

A STUDY OF PROCESS FLOW AND EVALUATION OF TAT
UNDER CHRONIC MANAGEMENT PROGRAM
IN RETAIL UNDERWRITING AT
ADITYA BIRLA HEALTH INSURANCE

Dissertation Submitted to



The IIHMR university, Jaipur

for the partial fulfillment for the award of the degree of
Master of Business Administration (MBA)
Academic year, 2021-2023

in
Hospital and Health Management
by

Dr. Rutuja Jadhav, 1380

Under the Supervision and Guidance of

Dr. Anupam Mehrotra
Assistant Professor

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled *A Study of Process flow and evaluation of TAT under Chronic Management Program in Retail underwriting at Aditya Birla Health Insurance* is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of ant degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Dr. Rutuja Jadhav

Date: 05th June 2023

CERTIFICATE

This is to certify that Dr. Rutuja Jadhav in partial fulfilment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur has successfully completed her/his internship at Aditya Birla Health Insurance during February 20- May 19, 2023.

Place: Mumbai

Date:

Head of the organization

Name of the organization

CERTIFICATE

This is to certify that dissertation titled is a record of the research *A Study of Process flow and evaluation of TAT under Chronic Management Program in Retail underwriting at Aditya Birla Health Insurance* work undertaken by Dr. Rutuja Jadhav in partial fulfilment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide: Dr. Anupam Mehrotra

IIHMR University, Jaipur

Date:

School Dean: Col. Dr Mahendra Kumar

IIHMR University, Jaipur

Abstract

Title

A Study of process flow and evaluation of TAT under Chronic management program in Retail Underwriting at Aditya Birla Health Insurance

Aim

To examine and analyse the process flow and turnaround time of tagging the Chronic management program within the Retail Underwriting department of Aditya Birla Health Insurance.

Introduction

Insurance underwriting involves the assessment and determination of which risks presented by the client are acceptable to the insurance company. Underwriters, as experts in their field, evaluate and analyse the potential risks associated with insuring individuals and their possessions.

Chronic diseases are a significant health concern globally, and their management requires continuous monitoring and treatment. Aditya Birla Health Insurance has developed chronic management program to provide comprehensive and coordinated care to patients. The programs aim to reduce the burden of chronic illnesses on the healthcare system and improve patient outcome. This program covers the chronic diseases without any waiting period for the customers.

Rationale

The identification and categorisation of various customer categories were essential contributors to identify and plan the premium rates to be offered to various segment of customers. The digital tagging method offers the flexibility of addressing the right rates and right benefits to the customers with quick turnaround time as compared to manual tagging of chronic management program.

Methodology

Data collection, process mapping, time-motion studies, and statistical analysis of turnaround time for chronic management programs are all part of the technique, which also compares the manual and digital tagging processes. Recording current practices and identifying inefficiencies were part of the process mapping methodology. By utilizing time-motion analyses, it was determined how much time was needed for each stage of the manual and digital tagging process. The calculation of the TAT took into account the time it took from receiving the application to completing the tagging process.

Key results

The assessment of test results has helped in proving that the digital tagging method has addressed the key challenges noted in manual tagging method, improved the accuracy of the processing and helped in significant reduction of TAT from 360 minutes to 30 minutes per application.

Conclusion

Based on the observations noted from the study, it can be concluded that for improving the process efficiency; reduction of the associated costs and to increase customer satisfaction due to quick processing, digital tagging method to be continued to be followed by the entity.

Key Words

CMP (Chronic management program), TAT (Turn-Around-Time), PED (Pre-existing disease) Process flow, manual tagging, digital tagging.

Acknowledgement

I would like to express my sincere gratitude to Aditya Birla Health Insurance Pvt Ltd for providing me with the opportunity to complete my internship with their organization. The experience has been vital in helping me develop my skills and knowledge in the field of health insurance.

I would like to thank **Dr. Pallavi Chitnis**, Head- Retail Underwriting, for welcoming me into the ABHI family. I would like to extend my gratitude to my manager **Dr. Amruta Raut**, Senior underwriter for giving honest feedback on my project and for her guidance and mentorship provided throughout my internship.

I appreciate **Ms. Nishka Rupainwar**, Retail-Underwriter, for explaining the fundamentals of the procedure to me and for supplying all the necessary information. The entire retail underwriting team at Aditya Birla Health Insurance has been a tremendous help, and I want to thank them all for it. They have been helpful in assisting me in expanding my professional network and gaining practical experience.

Finally, I want to thank the academic institution for allowing me to work as an intern at Aditya Birla Health Insurance.

I would like to thank **Col. Dr. Mahendra Kumar**, Dean Academics at IIHMR University, Jaipur for being a continual source of guidance throughout my degree programme. I also want to thank **Dr. Anupam Mehrotra**, my project mentor and assistant professor at IIHMR University, for helping me by giving me the guidance I needed to finish my research effectively. He also shared some insightful advice with me. I am thrilled to have related to such a distinguished institute, and this experience has been a crucial turning point in my professional development. I will make the most of the priceless knowledge and abilities I gained at ABHI and keep working to get better to fulfil my goals.

Sincerely,

Rutuja Jadhav

Table of Contents

Sr. No	Content	Page No.
1.	Introduction	1
2.	Review of Literature	5
3.	Methodology	7
4.	Process Flow	9
5.	Data Analysis	12
6.	Result and Findings	15
7.	Gantt Chart	21
8.	Discussion	22
9.	Conclusion	22
10.	Reference	23

List of Figures

Figure	Title	Page no.
3.1	Underwriting Process Flow	10
3.2	Process flow of Manual CMP tagging	13
3.3	Process Flow of Digital CMP Tagging	14
4.1	Bar graph comparing Standard and actual TAT in manual tagging	15
4.2	Graph showing difference in Standard and actual TAT in manual tagging	16
4.3	Disease category analysis of manual tagging	17
4.4	Typed of cases with TAT for manual tagging	17
4.5	Graph comparing Standard and actual TAT in digital tagging	18
4.6	Graph showing difference in Standard and actual TAT in digital tagging	19
4.7	Disease category analysis of digital tagging	19
4.8	Typed of cases with TAT for digital tagging	20
4.9	Comparison of manual and digital TAT for CMP tagging	20
5	Gantt Chart	21

List of symbols and abbreviations

Abbreviations	Full form
CMP	Chronic Management Program
ABHI	Aditya Birla Health Insurance
TAT	Turnaround Time
STP	Straight through processing
NSTP	Non-straight through processing
TPA	Third party
FWA	Fraud and abuse team
PPMC	Pre-policy medical check-up
IRDAI	Insurance regulatory and development authority of India
Tele	Telephonic
MER	Medical Examination Report
DRM	Disease Risk Management
PED	Pre-existing Disease

Chapter 1: INTRODUCTION

The Indian market comprises of both life insurance and general insurance which is regulated by the Insurance Regulatory and Development Authority of India (IRDAI). There are 58 companies in the Indian insurance sector overall, of which 24 are involved in life insurance and 34 are involved in general insurance sector.

