DISSERTATION REPORT

SUBMITTED BY :

DR GARVIT GUPTA

HOSPITAL MANAGEMENT

MBA-HM 2022-2022

ROLL NO : 1098

MENTOR:

DR VINOD KUMAR

IIHMR, JAIPUR

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ORGANIZATIONAL PROFILE

- ADITYA BIRLA CAPITAL LIMITED (ABCL) IS THE FINANCIAL SERVICES PLATFORM OF THE ADITYA BIRLA GROUP. WITH A STRONG PRESENCE ACROSS THE LIFE INSURANCE, ASSET MANAGEMENT, PRIVATE EQUITY, CORPORATE LENDING, STRUCTURED FINANCE, PROJECT FINANCE, GENERAL INSURANCE BROKING, WEALTH MANAGEMENT, EQUITY, CURRENCY AND COMMODITY BROKING, ONLINE PERSONAL FINANCE MANAGEMENT, HOUSING FINANCE, PENSION FUND MANAGEMENT, AND HEALTH INSURANCE BUSINESS, ABCL IS COMMITTED TO SERVING THE END-TO-END FINANCIAL SERVICES NEEDS OF ITS RETAIL AND CORPORATE CUSTOMERS.
- 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. ABHICL WAS INCORPORATED IN 2015 WHEREIN ADITYA BIRLA CAPITAL LIMITED (ABCL) AND MOMENTUM METROPOLITAN STRATEGIC INVESTMENTS (PTY) LIMITED (FORMERLY KNOWN AS MMI STRATEGIC INVESTMENTS (PTY) LTD.) HOLD 51% AND 49% SHARES RESPECTIVELY.

VISION :

TO BE A LEADER & TO BE A ROLE MODEL IN BROAD-BASED PLAYER & INTEGRATED PLAYER FOR FINANCIAL SERVICES BUSINESS.

MISSION :

TO DELIVER SUPERIOR VALUE TO OUR CUSTOMERS, SHAREHOLDERS, EMPLOYEES AND SOCIETY AT LARGE.

VALUES :

- INTEGRITY
- COMMITMENT
- PASSION
- SEAMLESSNESS
- SPEED

KEY LEARNINGS FROM INTERNSHIP

Coordination

coordinating with fellow team members to deliver the services and requirements

Teamwork

Interact with other teams, accompany them to understand workflows and understand the operations of each department, and take active responsibility

Leadership

Lead the team from the beginning and assign tasks to other team members

Communication

Good communication is the ability to practice effective email communication, listen proactively, pay close attention to client issues, send and receive feedback, empathize with conversions, and work compassionately. It's a treasure trove

Data analysis

Provides monthly data analysis, implementation, data visualization, presentation skill trends and strategic future planning

INTRODUCTION

AN AGREEMENT REQUIRING A BACK UP PLAN TO PAY SOME OR AN INDIVIDUAL'S ALL'S MEDICAL SERVICES BILLS IN RETURN FOR AN EXPENSE IS KNOWN AS HEALTH CARE COVERAGE. HEALTH CARE COVERAGE FREQUENTLY COVERS CLINICAL, CAREFUL, AND PHYSICIAN ENDORSED DRUG COSTS. HEALTH CARE COVERAGE CAN EITHER COMPENSATE THE SAFEGUARDED FOR COSTS CAUSED BECAUSE OF AILMENT OR MISHAP KNOWN AS REPAYMENT, OR STRAIGHTFORWARDLY PAY THE CONSIDERATION SUPPLIER KNOWN AS CREDIT ONLY OFFICE.

THE EXPENSE OF HEALTH CARE COVERAGE CHARGES IS DEDUCTIBLE TO THE PAYER, AND THE ADVANTAGES GOT ARE TAX-EXEMPT. THE REVIEW WAS DIRECTED IN MUMBAI AT ADITYA BIRLA HEALTH CARE COVERAGE PRIVATE RESTRICTED. WHICH PLANS TO CONCENTRATE ON THE HOLES IN REPAYMENT CLAIMS HANDLING AND HOW WE CAN DIMINISH TAT IN THE CASES DIVISION. THE UNDERLYING STANDARD WORKING METHODS WERE NOT PRACTICAL AS IN THEY OUGHT TO HAVE BEEN FOLLOWED; THERE WERE HOLES AND IRREGULARITIES IN THEM.

