Fraud Detection in Healthcare Insurance Claims

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Introduction

Fraudsters find the healthcare industry to be an attractive target, resulting in significant monetary losses. Here, we examined and identified fraud in healthcare insurance claims where the healthcare practitioner submits the claim on the beneficiary's behalf. One of the main issues that Medicare is now facing is this type of deception. Due to this medical expenditure has rapidly grown.

Literature Review

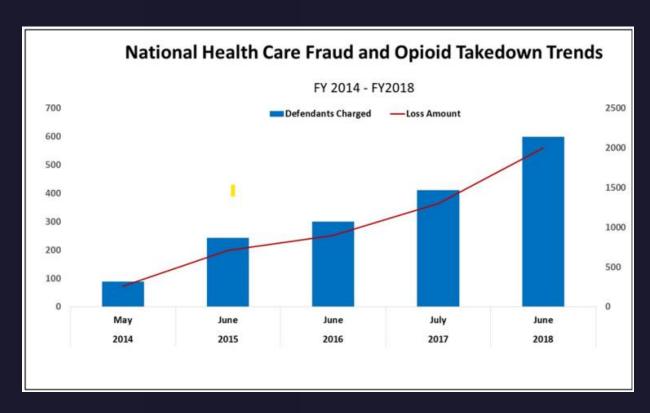
Clustering methods [8, 9]:

- Bayesian co-clustering
- Cannot conclusively detect fraud

Kaggle data and notebook [7]:

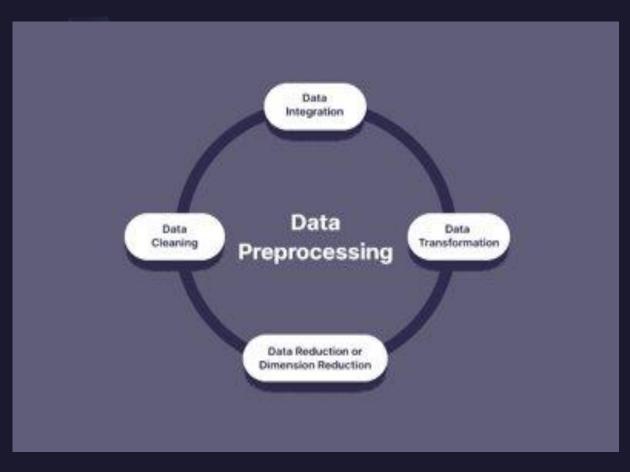
- Logistic regression, random forest, autoencoders
- Good accuracy
- No parameter tuning

Limited use of ensembled models in literature [10]



Ref: https://oig.hhs.gov/publications/docs/hcfac/FY2018-hcfac.pdf

Methodology

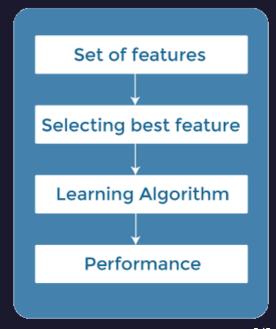


- Data Source
 - Medical Provider Fraud Detection from Kaggle
- Data exploration
 - Beneficiary Data, In-patient and Out-patient datasets (693k records 56 columns collectively)
- Data preprocessing
 - Combined all the three different datasets, eliminate data redundancy
 - Derived features
- Data quality plan
 - Continuous and Categorical features reports to handle missing values.

Ref: https://www.v7labs.com/blog/data-preprocessing-guide

Methodology (Cont.)

- Feature selection and Techniques
 - SelectKBest with mutual information for feature selection
 - Shuffle split (80% train, 20% test)
- Model selection
 - Supervised model, Learning curves, Scalability and Performance of model



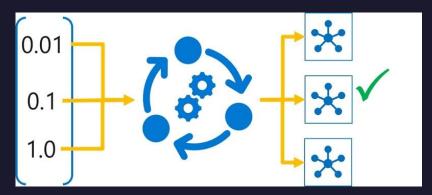
[4]



Methodology (Cont.)

