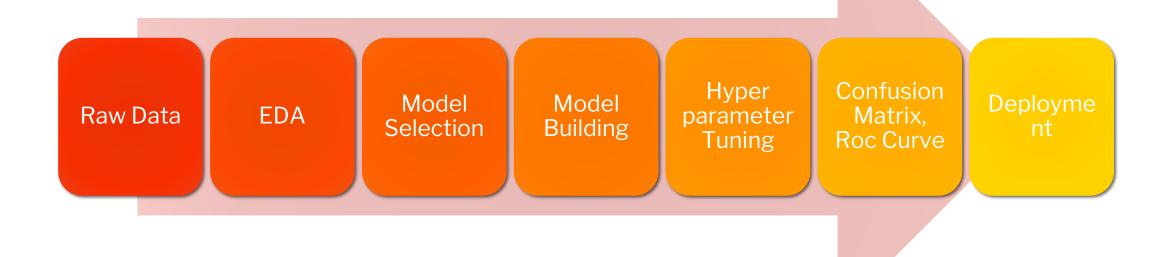


Process Flowchart (Road Map)



Process Flowchart (Road Map)

EDA	MODEL SELECTION	MODEL BUILDING & TUNING	DEPLOY MENT
 Basic understanding of data. Data cleaning (Missing & duplicate values treatment). Data Visualizations (using Excel & Python) Analyzing interactions & Correlation checking (Input parameter vs input parameter & Input parameter vs output parameter) Label Encoding & Feature selection 	 Approach to Imbalance dataset. (Test & Train) Under sampling (RandomUnderSampler). Over sampling (RandomOverSampler & Smote) Selection of best model based on Mean % score, Bias & Variance (Logistic Regression, DecisionTreeClassifier, XGBClassifier, GaussianNB & RandomForestClassifier) Model Score [mod_score] ('Train Score accuracy', 'Test Score accuracy', 'Recall Score', 'Precision Score', 'F1-Score') (Selecting Top 2 Models by Trial-error on values like test_size, sampling_strategy, criterion & few etc.) 	 Model Building (XGB & RandomForestClassifier[RFC]) Hyper parameter tuning (Selecting best parameters) XGB (max_depth; min_child_weight; n_estimators) RFC (n_estimators; criterion[gini,entropy];max_featur es['auto','log2','sqrt'];max_leaf_n odes[10,12,14,15]) Outcome: RFC stands best. 	 Tuned Model score. Confusion Matrix. Roc Curve. Deployment

Visualizations



Basic visualizations

Stacked histogram

Excel

Hospital county Vs Counts of Hospital ID

Admission type Vs Counts of Hospital ID

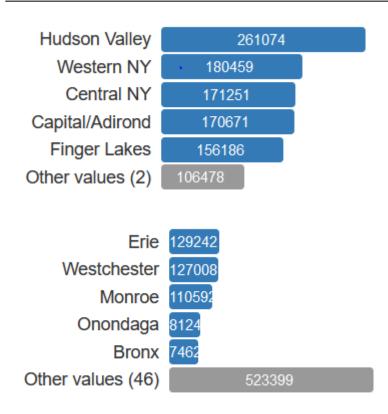
Gender Vs Average of Total cost

Gender Vs Average of Total Charge

Age Vs Days spent in hospital

Visualizations (Description)

- 1. Visualizations using Pandas Profiling (Python)
- Basic visualizations on attributes
- Stacked histogram (Input parameters Vs Output parameter [Result])
- 2. Visualizations by Pivot chart (Excel) {Input parameter Vs Input parameter} [Note: Some parameters here are with respect to each Area services]
- Hospital county Vs Counts of Hospital ID (with respect to Result)
- Admission type Vs Counts of Hospital ID (with respect to Result & Gender)
- Gender Vs Average of Total cost (with respect to Result & Mortality Risk)
- Gender Vs Average of Total Charge (with respect to Result & Mortality Risk)
- Age Vs Days spent in hospital (with respect to Result & Gender)



Areas of service:

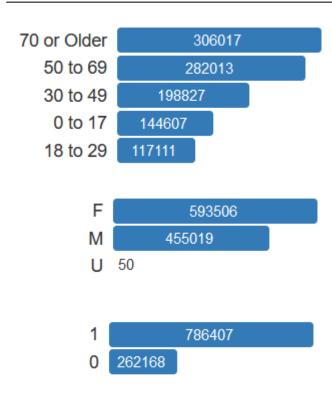
There are 7 areas of services where data on hospital facilities are collected

Hospital County:

There are certain counties in each area where the hospital services are provided

Hospital Id:

In each county, there are various types of hospitals with different Id numbers



Age:

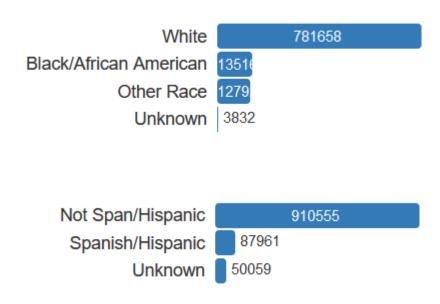
There are patients of different age groups starting from 0 to 70 years and older. This includes newborn baby as well

Gender: Male/ Female

Result:

1 – Genuine Claim

0 -- Fraud Claim



Cultural Group:

Different Cultural Groups like

Black are called as African Americans.

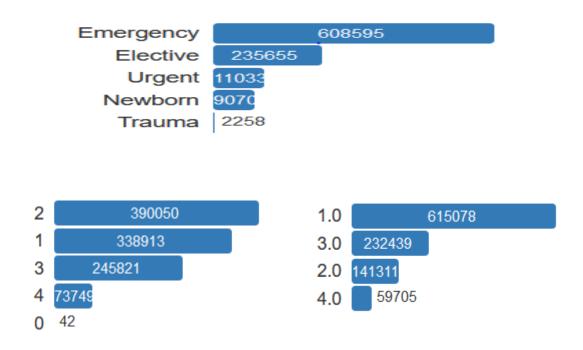
White who are white American

Other Race – Groups other than the above two

Ethnicity:

Spanish/Hispanic: Spanish speaking countries especially people from Central and South America

Non-Spanish: Main English speaking countries called Anglo Americans



Admission type:

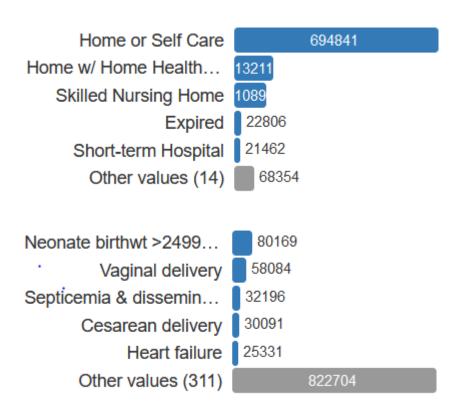
Different Admission type like Emergency, Elective, Urgent, Newborn, Trauma and not-available

Illness Code:

- 0 for stage unspecified
- 1 for mild
- 2 for moderate
- 3 for severe
- 4 for indeterminate

Mortality Risk:

- 1 for Minor
- 2 for Moderate
- 3 for Major
- 4 for Severe



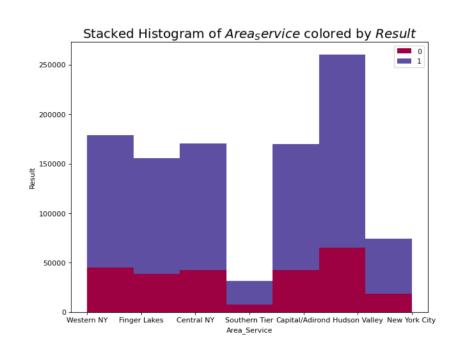
9-Home or Self Care, 10-ccs diagnosis code, 11-ccs procedure code, and 12-APR-DRG (All Patient Refined Diagnosis Related Groups are related to each other according to CCS(Clinical Classification Software) guideline attached.

