

Operational Bottlenecks: Automation Approach to Enhancing Grievance Management in Health Insurance

A study at Aditya Birla Health Insurance

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Grievance

A *grievance* refers to any expression of dissatisfaction raised by a policyholder regarding services, decisions, or conduct of the insurer.

Objective

To ensure resolution of all grievances within TAT and with high levels of accuracy, aligning with customer satisfaction

Structure

MIS
Handling

Responsible
for generating
various Data

Non-
CEO
Cases

Majority of Case
Volume

CEO
Cases

Designated
Grievance
executives

Modes of Grievance Registration

- Email (4 prioritized addresses)
- Website portal
- Social media platforms (Facebook, Instagram, LinkedIn, YouTube)
- IRDAI website
- Walk-in requests
- Contact centre calls

Other External Sources:

- IRDAI's IGMS portal
- Insurance Ombudsman
- Legal proceedings under the Consumer Protection Act, 1986

Categorisation of Grievance

Request

Complaint

Grievance Handled and its TAT

Claims

Service

Mis-sell

Claims **T + 3 working days**

Service **T + 3 working days**

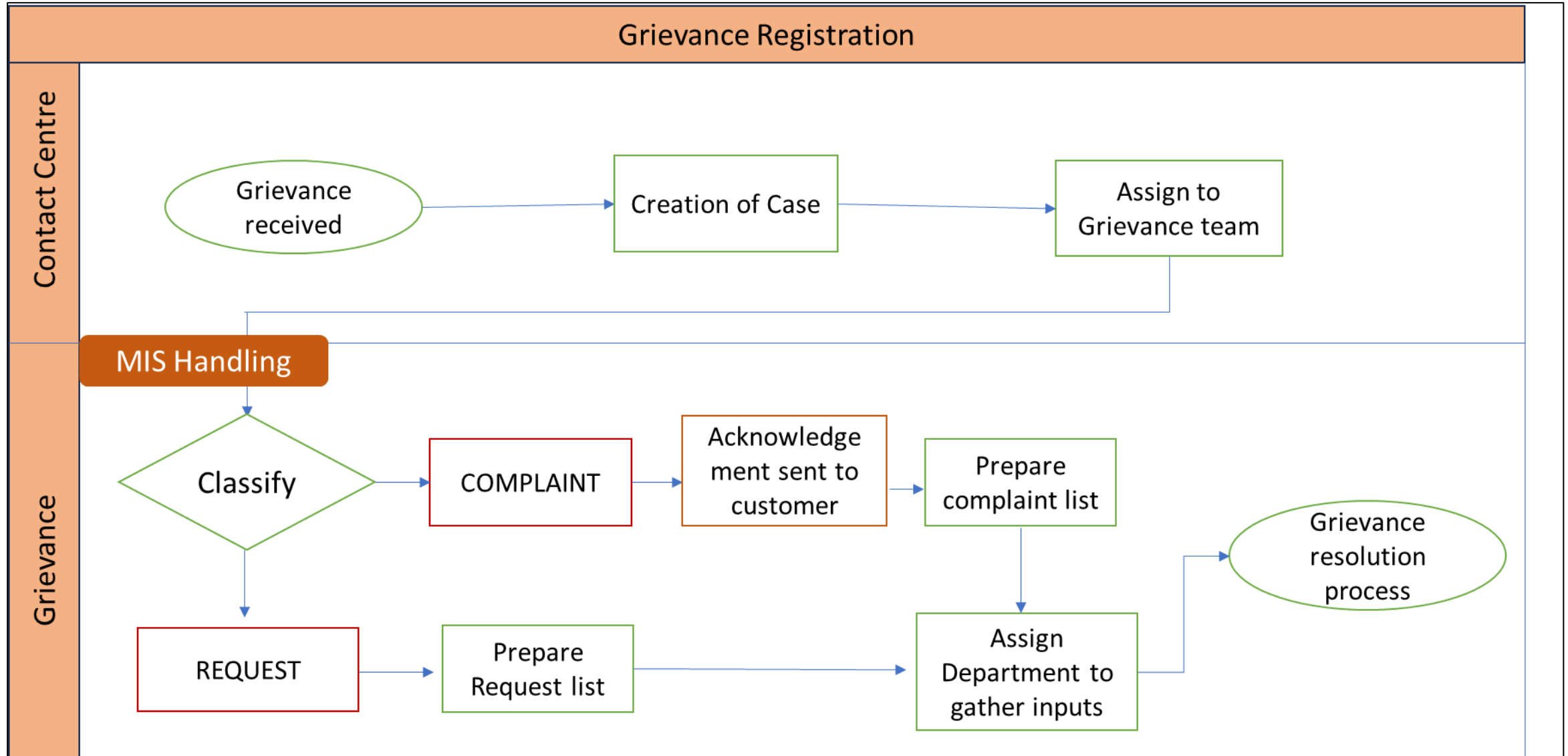
Mis-sell **T + 7 working days**

MIS Handling

