Analyze Customer Interaction to Manage Customer Relationship

By

Chanda Bisht

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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 **Chanda Bisht** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **RELIANCE GENERAL INSURANE, MADHAPUR, HYDERABAD** from **4st Feb to 4th May 2018.**

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
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RELIANCE GENERAL INSURANCE

May 04, 2018

CERTIFICATE OF INTERNSHIP

This is to certify that Ms. Chanda Bisht of Indian Institute of Health Management Research (IIHMR), Jaipur, has successfully completed her On The Job training with Reliance General Insurance Company Limited under Health Claims department, from 5th Feb 2018 to 4th May 2018.

Project Title - "Study on Analyzing Customer Interaction and Enhance Customer Experience."

During this period of internship, she has displayed dedication to work and excellent logical and analytical ability.

We wish her best of luck in her future endeavors.

For Reliance General Insurance Company Limited

Garima Shukla

Garima Shukla
(Human Resources)

IIHMR UNIVERSITY

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Analyze Customer Interaction to manage customer relationshipand submitted by Chanda Bisht Enrollment No 0407 under the supervision of Dr. Arindam Dasfor award of MBA in Hospital Management in Health and Hospitals of the University carried out during the period from 4 February to 4 May 2018 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.

Chanda Bisht

Signature

ACKNOWLEDGMENT

I take this opportunity to express my profound sense of gratitude and indebtedness to all those who helped me throughout the duration of the project.

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At the end, I am thankful to God and my heartfelt gratitude to my parents and friends who supported me throughout the course.

THANK YOU ALL
Chanda Bisht.
IIHMR
(2016-2018)

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CHAPTER 1

Introduction

1.1 Background

Health Insurance Health insurance is a type of insurance coverage that covers the cost of an insured individual's medical and surgical expenses. (1)

In terms of the insurance terminology a clinic, hospital, doctor, laboratory, healthcare practitioner, or pharmacy that treats an individual is known as the "provider." The "insured" is the owner of the health insurance policy or the person with the health insurance coverage.

Depending on the type of health insurance coverage, either the insured pays costs out of pocket and is then reimbursed, or the insurer makes payments directly to the provider.

1.2 CRM in Health Insurance:

CRM is now, emerging as a trend in managing the customer experience and decreasing the gaps in insurance process of claim settlement/resolution,

As consumers are now adapting and conveniently using different means of communicating channel, increasing the level of expectation and service quality in handling of the claims,

Maintaining relationship between the insurer, the advisors and the insured, has become an essential part of the Insurance Industry.

With the CRM channel and involvement, the right services and the gaps in the claim processes and between the brokers, sale person, enabling the customer to have full access to the information about the claim and processing of the claim, with this CRM also enables the insurers to access the information about the insured and anticipate their future needs and managing them accordingly o the achieve the goal. (2)

Understanding the customer needs and involving and communicating with the client using preferable channel to understand customer perspective in other to improve better resolution of the claim processing and customer needs and satisfaction.

1.3 About the Insurance coverage in India:

Insurance penetration reached 3.4 per cent in FY16 and is expected to cross 4 per cent in FY17.In Union Budget 2017, government increased the coverage from 30 per cent to 40 per cent under Pradhan Mantri FasalBimaYojna ,

The number of lives covered under Health Insurance policies during 2015-16 was 36 crore which is approximately 30 per cent of India's total population.

The number has seen an increase every subsequent year as 28.80 crore people had the policy in the previous fiscal. (3)

Health insurance coverage in India is far from satisfactory. Less than one-third (29%) of households have at least one usual member covered under health insurance or health scheme.

Only 20% of women age 15-49 and 23% of men age 15-49 are covered by health insurance or a health scheme, Half of those with insurance are covered by a state health insurance scheme and more than one-third are covered by RashtriyaSwasthyaBima Yojana (RSBY).

Only 4% of women and 3-5% of men are covered by the Employee State Insurance Scheme (ESIS) or the Central Government Health Scheme (CGHS) (4)

1.4 Rationale:

The study intended to study the gaps in insurance delivery services in customer care relationship management and enhance Customer experience.

1.5 Objective:

General Objective – Analyze Customer Interaction to manage customer relationship

Specific Objective –

To Study Different Claim Flow Process across various teams

To identify and classify the various queries types

To find out the further contributing causesleading to highest number of queried data.

CHAPTER 2

Review of Literature

2.1 Concept of CRM:

Customer relationship management (CRM)

With the concept of CRM practices and the strategies, that helps companies, in handling customer and analyzing he customer interaction to manage the customer relationship throughout their lifecycle

the goal is to improve customer service relationships/ customer experience and helping in customer retention and increasing the sales growth,

CRM systems involves or uses different data through different channel and sources(outbound or inbound data)between the customer and the company –including the company's website, telephone, live chat, direct mail, marketing materials and social media.(5)

2.2 Components of CRM

Additional functions are added as value added services to increase customer experience and manage customer, Collecting and recording outbound data (Call from company side to customer), or inbound data (customer calls to company) over various communication channel, email, phone, social media or other channels; depending on system capabilities, automating various workflow automation processes, such as tasks, calendars and alerts; and giving managers the ability to track performance and productivity based on information logged within the system.(6)

2.3 CRM challenges

Crm being the center of contact with all the data of the customers, or making the direct contact with the customer has become as the center of all the processes, Data sets need to be connected, distributed and organized so that users can easily access the information they need**.**

companies may struggle to achieve a single view of the customer if their data sets (the different data collected aren't connected and organized in a single dashboard or interface. Challenges also arise when systems contain duplicate customer data or outdated information. These problems can lead to a decline in customer experience due to long wait times during phone calls, improper handling of technical support cases and other issues. (7)

2.5CRM implementation

CRM being the customer centric processing team, forms a link between the gaps inside the processing and helps the customer to process the claim with the right information,

A channel of providing the claim related information to the client,

With emerging trends in the health care technology, developing a channel to communicate between the customer and the insurer important, managing customer experience and decreasing the gaps in insurance process of claim settlement/resolution,

As consumers are now adapting and conveniently using different means of communicating channel, increasing the level of expectation and service quality in handling of the claims,

Maintaining relationship between the insurer, the advisors and the insured, has become an essential part of the Insurance Industry.

