

INTERNSHIP

AT

XYZ MEDCORP TPA PRIVATE LIMITED, GURGAON

(February 2 – May 15, 2015)

BY:

Dr. Soumya Kulshrestha

(PG/13/066)

POST-GRADUATE DIPLOMA IN HOSPITAL & HEALTH MANAGEMENT

NEW DELHI

(2013-15)



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

NEW DELHI

**DISSERTATION REPORT ON**

**MAPPING EFFECT OF ABSENTEEISM ON WORK ENVIRONMENT OF EMPLOYEES  
WHEN WELLNESS BENEFITS OFFERED BY CORPORATES**

By

Dr. Soumya Kulshrestha

(PG/13/066)

Under the Guidance of

Dr. A.K. Khokhar

Post graduate program in Hospital & Health Management

(2013-2015)



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH**

**NEW DELHI**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr.SoumyaKulshrestha student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at XYZ MedCorp TPA Private Limited, Haryana from 2<sup>nd</sup> February 2015 to 15<sup>TH</sup> May 2015.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

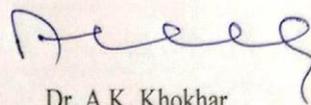
The Internship is in fulfillment of the course requirements I wish her all success in all his future endeavors.



Dr. A.K. Agarwal

Dean, Academics and Student Affairs

IIHMR, New Delhi



Dr. A.K. Khokhar

Dean, training

IIHMR, New Delhi

### Certificate of Approval

The Following Dissertation Titled "MAPPING EFFECT OF ABSENTEEISM ON WORK ENVIRONMENT OF EMPLOYEES WHEN WELLNESS BENEFITS OFFERED BY CORPORATES" at XYZ MedCorp TPA Private Limited 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 Post Graduate Diploma in Health and Hospital 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 purpose it is submitted.

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Name

Prof Ashok K Agarwal  
DR A.K. KHOKHAR  
B.S. Singh

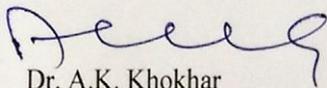
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Ashok  
Khokhar  
B.S. Singh

Certificate from Dissertation Advisory Committee

This is to certify that Dr.SoumyaKulshrestha, a graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. She is submitting this dissertation titled "MAPPING EFFECT OF ABSENTEEISM ON WORK ENVIRONMENT OF EMPLOYEES WHEN WELLNESS BENEFITS OFFERED BY CORPORATES." in partial fulfillment of the requirements for the award of the Post-Graduate Diploma in Health and Hospital 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.



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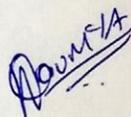
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titles "MAPPING EFFECT OF ABSENTEEISM ON WORK ENVIRONMENT OF EMPLOYEES WHEN WELLNESS BENEFITS OFFERED BY CORPORATES" and Submitted by Dr.SoumyaKulshresthaEnrollment No. PG/13/066 under the supervision of Dr. A.K. Khokhar for award of Postgraduate Diploma in Hospital And Health Management of Institute carried out during the period from 02/2/2015 to 15/5/2015 embodies my original work and has not formed the basis for award of any degree, Diploma associate ship, fellowships, titles in this or any other Institute or other similar institution of higher learning.



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Dean, Academics and student affairs  
IIHMR, New Delhi

CC: Dr.A.K. Khokhar

UNDERTAKING

Company has asked me to sign the 1 year employment bond in lieu of signing dissertation certificate, feedback forms, using their name, data and symbol of company in dissertation report on 15<sup>th</sup> May 2015 after completion of dissertation period and signing bond was not part of initial contract of employment.

Because of personal constraints I am unable to sign that bond hence report does not contain any dissertation certificate from the organization, Feedback form and confirm that dissertation report only include the hypothetical data and names.

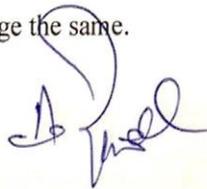
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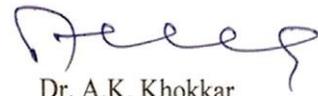
PG/13/066



Dr. A.K. Agarwal

Dean, Academics and Student Affair

IIHMR, New Delhi



Dr. A.K. Khokkar

Dean, Training

IIHMR, New Delhi

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## **ABSTRACT**

Nowadays, corporate groups have come up with the trend of health insurance for employees & their families. These policies include wellness activities alongwith the insurance.

Corporates take these wellness activities as a good method to acknowledge and understand their employees, along with their own purpose of getting there more efficient & productive for the high growth and profit to the organization.

This report is all about what actually employees think about these activities i.e. actually tis help or increase in absenteeism of the employees, as they do not consider these activities that much important.

The study was conducted on 100 corporate groups (HR Heads). The primary data, which was collected through questionnaire, was analyzed quantitatively as well as qualitatively for some data. The study concludes that even though wellness activities are not a priority for the employees, employees to certain extent do attend these activities and it ensures in their efficiency and productivity, hence, less of absenteeism.

## ACKNOWLEDGEMENT

Any attempt at any level cannot be satisfactorily completed without the support and guidance of learned people. I owe a great debt to all the professionals at XYZ MedCorp TPA Private Limited gurgaon, Haryana for sharing generously their knowledge and time, which inspired me to do our best during my internship training.

I would like to express my immense gratitude to, CEO of XYZ MedCorp TPA Private Limited, Gurgaon , XYZ MedCorp for its excellent guidance, constant support and encouragement without which the successful completion of this project would have been a distant reality. His critical approach, guidance, and encouragement have helped me to bring this subject to a successful completion

I am glad to acknowledge Associate Prof. Dr. A.K. Khokhar Singh, IIHMR for incorporating right attitude into me towards learning and for helping and supporting whenever required. His tireless pursuit for perfection and professional insight were source of constant inspiration to me.

I would like to extend my sincere thanks and profound gratitude to, Senior Manager - Corporate Marketing, and XYZ MedCorp for providing me with a good environment and facilities to complete this project.

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# *CHAPTER 1*

# *INTERNSHIP REPORT*

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## **ORGANIZATIONAL PROFILE**

### **INTRODUCTION**

XYZ MedCorp TPA Pvt. Ltd, a company promoted by XYZ group is engaged in the managed healthcare facilitation & has obtained a license from IRDA for TPA activities(Health) and offers its clients a wide array of services and products in the following areas:

- Third Party Administration (Health) services (TPA)
- Cashless Medical Services
- Claims Handling, Management & Back office operations
- Enrolment of Data and Health card
- HealthCare Assistance Services
- Outpatient HealthCare facilitation & Management
- Second Medical Opinion
- Cost Containment Services
- Preferred Service Provider (PSP) Networks
- Online assistance

### **PROMOTERS & MANAGEMENT**

#### **Promoters**

XYZ MedCorp TPA Pvt. Ltd. has been promoted by XYZ Group. XYZ Group (consisting of XYZ Motors Ltd., XYZ Infrastructure Developers Ltd) is promoted by Mr.VinitBeriwala and Mr.PunitBeriwala, third generation entrepreneurs

The promoters have a long-term vision of providing Complete Health and Medical Insurance products to the largely untapped Indian population.

### **Management**

The Company has appointed, Mr.RajanSubramaniam, a Management graduate and a qualified Insurance professional, as its CEO. He has wide experience in the TPA Industry and is assisted by qualified professionals from the field of Insurance and Healthcare..

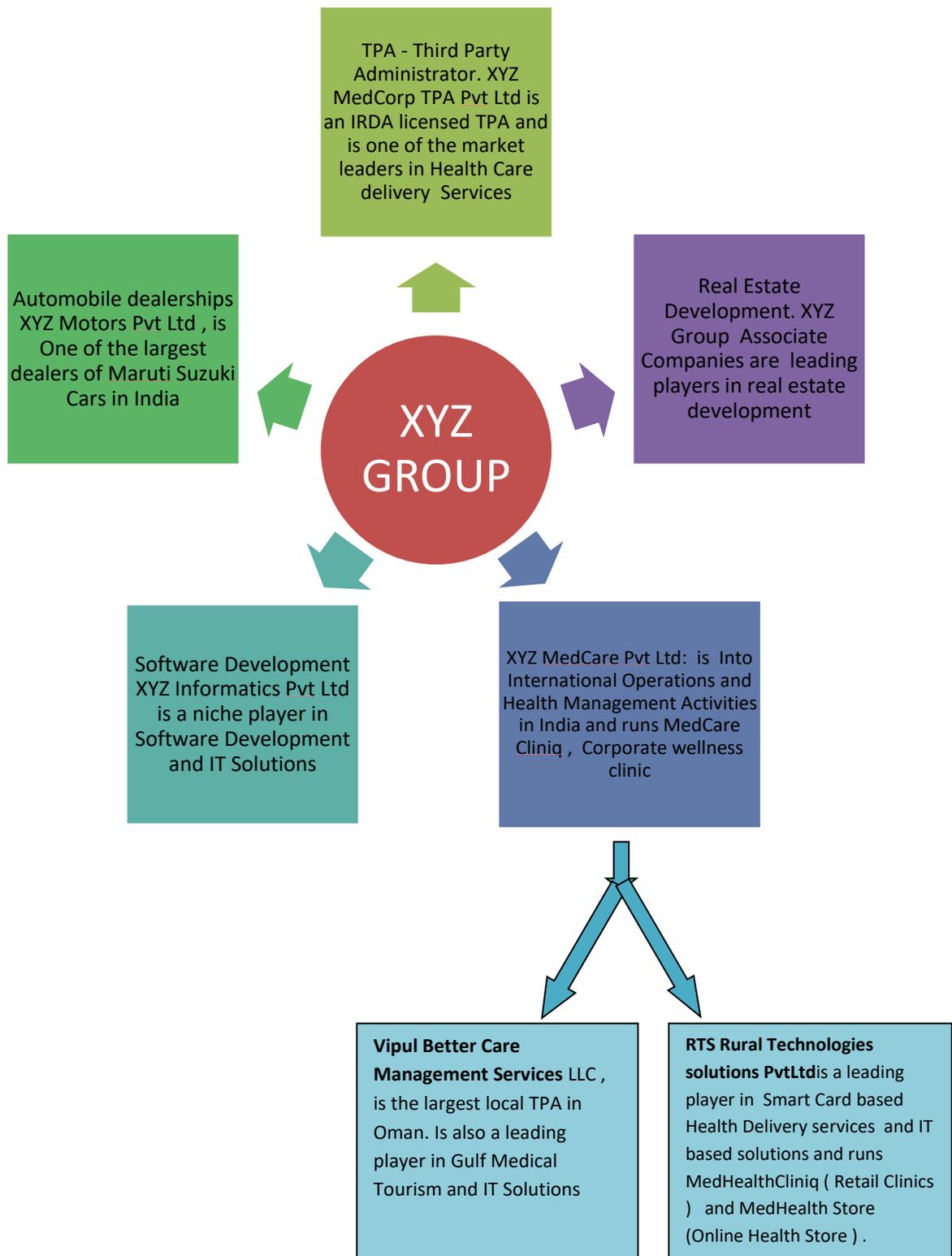
### **XYZ MEDCORP TPA - PRODUCT VISION**

- To increase medical care capacity
- To augment the existing Product/Service
- To provide the client with 24 hrs. service
- To provide one stop shopping for all medical needs
- To resolve the medical problem in a fast, efficient and convenient manner (improve employee productivity).
- To render cost containment services to our clients on their medical claims
- To offer total Health & Intermediary Insurance & administrative solutions.

### **XYZ MedCorp TPA - Infrastructure**

- Headquartered in Gurgaon with branch offices in New Delhi, Noida, Faridabad ,Brindavan Jaipur, Mumbai, Kolkata, Bangalore, Chennai & Cochin.
- Medical Network of over 6000 + hospitals/Nursing Homes.
- Operates a 24/7 Assistance Centre.

- Tailor-made software developed in-house with full web-based access for Claims Tracking, On-Line Access and Querying.
- Professional manpower presenting our clients with benefits derived from our knowledge & experience of the medical network, TPA & Insurance fields.



