"A STUDY ON TELE-MER (MEDICAL EXAMINATION REPORT) AT ADITYA BIRLA HEALTH INSURANCE

Submitted by -

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Dissertation submitted in partial fulfilment of the requirements of the degree.

*MBA Hospital and Health Managemen*t

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INDIAN INSTITUTE OF HEALTH MANAGEMENT & RESEARCH

JAIPUR

SIGNATURE_____

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"A study on Tele-MER (tele medical examination report) at Aditya Birla Health Insurance"** is 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.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)

Dr Ridhima Vyas

Date:

CERTIFICATE

This is to certify that Ridhima Vyas 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 internship at Aditya Birla Health Insurance during February 22 - May 19, 2023.

Place: Mumbai

Preceptor/Head of the Organization

CERTIFICATE

This is to certify that dissertation titled **"A study on Tele MER(Tele medical examination report) at Aditya Birla Health Insurance"** is a record of the research work undertaken by Gagandeep Kaur in partial fulfillment 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 her approach to the research study has been sincere, scientific, and analytical.

Dr Nutan P. Jain
IIHMR University, Jaipur
Date

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Date

ABSTRACT

The procedure known as Tele-MER is a rapidly evolving field that allows healthcare providers/medical experts to do telemedicine examinations simply by calling patients. It is a convenient alternative to traditional face-to-face consultations, especially during the COVID-19 pandemic. This requires details regarding the client's personal medical history, including any family history of sickness, over the phone at the designated time by the customer. In-house tele-medical examination process have their own medical expert team at the organization whereas in third party tele-medical medical process Third party is hired for tele medical verification.

In-house and third-party Tele-MER- A report from a telemedical examination is a written account of the findings and outcomes of a medical examination that was carried out remotely or via telemedicine. Telemedicine is the practice of providing healthcare remotely via communication technologies, such as video conferencing or internet platforms.

In this process the organization hires medical experts in house for completing medical verification whereas in third party the medical experts are from third party from which the organization has signed contracts with.

Aim and objectives-this study aims to study the process of in-house tele MER at Aditya Birla Health Insurance with identifying the factors that contribute to differences in quality between the two types of Tele-MER that are followed at the organization and also compare the quality (time taken) of tele-medical examination reports done in-house and by a third party at Aditya Birla Health Insurance. This study also approaches in comprehending the Aditya Birla Health Insurance Tele-MER process, identifies the TAT (Turn Round Time) for Tele-MER conversion, and finds the elements influencing the TAT to enhance it.

Methodology- This study is based on observation of process and functioning of in-house tele MER done by medical experts for 9 hours at Aditya Birla Health Insurance and Tele MER done by Third Party via vendors. This study will use a qualitative research approach, focus group discussions with healthcare professionals. The study will be conducted over a period of three months.

Key Results- Based on observations and comparisons drawn between in-house and third party it can be clearly stated that that introducing in-house Tele-MER leads to reduction in TAT, gives fasts underwriting decision, better quality of calling done, medical experts can be directly supervised and gives better output.

ACKNOWLEDGEMENT

"The goal of education is the advancement of knowledge and the dissemination of truth."

-John Fitzgerald Kennedy

I hereby owe the completion of this dissertation work to the Almighty and Family whose love and blessings have been with me in every walk of life.

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

I am extremely thankful to my mentor Professor Nutan P. Jain (IIHMR University, Jaipur) for her valuable feedback and constant support for improving my project report and for always being available to clear my doubts. I thank the IIHMR University for providing the platform to explore and learn practical aspects of the insurance industry.

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Sincerely,

Dr. Ridhima Vyas

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ABBREVIATIONS

Abbreviations	Full Forms
ABHI	Aditya Birla Health Insurance
ABHICL	Aditya Birla Health Insurance Co. Limited
BMI	Body Mass Index
CRM	Customer Relationship Management
DOB	Date of Birth
IRDAI	Insurance Regulatory and Development Authority of India
IT	Information Technology
KYC	Know your customer
MER	Medical Examination Report
MIS	Management Information System
MMI	Momentum Metropolis and Development Authority of India
NSTP	Non-Straight through Process
PPMC	Pre Policy-Medical Check up
STP	Straight through Process
TAT	Turn Around Time
Tele	Telephonic
TM	Tele-MER
TPA	Third Party Administrator
UW	Under-Writing

1. INTRODUCTION-

Insurance-Insurance is a contract, represented by a policy, in which a policyholder receives financial protection or reimbursement against losses from an insurance company. The company pools clients' risks to make payments more affordable for the insured. Most people have some insurance: for their car, their house, their healthcare, or their life.

Health Insurance- Health insurance is a type of insurance that covers medical expenses that arise due to an illness. These expenses could be related to hospitalisation costs, cost of medicines or doctor consultation fees.

Types of Health Insurance

There are two basic types of health Insurance-

1. Mediclaim Plans- Mediclaim or hospitalisation plans are the most basic type of health insurance plans. They cover the cost of treatment when you are admitted to the hospital. The pay-out is made on actual expenses incurred in the hospital by submitting original bills. Most of these plans cover the entire family up to a certain limit.

2. Critical Illness Insurance Plans- Critical Illness Insurance Plans cover specific life-threatening diseases. These diseases could require prolonged treatment or even change in lifestyle. Unlike hospitalisation plans, the pay-out is made on Critical Illness cover chosen by the customer and not on actual expenses incurred in the hospital. The cover gives the flexibility to use the monies for changing lifestyle and medicines. Also it's a substitute for income for the time you could not resume work due to illness. Pay out under these plans are made on the diagnosis of the disease for which the original medical bills are not required.

Health insurance broadly includes the following-

1. Underwriting
2. Claims
3. Provider Network
4. Managing Fraud and abuse

Underwriting- It is the process of assessing the risk of an individual organization and determining whether to accept or reject an application for insurance, investment, or credit.