Under the non-life insurance, the health insurance helps in individuals manage their medical treatment costs. Insurance companies have to identify the risks that can be covered and to finalize this, a combination of actuarial principles is used to determine the premium price to be offered to the applicants.

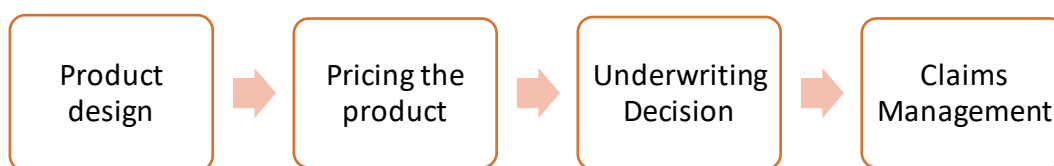
The key classification of health insurance is:

1. Underwriting
2. Management of applicant claims
3. Management of fraudulent misuse.
4. Network of providers.

The insurers effectively manage the risk through the underwriting method. The various categories in the underwriting are:

- **Preferred risk class-** This class presents the insurer with the least amount of risk. As a result, this class is charged a lesser premium than the average.
- **Standard risk class-** Those proposed insured who fall into this category have average projected mortality. As a result, standard premium rates are assessed to them, which are higher than those for the preferred class but lower than those for the substandard class.
- **Substandard risk class-** This class poses a higher-than-average danger than others. This group comprises those who are ill, chain smokers, etc. This class is subject to a greater premium in comparison with average for other risk class
- **Declined risk class-** These refers to applications that do not fit into the standard guidelines and hence rejected at the time of processing.

The life cycle of an insurance product consists of:



The underwriter determines this categorization by carefully reviewing the proposer's profile and medical records in addition to the information provided in the proposal form.

Underwriting's fundamental tenet is the

Fairness and equity, legal observance, product expenses, product pricing, adherence to rules and regulations, risk assessment and quantification, Consistency, evaluation of risks, and calculation of risks.

By the time the process is complete, the company has decided which risks it is willing to accept and which it is willing to refuse. Insurance underwriters don't interact with clients face-to-face; instead, they just evaluate the proposal form and make the proposer an acceptable offer based on their profile and the company's risk guidelines.

The goal of this study is to comprehend the Aditya Birla Health Insurance underwriting process flow and evaluate the turnaround times for manual and digital tagging of the chronic management programme.

Any case which comes to the underwriting team can be STP or NSTP.

STP cases are exempted from underwriting as in these cases the customer does not disclose any pre existing diseases or personal habits, also the sum insured and other factors like age and BMI are within the limits set by the insurance company.

Cases that are forwarded to underwriting are known as NSTP cases. This includes situations where the age, the amount insured, and/or the proposer's disclosure of certain health conditions or personal habits in the proposal form necessitate underwriting consideration.

The applications can be classified into 4 major categories -

- New applications

- Recurring renewals
- Portability (Moved from other insurance companies)
- Migration (Plan change within company)

Once the details are reviewed by the underwriting team, they decide if the application has to be approved, Disapproved/ rejected, MER/ PPMC, Revised offer, to be postponed.

Various decisions that can be given by an underwriter are:

- Accept
- Reject
- PPMC/ Tele MER/Video MER
- Counteroffer
- Postpone

Organisation background:

Aditya Birla Health Insurance Company Limited is a leading health insurance provider in India. Aditya Birla Health Insurance Co. Limited (ABHICL), a subsidiary of Aditya Birla Capital Ltd. (ABCL), is a collaborative venture between Aditya Birla Group and MMI Holdings from South Africa.

The company offers a range of health insurance products, including chronic disease management programs under Activ Health, which are designed to provide comprehensive care for patients with chronic conditions and to manage their condition more effectively and improve their overall health outcomes with zero waiting period from the start of the policy.

Types of Health plan offered by ABHI:

- Activ Care
- Activ Assure
- Activ Fit
- Activ Secure
- Activ Health Plan
 - Essential
 - Enhanced

- Premier
- Arogya Sanjeevani
- Group Products
- Global Health Secure
- Corona Kavach Policy

Chronic Management Program (CMP)

Under Activ Health, Aditya Birla Health Insurance provides a chronic disease management programme. This programme is designed to offer complete assistance and care to those who have long-term chronic medical illnesses like Diabetes, Asthma, Hypertension and Hyperlipidaemia.

According to each person's unique needs and objectives, Activ Health offers individualised treatment plans. The programme gives participants access to a group of medical experts, including doctors and health coaches, who collaborate to offer continuing support and guidance to maintain customers overall health.

The programme begins with a health status evaluation of the participant and the creation of an individualised treatment plan. The care plan calls for a variety of interventions, including regular check-ups, lifestyle changes, and medication management.

Some of the key features of Activ Health include:

- *Personalised care plans:* Based on each person's unique health situation, risk factors, and personal objectives, Activ Health develops a personalised care plan.
- *Regular health examinations:* The programme involves routine examinations to track the participant's health status and spot any potential health issues.
- *Health coaching:* Activ Health offers health coaching to assist people in managing their long-term medical issues and acquiring good living habits.
- *Digital tools:* The programme incorporates digital tools to assist people in tracking their health status and interacting with their medical team, such as mobile apps and web portals.
- *Access to medical specialists:* Members of Activ Health have access to a team of medical experts, including doctors and health coaches, who could provide continuous guidance and support.