With the CRM channel and involvement, the right services and the gaps in the claim processes and between the brokers, sale person, enabling the customer to have full access to the information about the claim and processing of the claim, with this CRM also enables the insurers to access the information about the insured and anticipate their future needs and managing them accordingly o the achieve the goal.

Understanding the customer needs and involving and communicating with the client using preferable channel to understand customer perspective in other to improve better resolution of the claim processing and customer needs and satisfaction.

CHAPTER 3

RESEARCH METHODOLOGY

This Chapter presents the study design, Study setting, Duration of the study, study sample, technique of the study. This Chapter also covers the data collection methods and the analysis of the data.

Type of study: A Descriptive, observational study.

Study area– CRM Department of Reliance General Insurance, Madhapur, Hyderabad.

Duration of Study– one-month 7 April - 5 May 2018)

Type of Data- Quantitative

Technique– Direct Observation.

Sample size – 178

Sampling technique- Convenience Sampling.

Data collection- Secondary and Quantitative (4 weeks)

Data entry- Manually

Data Analysis- Using Microsoft Excel.

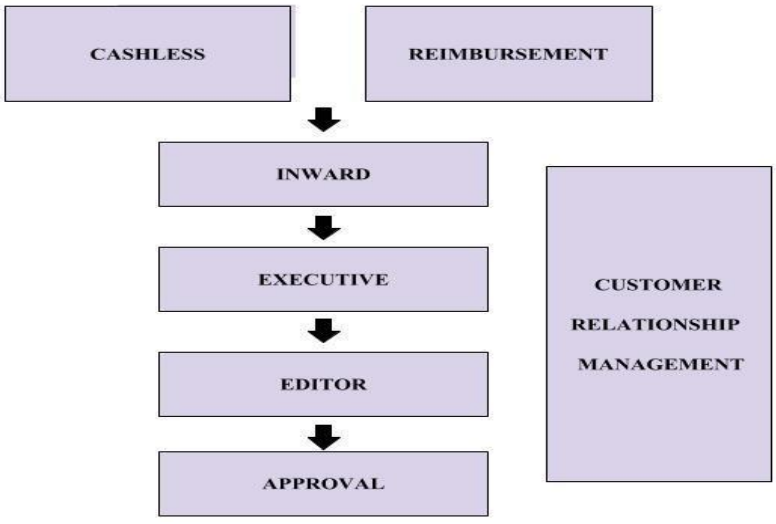
CHAPTER 4

Data Analysis and Interpretation

4.1 Claim Flow Process across various teams:

The Single process of claim processing involves different team, to ease each the process Different team at different plays different key role.

Cashless Team, Mass Team
P&A(Profit and Assurance) Team,
Enrolment Team,
Inward Team,
CRM(Customer Relationship Management) Team,
Reimbursement Team,
PA (Personal Accident Team)



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4.1.1. **Inward team:**

The inward team,

Files the documents (According to the Checklist),

Generating the inward no.,

MR (member reimbursement)	NR (network reimbursement)
1)Cancelled cheque and passbook	1)Hospital covering letter
2)Claim form	2)Claim form/Authorization letter
3)If any mail, other TPA documents	3)AI approved letter
4)Insured/Pt ID proofs and Medicard	4) Insured/Pt ID proofs and Medi card
5)Discharge	5)Discharge
6)Investigation report	6)Investigation report
7)Final bill	7)Final bill
8)Pharmacy,Investigation,Consultation Bill	8)Pharmacy, Investigation, Consultation Bill
9)Consultation papers	9)Consultation papers
10)Indoor case papers	10)Indoor case papers
11)Others	11) Others

4.1.2. Reimbursement team:

Reimbursement Process helps to claim for the expenses occurred during hospitalization and also the pre-post process, for the network or non-network hospitals,

After collecting the surgical documents and submitting it to the RGICL health claims department.

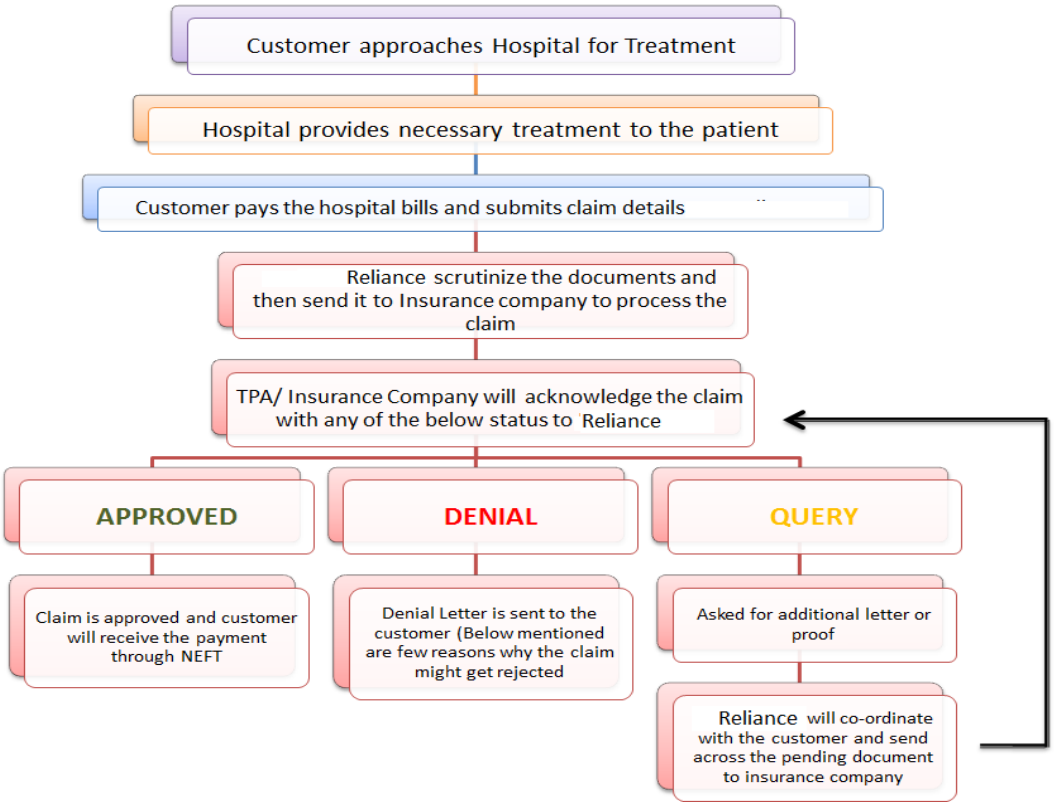
Reimbursement claims may be filed in the following circumstances:

a. Hospitalization, at a non-network hospital

b. Post-hospitalization, and pre-hospitalization expenses

c. Denial of preauthorization, on application for cashless facility at a network hospital.

Claimed documents can be submitted to RGICL department through registered post / courier or can be handed over at any of the Branches.



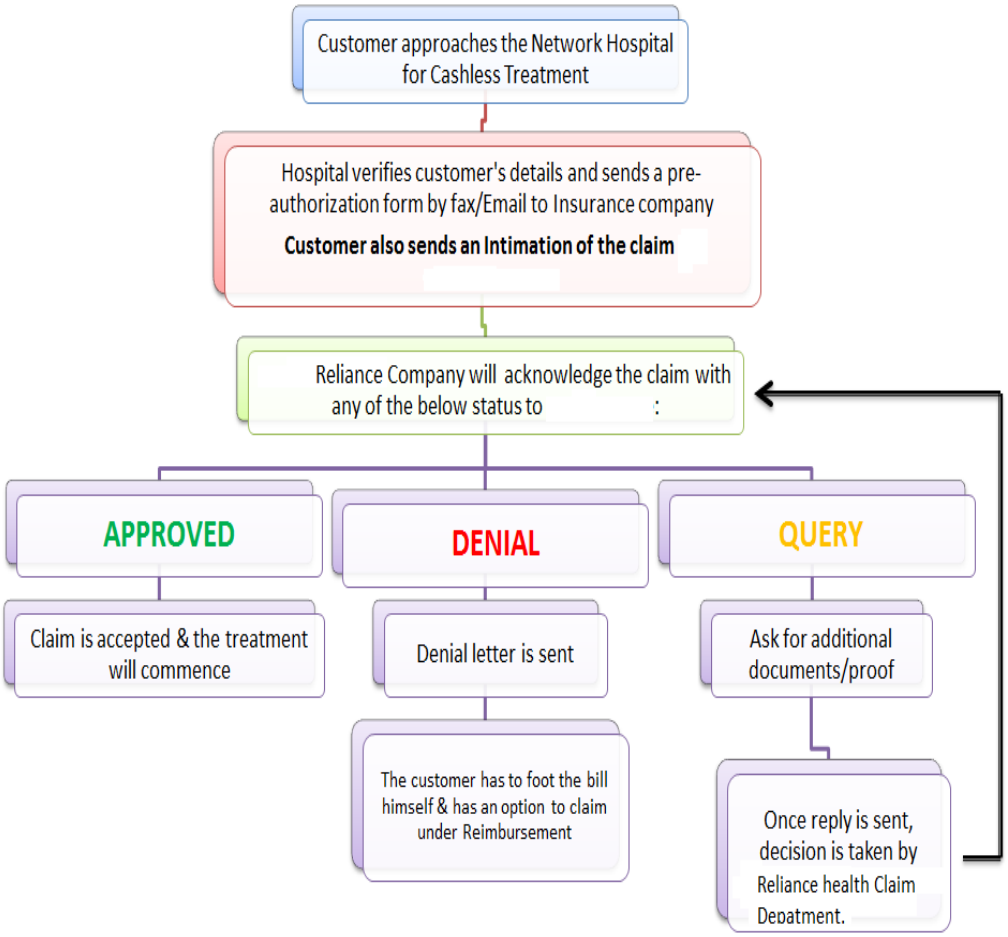
REIMBURSEMENT PROCESS

4.1.3. Cashless hospitalization:

The insured is provided a Health ID card and health insurance covered is issued through employer,

may not be issued a physical ID card but may have an E-card.This card will facilitate to avail CASHLESS facility at the Networked Hospitals.

The essence of cashless hospitalization is that the insured individual need not make an upfront paymentto the hospital at the time of admission.



CASHLESS PROCESS

4.1.4. Customer relationship management team

Where the Single point of contact that involves the email team, Corporate Spoke's, Legal Team

Health Checkup, RCU (Investigation), DNF/ Rejection Re-open, Grievance Redressal

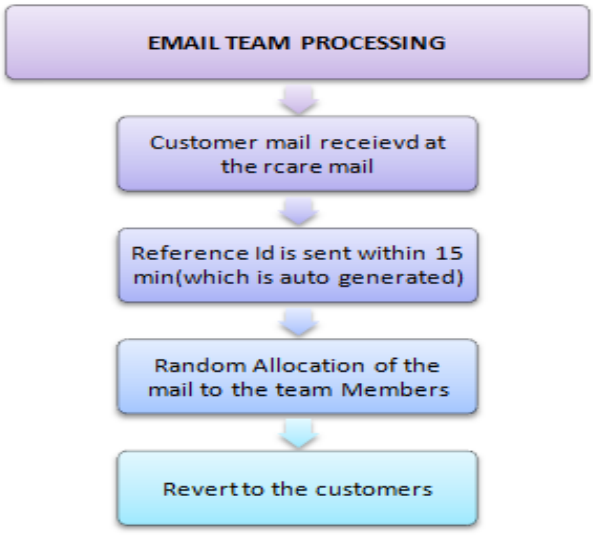
4.1.5. E-mail team:

The customer care services are provided to be available for customer welfare, customer can mail their queries,

requests and complaints to the RGICL mailing address,

Where the mailing team lookup to the matter and provide the service requested by the customer. SOFTWARE

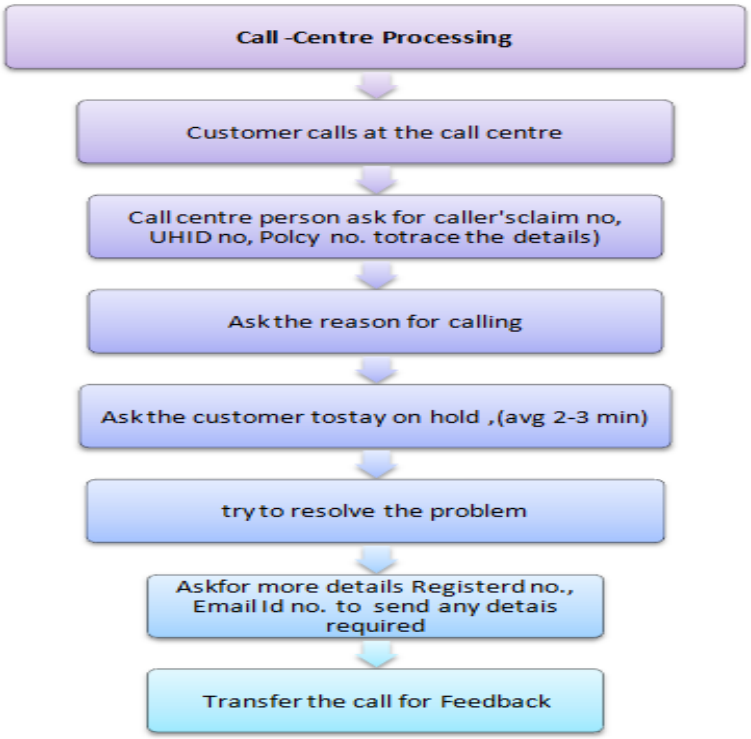
USED – ICE (Integrated Customer Engagement)



4.1.6. Call center team:

Inbound call, the customer can contact the health care department, to know the claim related queries and

any other information they need.



Call Centre Process Flow

4.1.7. Types of complaints

Internal Query–
It includes missing proposal copy, endorsements age mismatch, name correction/mismatch, gender mismatch,
64vbcheck, policy details, policy cancellation, Renewal status, IV (inter voice recordings), Pre- post, IFSC code and SAP code, DOA prior to DOC, Member not enrolled, Claim approval (corporate buffer/corporate floater), IT error. Deviation approval, DOS-date of separation, DOJ-date of joining, Vendor code,
Payment correction, RSD-risk, U/W approval

PP-Pre- authorization Process
CP-Claim Processor

Data not found–It includes mismatched name/age/ gender etc.

Al and CL–It includes cases involving closures, closure reopens and termination and rejection reopens

External Query–It includes any kind of document deficiency etc.
Investigation–Itincludessuspectedfraudulentcaseswhichrequiresomekindofinvestigation before approval
Provider Management–It includes tariff related issues, deviations in MOUs, trigger queue, revenue queue, settlements, al approved open report follow ups, discount renewal activity, health check-up activities, closed cases follow up etc.

