

**A REPORT ON THE ACTUARIAL,  
MARKETING, AND LEGAL ANALYSES  
OF THE CLASS PROGRAM**

**APPENDIX I:**

**CLASS ADMINISTRATION SYSTEMS ANALYSIS AND RFI**

# *Community Living Assistance Services and Supports (CLASS) Request for Information: Enrollment and Premium Administration System and Services*

The Community Living Assistance Services and Supports Office (CLASS) is releasing this Request for Information (RFI) with the intent of soliciting information from well-qualified vendors who are capable of providing high-quality systems and services in the areas of enrollment and premium administration on a large scale. The ideal vendor should possess the skills and ability to provide, configure, integrate and manage business and technology solutions for CLASS.

## **Responses**

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Responses should include detailed information about your experience in providing the services discussed in this RFI. Specific examples from your current and past client base are especially helpful. As this is not a Request for Proposals (RFP), partial responses will be accepted so if you have particular expertise in one area (e.g., premium administration) and not others, we encourage you to respond on that one topic.

In addition to the requested information within this document, please include the following information with your response:

1. Name and address of your firm.
2. Two points of contact, including: name, title, phone, fax and e-mail address.
3. Ownership of the firm, indicating whether it is a: large, small, small disadvantaged, 8(a), women-owned, HUBZone, and/or veteran-owned business.
4. Number of years in business.
5. Please provide up to three current or past (within 5 years) performance references of similar programs or projects. Include the size and type of the contract, if your company was the prime contractor, and a description of services provided.
6. What is your experience providing and implementing a national system of this size and scope and what risks are inherent in such implementations? If you do have experience implementing a similar system, please discuss if you have a commercial (including commercially available off-the-shelf with modifications) or non-developmental system that could meet the needs as described in this RFI.
7. Specify what types of additional information you would need in order to provide a thorough response to an RFP.
8. Please estimate how much time you would need to prepare a response to an RFP.
9. Please estimate how much time you would need from the date of award to be ready to accept enrollments in the system.

Interested small businesses are encouraged to respond to this notice and vendors are encouraged to provide evidence that they can comply with FAR 52.219-14 (“Limitations on Subcontracting”).

This is not an RFP. Proposals are not requested at this time and will not be considered or accepted. Do not include any pricing information with your response. A determination on how, or if, to proceed with this requirement will be based in part upon responses to this RFI and will be solely within the discretion of the government and based on its needs and requirements. You do not have to respond to this RFI in order to respond to any future RFP.

The government may request to meet one-on-one with selected respondents who provide responses to this RFI for a more in-depth discussion. We anticipate scheduling one-on-one discussions with firms responding to this RFI within 30 days after the RFI's due date.

Any information you submit in response to this RFI is voluntary. The information gathered from this RFI will be used to improve and enhance our understanding of the industry's current capabilities and practices and will potentially help us craft an RFP. Please note that HHS often receives requests under the Freedom of Information Act to publicly disclose information it receives from industry. If you consider anything you provide us to be confidential, proprietary or otherwise protected from public disclosure, you must clearly identify and mark it as such.

We recommend that firms planning to respond to this RFI register their e-mail addresses on the Federal Business Opportunities (FedBizOpps or FBO) website at <http://www.fbo.gov> to receive notices of any changes as they are uploaded to the website, or information on a future Request for Proposals.

#### Response Format

Submissions shall be no more than 40 pages (12 pt font) in length. The cover page, table of contents and past performance references are exempted from this requirement.

Please mark all submissions with the RFI reference number, HHS-AOA-RFI-11-001. Submissions are due July 8, 2011 by 4:00 p.m. Eastern Time. We request that 5 copies of your submission be mailed or delivered to:

Cristy Frazier, Contract Specialist  
Division of Acquisition Management B  
Strategic Acquisition Service, PSC, HHS  
Parklawn Building, Room 5C-18  
5600 Fishers Lane  
Rockville, Maryland 20857  
Voice: 301-443-9359  
Fax: 301-443-3849

Please also send your submission electronically in Microsoft Word file format to Cristy Frazier at [cristy.frazier@psc.hhs.gov](mailto:cristy.frazier@psc.hhs.gov); again, please reference the RFI number in the subject line. Please note that excessively large documents and/or numerous attachments may not be deliverable through the HHS email system.