**FIGURE 1:**DIFFERENT VERTICALS OF XYZ MEDCORP TPA PVT. LTD.

## **MASS POLICIES**

XYZ MedCorp TPA is one of the leading players in servicing mass policies (RSBY/UHIS) and offers following services

- Finalisation of enrollment and transaction software
- IEC/Scheme campaign and mobilisation.
- On site personalisation and issuance of smart cards
- Hospital empanelment and Transaction software installation and training
- Cash less benefits to Insured.
- Data Upload/MIS
- 24/7 help and maintenance of Distt. offices/Kiosks
- XYZ MedCorp TPA was Given the best Data Management awardfor RSBY Gujarat in 2010

RTS Rural Technologies Solution Pvt. Ltd., (An Associate of XYZ MedCare Pvt Ltd) is providing IT based solutions to Govt. bodies, Health Insurer, TPA's and other Healthcare Service Providers. The Company is a QCI Accredited Smart Card Service Provider (SCSP) and is primarily working in rural areas /RSBY/Financial Inclusion, Domain and is involved in following activities;

- Enrollment& on site personalization
- Database Management,
- Software Development & Testing,
- Distt Kiosk Management,

- IT base solutions, /Web base Process
- Process Audit, /Claim control

### **HOSPITAL NETWORK**

- XYZ MedCorp TPA is currently having 7770 Providers in its network, which is one of the largest amongst existing TPAs.

### **Network Provider Accreditation Norms**

XYZ MedCorp TPA has shortlisted hospitals and Nursing Homes as per the minimum norms prescribed under Mediclaim Policy, that is --

- Hospital / Nursing Homes established for Indoor Care / Treatment of sickness & Injuries
- Either registered as a hospital or nursing home with local authority and under supervision of registered & qualified medical practitioners, OR, Should have at least 15 IP beds [10 beds in class C town]
- Fully equipped OT, wherever surgical procedure is carried out
- Fully qualified Nursing Staff – round the clock

The steps involved in our empanelment process are the following :

1. Screening of PSP & Introduction letter
2. PSP Application Form duly filled in by the PSP and submitted along with rate list, doctors biodata& various facilities offered by them
3. MOU with the PSP after rate negotiation
4. On site assessment of the PSP

5. Monthly/Yearly feedback system in order to decide on renewal

While empanelling a PSP, we also look at the following criteria :

- Infrastructure & Facilities available
- Quality of Service rendered
- Patient care background
- Bed-strength and availability
- Management background and past track record

### **SERVICES PROVIDED BY THE ORGANIZATION**

#### **XYZ MEDCORP TPA PVT. LTD. TPA SERVICES:**

Its service professionals deploy innovative technology and best practices to manage the administration of your health insurance policy. It endeavours to become a comprehensive and complete source for health and mediclaim administration and management for the insured as well as the insurer. Its corporate services team have expertise in managing administration during open enrollment and throughout the plan year, notifying employees of their benefits, changes, and ensuring that related systems receive accurate data.

Its in house systems team has built a full-service record keeping and administration platform tailored to suit health insurance requirements across all levels of clients. All the above can be offered online through web-based access.

At the moment the following services are offered to the clients:

## **SERVICES:**

- Cashless medical service facilitation at network hospital up to the limit authorized by mediclaim/hospitalization Insurance
- Claim processing & reimbursement, for non-network hospitals
- Computerized Medical History records
- Online assistance to Insured during hospitalization & filing of claim documents
- Hospitals/ nursing Homes all over India

## **Service Level Agreements:**

XYZ MedCorp TPA are a group of professionals dedicated to mission of providing excellent services to the clients (Corporate as well as Retail). For deliverance of services the SLA (Service Level Agreements) are in place, which would be signed with various Insurance companies and the corporate groups. These broadly define the Turn Around Time (TAT) for the deliverance of the following services:

### **1. ID Cards Printing and Dispatch**

- XYZ MedCorp TPA TAT for the Delivery of cards is within seven (7) days of the receipt of the complete data of insured members and the details of the policy from the insurance company

### **2. Cashless Authorization / Rejection**

- Cashless authorization requests are to be scrutinized and the decision of acceptance or rejection is to be conveyed to the service provider within 24 hrs. of the receipt of the Pre Hospitalization Authorization Form.

- In case where a query has been raised the query has to be satisfied by the concerned party and the authorization will be given within 24 hrs. of the receipt of the reply.

**3. Claims Settlement / Reimbursement**

- Turnaround Time (TAT) of settlement of reimbursement claims is generally upto 15 days and subject to full documentation compliance.

**4. Customer Grievance Redressal**

- TAT for response is max. 2 working days, for any queries or grievance raised by the client.

**5. Call Center Responses**

- XYZ MedCorp TPA operates a 24 \* 7 / 365 days Call center to provide instant accessibility to the clients for all information required for medical services facilitation and claims status.

**6. MIS Reports**

- Weekly/ Monthly MIS are prepared for the following:
  - a. Claims Paid /Outstanding
  - b. Premium Collection
  - c. ID Cards Processed & Dispatched
  - d. Special reports annually for disease wise analysis, total age wise claim incidences etc.

**7. Adequate Coverage of Network Hospitals**

- Providing a comprehensive coverage of network hospitals at all locations of client operations.

XYZ MedCorp TPA has service level agreement for all the above-defined parameters and the same can be incorporated in the client agreement.

## **CLAIM MANAGEMENT & CONTROL**

### **Cashless Facilitation Procedure**

- Receipt & Record of Data & Member Enrollment (Issuance of Photo ID Card)
- Pre-Admission Authorisation after checking Doctor Prescription, Admission Form, Hospital Information
- Claim form is submitted with Original bills along with Doctor Prescription, Diagnostic Reports & Discharge summary

### **Claim Reimbursement**

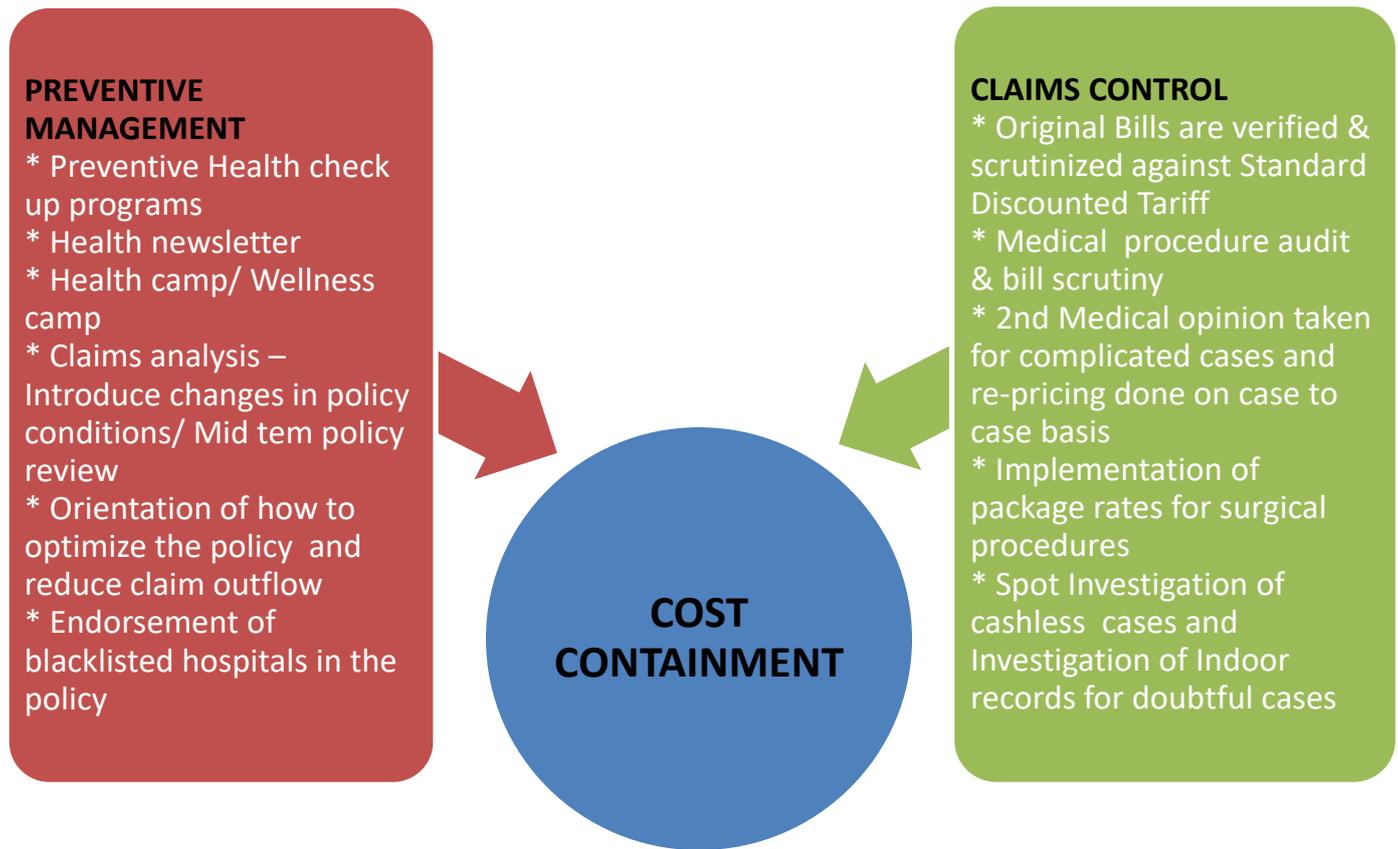
When Cash Less Facility is not accorded or Insured goes to a Non Network

Hospital then following documents are required :

- Claim Forms
- Original bills with Diagnostic reports
- Doctor's First prescription
- Discharge summary/certificate

### **Claims Control**

- Original Bills are verified & scrutinised against Standard Discounted Tariff
- Cost Containment by Medical procedure audit & Bill scrutiny
- 2nd Medical opinion taken for complicated cases
- Repricing done on case to case basis.



**FIGURE2:**PROCESS OF COST CONTAINMENT

**Cost Containment**

Cash Less medical services lead to: :

- Bill Scrutiny before release of payment
- Discounted Rates
- Eliminates Reimbursement Frauds
- Medical Procedure Audit / Elimination of unnecessary prescriptions
- Case Management

All the above leads to Cost Containment and lowering of Claims/Premium Ratio

## DEPARTMENTS VISITED/WORKED

### I. ENROLLMENT DEPARTMENT

It is the 1<sup>st</sup> step of policy claim process.

Stages involved in Enrollment Processing:

#### 1. Policy Pick ups

Executive will visit underwriting office on a weekly basis and collect policies (along with proposal form for new cases). Apart from policies, he will also collect following documents:

1. Claim documents
2. 64VB Confirmation
3. Reply to queries
4. Customer grievance

Policies will be handed over to XYZ MedCorp Executive by the underwriting office, after filling the Daily Collection Sheet (Annexure 1). The Sheet will be counter signed by Insurance Co. and XYZ MedCorp Executive. Head office to maintain a policy pick up **register** underwriting office wise, to control documents collections.

#### 2. Premium Accounting

Docket Entry: XYZ MedCorp Executive will record the entry of the policies collected from the underwriter thru courier docket or collected by an executive of XYZ MedCorp. While recording the docket entry there are two critical columns to be taken care of like BODO/Underwriter code and Collection Date. System will not allow to enter the collection date prior to 5 days from the current date. XYZ MedCorp Executive will do the **Proposer Entry and Authorization** after the docket entry in

the system via internet at XYZ MedCorp TAPS Software. **Department to ensure that Proposer entry is done within 24 hrs.(TAT-24hrs)**. After the proposer entry, a batch will be created and all policies along with batch sheet will be filed in one folder.

### **3. Photo Pasting**

After the batch creation of policies, photograph of each insured has to be pasted on the photo sheet numbered with Proposer Code (P-Code) with relationship e.g. 08P01245A

### **4. Photo Scanning**

Once the photo pasting is complete scan each photograph for the photo ID Card and save it to the computer with the filename of P-Code with relationship e.g. 08P01245A

### **5. Card Processing (Member Entry)**

All the details of each insured will be captured while card processing like name, age, gender, relationship, SI, Inclusion or Exclusion etc.

### **6. Quality Check**

After capturing all the details of each insured quality check will be done by the quality control person and he/she will authorize the same.

### **7. Card Printing**

Card printing will be done on the batch number wise of each insured.

### **8. Label and dispatch list printing**

After completion of card printing Label printing and dispatch list will be printed on the batch number basis.

### **9. Lamination**

Lamination will be done on each card wise.

### **10. Packing based on dispatch list**

After lamination of the cards, they will be sorted on the family basis based on the dispatch list and each family cards must be packed in a singly envelope along with the Guide Book and Network List.

### **11. Dispatch**

Dispatch can be done on batch number wise of each policy/family. At the time of dispatch each policy will be entered in the system with the docket no and the dispatch date.

