



Health insurance: threat or opportunity?

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Health insurance: Threat or opportunity?

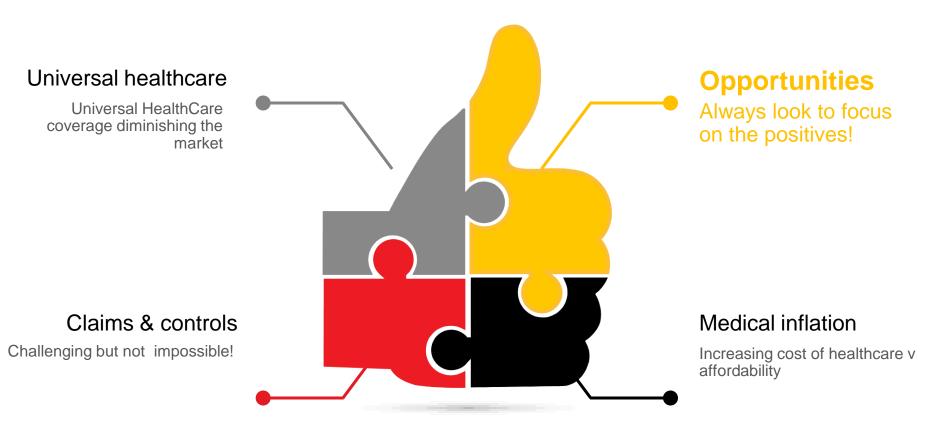
Some preliminaries before I begin...

Threat: A suggestion that something unpleasant or violent will happen, especially if a particular action or order is not followed.

Opportunity: an occasion or situation that **makes it possible** to do something you 'want' to do or 'have' to do...



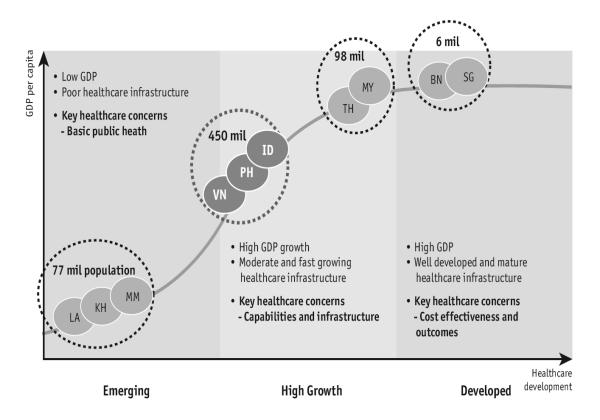
Agenda for today...





Challenges of Healthcare development

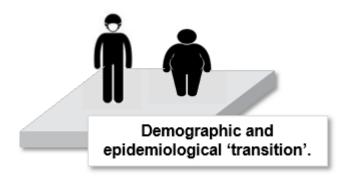
- Emerging to High Growth stage (Indo)
 - Middle and Affluent class rapidly expanding
 - Biggest barriers are health delivery
- Maturing Healthcare Markets (Thailand and Malaysia)
 - Dominate healthcare players emerging (Pharma)
 - Sharing of data between public and private for better integration
- Developed Health Care Markets (Singapore)
 - Testing innovative healthcare delivery, new challenges such as ageing, chronic disease.
 - Proactive Dengue Vaccinations

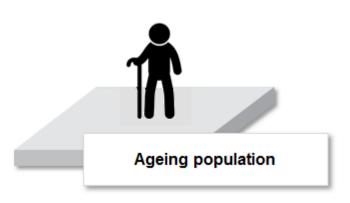


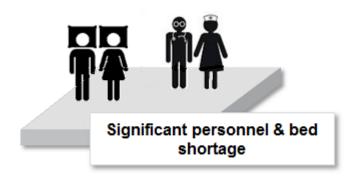
The Economist Intelligence Unit Limited 2016



Challenges with the Current state of Health







Doctors per 1,000 population:

2.3 Japan v .6 Asia v 0.2 Indo

Bed per 1,000 population:

13 Japan, 3 Global v .06 Indo

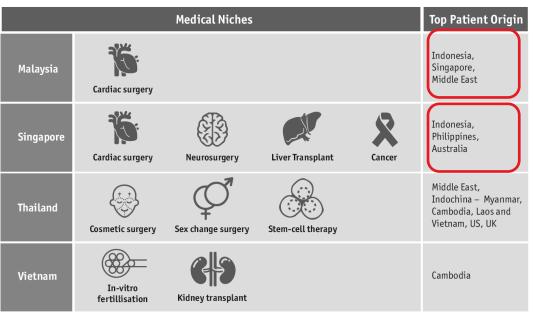
Bed Occupancy rate: 80% (SEA) v

132% Jakarta v 111% East Java



Challenges of Universal Healthcare

- 80% of SEA population to be covered under UHC by 2020. For Indo, 250m by 2019.
 - Huge demand for generic drugs and low price medical devices
 - 1m currently undiagnosed will have access to healthcare
 - Provider behavior key to efficiencies of UHC.
- Wealthier patients will seek private care
 - Capitation rates offered result in reluctance of private players to participate.
 - Significant proportion of Indonesia traveling to Singapore and Malaysia 1.5m residents, outflow of 1.4b yearly (although ebbing)
 - Private providers need to much up for lost revenue



Source: International Medical Travel Journal, Patient Beyond Borders, Globalization and Health²

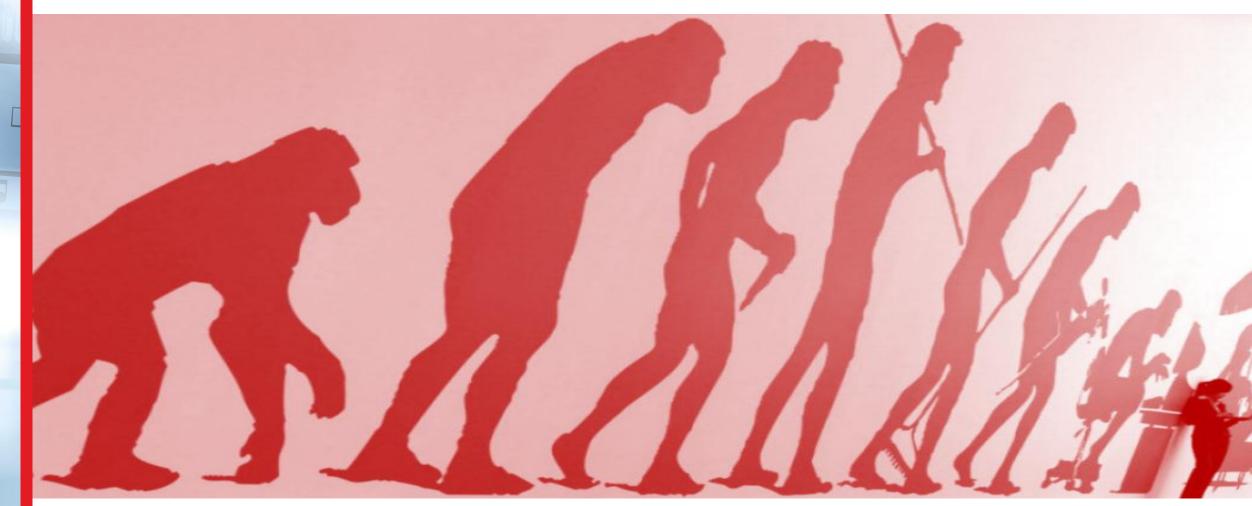


The opportunities are certainly out there

- Developing healthcare state → Emergence of new providers, increased health awareness and ultimately investment in system/service and innovation
- Current state of health
 - Demographics → Expectations and affordability
 - Ageing population → Plus new needs create opportunities for insurers.
 - Personnel → Opportunity to help fill the gaps
- Universal HealthCare schemes → Acceptance of cost containment strategies, affluent will by pass and look for private solutions. Top up/co-insurance opportunities



Rising costs of healthcare and digital



Medical inflation is a challenge we can't control!





