

Problem-Solving - Business Process Flow Analysis
Maryland Insurance

Project Name
Maryland Insurance Claim Services

Developed By
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Stakeholders (name & role)
1. Al Redmer Jr. - Insurance Administrator
2. Insurer
3. Insurance holder
4. Doctors, nurses, practitioners, medical professionals

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Department
Insurance Administration

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Organisation objective
Financial Services
Start date & planned duration
15/03/23 (1.5 weeks)

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1. Clarify the problem

Background:

Is: Complex health insurance claiming processes
Customers are not aware of their rights

Is not: Any other process of commutation for visiting doctors, hospitals, pharmacy

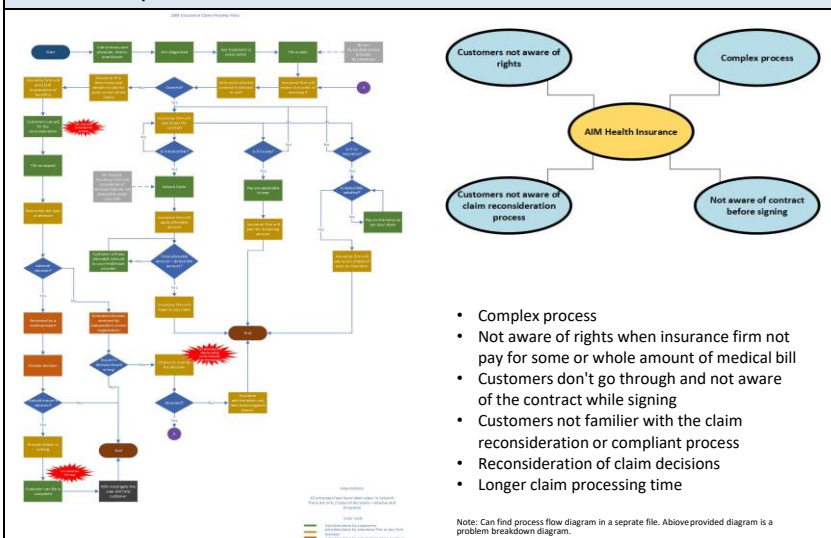
Processes took in other places like hospitals, doctor's clinics is not part of it

Insurance providers, doctors, insurers, insurance administrators, medical health service providers are not affected

Problem statement:

Insurance holders of Maryland Insurance found an insurance claiming process complex, as they are not completely aware of the rights as it depends on in-network and out-network consultancy, contract, and payment from the customer's end. In this, customer faces difficulty in understanding the claims when the company did not pay some portion of or the whole bill of their medication.

2. Breakdown the problem



3. Set the Target

- | | |
|---|--|
| 1 | Educate customers on their insurance rights and the claiming process. |
| 2 | Clarify covered services under deductibles to avoid confusion. |
| 3 | Decrease the days of investigating claims from 15 days(as per United Policyholder) to 10 days. |
| 4 | Increase transparency in the claims process with regular updates. |

4. Analyse the Root Cause

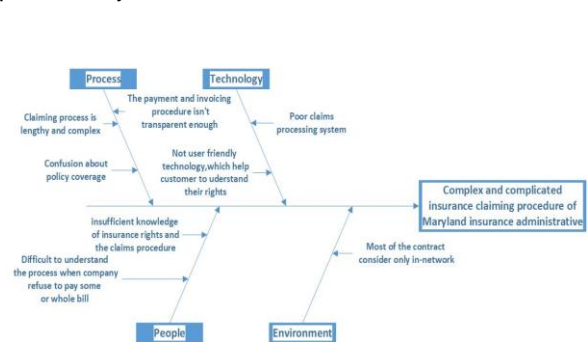
Cause and effect conclusion:

- Customers become frustrated and dissatisfied with the convoluted and complicated insurance claim procedure.

- Lack of user-friendly technology and an ineffective claims processing system are factors in the issue.

- Limited knowledge of insurance rights and confusion about policy coverage also hinder the claims process.

- Addressing these root causes can improve the overall insurance claiming process for Maryland Insurance holders.



5. Develop Countermeasures

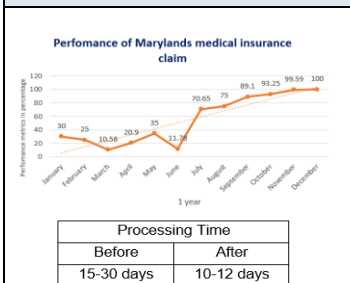
	Countermeasure	Who will do it?
1	Educate customers regarding the contract before they sign it.	Insurance Relationship Manager
2	Process transparency for better understanding	Insurance firm - IMA (internal department)
3	Time measurement for the healthcare claiming process	Insurance firm - IMA (internal department)
4	Personalized assistance to insurance holders	Insurance Relationship Manager

6. Implement Countermeasure

- Health insurance guide for every health insurance holder which includes every clause.

- Customers should receive personalized assistance on request.
- In-person and online guide for customers regarding contracts.
- Provide a clear and concise list of services to customers.
- Guidance to the customers regarding claim process and deduction.

7. Monitor Results & Process



- Standardize process
- Few fluctuations
- Consistent and predictable process
- Graph shows the impact of standardized

8. Standardise & Share Success

- Almost 50% of decrease in the total claim processing time, from 15-30 days to 10-12 days.
- Over the 6 months, claim process performance became more consistent.
- Consistency and fairness in the insurance claims process, leading to increased customer trust and loyalty.
- Train employees on the standardized procedures, making sure they are aware of the standards.
- The medical insurance coverage and costs can be clearly and consistently explained to customers through clear communication. Leads towards understandable process with less confusion and frustration.
- Greater transparency can foster greater customer loyalty and retention by raising trust and confidence.
- Better outcomes and a higher perceived insurance coverage values.
- Longlasting employment relationship in