Dissertation Report

On

"Role of Digital Technology in the Health Insurance Sector

A Rapid Review"

At

International Institute of health Management Research, New Delhi

NAAC 'A' Grade

From April 2024 to June 2024

Under the Guidance of

Dr. Sumant Swain

(Assistant Professor, IIHMR Delhi)

Submitted By-Dr. Chetna Yadav

PG/22/023

Post-Graduate Diploma in Hospital and Health Management

BATCH- 2022-2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Chetna Yadav** student of **PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi** has undergone internship training at **IIHMR Delhi** from April 2024 to June 2024. The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical. The Internship is in fulfillment of the course requirements. I wish her all success in all her future endeavors.

Dr. Sumesh Kumar Mentor
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Dr. Sumant Swain
Assistant Professor, Mentor
IIHMR, New Delhi

CERTIFICATE OF APPROVAL

The following dissertation titled **"Role of Digital Technology in the Health Insurance Sector"** at "**International Institute of Health Management & Research- IIHMR"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital and Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Chetna Yadav** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled "**Role of Digital Technology in Health Insurance Sector- A Rapid Review**" at "**International Institute of Health Management Research-IIHMR"** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor

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Title of the Dissertation/Summer Assignment	'Role of Digital Technology in Health Insurance Sector – A Rapid Review'		
Plagiarism detect software used	"TURNITIN"		
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Date of validation (DD/MM/YYYY)	29/7/2024		

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This is to certify that the dissertation titled "**Role of Digital Technology in Health Insurance Sector- A Rapid Review**" and submitted by **Dr. Chetna Yadav** Enrollment No- PG/22/023 under the supervision of **Dr. Sumant Swain** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from to 2022- 2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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FEEDBACK FORM

Name of the Student: Dr. Chetna Yadav

Name of the Organisation in which Dissertation has been completed: International Institute of Health Management Research-IIHMR, New Delhi

Area of Dissertation: Role of Digital Technology in Health Insurance Sector- A Rapid Review

Attendance: Full (Regular)

Objectives achieved: Yes, successfully completed assigned tasks within time frame by following PRISMA guidelines of Literature Review

Deliverables: She has done a thorough literature review on "Role of Digital Technology in Health Insurance Sector" and beautifully summed up all the points in the dissertation report (keeping all the inclusion & exclusion criteria of a rapid review)

Strengths: Optimistic, determined, hardworking, detail oriented with excellent communication & analytical skills

Suggestions for Improvement: Keep up the good work

Signature of the Officer-in-Charge/Mentor (Dissertation)

Date: 20/7/2024

Place: New Delhi

ACKNOWLEDGEMENT

First and foremost, I would like to convey my profound gratitude to Dr. Sumant Swain, (Assistant Professor), my mentor at International Institute of health Management Research (IIHMR), New Delhi, for providing me with valuable guidance and support throughout.

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Additionally, I am grateful to my colleagues for their helpful discussions and suggestions that enriched my research.

Thank you all for the contributions and for making this journey a rewarding experience.

ABSTRACT

Digital technology is revolutionizing the health insurance industry by improving consumer experience, efficiency, and fraud protection.

In order to examine how digital innovations like artificial intelligence (AI), blockchain, telemedicine, and data analytics are transforming health insurance operations, this dissertation quickly reviews forty academic articles and industry reports.

According to the survey, digital platforms increase client retention by 47% and cut administrative tasks by 55%, while AI-driven solutions reduce fraud by 60% and claim processing expenses by 70%.

In addition, telemedicine and other similar technologies allow insurers to provide remote healthcare services, which makes policyholders more accessible and convenient. Notwithstanding these advantages, there are also problems including interoperability problems, data protection difficulties, and the requirement for constant IT infrastructure investment.

The research emphasizes how crucial it is to implement all-encompassing digital strategies in order to properly utilize these technologies while resolving any obstacles. To fully realize digital technology's potential for innovation and service delivery, suggestions are offered for improving its application in the health insurance industry. Policymakers, insurers, and healthcare providers attempting to negotiate the changing digital health insurance landscape will find this study to be quite insightful.

The report's objectives, conclusions, and consequences are succinctly summarized in this abstract, which is appropriate for readers who want to grasp the extent and significance of digital technology in the health insurance sector.