### **12. Policy management**

- a. Letters to Underwriting office for incomplete policy document
- b. Lost Card, Reissue of Cards, Card Correction etc.
- c. Analysis of policy underwritten verses pick ups

### **13. Scanning**

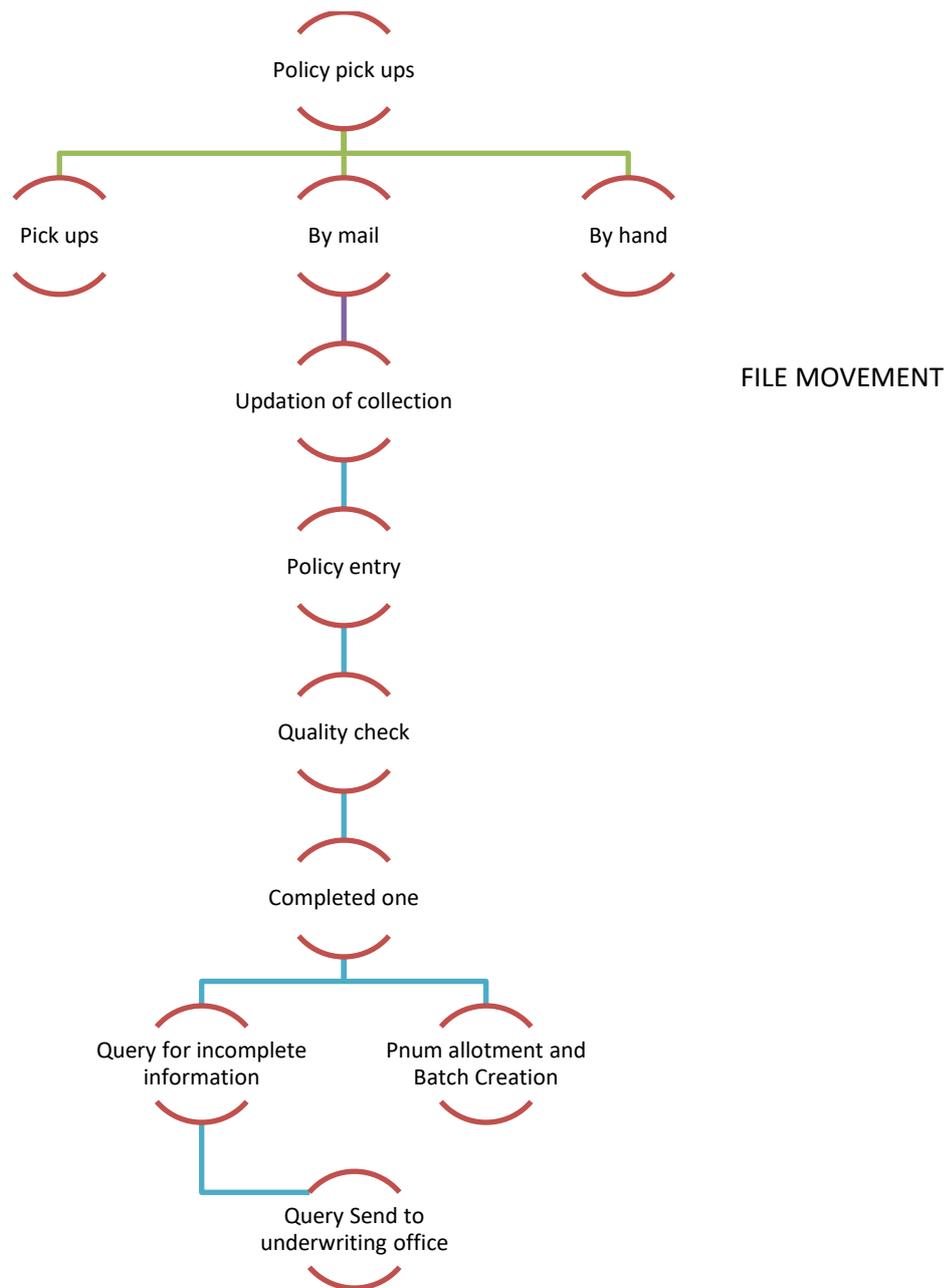
Each policy copy will be scanned and scan data will be attached to respective card no.

## 14. Storing

Files are stored on the basis of Batch which are created u/w office Wise

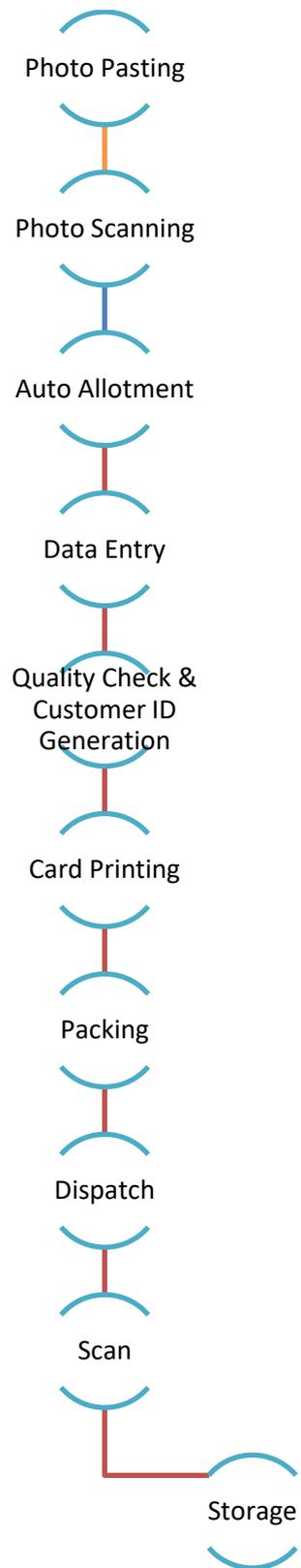
### ENROLLMENT PROCESS FLOW

#### Stage – I Income Booking



**FIGURE 3:**ENROLLMENT PROCESS FLOW STAGE - I

## Stage-II Card Processing



**FIGURE 4:** ENROLLMENT PROCESS FLOW STAGE - II

## II. CASHLESS DEPARTMENT:

Stages involved in Cashless Processing

### 1. Fax Intimation

Insured who wants to avail of cash less facility have to fill the pre – authorization request form and fax to XYZ MedCorp (Annexure 4). The pre authorization should have following supporting for speedy disposal.

- i. Policy Copy /XYZ ID Card copy.
- ii. Doctor First prescriptions.
- iii. Pre authorization request form duly completed

**Registering Pre authorization Fax** – Time of receipt. No of pages received, Legibility of the Fax etc. The data and time will be written on each fax and details will be entered in **Incoming Fax register**

### 2. Cashless Intimation

XYZ MedCorp Executive will check if the policy is **enrolled**.

In case the policy is enrolled then VMC Branch will do **Cash less Intimation** in the system. In case of enrolled and non-compliance of 64 VB then system will generate the query at intimation level marked to underwriter and carbon copy (cc) to hospital mentioning the non-compliance of 64 VB.

In case the policy is not enrolled, then XYZ MedCorp, Gurgaon will collect following documents:

1. Policy copy
2. 64 VB clearance certificate. In case of a holiday/non-availability of

64 VB confirmations, then Bank Passbook of insured, confirming that premium Cheque has been debited in Bank will be collected.

XYZ MedCorp, Gurgaon will proceed to do the enrollment.

XYZ MedCorp, Gurgaon will do the **cashless intimation** and process the cashless request. After intimation system will generate a file number.

### **3. Cashless Validation and Updation**

- E-documentation – Updation of documents into System
- Validation of claim with Policy conditions
- Scanning and storing of Pre authorization form

### **4. Doctor Approval**

- Doctor will verify clinical admissibility of claim.
- Explore Cost Containment options.
- Verify clinical data keyed in to the system and select disease as per ICDCodification.

After this stage doctor Assessment will be undertaken and following outcome will be acted upon,

- i. **Query** – will be faxed to hospital or to underwriting office. After a query reply is received then department will proceed to process the cash less case.
- ii. **Spot Investigation:** VMC executive/Doctor will conduct a spot investigation and will discuss the case with treating doctors in case of a doubt.
- iii. **Rejection/Approval** – In case of rejection or an approval department will print the letter from the system and will proceed to fax the same to Hospital.

## **5. Issuance Of Letter**

The Authorization letter will be generated from the system.

**Fax To Hospital:** The approval /Rejection letter details will be entered in the outgoing register and the same will be faxed to the hospital.

## **6. Discharge Monitoring**

XYZ MedCorp, Gurgaon executive will visit the hospital and meet the patient and hospital administrator. Discuss and verify inpatient records and nursing records and coordinate with hospital about discharge formalities.

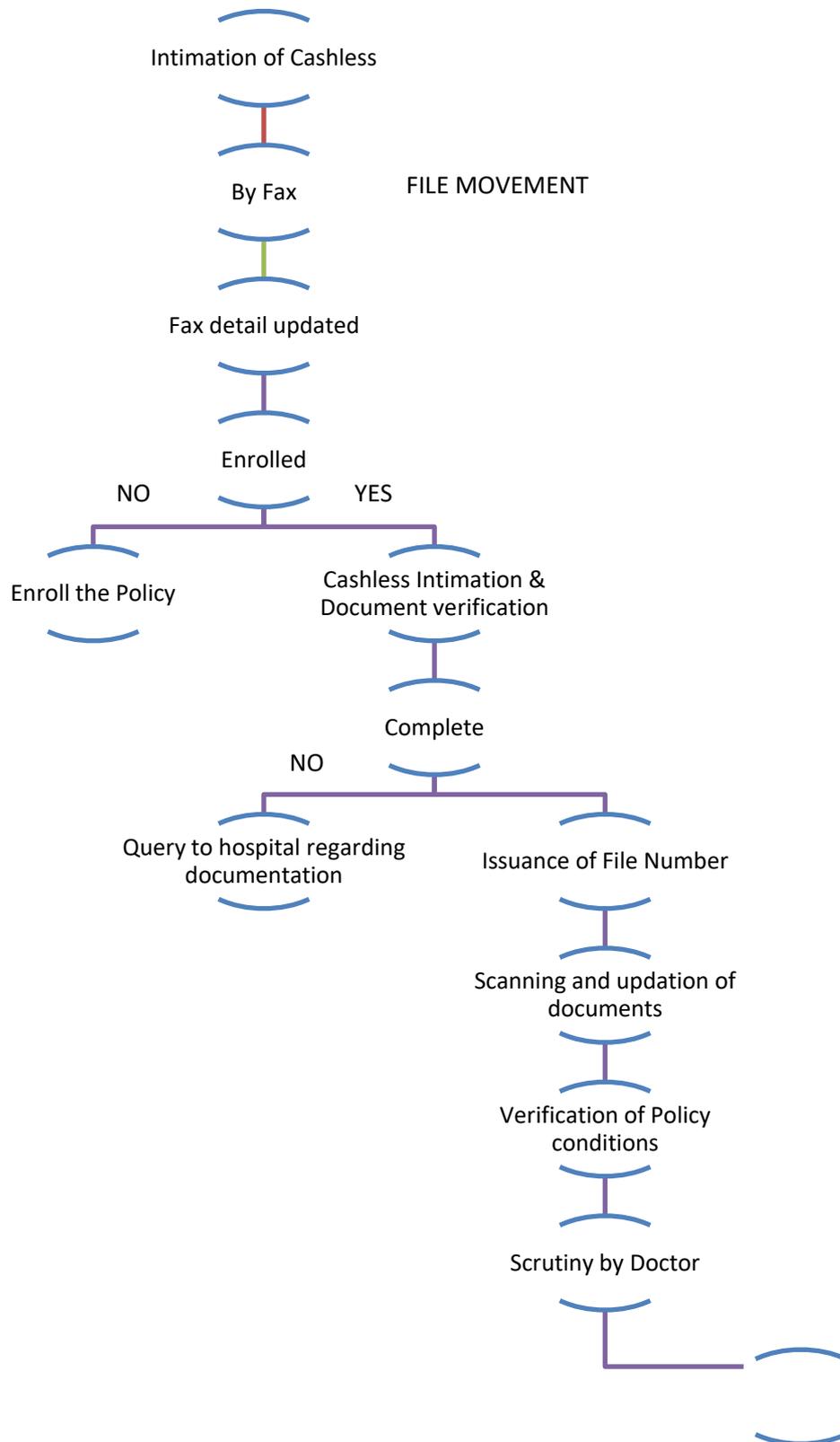
Hospital will prepare the final hospital bills and get the same signed by patient at the time of discharge and send following documents to XYZ MedCorp, Gurgaon for reimbursement

