# To Study QRC Management in Aditya Birla Health Insurance

***By***

*Puja Sinha*

*Dissertation submitted for the partial fulfillment of the*

*MBA Hospital and Health Management*

*Academic year, 2015-2017*

**The IIHMR University, Jaipur**

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

**TO WHOMSOEVER MAY CONCERN**

This is to certify that Puja Sinha student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Aditya Birla Health Insurance, Mumbai from 6th February to 6h May, 2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Col. (Dr.) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

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ADITYA BIRLA HEALTH

IIHMR UNIVERSITY

**To be obtained on official stationary**

The certificate is awarded to

**Name** Ms. Puja Sinha.

In recognition of having successfully completed her Internship in the department of

**Name of Department** Contact Service [operations].

and has successfully completed her Project on

**Title of the Project**

" To Study QRC Management in Aditya Birla Health.

**Date** 18th May 2017.

**Organization** Aditya Birla Health.

He/ She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

**Function Head**

**Human Resources**

**THE IIHMR UNIVERSITY, JAIPUR**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled To study ORC Management in Aditya Birla Health Insurance, Mumbai and submitted by Puja sinha Enrollment No. IIHMR-U/01/2015-17/0329 under the supervision of Dr. Suresh Joshi for award of MBA in Hospital and Health of the University carried out during the period from 6th February to 6th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

**THE IIHMR UNIVERSITY, JAIPUR**

**CERTIFICATE BY SCHOLAR**

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled To Study QRC Management in Aditya Birla health insurance, Mumbai.

Signature of student

## ACKNOWLEDGEMENTS: -

The opportunity of doing my dissertation Report with **Aditya Birla Health, Mumbai** was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me though this Dissertation period.

I express my deepest thanks to my mentor Mrs. Neha Verlekar, Senior Manager Operations, ABH, Mumbai for taking part in useful decision and giving necessary advices and guidance and arranging all facilities to make this Dissertation Report easier.

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The involvement and sharing of knowledge by the ABH staff were of great help to my study as well as in better understanding of the Quality in Operations department. I am also grateful to all the department heads and staff for giving time in spite of their hectic schedule. Without their active co operation and participations it would not have been possible to accomplish our task.

I perceive as this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future,

My sincere gratitude to my mentor **Dr. Suresh Joshi,** for his constant support and encouragement

Sincerely

Miss Puja Sinha

MBAHM 20

The IIHMR University Jaipur

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## ACRONYMS/ABBREVIATIONS: -

### List of Abbreviations:-

| | |
|---|---|
| ABHI | Aditya Birla health insurance |
| QRC | Queries Complaints and Complaints |
| QC | Quality check |
| FTR | First Time Resolution |
| QK | Quick Kill |
| SR | Service Request |
| RCA | Root Cause Analysis |
| IRDA | Insurance Regulatory and Development Authority |
| DRM | Disease Risk Management |
| GDP | Gross Domestic P product |
| TPA | Third Party Administration |
| UNDP | United Nations Development Programmed |
| PPP | Public Private Partnership |
| SNA | State Nodal Group |
| NPS | Net Promoter Score |

## 2. Organizational Profile

The standalone health insurance arm under the brand Aditya Birla Health Insurance (ABHI). The new business segment is a joint venture between the Aditya Birla Group and MMI Holdings Ltd (MMI), a diversified financial services company in South Africa.

Ajay Srinivasan, Chief Executive - Financial Services, ABFSG, said the company's new health business vertical enters the Indian market with a differentiated business model. It offers not just health insurance to a wider set of customers but also encourages them to change their attitudes towards lifestyle and health.

The Aditya Birla Group and MMI are in a 51:49 joint venture with Rs.250 core of initial capitalization. Mayank Bathwal, CEO, ABHI, said in a press conference announcing the launch that the new insurer's philosophy will be to reward healthy behavior with incentives, safeguard health by guiding customers to manage chronic lifestyle conditions better, and provide easy, cost-efficient access to healthcare through digitized processes.

Aditya Birla Health Insurance Company (ABHIC) is joint venture between Aditya Birla Group (ABG) and MMI Holdings.

- Aditya Birla Group (ABG), a Fortune 500 company, is a diversified conglomerate widely recognized across India and overseas for quality consumer products and services with operations that include financial services, manufacturing, telecom, fashion and lifestyle.

- Aditya Birla Group companies in India

- Aditya Birla Ultra Tech Cement
- Aditya Birla Communications- Cement
- Aditya Birla Financial Services
- Aditya Birla More- Retail
- Aditya Birla- Hindalco
- Aditya Birla –Pantaloons
- Aditya Birla Insurance Brokers
- Aditya Birla Money
- Aditya Birla Novelis
- Aditya Birla Grasim
- Aditya Birla Sun Life Insurance
- Aditya Birla Private Equity

## 2.1Aditya Birla Health Insurance: Introduction

- MMI Holdings Limited (MMI) is a leading insurance based financial services company with a legacy of 122 years, created from merger of Metropolitan Holdings and the Momentum Group. MMI is one of the largest insurers in South Africa with businesses in 12 countries outside South Africa and United Kingdom.

- The core businesses of MMI are long and short-term insurance, asset management, savings, investment, and healthcare administration and employee benefits. These product and service solutions are provided to all market segments through operating brands Metropolitan and Momentum.

- MMI brands include the following global companies

**2.2Mission:** To be a leader and role model in health insurance industry, with a reputation for innovation and trustworthiness.

**2.3Vision:** *"Empowering and motivating families to prioritize health and lead fulfilling lives"*

**2.4 Values Definition:** The essence of what the Value means in the ABG context Group Standards –the ABG's operating standards in relation to its key stake holders Individual Behavior – the ABG's expectations from its employees to meet its Group Standards Examples of Conformance / Non-Conformance - the ordinary day-to-day actions to help individual understand what are acceptable / not acceptable norms in the context of the defined Value. Our Chairman, Mr. Kumar Mangalam Birla has said, "People contribute when they relate to an Organization and they relate when they understand the Organization. People understand an Organization through its Values, by experiencing the culture that Values create and by using the systems and processes that Values define". The first step therefore is to ensure that all the employees of an Organization understand its Values thoroughly so that they are able to experience & appreciate the culture and use the existing systems & processes for the overall benefit of all concerned. This short, interactive and interesting course (based on the handbook) will help you to understand the importance of Values for Organizations, get familiar with the ABG Values, Discover personal Values and its alignment with those of ABG and realize how Values can act as enablers in day-to-day working.

The Aditya Birla Group (ABG) Values are:

- Integrity
- Commitment
- Passion
- Seamlessness
- Speed

**2.5 Quality Standards:-** Quality Management" is one of the effective tools and methods to help in assessing the current capability of processes to deliver the desired quality of output, analyzing causes of variation in quality including measurement error and initiating actions to improve output quality.

## 3. Dissertation Report

# The study of QRC management of Aditya Birla Health Insurance program

**Project Guide-**

Mrs Neha Verlekar(Senior Manager)

Contact Centre- Operations

## 1) .BACKGROUND

Aditya Birla Health Insurance: - "Sehat hai to Zindagi Behat hai"

The standalone health insurance arm under the brand Aditya Birla Health Insurance (ABHI). The new business segment is a joint venture between the Aditya Birla Group and MMI Holdings Ltd (MMI), a diversified financial services company in South Africa.

