Internship

At

Santokba Durlabhji Memorial Hospital, Jaipur

DISSERTATION

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

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Rationale:

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.

Objectives:

- To study the processes of In-patient Insurance claim and discharges in SDMH Hospital
- To study turn around 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.

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.

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

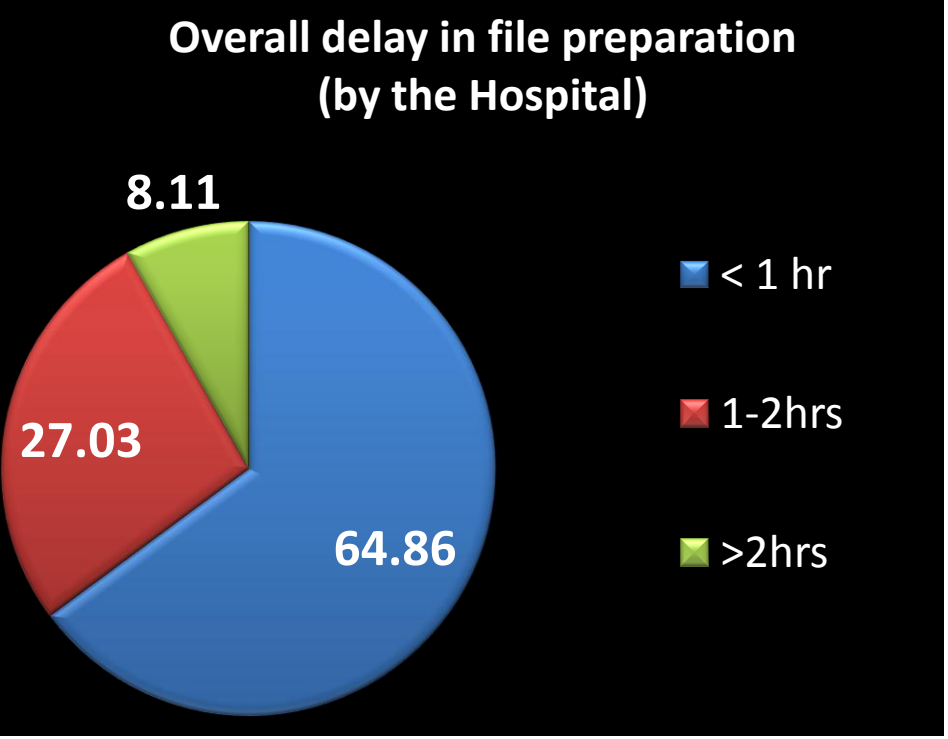
Secondary data: Medical records, Hospital SOPs.

