The Actuarial Profession making financial sense of the future	
2005 Life Convention 20-22 November	
20-22 November	
Cardiff International Arena, Cardiff	
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A04	
Early Warning Signals from Critical Illness	
Claims Data	
■ Scott Reid Revios Reinsurance UK Ltd.	
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Amenda	
Agenda	
Objective Big Picture	
Current Process Experience Analysis System	
Results Feedback into control cycle Conclusion	

Agenda

Objective
Big Picture
Current Process
Experience Analysis System
Results
Feedback into control cycle
Conclusion

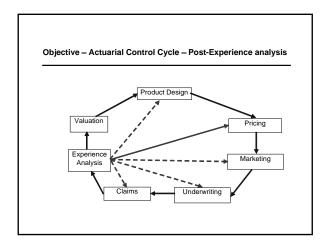
Objective

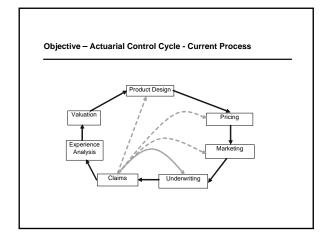
Provide useful Management Information....

Improve product design
Improve accuracy of pricing
Improve underwriting process
Improve claims Management process
Improve selection process
For example, proposal form
Spot anti-selection

Identify suspicious claims

Objective – Actuarial Control Cycle – Post-Experience analysis Product Design Pricing Experience Analysis Underwriting





Agenda

Objective

Big Picture

Current Process

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Big Picture

Life cycle of a claim CMI experience

Big Picture – life cycle of a claim Underwriting Free Cover Period Proposal form Proposal form Proposal declined Proposal form Proposal form Proposal form Proposal form Policy commencement declined Policy commencement or declined Reported

Big Picture – CMI investigation, Critical Illness selection pattern

Critical Illness

MNS has a strong Dn 0 discount, smaller for Dn 1 FNS has a lower selection discount Dn 0 and nil for Dn 1

Accelerated business, all ages, all years, lives

		Dn 0	Dn 1	Dn 2+
Male	NS	76%	90%	100%
	SM	90%	96%	100%
Female	NS	89%	100%	100%
	SM	74%	98%	100%

Big Picture – CMI investigation, Mortality selection pattern

Temporary Assurance

Stronger selection effect compared to CI Is anti-selection higher for CI compared to Temporary?

Temporary Assurance business, all ages, 1999 to 2002, lives

		Dn 0	Dn 1	Dn 2	Dn 3	Dn 4	Dn 5+
Male	NS	30%	46%	55%	67%	77%	100%
	SM	22%	35%	55%	51%	83%	100%
Female	NS	24%	37%	48%	62%	77%	100%
	SM	18%	32%	43%	51%	78%	100%

Big Picture – CMI investigation, Critical illness by amounts

CMI experience by amounts

Some evidence of an amounts discount for accelerated Stand alone – no discount, evidence of anti-selection

Aggregate results, all ages, all durations (as a percentage of CIB93)

		Accelerated	Stand-Alone
Male	Lives	44%	48%
	Amounts	41%	49%
Female	Lives	47%	52%
	Amounts	45%	56%

source: CMI

Agenda

Objective

Big Picture

Current Process

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Current Process Early claims are investigated as being suspicious Anti-selection Weaknesses in proposal form Non-disclosure Smoking habit Family history Visits to the GP Recent medical treatment Errors underwriting **Current Process** Outcome of investigation Claim may be genuine Claim may be declined Claim may be paid as can't prove non-disclosure Claims may be paid due to weaknesses in underwriting or claims management stage Process may identify flaws in: Product design Free cover period Policy wording Underwriting process Weak proposal form questions Agenda Objective Big Picture **Current Process** Experience Analysis System Results Feedback into control cycle Conclusion