The underwriting process involves analysing a variety of factors, such as the applicant's creditworthiness, financial history, and potential risks associated with the product or service being offered. Underwriting process plays a crucial role in managing risk and ensuring the financial stability of the organizations that engage in these activities.

Underwriters assess the risk of insuring a particular person, property, or business, and determine the appropriate premiums to charge based on their level of risk.

Types of underwriting are-

1. Medical Underwriting
2. Financial Underwriting
3. Tele Underwriting
4. Technical Underwriting

Medical Underwriting-Medical underwriting is the process of evaluating an application for health insurance coverage by examining the applicant's medical history. The price of coverage is determined by the risk factors of the applicant.

Depending on the insurance company's policies and on federal and state regulations, medical underwriting for high-risk candidates may lead to exclusion of coverage for certain conditions, denial of coverage altogether, or coverage offered only at a very high price. Medical underwriting also is practiced in determining individual rates for life insurance and disability insurance policies.

Financial Underwriting-Financial underwriting is the process of evaluating whether the sum assured proposed by the insured is in line with the family requirements or not.

Financial underwriting is defined as the analysis whether the sum assured that the proposer has chosen is in line with the future goals and objectives. Life insurance companies deploy the underwriters to check whether the collected information about the policyholder and the requirements is correct or not. Their job of financial underwriting is to establish how profitable the business will be after accepting the proposed risk.

Field Underwriting- Field underwriting refers to the initial decision an insurance agent or producer makes about a potential client's ability to meet the insurer's underwriting requirements. The agent decides after performing an initial evaluation of the asset or person.

Technical Underwriting- It is a process in the insurance industry where insurance companies assess and evaluate the risks associated with insuring an individual or an organization. This involves analysing data and information about the insured party, such as their financial status, past claims history and any potential hazards or liabilities.

It's an important step in the insurance process as it helps insurers determine the level of risk involved in providing insurance coverage and set premiums that are commensurate with that risk.

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. Underwriters assess the degree of risk of insurers' business.

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

Steps Involved in The Life Insurance Underwriting Process-

Step 1 - Application Review

Filling the proposal form: Customer's application is first thoroughly reviewed to ensure that all data provided by you is accurate and complete.

Checking one's application: Next, the insurance company will evaluate the application.

In case there is a minor update or alteration to the application, it may not slow down the underwriting process. But, if there are gaps or missing information concerning customer's health or medical history, the underwriting process may take longer.

Underwriting phase: After the application is checked thoroughly, it enters the official underwriting phase.

Step 2 - Financial Underwriting

Financial underwriting will be carried out at this step. The insurance company will ask to submit various documents to assess one's financial needs and check how much cover one is eligible for. Here are some of the documents that are required-

- Salary slips
- Bank statements
- Income Tax Returns (ITRs)
- Aadhar card
- Passport, etc.

The insurance company may also ask for details of other life insurance policies one hold. Once all the documents and details of the policies are submitted, they will determine how much cover to choose under the life insurance policy customer is planning to buy.

Step 3 - Medical Underwriting-

After financial underwriting, the next step involves medical underwriting. Here, the risk present to the insurance company will be assessed based on medical history, lifestyle habits, etc. Undergoing medical tests:

The insurance company may ask to provide some medical details and undergo medical check-ups. These may include -

Basic tests & measurements:

Tests like Treadmill Test (TMT) and measurements like height, weight, blood pressure, etc.

1. Blood test: This will help determine whether one have any potential health problems such as diabetes, cholesterol and low haemoglobin, heart disease, and so on.
2. Drug test: This includes a urine test that will be conducted for a drug panel. This test will inform the underwriter of any drug usage, smoking, alcohol intake, etc.
3. Other tests: To undergo an Electrocardiogram (ECG) to detect any heart disease or cardiac conditions. Then, based on age and declarations made in the proposal form, tests like HIV tests, X-Ray, Liver and Kidney Function tests, etc. are also required. These tests are required for the declaration customer makes while answering/giving the details.

Assessment by the underwriter: After the medical tests, the results are sent to the underwriter for assessment. At this step, the underwriter will thoroughly go through the test results.

Request for additional documents: Underwriters may sometimes request additional documents to know more about the risk profile and lifestyle. They may ask for documents like an inspection report, past medical reports, independent information, etc.

Note - All applicants may not be required to go through a detailed medical examination before purchasing a life insurance policy.

Step 4 - Final Assessment of Application: After the underwriting process is complete and your medical and financial assessment is done, the insurance company will either -

1. **Offer the life insurance policy-** The insurance company will issue the life insurance policy on the same terms and premium.

2. **Make a counteroffer-** Basically, if the risk assessment determines that one is at a higher risk, you may be charged a higher premium (known as loading) for the policy. This is known as a counteroffer. If customer accepts the offer, the life insurance policy will be issued.

3. The underwriting processes can be different for different insurance companies as every insurance company has a different risk-taking capacity. The entire policy issuance process can take anywhere between 10 to 15 days.

4. This, however, may vary based on profile and the insurance company. If the customer is too risky to cover, he/she may not be issued a policy - application may straightaway get rejected. Risk factors that are evaluated in Life Insurance Underwriting.

Here's a list of some risk factors that the underwriter will evaluate. Please note that these factors may vary from insurance company to insurance company.

1. **Age-**The premium of the life insurance policy one is going to buy will majorly depend on age. The young age people are at less risk.
2. **Height & Weight**-Height and weight help the underwriter in calculating Body Mass Index (BMI). BMI can help determine whether weight is in healthy proportion to height. One is more susceptible to diseases if Body Mass Index is greater. As a result, at a higher risk to cover.
3. **Current & Past Medical History-**The underwriter will also look into past and current medical records, prescription history, surgeries or treatments, etc.
4. **Family's Medical History**-Many diseases are genetic in nature. Having a family history of a specific disease or a medical condition raises the chances of contracting that medical condition later in life. So, to gain a thorough picture of customer's health, the underwriter will also look into the health history of immediate family.
5. **Occupation-**Your job is another factor an underwriter will consider in the underwriting process. If you have a risky occupation, for example, if you work in an underground mine or as a firefighter or a construction worker, you will be deemed riskier than someone who works in an office.

