Biomolecules & Biomedicine

Biomolecules and Biomedicine

ISSN: 2831-0896 (Print) | ISSN: 2831-090X (Online) Journal Impact Factor® (2024): 2.2

<u>CiteScore® (2024):</u> 5.2 <u>www.biomolbiomed.com</u> | blog.bjbms.org

The BiomolBiomed publishes an "Advanced Online" manuscript format as a free service to authors in order to expedite the dissemination of scientific findings to the research community as soon as possible after acceptance following peer review and corresponding modification (where appropriate). An "Advanced Online" manuscript is published online prior to copyediting, formatting for publication and author proofreading, but is nonetheless fully citable through its Digital Object Identifier (doi®). Nevertheless, this "Advanced Online" version is NOT the final version of the manuscript. When the final version of this paper is published within a definitive issue of the journal with copyediting, full pagination, etc., the new final version will be accessible through the same doi and this "Advanced Online" version of the paper will disappear.

SUPPLEMENTAL DATA

Bu et al: Predicting insurance overspending risk Enhancing predictions of health insurance overspending risk through hospital departmental performance indicators

Yao Bu^{1#}, Danqi Wang^{2#}, Xiaomao Fan³, Jiongying Li⁴, Lei Hua², Lin Zhang^{5,6}, Wenjun Ma⁷, Liwen He⁸, Hao Zang⁹, Haijun Zhang¹⁰, Xingyu Liu¹¹, Yufeng Gao¹², Li Liu^{1,2*}

¹School of Artificial Intelligence and Computer Science, Jiangnan University, Wuxi, Jiangsu, China

²Big Data Center, Affiliated Hospital of Jiangnan University, Wuxi, Jiangsu, China

³College of Big Data and Internet, Shenzhen Technology University, Shenzhen, Guangdong, China

⁴Office of Health Insurance Administration, Affiliated Hospital of Jiangnan University, Wuxi, Jiangsu, China

⁵Suzhou Industrial Park Monash Research Institute of Science and Technology, Monash University, Suzhou, Jiangsu, China

⁶Monash University-Southeast University Joint Research Institute (Suzhou), Southeast University, Suzhou, Jiangsu, China

⁷School of Computer Science, South China Normal University, Guangzhou, Guangdong, China

⁸Wuxi Innovation Center, Shenzhen Research Institute of Big Data, Wuxi, Jiangsu, China

⁹School of Information and Control Engineering China University of Mining and Technology, Xuzhou, Jiangsu, China

¹⁰Jiangsu Zhisheng Information Technology Co., LTD., Xuzhou, Jiangsu, China

¹¹Wuxi Health Statistics and Information Center, Wuxi, Jiangsu, China

¹²Affiliated Hospital of Jiangnan University, Wuxi, Jiangsu, China

*Correspondence to Li Liu: <u>9862016027@jiangnan.edu.cn</u>

[#]Yao Bu and Danqi Wang contributed equally to this work.

DOI: https://doi.org/10.17305/bb.2025.12051

Full article is available at the following link:

https://www.bjbms.org/ojs/index.php/bjbms/article/view/12051

Table S1. Calculation formula for each evaluation method.

Evaluation method	Formula
Accuracy	(TP+TN)/(TP+TN+FP+FN)
Precision	TP / (TP+FP)
Recall	TP / (TP+FN)
F1-score	2*Precision*Recall / (Precision+Recall)

Table S2. The characteristics of patient population in the study.

Name	Category	Data type	Mean (std) /N	(P25, P75)	Missing
			(%)		(%)
Management informa	tion		1		
Hospital name		Categorical			0
Department name		Categorical			0
Treatment behavior			! 		
Discharge time		Numerical			0
Critical condition	Yes No	Categorical	193259 (35.2%) 356651 (64.8%)		0
Surgical procedure	Yes No	Categorical	430147 (78.3%) 119763 (21.7%)		0
Surgical category	0 1 2	Categorical	208416 (37.9%) 78637 (14.3%) 90185 (16.4%)		0

	3		113281 (20.6%)		
	4		59391 (10.8%)		
.			0.51 (10.11)	(4.00,	0
Inpatient stay		Numerical	9.51 (12.11)	10.00)	0
Hospitalization costs					
Hospitalization costs					
Medicine expenses					
(western medicine,			3752.37	(614.58,	
traditional Chinese		Numerical	(10989.56)	3937.84)	0.04
medicine)					
,					
Consumables		T 7 A		7	
expenses E/	ARL	Numarical	3696.46	(53.64,	0.07
(examination,		Numericai	(14511.98)	1619.01)	0.07
surgery)					
				(
Medical services		Numerical	8171.33	(5718.96,	0
expenses			(1463.95)	11621.34)	
Health insurance			-1473.30	(-3609.64,	
overspending amount		Numerical	(16863 80)	3172 37)	0
s . enspending uniount			(10000.00)		
Total expenses		Numerical	15620.16	(6387.18,	0.01
rotai expenses		inumerical	(24037.58)	17178.18)	0.01

Table S3. Comparison between the training and test sets in the regional and hospitaldatasets.

