“To Study QRC Management in Aditya Birla Health Insurance”.

Aditya Birla Health Insurance Co. Limited

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Aditya Birla Health Insurance : Introduction

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 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, 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

momentum

METROPOLITAN
Together we can

multiply
wellness & rewards

GUARDRISK
TAILORED RISK SOLUTIONS

Aditya Birla Health Insurance

- **Vision** : *"Empowering and motivating families to prioritize health and lead fulfilling lives"*
- **Mission :** To be a leader and role model in health insurance industry, with a reputation for innovation and trustworthiness.
- "**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

1. The Aditya Birla Group (ABG) Values are:
2. Integrity
3. Commitment
4. Passion
5. Seamlessness
6. Speed

Background

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"

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.

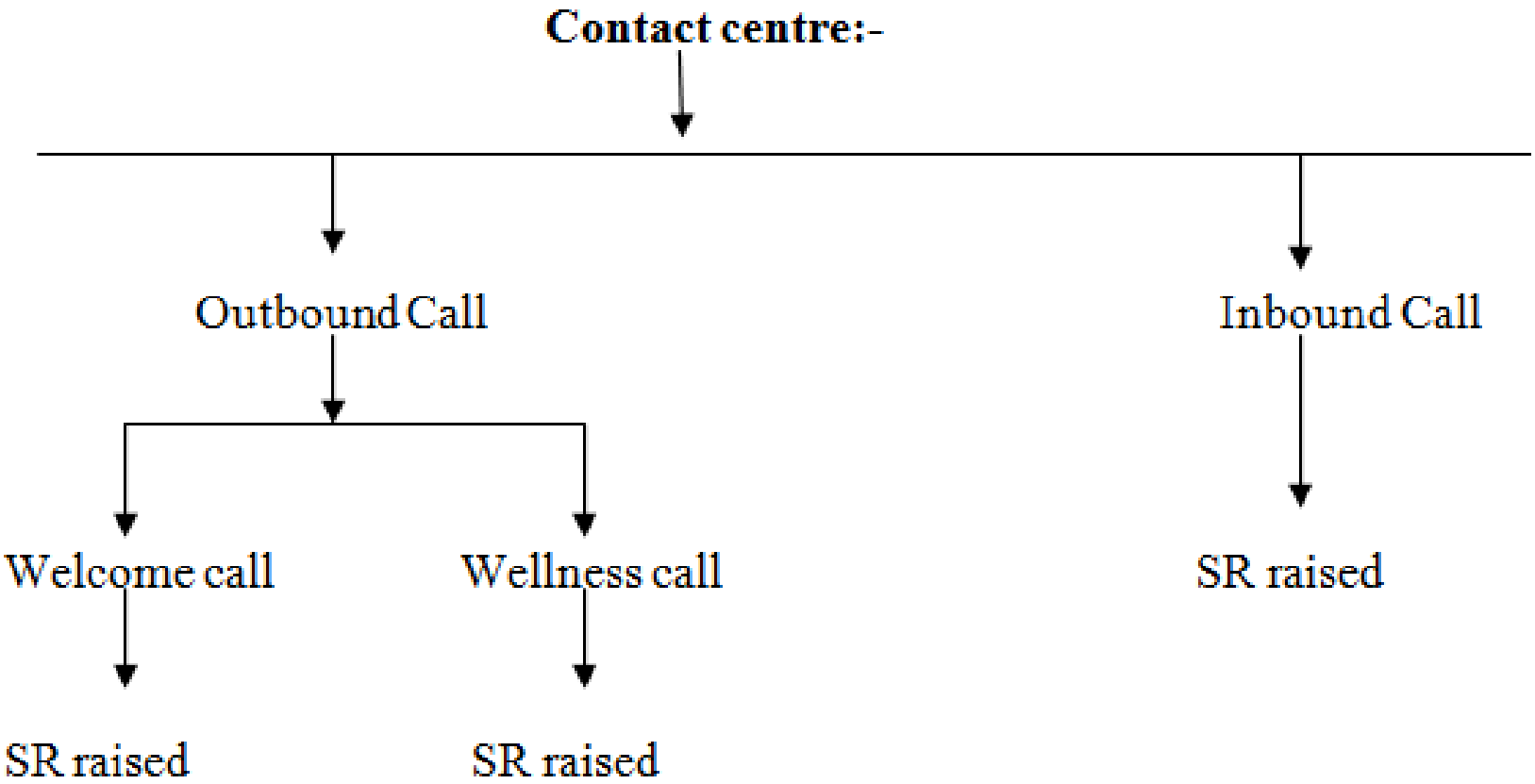
The activities performed by the contact centre are as follows.

