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Emerging Risks... Daring Solutions

### **Stochastic Modeling**

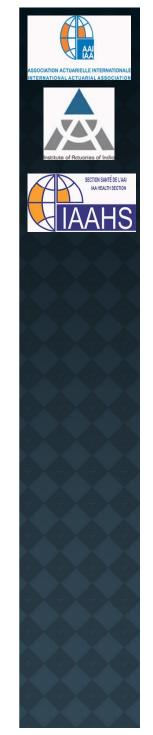
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### **Overview**

- General issues of stochastic modeling
- Short term medical insurance risk model
- Example
- Q&A

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## **IAA** publication

- Based on the recently published book by the IAA
- Stochastic Modeling: Theory and Reality from an Actuarial Perspective
- Available on the IAA website



## **General issues**

- What factors should be stochastically generated?
- When should I be using stochastic models?
- When should I not use stochastic models?
- Are there alternatives to stochastic models?
- What are the disadvantages of stochastic models?



## When should I be using stochastic models?

- Are these required by regulation or professional guidelines?
- Do we need a better understanding of the effects of extreme outcomes?
- Do we need a better understanding of the tail risk or risks in general?
- What is the probability of an event?
- What is the probability of ruin?
- Are certain risk measures needed for reporting?



## When should I NOT use stochastic models?

- Can you calculate a probability distribution?
- Can you calibrate the model?
- Can you validate the model?



## Are there alternatives to stochastic models?

- Stress testing/Scenario testing
- Static factors/PADs/MADs
- Range testing



# What are the disadvantages of stochastic models?

- "Black Box"
- Inappropriate distributions
- Inappropriate parameters
- Improper calibration
- Validation Beware of false positives
- Model size
- Computer power



#### • Two general approaches

- Calibration to historical experience
- Calibration to current market conditions

#### Considerations

- Does the model track to expected assumptions?
- Reflect expectations today?
- Experience period
- Range of possible outcomes?
- Extremes



#### • Calibration to historical experience

- Can you create a distribution?
- Expected
- Correlations
- Volatility
- Mean reversion



#### Calibration to current market conditions

- Observed market prices or conditions
- Closed form formula
- Market consistent results



## **Model validation**

#### • How do I validate a model?

- Cellular checking
- Reasonableness review
- Assumption review
- Formula testing
- Calibration review
- Distribution of outcomes

a model? eview



### Model peer review

#### Documentation review

- Source of data
- Experience period
- Testing
- Audit/Checking/Peer review



- Reviewed for accuracy?
- Credible data?
- Model and parameter development?
- Correlations?
- Testing
- Validation

- Average
- Outliers worst case and best case
- Specific scenario
- Type of audience

## **Model communication**

- Source of information
- Development of assumptions
- Development of correlations
- Expected assumptions



## Model audit

- Cell checking
- Review of distributions, range of outcomes, extreme cases
- Correlation checking
- New set of scenarios produce similar results



## Short term medical insurance risk model



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- What is stochastic modeling used for in short term medical insurance?
  - Claim level estimation
  - Surplus requirements (Economic capital)
  - Distribution of medical loss ratios
  - Stop loss rating
  - Other



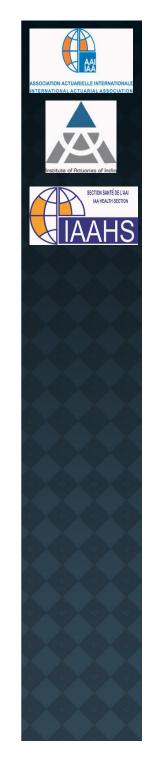
- What are major risks to insurance companies selling short-term medical insurance products?
  - Rating parameter adequacy
  - Regulatory issues / Delays
  - Catastrophic events
  - Expense recoupment
  - Other



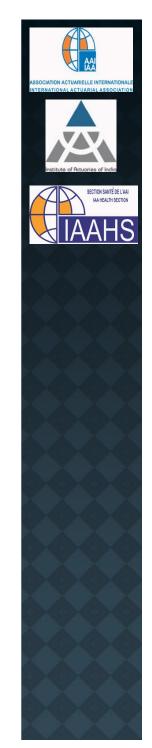
- Is stochastic modeling necessary to establish surplus requirements?
  - No
  - However, it is superior to deterministic models that involve projection of a limited set of likely scenarios
  - Also, it is superior to peer group analysis
    - Where conclusions are drawn from companies with "similar" characteristics
  - Stochastic models allow for simultaneous consideration of multiple risk factors and ranges of possible outcomes