Ajay Srinivasan, Chief Executive - Financial Services, ABFSG, said the company's new health business vertical enters the Indian market with a differentiated business model. It offers not just health insurance to a wider set of customers but also encourages them to change their attitudes towards lifestyle and health.

The Aditya Birla health Insurance works with a Motive of not only providing affordable health insurance coverage to all, but also rewards an individual for maintaining healthy life style.

The Prime objective of Aditya Birla Health Insurance is to Enhance & Ensure Customer's Satisfaction

The health insurance product of Aditya Birla has various featured benefits like wellness plan, health returns, Active days etc which not only influences customers in health insurance market but also make them to utilize benefits of remaining healthy.

As per the study this product is very new in the market of Health Insurance where an individual is rewarded for being healthy and active.

At the time of launch of this product by Aditya Birla there was huge excitement with a lot of queries n the mind of customers with this product.

As health is family subject and to purchase a health insurance is the very critical decision as per middle and higher economy of India. The health insurance product of Aditya Birla is highly complicated which had created high count of Queries, Requests and Complaints among the Insured customers.

With its prime objective in mind the organization came forward with an initiative of QRC management in Aditya Birla health Insurance since 1st Jan 2017.

QRC management was successful in tracking of all Queries, Requests and Complaints raised by the Insured customer's while their journey with Aditya Birla.

The QRC management takes from an outsourced centre organization named as Concentric "Contact Centre"

## 1.1) QRC Management by Contact Centre team.

Aditya Birla Health Insurance Contact Centre named as Concentric is an outsourced centre of Aditya Birla Health Insurance which works for 24*7, and performs list of activities with an objective to render Pre & Post servicing of policies issued by ABHI.

This is the primary centre where any individual calls to enquire about Aditya Birla Health Products.

The activities performed by the contact centre are as follows.

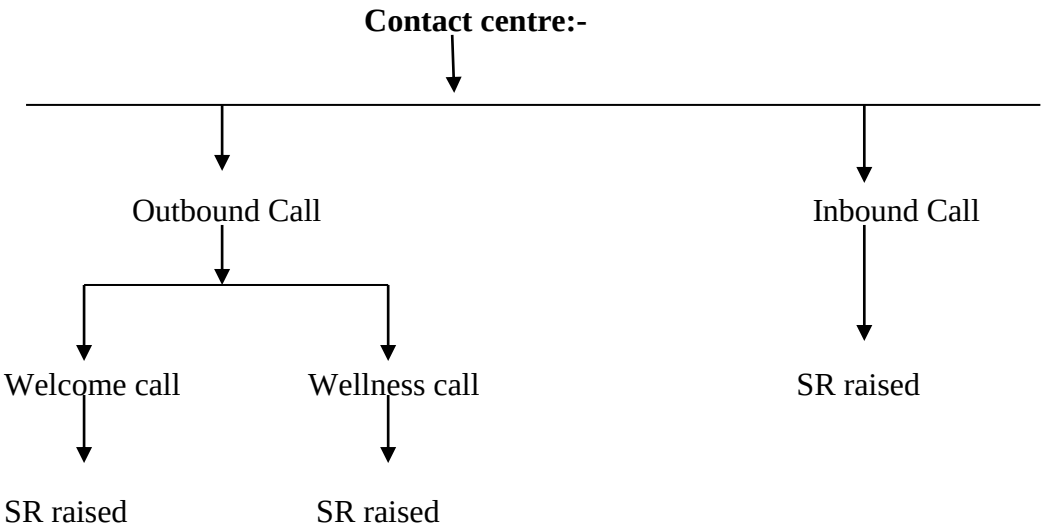
- Outbound calls: - The Customer Care Executives calls the insured customers after policy issuance for three different purposes.
- Welcome call: - this is call made to customers within 2 days of policy issuance to explain him with the product, about its features plan and other benefits.
- Wellness call: - this call is done to the customers after the customers went for health Assessment so as to explain him about the benefits and ways of earning health returns.
- Service requests: - This call is done to the customer in order to inform them about the closure of service requests.
- NPS Claims Calling: - this calling is done by the Contact Centre after settlement of the claims who's MIS is being shared by the claims team to contact centre with an objective to receive Net Promoter score (defined as overall rating of customer's experience while settling claims.

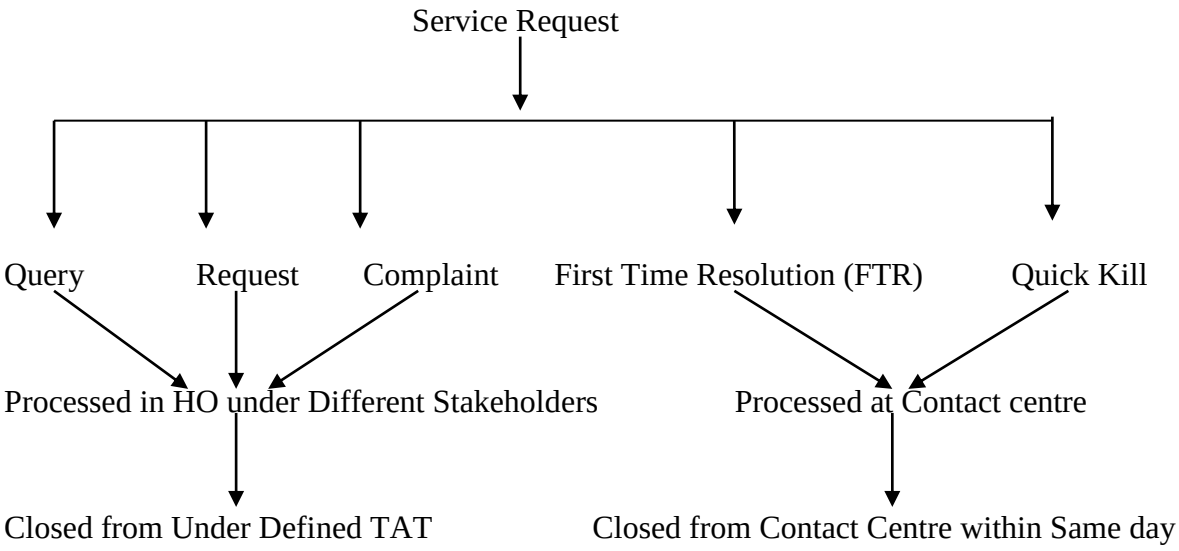
- Manual calling:- The calling done from Contact Centre to the customers to Enquire certain details from the customer's required in closure of QRC's

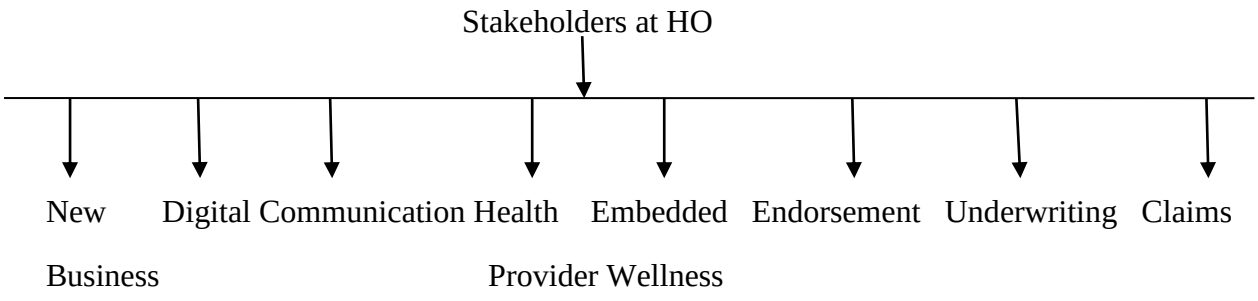
- Inbound calling: - Customer calls Contact Centre to raise Service Request related to the any Concern of the customer which is further tagged as Query, Request and Complaints by the CSE's.