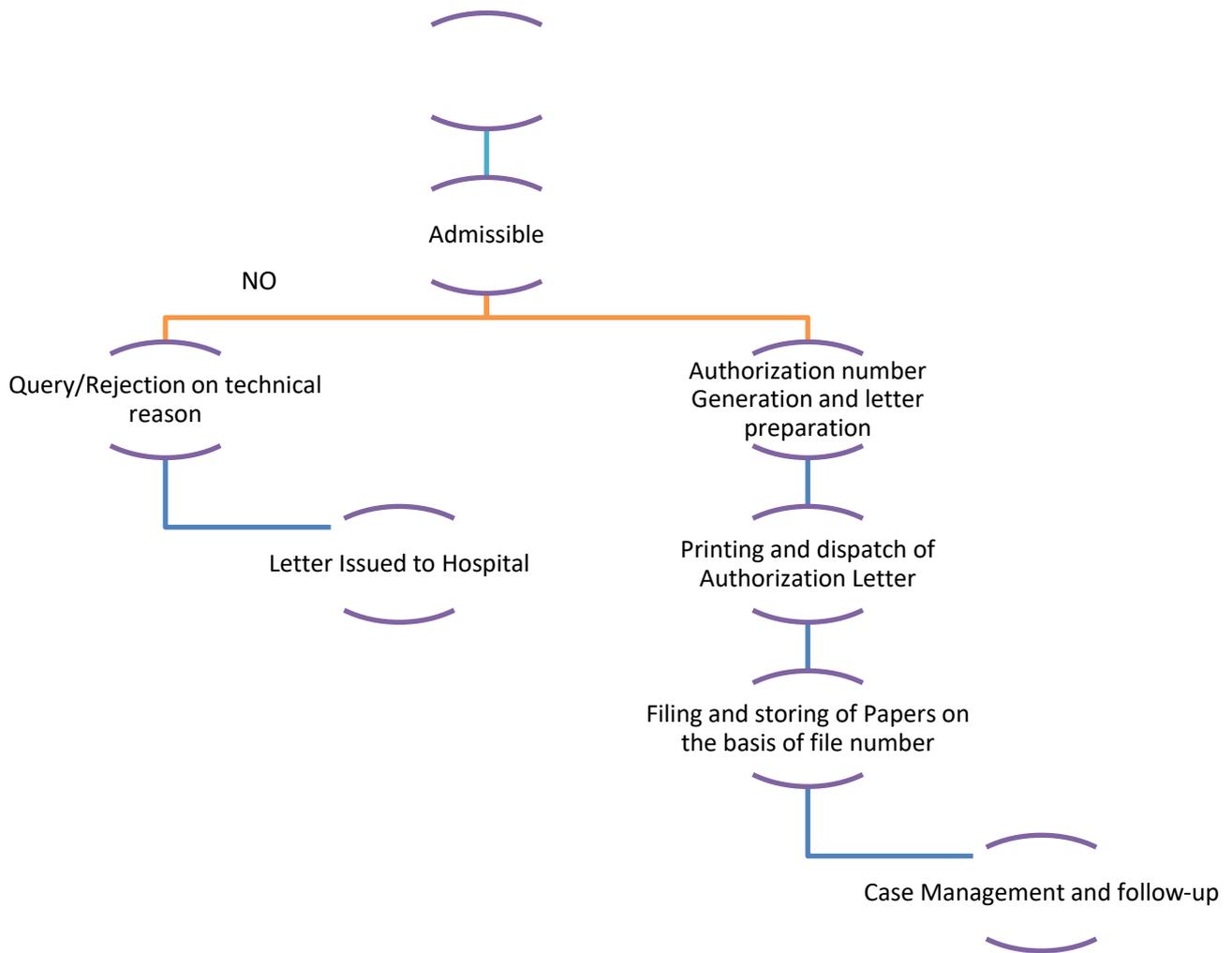
1. Claim form
2. Hospital bills (signed by patient)
3. Discharge summary
4. All reports
5. XYZ MedCorp Authorization letter

## **7. Bill Collection**

Monitoring collection of bills – 15 days max

## Cashless Process Flow





**FIGURE 5:** CASHLESS PROCESS FLOW

### **III. CLAIM PROCESS DEPARTMENT**

Stages involved in Claim Processing

#### **1. General Intimation**

All claims intimated by fax or phone or e-mail or letter will be recorded at XYZ MedCorp, Gurgaon in **General Intimation Register**.

XYZ MedCorp, Gurgaon will also update the records in TAPS Software Claim kit will be sent to insured, requesting him to fill the claim form and submit following documents for processing

- i. Copy of the Id Card/Policy document.
- ii. Original first prescription of doctor advising hospitalization.
- iii. Claim Form with signature of the claimant.
- iv. Original detailed discharge summary.
- v. Original hospital bill-consolidated.
- vi. Break up of bills.
- vii. Break up of package.
- viii. Original investigations reports, claims etc. supported with doctor's prescription
- ix. Acknowledgement of Intimation along with Claim kit

## **2. Bill Intimation**

- Submission of bill by Insured / Hospital for payment of Claim
- Area of Importance- Verification of documents as per norms for following;
  1. Copy of the Id Card/Policy document.
  2. Original first prescription of doctor advising hospitalization.
  3. XYZ MedCorp's Claim Form with signature of the claimant.
  4. Original detailed discharge summary.
  5. Original hospital bill-consolidated and payment receipt.
  6. Break up of bills.
  7. Break up of package.
  8. Original investigations reports, claims etc. supported with doctor's prescription.

XYZ MedCorp, Gurgaon will receive all claim reimbursement papers either directly from customer or thru Hospital (Cashless), DO/BO, Agents, etc.

Claim documents will be assorted and filed. Each paper will be **serially numbered**.

(This will ensure that if few papers are removed from the file due to audit etc , then they can be trailed)

A **claim check** list will be filled and if following critical documents are missing then a query letter will be sent to insured

- i. Claim form
- ii. Hospital bills
- iii. Discharge summary
- iv. Doctor first prescription
- v. Authorization Letter (In case of cashless reimbursement)

XYZ MedCorp, Gurgaon will scan the Main Hospital bill and Discharge summary and create a folder at their end.

**Enrollment** checking will be done by XYZ MedCorp, Gurgaon and in case insured is non-enrolled then email will be sent to Business Development department & Enrollment department. Policy documents and 64 VB certificate will be collected by business development department and Enrollment department will proceed to do the enrollment.

**Enrollment of non-network hospital in system:** In case the non-network hospital is not enrolled in the system , then the department will collect details of the hospitals like Regn no , bed capacity and after ascertaining that the hospital meets the criteria specified in Mediclaim policy , will proceed to enroll the hospital in TAPS software.

**Claim intimation** will be done by the Department and claim no will be generated from the system and the same will be recorded in the file.

### **3. Bill Validation and Claim updation**

E-documentation - Updation of bills and discharge summary into system store the same after scanning for future reference

Area of Importance

- 1) Bills and Investigations are to be within the stipulated period of admission. Department will do detailed bill entry of each bill and sub bill in the system.
- 2) Investigations and Medicine bills should be supported by Doctor Prescriptions
- 3) Checking Policy period with Medical event and Exclusion in Fresh policy

### **4. Doctor Approval**

Doctor will do an assessment for Admissibility of the claim in medical ground and will also do the deductions of non-payable item in the system.

**Query:** In case doctor raises a query the same will be printed and will be dispatched to the Insured. In case an investigation is required then doctor/Investigator will visit the hospital/Patient and will do a detailed investigation.

After suitable query reply is received. If there is no further query then Doctor will evaluate the file and will enter the case study at TAPS Software. In case on non-receiving of query reply within 15 days a reminder has to be generated from the system and record the dispatch of the same. System will allow to generate two reminders and one final reminder to the insured/underwriter/hospital.

**Rejection:** In case of proposed rejection, the file will be referred to Insurance Company for their opinion. Branch will keep a Xerox of the total file and send the original file along with doctor's sheet duly signed by the doctor to the u/w office for their opinion. After receiving confirmation from U/w office branch will proceed to reject the file in the system. Rejection letter will be couriered to Insured after entering details in Dispatch register and after updating courier POD no in TAPS software.

**Approval :**In case the doctor approves the case, a case summary will be printed and doctor will sign the same and then will sign on the file and sent the file by courier to XYZ MedCorp, Gurgaon

#### **5. Financial Approval**

XYZ MedCorp, Finance Department will do the **finance settlement** and inform the branch about the settlement by email. Alternatively branch can monitor the case from the system and see the settlement status themselves.

- Area of Importance – Bills totalling
- Deduction and discount accounting and verification
- Final approval

#### **6. Discharge Voucher preparation dispatch**

XYZ MedCorp, Gurgaon will print a Discharge Voucher (DV) and dispatch to insured in case of non-cashless reimbursement.

#### **Area of Importance**

- A) Timely generation and dispatch of discharge voucher.

B) Monitoring of correspondence related to payment.

C) Age analysis and subsequent follow up of non-receipt of signed discharge voucher

### **7. Cheque Preparation**

XYZ MedCorp, Gurgaon will prepare the Cheque for the payments to hospitals, corporate and insured.

- Area of Importance – First in First out as per discharge voucher received
- Distribution of payments on the basis of Hospitals, corporate and Individuals

### **8. Dispatch of Cheque**

XYZ MedCorp, Gurgaon will update in dispatch register and courier the Cheque to the hospitals, corporate and insured along with the covering letter mentioning the payment details

- Area of Importance – Monitoring of return packets

### **9. Claim Float Preparation & Submission**

XYZ MedCorp, Gurgaon will prepare the claim float statement which will be submitted to Insurance Company Regional Office along with Bank Statement and Bank Book

- Area of Importance - Timely submission of Claim float to the tune of Bank guarantee
- Funds Monitoring

## **10. Funds Management & Reconciliation**

- a. Float Receivable and received
- b. Bank Reconciliation
- c. Cheque returns due to wrong address and related issues
- d. Cancellation and Issuance of duplicate cheque
- e. Stale Cheque monitoring

## **11. Query**

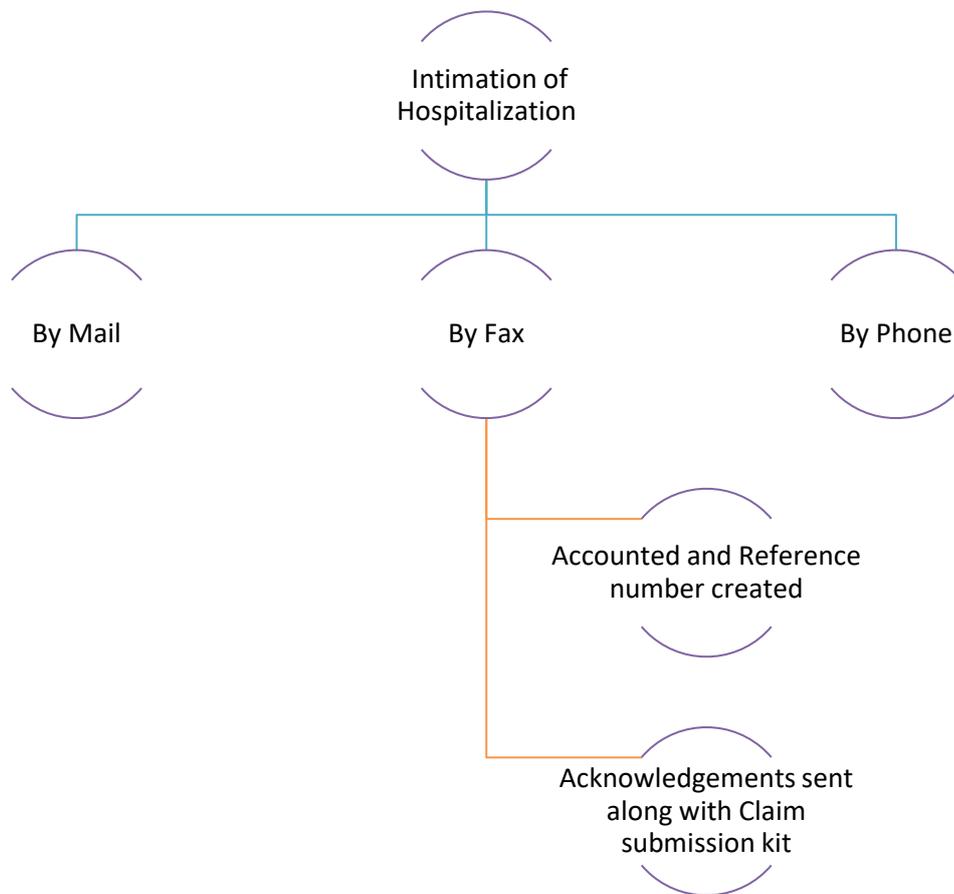
1. Query regarding incomplete document -Stage No. 2
2. Query regarding admissibility of claim - Stage No. 4
  - Area of Importance – Management of query dispatch and receiving of Query reply
  - Reprocessing of files after getting the reply
  - Monitoring and closing of files with in the stipulated time.
  -

