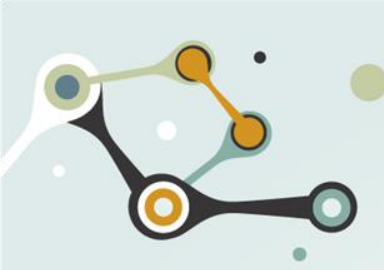




EVALUATION OF TURNAROUND TIME AT INTERNATION CLAIMS DEPARTMENT

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BACKGROUND

Care Health Insurance Limited (formerly **Religare Health Insurance Company Limited**) is established in July 2012 and headquartered in Gurgaon, Haryana . It is part of the Religare Group.

- It offers products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness.



An abstract graphic design featuring a central orange circle with a white border, surrounded by various organic shapes in teal, dark grey, and white. A teal shape with a long, thin neck extends from the top right towards the central circle. A dark grey shape with a long, thin neck extends from the top left towards the central circle. A white shape with a long, thin neck extends from the bottom left towards the central circle. Several small circles in teal, dark grey, and white are scattered around the central area. The background is a light blue-grey color.

INTRODUCTION



- ❖ **Turnaround time** - Length of time taken by a company to review and settle a claim for medical services rendered to a patient.
- ❖ **Claim processing** - Steps and actions taken by a company to assess, confirm, and decide the legitimacy of an insurance claim submitted by a policyholder.
- ❖ **Reimbursement** – Insured will self-pay and file the claim directly with the claims department and then the insurance company will pay it to the customer.

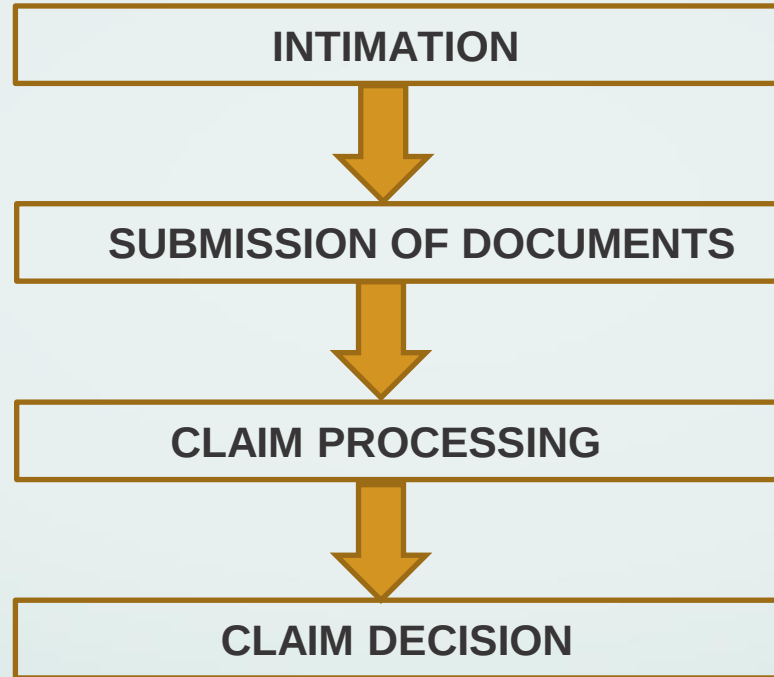
There are three categories in claims:

1. Approved
2. Rejected
3. Under process/ Query Raised





PROCESS OF REIMBURSEMENT



An abstract graphic design featuring organic, flowing shapes in teal, orange, and dark grey. A large orange circle is connected by a teal tube to another orange circle, which is further connected to a dark grey shape. Various smaller circles and teardrop shapes in teal, orange, and white are scattered around. The word "METHODOLOGY" is written in a bold, orange, sans-serif font on the right side.

METHODOLOGY



METHODOLOGY

The study was carried out at Care Health Insurance Limited from April to May 2023.

AIM: To evaluate the turnaround time of reimbursement claim processing in the International claims department.

OBJECTIVES

- To record the process of health insurance reimbursement claims.
- To assess the turnaround time for reimbursement claim settlement.
- To identify the factors that contribute to delays and inefficiencies in the process.





Research Questions:

- What are the key steps and procedures involved in the reimbursement claim processing within the International claims department?
- What is the average turnaround time for the reimbursement claim process, from the time of claim submission to the final settlement?
- What are the factors contributing to delays and inefficiencies in the reimbursement claim processing, such as incomplete documentation, system errors, or communication gaps?