RESEARCH QUESTION

WHAT IS THE REIMBURSEMENT PROCESS?
WHAT IS THE TURNAROUND TIME OF REIMBURSEMENT PROCESS?
ARE THERE ANY GAPS IN THE REIMBURSEMENT PROCEDURE THAT MUST BE FILLED?

OBJECTIVES

TO DOCUMENT THE PROCEDURE OF PROCESS OF REIMBURSEMENT CLAIMS AT HEALTH INSURANCE

TO ANALYSE THE TURNAROUND TIME FOR SETTLEMENT OF REIMBURSEMENT CLAIMS

TO IDENTIFY THE CHALLENGES AND GAPS IN THE PROCESS OF REIMBURSEMENT CLAIMS

LITERATURE REVIEW

- TO SOLVE PROBLEMS REPORTED BY CUSTOMERS OR THIRD PARTIES AT THE LOWEST POSSIBLE COST IN ACCORDANCE WITH THE TERMS OF THE CONTRACT.
- DESPITE THE PRESENCE OF A BASIC LEVEL OF KNOWLEDGE, THIS DOES NOT AUTOMATICALLY TRANSLATE INTO THE PURCHASE OF AN INSURANCE PLAN.
- HOWEVER, IT SHOULD BE EMPHASIZED THAT THE EXECUTION OF THESE ORDERS DOES NOT PREVENT THE POLICYHOLDER FROM DEMANDING ADDITIONAL WAGES BEFORE ANY COURT OR OTHER LEGAL AUTHORITY.
- A STUDY THAT SHOWS THE ERRORS INSURERS EXPERIENCE DUE TO SYSTEM ERRORS AND RECOMMENDATIONS ON HOW THESE ERRORS CAN BE RESOLVED AND WE CAN REDUCE CLAIMS PROCESSING TIME.
- THE SUCCESS OF COMPANIES LARGE AND SMALL IN THE INSURANCE INDUSTRY DEPENDS ON EFFECTIVE CLAIMS HANDLING.
- WITHIN 30 DAYS FROM THE DATE OF ACCEPTING THE CLAIM CONSULTATION, THE INSURANCE BROKER MUST NOTIFY THE COMPETENT AUTHORITY, PROVIDING INFORMATION SUCH AS THE NAME OF THE CLIENT, THE LOCATION OF THE RISK, THE NAME OF THE INSURANCE COMPANY.

METHODOLOGY

STUDY DESIGN:

IT IS THE DESCRIPTIVE STUDY, I AM COLLECTING THE DATA FROM THE SECONDARY DATA OF ORGANISATION.

SETTING:

ADITYA BIRLA HEALTH INSURANCE COMPANY LTD.

STUDY POPULATION:

STUDY POPULATION WILL BE ALL THE INSURED PERSON WHO ARE AVAILING THE CASHLESS FACILITY FROM THE ORGANIZATION ON GETTING HOSPITALIZED FOR TREATMENT ACCORDING TO THE HOSPITALS COVERED UNDER THE POLICY GIVEN TO THE INSURES

METHODOLOGY

SAMPLING :

IT IS THE TYPE SIMPLE QUANTITATIVE RANDOM SAMPLING COLLECTION TECHNIQUE, GETTING THE BIAS FREE RESULTS FROM THE STUDY

SAMPLE SIZE :

FOR THE REIMBURSEMENT PROCESS, 3444 CLAIMS WERE TAKEN RANDOMLY 2484 WERE APPROVED, 363 WAS DENIED, 597 WERE UNDER QUERY.

INCLUSION :

ALL THE FRESH REIMBURSEMENT CLAIMS

STUDY TOOLS :

COLLECTING DATA FROM THE SECONDARY DATA OF THE ORGANISATION, NO CHECKLIST IS FOLLOWED

SAMPLING TECHNIQUE :

IT IS THE TYPE SIMPLE QUANTITATIVE RANDOM SAMPLING COLLECTION TECHNIQUE, GETTING THE BIAS FREE RESULTS FROM THE STUDY .

