STUDY OF THE INSURANCE CLAIM PROCESS FOR CASHLESS PATIENTS IN SANTOKBA DURLABHJI MEMORIAL HOSPITAL

Internship Training
at
Santokba Durlabji Memorial Hospital Cum Medical Research, Jaipur

By
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Under the guidance of
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2015

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

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TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Shweta Sharma student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at Santokba Durlabhji Memorial Hospital, Jaipur from 3rd March to 6th 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 him all success in all his future endeavors.

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No. 381

May 16, 2015

CERTIFICATE

This certificate is awarded to Dr.Shweta Sharma in recognition of having successfully completed her Internship for the period from 03.03.2015 to 06.05.2015 on Project Study of Insurance Claim Processes for Cashless Patients in SDM Hospital, Jaipur

During the period of her internship programme with us she was found to be very punctual, hardworking, inquisitive and a keen learner.

We wish her all the best for her future endeavors.

Asst. Medical Superintendent

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Study of the Insurance claim processes for cashless patients in Santokba Durlabhji Memorial Hospital and submitted by Dr. Shweta Sharma Enrollment No. 1504 under the supervision of Prof. P.R. Sodani P.H.D, MPH, Dean Training, IIHMR University for award of MBA Hospital and Health Management of the university carried out during the period from March to May 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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I would like to thanks to all others who left their mark in the projects and helped me insipte of their busy schedule and hectic work hours.

Last but not least ,I acknowledge the moral support of my husband Dr. Naresh Jangir, my parents, family members and friends during my Internship.

Dr. Shweta Sharma

May 2015

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ACRONYMS/ABBREVATIONS USED

SDMH: Santokba Durlabhji Memorial Hospital

SOPs: Standard Operating procedures.

TAT: Turnaround time.

TPA: Third Party assistant

WHO: World Health Organization

BRICS : Brazil, Russia, India, China, South Africa

GDA: General Duty assistant

CT Scan: Computed Tomography

MRI: Magnetic resonant Imaging

USG: Ultrasonography

ECG: Electrocardiogram

PTCA: Percutaneous trans coronary angioplasty

ID proof: Identity Proof

MLC: Medico legal cases

OPD: Out patient department

IPD: In patient department

DISSERTATION

Study of the Insurance claim processes for cashless patients in Santokba Durlabhji Memorial Hospital, Jaipur

Abstract

Insurance claim process for the cashless patient is very crucial and time consuming for the patients. The hospital can face heavy revenue loss and dissatisfaction among the patient due to delay in insurance claim process. This also results into delay in discharges and new admissions. The present study is to study and check processes of In-patient insurance claim and discharges in the hospital. Also find out turnaround time for the discharge process of cashless patients and to find out the loopholes in insurance claim process and reasons for the same. Materials and method: The study was conducted during 3 March to 3 May, 2015 at multispecialty hospital in Jaipur. It was observational and descriptive study. A Simple Purposive sample was taken of 110 In-patients admitted during study period. Primary data was collected for turnaround time for discharge process from the claim portal and by observation and also by claim portal and hospital register for number of queries and rejections. Secondary data was collected from the medical records, hospital SOPs.

Results were analyzed with the help of Microsoft excel using tables and Pie charts. Analysis was done to calculate the average TAT for discharge process of cashless patients. And number of queries, rejection rate and their major causes.

Bottlenecks in the Insurance claim process in the hospital were identified and recommendations given for the improvement of claim processing and discharges in the hospital.

Introduction

The insurance claim process for the cashless Inpatients in the hospital is very lengthy procedure. Discharge time taken by the hospital for these cashless patients is very much lengthy than the discharge process of paid patients. Hence to maintain acceptable level of discharge time for the cashless patients provides competitive edge for the organization.

The patients and their families are eager to return home, whereas hospital needs to complete all the processes to ensure successful discharge .

Discharge, by definition is to formally terminate a patient's care, and releasing him/her from a hospital or health care facility. A patient is discharged only when he/she has recovered fully or satisfactorily according to the concerned physician.

It is imperative to have timely discharge. A delayed discharge has an impact on the physical, mental, emotional and psychological status of the patient and also has negative financial implication on the hospital. A patient staying longer than the stipulated time is responsible for unnecessary utilization of the hospital resources and is sheer waste.

Delayed Discharge refers to the situation where a patient is deemed to be medically well enough for discharge, but where the patient is unable to leave the hospital due to slowing down the entire process.

A patient visiting a hospital expects complete care from the time of admission to the time of discharge, along with complete medical care and advice. Although most of these expectations are met, the patient is still eager to leave the hospital premises at the earliest possible. Discharge process still remain the area of concern in terms of the time taken for its completion. In case of

cashless patients it is even more lengthier as the approval needs to be come from the insurance company/TPA. Hence hospital needed to assist the patient for the claim processing and to get earliest discharge from the hospital.

Lengthy and ineffective process may result in patient dissatisfaction and negative image of the hospital.

The development and improvement in claim processing and discharge process requires detail insight into the discharge process, claim process with handling of all the queries from insurance company/TPA and understanding the reasons for delay, reasons for various queries and rejections from the insurance company/TPA.

Health Insurance in India

Health insurance in India Launched in 1986, the health insurance industry has grown significantly mainly due to liberalization of economy and general awareness. By 2010, more than 25% of India's population had access to some form of health insurance. There are standalone health insurers along with government sponsored health insurance providers. Health insurance in India is a growing segment of India's economy. In 2011, 3.9% of India's gross domestic product was spent in the health sector. According to the World Health Organization (WHO), this is among the lowest of the BRICS (Brazil, Russia, India, China, South Africa) economies. Policies are available that offer both individual and family cover. Out of this 3.9%, health insurance accounts for 5-10% of expenditure, employers account for around 9% while personal expenditure amounts to an astounding 82%.

Types of policies

Health insurance in India typically pays for only inpatient hospitalization and for treatment at hospitals in India. Outpatient services were not payable under health policies in India. The first health policies in India were Mediclaim Policies. In 2000 government of India liberalized insurance and allowed private players into the insurance sector.

Broad Classification into three categories:

1) Hospitalization: Hospitalization plans are indemnity plans that pay cost of hospitalization and medical costs of the insured subject to the sum insured. The sum insured can be applied on a per member basis in case of individual health policies or on a floater basis in case of family floater policies. In case of floater policies the sum insured can be utilized by any of the members insured under the plan. These policies do not normally pay any cash benefit. In addition to hospitalization benefits, specific policies may offer a number of additional benefits like maternity and newborn coverage, day care procedures for specific procedures, pre- and post-hospitalization care, domiciliary benefits where patients cannot be moved to a hospital, daily cash, and convalescence.