TABLE OF CONTENTS

ACRONYMS

Sr. No.	Acronyms	Full Forms
1	**AI**	Artificial Intelligence
2	**PRISMA**	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
3	**IoT**	Internet of things
4	**API**	Application Programming Interface
5	**IRDAI**	Insurance Regulatory and Development Authority of India
6	**AML**	Anti-money-laundering
7	**KYC**	Know-your-customer
8	**NHCX**	National Health Claim Exchange

ABOUT IIHMR, DELHI

Introduction

The International Institute of Health Management Research (IIHMR), New Delhi is allied to the 'Society for Indian Institute of Health Management Research' which was established in October 1984 under the Societies Registration Act-1958. IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia-Pacific region.

Over the years IIHMR-Delhi has emerged as an institute of repute both nationally and globally for producing socially conscious, skilled and vibrant top-class health care management professionals.

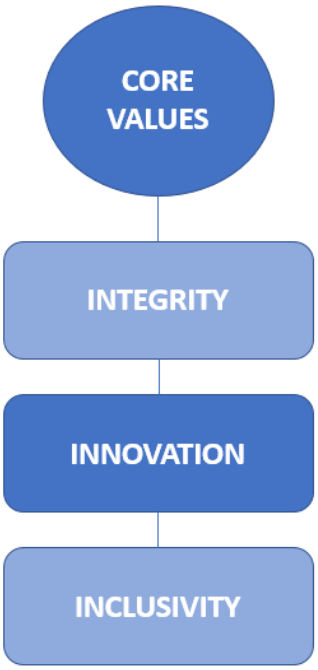
IIHMR emphasizes innovative research, effective health policies, and management practices. With experienced faculty and modern facilities, IIHMR equips students with skills in public health, hospital administration, and health information technology. It fosters a collaborative learning environment, preparing graduates for leadership roles in national and international health organizations.

Mission

The mission of IIHMR Delhi is to raise health standards by managing healthcare and related activities more effectively. Through institutional networking, training, consultancy, and management research from both a national and international standpoint, it aims to achieve this.

Vision

In the worldwide health care industry, IIHMR is a leading institution for health management education, training, research, program management, and consulting. With quality, accountability, trust, transparency, and information sharing as its guiding principles, the Institute is renowned for being a learning organization. Through its dedication to supporting initiatives targeted at the underprivileged and impoverished, the Institute hopes to promote social justice and development.



LITERATURE REVIEW

This review aims to provide a thorough overview of the current status of technology in health insurance and its implications for the future of healthcare financing by combining existing research and perspectives from scholarly articles, reports, and industry publications. **Some studies related to Role of technology in transforming the health insurance sector are:-**

- Dariusz Pauch **(2022)** has done a study on the need for insurance firms to undergo a digital transformation due to the Covid-19 pandemic, and it is now more than just a strategic choice to enhance their offerings, boost client satisfaction, and streamline operations.
- Soumya Gupta **(2022)** has done a study to analyze factors impacting the adoption of AI in the insurance sector using the TOE framework. This study looks at the behavioral intention of insurance sector personnel to adopt artificial intelligence (AI)-enabled applications using the technology–organization–environment framework.
- A study done by Anokye Acheampong Amponsah **(2022)** suggested a cutting-edge approach that combines machine learning and Block chain technology to identify and stop fraud in the healthcare industry. Healthcare fraud is a worldwide issue that affects both developed and poor nations. To identify and stop healthcare fraud, the extracted knowledge is encoded into an Ethereum block chain smart contract.
- Artificial intelligence is transforming the health insurance market by improving decision-making and operational effectiveness. Predictive analytics, fraud detection, and customized policy suggestions are all made possible by AI algorithms. Bresnick **(2018)** asserts that the use of AI in health insurance has significantly reduced costs and increased claim processing accuracy.
- Block chain technology solves data integrity and fraud concerns by providing a transparent and safe method of managing health insurance data. Block chain can expedite administrative procedures and enhance transaction traceability, according to Lavanya and Viknesh **(2020).** Block chain lowers the possibility of fraudulent claims and builds confidence between policyholders and insurers by producing unchangeable data.
- Big data analytics is enabling more individualized services and more educated decision-making, which is fundamentally changing the health insurance industry. According to

Yogesh and Kumar **(2020),** big data tools are capable of analyzing patient data in order to spot health patterns, evaluate risk profiles, and customize insurance policies to meet specific needs. In addition to raising consumer satisfaction, this data-driven strategy aids insurers in risk management.