Chapter 2: REVIEW OF LITERATURE

Sr. No	Author (Year)	Study Location	Sampling Technique	Salient Features
1.	Joanna Khoo, Helen Hasan, Kathy Eagar. 2019	Australia	Simple Random sampling	- Healthcare navigation, systematic disease management, and health coaching programmes were the three primary categories of activity connected to managing chronic diseases. - Rather than the larger population at risk of developing chronic conditions, the focus of these initiatives is on individuals with documented chronic conditions. - Evidence indicates that focusing on a limited number of high-risk cases may not be as effective as population-level interventions that target a larger number of persons with lower risk levels.
2.	Jerome Burke, Laura Bradley, Christopher McLaughlin 2021	Ireland	Convenience sampling	- Accelerated underwriting and use of wearable technology have the potential to bring significant performance improvement. - Key drivers of this diffusion include reducing cost and increasing profits.
3.	Sithara Wanni, Natasha Hall, Jennifer J Watts.	Australia	Stratified sampling	- Public Health Institutes (PHIs) use four different sorts of interventions: financial incentives, health coaching, wellness initiatives, and group doctor visits. - According to the majority of research, shorter interventions had shorter-term effects like increased healthy eating, greater physical activity, and fewer hospital admissions. - Regardless of the type of intervention, longer-duration interventions (at least 2 years) seemed to be more effective and produced more long-lasting effects.
4.	Amanda Biggs 2013	Australia	Simple Random sampling	The wearable technology and the accelerated underwriting have opportunity to bring significant improvement.

				The drivers are cost reduction and profit maximization.
5.	Mani Sam, Issac K Varghese 2020	India		• The exponential increase in the sophistication and speed of technology-based solutions is one of the key factors enabling digitalization. • The speed at which policies are currently being issued would not have been conceivable if manual underwriting had continued to be the only way. Underwriting, which was long thought of as a nearly tacit skill, has now been made explicit. • Due to the quick uptake of automated underwriting and risk analysis software, insurance companies have been able to increase the number of policies they issue.
6.	S. Mkrtychev, O. Enik 2019	Russia	Probability sampling	• Underwriting is one of the most important operational business processes of insurance company operations because it is the only one where the human factor still significantly affects the accuracy of risk identification and the decision to accept or reject an insurance application from a potential client. • Organising the automated control of the underwriting process is one of the apparent approaches to improve its efficacy. • The authors provide a strategy for implementing automated underwriting control in a local insurance firm that relies on joint judgement from a human underwriter and the underwriting management information system. • The insurance company's usage of the automated underwriting control solution, resulted in a 28% decrease in the loss ratio for several voluntary non-life insurance kinds.

Chapter 3: METHODOLDY

Research Questions

1. What is the difference in process flow between manual CMP and digital CMP tagging?
2. How can the TAT of underwriting process be improved in ABHI for CMP tagging?
3. How efficient is the chronic management program at Aditya Birla Health Insurance in terms of process flow and TAT?

Objectives

1. To identify the gaps in the process flow
2. To provide recommendations for reducing customer grievances
3. To identify factors that contribute to delays in the manual CMP process.

Rationale

The digital tagging process will have a shorter TAT compared to manual tagging resulting in improved efficiency and data accuracy for Active Plan which in result will help customers to avail benefits of Chronic management program under this plan.

MATERIALS AND METHODS

- Study Design: - A comparative cross-sectional study design was used to compare the TAT of the manual and digital tagging process.
- Setting: – The study was conducted at the retail underwriting department of Aditya Birla Health Insurance Company, Mumbai
- Study population –
 - Inclusion Criteria: All chronic management program cases that required tagging.
 - Exclusion Criteria: Cases that were not eligible for chronic management program or did not require tagging.
- Duration of the study: The study was conducted over a period of three months (Feb 2023 to May 2023)

- Study Population - A sample size of 50 cases was used, 25 samples of manual tagging and 25 samples for digital tagging.
- Sampling technique - A convenience sampling method used.

Data collection procedure:

The data was collected by analysing TAT for manual and digital tagging processes. The data was collected by the underwriting team through company portal and observation at ABHI office and entered into a Microsoft Excel spreadsheet.

Operational Definitions:

Manual Tagging: Manually assigning a tag to a chronic management program case /member.

Digital Tagging: Using a digital tool to assign a tag to a chronic management program case.

Turnaround Time (TAT): TAT means the total amount of time from entering the details into the system till the final decision given by the underwriter.

Need of study:

When customer selects a policy of Activ Health with Chronic management program at ABHI, he/she wants the issuance of policy with benefits for CMP at the earliest. To do so insurance companies require to have much less turnaround time and smooth process at every step from when request has been entered to final issuance of policy. Thus, this study was required to determine overall TAT of tagging the program and to manage or eliminate the steps which lead to customer grievance.

Ethical Considerations:

Throughout the study, the confidentiality of the data was upheld as it is encrypted in special codes provided by the organization, thereby preventing any linkage to other data by unauthorized persons.