Type of recommended care is covered under Home or Self-care

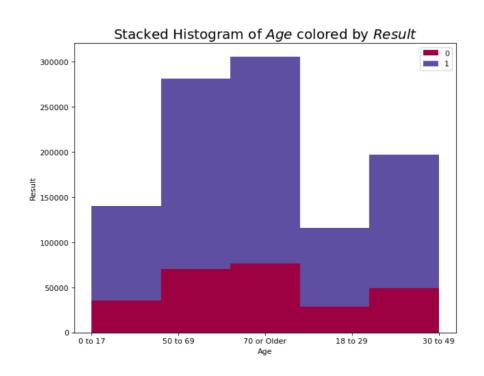
ccs diagnosis code is the code depending on the type of disease

ccs procedure code is the code for the recommended clinical procedures to be followed.

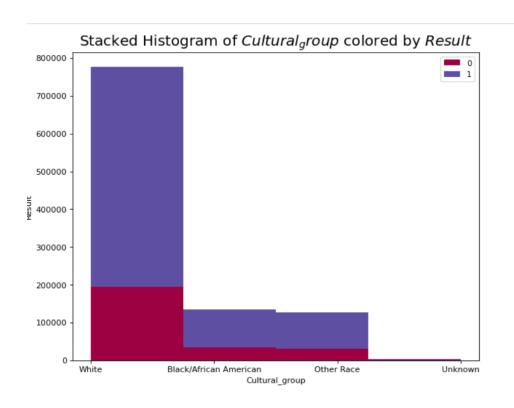
Apr-drg description is the description of the disease



On neglecting Hudson Valley (highest) & Southern Tier (lowest), here adding the fraud claims of rest area services is more than the total claims of New York City.



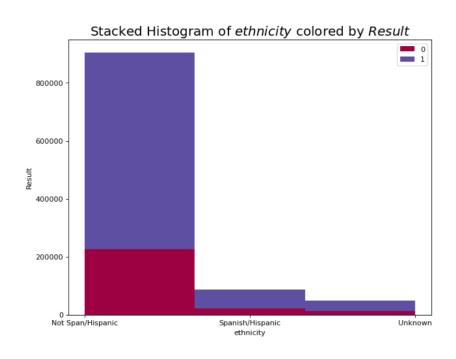
Represents the claim types with resp.to age groups. By looking into the columns individually for each age groups, the claim data is approximately split in such a way that for each respective age groups holds 20-30% of fraud claims and 60-70% of genuine claims of its total claims respectively.



Represents the claim types with resp.to Cultural groups.

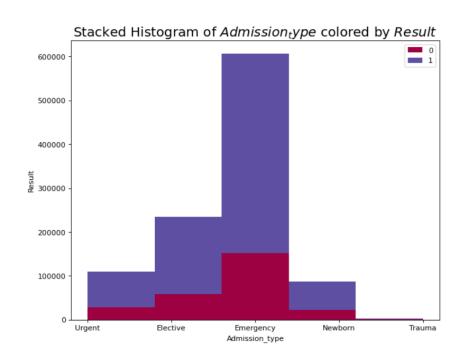
Fraud claims of white group exceeds the total claims made by other cultural groups.

Genuine claims of white group exceeds the sum of the total claims made by other cultural groups.



Represents the claim types with resp.to ethnicity groups.

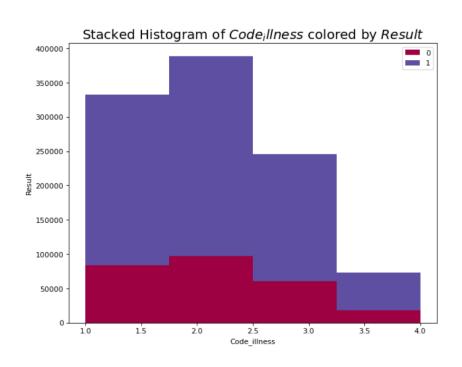
Fraud claims of non span group exceeds the sum of the total claims made by other ethnicity groups.



