# Internship at
# Aditya Birla Health Insurance, Mumbai

***By***

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INTRODUCTION

The Internship training has been successfully carried out for the duration of three months; February 6th to May 5th, 2017 in Aditya Birla Health Insurance Company Limited, Mumbai. Various studies have been carried out during this period and the approach to the study has been sincere, scientific and analytical. The internship has developed the capabilities and soft skills and has prepared for the future managerial role while learning in a professional work environment.

GOALS OF INTERNSHIP

- To equip the student with knowledge and tools to be successful in their future position.
- To observe various protocols followed in the organizations and try to acquire skills to accomplish them.
- To familiarize themselves with different departments, staffing and equipments used in them.
- To observe mannerism of the existing employees and learn the culture of the organization.
- To develop their capabilities and soft skills by practically applying their academic knowledge while learning in a professional work environment.

ORGANIZATIONAL PROFILE

The Aditya Birla Group

The Aditya Birla Group is a premium global corporation valued at USD 41 billion (2,50,000Crores). Featured in the League of Fortune 500 companies, the Group is anchored by an extraordinary force of over 1,20,000 employees, belonging to 42 nationalities.
With over 50 percent of its revenues flowing from overseas operations spanning 36 countries, the Aditya Birla Group has been ranked fourth in the world and first in Asia Pacific in the ‘Top Companies for Leaders’ study 2011, conducted by Aon Hewitt, Fortune Magazine and RBL (a strategic HR and leadership Advisory firm). The Group has topped the Nielsen's Corporate Image Monitor 2014-15 and emerged as the Number one and the 'Best in Class' corporate for the third consecutive year.

The Aditya Birla Financial Services Group

Aditya Birla Financial Services Group ranks among the top 5 fund managers in India (excluding LIC). With Assets Under Management valued at ` 1,64,995 Crores in FY’15, ABFSG is committed to serve the end-to-end financial services needs of its retail and corporate customers.

The ten lines of business managed by ABFSG are:

- Asset Management
- Broking
- General Insurance Broker
- Housing Finance
- Life Insurance
- NBFC
- Online Money Management
- Private Equity
- Project and Structured Finance
- Wealth Management and Distribution

In FY 2014-15, ABFSG reported consolidated revenue from these businesses at ` 7,926 Crores. Anchored by about 11,000 employees and trusted by over 7.3 million customers, ABFSG has a nationwide reach through 1,500 points of presence and about 160,000 agents/channel partners.

## ADITYA BIRLA HEALTH INSURANCE COMPANY LIMITED ( ABHICL)

Aditya Birla Financial Services Group (ABFSG) has launched its standalone health insurance arm under the brand Aditya Birla Health Insurance (ABHICL). ABHICL is a joint venture between the Aditya Birla Group and MMI Holdings Ltd. (MMI), a large and diversified financial services leader in South Africa.MMI Holdings Limited (MMI) is a leading insurance-based financial services company, created from the merger of Metropolitan Holdings and the Momentum Group. MMI is one of the largest insurers in South Africa doing business in 12 African countries outside South Africa and the United Kingdom.

ABHICL enters the Indian health market with a differentiated business model when compared to that of any existing health insurance player, offering health insurance to a wider set of customers by driving awareness and changing existing consumer attitudes in health insurance.

ABHICL mission is to be a leader and role model in the health insurance industry, with a reputation for innovation and trustworthiness. They intend to achieve their mission by striving to be a key differentiator in the market through focus on product innovation and creating a market for new products that comprehensively meet health and wellness needs of consumers.

