Internship
at
E-Meditek TPA Services LTd, New Delhi

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Internship Report

Introduction

E-Meditek TPA Services is a leading Third Party Administrator in India. It caters almost seven million registered members. It has relationship with 24 insurers, 10,000 plus health providers and host of other partners and international alliances. They have extensive interface with Mass Insurance Schemes, Pre-insurance Health Screening and International Travel Insurance Management. Their core competence lies in reducing claims cost while ensuring quality care for their valued customers, checking fraud & abuse, promoting preventive care & wellness programs, advanced analytics and predictive modelling. They are the first TPA to introduce E-card, SMS Alerts, and Auto mailers in the TPA industry.

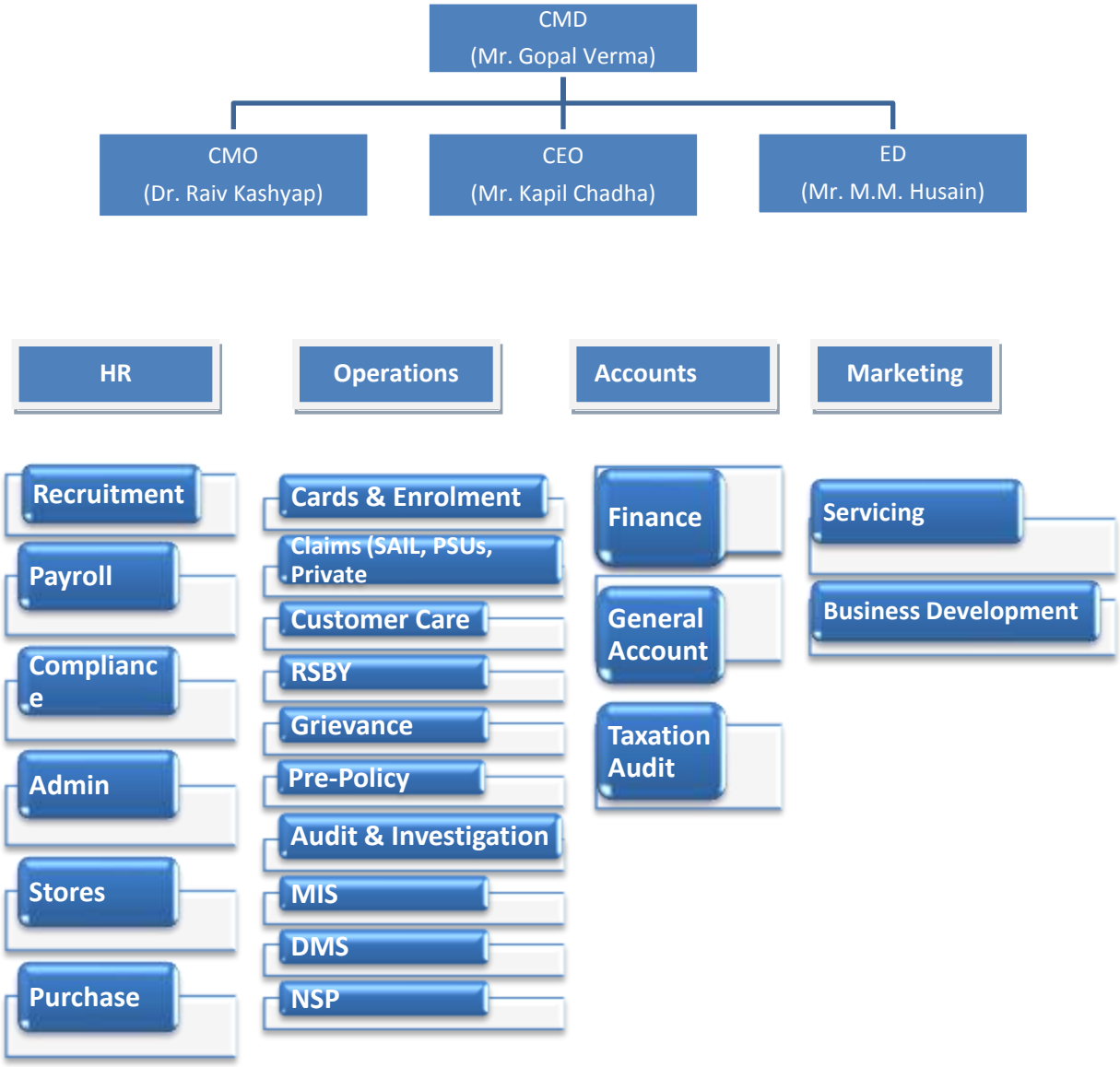
Vision

To be industry leader in TPA industry by building customer satisfaction through quality service, fairness, transparency, ethical business practices, high integrity and quick response.