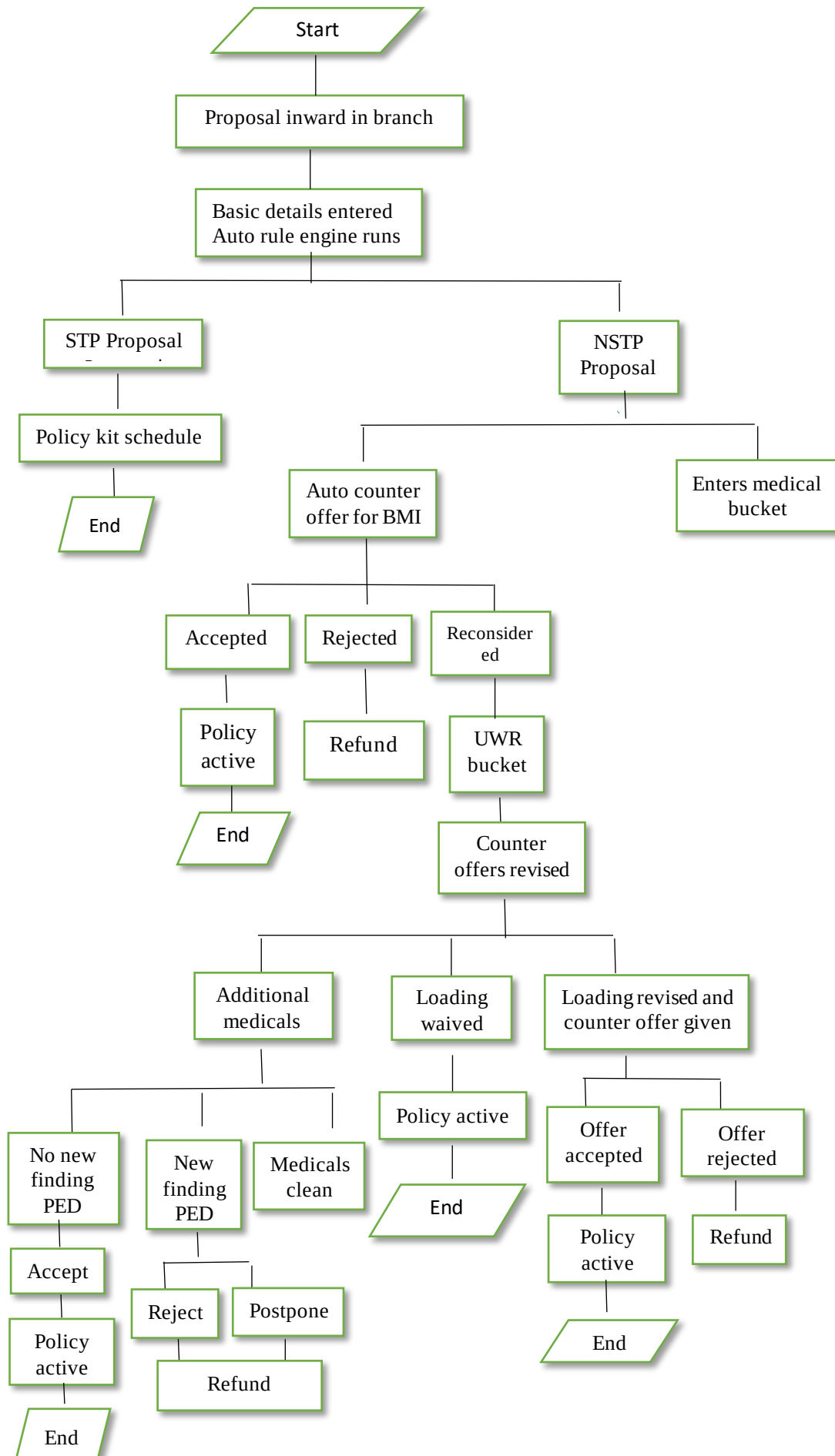
Process Flow of Underwriting:

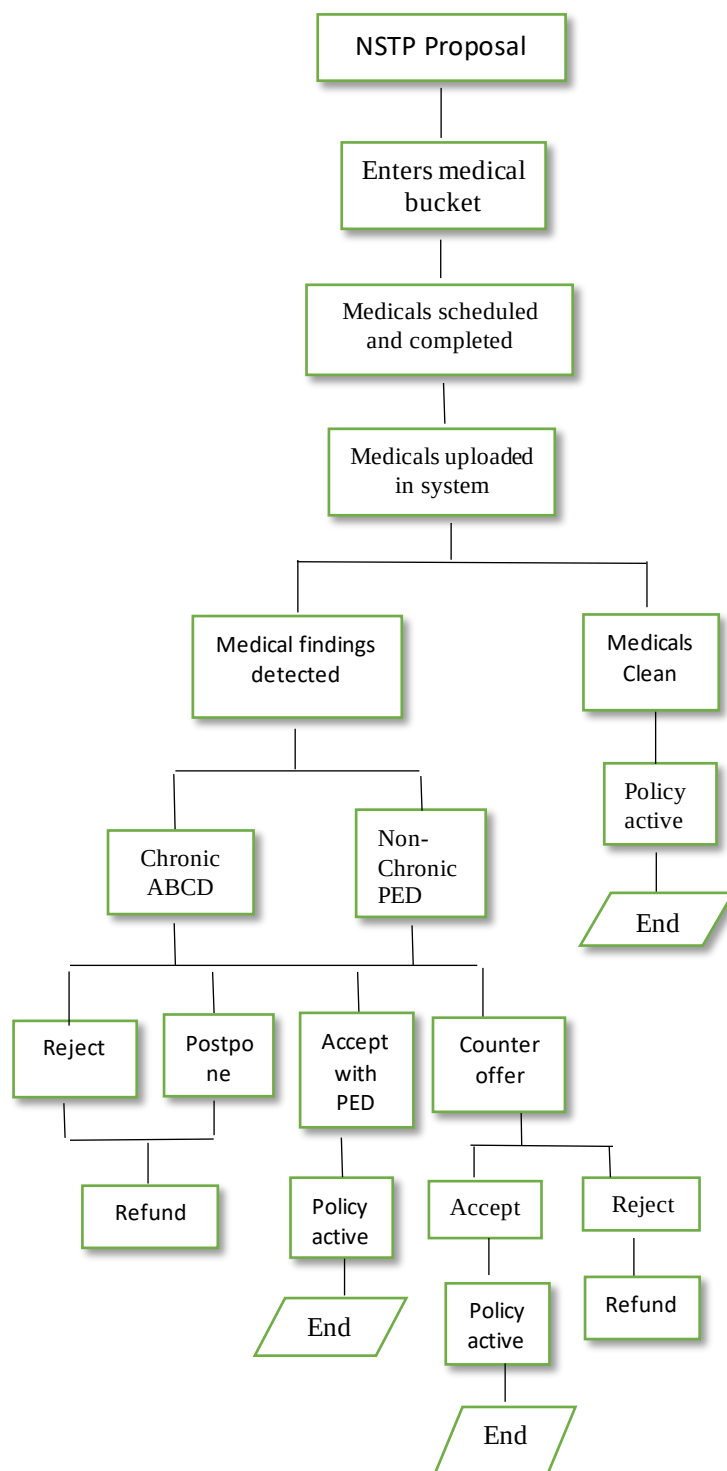
The underwriting procedure was mapped out as part of the study's initial phase.

- i. Once the applicants complete the proposal form, the information added to the system helps in classifying them into a STP or a NSTP category.
- ii. If it is a STP category, no underwriting is performed. If it is a NSTP category, based on the data, they are further evaluated for finance, medical tests etc based on the profile of the customer and the policy set by the organisation.
- iii. The NSTP cases are allocated to different underwriters based on category of the product and its sum insured. The underwriters use the excel file data to identify the proposals allocated to them. They update the proposal details from the proposal form, verify the customer records to assess the information for decision making. The case is run through the auto-rules of the rule engine, which includes STP and NSTP rules.
- iv. NSTP cases are referred to the UWR bucket for manual underwriting.
- v. New business cases are assigned to the NB queue through auto-allocation or manually by the operations team, PPMC, FWA, Tele MER, or Video MER.
- vi. The UWR team assesses the case and reviews the process based on the details provided.

