Improving Tele-MER Conversion TAT At Aditya Birla Health Insurance Co. Ltd. MBC Thane

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment forthe award of the degree of

Master of Business Administration (MBA) in

Hospital and Health Management

by

Dr MINALI MATHUR

Under the Supervision and Guidance of

Dr PIYUSHA MAJUMDAR

(Assistant Professor. IIIIMR University. Jaipur)

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled Improving Tele-MER Conversion TAT at Aditya Birla Health Insurance Co. Ltd. MBC Thane the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student: Dr Minali Mathur

Date: 25th June 2022

Aditya Birla Health Insurance Co. Ltd.
(A part of Aditya Birla Capital Ltd.)

ADITYA BIRLA CAPITAL

June 28, 2022

To Whomsoever It May Concern

This is to certify that **Ms. Minali Mathur** has successfully completed her Internship Program with us from 24th March 2022 till 20th June 2022.
During the internship, she was part of the Underwriting Team and has worked on the project "Data Conversion – Tele MER" at ABHICL

We take this opportunity to wish her all the best in her future endeavors.

Thanking you,

Yours sincerely,

For **Aditya Birla Health Insurance Company Limited.**

Gaurav Dwivedi,
Head - Corporate HR

CERTIFICATE

This is to certify that Dr. Minali Mathur in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her/his internship at Aditya Birla Health Insurance Co. Ltd. MBC Thane during March 24, 2022, to June 20, 2022.

Place: Thane west, Maharashtra

Date: 28th June 2022

Preceptor/Head of the Organization

Name of the organization: Aditya Birla Health Insurance

CERTIFICATE

This is to certify that dissertation titled Improving Tele-MER Conversion TAT at Aditya Birla Health Insurance Co. Ltd. MBC Thane is a record of the research work undertaken by Dr. Minali Mathur in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

ABSTRACT

Tele-MER is a process of doing telemedical check-ups by just contacting on phone calls by the doctors. All details and information about customer's family disease history, his/her personal medical history if any must tell over the phone call made at the given time by the customer. If the disclosed information is false, then insurance companies can reject the application for the policy.

For every company to grow they need to enhance their service, hence for this they always try to issue policies within a particular time. This study helps in understanding the process of the Tele-MER at Aditya Birla Health Insurance and identifies the turn-around time for Conversion of Tele-MER and identifies the factors affecting the TAT to improve it.

Rationale:

When customer buy a policy, he/she wants the issuance of policy as early as possible. To do so insurance companies require to have less turnaround time at every step from when request has entered to final issuance of policy. Thus, this study was required to determine the factors affecting Tele-MER conversions to manage or eliminate the ones which are decreasing the conversions, which will lead to improve turnaround time of issuing of policy too.

Methodology:

The study was based on observation of process and the functioning of underwriting team by working in office daily for 9 hours a day. Other than this the study was done on secondary data to quantify the turnaround time of Tele-MER by each Partner by using MS excel.

Key Results:

Average turnaround time is found to be T3 days. Partner 1 conversion TAT is high than that of partner 2 and 3. Discrepancies are increasing though Partner 2 raised least discrepancies. March was the month with high conversion and low not converted and discrepancies.

Conclusion:

The turnaround time for Tele-MER conversion can be decreased by doing modifications in the process and managing the data, also by doing in house Tele-MER that is Tele-MER calling from the doctors hired by ABHI.

ACKNOWLWDGEMENT

Above all, I acclaim and express my thankfulness to the God, for his showers of endowments all through my research work to finish the task effectively.

I express my gratitude to Aditya Birla Health Insurance Co. Ltd. for giving me the opportunity to carry out my internship, which helped me to understanding about the working of a private insurance company. I perceived this opportunity as a challenging and significant step towards my career development and strived to gain skills and knowledge in the best possible manner. I thank Dr Pallavi Chitnis (Head of Retail Underwriting Department) for allowing me to work on real time data and getting hand on experience.

I am grateful to my mentor Ganesh Pawar (Manager) Retail Underwriting Department. Aditya Birla Health Insurance Company Limited, who guided and enlightened me at each step of the project with his valuable ideas and insights that facilitated the successful completion of my project.

I am extremely thankful to my mentor Dr Piyusha Majumdar (Assistant Professor. IIIIMR University. Jaipur) for her valuable feedback and constant support for improving my project report and for always being available for clearing my doubts. I thank the IIHMR University for providing the platform to explore and learn practical aspects of the insurance industry.

I am grateful to my parents for their love, really focusing and forfeits on instructing and structuring me up for my future. I am particularly thankful to all my well-wishers for their adoration, getting, supplications and proceeding with help to finish this exploration work.

Dr. Minali Mathur

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Abbreviations

S. no.	Abbreviation	Full forms
1	TPA	Third Party Administrator
2	IRDAI	Insurance Regulatory and Development Authority of India
3	KYC	Know Your Customer
4	PPMC	Pre Policy-Medical Check-up
5	BMI	Body Mass Index
6	STP	Straight Through Process
7	NSTP	Non-Straight Through Process
8	CRM	Customer Relationship Management
9	TAT	Turnaround Time
10	IT	Information Technology
11	UW	Underwriting
12	Tele	Telephonic
13	MER	Medical Examination Report
14	TM	Tele-MER
15	DOB	Date Of Birth
16	MIS	Management Information System

INTRODUCTION

Insurance: Insurance is a contract to indemnify another person for loss, damage or liability arising from an unspecified event. Compensation means making a person whole by restoring the person to the same financial condition as they existed before the loss.

Health Insurance: The policy which covers medical expenses you may incur if you become ill or injured is called health insurance. If you experience a medical emergency and it is covered by your health insurance plan, the medical costs are covered by the insurance company.

