DISSERTATION

ON

PROCESS RE-ENGINEERING TO ELEVATE CUSTOMER EXPERIENCE WITH CASHLESS CLAIMS

By

DR. MEHAK MAHAJAN

Dissertation submitted in partial fulfillment of the requirements of the degree.
MBA - Health and Hospital Management

Under the Guidance of

Vinod Kumar SV

Academic Year, 2019-2021

The IIHMR University, Jaipur
1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"Process Re-Engineering to Elevate Customer Experience with Cashless Claims"** is the Bonafede record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

(Signature)

Dr. Mehak Mahajan

Date

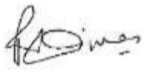
30-Jun-21

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Mehak Mahajan (P113696), in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University), Jaipur has successfully completed her project on "PROCESS RE-ENGINEERING TO ELEVATE CUSTOMER EXPERIENCE WITH CASHLESS CLAIMS" from the period 9th April till 30th June 21 while working as employee with Max Bupa Health Insurance Co. ltd.

Yours sincerely,

For **Max Bupa Health Insurance Co. Ltd.**



Rati Diwan
VP - HRBP & Head - Organization Capability & Development

CERTIFICATE

This is to certify that **Dr. Mehak Mahajan** in partial fulfillment of the requirements for the award of the degree of **MBA - Hospital and Health Management** from the IIHMR University, Jaipur has successfully completed her/his internship at **Max Bupa Health Insurance** during April 9th, 2021 to June 30th, 2021.

Place: Preceptor/Head of the Organization

Date: Name of the organization

CERTIFICATE

This is to certify that dissertation titled **"Process Re-Engineering to Elevate Customer Experience with Cashless Claims"** is a record of the research work undertaken by **Dr. Mehak Mahajan** in partial fulfillment of the requirements for the awardof the degree of **MBA - Hospital and Health Management** from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

ACKNOWLEDGEMENTS

The three-month training opportunity I had with Max Bupa Health Insurance was a great chance of learning and professional development. I consider myself grateful to have got this opportunity and a chance to meet such wonderful and professional people who let me through this period.

Before all, I would like to thank my parents for their blessings and support without which it would have been difficult to complete the project in the scheduled time.

During the period of my training, I have received generous amount of help from my colleagues, which I would like to put on record here with deep gratitude and great pleasure. I am immensely grateful to Dr Vikas Gupta (Vice President) for being such a wonderful mentor in helping me at every step of my dissertation. He has been a pillar of support throughout my journey. A special to Dr. Sudeshna Ghosh Mallick (Chief Manager) and the team of Max Bupa Health Insurance for giving me this wonderful opportunity.

I would like to thank my university mentor/guide Dr Vinod Kumar SV (Professor), at my university for his continuous support and guidance in every phase of the project.

I like to express my gratitude to the policyholders and the staff of Max Bupa Health Insurance.

I perceive this opportunity as a big milestone in my career development as it has helped me gain skills and knowledge to attain desired career goals.

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ABBREVIATIONS

CRM - Customer Relationship Management

F&I - Fraud and Investigation

KYC - Know Your Customer

MBHI - Max Bupa Health Insurance

NPS - Net Promoter Score

Pre-auth ID - Preauthorization Identification

Policy T&C - Policy Terms and Conditions

TAT - Turn Around Time

ABSTRACT

Title – PROCESS RE-ENGINEERING TO ELEVATE CUSTOMER EXPERIENCE WITH CASHLESS CLAIMS

Keywords - Health Insurance, Cashless Claims, Customer Experience, Net Promotor Score, Delayed Process

Background - The study was undertaken at Max Bupa Health Insurance, Noida to calculate the Net Promotor Score and know customer feedback.

Research Question - How can we elevate Customer Experience with Cashless Claims at Max Bupa Health Insurance Company?

Objectives - To analyze the customer happiness index [Promotors / Passives / Detractors] through Net Promoter Score.

Methodology - The study was a cross sectional study with a sample size of 140 Policyholders of Max Bupa Health Insurance. The data was collected via primary method using questionnaire and the sampling technique was Randomized Sampling.

Results - The Net Promoting Score was calculated & that came out as +46, which indicated that the company is doing great and has far more happy customers than unhappy ones. After comparing with NPS benchmarks in Healthcare Insurance Sectors, where NPS [-5 to 5 → Average || >20 → Strong || > 40 →Extremely strong] , we are well placed in the industry.

Conclusion - Claims Process is an integral part of the operational flow of any insurance company. So, if the efficiency of the entire process is good, it can increase the level of consumer satisfaction.

INTRODUCTION

In Healthcare Insurance Sector, it is always important to ensure that the customers who have bought the health policies, their customer experiences should be well taken care at the time of any health exigencies. Hence it is always important to know, how a brand is being perceived in the market.

What is Health Insurance?

The word 'Health Insurance' is generally known as a type of insurance that basically covers a customer's medical expenses.

A health insurance policy is an agreement between any insurance company & retail or corporate customers, where insurer decides to offer stipulated health insurance cover on particular payment subject to terms and conditions specified in the health insurance policy. "Health insurance covers the whole or a part of the risk of the person incurring medical expenses, defined as the coverage that provides for the payments of benefits as a result of sickness or injury includes losses from accident, medical expense and disability or accidental death". Hence it is important for the insurance company to make sure that the claim settlement process for policy holders are done efficiently for keeping the customer's happiness in mind.

What are Cashless Claims?

A Cashless Claims is a convenient option given to policy holders in which the insurer company directly settles the bill with hospitals & the patient will not have to make any payment to the hospital directly. "A cashless health insurance policy limits you in terms of the hospital you choose. To avail of the cashless benefit, the patient must be admitted in a hospital that comes under the insurer's network. Seek treatment at a network hospital and the insurance company/insurer will settle the bill directly without requiring any payment from the patients end."

"Cashless Claims Department" functions with the following key team players:

a) Admin
b) Doctors
c) Billers

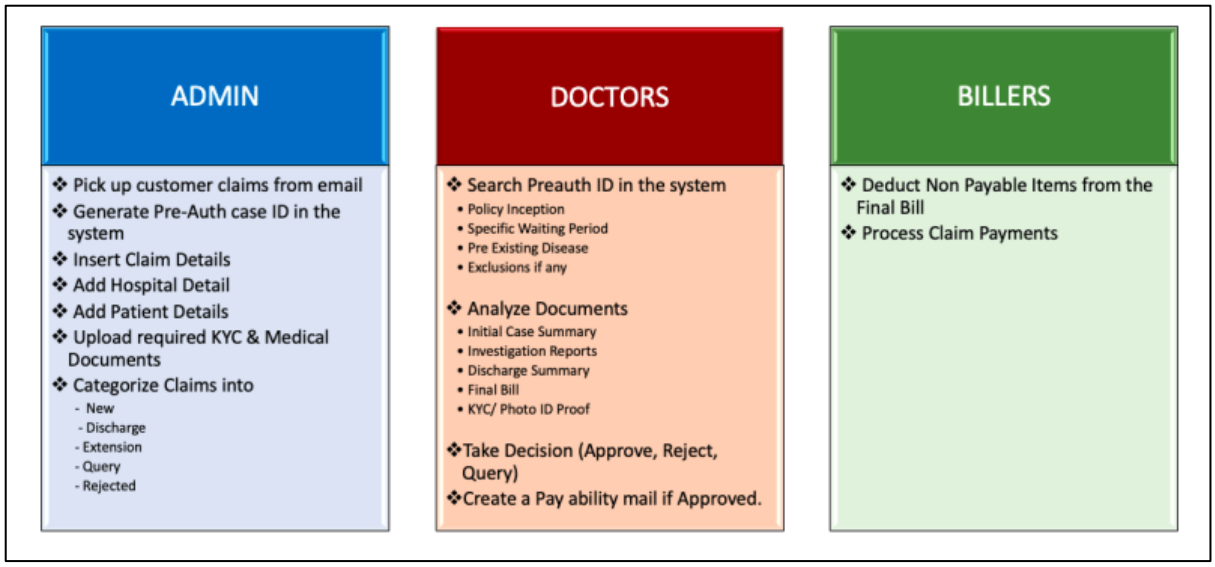


Fig 1. Claims Process - Roles and Responsibilities

There are two processes involved in Cashless Claims:

1. **Initial Pre-auth**

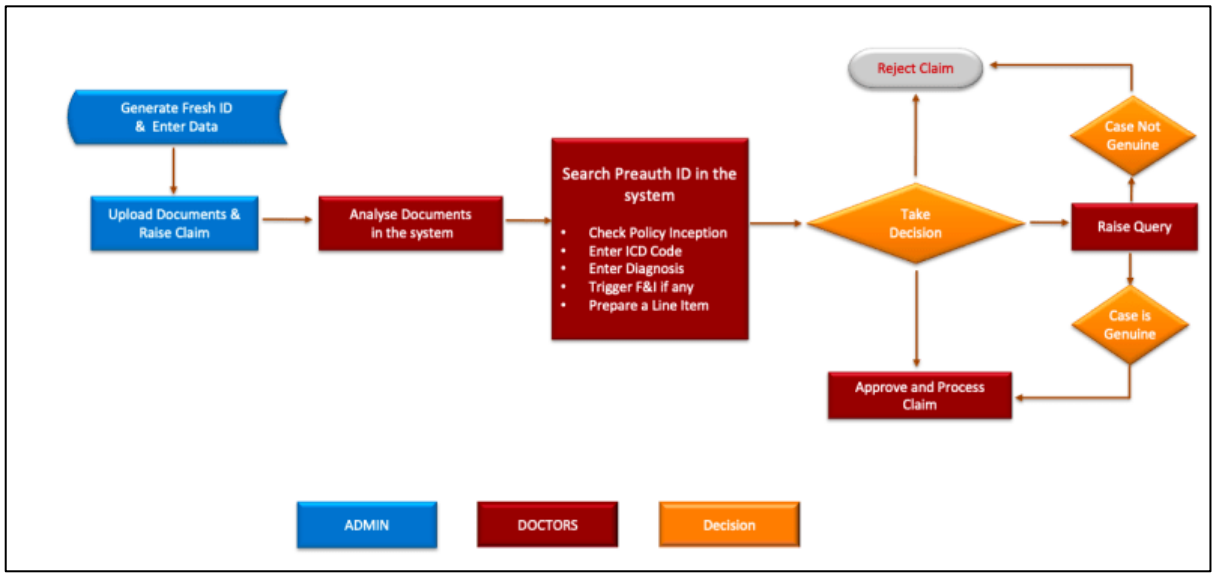


Fig 2. Process Flow - Initial Cashless Claims

2. **Discharge Pre-auth**

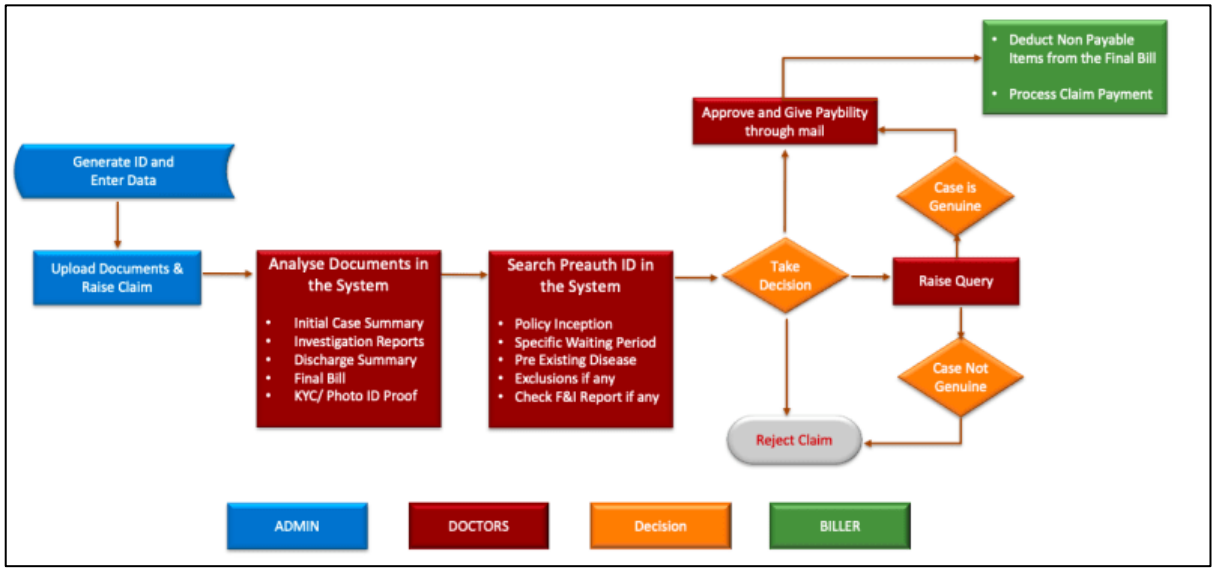
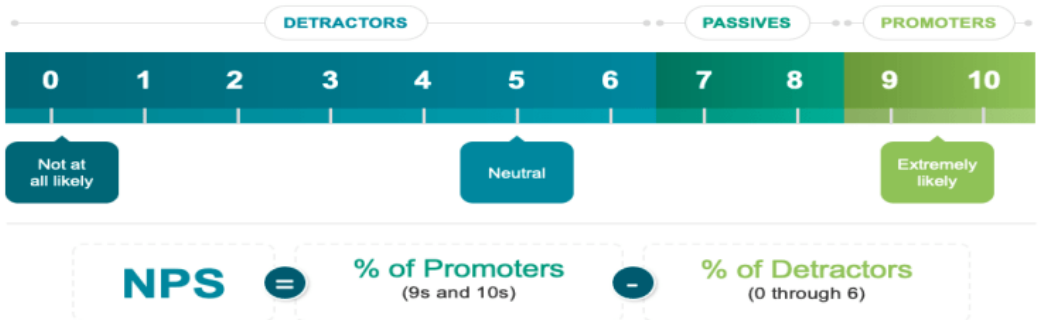


Fig 3. Process Flow - Discharge Cashless Claims

What is Net Promotor Score?

Net Promoter Score (NPS) is a customer loyalty metric and a key gauge of the customer experience. Based on survey data, NPS is derived from answers to the simple question: "How likely are you to recommend Company X to a friend?" The NPS score is then calculated based on the number of promoters of the brand minus the number of detractors of the brand. Promoters are extremely likely to refer a company to a friend while detractors are not at all likely to refer a company. Neutral responses have no impact on Net Promoter Scores.

So, Net Promotor Score is a great indicator to understand how company is performing in terms of customer experience.



REVIEW OF LITERATURE

1. S. Kamalaveni and B. Suganya (2017) analyzed the Star health insurance brand awareness level among consumers and highlighted the efficiency of the different marketing or promotional tools used for the purpose. The objectives of most marketing campaign are to create and maintain brand preference. The analysis was done with the help of the data collected through questionnaire taking a sample size of 124 in an around Coimbatore. The data collected was analyzed using analytical tools like simple percentage, ranking correlation and chi-square test. As per the findings, suggestions are given to the company to take intimation to fulfil the consumer needs.

2. Xing, Liew and Nellikunnel Devasia Syriac (2019) studied that Insurance is a service sector where competition among insurance organization is very tough to attract new or retain the current customers. Customer relationship management is a strategy what helps the insurance organizations to adapt to be competitive in the insurance industry. CRM helps the insurance organizations to retain the customers through the CRM practice to concentrate on the need of individual customers in the long-term period and contributes a lot to customer satisfaction, loyalty and retention. The research objective is to examine the effects of customer relationship management on customer retention in the insurance industry of Kuala Lumpur, Malaysia. The researcher adopted the CRM dimensions which are customer orientation, knowledge management, CRM organization and CRM technology as independent variables to examine its effect on customer retention.

3. Dr. Menaka, Harish M (2018) examined the importance of customer satisfaction and perception in marketing. It is a measure adopted by a company to outdo customer beliefs. The customer satisfaction ratings have a powerful effect in the organisations. These by four ratings help you analyse sales and profitability of a concern. The study is based on data obtained from hundred samples from the branches of Pathanamtitta district. The investigator adopted convenience sampling method for choosing the

samples. The statistical tool used for analysis was chi-square test. The conclusion is that that the time factor has a significant role in the settlement of claims by Oriental insurance Corporation of India.

4. Arunesh Garg (2013) investigated the satisfaction and problems of the 321 health insurance policy holders of various health insurance companies in the state of Punjab and the union territory of Chandigarh. The study showed the claim settlement experience of all the respondents who had opted for sickness and accident covers. The policyholders complained of delay in policy issue, excessive documentation, non-responsiveness and non-cooperativeness on the part of company and its officials, delay/denial in case of claim settlement, lack of transparency etc. The findings, suggested to improve overall experience of the health insurance policy holders.

5. Arun Vijay, Krishnaveni Venkatachalam (2019) observed that satisfaction of policyholders is considered a key performance indicator in insurance business, particularly in the health insurance sector. The study was conducted in Ernakulam district of Kerala among 150 policyholders who availed themselves of treatment at the empaneled hospital. They revealed that the level of satisfaction of customers with the services along with awareness of policy terms and conditions can affect the renewal of the policy.

RESEARCH QUESTION

- How can we elevate Customer Experience with Cashless Claims at Max Bupa Health Insurance Company?
- What could be the challenges faced by the customers?

OBJECTIVES

- To analyze the customer happiness index [Promotors / Passives / Detractors] through Net Promoter Score.
- To deep dive & understand the key challenges of Detractors Customers with additional set of questionnaires.
- To work on the major challenge based on customer feedback.
- To understand the Claims Process, including the steps involved in these Processes.
- To collaborate with internal and external stakeholders on solution approach to convert 80% of detractors into Promotors.
- To implement possible interventions required to improve customer satisfaction.

METHODOLOGY

The NPS is calculated by using the answer to a single question, using a 0 to 10 scale that is how likely is it that you would recommend our brand to a friend or a colleague? This is called the NPS question or the ultimate question. Respondents are grouped as follows:

1. "**Promoters** (score 9 to 10) are loyal enthusiasts who will keep buying and prefer others, fueling growth".
2. "**Passive** (score 7 to 8) are satisfied but an enthusiastic customer who are vulnerable to competitive offerings".
3. "**Detractors** (score 0 to 6) are unhappy customers who can damage your brand and impede growth through negative word of mouth".

"By subtracting the percentage of detractors from the percentage of promoters we can calculate the NPS score, which can range from a low of '-100' (if every customer is a detractor) or to a high of '+100' (if every customer is a promoter). Improving the NPS can improve the business performance along with the customer's journey".

- **STUDY DESIGN:** Cross Sectional Study.

- **SETTING:**
  - NPS score for all Policy Holders
  - Specific set of questionnaires for Detractors
  - Another set of questionnaires for employees in Claims Department at Max Bupa Health Insurance

- **STUDY POPULATION:**
  - Policy Holders - who bought different healthcare insurance plans
  - Staff related to Claims Department in Max Bupa Health Insurance

- **DURATION OF STUDY:** Three Months

- **SAMPLE SIZE:**
  - All the staff (120) engaged with the Claims Department during data collection period were interviewed.

- 142 Policy Holders were interviewed through questionnaire out of which 14 did not participated and further questions were asked to 128 policy holders.

- **STUDY TOOLS:**
  - Extensive Review of Literature and Consultation of Experts in this field.
  - A data sheet was developed to record relevant information from the Claims Department. [Detailed questionnaire enclosed below]
  - Questionnaire for Policy Holders and Staff in Claims Department at Max Bupa Health Insurance.

- **DATA COLLECTION PROCEDURE**:
  - Direct Observation
  - Direct Interview with the help a structured Questionnaire.
  - Approval from senior management of the Company to conduct a survey using questionnaire.
  - Secondary data through literature review.

- **DATA ANALYSIS PLAN:** Data analysis was carried out using MS Excel. Appropriate statistical test was applied.

- **ETHICAL CONSIDERATIONS:** Informed consent was obtained from all the study participants and appropriate measures were taken to ensure data security, privacy and confidentiality like:
  - Voluntary Participation
  - Their responses were kept anonymous
  - Evaluation process did not harm any of the participant

RESULTS & DISCUSSIONS [Policy Holders]

DEMOGRAPHICS ANALYSIS

Table 1. Percentage distribution of customer participation level	
Participation	**% age**
Yes	90.14
No	9.86

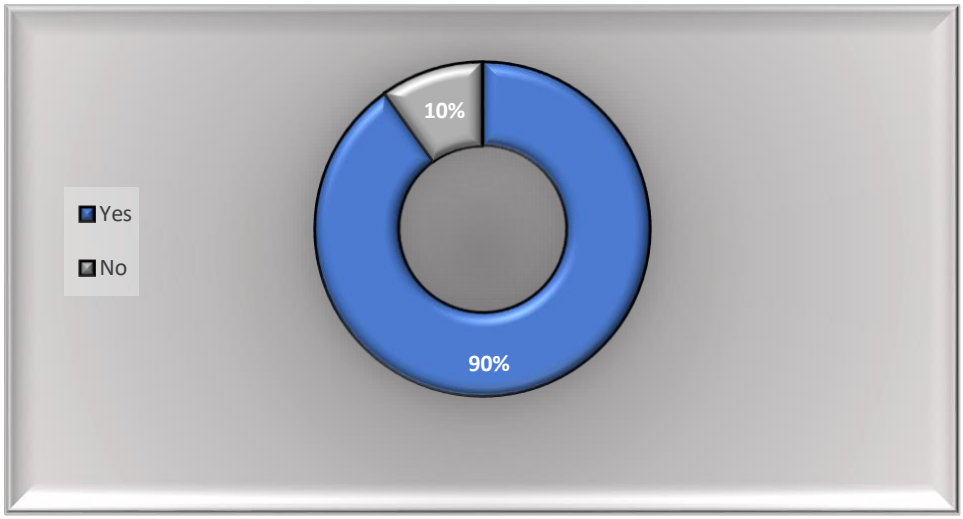


Fig 4. Customer participation level

This chart depicts the total number of people, who were asked to participate in the survey & out of which 90.14% accepted & 9.86% declined the request.

