EVALUATION OF TURNAROUND TIME OF REIMBURSEMENT CLAIM PROCESSING IN INTERNATIONAL CLAIMS AT CARE HEALTH INSURANCE LIMITED

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INTRODUCTION

India's insurance market is still developing as a result of legal changes, technological improvements, and shifting consumer tastes.

It provides financial protection and assistance during travel-related emergencies, such as trip cancellations, medical emergencies, lost baggage, or flight delays.

The Insurance Regulatory and Development Authority (IRDA), which is in charge of developing and enforcing rules and regulations for the insurance sector, regulates and oversees the insurance industry in India.

INTRODUCTION

Turnaround time (TAT) for reimbursement claim processing focuses on assessing how long it takes a health insurance company to process and pay out non-medical reimbursement claims, which cover things like trip interruption, trip delay, delay of checked-in baggage, loss of checked-in baggage etc.

The research intends to quantify the time required, assess the impact of delayed claim processing , identify bottlenecks if any and improve the department's capability.

TAT is a crucial performance parameter used to evaluate the effectiveness and efficiency of the claim processing system.

INTRODUCTION

This study is completed after analyzing the turnaround time (TAT) of 1000 non-medical claims over a course of 3 months.

According to guidelines a non-medical reimbursement claim should be settled within 30 days, which was used as a comparison value in the study.

Claims are divided into 3 types:

Approved (which met the criteria and required documents were submitted)

Rejected (which did not met the criteria and required documents were submitted)

Under Process (Required documents were not submitted and no decision has been taken on them yet.)

Benefits covered in Care Health Insurance

- Trip cancellation
- Trip delay
- Trip interruption
- Loss of checked-in baggage
- Delay of checked-in baggage
- Missed flight connection
- Repatriation of Mortal Remains
- Loss of passport
- Return of minor child
- Upgradation to business class
- Automatic trip extension
- Hijack distress allowance

PROCESS OF REIMBURESEMENT

STEP 1: CLAIM INTIMATION	**Member needs to inform the insurance company about expenses incurred member wants to claim with details of incidence on email id and claim advice mentioning complete documentation process will be shared.**
STEP 2: DOCUMENTS SUBMISSION	**Member needs to submit claim documents as per claim advice shared to member.**

STEP 3:
CLAIM PROCESSING

Claim documents submitted to insurance company for processing will be reviewed and in case of any further requirement, member will be informed on the pending information and member needs to provide the same.

STEP 4:
CLAIM DECISION

Decision about claim is taken, whether approved or rejected

AIM

Evaluation of Turnaround Time of non-medical reimbursement claim processing in international claims At Care Health Insurance Limited.

OBJECTIVES

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

METHODOLOGY

RESEARCH QUESTION:

- What is the reimbursement process ?
- What is the average Turnaround Time of reimbursement process?
- What factors were identified as contributing to delays in reimbursement claim processing, and what recommendations were made for improving efficiency?

STUDY POPULATION:

- Inclusion criteria:
  Non-Medical claims (Trip delay, Trip cancellation, Loss of checked-in baggage, Delay of checked-in baggage).
- Exclusion criteria:
  Medical claims (OPD, IPD, Dental, Vision).

DURATION OF STUDY:
This study was completed in three months duration (10th Mar-10th June 2023).

SAMPLE SIZE:
A total of 1000 Non-Medical claims were analyzed for this study (1st April-31st May 2023).

SETTING:
Care Health Insurance Limited, Gurgaon, Haryana, India.

DATA COLLECTION PROCEDURE:

Data was collected by 2 methods Direct Observation and Management Information System (MIS).

SAMPLING TECHNIQUE:

Convenience Sampling technique was used to collect data and analyze claims.