- **Study Design:**

Cross-sectional observational study design with an analytical approach.

- **Sample Size:**

1000 reimbursement claims

- **Study Setting:**

International Claims Department

- **Data Collection Procedure:**

Organization's Internal Databases & Management Information Systems





- **Data Analysis:**

- ❖ Spread sheet
- ❖ Bar Graphs
- ❖ Pie Chart

- **Hypothesis:**

The turnaround time of medical reimbursement claim processing in international claims at an insurance company is significantly different from the industry-standard average processing time.



An abstract graphic on the left side of the slide. It features a central orange circle with a white border, surrounded by various organic, teardrop-like shapes in shades of teal, dark grey, and white. Some shapes have smaller circles inside them, creating a layered, cellular effect. The background is a light blue-grey color.

RESULTS

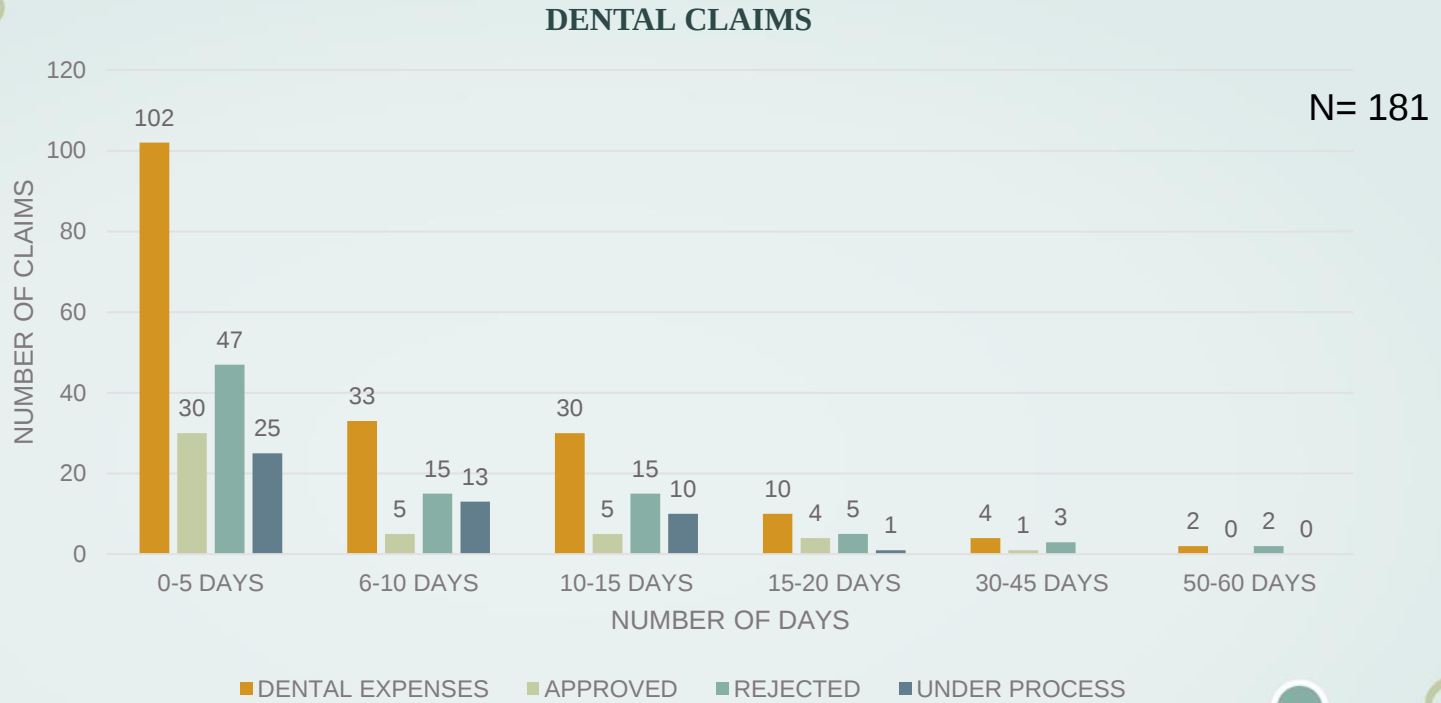
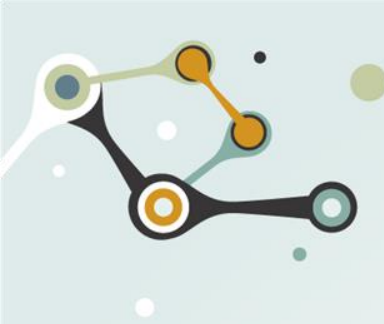


Figure 1- Dental Claims As Per TAT

❖ Out of a total of 181 dental claims, 48.06% were rejected, 24.86% were approved and remaining 27.07% were under process.