- What are some of the considerations in developing a stochastic model?
  - Establish risk level high likelihood, sufficiency, virtual certainty corresponding to 90<sup>th</sup>, 95<sup>th</sup>, 98<sup>th</sup> percentiles
  - Determine risks to include in model
  - Develop distributions of outcomes for each risk, based on ranges of potential outcomes
    - Some risks can be easily measured and parameterized
    - Other risks may be more subjective and harder to define
    - Interdependent risks need to be evaluated



- How are stochastic models tested to ensure meaningful results?
  - Sufficient number of iterations are run to ensure stability of result
  - Underlying distributions are calibrated to observed data history
  - Model results are validated by comparison to other independent approaches or results



- Examples of stochastic modeling used in short term Indian medical insurance:
  - Pricing
    - Family floater discount calculation
    - Top-up policies,
    - Corporate buffers
  - Stochastic reserving
  - Optimal surplus / Economic capital modeling



## Example

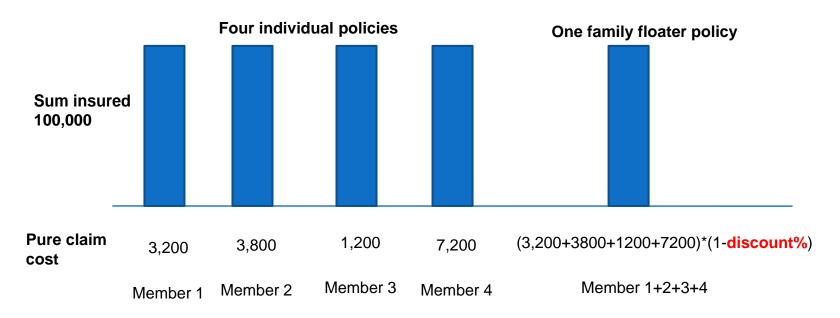
## Calculating discounts for family floater policies

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#### • Problem

- Will the pure claim cost of a Sum insured (SI) 100,000 family floater for a family be different from the sum of four SI 100,000 policies for each of them?
- What would be the discount on the sum of the pure claim costs to arrive at the family floater pure claim cost?



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#### • Why discount?

- The discount is applicable on the sum of the individual pure claims costs for the same age and same sum insured
- The discount comes due to the fact that there are chances of a scenario where the total payment under a family floater with 100,000 SI will be lower than the total payment for a combination of four individual 100,000 SI policy



#### Solution approach

- We need the correct pure claim cost for the family floater policy to be able to compare that with the sum of the individual pure claim costs and calculate the discount%.
- How do we do that?



#### Solution approach using stochastic modeling

- 1. Simulate the gross claim amount for each member
- 2. Calculate the net claim for each member for SI cap of 100,000
- **3.** This gives the pure claim cost for each member for SI 100,000
- 4. In step 1, summing the four gross amounts gives the gross claim amount for the family
- 5. Get the net claim for the family by applying the SI cap of 100,000
- 6. This gives the pure claim cost for each member for SI 100,000
- 7. Comparing the pure claim cost in step 8 with the total of step 5 gives the discount% applicable







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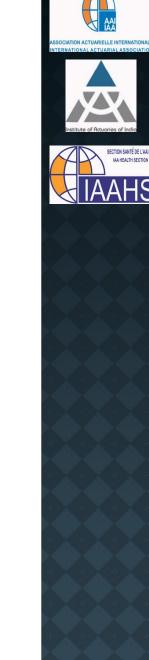
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#### Scenario

- Sum insured: Rs. 1,00,000
- Family composition
  - One adult male 51 years
  - One adult female 45 years
  - One kid 11 years
  - Second kid- 17 years
- Benefits covered
  - Inpatient
  - Daycare
  - Maternity



### Simulations considerations

- What should be simulated? Claim numbers and claim amounts (and get the total claim by multiplying the two) or the total claim from a member directly.
- Which distributions to use for claim number and claim amount simulation? Choice between empirical distribution and parametric distributions.
- Does the chosen distribution reflect the 'humps' and the 'tail' (extreme values) appropriately?
- How many age-bands should be considered?



