Study to Understand Patient's Experience in In-Patient Billing Process at The Mission Hospital, Durgapur

By

Tina Thomas

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Tina Thomas** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **The Mission Hospital, Durgapur** from **4st February 2019 to 30th April 2019.**

The Candidate has successfully carried out the study assigned to her during internship training and 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.

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THE MISSION HOSPITAL DURGAPUR | FUTURISTIC TECHNOLOGY. BRILLIANT MINDS.

Ref: TMH/HRD/OG/April/19/85 **Date: 01/05/19**

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Tina Thomas** has done three months dissertation on **A Study to understand Patient's experience in the billing process at The Mission Hospital, Durgapur, West Bengal** from 04/02/2019 to 30/04/2019.

During the period of dissertation **Ms. Tina Thomas** has been found sincere, hard working having an attitude to learn.

We wish her a successful future and brilliant professional career ahead.

For The Mission Hospital, Durgapur

Ramesh Lall
Sr. General Manager - HR

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A study to understand patient's experience in In-patient billing process at The Mission Hospital, Durgapur** and submitted by **Tina Thomas** Enrollment No **IIHMR-U/01/2017-19/0683** under the supervision of **Dr. Monika Chaudhary** for award of MBA in Hospital and Health Management from The IIHMR University, carried out during the period from **4rd February 2019 to 30th April 2019** 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.

(TINA THOMAS)
Signature

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I would like to extend my heartfelt gratitude to the Chairman Dr. Satyajit Bose, of The Mission Hospital for providing me the opportunity to undergo my Internship in the esteemed organization.

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Tina Thomas

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Abstract

Introduction:

A poor experience of a patient in the billing department of a Hospital could have a large impact on patient payments, on how they perceive the Hospital services and financial responsibility. It guides the patient experience and also how a patient recommends probable prospective Patients on whether to seek care in the Hospital based on how their experience was. In other words, the best care, and great customer service provided during the patient's Hospital encounter can be destroyed quickly by confusing, complicated and incorrect billing afterwards. Therefore, the Billing department has an integral role in making the journey of a patient satisfactory in the hospital.

Although the number of patients who say that they are satisfied with their billing experiences, continue to grow, there is significant room for improvement, Billing departments can transform their patient interactions from reactive to proactive, For Instance, proactively interacting with patients about their financial responsibility could mitigate unexpectedly high hospital bills and also improve patient satisfaction to a great extent. Instead of these proactive patient engagement efforts, most Hospitals are interacting with patients reactively. Only then, the patients face higher bills or unexpected medical bills, they are more likely to call the billing office. As the healthcare industry considers the problem of rising out-of-pocket patient costs, the focus will continue to shift toward more price transparency options. When patients understand the costs of their care, they can make more informed decisions about where and how they access treatment

Research Question:

- What is the level of patient satisfaction in the billing process at The Mission Hospital, Durgapur?

Objectives:

- To study the level of patient satisfaction in the billing process at The Mission Hospital, Durgapur.
- To suggest measures for improvement the overall billing patient satisfaction.

Methodology:

A Descriptive study for assessing the level of overall satisfaction relating to the billing process was undertaken for a period of 1 month. It is a Mixed (Quantitative & Qualitative) study design. The study will be conducted at the Mission Hospital, Durgapur with the aid of questionnaire (Annexure 1) and through formal discussions with the patient attendants. The survey format was pretested among 20 respondents, during the first week of the study to validate the survey. Following this, a total of 230 respondents were surveyed. For the same, convenience sampling was used.

All attendants of Patients admitted in General wards; Semi-private wards & Private wards have been included in the study. At the same time, attendants of highly dependent patients admitted in ICU's and HDU's have been excluded from the study. The patient attendants were told about the purpose of the study before administering the questionnaire and the data was collected only from those who agreed to participate in the study.

Conclusion

The study was conducted for the purpose of understanding the status of billing satisfaction among the patients admitted in the Hospital. Even the best of treatment and best consultants will not aid in patient satisfaction if the final step in the process, i.e, billing is unsatisfactory for them. The key to satisfaction is not by reducing the bills or making it an absolute zero, but reducing the ambiguity involved in the billing process itself will be instrumental in improving the satisfaction levels associated with billing. Patients are lay people who may or may not be aware of the medical terms put forth in a bill, a Patient centric Hospital will take steps to ensure that the patients are not left unaware of the charges as that could potentially lead to dissatisfaction.

Key Words: Billing, Patient Satisfaction, Estimation of cost

BACKGROUND

Patients are often not provided with pre-service estimates because of the complexity involved in estimating healthcare costs. Variable factors within the services delivered, patient accumulators (such as out-of-pocket costs and deductibles) and plan contracts all make it difficult to prepare these estimates ahead of time.[1]

Patients expect cost estimates in every other retail industry and are starting to demand them in healthcare as well. According to one recent study, for example, more than 90 percent of patients felt it was important to know their payment responsibility upfront. The ultimate goal is to eliminate surprises; it’s all about having patients understand and accept what they are paying

for. Providing accurate and professional pre-care cost estimates lets hospitals and health systems strengthen the patient relationship while also improving financial outcomes.[1] Confusion is one of the primary challenges. It is often difficult for the patient (or the patient's family or guardian) to understand what to pay, what constitutes a final bill, and the clarity of understanding what services. Such confusion has the potential to delay the patient in paying their portion of expenses. Furthermore, the absence of price transparency makes it difficult for the patient to predict what the total cost of care will be or what their personal financial responsibility will be when they are considering a plan of care, resulting in "unpleasant surprises" when the bills begin arriving.

