Analysis of Denial in In- Patient Bills of Third Party Administrator Department

By

Yashika Bhatia

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Analysis of Denial in In- Patient Bills of Third Party Administrator Department

By

Yashika Bhatia

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

Sarvodaya Hospital and Research Centre, Faridabad

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

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

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Yashika Bhatia student of MBA Hospital and Health Management (PGDHM) from The IIHMR University, Jaipur has undergone internship training at Sarvodaya Hospital and Research Centre, Faridabad from 6th February 2017 to 6th May 2017.

The Candidate has successfully carried out the study designated 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.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

sarvodaya
HOSPITAL AND RESEARCH CENTRE

CELEBRATING 25 Years

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Yashika Bhatia student of MBA Hospital and Health Management from the IIHMR University, Jaipur has undergone 3 months dissertation at Sarvodaya Hospital & Research Center Sector- 8 Faridabad from 6th Februrary, 2017 to 6th May, 2017.

She did her dissertation on the topic "Analysis of denials in inpatient bills of third party administrator of Sarvodaya Hospital".

I wish her all the success in future endeavor.

Dr. Vandana Bhardwaj
Head IP Revenues

Sarvodaya Hospital & Research Centre
Authorised Signatory
6th May 17

NABH

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Analysis of denial in In-patients of TPA Department of Sarvodaya Hospital submitted by Yashika Bhatia, Enrollment No.IIHMR-U/01/2015-17/0367 under the supervision of Dr. P.R. Sodani for award of Postgraduate Diploma in Hospital and Health Management of the University carried out during the period from 6th February 2017 to 6th May 2017, 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.

Signature

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "Analysis of denial in In-patients of TPA Department of Sarvodaya Hospital".

Signature of student

ACKNOWLEDGEMENT

At first I would like to thank Dr. Rakesh Gupta (Chairman) , Dr. Saurabh Ghalote (Medical Administrator) who was munificent enough to allow me to carry out my dissertation. My sincere gratitude to Dr. Vandana Bhardwaj(Head IP Revenues), Dr. Sonam Malik (TPA Doctor)

My sincere thanks are also due to my guide, Dr. P.R. Sodani(Dean Training) and teachers at IIHMR, Jaipur for their immense support and guidance. I am really thankful to the placement cell for all their efforts to place the MBA-HM students to organization of such repute.

I am also grateful to all the co-workers participated in this study who facilitated me in data collection, otherwise this study could not have been possible.

Finally, an Honorable mention goes to my family and friends, without whose support, inspiration nothing would have been possible.

Contents

ACRONYMS/ABBREVIATIONS

TPA	:	Third Party Administrator
IRDA	:	Insurance Regulatory and Development Authority of India
OPD	:	Out- Patient Department
HIS	:	Hospital Information System
EMG	:	Electro Myography
EEG	:	Electro Encephalography
ECG	:	Electro Cardio Graph
HOD	:	Head Of Department
CCD	:	Customer Care Department
ICU	:	Intensive Care Unit
CT	:	Computerized Tomography
MRI	:	Magnetic Resonance Imaging
HR	:	Human Resource
CSSD	:	Central Sterile Supply Department
H/K	:	House Keeping
GI	:	Gastro Intestinal
F&B	:	Food and Beverage
CPR	:	Cardio Pulmonary Resuscitation
CT	:	Computed Tomography
BME	:	Bio Medical Engineering
MRD	:	Medical Records Department
GDA	:	General Duty Assistant

INTRODUCTION

The challenge is faced by health sector in India of meeting with the health goals and complexities which are arising due to changing disease pattern, So there is increase in need of health insurance because of the reasons like increase in numbers of communicable and non-communicable diseases, changing disease pattern, low public spending on health care, high out of pocket expenses, poor public health care setup, advent of corporate hospitals, costly line of treatment in private hospital etc.

According to study, it is found that people about 4.5% of the GDP is spent on healthcare needs and which is almost around three-fourth of the total healthcare expenditure. Most of the expenditure is "out- of- pocket ", which has grown at the rate of 12.5% and has increased by 1.44% for each 1% hike in per capita income.

In order to manage to regulate the cost of health care and services, IRDA made some intervention with the advent of TPA's (Third Party Administrator Health Services) Regulation, 2001. Purpose of TPA is to aim at ensuring higher efficiency, standardization and increasing reach of health insurance in the country. Basic function of TPA is to act as an medeaocur between the policy holder and insurance company and facilitate the cashless service of the insurance. An insurance company hires TPA to manage its all claim processing, provider network management , information and data management and TPA's help to do utilization review. TPA help to policy holder to go for cashless hospitalization and closely monitor the use of resources and services.

HEALTH INSURANCE

The term 'Health Insurance' means insurance that essentially covers any kind of medical expenses borne during any time. A health insurance can be defined as contract between an insurer and an insured. Health Insurance can be taken on individual basis / in group in which

the insurer agrees to provide with specified health insurance cover against a particular "premium".

A Health Insurance Policy normally cover all the expenses which are reasonable and all the charges incurred during hospitalization for insured person upto the limit of sum insured for all claims during one policy period, which usually lasts for one year. These charges include

a) Room expenses
b) Supervision charges
c) Surgeon, anesthetist, physician charges

FEW DEFINITION RELATED TO HEALTH INSURANCE

• **Sum Insured** Sum Insured is that amount for which an individual pay premium and can claim upto that much amount in one policy period. It varies from 50,000 to 5 lakhs.

• **Cumulative Bonus** (CB) Health Insurance policies offer Cumulative bonus, when claim is not taken in an year, there is increment in the Sum Insured at the time of renewal of the policy which is subject to a maximum percentage which is generally 50%

• **Cost of Health Check-up** Some Health policies have benefit of reimbursing all the cost which is incurred in health check up.

• **Minimum period of stay in Hospital** To claim from the insurance company, mandatory requirement is minimum stay in the Hospital for 24 hours.

• **Pre and post hospitalization expenses** Expenses which are incurred prior to hospitalization and after hospitalization for same disease for which hospitalization is done are payable from insurance company.

• **Cashless Facility** an insured patient can take cashless treatment from any of the networked hospitals without paying any bill. Mediclaim department of the hospital will arrange for payment from insurance company except for the charges of Non- Payable Consumables which has to be borne by Insured. Insured can take treatment in non- networked hospitals also but initially has to carry out all expenses on his own and then can apply in reimbursement.

• **Exclusions**

The following are generally excluded under health insurance policy:

a) Pre - existing diseases.

b) Any claim for sickness or disease with in the first 30 days from date of inception of policy. Road Traffic Accidents are covered from the first day of policy

c) Cataract, Internal diseases, Fistula in anus, piles, sinusitis and related disorders comes under first year waiting period.

d) Circumcision is an exclusion because of religious matter unless required

e) Cost of specs, contact lenses, hearing aids

f) Dental treatment or dental surgeries are not covered unless hospitalization is required.

g) Convalescence, congenital external defects, Sucide or attempt to sucide , use of intoxicating drugs / alcohol, AIDS, Expenses for investigations which are not consistent with the disease requiring hospitalization.

h) Treatment related to pregnancy or child birth including cesarean section or complication of pregnancy

i) Naturopathy treatment.

HOW HEALTH INSURANCE WORKS

A health insurance policy is a contract between an insurance company and an individual or his sponsor (e.g. an employer). The contract is on renewable basis can be done annually or monthly. The type and amount of health care costs that will be covered by the health insurance company are specified in advance.