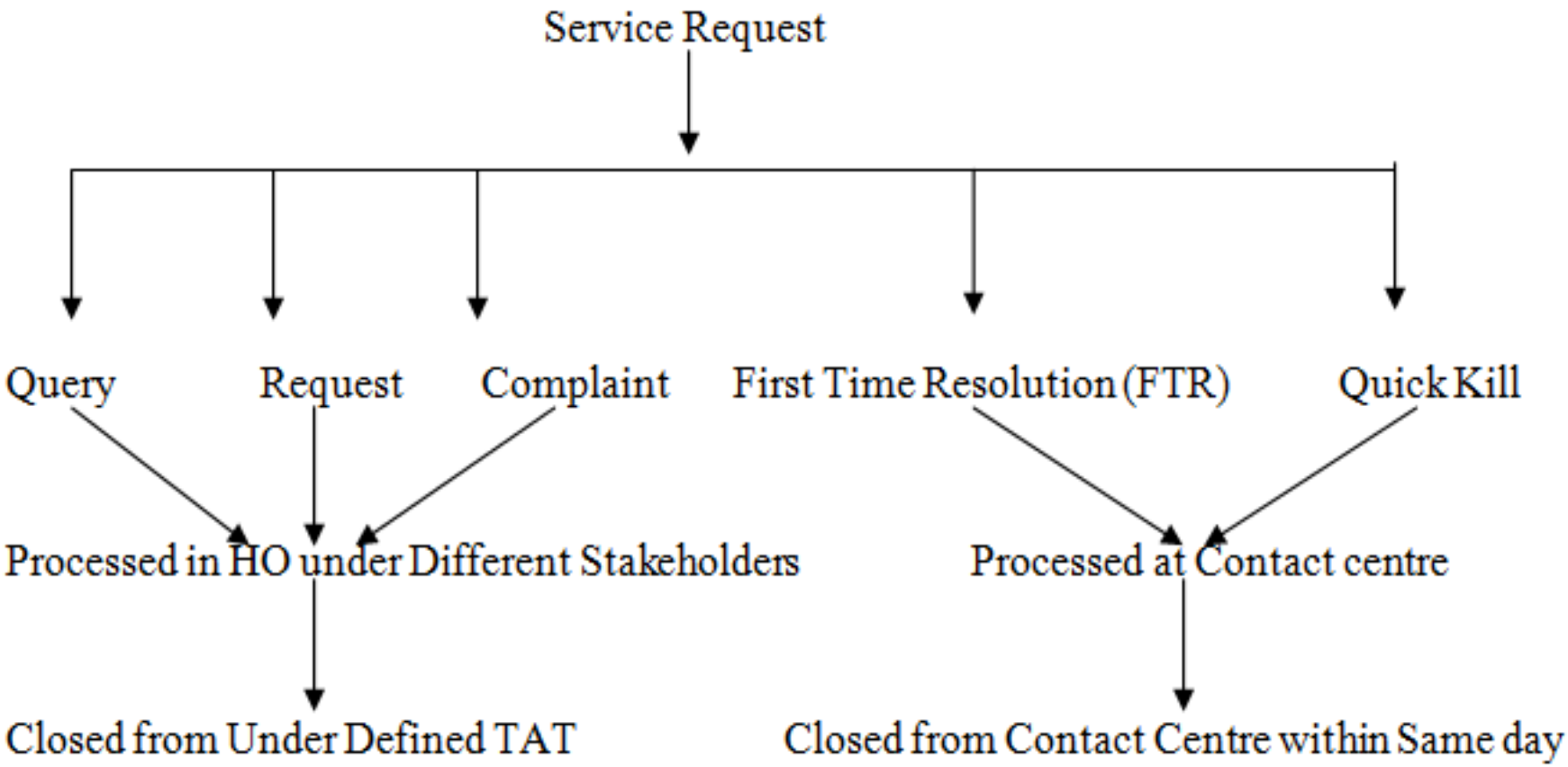
1. Outbound calls: - The Customer Care Executives calls the insured customers after policy issuance for three different purposes.
2. Welcome call: - This is call made to customers within 2 days of policy issuance to explain him with the product, about its features plan and other benefits.
3. Wellness 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.
4. Service requests: - This call is done to the customer in order to inform them about the closure of service requests.
5. 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.