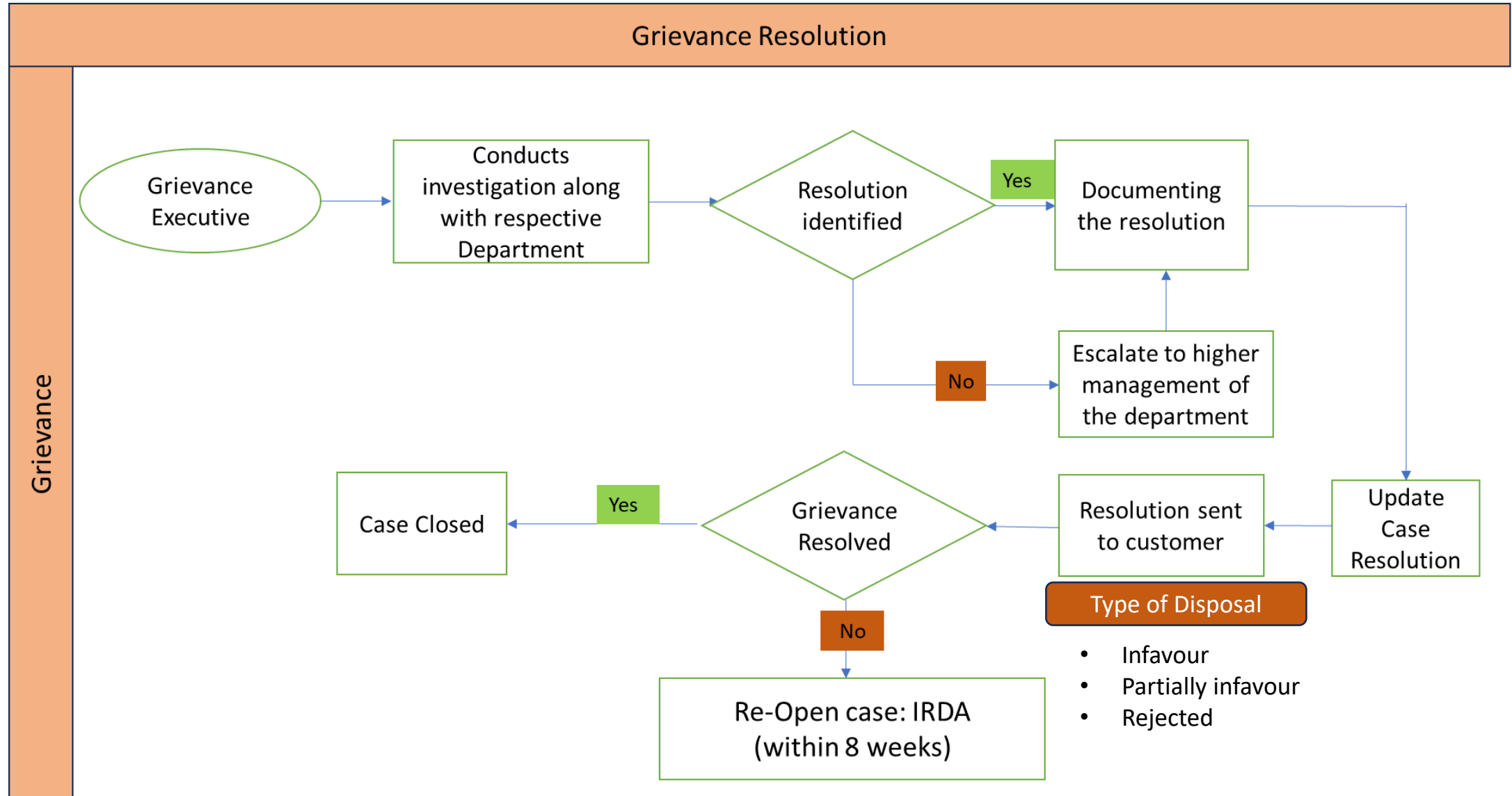
Key Responsibilities

- **Case Distribution for Tagging** : Initial categorization based on case type—claim, service, or mis-sell.
- **Case Allocation** : Once tagged, cases are allocated to appropriate grievance executives.
- **Productivity Reporting** : Generated for each executive to track and evaluate the number of cases resolved by them.
- **Escalation Reporting** : Shared with the CEO, highlighting the number of cases resolved within and beyond the defined Turnaround Time (TAT).
- **Acknowledgment Communication** : For IRDA as well as CEO cases, acknowledgement is sent to the complainant before the case is picked up for resolution,
- **Case Reassignment** : In instances where a case is wrongly assigned (e.g., a claim-related grievance assigned to a service executive).

Process flow of Grievance Registration



Process flow of Grievance Resolution



IRDA Cases

Known as 'Complaint' cases

- Handled with **additional scrutiny** and procedural steps
- Complaint is accessed through **Bima Bharosa Portal** in the form of attachment and resolution is sent through SFDC
- Communication with other departments is done mentioning **IRDA Token number** for easy traceability.

