A Study on Analysing Customer interaction to manage customer relationship

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Introduction

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

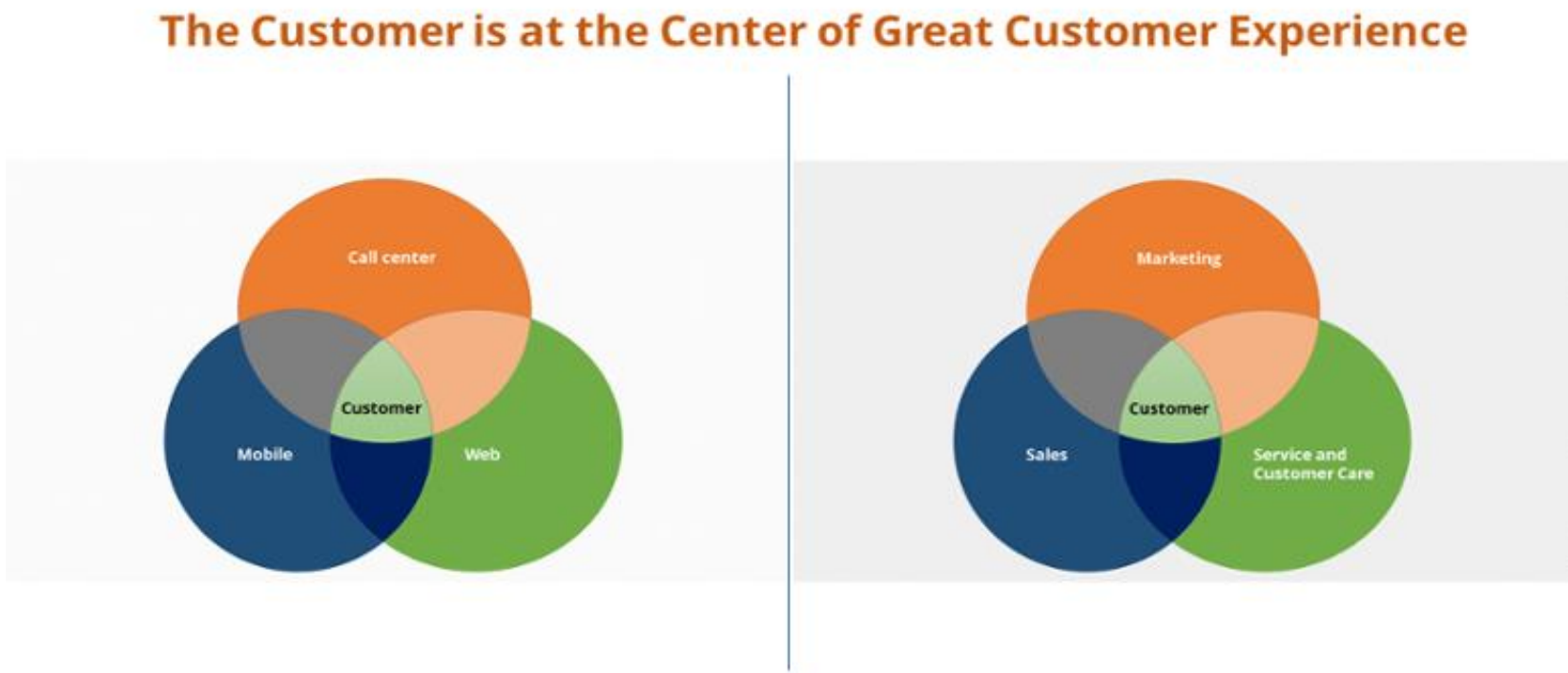
Consumers have become well-adapted to the convenience and the availability of communication channels like email, phone, chat, and social media that in effect have increased the expectations by policyholders in terms of customer service experience and prompt handling of claims.

CRM system can be a channel for information dissemination and collaboration between policyholders and advisors.

Developing a one to one relationship between the advisor and customer is therefore essential in the insurance industry.

The right CRM system which will enable brokers to develop and access a full picture of all of their clients, including their history and preferences in order to meet and even anticipate their needs is needed to achieve this.

The ability to engage with the insurer using preferred channels, from the customer's perspective, is considered critically important and creates the necessity for insurance companies to offer digital, mobile access



- **Dissertation Title :**

  A Study on Analysing Customer interaction to manage customer relationship

- **Research Objective :**

  General Objective

  Analysing 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 causes leading to highest number of queried data.

RESEARCH METHODOLOGY

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.

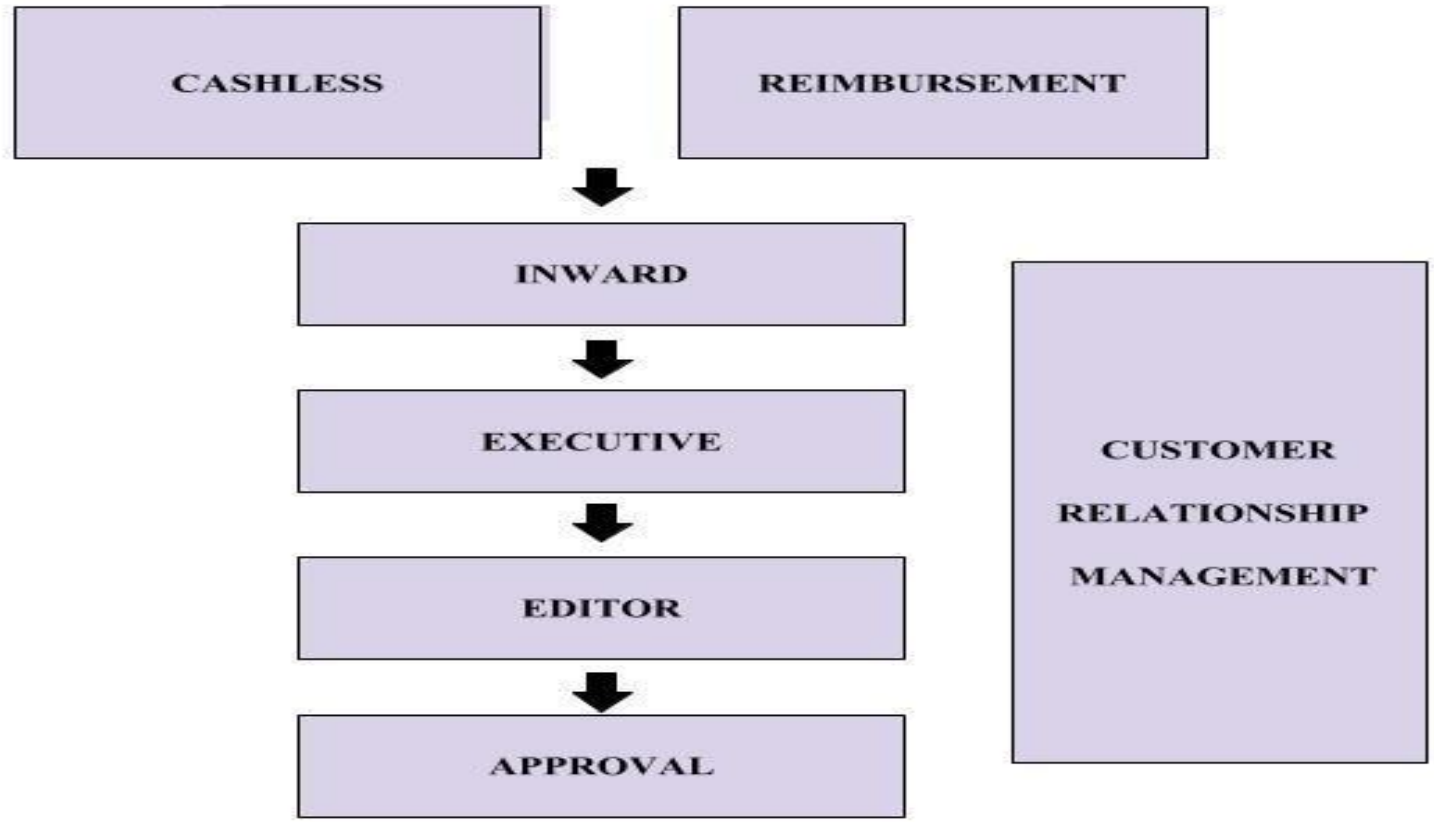
Data collection- Secondary and Quantitative (4 weeks)

