PROCESS RE-ENGINEERING

ELEVATING CUSTOMER EXPERIENCE

WITH CASHLESS CLAIMS

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INTRODUCTION

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.

What is 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.

Claim Process || Roles & Responsibilities

ADMIN

- ❖ Pick up customer claims from email
- ❖ Generate Pre-Auth case ID in WDMS
- ❖ Insert Claim Details
- ❖ Add Hospital Detail
- ❖ Add Patient Details
- ❖ Upload required KYC & Medical Documents
- ❖ Categorize Claims into
  - New
  - Discharge
  - Extension
  - Query
  - Rejected

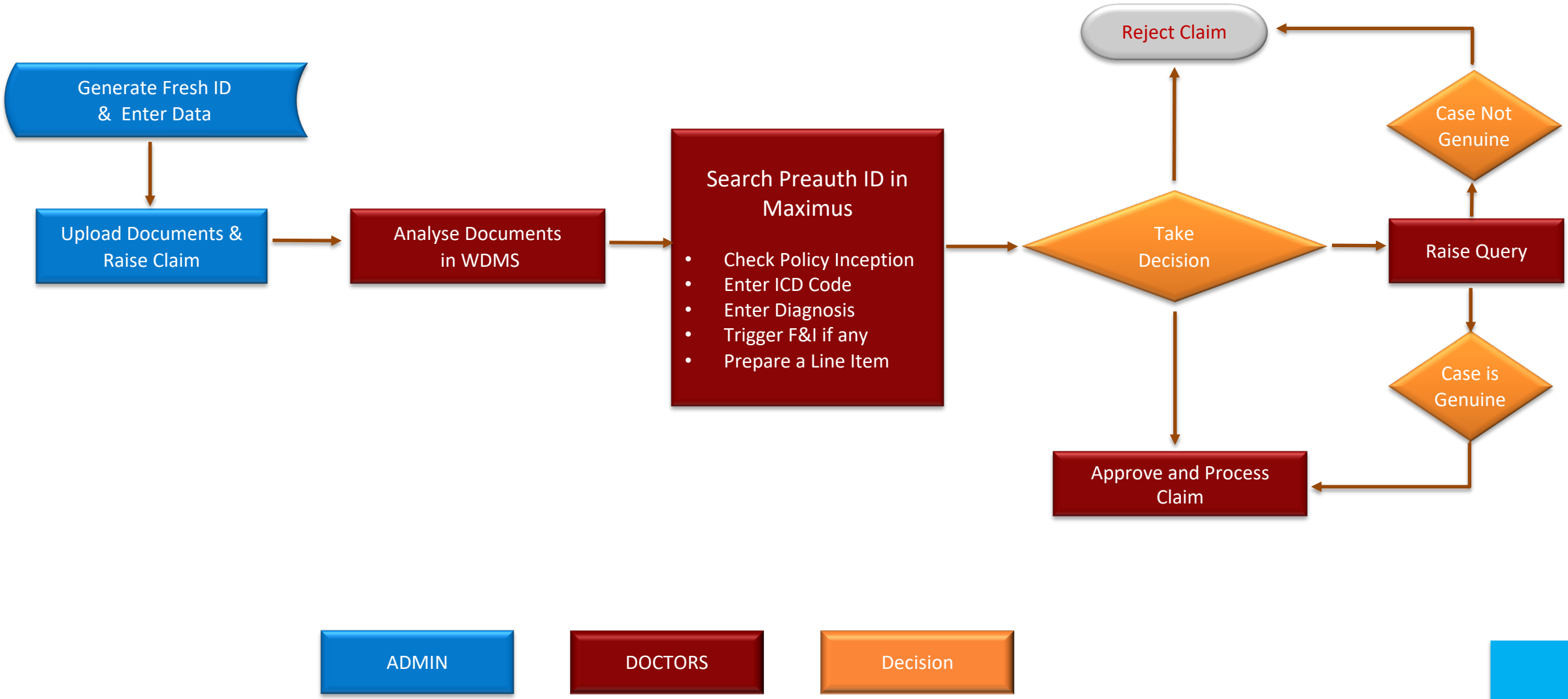
DOCTORS

- ❖ Search Preauth ID in Maximus
  - Policy Inception
  - Specific Waiting Period
  - Pre Existing Disease
  - Exclusions if any
- ❖ Analyze Documents in WDMS
  - Initial Case Summary
  - Investigation Reports
  - Discharge Summary
  - Final Bill
  - KYC/ Photo ID Proof
- ❖Take Decision (Approve, Reject, Query)
- ❖Create a Pay ability mail if Approved.

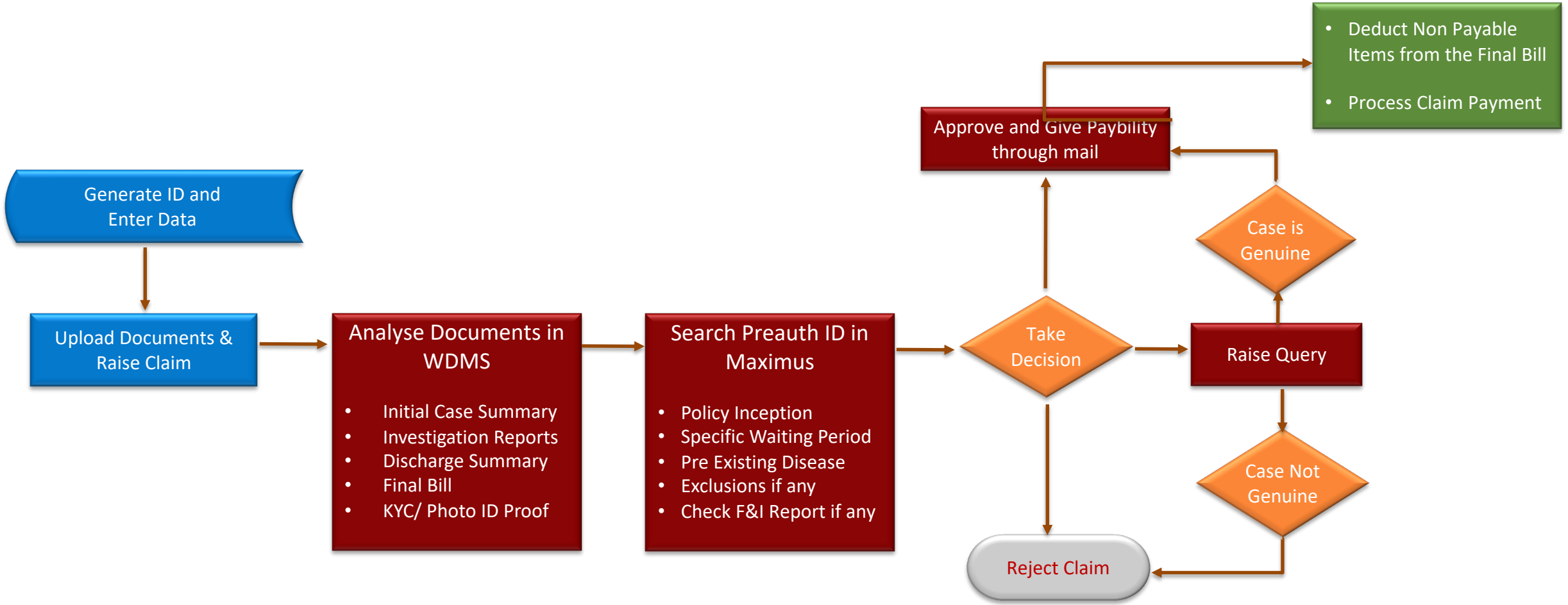
BILLERS

- ❖ Deduct Non Payable Items from the Final Bill
- ❖ Process Claim Payments

Process Flow || Initial Cashless Claims



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.