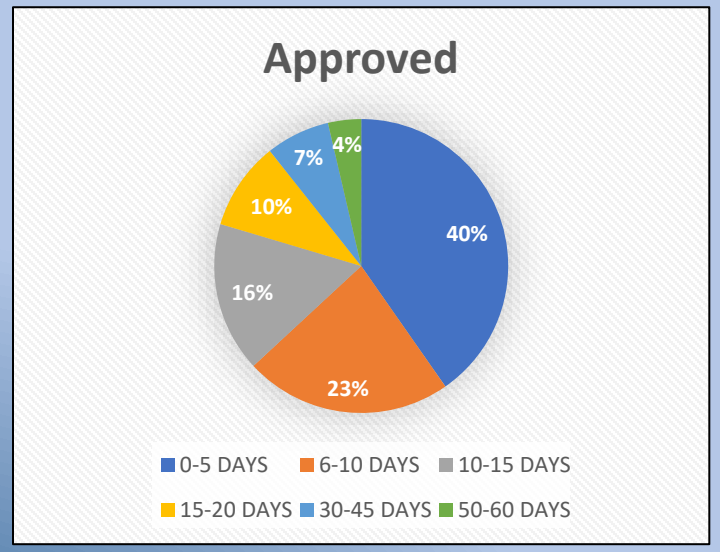
STUDY TOOLS AND DESIGN:

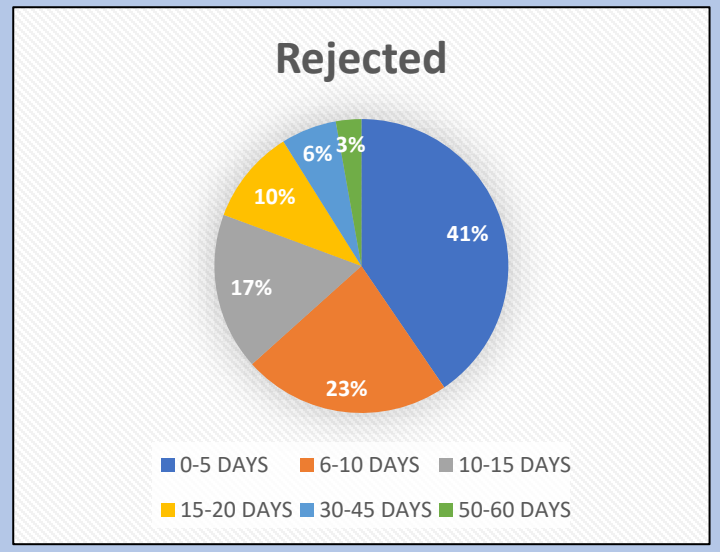
Study tool used in this study is collecting data from the secondary data of the organization whereas study design is descriptive cross-sectional.