Resolution of IRDA Case is sent along with two attachments

1. A document explaining the Ombudsman escalation process.
 2. A note stating that any response within eight weeks will be considered for reopening of the grievance
- Once the IRDA case is resolved, it can be **Reopened** if the customer responds within eight weeks for the same concern
 - **Regulatory TAT** is 15 days for IRDA complaints

CEO Cases

- **High priority** cases where grievance comes along with mentioning of CEO
- Cases are **few in volume** but high in importance due to its public visibility and sensitivity following its potential impact
- **Designated CEO Grievance Executives**
- **Resolution:** Careful review of case, Extra vigilance and timely updates.
- Every concern is addressed of the customer i.e, point by point resolution
- **Dedicated SharePoint Tracker**, in parallel to SFDC, which ensures consistency in internal and leadership monitoring of cases

Step-by-Step Breakdown of Operational Stages

Stage	Step	Description
1. Case Registration	Case Received	Grievance received via SFDC, Email, Portal, or Bima Bharosa (for IRDA cases).
	Case Extraction	MIS Handler extracts case data from SFDC (GRT Dump) or Bima Bharosa for IRDA complaints.
2. Case Tagging	Email ID Verification	Jarvis is used to verify if the grievance came from the registered email ID. Manual intervention if needed.
	Audit History	Reviewing of records to check for fresh/repeat cases.
	Case Tagging	MIS Handler classifies the case into Type and Subtype based on the customer's concern
3. Allocation	Case Allocation	Cases are exported to Excel, categorized, and manually distributed to grievance executives.
	Allocation Summary Sheet	Includes columns for request/complaint, type, fresh/repeat, and TAT – shared with executives daily.

Step-by-Step Breakdown of Operational Stages

Stage	Step	Description
4. Executive Case Handling	Executive Tracker Maintenance	Executives maintain trackers for their assigned cases.
	Grievance Understanding	A detailed analysis of customer concern is conducted.
	Department Coordination	Executives contact Claims, Sales, Persistency, etc., via email for inputs.
5. Resolution and Closure	Drafting and Sending Resolution	Preformed drafts are modified, and the resolution is sent via SFDC.
	Case Closure in SFDC	Resolution comments added, and the case is closed.
6. Special Cases	IRDA Complaint Handling	Viewed via Bima Bharosa portal; evaluated and resolution includes ombudsman note and reopen clause (8-week window).
	Reopen Protocol	IRDA cases may be reopened once if the customer replies within 8 weeks.

Literature Review

Author (Year)	Article/Study Name	Study Location	Sample size	Sample technique	Brief description
Ramya K. P. (2018)	Customers' Grievances and Redressal Mechanism in the Indian Health Insurance Industry – An Analysis	India	90 respondents	Random sampling	The study investigates the nature and causes of grievances in India's health insurance sector, particularly focusing on service lapses and unethical practices by insurers. It stresses the need for a strong grievance redressal system integrated with efficient customer relationship management (CRM) . The paper recommends better communication, transparency, and awareness-building to improve customer satisfaction and trust in the insurance industry.
Dr. Shubhada Mohan Kulkarni (2019)	Grievance Redressal Mechanism for Insurance	India	205 Policyholders	Convenience sampling	The paper examines the framework of grievance redressal mechanisms as established by the Insurance Regulatory and Development Authority of India (IRDAI). It identifies gaps in policyholder awareness and utilization of redressal platforms such as IGMS (Integrated Grievance Management System) and the Ombudsman. The study emphasizes the importance of strengthening customer education, ensuring transparency in complaint handling, and enhancing responsiveness among private and public insurers.

