Daryl Bull

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Data Scientist | Insurance Specialist | Consultant

Career Summary

A highly experienced manager and consultant commended for high-quality and insightful analysis. These insights helped the bottom-line success of multiple corporations in Australia.

As innovative technologies change our world, I am keeping my skills at the front and centre of emerging data science systems. I am passionate about solving complex commercial problems using contemporary data techniques. I am working towards a graduate diploma in Data Science at Newcastle University.

Key Strengths

- Delivery of timely, high-quality insightful analytics of insurance data
- Strong procedure adherence in the strict environment of financial services
- Project Manager who is experienced in leading multiple concurrent projects
- Interrogation and manipulation of data from various internal and external stakeholders
- Ability to communicate findings and recommendations via reports and presentations
- Calm, confident decision maker
- Qualified lean six sigma green belt analyst

Career Synopsis

Superannuation   **2015 – Present**
    Manager Group Life Insurance

General Insurance   **2014 – 2015**
    Manager Operations

Private Health Insurance   **2004 – 2014**
    Group Leader, Claims and Policy Administration

Oil Industry   **2001 - 2004**
    Supply Chain Executive
    Chemist

Qualifications

Graduate Diploma in Data Science (due for completion in 2023)

Bachelor of Science with First Class Honours

PhD Science

Certifications

- Lean Six Sigma Green Belt Certification | International Association for Six Sigma Certification
- RG146 | Association of Superannuation Funds of Australia (ASFA)

Competencies and Skills

Languages
- R
- Python
- SAS
- Pascal
- Fortran

Software
- Microsoft Office
- SAP
- Jira
- R studio
- Jupyter
- e 5

Business Skills
- Strategic Sourcing
- Cost modelling
- Problem solver
- Exception reporting
- Workflow planning
- Complaints handling

Academic Record | Graduate Certificate Data Science

Big Data 89%, Grade: High Distinction

Data Interrogation 96%, Grade: High Distinction

Employment Record

Mine Superannuation

Mine Superannuation is an industry fund with a member base that supports the coal mining industry. The fund aims to provide life insurance to members who will need financial support if they cannot work to retirement age due to death or ill health.

Head of Insurance (6 year+)

Executive Manager Insurance reporting to the Chief Administration Officer, is responsible for delivery of all customer service activities for insurance claims, Trustee Delegate decisions and setting the strategic direction for the insurance needs of the fund's members.

Achievements:

- Developed Mine's Claims Philosophy
- Led a strategic tender to select the Fund's Insurance partner
- Improved product design of death and TPD cover based on analysis of aged base premiums and cross-subsidisation of some member segments
- Scoped and implemented a workflow system for all claims handling using Atlassian's Jira software
- Stakeholder management at a senior executive and board level
- Delivered insightful analytics of operational data
- Member of The Australian Institute of Superannuation Trustees' Insurance Communities of Interest
- Trustee Delegate for decisions on all declined insurance claims and disputed Claims

PetSure Australia Pty Ltd

PetSure is Australia's leading white label provider of Pet Insurance and includes brands such as RSPCA, Medibank, BUPA & Woolworths. PetSure provides 270,000 customers with administration services, including quoting, fulfilment, payments, customer service, claims, disputes and renewals.

Head of Operations – Claims (1 year+)

This position reported to the CEO is responsible for delivering all customer service activities for insurance claims handled by both onshore and offshore operations.

Achievements:

- Scoped, planned, and introduced electronic submissions of claims for both customers and veterinary clinics. This improved management expenses, speed of transactions and customer satisfaction
- Rebuilt operational processes to handle 40,000 claims per month
- Led teams in both Sydney and Manila
- Streamlined customer submission process
- Developed improved recruitment strategies for offshore activities based in Manila and relocated our Manila office without interruptions to services in Australia
- Developed onboard training for both Sydney and Manila-based resources

Nib Health Fund Limited

Nib Health Funds is Australia's fifth largest private health insurer, covering almost 900,000 Australians (7% market share). Nib's product range covers people for hospital, extra and ambulance services.

Group Leader for Provider, Claims and Policy Administration (2 years)

Responsibilities of this position include:

Reporting to Chief Customer Officer, this business unit had three main areas of responsibility: policy administration claims processing and provider relations contracts. This unit operates within an annual budget of $13 million and manages over 100 people. A brief overview of each team follows:

- The provider relations team has responsibility for establishing and managing all contracts with hospitals and providers, including 400 private hospitals, all public hospitals and preferred provider contracts for the supply of optical and dental services.
- The policy administration team is a service function that coordinates all customer transfers from other health funds, determines lifetime health cover loading per legislation and collects nib's federal government rebate, approximately $30 million per month.
- The claims team is responsible for all aspects of claims handling, from receipt to payment.

Achievements
- Prepared and presented regular board reports for divisional and business unit performance
- Increased net promoter scores resulted from implementing process improvements using LEAN methodologies
- Established contracts for multiple years with major private hospital groups

- Introduced strategies to reduce nib's claims expense by managing service cost, utilisation, substitute treatment and recoveries, which saved over $2 million pa
- Participated in enterprise-wide project prioritisation, including release strategies using scrum methodology
- Complied with all relevant legislation and requirements of the Department of Health and Aging
- Raised productivity through process refinements and opportunities for automation. An example is improving the transfer of customers from other funds using electronic transfer requests
- Built strategic networks and formed partnerships for the long-term benefit of the company

Leader of Claims (4 years)

Responsibilities of this position

- Management of the Claims Business Unit (80 people) responsible for all aspects of claims handling from receipt to payment. This business unit processes 2.6 million claims annually and has an operating budget of over $8 million.
- Increased the rate of automation used in claims processing to over 80% of all claims by increasing the use of claims rules engine, optical character recognition software and use of electronic transmission of data.
- Management of service cost and utilisation to ensure that drawing rate inflation remains within financial targets
- Optimisation of claiming channels to reduce cost, increase quality and meet customer service expectations
- Monitor for fraudulent claiming trends and educate & change the behaviour of 'outlier providers'
- Established services for broader health cover initiatives, including coaching services for chronically ill customers with cardiovascular disease. The program has a proven track record for reducing risk factors associated with this disease.
- This business unit reports to the Chief Operating and Technology officer.

Achievements

- This business unit won nib's internal support team of the year (2009) for introducing processes to remove all backlogs of unprocessed claims. These process improvements reduced our provisioning expense by $1.6 million.
- Establishment of a new business team that specialises in clinical analysis intending to review and assess the factors affecting drawing rate inflation, such as cost, volume and intensity of services
- Establish a clinical advisory panel of expert medical specialists from various disciplines, including those that deliver high-volume medical services to our customers. The experts provide comments on relevant aspects of our business, including claims analysis and clinician engagement for quality and appropriateness of care.
- Reduced claims benefit by $2 million annually by implementing changes to processing rules and product design.