Table 2. Customer Age Segmentation	
Age Group	**No. of Customers**
Below 30	52
31 - 40	65
41 - 50	9
51 - 60	1
Above 60	1

This table represents that, majority of the survey participation was below age 40 Years.

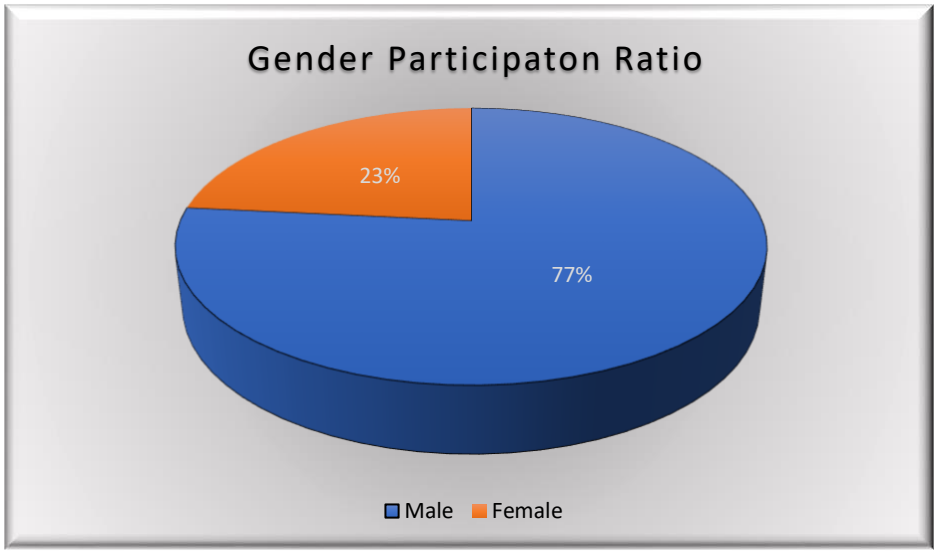


Fig 5. Gender participation ratio

Out of total 128 customers, survey was filled by 77% Male & 23% Female participants.

Table 3. Percent distribution of respondents by locality	
Locality	**%age**
Urban	60.16
Rural	39.84

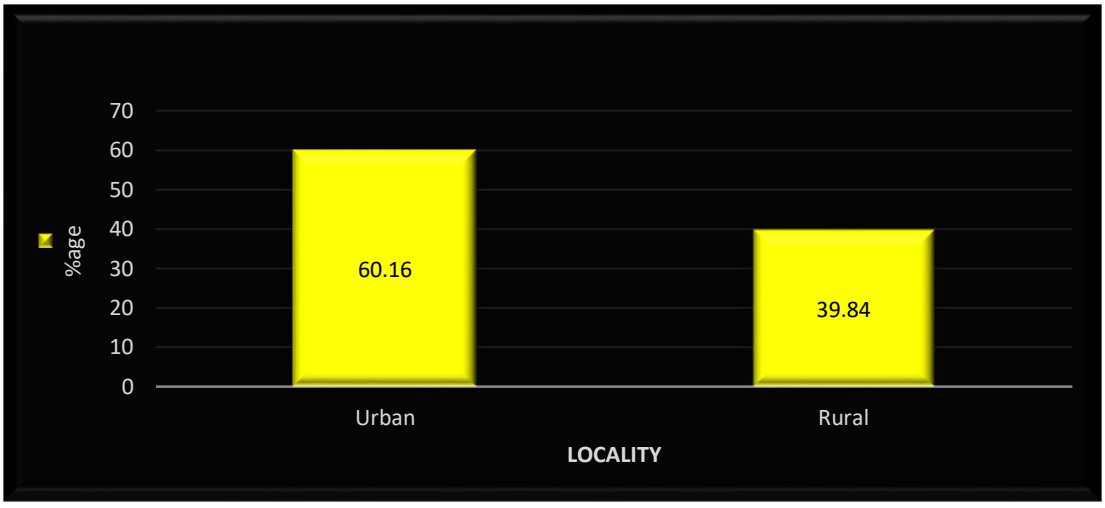


Fig 6. Customer participation area

Chart shows, balanced mix of participation between **Urban** [60.16 %] & **Rural** [39.84%] areas.

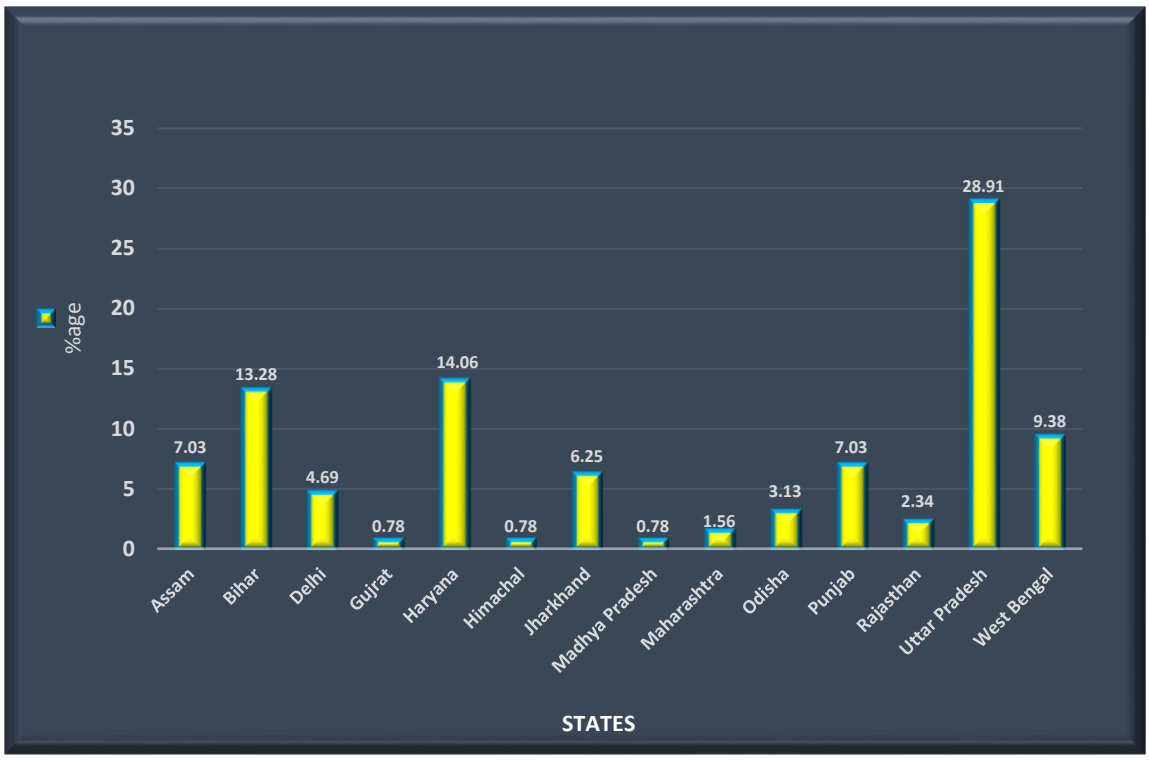


Fig 7. Customer State-wise Breakup

Chart represents great participation of policy holders from **14 states of India**. e.g. UP, Haryana, Bihar, West Bengal tops the participation.

NET PROMOTER SCORE

Table 4. Percentage distribution of respondents on NPS		
NPS	**Count**	**%age**
Detractors	19	14.84
Passives	31	24.22
Promotors	78	60.94

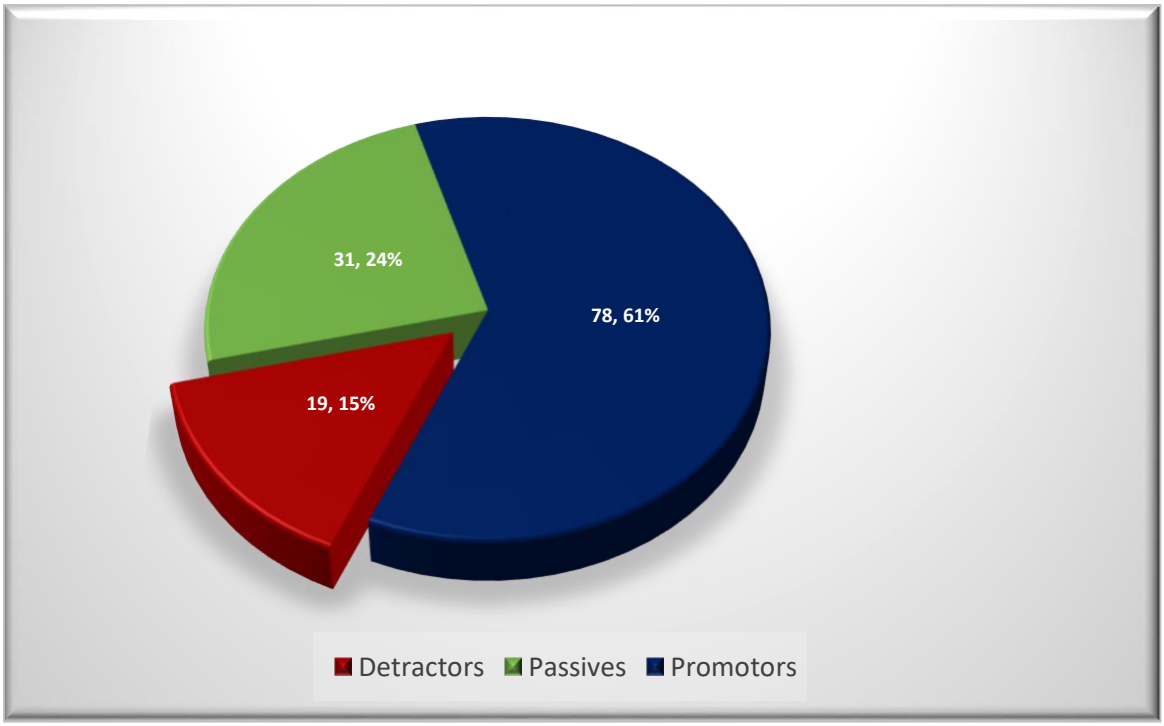


Fig 8. Net Promoter Score

Net Promoter Score participation shows 78.61% [Promotors], 31.24% [Passives] & 19.15% [Detractors.

