Internship at

Reliance General Insurance, Madhapur, Hyderabad

By

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Introduction

Reliance General Insurance is an Indian private insurance company. It is a part of Reliance Group. The Gross Written Premium for the year ended March 31, 2017, was at ₹4,007 crores (US$616 million) with a distribution network composed of over 129 branches and more than 24,500 intermediaries.

History

Reliance General Insurance was incorporated on 17 August 2000. It received the license to conduct general insurance business in India from the Insurance Regulatory Development Authority of India(IRDAI) on 23 October 2000. Unlike most insurance companies, who have foreign partners, the firm is promoted solely by Reliance Capital.

Management

Rakesh Jain serves as the Chief Executive Officer and Executive Director. Before taking this role, he served as the Director – Corporate Centre & CFO at ICICI Lombard GIC Ltd. He has received the 'Best CFO' award in the Financial Services Sector given by the Institute of Chartered Accountants of India.

Hemant K Jain is the Chief Financial Officer. Arvind Naaz holds the position of Chief Marketing Officer for Corporate Business. Anand Singhi serves as the Chief Distribution Officer.

Reliance General Insurance offers insurance services across the domains of motor, health, travel and
Serviceshome. The commercial insurance services include commercial vehicle, office and marine.
Motor insurance covers four-wheeler, two-wheeler and commercial vehicle. Services such as roadside assistance and cashless facilities through a network of around 2400 garages are provided. Under Health, there are several plans to choose from. They include Health gain (can be availed in installments), Wellness, Critical Illness and Personal Accident.
In travel, Reliance General Insurance provides plans for overseas trips such as Schengen, Asia and the US. Travel plans tailored for students and senior citizens are also available.
The home insurance portfolio covers house contents against theft and damage. The cover also provides home assistance services.

Reliance General Insurance is a 100% subsidiary of Reliance Capital Limited (BSE: 500111, NSE: RELCAPITAL), a diversified financial service holding company promoted by Reliance Group. It is a part of the Reliance Group.

Awards

Reliance General Insurance was awarded as India's first insurance company to get an ISO 9001:2008 certification for end-to-end services of general insurance product offerings

across India. It won the "General Insurance company of the year" award at the Indian Insurance Awards in 2015. In 2016, the company received ET Best BFSI Brands.

Background

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

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.

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.

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.

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 Fasal Bima Yojna ,

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.

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 Rashtriya Swasthya Bima 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)

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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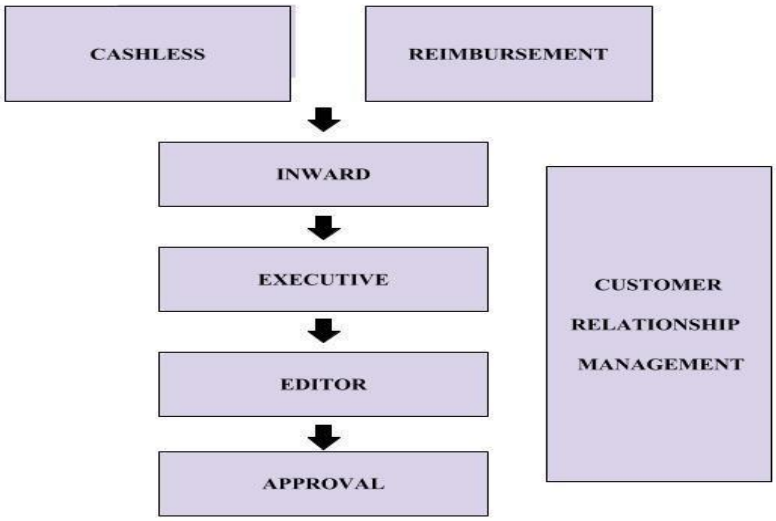


4.1.1. Inward team:

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 Medi card	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.