- Service Request: - Concerns of the Customers.
- CSE's:- The Customer's Service Executives sitting in Concentric to handle different concerns of the customers.
- Stakeholders in Head Office: - the Different departments of Aditya Birla Health Insurance.

**1.2.) Workflow Chart of Contact Centre:-**



### 1.3) Operational Definition (1):-

- Queries: - A SR raised by the customer can be tagged as queries only when it's a First Time Solution, Quick Kill.
- Requests: - A SR raised by the customer will only be tagged a Request if it has no solutions to be taken place as the primary contact centre level.
- If they need to be resolved at HO level then it's a request.

- Complaints:- A Complaints is defined as the problem faced by the customer in Pre & Post Issuance of Policy and the customer writes it to Grievance team of the Company, and if not get within TAT of 7 seven working days, then it gets escalated to IRDA level.
- It may be also possible that a customer being highly unsatisfied raises or writes a complaint directly to IRDA level.

### 1.4) Operational Definition (2):-

Health insurance is one such product which has become one of the mandatory element in every individuals life as it gives a feel of great secure at the time of emergencies, uncertainties . Health has itself got a very broad definition and when it comes to health it also assembles a lot of queries, Requests and complaints in individuals mind throughout his tenure from buying health insurance till a claims got settled effectively without any sort of inconveniences.

Hence to enhance customer's experience in Aditya Birla Health we have followed an new initiative in which try to effectively manage QRC raised by the customer in Contact Centre and simultaneously we try to resolve within define TAT explained to the customer at the time of an SR is raised.

- **FTR: -** First time resolution, defined as any query, request or complaint which has been raised for the first time and we try to resolve it in a real time basis**.**
- **Quick Kill: -** Any Query, request or complaint raised by the customer in contact centre and it gets resolved on real time basis.
- **Stakeholders:-** They are defined as different departments working together in the head office hierarchical levels to which an SR is assigned to and gets escalated to higher levels if not gets closed within defined TAT(Turn around time) of ABHI
- **New business: -** this team takes care of all the activities or manages relation with the customer before Policy issuance or at the time of policy issuance. The issues like hard copies not received, details of refund etc are looked after by the NB team.

- **Digital & IT: -** Any issue of the customer related to login issues in Aditya Birla health Insurance app is looked after by the digital team.
- **Endorsement: -** This team basically looks after any sort of requests of the customer related to change in contact details or e-mail ids rectification in name age and refunds within and beyond free look is looked after by this team.
- **Embedded Wellness: -** This team helps the customer in earning Active days as a health benefit; any enquiry related to this Active day's product enquiry comes Embedded wellness team.
- **Health Provider: -** This team looks after booking of health Assessment/ Pre Policy medical Checkup.
- **Communication:-**this team looks after effective application of sending live communication to the customer any issue related to not receiving of the communications comes to this department.

## 2.) Review of Literature:-

Creating a positive customer experience is a complex process that begins with insight into consumers' wants and needs. Gathering individual definitions of good experiences starts the process of that understanding.

As per the recent article on Customers experience in health insurance industry by PWC says that the Consumers are less likely to share good experiences in healthcare—72% of consumers are willing to share a good experience they had with a health insurer, compared to 91% willing to share a good experience at a hotel. When it comes to actually sharing good experiences, 70% of consumers share in retail, while 54% share in the healthcare provider industry, and 44% share in the health insurance industry

Reasons for this difference may include the complexity Customer expectations and timeliness of healthcare feedback forms and patient satisfaction surveys. Retail industries have adopted more digital and user-friendly channels to generate and capture quick feedback.

The task of influencing patient behavior is made more difficult by health insurers' dismal track record at providing a positive customer experience.[2] in a world where leading companies in all sorts of industries are becoming more customer-centric, the health insurance industry ranks last in customer experience

There may be many factors contributing to this ranking, including issues related to the structure of the industry such as the claims process or privacy regulations. (Although it's troubling to note that the survey finds health insurance customer satisfaction decreases as interactions increase.) Regardless of the source of the problem, the fact is that insurers have struggled to create effective, positive customer experiences—which makes it that much harder to build trust.

In fact, the importance of customer satisfaction to insurers is the subject of an interesting Paper Gobind Johri, Associate Professor & Chief Manager National Insurance Academy Pune, entitled, Customer Satisfaction in General Health

Insurance Industry—A Step Towards Competiveness Published on September 22nd 2014.

As the author notes, when customers are not fully satisfied, they turn to competitors' products, and this proves to e detrimental for insurance companies. To prevent such situations, it is important for insurance companies to hasten their claims processing and more importantly, educate employees on the need for good customer experience.

He also explains that if agents focus too much on the claims aspect, and exclude other aspects of policyholder life-cycle troubles can arise. Such intense focus on a single aspect is also not good for the insurance company because it can leave out policyholders who are in other stages of insurance life-cycle.

In short, it is important for customer representatives of insurance companies to focus on customer experience and other aspects of the policy's life-cycle. A holistic approach to improving the entire customer experience and having proper management of the process is the means to gaining satisfied customers and a competitive edge.

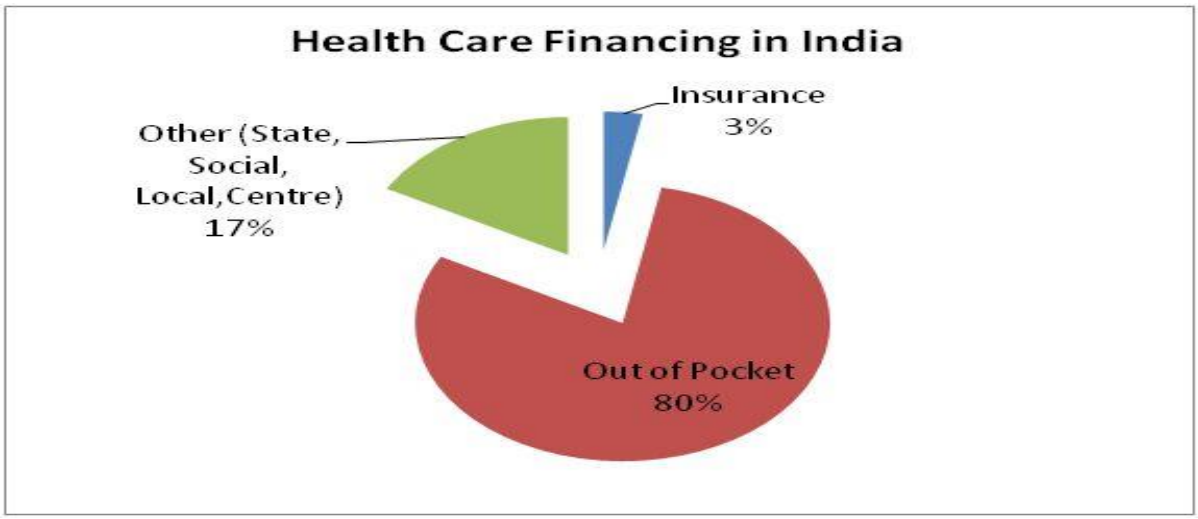
**2.1) Health Insurance in India**

Launched in 1986, the health insurance industry has grown significantly mainly due to liberalization of economy and general awareness. According to the World Bank, by 2010, more than 25% of India's population had access to some form of health insurance. There are standalone health insurers along with government sponsored health insurance providers. Until recently, to improve the awareness and reduce the procrastination for buying health insurance, the General Insurance Corporation of India and the Insurance Regulatory and Development Authority had launched [5] an awareness campaign for all segments of the population.