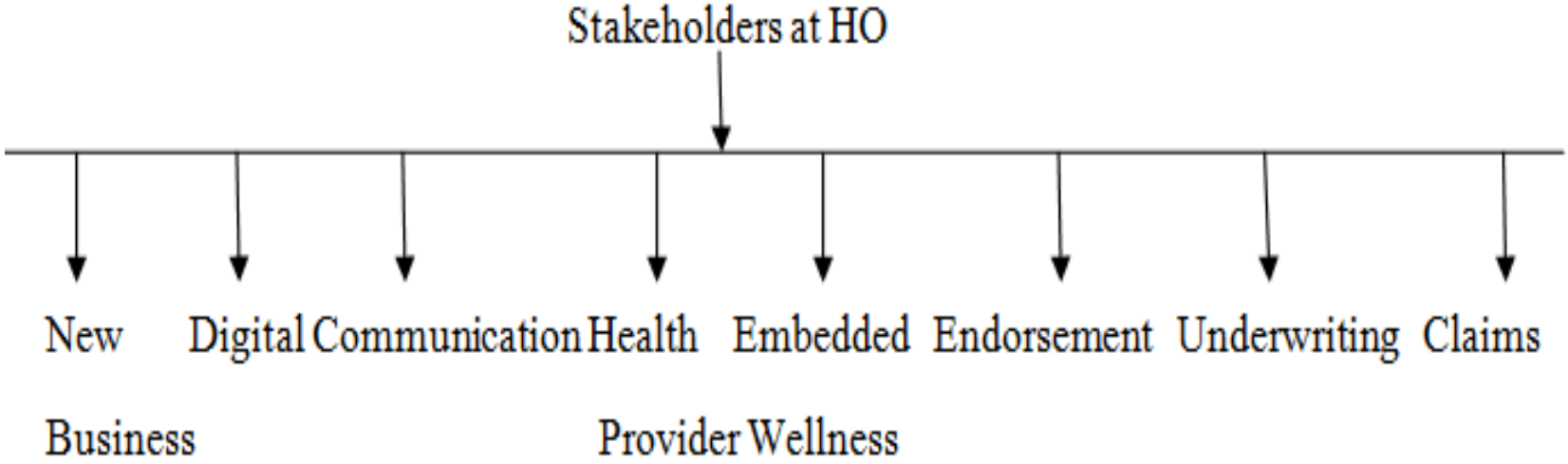
6. Manual calling:- The calling done from Contact Centre to the customers to Enquire certain details from the customer's required in closure of QRC's

7. 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.

Work Flow Chart in Contact Centre







Review of Literature:-

1. 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.
2. 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
3. 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.
4. 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
5. 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.
6. 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.*

Rationale:-

1. 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.
2. 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.
3. 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,
4. 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.

Research Question:-

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

2. Objectives:-

- To understand the current QRC and the process of management

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
-

3. Sample Unit: -

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

Study design:-

Cross Sectional & 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.

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).

- **(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

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.