#### Questions

Please submit in writing any questions related to this RFI to Cristy Frazier, Contract Specialist at [cristy.frazier@psc.hhs.gov](mailto:cristy.frazier@psc.hhs.gov). Questions must be received by June 20, 2011 by 4:00 p.m. Eastern Time. Responses to all of the questions will be provided to all interested vendors via the FedBizOpps page by June 27, 2011.

### *Points of Contact for this RFI*

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Primary point of contact:  
Cristy Frazier, Contract Specialist  
E-mail: [cristy.frazier@psc.hhs.gov](mailto:cristy.frazier@psc.hhs.gov)  
Phone: 301-443-9359

Secondary point of contact:  
Jennifer Browning, Contract Specialist  
E-mail: [jennifer.browning@psc.hhs.gov](mailto:jennifer.browning@psc.hhs.gov)  
Phone: 301-443-3025

### **Background**

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HHS is responsible for implementing many of the provisions in the Affordable Care Act of 2010. CLASS is one of those provisions. It is a new national, voluntary, federally-administered insurance program. Within HHS, the Administration on Aging (AoA) will set premiums, benefits, and rules for enrollment and benefit eligibility.

CLASS is not available yet. The law requires the Secretary of Health and Human Services to designate the CLASS benefit plan by October 1, 2012. Enrollment will begin sometime after that announcement. Once CLASS is available, eligible working adults age 18 or older will be able to voluntarily enroll in this new program either directly or through their employers.

Individuals who enroll and meet specific requirements regarding functional limitation, earnings, and premium payment will be eligible to receive benefits to help them remain independent. Details on enrollment, premiums and benefits are being developed and are not available at this time.

Please visit <http://www.aoa.gov/class> for additional information on CLASS.

### **Requirements and Requested Information**

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To accomplish our mission, we are gathering information on three sets of activities: enrollment, premium administration, and program management. In addition, if an RFP is offered in the future, we may include an additional option for claims. In each of the below sections, we describe our anticipated requirements and the requested information for a response to this RFI. The requested information will help us better clarify requirements in the future.

#### *Provide and Administer an Enrollment System*

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##### **Requirements**

1. Provide and manage a registration/enrollment process for employers and individuals.
2. Provide and administer a web-based enrollment system.
3. Interact with external databases during the enrollment process to confirm eligibility status, and on a periodic basis thereafter to update individual enrollee earnings information.
4. Interface with participating employers to facilitate/perform enrollments.
5. Provide online tools to assist individuals with decision-making, including a premium calculator.
6. Manage a free-look/opt-out process where enrollees have a certain number of days to cancel a new enrollment with return of any premiums paid.
7. Process changes to existing enrollments.
8. Maintain accounting of enrollments, including tracking of individual enrollee vesting and earnings requirement statuses.

9. Provide web-based enrollee self-service functionality, to include the ability to view account information (including vesting/earning requirement statuses and claims information) and change demographic information and premium payment methods.
10. Manage disenrollment processes.
11. Manage reenrollment processes.
12. Integrate with the premium administration system and with a future claims system, which may be included as an additional option in a future RFP.

### **Requested Information**

1. What is your experience performing large-scale enrollment of individuals and employer-based groups via a web-based enrollment system and phone-based customer service representatives?
  - a. Describe the size, complexity, staffing levels and infrastructure requirements of past efforts.
  - b. Did your approach and methods for enrolling individuals differ from your approach and methods for enrolling employer-based groups?
  - c. What strategies have you found to be most effective in guiding the user experience during enrollment?
2. Discuss your approaches for interfacing with employers, brokers, benefit consultants and third-party administrators to conduct enrollments.
3. What is necessary to process enrollment files and/or eligibility files received from employers?
  - a. Can you provide insights/thoughts into how group enrollments could take place without receipt of an eligibility file from an employer?
  - b. Employees automatically enrolled through their employer will have the option to waive participation. Discuss your experiences with such a process.
4. Discuss possible approaches for interactions with external databases, including government databases, to verify information (e.g., earnings/self-employment income) required to complete an enrollment in real time.
5. Discuss your experience in developing decision support tools for insurance benefits. What methods and tools have you found most useful?
6. Discuss your experiences in integrating an enrollment system with a claims system, which may be included as an additional option in a future RFP.