DURATION OF STUDY :

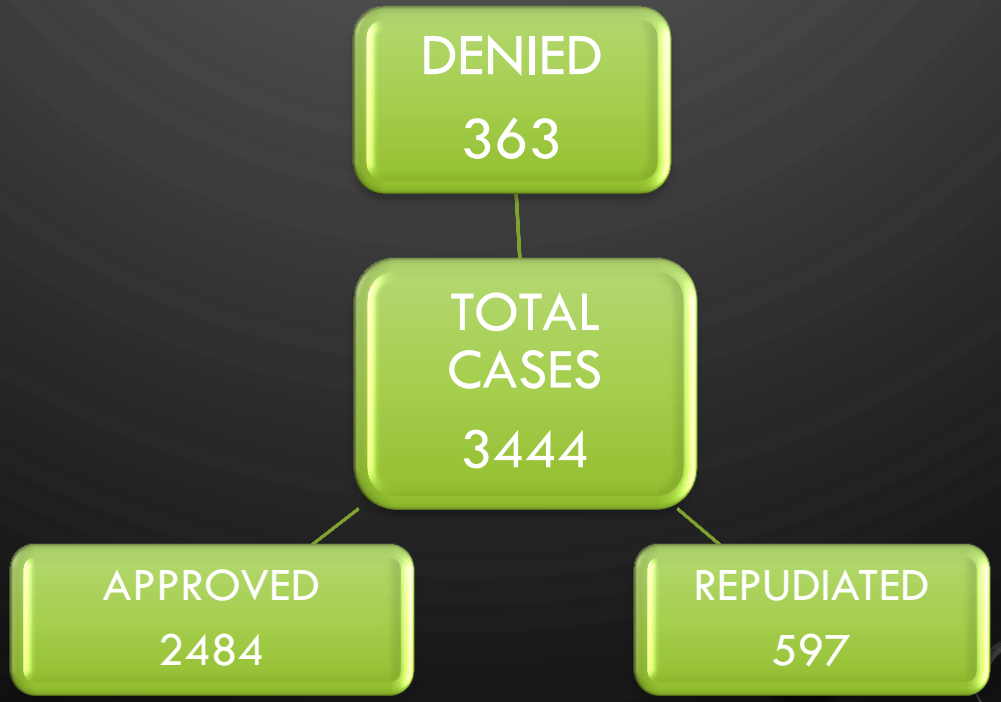
24 MARCH ,2022 TO 15 JUNE ,2022

DATA COLLECTION PROCEDURE :

- IN THE FIRST STEP OF PROCESS THE DOCUMENTS ARE RECEIVED BY THE HEAD OFFICE AND INTIMATION, REGISTRATION AND CLAIM NO. IS GENERATED IN THE SYSTEM AFTER WHICH THERE IS AN UPLOADING OF THE SCANNED DOCUMENTS RECEIVED BY THE COURIER, BY HAND OR MAILS OR CUSTOMER PORTAL.
- IN THE NEXT STEP THE CLAIM IS FORWARDED TO I3 FOR THE ATOMIZATION OF THE BILLING AND,
- THEN COMES THE NON-MEDICO TEAM WHO CHECK THE BILLING OF THE I3 AND CORRECTION IS DONE IF NECESSARY OF IF BILL IS MISSED BY THE SYSTEM, AFTER THAT THE CLAIM IS FORWARDED FOR THE MEDICAL ASSESSMENT, WHERE THE CLAIM AND DOCUMENTS ARE ASSESSED,
- IF THE CLAIM DOCUMENTS ARE NOT SATISFACTORY THEN MEDICAL TEAM RAISES HE QUERY AGAINST THE CLAIM NO. BY THE INSURED OR IF THE DOCUMENTS ARE FOUND SUSPICIOUS THEN IT IS FORWARDED TO THE INVESTIGATION TEAM WHICH TAKE TIME AND INVESTIGATE THE CLAIM AND CHECK THE AUTHENTICITY OF THE DOCUMENTS AND FINALLY WHEN ALL THESE PROCESS COMPLETED IT IS FORWARDED TO THE FINANCE DEPARTMENT FOR REIMBURSEMENT FOR PAYMENT.