6. **Lifestyle Habits**-Last but not least, lifestyle habits will also be evaluated during the underwriting process. The underwriter will want to know about smoke, take drugs, narcotic substances, or drink alcohol on a regular basis. Because smoking, drugs, and alcohol consumption can result in complicated, life-threatening medical issues.

   As a result, higher premiums are charged or application may get rejected altogether if smoking, consuming alcohol, etc are mentioned.

7. Also, people frequently **participating in activities** such as skydiving, paragliding, and other extreme sports, are considered a high-risk applicant.
   Before a life insurance policy is issued, it is underwritten by the insurance company's underwriters.

Retail Underwriting Process-

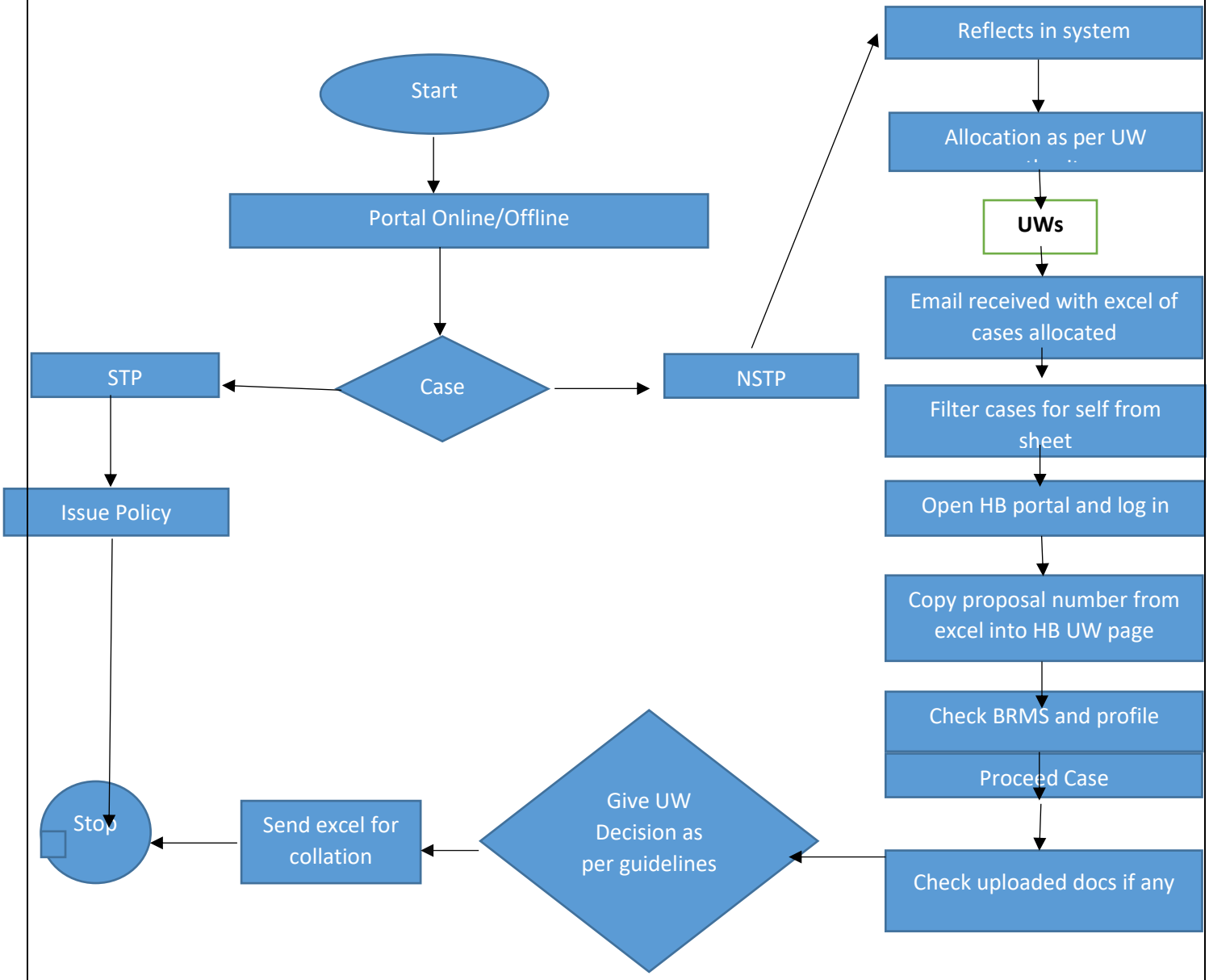

Figure 1- Retail underwriting process flow.

2. ABOUT TELE-MER-

- The procedure known as Tele-MER is a rapidly evolving field that allows healthcare providers/medical experts to do telemedicine examinations simply by calling patients. It is a convenient alternative to traditional face-to-face consultations, especially during the COVID-19 pandemic.
- This requires details regarding the client's personal medical history, including any family history of sickness, over the phone at the designated time by the customer.
- In-house tele-medical examination process have their own medical expert team at the organization whereas in third party tele-medical medical process third party is hired for tele medical verification.
- Every company strives to introduce new rules within a set time frame to improve its services to grow. The procedure of providing a record of the patient's health condition has been made easier with the introduction of Tele-MER, especially in the wake of the pandemic. The goal of this study is to grasp the Aditya Birla Health Insurance Tele-MER process, identify the TAT (Turn Round Time) for Tele-MER conversion, and discover factors that affect the TAT to improve it.
- <u>In-house and third-party Tele-MER-</u> A report from a telemedical examination is a written account of the findings and outcomes of a medical examination that was carried out remotely or via telemedicine. Telemedicine is the practice of providing healthcare remotely via communication technologies, such as video conferencing or internet platforms.
- In this process the organization hires medical experts in house for completing medical verification whereas in third party the medical experts are from third party from which the organization has signed contract with.
- MER: Medical Examination Report and TELE: telephone hence Tele-MER are the reports generated through telephonic conversations.