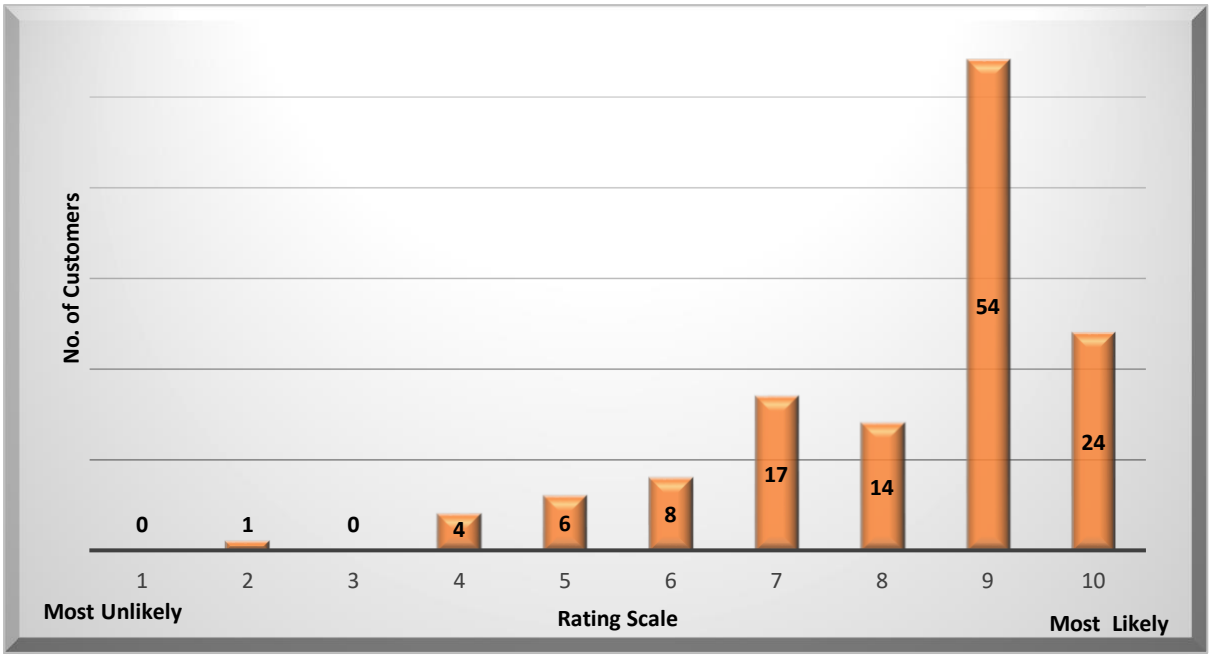


Fig 9. Recommendation of MBHI

This chart clearly shows that 78 people are **true Brand ambassadors** with another 31 as **brand neutral** & balance 19 have clearly shown their displeasure with certain services.

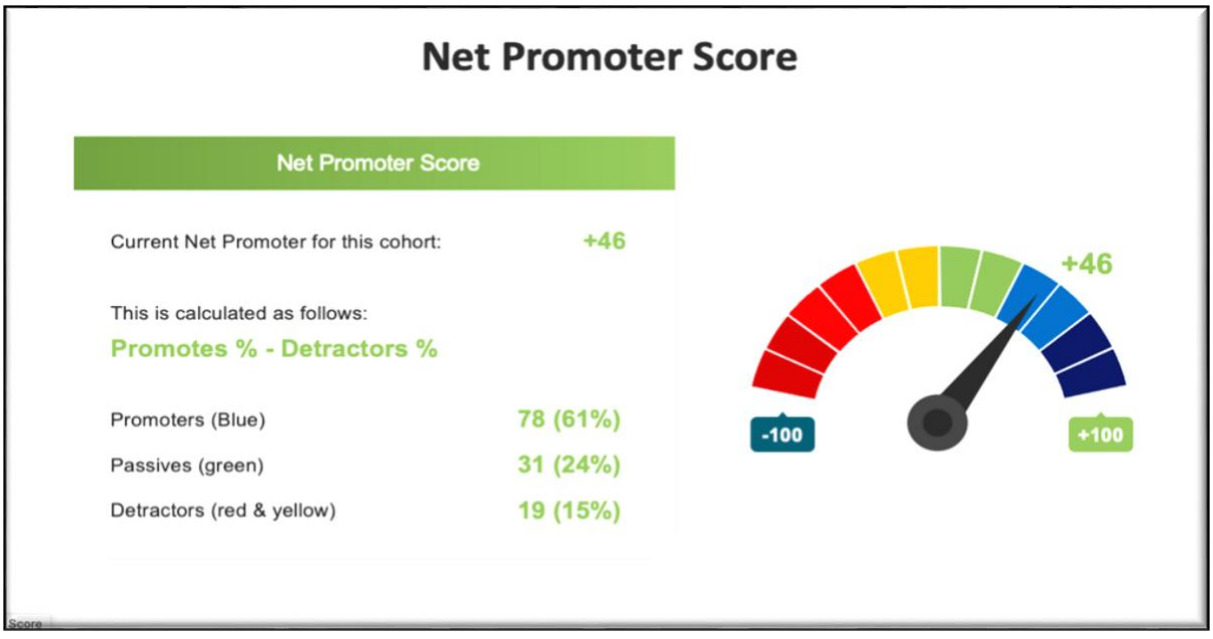


Fig 10. Net Promoter Score - Calculations

The above figure depicts that out of 100% customers, 61% were promoters followed by 24% passives and 15% detractors. When calculated the Net Promoter Score by subtracting percentage of detractors from percentage of promoters, we got +46 NPS, which is a healthy score for the brand, but surely need to address few areas to take this to next level.

Table 5. Percent distribution by Customer Policy Type	
Policy Type	**%age**
Retail	55.47
Corporate	44.53

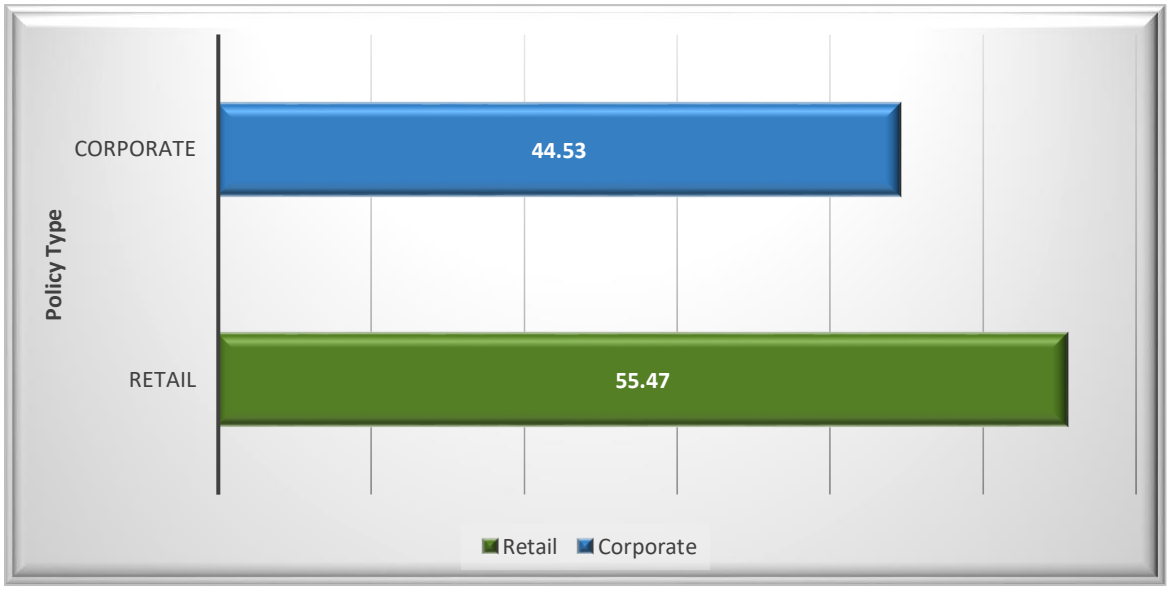


Fig 11. Customer Policy Type

Again, balanced mix of participation from **Corporate** [44.53%] vs **Retail** [55.47%] policy holders.

Table 6. Percent distribution by Customer Policy Term and Conditions	
Policy T&C	**%age**
Yes	82.81
No	17.19

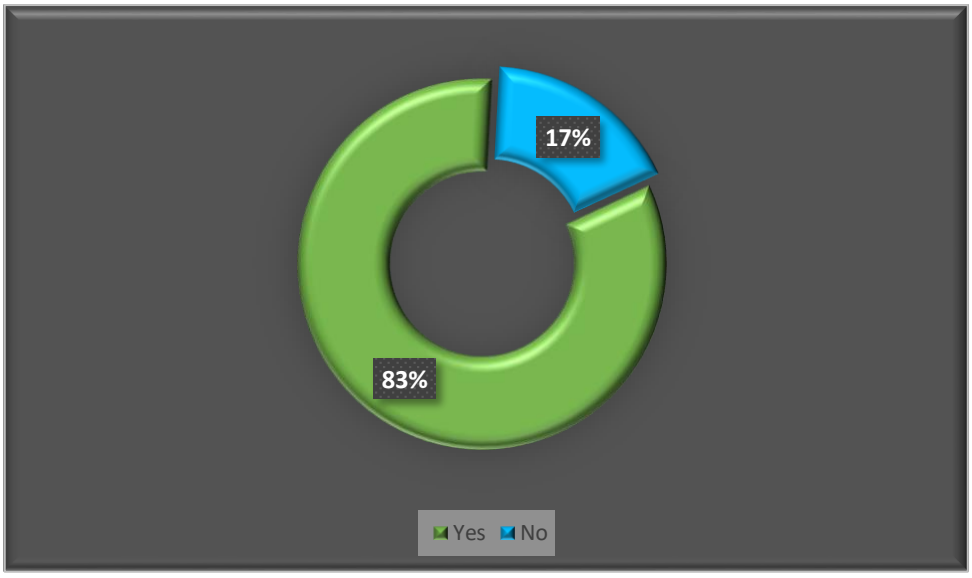


Fig 12. Customer awareness on policy terms and conditions

83% people out of 100% are fully aware about Policy's T&C, however balance 17% were not well-informed customers.