REVIEW OF LITERATURE

S.No.	TITLE	AUTHOR	METHODOLOGY	OUTCOME
1.	The Star health insurance brand awareness level among consumers	S. Kamalaveni and B. Suganya, 2017	The data collected through questionnaire taking a sample size of 124 in and around Coimbatore and was analyzed using analytical tools like simple percentage, ranking correlation and chi-square test.	They highlighted the efficiency of different marketing or promotional tools used and also the objectives of marketing campaigns to create and maintain brand preference. As per the findings, suggestions were given to the company to fulfil the consumer needs.
2.	The effects of customer relationship management on customer retention in the Insurance Industry	Xing, Liew and Nellikunnel Devasia Syriac, 2019	The study was conducted in Kuala Lumpur, Malaysia. It is a quantitative research. Target population was 230 customers of 14 licensed Insurance Companies.	The CRM dimensions like customer orientation, knowledge management, CRM organization and CRM technology has an effect on customer retention.
3.	Customer satisfaction and perception towards the settlement of claims.	Dr. Menaka, Harish M, 2018	The study is based on data obtained from hundred samples from the branches of Pathanamtitta district.	The time factor has a significant role in the settlement of claims by Oriental Insurance Corporation of India.
4.	Satisfaction and Problems of Health Insurance Policyholders in India	Arunesh Garg, 2013	The data was collected from 321 health insurance policy holders in the state of Punjab and the union territory of Chandigarh.	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.	The Role of Awareness on the level of satisfaction among Health Insurance Policyholders	Arun Vijay and Krishnaveni Venkatachalam, 2019	The study was based on descriptive research. The data was collected from 150 policyholders in the Ernakulam District, Kerala	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?

RESEARCH OBJECTIVE

To analyze the customer happiness index

[Promotors / Passives / Detractors]

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

STUDY DESIGN

Cross Sectional Study

DURATION OF STUDY

Three Months

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

SAMPLE SIZE

- All the staff (120) engaged with the Claims Department.
- 142 Policy Holders out of which 14 did not participated.

STUDY TOOL

- Extensive Review of Literature and Consultation of Experts in this field.
- 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.

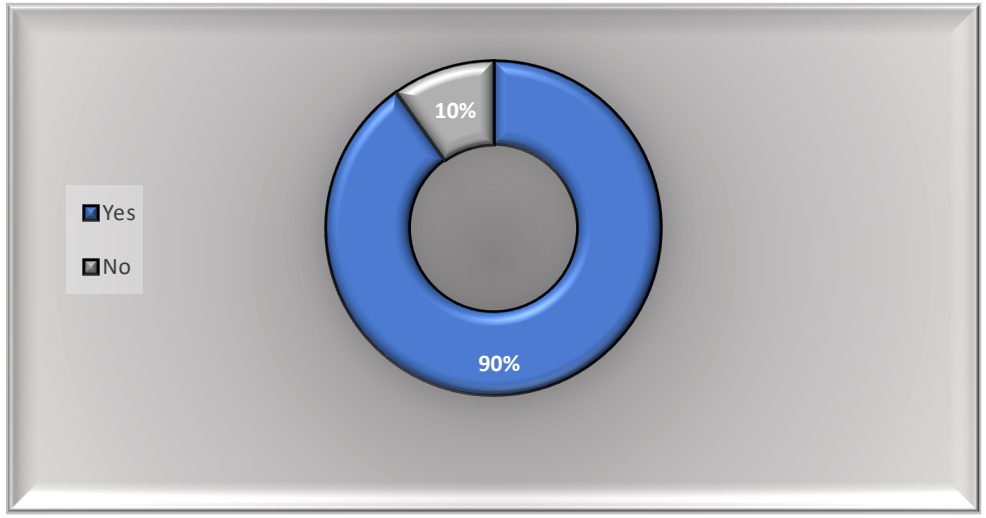
ETHICAL CONSIDERATIONS

- Voluntary Participation
- Their responses were kept anonymous
- Evaluation process did not harm any of the participant.

RESULTS & DISCUSSIONS

DEMOGRAPHICS

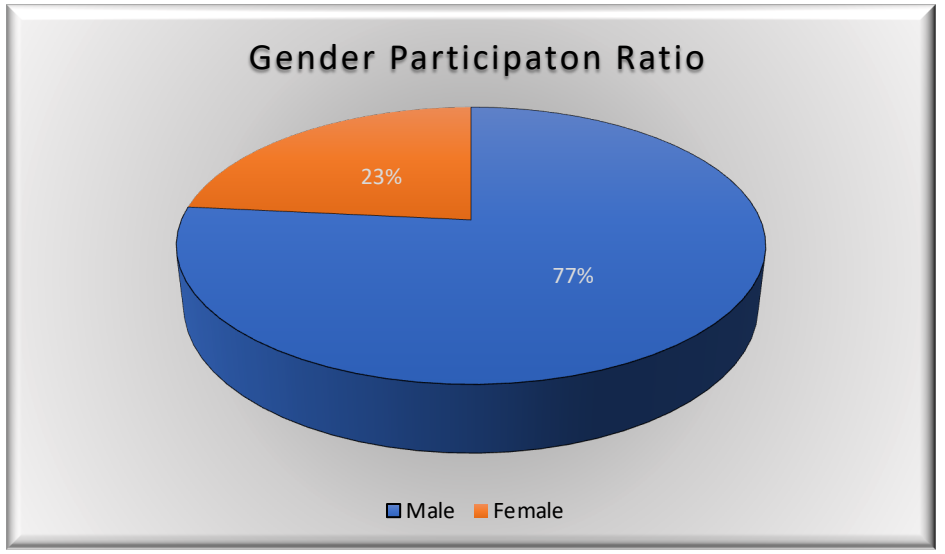
Table 1. Percentage distribution of customer participation level	
Participation	**% age**
Yes	90.14
No	9.86



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.

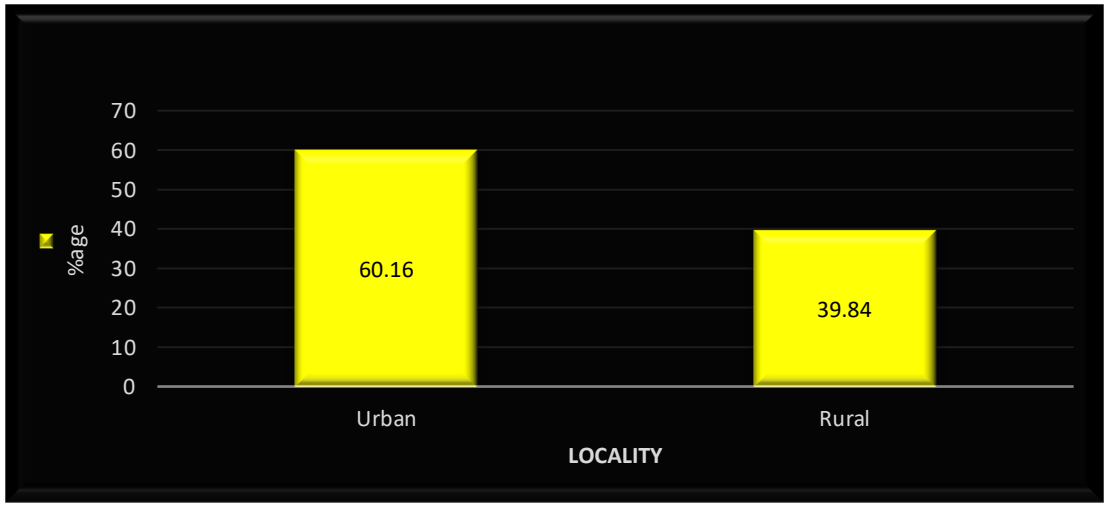


Out of total 128 customers, survey was filled by

77% Male & 23% Female participants.