Underwriting: It is process in which an individual or company takes up risk on the bases of some amount. Basically, it is the process of measuring risk for the company on the bases of terms and conditions.

Type of underwriting:

1. Field underwriting
2. Medical underwriting
3. Financial underwriting
4. Re - underwriting

Medical Underwriting: When you apply for health insurance coverage the insurance companies determine whether to offer you coverage or not and if yes then at what price, and with what exclusions or limits on the bases of your health status this process of figuring out whether to issue or not issue the policy comes under medical writing.

Pre-Policy Medical Check-up (PPMC) is a set of medical investigations which are required before accepting and providing coverage to a potential policyholder by health insurance companies.(1)

Underwriters assess the degree of risk of insurers' business.

MER: Medical Examination Report and TELE: telephone hence Tele-MER are the reports generated through telephonic conversations.

In 2016 Regulation of IRDAI (Third Party Administrators - Health Services) Health Services by TPA were the services specified.

Distance Marketing of Insurance Products guidelines are issued in exercise of the powers conferred upon the Authority under Section 14(1) of the IRDA Act, 1999 to protect the interests of the policyholders and to regulate, promote and to ensure the orderly growth of the insurance industry.(2)

1) Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes:
   a) Voice mode, which includes telephone-calling.
   b) Short Messaging service (SMS).
   c) Electronic mode which includes e-mail, internet, and interactive television (DTH).
   d) Physical mode which includes direct postal mail and newspaper & magazine inserts; and,
   e) Solicitation through any means of communication other than in person.

These Guidelines cover distance marketing activities of insurers/brokers and corporate agents (with specific approval of insurers) at the stages including offer, negotiation as well as conclusion of sale.

2) These Guidelines are specifically applicable in case of the following activities in addition to other similar activities:
   a) Use of distance mode for ascertaining the client's intent to purchase insurance.
   b) Solicitation as well as sale over the distance mode.
   c) Lead Generation; and,
   d) Requests by clients seeking information or sale of insurance products. (2)

As the technology increasing so the adoption of these technologies by different industries. Insurance sector is also running with the new technologies and adapting to new era of digitalisation. And Tele- MER is one of the steps towards it.

Its importance and requirement during Covid pandemic become crucial when people were on no contact mode, and everything were online. Tele-MER is one of the important steps as it is the direct contact with customers to know their medical status by professionals(doctors).

The awareness of people are now more about the requirements of health insurance in their life and want to enjoy their benefits. As people learn more about health policies, health insurers have also improved their offerings by adding more features and relaxing some rules.

NEED OF STUDY:

When customer buy a policy, he/she wants the issuance of policy as early as possible. To do so insurance companies require to have less turnaround time at every step from when request has entered to final issuance of policy. Thus, this study was required to determine the factors affecting Tele-MER conversions to manage or eliminate the ones which are decreasing the conversions, which will lead to improve turnaround time too.

Review of Literature

Title	Author	Overview
All About Telemedical Check-Ups for Term Insurance During COVID-19	Published On Jul 10, 2021, 5:00 AM By InsuranceDekho	• The Covid - 19 pandemic has changed loads of things in life exclusively and in various areas. Notwithstanding, all areas have made changes according to government rules into their arrangements and rules. KYC procedure to open a new account in several Indian banks shifted from the traditional visit to a branch to online video conferencing. Numerous insurance agency like Max Bupa, HDFC Ergo, Tata AIA additionally presented telemedical examination administrations for term insurance contracts. • The clinical trial predominantly included weight and height estimations for Body Mass Index (BMI), urine tests, cholesterol, complete blood count, differential count, fasting plasma glucose and HIV I and II. Also, extra tests can be directed by your age, total guaranteed, family background of ailment and the sort of the bought term insurance contract. • A telemedical examination is finished through a call with the specialist rather than actual

		meetings. The life insurer needs to give the specialist all subtleties and data about his/her set of experiences of the family infection, any prior sickness, and remedies of past diseases via call made at the pre-chosen time. The insurance contract can dismiss the application assuming it figures out that the uncovered data is bogus. This office has guaranteed the coherence of the insurance contracts without uncovering specialists and policyholders to the danger of the Covid-19 infection.(3)
Online sales, contactless underwriting game changer for insurance sector in COVID times	MAY 21, 2021 / 03:06 PM IST, M SARASWATHY	• As per the risk norms the pricing of a product is done to ensure this insurance companies always insist on getting a thorough medical check-up. The health of an individual also determines the acceptance of an insurance risk. • Due to COVID-19 and because of lockdown, it was not possible to do medical tests. Hence these tests were replaced by video medical tests. • That's what Pejawar of SBI Life said, at the organization, there are huge non-clinical cut-off points followed by limits for tele-

		confirmations. Clinical trials are not obligatory much of the time, he added. Phone based check is more normal. This is where a clinical expert would get on a call with the proposed policyholder and evaluate his/her ailments. • **Mayank Bathwal,** CEO, Aditya Birla Health Insurance, said that pre-approach appraisal is made more client agreeable as they have sent tele-guaranteeing. So potential clients need not go through actual tests for the greater part of the items. As most of the test centres were closed during lockdown and customers were hesitant to go for medicals, we have waived off medical tests and replaced them with tele-medical underwriting for most of our products. Customers can easily sit in the comfort of their homes and provide us with the required risk-related data, he said(4)
Enhancing e-CRM in the Insurance Industry by Mobile e-Services.	January 2005, Andreas Schobert, Freimut Bodendorf	• With clients progressively requesting full-scale arrangements, insurance agency is increasingly more compelled to build their arrangement of items and administrations persistently. As clients likewise expect similar quality and assortment of administrations on each

		conveyance channel, insurance agency needs to track down ways of introducing the ideal help at the perfect second and with flawless timing. • One chance to address this difficulty is to utilize versatile innovation introducing administrations to the client. The paper presents a methodology how to foster e-administrations and plan client contacts with the utilization of versatile innovation. Fundamental parts of versatile client relationship the board in the protection business are portrayed first. After that a technique for creating and arranging administration contacts utilizing portable innovation is introduced.(5)
Evolution of Underwriting and The Introduction of Telemedical Insurance	29 April 2020, VAIDYANATHAN RAMANI	• However, the actual clinical examination could be significant in realizing the ongoing medical issue of an individual be that as it may, it was not useful in knowing the historical backdrop of a specific illness. This was when guarantors began paying special attention to elective choices for giving strategy to the clients in a productive and financially savvy way, and the response to this was - Tele-guaranteeing.