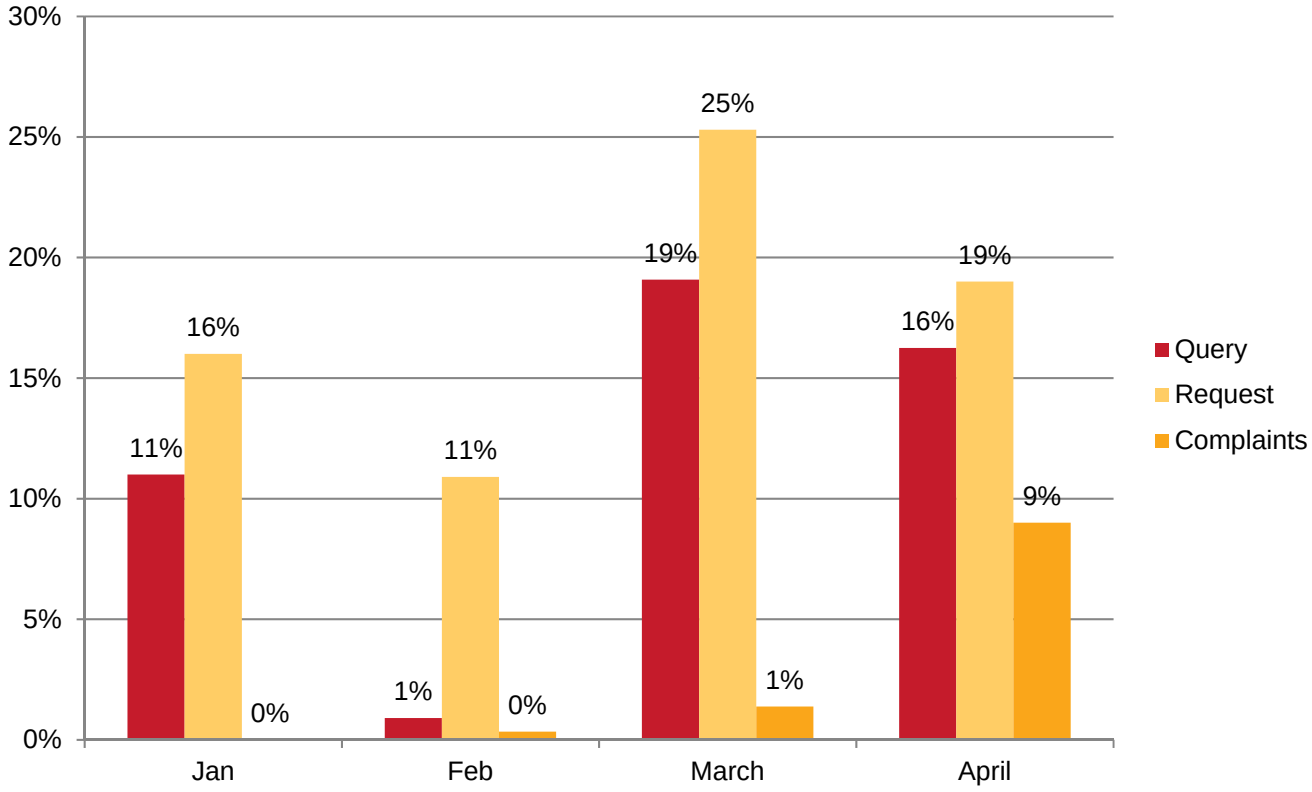
Data analysis and Data Interpretation

1. Total count of policies Issued Monthly Wise Data Trend:-

Months	Count
January	295
February	577
March	1184
April	1200

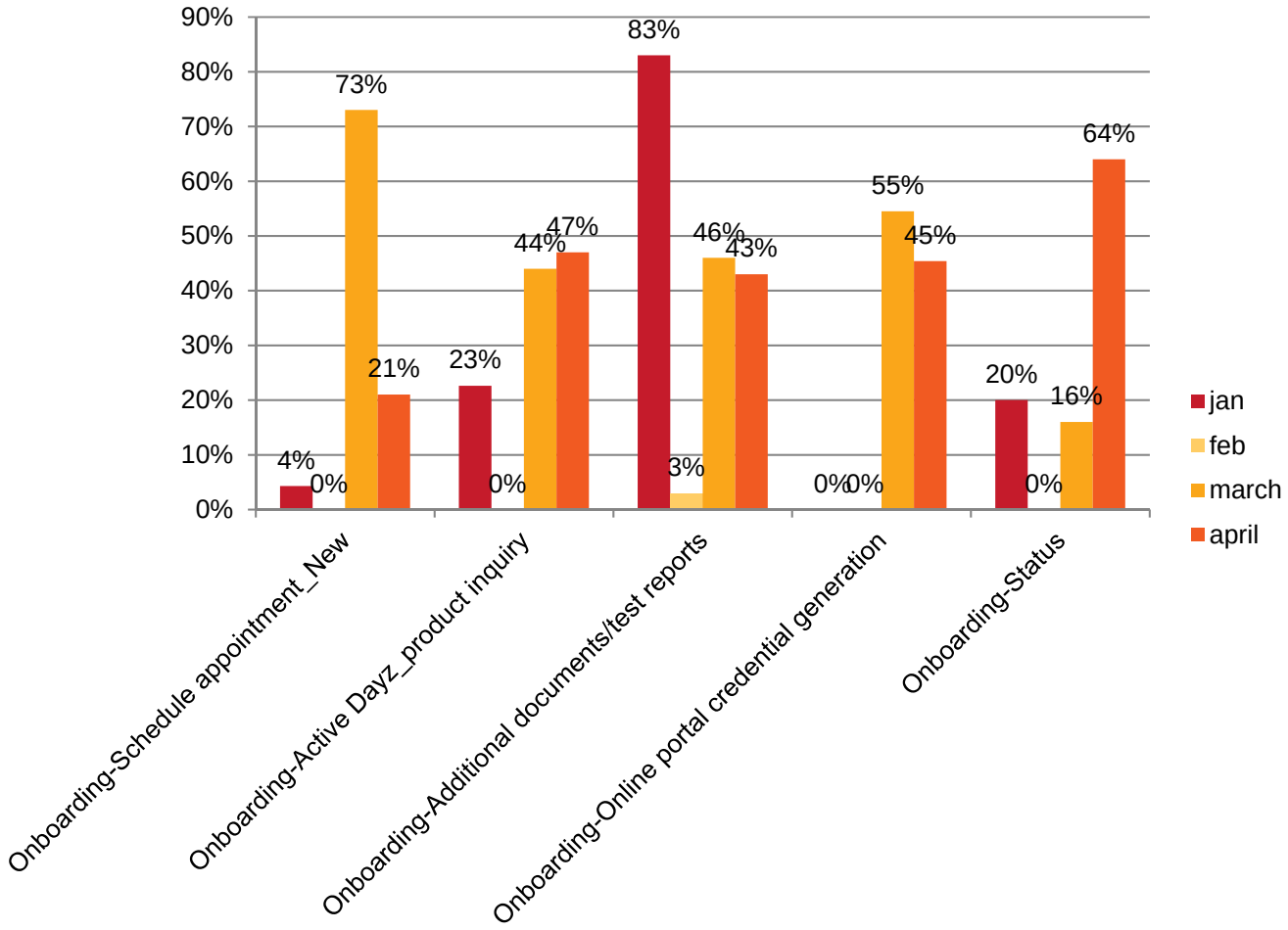
Total Count Of QRC.

