



INSTITUT DES
ACTUAIRES

SECTIONS VIRTUAL
COLLOQUIUM | 2020



Moral Hazard in Supplementary Health Insurance: Modelling the Behaviour of the Insured and the Optimal Contract

**Costin Oarda,
CSS Insurance**

May 11th – May 15th 2020

About the speaker



Costin Oarda

- Actuary IA (Institut des Actuares)
- Reserving actuary



CSS Insurance

- Market leader in health insurance in Switzerland
- 1.8 million policyholders (31.12.2019)
- 6.5 billions in premiums earned (2019)

1. Introduction

1. Introduction

Moral Hazard in Health Insurance



1. Introduction

Insurance Contract, a Risk Transfer

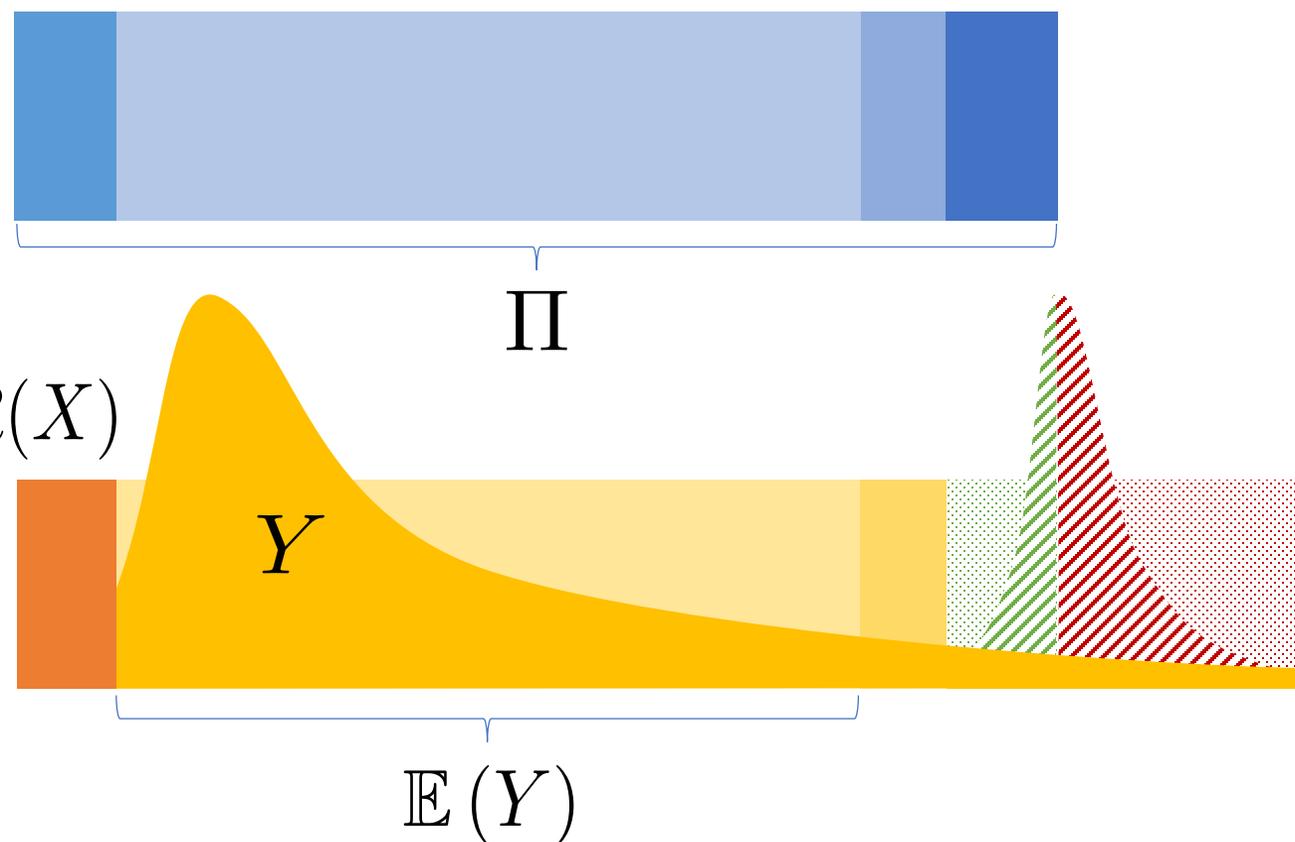
Insurance contract (Π, R) for the risk transfer $X | \mathcal{F}_{\text{obs}}, \mathcal{F}_{\text{inobs}}, \mathbb{E}$