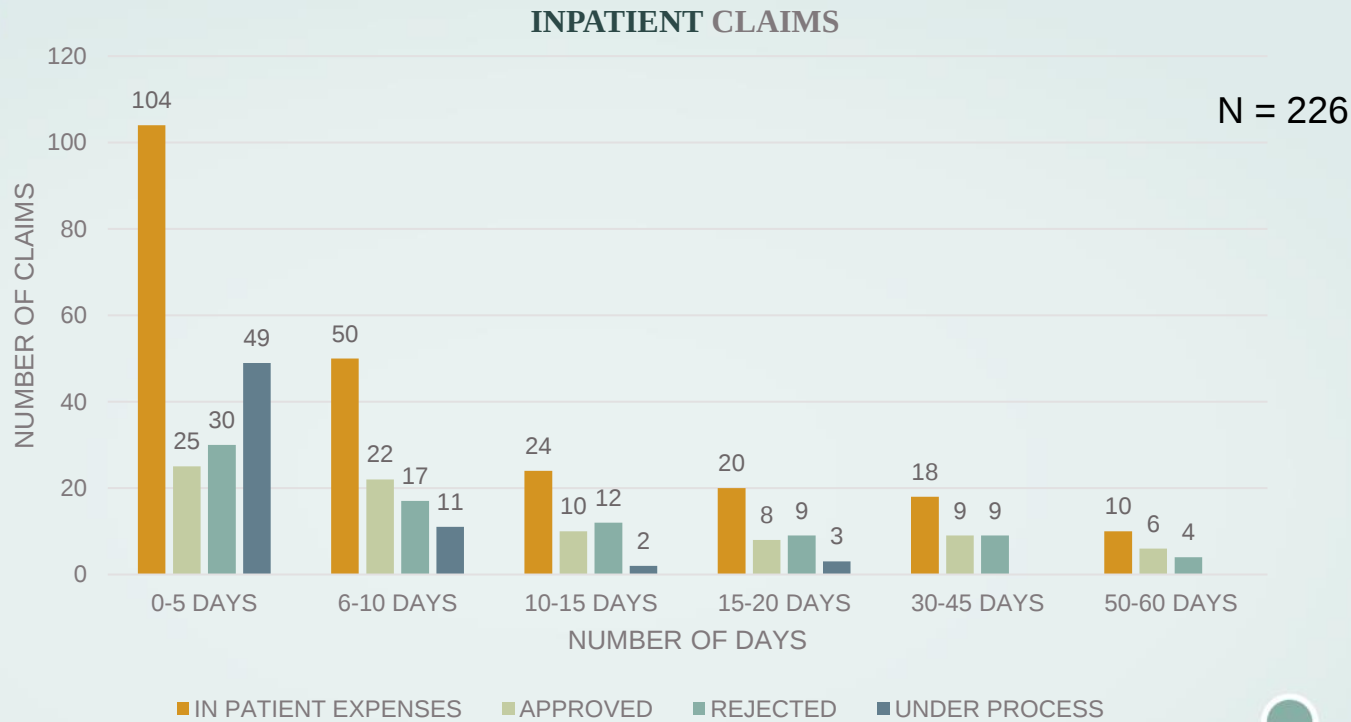


Figure 2- Inpatient Claims As Per TAT

- ❖ Out of a total of 226 inpatient claims, 35.8% were rejected, 35.3% were approved and remaining 28.7% were under process.