Mission

As a responsible customer focused health benefit TPA, the company will strive to understand the needs of insurers in its endeavour to provide quality service that can win the trust of policy holders and translates into portfolio growth for the insurer.

Organization Structure



E-Meditek TPA Services

E- Meditek as leading TPA in the country offers Health Benefit Administration under various health insurance policies issued by 15 insurers as its mainstream activity. It's the only TPA to offer host of other services such as Pre-policy Health Check-ups, RSBY Implementation and claims administration and Hospital Bill Re-pricing for overseas travel claims. They have also initiated number of wellness programs in recent years as their proactive approach to challenge the cost of healthcare as preventive measures.

TPA Services (Health)

- Cashless and hassle free hospitalization benefits at network hospitals / nursing homes.
- Member enrollment, benefit confirmation, online profile management.
- Empanelment of services providers, negotiation of tariffs and discounts.
- 24*7*365 Helpline and Customer support.
- Claims adjudication and payment.
- Analytic / under writing support.

Travel Insurance

- ESML has tied up with HAA for servicing overseas travel claims of Indian travelers.

Services include

- Emergency Medical Treatment

- Repatriation of mortal remains
- Accidental Death
- Loss of Baggage
- Baggage Delay
- Loss of Passport
- Sickness Dental Relief
- Others as per customized requirement.

Pre- policy Health Check-up

- Empanelment of Diagnostic centers after due diligence.
- Finalization of rates, tariffs and documents templates for different insurances companies.
- Member health- check-up, fixing appointment, and communication, picking up reports.
- Digitizing reports and uploading for on-line access.
- MIS and Analytics.

Mass / Rural Insurance Schemes

- Implementation of RSBY :- beneficiary mobilization and field enrolment, empanelment of rural providers, providing
- IT support: Machines and Manpower, processing of claims and payments, liaison with nodal agencies / Ministry, uploading of data on World Bank server etc.
- Implementation of UHIS and similar schemes in different states.

Figure: - 1. Wellness world

It's a sincere effort to help the valued members maintain good health through programs designed to encourage preventive care, to reduce the incidence and impact of life style diseases prevalent among affluent sections of society, and among older insured population. It is also make available ready-to-use self help calculators as vital indices of health status, discounts at pharmacies, physician network & maintain personal health records in electronic format for references.

E-Meditek's wellness programs include the following services:-

- Health camps (on site / off sites).
- Health talks and mailers.
- Health Risk Profiling, screening, prevention & maintenance.

- Electronic Health records.

Department Worked & Issues handled

- I was posted as Medical officer in claims Department (SAIL).
- In SAIL: Retired employees of steel Authority of India Limited and their spouses spanning across all over India through the branches of SAIL are covered by the Insurance Company NIC (The National Insurance Corporation) in 2013-14 group policy, which subsequently got extended to April 2015.
- Main task assigned to me was medical claims processing.

  In the claims department, main issues included delay in claims processing, claim escalation from the insured side, recovery from insurance company side, grievances of customers, fraud claims, and frauds (internal and external) etc.

  In the escalation, if a patient gets fewer amounts than that of the claim or his/her claim gets repudiate due to wrong claim processing then this claim is reprocessed and our money goes out of budget but the insurance company allocates money once in the bulk. After that Insurance Company enquires about these issues.

In recovery cases, owing to wrong claim processing money either goes into the account of the wrong person or extra money than what is originally claimed by the insured goes into his account. In such cases the Insurance Company applies for recovery of this money on TPA and the TPA thereafter has to pay this money out of its pocket.

- Fraud claims: Sometimes patient or hospitals claims are fraud. So, we have to check the authenticity of the claim submitted thoroughly at each and every point to detect any potential fraudulence.
- If we already have doubt on any hospital or any particular patient's claim then our investigation team investigates these apparent ghost hospitalizations but sometimes investigation team members collude with fraud claimants and make money out of it. It creates both commercial as well as ethical risks to the organization.

Checklist for claims settlement

A. For IPD Claims

1. Claim from duly signed and filled by the patient including hospitalization details and claim amount.
2. Certificate including Hospital registration number and infrastructure details.
3. Original Discharge summary (Original death summary in case of death of the patient).
4. Original Doctor's consultation papers prescribing medicines, investigations and advising hospitalization.
5. Original IPD papers with details of medicine administered and daily vitals.
6. Original investigation reports with films.
7. Original bills.
8. Paid receipt of bills.

B. For OPD Claims

1. Claim from duly signed and filled by the patient including disease and claim amount.
2. Doctor’s consultation with final diagnosis and prescribed investigations & medicines.
3. Investigation Reports.
4. Bills.
5. Paid receipt of bills.