In summary, the underwriting process involves data entry, auto-rules, manual underwriting, and assessment by the UWR team. The goal is to ensure that the proposal meets the necessary criteria and is not fraudulent, wasteful, or abusive.

Fig 3.1. Underwriting process flow





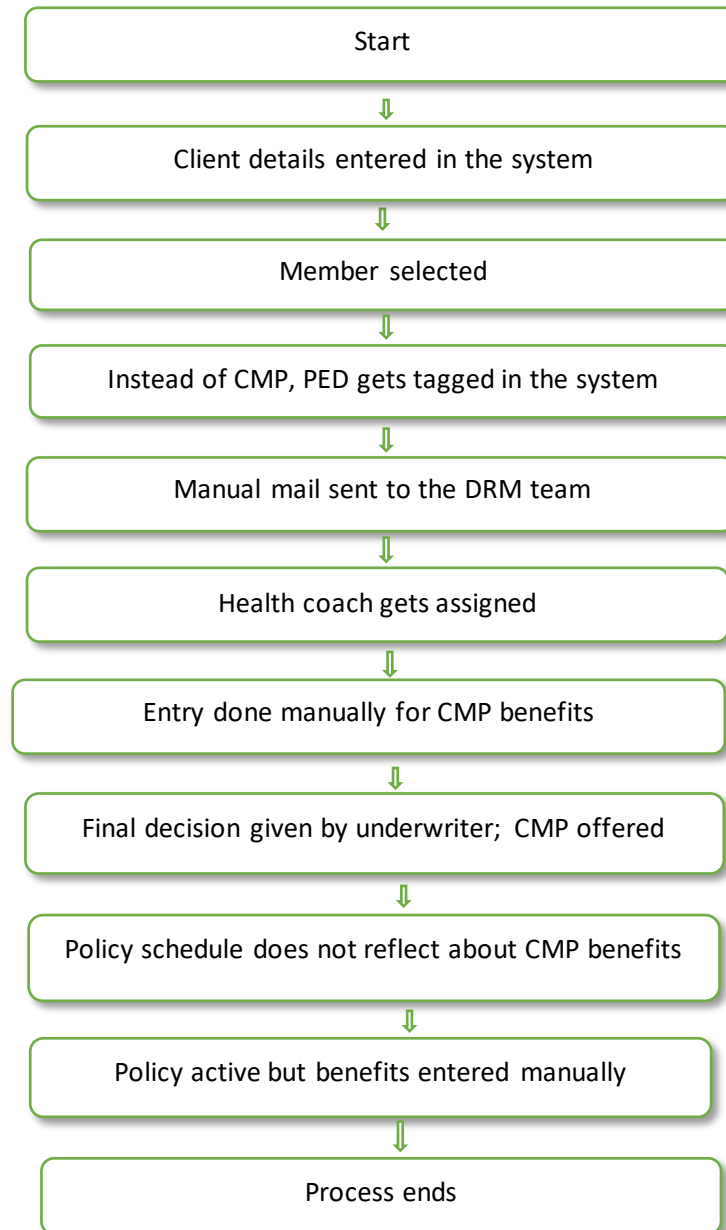
Manual CMP Tagging Process:

- i. The process begins when a customer shows interest in obtaining health insurance from Aditya Birla. This could be through various channels, such as the company's website, third party application or in a physical branch.
- ii. In the manual tagging process, the data shared by the proposer which includes personal details and any medical history is entered into the system to capture all

relevant information required for the issuance of the policy which will further be considered for the conditions, benefits of the policy.

- iii. Once the client's details are entered, the specific policy member who requires the Chronic Management Program is selected. This is typically done if the member has a pre-existing chronic condition that requires ongoing management and monitoring.
- iv. As the system doesn't have a specific functionality for tagging of CMP, the Pre-Existing Disease (PED) option is used as an alternative to update the details relating to CMP.
- v. As the system does not have a direct option for CMP tagging, a manual notification or mail is sent to the Disease Risk Management (DRM) team. This team is responsible for overseeing the Chronic Management Program and coordinating the necessary interventions for the member by assigning a health coach to the customer.
- vi. After the manual entry of CMP benefits, the underwriter reviews the case and makes the final decision regarding the inclusion of the Chronic Management Program for the member. The underwriter assesses the risks, policy terms, and other relevant factors before providing the approval.
- vii. If the underwriter approves the inclusion of the Chronic Management Program, the DRM team communicates this to the member. The member is informed about the benefits, services, and resources available to them through the CMP.
- viii. Since the CMP tagging and benefits are manually entered, the policy schedule may not initially reflect the inclusion of the Chronic Management Program. This discrepancy is likely due to limitations in the system's automated generation of policy schedules.
- ix. The policy continues until its specified end date or if the member cancels it. During this period, the member can avail themselves the Chronic Management Program benefits.

Fig 3.2. PROCESS FLOW OF MANUAL CMP TAGGING

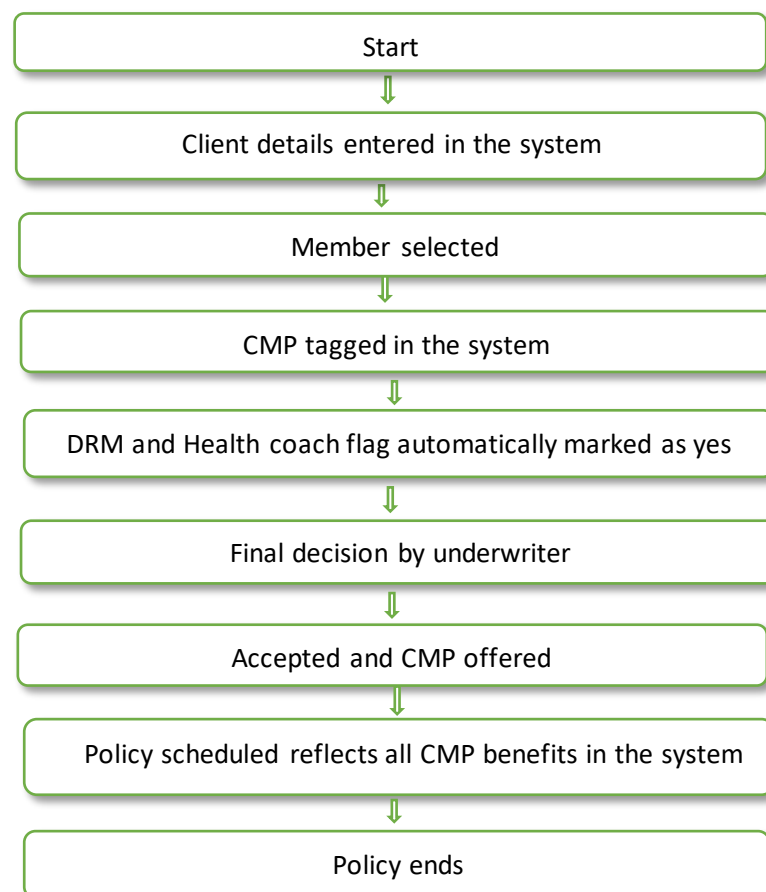


Digital CMP Tagging Process:

- i. The Digital CMP process begins once the proposer approaches the insurer for CMP insurance. The details received from the applicants are updated into the system which is the basis for finalisation of policy conditions and the benefits.
- ii. Out of the list of members submitted, the members requiring CMP are selected in the system.

- iii. As the system functionality is updated to reflect CMP, once the CMP option is chosen in this digital tagging method, the DRM team who coordinates and manages the policy and the health coach who guides and supports the policy members are automatically notified eliminating the need for manual email communication.
- iv. The underwriter verifies the details and provides the approval. If the underwriter accepts the policy, the CMP is offered and the policy schedule automatically captures the details of CMP benefits.
- v. The policy holder can avail the benefit of the CMP for the duration of the policy.

Fig.3.3 PROCESS FLOW OF DIGITAL CMP TAGGING



Data Analysis

After collecting the manual and digital CMP tagging data processed by the administrator on MS excel, the data will be analysed using various statistical methods. Descriptive statistics can summarize the data and calculate mean, median, and standard deviation measures. Correlation analysis can be used to examine the relationship between variables. The data will be drawn in the form of tables in MS excel and further will be analysed in the form of graphs.

Chapter 4: RESULTS AND FINDINGS

For manual tagging:

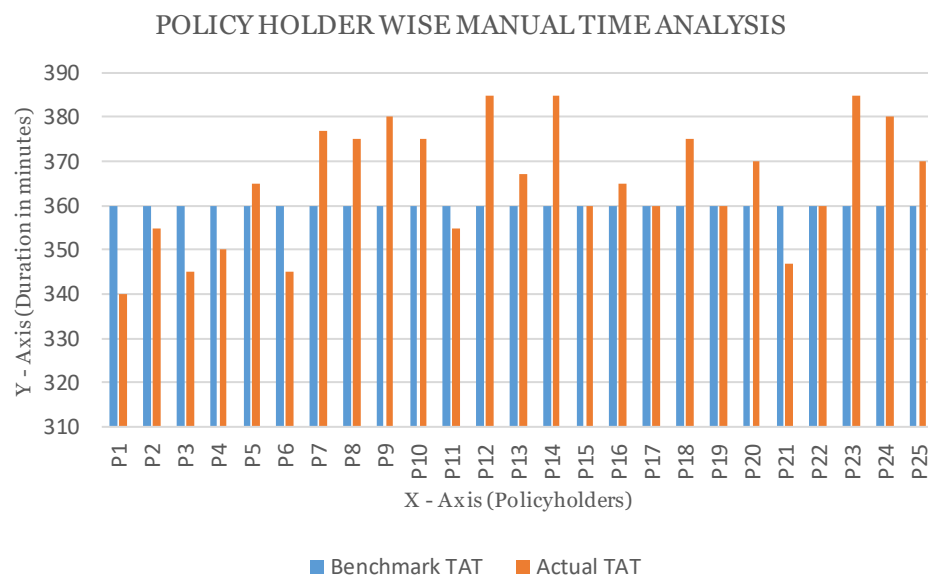
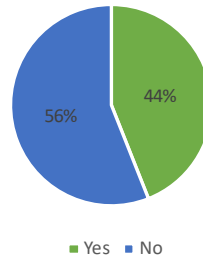


Fig 4.1: Bar chart comparing Standard and Actual TAT for manual

The Standard TAT of manual tagging was 360 minutes and average TAT of the process was found to be 365 minutes per case. For this study 25 cases with manual tagging were selected.

Description	Yes	No
TAT achieved?	11	14

TAT achieved?



Out of the whole process, 44% of the total TAT was achieved. The significant time taken is due to additional steps of tagging the PED and informing the health coach associated with particular case.

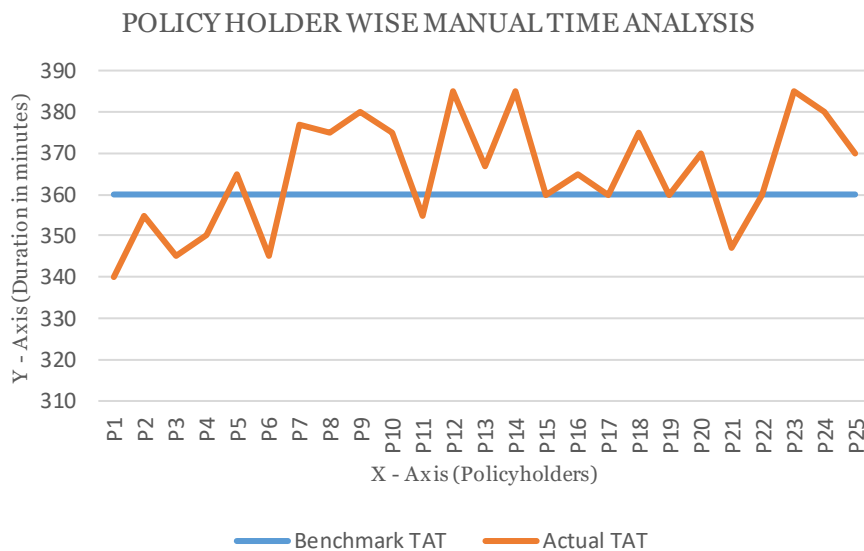


Fig 4.2: Line graph comparing standard and Actual TAT for manual

Inference:

In the manual CMP tagging process the turnaround time is set as 360 minutes and for the sample policy holder noted as below:

- The average turnaround time taken across the samples selected was 365 minutes.
- The lowest and the highest turnaround time was 340 minutes and 385 minutes respectively.
- The actual TAT was within the benchmark TAT only on 44% of the samples.