■ Insured's liability

- Premium Π

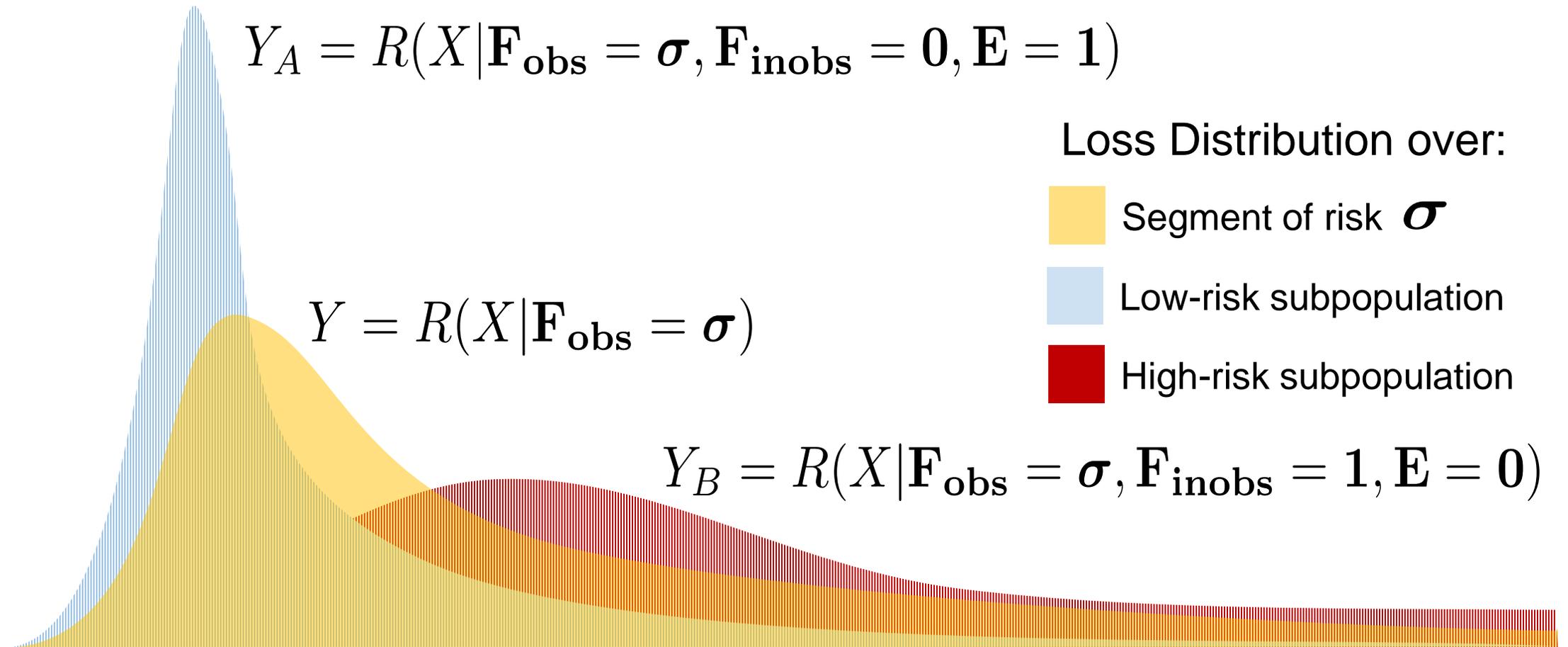
■ Insurer's liability

- Administrative costs
- Aggregate claim $Y = R(X)$
 - Pure premium $\mathbb{E}(Y)$
 - Cost of Capital
- Insurer's Profit
- Insurer's Deficit



1. Introduction

Impact of Contract Design on Loss Distribution



1. Introduction

Dealing with the Moral Hazard Problem

The Research Problem

- Is it possible to model the behaviour of an insured linked to a complementary health insurance portfolio by quantifying his level of effort to reduce his risk exposure during the life of the contract?
- If so, how can we model the optimal contract in the presence of moral hazard?

2. Methods

2. Methods

Some Notations and Concepts

- Contracts $(\Pi, R_{\Lambda, \Psi})$ are with reimbursement functions $R_{\Lambda, \Psi}$ with two parameters
 - Coverage Ceiling Λ
 - Deductible Ψ
- Output x (of risk X) is a signal from effort e to limit the risk
- Wealth $W_{\Pi, R_{\Lambda, \Psi}}(x)$
- Utility of wealth $u(W_{\Pi, R_{\Lambda, \Psi}}(x))$
- Cost of effort $c(e)$

2. Methods

Expected Utility of the Insurer and the Insured

- Insurer's expected profit V

$$V_{\Pi, R_{\Lambda}, \Psi}(\mathbf{e}) = \Pi - \mathbb{E}(R_{\Lambda, \Psi}(X) | \mathbf{E} = \mathbf{e})$$

- Insured's expected utility U

$$U_{f_{X|\mathbf{E}}, \Pi, R_{\Lambda}, \Psi}(\mathbf{e}) = U_{f_{X|\mathbf{E}}, \Pi, R_{\Lambda}, \Psi}^{\text{Wealth}}(\mathbf{e}) - c(\mathbf{e})$$

Where the expected utility of wealth is defined by

$$U_{f_{X|\mathbf{E}}, \Pi, R_{\Lambda}, \Psi}^{\text{Wealth}}(\mathbf{e}) = \int_{\mathbb{R}_-} u(W_{\Pi, R_{\Lambda}, \Psi}(x)) f_{X|\mathbf{E}}(x|\mathbf{e}) dx$$

2. Methods

Optimal Contract Model

- Optimal Contract Model under moral hazard

$$\begin{aligned}
 & \max_{(\Pi, \Lambda, \Psi, \mathbf{e}_{\text{CPI}}) \in (\mathbb{R}_+)^3 \times [0, 1]^J} V_{\Pi, \Lambda, \Psi}(\mathbf{e}_{\text{CPI}}) \\
 & \text{subject to } \begin{cases} \mathbf{e}_{\text{CPI}} = \operatorname{argmax}_{\mathbf{e} \in [0, 1]^J} U_{\Pi, \Lambda, \Psi}(\mathbf{e}) \\ U_{\Pi, \Lambda, \Psi}(\mathbf{e}_{\text{CPI}}) \geq \underline{U} \end{cases}
 \end{aligned}$$

- Problem solving contracts $(\Pi_*, R_{\Lambda_*}, \Psi_*)$ are the optimal contracts

2. Methods

Behavioural Model

Construction of Effort Indicators

- Data Mining
- Segmentation
- Generalized Linear Mixed Model
 - Frequency
 - Intensity
- Transformation of the negative of the residual into the standard uniform distribution $E \sim \mathcal{U}(0; 1)$

2. Methods

Optimal Contract Resolution Algorithm

■ Preparation

- Design the theoretical model and modelling framework
- Implement in an appropriate software
 - Behavioural Model
 - Optimal Contract Resolution Algorithm
- Estimating parametric copulas of (X, \mathbf{E}) and the conditional density $f_{X|\mathbf{E}}$

■ Initialization

- Calibrate the utility function (risk aversion)
- Calibrate the cost of effort (participation and incentive constraints)

■ Resolution

3. Results

3. Results

A Concrete Initial Contract: Is It Optimal?