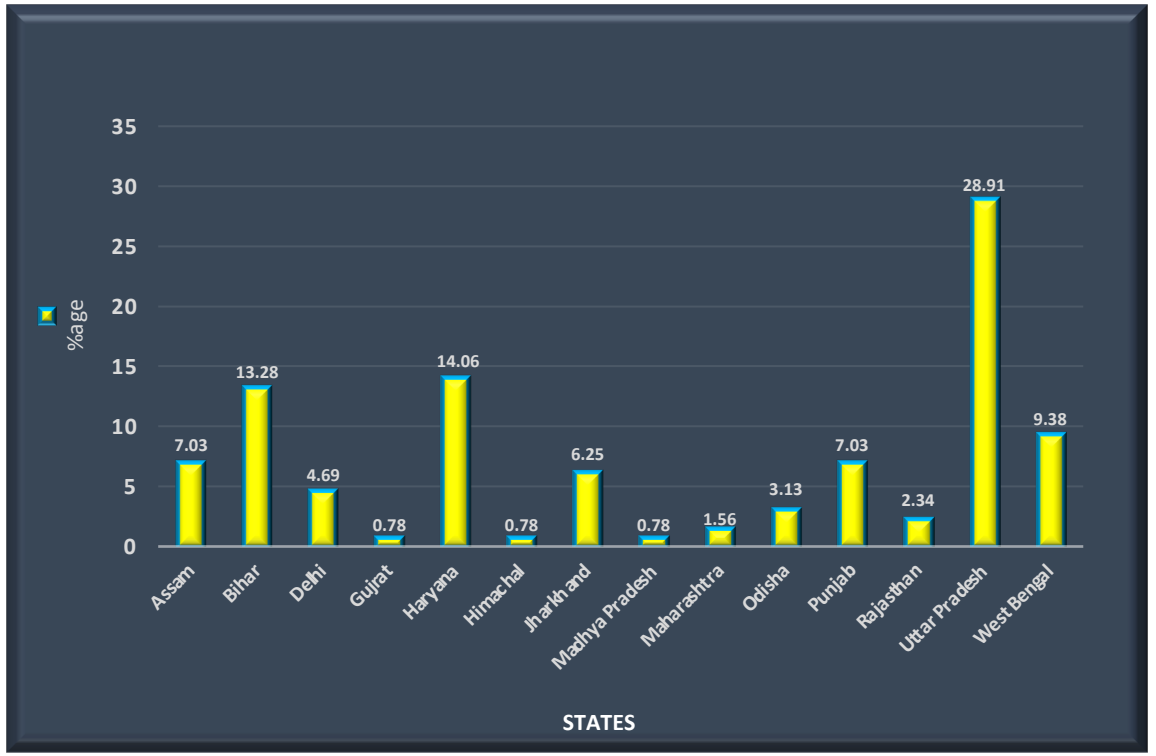
DEMOGRAPHICS

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



CUSTOMER PARTICIPATION AREA

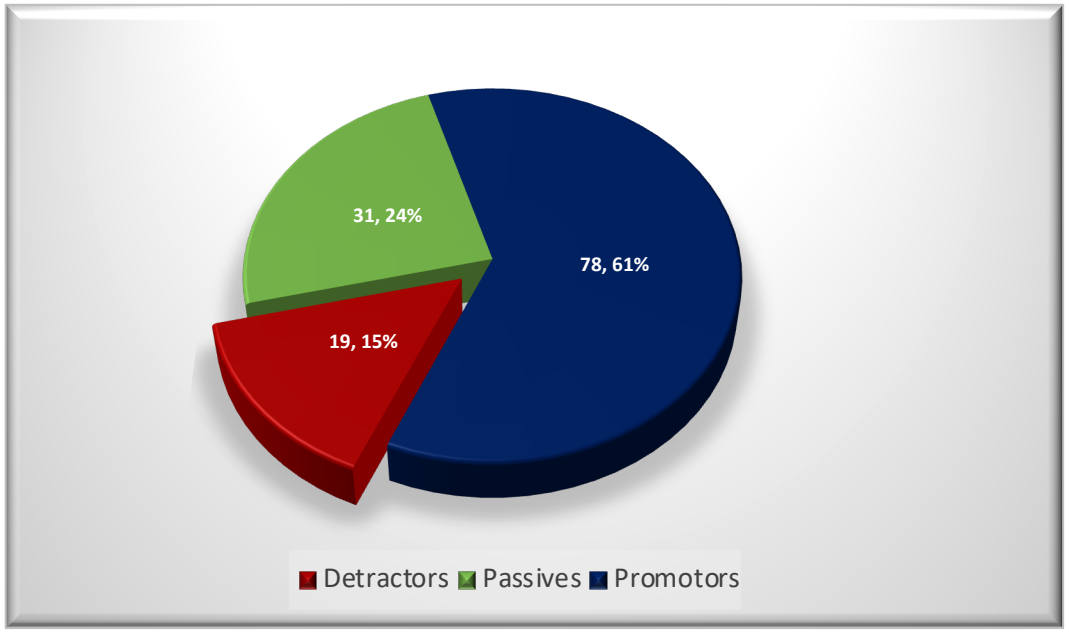
Chart shows, balanced mix of participation between **Urban** [60.16 %] & **Rural** [39.84%] areas.



CUSTOMER STATE-WISE BREAKUP

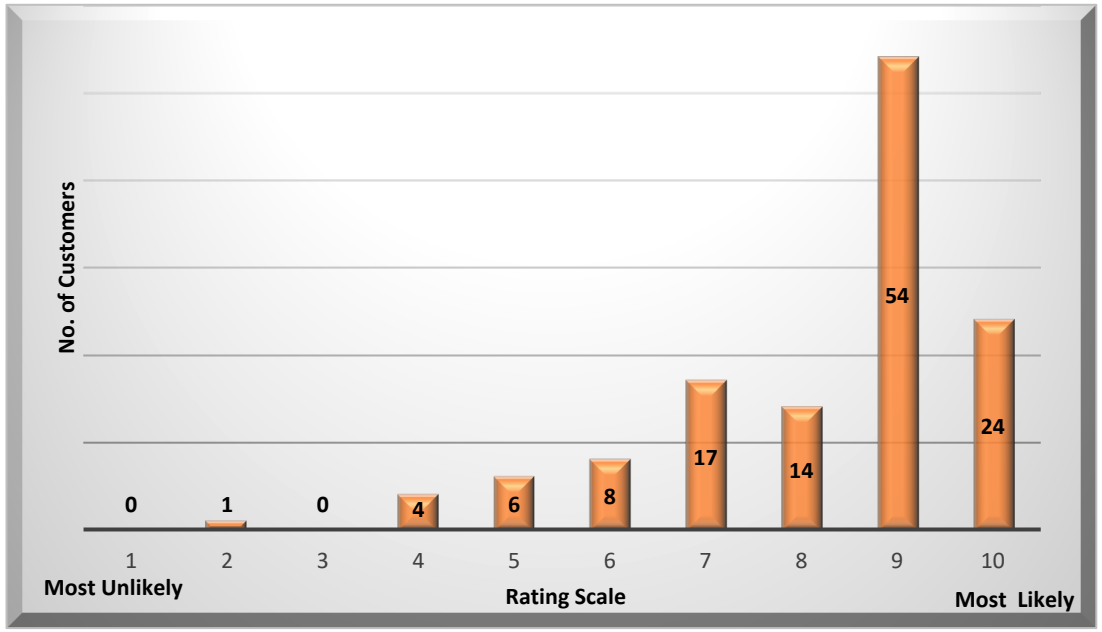
Chart represents great participation of policy holders from **14 states of India**. e.g. UP, Haryana, Bihar, West Bengal tops the participation.