• **Premium**: The amount the policy-holder or his sponsor (e.g. an employer) pays to the health insurance company each month or yearly to purchase health coverage.

• **Deductible**: The amount that has to be paid by insured i.e. out-of-pocket expenditure before the health insurer pays its share.

• **Co-payment:** Some amount of the total bill is to be paid by the insured on out of pocket basis, which insurance company will not pay.
For example, an insured person might pay 10% co-payment on total bill. A co-payment has to be paid each time a particular service is obtained.

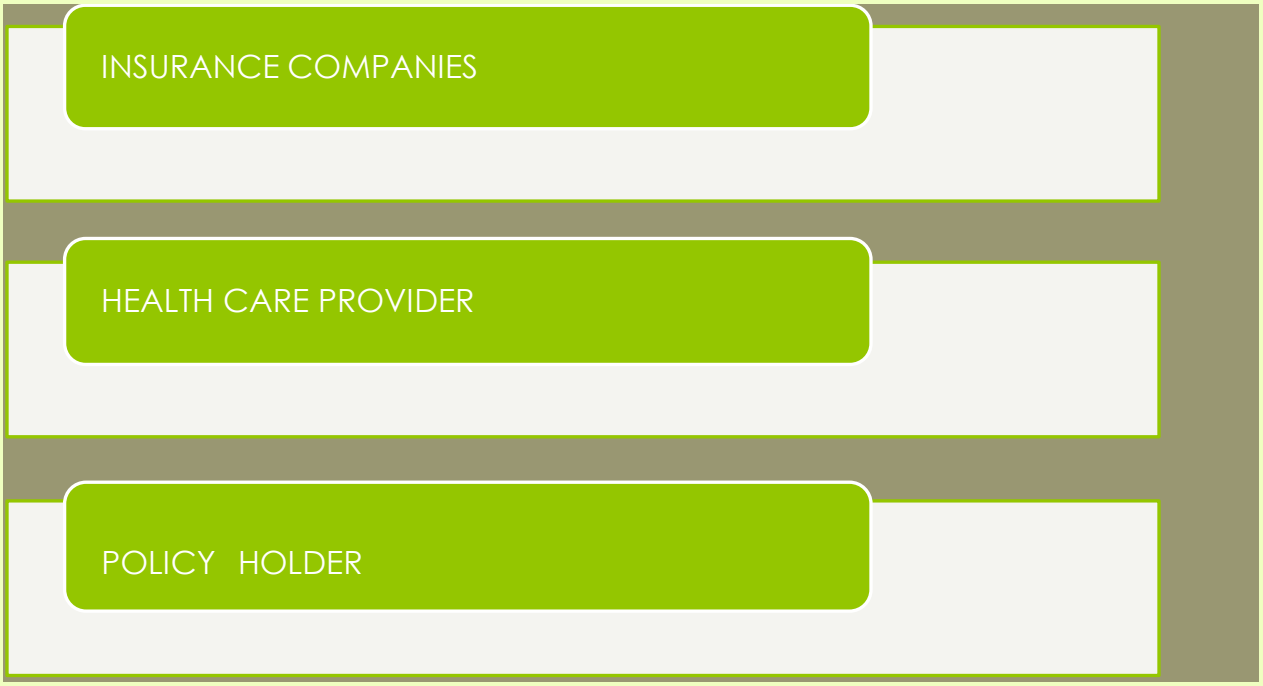
• **Coinsurance**: Additional amount which insured has to pay apart from the co-payment
For example: An insured might have to pay 20% of the cost of a surgery over and above a co-payment, while the insurance company pays the other 80%. It is policy clause.

• **Exclusions:** Since not all services are covered under the policy terms and conditions. So, the insured person has to pay the full cost of non- payable consumables out of their own pocket.

• **Coverage limits:** Some health insurance policies only pay for health care up to a certain amount. The insured person is expected to pay over and above charges in excess of the health plan's for which maximum payment has been done by the insurance company

• **Capitation**: An amount paid by an insurer to a health care provider, for which the provider agrees to treat all members of the insurer.

STAKEHOLDERS OF TPA



DIFFERENT TYPES OF CASHLESS FACILITY AVAILABLE IN HOSPITAL

1. ESIS (Employment State Insurance Scheme)

2. CGHS (Central Government Health Scheme)

3. ECHS (Ex- Servicemen Contributory Health Scheme)
4. GIPSA (General Insurer Public Sector Of India)

HEALTH INSURANCE UNDER IRDAI

- There are four public sector companies. These are

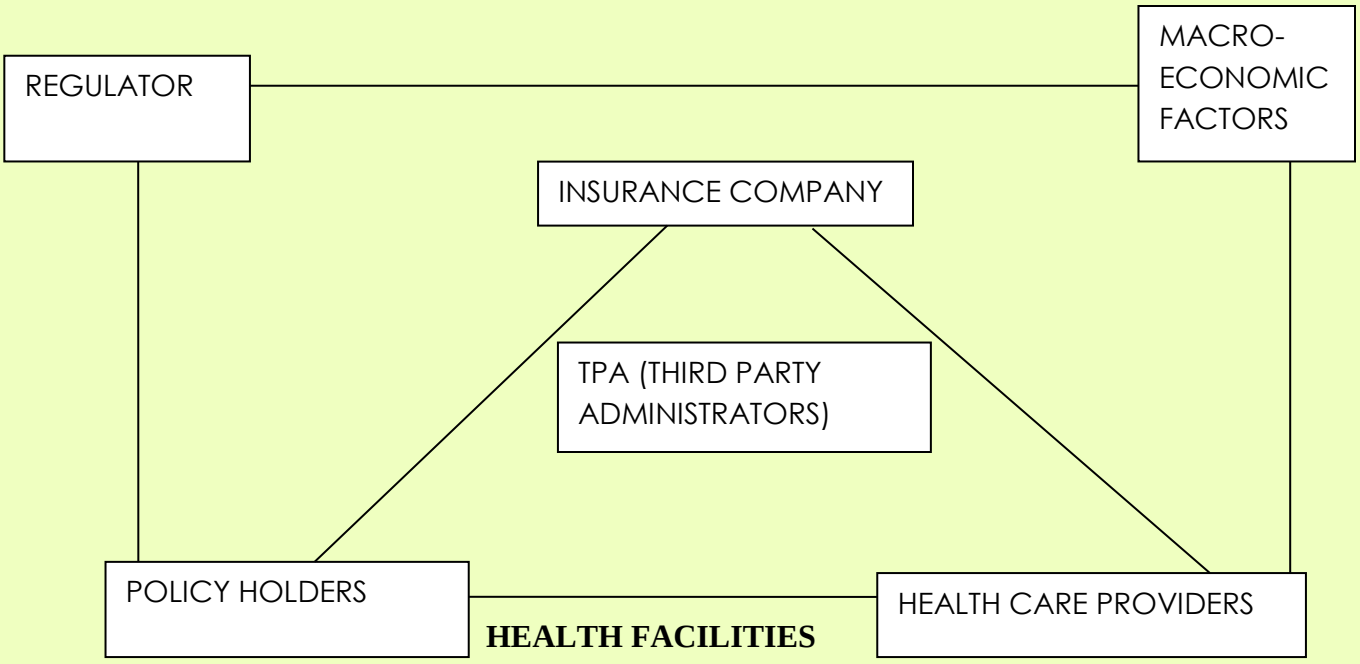
1. New India
2. United India
3. National India
4. Oriental