Table 7. Percentage distribution of respondents on customer awareness-cashless claims	
Awareness of Cashless Claims Process	**%age**
Yes	77.34
No	22.66

22.66% people were not aware about company's cashless process, it may lead them to be dissatisfied customer at the time of claim settlement, if required.

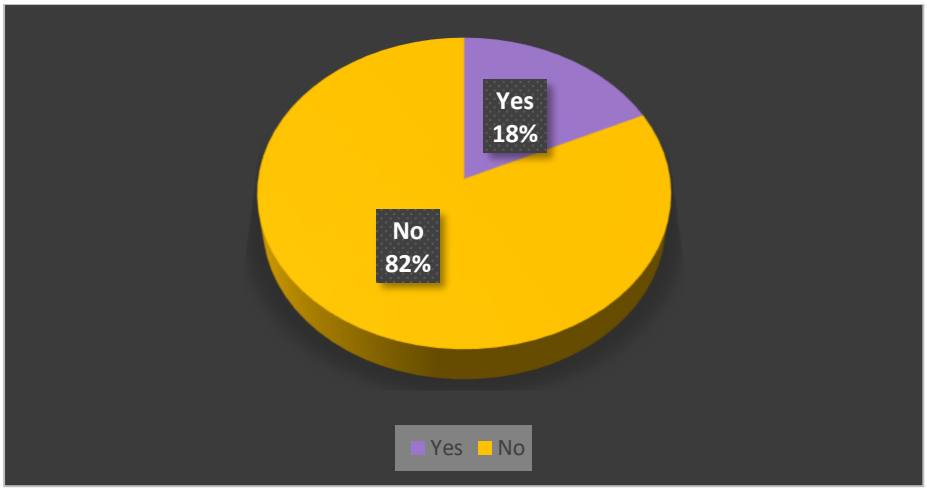


Fig 13. Customer challenges with submission of cashless claims

Chart show, 82% happy / 18% dissatisfied customers while submitting claims.

Table 8. Customers Experience with the below processes					
Response	**Claim Submission**	**Treatment Delay**	**Billing & Discharge**	**Settlement**	**Customer Care**
Yes	23	21	23	44	22
No	105	107	105	84	106

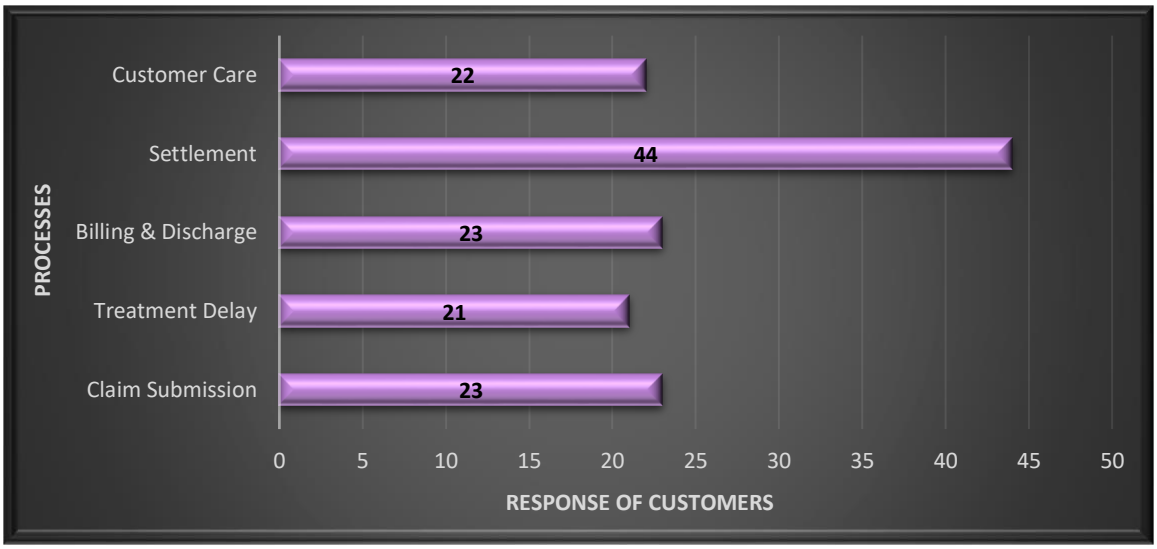


Fig 14. Customer feedback issues faced by policy holders with various services

This chart shows a good depiction of Satisfied versus Unsatisfied customers with different stages of claim approval. 44 out of 128 customers had Timely Claim Settlement issue which is one of the big concerns.

TYPES OF ISSUES with different Process Stages

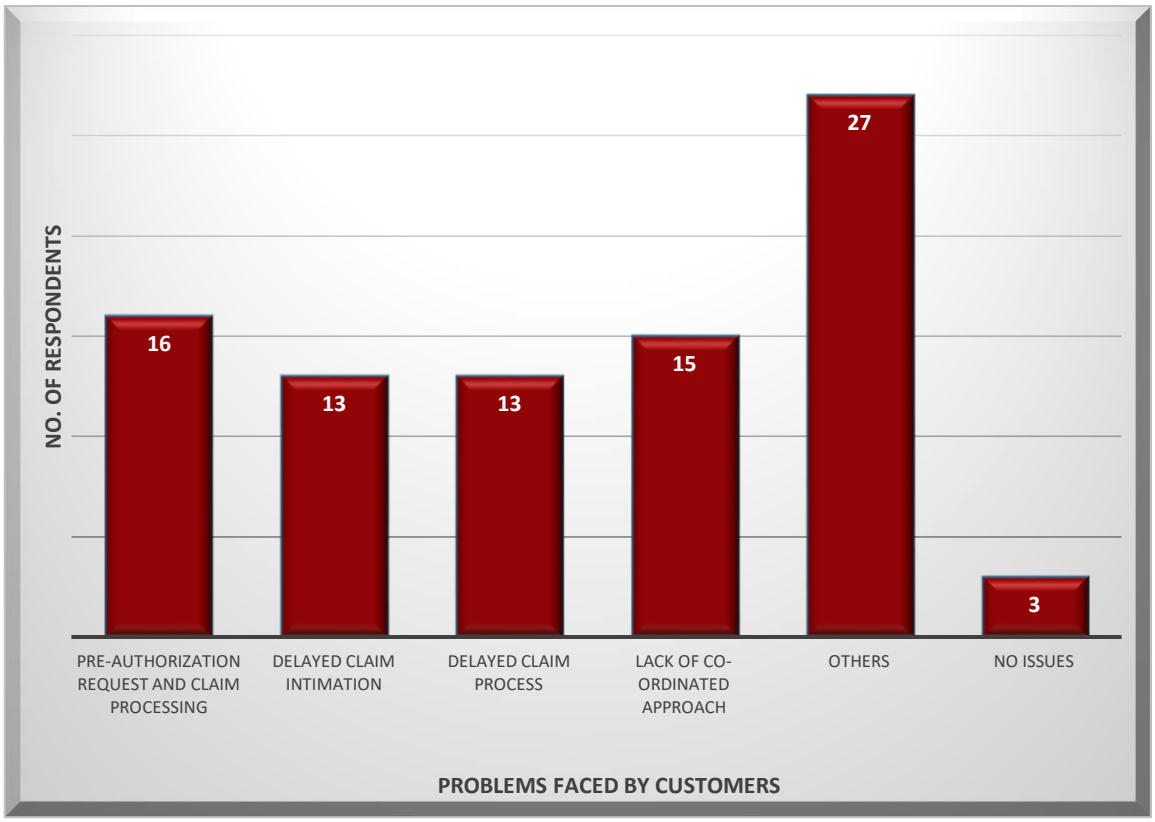


Fig 15. Issues with claims submission

This chart represents deep dive analysis of issues with Claim Submission Process. The graph represents that the 16 customers faced issues with "Pre-authorization request and claim processing" whereas 15 customers faced issues with "Lack of Co-ordinated Approach ".

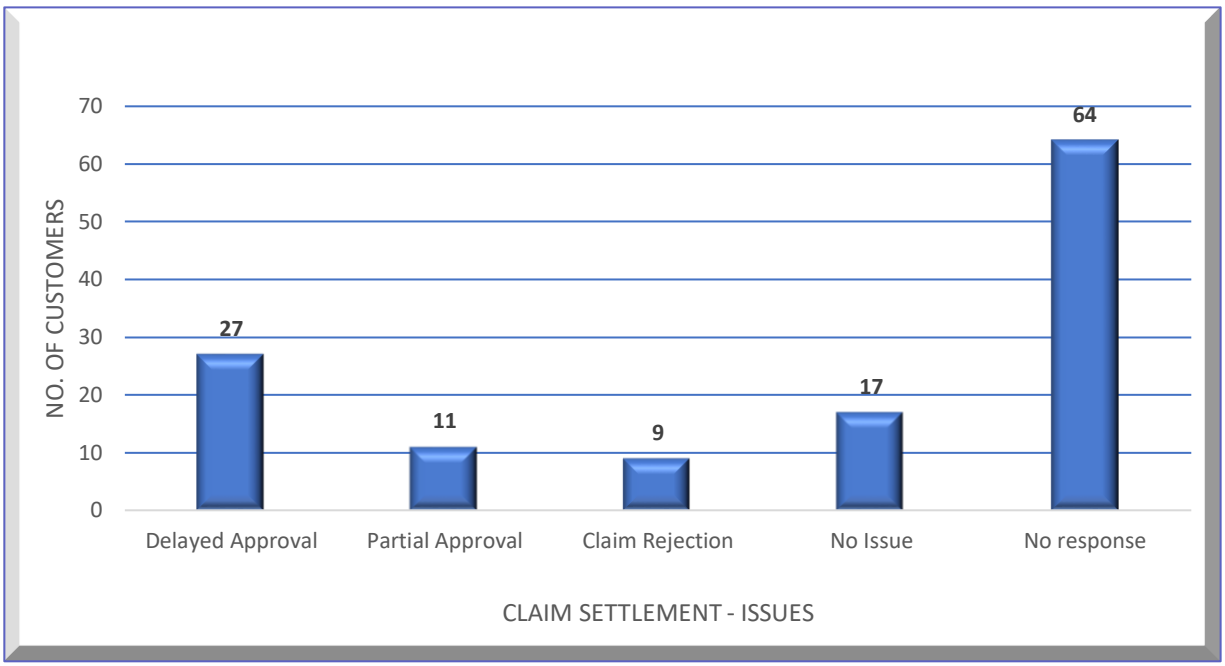


Fig 16. Issues with Claim Settlement

This chart represents deep dive analysis of issues with Claim Settlement Process. The graph represents that the 27 customers faced issues with "Delayed Approval".