- Worldwide Patterns and Upcoming Paths Health insurance uses technology differently around the world, with developed markets adopting cutting-edge solutions first. According to Deloitte **(2021),** emerging markets are slowly catching up to developed countries when it comes to utilizing AI, block chain, and big data analytics. These regions include North America and Europe. The continuous integration of these technologies to produce more effective, transparent, and customer-focused services is what health insurance will look like in the future.

- According to Rajeev Dutt **(2020),** health insurance market is confronted with numerous obstacles, including aging populations, growing competition, privacy concerns, and rising costs. The application of AI is growing in the areas of risk assessment, premium calculation, fraud prevention, claim acceleration, disease prevention, and customer experience enhancement. The health insurance sector can gain greatly from AI, but there are also considerable hazards and obstacles that must be addressed.

- Despite the envisaged benefits of AI adoption, many organizations still struggle to drive their AI adoption forward. A study done by Sulaiman Alsheiabni and Yen Cheung **(2019)** leads to the closing of this gap by conducting a thorough analysis of the current state of AI adoption and the main barriers to AI adoption among Australian organizations. To do so, we draw on The Technology-Organizations-Environment (TOE) framework to categorize the factors inhibiting AI adoption at organization-level.

INTRODUCTION

In the pursuit of continual improvement and excellence in the health insurance sector, this report presents a meticulous examination of 40 literatures collected over a period of two month from different sources.

With the rise in health concerns, health insurance has become a vital aspect of peoples' lives. Health insurance plays a major role in the expansion of the general insurance market in India; according to researcher Dutta et al., health insurance makes up about 29% of the industry's total revenue.

Health insurance fraud has been a contentious issue in recent years since it may generate large losses for individuals, organizations, and governments. Thus, it is necessary to build procedures for identifying cases of health insurance fraud. Furthermore, a large volume of exceedingly sensitive electronic health insurance data are generated daily, attracting unscrupulous users.

Digital technology has revolutionized traditional practices in the health insurance sector by streamlining administrative procedures, enhancing access to care, and enabling customers to take a more active role in managing their health insurance needs.

As essential elements of digital health technology, telemedicine and virtual healthcare services allow insurers to provide policyholders with remote consultations, diagnosis, and treatment alternatives.

Innovation in health insurance is being driven by data analytics and artificial intelligence, which gives insurers the ability to use insights for fraud detection, predictive modeling, and personalized care.

Technological developments have completely changed the healthcare sector in recent years. These developments have completely changed how consumers seek and receive care, insurers evaluate risk, and healthcare providers do business. Technological developments have increased consumer access to healthcare more than in the past. Nowadays, patients may maintain their medical data online, obtain virtual care from the convenience of their homes, and get real-time health information from wearable technology.

With more data available, insurers can now anticipate patient outcomes more precisely and adjust premiums appropriately. Furthermore, fraud may now be detected and stopped by insurers with greater ease, saving money on both their and their clients' bills.

This review aims to provide a comprehensive picture of the state of technology in health insurance sector by combining existing research and perspectives from scholarly articles, reports, and industry publications.

RESEARCH METHODOLOGY

Study Objective

General Objective:

- To review and analyze the role of technology in transforming Health Insurance Sector.

Specific Objectives:

- To analyze Digital Trends/Recent Advancement in Health Insurance Sector.
- To analyze the impact of Digital Platforms and Real-Time monitoring.
- To identify challenges, and opportunities for improving use of technology in the Health Insurance Sector.

Study Design	PRISMA guidelines which involved a rigorous search, selection, and synthesis of relevant literature
Study Area	Research conducted in India and outside India
Duration of Study	April 2024 to June 2024
Study Participants	The study participants were researchers, policymakers, healthcare insurance providers, and users
Sample Size	The sample size was determined by the number of relevant studies meeting the inclusion criteria for the rapid review (n=30)
Data Analysis	Data analysis involved thematic synthesis of qualitative data and quantitative analysis of the use of technology, opportunities and challenges in the insurance sector
Ethics and Consent	Since this was a rapid review of existing literature, ethical approval and informed consent are not applicable
Data Type	Secondary data was collected through internet by various data sources like Pubmed, Google Scholar for literature review.