1. Monthly Wise Data Trend



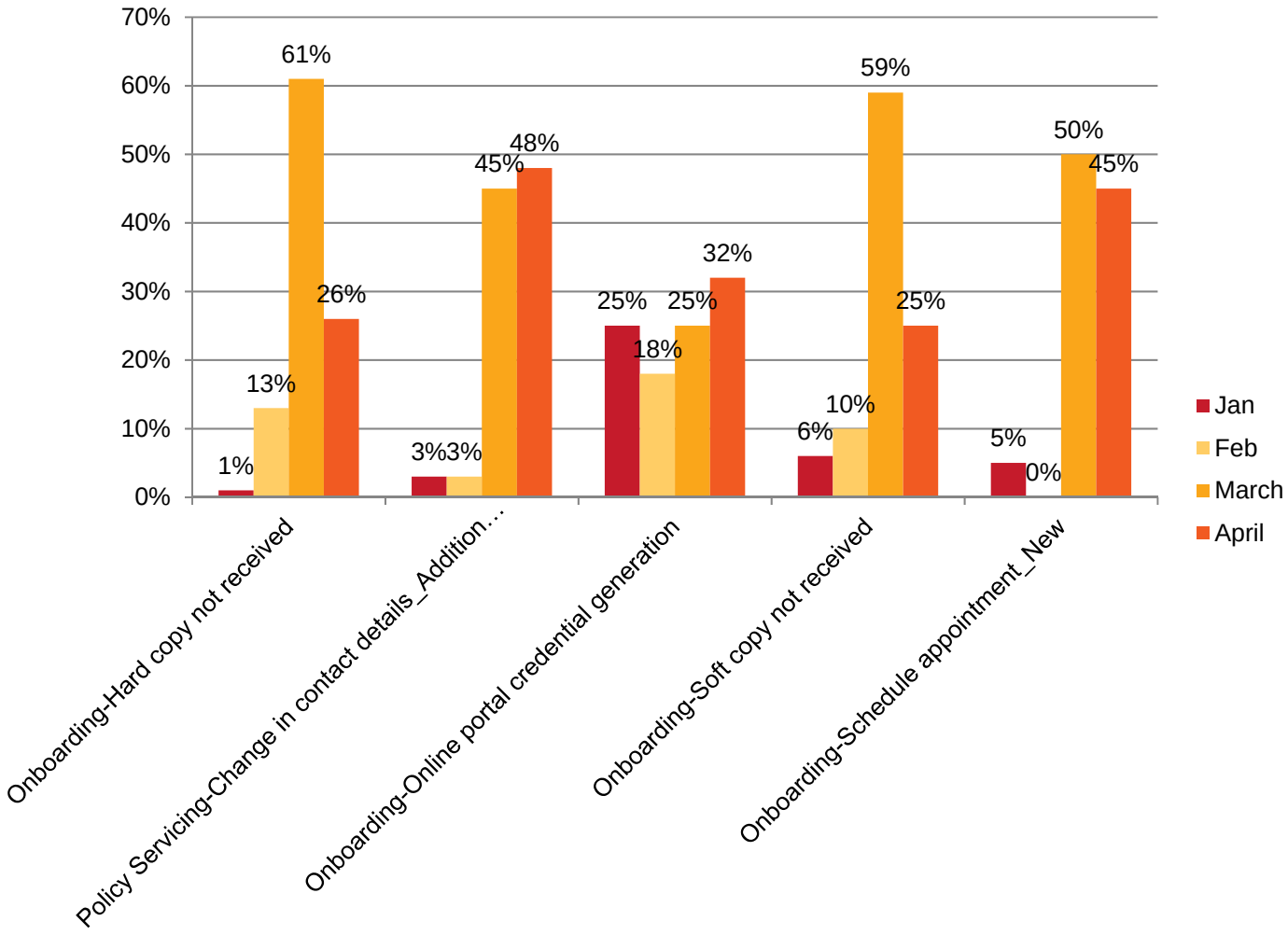
N1=	**295**
N2=	577
N3=	1184
N4=	**1200**

Top 5 Queries:- Monthly Wise Data Trend



N1=	93
N=2	34
N=3	35
N=4	22
N=5	25

Top 5 Requests:- Monthly Trend.