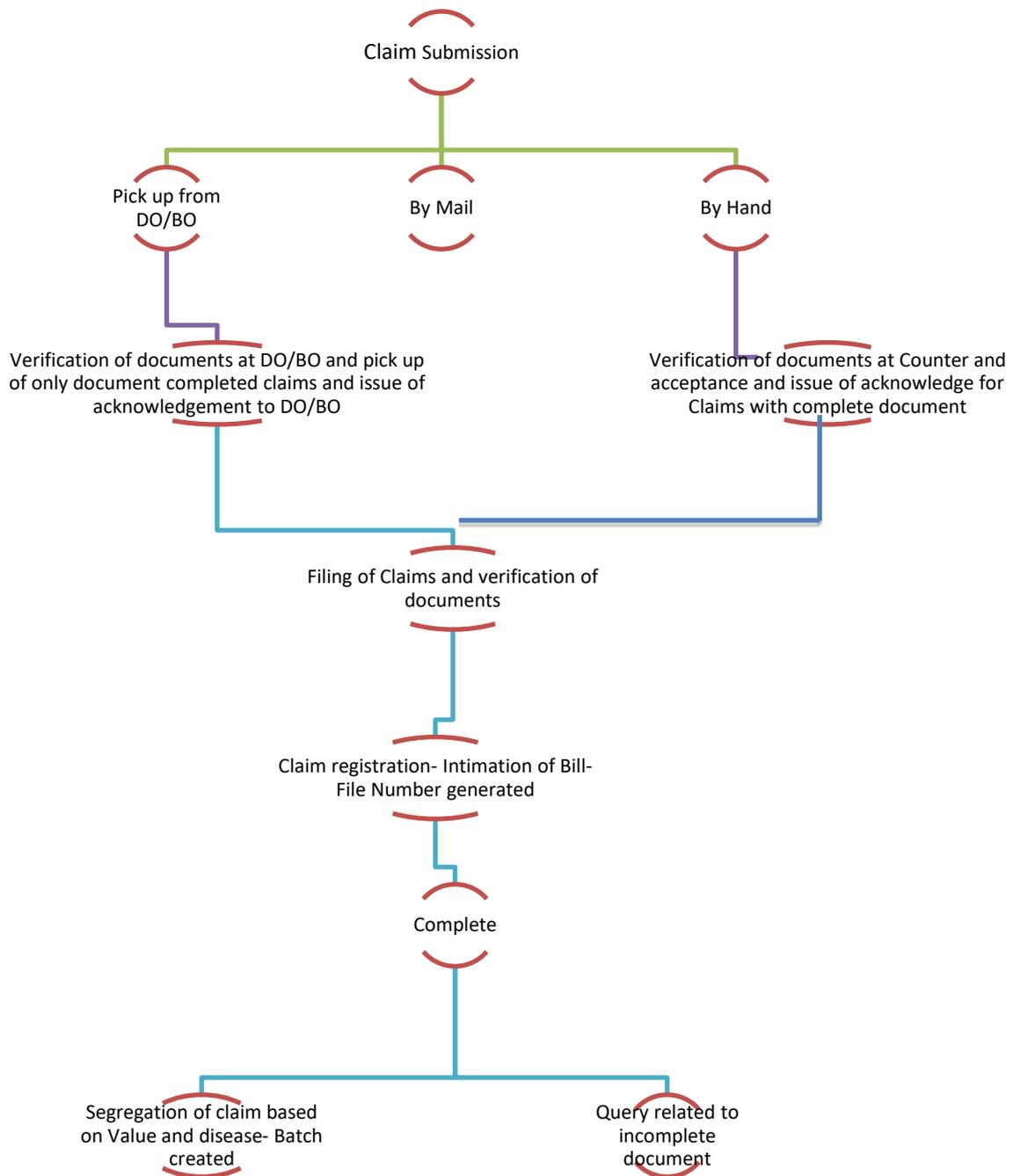
## **12. Query Reminders**

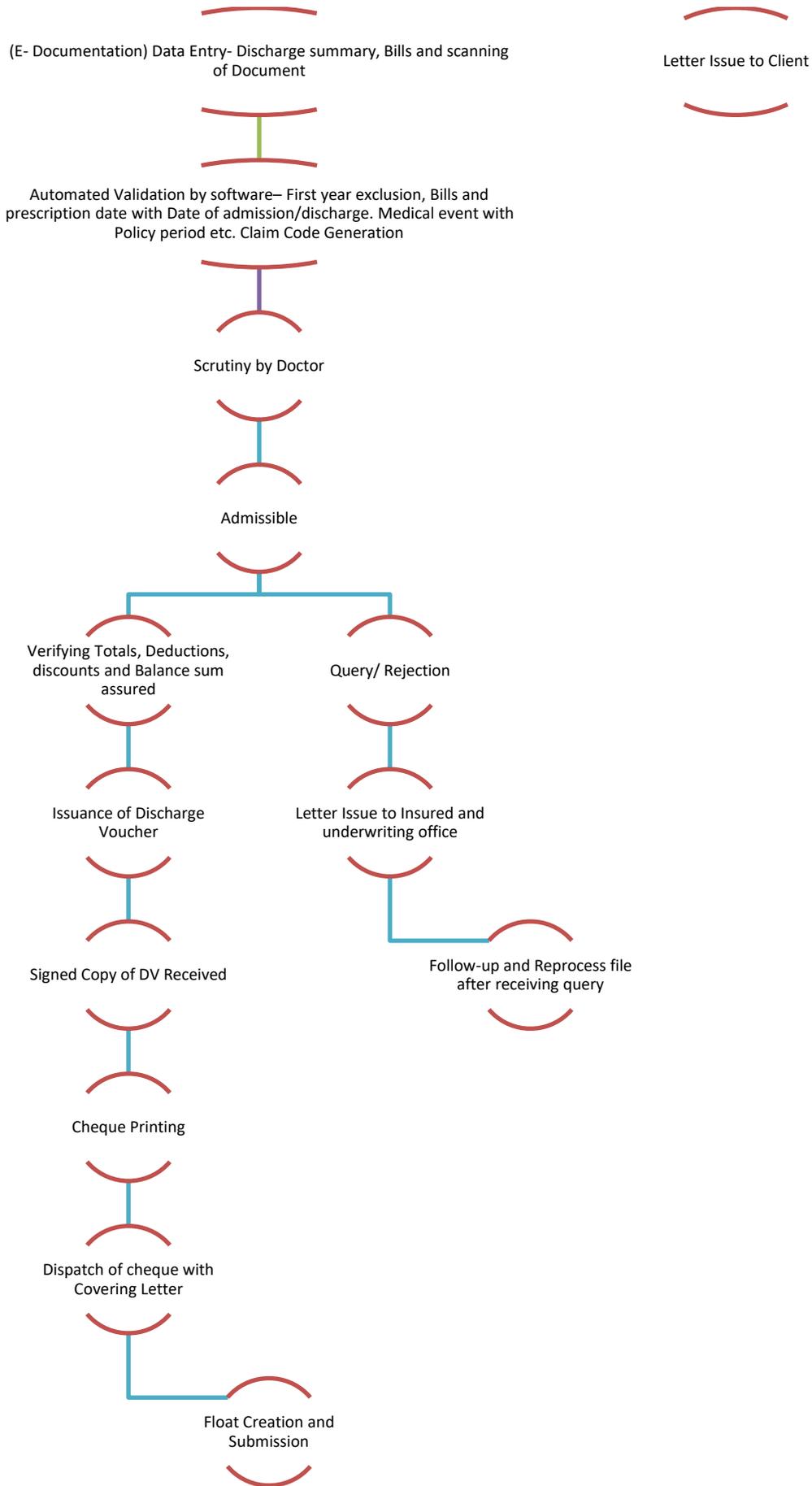
System will generate the query reminders of the queries whose reply has not been received within 15 days, Reminders will be in three stages Reminder-I will be generated on the non-receiving of the query reply within 15 days and Reminder II will be generated on non-receiving of reply of reminder I. If both the reminders are non-recipient then Third and Final reminder will be generated.

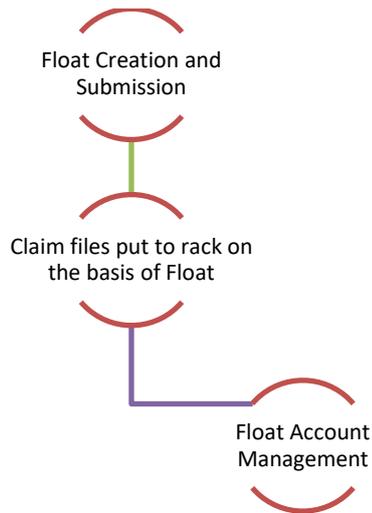
### 13. File Closure:

In case even after third and final reminder and after lapse of 15 days, no reply is received to the query raised, then the file will be closed in the system (It will be rejected in the TAPS Software).









**FIGURE 6:** CLAIM PROCESS FLOW

#### IV. GRIEVANCE

Stages involved in Grievance Processing

##### 3. Grievance Intimation

- Intimation by Fax, mail, phone
- From Underwriter, Insured, Net Work Hospitals
- Grievance related to ID card, Documentation, Delay in process, Payments,
- Issuance of Reference number [SEP]

##### 23. Grievance acknowledgement

- Updation of Data into System'
- Issuance of acknowledgement letter and with control number
- Defining time frame to solve the grievance
- Identification of priority

## 2. Grievance updation

- Sorting out the issue with respective department – enrolment, cashless, claims, finance,
- Updation the result to the system

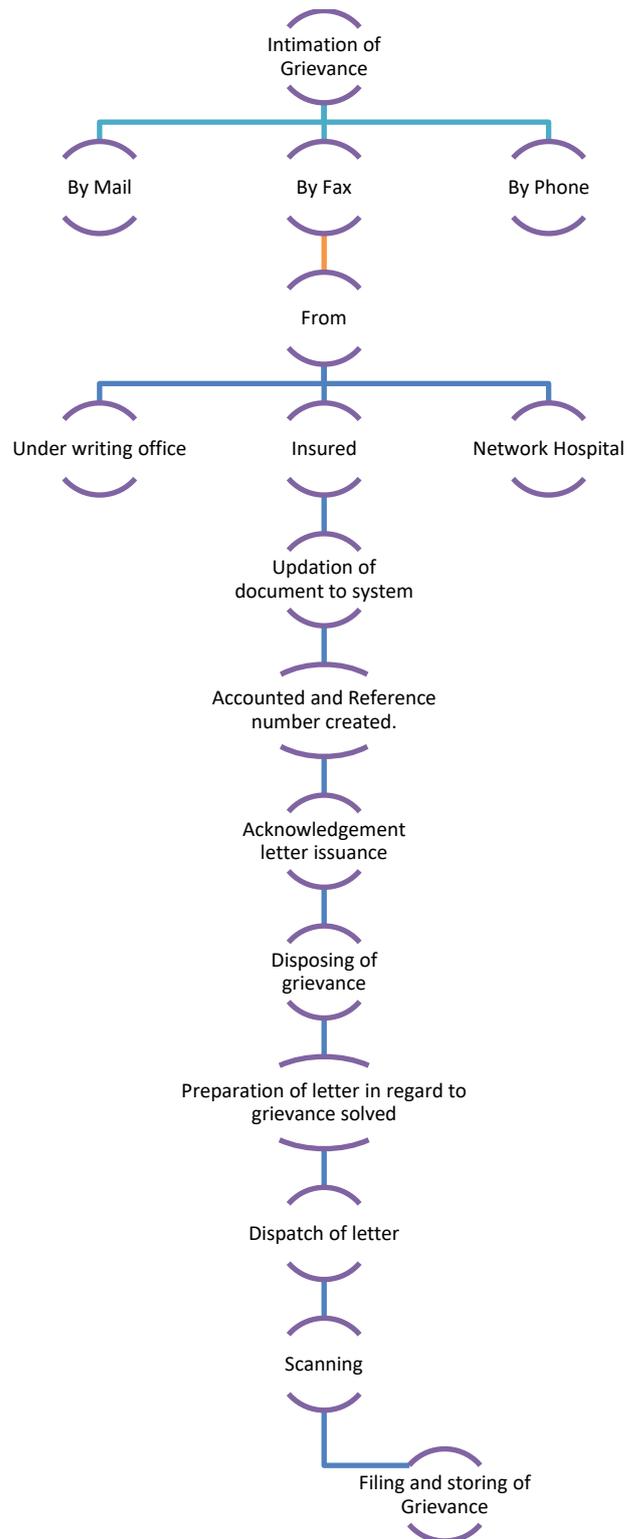
## 3. Grievance Reply letter

- Issuance letter regarding action taken/result
- Dispatch management<sup>[SEP]</sup>

## 4. Grievance TAT monitoring and management

- TAT monitoring
- Average grievance in terms of business and claims lodged
- Analysis on reason for grievance<sup>[SEP]</sup> **27.Filing and storing**
- Filing and Storing of grievance on the basis of reference number
- All Grievance letters to be **scanned** and attached to Insured database<sup>[SEP]</sup> based on respective card no.