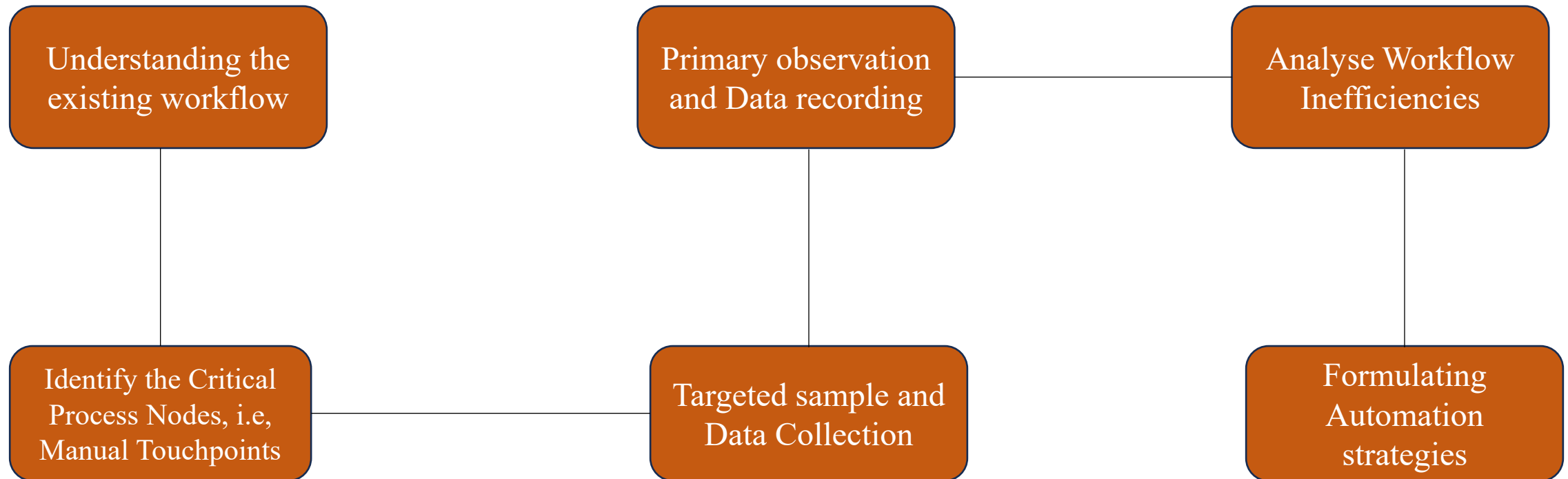
Literature Review

Author (Year)	Article/Study Name	Study Location	Sample size	Sample technique	Brief description
Mallikarjuna Goda (2021)	A Study on Redressal Mechanism of Health Insurance in India with Reference to IRDA Guidelines	India	200 respondents (policyholder)	Stratified Random Sampling	The study examines the effectiveness and efficiency of grievance redressal mechanisms in the Indian health insurance sector, with a specific focus on IRDA guidelines. The findings show that a majority of policyholders are unaware of the official grievance redressal portals. It also highlights the delay in redressal procedures and the need for digitization and awareness initiatives. The research advocates for policy reforms and enhanced transparency in grievance management systems.
Archana A., Karthik B., Sanjana A. (2024)	Automating Grievance Portal by Automating Central Grievance Redressal System using Artificial Intelligence	India	-	-	This study presents an AI-based centralized grievance portal designed to handle public complaints more efficiently. The system integrates Natural Language Processing (NLP) and machine learning to classify, prioritize, and route grievances automatically. Key findings highlight improved response times, reduced manual effort, and enhanced transparency. The model also supports feedback mechanisms to track satisfaction and system performance.

Literature Review

Author (Year)	Article/Study Name	Study Location	Sample size	Sample technique	Brief description
Narendra Maddukuri (2024)	Optimizing Appeals and Grievances Workflows in Healthcare	USA	-	-	This comprehensive article explores the transformation of Appeals and Grievances (A&G) processes in healthcare organizations by implementing advanced technological solutions and workflow optimization strategies. The article examines how artificial intelligence, machine learning, and RPA technologies revolutionize case management, documentation handling, and compliance monitoring in healthcare settings. It investigates the impact of system integration architectures, process optimization methodologies, and quality assurance mechanisms on operational efficiency and patient satisfaction. The article also evaluates the financial implications of implementing modular automated systems and their effect on resource utilization. It also analyses the role of change management strategies in successful implementation.

Process and Steps to Complete the Dissertation



Methodology

Research question: What are the key areas in the grievance redressal process where automation can be suggested to improve efficiency and effectiveness in health insurance?

Objective of the study:

- To analyse the current workflow of the grievance department in health insurance.
- To identify key bottlenecks and inefficiencies in the grievance handling process.
- To explore areas where automation can be suggested to optimize workflow.
- To assess the potential impact of automation on operational efficiency and customer satisfaction.

- **Study design:** This study adopts a cross-sectional (descriptive) study.
- **Study setting:** The study was carried out at the Grievance Department of Aditya Birla Health Insurance, Thane.
- **Study population:**
 - **Inclusion criteria:** Policyholders whose grievances were formally logged and processed during the study period.
 - **Exclusion criteria:** Grievance cases that are pending legal proceedings, Repeat IRDA cases
- **Study tools:** Observation notes, internal SOPs, tagging and allocation data, and use of Excel for data organization and analysis.
- **Duration of the study:** 70 days (10th March 2025- 30th May 2025)
- **Sample size:** 613 cases
- **Sampling techniques:** Purposive sampling technique.

Sample size

613 Cases

Study duration

70 days

Method of Data Collection

Direct Process
Observation

Closely monitored grievance workflow stages, from case registration to resolution

Case Tagging

Actively participated in the tagging of grievances to gain insights into classification accuracy and repeat case patterns

Document and
Tool Review

Reviewed internal SOPs, tagging sheets, and allocation data to map standard operating procedures.