NET PROMOTER SCORE



NET PROMOTER SCORE

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



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.

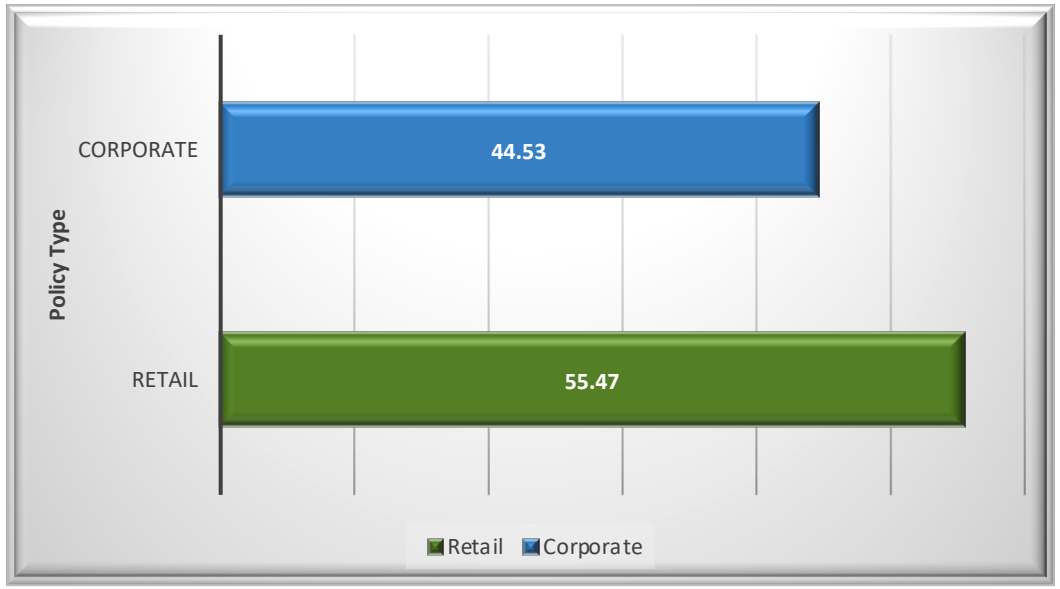
Net Promoter Score

Net Promoter Score	
Current Net Promoter for this cohort:	+46
This is calculated as follows:	
Promotes % - Detractors %	
Promoters (Blue)	78 (61%)
Passives (green)	31 (24%)
Detractors (red & yellow)	19 (15%)

The above figure depicts that out of 100% customers, 61% were promoters followed by 24% passives and 15% detractors.

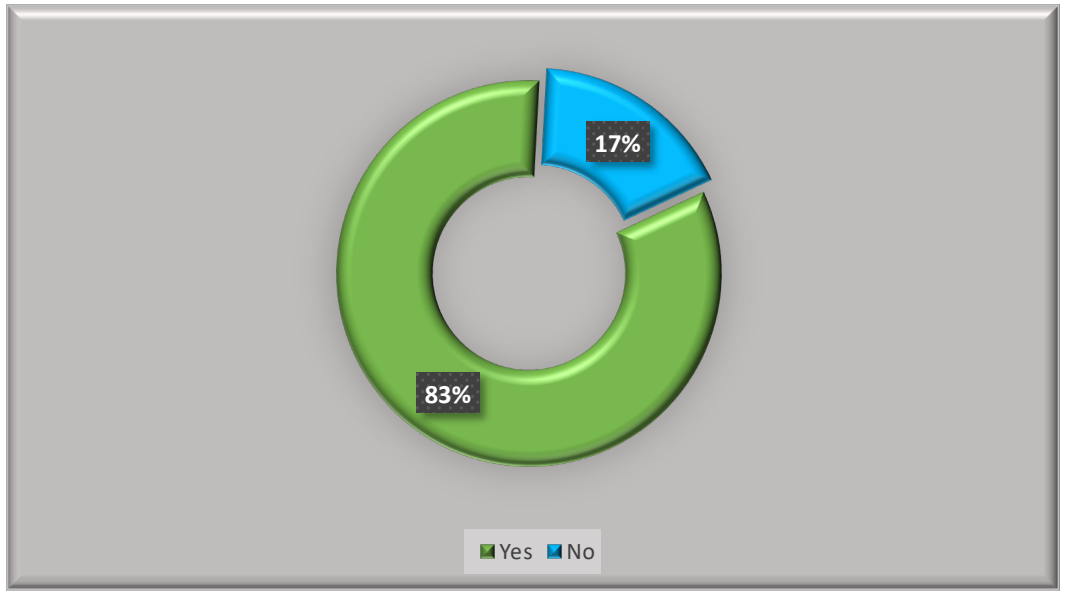
Net Promoter Score [61 – 15 = 46] , which is a healthy score for the brand, but surely need to address few areas to take this to next level.