Transparency in healthcare pricing and quality is popular with policymakers partly due to the persuasiveness of philosophical and economic arguments for patients to have full information. From a philosophical standpoint, to enable consumers to have full information is laudable in the context of individual autonomy. From an economic standpoint, transparency seems poised to enable an efficient healthcare market: with more information available, consumers, providers, and payers can make better decisions, enabling both supply-side and demand-side change. In a market struggling under the excess costs incurred by supply-sensitive care. Transparency could provide consumers with the information they need to use the "just right" amount of healthcare, thereby reducing costs.

Patients receiving healthcare services today are facing more difficult choices than ever before. The reasons for this vary, but there are several studies available that indicate patient payment issues will become more vital as the patient's percentage of financial responsibility for the total bill continues to increase.

INTRODUCTION

A poor experience of a patient in the billing department of a Hospital could have a large impact on patient payments, on how they perceive the Hospital services and financial responsibility. It guides the patient experience and also how a patient recommends probable prospective Patients on whether to seek care in the Hospital based on how their experience was. In other words, the best care, and great customer service provided during the patient's Hospital encounter can be destroyed quickly by confusing, complicated and incorrect billing afterwards. Therefore, the Billing department has an integral role in making the journey of a patient satisfactory in the hospital.

On Most occasions, patients with surprise medical bills or complicated medical bills aren't always able to make payments or do not know how much they owe. More than half of high balance patients are going into their hospital encounters blind as to how much they will owe.[1]

Although the number of patients saying they are very or more than satisfied with their billing experiences continues to grow, there is significant room for improvement, Billing departments can transform their patient interactions from reactive to proactive, For Instance, proactively interacting with patients about their financial responsibility could mitigate unexpectedly high hospital bills and also improve patient satisfaction to a great extent. Instead of these proactive patient engagement efforts, most Hospitals are interacting with patients reactively.[3] Only then, the patients face higher bills or unexpected medical bills, they are more likely to call the billing office. As the healthcare industry considers the problem of rising out-of-pocket patient costs, the focus will continue to shift toward more price transparency options. When patients understand the costs of their care, they can make more informed decisions about where and how they access treatment.[2]

However, more must be done to reduce the overall costs of care. While price transparency will reduce the amount of "sticker shock" patients face when filling a prescription, it will not change a high cost.

This Study was conducted at The Mission Hospital, Durgapur and is aimed at understanding the billing perception of the patients in a Hospital. The patients are becoming more aware as to what their rights are and are more empowered. The Mission Hospital caters to three categories of patients primarily, i.e;

- Cash Patients
- Corporate Patients (Patients who seek treatment through corporates and health programmes enrolled in the scheme)
- TPA Patients

The billing process for patients begin after the discharge is finalized by the treating consultants and communicated to the respective patient families. The next step varies from patient to patient. For the cash patients, the coordinator present at each ward directs the relative of the patient to pay off the bill and thereafter collect the Gate pass/ no dues slip from the billing section. This is fairly simple and does not take much time.

However, it differs slightly for the patients enrolled under a Mediclaim policy as well as the Corporate patients. Corporate patients are those patients who seek care in the Hospital through their employer Companies who are enrolled in with the Mission Hospital. On Admission, the Corporate patients are requested to submit documents which are required by the Hospital with

48 Hours to prove their identity and association with the employer. Further processing for the Corporate patients is processed through the Corporate desk of the Hospital and the credit cell. Generally, it is explained to these patients that any cost incurred on non-medical items such as gloves, cotton etc. will have to be paid in cash by them.

Consequently, For the Patients enrolled under a Mediclaim policy, the payment for the same is paid by a third party on behalf of the patient. The entire processing for the same is done by Insurance desk of the Hospital.

The process of the billing is depicted through the means of a flow chart as given below:

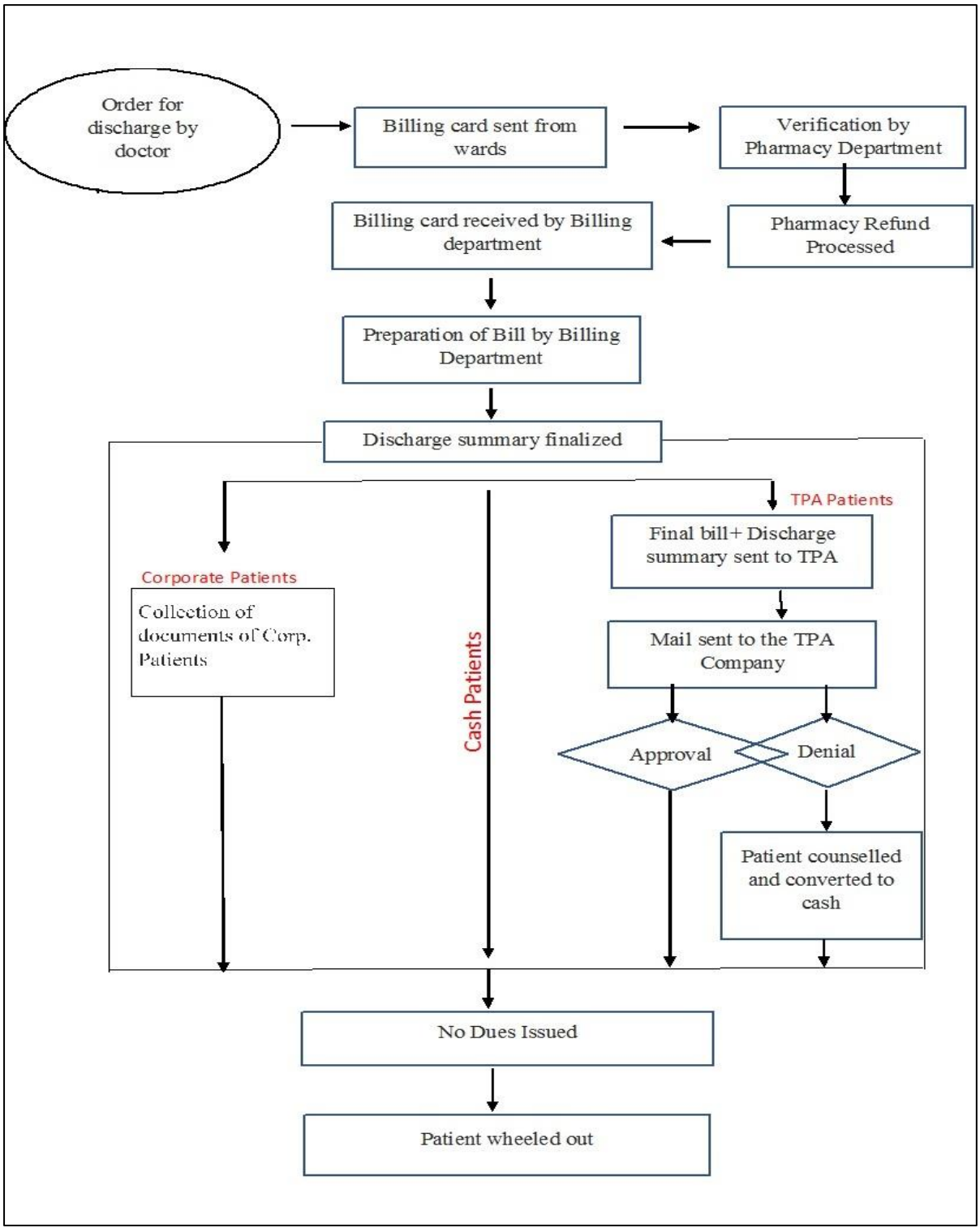

Fig 1: Billing Process at the Mission Hospital

REVIEW OF LITERATURE

- The Connance Consumer Impact Survey of 2018, which included responses from 500 patients, revealed that the encounters with the hospital business office can affect patient payments. Just over 75 percent of patients paid their bills either in full or in stages when they were satisfied with their billing department experience. Only about 50 percent of patients reporting a very bad experience did the same. [7]

- The Connance Consumer Impact Survey,2018 notes that between complicated medical bills and insurance benefits design, medical professionals can improve the patient billing process by driving better patient education. About a quarter of patients do not know what an explanation of benefits is, the Connance survey showed, and other data suggests that insurance design and medical bills are main contributors of surprise medical bills. [7]

- As per Hospital Consumer Assessment of Healthcare Providers and Systems, HCAHPC 2015 survey, Patients believe every aspect of their healthcare encounter contributes to their care, including the payment and billing process. A negative payments experience could impact a patient's overall impression of a healthcare organization, even if the rest of their experience was positive. According to 2015 HCAHPS survey results, patient satisfaction ratings fall by an average of more than 30% from post-discharge through the billing process.[4]

- A Connance Consumer Impact Survey,2013 found that 88% of patients with highly positive billing experiences would recommend a hospital to friends. [5]

- According to a TransUnion Healthcare survey (2014) of more than 700 insured consumers, 75% of patients said that pre-treatment estimates of out-of-pocket costs would improve their ability to pay for healthcare. However, nearly six in 10 patients (56%) either rarely or never received an estimate of out-of-pocket costs before they received treatment; 59% said they have been surprised by the costs they were responsible for when receiving their final bill. Of patients who reported either paying a bill late, leaving a bill unpaid or letting a bill go to collections, three-quarters reported that they were always or often surprised by the costs they were responsible for in their final bills. These results tell us that consumers are less likely to have payment problems when they obtain more information about the cost of their healthcare services up front. [6]

RESEARCH QUESTION

- What is the level of patient satisfaction in the billing process at The Mission Hospital, Durgapur?

OBJECTIVES

- To study the level of patient satisfaction in the billing process at The Mission Hospital, Durgapur.
- To suggest measures for improvement the overall billing patient satisfaction.

METHODOLOGY

A Descriptive Cross sectional study for assessing the level of overall satisfaction relating to the billing process was undertaken for a period of 2 months. The study will be conducted at the Mission Hospital, Durgapur with the aid of questionnaire (Annexure 1) and through formal discussions with the patient attendants. The survey format was pretested among 20 respondents, during the first week of the study to validate the survey. Following this, a total of 230 respondents were surveyed. For the same, Simple random sampling was used.

All attendants of Patients admitted in General wards; Semi-private wards & Private wards have been included in the study. At the same time, attendants of highly dependent patients admitted in ICU's and HDU's have been excluded from the study. The patient attendants were told about the purpose of the study before administering the questionnaire and the data was collected only from those who agreed to participate in the study.

ETHICAL CONSIDERATIONS

- Due approval to undertake the study was obtained in a meeting with the Top management.