METHODOLOGY

Search Strategy: Phrases like 'Digital Technology', 'Health Insurance Industry', 'Digital Transformation', 'Fraud Detection Technology', 'Real-Time Monitoring', 'Latest Trends & Innovations', and 'Digital Health Tools'

Electronic Database Searched: PubMed, PsycINFO, Embase, Google Scholar, Science Direct and also grey literature

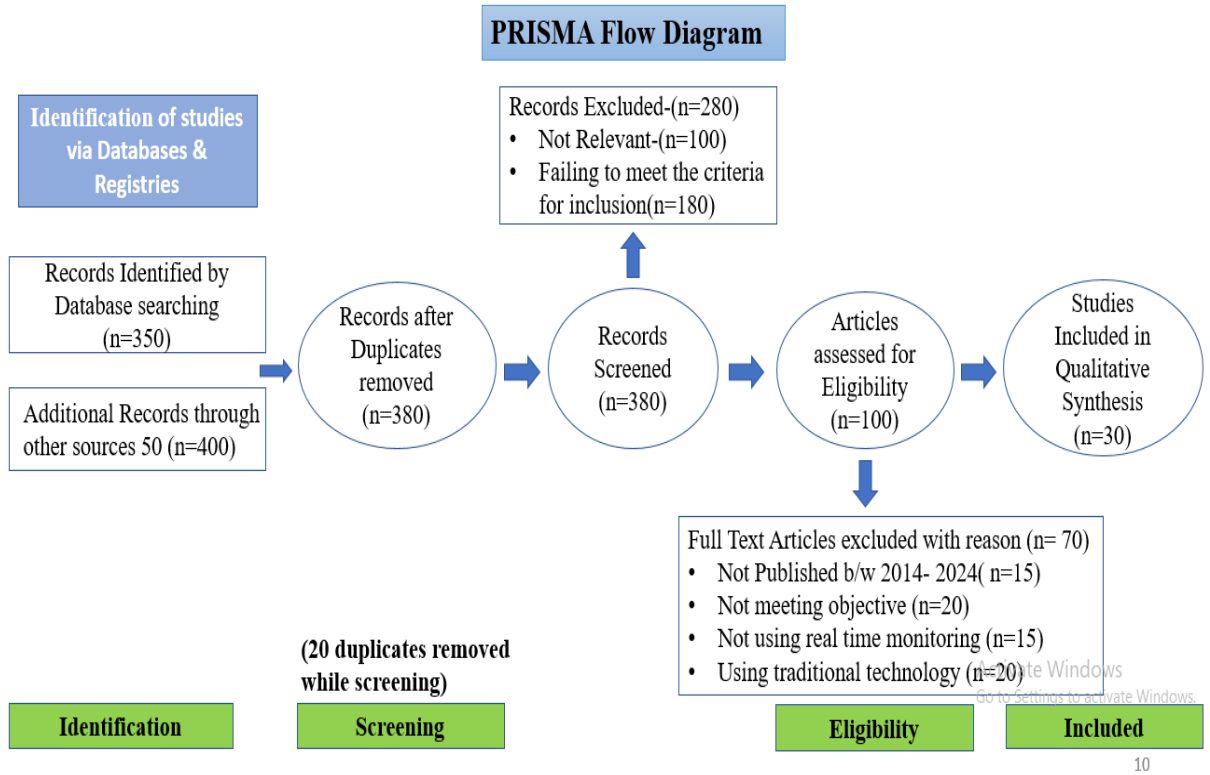
Selection Process:

Initial Screening: All identified papers titles and abstracts were reviewed for relevance to the study topic.