Health insurance in India typically pays for only inpatient hospitalization and for treatment at hospitals in India. Outpatient services were not payable under health policies in India. The first health policies in India were Mediclaim Policies. In 2000 government of India liberalized insurance and allowed private players into the insurance sector. The advent of private insurers in India saw the introduction of many innovative products like family floater plans, top-up plans, critical illness plans, hospital cash and top up policies.

For a country such as India, where the insurance penetration is as low as 3.3%, providing affordable and quality healthcare to its 1.2 billion populations has been a continuous challenge with no definite solutions. ***Munish Daga***, CEO of Remedinet tells Arunima Rajan that if the right forces join hands to provide healthcare services, backed by effective technology, India can certainly move closer to achieving universal healthcare for all.

## 2.1. (A) Healthcare Financing In India:-




**Description:-**

The above graph shows the exact penetration health insurance industry in India which is less than 3 %of the total.

## 3.) Rationale:-

Customer satisfaction and experience are important for every industry, and certainly insurance is no exception. For insurers customer satisfaction means not just the use of a policy product that was purchased from an insurance company for a cost, but also the satisfaction that is obtained when the claim is settled in full.

In this sense, customer satisfaction does not happen simply by purchasing a policy product, but it occurs when customers get the expected benefits such as peace of mind during the product cycle and speedy payment when a claim is filed. Customer experience, on the other hand, is the positive feelings that a customer has when he or she goes through the entire cycle, right from purchasing a product to getting paid when a claim is made.

Unfortunately, many insurance companies falter in providing the right customer experience because they get mired in overseeing claims and settling them. As a result, customers do not get the right response from agents or they have to wait too long to get their claims settled. Such situations have a negative impact on customer experience. And, this translates potentially into lost customers. Keeping all these scenarios in mind Aditya Birla health Insurance never wants to compromise with the satisfaction level of customers.

As described earlier Aditya Birla Health Insurance has launched complicated and advanced health insurance product. Hence to reduce this complications of the product and make it easier to reliable as per customer's understandings and Perspectives, Aditya Birla Health

Insurance launched QRC management programmed within the organization so as to render Quick and effective closures and execution of the raised Service requests by the customers,

This is a new initiative by any organization to incorporate with customer's satisfaction and deliver optimal results in resolving QRC, s on quick and effective basis.

Thus to endeavor more effective results the study has been done to identify and understand the reasons behind unsatisfied customers and also work in setting process towards closure and execution of every QRC,s raised by the customer's at contact centre.

## 4.) Research Question:-

How is the ORC system managed in Aditya Birla Health Insurance in Mumbai City.?

## 5.) Objectives:-

To understand the current QRC and the process of management

### 5.1) Specific Objective:-

- To understand different Queries Requests and Complaints of the customers.
- To analyze and execute Queries of the Insured customers of ABHI.
- To analyze and execute Request made by the Insured customers of ABHI.
- To analyze and execute complaints made by the Insured customers of ABHI

## 6.) Study design:-

Cross Sectional Study and observational study.

This study design will be appropriate as this is an observational study that analyses data collected from a population, or a representative subset, at a specific point in time- that is cross sectional data.

Hence according to this study it will cover all types, sub types and sub-sub types of Queries, Request and Complaints raised by different customers throughout their journey with Aditya Birla Health Insurance at that particular point of time and will help us to analyze those factors which are responsible in enhancing customer's journey in Aditya Birla Health Insurance.

### 6.1) Sample Unit: -

The selected universe of the study is the insured customers of Aditya Birla Health Insurance in Mumbai city.

## 6.2) Sample Size:-

This study include the data from the MIS which is managed at Contact Centre (an outsourced agency) where they maintains all the Queries, Requests and Complaints raised by the customer's of Aditya Birla Health Insurance through Inbound and Outbound calls done in Contact Centre and tagged under different Stakeholders in Head office of ABHI for their resolutions within defined TAT's as per the SOP of Aditya Birla Health from 1st Jan to 1st of May 2017.

A sample of all First 1000 cases will be selected from 1st January till 30 April 2017.

## 7.) Methodology:-

The secondary data were selected which have taken the data from the MIS maintained in the software of CRM (Customers Relationship Management) where tagging of different Queries , Requests and Complaints raised by the customers against different reasons stakeholders and further processed and resolved by different departments of ABHI within defined TATs to the customers on an daily basis.

Respondents Inbound and Outbound calls are tagged under different Request's, Queries and Complaints whose record has been maintained in CRM by the agents sitting in our contact centre.

.Those QRC report is daily sent from the contact centre to the HO and further managed by the Contact Centre Team by Tracking in their ageing, Coordinating with different stakeholders for quick Redressed/Closure/Executing of the QRC with an perspective to enhance customers experience in ABHI and further the feedbacks are also taken from the Insured Respondents frequently and are rated as NPS scores (Net promoter score).

The Quick and Effective closure of QRC,s raised by the Customers leads to generate good NPS (Net Promoter Score) taken by the customer in the form of feedback ratings and further these ratings are analyzed in the software CRM(Customer relationship management) by the CSE,s (Customer Service Executives) and Customer Feedback status being rated under following parameters.

- Being Highly Satisfied (Rating score:-8-10)
- Neutral ( Rating Score5-7)
- Poor( Rating score 1-4)

Now these NPS ratings taken by customer in following time durations:-

- Policy Purchasing Experience-After Issuance of Policy
- Claims Settlement-After Claims processing and settlements
- Closure of Service Requests. - After closure of every Service Requests Tagged under Queries Request and Complaints.

**7.1) (SOURCE) Analysis of the reasons: - MIS maintained by different Stakeholders.**

All raised Service requests is marked in mail to respective stakeholder asking the reasons to be explained against the particular raised Service Requests.

The Stakeholders maintains an MIS in which the Stakeholders track reasons for unsuccessful servicing of Policies. And these Reasons are further analyzed by QRC team, by adopting the quality tool named RCA (Root Cause Analysis) and further tracked toward its effective closures without increasing of its ageing and Execution of the same.

## 8.) Data Collection Instrument:-

- Secondary Data:- MIS of QRC(Queries, Request and Complaints)

Not only we try to resolve the queries, Requests and complaints of the customer but we try to execute them properly so that our other customer's do not suffer from the same experience.