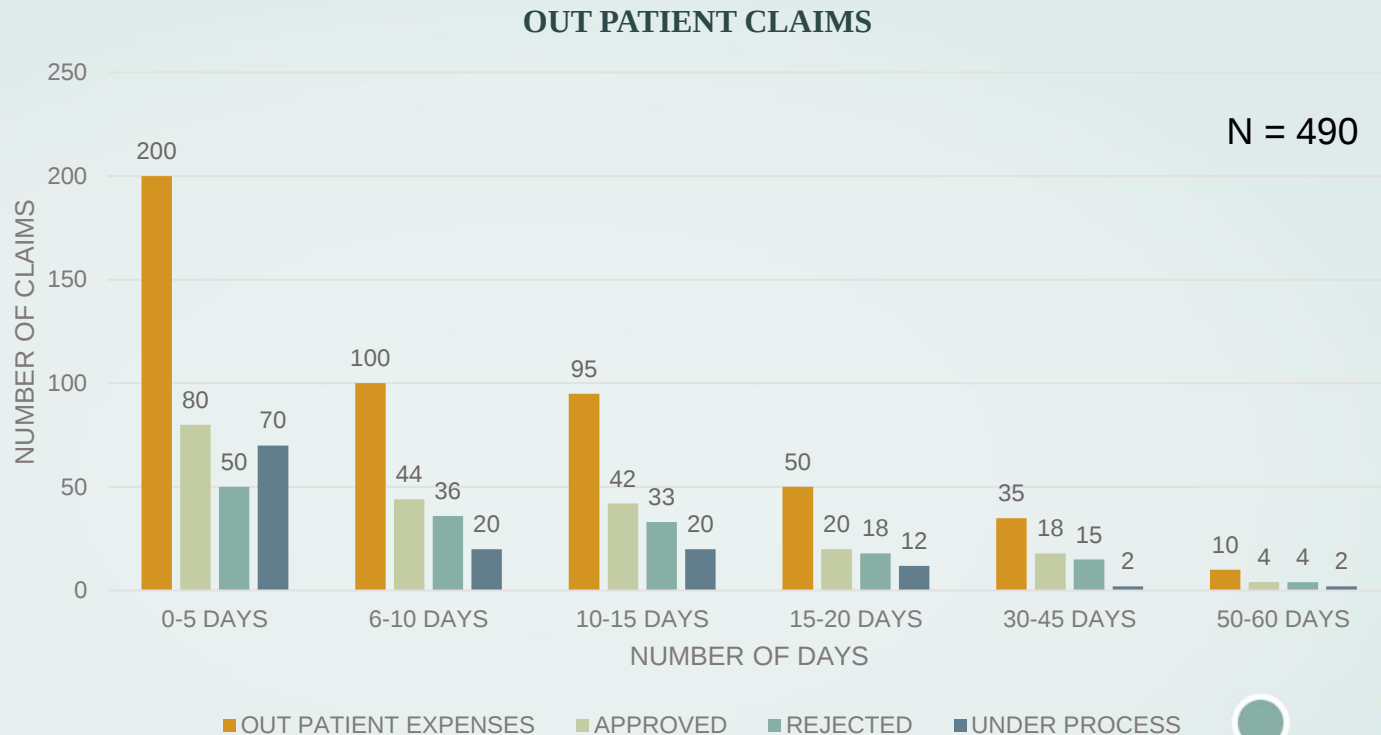


Figure 3- Outpatient Claims As Per TAT

- ❖ Out of a total of 490 outpatient claims, 31.8% were rejected, 42.4% were approved and remaining 25.7% were under process.