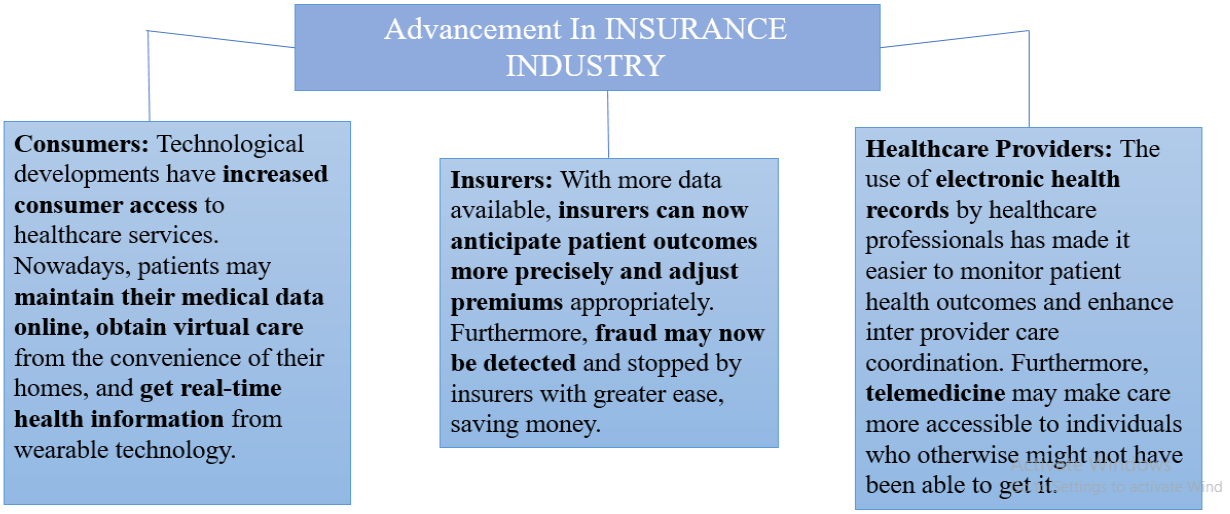
Full Text Review: Research articles that cleared the initial screening phase, underwent a comprehensive text analysis. Included in this analysis were studies that satisfied the inclusion criteria.

Data Extraction: From the included studies, pertinent data was taken out and put into a structured format.

Synthesis and Analysis: Thematic synthesis of qualitative and quantitative data was done to analyse technological advancement in the insurance industry.