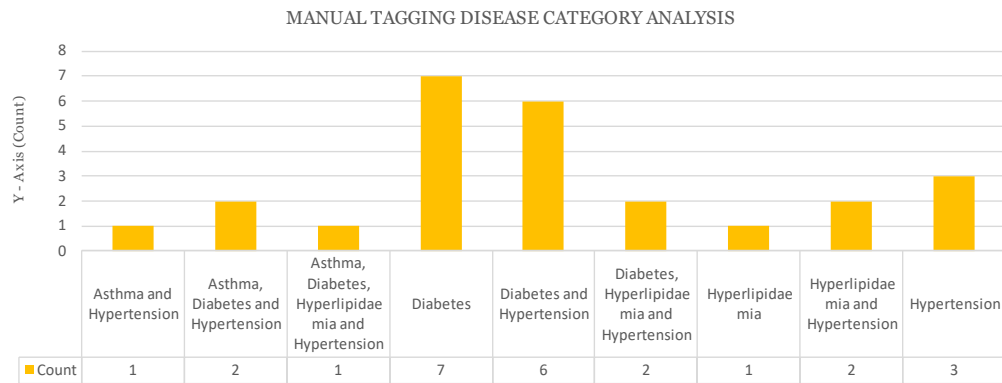


Fig 4.3 Disease category analysis for manual tagging

Inference:

1. Diabetes and additional disease combinations with diabetes account for 72% of the applications.
2. Out of single disease applications, Hyperlipidaemia disease was the lowest of applications.

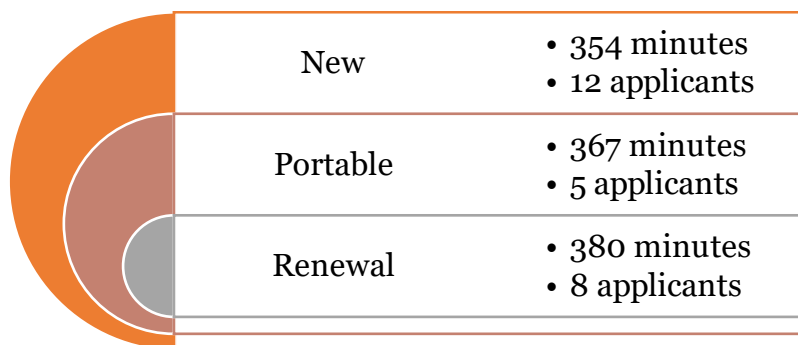


Fig 4.4 Types of cases with TAT for manual

Inference:

1. In the cases selected for manual tagging, noted that 'New' applicants contributed the highest with 48%
2. The 'Renewal' cases involved higher amount of time for the processing of applications with average time of 380 minutes.

For Digital tagging:

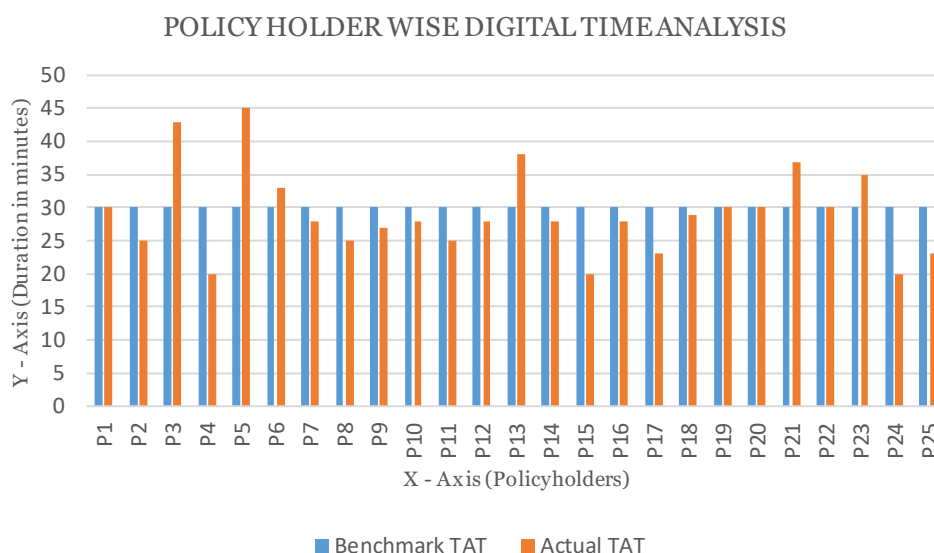
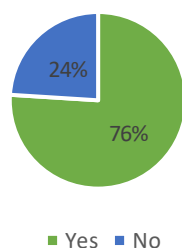


Fig 4.5: Bar chart comparing standard and actual TAT for digital

The Standard TAT of manual tagging was 360 minutes and average TAT of the process was found to be 365 minutes per case. Out of the whole process, 44% of the total TAT was achieved.

Description	Yes	No
TAT achieved?	19	6

TAT achieved?



Out of the whole process, 76% of the total TAT was achieved. This decrease in time can be attributed to the additional steps of tagging the PED and informing the health coach associated with particular case.

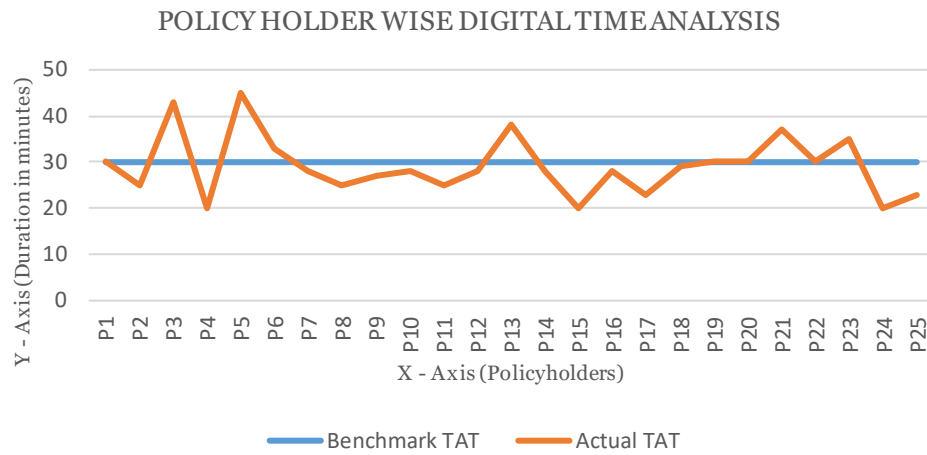


Fig 4.6: Line graph comparing standard and actual TAT for

Inference:

In the digital tagging process the turnaround time is set as 30 minutes and for the sample policy holder noted the below:

- i. The average turnaround time taken across the samples selected was 29 minutes.
- ii. The lowest and highest turnaround time was 20 minutes and 45 minutes respectively.
- iii. The actual TAT was within the benchmark TAT only on 76% of the samples.