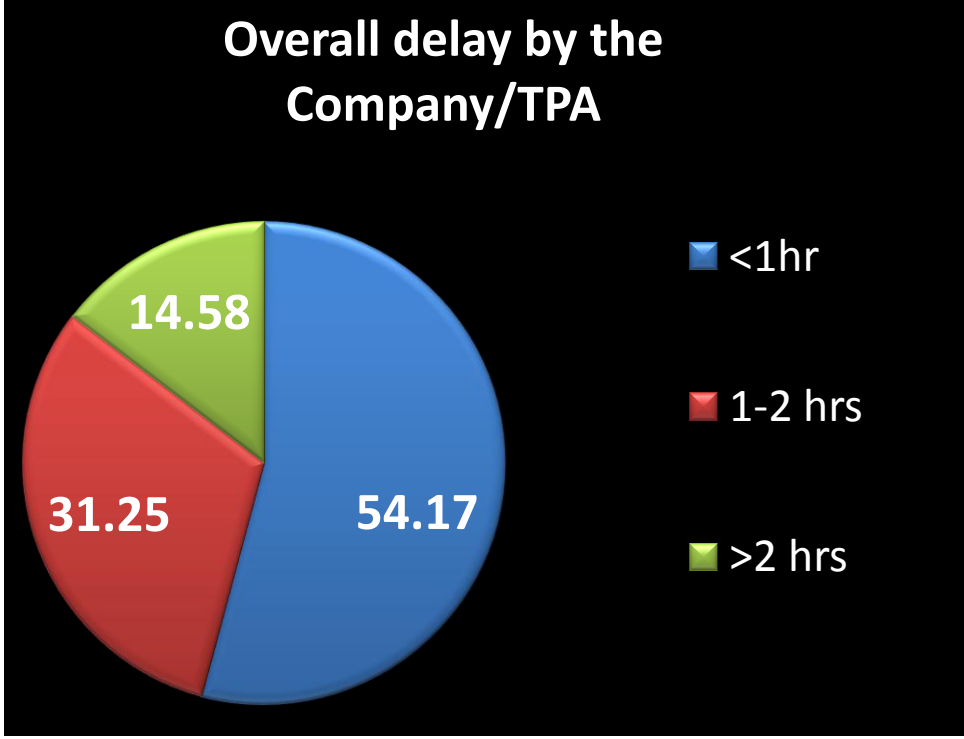
Data Analysis

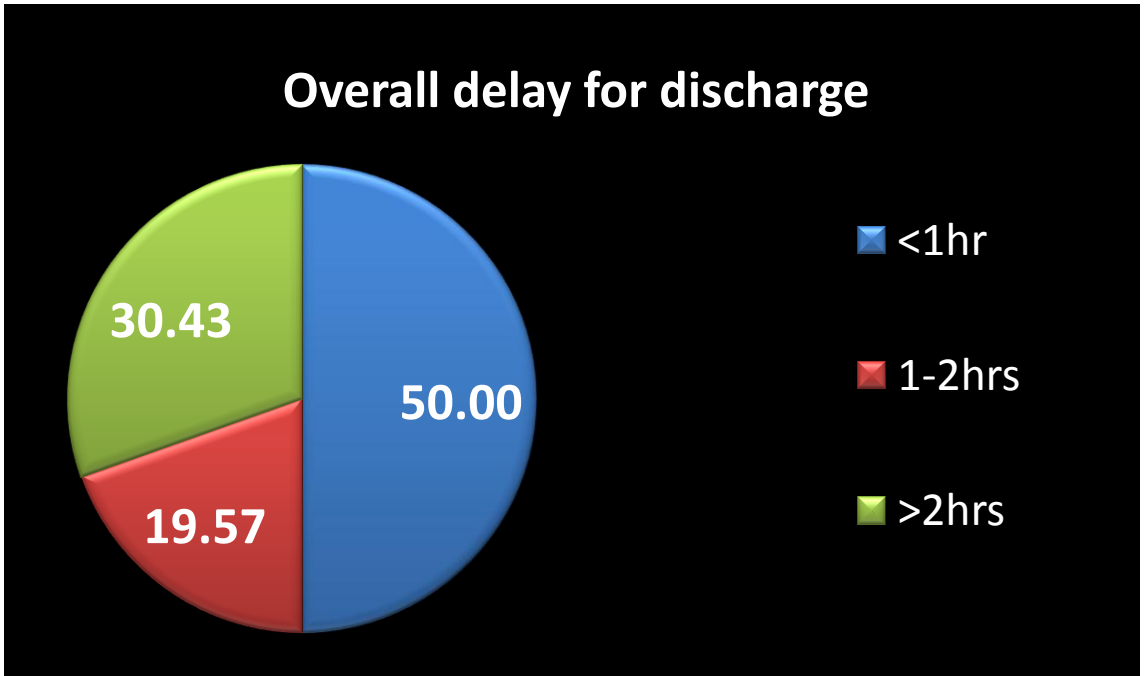
Sr. No	Description	Average Time
1	Average time (from discharge announced to file preparation) for discharge by the Hospital	92 min (1hr 32 min)
2	Average time by the company/TPA	125 min (2hrs 5 min)
3	Average time for complete discharge process	231 min (3hrs 51min)

Sample Size: Total 110 Patients

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%)

