Internship at
Aditya Birla Health Insurance Co. Ltd., Mumbai

By

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INTERNSHIP REPORT

1. Introduction

The Aditya Birla Group is a premium global corporation valued at USD 41 billion (2,50,000 Crores). 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.

2. Goals

- To understand the Health Insurance Sector.
- To understand and familiarize with different departments of Aditya Birla Health Insurance Company Limited.
- To work in the designated Department with Sincerity and Dedication.

3. Organization Profile

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 ` 1,64,995Crores in FY’15, ABFSG is committed to serve the end-to-end financial services needs of its retail and corporate customers.

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. 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 includes global companies like-

Momentum

Multiply

Guardrisk

Metropolitan

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

Mission

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

Purpose - “Empowering and motivating families to prioritize health and lead fulfilling lives”

4. Services provided by the organization

- 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.

5. Services provided by Aditya Birla Health Insurance are-

- Health Insurance
- Access to fitness
- Health Advice and Monitoring
- Health Companion App
- Health Returns
- Lifestyle Reward

6. Provider Network

Overview

ABHICL provides health insurance services to its customers. In order to extend health care services and benefits to its customers, ABHICL ties up with various health care providers like hospitals, diagnostic centers, doctors etc. as well as partners like TPAs, E commerce aggregators etc.

ABHICL has a dedicated team to empanel and manage the various health care providers and partners, called the Partner & Provider Network strategy and management Team. The following are the organizations/individuals that ABHICL ties up.

- Network providers - These include **Hospitals, Doctors, Clinics, Diagnostic Centers (DC),** and Pharmacies. ABHICL shall tie up with various hospitals, DC's, individual doctors, pharmacies, clinics etc. and establish a network of health care providers for its customer to avail services.
- Partners – ABHICL also collaborateswith various types of partners in order to provide services to the customers. These partners can be of following types -
    - **Third Party Administrators (TPA)** – ABHICL ties up with TPA's to avail various kinds of services like -
        - Pre and post policy health checkup services
        - Facilitation of provider empanelment
        - **Group Policy Servicing** – TPA handles all the group policy servicing requirements.
    - **E Commerce Aggregators** – There are various aggregators which provide digital Health care services to their customers. ABHICL shall tie up with such aggregators as well to extend App based services to its customers.
    - **Technology Partners** – ABHICL shall tie up with various technology partners to digitize the processes and provide better

services to its customers**.**

7. Objective

- Timely empanelment of providers and administration of providers/TPAs.
- Ensuring Partner management and review of SLAs as per policy.
- Cost Saving

8. Provider Empanelment and Setup

Overview

The objective of this process is to empanel providers in the ABHICL network. The various stages of empanelment are preparing target list of providers, initiating empanelment, collecting information and documents, contract/tariff negotiations and contracting, followed by setting up of provider in the system.

There are two ways by which network providers can be empanelled –

- Direct Empanelment – The empanelment is done end to end by the in-house team dedicated for this purpose, called account managers.
- Indirect Empanelment – The empanelment activity is outsourced to outside Partners like TPAs etc.

Scope

The scope of process includes the following sub processes, stakeholders and systems.

Processes Covered

The sub processes involved in empanelment are as follows:

- **Preparing target list of providers** – the target list of providers is prepared on the basis of following parameters

    - Business, customer need
    - Sales plans; Branch network locations
    - Market information
    - Claims data analysis; Out of Network Claims
    - Internet searches; trade magazines; internal and external advisors
    - Requests from ABHICL sales team or other staff; customers; providers and intermediaries, and any other relevant sources.