There is another type of hospitalization policy called a top-up policy. Top up policies have a high deductible typically set a level of existing cover. This policy is targeted at people who have some amount of insurance from their employer. If the employer provided cover is not enough people can supplement their cover with the top-up policy. However, this is subject to deduction on every claim reported for every member on the final amount payable. 2) **Hospital daily cash benefit plans**: Daily cash benefits is a defined benefit policy that pays a defined sum of money for every day of hospitalization. The payments for a defined number of days in the policy year and may be

subject to a deductible of few days. 3) **Critical illness plans**: these policies pay out lump sum in event that the insured is diagnosed with one of the illnesses specified in the policy. Some of the policies required a amount

Payment options: 1)**Direct Payment or Cashless Facility**: Under this facility, the person does not need to pay the hospital as the insurer pays directly to the hospital. Under the cashless scheme, the policyholder and all those who are mentioned in the policy can undertake treatment from those hospitals approved by the insurer. 2) **Reimbursement at the end of the hospital stay**: After staying for the duration of the treatment, the patient can take a reimbursement from the insurer for the treatment that is covered under the policy undertaken.

Review of Literature:

1) Prevention of delay in patient discharge process- an emphasis on nurses role

In this study by Peter R , Jessica E, Zaltmann G, Planning for a patient's post discharge needs care does not begin on the day when decision is made to release the patient from the hospital. It is generally accepted that discharge planning should start before admission. A combination of individual factors, most notably age, medical factors such as presence of multiple pathology, and organizational factors such as lack of alternative forms of care facilities put patients at risk of delayed discharge. In this article, the author provides strategies to improve nurses' participation in discharge planning and discusses the importance of involving patients and their caretakers in decision making.

2**) Discharge planning process / process improvement** In the study of Sheppard et.al discharge planning is a routine feature of health systems in many countries. The aim is to reduce hospital length of stay and unplanned readmission to hospital, and improve the co ordination of services following discharge from hospital thereby bridging the gap between hospital and place of discharge. Sometimes discharge planning is offered as part of an integrated package of care, which may cover both the hospital and community. The focus of this review is discharge planning that occurs while a patient is in hospital; we exclude studies that evaluate discharge planning with follow up care.

3) **Tackling delayed discharge: a research review by** Gill Hubbard, Guro Huby, Sally Wyke, Markus Themessl-Huber, Scottish School of Primary Care

A combination of individual, medical and organizational factors interact to put people at risk of delayed discharge. The literature review found that older people, those with multiple pathology, and those with some specific clinical conditions (such as neurological deficit and stroke) are most at risk. A small number of studies suggest that patients waiting for a place in their first choice of care home to become available, and patients who did not have a companion to escort them home were also likely to be delayed. The literature review also highlighted that some medical conditions appear more likely to lead to a delayed discharge for all age groups and that this is often because there is a lack of alternative care facilities available for these particular people. In other words, it is not the clinical condition per se which causes the delay, but how organisations are managing services to care for people with these clinical conditions.

4) Evidence Gaps in Discharge

By Mr. Brendan Churchill, Dr. Elizabeth Cummings, Mrs. Erin Roehrer, Mr. Chris Showell, Ms. Brooke Turner Associate Professor Paul Turner Ms. Ming-Chao Wong, Dr. Kwang Chien Yee. The major evidence based themes identified in the literature relating to evidence gaps in discharge processes can be summarized as follows: o Other communication: the evidence points to an overwhelming interest in use of the discharge summary as a communication tool for patient discharge; options such as telephone calls and email between clinicians receive scant attention. Patient knowledge: there is some evidence that enhancing the patient's knowledge and understanding of their condition and treatment can help to ensure safe transition at the end of a hospital stay. However, patient engagement is usually omitted from evaluations of discharge quality.

Aim of the study:

Study of the insurance claim processes for cashless patients in Santokba Durlabhji Memorial Hospital, Jaipur.

Objectives:

- To study the processes of In-patient Insurance claim and discharges in SDMH Hospital
- To study Turnaround time of discharge process (of cashless patients)
- To study Number of queries from TPA and assess the rejection rate of claims and their major causes.

Rationale:

Insurance claim process for the cashless patient is very crucial and time consuming for the patients.

The hospital faced heavy revenue loss and dissatisfaction among the discharge patient due to delay in Insurance claim process. This also resulted in delay in discharges and new admissions.

Also a patient visiting in hospital expects complete care from the time of admission to the time of discharge, along with, complete medical care, advice and assistance to their claim processing. Although most of these expectations are met, the patient is still eager to leave the hospital premise at the earliest possible.

Methodology:

- Study Period: 2 months (3 march to 3 May,2015)
- Type of study: Observation and descriptive study
- Location: SDMH, Jaipur
- Sample Size: 110 cashless In-patients patients admitted during study period.
- Sampling method: Simple Purposive sampling.

  Department time and sample collection time is 9:00 am to 6:00 pm. Monday to Sunday.

Data to be collected:

Primary data:

- Observation & Claim portal- TAT for discharge process of cashless patients
- Claim portal & Register -Total number of queries and major causes
- Claim portal & Register -Rejection rate and its major causes

Secondary data: Medical records, Hospital SOPs.

Discussion:

The Turnaround Time was observed for the total discharge process of cashless patients along with the number of queries per case were recorded with their major causes and the rejection rate of the claims was observed and their reasons were recorded.

Claim processing was the main activity to be observed starting from the time at which the request was sent for preapproval to the final approval received from the TPA/insurance company. The data for the total discharge process(only cashless patients) starting from discharge announced by the primary physician to the point the final approval is accepted from the TPA/Insurance company. Along with each case the number of queries was also recorded, and on observing the general trend, all the queries were divided into six main categories for analysis purpose. The process flow is explained below:

PROCESS FLOW (For TPA Insurance claim)

Patient Comes at Enquiry for Consultation.

↓

After consultation if there is a requirement of admission by Consultant, then the patient proceeds for admission

↓

After admission patient goes to the TPA for Cashless facility

↓

Insurance Issue Card checked by the department.

↓

Policy related manual check by department.

↓

Pre-authorization form filled by Consultant and department.