- The patient attendants were explained the purpose of the study before administering the questionnaire and data was collected only from those who agreed to participate in the study.
- The data so obtained will be kept confidential.

FINDINGS & INTERPRETATIONS

The data after collection was entered and analysed using Microsoft Excel 2016 software and interpreted accordingly. The Major reasons of dis-satisfaction and several other parameters were noted through the means of the survey (Appendix 1).

The survey was taken from a total of 230 respondents, i.e, the patient attendants. Out of these, the following graph categorizes the patients based on the mode of payment that they choose to pay in.

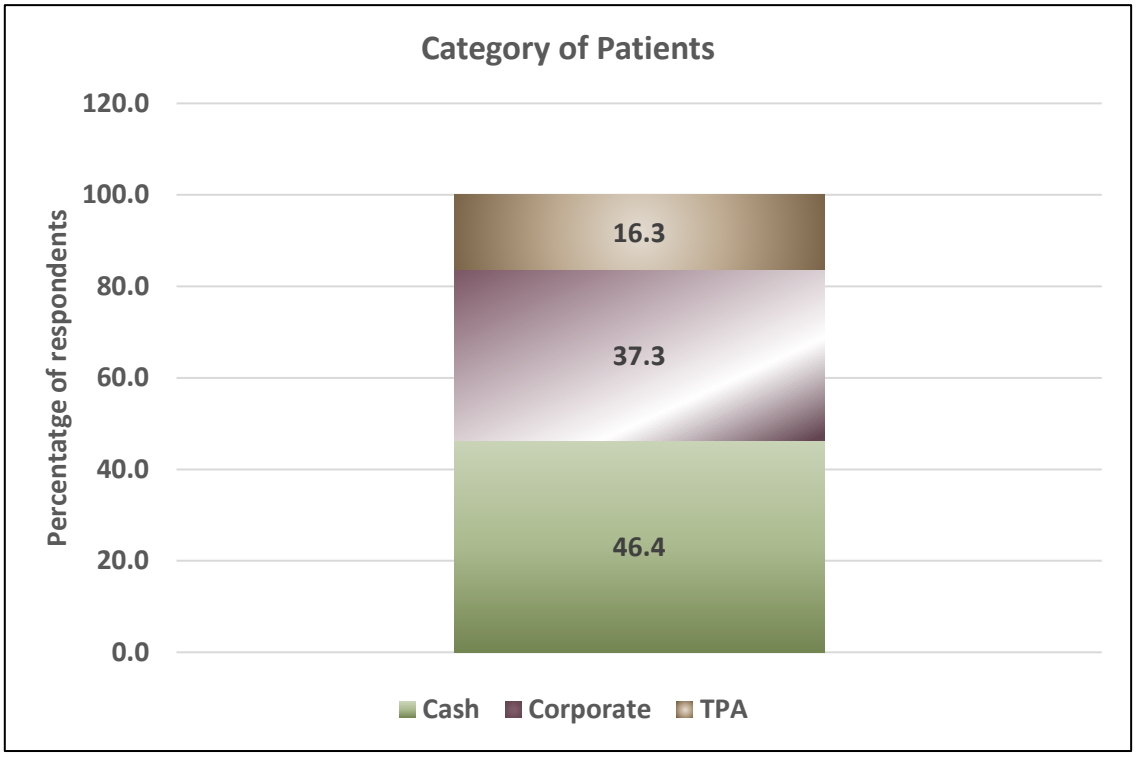

Fig 2: A Graph depicting the category of patients

Therefore, it can be inferred that a total of 46.4% of patients are cash Patients, 37.3% of patients belong to the corporate category and 16.3 % of patients are TPA patients who are enrolled with empaneled Third parties.

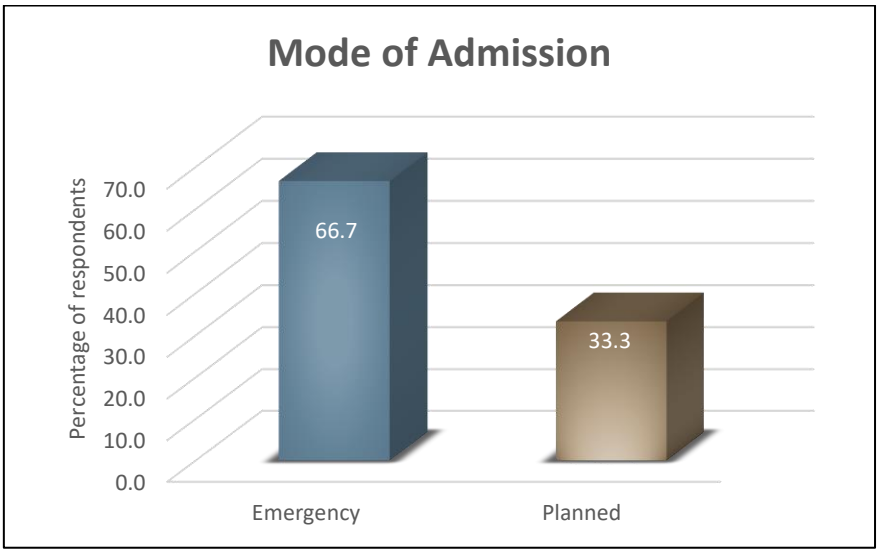

Fig 3: A Graph depicting the mode of admission of patients

The above graph represents the mode of admission of patients who get admitted at the Hospital. 66.7 % of the conversions of patients take place from the emergency. The rest of 33.3% patients are those who take admission on a planned basis on consultation with the consultants. Majority of the patients admitted in the hospital are admitted through the emergency department.