Data entry- Manually

Data Analysis- Using Microsoft Excel.

Results and Findings

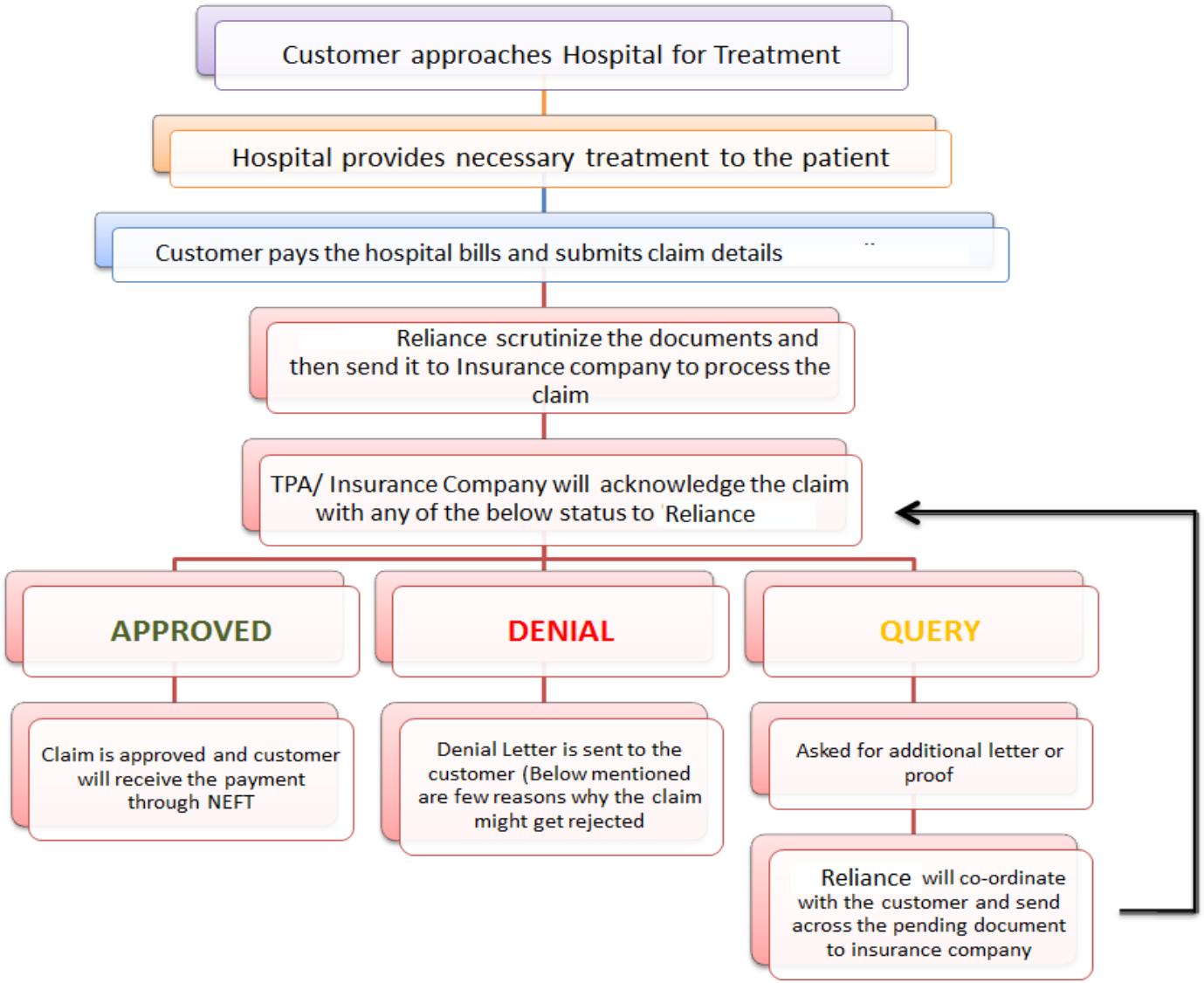
Claim Flow Process across various teams



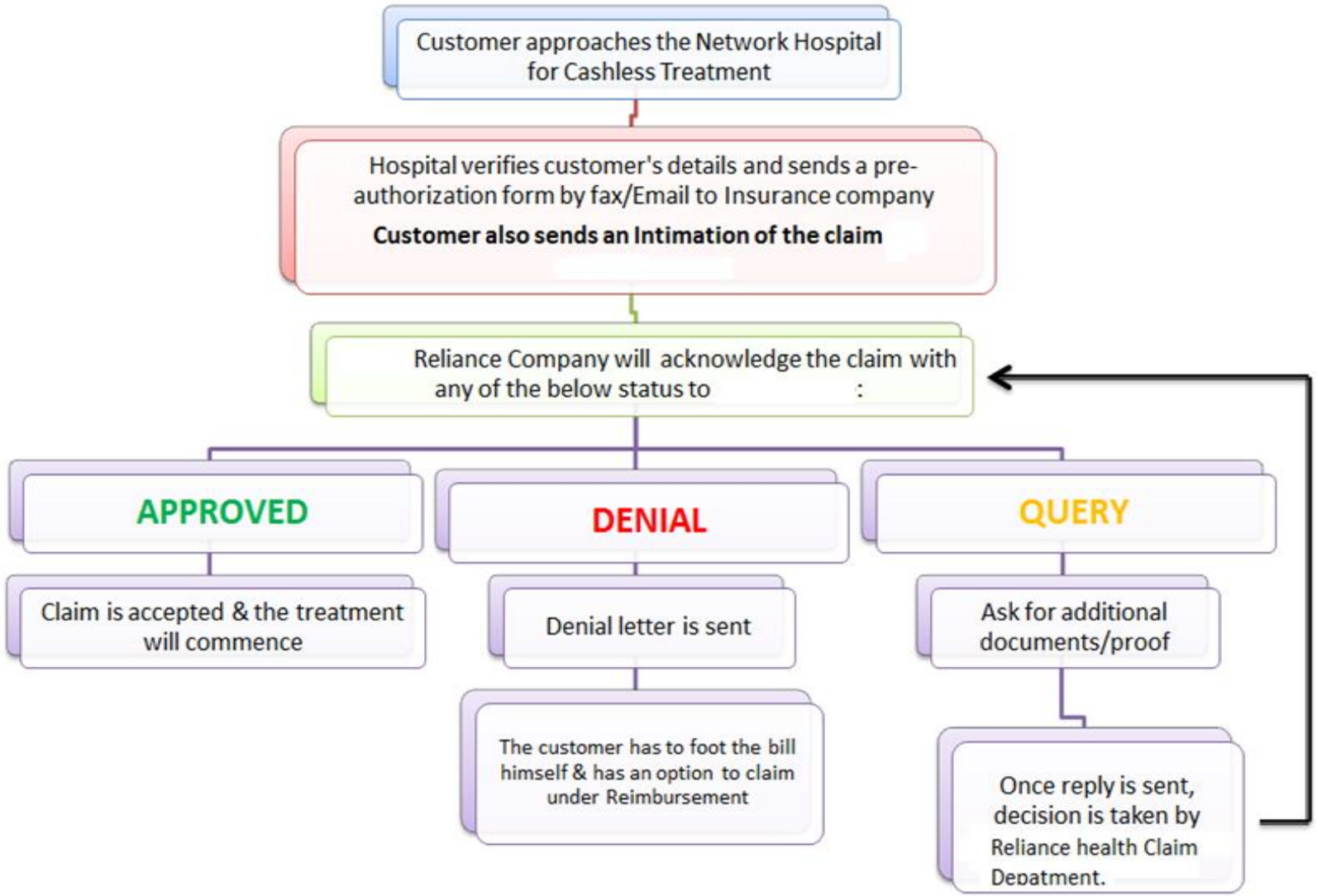
Documents required

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

REIMBURSEMENT PROCESS