↓

All Medical record copy and document sent by TPA Cell to the insurance company for claim.

↓

Approval sends by insurance company for reimbursement to the hospital.

↓

After receiving the approval, cashless process pass given to the patient.

↓

Cheque is issued by insurance company to the hospital for clearance of all hospital's bills.

↓

Cheque is deposited in hospital's account for clearance of Hospital bills.

Data Analysis:

The study was conducted to study and check the processes of Inpatients insurance claim and discharges in the hospital. The Turnaround time was observed from the discharge announced by the primary physician till the approval from the Insurance company/TPA either it is accepted or rejected by the company/TPA. Target population was the discharge Inpatients(Cashless only) during the study period. To conduct the study sample of 110 Cashless Inpatients were taken.

Delay in Discharge Process:

When study of turnaround time was done various reasons for the delay in discharge process was seen as shown in (Table No.2) It was found that Delay in file preparation for sending it for company approval was considered from time when discharge announced by the primary physician till it is received in the Claim department of the hospital. This time includes time taken by the nursing staff to prepare file with all investigation documents and reports, time taken by nursing staff for preparing hard copy of activity sheet (For billing purpose), time taken by the GDA for transportation of file for Billing as well as transportation to the respective department

for preparation of discharge summary, time taken to prepare discharge summary, time taken by primary physician for finalization of discharge summary and finally time taken for doing all the corrections suggested by the physician.

After this file will come to the Insurance claim department of the hospital from where file will be checked for availability of all the required documents. All the required document will be sent for the final approval to the insurance company/TPA.

In the (Table no.2) Delay by the Insurance company/TPA and overall delay for the total discharge process of the cashless Inpatient is mentioned.

The Average time required for file preparation (from discharge announced to file preparation for sending it for approval) was 92min (1 hr 32 min), Average time required for company/TPA approval was 125 min (2hrs 5 min) and average time required for overall discharge process of the cashless Inpatients was 231min i.e. (3 hrs 51 min) as given in (table no.1)

Table No:1

Sr. No.	Description	Average Time
1	Average time (from discharge announced to file preparation) for discharge required by the Hospital	92 min (1hr 32 min)
2	Average time required for the company/TPA to send approval	125 min (2hrs 5 min)
3	Average time required for total discharge process	231 min (3hrs 51min)

Overall delay in file preparation(From discharge announced to file preparation)for discharge by the hospital:

Total number of cases in which delay in file preparation was observed are 37 cases.

Out of this cases there was 64.86% cases in which delay was less than 1hr, 27.3% of cases delay was 1-2hrs, and in 8.11% cases delay was more than 2 hrs. (Table no:2/ fig.1)

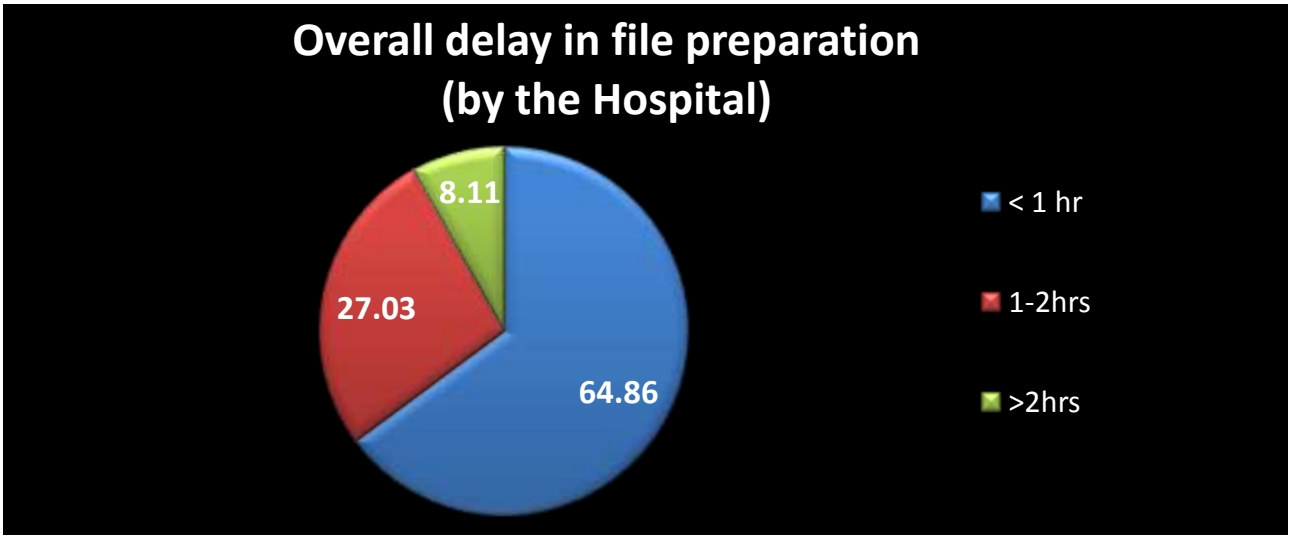
Various reasons for this delay in file preparation was mention in cause and effect diagram **(Fig. No.7**).Also various reasons are as follows:

- Delay by nursing staff : arranging all the documents and investigation reports
- Discharge Summary: Typing of discharge summary, finalization by the primary physician, making corrections in the discharge summary.
- By GDA: Availability of GDA staff, transportation of the file for billing and for discharge summary.
- Billing generation: Lengthy procedure.

Table No:2

Description (A)	Total No. of cases (A)	<1hr	1-2hrs	>2hrs
Overall delay (from discharge announced to file preparation) for discharge by the Hospital	**37**	**24** (64.86%)	**10** (27.3%)	**3** (8.11%)
Overall delay by the company/TPA	**48**	**26** (54.17%)	**15** (31.25%)	**7** (14.58%)
Overall delay for discharge	**46**	**23** (50%)	**9** (19.57%)	**14** (30.43%)