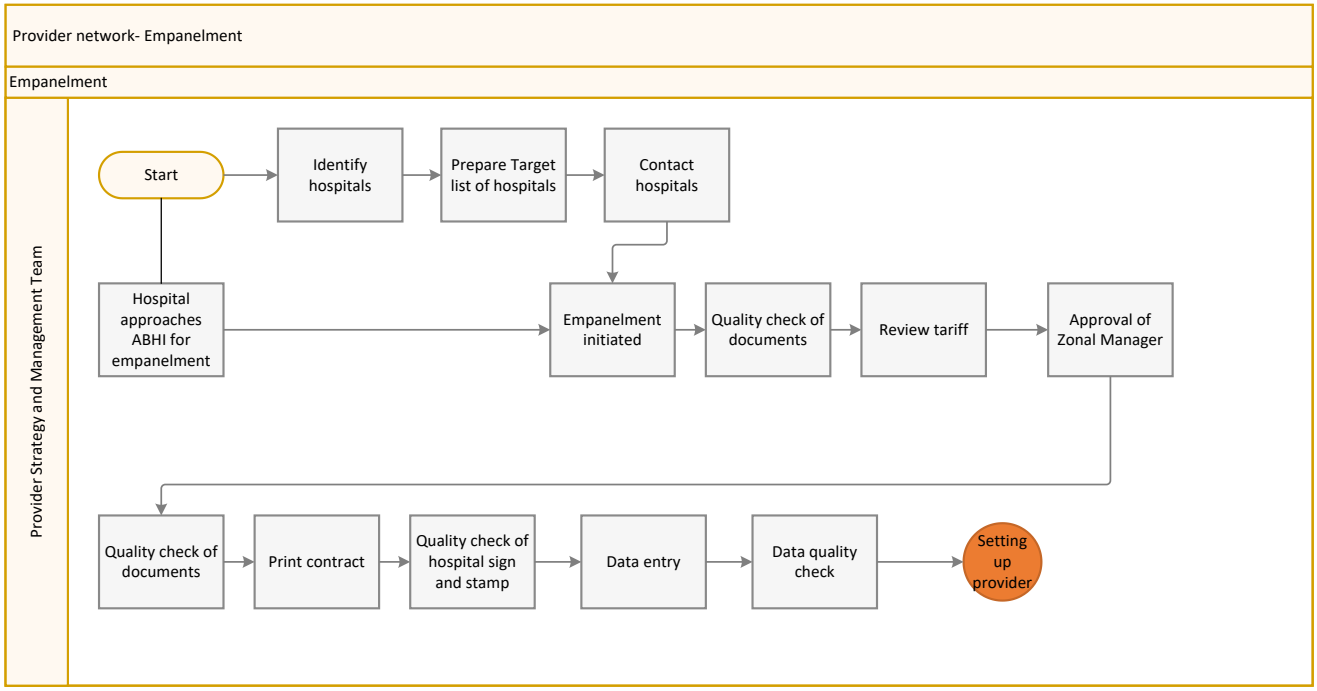
- **Initiate empanelment** – the account manager/Partner approaches the hospital, introduces the company, shares the draft agreement, and requests for mandatory documents from the hospital to proceed with empanelment. The account manager will follow up with the hospital to complete the documentation.
- **Negotiations** – the account manager/Partner will negotiate the MOU T&Cs as well as commercial terms with the provider, wherever required.
- **Contracting** – Once, the negotiations are closed, the MOU will be printed and signed by both parties
- **Setting up of provider in system** – Create providers in the Provider management system with details of provider, digitized tariff, discount, and other details, and provide them access to provider portal.
- **Grading providers** – criteria based scoring of providers and categorization of the providers into grades A,B, and C basis the score
- The empanelled hospitals/clinics/doctors/Diagnostic Centers will be called as Network hospitals/clinics/doctors/diagnostic centers.
- **Physical Visit to the Hospital –** To ensure hospital quality is ascertained correctly, Account Manager visits the hospital before empanelment. In case visit is not possible, then market intelligence is collected about the quality of hospital.

Empanelment Eligibility Criteria

Below are the eligibility criteria for empanelment of providers.

Provider type	Eligibility Criteria
Hospitals/Clinics	• Hospital recognized as per business requirements • Tariff in line with industry and city benchmark • Hospital complies with all applicable legislation and regulations • Hospital has all licenses issued by the relevant authority. Hospital meets the quality criteria
Doctors	• Doctor recognized as per business requirements • Consultation fees in line with industry and city benchmark • Relevant degree from a recognized institution • Doctor registration/license given by the Medical Council of India/ Respective State Medical Council or competent authority
Diagnostic Centre	• Diagnostic Centre recognized as per business requirements • Tariff in line with industry and city benchmark • Diagnostic Centre has all licenses issued by the relevant authority. • Quality Assurance Certificate • Facilities provided

Process Map - Empanelment



Provider Administration

Overview

This process covers the management of the providers' network after the empanelment is complete. The Account managers, Zonal Managers and Central Operations Team play amajor role in management of provider network. It includes sub processes viz renewal of tariff, de-empanelment of provider, ensuring quality adherence, query resolution etc. The main objective of this process is to manage the provider network post empanelment and address the changes/renewals/quality etc. from time to time.

Scope

This section covers the process, stakeholders and the systems used.

Processes covered

- Provider training
- Tariff Renewals
- Maintenance of network provider –addition/deletion/modification of provider details information
- De-empanelment of providers
- Query Management and grievance resolution
- Quality check of Provider (basis detailed quality assessment, customer feedback etc.)

Provider Training

Providing training involves formal training provided to providers for the smooth functioning of cashless process, to share relevant information with them related to pre authorization and claims process, product, communication channels, grievance redressal and query resolution mechanisms.

Components of training:

- Pre-authorization for cashless facility- Process that needs to be followed for submitting preauthorization request to ABHICL during admission and discharge of customer.
- Direct settlement claims process- Documents that need to be submitted along with final invoice to ABHICL
- Provider services -How to contact ABHICL personnel for query resolution
- Account Management- Effective account management of providers by the relevant account managers

- Provider relationship management – engagement with providers through concierge, marketing activities, co-branded events etc.

Provider Relationship Management

The following activities are undertaken as part of Provider Relationship management-

- Business Review meetings with the Provider
- Co Branded Marketing activities
- Concierge Services (i.e. assist providers in cashless process, help in documentation, to get the cashless process quickly done, etc.)

To maintain a list of Preferred Provider Networks and plan and execute a value added service to them