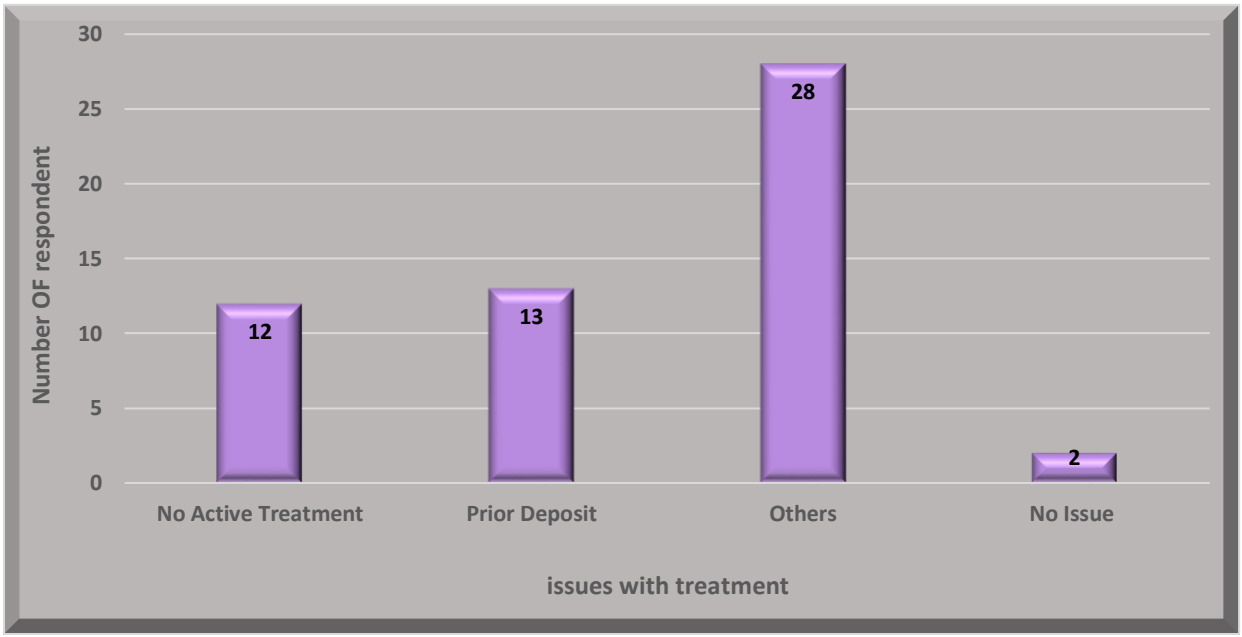


Fig 17. Issues with Treatment Delay

This chart represents deep dive analysis of issues with Treatment Delay Process. The graph portrays that the 13 customers faced issues with "Prior Deposit" and 12 had "No active treatment".

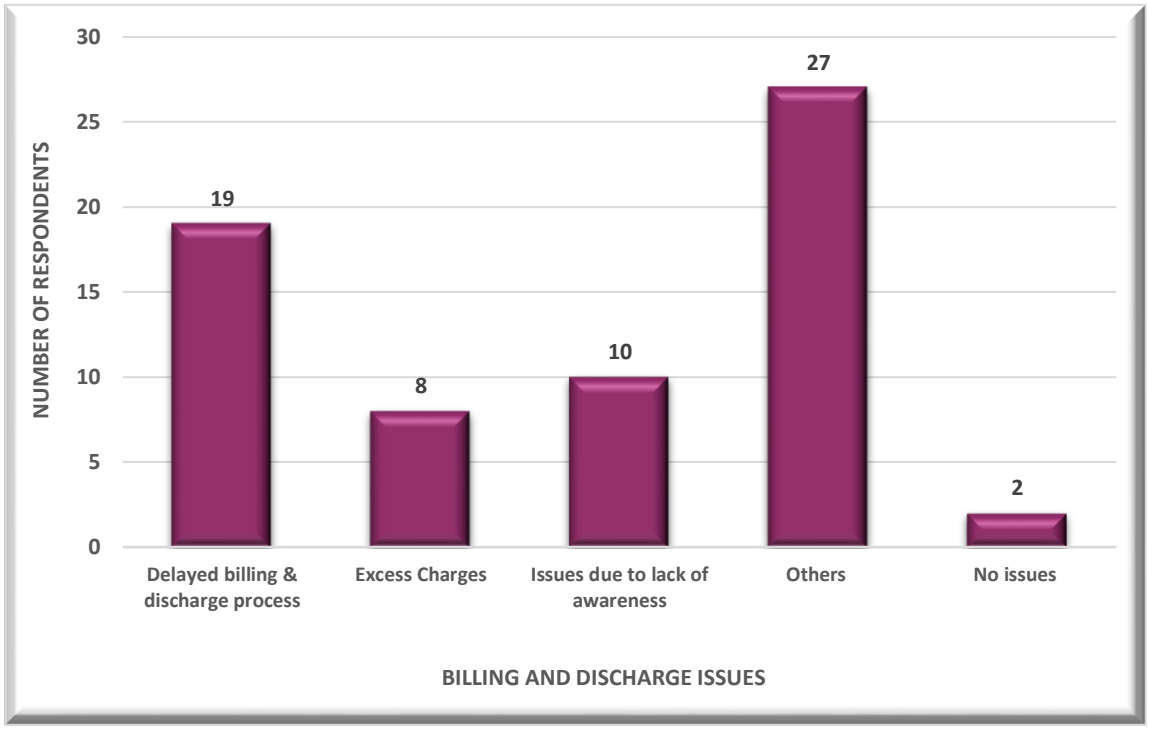


Fig 18. Issues with Billing and Discharge

This chart represents deep dive analysis of issues with Billing & Discharge Process. The chart depicts that 19 of the customers had to encounter with delayed billing and discharge process issues.

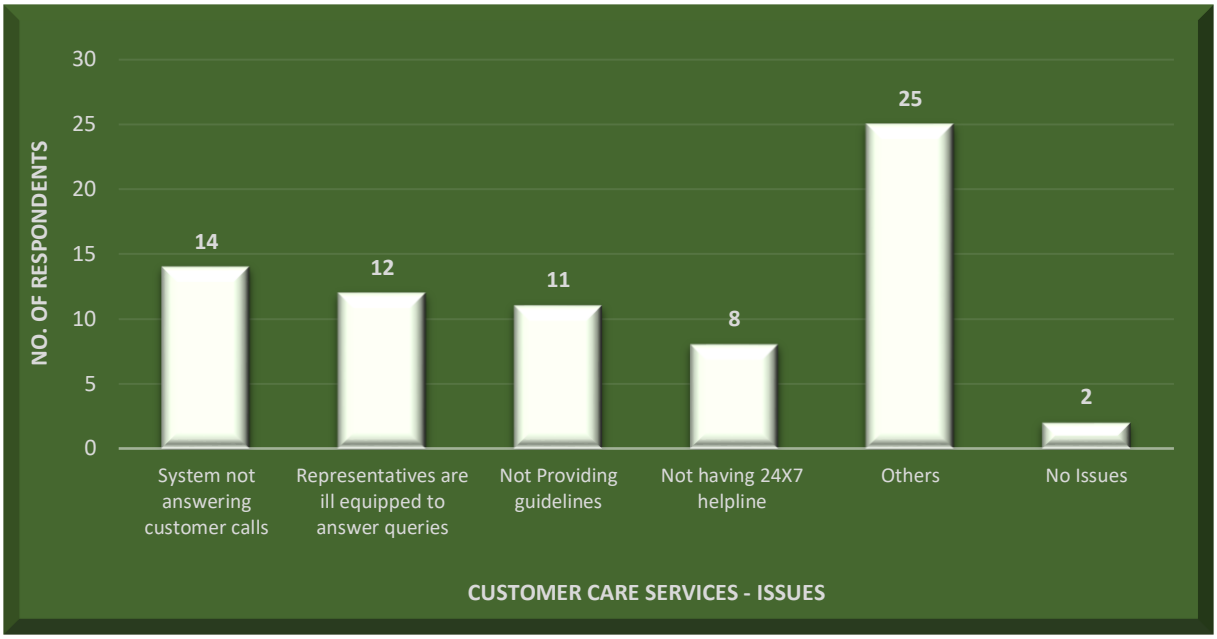


Fig 19. Issues with customer care services

This chart represents deep dive analysis of issues with Customer Care Services Process. The chart illustrates those 14 customers had to encounter with "system not answering customer calls" followed by 12 and 11 customers facing challenges with "ill equipped representatives", "customer care not able to provide guidelines" respectively.

DEMOGRAPHICS OF DETRACTORS

Table 9. Demographics of Detractors	
AGE	
Below 30	7
31 - 40	10
41 - 50	2
51 - 60	0
Above 60	0
GENDER	
Female	4
Male	15
LOCALITY	
Rural	7
Urban	12
NPS SCORING - No. of Customers	
2	1
4	4
5	6
6	8
STATE	
Bihar	3
Delhi	2
Haryana	3
Maharashtra	1
Punjab	1
Uttar Pradesh	6
West Bengal	3
POLICY TYPE	
Corporate policy	8
Retail policy	11
GRAND TOTAL	**19**

ISSUES FACED BY DETRACTORS

Table 10. Detractors Overall Experience					
Response	**Claim Submission**	**Treatment Delay**	**Billing & Discharge**	**Settlement**	**Customer Care**
Yes	8	7	8	7	7
No	11	12	11	12	12