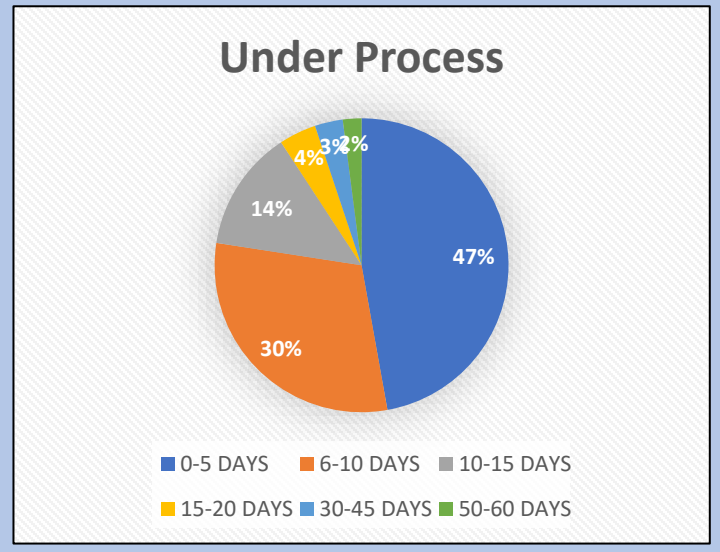
Literature Review

TITLE OF STUDY	AUTHOR	KEY TAKEAWAY	SOURCES
Intelligent travel and expense claim - ITRAVEL	Vandana Sumbe, Aaliya Shaikh, Vaishali Mhaske, Prof Shital Aher	iTravel is an intelligent travel and expense claim system that offers a streamlined and automated process for managing travel expenses. It simplifies the entire claim process, from submission to reimbursement.	International Journal Of Innovations in Engineering Research and Technology [IJIERT]
Travel Medical Insurance	John.D.Allingham	Companies reduce risk either by not covering any pre-existing conditions or, more commonly, by accepting some pre-existing conditions with important qualifications, such as a required period of “stability” and “control.”	The official journal of the College of family physicians of Canada
Repatriation of human remains following death in international travellers	Ruairi Conolly Richard Prendiville Denis Cusack Gerard Flaherty	Formal identification of the deceased’s remains is required and a funeral director must be appointed. Following this, a number of documents prior to providing clearance for burial.	International Society of Travel Medicine Oxford Academic
Multidimensional Analysis of Reimbursement Process	Kushal Poddar1 Monika Gupta Jayachandu Bandlamudi Sampath Dechu2	This report leverages existing process mining techniques and implements a set of new techniques to analyze the data from multiple dimensions.	Jawaharlal Nehru University, India

RESULT AND DISCUSSION







APPROVED CLAIMS

Out of total 412 approved claims, maximum claims i.e., 162 were approved in first 5 days of processing which is 40% whereas minimum claims i.e., 15 claims were approved in 50-60 days which is 4% of total approved claims