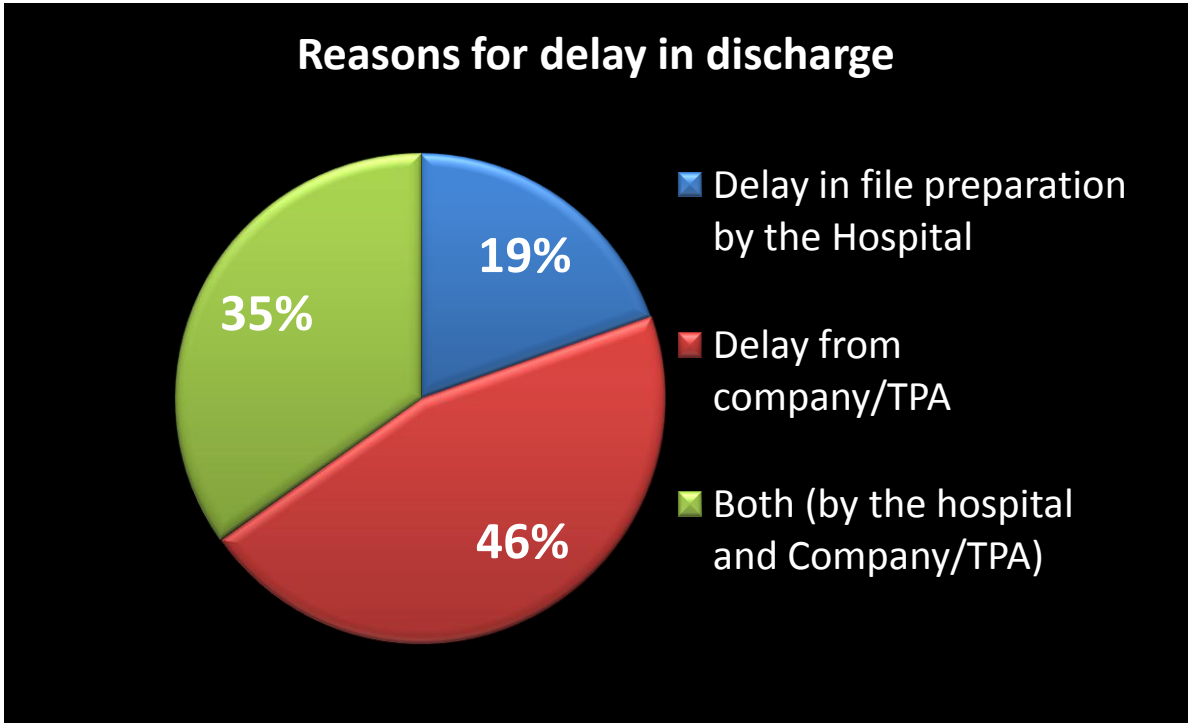

Overall delay in file preparation (by the Hospital)
8.11
27.03
64.86
< 1 hr
1-2hrs
>2hrs