		• Tele-underwriting is the process which is used by insurance companies to make take decisions on the bases of the tele-interview and the recorded telephone interview is used to collect risk related information directly from the customers. • This is not only helping insurers to know the actual medical conditions of the patients, but even helping tele-underwriting to reduce the turnaround time so that companies could easily convert a policy seeker to a customer. • IRDAI regulates the tele medical process so customers can completely rely on it.(6)
Health insurance industry: An overview of 2020 and outlook for 2021	Dec 31, 2020, 06:20 PM IST, Ajay Shah	• Lockdown limitations implied working with clinical examination was as difficult and even not possible in many cases. To defeat these difficulty, insurers started giving examinations through Tele-MER which are kept telephone interviews directed by proposers in get-together gamble related information and the clinical history of candidates.(7)

Methodology

RESEARCH QUESTION:

What are the factors affecting Tele MER conversions TAT in underwriting department at Aditya Birla Health Insurance?

OBJECTIVES:

- To study the process of Tele-MER in Aditya Birla Health Insurance.
- To assess the conversion rate of Tele MER.
- To find out the factors affecting the Tele MER conversion.

MATERIAL AND METHODS:

SETTING: Department: Retail Underwriting at Aditya Birla Health Insurance office Thane, Maharashtra

Aditya Birla Health Insurance Co. Limited (ABHICL), a part of Aditya Birla Capital Ltd. (ABCL), is a joint venture between Aditya Birla Group and MMI Holdings of South Africa.

Research Design: Descriptive

STUDY POPULATION: Customers of ABHI.

DURATION OF STUDY: 3 months (data collection and observation 08-04-22 to 31-05-22)

SAMPLING TECHNIQUE: Convenient Sampling

SAMPLE SIZE:

Partner	No. of cases
1	**16998**
2	**12351**
3	**19216**

DATA COLLECTION PROCEDURE:

Through the company portal and observation at the ABHI office thane.

DATA ANALYSIS PLAN: Ms Excel

RESULT:

The research is conducted to understand the process of Tele-MER, assessment of conversion rate and factors affecting the Tele MER conversions at Aditya Birla Health Insurance.

Process of Tele-MER in Aditya Birla Health Insurance

The proposal form is filled by the proposer for an insurance policy, after this the proposal form data is inserted into the system, by pre decided parameters the system decides which cases are STP and which are NSTP. STP cases are issued directly by the system that is why they are not send to underwriting or Tele-MER bucket. When the prosper disclosed about some pre medical disease in proposal form or requires medical tests or the same/due to different reasons or financial evaluation as per client profile and company guidance those cases are send to UW or Tele-MER bucket and these cases are called NSTP cases. To extracts the proposal number from the system a person is assigned who allocates cases to underwriters or Tele-MER buckets.

The cases when come to Tele-MER bucket:

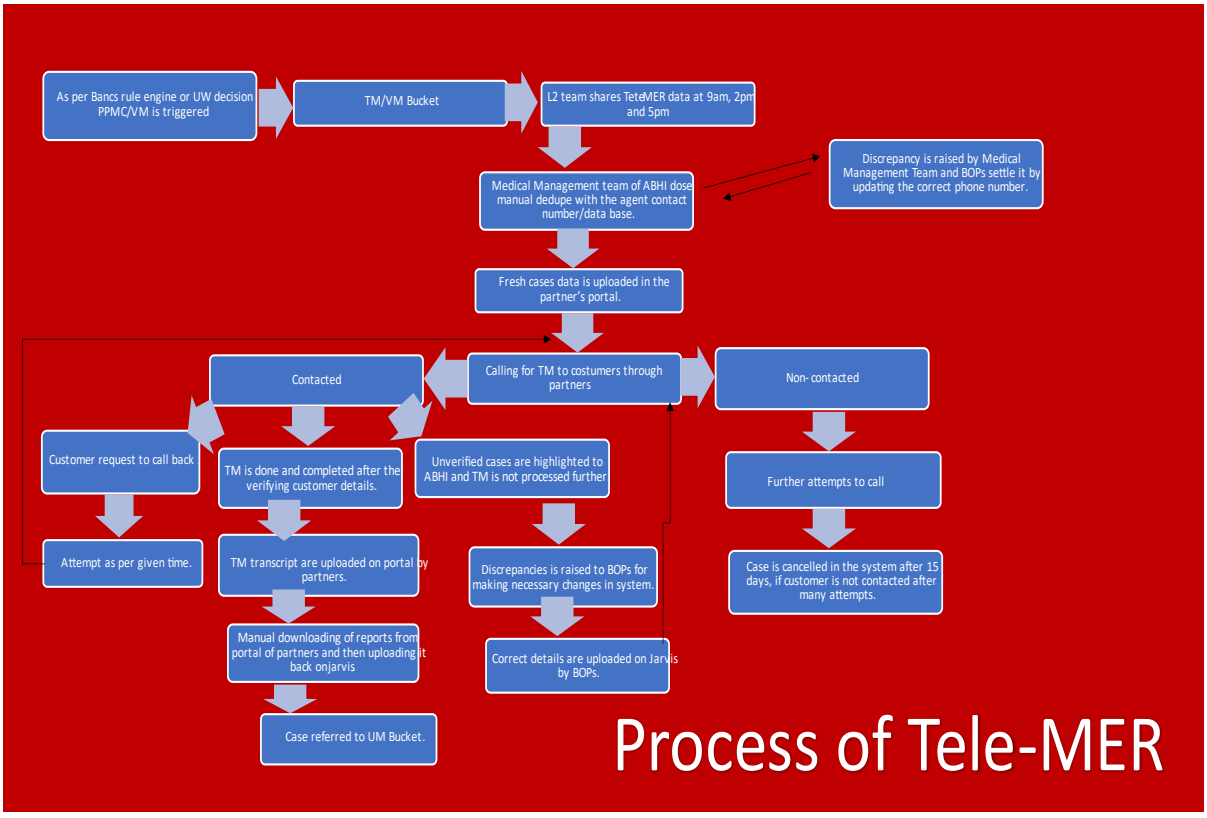

Figure 1

The data of cases are shared thrice with the team at 9am, 2pm, and 5pm, sometime this data also shared forth time at 7pm specially in the month end. After this medical management team of ABHI dose manual dedupe with the agent contact number/data base. Fresh cases data is uploaded in the partner's portal or Discrepancy is raised by medical management team and BOPs settle it by updating the correct phone number. Then calling for TM to costumers through partners starts. If costumer gets in contact than there can be three circumstances

1. TM is done and completed after the verifying customer details. TM transcripts are uploaded on portal by partners. Manual downloading of reports from portal of partners and then uploading it back to Jarvis. Case gets referred to UW bucket.
2. Unverified cases are highlighted to ABHI, and TM is not processed further. Discrepancies are raised to BOPs for making necessary changes in the system. Correct details are again uploaded in the system and then the case is again sent to partner's portal.
3. Customer request for call back. Call is made on the given time.

If contact with customer is not possible then reattempts are done and if after many attempts customer is not reachable then case, get cancelled from the system within 15days.

Right now, ABHI depends upon 3 TPA partners (we named them partner 1,2 and 3) for doing Tele-MER hence, the TAT of Tele-MER depends on the TAT of each partner. Thus, we compared the conversion TAT of all 3 partners along with the monthly (January to April) TAT of each of them.

While evaluating Tele MER conversions TAT in underwriting department at Aditya Birla Health Insurance had following outcomes based on 3 TPA partners.

There is total 16998, 12351 and 19216 cases which were given to partners1, 2 and 3 respectively in last 5 months. Out of which 90 or more percent cases got converted by all the partners. 2 to 5 percentage of discrepancies were raised, and almost similar percentage is of the cases which are not converted.

Table 1: From total 16998 cases in last 5 months 15686 cases got converted from partner 1.

Partner 1						
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Grand Total**
converted	3614	3324	4128	2214	2406	15686
Discrepancy	112	138	131	112	184	677
not converted	137	155	131	79	133	635
Grand Total	**3863**	**3619**	**4390**	**2405**	**2723**	**16998**

Table 2: From total 12351 cases in last 5 months 11724 cases got converted from partner 2.

Partner 2						
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Grand Total**
Converted	2211	2000	3342	2262	1909	11724
Discrepancy	38	59	88	49	61	295
Not converted	85	48	76	45	78	332
Grand Total	**2334**	**2107**	**3506**	**2356**	**2048**	**12351**

Table 3: From total 19216 cases in last 5 months 18015 cases got converted from partner 3.

Partner 3						
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Grand Total**
Converted	3580	3827	4822	2702	3084	18015
Discrepancy	67	182	171	94	143	657
Not converted	164	125	122	44	89	544
Grand Total	**3811**	**4134**	**5115**	**2840**	**3316**	**19216**

Figures 2, 3 and 4 show the converted cumulative percentage of partner1,2 and 3 respectively, in last five months that is January, February, March, April and May of year 2022.

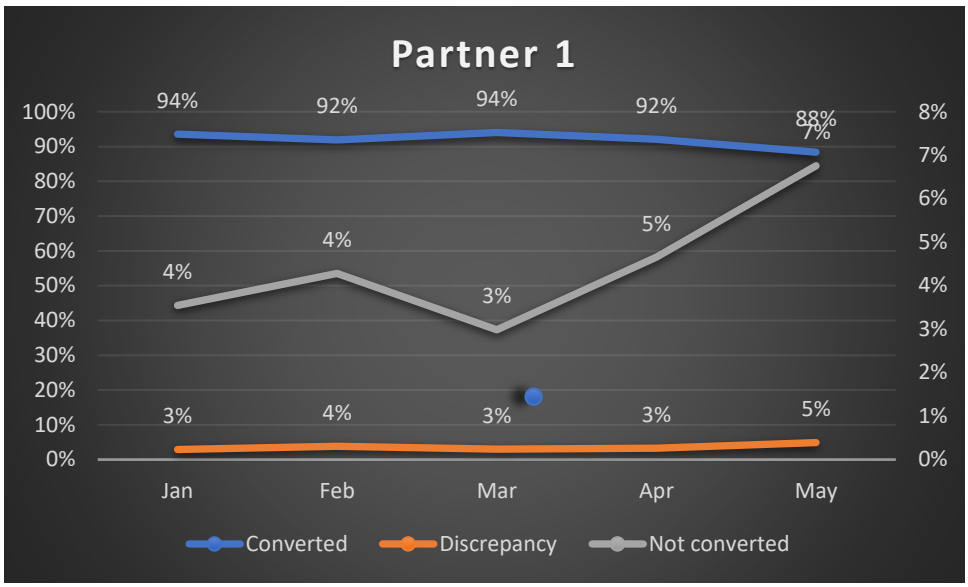

Figure 2: out of 16998 cases 15686 cases got converted, 677 discrepancies were raised and 635 not converted by partner 1.