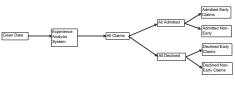
Experience Analysis System How will this add value? Data issues Our system results Experience Analysis System - how will this add Weaknesses in claims management process Independent check of claims management Weaknesses in underwriting process Independent check of underwriting Weaknesses in Product Design Analysis is at a higher level Easier to detect patterns in the experience by cause Independent Experience Analysis System - Data Issues Ideal data criteria High quality data Credible amount of data Need a system to analyse data quality and to clean up your data Missing or inconsistent dates Missing causes of claim Other errors on records

Experience Analysis System

We have developed our own in-house system
Traditional A/E analysis
Early Claims analysis
Identifying anti-selection
claims in first 90 days
Split by Core CI event: Cancer, Heart, Stroke, other
Split Cancer by cancer site

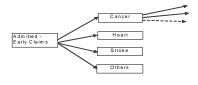
Experience Analysis System – early claims analysis

Split claims into admitted, admitted early claims and declined



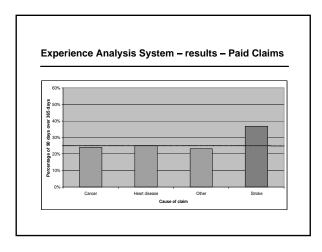
Experience Analysis System – an example

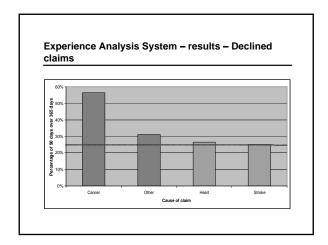
Split the Early Admitted claims by cause claim



Agenda Objective Big Picture Current Process Experience Analysis System Results Feedback into control cycle Conclusion Experience Analysis System – results Proportion of claims declined Early Claims by cause Analysis Heart Stocks Other Cancer Proportion of claims declined Early Claims by cause Analysis Heart Stocks Other Cancer		
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Early Claims by cause Analysis Heart Stroke Other	Experience Analysis System – results	
Early Claims by cause Analysis Heart Stroke Other		
Early Claims by cause Analysis Heart Stroke Other		
Early Claims by cause Analysis Heart Stroke Other	Proportion of claims declined	
Heart		
Other	Heart	
- Carlott		
	Ca501	

Experience Analysis System - results Proportion of claims declined This pattern suggests some claimants may be trying to anti-select Experience Analysis System - results Proportion of claims declined Early Claims by cause Analysis Heart Stroke Other Cancer Experience Analysis System - results Proportion of claims declined Early Claims by cause Analysis Heart Stroke Other Cancer





Experience Analysis System – results This is how claim admitted within 90 days breakdown: Admitted 90 day early claims by cause: Cause % Gancer 55% Heart disease 21% Stroke 9% Other 15% Source: UK Revices book early CI claims with 90 days

Experience Analysis System – results	
Proportion of claims declined	
Early Critical Illness Analysis Heart	
Stroke Other Cancer	
	-
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Experience Analysis System – results	
Handlada waxaadda	
Heart looks reasonable CABG is included Sample cases:	
Anti-selection could occur if person has angina type symptoms and proposal form did not ask the question No Family history questions on proposal form Non-disclosure of relevant risk factors	
Source: UK Revios book early CI claims with 90 days	
	7
Experience Analysis System – results	-
	-
Proportion of claims declined Early Critical Illness Analysis	
Heart Stroke Other	
Cancer	

Experience Analysis System – results	
Indicates that Stroke could be anti-selective	
Sample of cases reveals: Complex	-
Occupation - GP/Nurses is a common theme	
Source: UK Revios book early CI claims with 90 days	
Experience Analysis System – results	
Proportion of claims declined	
Early Critical Illness Analysis Heart	
Stroke Other	
Cancer	
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Empirement Ameliatic Quarters are suffer	
Experience Analysis System – results	
"O.I."	
"Other" category broken down gives Injury and accident (mostly RTA) MS Rheumatoid Arthritis Parkinson's disease Motor Neurone disease	

