



# 19th Global Conference of Actuaries

30th - 31st January, 2018 | Mumbai, India



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Chief Pricing Actuary



# Development of Health Insurance Market in China & How Technology Is Shaping The Future

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### Summary on the topic:

A discussion on how can technology help the fast growing health insurance market in China, how can it be used to address the current issues and to be applied to risk management to achieve a sustainable, healthy growth.





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### Agenda

The Eco-system of the Health Insurance Market

Current Status of the Traditional Health Insurance

Technology - How can it help

### Increasing Health Expenditure Vs Affordability



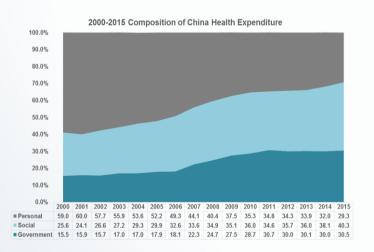
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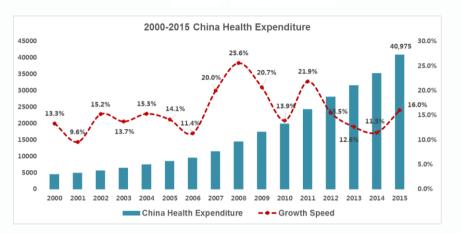
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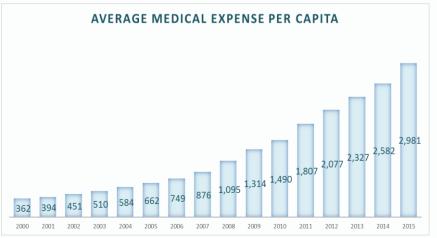
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# Medical expense is heavy for low-income earners.







### **Imbalanced Supply and Demand**



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### **IDEAL**

**Minor Condition** 



Tier 1 Hospital

**Community Hospitals** 

6, 473



**REALITY** 

**Medium Condition** 



Tier 2 Hospital

County Hospitals
District Hospitals

6, 709



Major illness



Tier 3 Hospital

Provide high quality medical and health services.

Carry high educations and research projects.

Above the regional hospitals.

1,787 (773 3A)