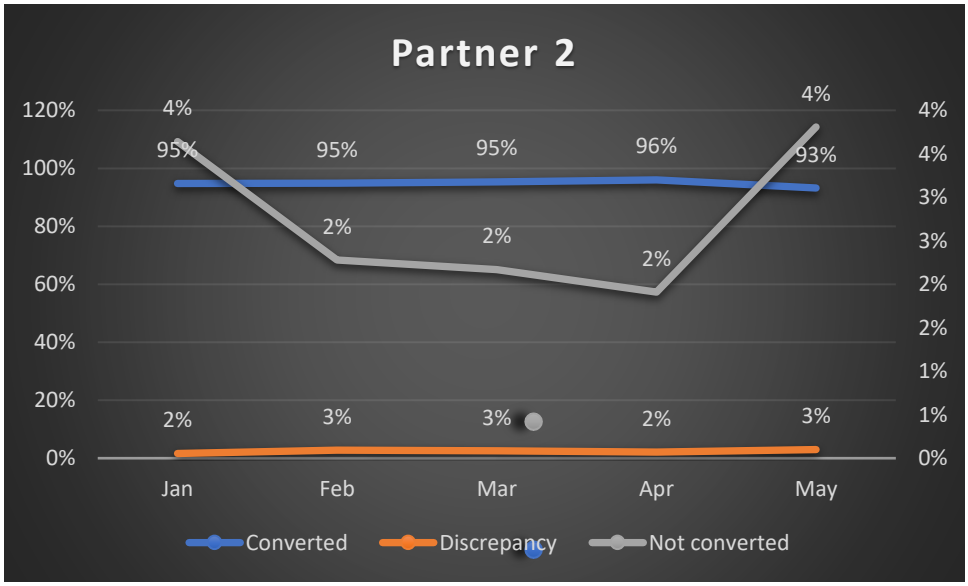

Figure 3: out of 12351 cases 11724 cases got converted, 295 discrepancies were raised and 332 not converted by partner 2.

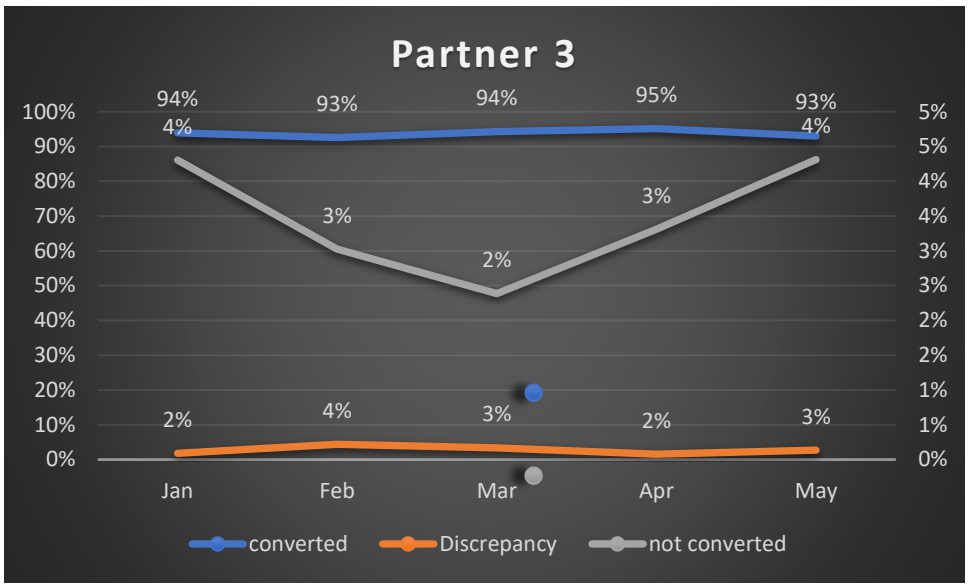

Figure 4: out of 19216 cases 18015 cases got converted, 657 discrepancies were raised and 544 not converted by partner 3.

The 3 tables representing conversion TAT of partners 1, 2 and 3. TAT has been analysed on the bases of T- Day = Tele-MER completed on same day, T1 = Completed within next one day, T2 = Completed within next 2 days, T3 = Completed within next 3 days and > T3 = Completion took more than 3 days.

Table 4: out of 15686 converted cases only 2316 cases get converted on the day it gets uploaded on the portal of partner 1.

Conversion TAT of Partner 1						
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Grand Total**
T day	257	214	150	840	855	2316
T1	2427	2113	2587	699	968	8794
T2	393	400	644	244	223	1904
T3	129	141	220	124	124	738
> T3	408	456	527	307	236	1934
Grand Total	**3614**	**3324**	**4128**	**2214**	**2406**	**15686**

Table 5: out of 11724 converted cases 7093 cases get converted on the day it gets uploaded on the portal of partner 2.

Conversion TAT of Partner 2						
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Grand Total**
T day	1027	1043	2103	1494	1426	7093
T1	432	383	538	344	249	1946
T2	224	176	193	147	78	818
T3	116	97	116	65	40	434
> T3	412	301	392	212	116	1433
Grand Total	**2211**	**2000**	**3342**	**2262**	**1909**	**11724**

Table 6: out of 18015 converted cases 12274 cases get converted on the day it gets uploaded on the portal of partner 3.

Conversion TAT of Partner 3						
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Grand Total**
T day	2607	2429	3292	1856	2090	12274
T1	458	614	743	381	503	2699
T2	109	199	210	109	119	746
T3	53	127	97	58	67	402
> T3	353	458	480	298	305	1894
Grand Total	**3580**	**3827**	**4822**	**2702**	**3084**	**18015**

Conversion TAT percentage are given in the figure 5, 6 and 7 of partner 1,2 and 3 respectively.

