Title: Simplification of the US Health Insurance Claims Process
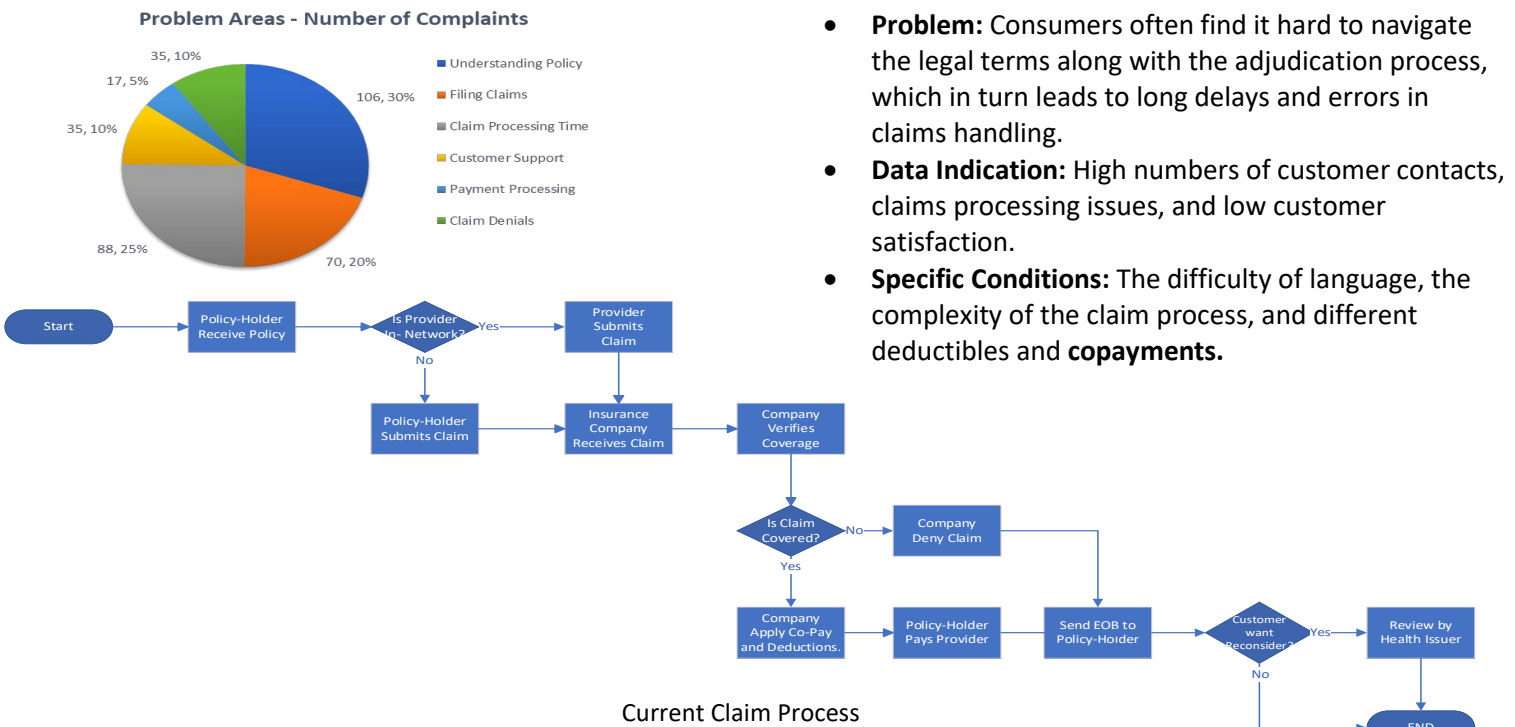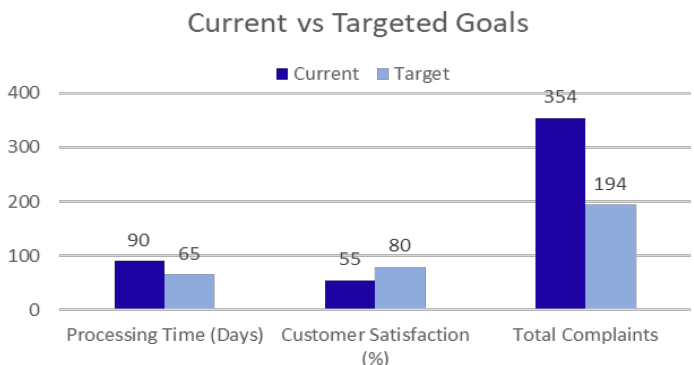
Date: 7th April, 2024

BACKGROUND:

- **Purpose:** For consumer understanding and claims-process navigation improvement.
- **Performance Measure**: Decrease claim processing time while simultaneously increasing customer satisfaction.
- **Context:** Complicated terms and processes have negative implications on customer confusion as well as dissatisfaction.