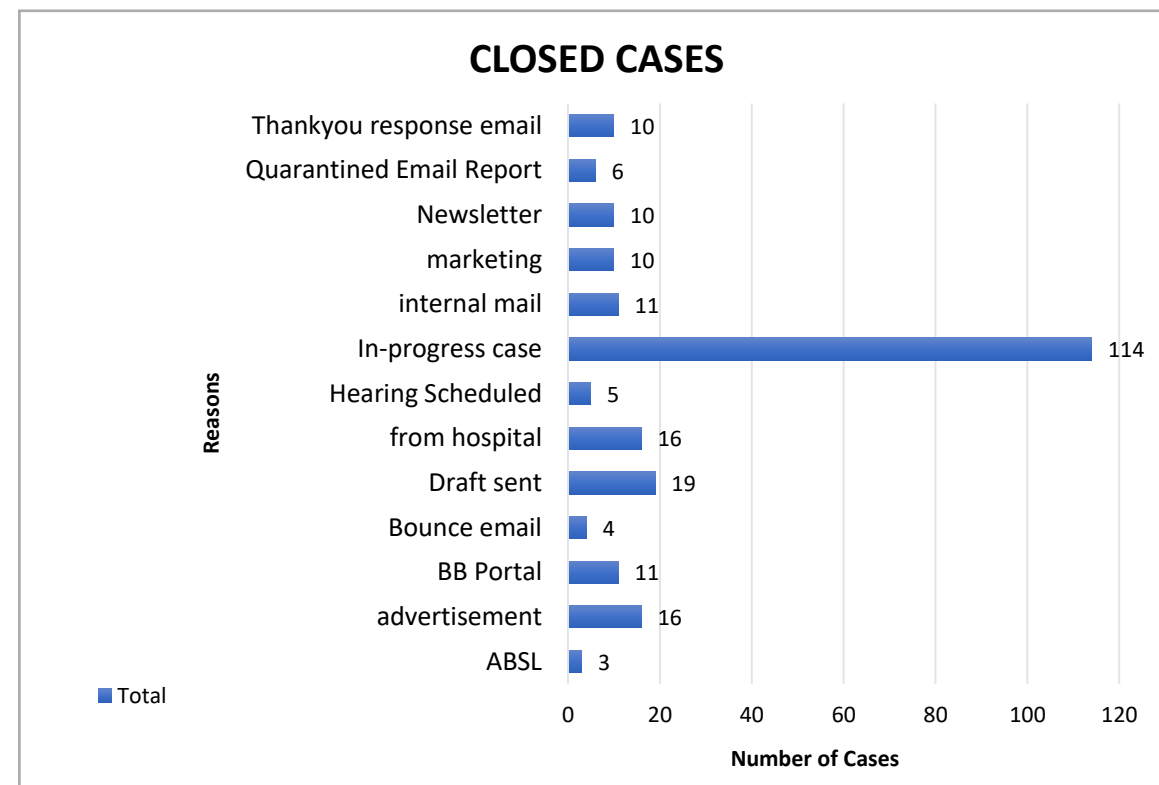
Findings

Case Volume and Assignment

- A total of **2,821 grievance cases** were recorded for tagging during the study period.
- Out of these, **613 cases** were assigned for detailed review.
- This accounts for 21% of cases

TOTAL CASES ASSIGNED	613
CLOSED	235
CREATED	378

Case Closure Overview

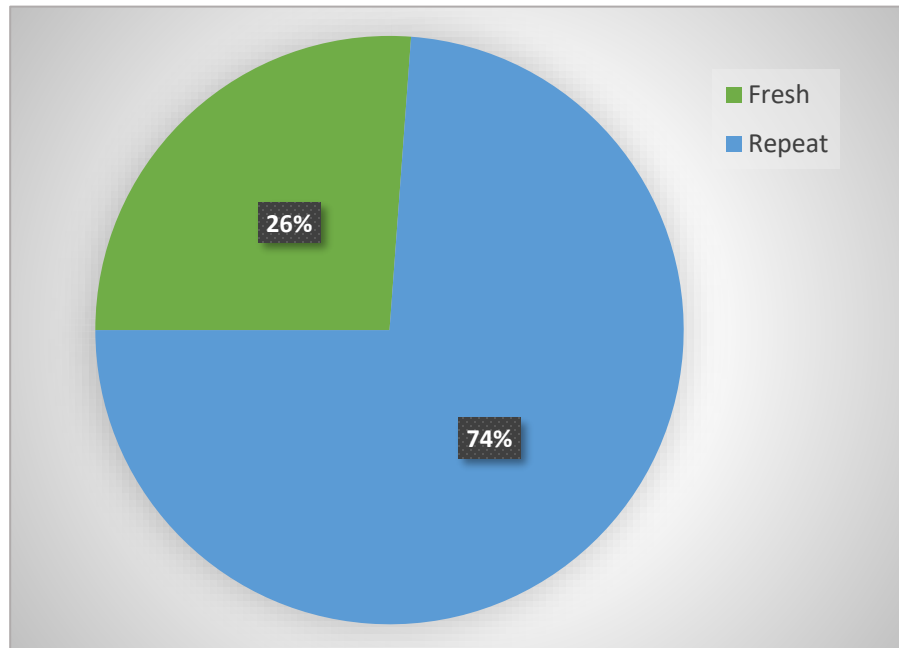


- 235 cases were closed, amounting to a closure rate of 38.3%
- The top reason for case closure was identification of “In-progress case” (114 cases), nearly 48.5%