CUSTOMER AWARENESS



CUSTOMER POLICY TYPE

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



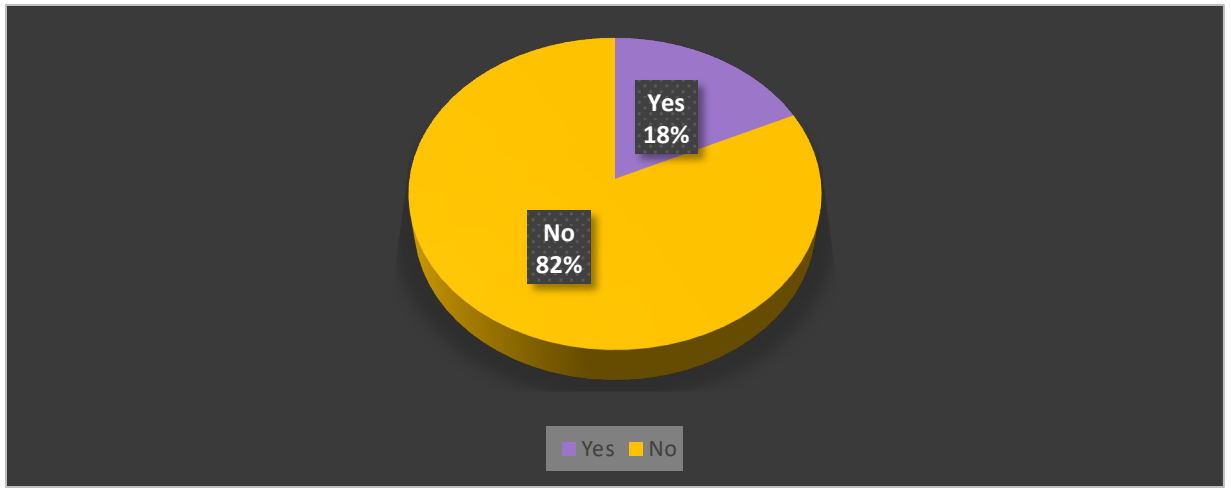
CUSTOMER AWARENESS ON POLICY T & C

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

CUSTOMER AWARENESS

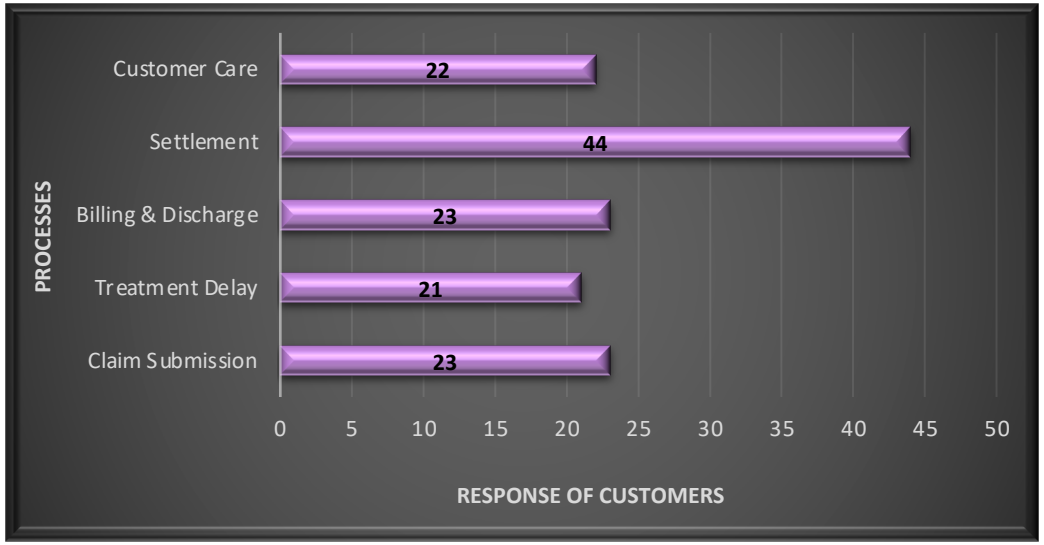
Table 7. Percentage distribution of respondents on customer awareness-cashless claims	
Awareness of Cashless Claims Process	**%age**
Yes	77.34
No	22.66

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.



CUSTOMER CHALLENGES WITH SUBMISSION OF CASHLESS CLAIMS

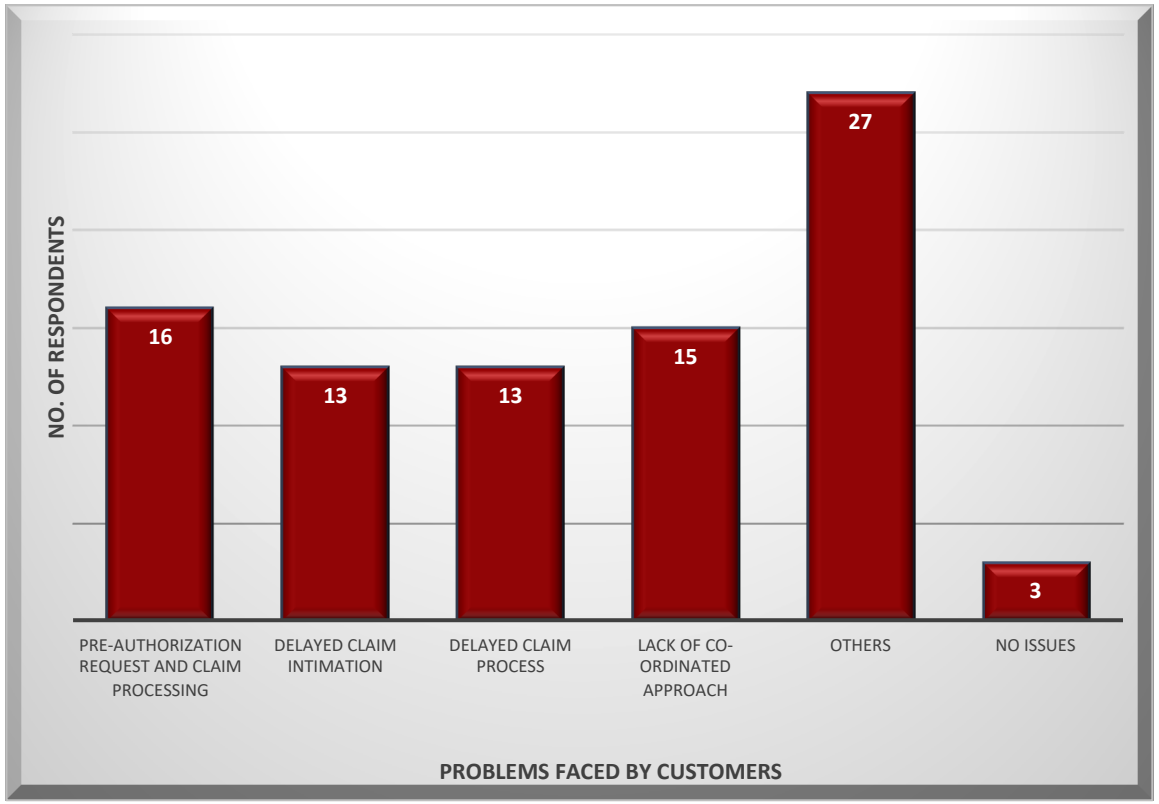
Chart show, 82% happy / 18% dissatisfied customers while submitting claims.



CUSTOMER FEEDBACK ISSUES FACED BY POLICY HOLDERS WITH VARIOUS SERVICES

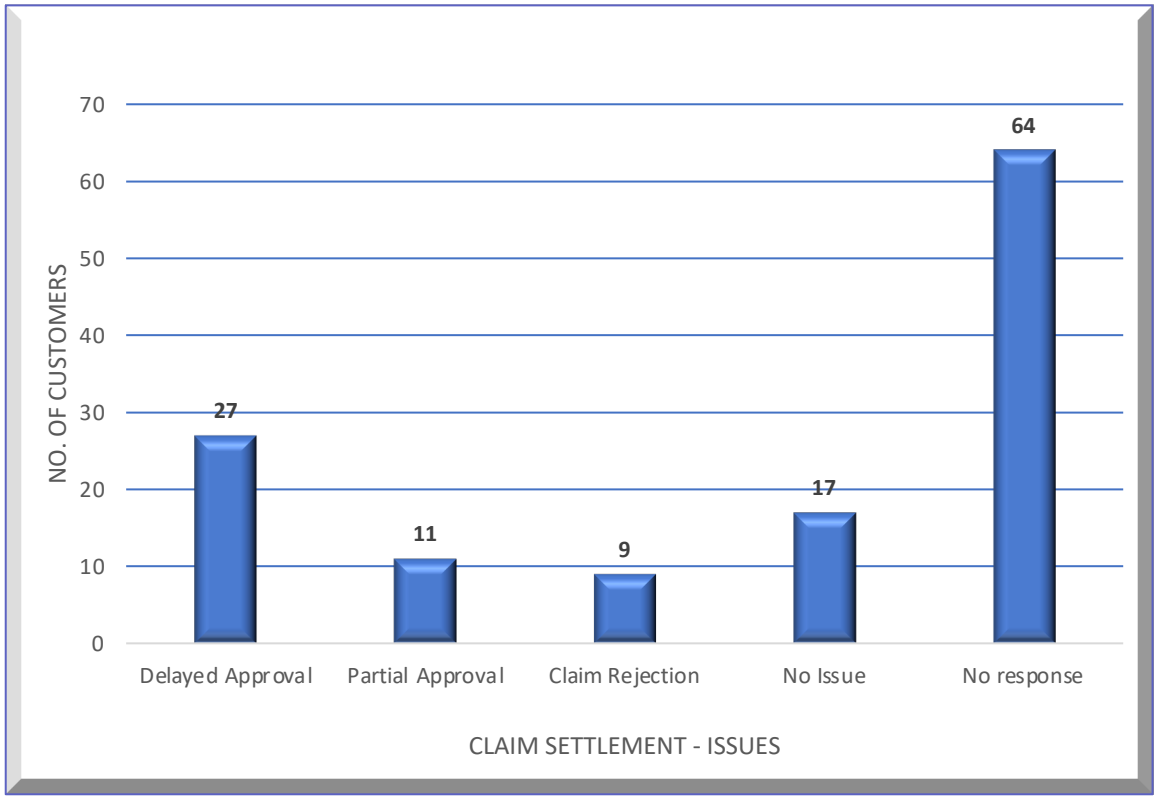
- This chart shows a good depiction of Satisfied versus Unsatisfied customers with different stages of claim approval.
- 44 out of 128 customers had Timely Claim Settlement issue which is one of the big concerns.