- Insured $i = 4627$ is:
 - a 33-year-old woman living in the Paris area
 - with a standard insurance scheme (no chronic illness or maternity)
- This insured signed an initial contract covering the “medical consultations and visits” benefit with the following parameters :
 - annual premium Π_0 : €32
 - annual coverage ceiling Λ_0 : €117
 - annual deductible Ψ_0 : €49

3. Results

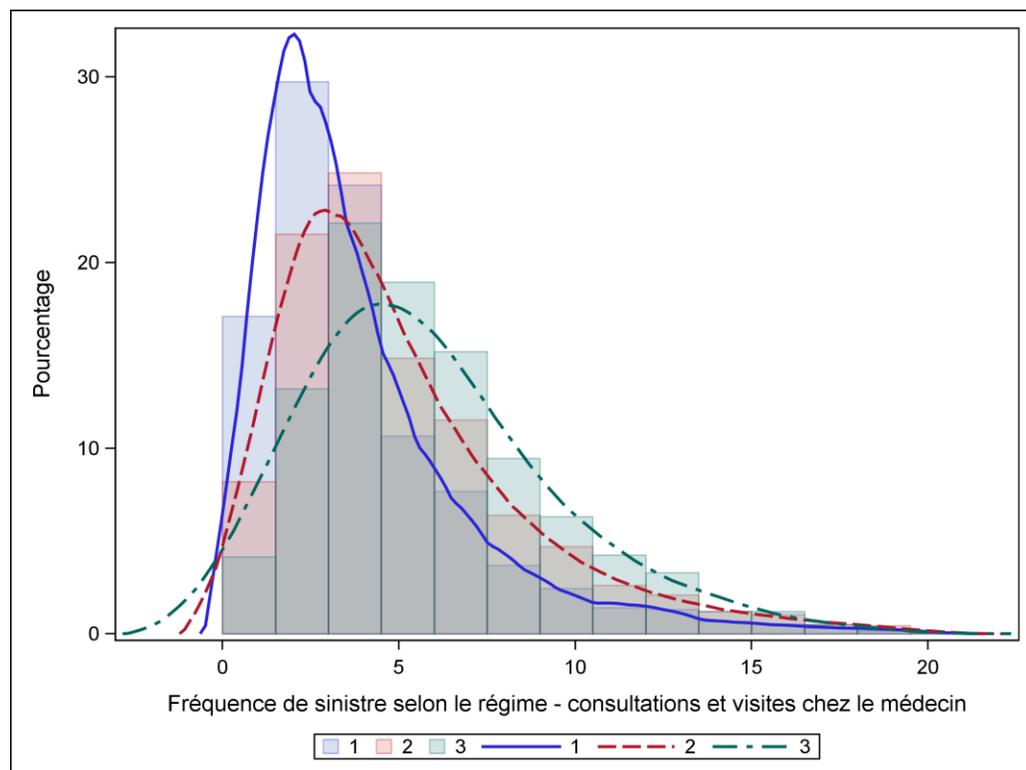
Health Care Consumption

- During one insurance year, insured $i = 4627$ visits the physician on dates $t \in \{t_1, t_2, t_3, t_4\}$, and we have on an annual basis:
 - an annual health care expenditure HCE: €127
 - an annual reimbursement from the Social Security R_{SS} : €24
 - an annual output x : €-103
 - an annual deductible Ψ_0 : €49
 - an annual coverage ceiling Λ_0 : €117
 - an annual reimbursement by the complementary health insurance $R_{\Lambda, \Psi}(x)$: €54