### *Provide and Administer a Premium Administration System*

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#### **Requirements**

1. Calculate premium amounts due per enrollee based on premium tables and business rules provided by HHS.
2. Collect premiums via employer payroll systems, including transmission of bill files, payment files, and reconciliation files.
3. Collect premiums directly from individuals through direct bill, automatic bank withdrawal, credit/debit card, and online electronic funds transfer options.
4. Remit premiums collected to the government as directed by HHS.
5. Manage premium payment changes, such as in payroll location, payment method, or amount.
6. Identify and resolve processing and premium payment errors.

7. Maintain accounting of premiums due, collected and remitted, protecting the integrity of premiums from receipt through remittance; while held by contractor prior to remittance, funds must be accounted for separately from any other contractor funds.
8. Resolve instances in which requested deductions were not remitted.
9. Follow business rules established by HHS for premium payment lapses.
10. Perform enrollment and premium reconciliations.
11. Integrate the premium administration system with the enrollment system with the future claims system, which may be included as an additional option in a future RFP.

### **Requested Information**

1. We are interested in receiving information about your premium administration processes, including payroll deduction interfaces with employers or their benefits administrators or payroll providers.
  - a. What is your experience with providing these services on a large scale?
  - b. Discuss the number and size of the clients you provide these services for.
  - c. Discuss the amount of time it typically takes you to set up payroll deduction with an employer and then start to receive payments.
  - d. Does that time differ significantly by employer size or whether the employer handles its own payroll?
  - e. In your experience, are payroll deductions generally reliable and accurate? Discuss the processes you follow when you do not receive an expected payment from an employer.
  - f. Do you typically require standard file formats or customize per employers' formats?
  - g. What are the critical interactions with employers/payroll administrators/benefits brokers and their varying systems that you believe must be considered?
  - h. Do you have an automated billing reconciliation process?
2. The system will need to collect premiums from individuals by methods other than payroll deduction.
  - a. What are your experiences with other payment methods?
  - b. Which methods are the most popular and produce the most consistently accurate results? Which are the most cost-effective?
3. As CLASS enrollments will be portable, enrollees may change payroll deduction locations several times and go in and out of pay status during the course of their enrollment.
  - a. What insights can you provide into ways to manage that scenario?
  - b. Discuss how you manage changes to premium payment methods and amounts, e.g. from payroll deduction to automatic bank withdrawal or from a biweekly payment cycle to a monthly payment cycle, and the necessary adjustments to premium to ensure full payment.
  - c. Discuss how you identify and resolve processing errors.
4. Please discuss your approach to missed premiums (via payroll deduction and on an individual basis), partial premiums received, insufficient funds, grace periods, communication to enrollees/employers who owe back premiums, and debt collection methods.

### *Program Management Activities*

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#### **Requirements**

1. *Account Management and Customer Service*

- a. Provide and administer self-service and managed service functionality for enrollee and employer accounts, including role-based access to the system.
  - b. Allow users to upload and house documents in their accounts.
  - c. Manage and reply to public inquiries received by phone, mail, and email.
  - d. Provide, staff, and operate a phone-based customer service center with highly-qualified personnel to provide program information, perform enrollments, and assist enrollees with account management problems and questions.
2. *Document Management and Reports*
    - a. Automatically generate necessary forms and correspondence such as:
      - i. Welcome letters
      - ii. Opt-out confirmation notification
      - iii. Change in status notification
    - b. Generate standard or custom reports pulling from any of the collected data.
    - c. Log and track marketing material or other information requested.
  3. *Systems and Processes*
    - a. Provide and administer systems and processes that meet the criteria and rules described in Appendix A: *Applicable IT Policies and Standards*.
    - b. Provide and administer systems and processes that appropriately account for:
      - i. Authenticating and ensuring data integrity and confidentiality
      - ii. Data Redundancy and recovery
      - iii. Protecting personally identifiable information (PII)
      - iv. System reliability
    - c. Provide and administer systems and processes that are:
      - i. Scalable to account for disproportionate system usage
      - ii. Able to link to external (non-CLASS) systems for eligibility verification
      - iii. Simple and easy to use for end-users
    - d. Provide and administer storage capacity large enough to retain all enrollee and former enrollee records for decades.