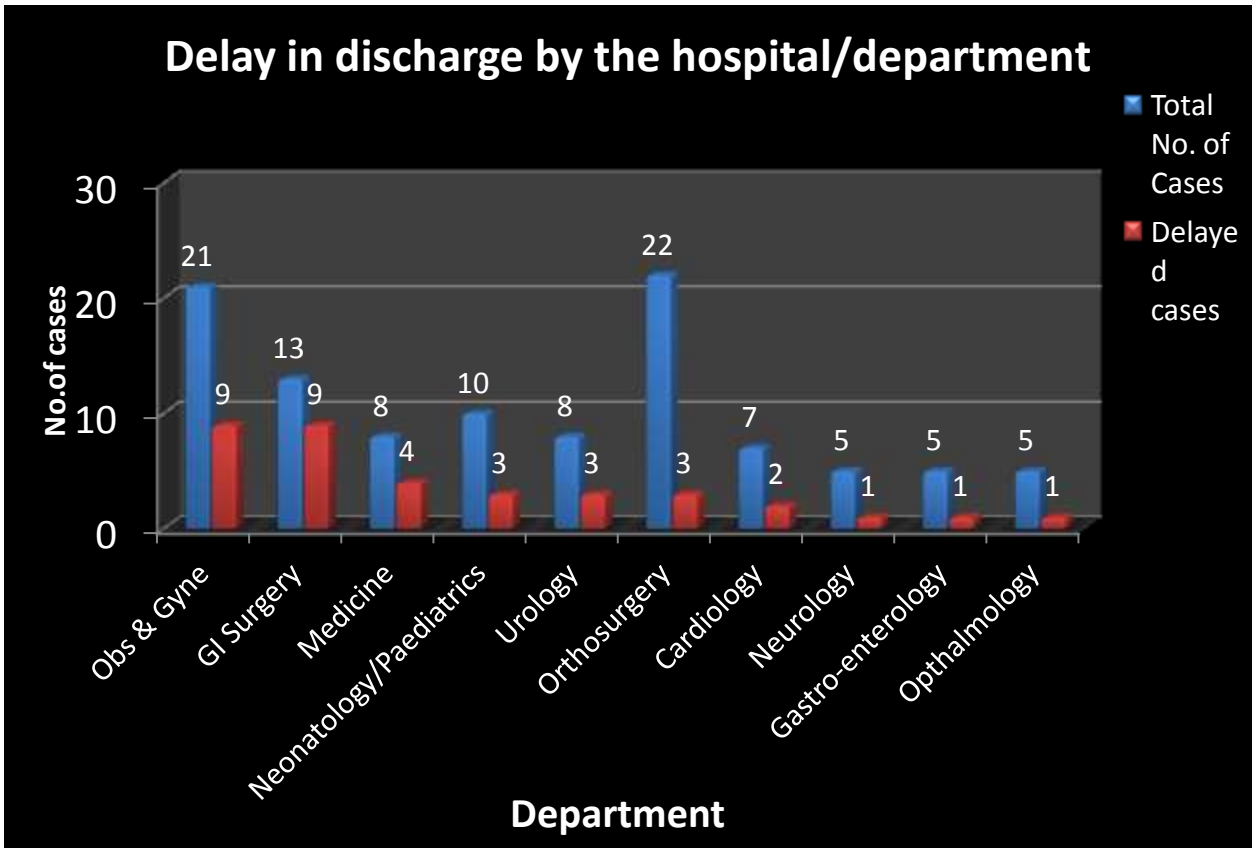
Fig.:1



As given in (Fig-2) these are the departments from which major cashless Inpatients are coming i.e. Gynecology & obstetrics, Gastro-intestinal surgery, Medicine, neonatology /Pediatric , Urology, Orthosurgery, Cardiology, Neurology etc.

The maximum cases are coming from the Orthosurgery but the delayed cases are minimum as compared to the other department, if we see Gynecology & Obstetrics also there are major number of cases but it has maximum delayed cases in discharge. Same with GI surgery which has topmost number of delayed cases for discharge. Hence the major focus on Obs & Gyne, GI surgery, Medicine, Neonatology/Pediatrics, Urology, Orthosurgery can solve the major problem.

Fig: 2

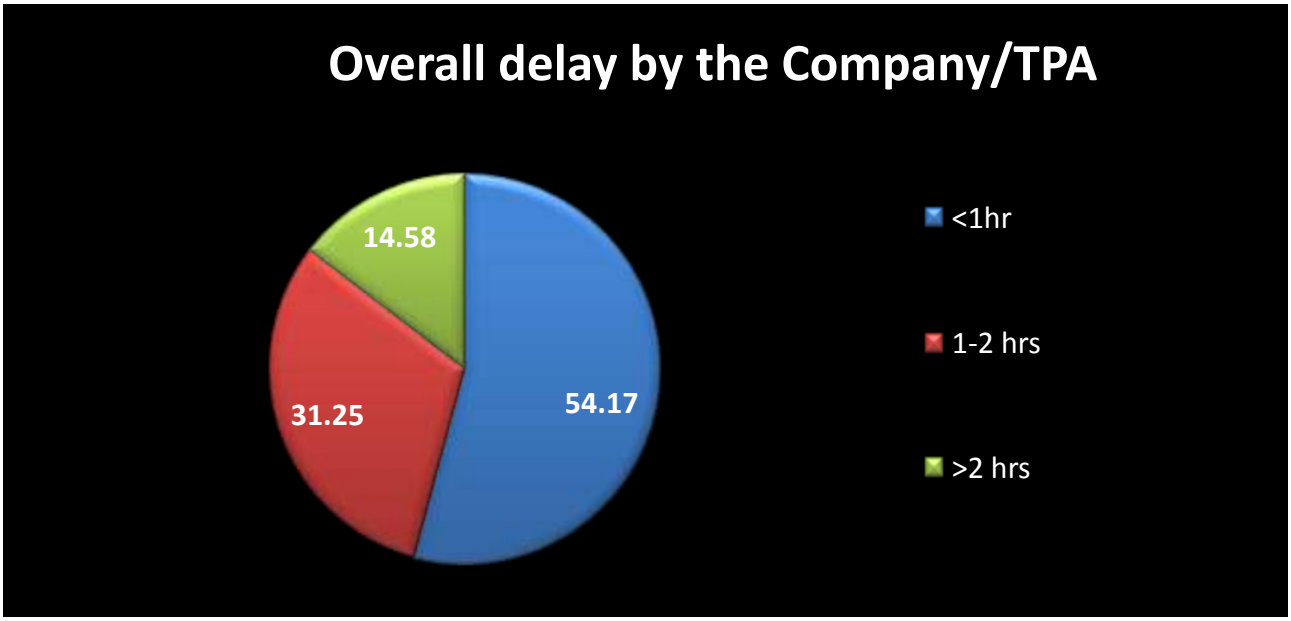


Overall delay by the Insurance company/TPA:

The average time taken by the insurance company/TPA is 125min. In 48 cases out of 110 delay was from the company side. In this 48 cases in 54.17% cases delay was less than 1 hr ,31.25% cases delay was 1-2 hrs and in 14.58% cases delay was more than 2 hrs which is significantly higher. (Table No:2/ Fig.3)

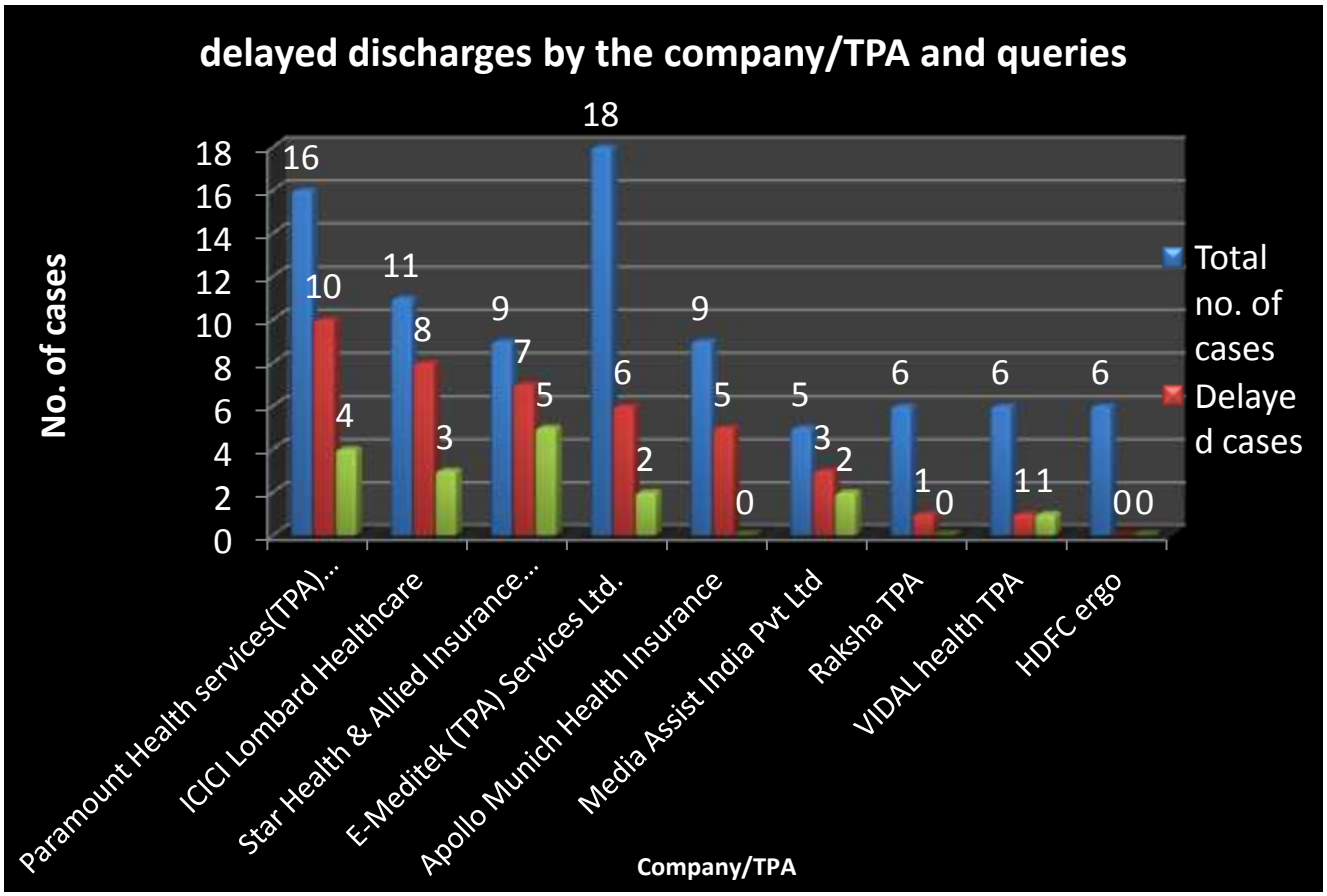
There are various reasons for this delay out of which one most important reason is due to number of queries and handling of those queries ,because in handling the queries both company and hospital takes time to resolve it. If there is no any query in the case the time taken for clearance will be shortened.

Fig.3:



If we see the various company performance in taking time for the approval process companies like Paramount Health services(TPA) Pvt. Ltd., ICICI Lombard Healthcare, Star Health & Allied Insurance company Ltd., E-Meditek (TPA) Services Ltd., Apollo Munich Health Insurance, Media Assist India Pvt Ltd, Raksha TPA, VIDAL health TPA, HDFC ergo. Fro which the maximum patients are coming and their number of delayed cases. Out of all the delayed cases there are various queries are coming in those delayed which is one of the major reason for the delay from the company approval. Star health & allied insurance company has the major chunk of delayed cases and it is due to time required for handling the number of queries. By working on the number of queries nearly 41% of the problem for the delay from company/TPA can be solved.(Fig.4). In case of HDFC ergo we are receiving many cases but there is no any delay and no queries from the company. Hence we can conclude that time required for handling number of queries is one of the major reason for delay in discharge by the company/TPA side. (Fig.4)

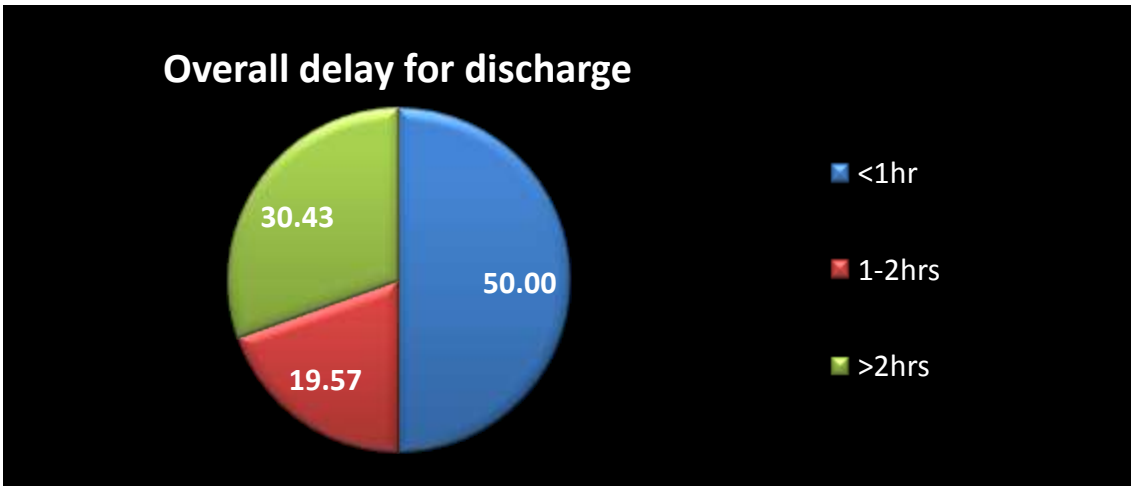
Fig.4:



Overall Delay for discharge:

Out of this 110 cases, overall delay in discharge process was seen in 46 cases which is significantly higher. Out of this 46 cases in 50% of cases delay was less than 1 hr, in 19.57% cases delay was 1-2hrs and in 30.43% cases delay was more than 2 hrs which is also significantly very much high. (Table No.2)

Fig.5:



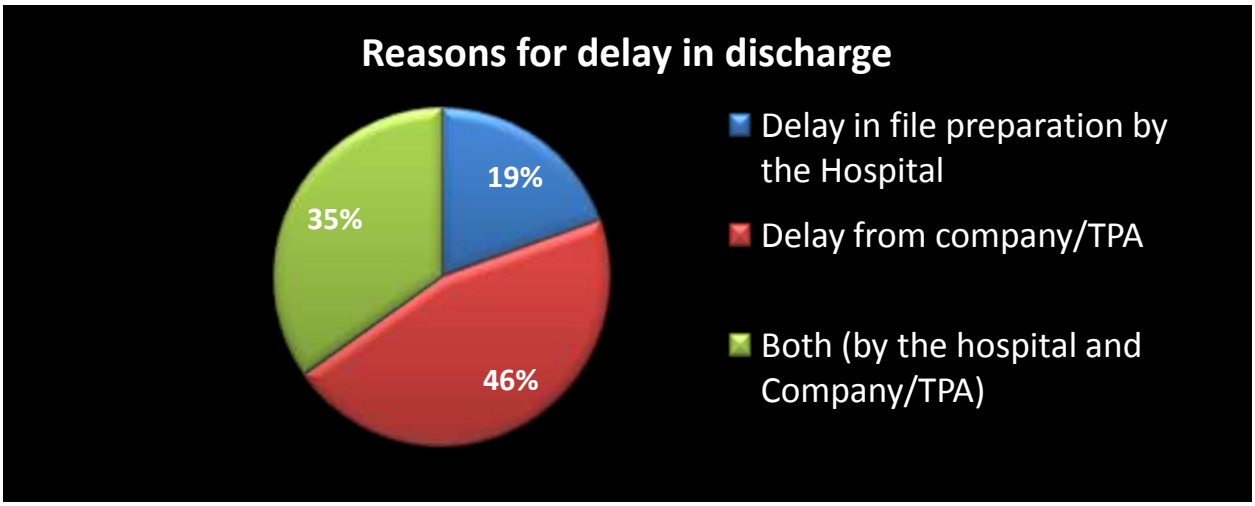
Reasons for delay in discharge :

When study this delay in discharge process reasons which are responsible for this day was studied. When it is seen in hospital point of view hospital can not reduce time taken by the insurance company by it is possible it hospital will cut short the time taken in hospital discharge processes. As shown in table no.4 Delay by the hospital only was seen in 9 cases out of 46 cases, delay by the company/TPA only and not by the hospital was seen in 21 cases out of 46. Delay by the both (The hospital and by the company/TPA) seen in 16 cases out of 46. (Table no: 3/ Fig.6)

Table No: 3

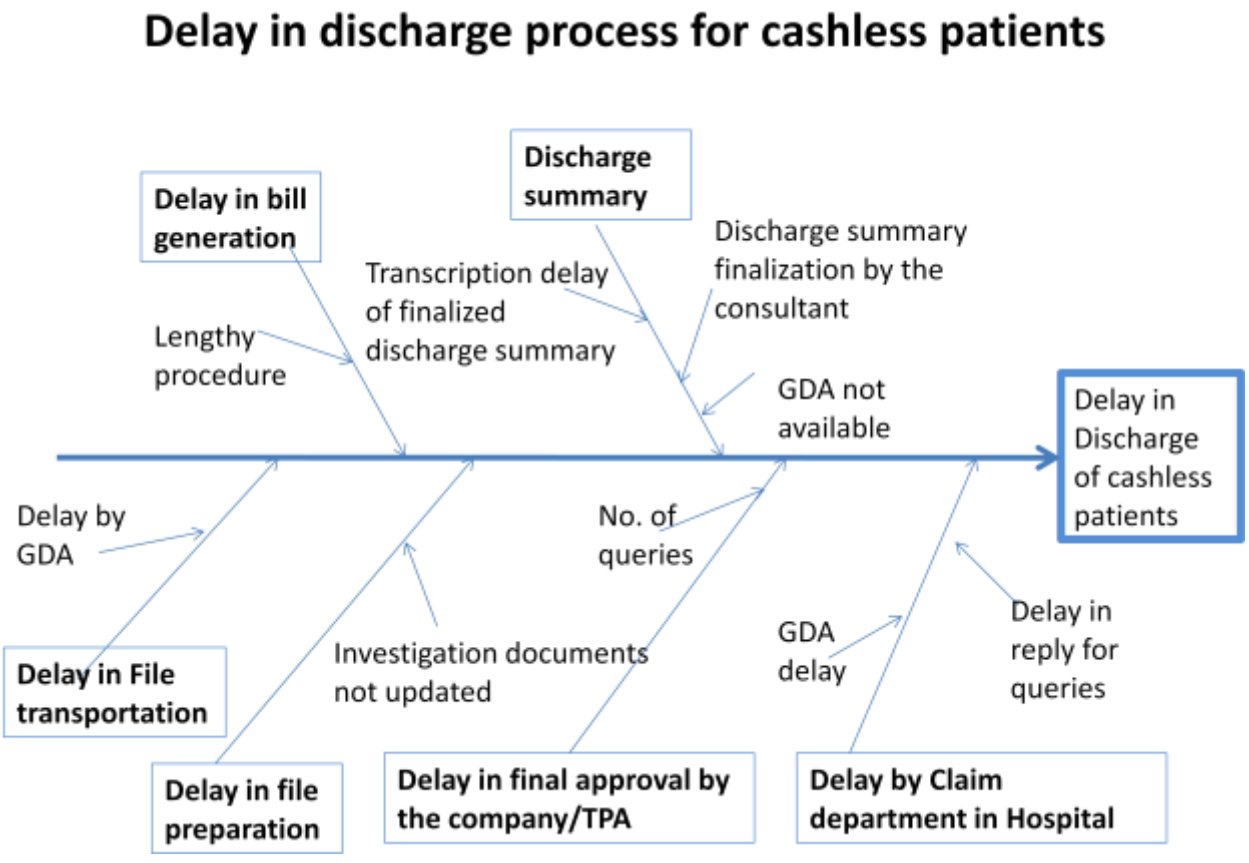
Reasons	No. of cases
Delay by the Hospital - in file preparation for discharge	**9**
Delay by the company/TPA only	**21**
Delay by both (the hospital & by the company)	**16**
Total	**46**