3. NEED OF STUDY

- This study on telemedical examination reports in-house is a step towards exploring potential benefits of telemedicine in context of health insurance. When customer buys a policy, he/she wants that policy to be active in minimal time.
- Improving the efficiency of the process: By studying the process, one can identify any bottlenecks or inefficiencies in the telemedical examination report process and take steps to streamline it. This can lead to faster processing times and a better experience for customers.
- Ensuring quality control: one must ensure that the telemedical examination reports they receive are accurate and reliable. By studying the process in-house, they can implement quality control measures to ensure that the reports they receive meet their standards.
- Identifying areas of improvement: by analyzing the telemedical examination report process, one can identify areas for improvement, such as training for staff, improving communication with customers or updating technology. This can lead to a better overall experience for customers and improved outcomes.
- To do so insurance companies require to have a less turn-around time (TAT) at every step from in-warding of policy to issue of policy. Thus, this study aims to find if there is a gap in research by comparing the two types of telemedicine services and determining their effectiveness. It is essential to find out whether in-house Tele-MER is more accurate and reliable than those done by third party providers to improve customer care and outcomes.

4. REVIEW OF LITRATURE-

S. No.	Title and Year	Author Name	Objectives	Methodology	Key Results
1	Online sale underwriting game changer for insurance sector in COVID times published on May 21, 2021/ 3:06 PM IST	M. Saraswathy et al	Implement video medical exams, including COVID-related questions, and improve the speed and security of the insurance policy purchase process while ensuring a suitable cooling-off period for COVID-recovered clients.	Conduct a thorough analysis of the body of knowledge, including books, articles, reports from the business world, and case studies, about the effect of COVID-19 on the insurance industry. Data gathering: Compile pertinent information from dependable sources such insurance industry associations, official reports, and market research companies. Interviews with industry specialists, insurance experts, and executives from insurance firms should be conducted. During the COVID-19 epidemic, insurance firms who effectively integrated online sales and contactless	It states that insurance companies usually insist on receiving a comprehensive medical checkup. Pricing is done in accordance with risk criteria to assure this. The acceptance of an insurance risk is also influenced by a person's health. Medical testing was not possible due to COVID-19 and the lockdown. So, video medical tests were used in place of these tests.

				underwriting were chosen as case studies, and they were analysed.	
2	Evaluation of patient and doctor perception toward the use of telemedicine in Apollo Tele Health Services, India published on 2016 Oct-Dec	Rajesh V. Acharya1 and Jasuma J. Rai	To assess the acceptance of telemedicine services by patient and doctor both.	Cross-sectional research on satisfaction with service quality, cost efficiency, and issues faced with healthcare delivered through telemedicine in Apollo Tele Health Services, Hyderabad, Telangana, India, including 122 participants (71 patients and 51 doctors). Each group's data were computed and compared.	The findings of this study indicated that telemedicine in healthcare may be advantageous for patients in remote areas and for Indian rural doctors. Telemedicine might potentially replace in-person patient treatment soon.
3	Applications, benefits, and challenges of telehealth in India during COVID-19 pandemic and beyond: a systematic review published online on on 2003, January 24	Eslavath Rajkumar et al.	To find the applications, benefits, and challenges of telehealth in India during the COVID-19 pandemic and beyond.	The new rules for reporting systematic reviews were followed in structuring this review. To provide a rigorous and repeatable procedure for critically examining the existing literature, a systematic review methodology was used.	India, the second-most populous and seventh-largest country in the world, has significant healthcare difficulties. Due to the negative impacts of the COVID-19 epidemic, the nation's healthcare system was on the verge of disintegrating. During these trying times, telehealth, which permits treating patients

					remotely, was essential. This comprehensive research explores the function of telemedicine during COVID-19 and its use after the pandemic.
4	Enhancing e-CRM in the insurance industry by mobile e-services. January 2005, **Published in** 2005 IEEE International Conference on e-Technology, e-Commerce and e-Service.	Authors- F. Bodendorf, Andreas Schobert	This article's goal is to draw attention to COVID-19's effects on the insurance industry, particularly about the underwriting of policies. This paper's main objective is to explain how using mobile e-services might improve electronic customer relationship management (e-CRM) in the insurance sector.	Research Objectives: Clearly define the research objectives, which may include evaluating the current state of e-CRM in the insurance industry, identifying opportunities and challenges in implementing mobile e-services, and comprehending the effect of mobile e-services on client loyalty and satisfaction. Research Design: Based on the goals of the study, choose the best research design. To collect pertinent data, a combination of quantitative and qualitative research	With customers increasingly demanding full-scale solutions, insurance companies are more and more forced to continuously increase their portfolio of products and services. As customers also expect the same quality and variety of services on every distribution channel, insurance companies need to find ways to present the right service at the right moment and at the right time. One possibility to meet this challenge is to use mobile technology presenting services to the customer. The paper presents an

				techniques may be used. Data Collection: Determine the best ways for collecting data from the insurance industry's experts, clients, and other stakeholders. Examples include surveys, interviews, and focus groups. Create survey questions and interview guidelines that are specific to the study's goals. Determine and choose suitable samples of insurance providers, clients, and other pertinent stakeholders for data collecting. To guarantee a representative sample, consider variables like firm size, client segmentation, and geographic dispersion. Data analysis: Apply the proper statistical and qualitative analytical methods to the	approach how to develop e-services and plan customer contacts with the usage of mobile technology. Essential aspects of mobile customer relationship management in the insurance industry are described first. After that a method for developing and planning service-contacts using mobile technology is introduced. Finally, some examples illustrate the specified approach.