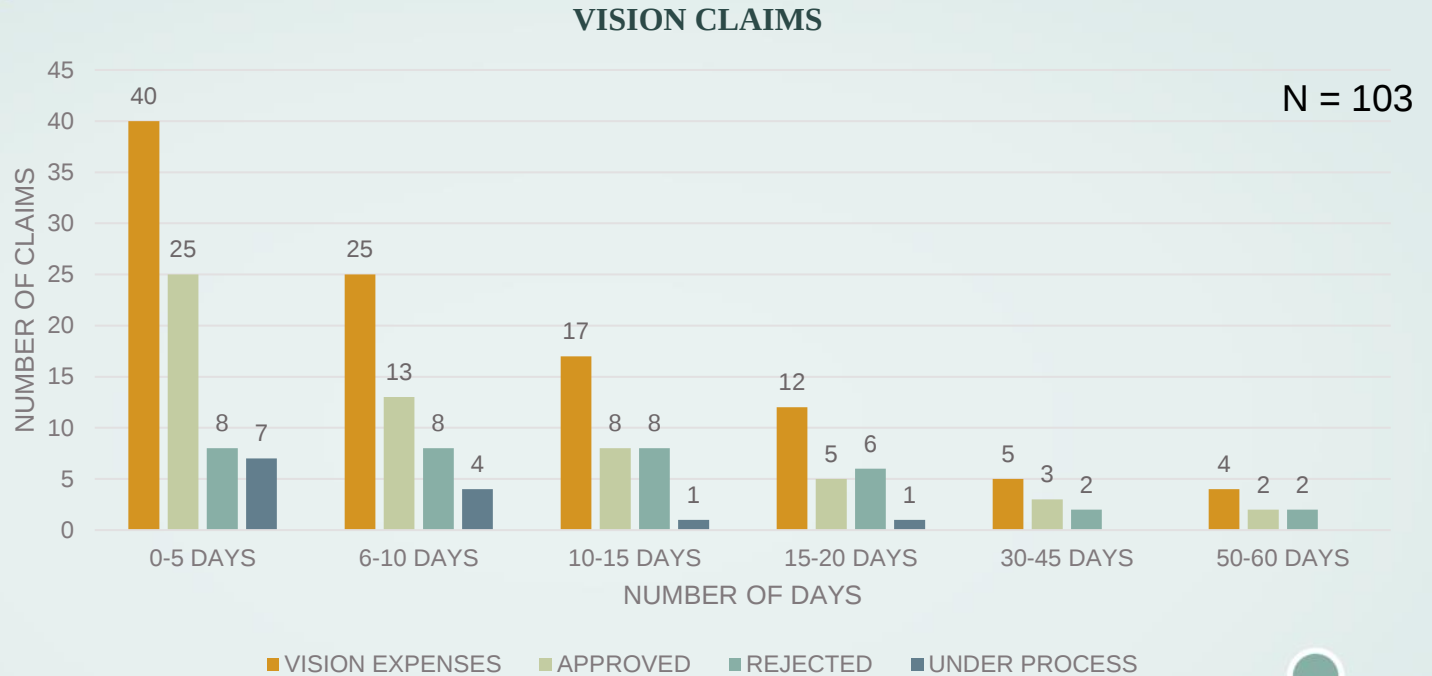


Figure 4- Vision Claims As Per TAT

- ❖ Out of a total of 103 vision claims, 33% were rejected, 54.3% were approved and remaining 12.6% were under process.