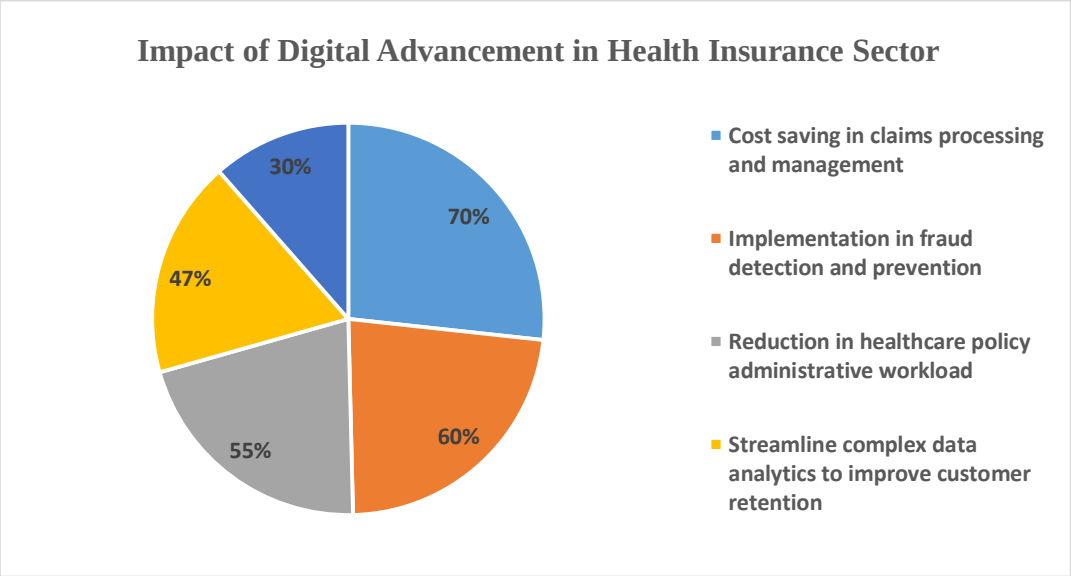
RESULTS



Digital Trends in Insurance Industry

Buying Hassle-Free Insurance Online	With the widespread availability of internet and proliferation of smartphones, we are turning to online channels to purchase insurance. Insurers are providing **user-friendly websites and mobile apps** that enable customers to research, compare, and buy insurance policies conveniently from the comfort of their homes.
AI and Automation for Faster Claims	AI and automation technologies are used by insurance companies to **expedite the claims process.** AI algorithms can quickly assess claims, detect fraudulent activities, and automate routine tasks, leading to faster claim settlements and improved customer satisfaction.
New Customised Products for Personalisation	Insurers are **introducing personalized insurance products** tailored to individual needs and preferences. Using data analytics and customer insights, insurers can provide customised coverage options, flexible policy terms and personalised pricing.
Social Media	Social media platforms are becoming integral to the **marketing and customer engagement strategies** of insurance companies. **Insurers utilize social media channels such as Facebook, Twitter, LinkedIn, and Instagram to connect with customers, share educational content, promote products, and address customer queries.**
Internet of Things (IoT)	IoT is reforming the insurance industry **by enabling insurers to gather rear time data from connected devices** such as smart home devices, wearable gadgets, and telematics sensors. IoT data **provides valuable insights into customer behaviour, risk factors and loss prevention opportunities.**
Incentivizing Wellness Program Participants	Health insurers are **offering incentives to policyholders who participate in wellness programs** including nutrition counselling, gym memberships and smoking cessation programs, among. By offering these programs, **insurers are helping policyholders to reduce their chances of contracting chronic diseases,** which ultimately leads to fewer claims and reduced healthcare costs.
Using Application Programming Interface (API)	With this technology, **insurers are employing efficient methods to integrate, access, and disseminate data.** APIs make digital claims management process more efficient. Example: NHCX Model.

Impact of Digital Advancement in Health Insurance Sector



Cost saving in claims processing and management	Implementation in fraud detection and prevention	Reduction in healthcare policy administrative workload	Streamline complex data analytics to improve customer retention	Increase self-service options in healthcare
70%	60%	55%	47%	30%

Interpretation

- After examining 40 publications, it was observed that employing AI techniques reduced fraud cases by 60%.
- Cost saving in claims processing and management by 70%.
- Reduction in administrative workload by 55%
- Improved customer retention by 47%
- Increased self-service options in healthcare by 30%.

Challenges associated with Digital Insurance and their Potential Solutions

Challenges Associated with Digital Insurance

Data Privacy Concerns

A significant challenge in digital insurance is the **protection of customer data and privacy**. With the increasing digitisation of insurance processes and the collection of vast amounts of personal data, **there are concerns about data breaches, unauthorised access, and misuse of customer information.**

Insurers must comply with data protection laws, such as the Personal Data Protection Bill, which aims to regulate the processing of personal data and establish measures to safeguard data privacy.

Cybersecurity Risks

The digitalisation of insurance **processes exposes insurers to cybersecurity risks, including phishing scams malware attacks and ransomware threats.** Insurers need to establish **robust cybersecurity measures** to protect sensitive information, secure online transactions and protect against cyber threats.

The IRDAI has issued guidelines on information and cyber security for insurers, requiring the implementation of cybersecurity frameworks, incident response plans, and routine security audits to mitigate risks effectively.

Regulatory Compliance

Ensuring regulatory compliance poses a challenge for insurers operating in the digital space. **Insurers must adhere to various regulatory requirements set forth by the IRDAI**, including licensing requirements, product approval processes, disclosure norms and reporting obligations.

Strict adherence to anti-money laundering (AML) and know-your-customer (KYC) regulations is essential for digital customer onboarding processes to prevent financial crimes.

Technology Infrastructure

Building and maintaining robust technology infrastructure capable of supporting digital insurance operations is another challenge.

Insurers need to invest in scalable, secure, and interoperable IT systems, digital platforms and data analytics to deliver seamless customer experiences, automate processes and ensure regulatory compliance.