Represents the claim types with resp.to admission types

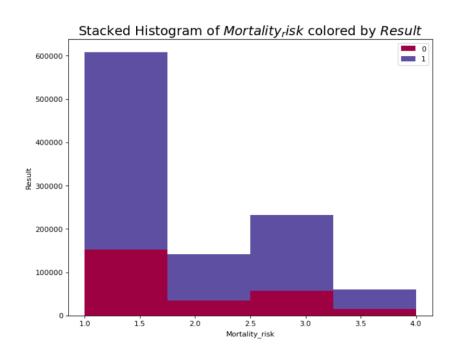
Fraud claims of Emergency admission exceeds the total claims made by both Urgent and New born admission.

Genuine claims of Emergency admission almost equal to the sum of the total claims made by other admission types.



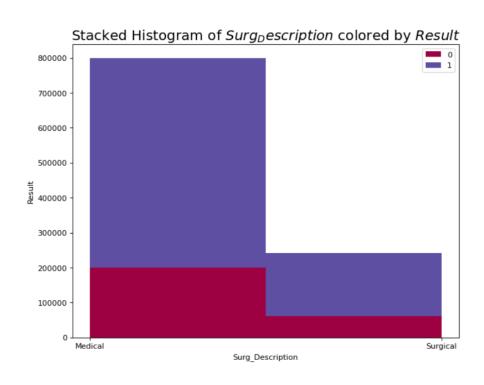
Represents the claim types with resp.to Code illness

Fraud claims of 1, 2, 3 almost equal to the total claims made by 4 code illness.



Represents the claim types with resp.to Mortality Risk.

Total claims of 1 is almost equal to the sum of the total claims made by other Mortality Risk (2,3,4) groups.

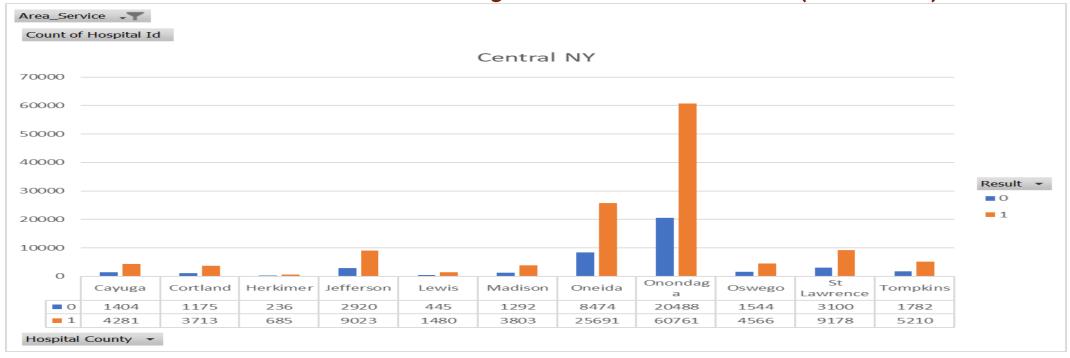


Surge_ Description – Type of Treatment – May be Surgical or Medical.

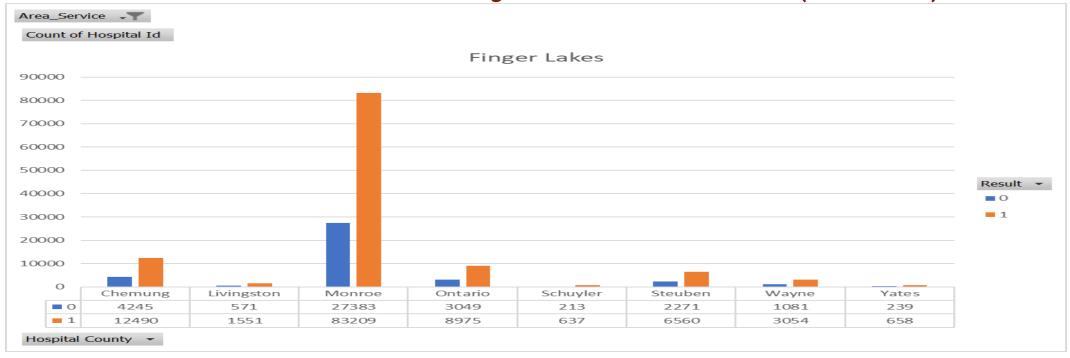
Fraud claims of Medical treatment is almost equal to the total values of surgical treatment.