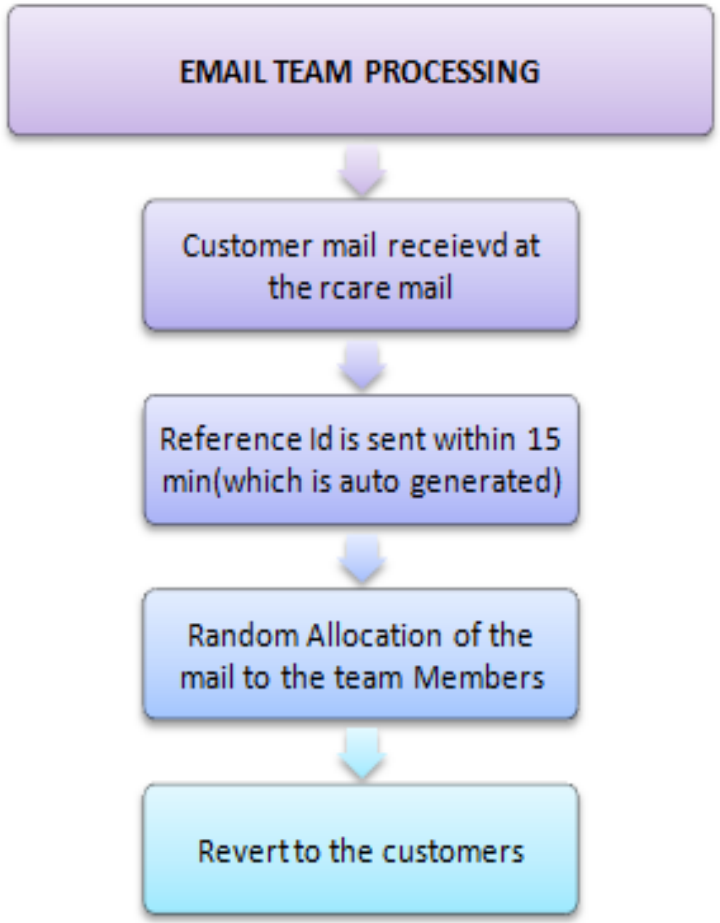


CASHLESS PROCESS

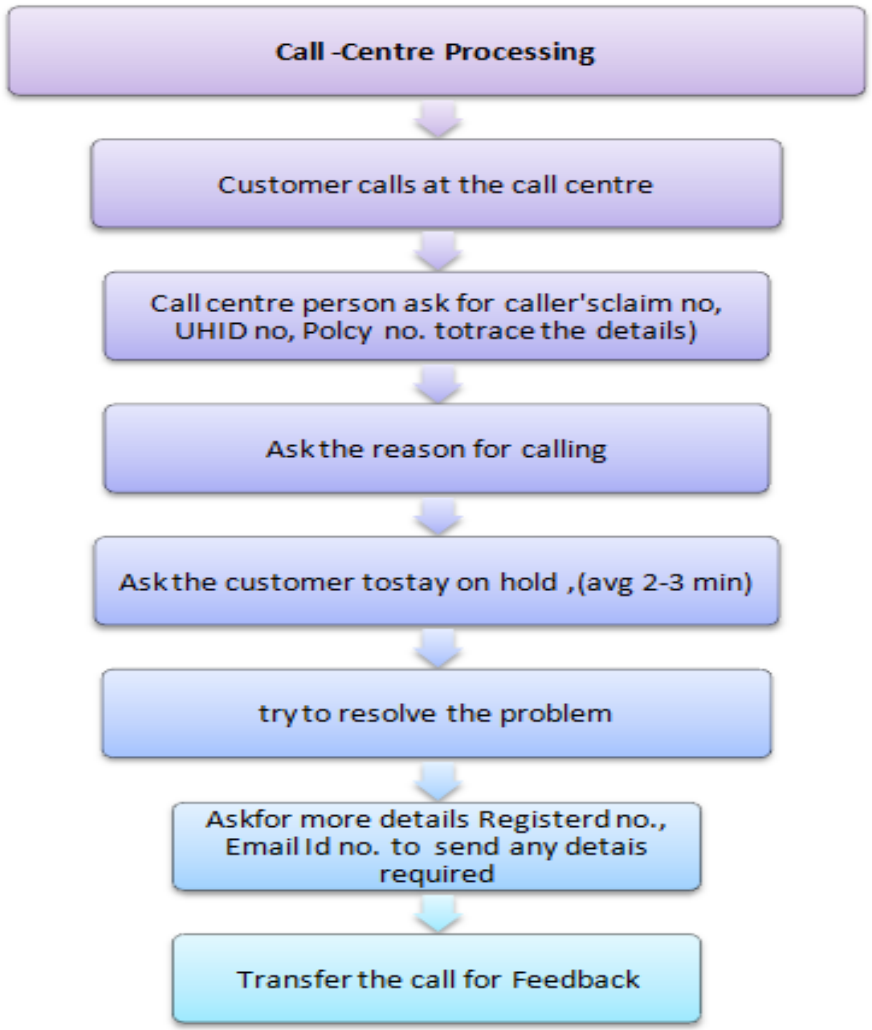


Customer relationship management team

E-mail team

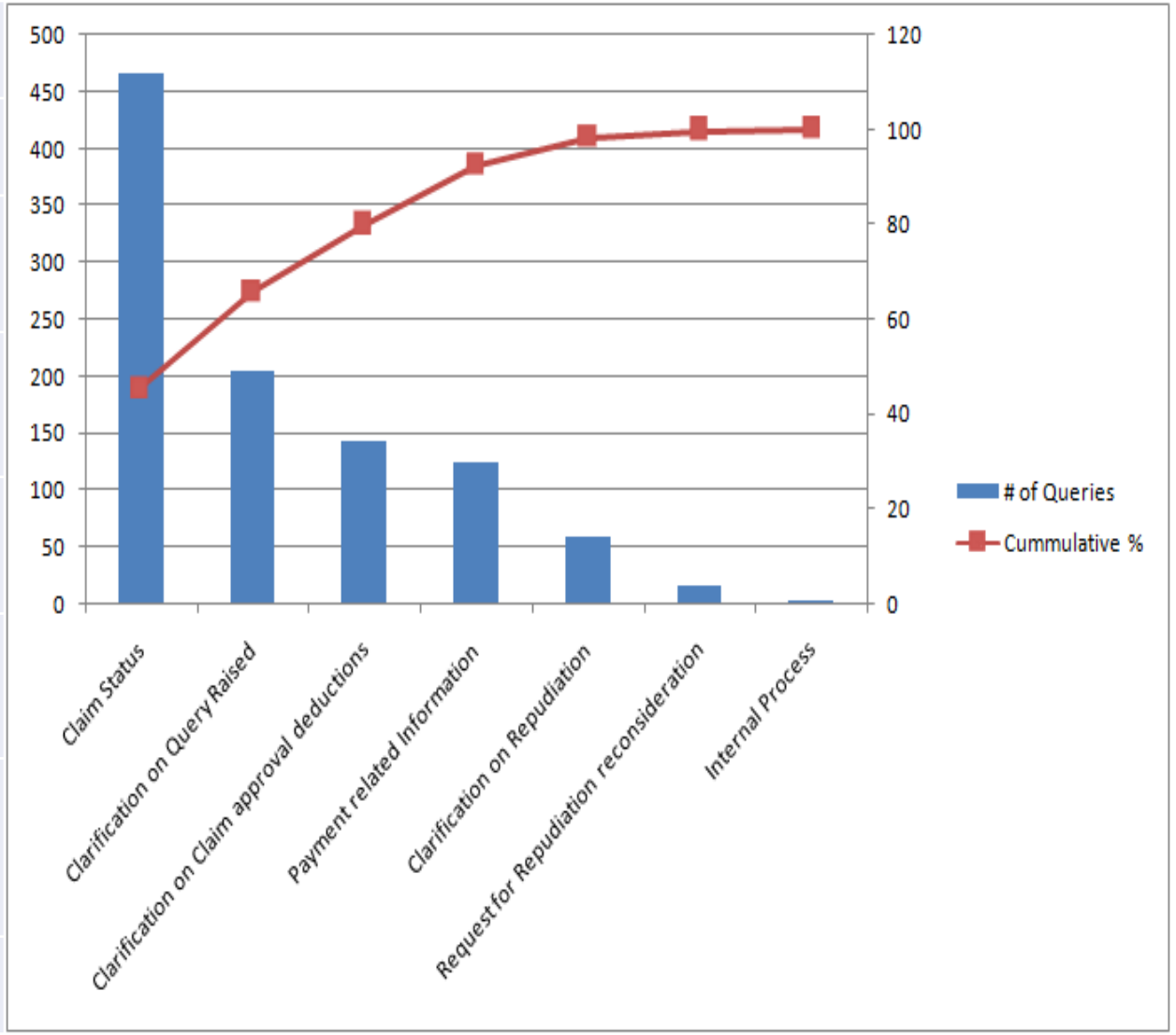


Call center team

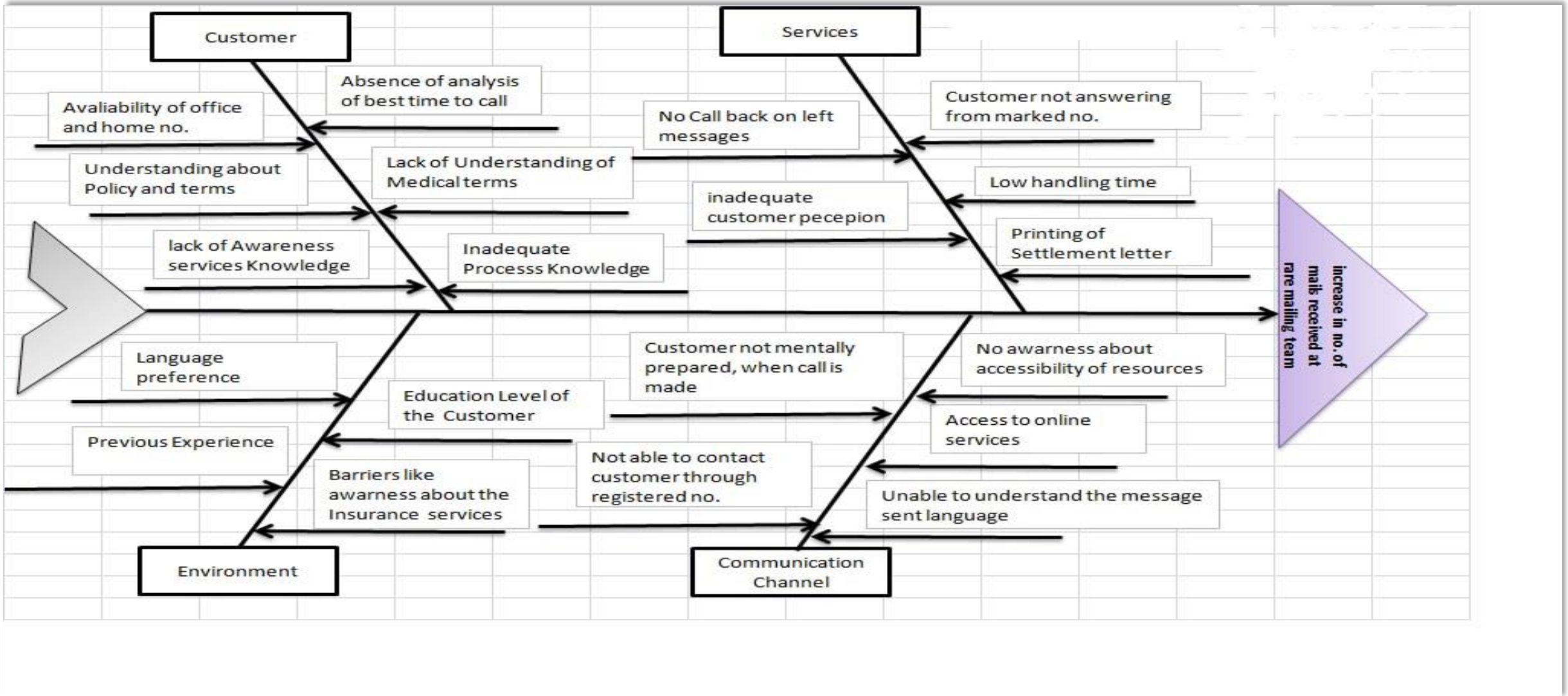


To identify and classify the various queries types (N=1020)

Queries Types	# of Queries	Cumulative Count	Cumulative %
Claim Status	466	466	46
Clarification on Query Raised	206	672	66
Clarification on Claim approval deductions	143	815	80
Payment related Information	125	940	93
Clarification on Repudiation	60	1000	98
Request for Repudiation reconsideration	16	1016	99
Internal Process	4	1020	100