TYPES OF ISSUES with different Process Stages



ISSUES WITH CLAIMS SUBMISSION

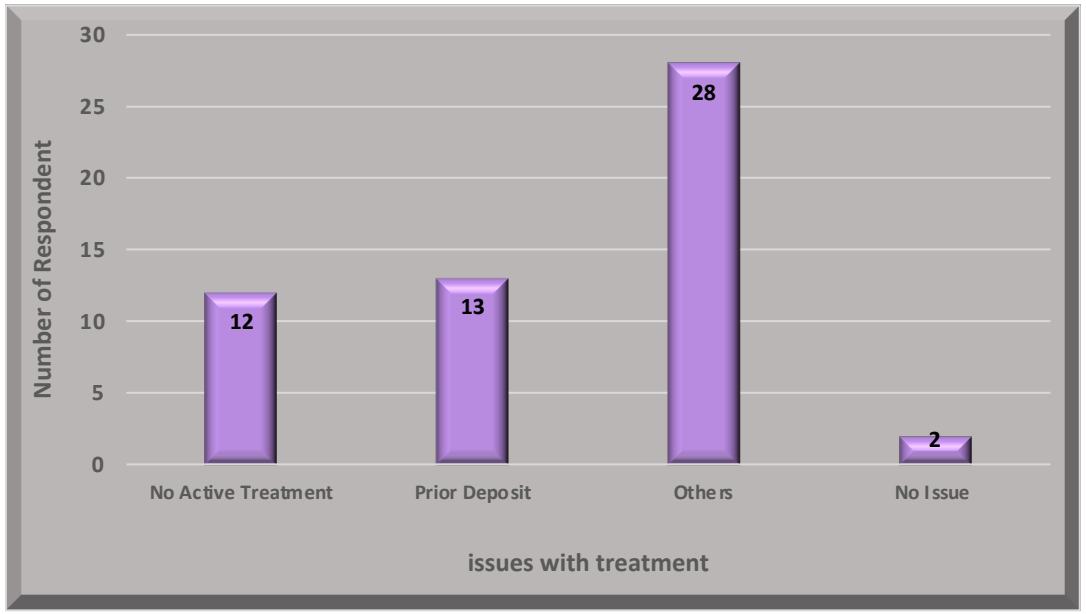
- This chart represents deep dive analysis of issues with Claim Submission Process.
- The graph represents that the 16 customers faced issues with "Pre-authorization request and claim processing" whereas 15 customers faced issues with "Lack of Co-ordinated Approach ".



ISSUES WITH CLAIM SETTLEMENT

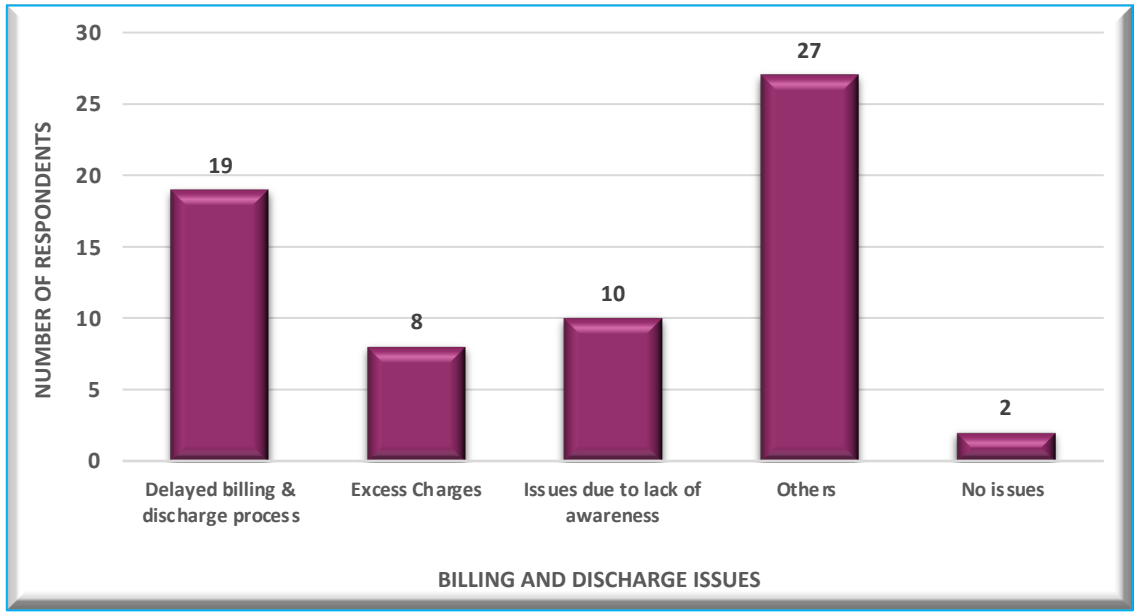
- This chart represents deep dive analysis of issues with Claim Settlement Process.
- The graph represents that the 27 customers faced issues with "Delayed Approval".

