Internship at
Reliance General Insurance, Hyderabad

By

Shekha D Das

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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

ORGANIZATION PROFILE

Introduction- I did my dissertation at Reliance General Insurance Company Limited, Hyderabad. Reliance General Insurance Company Limited is an Indian private insurance company. It is a part of Reliance Group. It is subsidiary of Reliance Capital Limited. 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.

Goals of internship-

- To learn about the health claims system.
- To gain knowledge about healthcare in microinsurance.
- To learn about the processing on the software.

Organizational profile- Reliance General Insurance caters to health, motor, travel and home insurance. Health insurances has following dimensions: Health gain policy, Health wise policy, Wellness and Personal accident.

R Care health comprises of Health Claims and Wellness. Health claim consists of various teams. These teams are Cashless, Reimbursement, Government Body Unit, Customer Relationship Management, Process and Quality and Provider Management Team.

Government Body Unit-It includes Rashtriya Swasthya Bima Yojana empanelled hospitals.

Services provided by hospital/organization- Health Claims were done at the organization.

Departments visited- Government Body Units, Reimbursement, Cashless, Central Provider Management Team, Customer Relationship Management Team.

GOVERNMENT BODY UNIT-It includes Rashtriya Swasthya Bima Yojana empanelled hospitals.

PROCESSING- Processing consists of four parts

- Pre-Auth Processor- All transactions are processed at Pre-Auth. The processor downloads 301 dump at in the form of an excel sheet on daily basis to initiate claim processing. Analytical triggers run to identify common deviations, run medical quality check and take cases for claim investigation either clear or suspect the case.

Investigate Cases- Pre-Auth team forwards the case to LCU.

Clear Cases- to the Claim Processor Queue.

Suspect Cases- to the Claim Processor Queue.

- Pre-Auth Supervisor- Investigates the case with investigator's report.

Investigated cases- All claims are forwarded to LCU after the receipt of investigation report is received.

Tag the case as Clear or Suspect case with remarks and forward it to Claim Processor queue.

- Claim Processor- All identified cases are clear or suspect from both Pre-Auth claims processor and. Supervisor.

Analytical trigger identifies the duplication of claims, tracks claim history of each patient and family. Also identifies deviations.

Analysis of investigator remarks and study of evidence by lines and co-relates with recommendations from Pre-Auth Supervisor.

Claims are-

- Approved
- Partially Approved
- Suspected
- Rejected

- Claim Supervisor- Cases forwarded by Claim Processor for Supervision. Investigated cases tagged cases- All the claims under 'forward to LCU' processed by Claims Supervisor recommends further action as per evidences provided by investigator. Then forwards the

approved cases to payment queue and in case of rejected ones auto-denial goes to the hospital.

REIMBURSEMENT

The process of Reimbursement as name suggests starts after the treatment is done and the patient is discharged. Patient gets admitted to the hospital, undergoes treatment and pays the hospital bills. Patient submits all the original documents to R Care Health along with duly filled claim form. R Care Health reviews the documents and take a decision based on the information provided.

In cases where the claim is approved payment will be made to the customer as per the policy terms & conditions

In cases where the claim is under query a Query Letter is sent for submission of required documents

In cases where claim is rejected a rejection Letter will be sent across along with reasons for rejection.

Reimbursement consists-

- Executive
- Editor
- Approver

Any projects undertaken other than dissertation-No

Reporting extraordinary good/adverse events without naming hospital/department – Targets of the claims were achieved. Tender of mass units were renewed

Impediments- High claim targets