### Simulations considerations

#### • Empirical distribution may be based on

- 1. '*claim incidence rate*' (expected number of claims per exposure) and '*claim amount per claim*'
- 2. 'claim probability' and 'total amount of claim per member given a claim'



Clai	m bands	Probabilities	Clain	n bands		Proba	bilities	
Lower	Upper	Age-band 1	Lower	Upper	Age-band 1	Age-band 2	Age-band 3	Age-band 4
1	10,000	24.03%		0 0	95.00%	96.00%	93.00%	87.00%
10,001	25,000	30.00%	1	10,000	1.20%	0.70%	0.80%	1.00%
25,001	50,000	37.00%	10,001	25,000	1.50%	0.90%	1.00%	1.80%
50,001	100,000	6.00%	25,001	50,000	1.85%			
100,001	250,000	2.00%	50,001		0.30%			
250,001	500,000	0.60%	100,001		0.10%			
500,001	1,000,000	0.20%	250,001		0.03%			
1,000,001	5,000,000	0.17%						
	Total	100.00%	500,001	1,000,000	0.01%			
		•	1,000,001	5,000,000	0.01%			
Claim inci	dence rate	5.13%		Total	100.00%			
					_	-		



#### Type 2

- 1) is easily available using the exposure and claim data by age. 2) is possible only when the exposure and claims can be linked by a 'key'.
- Alternatively, using 1), 2) can be 'simulated'

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### Simulations considerations

- Which distributions to use for claim number and claim amount simulation?
  - Parametric claim amount distributions such as LogNormal may not reflect the 'actual' distribution behavior for example
    - Tail probabilities
    - Distribution humps at certain claim bands e.g. 100,000 to 300,000 for age bands 50-70 due to major surgeries at this age
  - Empirical distributions can be used so as to simulate from 'near real' scenarios
  - Judgmental smoothing may be required at the tail



#### Calibration

- Initial estimates obtained from 'claims database'
- Each claim mapped to benefit type using ICD
- Mean and Standard Deviation calculated using historical data to be used for *LogNormal*
- We have used *Poisson* for claim number and *LogNormal* for claim amount simulation

	Initial Estir	nates from Data		
		Inpatient		
	Adult 1 - Male	Adult 2 - Female	Kid 1	Parent 1
Frequency	4.96%	4.59%	3.15%	8.23%
Cost - Mean	60,956	53,069	28,476	78,476
Cost - SD	54,860	47,762	25,629	70,629
		Daycare		
	Adult 1 - Male	Adult 2 - Female	Kid 1	Parent 1
Frequency	0.96%	0.92%	1.20%	2.20%
Cost - Mean	30,693	30,327	14,325	45,325
Cost - SD	26,089	25,778	12,176	38,526
		Maternity		
	Adult 1 - Male	Adult 2 - Female	Kid 1	Parent 1
Frequency		15.00%		
Cost - Mean		31,244		
Cost - SD		18,746		

	Model 1	Parameters		
		Frequency Based on	Poisson	
	Adult 1 - Male	Adult 2 - Female	Kid 1	Parent 1
npatient	4.96%	4.59%	3.15%	8.23%
DayCare	0.96%	0.92%	1.20%	2.20%
		Cost Based on Logi	normal	
	Adult 1 - Male	Adult 2 - Female	Kid 1	Parent 1
npatient - Mean	10.72	10.58	9.96	10.97
npatient - SD	0.77	0.77	0.77	0.77
DayCare - Mean	10.06	10.05	9.30	10.45
DayCare - SD	0.74	0.74	0.74	0.74
Aaternity - Mean		10.20		
Maternity - SD		0.55		

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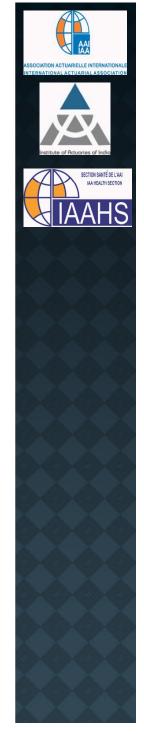
### Simulation steps

#### • Claim numbers

- Generate a random number from a uniform distribution, U(0,1)
- Compare it with the cumulative probabilities of the calibrated Poisson distribution to generate the corresponding Poisson variate.
- Repeat the process for each family member

#### Claim amounts

 Generate from Lognormal using any of the standard methods e.g. transformation of a Uniform random variate or using the Excel spreadsheet function.