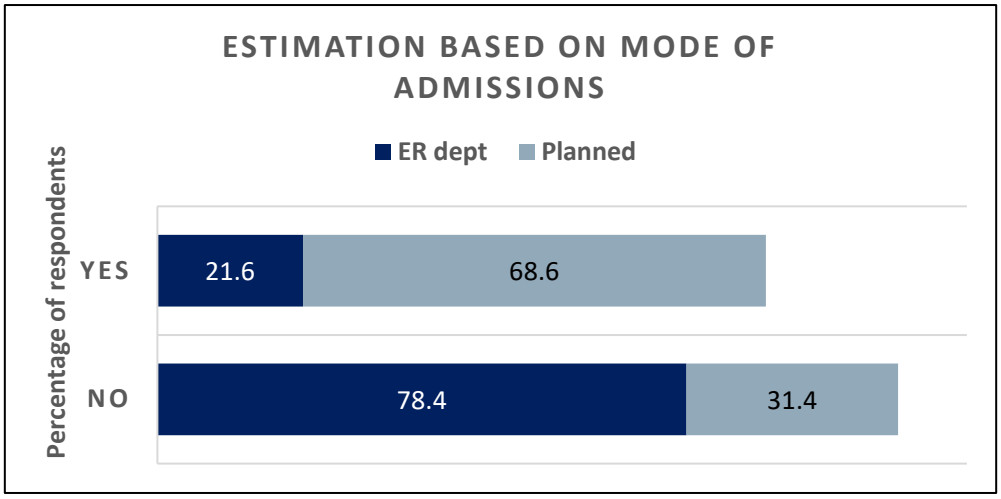

Fig 4: A Cross tabulated Graph showing the estimation w.r.t the mode of admission

The above graph is a cross tabulation between the percentage of patients who received an estimate, compared with the different categories of admission that they took admission under, i.e., Emergency Department & Planned Admission (Admission Desk). It can be inferred that only 21.6% of patients who were admitted through the emergency Department received an estimate as to how much their treatment would cost. While 68.6% of patients admitted on planned basis received an estimate. This shows a wide difference in estimations, considering

that a major chunk of the Hospital Admissions are conversions from the Emergency department.

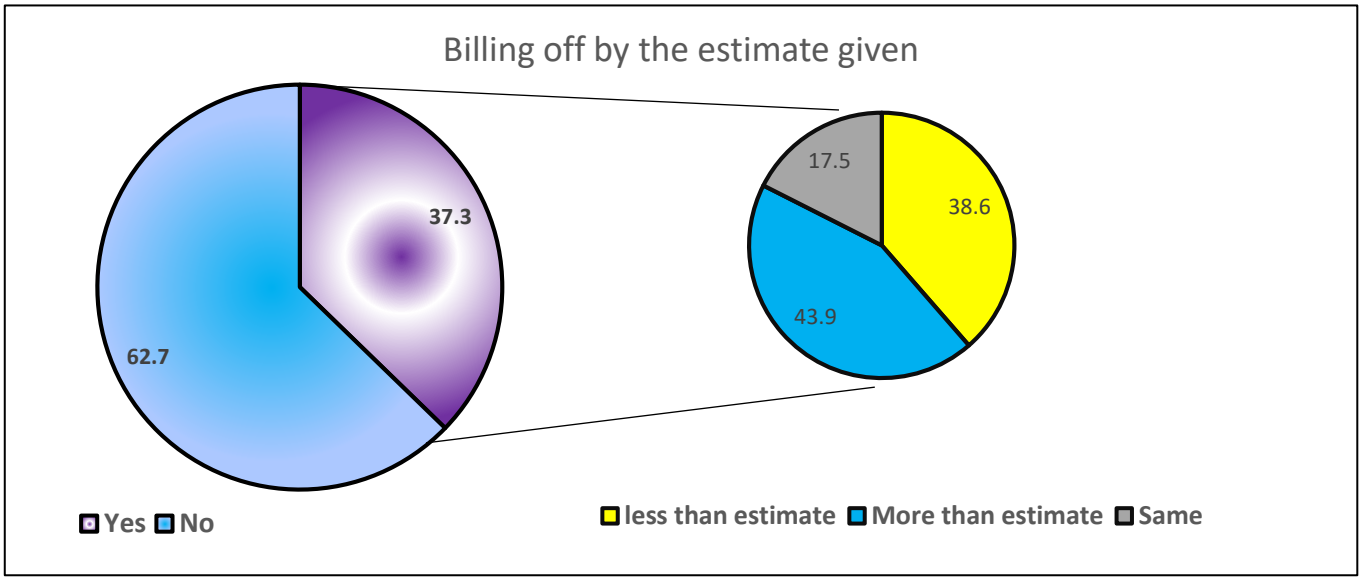

Fig 5: A Graph Depicting the percentage of patients who were given billing estimates

The above graph shows a cross tabulation of the data between patients who were given an estimate as to how much they will incur and whether the actual amount they paid was at par with the estimate given or less than, or more than the estimate they received. Only 37.3% patients received a billing estimate and out of these 43.9% of patients made a payment which was above estimate given to them on admission. About 38.6% of patients paid lesser than the estimated amount and 17.5% of the patients paid equivalent to the estimate that was given to them on admission.