## 8.1) Data analysis and Data Interpretation

### 8.1(A) Total Count of Policies sold in Aditya Birla

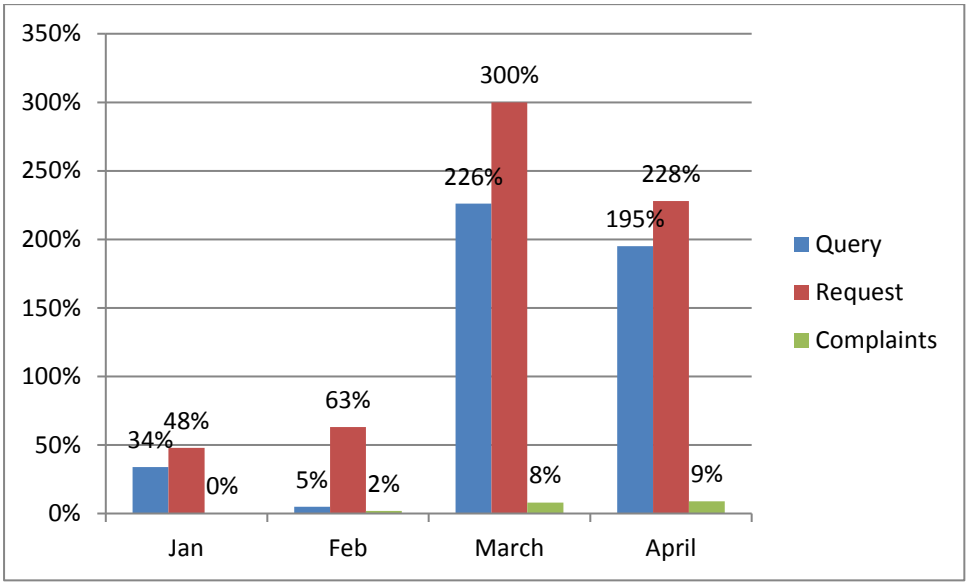
**Monthly Trend**

| MONTHS | Count |
|---|---|
| JAN | 295 |
| FEB | 577 |
| MARCH | 1184 |
| APRIL | 1200 |

Description:-

- As observed the Monthly trend of policies sold has been increased by 80% till month of April.

## 8.1(B) Total count of QRC's




**Observation:-**

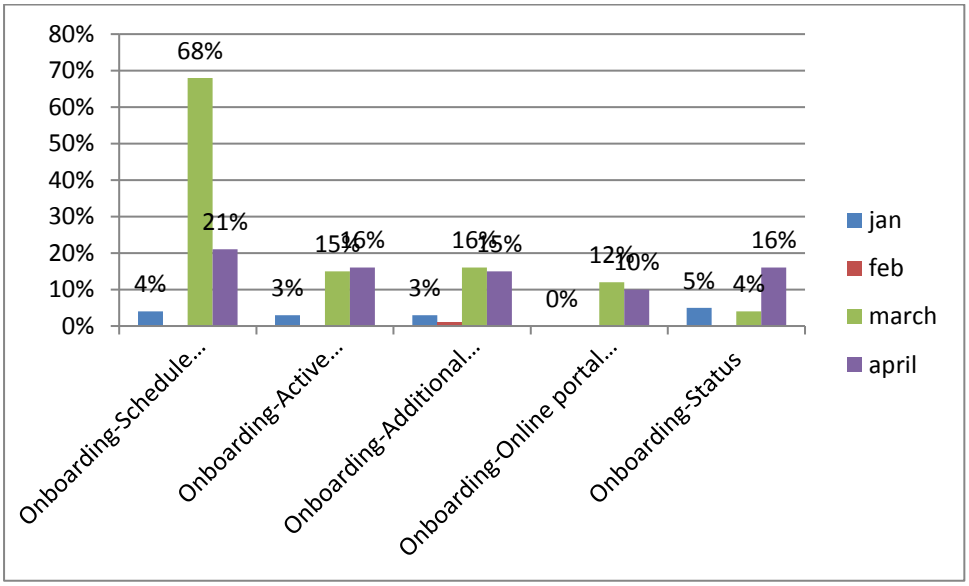
- As observed the current trend of QRC's has increased till month of March "which was year ending".
- In the month of April the trend has shown a minimal decrease in QRC's from month of March.

The data has been collected and analyzed on various perspectives which are as follows:-

- The total count of QRC's raised since last 3 months under different types , sub types and sub-sub types by the insured customer's of Aditya Birla Health Insurance which signifies overall highest number of Queries, Requests and Complaints raised under different stakeholders and represents the overall study of the various reasons behind customers satisfaction with insurance industry and also helps us to analyze and understand ways and areas of improvement in satisfying customers throughout their journey with insurance industry and also their further analysis would help us to execute completely by setting up a defined process with an objective of 100 customers satisfaction.

- The different Service Request raised as Query, Request and Complaint by the customers after policy issuance. Of readmission under ten different departments of the hospital signifies one of the major causes for out of pocket expenditure and readmission of the patient has a direct impact on increasing bills as well as average length of stay of the patient admitted in ICU.

8.1(c) **Top 5 Queries:-**




**Observations:-**

1. On boarding Schedule Appointment New:-The current trend of Queries raised at Contact Centre has shown huge fall from month of March and April.
2. On boarding Active Days: - the trend shows increase in number of SR‘s raised for this Query.
3. On boarding Additional Documents/ medical reports: - the trend shows increase in number of SR‘s raised for this Query.
4. On boarding- online portal credentials: - the trend of raised Queries has shown a minimal decrease.
5. On boarding Status: - there is great hike in the total count raised SR, s in the Contact Centre in last 3 months of the study.

**OPERATIONAL DEFINATIONS OF CASES**

Case Title:-Health Provider

- On boarding Schedule Appointment New: - for Health Assessment is a medical checkup / Pre- Policy Medical Checkup mandate for every customer within 90days policy issuance.

  For this Health Assessment a daily MIS is maintained through which HA calling will be done and Contact Centre calls the customer to book their appointment or reschedule the appointment as the customer’s Requests on a Real Time basis.

Case Title:-Embedded wellness

- On boarding Active days: - By performing regular Active days (Gym, Walking, and Yoga) in a month enables the customer gets the benefits of Health Returns.
- For earning health Returns customer has to sync his Mobile phone with the beacon through Blue tooth attached in all affiliated Gyms of Aditya Birla or Syncing Devise like Fit bit with Aditya Birla Health App where customer are advised and requested for visit while doing Active days.
- Hence to link & Sync these device customer raises a Query to Contact Centre where the ABH agents explains the customer in explaining the technique of linking & Syncing the Device with beacon and Aditya Birla APP.

Case Title: - Health Provider

- On boarding Additional Documents /Test Reports:- After Pre Policy Medical Checkup, a medical report is sent to the customer in their registered E-mail ID's, Even if the customer's do not receives it on real time due to some technical errors, The Contact Centre raise an SR on Customer's Request.