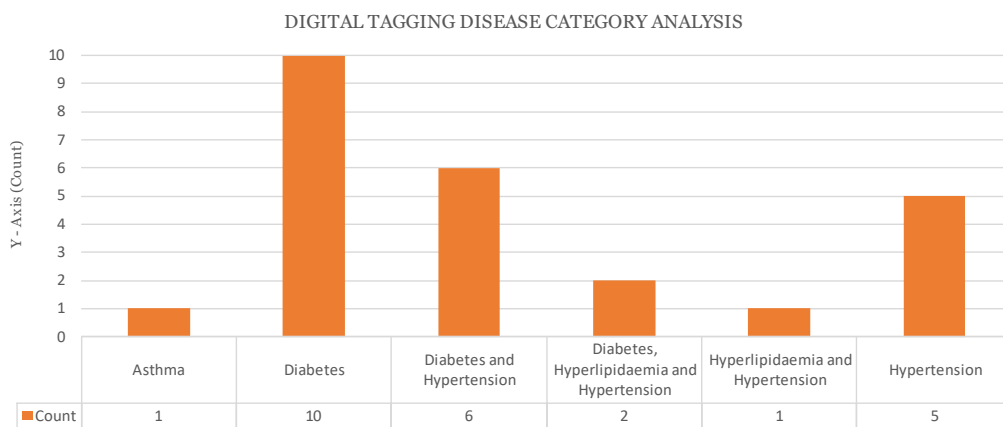


Fig 4.7: Disease category analysis for digital tagging

Inference:

1. Diabetes and additional disease combinations with diabetes account for 72% of the applications.
2. Out of single disease applications, Asthma disease was the lowest of applications.

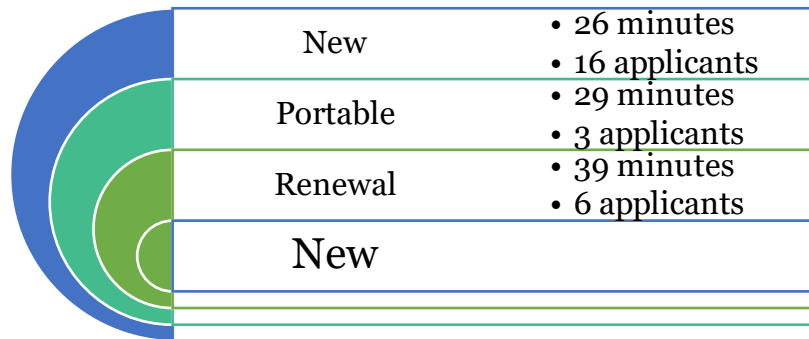


Fig 4.8 Types of cases with TAT for digital tagging

Inference:

- i. In the cases selected for manual tagging, noted that 'New' applicants contributed the highest with 64%
- ii. The 'Renewal' cases involved higher amount of time for the processing of applications with average time of 39 minutes.

Final Result

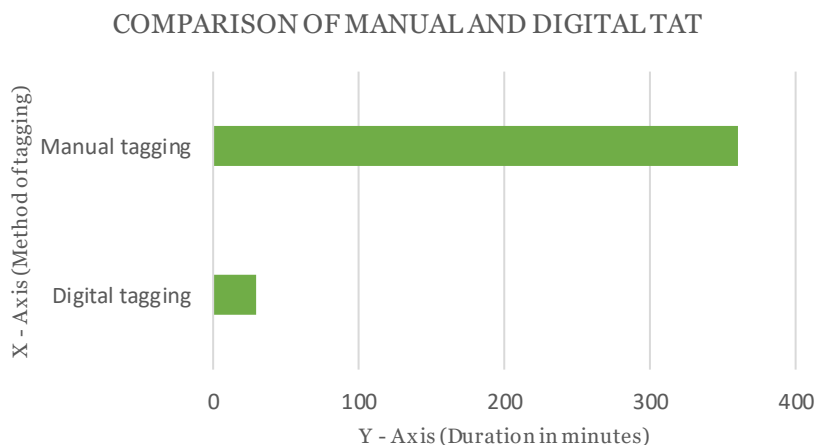


Fig 4.9. Graph comparing Manual and Digital TAT

Inference:

- i. The digital tagging process helped in significant reduction of TAT by 92%
- ii. Average of 12 applications can be processed when compared to 1 application processing in manual tagging method.
- iii. The digital tagging has helped in improving the customer service, efficiency of processing and saving of overhead costs to the company

Fig 5. GANTT CHART

PROCESS	FEBRUARY		MARCH				APRIL				MAY		
WEEK	Week3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3
Define the problem													
Brainstorm solutions													
Evaluate solutions													
Prototype and test solutions													
Solution selection													
Develop solution													
Test trial													
Solution implementation													

Chapter 5: DISCUSSION

The business is immediately affected by the TAT of tagging. Customer dissatisfaction and delayed coverage are two possible outcomes of longer TATs. On the other hand, lower TATs can increase client retention and satisfaction. Therefore, it is crucial to assess the TAT of tagging and pinpoint any areas that require improvement.

In order to evaluate whether type of tagging is more effective in terms of TAT, the study will compare manual and digital tagging techniques. Aditya Birla Health Insurance will be able to make an informed choice regarding the most effective tagging strategy for CMP beneficiaries, which will also help identify the advantages and disadvantages of each method.

Chapter 6: CONCLUSION

The demand for chronic management programmes, which are intended to provide coverage for consumers with pre-existing medical illnesses, has grown significantly in the insurance business. In retail underwriting, the tagging of chronic management programmes is essential in calculating the proper premium rates for clients. However, the manual tagging procedure is frequently time-consuming and prone to mistakes, resulting in inefficiencies and consumer discontent.

The difficulties with the manual procedure was noted, and a potential solution is the addition of digital tagging software and techniques in the financing of chronic management programmes.

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