

# CHAPTER - 13

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

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### INTRODUCTION

The processing time for reimbursement claims in a health insurance company is the duration taken to review and resolve claims related to medical services provided to a patient. It serves as a crucial metric to evaluate the efficiency and effectiveness of the reimbursement claim processing system. The primary objective is to identify factors contributing to either the acceleration or delay in the processing workflow and propose solutions to enhance overall efficiency and customer satisfaction. This study specifically focuses on assessing the turnaround time of the international claims department in processing reimbursement claims, aiming to uncover areas for improvement [1]. The evaluation will include an examination of the effectiveness and efficiency of claim processing procedures, identification of potential delays, and the recommendation of

strategies to enhance the overall turnaround time. Insights gained from the research will be utilized to optimize the reimbursement claim processing system, resulting in faster and more efficient settlements for international claims [2].

The turnaround time for processing reimbursement claims holds significant importance for various stakeholders. For policyholders, a streamlined and prompt claims processing system is crucial, facilitating swift reimbursement for medical expenses. This not only alleviates financial burdens for policyholders but also contributes to overall satisfaction. From an organizational standpoint, optimizing the claim processing workflow enhances operational efficiency, reduces costs associated with delays, and ensures a competitive edge in the insurance market. Furthermore, upholding the legitimacy and reputation of the insurance provider necessitates adherence to legal standards governing claim processing timelines [3].

Enhancing the efficiency and resource utilization of the international claims department is essential to deliver a smooth and efficient service to policyholders. By achieving operational excellence, the department can not only expedite the processing of reimbursement claims but also foster greater customer satisfaction. This, in turn, contributes to building trust and loyalty among policyholders, ultimately leading to an overall improvement in the performance and reputation of the insurance organization [4][5].

## **RESEARCH QUESTIONS**

1. What were the key steps and procedures involved in the reimbursement claim processing within the international claims department?

2. What was the average turnaround time for the reimbursement claim process, from the time of claim submission to the final settlement?
3. What were the factors contributing to delays and inefficiencies in the reimbursement claim processing, such as incomplete documentation, system errors, or communication gaps?

## **RESEARCH OBJECTIVES**

1. To evaluate the turnaround time of reimbursement, claim processing in the international claims department.
2. To record the process of health insurance reimbursement claims.
3. To assess the turnaround time for reimbursement, claim settlement.
4. To identify the factors that contribute to delays and inefficiencies in the process.

## **RESEARCH METHODOLOGY**

This research adopted a cross-sectional observational study design with an analytical approach, enabling the analysis of relationships between variables of interest. The study, conducted within the international claims department of the organization, focused on processing reimbursement claims for medical expenses. With a sample size of 1000 reimbursement claims, the research aimed to evaluate the claim processing turnaround time and identify factors affecting it. The hypothesis posited that the turnaround time in the international claims department significantly differed from the industry-standard average processing time. Data collection primarily relied on the

organization's internal databases and management information systems, extracting relevant information related to claim submission dates, processing timelines, and any associated delays. All international claims were processed through the claims live interface, and a thorough evaluation was conducted before determining the final disposition. The analysis utilized descriptive statistics such as mean and standard deviation, along with regression analysis or other applicable statistical techniques, to explore factors influencing claim processing time and identify patterns or trends.

## **RESULTS AND DISCUSSION**

In this reimbursement process analysis, the application procedure was categorized into three types: approved, denied, and under process. Approved cases indicate successful completion of the claim review, meeting all requirements, and payment made to the customer. Denied cases signify a thorough examination determining the claim's ineligibility for payment, often due to factors like non-compliance with insurance criteria. Under process cases are still under investigation or evaluation, requiring additional information before a final decision is reached.

The study, based on data collected from April 1, 2023, to May 31, 2023, examined a sample size of 1,000 cases, encompassing dental, inpatient, outpatient, and vision claims. Dental claims showed a significant rejection rate of 48.06%, with 24.86% approved and 27.07% under process. Inpatient claims had a rejection rate of 35.8%, approval at 35.3%, and 28.7% under process. Outpatient claims had 31.8% rejection, 42.4% approval, and 25.7% under process. Vision claims saw 33% rejection, 54.3% approval, and 12.6% under process. The overall analysis of 1,000

claims revealed a 38.9% approval rate, 35.8% rejection, and 25.3% under process.

The analysis provides insights into the distribution and status of reimbursement claims, highlighting the frequency of approvals, rejections, and cases under review. Understanding these patterns is crucial for optimizing the reimbursement process, ensuring fair and accurate benefit returns to policyholders. The detailed breakdown of claims across categories and their processing timeframes allows for targeted improvements in efficiency and decision-making within the claims department.

## **CONCLUSION**

In conclusion, the research conducted by the International Claims Department on reimbursement claims turnaround time has provided valuable insights into the processing of dental, inpatient, outpatient, and vision expenses. The categorization of claims allowed for a comprehensive understanding of the diverse nature of expenses and their respective processing timelines. The study advocates for crucial improvements, including expediting claim processing, enhancing transparency, standardizing evaluation criteria, offering documentation guidance, improving customer support services, and implementing robust performance monitoring mechanisms.

By adopting these recommendations, the International Claims Department can achieve shorter response times, heightened operational efficiency, and increased client satisfaction. The findings and suggestions presented in this study serve as a foundational framework for future projects and advancements in the claim processing system. It is essential to recognize that ongoing research, continuous analysis, regular

assessment, vigilant monitoring, and adaptive strategies are imperative to sustain improvements and meet the evolving demands of policyholders. The commitment to refining and optimizing the claim processing system is pivotal for ensuring a seamless and satisfactory experience for all stakeholders involved.

## **REFERENCES**

1. Gambhir, R. S., Malhi, R., Khosla, S., Singh, R., Bhardwaj, A., & Kumar, M. (2019). *Out-patient coverage: Private sector insurance in India. Journal of Family Medicine and Primary Care*, 8(3), 788-792.
2. Talla, N. G. (2017). *Effect of Claim Settlement Practices on the Operating Efficiency and Profitability of Life Insurance Companies of India-A Comparative Study of Public and Select Private Sector. Asian Journal of Management*, 8(4), 1207-1215.
3. Tyree, P. T., Lind, B. K., & Lafferty, W. E. (2006). *Challenges of using medical insurance claims data for utilization analysis. American Journal of Medical Quality*, 21(4), 269-275.
4. Itumalla, R., Acharyulu, G. V. R. K., & Reddy, L. K. V. (2016). *Health insurance in India: issues and challenges. International Journal of Current Research*, 8(2), 26815-26817.
5. Pillay, C. P., & Njenga, J. K. (2021). *Opportunities for reducing expenses through digital innovation: The case of an insurance company. The African Journal of Information Systems*, 13(1), 5.