

**Health Insurance
Unpaid Claims Liabilities**

Casualty Loss Reserve Seminar
15 September 2011
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▶ Differences in the standard "Development" Method

- ▶ Monthly incurrals instead of yearly incurrals
- ▶ Exposure base is typically member or employee counts by month instead of annual premium
 - ▶ This gives us a per member per month (PMPM) or per employee per month (PEPM) historical cost view as opposed to an historical loss ratio
 - ▶ Eliminates impact of premium increases, but results in an upward trend in costs instead of a relatively level target
- ▶ Very short tailed liabilities with 90% of runout paid within three months of incurral for regular medical claims and up to 99% of runout paid within 1 month of incurral for pharmacy.
- ▶ Results in the significant majority of the reserve in months where we are estimating the expected incurral instead of relying on the completion factor estimate.

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▶ Adjustments to model that may affect incurred claims calculated by the Development Method

- ▶ Removal of excess "large" claims payments from an anomalous cell
 - ▶ EY Internal Guideline: more than 1% of claims incurred and paid for that incurral month AND more than 2.5 standard deviations for claims paid in the same duration across all incurral months
 - ▶ Process is judgmental – trying to eliminate aberrations but not repetitive infrequent occurrences.
- ▶ Backlog adjustment due to changes in claims processing
- ▶ Claims processed via settlement / AP and not in triangle (not a reserve impact in months where Development Method is used exclusively)
- ▶ Known large claims pending
- ▶ Adjustments for other aberrations such as no claims payments for a month due to system conversion or claims processing issues

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