- Private players Include

1. ICICI Lombard
2. Star Health
3. IFFCO Tokyo
4. Religare
5. Max Bupa
6. Bajaj Allianz
7. Apollo Munich
8. Reliance
9. ICICI Prudential

FEW THIRD PARTY ADMINISTRATOR IN INDIA

- .United Health Care Parekh
- E- Meditek
- MD India
- Family Health Plan
- Focus Health Services
- Medi Assist
- Vidal Health
- Vipul Med Corp
- Raksha TPA
- DHS (Dedicated Healthcare Services)
- Park Mediclaim
- Cigna TTK
- Paramount Health Services
- Safeway TPA Services Pvt. Ltd



WORKING ENVIRONMENT BY TPA

Need for Third Party Administrators

- TPA provides/ promises to provide qualitative services.
- TPA is required for improving protocol for procedure and standards in health care
- They help to increase the knowledge base of healthcare services
- Increased penetration of health insurance among the community
- TPA Help to minimize the costs/ expenditure incurred in rendering health care services

LITERATURE REVIEW

Since 50 decades India has achieved a lot in terms of health care improvement. But still India is way behind many fast developing countries such as China, Vietnam and Sri Lanka in health indicators (Satia et al 1999). In government aided health care system, the quality and access of health services has always been a major concern. Private health market is growing rapidly and has developed in India at a fast pace Private sector is boom which bridges most of the gaps between what government offers and what people actually need. However, with increase in various health care technologies and price rise, the cost of care has also become very expensive and is not affordable to large segment of population. Various health financing options have been explored by government and people for managing problems arising out of growing set of complexities of private sector, increasing cost of health care and changing pattern of diseases. Due to liberalization and economic policy privatization of insurance sector has spread a lot by the Government of India since 1991. One of the sector i.e. Health insurance remain highly underdeveloped and a less significant segment of the product portfolios of the nationalized insurance companies in India. This sector requires fundamental changes in view of Management.

The Insurance Regulatory and Development Authority (IRDA) has passed a Bill in the Indian Parliament, which is a significant beginning of changes and having significant implications for the health sector. The privatization of insurance and constitution IRDA is responsible to improve the performance of the state insurance sector in the country, they will do so by lowering the costs and increasing the level of patient satisfaction.

There are several issues which highlight the critical need for policy formulation and assessment.. If it is well managed then it can improve access to care and cure and health status in the country very rapidly. Policy formulation, assessment and implementation in health sector is an extremely challenging task especially in a changing epidemiological, technological, institutional, and political scenario.

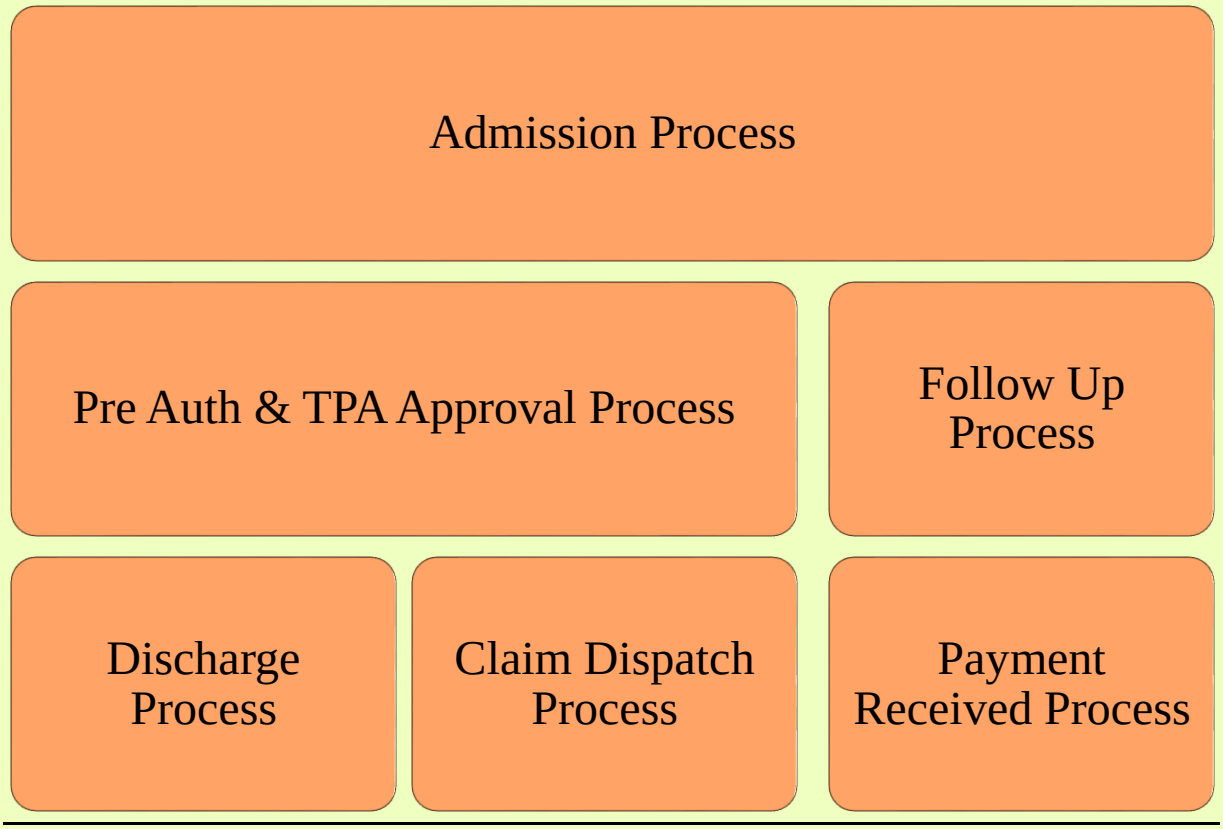
Insurance Regulatory and Development Authority licensed the Third Party Administrators in 2001 for regulating the health care costs and improving services in hospitals to benefit the society as a whole.

The government insurance companies started first health insurance in 1986, under the name Mediclaim, and it is revised to make it an attractive product. Mediclaim is a reimbursement base insurance for hospitalization. Outpatient treatment are not covered. The total limit for policy coverage was also increased. An individual between age 3 months to 80 years of age can be granted mediclaim policy up to maximum coverage of Rs. 5 lakh against any accidental and sickness hospitalizations during the policy period as per latest guidelines of General Insurance Corporation of India.

One most important factor in deflating the financial pressure is by reducing and preventing denials on the claims. Strategically if denials are prevented one can have positive effect on the revenue generation by knowing the reasons for denials and knowing the errors which are the prime reasons for denials. Studying Claim life cycle can help in reducing the errors which causes denials and ensure claims needing attention can be managed efficiently and effectively with in time frame.

Denied claims represent unpaid services or lost customers and lost revenue. Denials also signify an avoidable cost to the medical practice. Majorly employees time is spent in managing and resolving denials.

PROCESS FLOW OF TPA AT SARVODAYA HOSPITAL



ADMISSION PROCESS

- Patient is admitted through either Emergency or OPD basis.
- Patient is diagnosed by doctor in emergency or OPD.
- Patient is counscelled at Emergency/ OPD desk.
- Advance is deposited by TPA patient as per following rates

1. corporate '0' deposit
2. staff '0' deposit
3. Others 10,000 for Room
   20,000 for I.C.U

- Documents are procured at the time of admission.