Overall delay by the Company/TPA
14.58
31.25
54.17
<1hr
1-2 hrs
>2 hrs

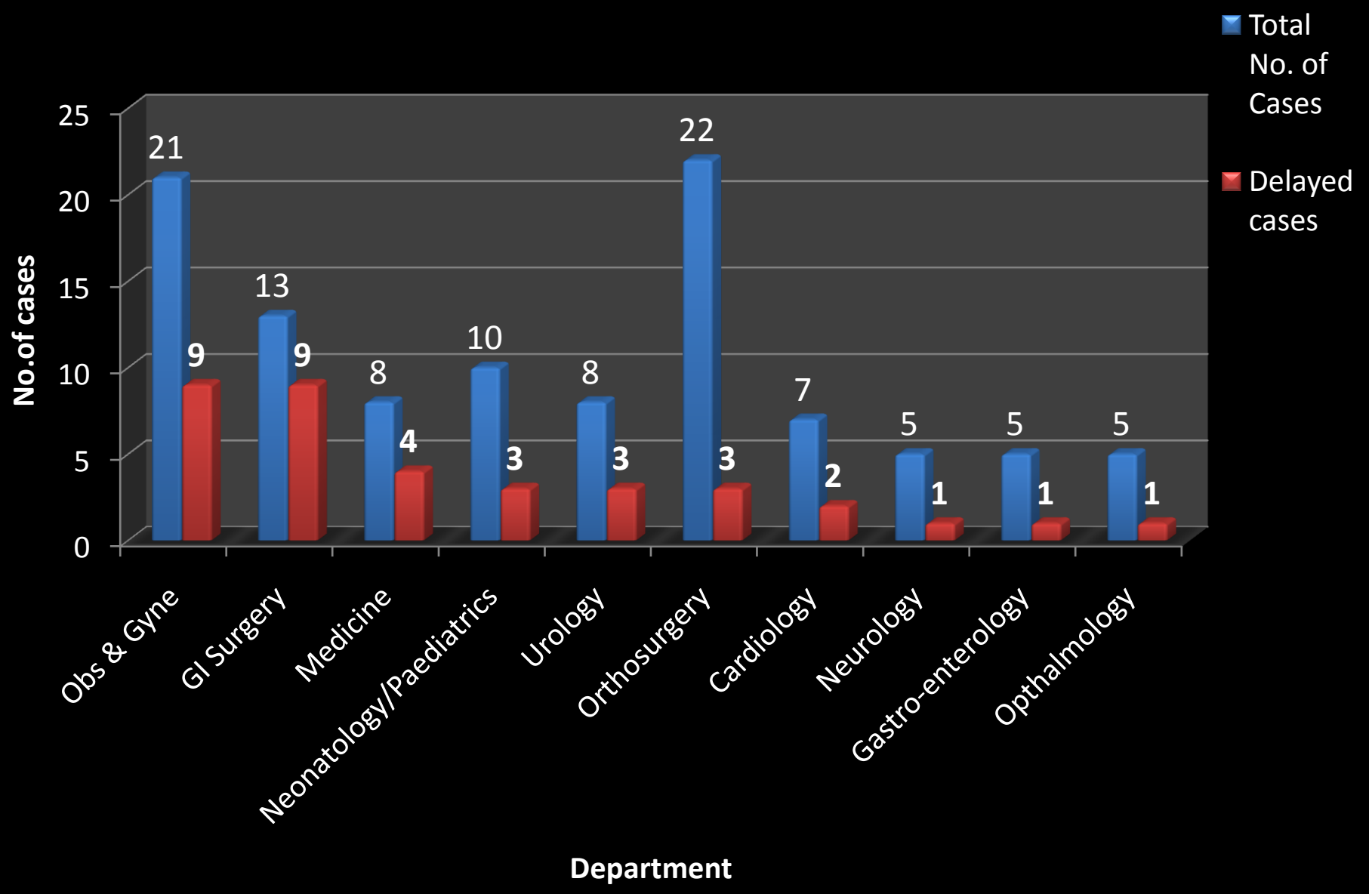

Overall delay for discharge
30.43
50.00
19.57
<1hr
1-2hrs
>2hrs

Reasons for delay