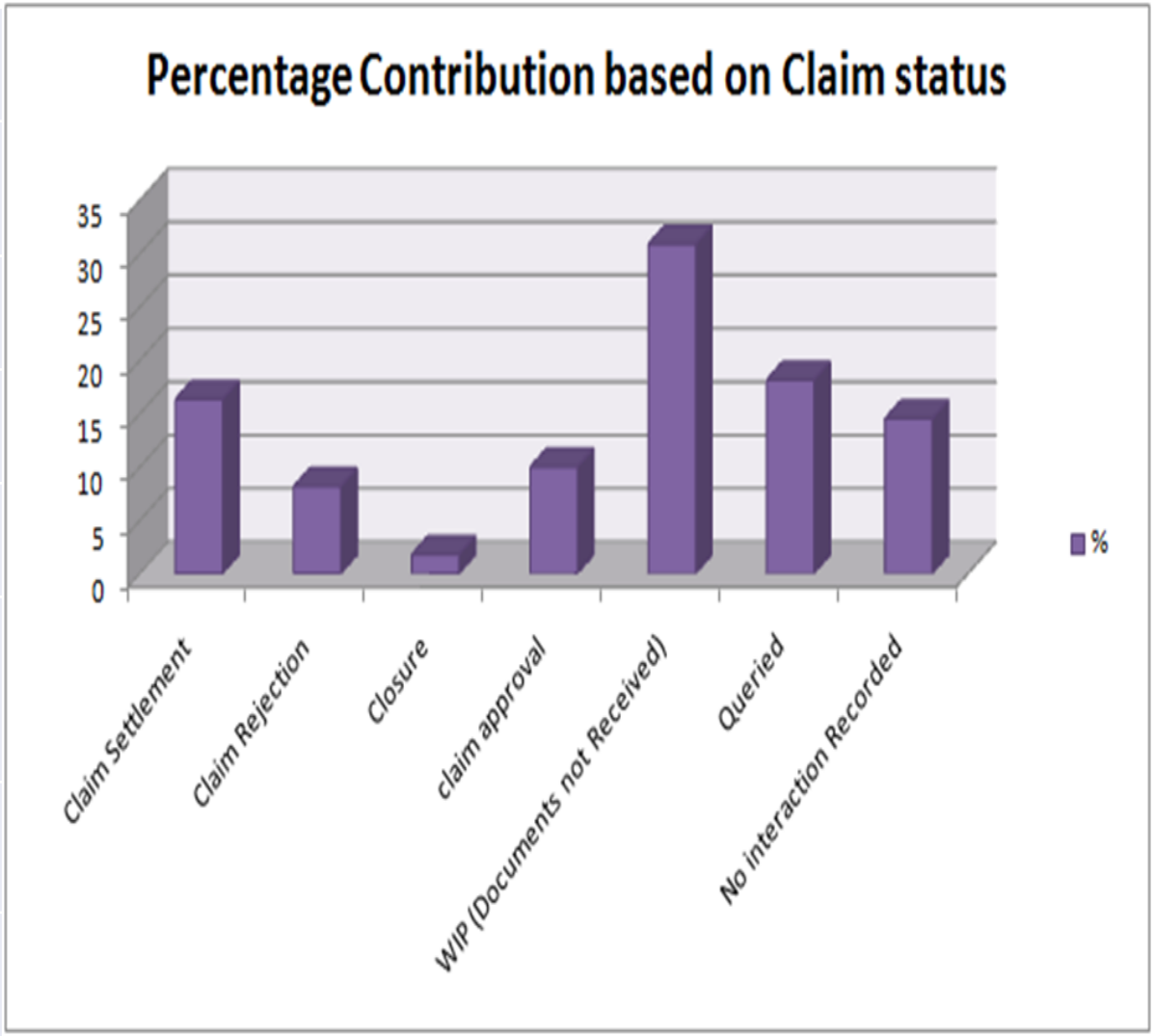


Fish Bone Analysis



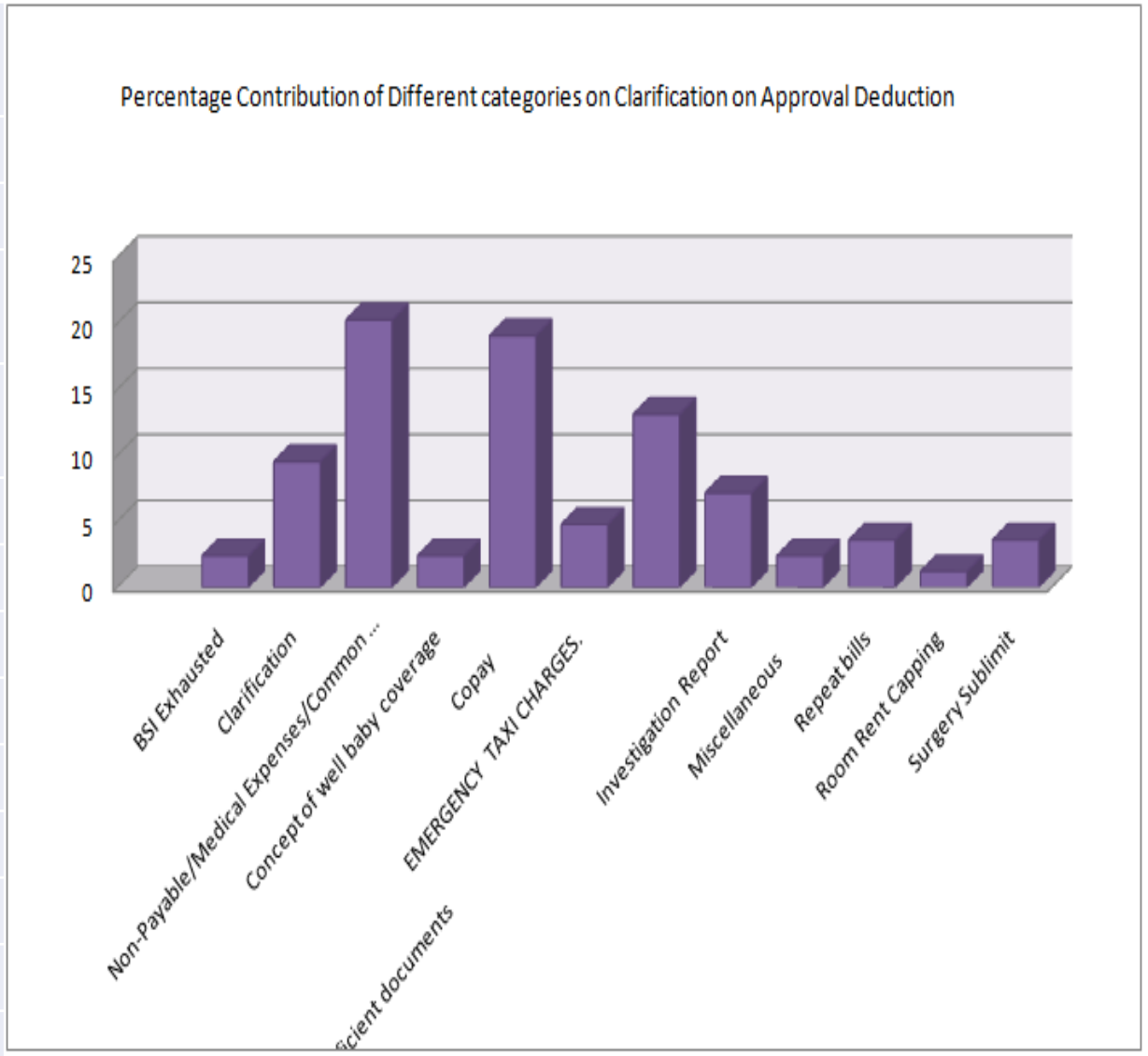
Claim Status (N =110)

Claim Status	# of Counts	Percentage
Claim Settlement	18	16.36
Claim Rejection	9	8.18
