

<b>Project Name</b>
Health insurance claim process - simplification
<b>Team Leader (name &amp; Email address)</b>
Annamalai Chidambaram (annamalalai2709@gmail.com)

Team members (name & role)	
1.	Annamalai Chidambaram - Team Leader

Stakeholders (name & role)
1. Consumer
2. Insurance provider
3. In-network healthcare providers
4. Business Analysts

Department
Health Insurance

<b>Organisation objective</b>
To provide insurance benefits
<b>Start date &amp; planned duration</b>
11/04/2022 - 1 month

## 1. Clarify the problem

**Background:**

In the insurance claim process, there are repetitive tasks and identifiable waste that should be removed in order to improve the overall efficiency of the process.

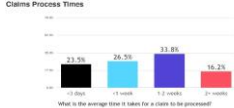
### Problem statement:

Consumers find it difficult to navigate the terms and conditions in order to get the most out of their health insurance policy. Therefore, the insurance company should simplify the overall adjudication process and make sure the consumers understand the process and benefit from it.

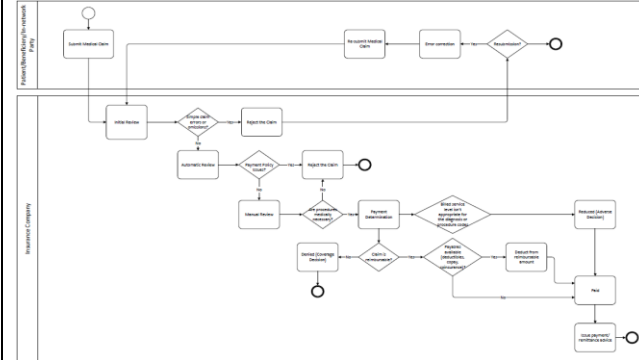
## 2. Breakdown the problem

More often than not, the claims that are raised by the Doctors or the consumers, take weeks after the appointment to reach the insurance company as the claim application stays in a queue until the data is entered electronically.

This is because they still use paperwork to keep track of and submit claims to the insurance company with the consumer information



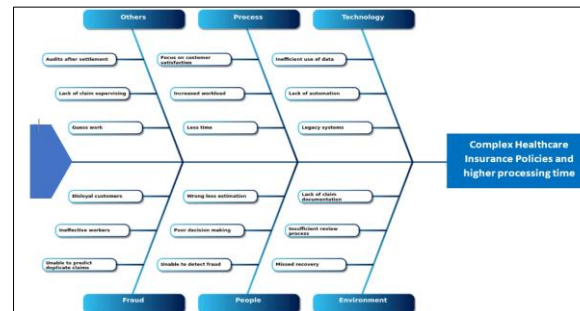
The adjudication process has 3 steps of reviews in total for the claim application. This is extra-processing.



### 3. Set the Target

1	Increase customer understanding of insurance terms from 32% to 75% by 31 December 2023
2	Increase Customer satisfaction in the digital experience of medical insurance from 15% to 60% by August 2023
3	Reduce Wait times from 30 days to 10 days by the end of the year

#### 4. Analyse the Root Cause



Reference : <https://community.smartqed.ai/templatelib/business-claims-leakage>

## 5. Develop Countermeasures

	Countermeasure	Who will do this?	When?	Notes
1	Share videos, eCludes, and infographics to help make them understand the terms better	Insurance company executive	Whenever a consumer gets an insurance plan	
2	Build mobile applications and websites and let consumers know so that it will help consumers manage and update their policies and learn about them.	Insurance company developers and managers	When the policies are introduced to the consumers	
3	Come up with an alternate process flow that will detect if we need a manual review or if it can be reviewed automatically. This reduces the number of time the application will be processed	Insurance company managers, head of the department and analysts	ASAP	

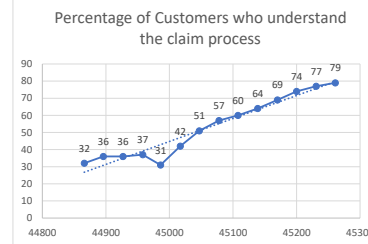
## 6. Implement Countermeasure

1. Create videos and guides based off all the policies and information. Use visuals and examples to simplify and increase usability. This can be done with the help of the people who have a lot of experience in this field.

2. Create surveys for consumers and use that data to understand their requirements and the parts of the insurance claim policies they need help with. Create website and mobile applications based on the most important concerns and keep them interactive and dynamic.

3. Create an algorithm to understand the claim applications and to detect issues or abnormalities. Use these to predict if we need further review on the application. This can cut down extra processing. If there are no reasons to conduct further reviews, carry on to the next process.

## 7. Monitor Results & Process



## 8. Standardise & Share Success

	Current state	Target	Actual
Customers who understand the process	32%	75%	79%
Customer satisfaction level	15%	60%	58%
Waiting time for every insurance claim application	30 Days	10 Days	8 Days

1. Considering that the root cause of the major problem was the complexity of the policies, achieving and surpassing the target that we set has eventually helped us in reducing the time taken for a claim process.

2. Adding to this, the countermeasures that were implemented has led to a increase in sustainability of the company and the trust that the consumers have on the company.

3. Observing the consumer response, it is evident that they were understanding the legal terms and conditions of their health insurance policies much better after the implementation.

4.. The alternate flow that was created helped in reducing the process time and the level of manual review required for every claim application. This in turn reduced the stress and over-burden(Muri) on the employees in the company, thereby improving the overall satisfaction of the consumers and the employees.