### Private Hospital Vs Public



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Non-SHI providers



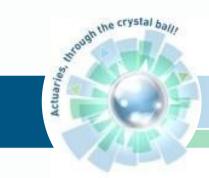
VS



**SHI** providers



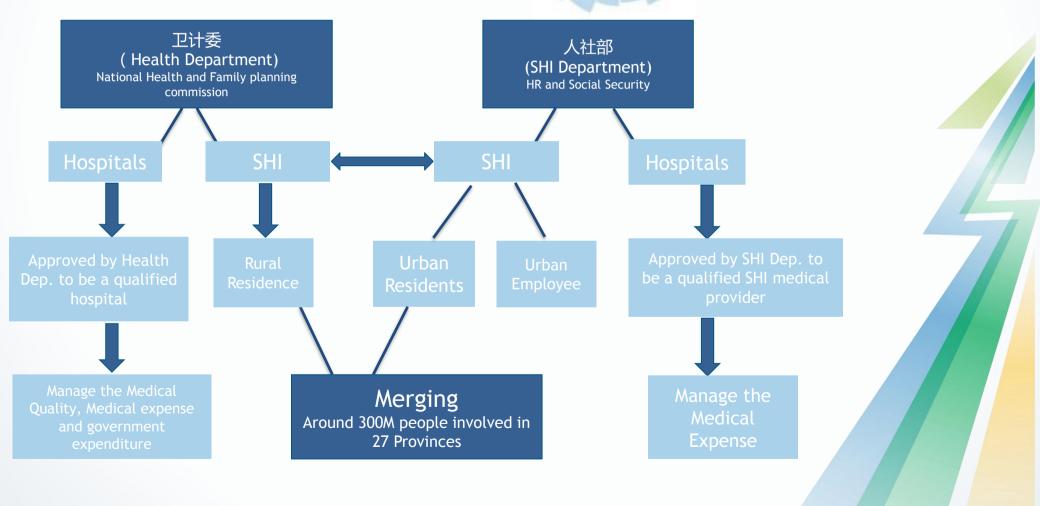
### **Health System Management**



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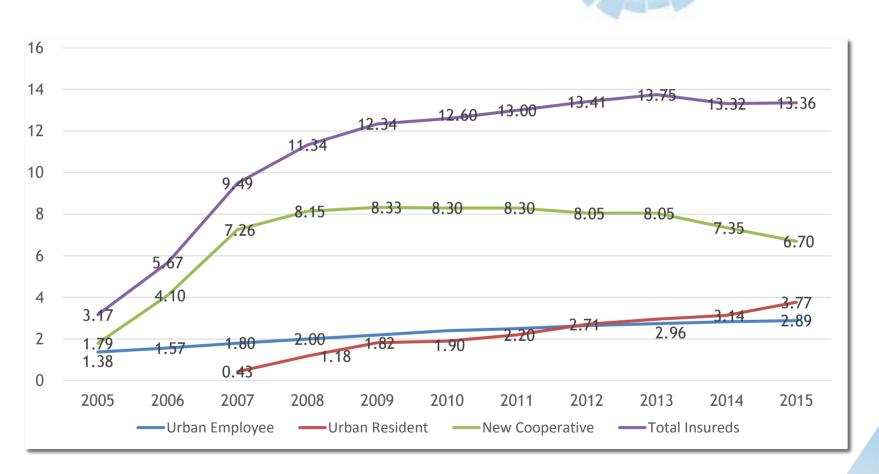
### **Coverage of SHI**



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### Coverage of SHI



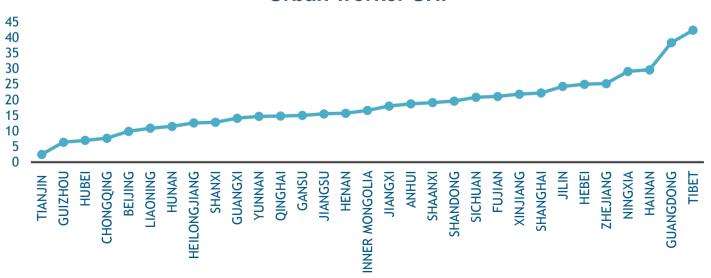
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SHI are funded by active employee contribution. A dropping Active/Retiree ratio indicating higher burden on SHI fund.

### Scope of SHIP







### 3 Catalogues

- Medicine catalogue
- Treatment catalogue
- Medical facilities catalogue
- Exclude experimental drugs/ treatment/ facilities......



Lower reimbursement ratio for non-local treatment



### **Providers scope**

- Qualified medical providers
- Excluding private hospitals



### **Disease scope**

- Only cover part of diseases for OP
- Exclude accidental medical treatments for few cities

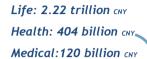
- SHIP covers 50% 60% of the Medical Expenditure
- Private hospital/VIP ward, are excluded from SHIP

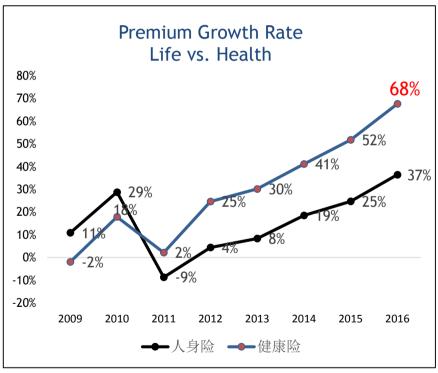
### The Growth Of Health Insurance

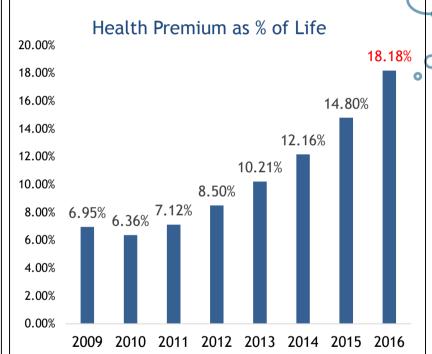


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Though Inc. Oall

\*Individual Life: including life/annuity/saving product/health/PA

### **Development of High End Medical**



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From 2009 to 2011, a series of new government policies stimulated the prosperity of high end medical insurance market in China.

- At end of 2010, the Congress issued a paper to encourage and guide private investment into medical facilities.
- In 2011, the newly amended "Catalogue for the Guidance of Foreign Investment Industries" removed the medical industry from the restricted list.

#### Before 2005

- Mostly foreign insurer, serving expats.
- A few offshore policies, small cap.