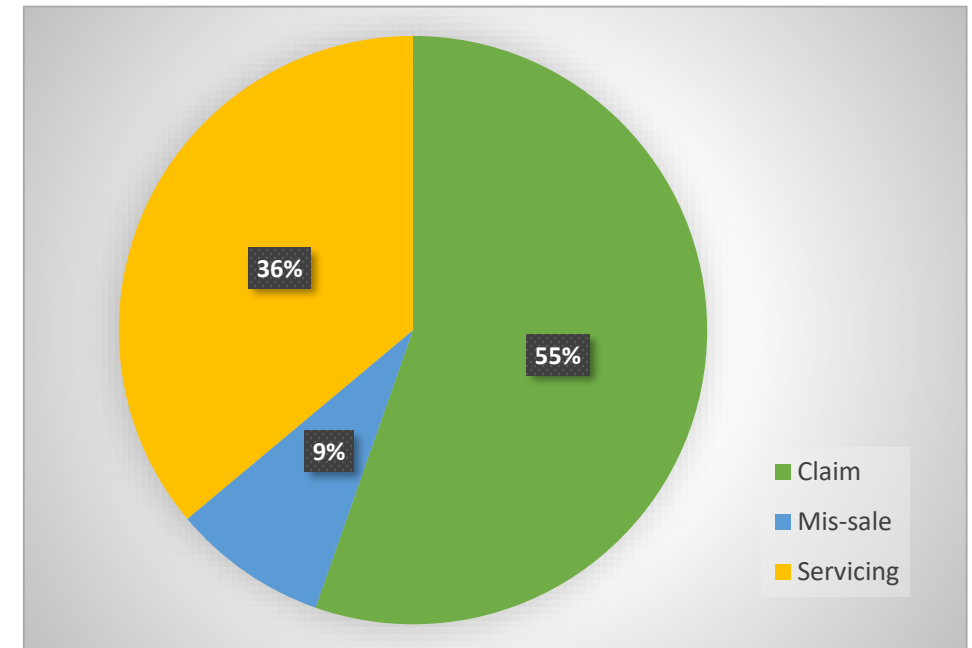
Created Cases and Retrieval

Created **378 cases** in the system, due to syncing error, only 363 cases were retrievable for analysis.

Fresh vs. Repeat Case Status



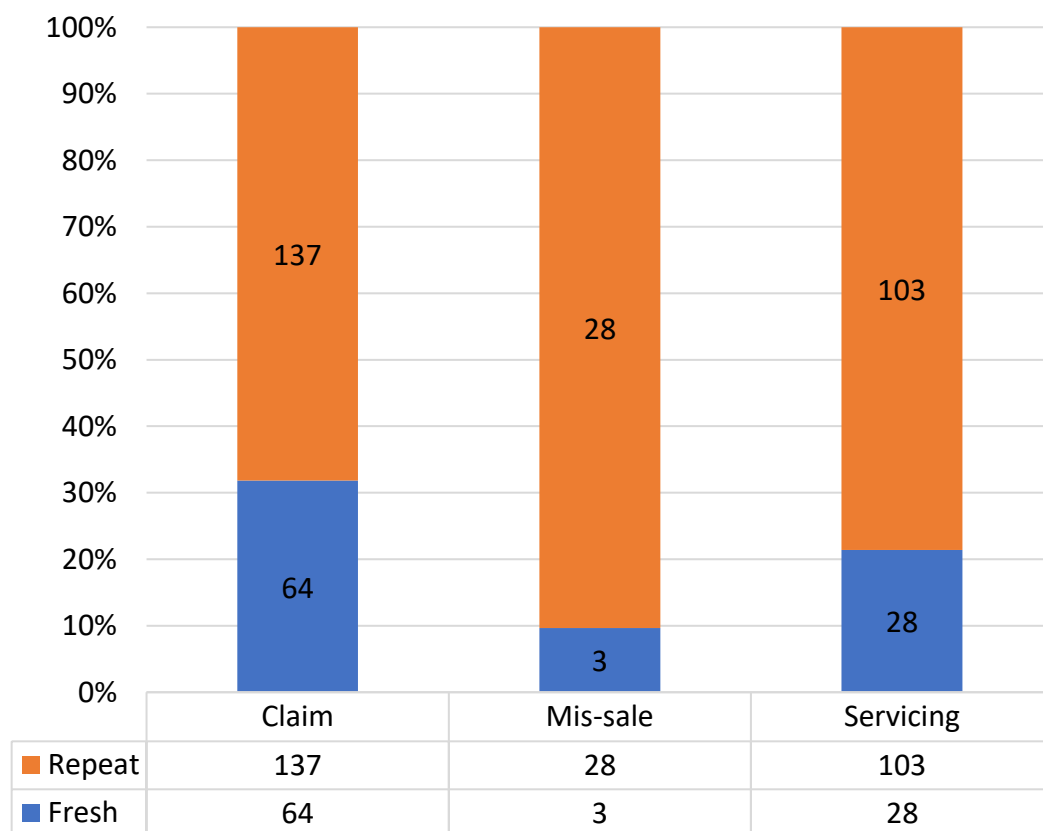
Bifurcation of Created cases



Fresh vs. Repeat Cases by Grievance Type

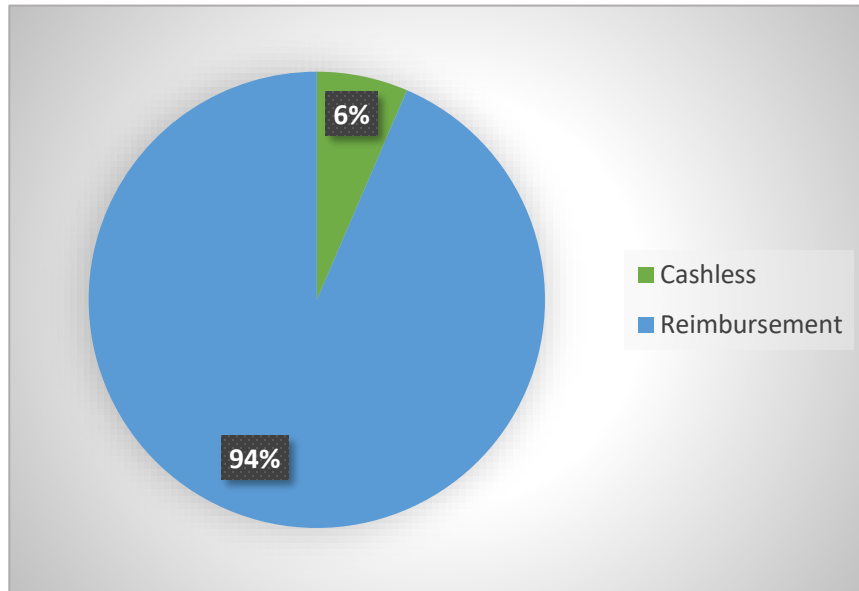
Repeat cases were predominant across all three grievance categories, especially in mis-sell (90%) and servicing (79%).