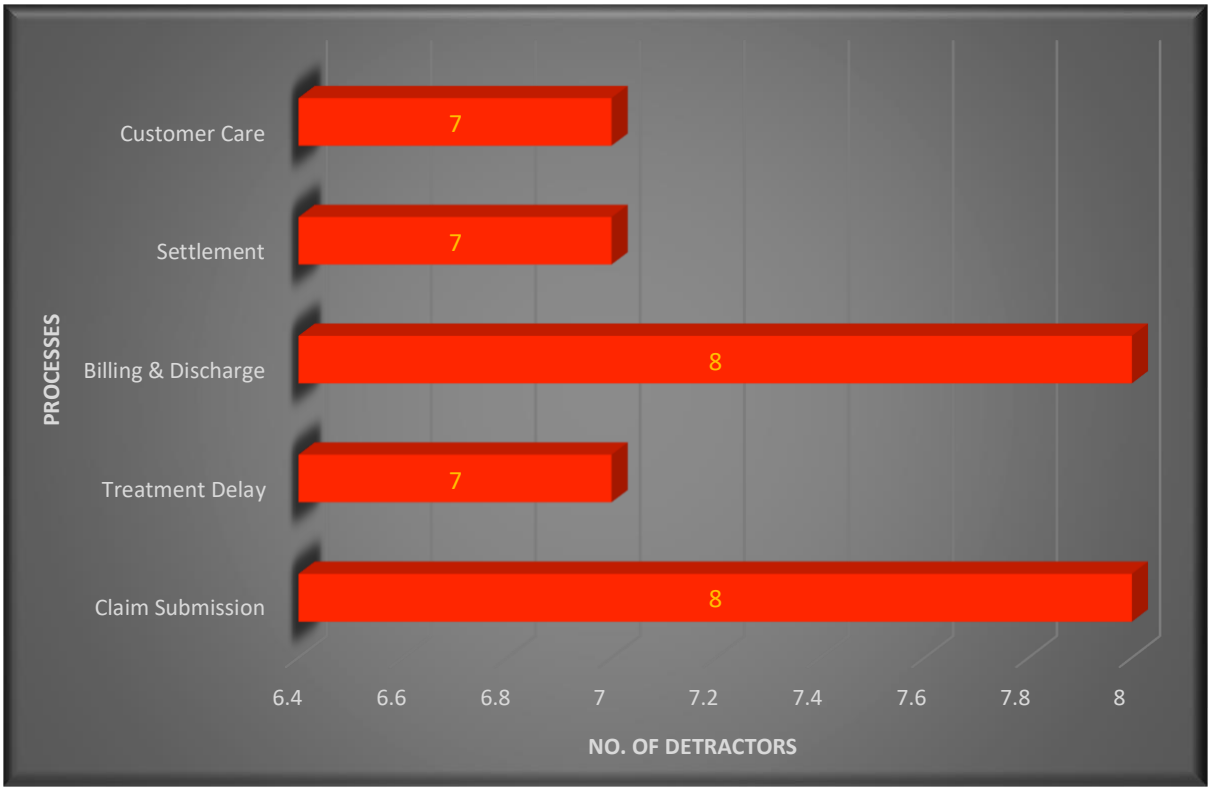


Fig 20. Detractors experience on various processes with MBHI

This chart shows a good depiction of Satisfied versus Unsatisfied **Detractor Customers** with different stages of claim approval.

Overall Claim Process needs some tweaking to convert these Detractors to brand ambassadors.

Table 11. Doctor issues	
Type of Issues (Doctor)	**Number**
IT System Issue	36
Excel Sheet Maintenance	22
Incomplete Documents	25
Raising Query	15
Communicating via emails	12
Duplication of Cases	10

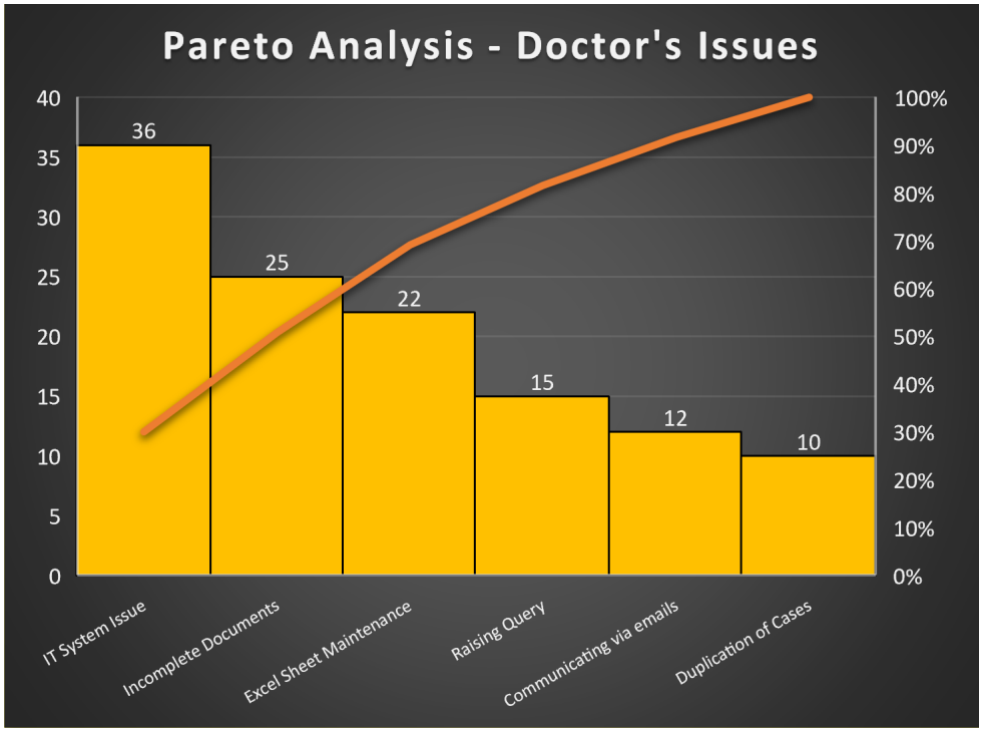


Fig 21. Doctor's Issues- Pareto Analysis

Chart captures the concerns of Doctor's team, who are involved in approving the claims. Better application software along with attending issues of incomplete documentation at earlier stages of claim process will lead to much better claim process experience with internal & external stakeholders. According to the Law of Pareto analysis if 80% of the issues are resolved in this case, if IT system issue, incomplete documents and excel sheet maintenance issues are resolved then rest 20% of concerned areas which includes raising query, communicating via emails and duplication of cases resolves automatically.

Table 12. Technical issues	
Breakup of Technical Issues	**Number**
Intermittent system outages	80
Manual allocation of cases	45
Slow upload & download of docs	30
Users have to navigate multiple screens to process the case	20
No auto email workflow between teams	60
No auto email workflow between teams	60

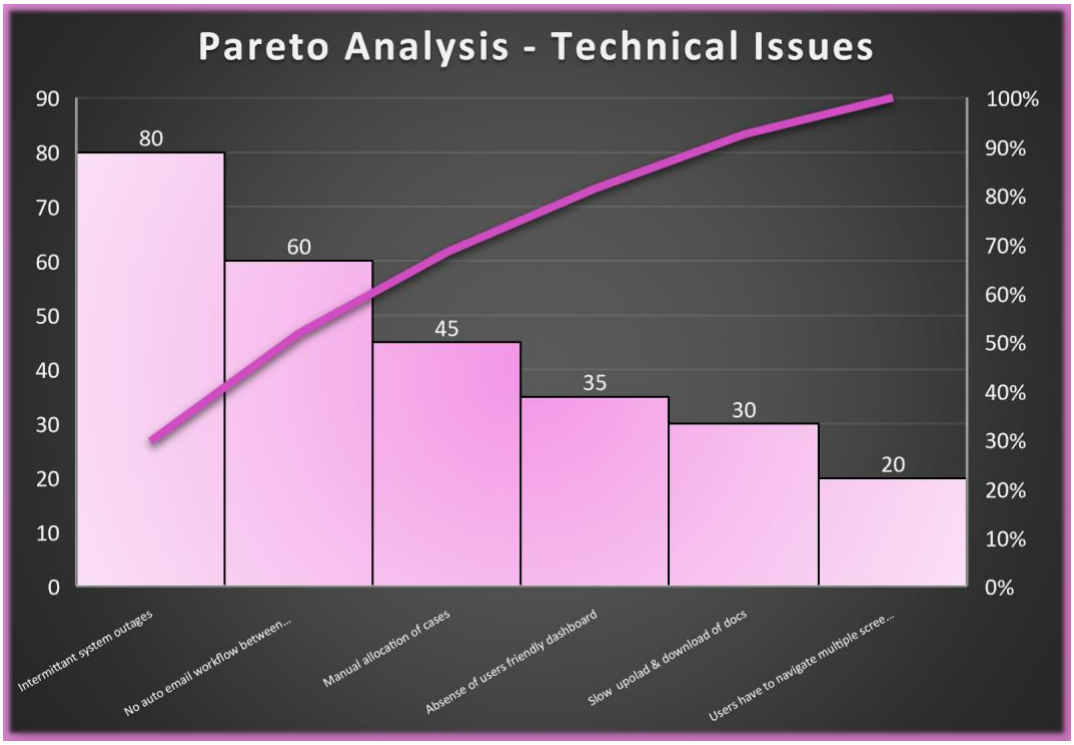


Fig 22. Technical Issues-Pareto Analysis

In this chart, all internal stakeholders [Admin, Doctors & Billers] further provided more elaborated feedback about their day-to-day technical issues with application software. Few critical enhancements on stability of business application, Auto email workflows & allocation of cases would further elevate overall experience with internal as well as external customers.

As suggested by pareto analysis if 80% of the problem area, in this case which are System outages, no auto email workflow between teams and manual allocation of cases if resolved naturally the rest 20% of the problem areas which are slow upload and download of documents, user have to navigate multiple screens to process the case and absence of user-friendly dashboards gets resolved.