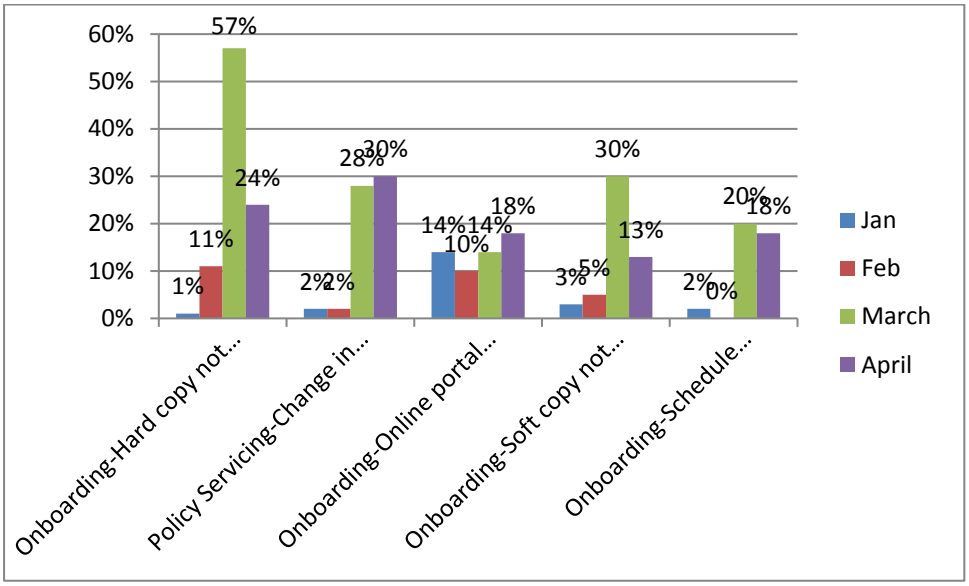
Case Title: - Digital/ IT

- On boarding-Online Portal Credential: - For Logging into Aditya Birla app, customers should must a defined logic of password to link & sync the app that is explained to customers in welcome call by the contact centre. Further if any discrepancy occurred while login into the app then the customers call and take help of agents by raising SR.

Case title:-On boarding Status:-

- After policy issuance a customer receives policy kit in the forms of hard copy & Soft copies. If the customer dint receives it on a defined time basis then they raise an SR to contact centre and get it resolved on a real time basis.

**8.1(d) Top 5 Requests:-**




**Observation:-**

1. Hard copy not received: - as per the data observed the trend shows fall in the total count SR, s raised in contact centre by 33%.
2. Policy Servicing- change in Contact Details: - the trend in total count of SR, s raised for this issue has been increasing by 2%.
3. On boarding- Online Portal Credentials:- the trend has shown frequent increase by 4%
4. On boarding Soft Copies not received:- the trend of the raised SR,s in contact centre is decreasing rapidly by 27%
5. On boarding Schedule Appointment New: - the trend has shown minimal decrease by only 2% in the month of April by 2 %.

**Operational Definitions' of cases:-**

Case Title: - On boarding Hard Copies not received.

- This is the Service Request raised at contact centre when the customer do not receives his hard copy within 15 days of Policy Issuance. This SR is raised to New Business team on a real-time basis and gets resolved within the TAT of 7 working days.

Case Title: - Policy Servicing Change in E-mail ID's and contact Details:-

- Here the customer approaches contact centre for the changing E-mail and contact details or for some rectifications in the E-mail ID, s updated wrongly at the time of Policy issuance. These Service Requests are raised to Endorsement team and gets resolved with a Defined TAT of 3 working days.

Case Title: - On boarding Portal Credential Issues:-

- The service request is raised to L1 support IT team from Contact Centre to reset the password Aditya Birla health App if it gets locked or unable to generate OTP.

  The Valuable TAT for such queries is 48 hours.

Case Title: - On boarding Soft Copies not received:-

- The issue is of not receiving Policy kit soft copy within two days of policy issuance and for such issues a Service request is raised to L1 support IT team to send it to the customer by extracting it from backend data.

  The TAT for such requests is 48 hours.

Case title: - On boarding Schedule Appointment New:-

- After booking HA appointment for the customer from contact centre it has been observed that customer complaints that centre they visited for said there is no appointment as such or in case of home visits for HA no one visited on time foe conducting HA.

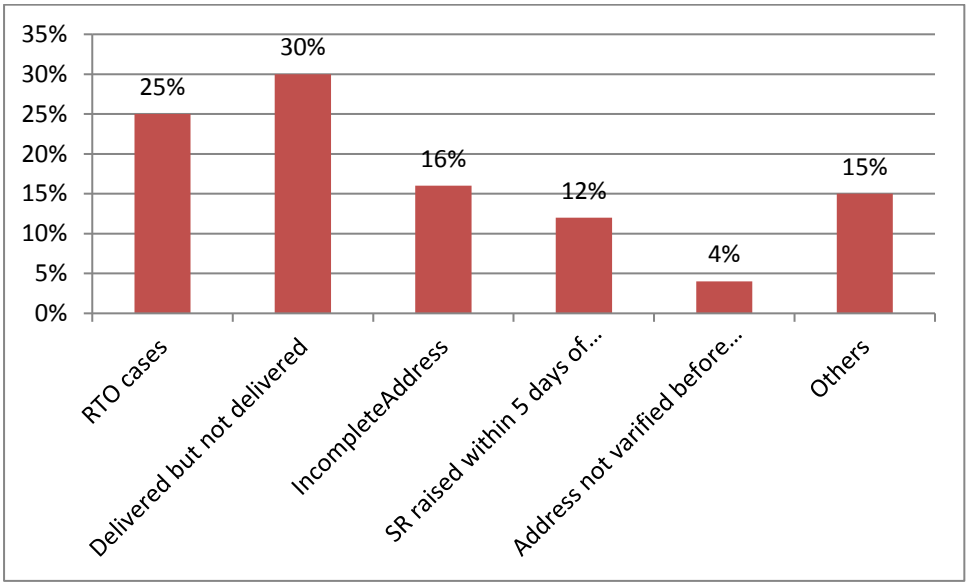
In such cases we raise SR by the contact and sent the MIS of requested appointments by the customers to the health provider team to arrange their HA as per requested.