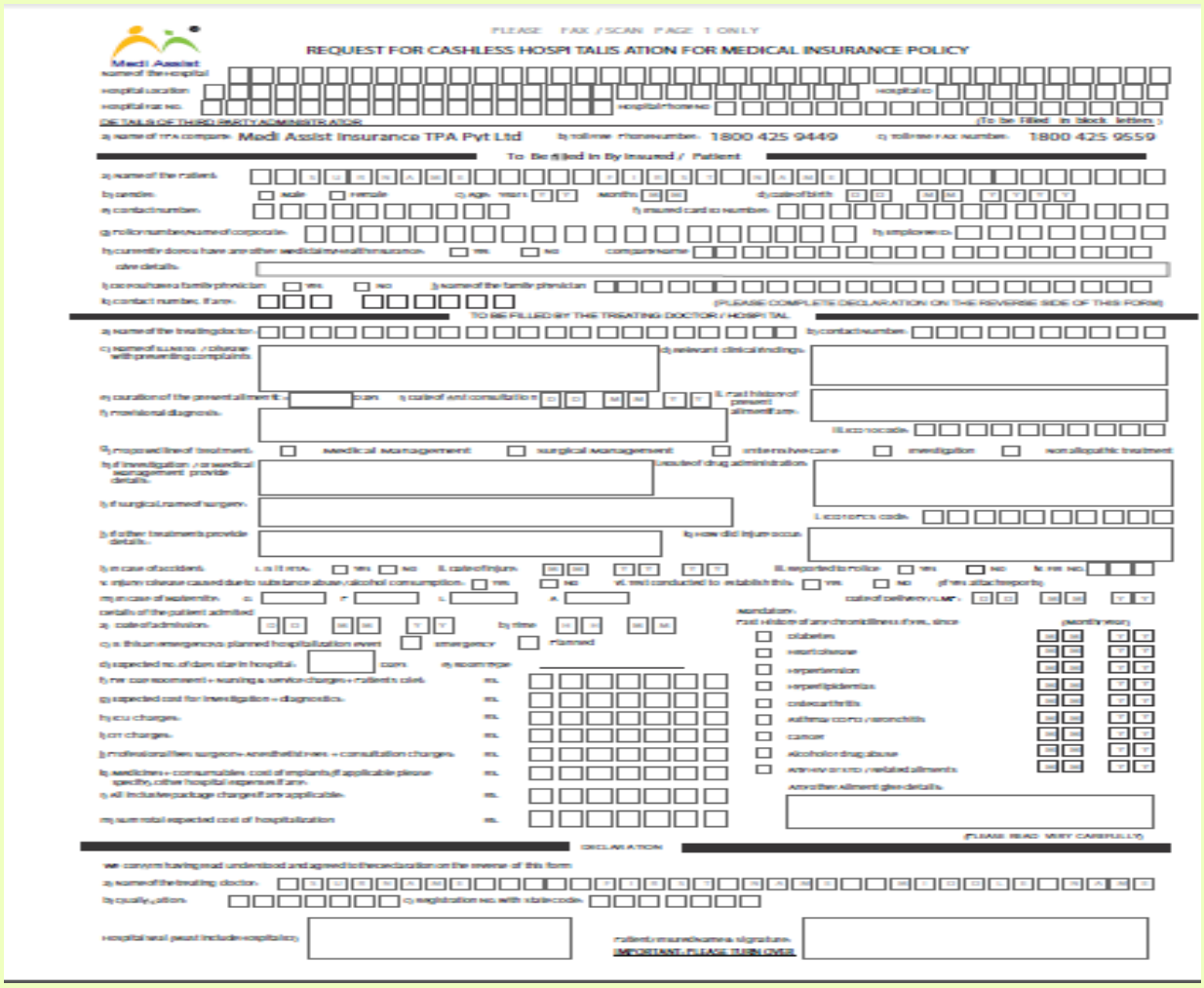
Documents required are as follows:

1. policy card copy
2. Valid id proof
3. PAN card mandatory along with 2 coloured photographs
4. Policy copy
5. OPD/ Emergency admission note
6. Initial assessment sheet with vital charts
7. Any past treatment records
8. Financial general information form
9. General estimate of expense form
10. Consent for TPA
11. Undertaking for non payables

- After IPD file preparation- patient signature to be taken up at the time of admission on Pre- auth form with mandatory tagging of complete patient details.
- TPA admission docket to be created as DRAFT in REMEDINET with correct details to initiate pre auth approval process with TPA team.
- Three fate of the pre auth forms

1. Approval Received
2. Query Received
3. Denial Received

- If approval is received patient is informed about an capping or co-payments as seen by TPA Executive.
- If query is received TPA doctor is informed or patient is informed and asked for ID Proof, current policy card or past treatment papers are asked.



PLEASE FAX / SCAN PAGE 1 ONLY

Medi Assist

REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

name of the hospital

hospital location

hospital pan no.

hospital fax no.

DETAILS OF THIRD PARTY ADMINISTRATOR

(To be filled in block letters)

a) name of TPA company: Medi Assist Insurance TPA Pvt Ltd

b) toll free phone number: 1800 425 9449

c) toll free fax number: 1800 425 9559

To Be Filled In By Insured / Patient

a) name of the patient

b) gender: male female

c) age: years months

d) date of birth

e) contact number

f) insured card id number

g) policy number/name of corporate

h) employee id

i) currently does have any other medical/mediclaim insurance: yes no

company name

give details

j) do you have a family physician: yes no

k) name of the family physician

l) contact number, if any

(PLEASE COMPLETE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

a) name of the treating doctor

b) contact number

c) name of symptoms / otherwise with presenting complaints

d) relevant clinical findings

e) duration of the present ailment

f) provisional diagnosis

g) past history of present ailments, if any

h) icd / icd code

i) proposed line of treatment: medical management surgical management intensive care investigation non allopathic treatment

j) if investigation / or medical management provide details

k) result of drug administration

l) if surgical, name of surgery

l) icd / pcs code

j) if other treatments provide details

k) how did injury occur

l) in case of accident: i. is it rta? yes no ii. date of injury iii. reported to police? yes no if no, no

k) injury / disease caused due to substance abuse / alcohol consumption: yes no vi. test conducted to establish this: yes no if yes, attach report

m) in case of maternity: g: p: l: a: date of delivery / lmp:

details of the patient admitted

a) date of admission: b) time:

c) is this an emergency / planned hospitalization case? emergency planned

d) expected no. of days stay in hospital: days e) room type:

f) per room rent / nursing & service charges / patient's diet: rs.

g) expected cost for investigation / diagnostics: rs.

h) icu charges: rs.

i) ot charges: rs.

j) professional fees surgeon, anesthetist fees / consultation charges: rs.

k) medicines / consumables, cost of implants (if applicable please specify, other hospital expenses if any): rs.

l) all inclusive package charges if any applicable: rs.

m) sum total expected cost of hospitalization: rs.

mandatory

past / history of any chronic illness / if yes, since (month / year)

diabetes

heart disease

hypertension

hyperlipidemia

osteoarthritis

asthma / copd / bronchitis

cancer

alcoholism / drug abuse

hiv +ve or aids / related ailments

any other ailment give details

(PLEASE READ VERY CAREFULLY)