## Grievance Process Flow



**FIGURE 7:** GRIEVANCE PROCESS FLOW

## V. INVESTIGATION DEPARTMENT

- XYZ MedCorp has an Investigation department for detecting Fraud claims, which is a part of the ISO - Quality Management System and is done by our own in-house Investigation team to investigate all suspected fraud claims.
- There are certain fraud prone categories of claims that have to be investigated apart from well-defined triggers.
- Suspected Frauds are countered by our in-house medically qualified claims processing team who thoroughly analyze / scrutinize the data provided in the claims reported.
- This process is followed by Investigator's visits / discussions with Hospitals.

### TRIGGERS OF INVESTIGATION

#### 1) Triggers from claim Documents

1	Submission of indoor case papers at the time of submission of claim with same handwriting from date of admission to discharge(including claim form)	4
2	<b>2. there may be a lot of spelling mistakes in medical records</b> <b>3. prescription papers &amp; tampering done on it.</b> <b>4. change of logo of hospital, change in format,unattested copies.</b> 5. Visible tampering of documents like overwriting,	2
3	Treatment cost are on higher side as compared to etiology	2

4	<p>treating doctor speciality not indicated,  variation in physician's statements(eg in claim form as well as medical record papers),  photocopied stationary may be used in ipd/prescription,  print of stationary used may not be clear,  papers used in claim may be thin as compared to the original papers  no phone no available on papers.  Well Made claim documents(freshly prepared)</p>	2
5	<p>2. X ray plate without Date &amp;side .  3. X ray not available in documents at all.</p>	2
6	<p>Costlier investigations are more  <b>investigation reports without doctor prescription</b></p>	1
7	<p>Diagnosis of ailment and investigations done are not related to each other  <b>diagnosis like chronic disorders like cancer, paralysis, heart failure etc)pshychosomatic conditions (like peptic ulcers,irritable bowel syndrome, repetitive stress injury,fibromyalgia)</b></p>	1
8	<p>Supporting documentation vague/inadequate ,  <b>mismatch between the doctor prescription &amp; chemist bill</b>  <b>frequent change of doctors/treatment or noncompliance of treatment</b></p>	1

	<b>Injury isolated circumstances(no eye witness), no reporting(eg. Police)  infrastructure of hospital unsatisfactory-from the hospital information sheet and medical documents submitted.</b>	
9	Signature of claimant mismatched.	5
10	Death claims	1

**TABLE 1:**TRIGGERS FROM CLAIM DOCUMENTS

**2)Triggers from Policy**

1	<ol style="list-style-type: none"> <li>1. Claim within First year of coverage,</li> <li>2. single person</li> <li>3. single insured</li> <li>4. minimum insurance</li> <li>5. <b>multiple insurance policies.</b></li> </ol>	4
2	<ol style="list-style-type: none"> <li>1. Multiple claim from single family</li> <li>2. multiple policy from same address</li> </ol>	3
3	Claims related to group mediclaim policy from same hospital.	4
4	<ol style="list-style-type: none"> <li>1. Post policy enhancement claims</li> <li>2. post endorsement claim eg. Addition of new member etc.</li> </ol>	1

**TABLE 2:**TRIGGERS FROM POLICY

### 3)Triggers from Past records

1	Positive claim history of infectious diseases, acute illness	1
2	<ol style="list-style-type: none"> <li>1. repeated hospitalization in same hospital within specific policy period/ end of the policy period</li> <li>2. <b>claim for the same disease in the past some times with exactly the same papers/recurrent illnesseslike calculus ,fibroid uterus etc</b></li> </ol>	1
3	No pre post claim to main claim	4
4	No follow up documents available	2
5	<ol style="list-style-type: none"> <li>1. Flagged Delisted/ caution</li> <li>2. <b>unregistered/unrecognised hospital</b></li> </ol>	10

**TABLE 3:**TRIGGERS FROM PAST RECORDS

### 4)Triggers from ICP

1	poor medical history(complaints not mentioned, only diagnosis mentioned on claim documents).	1
2	Non disclosure/misrepresentation of material facts	4
3	Surgical/ anesthetic notes missing in the sugical cases.	4
4	Post operativehistopathological reports are not available(surgical cases)	3

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**TABLE 4:** TRIGGERS FROM ICP

**5) Triggers from Demography**

1	Patient residence and the hospital, chemist address, are not geographically same.	5
2	Fraud prone area	8
3	fake address of policy holder hospital doctor	1
4	return cheques	1

**TABLE 5:** TRIGGERS FROM DEMOGRAPHY

**6) Triggers from claim submission**

1	Claim intimation not given <b>or given on the date of discharge.</b>	1
2	Quality of submitted documents is poor with no phone numbers mentioned on it	2
3	<ol style="list-style-type: none"> <li>1. claim submission on weekends (especially in case of pre auth)</li> <li>2. <b>date of loss just beyond the waiting periods. eg. hospitalization on 31<sup>st</sup> day from risk commencement</b></li> </ol>	6

**TABLE 6:** TRIGGERS FROM CLAIM SUBMISSION

### 7)Triggers from bills

1	<ol style="list-style-type: none"> <li>1. medicines bills are in serial order</li> <li>2. <b>wrong receipt no. with respect to the dates.</b></li> </ol>	4
2	high value claims/ bills(doctor charges 50% of total bill)	2
3	<ol style="list-style-type: none"> <li>1. bills generated on word documents</li> <li>2. <b>bills with no bill breakup</b></li> </ol>	2

**TABLE 7:**TRIGGERS FROM BILLS

### 8)Miscellaneous Triggers

1	<ol style="list-style-type: none"> <li>1. Pressure exerted for early settlement.</li> <li>2. <b>frequent &amp; regular follow up of comparatively low value claim</b></li> <li>3. <b>pt could be managed on opd basis but converted into ipd</b></li> </ol>	2
2	<ol style="list-style-type: none"> <li>1. Abnormal knowledge of policy coverage/ claims process/terminology</li> <li>2. <b>in most of the fraud</b></li> <li>3. <b>the treating dr,agent and the ailment are same</b></li> <li>4. <b>some times hospital staff or doctor is taking treatment under ipd in their own hospital but they try to hide their relation with hospital.</b></li> </ol>	2
3	<ol style="list-style-type: none"> <li>1. unwillingness to meet face to face, hand deliver of cheques</li> <li>2. <b>same photograph enrolled in different u/w under different names and having claim in every u/w policy ,</b></li> </ol>	1

**TABLE 8:**MISCELLANEOUS TRIGGERS

VI. BUSINESS DEVELOPMENT DEPARTMENT:

Prospecting, researching and developing relationships with potential clients

Developing the marketing message and assist in the design of the marketing material that effectively communicates the XYZ MedCorp ideal logistics

Conducting presentations for business clients for sales purpose

Providing value-added services to the corporates like wellness programs and wellness calendars, etc.

Coordinating with staff of different department like operations, information technology and customer service to address client requirements and ensure client satisfaction •

Increasing business volumes while ensuring that the Port's core mission of servicing marine-related material handling requirements is optimized • Securing new business as well as maintaining and growing current accounts • Continuously seeking to upgrade the client mix to achieve long-term revenue growth and set the foundation for on-going investment

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# *CHAPTER 2*

# *DISSERTATION REPORT*

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## INTRODUCTION

A Third Party Administrator (TPA) is an organization which processes claims or provides cashless facilities as a separate entity. Seen as an outsourcing of claim processing, Third Party Insurance processes claims for both retail and corporate policies. The risk of loss incurred remains with the insurance company. The insurance company usually contracts a reinsurance company to share its risk. An insurance company hires TPA to manage its claims processing, provider network and utilization review. While some TPA operates as units of insurance companies, most are often independent.

TPA is also involved in handling employee benefit plans such as processing retirement plans. Handling healthcare or employee benefit claims requires using a specialized set of manpower and technology, therefore hiring a TPA for the same is a more cost effective method.

Wellness programs are being implemented across the country in large and small companies, and the results are positively impacting the bottom line. “Research is showing that it’s more cost-effective to invest in preventive health practices, such as screenings, immunizations, health risk appraisals, behavioral coaching, and health awareness/education, rather than spending resources exclusively on the small minority of employees/dependents who are responsible for high-cost health claims.”

The wellness industry in India in 2011 grew by 16.9% generally driven by the urban population majorly within the age group of 25-49 years, especially the working professional

## BACKGROUND

The American Heritage Medical Dictionary terms ‘wellness’ as a ‘condition of good physical, mental and emotional health, especially when maintained by an appropriate diet, exercise and other lifestyle modifications.’

In India, traditional medicine and preventive practices have always stressed on ‘a healthy mind in a healthy body’. Accordingly, Indian traditional practices of ayurveda, yoga and meditation were aligned to deliver physical and internal well-being, mental peace and happiness.

Various wellness activities taken up by the corporate group now-a-days for their employees are as follows:

- Basic health check-ups including Height, Weight, BMI, Random Blood Sugar Level, Doctor’s consultation
- Cardiac Health check – up which includes Height, Weight, BMI, Random Blood Sugar Level, Cardiac consultation and ECG
- Dental check – ups
- Eye check - ups
- Health talk session like Diabetes awareness, stress management, Health & nutrition, Wellness, etc
- Yoga session, Aerobic Sessions, etc

## **PROBLEM STATEMENT**

When the corporate groups offers wellness benefits to the employees, they expect a better outcome out of the employees, in terms of efficiency and productivity.

Absenteeism should be controlled when the wellness benefits are offered.

To what extent the absenteeism affects the work environment of the employees and how is it correlated with the wellness benefits is the purpose of the study.

## **OBJECTIVES OF THE STUDY**

To correlate Employee Wellness Benefits provided by the employer with Employees absenteeism in various corporates.

### **GENERAL OBJECTIVES:**

- To find out the level of stress of employees at their workplace.
- To find out whether wellness benefits are provided to employees by the employer
- To check the awareness among employees with various statutory and non-Statutory welfare measure.
- To find out the rate of utilization of these services
- To find out the kind of barrier faced in utilization of these benefits
- Effect on absenteeism on employees due to the wellness benefits provided to them
- To suggest remedial measures to improve the employee wellness benefits and to reduce the absenteeism.

## **METHODOLOGY**

**RESEARCH DESIGN:** The study was conducted through the primary data with the help of questionnaire which was send online to different corporate HR heads.

### **TYPE OF DATA:**

Primary Data: Data observed or collected directly from first-hand experience.

Questionnaire was designed and was sent to the HR head through mailers

### **SAMPLE**

**Sample Size:**The questionnaire was sent to HR heads of 100 corporates, out of which only 33 responded. So the sample size is 33 respondents.

**Sampling Technique Used:** The technique used to analysed the data was correlation analysis

## LITERATURE REVIEW

The wellness industry in India in 2011 grew by 16.9% generally driven by the urban population majorly within the age group of 25-49 years, especially the working professionals. The market in India is much prominent in the tier-1 cities such as Mumbai, Delhi NCR, Bengaluru, Hyderabad, Kolkata and several others. Major fitness and slimming chains and beauty salons and spa centers have been observed to expand to tier-2 cities such as Pune, Dehradun, Nasik and Baroda. The wellness industry in the India in the near future showcases good prospects and is anticipating the inflow of several foreign wellness chains in the form of franchisees with the long term partnerships or alliances with wellness marketing institutions present in India<sup>[1]</sup>

The wellness industry in India has evolved rapidly from its nascent unstructured beginning in the early 90s to a comprehensive ecosystem today including consumers, providers, adjacent industries, facilitators and Government

- Consumers mainly comprise a young population with rising income levels. Increasing need to look good and feel good has led these young consumers to seek wellness solutions to meet lifestyle challenges.
- Providers offer wellness services and products to meet the hygiene, curative and enhancement needs of the consumer
- Adjacent industries such as healthcare, media, retail, gaming, hospitality and education are capitalizing on the growth of the wellness sector to generate additional revenue streams, leverage existing competencies and offer a wider array of services/products to customers

- Facilitators include employers, insurance companies and schools, who are likely to play a key role in encouraging and inculcating pro-wellness habits among consumers going forward
- The Government wears multiple hats in its roles as a provider, facilitator, enabler and regulator in the industry<sup>[4]</sup>

There doesn't seem to be much dispute about healthcare costs being a burden on employers and employees. Chronic disease alone costs the United States more than \$1 trillion annually.

