Synopsis for Dissertation Submitted

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Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Synopsis

Title - Understanding Insurance Claim Denials In Hospital Revenue Cycle Management

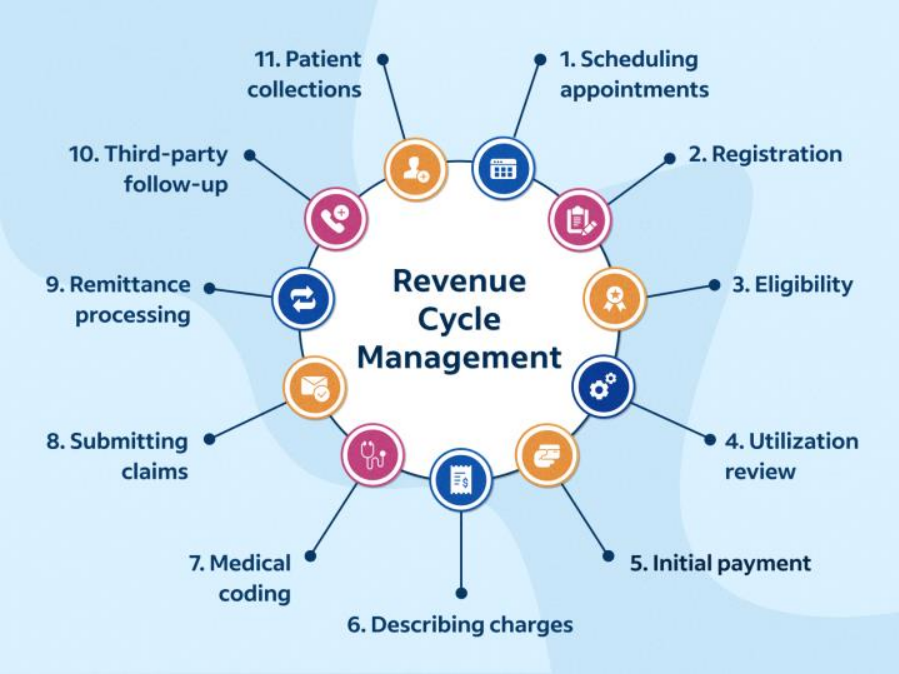
Introduction:-

Revenue Cycle Management (RCM) in hospitals refers to the process of financial transactions Management, from patient registration and appointment scheduling to the final payment of bills and claims. This process ensures hospitals obtain sufficient reimbursement for services while complying to regulatory regulations. RCM also Manages System's Data and Communication.

RCM involves a complex series of operations, that range from registration of patients and scheduling appointments to verification of insurance, processing of claims, and reimbursement. While the idea of RCM is commonly understood, many healthcare providers have been unable to operate it effectively.

Steps of Revenue Cycle Management for Optimization

1. Scheduling Appointments
2. Registration
3. Eligibility
4. Utilization Review
5. Initial Payment
6. Describing Charges
7. Medical Coding
8. Submitting Claims
9. Remittance Processing
10. Third Party Follow -Up
11. Patient Collection



This study is conducted to find the reason for denial rates and study people Knowledge and Understanding of their policy Terms and conditions which leads to difficulty in revenue generation and overall the functioning of the hospital .

The result of this study will help in finding the cause within the organisation's operations and knowledge of the policy holder about the insurance policy and finally help us to provide proven suggestion to improve the operation which will lead to decrease in claim denials and gradually help in Revenue Cycle Management of the hospital.

RESEARCH QUESTION:-

How can hospitals Effectively Reduce denial Rates for Insurance claims in their revenue cycle management while improving both patient Knowledge and Understanding of policy terms and conditions & Revenue Cycle Management?

OBJECTIVES:-

To comprehensively analyze the components that impact denial rates for insurance claims within the hospital's revenue cycle.

Specific Objectives:-

1. To investigate & identify the reason for claim denials affecting hospital revenue cycle management
2. To assess the level of Knowledge and Understanding among patients regarding their insurance policy terms and conditions and its impact on denial rates and find a significant relation between patient knowledge about policy T & C and Difficulty faced by them during application of claim.
3. To propose strategies for improving revenue cycle management by addressing identified factors contributing to denial rates and enhancing patient education on insurance policies.

HYPOTHESIS:-

Null Hypothesis (H0):- Increase Understanding and knowledge among patients regarding their Policy terms and conditions will make no change to the denial rates in the hospital's Revenue Cycle Management. i.e there is no association between this two Variable .

Alternative Hypothesis:- Increase Understanding and knowledge among patients regarding their terms and conditions will decrease the denial rates in the hospital's Revenue Cycle Management.

Dependent Variable :- Denial Rates
Independent Variable :- Understanding and knowledge among patients regarding their policy terms and conditions
Constant variable :- Time period, location and staff

MATERIAL AND METHODS

STUDY DESIGN: Descriptive research design

SETTING: In the TPA and Billing department of a hospital in Guwahati Assam , Pincode – 781036. (name of the hospital is not permitted to mention)

STUDY POPULATION
- Inclusion criteria: Patient coming in hospital who are enrolled under any of the insurance policy and all the service provider of the TPA and Billing Department.
- Exclusion criteria: Patient who are not enrolled under any insurance policy
- Study tools: Different questionnaires for patients and service provider, and data available in the premise which are permitted to study.

DURATION OF STUDY : 2 month and 15 days

SAMPLE SIZE :- 105 patients and 7 Service providers

SAMPLING TECHNIQUE:- No particular sample has been used patient who are enrolled and come to TPA for Pre authorisation or Reimbursement are surveyed.

DATA COLLECTION PROCEDURE: Data will be collected by survey and will be analysed in MS excel and SPSS.

DATA ANALYSIS PLAN: Data will be interpreted in graphs in MS Excel and will find the Reasons for denial. A bivariate analysis will be done . Significance , standard Deviation and mean median mode will be calculated in SPSS between patient understanding of policy terms and conditions and Denial Rates .

ETHICAL CONSIDERATIONS: -

Informed consent to all the study participants. Permission is taken from the organization for data privacy and confidentiality and also necessary precautions are taken to ensure data security .

OPERATIONAL DEFINITIONS:-

Exposure Variable:- Patient Awareness of Insurance Policy Terms and Conditions

Definition:- The patients understanding and familiarity with the terms, conditions, coverage limitations, and obligations of their insurance policies.

Measurement:- Patients were given a survey questionnaire to measure their understanding of insurance policy terms and conditions, which included questions about pre-authorization processes, co-payments, deductibles, coverage limitations, and network providers. Scores might be provided based on the correctness of patient responses or the completion of specific tasks related to comprehending insurance policy.

Outcome Variable:
Denial Rates for Insurance Claims
Definition: The frequency or percentage of insurance claims submitted by the hospital that are denied by insurance providers.

Measurement:
Denial rates are computed by dividing the number of refused claims by the total number of claims submitted over a given time period, and then expressed as a percentage. Data can be gathered via the hospital's revenue cycle management system or insurance claim databases.

IMPLICATIONS OF RESEARCH: This study will help the hospital in reducing denial rates by using appropriate measures and hence increasing in revenue generation and patient will become more aware about their policy terms and condition.

REFERENCES: Zotero is used as referencing tool.