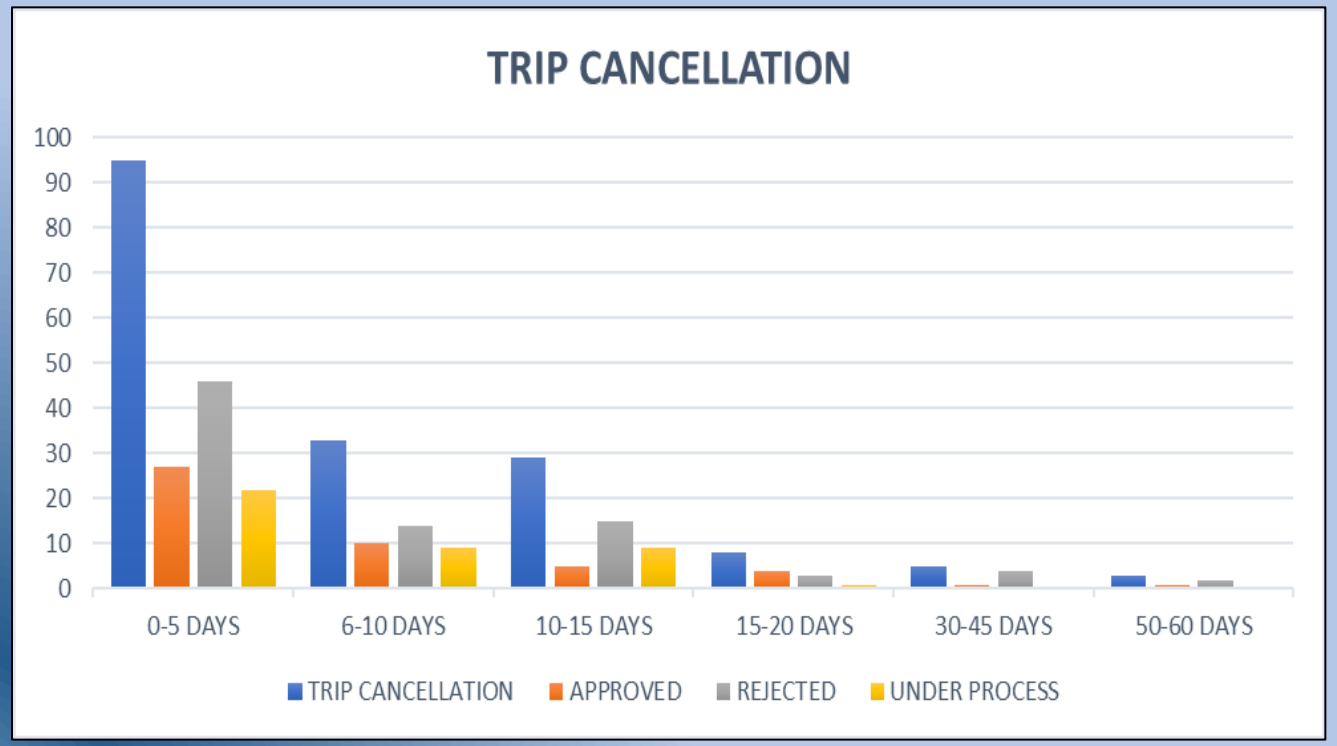
REJECTED CLAIMS

Out of total 393 rejected claims, maximum claims i.e., 159 were denied in first 5 days of processing which is 41% whereas minimum claims i.e., 11 claims were cancelled in 50-60 days which is 3% of total approved claims.

UNDER PROCESS

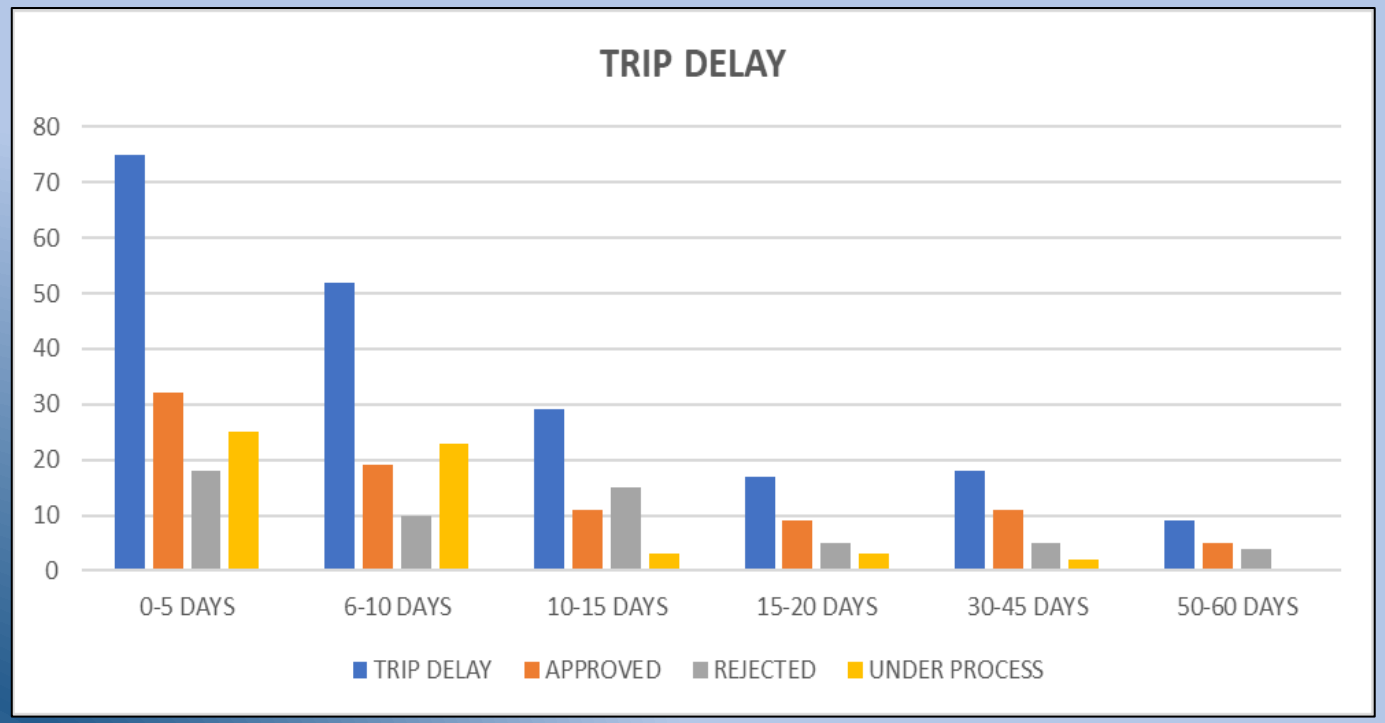
Out of total 195 under process claims, maximum queries i.e., 92 were raised in first 5 days of processing which is 47% whereas minimum queries i.e., 4 claims were raised in 50-60 days which is 2% of total approved claims