[2]

Public health officials spent money to solve the infectious and acute illness problems *after* they had become an issue. Rather than watch history repeat itself—as money is spent in *reaction* to problems such as worker absenteeism, “presenteeism” (below-par on-the-job performance due to illness), low productivity and the need for treatment—it makes sense for corporations to look for a solution to the current health crisis *before* the economic burden becomes untenable. The system needs to change from an acute-care focus to one of primary, secondary and tertiary prevention. Fitness professionals are among the first line of defense. <sup>[2]</sup>

Organizations provide welfare facilities to their employees to keep their motivation levels high. The employee welfare schemes can be classified into two categories viz. statutory and non-statutory welfare schemes. The statutory schemes are those schemes that are compulsory to provide by an organization as compliance to the laws governing employee health and safety, these include: canteen facilities, drinking water, proper and sufficient lighting , facilities for sitting , changing rooms , first aid appliances, latrines and urinals , washing places, spittoons, rest rooms. Non statutory welfare schemes may include: personal health care, flexi-time, employee assistance programs, harassment policy, employee referral scheme,

medi-claim insurance scheme. The non-statutory schemes differ from organization to organization and from industry to industry.<sup>[3]</sup>

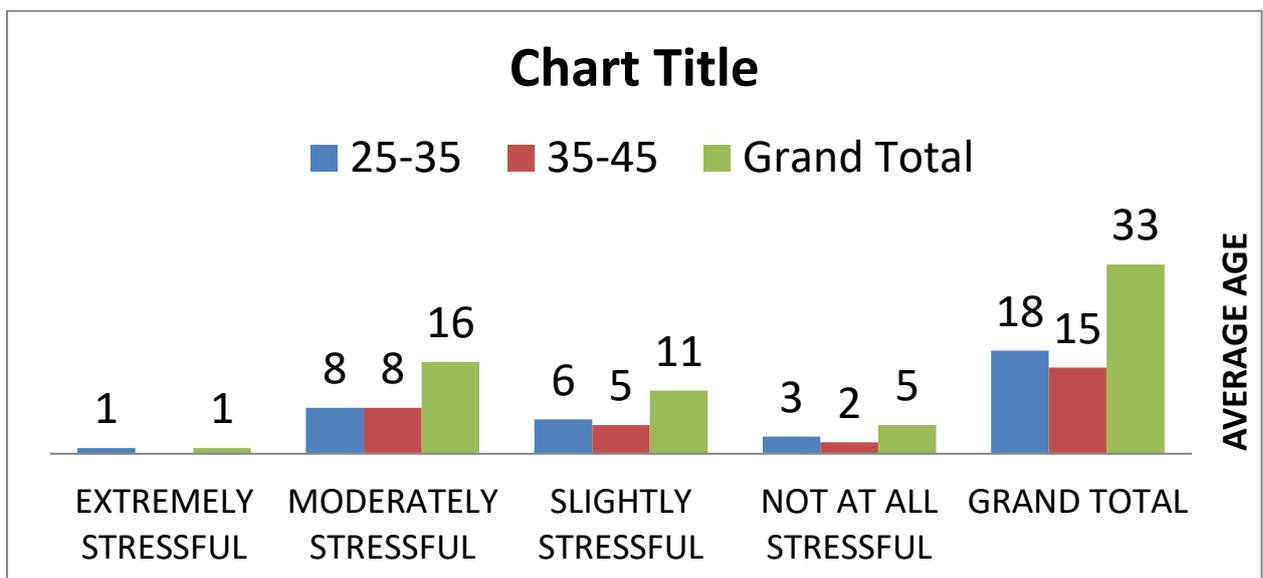
There is no shortage of research that supports work-based health initiatives. In a 2-year study done by Life Time Fitness and Medica Health Insurance, members who exercised decreased their average healthcare claim costs by 33.6% on a per-member, per-month basis, including a 13% decrease in physician claims and a 9% decrease in prescription claims (Business Wire 2007).<sup>[2]</sup>

So it would seem that corporate participation in employee wellness, no matter how small, has a positive impact. Whether it's a booklet in the late 1990s or an on-site wellness facility a decade later, companies that invest in wellness programs reap savings, increase productivity and improve employees' health.<sup>[2]</sup>

## DATA ANALYSIS AND INTERPRETATION

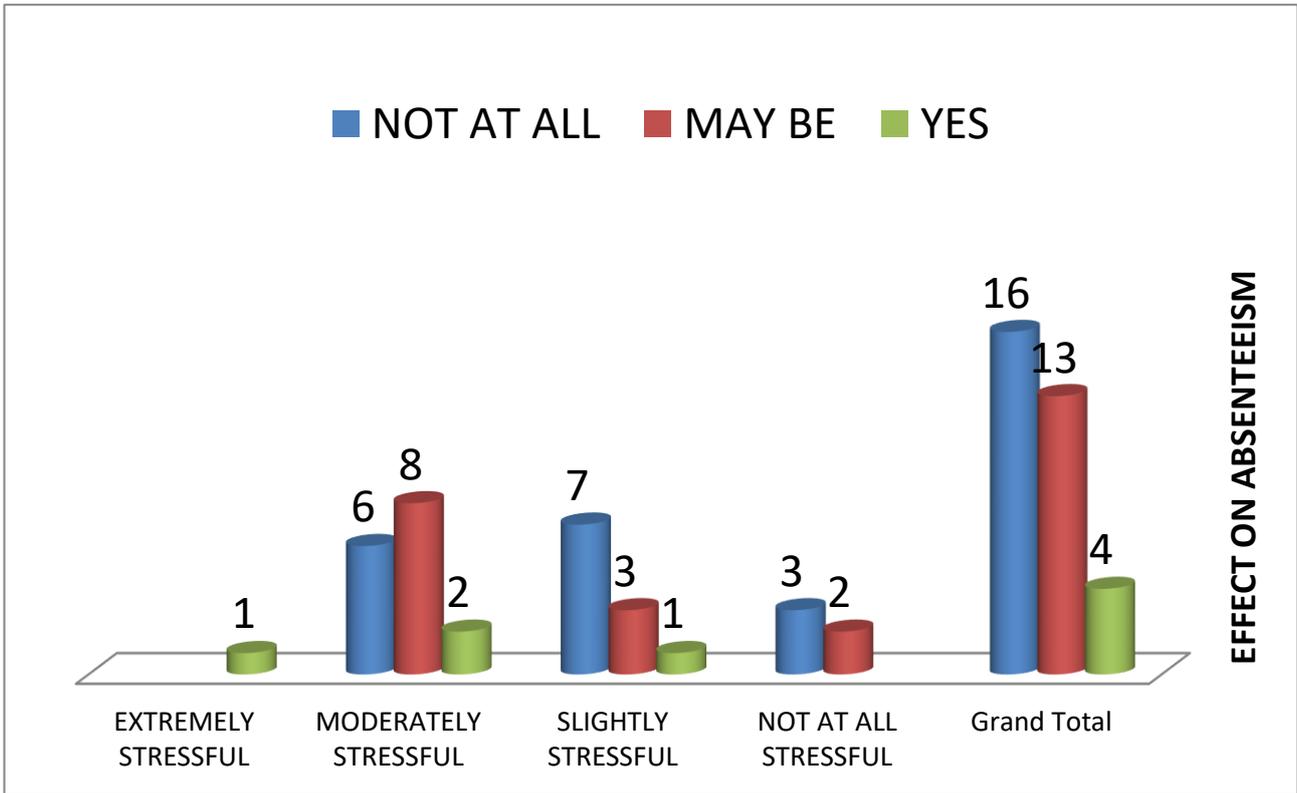
The analysed data was collected through the primary data.

TPA services also include wellness services provided to the corporates according to them and their employee’s needs to reduce the absenteeism. This analysis helps us to get a better understanding of the reasons which leads to increase or decrease of the absenteeism and the trends which leads to the same.



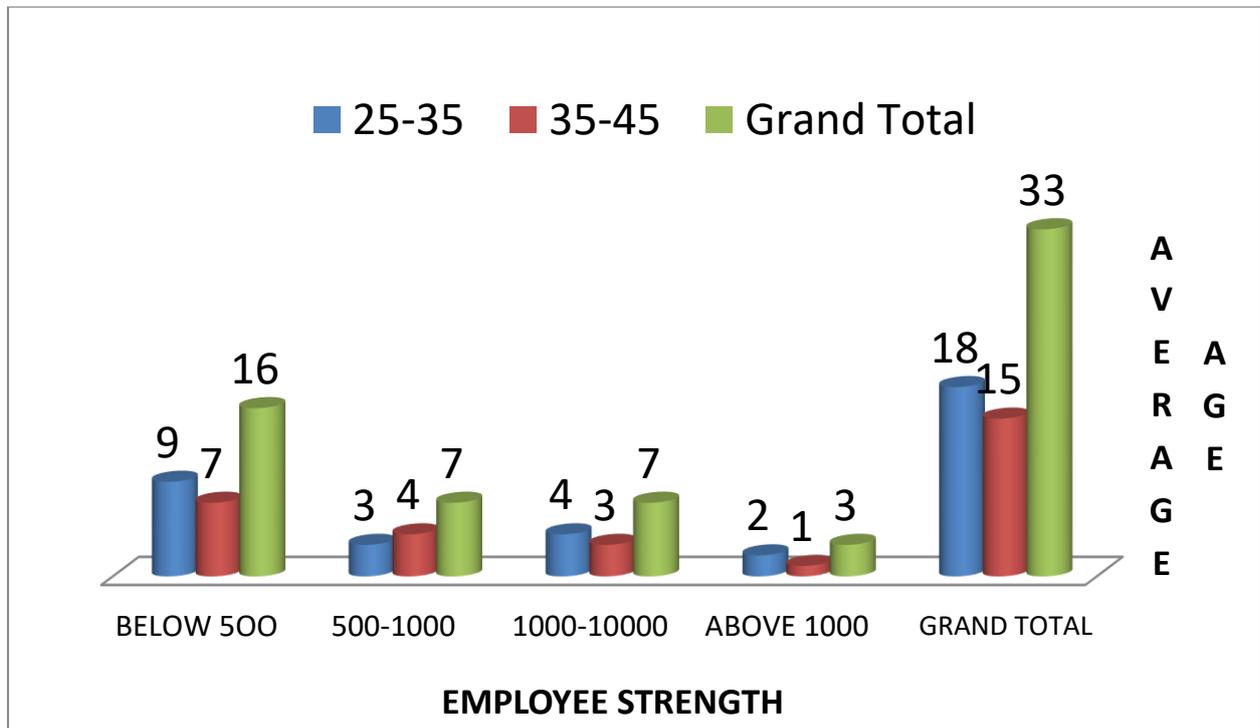
**FIGURE 8:** GRAPH SHOWS THE RELATION BETWEEN THE DEGREE OF STRESS AT WORK WITH THE AVERAGE AGE WORKING IN THE CORPORATE

The average working age in the corporates is between 25-35 & 35-45; out of this working age group we can see that the level of stress at their workplace is moderate. Out of 33 sample size, 16 corporates feel that the level of stress faced by their employees is moderate and 11 feels only slightly stressful.



