



#### **Dataset**

#### **Summary**

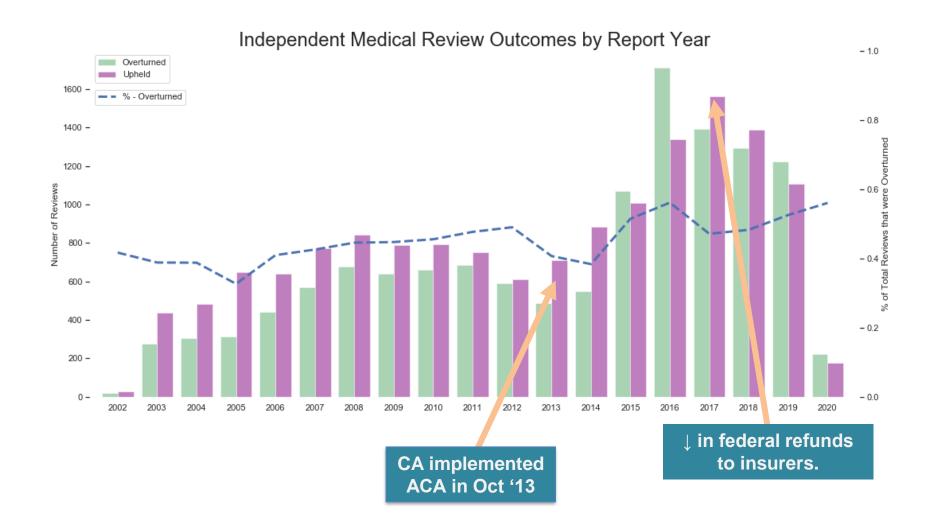
- California Department of Managed Healthcare (DMHC)
- Outcomes of independent reviews of patient denial of coverage for medical treatments and health services.
- > 28k reviews
- Diagnoses, treatments, and patient profiles
- "Overturn rate"

#### **Data Processing**

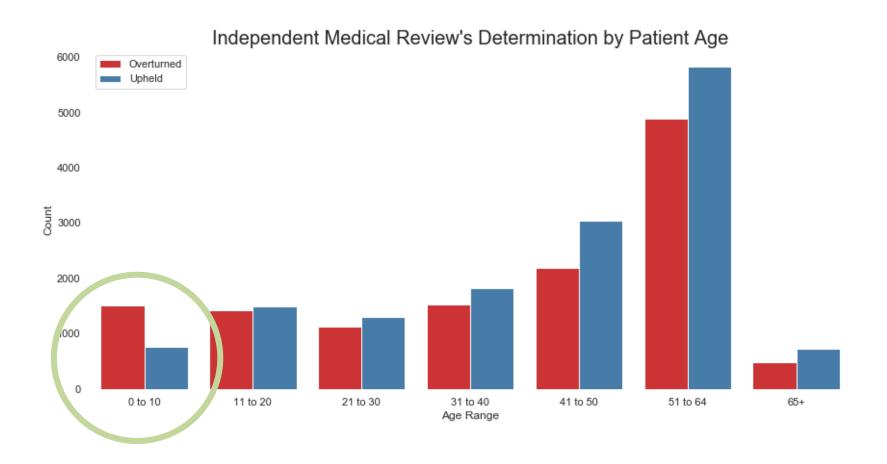
- Applied medians to missing values in "Days to Review"
- Discarded 2.3% of observations due to missing values
  - Patient age range
  - Patient gender