DPIs		Region			Hospital		
	Mean	(Std)	<i>P</i> _value	value Mean (Std)			
	Training	Test		Training	Test		
TADP	0.1 (0.09)	0.1 (0.1)	0.29	0.13 (0.13)	0.14 (0.14)	0.24	
ССР	0.38 (0.33)	0.38 (0.33)	0.57	0.3 (0.27)	0.29 (0.27)	0.50	
TSP	0.78 (0.29)	0.77 (0.29)	0.41	0.76 (0.26)	0.76 (0.26)	0.22	
IVSP	0.14 (0.22)	0.15 (0.23)	0.10	/	/	/	
MEP	0.26 (0.14)	0.3 (0.15)	0.23	0.3 (0.12)	0.31 (0.12)	0.65	
СЕР	0.18 (0.17)	0.18 (0.17)	0.38	0.18 (0.15)	0.19 (0.16)	0.53	
MSEP	0.77 (0.12)	0.77 (0.12)	0.23	0.74 (0.1)	0.69 (0.12)	0.17	
AIS	0.05 (0.05)	0.04 (0.04)	0.35	0.06 (0.04)	0.04 (0.03)	0.31	

Table S4. Shapiro-Wilk and Levene's test P-values for assessing normality and

homogeneity of variance across feature groups.

F,

	Shap	biro-Wilk (Levene's test)	
Feature	High vs Low	High vs No	Low vs No
			Region
TADP	0.24 (0.13)	0.22 (0.30)	0.3 (0.25)
ССР	0.18 (0.25)	0.27 (0.41)	0.2 (0.37)
TSP	0.33 (0.08)	0.19 (0.15)	0.26 (0.17)
IVSP	0.08 (0.19)	0.48 (0.38)	0.34 (0.09)
MEP	0.21 (0.23)	0.23 (0.63)	0.29 (0.10)
СЕР	0.49 (0.44)	0.07 (0.18)	0.67 (0.55)
AIS	0.25 (0.07)	0.19 (0.22)	0.42 (0.57)
MSEP	0.31 (0.67)	0.26 (0.12)	0.32 (0.23)

			Hospital
TADP	0.12 (0.15)	0.17 (0.37)	0.26 (0.54)
ССР	0.21 (0.28)	0.25 (0.51)	0.19 (0.14)
TSP	0.38 (0.36)	0.08 (0.16)	0.42 (0.25)
MEP	0.24 (0.09)	0.29 (0.07)	0.37 (0.31)
СЕР	0.59 (0.41)	0.38 (0.43)	0.3 (0.27)
AIS	0.31 (0.35)	0.3 (0.33)	0.32 (0.12)
MSEP	0.27 (0.26)	0.25 (0.29)	0.28 (0.17)

Table S5. Statistical Power Analysis of Regional DPIs.

DPI	High-risk vs low-risk	High-risk vs no-risk	Low-risk vs no-risk
TADP	>0.99	0.66	>0.99
ССР	0.84	>0.99	>0.99
TSP	0.98	0.97	0.85
IVSP	0.93	>0.99	>0.99
MEP	>0.99	>0.99	>0.99
СЕР	>0.99	0.78	>0.99
AIS	>0.99	>0.99	>0.99
MSEP	>0.99	>0.99	0.98

Table S6. Statistical Power Analysis of Hospital DPIs.

DPI	High-risk vs low-risk	High-risk vs no-risk	Low-risk vs no-risk
TADP	>0.99	0.78	>0.99
ССР	>0.99	>0.99	>0.99
TSP	0.98	0.90	>0.99
MEP	>0.99	>0.99	>0.99

CEP	0.86	>0.99	>0.99
AIS	>0.99	>0.99	>0.99
MSEP	>0.99	>0.99	>0.99

(A)

TADP	1	-0.095	0.03	-0.069	-0.058	0.037	0.064	-0.29	1.00
CCP	-0.095	1	-0.13	0.14	0.25	0.19	-0.24	0.34	- 0.75
TSP	0.03	-0.13	1	0.11	-0.023	0.19	0.031	0.061	- 0.50
IVSP	-0.069	0.14	0.11	1	-0.085	0.53	0.081	0.2	- 0.25
MEP	-0.058	0.25	-0.023	-0.085	1	-0.2	-0.97	0.22	- 0.00
CEP	0.037	0.19	0.19	0.53	-0.2	1	0.2	0.046	0.25
MSEP	0.064	-0.24	0.031	0.081	-0.97	0.2	1	-0.22	0.50
AIS	-0.29	0.34	0.061	0.2	0.22	0.046	-0.22	1	0.75
	TADP	CCP	TSP	IVSP	MEP	CÉP	MSEP	AIS	

(B)

TADP	1	-0.076	0.15	-0.13	0.11	-0.085	-0.1	-0.36	
CCP	-0.076		-0.073	0.17	0.039	0.069	-0.039	0.26	
TSP	0.15	-0.073	1	0.2	-0.044	0.27	0.045	-0.12	
IVSP	-0.13	0.17	0.2	1	-0.3	0.75	0.3	0.37	- 0
MEP	0.11	0.039	-0.044	-0.3	1	-0.39	-1	0.083	-0
CEP	-0.085	0.069	0.27	0.75	-0.39	1	0.39	0.24	
MSEP	-0.1	-0.039	0.045	0.3	-1	0.39	1	-0.082	
AIS	-0.36	0.26	-0.12	0.37	0.083	0.24	-0.082	1	
	TADP	CCP	TSP	IVSP	MEP	CÉP	MSEP	AIS	

Figure S1. Spearman correlation analysis of the regional-level and hospital-level DPIs.





levels. EARLY ACCESS

(A)





Figure S3. Calibration curvs for high-risk class predictions in regional and hospital LightGBM models.