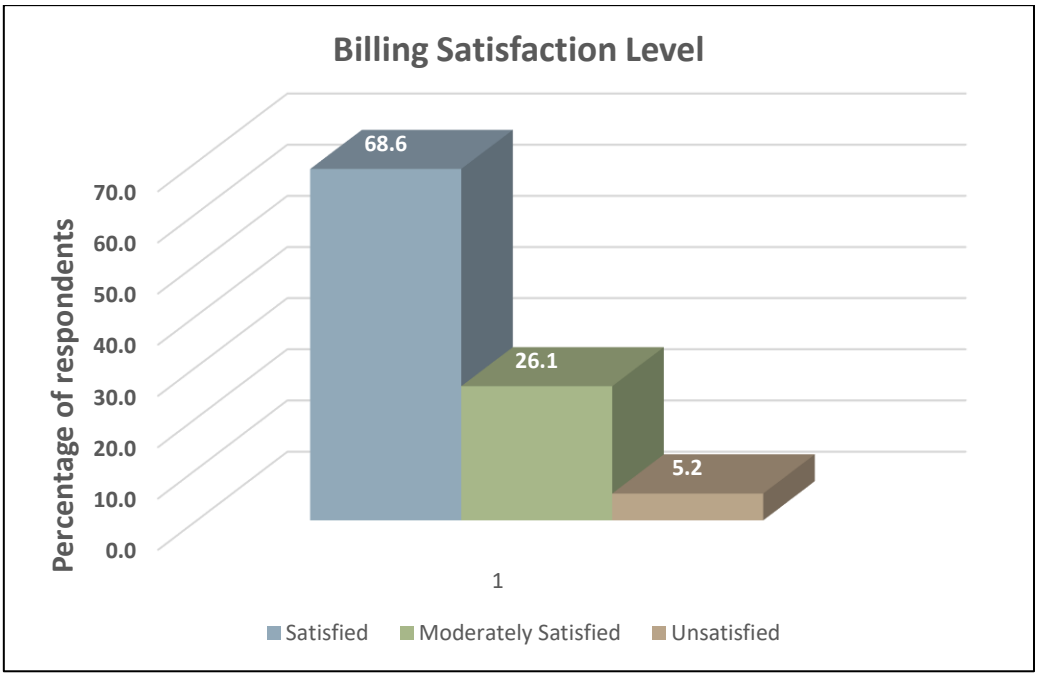

Fig 6: A Graph depicting the satisfaction levels regarding billing services among the respondents

The above graph shows the level of satisfaction among the respondents regarding the billing process at the Hospital. It can be inferred that 68.6% of the respondents are satisfied with the process while 26.2% and 5.2 % of the respondents are moderately satisfied and un-satisfied respectively. The reasons for the same have been broadly classified in the next table.

S.no	Reasons for dissatisfaction	Percentage of respondents
1	Transparency Issues	46.8
2	Accuracy of the statement	27.7
3	Inter Department Coordination issues	6.4
4	No Clear explanations about the bill	8.5
5	Issues with the package amount/Estimates	4.3
6	Estimates Should be provided	6.4

Table 1: Table representing the major reasons for dis-satisfaction among the patients

Only about 32% of patients who were a part of the survey mentioned that they were dissatisfied with the billing process. The reasons they gave were varied and therefore they were tabulated under the above-mentioned headings. About 46.8% of the patients who were unsatisfied with the billing process, believed that the billing process lacked transparency. This is because, most of the corporate patients surveyed did not receive a final bill and were also not informed as to how much they had incurred on the treatment. This Hospital policy only permits the cash and TPA patients to be told about the billing details. The corporate patients are often not told about

the same. This causes dissatisfaction among them as they are blind to their expenses and will not prefer getting treated at the same Hospital if they must pay out of their pocket.

Around 26.7% of the respondents did not feel that the statement of bill that they received was accurate. This can be attributed to the lack of explanation of the final bill that they received. Another 6.4% of respondents mentioned of the co-ordination issues between various departments. The Hospital has different departments to deal with TPA, cash and Corporate Patients. Often, if the TPA claims are rejected by the Mediclaim Company, the patient is then converted into a cash patient and the Patient attendant has to go from one department to another. This is tiresome for the patient attendant. Another cause for dissatisfaction among the respondents was that they were not told about an estimate of treatment on admission or even on the second or third day of stay. Also, among those patients who were admitted on a package basis, about 4.3% mentioned that they had issues with the same. The package is designed for a stipulated period and the patients hoped that the costs would be reduced if they stayed for a shorter period or is discharged earlier than when the package ends. All these issues contributed to the dissatisfaction among the respondents.

