7th Webinar on Health Care Insurance

12th October 2021 1600 – 1730 IST

Impact of Covid-19 on Pricing and Reserving

Ms. Anuradha Sriram, Member, Health Advisory Group, IAI Mr. Anshul Mittal, Vice President, HDFC ERGO General Insurance Co.

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Housekeeping Points





Mute



Q&A



IAI support



Recording



Feedback



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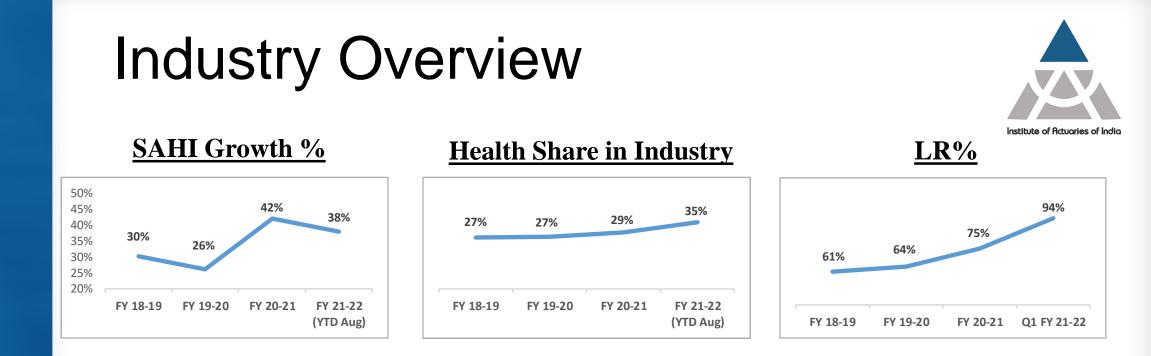
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Topics to be covered

- Industry Overview
- Impact of Covid-19
- Reserving for Covid-19
- Pricing Impacts
 - Retail
 - Group

Disclaimer: Data is for illustration and may not represent the actual trend



- Increased awareness of Health Insurance
- Boost in revenues
- Covid-19 claims ~ 20,500 Cr settled so far
- Surge in Covid-19 claims

Data Source: GIC Council. LR% is for SAHI only

Covid-19 Impacts



- Change in claims pattern
 - Cashless & Reimbursement mix
 - Reporting and Settlement delays
 - Disease mix
- Lockdown reduced accident related claims
- Reduction in Non Covid-19 related claims
- Deferred hospitalizations/planned surgeries
- Volatility in claims inflation

Covid-19 Impacts (Cont.)



- Difficult to estimate ultimate claims
- Surge in claims reduces profitability
- Surge in claims to be priced or not ?
- Does reduction in non covid-19 claims reduces premium ?
- Changes in claim handling cost ?
- Tele Underwriting vs Pre Policy Medical Test etc.

Reserving for Covid-19



- No historical data/trends for quantum of ultimate covid-19 liability
- Major change in claims reporting/settlement
- Delay in reporting and distortion in triangle
- Hospitals denying cashless facilities etc.

All these factors have made reserving difficult by using Traditional methods



- Frequency-Severity method can be used
- Frequency is Covid-19 claims as a proportion of Covid-19 cases
 - India reported 26.2 lakh covid-19 cases in Sep'20
 - 5000 Covid-19 cases were reported eventually for Sep'20 occurrence (Accident period)
 - Frequency will be 0.19%
 - Diff Freq. for Insurer depending on market share, state mix etc.....Frequency need adjustments
- Severity is easier to estimate basis recent trend



Covid-19 cases	Loss Year	Loss/Intimation Month	1	2	3	4		5	6	78	3 9) 10	11	12	13	14	15	16	17	18
33,231		Apr	0.03%	0.05%																0.15%
1,55,783		May	0.04%	0.07%	\.														0.22%	
3,95,146		Jun	0.09%	0.13%	<u>\</u> .													0.44%		
11,11,273		Jul	0.04%	0.05%	.\								•				0.18%			
19,90,885		Aug	0.03%	0.05%	. \											0.17%				
26,22,323	2020-21	Sep	0.03%	0.04%	. \	、 ·							•		0.15%					
18,73,041	2020-21	Oct	0.03%	0.04%		\ .								0.14%						
12,79,861		Nov	0.04%	0.07%		$\mathbf{\lambda}$							0.22%							
8,23,056		Dec	0.04%	0.06%		.\						0.21%								
4,72,317		Jan	0.05%	0.08%		. \					0.25%									
3,53,427		Feb	0.04%	0.06%			\ .			0.19%										
11,08,656		Mar	0.05%	0.07%			\.		0.20%	,)										
69,36,345		Apr	0.09%	0.14%																
90,16,687		May	0.04%	0.06%			. \	\												
22,36,883	2021-22	Jun	0.04%	0.07%				\backslash												
12,43,973		Jul	0.05%	0.08%																
11,56,001		Aug	0.05%	0.07%																
9,54,756		Sep	0.05%																	