#### Results from one simulation

Claim incidence

		Frequency	Simulation	
Benefits	Adult Male	Adult Female	Kid	Parent
Inaptient	1	-	-	-
Day Care Maternity	-	-	-	1
Maternity		-		
Total	1	_	-	1

#### Severity per Claim

						Cost Si	mulation					
Benefits		Adult M	ale		Adult Fer	nale		Kid			Paren	t
	Claim 1	Claim 2	Total Severity	Claim 1	Claim 2	Total Severity	Claim 1	Claim 2	Total Severity	Claim 1	Claim 2	Total Severity
Inaptient	25,777.6	-	25,777.6	-	-	-	-	-	-	-	-	-
Day Care	-	-	-	-	-	-	-	-	-	19,985.5	-	19,985.5
Maternity				-		-						
Total	25,777.6	-	25,777.6	-	-	-	-	-	-	19,985.5	-	19,985.5

Severity per member (all claims)

	Adult Male	Adult Female	Kid	Parent
Total Severity	25,777.6	-	-	19,985.5

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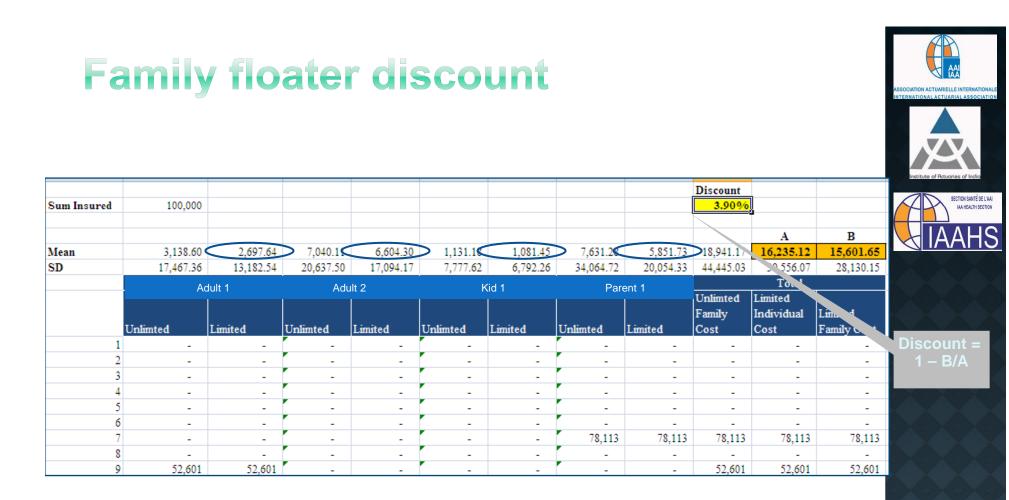


#### • Results from 10,000 simulations

Unlimited severity per member

Simulations							
Sr. No	Adult Male	Adult Female		Parent	Total		
1	-	-	-	- '	-		
2	-	-	-	-	-		
3	-	-	-	-	-		
4	-	-	-	-	-		
5	-	-	-	-	-		
6	-	-	-	-	-		
7	-	-	-	78,113	78,113		
8	-	-	-	-	-		
9	52,601	-	-	-	52,60		
10	-	-	-	-	-		
11	-	-	-	-	-		
12		-	-	-	-		
13		-	-	-	-		
14		-	-	-	-		
15		-	-	177,082	177,08		
16	-	-	43,437	-	43,43		
17	-	44,128	-	46,741	90,870		
18		-	-	-	-		
19	-	-	-	-	-		
20	-	20,645	-	227,382 <	248,02		
21	-	-	-	-	-		
22		-	-	-	-		
23		88,856	-	-	88,850		
24	-	-	-	-	-		
25	-	-	-	-	-		
26	-	-	-	36,222	36,222		
27	-	-	-	-			
28	-	113,942	-	.<	113.942		





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