Digital opportunities

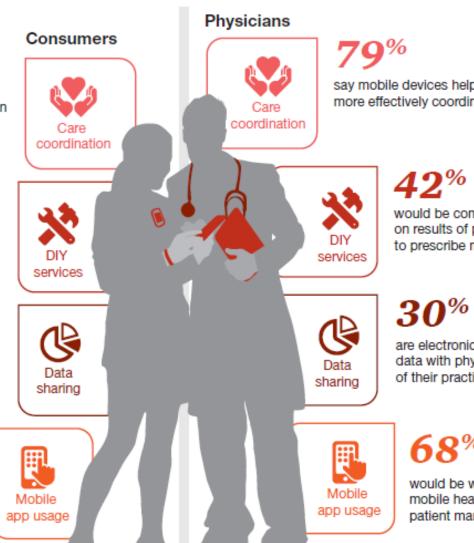
agree that mobile devices can help clinicians coordinate care more effectively

would be likely to use devices attached to phone for healthcare evaluations (e.g., check for ear infection, strep test, ECG)

56%

would be comfortable having their health data shared among healthcare organizations if it meant improved care coordination

consumers with one or more of health apps on their phones or tablets are using these apps at least once each week



say mobile devices help them more effectively coordinate care

> would be comfortable relying on results of patient DIY tests to prescribe medication

are electronically sharing data with physicians outside of their practice

would be willing to prescribe a mobile health app to help a patient manage a chronic disease

Digital opportunities **Connecting physicians**

- M-health
 - Interactive
 - Drugs to your door
 - Remote monitoring
 - Medical devices
 - Store and Forward
 - E-medical records
- Cost effective way to deliver training and educational material





Creating Solutions today, for health (Insurance) Challenges of the future

Digital opportunities Connecting consumers

 Wearables are worn voluntarily, recommended as part of prevention and wellness protocols.

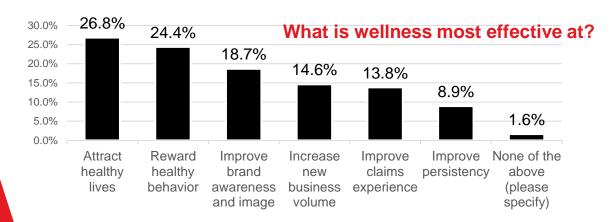
 Next Gen: Broader ranging physiology from posture to brain activity, bio sensing devices, they interact with medical literature, extension of home care...



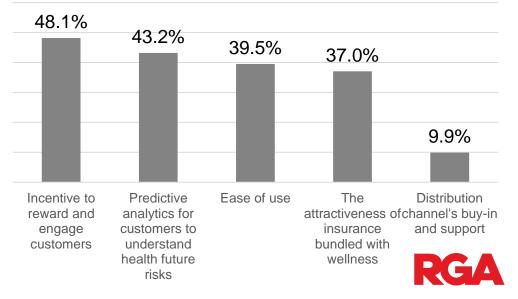
What does 'wellness mean' Participation based factors to encourage effective and targeted behavioral change Lifestyle Simple to understand, easy to control and complete Target Outcome based factors Biometric assessing health & Target insurance risks Point allocation emphasizes on directing attention to the critical targets and segmentation of risks Point allocation strategy Meaningful Incentive design based on both biometric and lifestyle Incentives risk factors Combining meaningful annual reduction on loadings with smaller rewards for achieving behavioral goals

'Wellness', what are you aiming to achieve

Conf. title	Audience	Key topics of the survey	#
20 th Asian Actuarial Conference (AAC) (Delhi)	Actuaries	Health and Living Benefits / Wellness	71
LIMRA 2016 Asia Distribution Conference (ADC) (Bangkok)	Distribution and Agents	Health and Living Benefits / Wellness / Impaired & Health Mgt. / e-UW	68

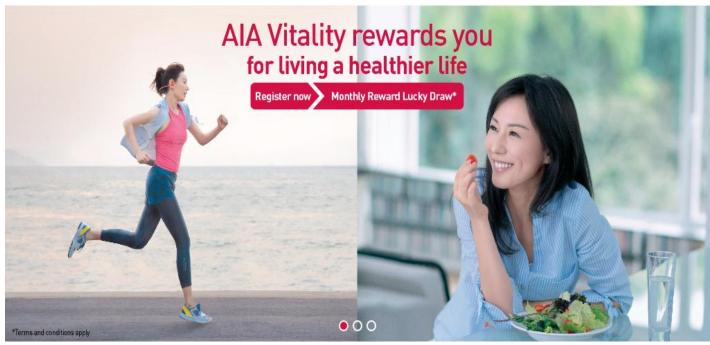


The most critical success factors?



Insurers embracing 'wellness'...