The most fresh cases appeared in the claim category (64 cases), followed by servicing (28 cases).

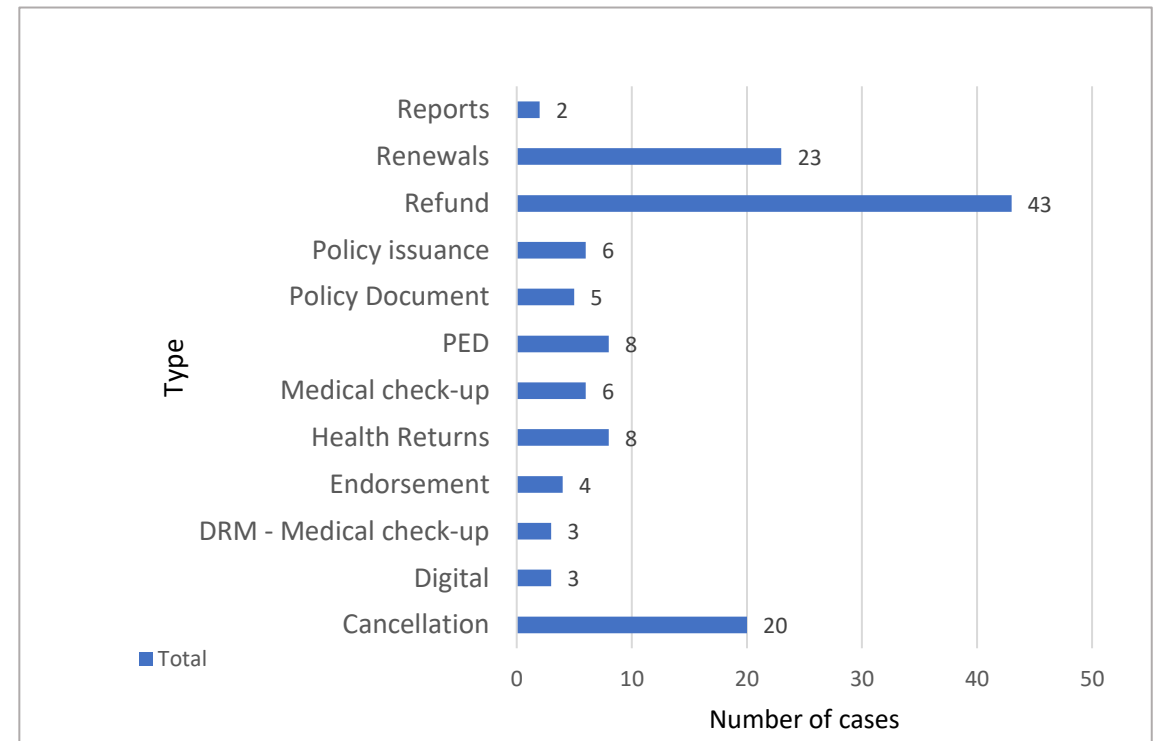


- The analysis shows that repeat case frequency was notably high across all categories
- The lowest fresh case count was observed in mis-sell issues.