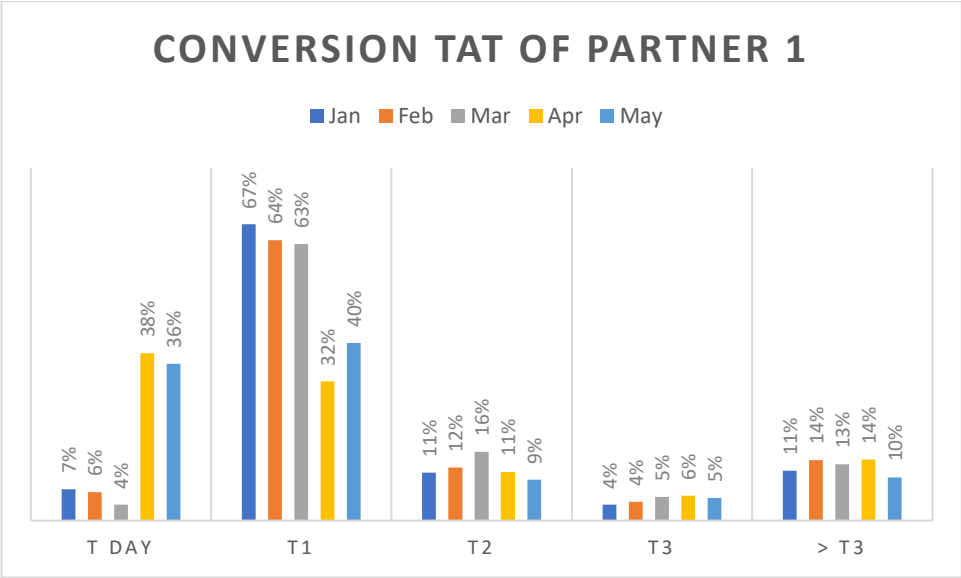

Figure 5: Maximum cases are getting converted in T1 days (almost 70%) by partner 1. N=15686

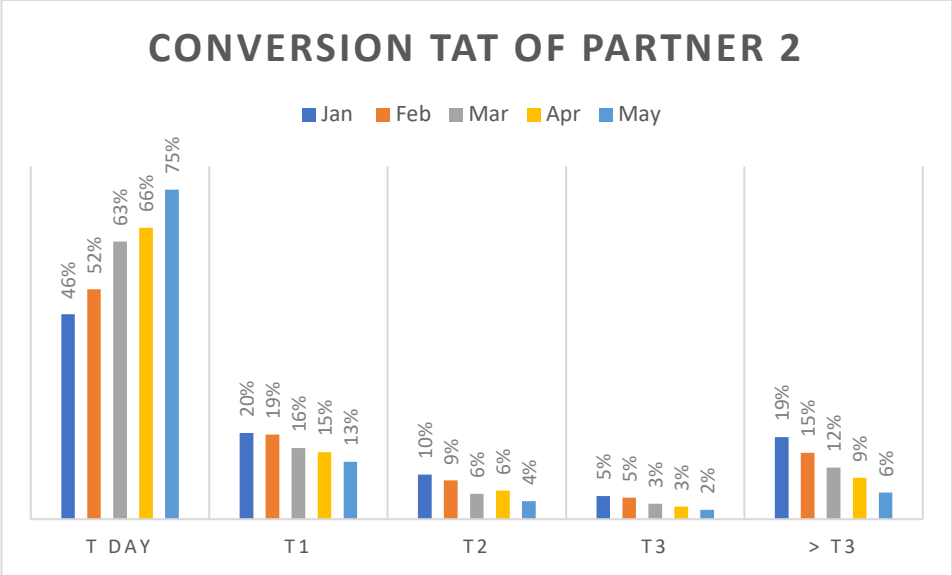

Figure 6: Maximum conversion get completed on the T-day (almost 75% in May month) by partner 2. N=11724

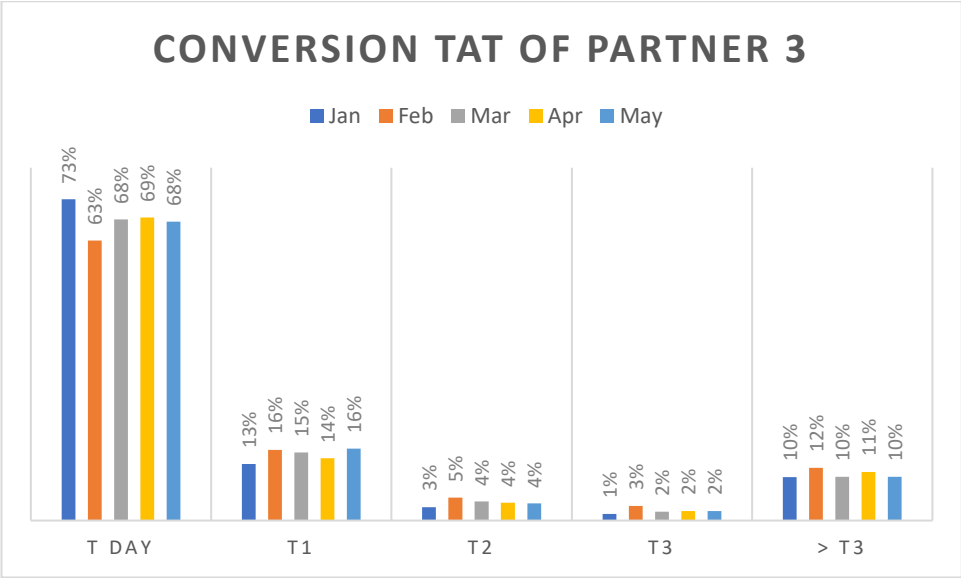

Figure 7: Maximum cases get converted in T-day (almost 73% in month of Jan) by partner 3. N=18015

Discrepancy is lack of agreement, and here those agreements are usually incorrect date of birth, name mismatch, gender mismatch, phone number change, TM done already, want to cancel the policy.