10 Claims were intimated in Apr'20 for hospitalizations occurring in Apr'20 0.03% = 10/33231

5 more claims intimated in May'20 for Hospitalizations occurring in Apr'20 Cumulative % = 15/33231



Loss Year	Loss Month	Covid Cases	Covid-19 Claims Reported	Ultimate Frequency
	Apr	33,231	50	0.15%
	May	1,55,783	350	0.22%
	Jun	3,95,146	1,750	0.44%
	Jul	11,11,273	1,950	0.18%
	Aug	19,90,885	3,300	0.17%
2020-21	Sep	26,22,323	3,850	0.15%
2020-21	Oct	18,73,041	2,600	0.14%
	Nov	12,79,861	2,850	0.22%
	Dec	8,23,056	1,700	0.21%
	Jan	4,72,317	1,200	0.25%
	Feb	3,53,427	700	0.20%
	Mar	11,08,656	2,500	0.23%

- Historical developed frequency can be used for frequency assumptions
- Triangulation of frequency to allow for further development (Loss to Intimation Triangle)



Loss Year	Loss Month	Covid Cases	Ultimate Frequency Assumed	Ultimate Covid Intimations
	Apr	69,36,345	0.15%	10,405
	May	90,16,687	0.10%	9,017
2021-22	Jun	22,36,883	0.18%	4,026
2021-22	Jul	12,43,973	0.25%	3,110
	Aug	11,56,001	0.25%	2,890
	Sep	9,54,756	0.25%	2,339

- Ultimate Frequency can be selected
- Frequency needs to be adjusted for various factors related to company's exposure
- Frequency also dependent on country's approach and hospitals capacity



Reserving for Q2'21

Covid Cases	Ultimate Frequency Assumed	Ultimate Covid Intimations	Covid Claims Intimated	IBNR Counts	Assumed Severity	Ultimate Intimations (Cr's)	
33,54,730	0.25%	8,219	4,000	4,219	1,00,000	42	

- Adjust Ultimate for expected rejections
- Reserves can be held for balance as IBNR
- Frequency needs to be adjusted for various factors related to company's exposure
- Frequency also dependent on country's approach and hospitals capacity

How to Adjust Frequency ?



- Frequency is expressed as a proportion of covid-19 cases
 - Need to adjust for change in exposure
 - Active lives seem to be a good proxy
- Historical data can be used to estimate frequency for each state, example
 - State A frequency is 0.30%
 - State B frequency is 0.10%
- Company's exposure of active lives in each state can be used along with Covid-19 case load www.actuariesindia.org

How to Adjust Frequency ?



- Separate triangulation for cashless & reimbursement....combining with assumed mix
- Corona Kavach may be excluded
- Homogenous clusters
- As vaccination increases frequency should reduce
- Vaccination % can be used to adjust exposure
- Different frequency can be chosen for vaccinated or unvaccinated portfolio
- Or, simply can be adjusted by a broad based factor

How to Adjust Severity ?



- Accident month severities
- State wise severity settlement can be studied
- Important to look at recent settlement pattern to pick severity assumptions
- Change in government regulations regarding covid-19 hospitalizations
- Different products could have different severities
- Active lives exposure to different products/portfolios can be used to adjust



POLL QUESTION

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Impact on Pricing



- Pricing is based on expected future claim cost
- Surge in Covid-19 claims
- Historical data needs adjustment
- Short and long term impact on pricing
- Different impact on Retail & Group Health
- Change in economic factors influence ability to pay by customer/corporate client

Impact on Pricing



- Higher Inflation on Non Covid-19 claims
 - Hospitals charging higher for increase in expenses
 - Extra protocol and test for Non Covid-19 hospitalization
 - Regulation restrict the allowable deductions
 - Preference of single room over shared
 - Change in disease mix
- Some part of inflation might reduce once covid-19 protocols are further relaxed
- Increase in Inflation should be priced

Short Term Contracts Pricing



- Short term contracts like Group Employer Employee are priced using historical data of past one year
- Distorted data may not be representative of future
- Appropriate adjustments should be made in Pricing
 - Month on Month trend should be observed
 - Non Covid-19 and Covid-19 may priced separately
 - Inflation assumption should be updated
 - Pre-Covid-19 data may be considered and adjusted for change in assumptions

Long Term Contracts Pricing



- Mix of business (Geography, Age, Gender etc.)
- Is increase in Non Covid-19 claim cost temporary ?
- Vaccination to impact disease mix ?
- Future outlook of pandemic ?
- Covid-19 claim recovery over next few years ?
- Are customer willing to pay more ?
- Important to study the long term impact on claims
- Heavily influenced by company's strategy and positioning in market

Long Term Contracts Pricing



- Competitor actions
- Exposure based pricing (Retail) involve filing time and effort



CPD QUESTION

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Thank You

Any Questions ?

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