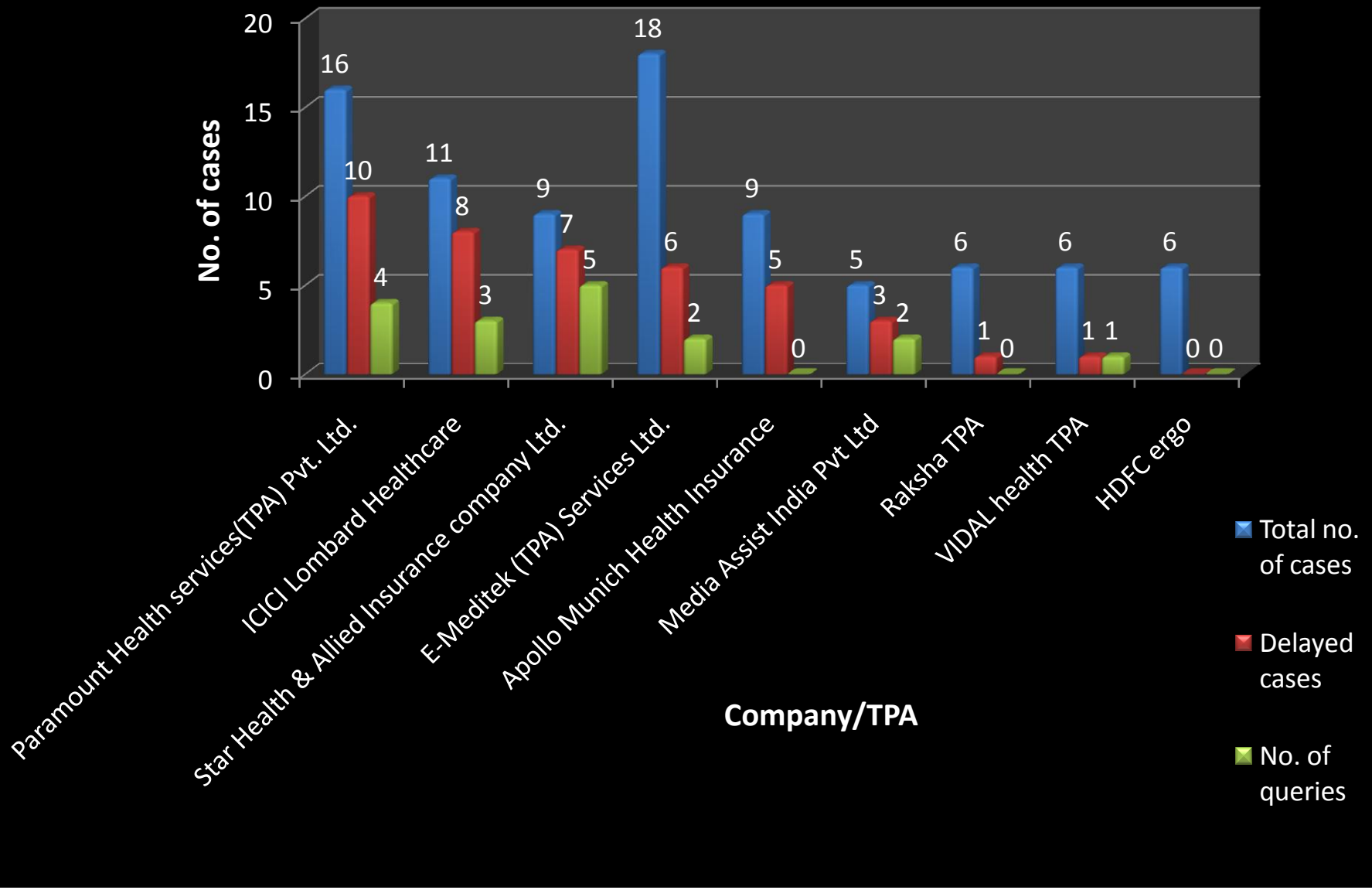
Reasons	No. of cases
Delay by the Hospital - in file preparation for discharge	**9**
Delay by the company/TPA only	**21**
Delay by both (the hospital & by the company)	**16**
Total	**46**