Figures 8, 9, and 10 shows Pareto chart of Discrepancies which are raised during Tele-MER by each of the partner.

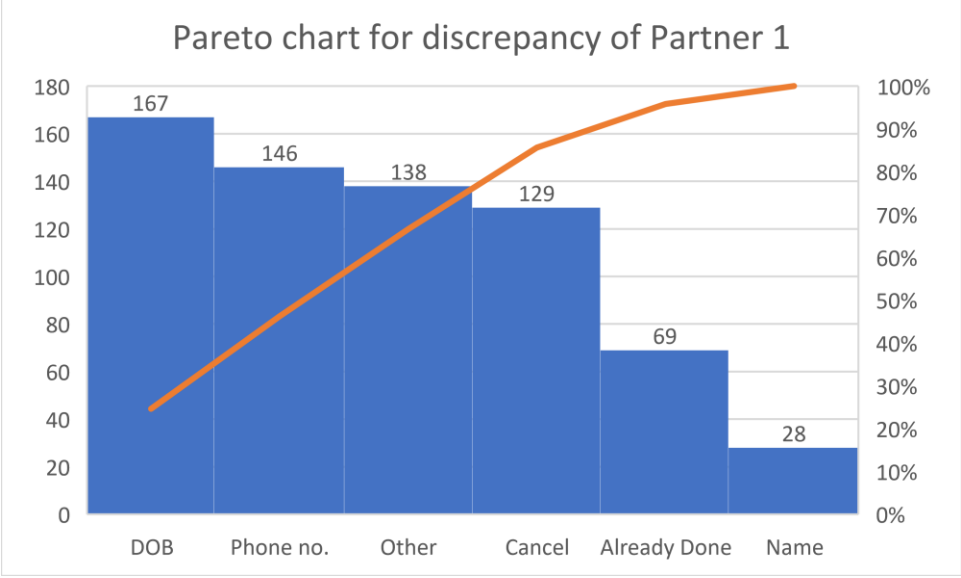

Figure 8: out of 677 discrepancies raised DOB discrepancies are maximum in 5 months.

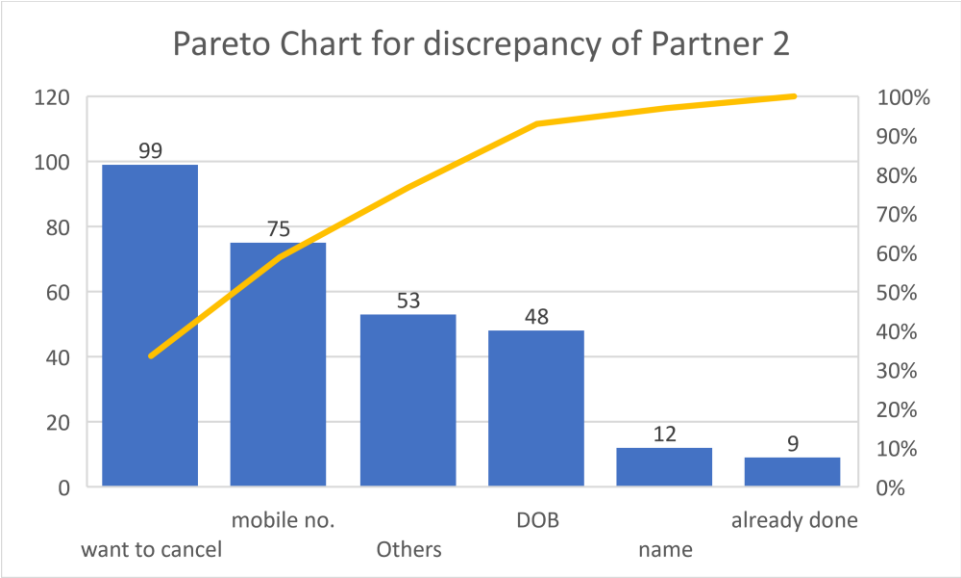

Figure 9: out of 295 discrepancies raised want to cancel policy discrepancies are maximum in 5 months by partner 2.

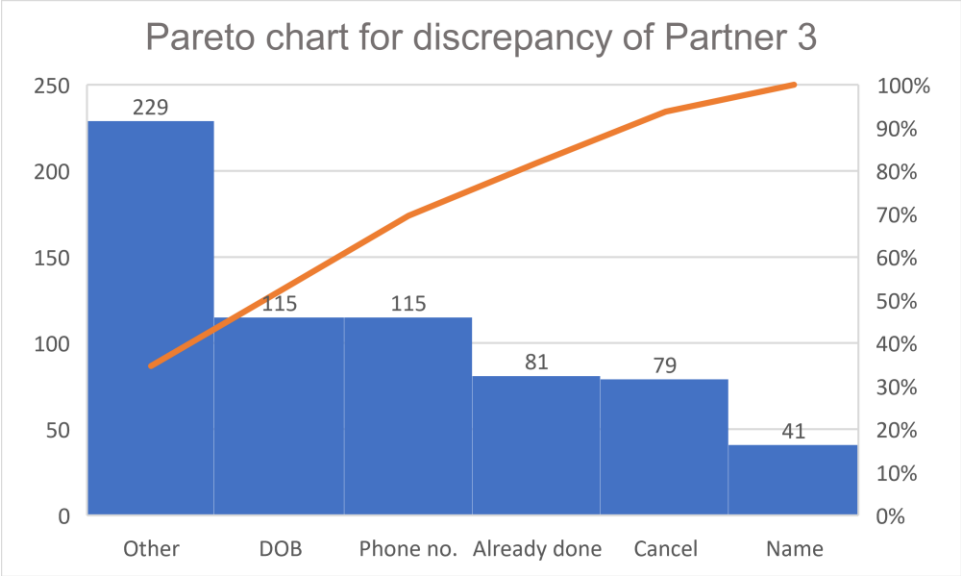

Figure 10: out of 657 discrepancies raised other (gender mismatch, change in proposer name, etc.) discrepancies are maximum in 5 months by partner 3.