INVESTIGATION TEAM/RISK CONTAINMENT UNIT RCU

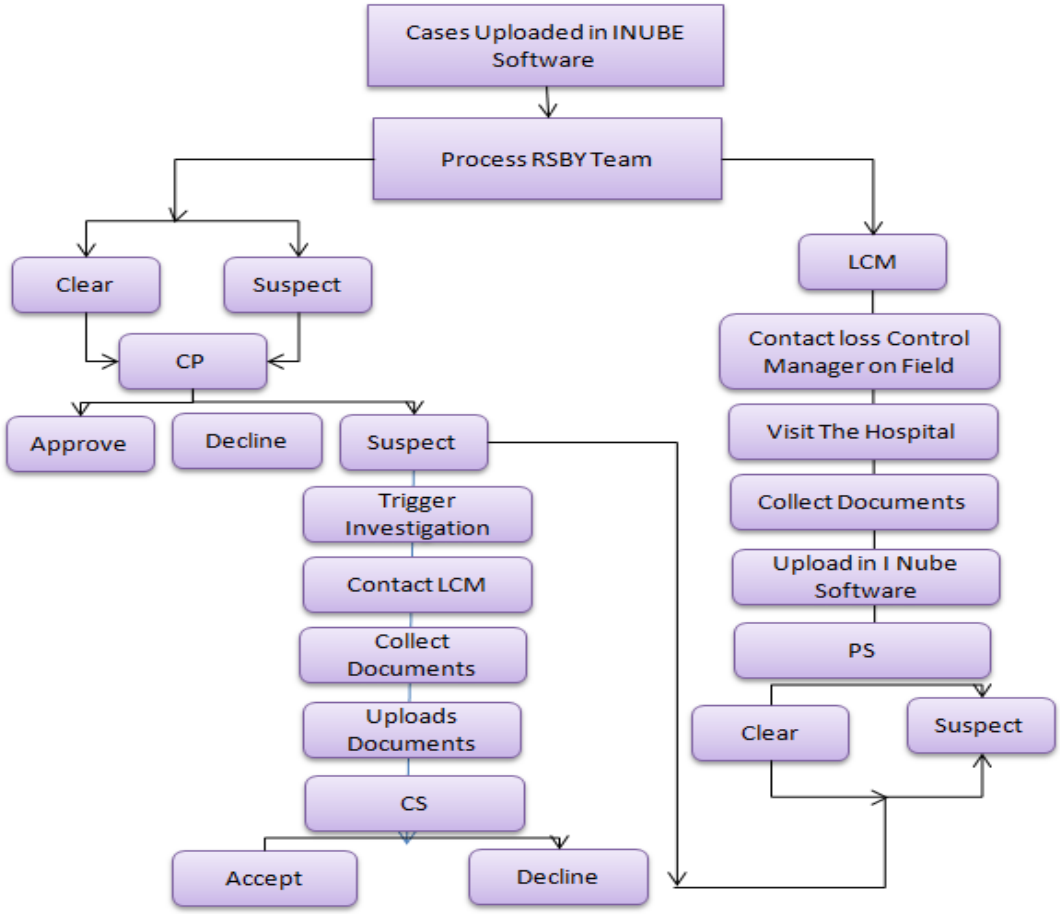
Types of Claims

1) Health claims
2) Personal Accident Claims–
· Individual PA
· Group PA
· PVBY (Prava's Bharati yojana)
3) Motor personal accident claims
Workman's compensation

MASS
RSBY TEAM:

The software used is INUBE Software. SUBTEAMS:

PS-Pre- authorization Supervisor
CS-Claim Supervisor



4.2 To identify and classify the various queries types:

A total sample of 1020 was observed, to find the major causes leading to increases no. of queried data, out of which the top Causes that were leading to the increased no. of mails were taken for pivot analysis, to find the top contributors to the increased mailing data.

Queries Types	# of Queries	Cumulative Count	Cumulative %
Claim Status	466	466	45
Clarification on Query Raised	206	672	65
Clarification on Claim approval deductions	143	815	79
Payment related Information	125	940	92
Clarification on Repudiation	60	1000	98
Request for Repudiation reconsideration	16	1016	99
Internal Process	4	1020	100

Table 1: Depicts the Different categories of Queried data received at Race mail data, with their Cumulative Percentage

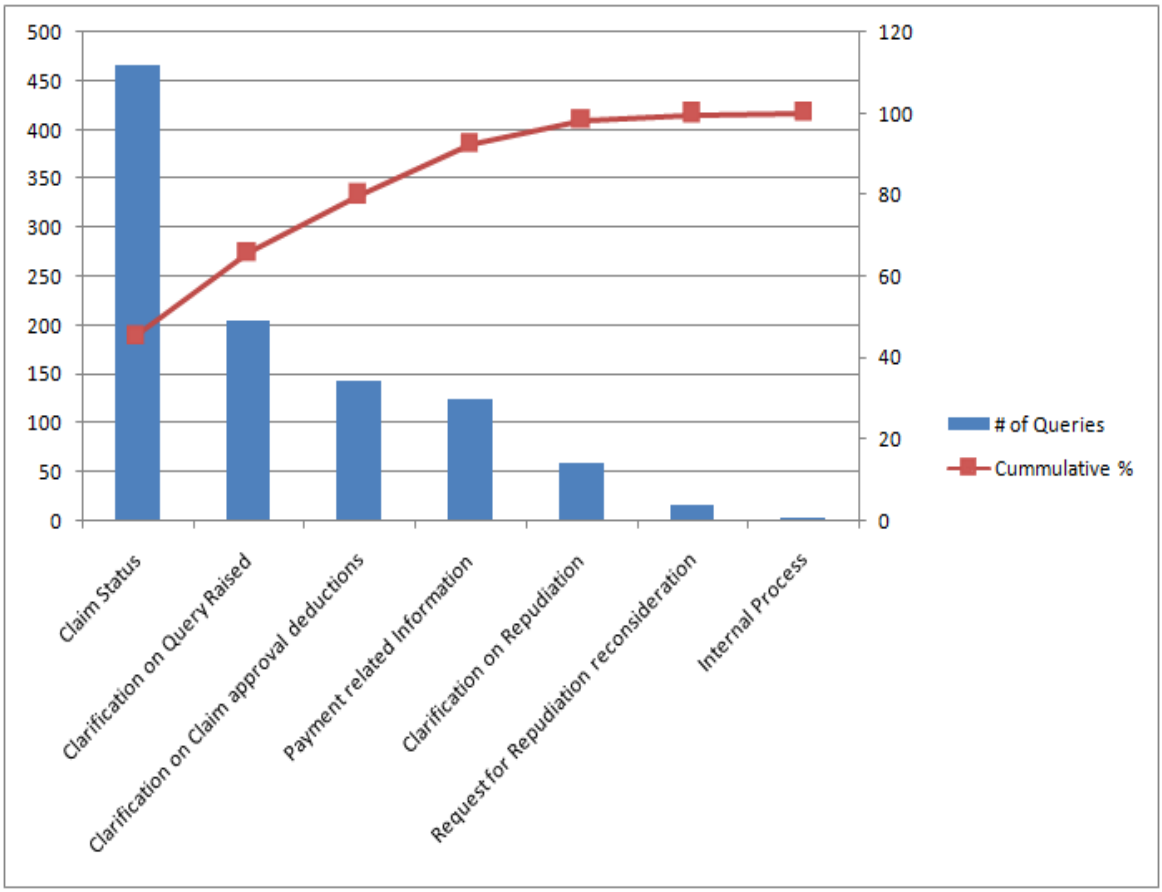


Figure 1: Shows the Pareto analysis, Top contributors to the queried data.

The above pareto chart depicts the top causes that leads to the increased no. of mails at the mailing center,

With Claim Status, Carination on Approval Deduction and Clarification on Query raised (causes) contributing to the increased no. of queried data.