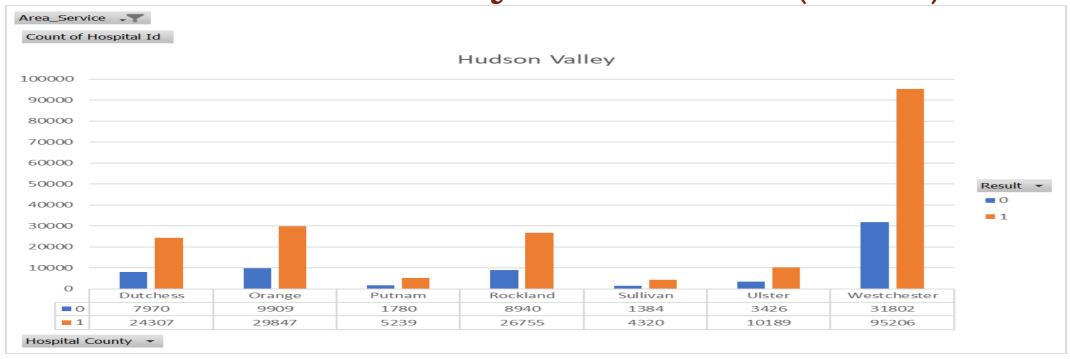
- 1. Highest: Albany
- 2. Fraud claims of Albany is almost higher than the rest claims when compared with remaining hospital county of Capital/Adirond



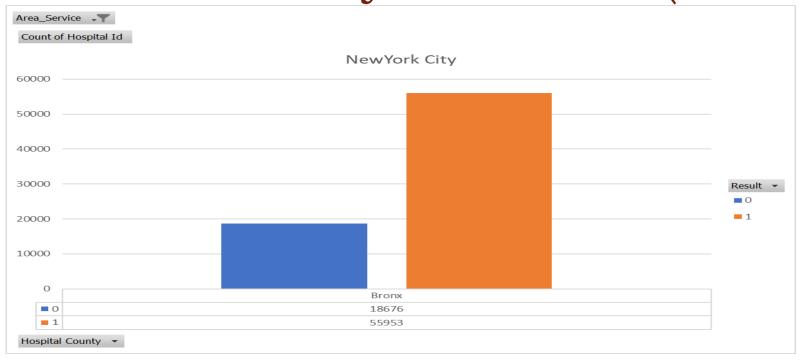
- 1. Highest: Onondaga
- 2. Fraud claims of Onondaga is almost higher than the rest claims when compared with remaining hospital county.



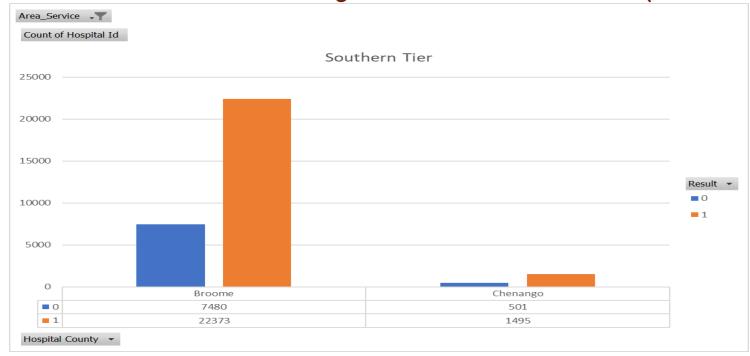
- 1. Highest: Monroe
- Total Claims of Monroe is the most significant hospital county in finger lakes that it represents the whole data.



- Highest: Westchester
- Fraud claims of Westchester is almost higher than the rest claims when compared with remaining hospital county.