Trip Cancellation



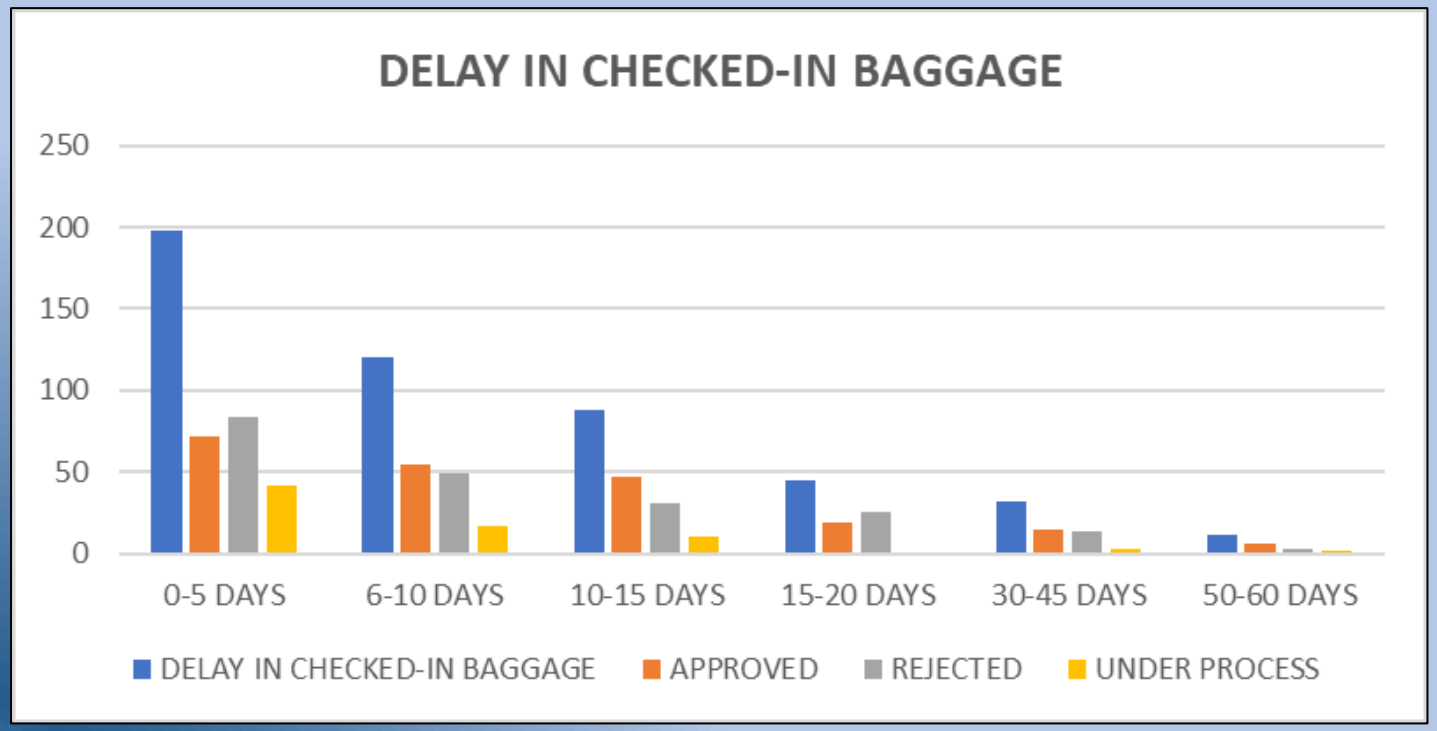
Out of a total of 173 claims filed for trip cancellation, the data indicates that 48 claims were approved, 84 claims were rejected, whereas 41 claims are currently under review,