				data that have been gathered. To find connections and trends, quantitative data analysis may use descriptive statistics, correlation analysis, and regression analysis.	
5	The role of telehealth during COVID-19 outbreak: a systematic review based on current evidence, Published on August 1, 2020	By Elham Monaghesh and Alireza Hajizadeh.	To determine how telehealth services helped with the COVID-19 outbreak's illness prevention, diagnosis, treatment, and containment.	Five databases, including PubMed, Scopus, Embase, Web of Science, and Science Direct, were searched for this systematic review. Studies that were published as of December 31, 2019, written in English, and published in peer-reviewed journals all met the inclusion requirements. These studies had to explicitly define any usage of telehealth services in all facets of healthcare during the COVID-19 epidemic. Two reviewers independently evaluated the quality of the included studies, extracted data, and evaluated the	The delivery of health care is enhanced using telehealth. Telehealth should thus be a key tool for providing care during the COVID-19 epidemic while ensuring the safety of both patients and medical professionals.

				search results. Based on the Critical Appraisal Skills Programme (CASP) checklist, quality was evaluated. A narrative synthesis was used to compile and present the results.	

5. RESEARCH QUESTIONS-

1. What are the differences in time taken between in-house tele-MER and Tele-MER done by the third party?
2. What are the factors for the differences, if any?
3. Can launching of in-house tele MER improve TAT in comparison to using third-party tele MER services?

6. OBJECTIVES-

1. To study the process of in-house tele MER at Aditya Birla Health Insurance.
2. To compare the quality (time taken) of tele-medical examination reports done in-house and by a third party at Aditya Birla Health Insurance.
3. Identify the factors that contribute to differences in quality between the two types of Tele-MER.

7. METHODOLOGY-

This study is based on observation of process and functioning of in-house tele MER done by medical experts for 9 hours at Aditya Birla Health Insurance and tele MER done by Third Party via vendors. This study will use a qualitative research approach, focus group discussions with healthcare professionals. The study will be conducted over a period of three months.

- **Study design**- It is a qualitative observational study as it is going to compare the quality and accuracy of in-house tele medical examination reports with those done by third party providers.
- **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.

- **Study population**- The study population will consist of policyholders who have accessed the telemedicine services at Aditya Birla Health Insurance.
- **Duration of study-** 3 months from Feb 2023 to May 2023.
- **Sampling and Sample size**- A purposive sampling method will be used to select customers who receive tele-MER from both the third-party medical experts and medical experts at in-house.
- **Sample size**- 1400 cases divided equally in 700 cases of Tele-MER (in house) and 700 cases of Tele-MER (by third party). This data is drawn in form of tables in MS-excel and further analyzed in form of graphs.
- **Data collection Methods and study tools-**
  - Secondary Data from Company's internal website (confidential)
  -Review of literature- Google Scholar and PubMed.
  -Focus Group discussion- medical experts and under writing team at Aditya Birla Health j Insurance.
  -Observation- Direct Observation.
  -Records- Daily updating of data at portal of Aditya Birla Health Insurance.

8. DATA ANALYSIS PLAN-

After collecting secondary data for both the tele MER in-house and tele MER done by third party from Ubona site, data is processed by the administrator on MS-Excel.

- These cases will be further analyzed based on certain indicators such as
- TAT (turnaround time)
- No. of attempts made for tele-MER consultation.
- Checking of Proposal form
- Audit checking
- Sum insured.
- UW decision
- Past medical records
- Telephonic conversation with customer on recorded time for her/his present condition.
- Declaration in previous policy cop

This data is drawn in form of tables in MS-excel and further analyzed in the form of graphs.

9. RESULTS

The study is conducted to the process of Tele-MER done by third party (vendor) and in-house done at Aditya Birla Health Insurance and assess the performance rate of both the mediums.

Process of Tele-MER at Aditya Birla Health Insurance-

- The proposer for an insurance policy completes the proposal form; following that, the proposal form data is entered into the system, which determines whether cases are STP (straight through process) and NSTP (Non-straight through process) based on previously determined parameters.
- STP cases are issued directly by the system, so they are not sent to the underwriting team or Tele-MER bucket.
- On the other hand, NSTP cases are sent to the UW or Tele-MER bucket when the proposer disclosed information about a pre-medical disease in the proposal form, or when they require medical testing for various reasons or financial analysis in accordance with the client profile and company guidelines.
- To extract 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 follows the following procedure for third party and in-house respectively.

a) **Third party**-

MMT - Refers to medical management team of ABHI.