Closure	2	1.81
claim approval	11	10
WIP (Documents not Received)	34	30.90
Queried	20	18.18
No interaction Recorded	16	14.54



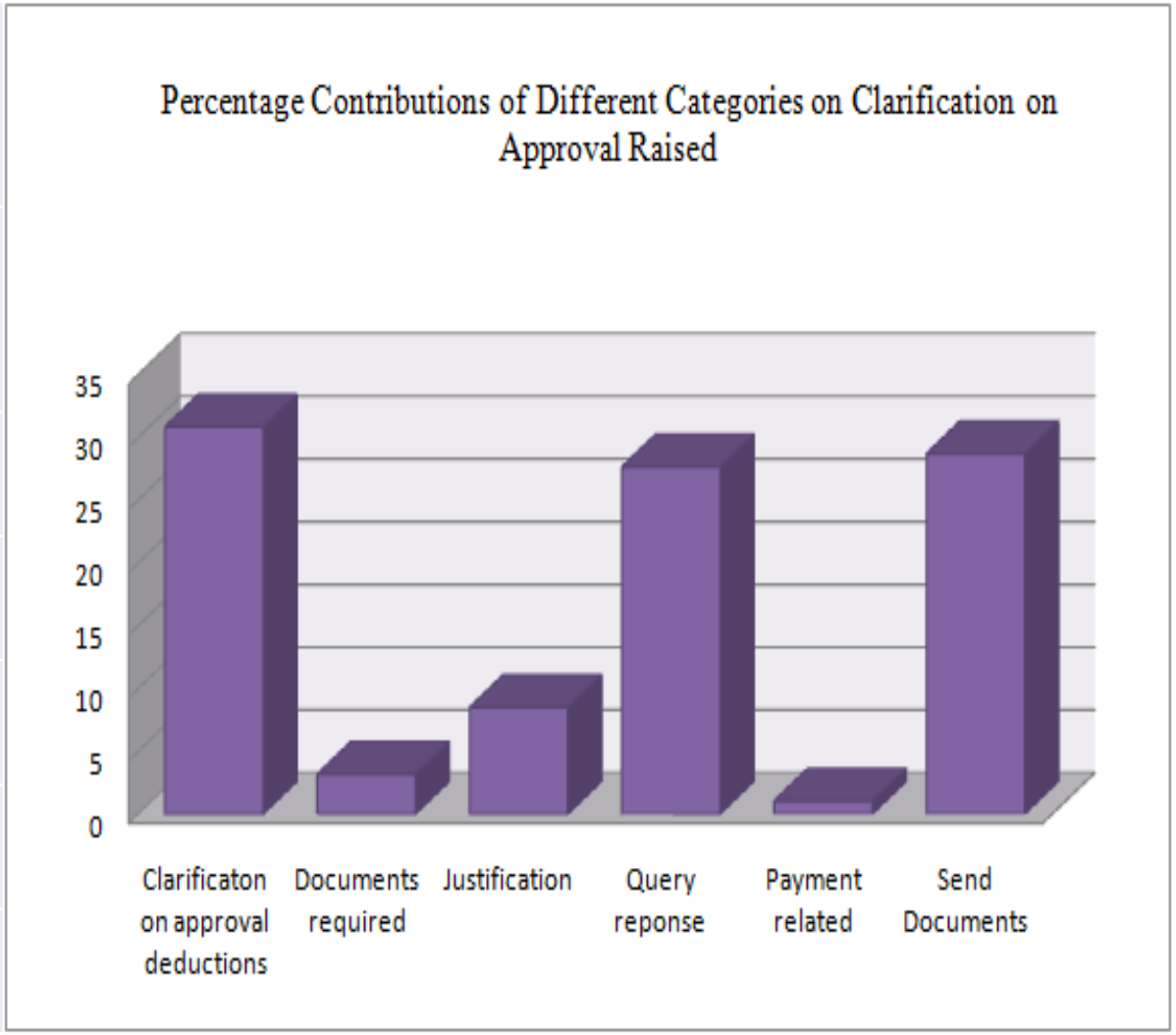
Clarification on approval deductions (N=84)

