SYNOPSIS

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Title- Identification of Factors Affecting Turnaround Time in Reimbursement Claim Processing in Group Health Insurance – A Study at Care Health Insurance, Gurgaon

Introduction- Health insurance is essential for maintaining financial stability in the event of an emergency. One important aspect of group health insurance that affects both operational effectiveness and customer satisfaction is the reimbursement claim procedure. On the other hand, inefficiencies within insurance companies and heightened policyholder dissatisfaction may result from delays in processing reimbursement claims. The purpose of this study is to determine the causes of the longer turnaround time (TAT) in processing reimbursement claims and to assess current procedures to recommend enhancements.

Review of Literature- According to Hankede and Mwelwa (2024), the main reasons for claim processing delays are cash flow limitations, regulatory compliance problems, and gaps in company management. Legal ambiguity, poor documentation, and inadequate automation all contribute to inefficiency. Singhal (2024) emphasized that, because of a lack of transparency, documentation problems, and eligibility conflicts, manual processing, data inconsistencies, and bureaucratic obstacles considerably delay claim approvals in India, particularly in the reimbursement modality. Shakeela and Rao (2019) present an overview of India's health insurance sector and identify delays in reimbursement claim settlements due to administrative barriers, inadequate documentation, and insurer-provider coordination challenges.

Conceptual Framework- The study will be based on process improvement theories, which focus on reducing inefficiencies and improving service quality. Additionally, the Claims Processing- Process maps will be used to analyze the key stages in reimbursement processing, identifying areas prone to delays.

Research Gap- There is a dearth of targeted research on group health insurance reimbursement claims, although previous studies have examined claim processing inefficiencies in general

health insurance. By shedding light on operational inefficiencies and suggesting process improvements, this study aims to bridge this gap.

Research Question-

- What are the primary factors contributing to increased turnaround time in group reimbursement claim adjudication?
- How do procedural and systemic inefficiencies affect TAT?

Objectives-

- To understand the different stages of claim processing
- To identify and categorize the factors affecting claim processing TAT.
- To suggest strategies for improving the efficiency of claim adjudication processes

Material and methods-

- **Study Design**: A mixed-method approach using qualitative and quantitative analysis.
- **Setting**: Group Health Insurance Reimbursement team at Care Health Insurance Limited
- **Study Population**:
  - Inclusion Criteria- Claims submitted under group health insurance policies at Care Health Insurance, Gurgaon. Employees directly involved in claim processing
  - Exclusion Criteria- Claims under individual health insurance policies.
- **Duration of Study**: 15th March 2025 to 15th April 2025
- **Sample Size**: A sample of 1000 reimbursement claim cases will be analyzed, along with interviews with 20 claim processing executives to gather insights into operational challenges and process inefficiencies.
- **Sampling Technique**: Convenience sampling of claims processing employees and claim records for quantitative analysis
- **Data Collection Procedure**:

- **Primary Data**: Interviews with medical adjudicators.
- **Secondary Data**: Analysis of past claim records.
    - **Operational definitions**: **Turnaround Time (TAT):** The total time from claim submission to final settlement. **Group health insurance:** Group Health Insurance is a type of Health Insurance plan that covers employees of an organization. Through contributory or non-contributory versions of these policies, employers offer coverage to their employees during their employment tenure. **Medical Adjudicator:** An individual responsible for reviewing and approving/rejecting health insurance claims based on policy terms and clinical assessment.

Data analysis plan-

- Process mapping to identify bottlenecks.
- Use of data analysis tools such as Pareto charts, Ishikawa diagrams, bar graphs, etc.
- Propose improvements based on data analysis.

Implications of research-

- **Operational Efficiency**: Insights from this study will help streamline claim processing workflows and reduce TAT.
- **Policyholder Satisfaction**: Faster reimbursement processing enhances customer trust and retention.
- **Regulatory Compliance**: The study will ensure adherence to regulatory standards.
- **Technological Integration**: Identifying key areas where digital solutions can improve efficiency.

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