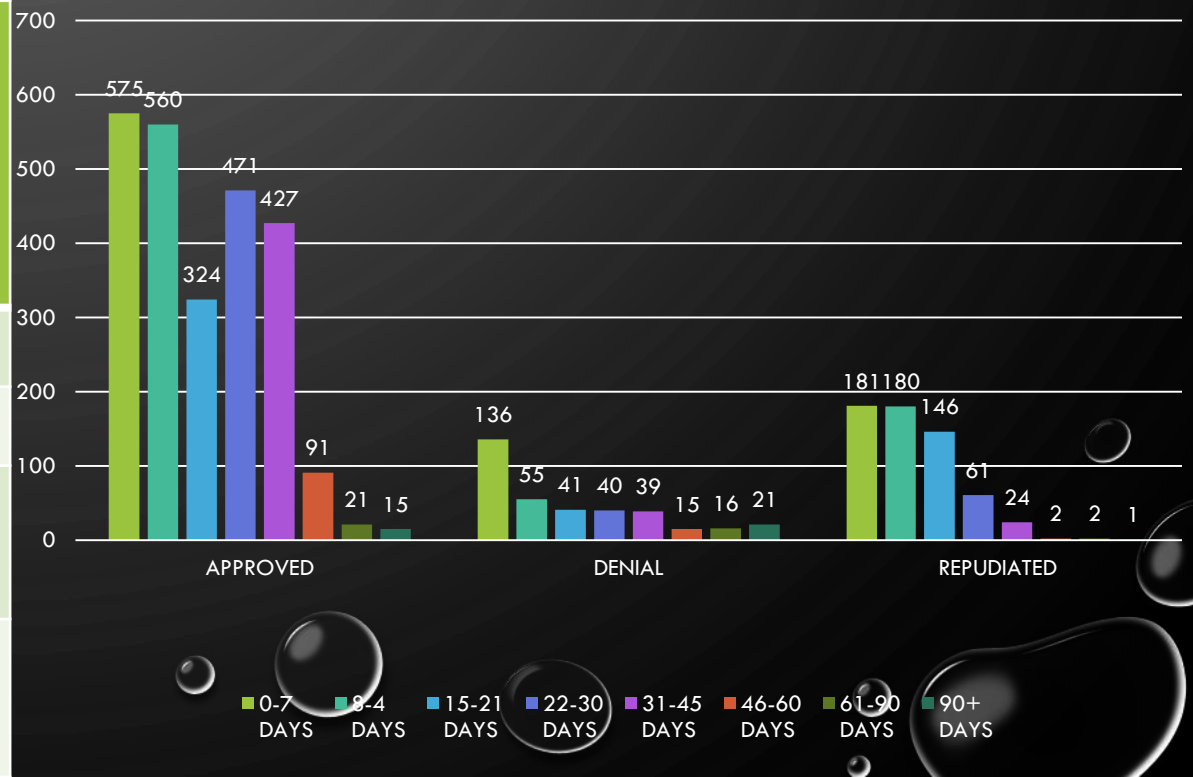
RESULTS AND DISCUSSIONS

- THE CHOICES IN THE REIMBURSEMENT CYCLE ARE LIKE THOSE IN THE CREDIT ONLY SYSTEM IN THAT THE CASE CAN BE ENDORSED, DENIED, OR A QUESTION CAN BE MADE. AS INDICATED BY THE REVIEW DURING THE TIME OF INFORMATION ASSORTMENT FROM 15TH APRIL, 2022 TO 31ST MAY, 2020, THE EXAMPLE SIZE WAS 3444 OUT OF 363 CASES WERE DENIED, 597 WERE RENOUNCED, AND 2484 WERE ACKNOWLEDGED, ACCORDING TO THE IRDA STRATEGIES,

