested parties on possible amendments to improve the disclosures for consumers. The Subgroup is currently working through comments on Model #640 and hopes to have draft recommendations to the Task Force by the Summer National Meeting.

2. **Received a Report from the Long-Term Care Partnership Reporting (B) Subgroup**

   Ms. Dwyer noted that the Long-Term Care Partnership Reporting (B) Subgroup was a new Subgroup with a charge to review whether and how data collected by long-term care (LTC) insurance carriers participating in the Long-Term Care Partnership program should be collected and compiled into a report. While the data continues to be collected, the federal government has stopped receiving it and preparing a report. Ms. Dwyer said the Subgroup’s first call will be March 12, and the Subgroup expects to have completed its review by the Summer National Meeting.

3. **Received a Report from the Long-Term Care Guidance Manual (B) Subgroup and the Long-Term Care Pricing (B) Subgroup**

   Mr. Rink provided an update on the Long-Term Care Guidance Manual (B) Subgroup’s progress on updating the Guidance Manual. Mr. Rink noted that the majority of the work had occurred in the Long-Term Care Pricing (B) Subgroup chaired by Ms. Graeber. Ms. Graeber reported that her Subgroup had distributed draft changes to the Guidance Manual for comment on Feb. 24, with a 30-day public comment period. The Subgroup will consider those comments after the Spring National Meeting, and she anticipates the Subgroup will complete its work before the Summer National Meeting.

4. **Received a Report from the Long-Term Care Valuation (B) Subgroup**

   Mr. Kupferman reported that the Long-Term Care Valuation (B) Subgroup continues to work with the American Academy of Actuaries (Academy) on reserving issues.
5. Received a Report from the Medicare Supplement Refund Formula (B) Subgroup

Mr. Rink reported that data had been submitted to the Academy, which provided a report at the 2014 Fall National Meeting. He said the Medicare Supplement Refund Formula (B) Subgroup will begin reviewing this report and develop recommendations this year.

6. Discussed Other Possible Projects for the Task Force in 2015

Commissioner Kipper asked regulators and interested parties if there were other projects the Task Force should focus on in 2015. No recommendations were raised on the call, but Commissioner McCarty said he may submit additional items at the Spring National Meeting.

Having no further business, the Senior Issues (B) Task Force adjourned.
Conference Calls

LONG-TERM CARE CONSUMER DISCLOSURE (B) SUBGROUP
December 18, 2014 / January 29, 2015 / March 5, 2015

Summary Report

The Long-Term Care Consumer Disclosure (B) Subgroup of the Senior Issues (B) Task Force met via conference call Dec. 18, 2014, Jan. 29, 2015 and March 5, 2015. During these calls, the Subgroup:

1. Discussed a work plan for considering amendments to the Long-Term Care Insurance Model Act (#640), the Long-Term Care Insurance Model Regulation (#641) and the Guidance Manual for the Rating Aspects of the Long-Term Care Insurance Model Regulation.

2. Discussed and considered comments on amendments to Model #640.
Conference Call

LONG-TERM CARE PARTNERSHIP REPORTING (B) SUBGROUP
March 12, 2015

Summary Report

The Long-Term Care Partnership Reporting (B) Subgroup of the Senior Issues (B) Task Force met via conference call March 12, 2015. During this meeting, the Subgroup:

1. Discussed its goals for 2015.

2. Discussed the feasibility of the NAIC collecting data from plans participating in the Long-Term Care Partnership program and whether the NAIC should request that the federal government should resume collection of this data.

3. Discussed confidentiality issues that could arise should the NAIC collect the data.