CURRENT CONDITIONS:

Problem Areas - Number of Complaints

- Understanding Policy — 106, 30%
- Filing Claims — 70, 20%
- Claim Processing Time — 88, 25%
- Customer Support — 35, 10%
- Payment Processing — 17, 5%
- Claim Denials — 35, 10%

- **Problem:** Consumers often find it hard to navigate the legal terms along with the adjudication process, which in turn leads to long delays and errors in claims handling.
- **Data Indication:** High numbers of customer contacts, claims processing issues, and low customer satisfaction.
- **Specific Conditions:** The difficulty of language, the complexity of the claim process, and different deductibles and **copayments.**
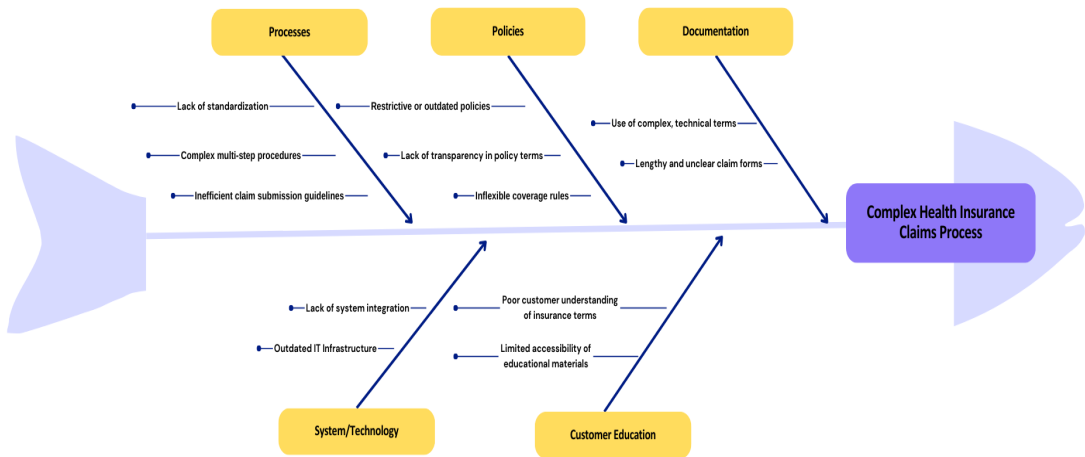
Current Claim Process

GOAL:

- **Performance Improvement:** Streamline the claim procedure and improve processing time by 25-30% from around 90 days to 65-70 days within the next fiscal year.
- **Impact:** Boost customer understanding and satisfaction from 55% to 80%.
- Lower the number of total complaints by 45% from 354 within a year from now.

Current vs Targeted Goals

- Processing Time (Days): Current 90, Target 65
- Customer Satisfaction (%): Current 55, Target 80
- Total Complaints: Current 354, Target 194

ROOT CAUSE ANALYSIS:

- **Issue Specifics:** Insurance claims adjudication involves the use of many specialized words that are mixed with steps that are often difficult to understand for policyholders.
- **Root Causes:** Lack of standardized processes, technical terms used as a barrier, inability of the customer to understand the claim procedure.

PROPOSAL:

Cause	Countermeasure	Benefits
Lack of standardized processes	Develop the standardized claim form.	- Consistent claim processing - Reduced filing errors
Technical terms used as a barrier	Make the documentation language simple.	- Enhanced Customer Satisfaction
The customer is unable to understand the claim procedure.	Providing educational services for customers.	- Informed decision-making - Lower customer service load - Proactive issue prevention

- **Recommended Action:** Develop a claims form that is concise and complete and can be accessed through online tutorials that provide a step-by-step explanation of the claims process.

PLAN

Gantt chart key
- Finished
- In Progress
- In Progress with Pending Action

- Redesign and Redevelop claim forms for simplicity and clarity with anticipated completion in Q3.
- Launch a series of educational tutorials for policyholders by Q3 to enhance understanding of the claims process.

Resource	Tasks	Quater - 1	Quater - 2	Quater - 3
- Business Analyst - Project Manager - Stakeholders	Define project scope and objectives	Finished		
- Design Team - SMEs	Platform and tutorial design	In Progress		
- SMEs - Content Developers	Develop tutorial materials		In Progress	
- IT Development Team - Project Manager	Build and code new platform		In Progress	
- QA Team - Business Analyst	Conduct QA testing			In Progress with Pending Action
- Human Resource - Project Manager - SMEs	Internal training and feedback collection			In Progress with Pending Action
- IT Development Team - Project Manager	Final adjustments and launch planning			In Progress with Pending Action

FOLLOW UP AFTER IMPLEMENTATION/RESULTS:

- Regularly reviewing monthly performance indicators such as claim processing times and customer satisfaction surveys.
- Anticipated Issues: Overcoming initial resistance to change and learning process, both for customers and employees.
- Success Measures: Fulfilling up the target of better processing time and customer satisfaction records.