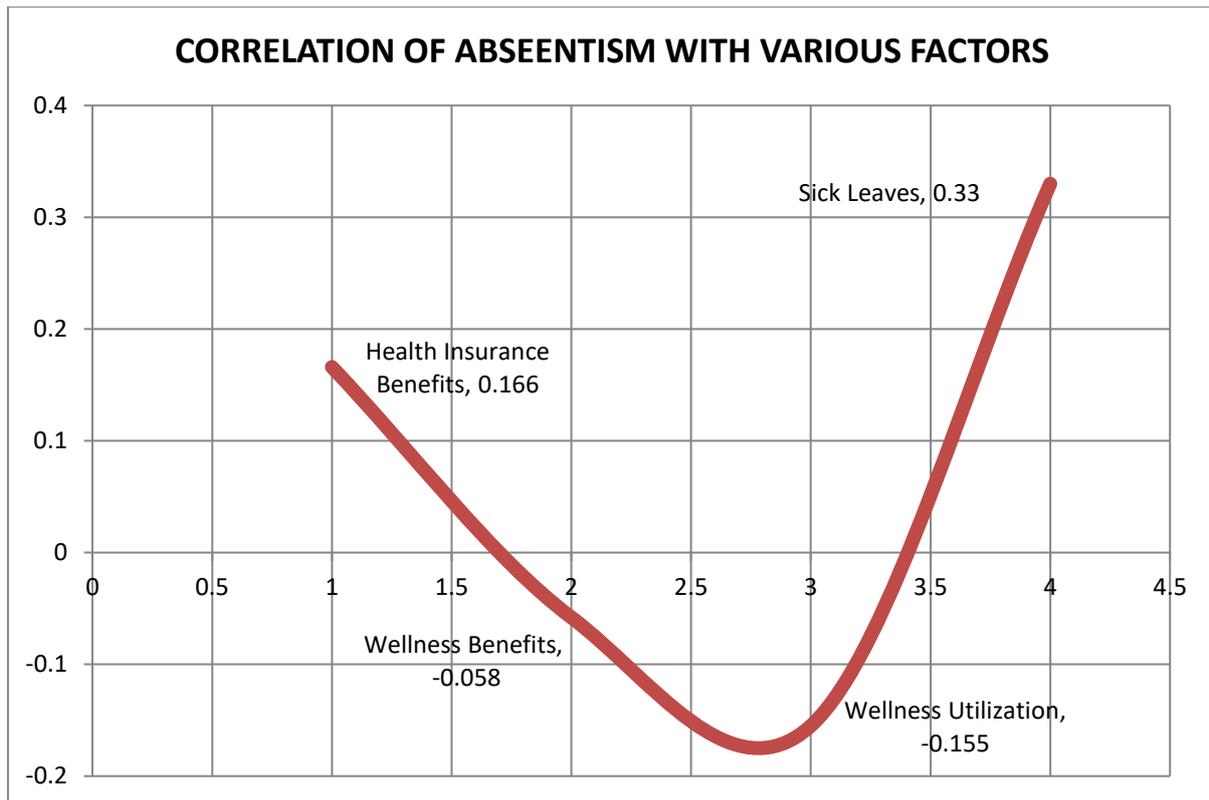
**FIGURE 9:** GRAPH SHOWS THE RELATION OF DEGREE OF STRESS AT WORK AND ITS EFFECT ON THE ABSEENTISM.

Through the analysis of these two variables we can see that the HR heads of the different corporates feel that their moderate stressful working environment may or may not have effect on absenteeism of employees from the work. We can make out that there is only marginal difference in between the options of effect of absenteeism of “not at all” (48.5% ) or “may be” (39.4%) and only 12.1% of heads feel that there is effect of stressful environment on the absenteeism of employees from the work.



**FIGURE 10:** THIS GRAPH DEPICT THE AVERAGE AGE OF EMPLOYEES OUT OF THE TOTAL EMPLOYEE STRENGTH OF THE CORPORATE

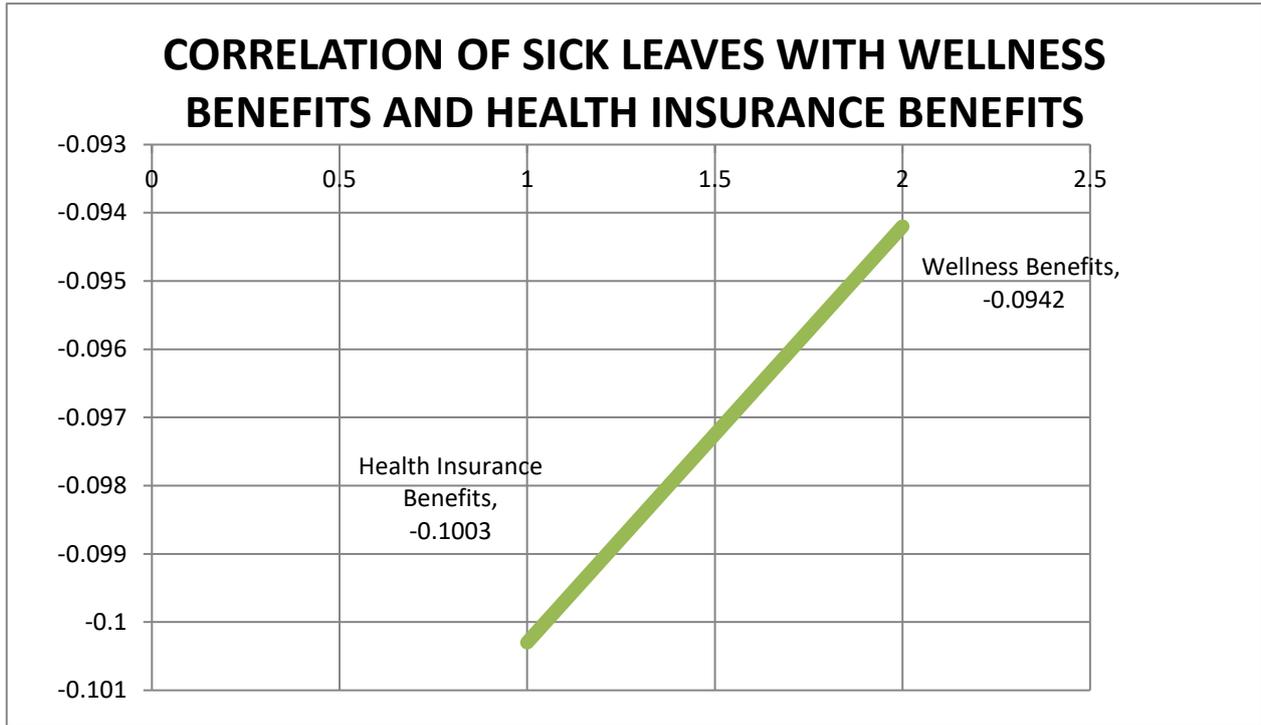
This analysis helps to get a better understanding of the average age of employees working in the corporate; so the wellness programs can be crafted as per the requirement of particular age group. This will not only help to design better wellness plan but also will reduce the absenteeism by effectively adopting such wellness programs.



**FIGURE 11:** THIS GRAPH SHOWS THE CORRELATION OF ABSEENTISM WITH VARIOUS FACTORS

- There is positive correlation of Health Insurance Benefits & Sick Leaves with absenteeism.
- A positive correlation exists when as one variable decreases, the other variable also decreases and vice versa. In statistics, a perfect positive correlation is represented by the value +1.00.
- This means that if we provide more of Health Insurance Benefits to the employees than there will be an increase in the absenteeism as well, because the medical expenses are covered in insurance policy, is for the later stage when the disease is more prevalent. In the wellness activities, provided by TPA along with the Insurance benefits, like yoga sessions, health talks, preventive health checkups, etc. are provided which prevents the diseases at early stage; thereby tendency of employees for taking leave on medical grounds is checked significantly.

- In corporate sector entitlement of sick leave should be minimum and employees should be provided with good support of wellness program provided by TPA to keep their health and mind fit for job and to avoid absenteeism on account of ill health.
- There is negative correlation of Wellness benefits and Wellness utilization with absenteeism.
- A relationship between two variables in which one variable increases as the other decreases, and vice versa. In statistics, a perfect negative correlation is represented by the value -1.00.
- In corporate sector if employees are provided with more wellness programs they will be able to keep good health and will contribute to the optimal capability resulting into minimum absenteeism.
- In corporate sector sincere efforts are to be made to promote and utilize maximum wellness programs among the employees so as to ensure maintenance of good health of employees which will result into minimum absenteeism.



**FIGURE 12:** THIS GRAPH SHOWS THE CORRELATION OF SICK LEAVES WITH WELLNESS BENEFITS AND HEALTH INSURANCE BENEFITS

- In corporates two kind of benefits are provided to the employees i.e. health insurance and wellness programs
- In the wellness programs employees are encouraged to involve in preventive measures thereby they keep good health and absenteeism from the work is reduced
- While the health insurance provided to the employees is for post diseased treatment which requires sick leaves in maximum cases, thereby tendency of sick leave in this case is unavoidable.
- The above charts also confirms above submissions wherein the negative correlation between sick leaves and wellness benefits/ health insurance. Therefore the investment made for wellness benefits is long term while investment in health insurance is of short term gain.

## **CONCLUSION**

When the effect of absenteeism on work environment is correlated with different factors, it brings into the light the actual benefits and the consequences of the wellness offerings by the corporates.

It showcases to what extent are they useful and what more inputs can be taken in by the corporate to encourage less absenteeism of employees and furthermore, prevent the various impacts on the work environment of the employees.

## CHALLENGES

Scarcity of skilled and trained personnel and lack of awareness is one of the biggest challenges in the industry today. Wellness services, it is estimated, will require 600,000 additional skilled personnel over the next five years. However, their availability is a concern

- Unresponsive staff and poor ambience
- Doubts over the availability and skill of the service provider, thereby hampering reliability
- Over promise and under delivery by service providers leading to unmet expectations of the clients
- Unawareness about these kind of wellness services in the market
- Perspective of people that it does not make any difference to the company and the employees
- Price sensitivity of the Indian customers, affected by the limited knowledge of wellness service offerings - Increase cost to company
- Time limitation.
- Restriction to make calls to HR heads due to which, was not able to get maximum respondents.

## **RECOMMENDATION**

Considering the challenges prevalent for the wellness sector and according to the analysis:

- Providers to enhance assurance on quality of service.
- Focus on building a business model which can be sustained from a financial point of view
- Ensure on delivering high standards in customer relationship and experience management
- Focus on providing support to enhance quality, create awareness and promote wellness

## REFERENCES

1. “India Wellness Industry Outlook 2016 – Robust Growth in Alternative Therapy and Nutraceuticals Market”; December 2012; Ken Research;12.
2. Corporate Wellness—Programming for Profit; by Alexandra Williams, MA on May 01, 2008;
3. SoerenMattke, et.al, Workplace Wellness Programs Study.
4. Riding the growth wave Wellness; 3rd Annual Wellness Conference - September 2011;5.

## Wellness Survey Questionnaire

**\*1. Name of the company:**

**2. How many branches does your company have?**

- 1-4    5-8    More than 8

**3. Indicate zonal presence of your organization?**

- North    East    West    South

**4. What is your total employee strength?**

- Below 500    500-1000    1000-10000    10000 and above

**\*5. What is the average age of the employees in your company?**

- Below 25    25-35    35-45    45 and above

**\*6. Please highlight the primary functional domain of your company?**

- IT/BPO/Telecom Sector
- Education/Press
- Healthcare/Hotel/Airlines/Embassies
- Insurance/Finance/Banking

- Government Bodies/Diversified Groups
- Manufacturing Sector
- Retail Sector
- Marketing & Advertising
- Other (please specify)

**\*7. Please highlight the degree of stress pertaining to your organization's work environment.**

- Extremely stressful    Moderately stressful    Slightly stressful    Not at all stressful

**\*8. Kindly mention whether your work environment affects absenteeism?**

- Not at all    May be    Yes it does because of (reason is optional)

**\*9. Does your organization provide Health Insurance benefit to its employees?**

- Yes    No

**10. If yes what type of coverage is extended to the employees?**

- Hospitalization of employees
- Hospitalization of employee, spouse & children
- Hospitalization of employee, spouse, children, Parents
- Family floater

OPD Covered

Some more benefits please specify

**11. How much premium (on an average) does your company pay for Health insurance?**

**\*12. Does your company provide health & wellness benefits to its employees?**

Yes  No

**13. If yes, then what type of benefits do you provide?**

Health camps  Doctor on campus  HRA (Health Risk Assessment)  Online Wellness services

**14. If ans to Q12 is yes then, What is the approximate cost (excluding the Health Insurance premium cost) the company has to bear for wellness benefits given to its employees?**

**15. If answer to question no. 12 is no, then please let us know the reason for it?**

We feel it does not make any difference to the company and the employees

we do not want to increase cost to the company

We are not aware about the availability of these kind of services in the market

It will increase unnecessary work pressure on our department

If any other reason please specify

**16. Are the wellness benefits provided by your company being utilized by your employees?**

Yes  No

**17. If no, then what kind of barriers do they face?**

Insufficient awareness  Inconvenient locations  Time limitations  Not interested in the services offered  Other (please specify)

**\*18. How many sick leaves are taken by the employees in a year?**

To be precise  Approximately  I don't know (Please mark x)

**\*19. Are you aware about the following wellness services available in the market?**

- OPD and discount cards - offering free OPD and discounts at hospitals/clinics/diagnostic centers/ Pharmacies/Gyms/SPAs
- Online Professional opinions - Through General Physicians/Specialists/Psychologists
- Live Chat with a doctor
- Newsletters on Health related articles
- Health Risk Assessment Tool - Analyse your health status
- Electronic Medical Record Management
- Screening Pathological Investigations done at highly discounted rate through online booking and home sample collection

Doctor on Campus

Don't know any of the above

**20. Additional comments/suggestions/ feedback/ innovative idea that you would like to give for wellness of the employees in your organisation.**