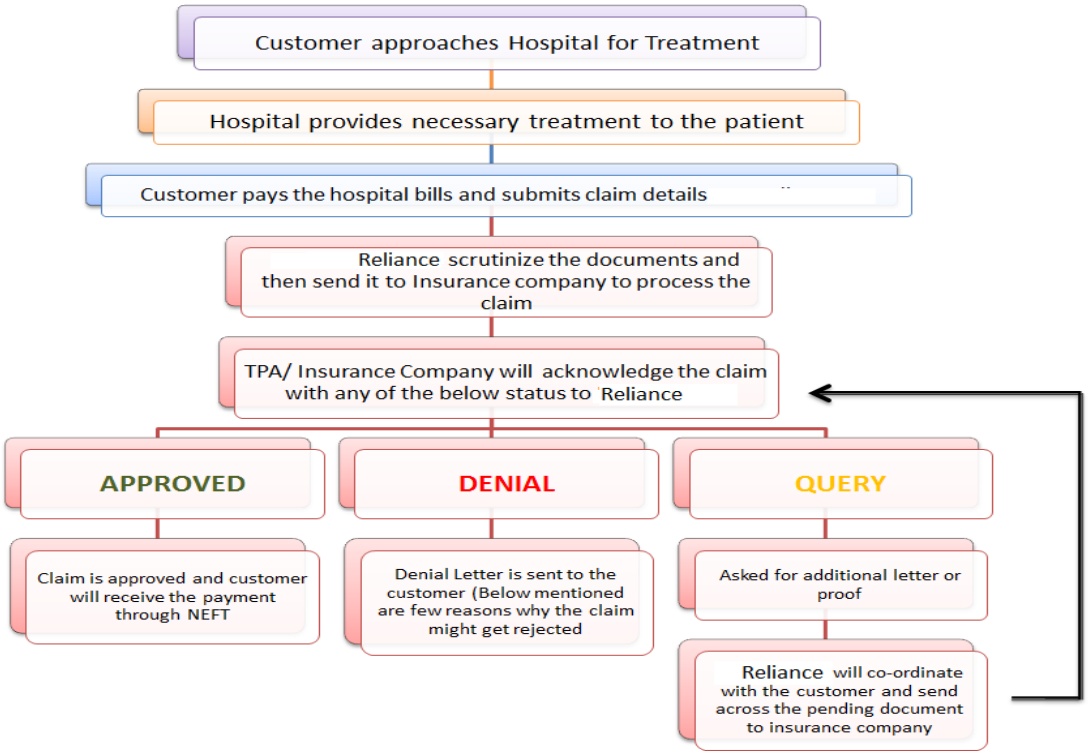
Reimbursement claims may be filed in the following circumstances:

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.