OVERALL CLAIMS

N = 1000

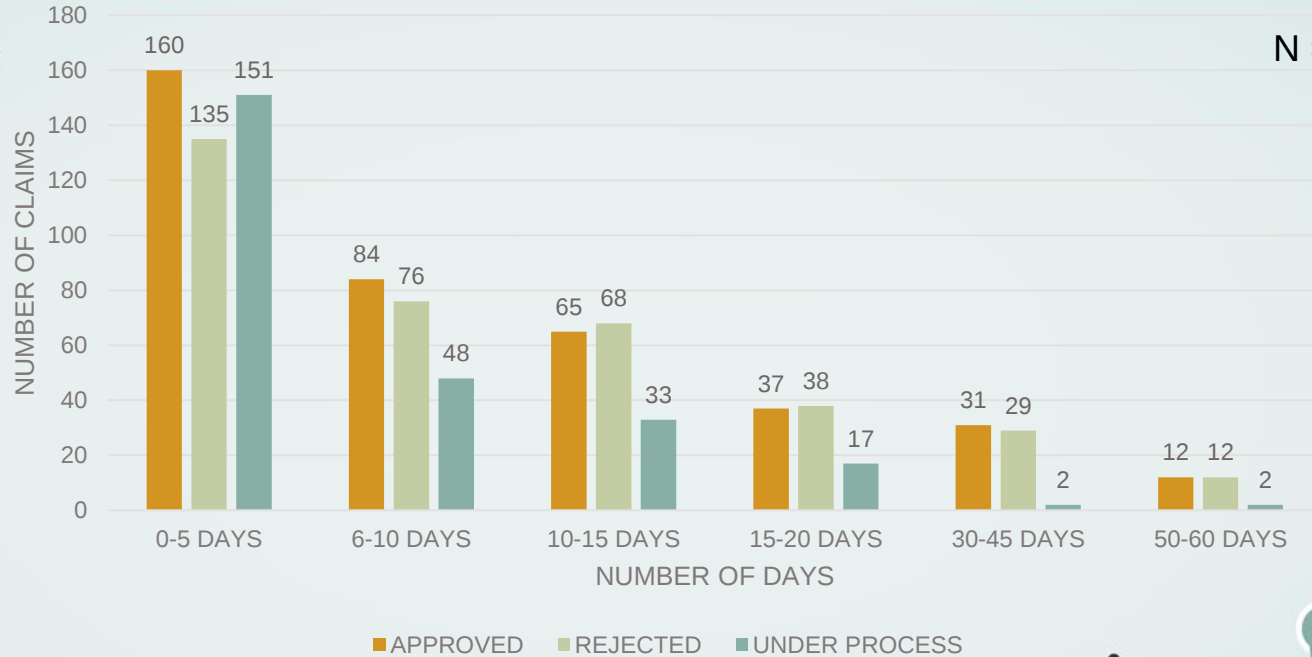
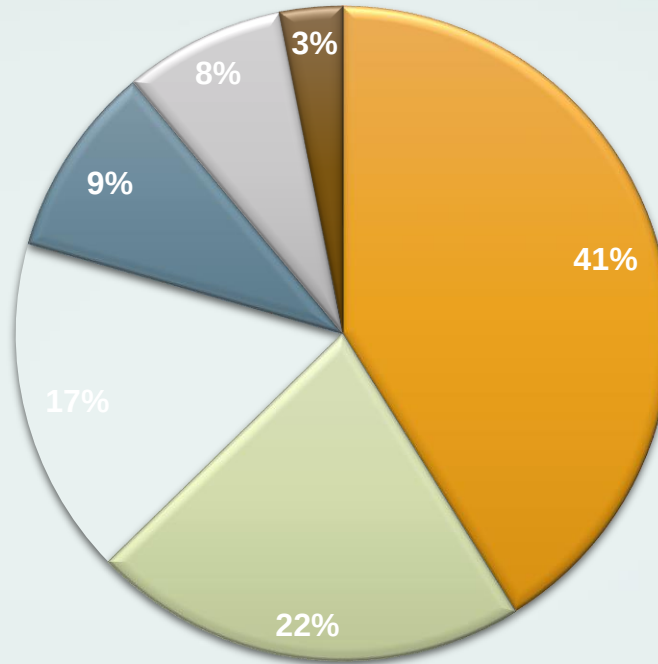
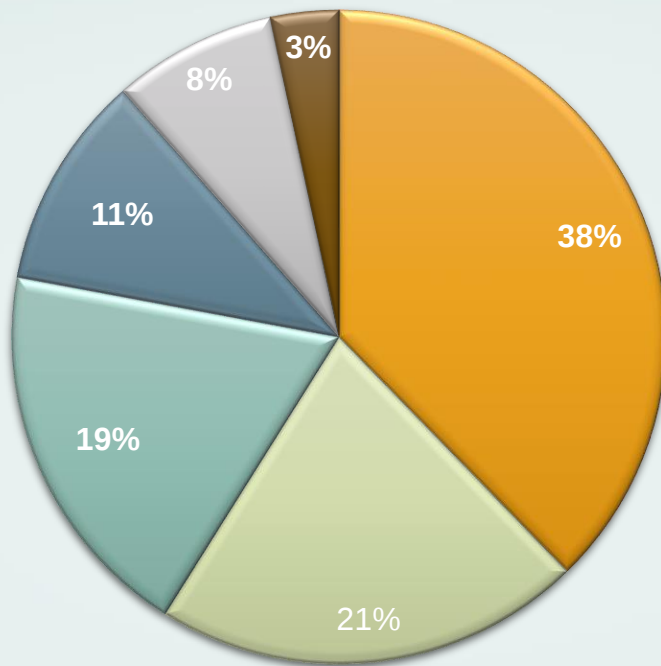