## **Exploratory**



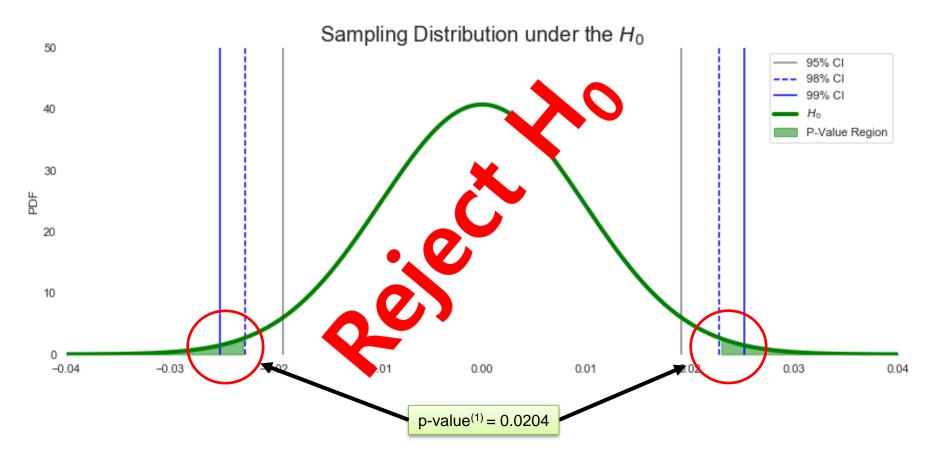






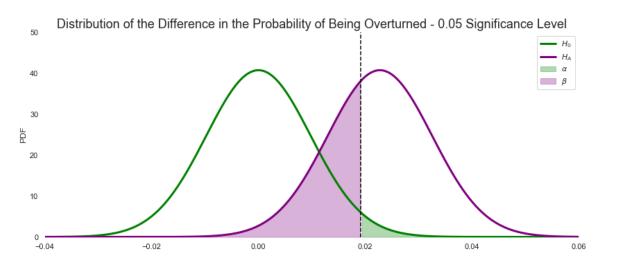
# **Hypothesis Testing**

 $H_0$ : Child's expected "overturn rate" = Expected "overturn rate" of patients who are 11 years and older  $H_A$ : Child's expected "overturn rate"  $\neq$  Expected "overturn rate" of patients who are 11 years and older



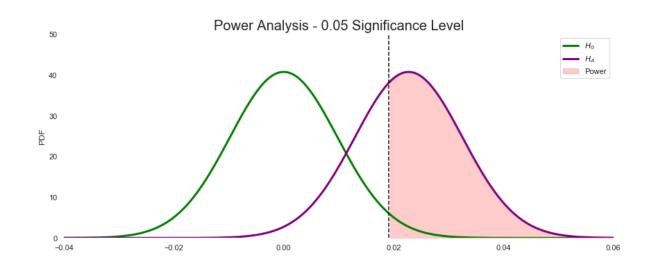
# **Hypothesis Testing (cont'd)**





FPR  $(\alpha) = 0.025$ FNR  $(\beta) = 0.358$ 

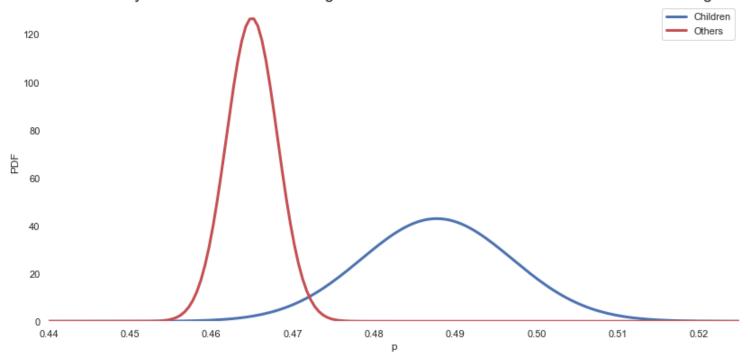
Power =  $0.642^{(1)}$ 



## **Bayesian Inference**







~99% more likely that a child's denial of coverage is overturned than a person older than 10 years of age having their dismissal of coverage reversed.



### Conclusions

- To some degree, the Titanic ethos continues
  - Children first!
- Potential relationship between insurers access to federal funds and the likelihood of an independent reviewer overturning a patient's denial of service.

#### **Further Discovery**

- How many patients were denied medical coverage by their health plan since 2001?
- How are arbitrators selected? Arbitrators' profiles?
- Which insurer corresponds to each case? Is there a relationship between certain insurers and the probability of an arbitration resulting in an overturn?