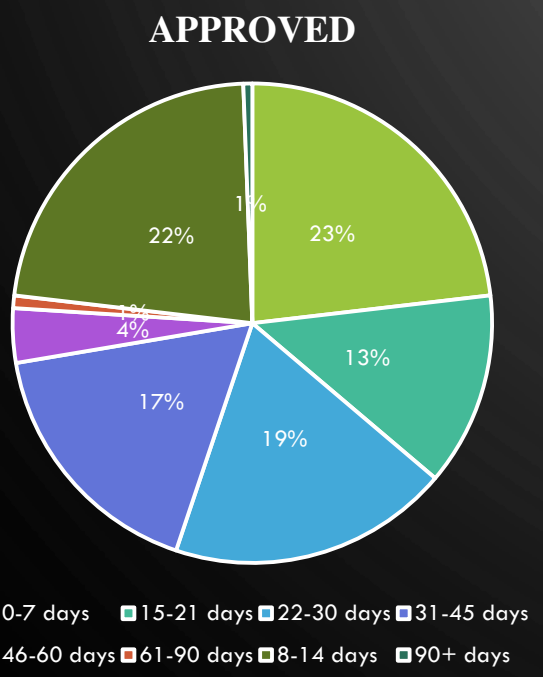


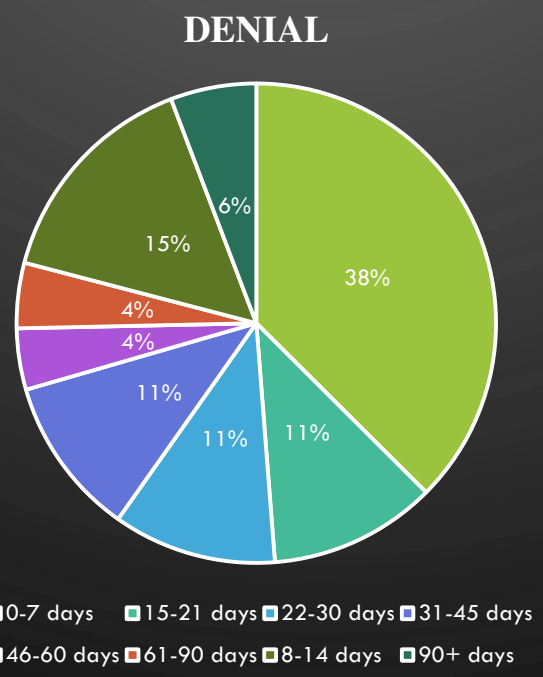
THE WHOLE UNBIASED OF THE UPGRADED METHODS IS TO BE PRECISE ABOUT THE CYCLE STREAM TO ACCOMPLISH IDEAL PROFICIENCY, ADEQUACY, AND CONSUMER LOYALTY. THE OBJECTIVE WAS TO CONCENTRATE ON THE INTERACTION AND RECOGNIZE ESCAPE CLAUSES/HOLES, AS WELL AS REGIONS FOR PROCESS IMPROVEMENT THROUGH END OF NEGLIGIBLE, MANUAL EXERTION AND ABATEMENT OF TAT. PROPOSALS/IDEAS FOR THE EQUIVALENT WERE MADE, AND THEY WERE INTEGRATED INTO THE CASES. ADITYA BIRLA HEALTH INSURANCE HAS AN OFFICE.

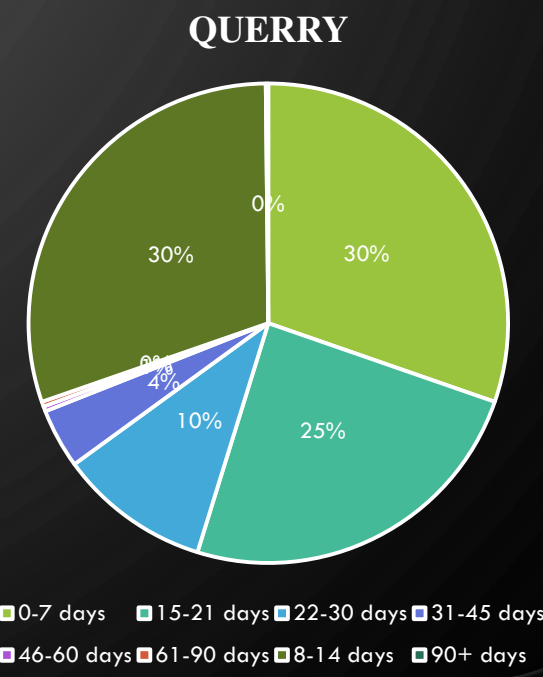
STATUS	0-7 DAYS	8-4 DAYS	15-21 DAYS	22-30 DAYS	31-45 DAYS	46-60 DAYS	61-90 DAYS	90+ DAYS	GRAND TOTAL
APPROVED	575	560	324	471	427	91	21	15	2484
DENIAL	136	55	41	40	39	15	16	21	363
REPUDIATED	181	180	146	61	24	2	2	1	597
GRAND TOTAL	892	795	511	572	490	108	39	37	3444



- 72% of cases were endorsed during the repayment system. Out of the 3444 records, 2484 cases were endorsed, demonstrating that the cases' last handling was finished.
- During the review, 17% of the cases were addressed. A request was raised against 597 cases out of 3444 due to non-divulgence or extortion suspect and were alluded to the FWA group for examination.
- During the 30-minute time frame, 11% of the cases were denied. 363 occasions were declined out of 3444 in light of the fact that nondisclosure or misrepresentation was found.