DECLARATION

we confirm having read understood and agreed to the declaration on the reverse of this form

a) name of the treating doctor

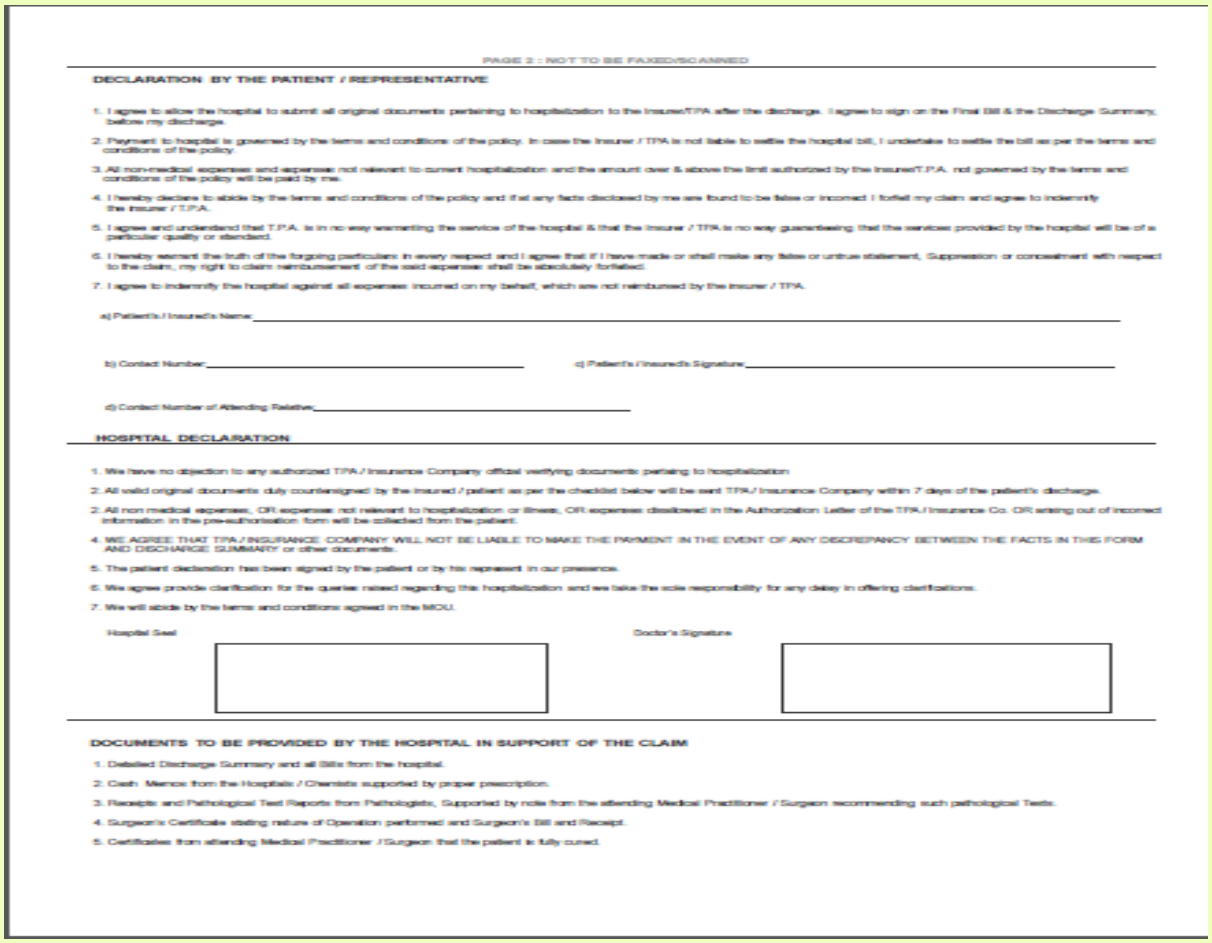
b) qualification

c) registration no. with state code

hospital seal (seal should include hospital no.)

patient / insured name & signature

IMPORTANT: PLEASE TURN OVER



PAGE 2 : NOT TO BE FAXED/SCANNED

DECLARATION BY THE PATIENT / REPRESENTATIVE

1. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/TPA after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
2. Payment to hospital is governed by the terms and conditions of the policy. In case the Insurer / TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
3. All non-medical expenses and expenses not relevant to current hospitalization and the amount over & above the limit authorized by the Insurer/T.P.A. not governed by the terms and conditions of the policy will be paid by me.
4. I hereby declare to abide by the terms and conditions of the policy and if at any facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the insurer / T.P.A.
5. I agree and understand that T.P.A. is in no way warranting the service of the hospital & that the Insurer / TPA is no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
6. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, Suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
7. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer / TPA.

a) Patient's / Insured's Name:_____

b) Contact Number:_____ c) Patient's / Insured's Signature:_____

d) Contact Number of Attending Relative:_____

HOSPITAL DECLARATION

1. We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization
2. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent TPA / Insurance Company within 7 days of the patient's discharge.
2. All non medical expenses, OR expenses not relevant to hospitalization or illness, OR expenses disallowed in the Authorization Letter of the TPA / Insurance Co. OR arising out of incorrect information in the pre-authorisation form will be collected from the patient.
4. WE AGREE THAT TPA / INSURANCE COMPANY WILL NOT BE LIABLE TO MAKE THE PAYMENT IN THE EVENT OF ANY DISCREPANCY BETWEEN THE FACTS IN THIS FORM AND DISCHARGE SUMMARY or other documents.
5. The patient declaration has been signed by the patient or by his represent in our presence.
6. We agree provide clarification for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
7. We will abide by the terms and conditions agreed in the MOU.

Hospital Seal | Doctor's Signature

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals / Chemists supported by proper prescription.
3. Receipts and Pathological Test Reports from Pathologists, Supported by note from the attending Medical Practitioner / Surgeon recommending such pathological Tests.
4. Surgeon's Certificate stating nature of Operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.

FOLLOW UP PROCESS

- The case is monitored as per length of stay; running bill status and progress report of the patient as per initial pre auth request approval received.
- In case of any change in line of treatment or high running bill or increased length of stay etc. the same is informed to the insurance company through case summary and running bill.
- The query reply docket is prepared and scanned and send through remedinet portal.
- All the stages of approval is notified to the patient as per the case status

DISCHARGE PROCESS

- Final bill is generated for cross check at the time of discharge.
- Final bill is informed to the patient and signature is obtained.
- Bill validation is done by TPA doctor as per pre auth sent or approval letter received by TPA.
- Discharge summary is validated by TPA doctor and the treating doctor as per the course of hospitalization before final submission to the TPA.
- The discharge docket is scanned and uploaded at REMEDINET.
- Final approval letter is received through TPA.
- Non payable item list is extracted and attached for final clearance.
- Refund is calculated as per final bill amount or deposit amount and due payment to be charged from the patients.
- Discharge docket contains following documents

1. Discharge process bill
2. Discharge summary
3. Pharmacy breakup

CLAIM DISPATCH PROCESS

- Claim dispatch department is handed over with all IPD files for TPA discharged patients.
- Claim file is prepared and compiled as per TPA dispatch checklist.
- The complete details are updated in dispatch tracker for records.
- Dispatch file is validated before dispatch by the TPA doctor and handed over physically to the recovery team for hand delivery to local TPA's for delivery in person.
- For outstation file is send by courier.