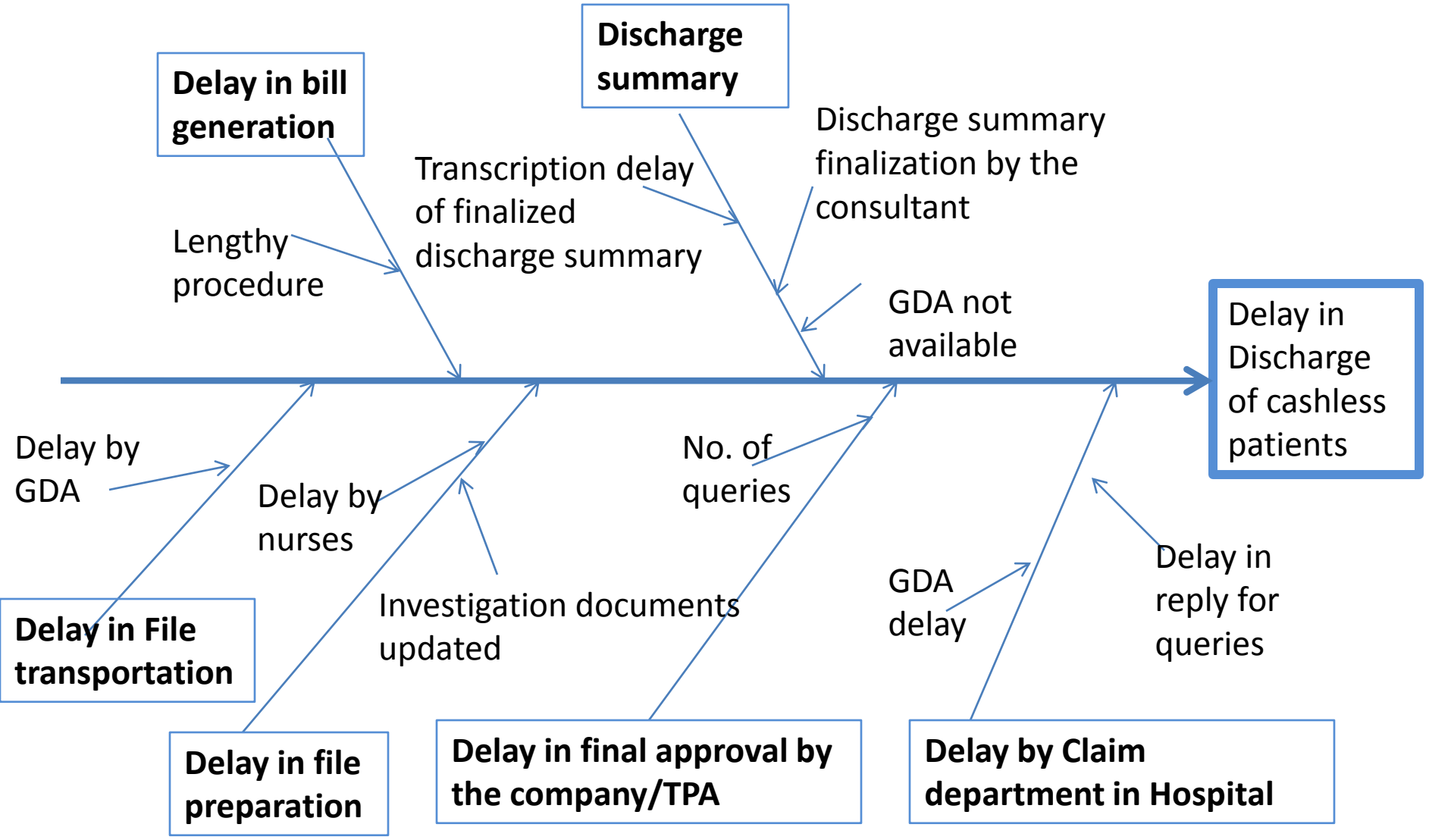
Delay in discharge by the hospital/department