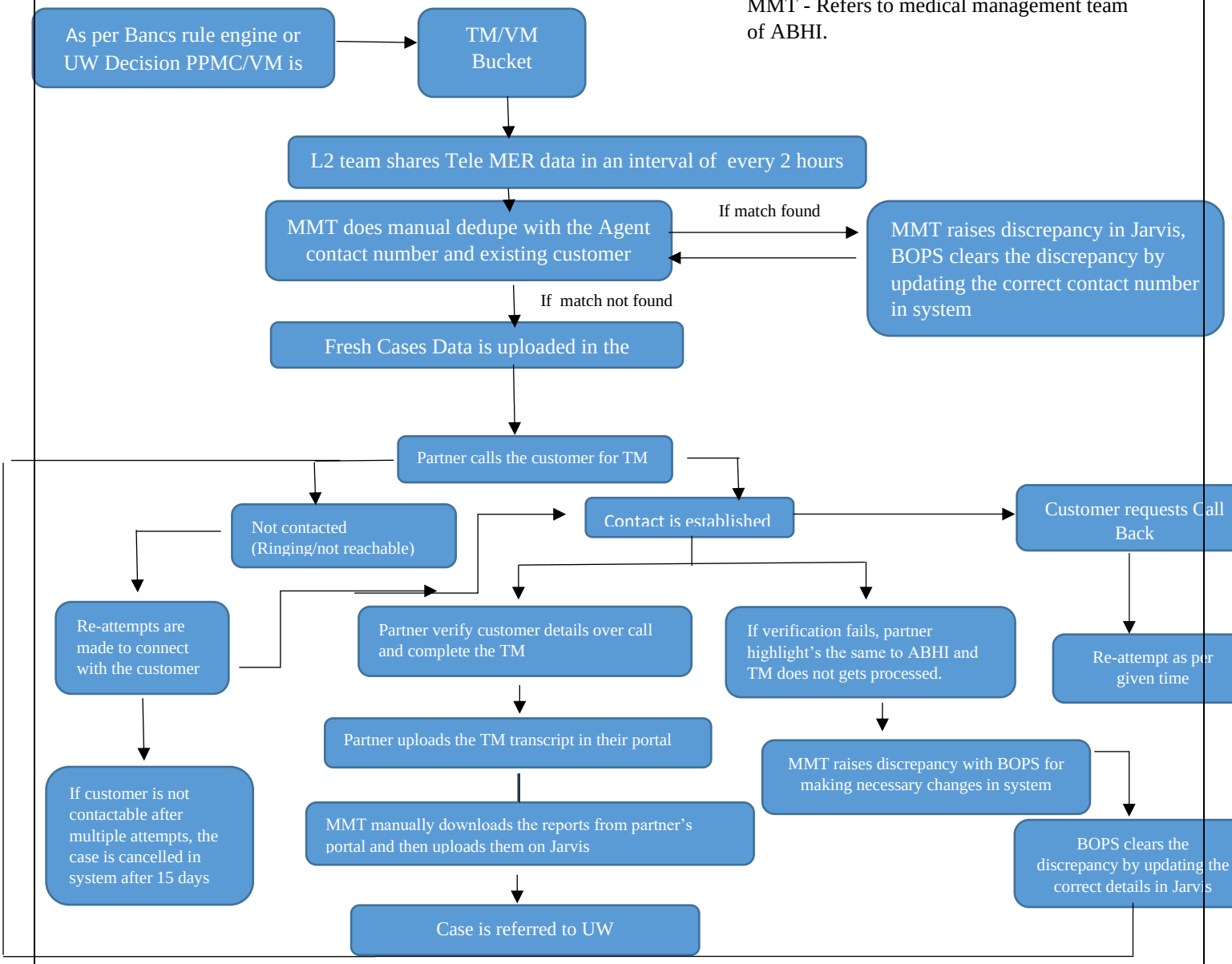

Figure 2- Process flow of Tele-MER (third party)

b) **In-house**-

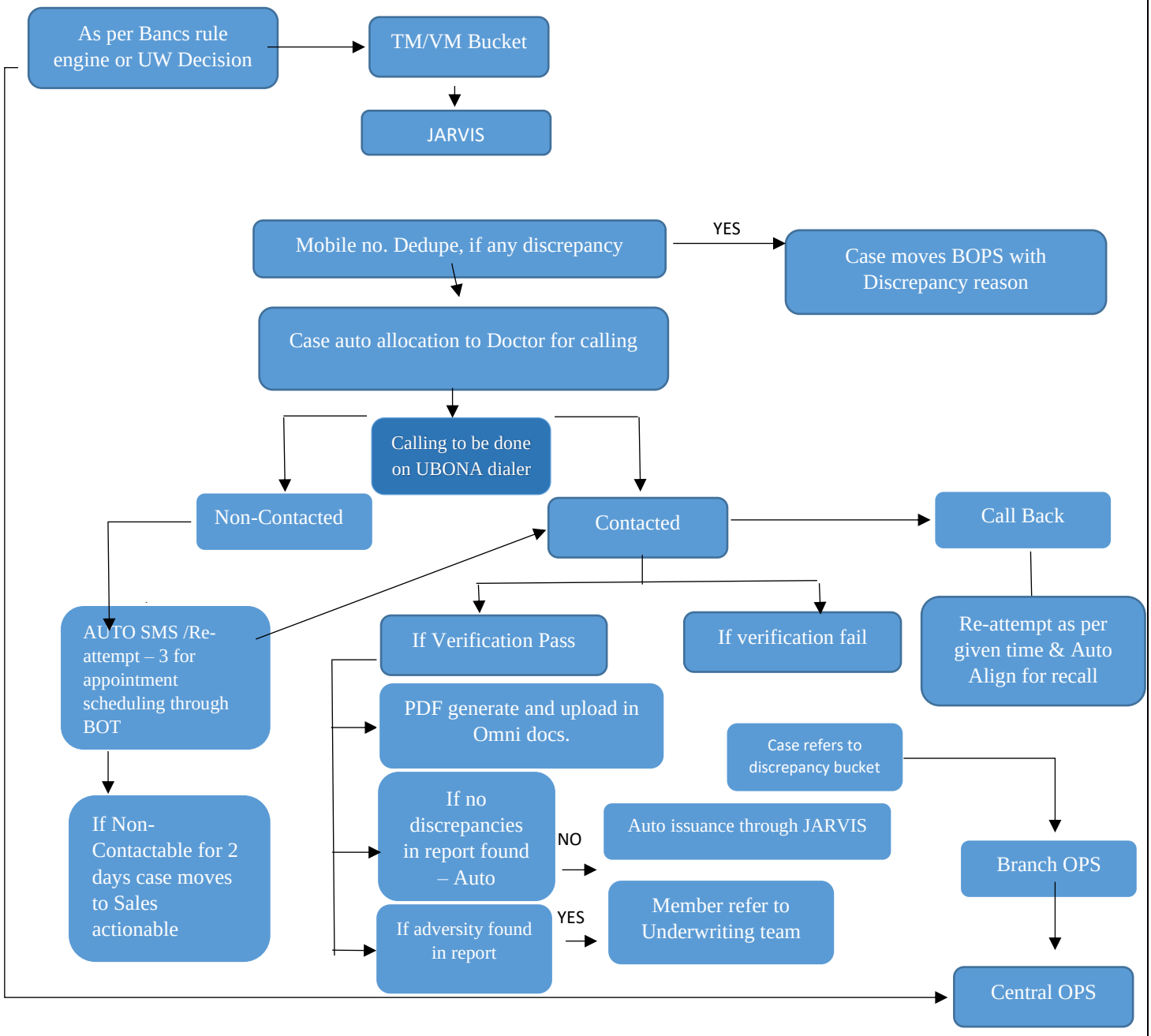

Figure 3- Process Flow of Tele-MER (in-house)

Based on certain indicators as mentioned above following are the graphs that compares the Tele MER done by in-house and third party.