Parameter Tuning

- Adjustable parameters that control the model training process
- Model performance heavily depends on hyperparameters.
 Values of hyperparameters might improve or worsen the model's accuracy.
- Methods of Hyperparameter tuning: GridSearch, RandomSearch, InformedSearch
- Evaluation
 - Accuracy
 - FI Score



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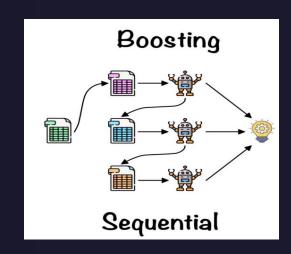
```
n_iter

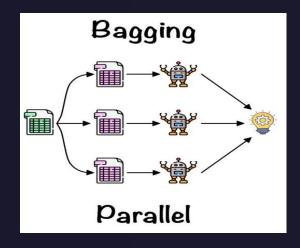
test_size max_depth
random_state n_neighbors
alpha C η gamma
n_components
kernel metric
n_folds
penalty cv
```

Experiments

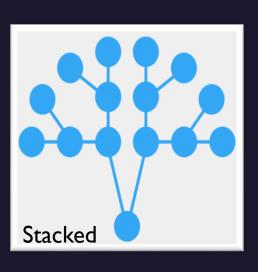
Performed 4 different models

DECISION TREE



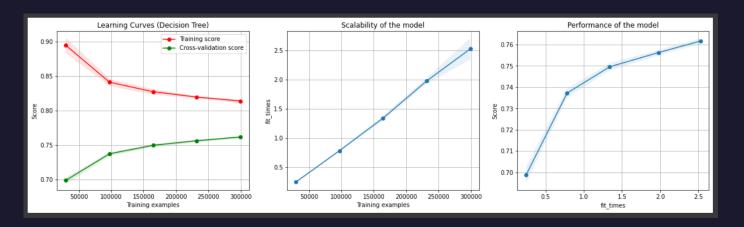


Ensemble Technique



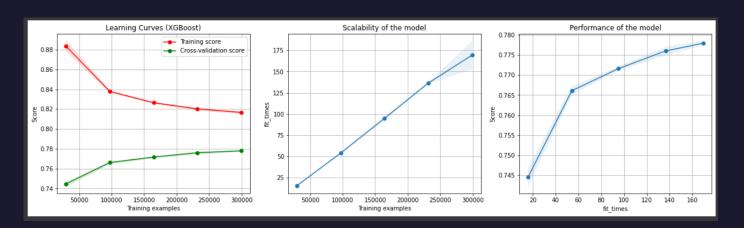
- Decision tree classifier
- Hyper-tuned with depth and features parameters of the tree
- XGBoost with weak classifier as a Decision tree
- Hyper-tuned tree depth, for optimizing model complexity
- Bagging classifier based on decision tree
- Hyper-tuned the number of base classifiers
- Stacked base estimators:
 Logistic regression, k neighbors classifier,
 Decision tree, and
 Gaussian naïve Bayes
- Final estimators: Logistic regression

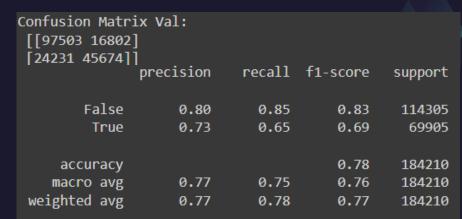
Results



Confusion Matrix Val: [[96281 18024] [25674 44231]] precision recall f1-score support False 0.79 0.84 0.82 114305 0.71 0.63 True 0.67 69905 184210 accuracy 0.76 184210 macro avg 0.75 0.74 0.74 weighted avg 0.76 0.76 0.76 184210