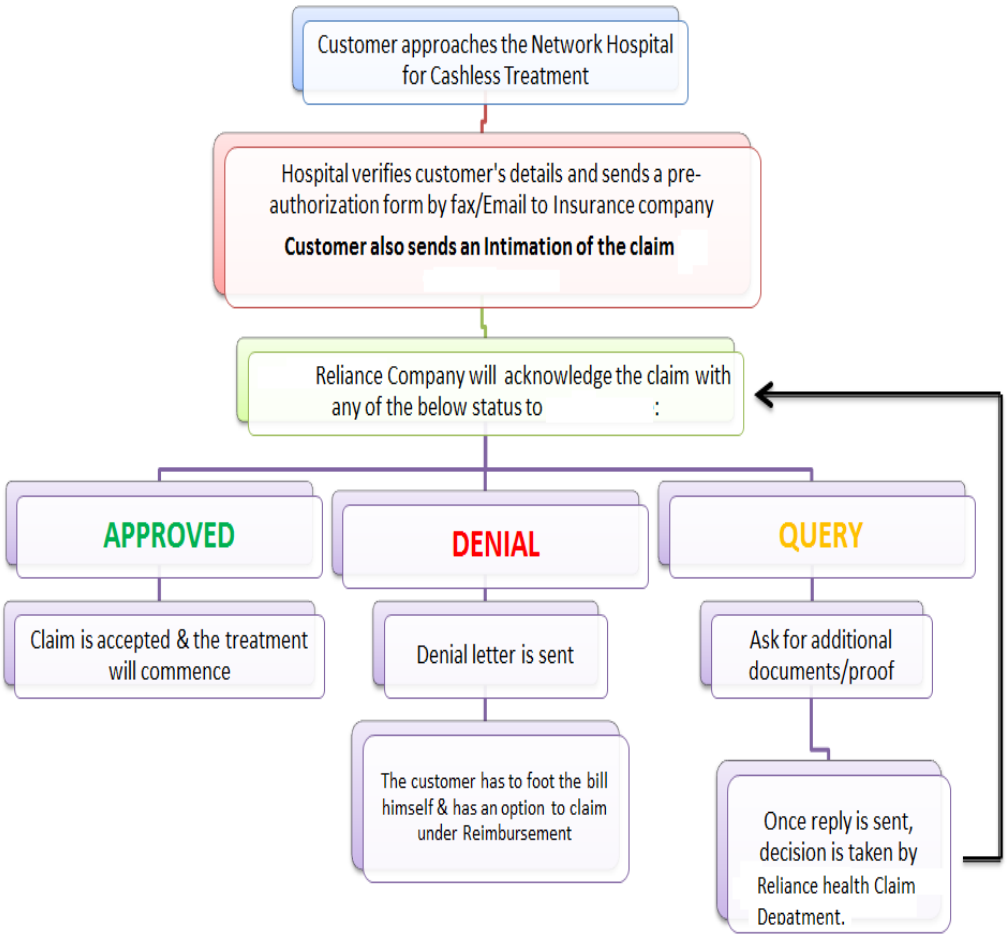
REIMBURSEMENT PROCESS

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 payment to 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

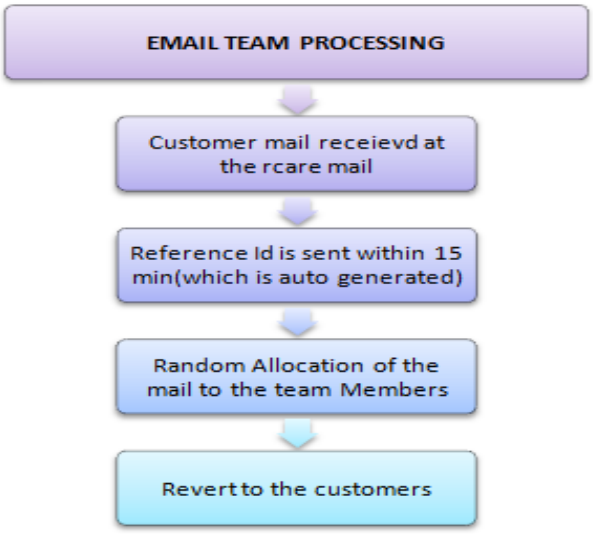
4.1.5. E-mail team:

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)

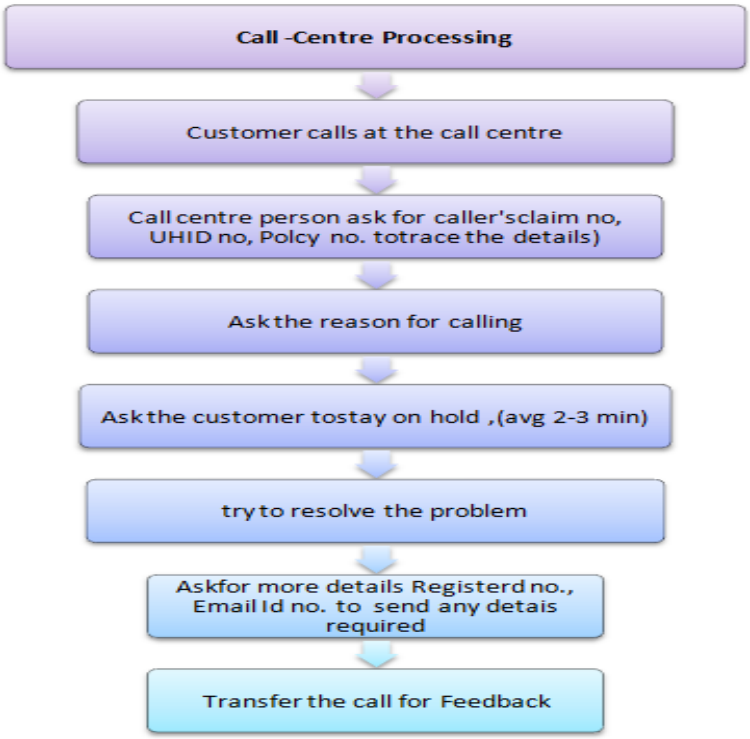


4.1.6. Call center team:

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–It includes suspected fraudulent cases which require some kind of investigation 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