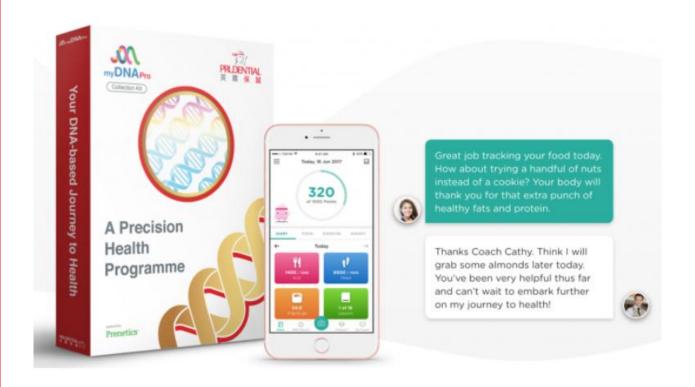


Digital health enables far more than 'wellness' opportunities



- Most health systems & all insurance benefits are / were designed to deliver diagnosis & treatment of acute or episodic health conditions.
- With ever increasing lifestyle/chronic disorders this model is not sustainable
- Preventative, predictive and personalized medicine often lacking in many public health systems
- Ability to facilitate participative is increasing supported by digital solutions.
- Reaching people in new ways (telehealth) making access and cost easier to control

Insurers getting 'personal'...





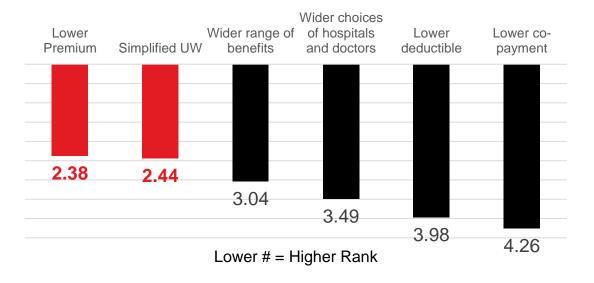
Creating Solutions today, for health (Insurance) Challenges of the future

Innovation typically makes products cheaper, but in health this is the constant challenge!!



In the next 12 months, what living benefits you think would gain increasing demand? 47% Medical Reimbursement

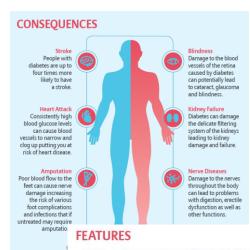
What do you think is the most important change to enhance MR product (please rank)





Product innovations in response to changing consumer

- Cancer Reimbursement → CI Reimbursement
- Cancer Reimbursement → Full MR
- Diabetic MR
 - Extending UW to reach 'impaired' Lives
- Health rewards program
 - Reducing deductibles at senior ages
 - Deductible credits for NBC
- Preferred Provider Plans





You have a choice of 4 medical plans that can help cover the cost of hospitalisation and surgery, Intensive Care Unit (ICU), obtaining a second medical opinion and more



Out-patient Treatment Benefit

If you need medical care beyond hospitalisation, Allianz Diabetic Essential provides access to outpatient treatment for cancer, kidney dialysis and dengue or enteric fever treatment. There is also coverage for emergency accidental out-patient treatment.



Health Screening Benefit

Provides annual HbA1c blood test, kidney function test, lipid profile, medical examination and full urine examination.



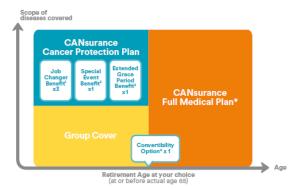
Premium Discount

Depending on your medical report, you may receive up to 40% off on your premium when you sign up, and continue to enjoy a yearly discount if your annual medical report shows that your health has improved. However just by submitting your medical report you will receive a 10% discount.

*The Premium Discount rates are not guaranteed



Smart and Seamless Coverage



* Assuming that you have exercised the Convertibility Option* in CANsurance Cancer Protection Plan

Challenges, Opportunities and some precautionary advice!



Health insurance is challenging <u>not</u> impossible to control with reasonable pre-cautions and control!



