Session PM-8: Predictive Modeling What Can We Learn from Each Other

Health Insurance Perspective

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Predictive Modeling for Health

Background

Claims Management Applications

- Disease Management
- Provider Fraud Detection
- Return to Work
- Benchmarking

Data Sources

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Background

Health Insurance Products

- Medical (the big one)
- Dental
- Disability
- Critical Illness
- Long-Term Care
- Workers Comp (unofficially)

Use of Predictive Models

- Primary focus of predictive modeling for health insurance has been claims management
- Early adopters began 15-20 years ago
- Traction within the past 5 years
- Actuarial applications are lagging

Claims Management Applications

Claims Management Considerations

- Predictive modeling is a decision support tool to optimize claims management resources
- Identify claims where intervention can have the greatest impact
- Building accurate models is not enough
- The key driver of success is implementation
- User buy-in is critical!

Claims Management Applications

- 1. Disease Management
- 2. Provider Fraud Detection
- 3. Return to Work
- 4. Benchmarking

1. Disease Management

- Objective is early identification of plan members where case management can have the greatest impact in:
 - Preserving health
 - Reducing medical expenses

Case Study: Pitney Bowes

- Predictive model related low medication adherence to increases in expenses for patients with diabetes
- Changed pharmaceutical benefit design to reduce patient out-of-pocket costs
- Preliminary results after 2-3 years
 - Medication possession rates have increased significantly
 - Total pharmacy costs reduced 7%, emerg visits down 26%
 - Direct costs per plan participant with diabetes down 6%

Source: *Reducing Patient Drug Acquisition Costs Can Lower Diabetes Health Claims*, John J. Mahoney. MD, The American Journal of Managed Care, August 2005

2. Provider Fraud Detection

- *Supervised* approach will identify providers with profiles similar to known fraudsters
- Unsupervised approach will isolate providers with atypical practice profiles
- Allow SIU to focus on investigating suspicious providers rather than manually searching for suspicious providers

PCA - Identifying Atypical Claims



PCA - Identifying Atypical Dentists



Clusters – Identifying Atypical Dentists



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3. Return to Work Claims Scoring

• Based on its specific attributes, a claim will be scored between 1 and 10



1	2	3	4	5	6	7	8	9	10
5%	15%	25%	35%	45%	55%	65%	75%	85%	95%

Claims Near Predicted Duration

- Identify claims nearing predicted duration
- EG: current duration 3-6m, 6M score = 7-10

Claim #	Analyst	Duration	Age	Gender	Score6M
001234	Susan	3 months	55	Μ	7
003462	Ted	3 months	47	Μ	9
009541	Jackie	4 months	23	F	8
015844	Robert	4 months	60	F	7
024689	Lisa	5 months	32	Μ	10

• Similar report for claims beyond predicted duration

Workload Allocation

- Claims can be allocated by degree of challenge
 - Claims scored 4-7 more difficult and time-intensive allocate to more experienced and expert claim analysts
 - Claims scored 1-3 and 8-10 simpler allocate to less experienced claim analysts
- Measure relative workload of claims personnel
 - Use claim scores as an indicator of complexity
 - Determine caseload on a complexity-weighted basis

Workload Allocation

• Measure workload on a weighted basis:

Score	1	2	3	4	5	6	7	8	9	10
Weight	0.5	0.5	1.0	1.5	2.0	2.0	2.0	1.5	1.0	0.5

Analyst	# Claims	Weighted Claims
Susan	100	134
Robert	100	126
Ted	100	111
Jackie	100	87
Lisa	100	73
Morris	100	59

4. Benchmarking

- Predictive modeling can be used to normalize for differences in business mix to allow for more meaningful comparisons
 - Multi-company benchmarking of Group LTD claimant recovery experience
 - Benchmark physicians on total cost of treatment for various ailments

LTD Claim Recovery Benchmarking



Difference of 12% between best and worst performers

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Data Sources

Internal Data

Insured: Age Zip Code Diagnosis	Gender Occupation Co-morbidity	Employer: SIC Code Payroll Zip Code Claim History Premium
Medical Provid Specialty Service dates Practice size	ers: Address Prescriptions Profile	Other Internal Sources: Share info across different lines of business. Text data – applications, claim forms, call centers, etc

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External Data

- Industry data
- Credit score and other financial data
- MIB
- Prescription drug history
- Criminal records
- Census and other geospatial information

Questions