### **Requested Information**

1. *Account Management and Customer Service*
  - a. Discuss how you manage user access to the system.
  - b. Discuss how you manage and reply to public inquiries. How do you ensure that the responses are timely?
  - c. Discuss your ability to provide, staff, and operate a phone-based customer service center.
2. *Document Management and Reports*
  - a. Discuss your ability to generate standard reports and ad hoc reports using any of the collected data elements for deeper data analysis. Discuss how your system accomplishes these reporting needs.
3. *Systems and Processes*
  - a. Discuss how you manage your system so that it is user-friendly but offers the necessary data integrity provisions and protects PII.
  - b. Discuss how your system is scalable for extremely high-usage times.
  - c. Discuss your experiences and expertise in meeting the federal system requirements outlined in Appendix A.

- d. Discuss what steps you would take to link up your systems with other systems ensuring secure but efficient data transfers for verification purposes.
- e. Discuss how your system accommodates the large capacity required to hold the records for decades.



## Appendix A: Applicable IT Policies and Standards

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### **Security and Privacy**

- [Federal Privacy Rule for Personal Health Information - Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)
- [The Federal Information Security Management Act \(FISMA\) of 2002](#)
- [Section 208 of the E-Government Act of 2002 \(Public Law 107-347\)](#)
- [The Privacy Act of 1974, Public Law 93-579, December 31, 1974, \(5 U.S.C. 552a\)](#)
- [Office of Management and Budget \(OMB\) Memorandum "Protection of Sensitive Agency Information" \(OMB M-06-16\)](#)
- [The Federal Enterprise Architecture Security and Privacy Profile](#)
- [National Institute of Standards and Technology \(NIST\) Special Publication 800-18, "Guide for Developing Security Plans for Information Technology Systems."](#)
- [Federal Information Processing Standards \(FIPS\) Publication 197 regarding encryption standards](#)
- [HHS - Policy for IT Security and Privacy Incident Reporting and Response \(HHS OCIO Policy 2010-0004\)](#)
- [HHS-OCIO-Policy for Machine-Readable Privacy \(HHS OCIO Policy 2010-0001\)](#)
- [HHS - OCIO Policy for Information Systems Security and Privacy \(HHS OCIO Policy 20010-0006\)](#)
- [HHS Policy for Privacy Impact Assessments \(PIA\) \(HHS OCIO Policy 2009-0002.001\)](#)
- [HHS Policy for Responding to Breaches of Personally Identifiable Information \(PII\) \(HHS OCIO Policy 2008-0001.003\)](#)

### **Enterprise Architecture and Capital Planning and Investment Control**

- [The Federal Enterprise Architecture](#)
- [HHS OCIO Policy for IT Performance Baseline Management \(HHS OCIO Policy 2010-0007\)](#)
- [HHS OCIO Policy for Information Technology \(IT\) Enterprise Performance Life Cycle \(EPLC\) \(HHS OCIO Policy 2008-0004.001\)](#)
- [HHS Policy for IT Capital Planning and Investment Control \(CPIC\) \(HHS OCIO Policy 2010-0002\)](#)
- [HHS IRM Policy for Conducting Information Technology Alternatives Analysis \(HHS OCIO Policy 2003-0002\)](#)
- [HHS OCIO Policy for Management of the Enterprise IT System Inventory \(HHS OCIO Policy 2009-0004\)](#)
- [HHS-OCIO IT Policy for Enterprise Architecture \(EA\) \(HHS OCIO Policy 2008-0003.001\)](#)

- [HHS - OCIO Policy for Social Media Technologies \(HHS OCIO Policy 2010-0003\)](#)