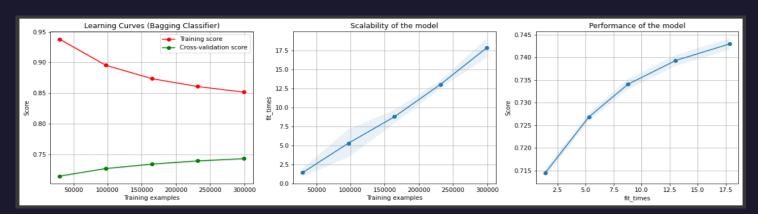
Decision Tree Evaluation



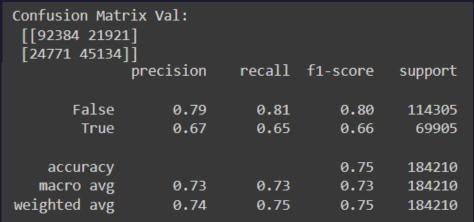


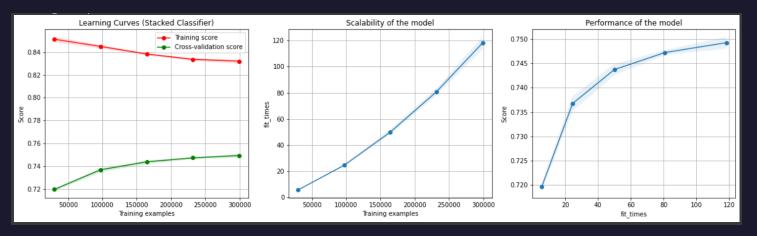
XG Boost Evaluation

Results (Cont.)



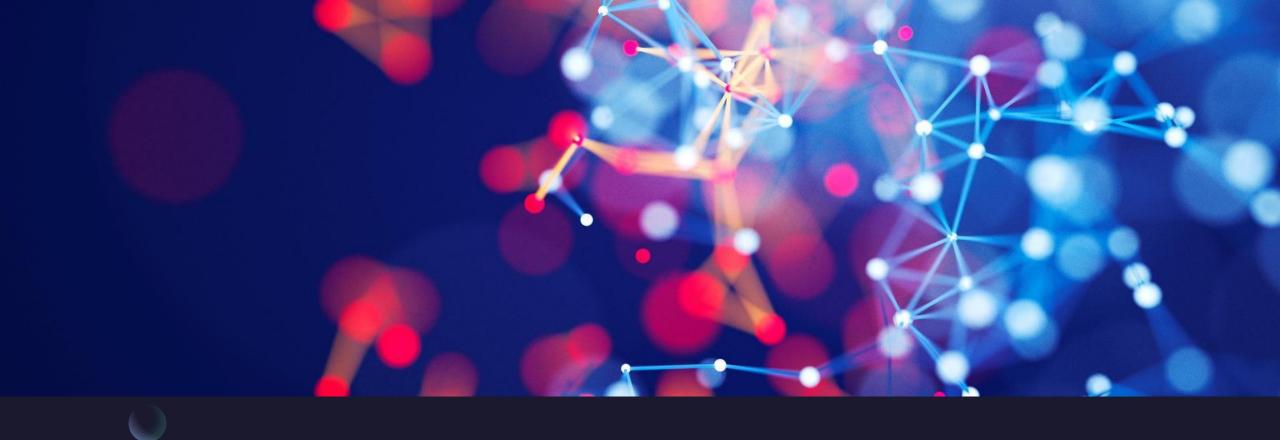
Bagging Classifier Evaluation





Confusion Matr: [[94483 19822] [26326 43579]]	recall	f1-score	support
False	0.78	0.83	0.80	114305
True	0.69	0.62	0.65	69905
accuracy macro avg	0. 73	0.72	0.75 0.73	184210 184210
weighted avg	0.75	0.75	0.75	184210

Stacked Classifier Evaluation



Conclusion

Most accurate current model: XGBoost with 78% accuracy

Further work:

• Assessing bias and variance

References

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- [2] https://www.fbi.gov/how-we-can-help-you/safety-resources/scams-and-safety/common-scams-andcrimes/health-care-fraud
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- [9] T. Ekin, "Application of bayesian methods in detection of healthcare fraud," vol. 33.
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