Clarification on approval deductions	# no. of Count	Percentage Contribution
BSI Exhausted	2	2.3
Clarification	8	9.5
Non-Payable/Medical Expenses/Common Exclusion	17	20.23
Concept of well baby coverage	2	2.38
Copay	16	19.04
Emergency Taxi Charges	4	4.76
Insufficient documents	11	13.095
Investigation Report	6	7.14
Miscellaneous	2	2.380
Repeat Bills	3	3.571
Room Rent Capping	1	1.190
Surgery Sublimit	3	3.57
Unrelated Investigation	6	7.14



Clarification on Query Raised (N=94)

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



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.

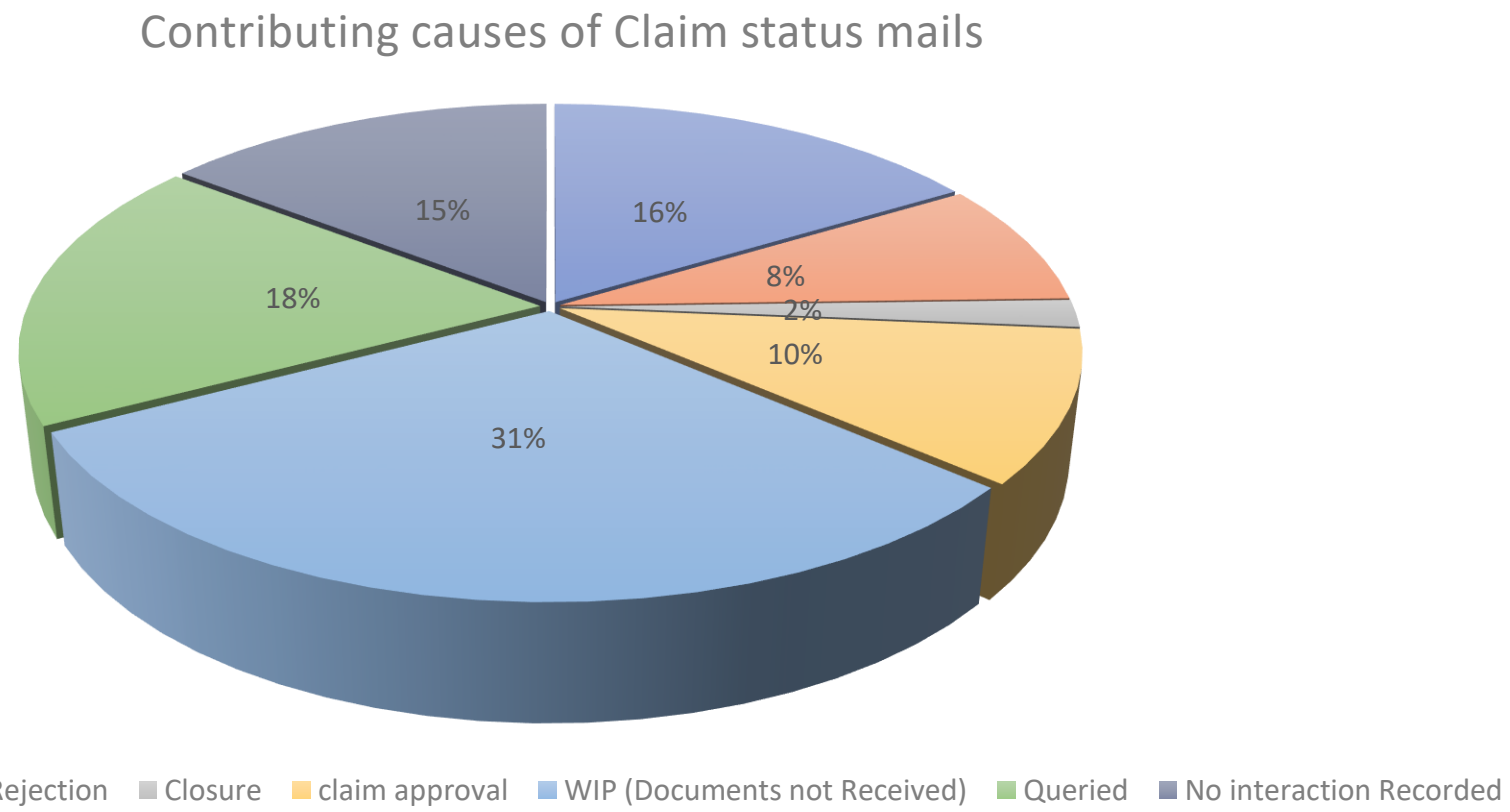
The Total no. of Claim that are received at the Rcare mail data was 1020 for the month of Feb-March, out of which for the study, the march data was taken into consideration,