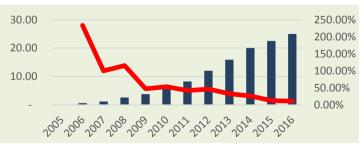
#### From 2005 to 2012

- HEM insurance started to be sold in China.
- From 2010, PingAn, TaiPing, AXA, Cigna etc., started entering HEM market and the capacity boomed.
- The majority of the clients are groups in tier 1 cities

#### After 2012

- Increase in the number of participating parties, including insurers, HMO's, TPA's, competition started to get fierce.
- Clients shifted from foreigners to core management of local companies, private business owners and other business men.
- Clients shifted from groups in tier 1 cities to individuals and to tier 2, 3 cities





■■ 高端医疗保费(亿元)

TaiPing Life
HengDa Life
Sunshine Life
PICC Health
BoHai Life
LiAn Life
BOCI

•••••

MSH

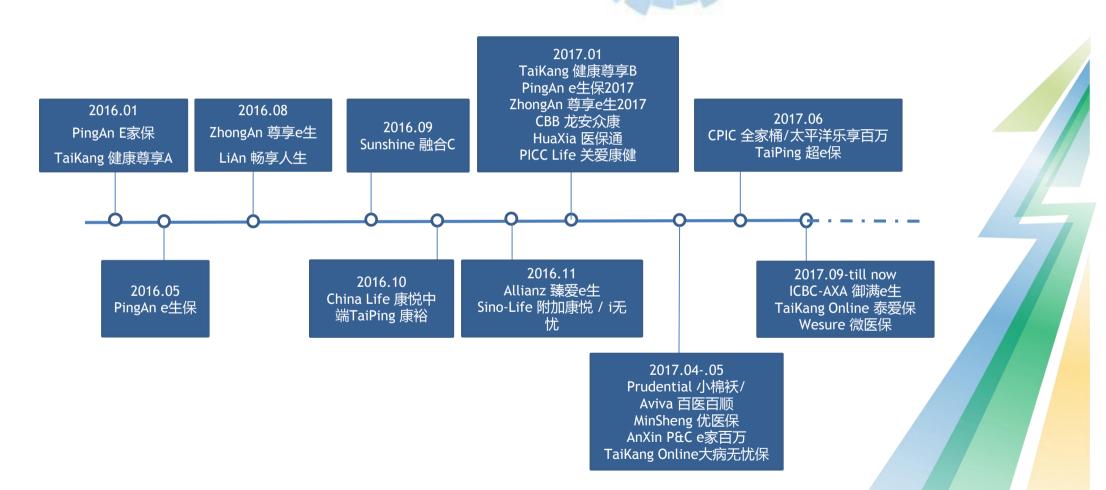
### Journey of Mid End Medical



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- A medical product targeting mass market;
- Inpatient cover only, with deductible and relatively cheap premium

### Current Pain Point of Health Insurance Market





### **Distribution (Traditional)**

- Higher distribution cost cuts into already thin margin
- No alignment of interest between distribution and risk carrier
- Long turnaround time, lack of post-event service resulting loss of good customers

#### **Product**

- Easy to be copied, leading to no real differentiation among different risk carriers
- Lack of pricing discipline
- Lack of negotiation power with the medical service providers

### **Operation and System**

- Ancient Life or Non-Life system failed to address the need of Health Insurance
- Extremely low efficiency, lack of automation, resulting burden on claims processor

#### **Data**

- Low dimension data capture resulting lack of insight to support risk management/product innovation
- Lack of minimum data standard across the industry (ICD code, Surgical, Drug)



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### Distribution - New Players - Game Changers

### Evolving tech players changing the land scape

**Zhong An Insurance** 

WeSure

**Ant-Finance** 

Selling insurance on the back of mass data

- targeted marketing
- risk differentiation / or not
- pre-selection replacing UW

### On-line portals

Smaller start-ups focusing on content driven / scenario based selling

Providing end to end service (from policy admin to claim management

### Traditional players setting up on-line subsidiaries

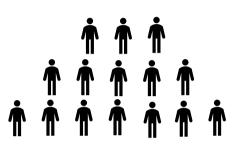
Taikang On-Line

Taiping Technology

# The Evolving EcoSystem - Where does the Journey Start?



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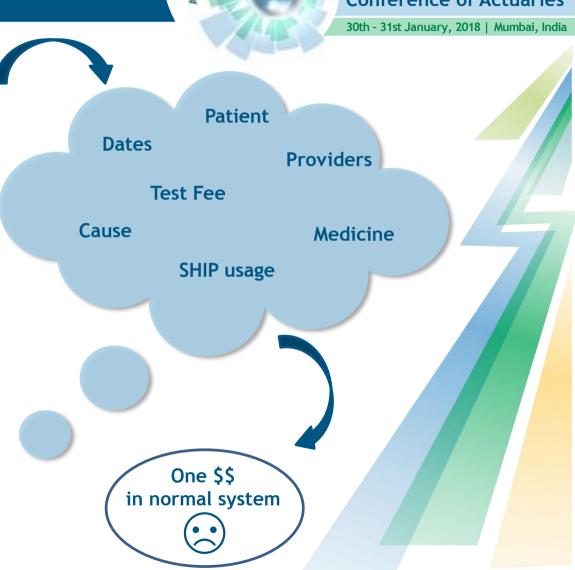