Potential Solutions

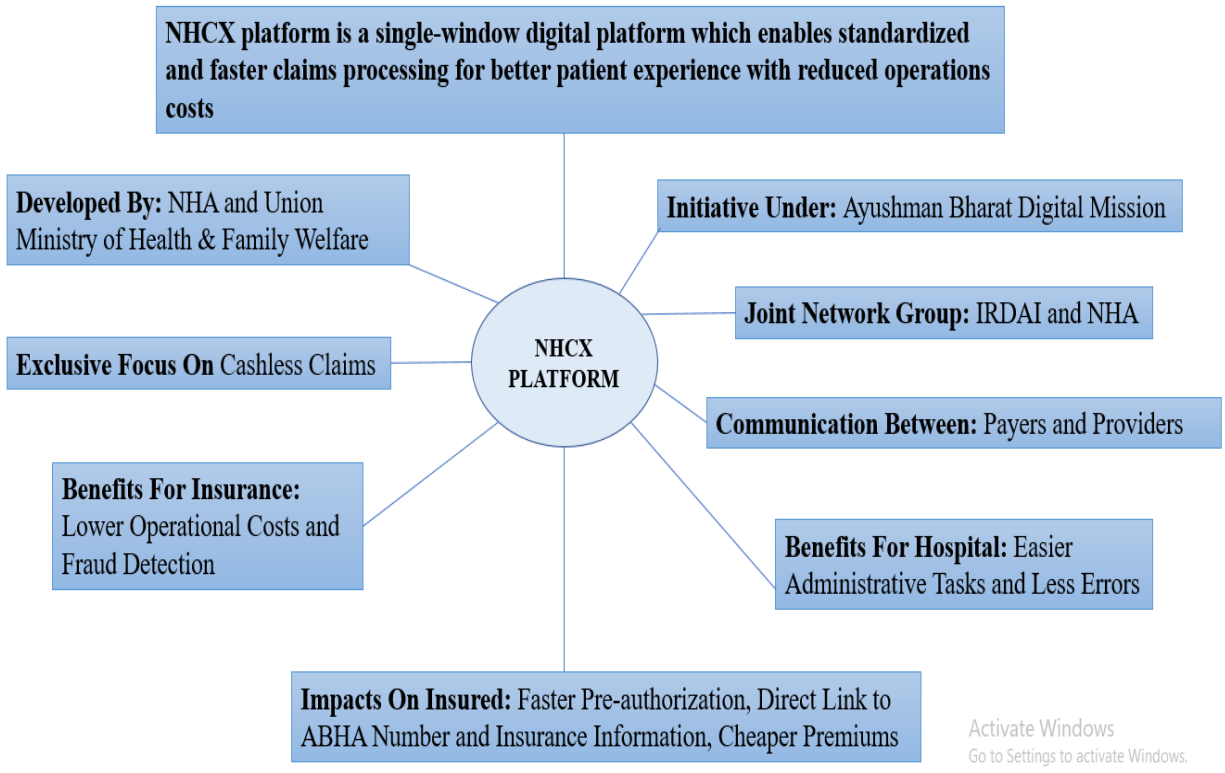
Enhanced Customer Engagement	• Insurers can improve customer engagement by offering personalised communication, interactive digital tools, and self service options. **Using chatbots, virtual assistants and mobile apps.**
Agility and Flexibility	• Insurers should adopt agile methodologies and flexible models to promptly adapt to changing market dynamics and evolving customer preferences.
Ecosystem Partnerships	• Insurers can leverage partnerships with **Insurtech start-ups, technology firms and ecosystem players** to drive innovation and expand their digital capabilities.
Investment in Technology and Talent	• Insurers should invest in cutting edge technologies, such as AI, machine learning, blockchain and IoT, to enhance digital capabilities and stay competitive in the digital age. Likewise, allocating resources towards talent acquisition and training programs.

WAY FORWARD

About NHCX Model

The National Health Claim Exchange (NHCX) was recently introduced by the National Health Authority (NHA) and the Insurance Regulatory and Development Authority of India (IRDAI) to enable the sharing of claims-related data across various players in the healthcare and health insurance ecosystem.

It's an online tool made to make processing health insurance claims in India easier. It will serve as a consolidated hub for all health claims, reducing hospital administrative workload and offering a smooth, secure, paperless contract framework. In line with IRDAI's goal of obtaining "Insurance for All by 2047," the system is built to support India's dynamic and diverse healthcare system.