#### ***Records Management and Acceptable Use***

- [The Paperwork Reduction Act of 1995, as amended \(44 U.S.C. 3501\)](#)
- [Office of Management and Budget \(OMB\) Circular No. A-130 “Management of Federal Information Resources”](#)
- [HHS Policy for Records Management for E-mails \(HHS OCIO Policy 2008-0002.001\)](#)
- [HHS Policy for Records Management \(HHS OCIO Policy 2007-0004.001\)](#)
- [HHS Policy for Records Holds \(HHS OCIO Policy 2010-0008\)](#)
- [HHS - OCIO Policy for Social Media Technologies \(HHS OCIO Policy 2010-0003\)](#)
- [HHS Rules of Behavior \(For Use of Technology Resources and Information\) \(HHS OCIO Policy 2010-0002.001S\)](#)

#### ***Accessibility and Assistive Technology***

- [Section 508 of the Rehabilitation Act \(29 U.S.C. '794 d\), as amended by the Workforce Investment Act of 1998 \(P.L. 105 -220\)](#)
- [Section 255 of the Telecommunications Act of 1996](#)
- [Section 508 Standards for Electronic and Information Technology](#)
- [HHS for Section 508 Electronic and Information Technology \(EIT\)](#)

# A REPORT ON THE ACTUARIAL, MARKETING, AND LEGAL ANALYSES OF THE CLASS PROGRAM

For additional information, you may visit the DALTCP home page at [http://aspe.hhs.gov/\\_/office\\_specific/daltcp.cfm](http://aspe.hhs.gov/_/office_specific/daltcp.cfm) or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. The e-mail address is: [webmaster.DALTCP@hhs.gov](mailto:webmaster.DALTCP@hhs.gov).

## Files Available for This Report

Main Report	[48 PDF pages]
	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/index.shtml">http://aspe.hhs.gov/daltcp/reports/2011/class/index.shtml</a> <a href="http://aspe.hhs.gov/daltcp/reports/2011/class/index.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/index.pdf</a>
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Ga: <u>Federal Register</u> Announcement for Personal Care Attendants Workforce Advisory Panel	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/appGa.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/appGa.pdf</a>
Gb: Advisory Panel List of Members	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/appGb.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/appGb.pdf</a>

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Ja: A Profile of Declined Long-Term Care Insurance Applicants	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/appJa.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/appJa.pdf</a>
Jb: CLASS Program Benefit Triggers and Cognitive Impairment	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/appJb.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/appJb.pdf</a>
Jc: Strategic Analysis of HHS Entry into the Long-Term Care Insurance Market	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/appJc.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/appJc.pdf</a>
Jd: Managing a Cash Benefit Design in Long-Term Care Insurance	<a href="http://aspe.hhs.gov/daltcp/reports/2011/class/appJd.pdf">http://aspe.hhs.gov/daltcp/reports/2011/class/appJd.pdf</a>
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APPENDIX P: June 22, 2011 Technical Experts Meeting  
Full Appendix

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<http://aspe.hhs.gov/daltcp/reports/2011/class/appP.htm>

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Pa: Agenda and Discussion Issues and  
Questions

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Pb: Presentation Entitled "Core Assumptions and  
Model Outputs"

<http://aspe.hhs.gov/daltcp/reports/2011/class/appPb.pdf>

Pc: Presentation Entitled "Actuarial Research  
Corporation's Long Term Care Insurance  
Model"

<http://aspe.hhs.gov/daltcp/reports/2011/class/appPc.pdf>

Pd: Presentation Entitled "The Avalere Long-  
Term Care Policy Simulator Model"

<http://aspe.hhs.gov/daltcp/reports/2011/class/appPd.pdf>

Pe: Presentation Entitled "Alternative Approaches  
to CLASS Benefit Design: The CLASS  
Partnership"

<http://aspe.hhs.gov/daltcp/reports/2011/class/appPe.pdf>

APPENDIX Q: Table 2: Actuarial and Demographic Assumptions

[2 PDF pages]

<http://aspe.hhs.gov/daltcp/reports/2011/class/appQ.htm>

<http://aspe.hhs.gov/daltcp/reports/2011/class/appQ.pdf>

APPENDIX R: Figure 1: Daily Benefit Amount for Increased Benefit

[2 PDF pages]

<http://aspe.hhs.gov/daltcp/reports/2011/class/appR.htm>

<http://aspe.hhs.gov/daltcp/reports/2011/class/appR.pdf>