Current status: Manual input

- Average input time: 3 5 min per invoice
- Labor cost
- Management issues
- Capacity

### **Emerging Technology:**

- Al driven auto recognition
- Automatic data segregation minimum human interaction
- Fast, minimizing errors, maximizing data dimension



# A Multi-Dimensional Claims Database Lays the Foundation - Policyholder Propensity



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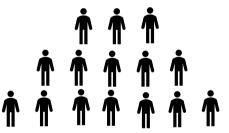
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Inpatient/Out
Patient track
record

Claim habit/lag

Health Status
- Chronic condition

Preference on doctors/hospital



Age/Gender

**Medicine Usage** 

**UW** info

Irregularity

- Frequent visits
- Irregular medication
- Over medication
- Cause of inpatient
- False identity
- Multi-policy/claim
- Non-disclosure

Medication History and Habit Residence vs Location of Hospitalization

**Surgical History** 

Occupation

# A Multi-Dimensional Claims Database Lays the Foundation - Provider Behavior



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**Charging Structure** 

Referral tendency

Prescription tendency



Inpatient Frequency

Medical Test Utilization

No. of Visits Per Week

Surgical Suggestion

Use of anti-biotics

#### Irregularity

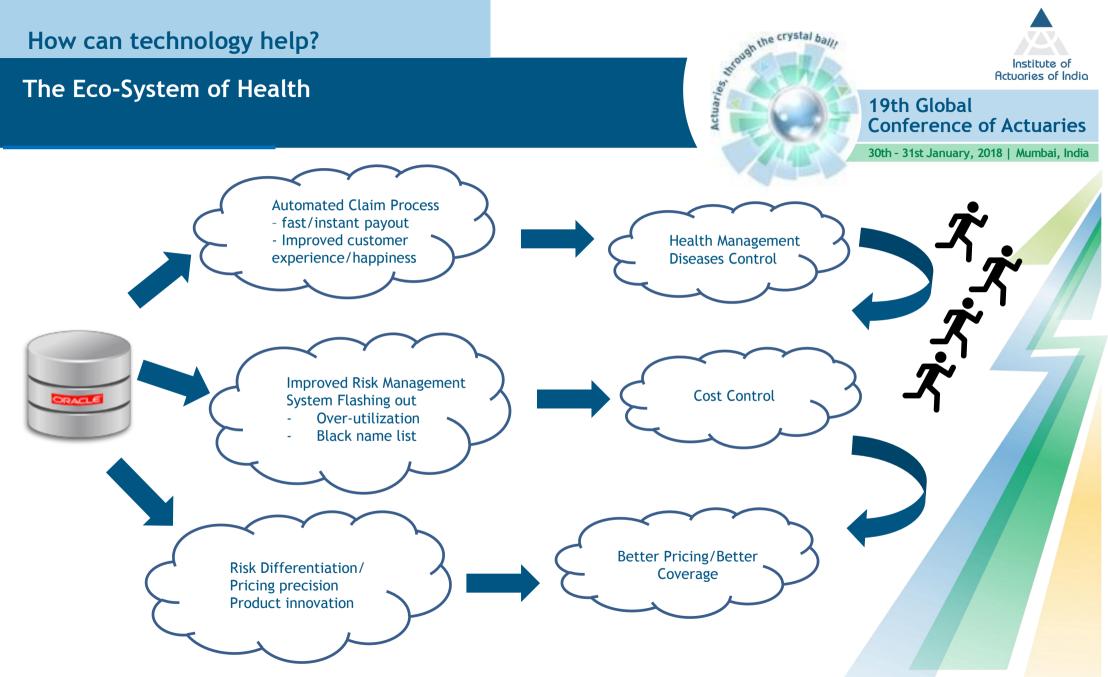
- Summarized bill
- Constant overcharging
- Over medication
- Unnecessary test, care
- Repeating inpatient record
- Inconsistent treatment/diagnosis

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### The Eco-System of Health



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### But what about our customers?



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Yes, customers are data, they are ready for automation, they are ready for the robots.

But they are still human.

Technology presents an opportunity to better engage with our customers





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Technology can not only improve the customer journey but also play a role in promoting our customers better health and wellbeing

Customer Efficiency and Positive Engagement:

- Shorten painful underwriting processes
- Eliminate invasive screening
- Ease claims processes
- Promote health and wellbeing
- Reward good behavior
- Enable the freedom to choose answering the demands for design your own solution and dynamic pricing.





Organizer

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# Thank You

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