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Duty Statement

Department of Managed Health Care

CLASSIFICATION: Associate Life Actuary	POSITION: 409-143-6089-009/010	EFFECTIVE DATE:
WORKING TITLE: Associate Life Actuary	OFFICE: Office of Financial Review	DATE APPROVED: January 21, 2020

DEPARTMENT OBJECTIVE:

The mission of the California Department of Managed Health Care (DMHC) is to protect consumers' health care rights and ensure a stable health care delivery system. The DMHC accomplishes its mission by ensuring the health care system works for consumers. The Department protects the health care rights of more than 26 million Californians by regulating health care service plans, assisting consumers through a consumer Help Center, educating consumers on their rights and responsibilities and preserving the financial stability of the managed health care system.

PROGRAM OBJECTIVE:

The Office of Financial Review monitors and evaluates the financial viability of health plans to ensure continued access to health care services for the enrollees/patients of California. This is accomplished by reviewing financial statements, analyzing financial arrangements and other information submitted as part of the licensing, material modification, and amendment process; and by performing routine and non-routine examinations.

GENERAL DESCRIPTION:

Under the direction of the Chief Actuary of the Office of Financial Review (OFR), Division of Premium Rate Review, the Associate Life Actuary works independently on standard actuarial analysis projects. The incumbent assists the Senior Life Actuary on the most complex actuarial analysis projects; provides actuarial support to other units within the DMHC; analyzes and reviews financial statements, actuarial reports, and valuation data; reviews premium rate filings; and may act as a lead person on standard projects.

TYPICAL DUTIES:

Employee must be able to perform the following duties with or without reasonable accommodation.

PERCENTAGE JOB DESCRIPTION

Essential (E)/Marginal (M)

30% (E) Review and analyze historical and projected claims experience and expenses, cost and utilization trend projections, benefit changes, and other assumptions submitted in health insurance rate filings; including actuarial opinions and projections of proposed premium rates filed by the health plan to determine compliance with statutory requirements (Health and Safety Code section 1385); and provide an opinion on whether the proposed rate increase filed is reasonable or unreasonable. Communicate directly with health care service plans actuaries as appropriate to discuss data and assumptions (e.g. historical and projected medical trends) that the

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health plan used to develop the proposed premium rates. Respond to industry and public inquiries on various actuarial issues; (e.g. an inquiry of modification or a declared unreasonable rate increase) related to the regulation of the health insurance industry.

- 15% (E) Assist the Senior Life Actuary with reviews and analyses of complex health insurance rate filings of major health care service plans by examining past projections and actual experience used by a health plan compared to similar data and assumptions used by other health plans in the health care marketplace. Perform sensitivity testing of alternative actuarial assumptions (e.g. medical trend projections).
- **15% (E)** Review and analyze the annual large group aggregate rate data filings from health plans and perform trend analysis using the previous annual submissions to determine reasons for changes in rates, benefits and cost sharing in the large group market. Assist the Senior Actuary to prepare the presentations for the annual public meeting utilizing the large group aggregate rate data filings.
- **15% (E)** Review the annual prescription drug costs reporting from health plans for accuracy and completeness. Work with the DMHC actuaries and external consultant to prepare the annual prescription drug cost report.
- **10% (E)** Provide actuarial consultation within the DMHC, and on occasion to other agencies, on various health actuarial matters (e.g. review of actuarial value calculations for Office of Plan Licensing).
- **10% (E)** Analyze and report to management on pending legislation submitted to the Office of Legal Services for review. Analyze state, federal and National Association of Insurance Commissioners (NAIC) laws and regulations and provide DMHC management with comments and recommendations on the potential impact, if any, to the Division of Premium Rate Review program.
- **5% (M)** Perform other job-related duties such as monitoring, tracking, and reporting on the status of all rate submissions filed with the DMHC via SERFF (System for Electronic Rate and Form Filing) and on the DMHC public website; prepare documentation summarizing rate filing analysis and conclusions.

SUPERVISION EXERCISED OVER OTHERS:

This position does not supervise others.

KNOWLEDGE, ABILITIES AND ANALYTICAL/SUPERVISORY REQUIREMENTS:

The employee should be familiar with DMHC mission, goals, organizational structure and major work programs. The employee must also have a demonstrated positive attitude and a commitment to conduct business in a professional manner in dealing with the public and department clients and provide quality customer service to all customers, and be able to deal tactfully, professionally and confidentially with all internal and external customers and contacts.

Must have the knowledge of: Insurance principles and actuarial science particularly with respect to life, health and disability insurance and the financial structure of various types of life and health insurance companies.

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Have the ability to: Make complex and extensive actuarial and statistical computations; appraise accurately from actuarial and statistical data the financial structure of life and health insurance companies examined; prepare difficult and technical actuarial statistical reports and correspondence; and to analyze situations accurately and adopt an effective course of action.

In addition, the employee must:

Have the ability to reason logically and use analytical techniques to solve difficult problems; research, understand, interpret and articulate applicable laws, rules and regulations; analyze and apply legal principles and precedents to particular sets of facts; provide clear, concise, and effective written documentation and oral presentation.

CONSEQUENCE OF ERROR/RESPONSIBILITY FOR DECISIONS:

The employee may have access to very sensitive and confidential information. Careless, accidental or intentional disclosure of information to unauthorized persons can have far-reaching effects, which may result in civil or criminal action against those involved.

PHYSICAL, MENTAL AND EMOTIONAL REQUIREMENTS:

Employees may be required to sit for long periods of time using a keyboard and video display terminal or traveling in a vehicle to other locations; must be able to organize and prioritize their work under deadline situations and adapt behavior and work methods in response to new information, changing conditions or unexpected obstacles; will be involved with sustained mental activity needed for analysis, reasoning and problem solving; must be able to develop and maintain cooperative working relationships, recognize emotionally charged issues, problems or difficult situations and respond appropriately, tactfully and professionally; and must be able to work independently. The employee must be able to create and proactively support a work environment that encourages creative thinking and innovation; understand the importance of good customer services and be willing to develop productive partnerships with managers, supervisors, other employees, and, as required, control agencies and other departments.

WORK ENVIRONMENT:

The employee will work in a climate-controlled office under artificial lighting. There will be occasional fluctuations in temperature. The employee will work in a cubicle and will periodically attend meetings and/or training outside of his/her assigned office. The employee will work in and/or visit offices located in a high-rise building accessed through elevators.

POSITION REQUIREMENTS:

This position requires the incumbent maintain consistent and regular attendance; communicate effectively (orally and in writing if both appropriate) in dealing with the public and/or other employees; develop and maintain knowledge and skill related to specific tasks, methodologies, materials, tools and equipment; complete assignments in a timely and efficient manner; and, adhere to departmental policies and procedures regarding attendance, leave, and conduct.

ADDITIONAL REQUIREMENTS:

This position is required under the DMHC's Conflict of Interest Code to complete and file a Form 700 within 30 days of appointment and annually thereafter.

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SIGNATURES:

The statements contained in this duty statement reflect details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absence of relief, to equalize peak work periods or otherwise to balance the workload.

Employee: I have read and understand the duties listed above and can perform them with/without Reasonable Accommodation (RA). (If you believe you may require Reasonable Accommodation, please discuss this with the hiring supervisor. If you are unsure whether you require Reasonable Accommodation, inform the hiring supervisor, who will discuss your questions and/or concerns with the RA Coordinator.)

Supervisor: I have discussed the duties with and provided a copy of this duty statement to the employee named above.

EMPLOYEE NAME (PRINT):		SUPERVISOR NAME (PRINT)	
Employee's Signature	Date	Supervisor's Signature	Date