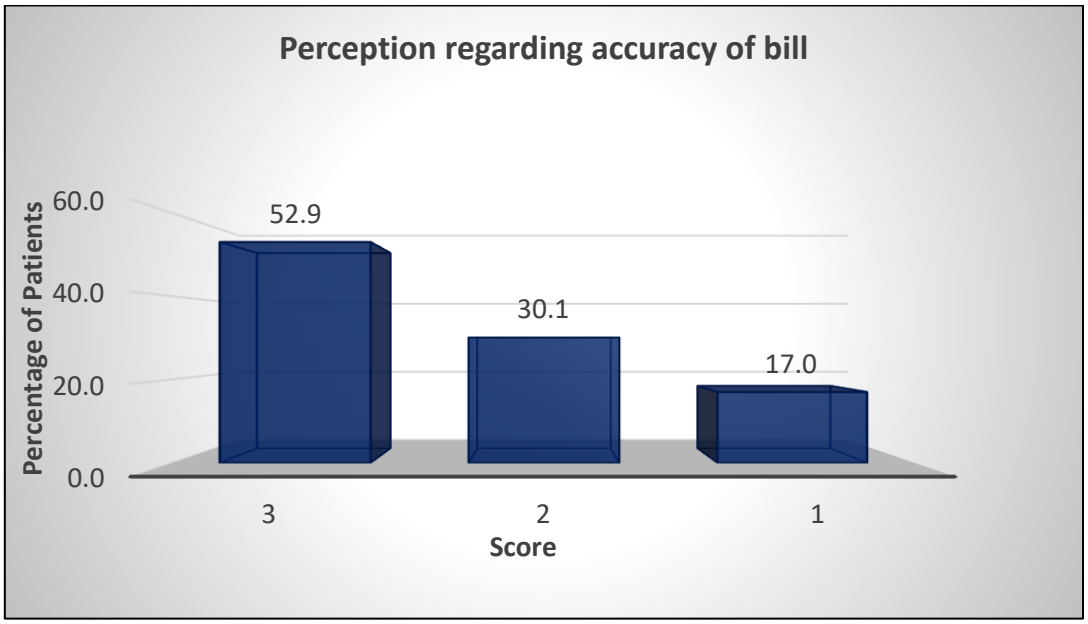

Fig 7: A Graph representing the Perception of respondents w.r.t. the accuracy of bill.

This graph shows the perception of the respondents relating to the accuracy of the bill they must pay. The respondents were asked to rate their perception on a score of 3 to 1, 3 being the highest and 1 being the lowest. About 53% of the respondents scored the parameter 3 while 30% scored it average and 17% rated it as 1. Most of the respondents who rated the accuracy as 3 trusted the hospital to not overcharge and provide only the best, in the interest of the patients.

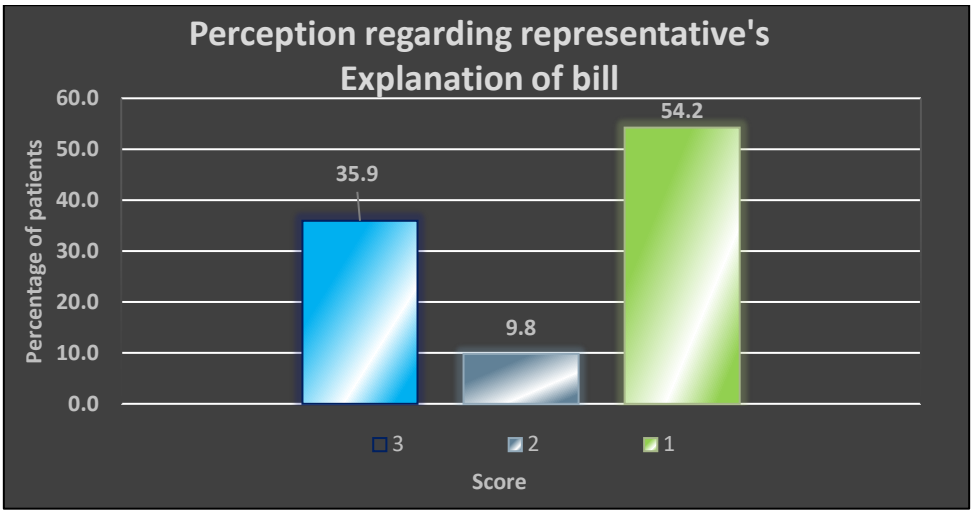

Fig 8: A Graph representing the perception of respondents w.r.t. the representative's explanation of bill

This graph shows the perception of the respondents as to how well the billing representative explained the bill. A total of 35.9% of patients rated this parameter a score of 3, meaning they were satisfied with the explanations they received. However, 54.2% of respondents rated a score of 1 meaning which they were dissatisfied with the explanations which they received, or they weren't given any explanations at all. 9.8% of the respondents were indifferent to the explanations they received.

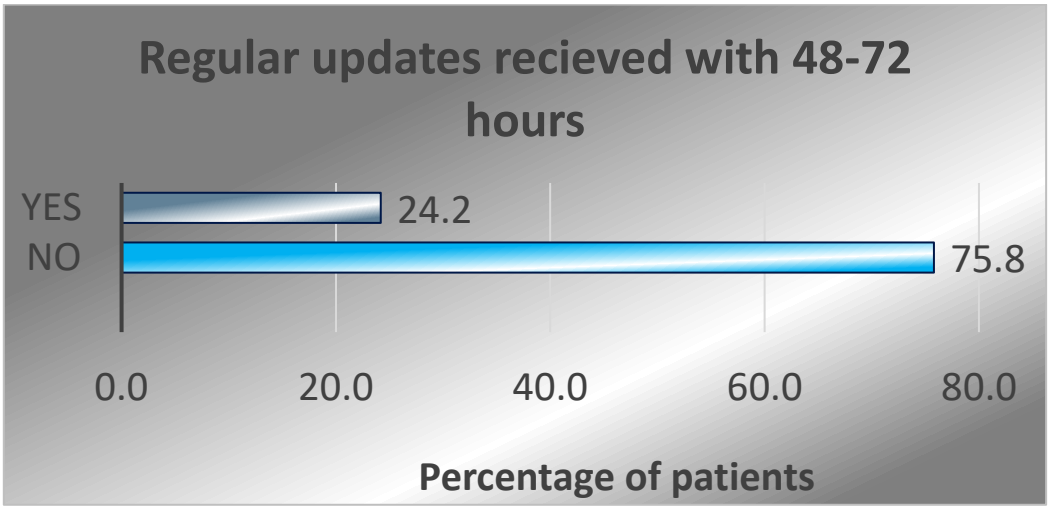

Fig 9: A Graph depicting the status of respondents who received regular updates regarding bill within 48-72 hours of admission.