FISHBONE DIAGRAM

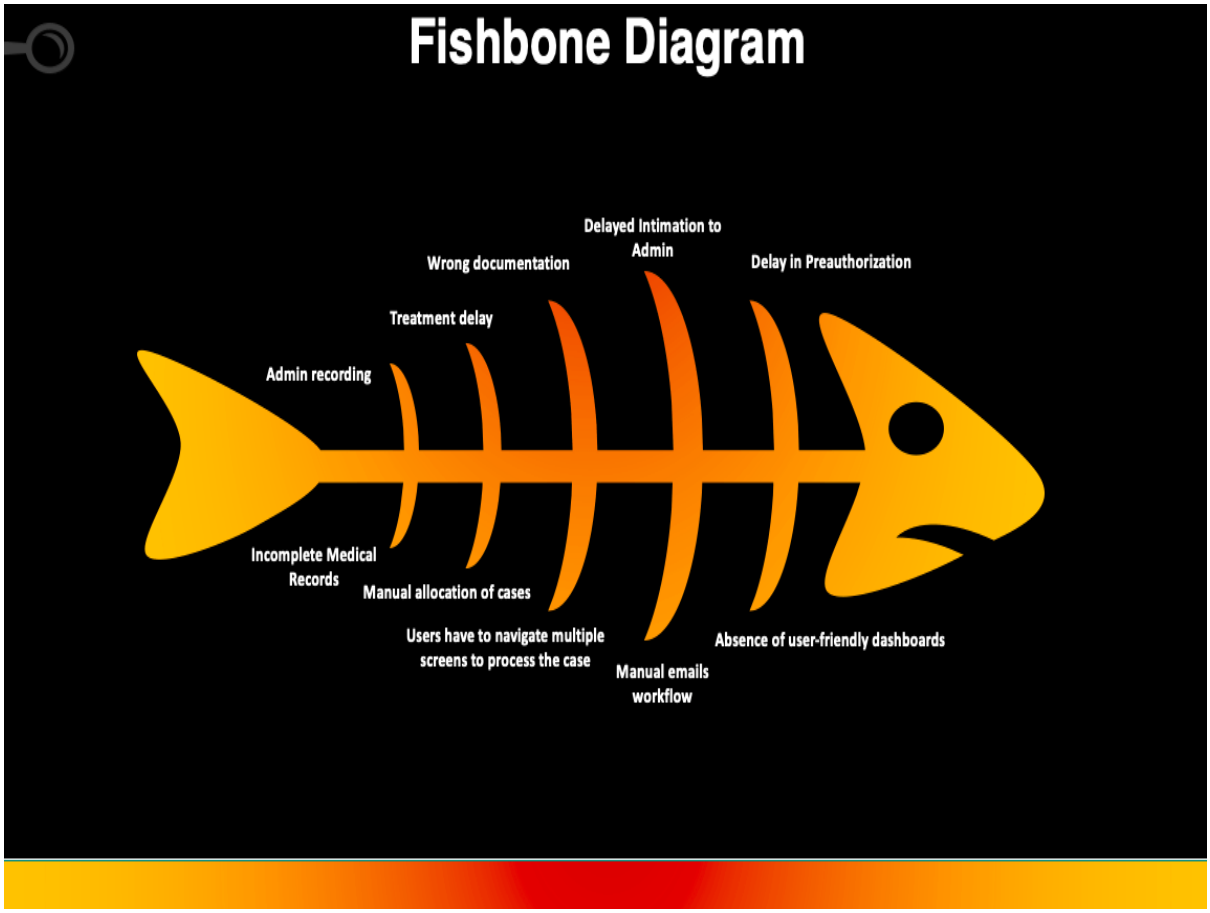


Fig 23. Fish diagram

Based on both the survey analysis conducted with

a) Policy Holders {Customers}

b) Internal Stakeholder {Employees}

This Fishbone diagram summarizes all key issues to be addressed to improve the overall customer experience with Cashless Claims Process & points us to way forward recommendations around all stages of process.

RECOMMENDATIONS

- Core group of **Process & Technology team** will be formed to address all system related enhancements to make sure internal stakeholders have a stable environment to exceed customer expectations. Following enhancements to be addressed:

    - Auto allocation of claim cases to teams based on multiple bucket criteria's e.g., availability, current load, amount approval limits.
    - Define auto email workflow between Admin, Doctors & Billers
    - Better IT infra & connectivity for better system availability.
    - Real time dashboards of business flow, highlighting bottlenecks to ensure transparency of business at all levels.

- Delay in claim settlement process at various stages of claim process is coming out as one of the reasons for detractor's score. Process re-engineering exercise has been discussed internally & following recommendations have been proposed:

    - Focused & timely communication to customers on Pre-authorization approval process.
    - Major workflow change has been recommended for POC {proof of concept} from

      Admin → Doctor → Billers to Admin → Biller → Doctor. With this biller will not have to wait for doctor's approval & they can continue to deduct the payability based on non-approved items in the bills. This will shorten the overall turnaround time for the claim process flow.

CONCLUSION

As the Health Sector is growing at very fast pace in India, Health Insurance has become the need of hour for the consumers in the current scenario of Covid-19 Pandemic. Insurance Industry holds a lot of business potential and to keep themselves ahead of its competitors in the market it requires a good customer base. To understand if the business is thriving, the customer happiness index is of utmost importance.

NPS survey was conducted to understand the satisfaction level of policy holders in Max Bupa Health Insurance. Consumers were categorized into Promoters, Passives and Detractors wherein a detailed analysis was done to know the issues faced by all the detractors.

An inhouse discussion was done to know the bottlenecks in current process flow of Cashless Claims wherein Technical Issues were the major chunk which needed to be addressed. It concluded that if the process will be re-engineered by redirecting Billers to make the deductions in the Claims first followed by Doctor's to analyze which will expedite the complete Process.

LIMITATIONS OF THE STUDY

NPS is an important strategic tool whose efficacy can be further improved by:

1. Use of automation tools to enable more frequent NPS sampling and touch point NPS.
2. Incorporation of other data such as social media interactions.
3. Concrete and well-defined action plans based on NPS generated insights.

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ANNEXURE - I

"To study the customer happiness index, with respect to cashless claims process at Max Bupa health insurance "

Hello Everyone!

Hope you all are safe and healthy!

This is Dr Mehak Mahajan, I am currently working as Assistant Manager - Claims at Max Bupa Health Insurance and conducting this survey to study *"The Customer Happiness Index with respect to Cashless Claims process at Max Bupa Health Insurance"* as a part of my post graduate program in MBA - Hospital and Health Management from IIHMR Jaipur.

Your decision to participate in the study is completely voluntary. You are responses will be kept confidential and at no point during the survey you will be asked any form of direct identification questions. Information collated will solely be used for research purposes only.

QUESTIONNAIRE - POLICY HOLDERS

Section 1

- Are you willing to Participate?
  - Yes
  - No

Section 2

1. Age

2. Gender
   - Male
   - Female
   - Not Prefer to say

3. Qualification
   - Illiterate

- Upto Primary
- Upto Middle
- Secondary
- Senior Secondary
- Graduate
- Post Graduate

4. Locality
   - Urban
   - Rural

5. In which State do you currently reside?

6. On a scale of 0 to 10, how likely are you to recommend Max Bupa Health Insurance to a friend or family?

7. What type of medi-claim policy do you have?
   - Retail Policy
   - Corporate Policy

8. Are you aware of the policy terms and conditions?
   - Yes
   - No

9. Do you have knowledge about cashless claims process and the list of network hospitals with Max Bupa?
   - Yes
   - No

10. Did you face any delay in the Claim submission Process?
    - Yes
    - No

11. If Yes , can you specify the type of problem (Multiple options possible)

- (A) Both Pre-authorization request and claim processing
- Delayed Claim Intimation
- (B) Delayed Claim Process
- (C) Lack of Co-ordinated Approach
- (X) Other, if any (Specify)…….

12. Have you got experience of any claim settlement with Max Bupa?
    - Yes
    - No (if no, skip to Q17)

13. If, yes were there any problems in approvals from the Company?
    - Delayed Approval
    - Partial Approval
    - Claim Rejection
    - Other, if any

14. Have you experienced any problems in the treatment or service due to delay in claim approvals?
    - Yes
    - No

15. If yes, what were the problems you experienced in the services (Multiple options possible)
    - (A) No active treatment
    - (B) Prior Deposits
    - (X) Other, if any (Specify)……..

16. Did you experience problems in Billing and Discharge Process?
    - Yes
    - No (If no, skip to Q21)

17. If Yes, what were the problems ? (Multiple Options possible)
    - (A) Delayed Billing and Discharge Process
    - (B) Excess Charges

- (C) Issues arising out of lack of awareness regarding non-medicals, co-payments and restrictions
- (D) Others, if any (Specify)…….

18. Have you ever approached the customer care service at Max Bupa?
    - Yes
    - No (If no, skip to Q 24)

19. If yes , did you encounter any problems with this service ?
    - Yes
    - No (if No, skip to Q24)

20. If yes, what were the issues you noticed (Multiple options possible)
    - (A) System not answering customer calls
    - (B) Representatives are ill-equipped to answer queries
    - (C)Not providing guidelines
    - (D) Not having 24 hours help line
    - (E) Others, if any (Specify) ……..

21. What are the two things you like the most about Max Bupa?
    1. ……
    2. ……

22. What are the two most important aspects which you think needs improvement with regard to the services of Max Bupa ?
    1. ……
    2. ……

Thank you very much for your time!

ANNEXURE - II

"How can we elevate the Customer Experience with respect to Cashless Claims at Max Bupa Health Insurance?"

Hello Everyone!

Hope you all are safe and healthy!

This is Dr Mehak Mahajan, I am currently working as Assistant Manager - Claims at Max Bupa Health Insurance and conducting this survey to study *"How can we elevate the Customer Experience with respect to Cashless Claims at Max Bupa Health Insurance?"* as a part of my post graduate program in MBA - Hospital and Health Management from IIHMR Jaipur.

Your decision to participate in the study is completely voluntary. You are responses will be kept confidential and at no point during the survey you will be asked any form of direct identification questions. Information collated will solely be used for research purposes only.

QUESTIONNAIRE - EMPLOYEES/STAKEHOLDERS

Section 1

- Are you willing to Participate?
  - Yes
  - No

Section 2

1. Age

2. Gender
   - Male
   - Female
   - Not Prefer to say

3. Qualification
   - High School

- Graduate
- Diploma
- Post Graduate

4. Type of Job
   - Full Time
   - Part Time

5. Level of Job
   - Executive
   - Senior Executive
   - Assistant Manager
   - Manager
   - Chief Manager
   - Senior Management

6. What could be the reasons for delay in TAT?
   - IT System Issue
   - Excel Sheet Maintenance
   - Incomplete Documents
   - Raising Query
   - Writing Email
   - Duplication of Cases

7. Is there any technology Constraint?
   - Yes
   - No (if no, skip to Q 10)

8. If Yes, please elaborate

   ……

9. Are there any hurdles in the process from the Admin Team?
   - Yes
   - No (If no, skip to Q 12)

10. If yes, can you specify the issues (Multiple options possible)
    - (A) Wrong documents attached
    - (B) Wrong entry of details
    - (C)Failing/delaying the claim notification.
    - (D) No supportive documents are attached
    - (X) Others, if any (Specify)…….

11. Are there any problems in Cashless Process?
    - Yes
    - No (If no, skip to Q 14)

12. If yes, please specify:
    - (A) Raising Queries
    - (B) Delayed Payments
    - (C)Short Payments and denials
    - (D) Others, if any

13. What are the reasons for delay in Cashless Claims? (Multiple Options possible)
    - (A) Bill Breakup not enclosed
    - (B) Reports not enclosed
    - (C) Incomplete discharge summary enclosed
    - (D) Bills not in required format
    - (E) Discharge Summary not enclosed
    - (F) Wrong entry of details
    - (G) Lack of indoor case papers
    - (X) Others, if any (Specify)……...

14. What are the reasons for Claim Denials after the patient have used services? (Multiple Options possible)
    - (A) Pre-existing diseases
    - (B) Hospitalization not warranted
    - (C) Alcoholic usage/ Congenital external

- (D) Hospitalization less than 24 hrs.
- (E)Hospitalization for out-patient ailments
- (X) Others, if any (Specify)……

Thank you very much for your time and responses !