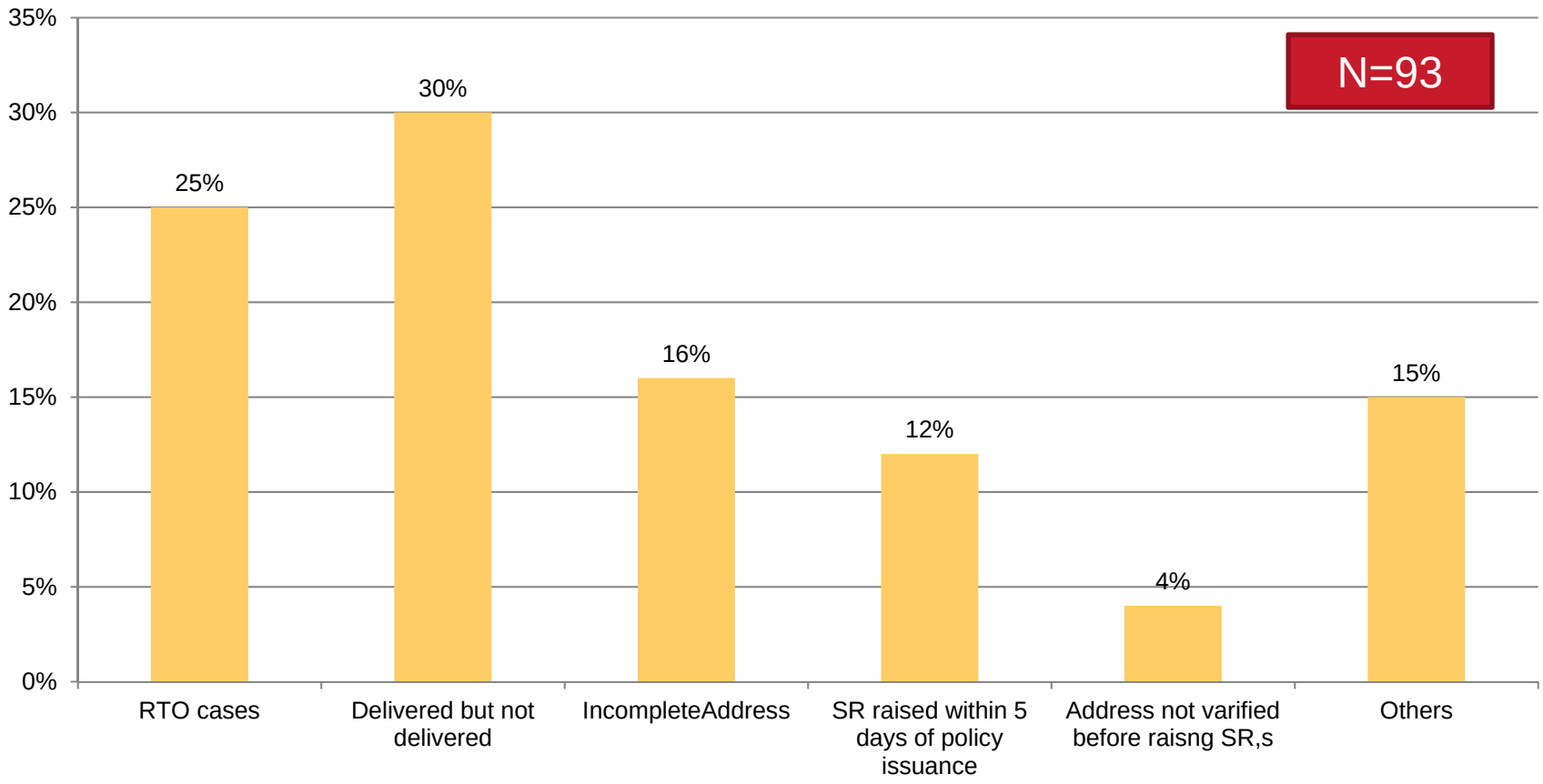
N=1	93
N=2	62
N=3	56
N=4	51
N=5	40

Top 5 Complaints:- Monthly Data Trend

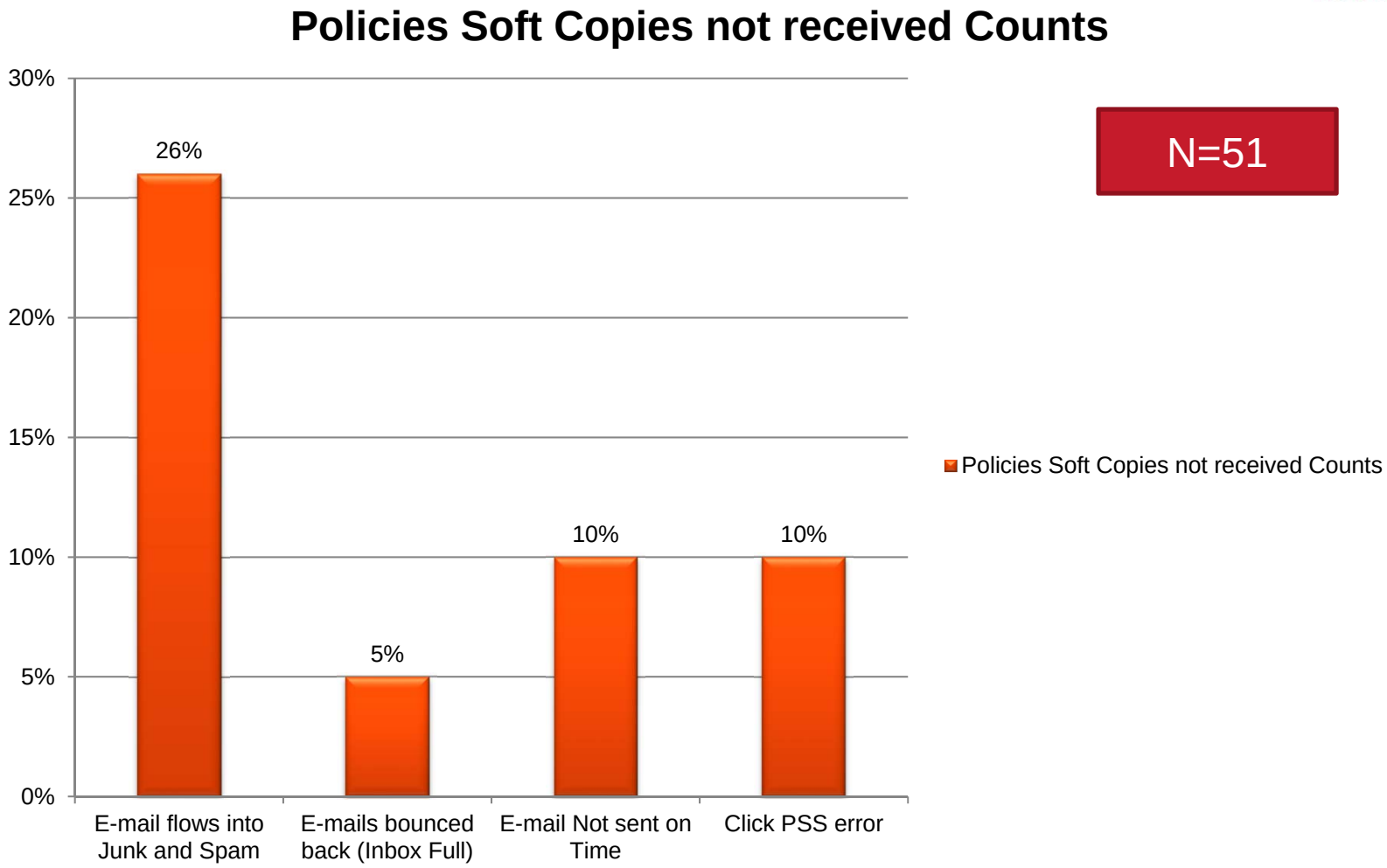
Issues	Jan	Feb	March	April
Complaint-Product (policy) received by insured is not what it was negotiated at the time of sale.	0	1	3	1
Complaint-Misbehavior of surveyor towards the Insured	0	0	2	0
On boarding-Feedback on Agent	0	0	0	1
On boarding-Online portal credential generation	0	1	0	0
Complaint-Insurer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

Reasons behind top 5 Requests:

Policies kit Hard Copies not received.

