

Notes from Conference Call:

**February 6, 2014**

- Genworth is a LTC Insurance company
- Data contains one or 2 certain products only
- Personally identifiable information has been removed
- Claim ID: Random number that makes it able to reference the same field (reference point)
  - Daniel has access to actual policy number
- Company: one for NY state and one for rest of the country
  - 31 is non NY
  - 40 is NY
- Risk Commenced Date: date that claim started
- Client SOOF Date:
  - Termination date
    - Death
    - Returned to healthy status and lapse policy because they don't pay premiums
- Waiver of premium – don't have to pay premium if they are claim
- REPL\_Indicator:
  - Whether they had an old Genworth policy and then upgraded to a newer policy
- Homecare benefit: If a person cannot perform 2 out of 6 daily activities, then they are eligible for claim
  - Dressing
  - Eating
  - Bathing
  - Transporting, etc.
- Policy status: A is active, T is terminated, F is non-forfeiture status
  - F means there is a small level of benefits that they will receive and can't terminate that policy
- Pol Term Reason:
  - C: cancelled
  - D: death
  - L: Lapse
  - E: exhaustion
  - N: Not taken (unsure)
    - After 30 day trial
- Derived termination reason
  - Double check if they died or lapsed
- Shared policy
  - Policy with more than 1 person on the policy
- PCS has most data because it was earliest
  - Privileged care select
  - Has no shared policy benefit
  - No preferred or standard underwriting
  - Same rate for M/F
  - No marital discount
- Val\_CodePOL
  - Probably won't need
  - Last number of val code is used to identify benefit increase option

- Inflation option
      - N: No
      - B: 5% simple
      - K: 5% compound
      - C: No benefit increase option
- BP In years
  - Benefit period
  - How long a person can go on claim at their full daily benefit amount
  - Less money per day can make their claim last longer than the benefit period listed
- Elim period
  - How long someone would have to be on claim before they get money from genworth
- Moral hazard concept
  - Benefit themselves by going on claim
  - Don't want them to be going on claim for free
    - Want them to have something on the line
- Orig benefit claim cov
  - Daily benefit amount
  - Amount we will pay policy holder for every day they are on claim
- BIO – same as Val Code Pol last letter
- Pref, spouse, couple iss should all be N
- 1 difference in orig benefit pol and orig benefit claim cov is OK
- Old/new dms
  - Did analysis on their side to see what people would have gotten a marital discount
  - Use new instead of old
  - Old gets updated as people die
  - New is what they were when they got the policy
- Claim age
  - Derived field
  - Issue age + duration they were in
  - If claim age doesn't add up to date of loss and date of birth it is ok
- Claim status
  - 20 open
  - 21 paid and closed
  - All others: pending more info
- Close reason:
  - Why they closed their claim
    - Death
    - Recovery
    - Benefit exhaustion
  - Will send Jon what other codes mean
    - Could be claims that never made it into payment status
- Denial reason
  - 18 – code of 1 from close reason
  - Why they aren't going into claim payment status
- Claim type first benefit
  - Site of care, type of location
    - Hc: home care

- NH: Nursing home
    - ALF: assisted living facility
  - First is where they were when they were on claim
  - Last is where they were when they ended their claim
- First benefit and last benefit code
  - Detailed version of care type
    - Hmkr: homemaker
  - Can send mapping of these if needed
- Begin date rw
  - Beginning of claim
  - Varies from loss date or
- End date rw
  - Date at end of claim
- Act benefit days
  - How many days person was on claim
  - May have gone on claim and skipped a few days to go home
  - not necessarily the whole time they were on claim, just when they were serviced
- Act claim cost
  - How much paid the person while they were on claim
- Init diag/curr diag
  - ICD9 code
  - Diagnosis code
  - How bad off someone was
    - Cancer
    - Alzheimers
    - Heart disease
- Total days on claim cont
  - Used for continuance
  - What to use for continuance study
    - Claim termination study
  - Determine how long a claim will last
    - How long it will continue
- Why are act benefit days longer than total days on claim cont
  - Don't know....
- USE CONTINUANCE
- Claim paid indicator
  - Whether they have a payment on their claim
  - Status 20 and 21 should be y
  - N should be anything where the claim didn't go in force
- Open closed
  - At time of data retrieval
- Foc\_ind
  - Indicate facility only converted to policy with homecare benefits
- Begin duration
  - Policy duration in when start claim
  - Everyone starts in 1

- End duration
  - Policy duration when claim ends
- TPA indicator
  - Don't use
  - Third party administrator indicator
- Calcodeclm
  - Code they are in claim
- Look at:
  - closed reason
    - Probability someone will close claim because they died or recovered
  - Age at claim
- What characteristics of a policy or a claim would have higher/lower benefit period
  - People that go on claim with mental
    - 290, 291, 292
    - Last longer than people that go on claim because of stroke/cancer, etc
- Look up icd codes