Fig.6:



Reason for the delay in discharge has been explained in the below cause and effect (Fig.7)

Fig.7:



Number of queries and its major causes:

In the study of Insurance claim processes in the hospital the objective to study number of queries and their major causes. We categorized all the queries in broad group shown in (Table No. 4)

Table No:4

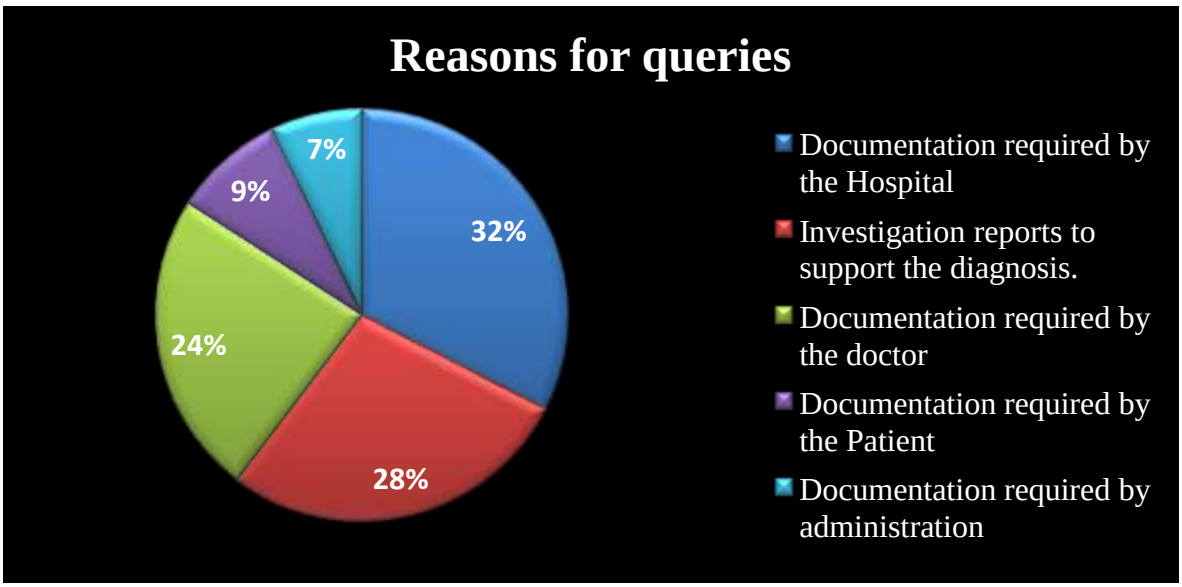
Sr. No.	Queries	Examples
1	Investigation reports to support the diagnosis	Lab investigations, CT scan, MRI, X-Ray, USG , Histopathology, angiography, ECG, ECHO, PTCA report etc which supports the diagnosis
2	Documentation required from doctor	Name of drug, frequency and route of administration, any surgical procedure, plan of treatment, detail line of treatment, Explanation why the case not been managed in OPD, need for hospitalization, need for prolonged hospitalization. etc.
3	Documentation required by the patient	Undertaking by the patient, pre-hospitalization papers and previous investigation reports, valid photo ID proof, MLC copy
4	Documentation required by the hospital	Admission notes, Previous history notes, treatment chart copies, indoor case papers, discharge and consultation papers, exact history with duration, etiology, room category, certificate by treating doctors, confirmed diagnosis, operative notes, part operated, any past history, vital charts, progress sheets.

5	Documentation required by the administration	Bill break up ,estimated amount, medicine bill break-up

The queries has been come from the insurance company/TPA in 57 cases out of 110. Out of this cases maximum queries has been asked about for the Documentation by the hospital (32%) and Investigation reports supporting diagnosis (28% cases).

For documentation required by the doctor (24%), Documentation by the patient (9%), documents required by administration (7%) (Fig.8)

Fig.8:



Reasons for Rejections:

Out of 110 study patients 14 cases were rejected by the Company/TPA for payment due to various reasons.(as given in Table no.5)