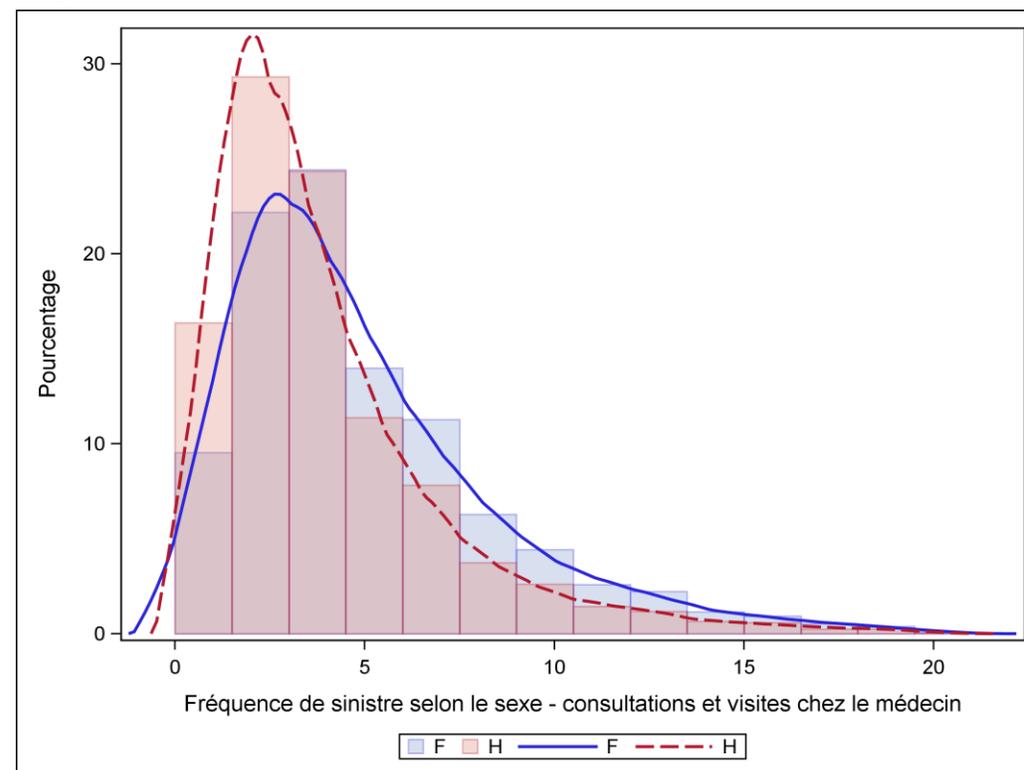
3. Results

Claim Frequency by Risk Factors

Claim Frequency By Insurance Scheme



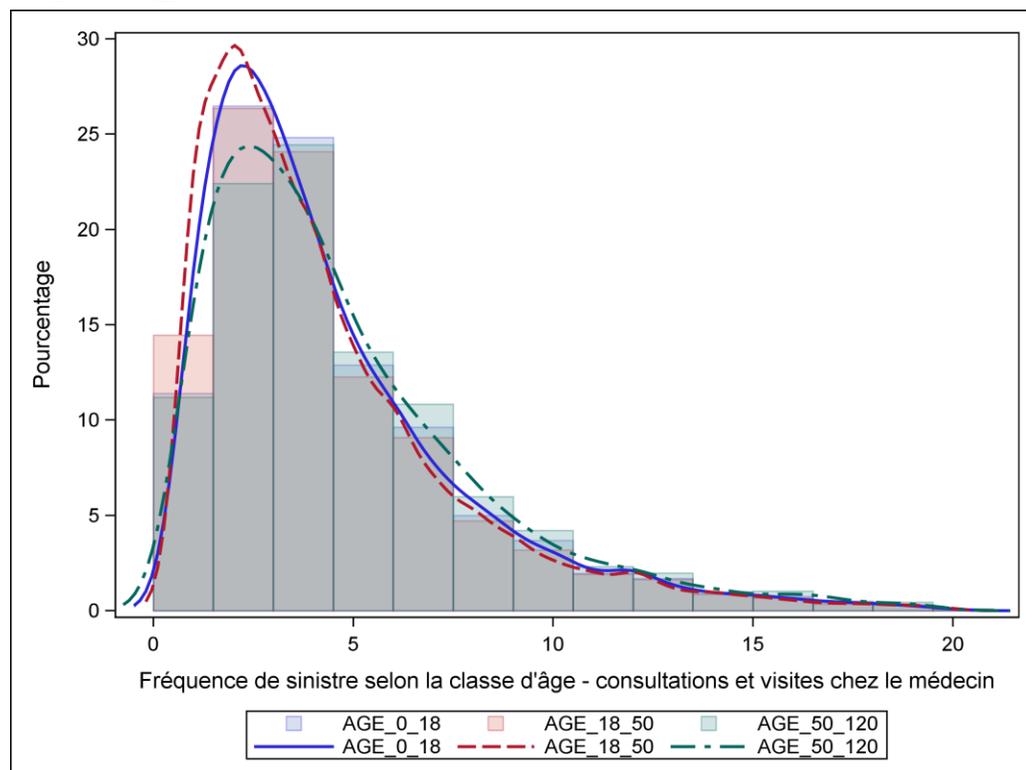
Claim Frequency By Gender



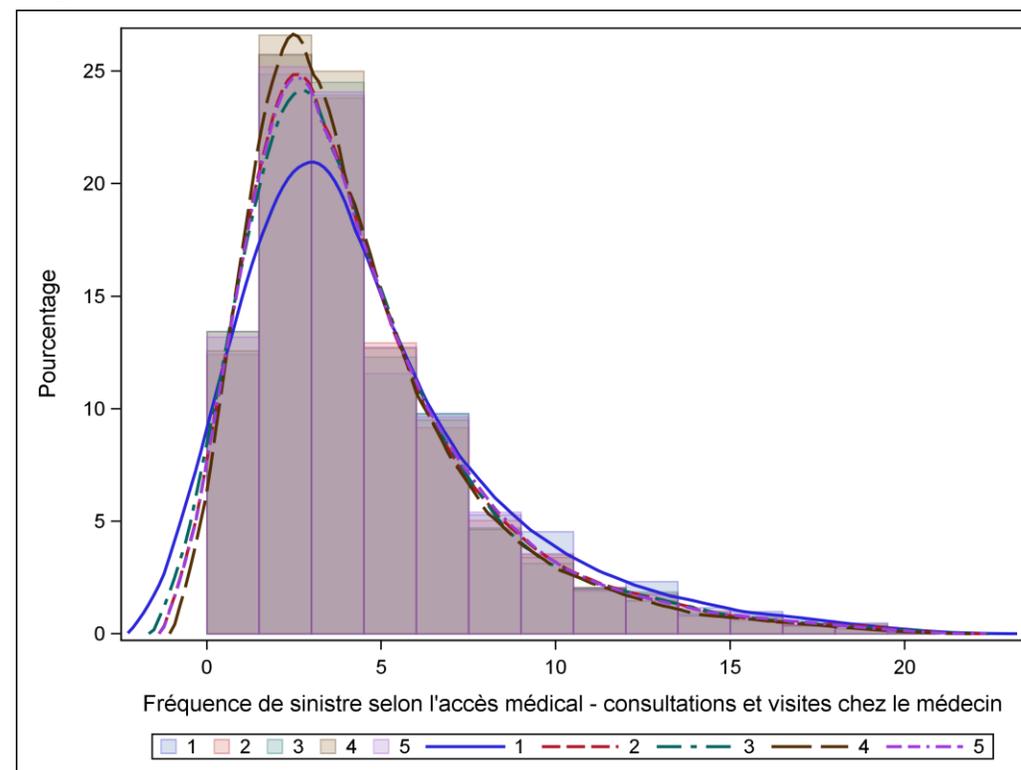
3. Results

Claim Frequency by Risk Factors

Claim Frequency By Age Class



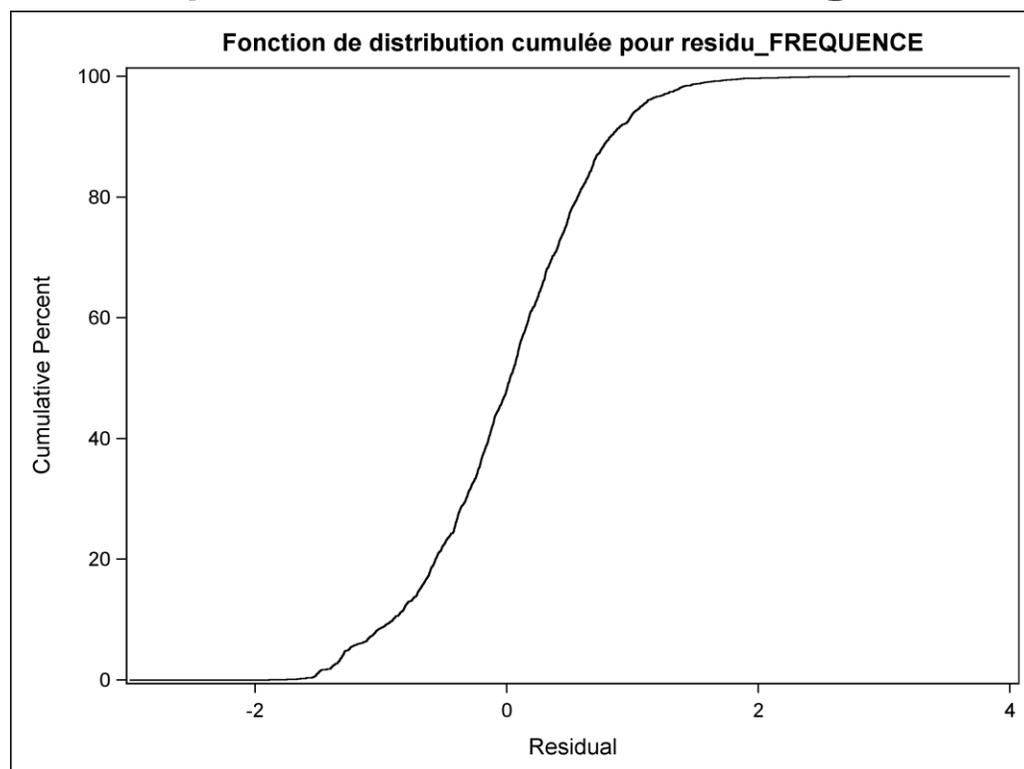
Claim Frequency By Medical Access



3. Results

Behavioural Model (Frequency)

Residual Distribution (Frequency Model) over the Insured Segment



Construction of the Effort Indicator in Frequency