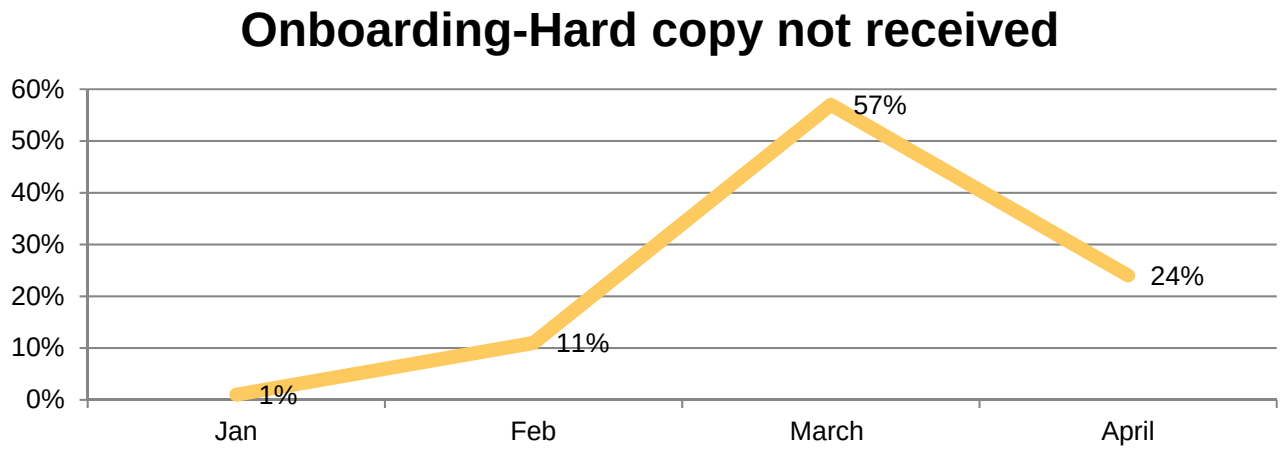


Policies kit Soft Copies not received.



N=51

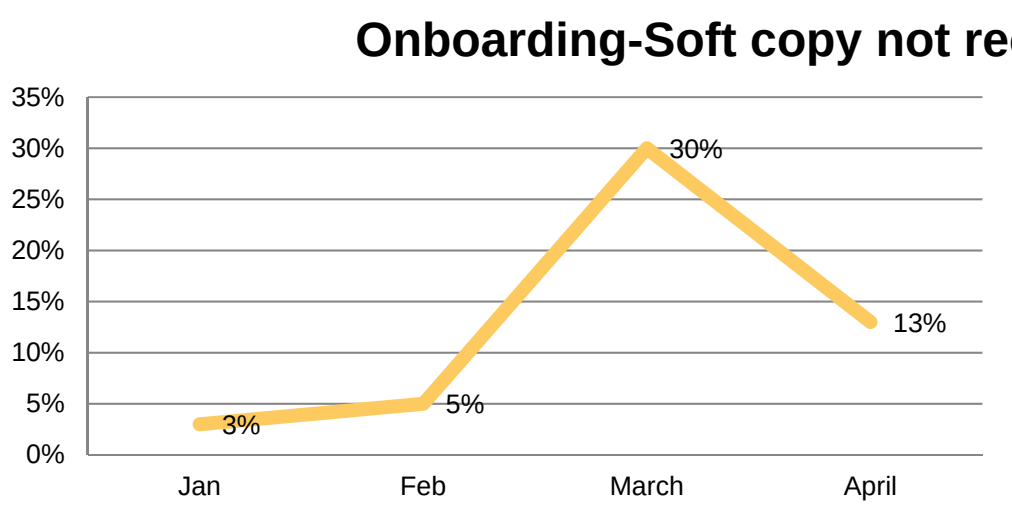
Execution of QRC's:-



N=93

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

Execution of QRC's



N=51

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

Results/ findings:-

1. There was no such defined process of action for the service request raised in the form QRC, s.
2. System CRM used to get hang on a frequent basis which used to incur a lot of manual work at the contact centre.
3. 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).
4. The CSC, s at Contact Centre was having lack of Product knowledge which leads to incorrect raising of SR, s.
5. 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.
6. Due to lack of time availibity the all top 5 Queries and requests are not analyzed in details.

Interventions done for analyzing and Execution QRC's.

(A) QRC management at primary level:-

1. 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.
2. 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.
3. 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.
4. **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.
5. **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.
6. **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.
7. **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.

Planned Interventions:-

(A Addition in change of E-mail ID and Contact Number

1. RCA pending with New business team to check with Data Entry Errors
2. Entering of Registered E-mail ID should be mandate, and must verified
3. Checklist to be maintained before Raising SR's

(B) Online Portal Credential Issues

1. RCA Pending with Digital & IT team with this error of locked password
2. Setting One universal Logic of Setting passwords

(C) On boarding schedule Appointment-New

1. Sharing of MIS from Health Provider team to Contact Centre of Booked Appointments
2. Sharing of MIS from Contact Centre if any Customer Requested to reschedule the booked appointment

Conclusions:-

1. 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.
2. 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
3. The incorrect assigning of SR, RTO cases , System integration issues s increases the unwanted ageing and counts of QRC, s.
4. 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.

1. Non completion of comments and descriptions of VOC of the customer before raising SR, s.
2. 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.
3. 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.