Experience Analysis System - results MS claims ABI definitions states: "A definite diagnosis by a Consultant Neurologist of Multiple Sclerosis which satisfies: · ...persisted for a continuous period of at least six months ..." New and existing ABI definitions Is pricing in line with your claims management philosophies? Experience Analysis System - results Rheumatoid Arthritis neumatoid Arthritis NO ABI definition. An example of wording below: Confirmation by a consultant rheumatologist of a definite diagnosis of rheumatoid arthritis, which satisfies all of the following criteria. There must be rounting stiffness the affected joints of at least one hour's duration. Here must be arthritis of at least three joint groups with soft tissue swelling of fluid observed by a physician. The properties of the properties Non-disclosure likely as this condition could develop suddenly before policy commences and then seek medical help when policy in-force Experience Analysis System – results Parkinson's Current ABI definition: "Confirmation by a Consultant Neurologist of a definite diagnosis of Parkinson's disease [before age x]. Parkinson's disease secondary to alcohol or drug misuse is not covered" New ABI definition is much stricter Early claims from this cause are likely to be antiselective

Experience Analysis System - results

Motor Neurone disease [before age x]

Current ABI definition:

"Confirmation by a Consultant Neurologist of a definite diagnosis of motor neurone disease [before age x].

New ABI definition: Stricter definition

Future proofing to guard against possibility of diagnosis being made before symptoms have manifested

Early claims from this cause are likely to be antiselective

Experience Analysis System - results

Proportion of claims declined Early Critical Illness Analysis

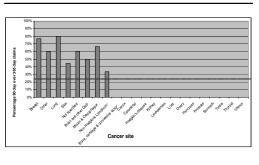
Heart

Stroke Other

Cancer

Experience Analysis System – results – Paid Claims

Experience Analysis System – results – Declined claims



Experience Analysis System - results

Cancer paid claims overall looks reasonable Breakdown by site reveals the following are higher than anticipated:

Breast cancer Leukaemias Mouth & Oesophagus Cervix cancer Pancreas

Experience Analysis System - results

Breast cancer

Applicant takes out a policy in the knowledge of a self diagnosed lump

Cervix cancer

Difficult to self diagnose

But medically aware policyholders could anti-select (doctor/nurse)

Public more medically aware of this condition

Experience Analysis System - results Purpose of new stricter ABI definition Clarity Future proofing New ABI definition is much stricter: Excluding Clark level 1 skin cancer Excluding Chronic lymphocytic leukaemia Agenda Objective Big Picture **Current Process** Experience Analysis System Results Feedback into control cycle Conclusion Feedback into the control cycle Product design: Many claims occur in free cover period Is this a sensible product feature? Should some diseases be excluded i.e. Rheumatoid Arthritis? Should surgical procedures be covered Angioplasty or CABG? Is the Policy Wording Appropriate?

Feedback into the control cycle	-
Product design:	
Should we re-think the Moratorium period 1996 report recommended that the moratorium approach to	
underwriting should be abandoned	
1998 report OFT agreed with the ABI that moratorium is acceptable if information to consumer adequate	
what is the situation now?	
	7
Feedback into the control cycle	
Underwriting:	
Is the way we underwrite critical illness appropriate?	
Tighten up policy wording Proposed new ABI definitions could limit anti-selection	
Improve the quality of the underwriting process	
Can non-disclosure be reduced: Evidence that Tele-Underwriting helps	
Stricter controls - void claims where reckless non-disclosure	
has occurred	
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Feedback into the control cycle	
Underwriting:	
Tighter controls over multiple policies	
Appropriate procedures are followed	
Declaration of health sent out if a delay between policy	
application stage and commencement of policy	

Feedback into the control cycle	
Pricing	
Is pricing in line with claims management philosophy? Is pricing in line with underwriting philosophy?	
Are free cover claims priced appropriately?	
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Conclusion	
Good data and Experience Analysis systems can add value to current processes	
Investigation of early critical illness claims can provide useful Management Information	
Spot anti-selection at an early stage Identify suspicious claims at an early stage	
]
Conclusion	
Questions?	