delayed discharges by the company/TPA and queries



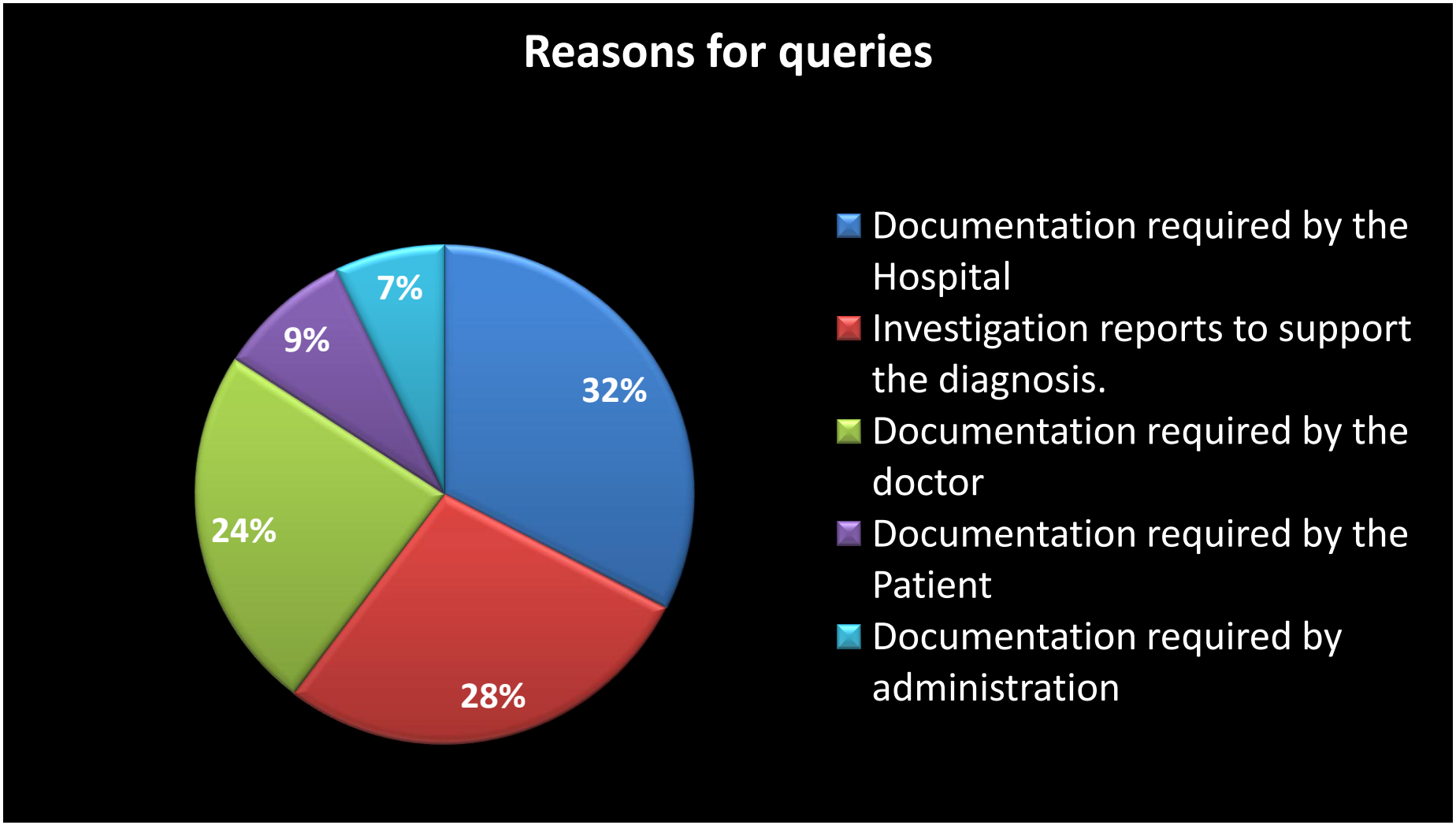
Delay in discharge process for cashless patients



Study Number of queries from TPA and assessment of the rejection rate of claims and their major causes.

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 by the doctor	Name of drug, frequency and route of administration, any surgical procedure, plan 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 administration	Bill break up ,estimated amount, medicine bill break-up

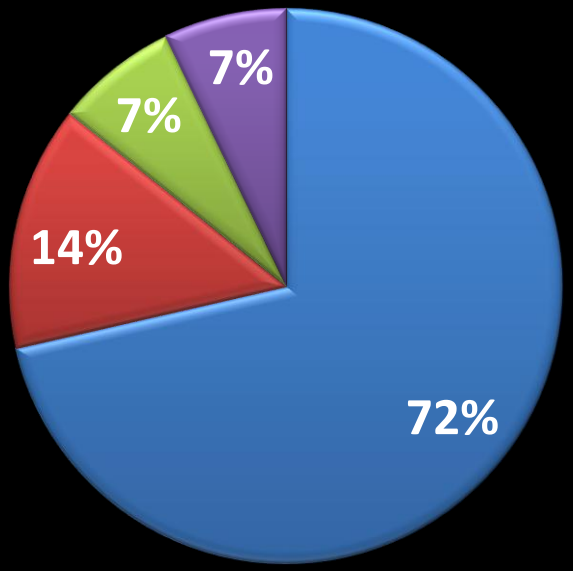
Reason for queries:



Rejections and their reasons

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

Reasons for rejection



- Not covered under terms and condition of policy
- Claim can not be ruled out at this juncture, apply for reimbursment
- As required information is not been provided
- Hospitalisation not justified

Bottleneck for effective discharges:

- Unplanned discharges
- 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 department. 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
- 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.

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.
- Common software (in HMIS) should be there to prepare discharge summary rather than different formats for different department.
- RMOs should update discharge summary on daily basis 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.

- Various insurance companies have their own different terms and conditions for different 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.
- 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.
- Discharge lounge arrangement
- 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.

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.

Thank you……