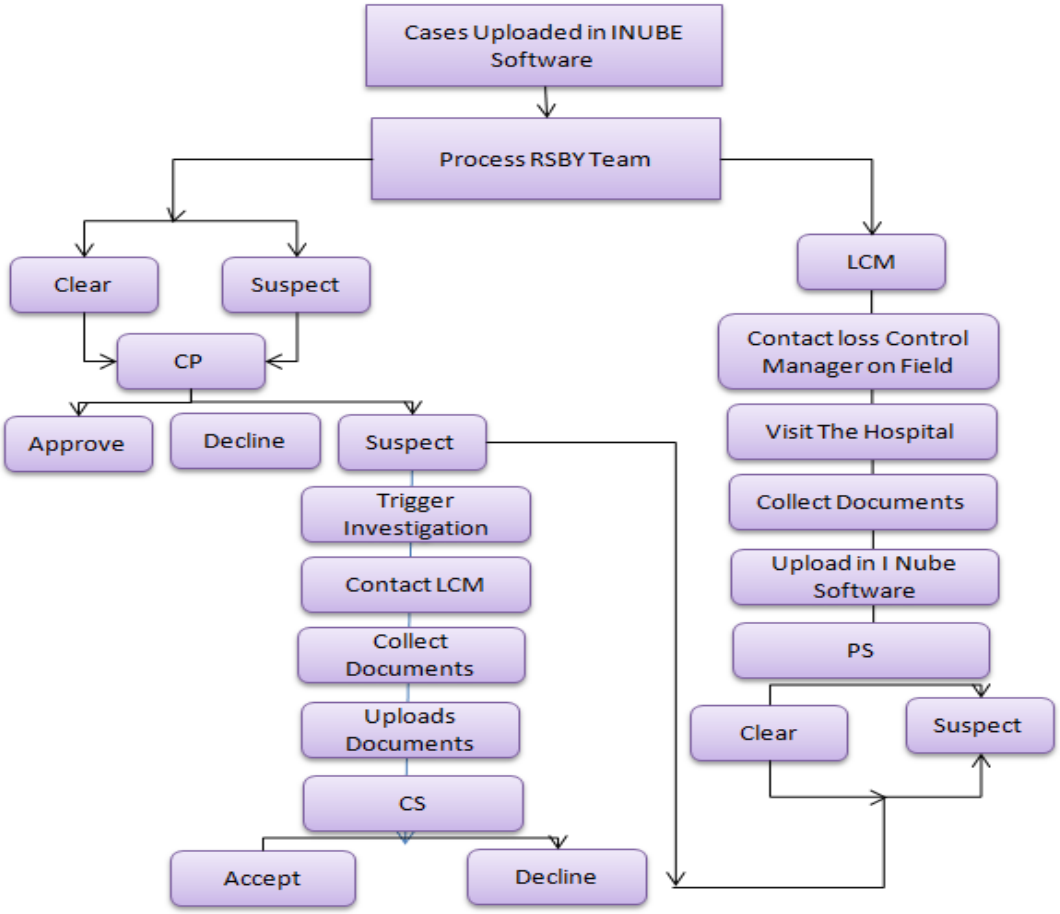
Types of Claims

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


Cases Uploaded in INUBE Software
Process RSBY Team
Clear
Suspect
CP
Approve
Decline
Suspect
Trigger Investigation
Contact LCM
Collect Documents
Uploads Documents
CS
Accept
Decline
LCM
Contact loss Control Manager on Field
Visit The Hospital
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