

Welcome to the second edition of Global Claims Views — a newsletter for our clients from RGA's International Claims Team.

This edition features these topical articles about important claims issues in markets around the world, written by several RGA International Claims experts.

- India: Fraud detection tools
- Australia: DSM-5
- U.K.: Early-stage and multi-pay critical illness
- U.K.: The need for speed (a survey on claim end-to-end times)
- International Health: Questioning medical necessity
- North America: 2013 RGA ROSE® conference

5 * \$ W R G D \ K D V D J O R E D O Q H W Z R U N R I R I \ F H V L Q F R X Q W U L H V D Q G F O L H Q W
Asia (including, Australia), and South America.

: H K R S H \ R X \ Q G

Insurance fraud can present in many guises. Some are basic and unimaginative, while some are far more subtle and ingenious. The fundamental principle of commission of fraud tends to be the same – deliberate

Q R Q G L V F O R V X U H R U P L V U H S U H V H Q W D W L R Q R I P D W H U L D O L Q I R U P D W L R Q Z L W

3

2 WKHU WUDGLWLRQDO WHFKQLTXHV LQFOXGH µ5DQGRP :HOFRPH¶ FDOOV WR PLV VHOOLQJ P\VWHU\ VKRSSLQJ WR GHWHFW SURYLGHU IUDXG DQG KDYLQJ

The traditional, manual approaches of detecting insurance fraud are costly and inconsistent for insurance companies. Close to 50% of the respondents in our recent fraud survey believe that experience analysis, KDYLQJ DQ 5 & 8 DQG XVLQJ UDQGRP ZHOFRPH FDOOLQJ DUH WKH PRVW HIIHFVW However, in isolation, these are not adequate to control fraud.

Artificial Intelligence

, QGXVWU\ XVHV RI DUWLFLDO LQWHOOLJHQFH PD\ LQFOXGH

- Data mining and experience analysis: This is the automatic (or semi-automatic) analysis of large quantities

7KH \$PHULFDQ 3V\FKLDWULF \$VVRFWDWL RDgnoSOrPnQJ DZDLWHG ¿IWK HGLWLRQ
Statistical Manual of Mental Disorders (DSM-5) was released in May 2013. The idea of
VKLIWLQJ IURP WKH ORQJ HVWDEOLVKHG FODVVL¿FDWLRQV SURYLGHG E\ '60
LQVXUDQFH LQGXVWU\ IHHOLQJ LQVHFXUH HYHQ VRPH VHQLRU VWDII LQ \$XV
1RUWK \$PHULFD KDYH RQO\ HYHU NQRZQ WKDW YHUVLRQ 7KH WUHSLGDWLRQ

&OLQLFLDQV ZLWK ZKRP \RX OLDLVH ZLOO FRQWLQXH WR FDXVH FRQIXVLR

,Q WKH \dot{c} UVW VXFFHVVI X O KHDUW WUDQVSODQW RSHUDWLRQ ZDV SHUIRU
6RXWK \$IULFD E\ 'U &KULVWLDDQ %DUQDUG XSRQ /RXLV :DVKN D QV\ 3DUW RI
0DULXV %DUQDUG D FDUGLDF VXUJHRQ DQG &KULVWLDDQ\ V EURWKHU ZKR Z
OLYLQJ EH Q H \dot{c} W WR VXU Y LYRUV RI D FULWLFDO PHGLFDO HYHQW ,Q WKH
SURGXFW ZDV LQWURGXFHG FRYHULQJ P\RFDUGLDO LQIDUFWLRQ 0, FRURQ
vascular incidents (CVA), and Major Cancer with cover terminating on payment of a claim.

%HIRUH ORQJ HQKDQFH P HWV ZHUH LQWURGXFHG WR WKLV SURGXFW H[SDG
some less critical events, extend ages eligible for coverage, and provide specialized products and coverage for females, children, etc.

In the mid-2000s, the consumer press began to feature articles addressing a growing concern that a large

Design and pricing considerations

There are a number of complex factors to be taken into account when considering the design and pricing of ESCI. The nature and severity of each covered condition, the causal relationship of the claimed condition to the remaining insured conditions, and (of course) the very fact that a person experiencing one such event must have WKHLU ULVN SURjOH UHVHW WR WKDW RI DQ LPSDLUHG OLIH IRU IXWXUH FRY

Although the history of ESCI policies is relatively young across the Asian market, we are already seeing product variations that stratify covered events into multiple categories such as Low, Medium and Advanced severity.

7KHZH FDWHJRULHV PD\ WULJJHU D SHUFHQWDJH RI WKH VXP DVVXUHG XVXD

Current variations, however, may be paid at the same percentage regardless of the degree of severity, e.g. 100% for Low, Medium or Advanced severity. Some conditions, such as MI, may consist of only Low and Advanced severity levels since not all covered events can accurately be divided into a three-degree severity construct.