The Hospital has a mechanism to update the patients of the amount within 48-72 hours of admissions through text messages. This in turn ensures that the patients are aware as to what each treatment & procedural cost have been incurred by them. On Surveying, it was found that 24.2% of patients have received timely updates within 48-72 hours of admission. While around 9.2% of patients got the update about their incurred cost on voluntarily asking the billing department to provide them with an interim bill. However, 66.7% of the patients did not receive the updates through messages.

DISCUSSION

It was observed that majority of the admissions of the hospital are from the Emergency department and fewer admissions take place on planned basis. While giving an estimate for these patients would prove to be beneficial to the organization as it may have an association with satisfied patients. On comparing the patients admitted on a planned basis and those who were admitted through emergency, it was observed that the former category received estimates than the latter. Financial Counselling is an aspect that enables the patient receiving care in a Hospital to be aware of what costs they will incur. It is generally accepted that patients receiving conservative treatment cannot be given an estimate due to the variability in the length of stay and prognosis of the disease. While a person who seeks treatment for a non-conservative treatment can be given an estimate based on the basis of past history of patients who sought the same care.

Another aspect, that was noted in the discussion was that, on an average, approximately 32% of the patients were dissatisfied with the billing process in the Hospital. On asking further, they mentioned that they were satisfied with the treatment they received at the Hospital. However, the extra charges and the lack of transparency experienced by few of the Corporate patients as they were not told about the final bill posed a problem in their satisfaction levels. Transparency is an integral aspect of bills and the patients should be aware of the final bill even if it is being paid through a third party. In the patient's voice, it will draw the patients to seek treatment from the Hospital again even if they are paying in cash because they already have an idea about the charging patterns of the Hospital. But the current scenario shows that out of the people dissatisfied with billing, about 46.8% of respondents mentioned about the lack of transparency. Billing, as we know is the last step in the discharge process and this experience therefore has the potential to affect the patient's perception about the Hospital positively or negatively.

Of the Surveyed of respondents, 52.9% trusted the Hospital on what it charged. However, the latter 47% of respondents were unsure about the accuracy of the statement they received. Also, when asked about how efficiently the billing representative explained the bill, only 35.9%

responded that the representative had clarified the bill properly. The billing department could ensure that when they hand out bills to the Payer, they should at least explain the major heads in the bill. This is because medical bills often are ambiguous, and patients are unable to understand the charges.

The Hospital has an existing mechanism to update the patients about the bill during their length of stay. This is done by updating the patients through messages within 48-72 hours. 66.7% of respondents never received any such updates on messages. While, 9.2% of respondents received an interim bill only on approaching the billing department. The Hospital should make use of the mechanisms already in place to ensure the patients are aware during their stay at the Hospital.

SUGGESTIONS

- The billing department should rectify the existing process of intimating the billing updates through the messages.
- The process of estimation should be streamlined.
- The billing executives should be advised to explain the bill to the patient attendant about the charges broadly.
- The bill should give a detailed bill containing all the charges to bring about a more transparent process.

CONCLUSION

The study was conducted for the purpose of understanding the status of billing satisfaction among the patients admitted in the Hospital. Even the best of treatment and best consultants will not aid in patient satisfaction if the final step in the process, i.e, billing is unsatisfactory for them. The key to satisfaction is not by reducing the bills or making it an absolute zero, but reducing the ambiguity involved in the billing process itself will be instrumental in improving the satisfaction levels associated with billing. Patients are lay people who may or may not be aware of the medical terms put forth in a bill, a Patient centric Hospital will take steps to ensure that the patients are not left unaware of the charges as that could potentially lead to dissatisfaction.

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7. Connance consumer impact Survey 2018, [Internet]

ANNEXURE 1

PATIENT BILLING SATISFACTION SURVEY

Q.1) Please tick the category that applies to you:

Cash ☐

Corporate ☐

TPA ☐

Q.2) How did you take admission in the Hospital?

Emergency ☐

Planned ☐

Q.2) Were you given a billing estimate when you took admission in the Hospital?

Yes ☐ No ☐

Q.3) If yes, what was the estimate given to you? _____

Q.4) How much were you billed in actual? _____

Q.5) Please rate your overall satisfaction with the billing process

Satisfied with the final bill ☐

Adequately/Moderately Satisfied ☐

Unsatisfactory ☐

Q.6) If Unsatisfied, Please State reasons.

_____

Q.7) On a scale of 1 to 3, rate the following parameters based on your experience, 1 being the lowest and 3 being the highest.

Parameters	1	2	3
Timeliness of receiving the bill			

Accuracy of the statement			
The representative's explanation of the bill			

Q.8) Were you given regular updates in the form of regular break ups within 48-72 hours?

Yes ☐ No ☐

Q.9) Does the Quality of services and the overall cost charged match your expectations?

Yes ☐ No ☐