**8.1(d) Top 5 complaints:-**

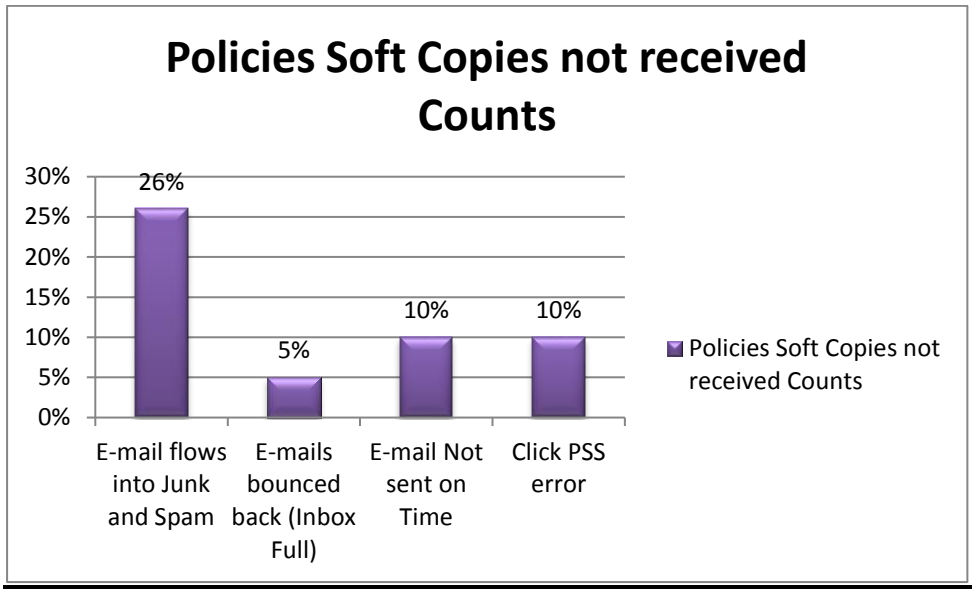
| Case Title | Jan | Feb | march | April |
|---|---|---|---|---|
| Complaint-Product (policy) received by insured is not what it was negotiated at the time of sale. | 0 | 1 | 3 | 1 |
| Complaint-Insurer failed to clarify the queries raised by Insured. | 0 | 0 | 0 | 2 |
| Complaint-Misbehavior of surveyor towards the Insured | 0 | 0 | 2 | 0 |
| On boarding-Feedback on Agent | 0 | 0 | 0 | 1 |
| On boarding-Online portal credential generation | 0 | 1 | 0 | 0 |

**9.) Reasons behind top 5 Requests:-**

9(A) **Policies kit Hard Copies not received.**



**9. (B) Policy Soft Copies not received:-**



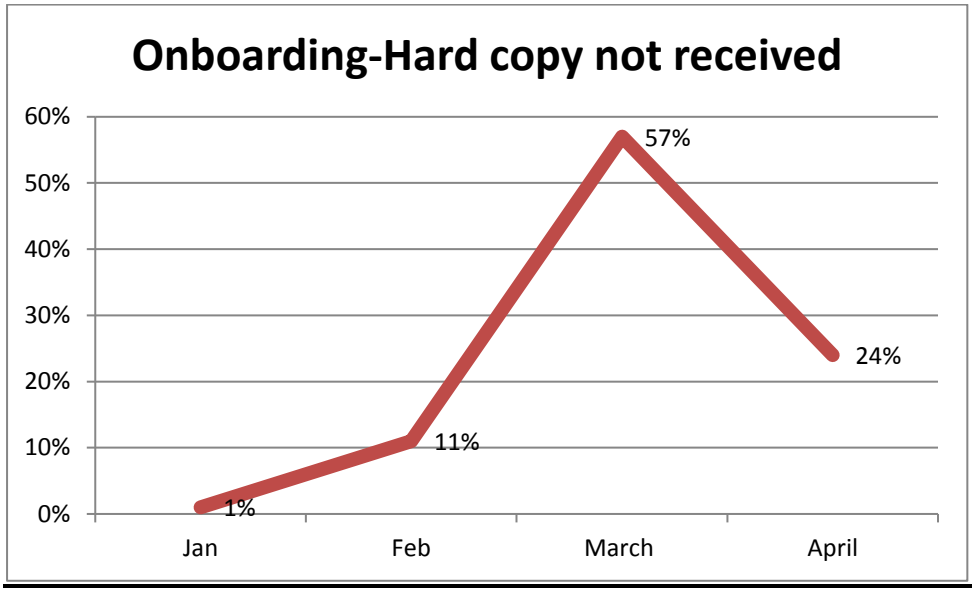

a) Online Portal credential issues:-
Reasons: - The reasons behind this issue are still pending to be addressed.

b) Change in E-mail ID and contact details.
Reasons: As per the Voice of Customers, majority of the raised SR's are as per the customers' requests and the reasons behind this issue is still pending to be analyzed

c) On boarding Schedule Appointment-New
Reasons: - Pending to be analyzed.

## 10.) Execution of QRC's:-

| 10(A)Policy Hard Copies Not Received |
|---|
| Execution Initiatives |
| Address Verification at the time of SR raised |
| RTO calling |
| Sharing of Printing & Dispatch MIS with Contact Centre |
| Enabling CSE's to track details and give the desired tracked details to customers |

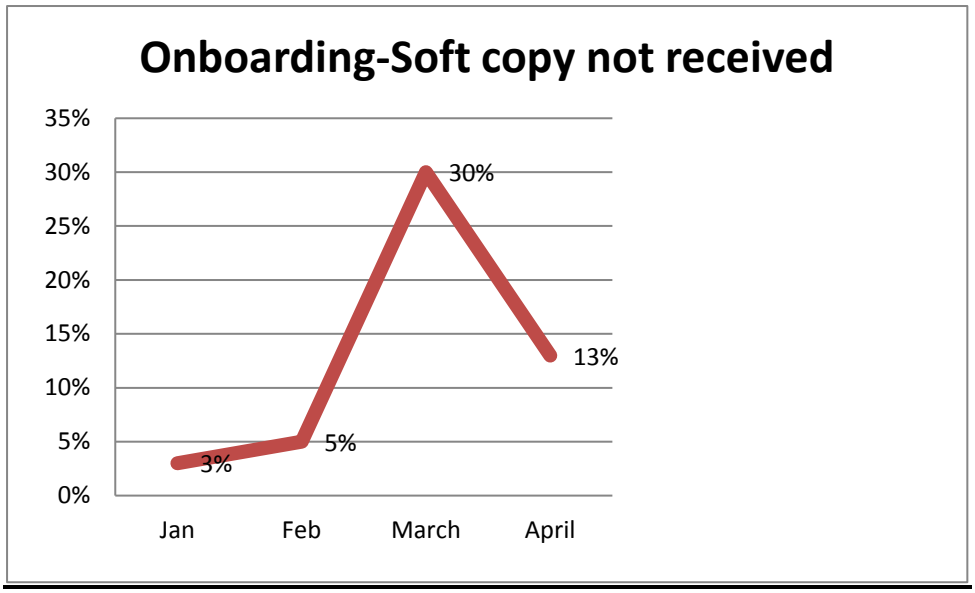



**Observations:-**

**Observations:-**

After following these initiatives starting from month of Feb the trend has fallen down rapidly to 24% by the End of month April.

| 10(B)Policies Soft copy not received |
|---|
| Execution Initiatives |
| Customers are asked to check there E-mails in SPAM or JUNK |
| Integration of Click PSS with CRM |
| Quick closure of SR,s by sending the report directly through CRM |




**Observations:-**

After following these initiatives starting from month of Feb the trend has fallen down rapidly to 13% by the End of month April.

**11. Results/ findings:-**

- There was no such defined process of action for the service request raised in the form QRC, s.
- System CRM used to get hang on a frequent basis which used to incur a lot of manual work at the contact centre.
- There was lack of trained CSC in the contact that used to create a lot of error in data entries such as non availability of Comments, assigning SR, s to wrong stakeholders, not giving correct information to the customer (Miselling).
- The CSC, s at Contact Centre was having lack of Product knowledge which leads to incorrect raising of SR, s.
- Few additions towards execution of raised SR, s could only be resolved after getting it incorporated in CRM which is a Phase 2 requirement which would take time to settle with.
- Due to lack of time availibity the all top 5 Queries and requests are not analyzed in details.