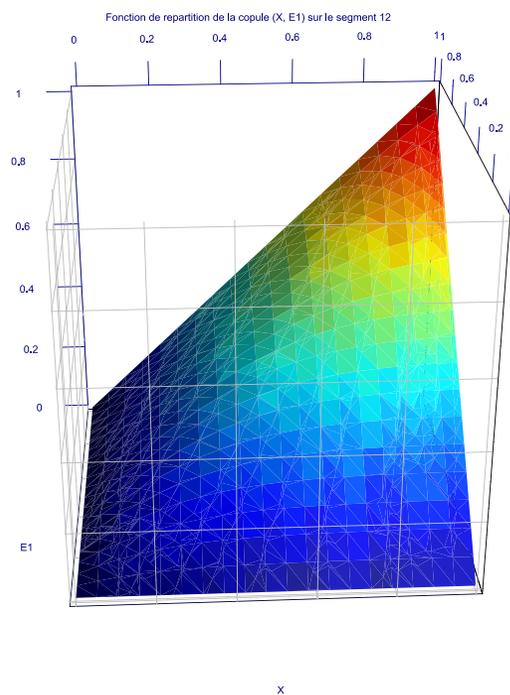
- Generalized Linear Mixed Model
- Transformation of the negative of the residual into the standard uniform distribution $E \sim \mathcal{U}(0; 1)$
- Effort indicator for $i = 4627$:

$$e_1^i = 0.42$$

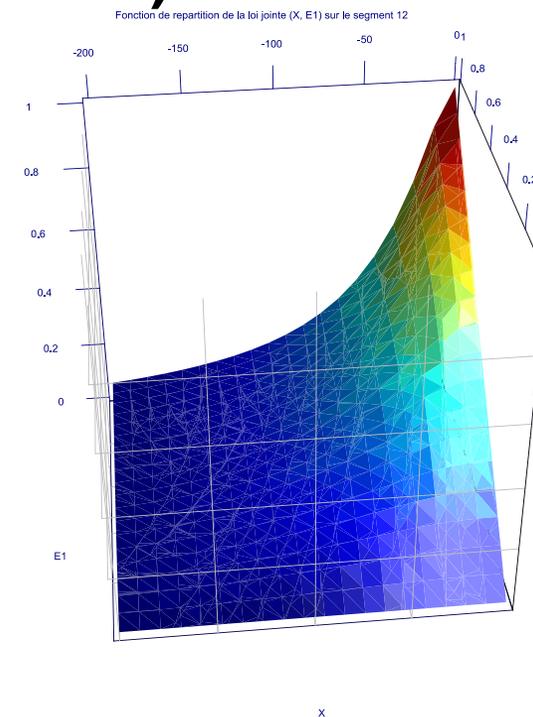
3. Results

Parametric Copula Estimation

**Cumulative Distribution Function
of the Copula (X, E1)
(Segment 12)**



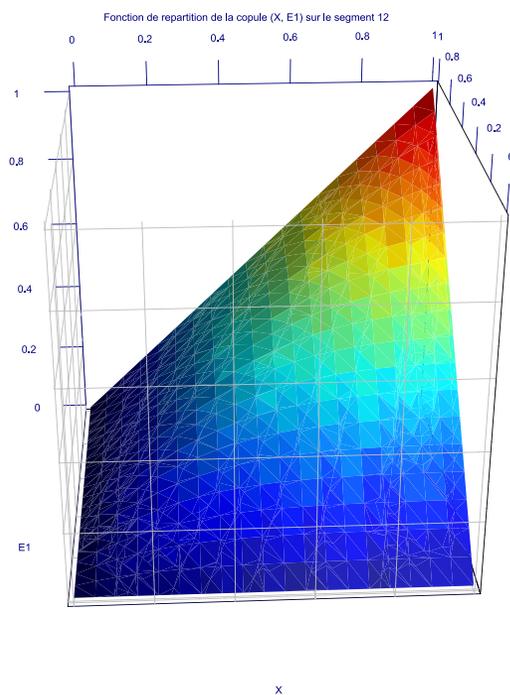
**Cumulative Distribution Function
of the Joined Distribution (X, E1)
(Segment 12)**