Trip Delay



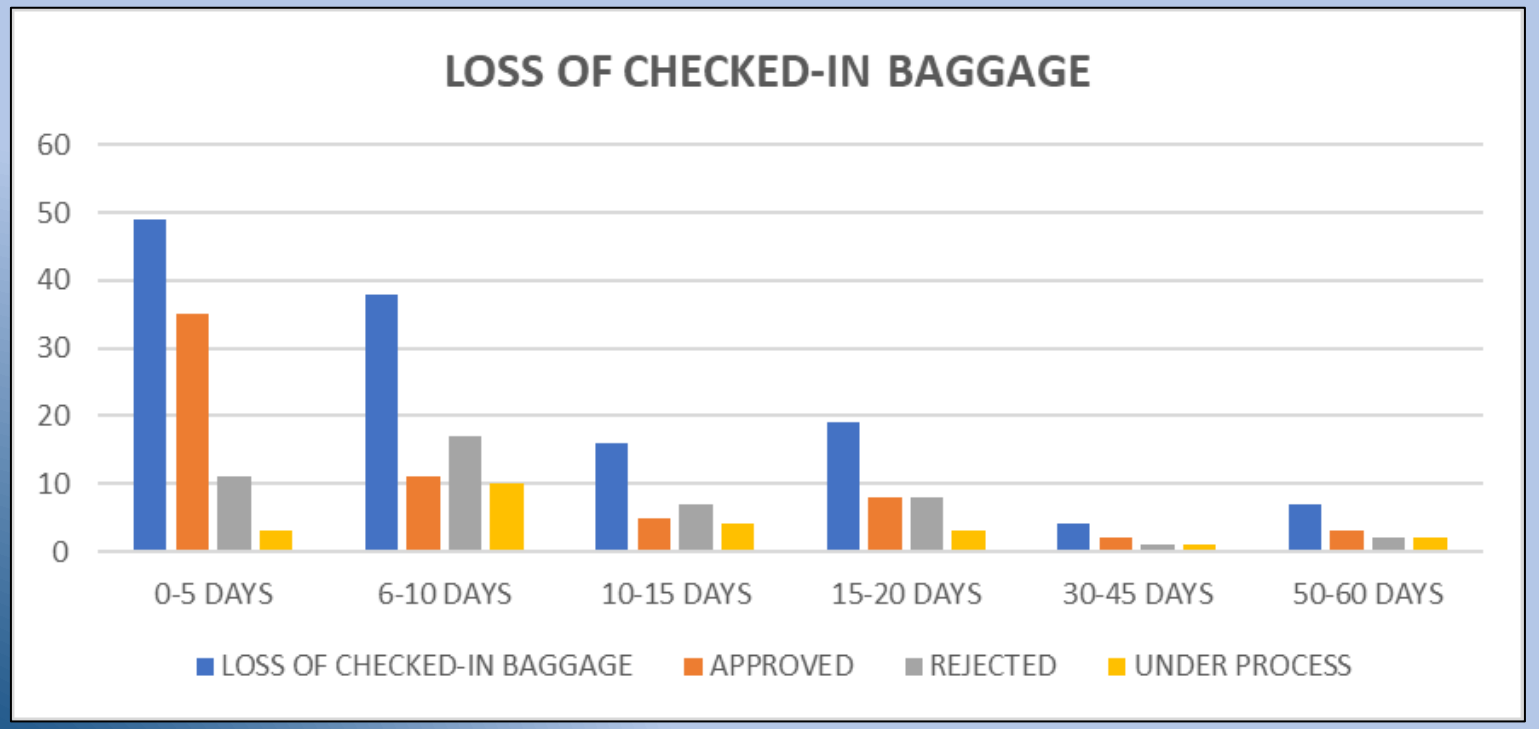
Among the 200 claims submitted for trip delay, 87 of them were approved, 57 claims were denied and 56 claims were being reviewed.