Types of issues with different Process Stages



ISSUES WITH TREATMENT DELAY

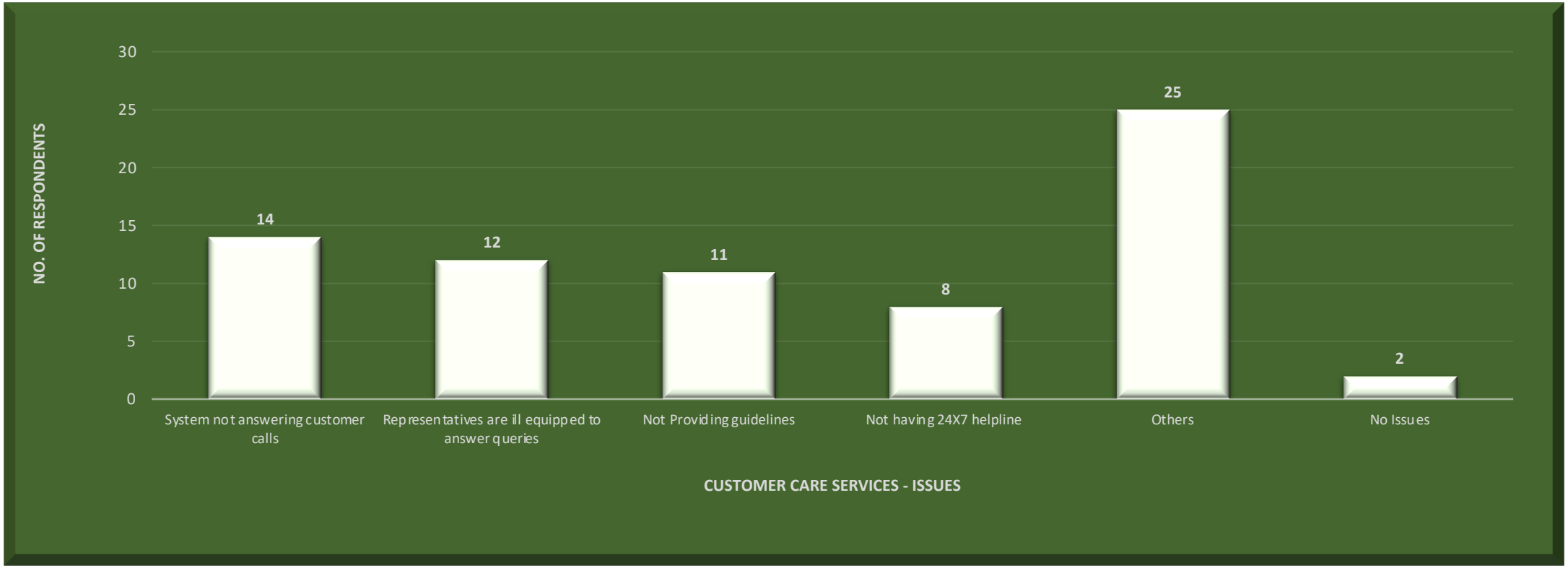
- The graph portrays that the 13 customers faced issues with "Prior Deposit" and 12 had "No active treatment".



ISSUES WITH BILLING AND DISCHARGE

- The chart depicts that 19 customers had to encounter with delayed billing and discharge process issues.

Types of issues with different Process Stages



ISSUES WITH CUSTOMER CARE SERVICES

- The chart illustrates that 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.

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

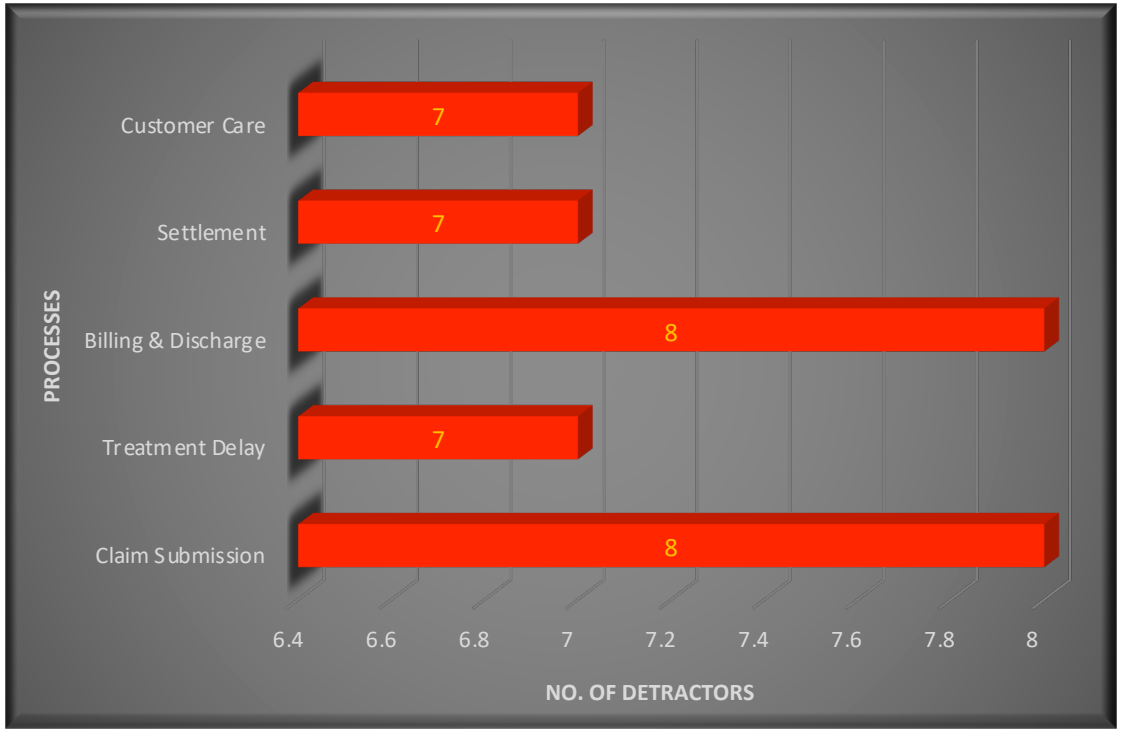
LOCALITY	
Rural	7
Urban	12

STATE	
Bihar	3
Delhi	2
Haryana	3
Maharashtra	1
Punjab	1
Uttar Pradesh	6
West Bengal	3