Figure 5- Overall Claims As Per TAT



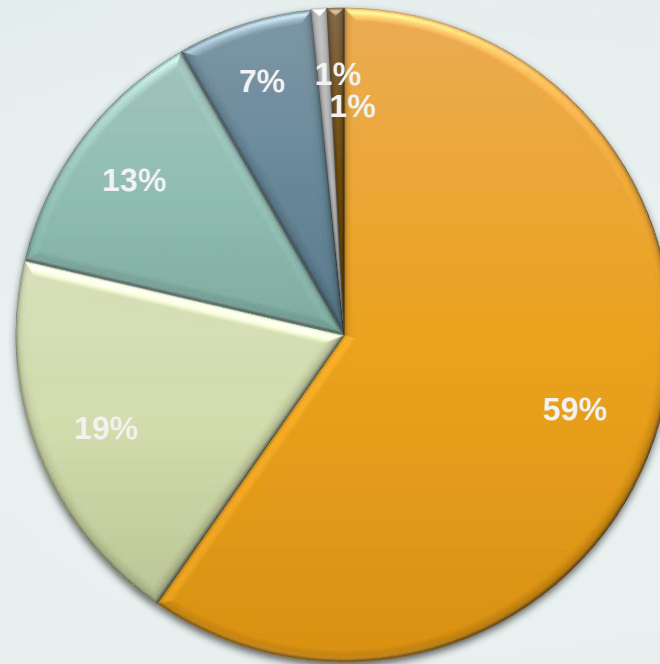
■ 0-5 DAYS ■ 6-10 DAYS ■ 10-15 DAYS ■ 15-20 DAYS ■ 30-45 DAYS ■ 50-60 DAYS

Figure 6- Total Approved Claims As Per TAT



■ 0-5 DAYS ■ 6-10 DAYS ■ 10-15 DAYS ■ 15-20 DAYS ■ 30-45 DAYS ■ 50-60 DAYS

Figure 7- Total Rejected Claims As Per TAT



■ 0-5 DAYS ■ 6-10 DAYS ■ 10-15 DAYS ■ 15-20 DAYS ■ 30-45 DAYS ■ 50-60 DAYS

Figure 8- Total Query Raised Claims As Per TAT

Number of Claims

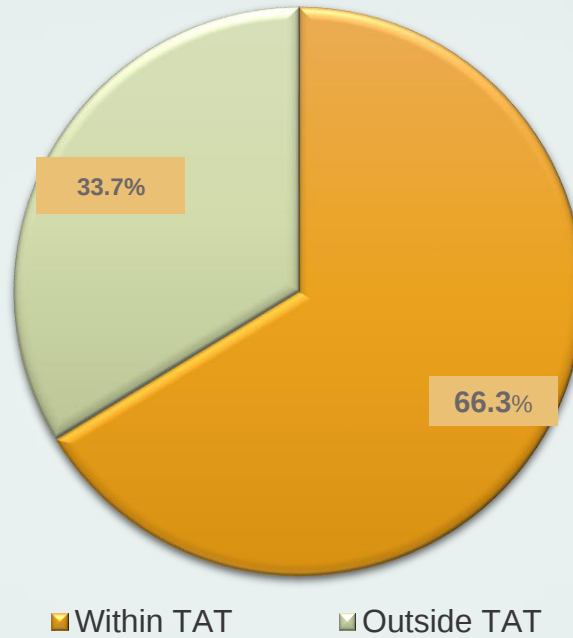


Figure 9 - Number of Claims under TAT



- ❖ 38.9% of cases were approved. Out of 1000 claims, 389 cases were successfully met the necessary criteria and were approved for reimbursement.
- ❖ 35.8% of cases were rejected. Out of 1000 claims, 358 cases were rejected as they didn't meet the criteria as per policy terms and conditions.
- ❖ 25.3% of cases were in under process or query raised stage indicating the need for further assessment or clarification.





- The study examined the number of claims processed within the defined turnaround time (TAT) of 30 days, as well as those that exceeded the TAT in the insurance company's International claims department.
- Out of a total of 1000 claims examined, 663 were resolved within the prescribed TAT and 337 went longer than the benchmark timeframe.
- 66.3% Claims are resolved within the anticipated TAT, demonstrating effective claim processing
- 33.7% Claims that took longer than the TAT emphasizes the need for more analysis.



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GAPS & RECOMMENDATIONS



GAPS

- Delayed Processing
- Lack of Transparency
- Lack of Documentation
- Inconsistent Evaluation Criteria
- Customer Support and Assistance





CONCLUSION

- Study on reimbursement claim processing turnaround time by the International claims department.
- Claims categorized into dental, inpatient, outpatient, and vision expenses.
- Recommendations include expediting claim processing, improving transparency and standardization, providing documentation guidance, enhancing customer support, and monitoring performance.
- Implementation can result in faster response times, increased efficiency, and improved client satisfaction.





RECOMMENDATIONS

- Streamline Claim Processing
- Enhance Transparency and Communication
- Standardize Evaluation Criteria
- Enhance Documentation Advice
- Boost Customer Support Services
- Regular Performance Monitoring
- Continuous Process Improvement





**THANK
YOU!**