AIM

Analysis of denials in in- patient bills of third party administrator department of Sarvodaya Hospital and Research Centre, Faridabad.

RATIONALE OF STUDY

This study is done to understand the reasons for denials and areas of improvement during process. The rationale for this study is based on the fact that In-patient revenues is one of the most important areas for any hospital since it generates all the revenue. Denials causes loss of revenue and is directly linked to patient satisfaction or dissatisfaction.

.OBJECTIVE

- To understand the system of TPA procedure
- To find out main problem behind the denial in claim settlement
- To carry out root cause analysis
- To suggest key strategies to overcome the denial rate

METHODOLOGY

- **STUDY TYPE:**
  DESCRIPTIVE STUDY TO ANALYZE DENIAL RATE OF TPA DEPARTMENT

- **STUDY AREA:**
  SARVODAYA HOSPITAL AND RESEARCH CENTER, FARIDABAD

- **STUDY POPULATION:**
  IN-PATIENTS & DAY CARE PATIENTS OF SARVODAYA HOSPITAL

- **SAMPLE SIZE:**
  1414MEDICLAIM PATIENTS ADMITTED IN SARVODAYA HOSPITAL

- **STUDY TIME PERIOD**

3MONTHS

- **SOURCES OF DATA:**
  DATA WAS COLLECTED ON DAY TO DAY BASIS AND RECORDED IN EXCEL SHEETS.
  ALL DENIALS WHICH ARE RECEIVED FROM RESPECTIVE TPA/ INSURANCE COMPANY ARE RECORDED.
  DETAILS WHICH WERE MAINTAINED WERE: PATIENT NAME, IP. NUMBER, BILL AMOUNT, APPROVAL AMOUNT, TPA REMARKS.

  PRIMARY DATA: DIRECT OBSERVATION
  SECONDARY DATA: FROM HIS AND REMEDINET ONLINE PORTAL

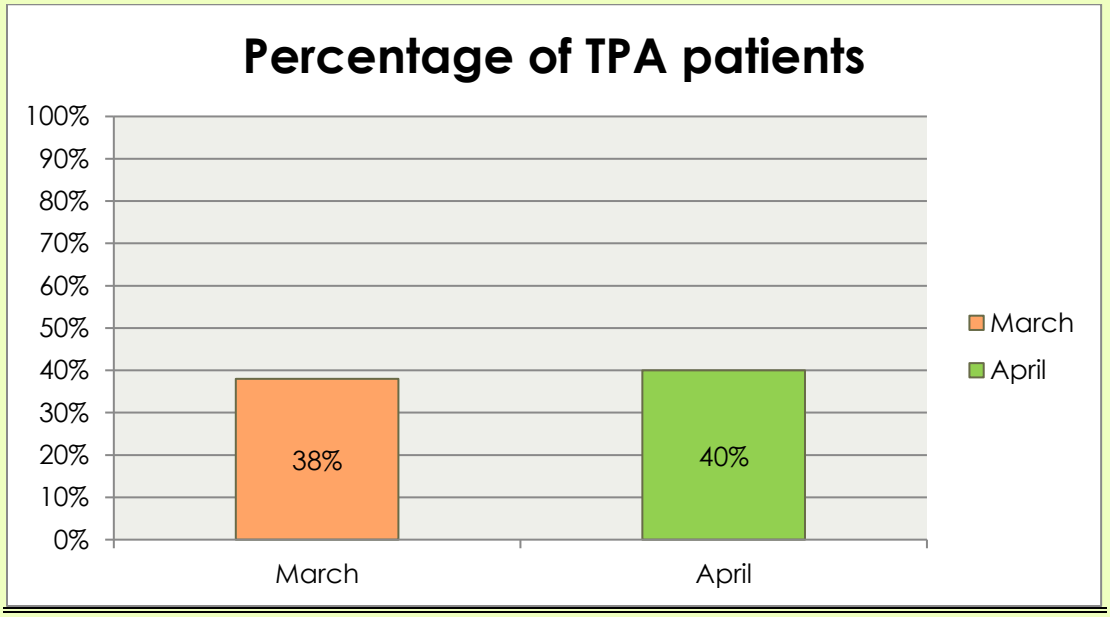
- **METHODS OF DATA COLLECTION :**
  DIRECT OBSERVATION
  REMEDINET ONLINE PORTAL AND HIS

METHODS

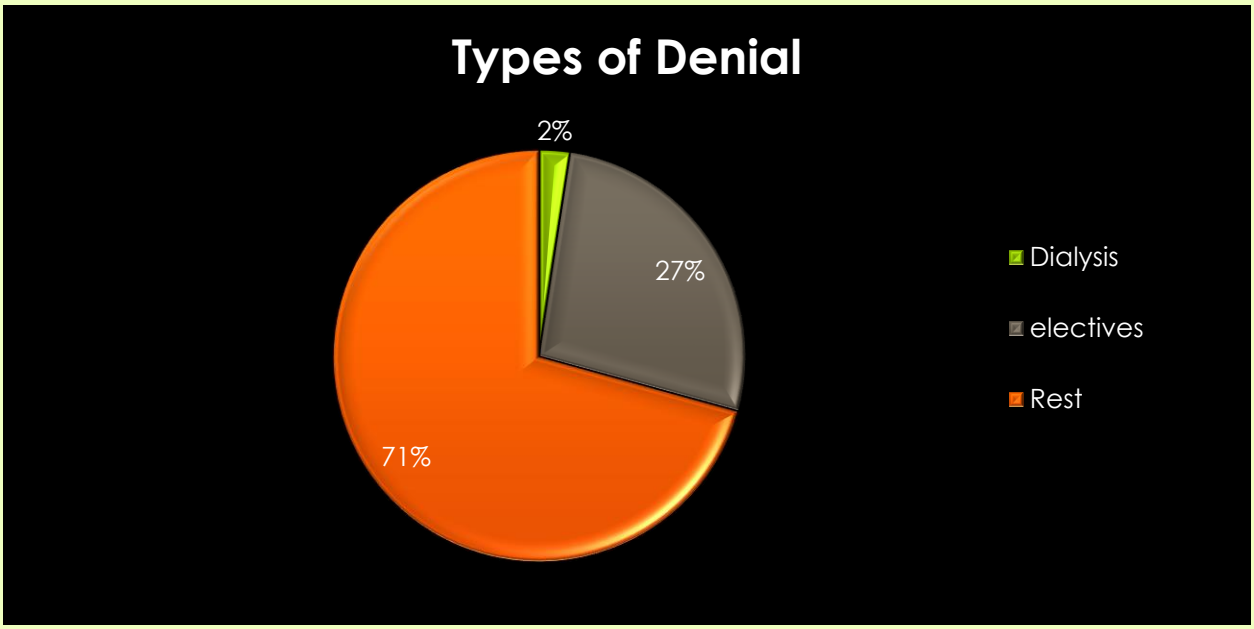
This study was carried out in tertiary care 300 bedded hospital in SARVODAYA HOSPITAL AND RESEARCH CENTER, FARIDABAD. Complete process of TPA department was observed starting from admission till patient is discharged. The data was collected for patients for 60 days .
The data collected was analyzed using fish bone analysis and MS-Excel.
.