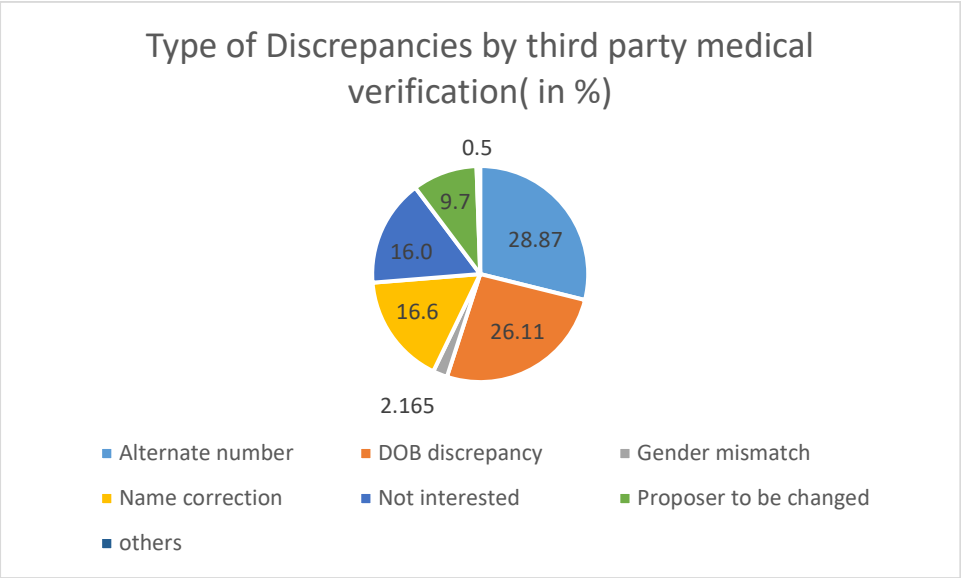

Figure 4 Type of discrepancies by third party Tele-MER

- Above graph shows the type of discrepancies that occurred in Tele-MER done by third party before the introduction of In-house Tele-MER.
- Apart from this, TAT was also affected which led to delay in the Underwriting decision. Other factors such as cost, quality of calls made were also compromised which led to delay in completing cases.
- This led to introduction of In-House Tele-MER where the organization hires the medical expert and calls are done in-house to the customer for the health product/policy.
- Following are the comparisons drawn between both the types of Tele-MER done at Aditya Birla Health Insurance.

1. Number of attempts

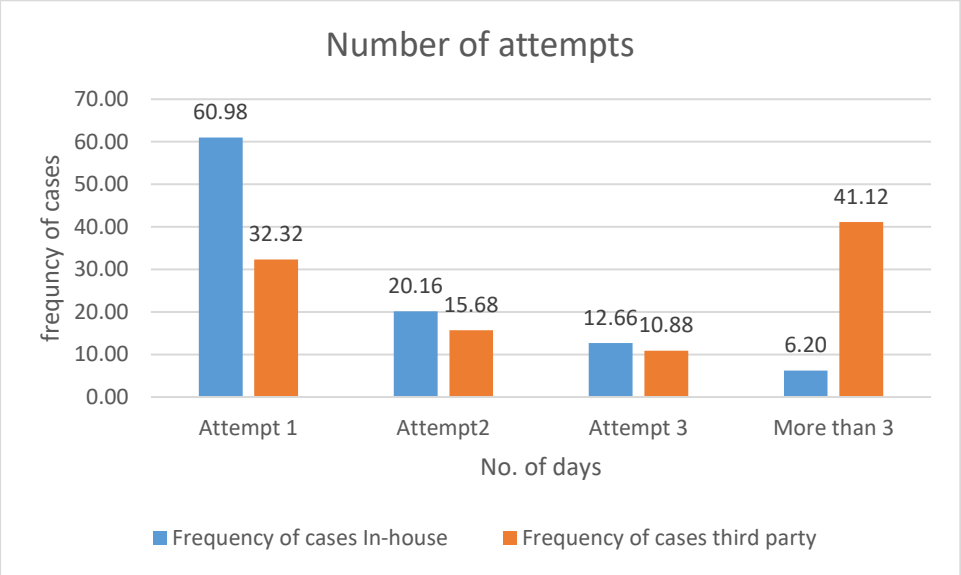

Figure 5 Number of attempts taken by in-house and third party to complete tele medical verification.