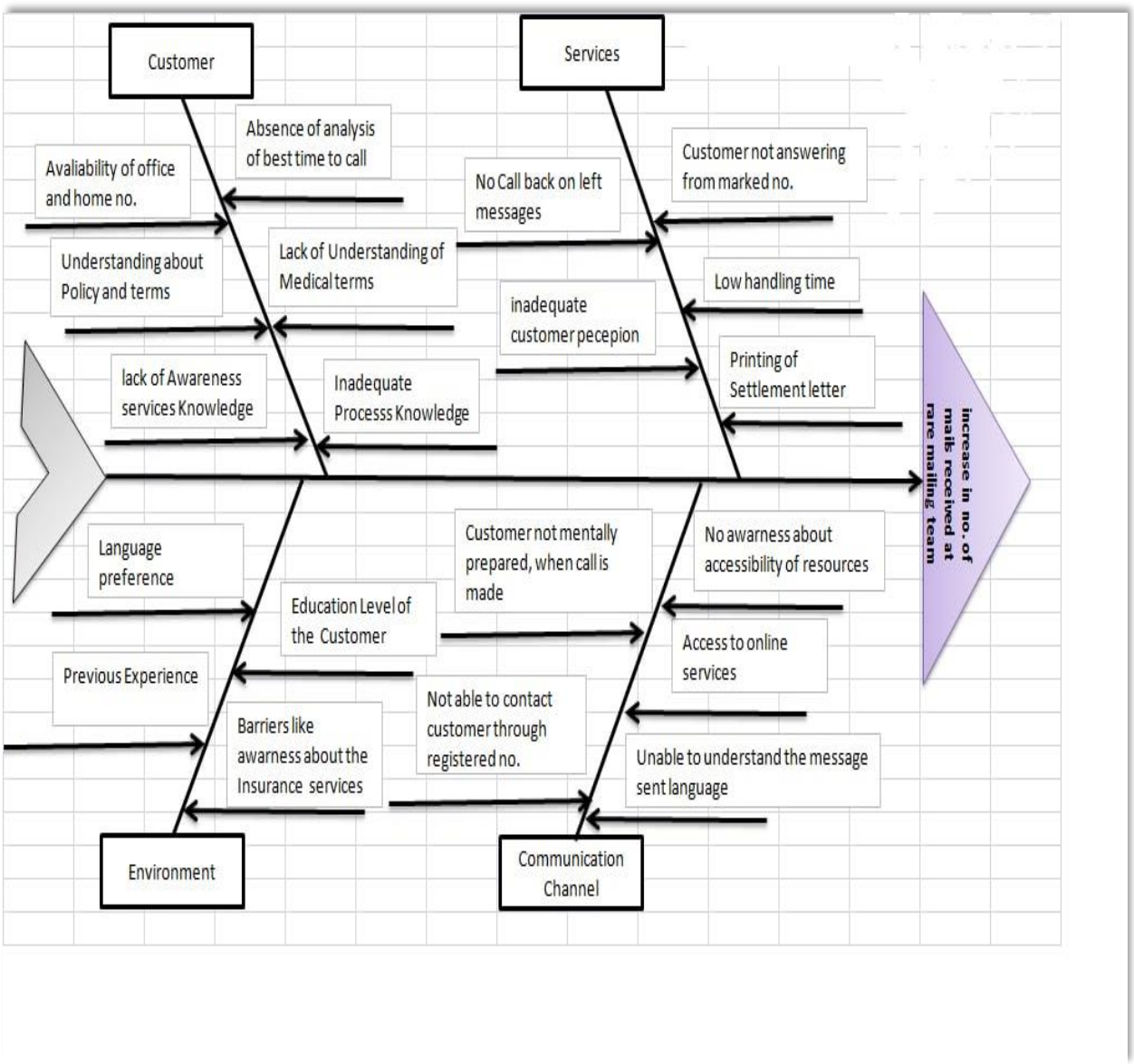


Fig 2 : Fish -Bone Analysis: Showing different causes for increased no. of mails at the mail center

The data is collected from the 20% contributors to the query data, at 7 % margin of error and 95% confidence level,

The top Three contributors and their percentage contribution,

Claim Status

Clarification on Approval Deduction

Clarification on Query Raised.

4.3 To find out the further contributing causes that lead to highest number of queried data.

4.3.1 **Claim Status:**

A total sample size of 110 is taken to analyse and study further with 5% margin of error and at 95% confidence level

Claim Status	# of Counts	Percentage
Claim Settlement	18	16
Claim Rejection	9	8
Closure	2	1
claim approval	11	10
WIP (Documents not Received)	34	30
Queried	20	18
No interaction Recorded	16	14
Total	110	

Table 2: Depicts the different categories of mail status related to the claim status and their percentage contribution.