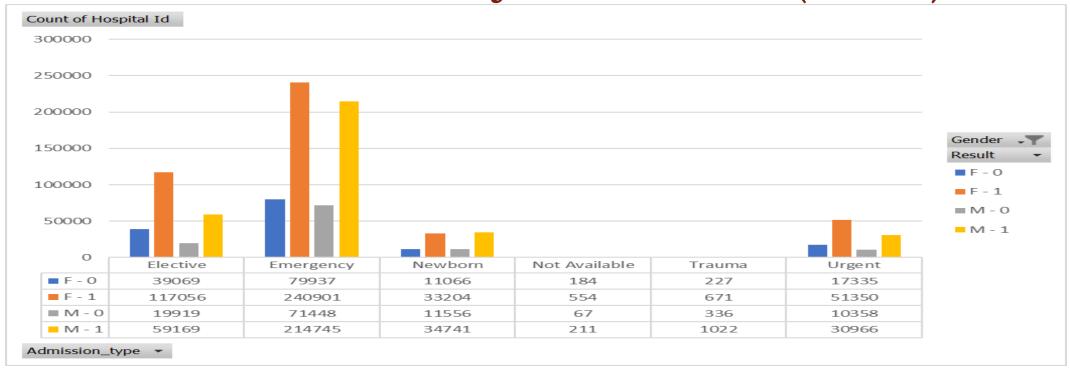
- 1. Only value is Bronx.
- Total Claims of Bronx is the most significant hospital county in New York City that it represents the whole data.



- 1. Only value is Broome & Chenango.
- Total Claims of Broome is the most significant hospital county in Southern Tier that it represents almost the whole data.

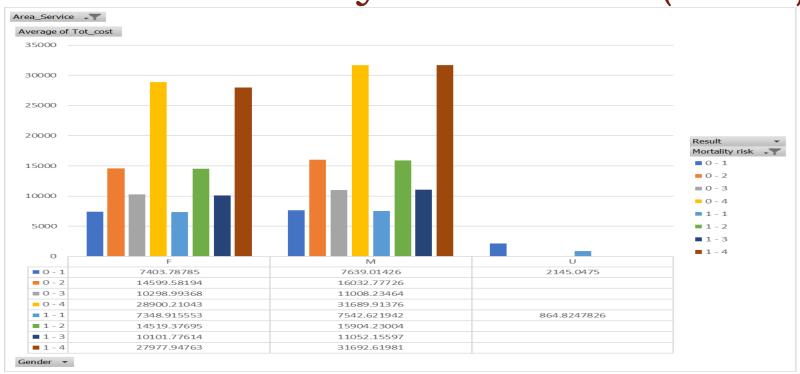


- 1. Highest: Erie
- Genuine claims of Niagara is almost higher than the rest claims when compared with remaining hospital county of Western NY.



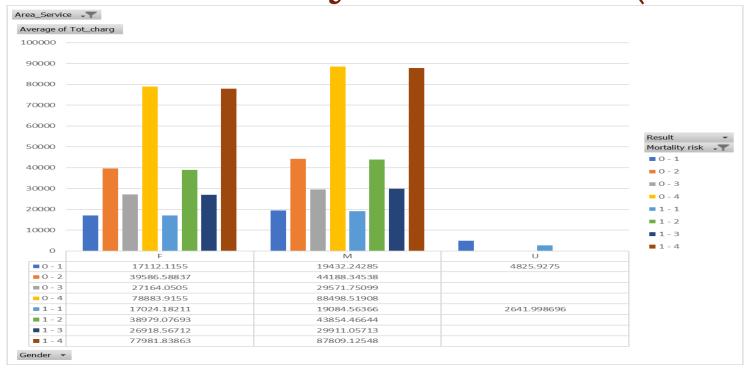
Admission type Vs Counts of Hospital ID

- 1. Emergency Admission type holds the majority interaction in the dataset comparitively.
- 2. Representation shows comparisons of gender with respect to admission types