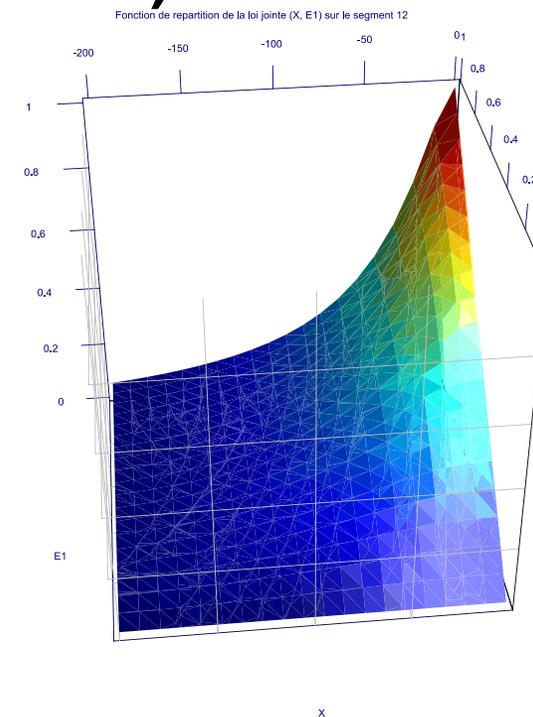
3. Results

Conditional density estimation

Conditional Density Function
of Output X Given the Effort $E1$
(Segment 12)

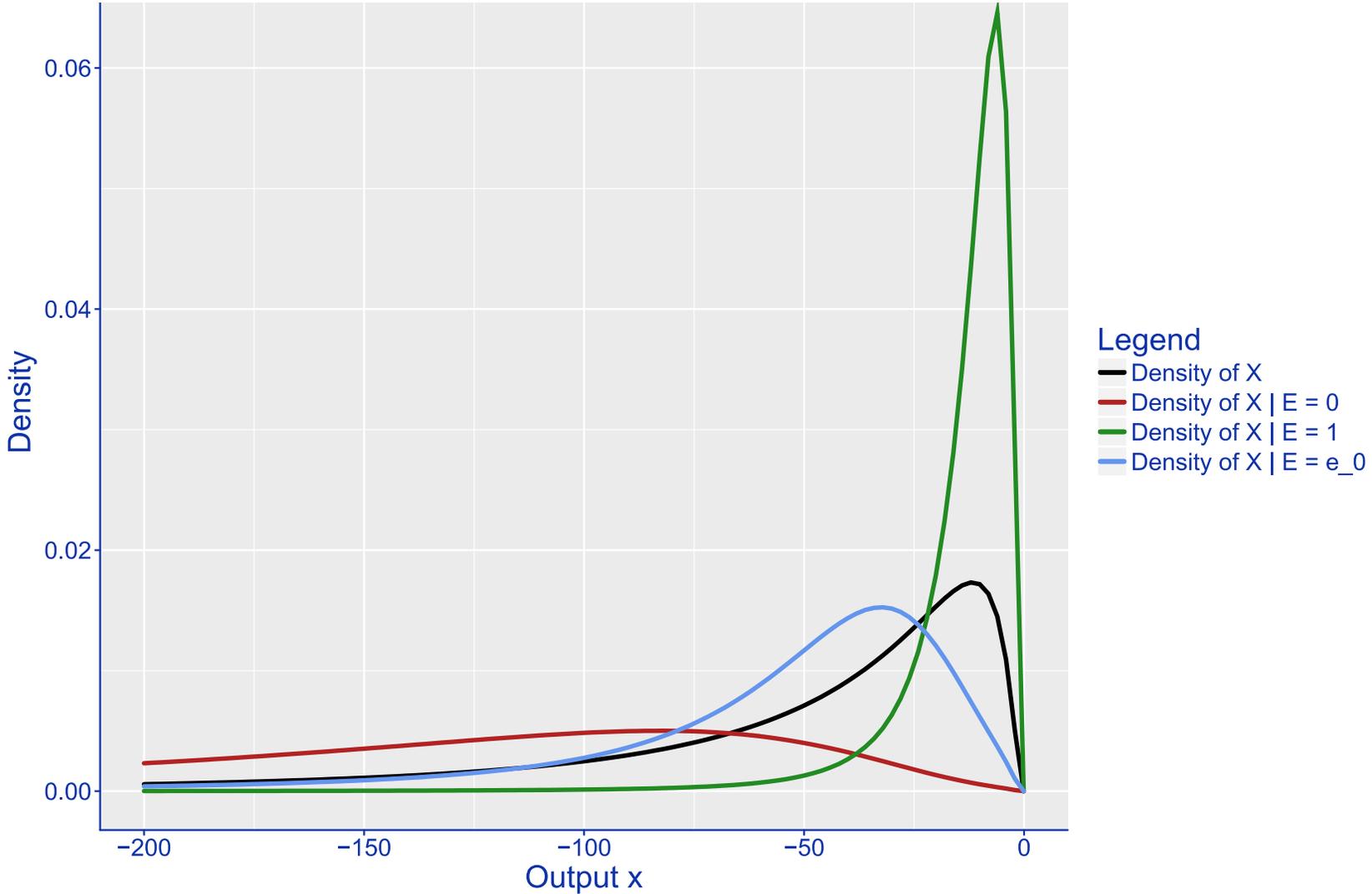


Cumulative Distribution Function
of Output X Given the Effort $E1$
(Segment 12)