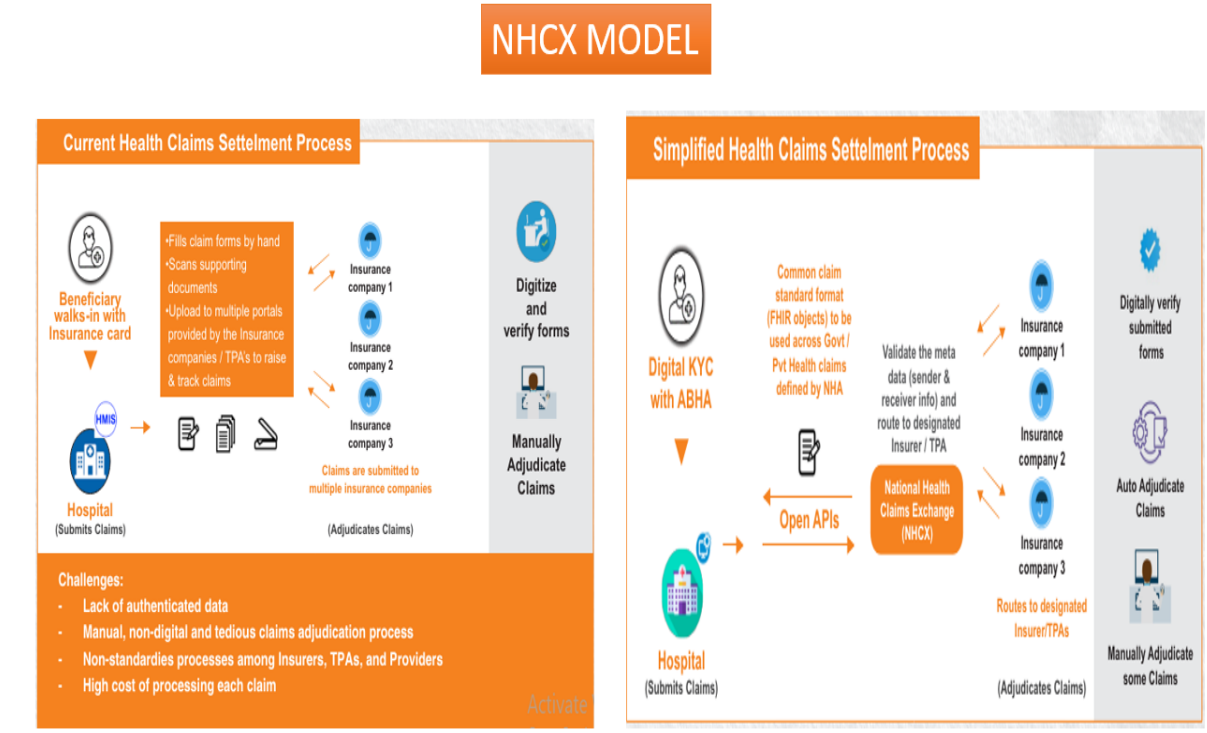
Benefits of NHCX Model:

- By streamlining and speeding up the cashless claims process, NHCX hopes to cut down on patient wait times and out-of-pocket costs.

- NHCX reduces administrative hassles for hospitals by streamlining claim processing by doing away with the need for several portals and manual documentation.

- With data verification, the system can assist in identifying and preventing fraudulent claims.

- The platform's centralized validation and consistent data display could result in a more standardized approach to healthcare pricing.



Parthanil Ghosh, Director and CBO at HDFC Ergo said on Tuesday, July 9, 2024, that they have successfully processed its first claim through the NHCX platform which will enhance customer experience by building a cohesive technology-driven system. Source: Economic Times

DISCUSSION

- The integration of digital tools such as AI-driven analytics have services significantly reduced claims processing costs, fraud cases, administrative workload and increased self-service options in healthcare leading to improved customer satisfaction.
- Emerging technologies such as AI-driven systems, blockchain for securing data management, telemedicine for remote healthcare delivery.
- While these technological advancements present immense opportunities for innovation and improvement in the health insurance industry, addressing associated challenges will be crucial.
- These include concerns about data security and privacy, interoperability issues among different technological platforms, regulatory compliance, and the need for ongoing investment in IT infrastructure and skilled workforce.

CONCLUSION

- The study indicate that Health Insurance Providers have embraced new technology with great speed, increasing efficiency and convenience. Digital tools, particularly those integrating Block chain, AI and automation significantly prevent frauds, expedite claims processing, cost reduction, improve employees efficiency and enhanced customer experience.
- For instance, AI-driven analytics can predict patient risks and personalize care plans, while telehealth services facilitate continuous patient engagement and monitoring.
- However, the effectiveness of these tools is contingent on factors such as healthcare provider communication, care coordination, and patient adherence to follow-up care.
- The constant challenge will be data privacy and cyber security to protect customer data and to improve these technologies while making sure all patients can use them and benefit from them.

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Chetna Yadav

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