2. TAT Comparison-

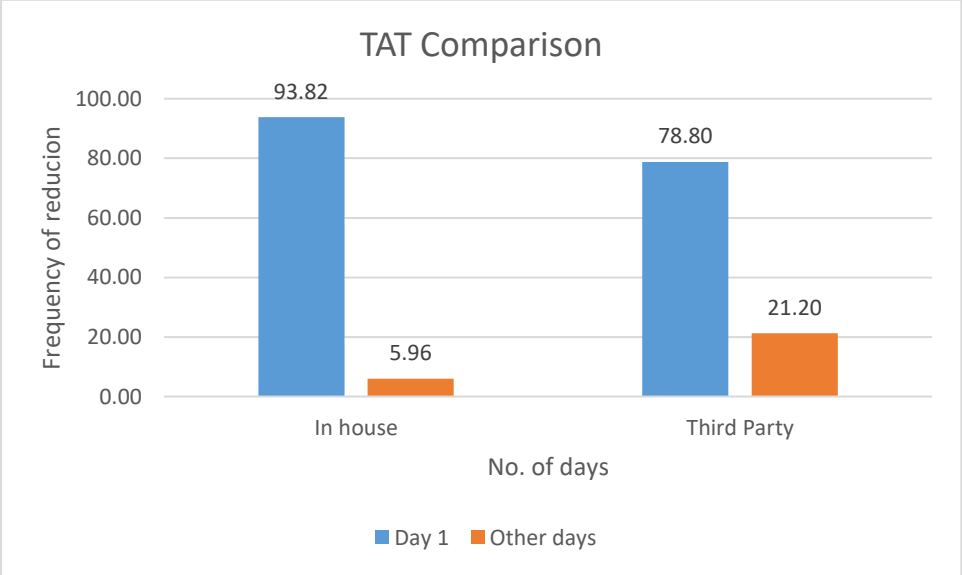

Figure 6 Comparison of TAT reduction in Third Party and in house on first day and other days

3. Underwriting Decision-

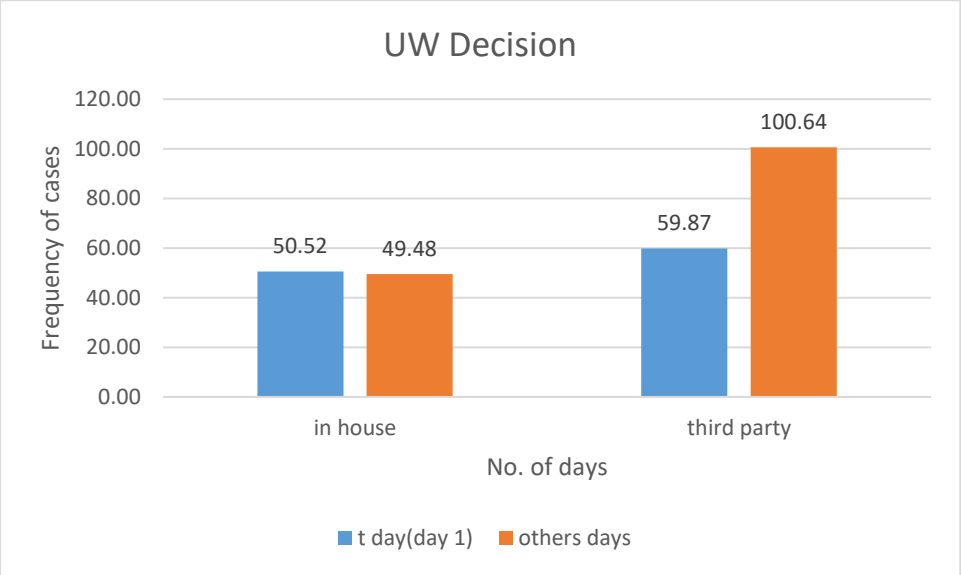

Figure 7-Comparison of UW decision between In house and Third party

10. **DISCUSSION-** Based on observations and comparisons drawn between in-house and third party it can be clearly stated that –

- In the time span of two months, number of call attempts made by in-house were completed in first attempt i.e., 472 were more than those completed by third party i.e 202.
- Even on 2 attempts a greater number of cases were completed by in-house as compared to third party.
- Even in the second and third attempt cases done by in-house were more as compared to third party.
- While comparing the turnaround time, it can also be interpreted that TAT is reduced by 93% as compared with third party which was only 78% which states that in-house reduces the major factor of time, which leads to lag in completion of cases.
- This leads to fast Underwriting decision which can be clearly stated from figure-7 that 385 cases were completed on t day(first day) and sent for policy issue whereas 373 cases were given underwriting decision by third party.
- On observations made by checking the records and audits compared of both the mediums it could be stated that medical experts in in-house had better quality calls as they were given proper training and are monitored time to time.
- This not only led to reduction in TAT but also leaves a positive impact on customer service.

11. **CONCLUSION-**

- Telemedical verification is the process of verifying medical information and evaluating policyholders' health remotely using telecommunications technology like video conversations or virtual consultations. It can be stated from the study that introducing in-house Tele-MER is a great initiative taken by Aditya Birla Health Insurance.
- Telemedical verification removes the requirement for in-person visits to medical facilities for verification.
- As a result, processing times are shortened, and overall effectiveness is increased while requiring less time and effort from both policyholders and insurance company workers.
- Insurance firms may cut costs related to in-person visits, such as travel charges and facility fees, by using telecommunications technologies.
- Telemedical verification allows policyholders to complete the process from the comfort of their own homes, eliminating distance restrictions thereby increasing accessibility.
- Comparison the two types of tele medical verification process followed by the organization and it can be concluded that in-house tele-MER leads to reduction in TAT, gives fasts underwriting decision, better quality of calling done in which medical experts can be directly supervised and gives better output.
- Control and supervision: Internal telemedicine verification enables insurance providers to exercise full command and supervision over the whole procedure.
- They can establish specialized procedures, instruct workers in accordance with their standards, and monitor adherence to internal rules. Greater consistency and alignment with the goals and quality standards of the firm may be possible at this level of management.
- The verification procedure is outsourced to outside service providers in third-party telemedical verification.

12. **RECOMMENDATIONS**- Based on observations and inferences from data analysis, the organization could incorporate following suggestions for improving the current Tele-MER process-

- Hiring more medical experts for medical verification to increase the productivity.
- Instead of manually taking the call for verification, IT dept should work on making the site more user friendly for the medical experts and would save the time as well.
- To make the site editable in case if information given by the customer needs to be edited.
- 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.
- It is challenging and time-consuming for IT to maintain daily MIS in excel from the raw data; thus, automated excel sheets should be made.

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