Delay in checked-in baggage



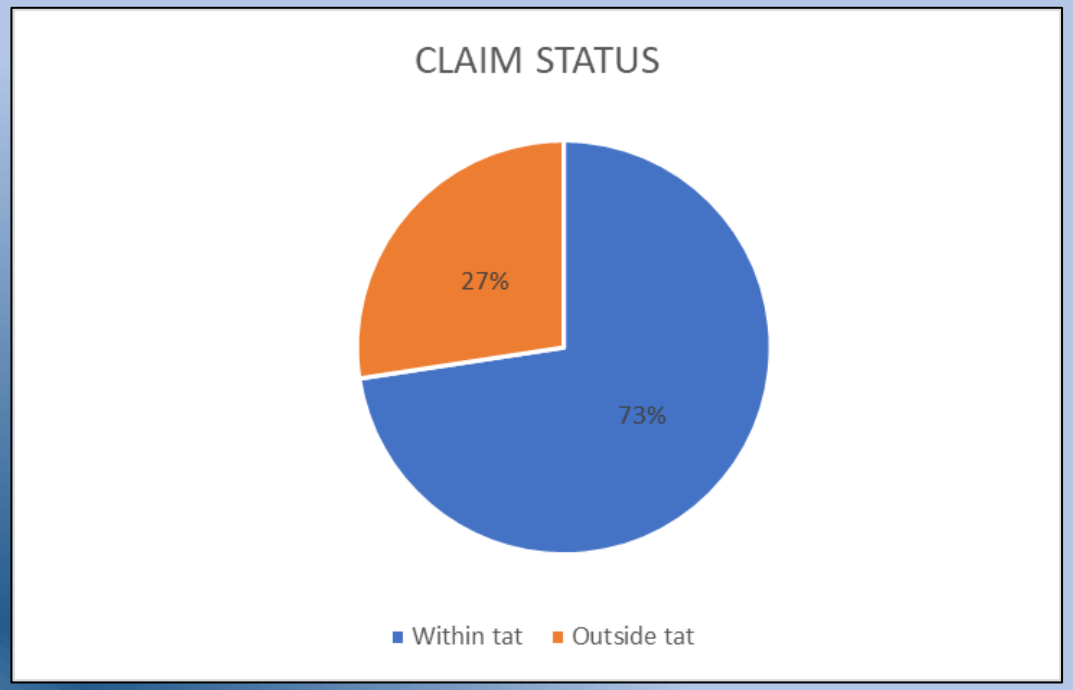
Out of a total of 494 claims related to delayed checked-in baggage, 213 claims were approved, 206 claims were rejected, 75 claims were being reviewed

Loss of checked-in baggage



Out of a total of 133 claims for loss of checked-in baggage, 64 claims were approved, 46 claims were rejected, additionally, 23 claims were under review

TAT Evaluation



Out of the total 1000 claims analyzed, 726 claims were processed and settled within the specified TAT. This indicates that the majority of the claims (72.6%) were handled promptly and efficiently

However, there were also 274 claims that fell outside the TAT. These claims took longer than the expected time to be processed and settled

Conclusion

Total of 726 claims were processed and decision was taken on them within a month.

Whereas 274 claims were under process and breached TAT.

Some of the common delay factors were incomplete documentation provided, complicated cases in which additional time was required for assessment, high number of claims etc.

Conclusion

This study's evaluation of the turnaround time for processing reimbursement claims in the foreign claims department has a number of strengths, such as Real-Time Data, Use of Management Information System (MIS), Emphasis on Non-Medical Reimbursement Claims etc.

Also there were few gaps and limitations such as Lack of Comparative Analysis, Limited Scope, An incomplete understanding of the viewpoints of the stakeholders, Possibility of Observer Bias or Data Entry Errors, limited Sample Size, Time Restrictions etc.

RECOMMENDATIONS

On the basis of the evaluation of the TAT of claim reimbursement processing in the department of international claims, the below mentioned recommendations are advised to improve efficiency and client satisfaction:

- Implementation of Digital Solutions
- Automate Data Entry Procedures
- Enhance Communication Channels

- Offer Support and Clearly Defined Guidelines
- Regularly conduct training and performance reviews
- Track and examine Turnaround Time
- Encourage collaboration and knowledge exchange
- Periodic Review and Adjustment

THANKYOU