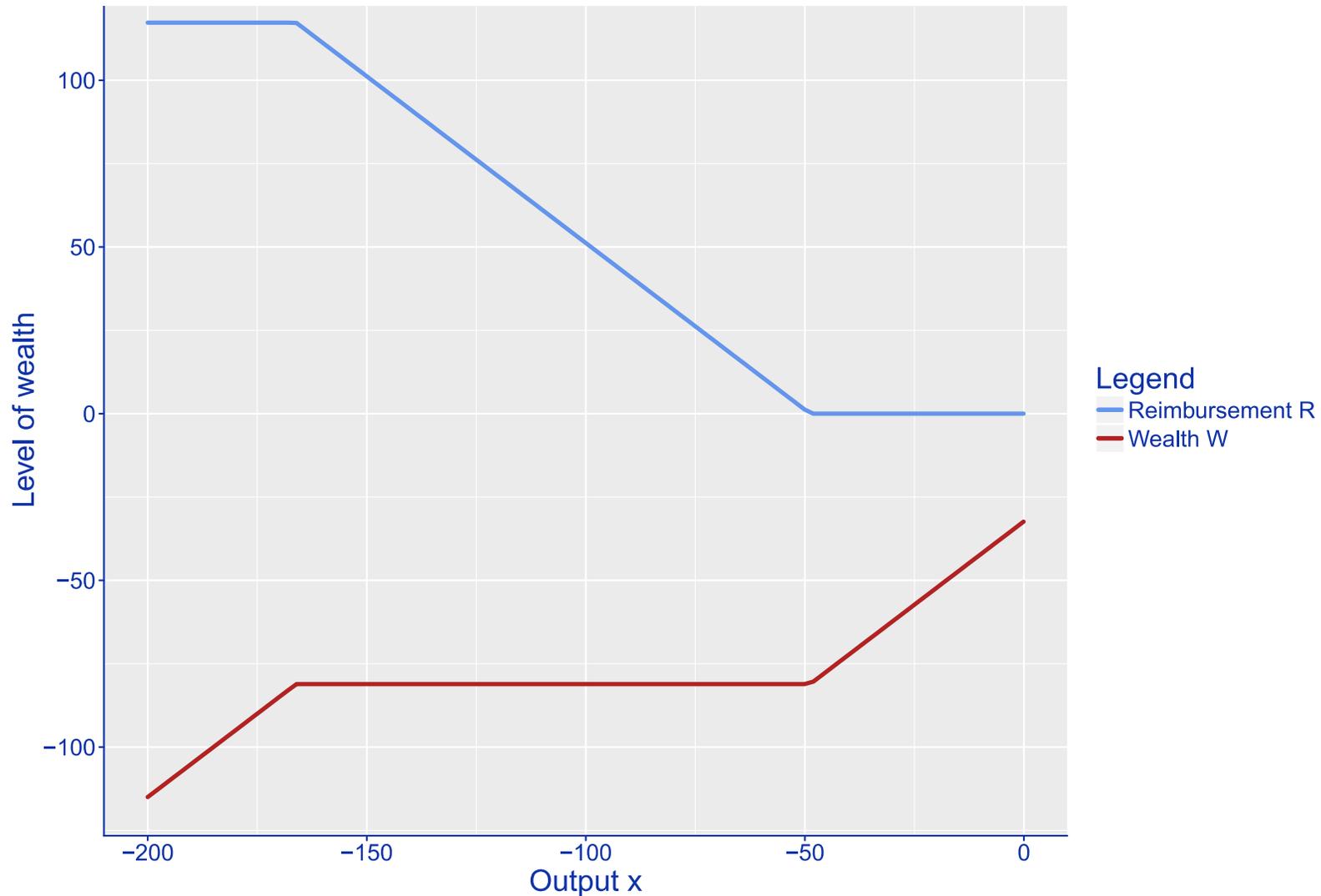
3. Results

Influence of Effort on the Distribution of Output



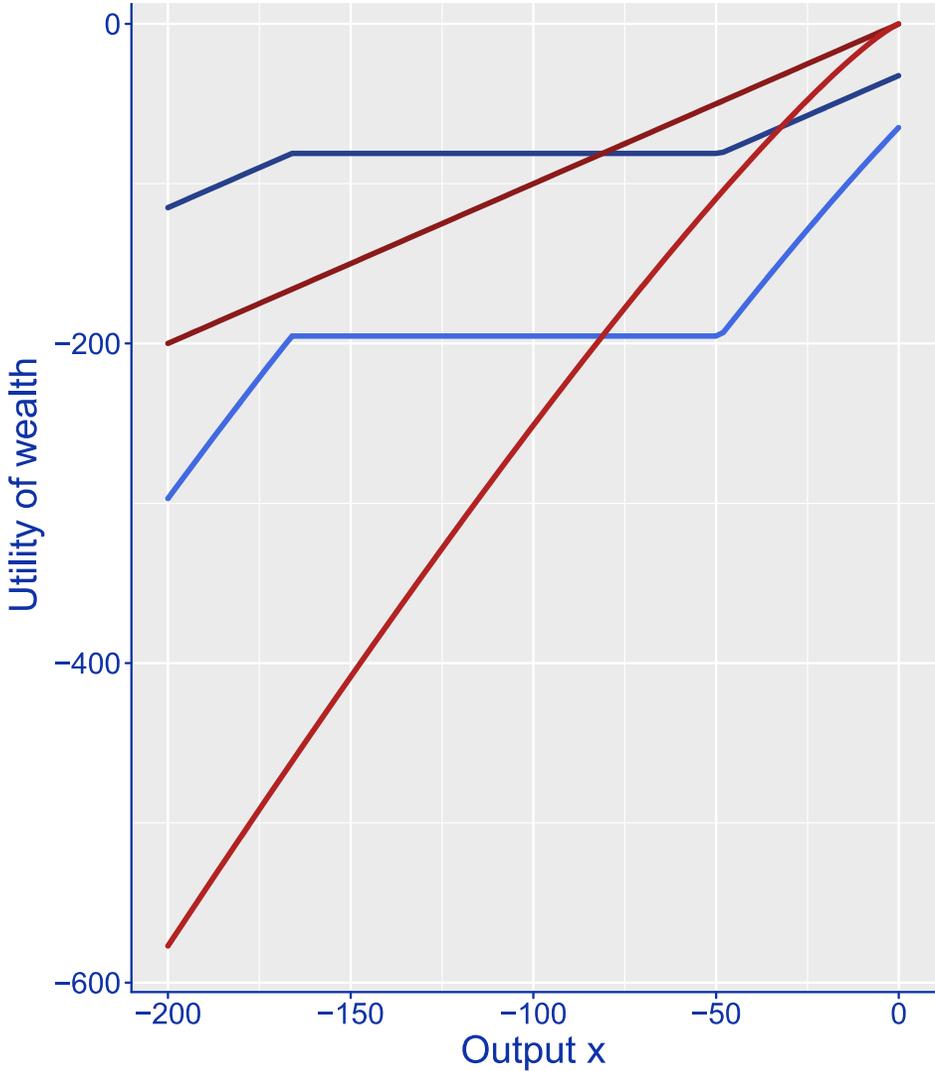
3. Results

Influence of Reimbursement on Wealth



3. Results

Utility of Wealth and Risk Aversion

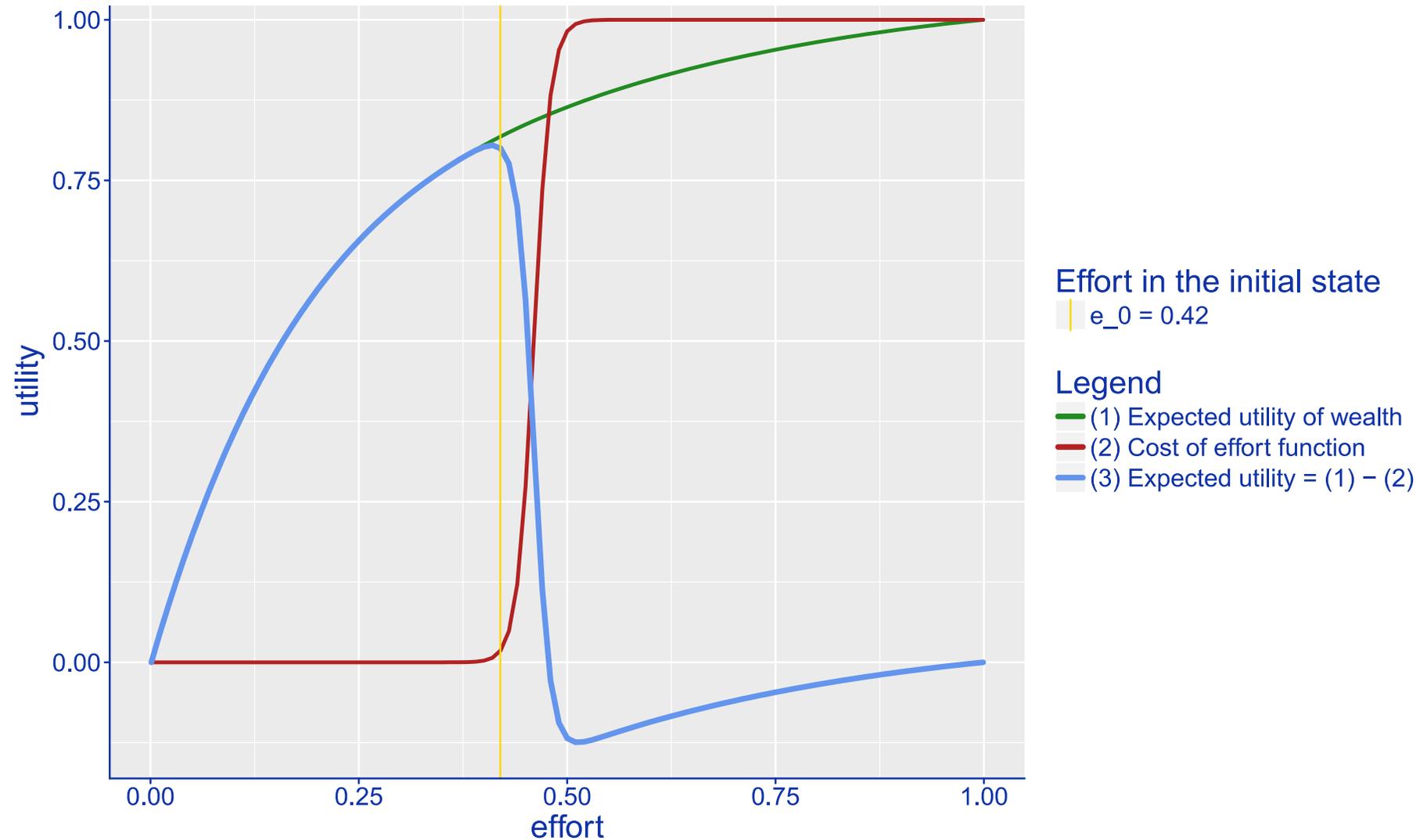


Legend

- Utility of wealth 1a) with insurance (risk neutral)
- Utility of wealth 1b) without insurance (risk neutral)
- Utility of wealth 2a) with insurance (risk averse)
- Utility of wealth 2b) without insurance (risk averse)

3. Results

Initializing the Algorithm: Calibrating the Model



3. Results

Optimal Contract Resolution Algorithm

- Initial contract of insured $i = 4627$
 - Initial characteristics $\Pi_0^i = 32, \Lambda_0^i = 117, \Psi_0^i = 49$
 - Initial effort $e_{1,0}^i = 0.42$
 - Initial expected annual profit $V_{\Pi_0^i, R_{\Lambda_0^i, \Psi_0^i}}(e_{1,0}^i) = 12$
- Potential premium adjustment (monopoly situation)
 - Premium adjustment $\Pi_{t_1}^i = 50, \Lambda_0^i = 117, \Psi_0^i = 49$
 - The effort decreases to $e_{1,t_1}^i = 0.41$
 - The expected annual profit increases to $V_{\Pi_{t_1}^i, R_{\Lambda_0^i, \Psi_0^i}}(e_{1,t_1}^i) = 29$

3. Results

Optimal Contract Resolution Algorithm

- The algorithm converged for insured $i = 4627$ and effort $j = 1$:

$$(\Pi_*^i = 67, \Lambda_*^i = 421, \Psi_*^i = 49, \mathbf{e}_{1,*}^i = 0.39)$$

- The expected annual profit increases to

$$V_{\Pi_*^i, R_{\Lambda_*^i, \Psi_*^i}}(\mathbf{e}_{1,*}^i) = 38$$

4. Conclusion

4. Conclusion

- Innovative approach
 - Operational application of Contract Theory to Health Insurance
 - Behavioural Model
 - Optimal Contract Resolution Algorithm
- Next challenges of the Optimal Contract Resolution Algorithm
 - Health Capital of the insured
 - Moral hazard of the health care provider
 - Competitive situation

Thank you for your attention



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