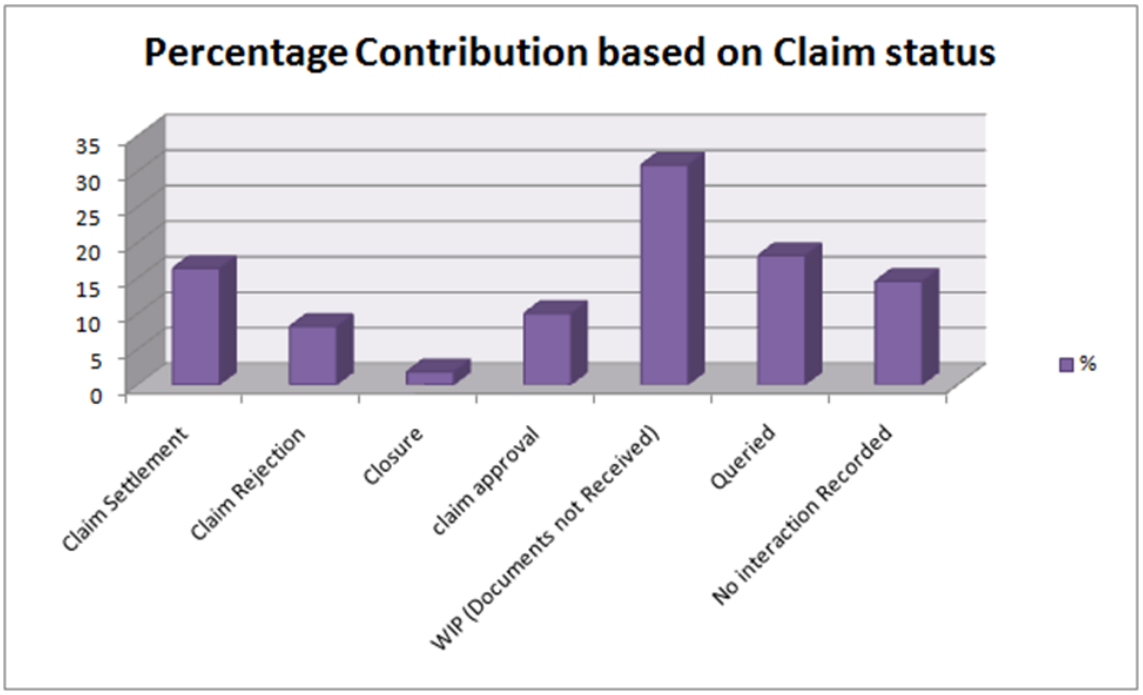


Fig.3: Shows different Percentage contribution of different categories under claim status.

4.3.2**Clarification on approval deductions**

A total sample size of 84 is taken to analyze and study further with 5% margin of error and at 95% confidence level

Clarification on approval deductions	# no. of Count	Percentage Contribution
BSI Exhausted	2	2
Clarification	8	9
Non-Payable/Medical Expenses/Common Exclusion	17	20
Concept of well	2	2

babycoverage		
Copay	16	19
Emergency Taxi Charges	4	4
Insufficient documents	11	13
Investigation Report	6	7
Miscellaneous	2	2
Repeat Bills	3	3
Room Rent Capping	1	1
Surgery Sublimit	3	3
Unrelated Investigation	6	7

TOTAL 84

Table 3 : Depicts the Different Percentage Contribution of Different categories on Clarification on Approval Deduction

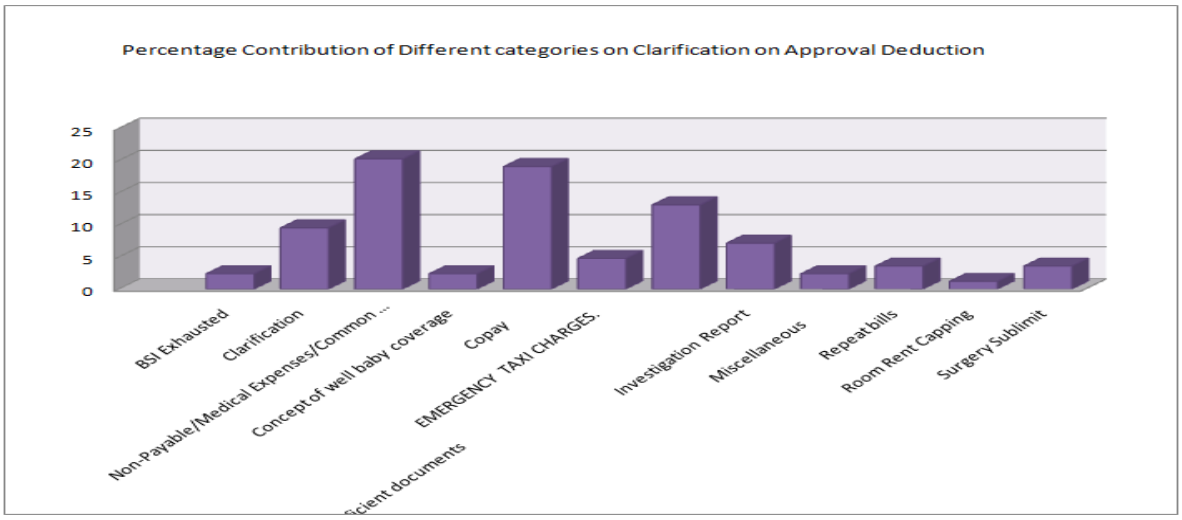


Figure 4: Shows the Different Percentage Contribution of Different categories on Clarification on Approval Deduction

A total sample size of 94 is taken to analyze and study further with 5% margin of error and at 95% confidence level

Clarification on Query Raised	# of Count	Percentage
Clarification on approval deductions	29	30
Documents required	3	3
Justification	8	8
Query response	26	27
Payment related	1	1
Send Documents	27	28
TOTAL	94	

Table No. 4: Depicts the Different categories with their Percentage Contributions on Clarification on Query Raised