GAPS AND SUGGESTION

GAPS

- BEFORE A REIMBURSEMENT CLAIM IS PROCESSED, THE FILE MUST FIRST ARRIVE AT THE OFFICE, WHERE IT TAKES TIME OWING TO TRANSPORTATION.
- IT TAKES A DAY TO SCAN AND FILL OUT THE FILE.
- AFTER BILL PASSAGE, THE DOCUMENT IS GONE OVER TO THE SPECIALIST FOR DEFINITE HANDLING, SO THE SPECIALIST NEEDS TO STANDS BY NO LONGER TO BREAK DOWN THE RECORD
- FOLLOWING THAT, THE RECORD IS EITHER SUPPORTED, AN INQUIRY IS RAISED, OR IT IS DISAVOWED.
- ON THE OFF CHANCE THAT A CASE IS SENT FOR EXAMINATION, THE SPECIALIST CARVES OUT OPPORTUNITY TO RECOGNIZE THE IMPORTANT MISREPRESENTATION IN THE PATIENT'S RECORD/GENUINITY, EXPANDING THE TAT STILL ONCE MORE.
- DUE TO AN INCORRECT FILE ALLOCATION, THE CLAIMS WERE NOT CLOSED COMPLETELY.
- THE CREATION OF A DCN NUMBER FOLLOWING THE GENERATION OF AN INWARD CLAIM NUMBER FOR A SPECIFIC CLAIM INCREASES THE REIMBURSEMENT PROCESS'S TURNAROUND TIME.

SUGGESTIONS

- THE SOFTWARE NEEDS TO BE UPDATED. JARVIS WAS RECOMMENDED BECAUSE OF ITS EXTRA FUNCTIONS, SUCH AS CASE FLAGGING WHEN A PROCESSOR PICKS UP THE CASE. REDUCE SYSTEM ERRORS SO THAT CLAIMS MAY BE EVALUATED QUICKLY.
- TO KEEP TRACK OF HOW MANY CLAIMS ARE BILLED BY THE SYSTEM I3 AND HOW MANY CLAIMS ARE BYPASSED
- TO KEEP TRACK OF HOW MANY CLAIMS ARE SUBMITTED EACH DAY BY ANY METHODS POSSIBLE.
- CLAIMS THAT BYPASS THE I3 ARE ALWAYS INCOMPLETE PAPERS, WHICH CAN BE REPORTED TO THE CRM TEAM OR THE QUERY DEPARTMENT.
- TO MAKE THE NECESSARY MODIFICATIONS AND IMPROVEMENTS TO THE SOP'S. TO SAVE TIME, CASES OUGHT TO BE HANDLED UTILIZING CHECKED RECORDS INSTEAD OF HANGING TIGHT FOR GENUINE CASE DOCUMENTATION.

CONCLUSION

- PROTECTION GUARANTEE SETTLEMENT IS JUST A SINGLE PART OF THE CASES THE EXECUTIVES CYCLE.
- THE STAGES THAT FOLLOW DECIDE IF A CASE HAS LEGITIMACY AND HOW MUCH THE INSURANCE AGENCY WILL PAY.
- THE STAGES THAT FOLLOW DECIDE IF A CASE HAS LEGITIMACY AND HOW MUCH THE INSURANCE AGENCY WILL PAY.
- A PARTICULAR METHODOLOGY IS THE USE OF CASES THE BOARD FRAMEWORK PROGRAMMING, WHICH SPEEDS UP THE INTERACTION AND LESSENS COSTS.
- IMPROVING ON THE CASES INTERACTION THROUGH COMPUTERIZATION HELPS PROTECTION FIRMS SAVE RESERVES

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