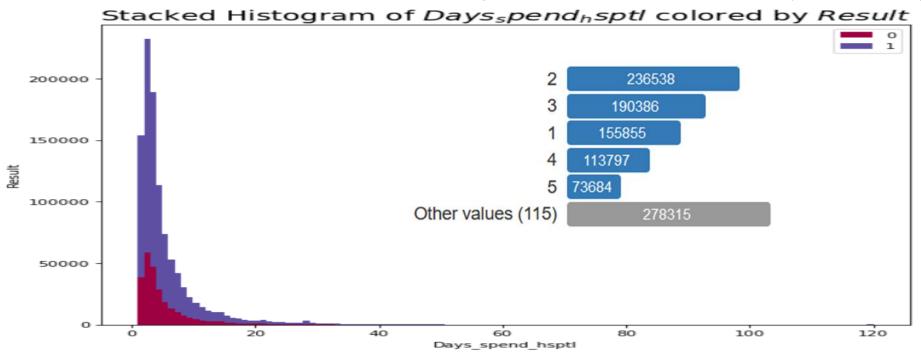
Gender Vs Average of Total cost

- 1. Though female made more claims than male, when comparing the average of total cost spend by them, Male tends to spend more (slight above) than female (Both claim types) in the dataset.
- 2. Representation shows comparisons of gender with respect to Average total cost



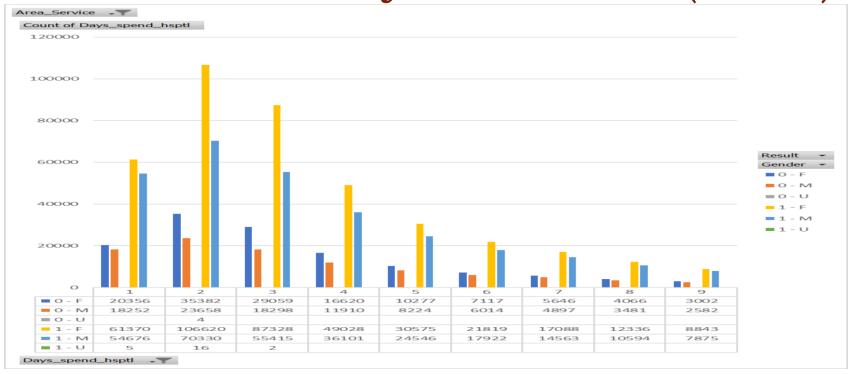
Gender Vs Average of Total charge

- 1. Though female made more claims than male, when comparing the average of total charge spend by them, hence in most cases Male tends to spend more (slight above) than female in the dataset.
- 2. Representation shows comparisons of gender with respect to Average total charge.



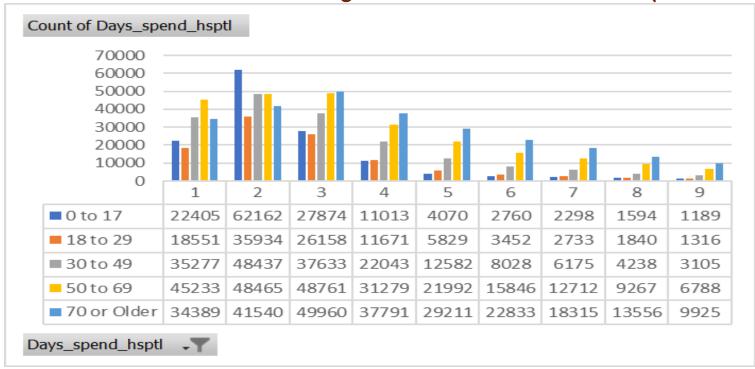
Days spent in hospital

- 1. Representation shows counts of days spent in hospital.
- 2. Data is more skewed from 1 to 20 days among 120 unique days and here there are more cases spends 2 days mandatory in the hospital. (Top 5 data Vs Other values)
- 3. Values of 2 days spent in hospital is almost close to other 115 values.



Days spent in hospital

- 1. Representation shows counts of days spent in hospital (Top 9) Vs. Gender
- 2. As the days spent in hospital increases we see 20-25% difference between claim counts by gender in the beginning and as further the days spend increases more than 10 days we see that difference is reducing among the genders.



Age Vs Days spent in hospital

- 1. Representation shows counts of days spent in hospital (Top 9) Vs. Age Groups
- 2. 50-69 Age group shows high as they might be coming in for a single day for General check up
- 0-17 Age group; Among all the rest data, this group alone differs from regular pattern only in Days spent in hospital (2days)
 and stands highest when compared to the rest all data.