RESULTS

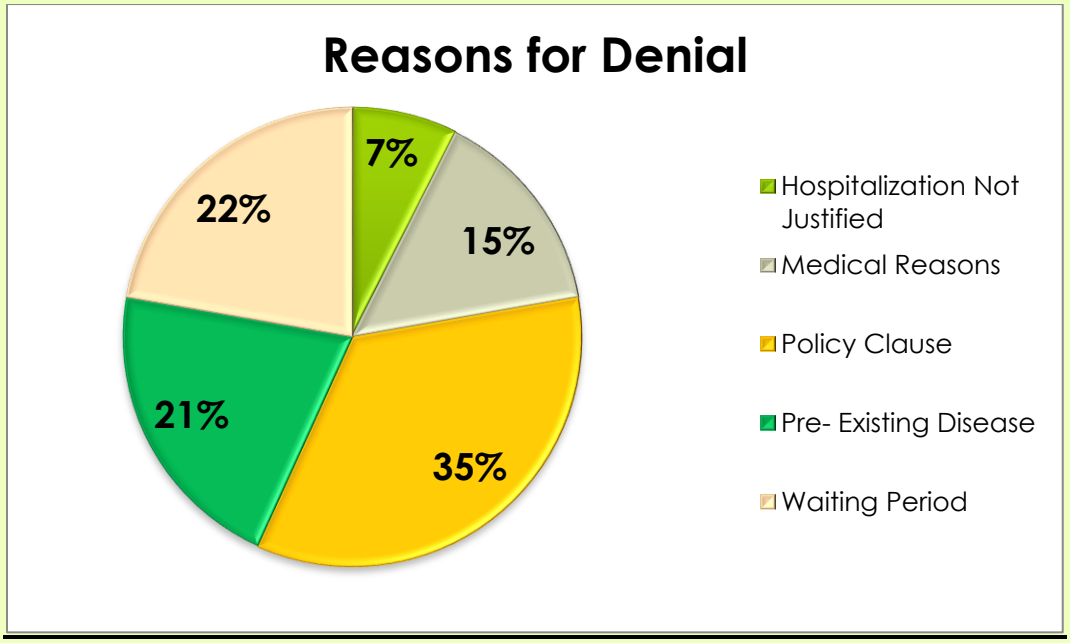
- **PERCENTAGE OF TPA PATIENT**



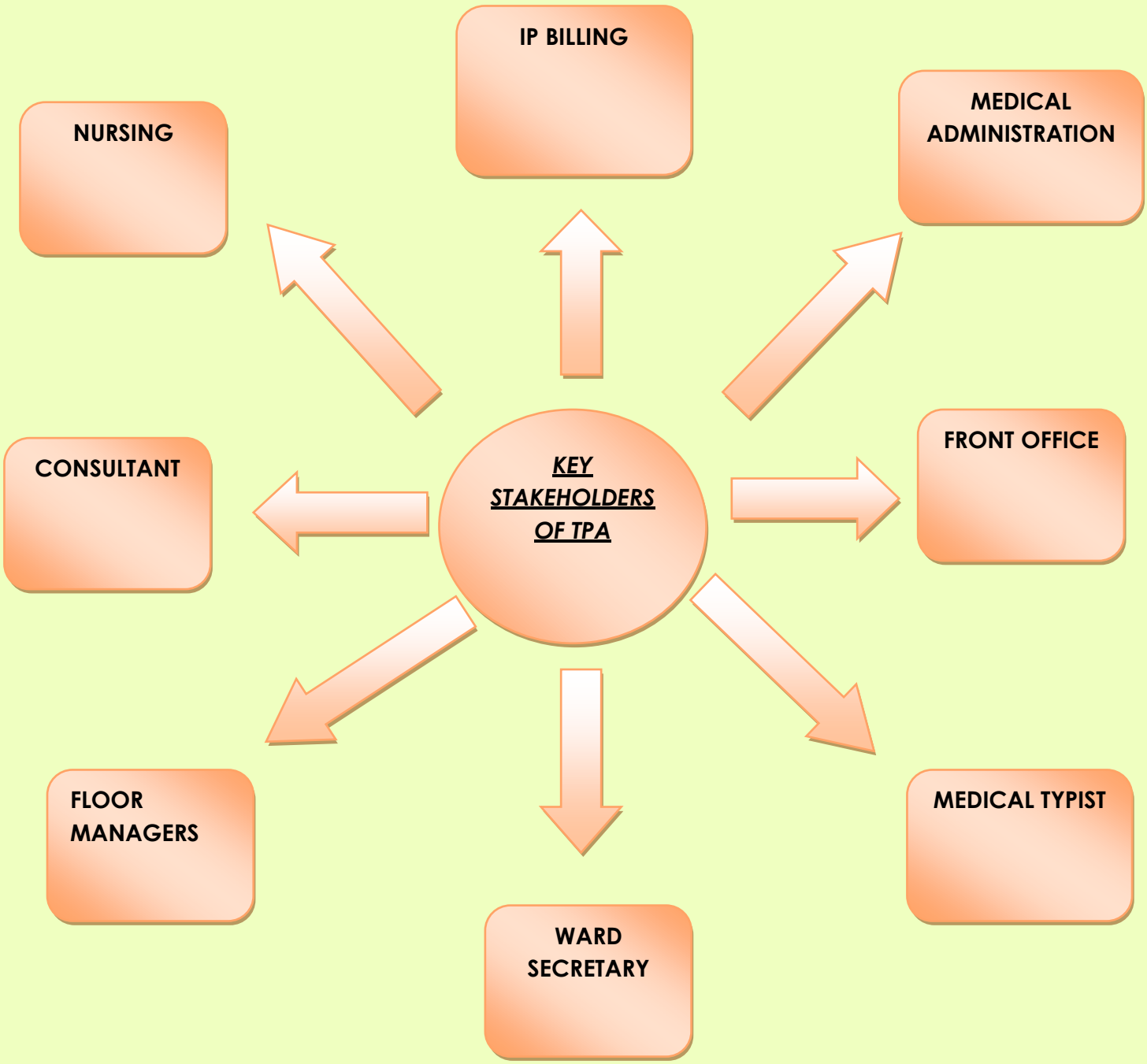
TYPES OF DENIALS IN TPA

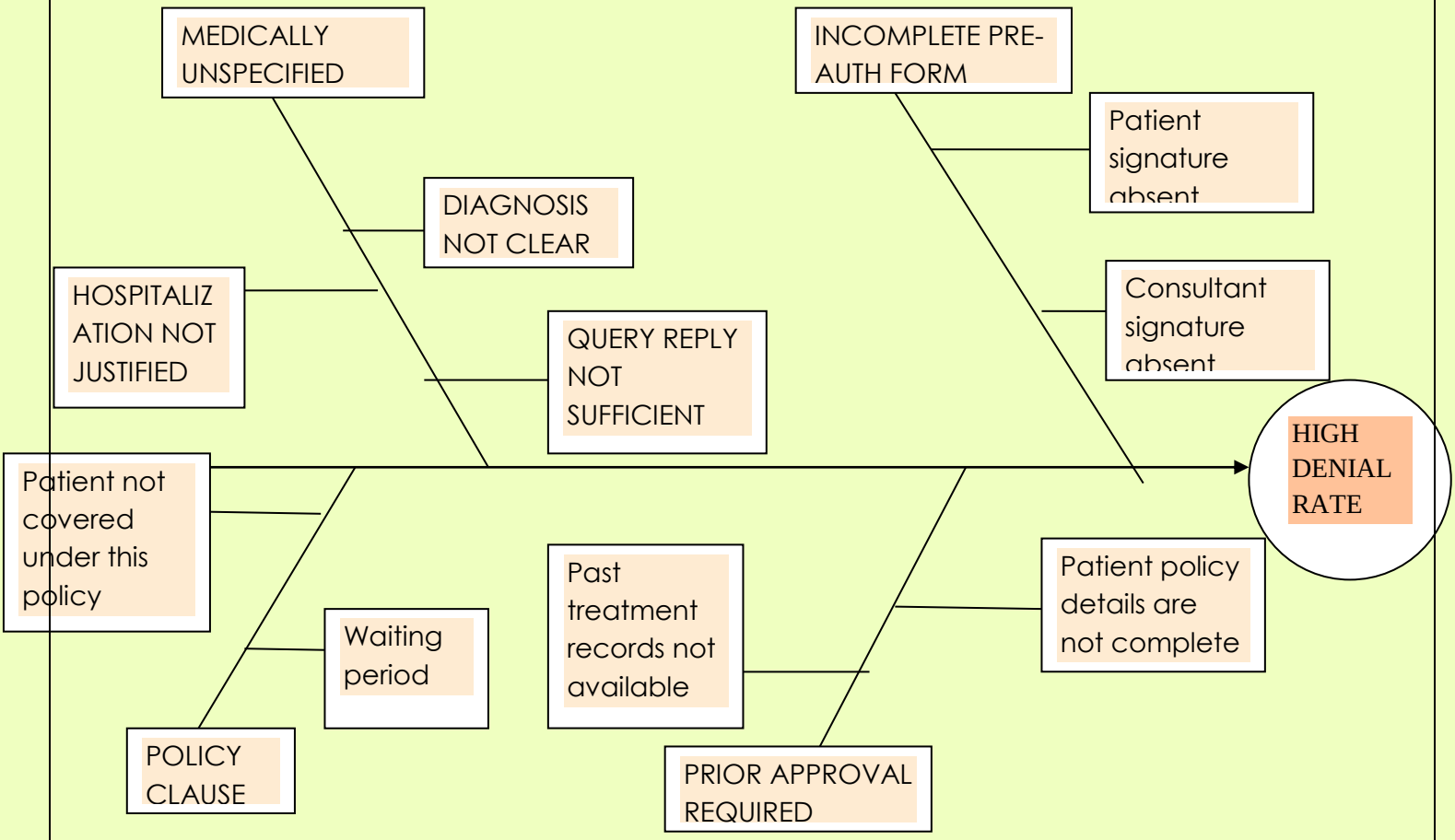


VARIOUS REASONS FOR DENIAL



DIFFERENT STAKEHOLDERS IN TPA PROCESSING





FISH BONE ANALYSIS FOR REASONS FOR DENIALS

DISCUSSION

- Out of 1898 total admission in month of march, 725 were TPA admission i.e. 38% and out of 1728 total admission in April 689 were TPA admission i.e. 40%.
- There are three types of Denials – Dialysis, Electives, and normal admitted patients. Total Denials in 2 months are 81

Out of 81 denials in month of March and April

- ❖ 2% denial on dialysis.
- ❖ 27% denials on Electives
- ❖ 71% denials on rest of admission.

- Reasons for denial include
  - ❖ Hospitalization not justified
  - ❖ Medical reasons
  - ❖ Policy clause
  - ❖ Pre- existing Disease
  - ❖ Waiting period

EFFECT OF HIGH DENIALS

- Loss of revenue as patient whose denial is received on pre-authorization, leave hospital as DOR (Discharge on Request)
- Reduction in Average Length of Stay.
- Loss of revenue which is to be collected for Non- payable, co-payment, Room charges,
- Over and above it leads to patient dissatisfaction.

RECOMMENDATIONS

1. As from the above analysis, it is seen that maximum denials are due to policy clause, for which counselling part should be made strong. Before seeking admission from OPD, TPA patients should be directed to TPA counselor, where counsellor can guide patients regarding waiting period(as 22% denial are because of waiting period) or policy clause etc. to reduce the denial rate.
2. As far as medical reasons are concerned, additional sections of lab reports, radiology reports, medical records should be made to see previous case history and background of the patient.
3. Number of denials occur because of the reason that query reply is not sufficient, TPA doctor contact consultant over phone or have to call for files from the wards, which cause delay in query reply; E- prescription should be there in HMIS, so that it is easily available to everyone without wasting time.
4. Regular Training to consultant must be given regarding taking up cases for hospitalization as another big cause for denial is hospitalization not justified.
5. Despite efforts to employ the most advanced technology and streamline processes, denials will still occur. The key to minimizing the negative impact of denials is advanced workflow to help staff manage claims in the most efficient manner possible.

CONCLUSION