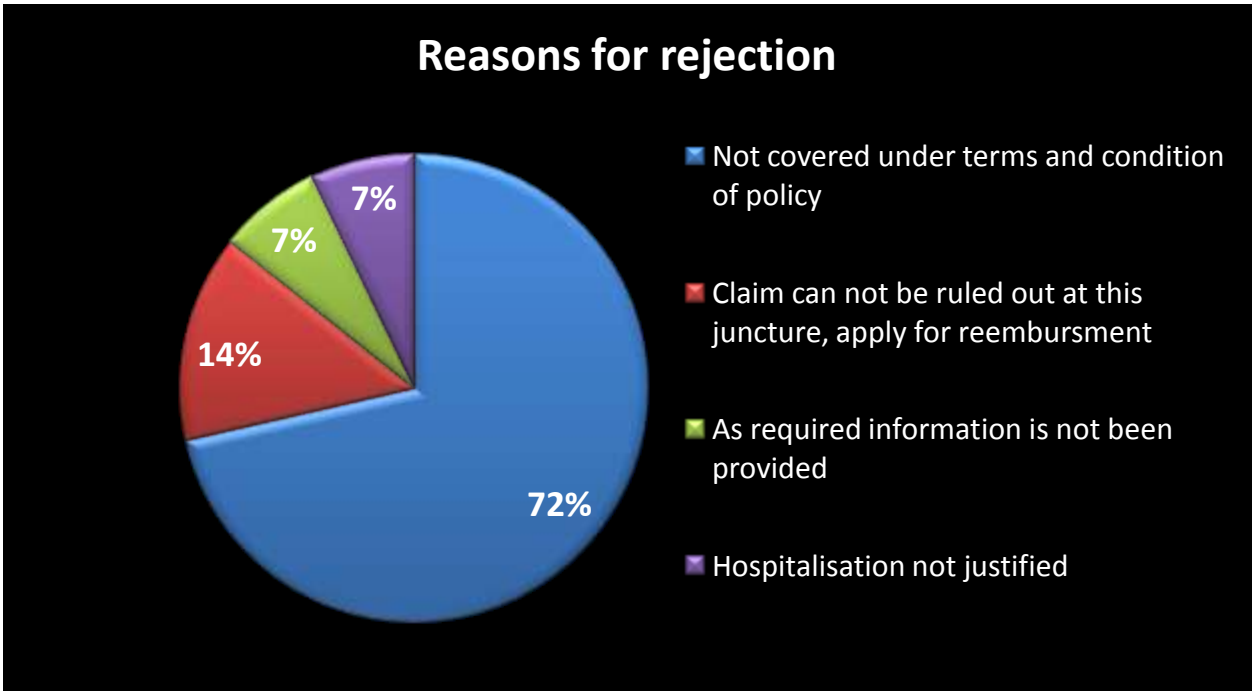
Table No. 5:

Sr. No.	Description	No. of Cases
1	Cases Accepted by TPA/Insurance company	96 (87.27%)
2	Cases Rejected by TPA/Insurance company	14 (12.72%)
3	Total No. of cases	110

In the study objective is to study Rejection rate was 12.72% and major reasons behind the rejections are: (Fig.9.)

- Not covered under the terms and condition of policy (72%).
- Claim cannot be ruled out at this juncture, apply for reimbursement (14%).
- As required information is not been provided(7%)
- Hospitalization not Justified (7%)

Fig.9:



Bottleneck for effective discharges:

- Planned discharges: Planning the discharge can reduce the total time of discharge and claim process substantially.
- Late doctors: Timing of doctors has great impact on discharge process. Even for planned discharges it was found that patient awaited for doctor's round before leaving.
- Discharge summary: It was found that there different format for various departments. RMO/resident doctor prepare discharge summary in their respective offices. There is no any common software or common format for discharge summary.
- Gap in information between staff and patients: Patient and relatives usually not aware about the whole claim process they do whatever they asked to do, by chance if they miss something that may lead to delay in the whole process.

- Knowledge about the policy terms and conditions: It was found that most of the time patients and their relatives don't have knowledge about their policy terms and conditions. In such cases there is chances of rejections and delay in discharge for unnecessary claim procedure. Also some patients apply for the claim process even if they know that it doesn't cover under policy terms and conditions, so that if in case claim will get approval by chance.

Recommendations:

- To take initiatives for planned discharges: If doctors can enter " Tentative discharges or anticipated discharge" order at least 24hrs before discharge. This way claim process would be initiated earlier and thus finish easier. Also giving discharge order before 9:00 am on the day of discharge would also be beneficial.

- If we give the major focus on departments like Obstetrics & gynecology, GI surgery, Medicine, Urology, neonatology/pediatrics, Orthosurgery can solve nearly 80% problem of the delay in discharges.

- If major focus given on departments like Paramount Health services(TPA) Pvt. Ltd., ICICI Lombard Healthcare, Star Health & Allied Insurance company Ltd., E-Meditek (TPA) Services Ltd., Apollo Munich Health Insurance, Media Assist India Pvt Ltd, Raksha TPA, VIDAL health TPA, HDFC ergo will resolve maximum of the problems in discharges.

- Also by working on the various reasons for queries nearly 41% of the problems will be solved

- All the Investigation reports which supports diagnosis should be send to the insurance company/TPA. This will help in reducing time in handling those number of queries.
- While signing MOU with TPA , care should be taken to add clause of early approval or adding half day or full day discharges.
- Common software (in HMIS) should be there to prepare discharge summary rather than different formats for different department. One common format which is accessible from various wards and department of the hospital so that resident doctors can prepare discharge summary which will reduce the time in file transportation for preparing discharge summary and consultant signature.
- RMOs should update discharge summary on daily basis. e.g. admission notes, investigation reports, course in hospital, operative notes in discharge summary. The discharge summary is should be typed from the day of admission, is updated on daily basis and on the day of discharge, only minor additional information added at the time of discharge. The summary is to be checked and signed by the doctor/ consultant during his morning visit to the patient on the day of discharge.
- Frequent training to the doctors, nurses and to GDAs should be given about the discharge process of the TPA patients in the hospital so that they will take it as priority basis as it is most lengthier procedure.
- Various insurance companies have their own different terms and conditions for different policies. Staff of Insurance claim department in the hospital can not remember the terms and conditions of different insurance companies and their various policies. Hence patient or their relatives should go through all the terms and condition of their policy or should

clear it from their agents in case of planned admissions. e.g. if any planned surgical procedure. This will help in avoiding rejections, delay due to the number of queries by the company, and dissatisfaction among the patients.

- Discharge lounge arrangement: This will help in getting bed vacant earlier for the new admissions.

Separate checklist for the cashless patients should be prepared which must include following points:

- Patient should come with all the previous Investigation reports and documents either of this or outside hospital reports.
- Valid Photo ID proof.
- Patient if in case planned admission should go through terms and conditions of his policy or should confirm it with their company agent.
- Time taken for the total claim and discharge process should be mentioned and properly explained by the Hospital claim department of the hospital for which separate counselor (Help desk for cashless patients) should be appointed.
- Insurance department timings should be mentioned on it.
- Complete claim procedure should be explained to the patient at the time of Preapproval and also all the possible situations.

Conclusion:

- An effective insurance claim process for cashless Inpatients in the hospital require co-ordination among the departments and all the stakeholders who are involved in the process, so if delay occurs in any single step then it causes delay in subsequent steps of claim processing and final discharge of the patient.
- A fast claim processing and the discharge of the patient is directly related to the patient satisfaction as it is the last patient quality experience in the hospital so it should deal effectively and harmoniously so that patient can take good memories with him back home.
- The Insurance policy terms and conditions are most important ,which affect on the whole claim process.

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