NPS SCORE - Customers	
2	1
4	4
5	6
6	8

POLICY TYPE	
Corporate policy	8
Retail policy	11

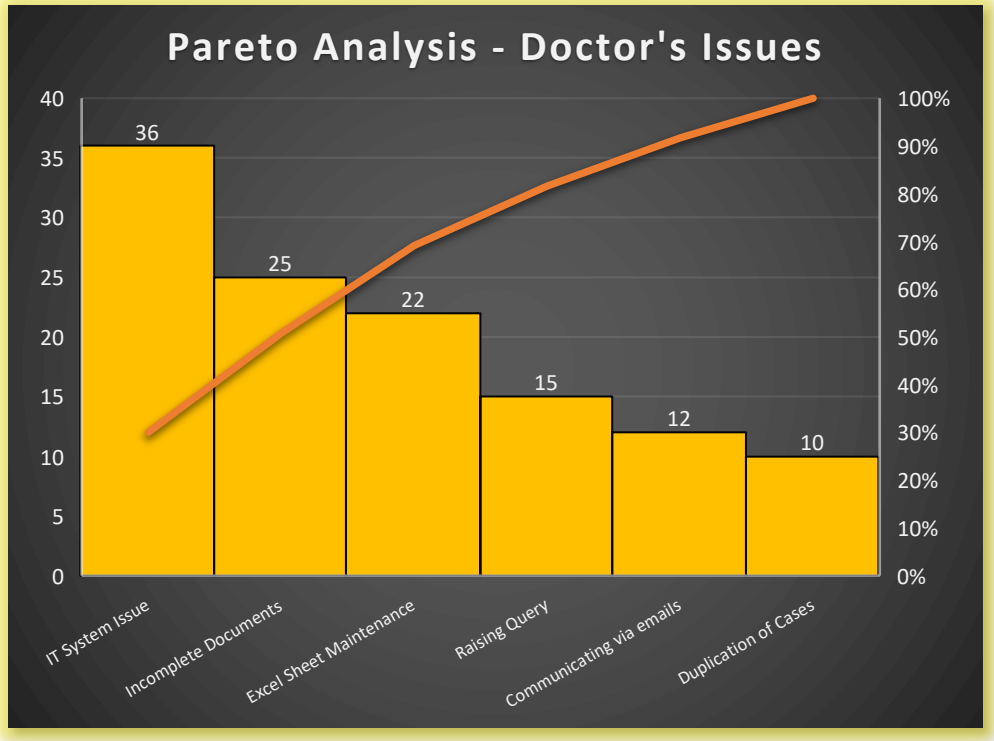
ISSUES FACED BY DETRACTORS



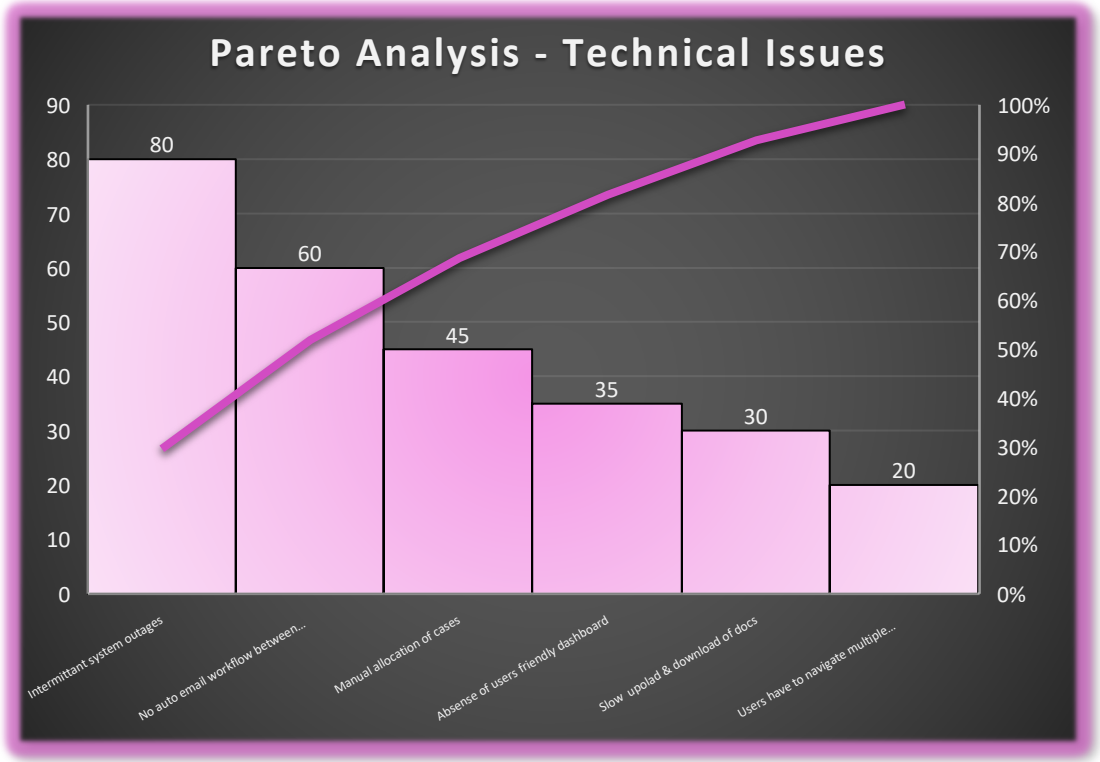
DETRACTORS EXPERIENCE ON VARIOUS PROCESSES WITH MBHI

- 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.

EMPLOYEE FEEDBACK

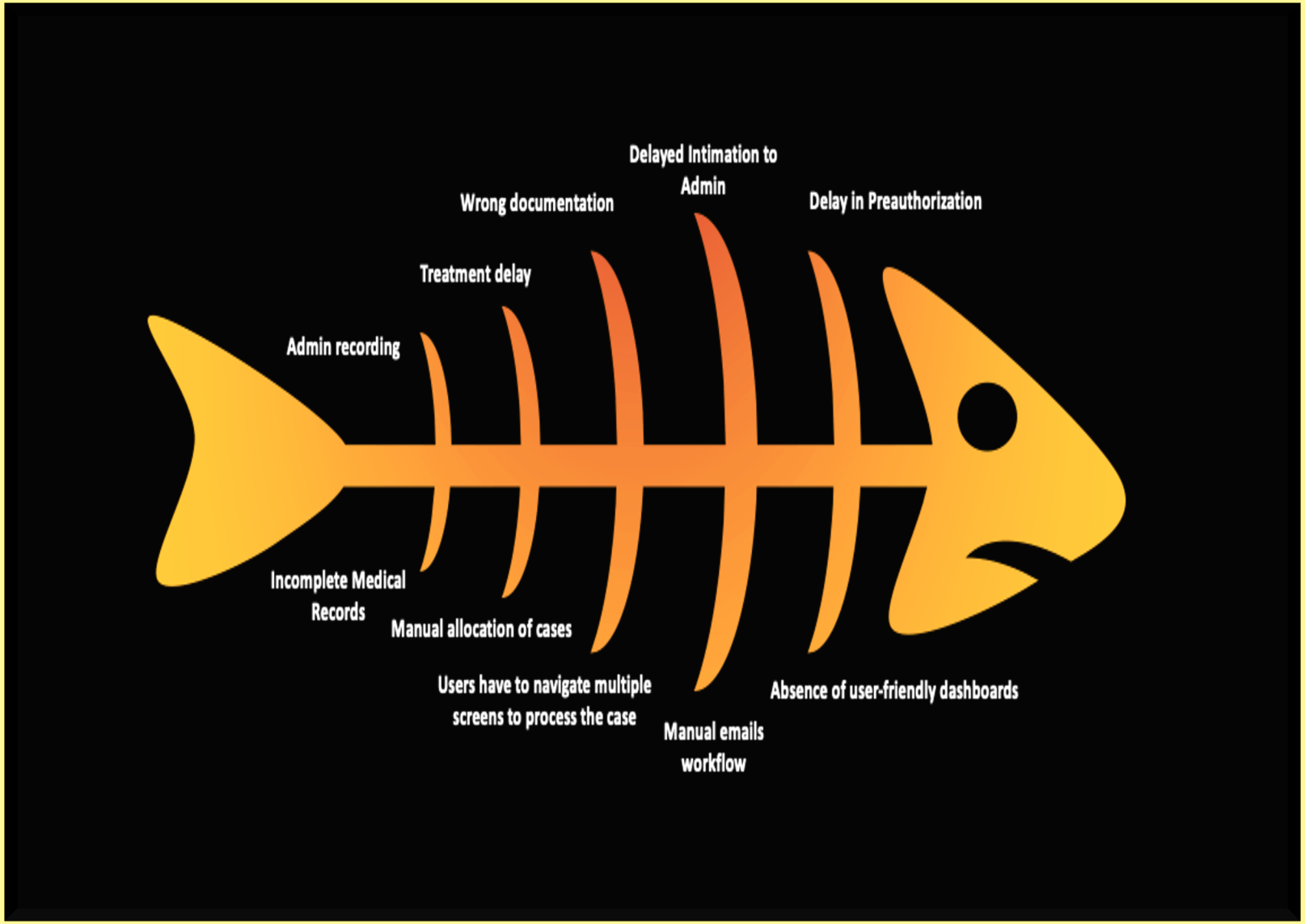


- Better application software along with attending issues of incomplete documentation at earlier stages of claim process will lead to much better claim process experience with internal & external stakeholders.



- 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.

FISH BONE DIAGRAM



Based on survey analysis conducted with

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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 pay ability 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.

THANK YOU!!