Claim cases



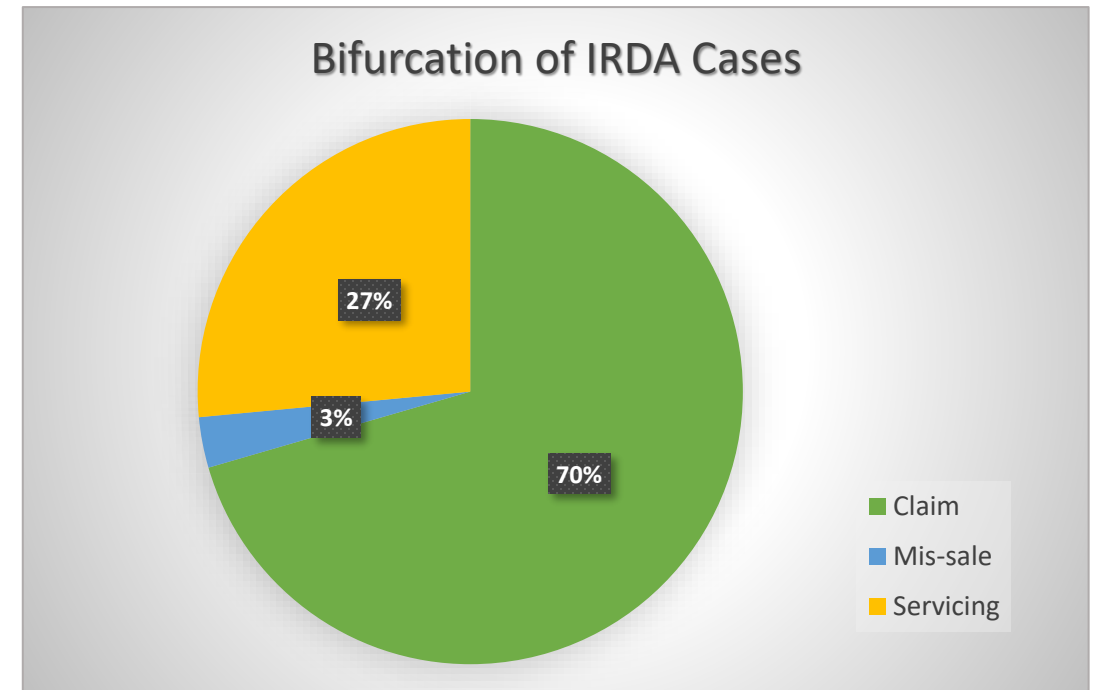
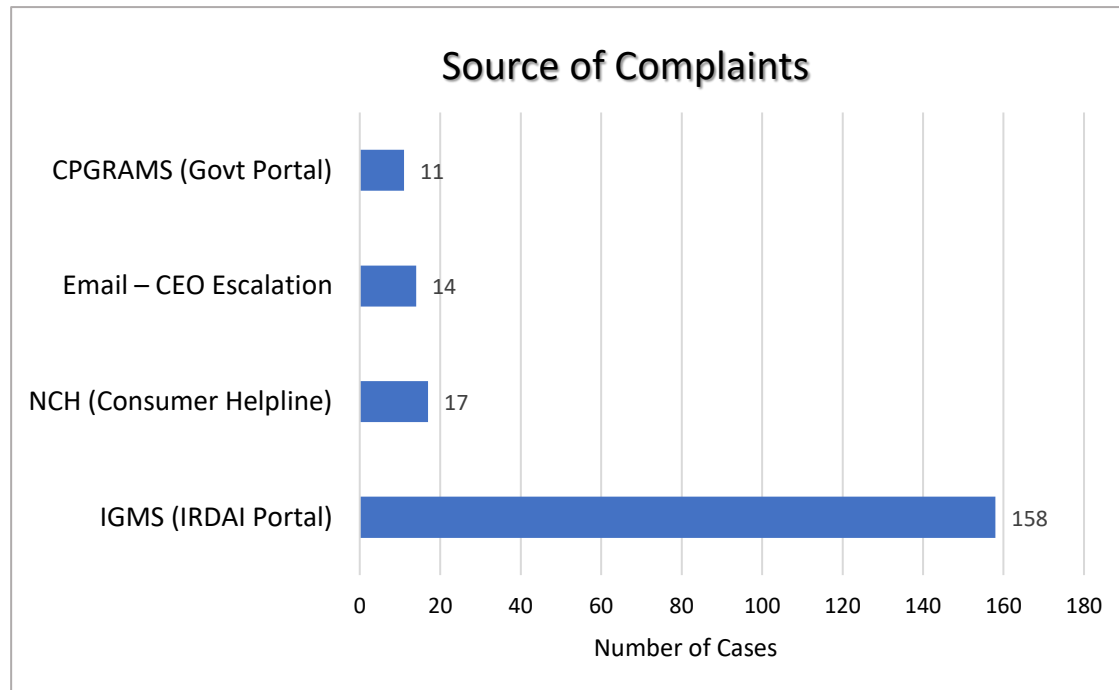
Service cases



- Refund-related cases were the most common, cases (32.8%).
- Renewals and Cancellations also contribute significant numbers of servicing-related grievances.

IRDA Cases

During the study period, 200 fresh grievances were identified as IRDA-regulated complaints.



Conclusion

- The findings demonstrated that a significant proportion of grievances were **repeat submissions**, and that reimbursement claim issues formed the bulk of escalations.
- The analysis of servicing-related complaints highlighted **key areas of customer concern**, particularly related to financial refunds, renewals, and cancellations.
- In addition, the review of IRDA cases confirmed the **predominance of the IGMS portal** as the preferred channel for external grievance escalation, with claim-related concerns again taking precedence.

		MIS Task	Current Manual Process	Proposed Automation
AT MIS		Case Tagging	Manual tagging of cases based on email content	NLP-based auto-tagging using keywords and sentiment analysis
		Case Allocation	Manual assignment of tagged cases to grievance executives	Rule-based Auto Allocation – RPA engine using logic on case type, workload, and roles
Grievance Executives		Access to IRDA complaints	Manual login to Bima Bharosa and Jarvis to retrieve case details and claim documents.	An API-based integration between SFDC, the Bima Bharosa portal, and Jarvis is recommended. Auto-fetching of IRDAI complaint data and supporting documents (medical reports, policy details, previous correspondence) linked to the case file.
		Outcome Decision Support	Case resolution decisions (approve/reject/partial) are based on executive's discretion and manual evaluation.	AI-driven decision support tool CDSS analyzing policy data, past cases, and denial reasons to recommend outcome with escalation flow if needed.

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THANK YOU