**12. DISCUSSIONS:-**

As per the recent article on Customers experience in health insurance industry by PWC says that the Consumers are less likely to share good experiences in healthcare—72% of consumers are willing to share a good experience they had with a health insurer, compared to 91% willing to share a good experience at a hotel.

As per this study done in Aditya Birla Health Insurance Industry it has been observed that Customer's satisfaction is entirely based on quick and effective redressal and Execution of customer's Queries, Requests, and Complaints on a real time basis.

Basically Health Industry productivity relies on the technique known as "word of mouth" which is completely based on customer experience throughout their journey with the Insurance products at the time of purchased till the settlement of claims.

Hence detailed analysis of QRC, s raised by the customers is very important to enhance customer's experience with a motive increase the penetration of health insurance industry and reduce the count of people falling under out of Pocket expenditure due to excessive expenses on health.

**13. Interventions done for analyzing and Execution QRC's.**

**13. (A) QRC management at primary level:-**

- Tracking:- All CSC's are requested to track QRC raised by the customer till it gets closure effectively on a real time basis or within defined TAT's of ABHI.
- Handover:- The SR,s that remain not closed by the end of the shift should be given as a handover to other CSE for getting it closed and the cycle of giving handover should be followed until it closed.

- Coordinating: - Those cases which CSE's are unable to resolve it on primary basis must be escalated to higher authorities who can resolve it with the other stakeholders and give appropriate feedback to the customers about their Service request raised.
- **Printing and dispatch:-**For issues like policy kit not received, the organization started verifying address of the customer at the time of SR raised, and note it down if any rectifications take place.
- **Communication:-**The organization also started sharing MIS of Printing and dispatch details with Contact Centre where the CSC could help the customers in sharing dispatch tracking details with the customers calling against policy kit not received.
- **Communication**:-For the issues like Policy soft copy received the organization integrated the communication link with Customer relation management software, where in case calls for soft copies not received we can provide data from CRM itself to the customer on a real time basis.
- **Onbaording Scheduling Appointment New**: - Sharing of HA MIS has been started taking place with Contact Centre by the health provider team where in case the customer calls and says that he hasn't received HA calling then our CSC could provide the calling attempts did to the customer through the MIS and could also reschedule the appointment as per customer's requirement and send the MIS maintained at Contact centre to the Health Provider Team.

**13. (A) QRC Management at Secondary level**

- The QRC,s not getting resolved at Primary level gets Escalated to the Secondary level where different stakeholders sitting in Head office for the purpose to resolve these Service Requests raised within Defined TAT,s.

The Defined TATs for Top 5 Queries Requests and Complaints

| Stakeholders | Less than Two days | 3-4 days | 5-7 days | 8-10days | Greater than 10days |
|---|---|---|---|---|---|
| Printing and dispatch | | | Yes | | |
| Endorsement | | Yes | | | |
| Communication | Yes | | | | |
| Digital& IT | Yes | | | | |
| Health Provider | Yes | | | | |
| Embedded wellness | | Yes | | | |
| Health Check up | Yes | | | | |
| Complaints | | | Yes | | |

Hence the above MIS is managed at Secondary level , where any of the QRC,s which do not gets closed within defined TAT,s gets escalated to Tertiary Level where a proper Root Cause Analysis of the case is done and then the closure takes place on an real time basis.

## 14. Planned Interventions:-

| 14.(A)Addition in change of E-mail ID and Contact Number |
|---|
| RCA pending with New business team to check with Data Entry Errors |
| Entering of Registered E-mail ID should be mandate, and must verified |
| Checklist to be maintained before Raising SR's |

| 14.(B)Online Portal Credential Issues |
|---|
| RCA Pending with Digital & IT team with this error of locked password |
| Setting One universal Logic of Setting passwords |

| 14.(C)On boarding schedule Appointment-New |
|---|
| Sharing of MIS from Health Provider team to Contact Centre of Booked Appointments |
| Sharing of MIS from Contact Centre if any Customer Requested to reschedule the booked appointment |

## 15. Limitations:-

- The available Sample Size was not adequate to identify and analyze the QRC, s for getting desired results.
- There was lack of time availability due to which detailed analysis and execution of top 5 QRC's dint took place.
- The planned interventions are the part of study whose inputs are unable to be configured into this study as they are still pending for detailed analysis.
- Due to lack of sample size in data collected for Complaints they are not analyzed.

## 16. Conclusions:-

This Cross Sectional observational study on how can we enhance Customers Experience in Aditya Birla Health Insurance concludes that there have been following reasons for the customers being unsatisfied with health insurance industry.

The effect of this disability also results in many negative shifts towards customer being diverted to some other health insurance products discontinuation of the product further.

As the organization has started QRC, s Management from month of January, and till date this initiative has shown minimal improvements on a progressive basis, but there are certain challenges which were responsible in non execution of few issues on which the organization are working towards.

With an objective to enhance customers experience in Aditya Birla health insurance the organization must work with an initiative of defining appropriate process of action to all the CSC,s of contact centre and the stakeholders of head office that has to be followed for every Service Requests raised in the form of QRC's

The incorrect assigning of SR, s to stakeholders increase the unwanted ageing of QRC, s.

Lack of Product Knowledge before assigning SR, s of the customers to different stakeholders it gets cancelled or rejected at secondary level, now this causes unusual increase in the total count of QRC, s maintained at primary level.

Non completion of comments and descriptions of VOC of the customer before raising SR, s.

Hence from all these problems we cannot deny that leads to mismanagement of QRC, s at primary and secondary level as well. QRC is one of the most important activity maintained by the contact centre team with an objective to enhance customers experience in Aditya Birla health insurance , but when this hike of QRC,s is taking place in only few cases of particular stakeholder repeatedly then we should must think of few solutions which would not only help the organization to enhance customers experience by bringing more customers that will also help the Customers in getting their full medical treatment with an recovered medical condition and will also built the good satisfaction level among customers.

As per this observational study we have been successfully observed that most Service Requests of customers against QRC, s belongs to specific department/stakeholders of Aditya Birla Health Insurance repeatedly as mentioned earlier. This hereby concludes that to avail complete and Enhance Customer's Satisfaction in Aditya Birla Health Insurance is highly important which can be only be achieved by Proper QRC management.

## 17. RECOMMENDATIONS:-

Though three month of this industrial training might not be sufficient to provide any sort of recommendations but with the approach to lead ahead the organization with some of the Improvements are as follows:-

There was a need to build a proper coordination and communication between Contact Centre at Primary and secondary level in head office at Aditya Birla health insurance.

Difference in Communication and assurance received by the customer at the time of Policy Issuance till settlement of Claims must be identical as the cases of miselling leads create a lot of disputes and errors in satisfying customers.

The departments such as Endorsement, New Business, and Digital and health provider must work in full coordination with contact centre in effective closure of cases within defined TATs as delivered to customers hence in order to maintain customer's satisfaction.

## Reference:-

Answering the health Insurance needs of the Poor Building up tools for Awareness, Education and Participation, May 29-31,2006, Workshop Report.

Customers Satisfaction in Health Insurance in Developing Countries, Sudha Meghan

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## Annexure:-

MIS Maintained in Contact Centre.

ABH QRC Tracker.xlsx