- 1. Medically Necessary treatment and that all costs need to be Reasonable and Customary
- 2. Control though benefits & definitions
 - ✓ Limits, PECE, Def
 - ✓ Strong appropriate policy exclusions inc PECE
- 3. Provider <u>STRATEGY</u>
- 4. Data capture for analytical control
- 5. Claims **MANAGEMENT** including
 - ✓ Pre-authorisation
 - ✓ Concurrent review
 - ✓ Bill audits
 - ✓ Case/disease management



Controls through policy provisions

Medical necessity

Medically Necessary' or 'Medical Necessity' shall mean health care services that a
Healthcare Provider, exercising prudent clinical judgment, would provide to a patient for
the purpose of evaluating, diagnosing or treating an illness, injury, disease or its
symptoms, and that are: in accordance with the generally accepted standards of medical
practice..

Reasonable and customary

 "Reasonable and customary charges shall mean the average fee which medical providers of similar standing who are capable of providing the same or similar treatment located in the same geographic region normally accept in settlement for the same or similar treatment to a patient of the same sex and comparable age taking into account complications and exceptional circumstances.

Controls through policy provisions

Overseas Claims

- Treatments in Singapore typically 7x higher than Indonesia
- Reasonable and customary charges "in country xx".
- How to control?

Emergency only

 A sudden Injury or Illness which is life-threatening or threats the function of vital organs, and causes the Insured to receive the Medically Necessary Treatment and to be hospitalized immediately in order to prevent death or violence that occurs from that Injury or Illness



Controls through policy provisions which steer claimant behavior

Deductibles

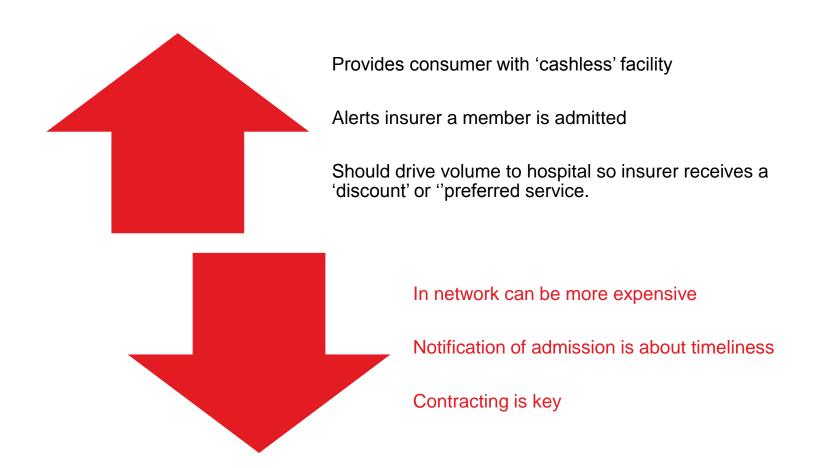
- 10-50% deduction in premium
- Avoid minor claims so less admin

Hospital cash

- Double the reward to stay
- 20-60% increase in LR
- Increase in Length of stay

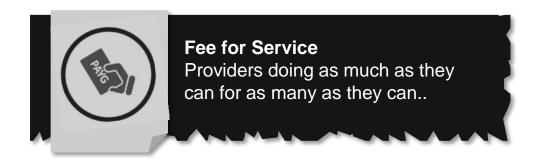


Beware pricing contingent on networks





Provider strategies – Time for Change?









Data capture for analytical control

- You cant control what you don't know
 - Coding
 - Line level data
- Not just pricing
 - Automation and red flags
 - Provider benchmarking
 - Claims segmentation
- Future product and underwriting design



Data and analysis Claimant is the key! Early Claims Cause Red Diagnosis Fred Valι Hospital High Exc LOS Elec Age Distribution Loc Do Agent/Banc Hos Rε Portfolio Ex E Plan design In/ Campaigns R Limits Co-pays Multi-plan holders

Different claims require different management



Attritional claims

- High frequency
- Lower value

- Strong policy wording
- Medical necessity
- Reasonable and customary costs
- Clinical guidelines
- Evidence based decisions



Scheduled surgery

- High frequency
- Medium value

- Preauthorise
- Package procedures Direct billing
- Efficient processing
 Commissioning of care



Catastrophic claims

- Low frequency
- High value
- Early identification
- Right diagnosis, treatment, time, location and price
- Second medical opinion
- Concurrent case and peer review
- Centres of excellence
- Discharge planning
- Bill negotiation and/or audit
- Cancer nurses, clinical review



Summing up...





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