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

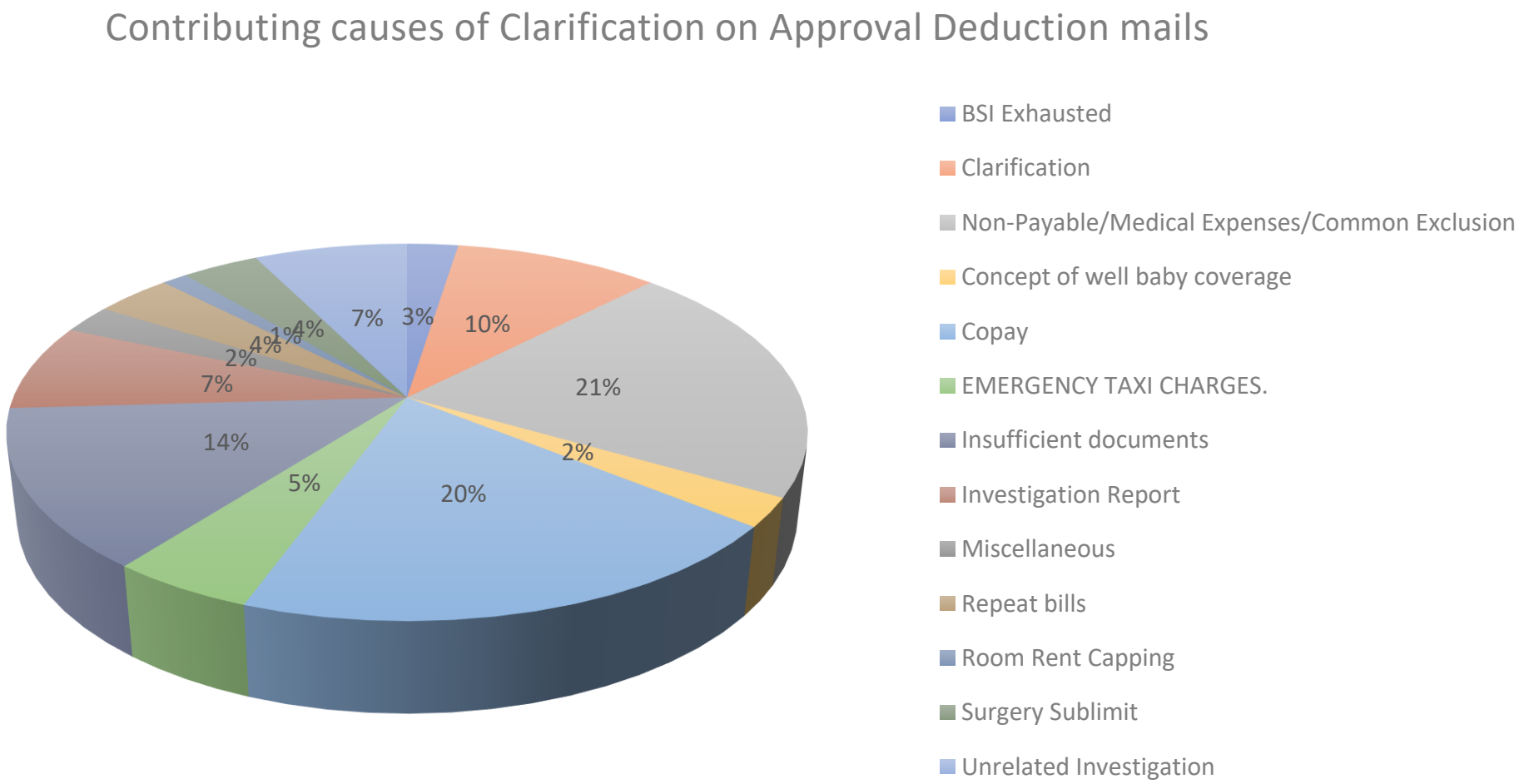
3) *16.36 % were for the claim settlement letter,*

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 sizes was 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.

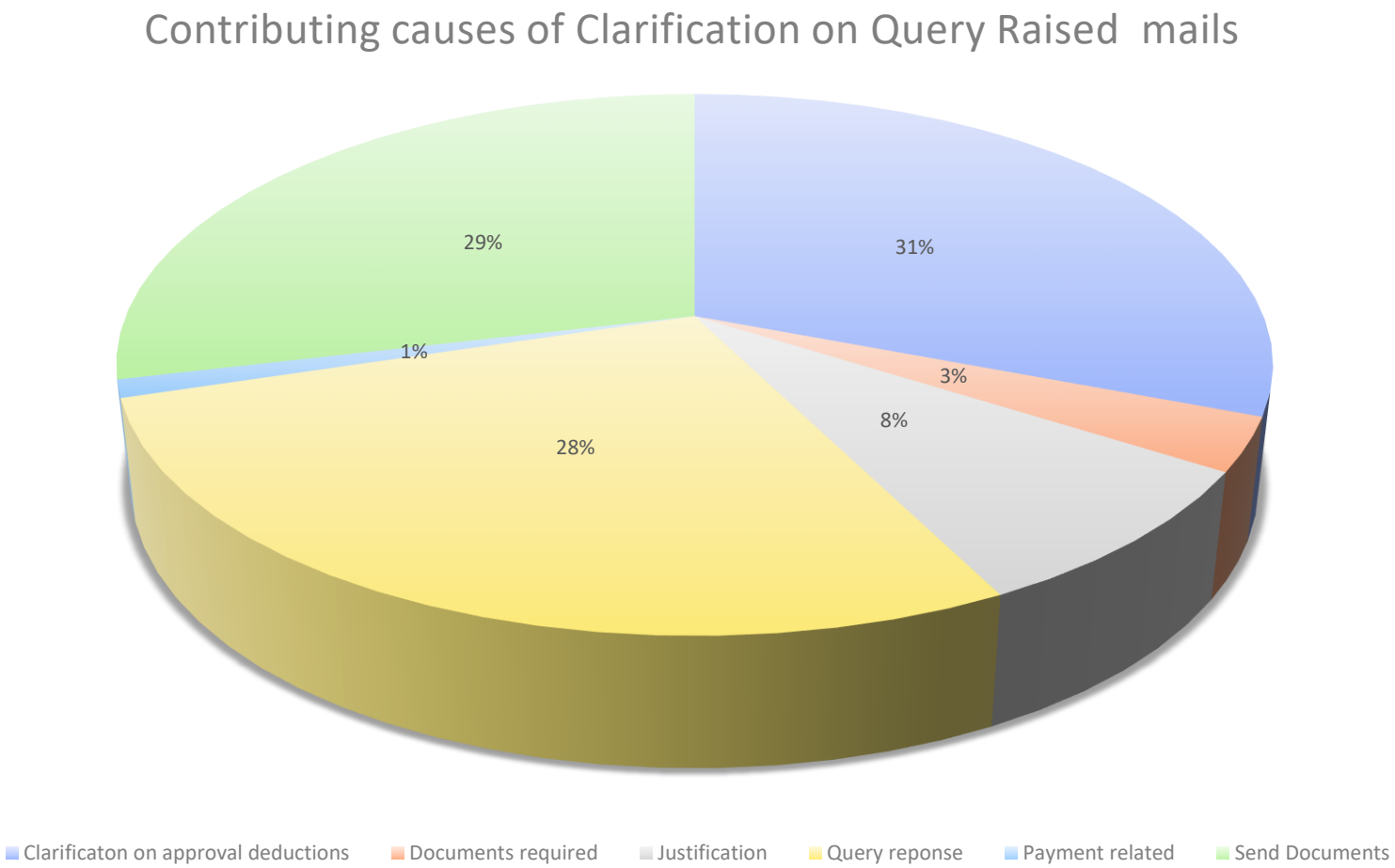
Items covered under not payable list or commonly excluded as per the policy and terms

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 Documents attached) of the Query,

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

SUGGESTIONS

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.

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 Claim that are received at the Rcare 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.


Thank you