Aditya Birla Health Insurance Co. Limited reaches out to its customers with multi-location presence using a mix of channels such as agents, brokers, bancassurance, corporate agents, direct sales force and online to sell the range of health insurance products. They plan to be present across the country through their own offices and sales partner channels. ABHICL understands the importance of having a good quality network of health providers, therefore, managing and meeting the expectations of their provider network is critical for their service offerings

ABHICL believes that the providers are partners in delivering the values to our customers.While ABHICL targets an existing captive consumer base of several million ABFSG customers, it plans to grow rapidly given its product philosophy that expands health insurance to a newer category of fit and healthy customers. ABHICL has also introduced a chronic care management program to cater to the unmet needs of a growing Indian population of those suffering from 5 chronic lifestyle conditions.
This philosophy can be summed up in 4 simple points –

- Rewarding healthy behavior with incentives that make efforts worthwhile
- Safeguarding health by guiding customers to manage chronic lifestyle conditions better
- Protecting health needs with dignity
- Providing easy access to a holistic health and wellness ecosystem in a personalized, efficient and cost-effective manner through digitized processes.

## PROVIDER AND PARTNER MANAGEMENT

Traditionally, a health Insurance company’s provider network comprises of hospitals and diagnostic centers to provide cashless hospitalization and PPMC services to its customers. The various customer service processes like preauthorization, claims, PPMC etc. are manually managed. The manual intervention creates a lot of challenges like higher TATs, delayed payments, unjustified deductions in claims etc. which in turn lead to customer dissatisfaction.

At ABHI, the vision is to create a comprehensive, digitally enabled, and quality network of health care providers which cater to 360 degree healthcare needs of the customer. This network would not only consist of hospitals and diagnostic centers, but also pharmacies, ambulances, individual practitioners, nursing home, health clinics, health aggregators etc.

Apart from the accessibility, a strong focus is to digitize the processes as much as possible to ensure that the services provided to the customer are seamless and efficient. To achieve the same, ABHI is also partnering with various healthcare technology companies and advocating the use of technology platforms to providers.

The digitization of processes will not only improve the efficiency and TATs, but also lead to greater accuracy and cost saving. All of this will ultimately lead to enhanced customer experience and greater buy in from the providers.

Opportunities – At the time of hospitalization or any other healthcare need, the customer is already under a lot of stress, and hence the experience provided at this stage is most crucial to gain customer loyalty and good word of mouth. The ABHI approach to network management will make the process hassle free and reduce a number of issues like lack of cashless facility in the vicinity, complicated preauthorization process, long waiting time for approvals, deductions etc. Moreover, tying up with various types of providers and partners would ensure that healthcare services are delivered to the customers almost at their door step in a customized and innovative way.

Challenges –

1. Low technology advancement in health care
2. Complete automation of services is complex
3. Lack of any standard format for tariffs, bills, etc. across the healthcare industry.
4. Low utilization of coding systems like ICD, CPT, PCS etc.
5. High rate of fraud and abuse in the sector

## KEY RESPONSIBILITY AREAS

1. Ambulance Network
   Creation of an ambulance network for ABHI. Competition mapping to understand the current utilization by insurance industry; industry research and development of a proposed model for ABHI.

2. Digital Road Map
   To work on a digital road map for Provider Network, including introducing digital processes and utilizing technology solutions and platforms to provide good quality and efficient services to the customers.

3. Streaming the PMS- Provider Management System
   Development of Phase 2 requirements, testing and issue resolutions along with quality check of the provider database in Healthbuzz. Quality check of digitized tariffs, their updation in provider management system and adjudication in claims system. Consolidation of provider management system. Ensuring availability of correct documents in Omnidocs. Also, Geo Analysis to identify the geographical gaps. Creation of non-network provider and diagnostic centre for ABHI customers. Cleaning of fields in user interface and updation of IRDA master.

4. Managing ABG Health Assessment
   Managing the process of Health Assessment. Facilitating the project plan for the conduction of health assessment at various ABG locations and mapping the diagnostic centres for the same.

5. Conducting Quality Survey of Hospitals
   Developing the project strategy for rolling out the quality service questionnaire project in network hospitals. Preparation of phase wise field implementation plan, development of tool and scoring sheet, training of account managers, monitoring execution of the questionnaire as well as data collection. Also monitoring data base management, analysis and allocation of relevant grades to hospitals.