:KHUH EHQHjW SD\PHQW LV RIIHUHG IRU DOO VWDJHV ZH KLJKOLJKW WKH
EHQHjWV EHLQJ DYDLODEOH IRU HDUO\ VWDJHV ,W LV LPSRUWDQW ZKHQ SU
DGHTXDW FRQVLGHUDWLRQ EH JLYHQ WR SURYLGLQJ UHDVRQDEOH EHQHjWV

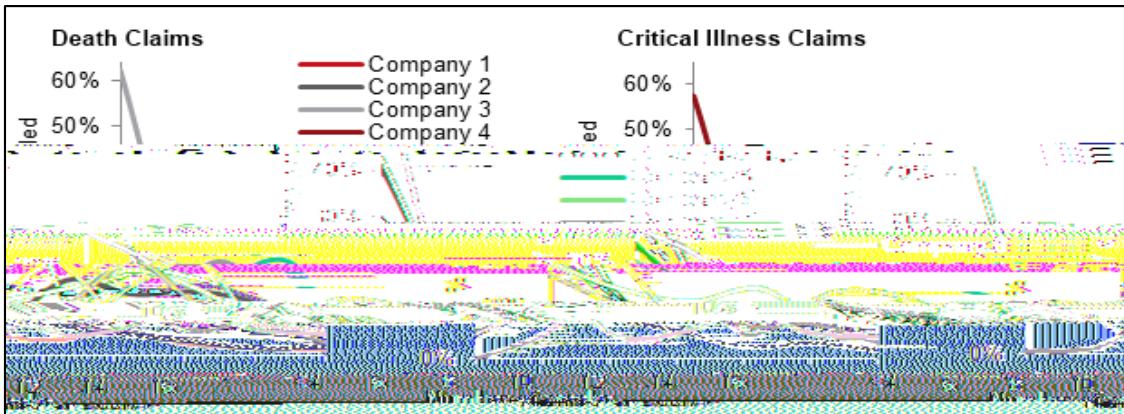
Summary

We continue to see the popularity of CI expand, with variations appearing as the product matures across the region.

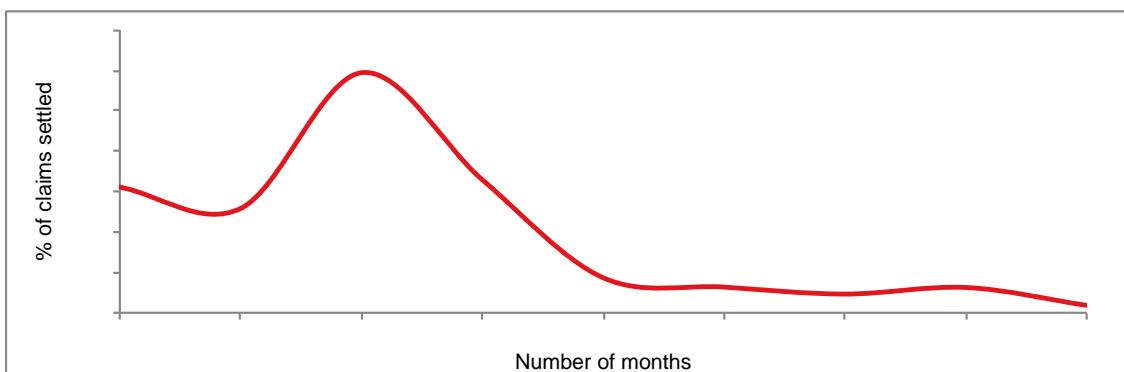
It is the responsibility of claims teams to deliver on the company's promise. When a claim is made, the customer will be interested in two key questions:

5 * \$ 8 . UHFHQWO\ FRQGXFWHG D VXUYH\ WR GHWHUPLQH WKH DYHUDJH WLPH \ OHQJWK RI WLPH IURP FODLP QRWL \ FDWLRQ XQWLO HLWKHU D SD\PHQW ZDV

T



7 3' FODLPV DUH RIWHQ FRPSOH[DQG KDUG WR DVVHVW 7KLV LV FOHDUO\ UH^{ed}
these claims in comparison to death and CI claims:



Conclusions

7 KLV VXUYH\ SURYLGHV D FRPSDUDWLYH JOLPSVH RI FODLP HQG WR HQG WLP
is a wide variation in the time taken to settle claims. It is clear that good end-to-end times can be achieved, but
WKDW WKLV LV QRW DOZDV WKH FDVH DQG WKH WLPH WDNHQ WR VHWWOH F
way as best in more than one claim type, so all companies have scope for improvement.

'Risk-based' claims will always require a balance to be maintained between speed of service and prudent



1 R U W K \$ P H U L F D ® 5&*® Q5I2H6UH Q F H

Sue Favilla

& R Q V X O W D Q W 5 H L Q V X U D Q F H & O D L P V 8 6 * U R X S 5 H

The 29th Annual ROSE® Conference was once again a resounding success! With approximately 200 attendees
IURP GLVDELOLW\ LQVXUHUV LQ WKH 8 6 DQG & DQDGD ;OOLQJ VHVVLRQV L
DWWHQGDQFH ZDV H[FHOOHQW 7KLV \HDU ZH ZHUH DOVR SULYLOHJHG WR K
'UH\HU 9LFH 3UHVLGHQW %XVLQHV 'HYHORSPHQW 5*\$ \$XVWUDOLD

RGA's intent with this conference (and the reason we think we have loyal and engaged participants every year) is to provide pragmatic, insightful information attendees can use in their day-to-day work to improve case management, claim outcomes and customer service for their policyholders and claimants. Year after year, individuals tell us this is the best conference they attend due to its focus on disability claims. Attendees have the opportunity to network with others who 'do what they do, every day', and can then share what they learn with WKHLU RI ;FH FROOHDJXHV

\$ VLJQL ;FDQW FKDOOHQJH HDFK \HDU LV WR LGHQWL\ DQG ORFDWH VSHDNH
HIIHFWLHYHO\ DQG PRVW LPSRUWDQW XQGHUVWDQG WKH GLVDELOLW\ LQGXV