Factors affecting TAT of Tele-MER other than discrepancies which are observed and discussed with other co-employees while working in the office are:

- Excel Maintains: manual maintain of excel sheet take lots of time and increase the risk of error.
- IT Issues
  - Slow working of Jarvis specially in month end.
  - System updates
  - laptops/desktops or outlook stop working
  - Bugs (tickets are shown resolved but they are not)
- Real Time delay
  - Manual Uploading
  - Tab Movements
  - Late upload of data from back hand.

DISCUSSION

On the base of observations and data analysis, we can perceive that partner 2 has the best conversion cumulative percentage and it was constant from January to march and then raised in April but got down in May. The other two partners have same (94%) for January and March but for partner 1 for February and April has (92%) and dropped down to (88%) in May. Partner 3 conversion cumulative percentage for February and May was 93% while in April it was 95%.

Though the conversion percentage is showing great but there is raise in discrepancy if we compare month wise from 2% it has gone to 5% but study also show that there is reduce in not converted percentage till march and after March it again raised by almost similar percentage as it was in January for partner 2 and 3 but it increased even more than January for partner 1 that is 7% in month of May.

Although cumulative percentage give us a good figure to productivity but when these percentage are disfigured into T-day, T1, T2, T3 and >T3 we get the actual TAT Day wise. From the analysis we could interpretate that only partner 2 has maintained the continuity to raise the completion percentage on T-day as it started from 46% in January to 75% in May. Though partner 1 too have shown progress in completion on T-day as it was only 7% in January and 36% in May but still it is very low. Unlike other two partner V had best completion percentage in January 75% which decreased to 68% in May.

If we take discrepancies in consideration partner 2 raise least discrepancy. Maximum discrepancies are of Date of birth (DOB) followed by phone/mobile number and minimum is of Name mismatch. In other discrepancy include Customer refuses to share information, Insufficient Details to Complete the Case, change in proposer name, customer do not want to share information on call, gender mismatch, etc. These discrepancies are one of the reasons in delay of TAT because to resolve the discrepancy too take its time which should ideally T1 day, but it is observed that it takes a week sometime.

Other than these discrepancies the manual maintains of excel and download and upload of reports in different portals cause delay and error. IT issues are another reason which increases the TAT.

CONCLUSION

The turnaround time for Tele-MER conversion can be decreased by doing modifications in the process and managing the data, also by doing in house Tele-MER that is Tele-MER calling from the doctors hired by ABHI.

RECOMMENDATION

On the bases of observations and inferences from data analysis, the company could incorporate following changes which will help in improving the process and reducing turn-around time.

- Educating the employs about the Jarvis cash file which get collected and hence many times result in slow working of Jarvis.
- Coordinating with IT to fix the issues as soon as possible as it sometime takes one whole day to resolve a small IT issue. Person could assign per department who will resolve the IT issues of all the members of that department.
- Manual handling leading to real time delay can be resolve by updating of system and reducing the handling specially the uploading and downloading of reports.
- Frequent monitoring of discrepancy raised to get it resolve it in less time. Also educating the branch teams about the importance of early clearance of discrepancy.
- To reduce time which get wasted in uploading and downloading the file from one portal in-house Tele-MER can be started to keep the reports in one system, or those transcripts could directly upload in the system by the person appointed by ABHI.
- Maintenance of daily MIS in excel from the raw data by IT is difficult and consume lot of time for this automated excel sheets should be created.
- Coordination with TPA partners on the day-to-day bases along with daily random audits help in increasing conversion rate and decrease in conversion TAT.

REFERENCES

1. Pre-Policy Medical Check-Up and Tests Under Health Insurance [Internet]. [cited 2022 Jun 16]. Available from: https://www.acko.com/health-insurance/pre-policy-medical-checkup-and-tests/

2. Guideline [Internet]. [cited 2022 Apr 13]. Available from: https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo1094

3. All About Telemedical Check-Ups For Term Insurance During COVID-19 [Internet]. [cited 2022 Jun 16]. Available from: https://www.insurancedekho.com/life-insurance/news/all-about-telemedical-check-ups-for-term-insurance-during-covid-19-1675

4. Online sales, contactless underwriting game changer for insurance sector in COVID times [Internet]. [cited 2022 Jun 16]. Available from: https://www.moneycontrol.com/news/business/economy/online-sales-contactless-underwriting-game-changer-for-insurance-sector-in-covid-times-6921971.html

5. Enhancing e-CRM in the Insurance Industry by Mobile e-Services. | Request PDF [Internet]. [cited 2022 Jun 16]. Available from: https://www.researchgate.net/publication/220916049_Enhancing_e-CRM_in_the_Insurance_Industry_by_Mobile_e-Services

6. Evolution of Underwriting And The Introduction Of Telemedical Insurance [Internet]. [cited 2022 Jun 26]. Available from: https://outlookmoney.com/insurance/evolution-of-underwriting-and-the-introduction-of-telemedical-insurance-4702

7. Health Insurance Industry: An Overview Of 2020 And Outlook For 2021 [Internet]. [cited 2022 Jun 26]. Available from: https://www.cnbctv18.com/finance/health-insurance-industry-an-overview-of-2020-and-outlook-for-2021-7868711.htm