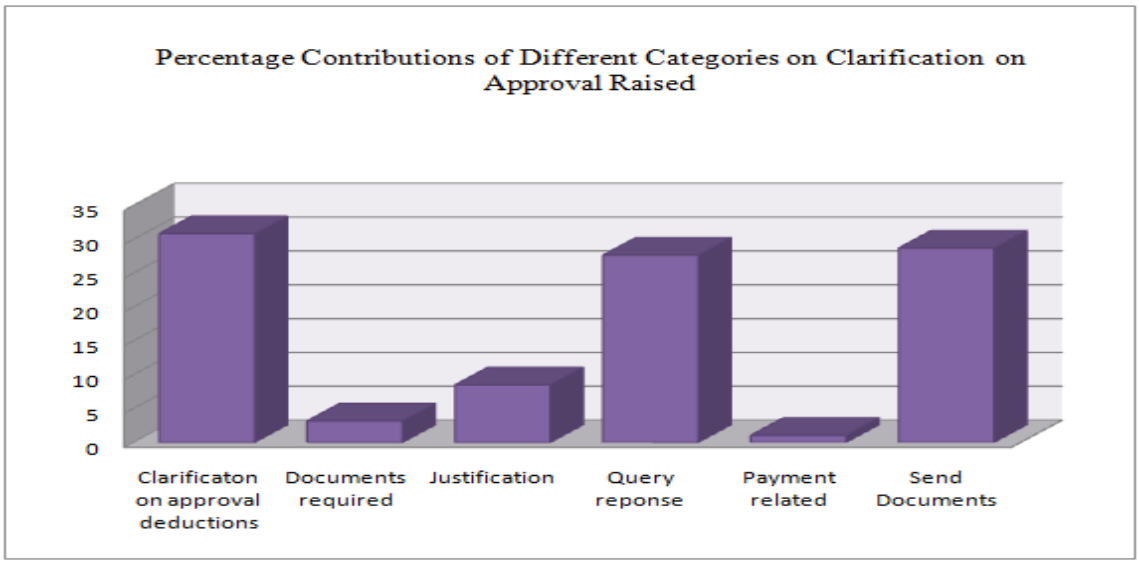


Fig 5 : Shows the Different categories with their Percentage Contributions on Clarification on Query Raised

CHAPTER 5:DISCUSSION

5.1 Understanding from the Study:

A customer experience can be improved through understanding customer interaction data, that derive insights about a customer by analyzing interactions between the customer and a customer service provider, and changes can be done to enhance the customer experience throughout a customer service lifecycle.

The Total no. of Claim that are received at the Rcare mail data was 1020 for the month of Feb-March, out of which for the study, the march data was taken into consideration,

The data was studied and classified into seven causes leading to the increased no of queried mails received,

A total of 178 data was further studied with the top causes taken into consideration, at 7% margin of error and 95% confidence level, and following conclusion was derived, The top three categories with their insights,

Claim Status:

The claim status 110 sample size was studied and found that (all the mails received post interaction from the customer care side.)

1) Highest contributor to this category of was about 30.1% for WIP

Reasons:

i. Enquiring about the send documents (Claim documents for claim processing or queried documents acknowledgement, when the queried documents where received and the claim was not under query)

ii. When the claim is not under query and the claim has not settled between the TAT communicated. (Difference of 1-2 days)

2) 18.1 % of mails were received for claim status of the query documents

Claim was under query and was waiting for the acknowledgement of the send documents

3) 16.36 % were for the claim settlement letter,

Due to some technical reason, it was not possible to print the settlement letter online for the month of march,

However, remarks were sent to the customer through other means,

Clarification on Approval Deduction:

84 sample sizeswas studied and found that, Highest contributor to this category of about

1) 20.23% was for Non-Payable/Medical Expenses/Common Exclusion:

Reasons:

Customer were not aware of the medical terms used in the Settlement letter.

Items covered under not payable list or commonly excluded as per the policy and terms

2) 19.1 % of mails were received for Clarification on Approval Deduction for Co-pay deductions.

3) 13.09 % were for the Insufficient documents (Which includes the consultation prescription , Reports for supporting Bills) , all these mails are received post Send along the Settlement letter.

Clarification on Query Raised:

The Clarification on Query Raised 94 sample size was studied and found that,

Highest contributor to this category of about 30.85% was for Clarification on approval deductions (After sending the documents, the

27.65 % of mails were received for Clarification on Query raised was for Query Response Documentsattached) of the Query,

28.73 % were for the Send Documents (for the acknowledgement or responding to the query send),

5.2:Recommendation:

Changing the Process is not possible due changing customer behavior and needs, but making small changes that may lead to enhance customer experience is also recommendable,

Followings are some certain suggestions ,

Empowering the customer:

Conducting a study on Customer awareness level of Reliance General Insurance Website services.

Writing a small note about reliance website and encouraging customer to go through the Reliance website while replying or interacting with customer at any platform.

Settlement Letter:

The settlement letter can be printed in more customer centric way, where deduction details explained in better way can be used,

for example commonly excluded items, can be explained with stating why it is included in commonly excluded list.

Printing of settlement letter in Bilingual language or Trilingual language.

CHAPTER 6 : CONCLUSION

A customer experience can be improved through understanding customer interaction data, that derive insights about a customer by analyzing interactions between the customer and a customer service provider, and recommendation and changes can be done to enhance the customer experience throughout a customer service lifecycle.

The following Conclusion can be made from the Study,

The Total no. of Claims that are received at theRcare mail data was 1020 for the month of Feb-March, out of which for the study purpose the march data was taken into consideration,

A total of 178 data was studied from the highest contributor of the top three categories, at 7% margin of error and 95% confidence level,

and following conclusion was derived,

The top three categories with their insights,

The claim status 110 sample size was studied and found that, Highest contributor to this category of about 30.1% was for WIP (in which there were cases of no documents received), 18.1 % of mails were received for claim status of the query documents, and 16.36 % were for the claim settlement letter, all these mails are received post interaction from the customer care side.

The Clarification on Approval Deduction 84 sample size was studied and found that , Highest contributor to this category of about 20.23% was for Non-Payable/Medical Expenses/Common Exclusion. 19.1 % of mails were received for Clarification on Approval Deduction for Copay deductions, and 13.09 % were for the Insufficient documents (Which includes the consultation prescription , Reports for supporting Bills) , all these mails are received post Sendong the Settlement letter.

The Clarification on Query Raised 94 sample size was studied and found that , Highest contributor to this category of about 30.85% was for Clarification on approval deductions. 27.65 % of mails were received for Clarification on Query raised was for Query response (Documents attached) of the Query , and 28.73 % were for the Send Documents (for the acknowledgement or responding to the query send),

Customer care services are made to help customer and provide the necessary information, however, with a little changes in process can reduce the load of the customer care executives and enhance the customer experience.

CHAPTER 7

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