This Study shows that there is high need of medical insurance/ health insurance in country like India because of the changing disease pattern, increased lifestyle disease etc. Absence of which can leads to bank rupt due to high Medical cost. The TPA was introduced by IRDA to bring in system to manage and regulate the cost and health care services.Third Party Administrators was introduced to ensure better health services to insurers as well as to insured.
Cash delays or denials are not an qualitative indicator for healthcare providers. One major factor in reducing financial burden is by decreasing and preventing claim denials. Strategically denial prevention have a positive impact on the efficiency of the entire revenue cycle by helping to identify processes and errors that cause denials.

ETHICAL CONSIDERATION

Confidentiality of records will be maintained and will not be shared anywhere else. Records will be taken only for study purpose and no information of hospital will be revealed elsewhere other than academic purpose.

REFERENCES

- Bhat Ramesh, Reuben B .Elan (2002), Management of claims and Reimbursements : The Case of Mediclaim Insurance policy.Vilapa, 27, October-December, pp15-28
- IIMA 1999. Indian Institute of Management, Ahmedabad. Report of the one day workshop on 'Health Insurance in India'. Oct. 30, 1999
- Kalyani K.N (2004a) Paying the bill!- The Great Indian Health Insurance puzzle and its solution: IRDA journal, October.
- Third Party Administrators (TPAs): An Insight into Role Defined and Role Played with Reference to IRDA How Private Insurance Works: A Primer by Gary Claxton, Institution for Health Care Research and Policy, Georgetown University, on behalf of the Henry J. Kaiser Family Foundation
- Fifth International Conference on Global Business, Economics, Finance and Social Sciences (GB16Chennai Conference) ISBN: 978-1-943579-74-7 Chennai-India. 1-3 April, 2016. Paper ID: C611.
- Bhat Ramesh, Babu K Sumesh (2004). Health Insurance and Third Party Administrator: Issues and Challenges; Economic and Political Weekly, volume XXXIX , NO. 28, July 10. 2004.
- Dholakia R. Economic reforms: Implications for Health Insurance. Presentation at One day workshop on 'Health Insurance in India'. Indian Institute of Management, Ahmedabad. Oct. 30, 1999

- https://www.nhp.gov.in/sites/default/files/pdf/health_insurance_handbook.pdf
- Reinhardt UE. 1993. The German Health System: Providing Equitable, Universal Access to Health Care and Controlling its Costs. July 29-31.
- http://www.mckesson.com/uploadedfiles/mckessoncom/content/_documents/providers/brochure_denial%20management%20and%20prevention.pdf

ANNEXURE

Following columns were made while collecting data

Patient Name	TPA	I,P, No	Status	Bill Amount	Approval amount	TPA Remarks