SUMMER INTERNSHIP PROGRAM

At

RUKMANI BIRLA HOSPITAL, JAIPUR

(CK BIRLA HOSPITALS)

From 01st May, 2024 to 01st July, 2024

A REPORT BY

Monika Kriplani

Master of Business Administration

(Hospital and Health)

2023-25

Under the Mentorship of

Dr. Neetu Purohit (Professor)

IIHMR UNIVERSITY

CK BIRLA HOSPITALS | RBH

RBH/2024/Jul/HRD/6161

Date: 01 Jul 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Monika Kriplani** has successfully completed her training in Quality Department from 01 May 2024 to 01 Jul 2024.

We found her sincere, punctual & hardworking. We wish her every success in her future and career.

For **CK Birla Hospital - RBH**

Raju Kumar
Unit Head - HR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Monika Kriplani** of the academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

She has carried out her work as per the guidelines. Her poster is approved for presentation.

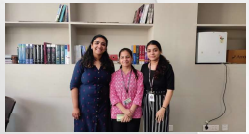
Date: July 22, 2024

(Signature of Faculty Mentor)

Dr. Neetu Purohit
(Professor)
IIHMR UNIVERSITY
JAIPUR

Optimizing TPA claim processing in hospital: Emphasis on minimizing incorrect deductions

Presented by – Dr. Monika Kriplani
Batch - 2023-2025 (MBA Hospital and Health)
University mentor – Dr. Neetu Purohit (Professor)



Guided by:
Dr. Kriti Tambi (Organization mentor)
Dr. Kanika Sharma
[Quality Department]

Brief history and description about organization

Rukmani Birla Hospital, is a 230 bedded multi-specialty hospital offering comprehensive inpatient and outpatient services in Jaipur. It is laid on three key principles - Clinical excellence, Ethical and Patient centric approach. This multi-specialty facility caters to patient needs and makes sure that the patients and their families are being well looked after by a team of efficient doctors, caring and vigilant nurses, organized housekeeping and back-office management. RBH has 24 specialized healthcare departments, each with state-of-the-art medical equipment and a team of highly trained doctors and nurses.

CK Birla Hospitals, comprising of its three landmark identities, The Calcutta Medical Research Institute (CMRI,1969,Kolkata), BM Birla Heart Research Centre (BMB,1989, Kolkata) and its recent venture Rukmani Birla Hospital(RBH,2016,Jaipur) have set milestones in the healthcare Industry.

Organization vision and mission

Vision: Aspire to transform the future of healthcare through outstanding clinical outcomes, research, education and compassionate care.

Mission: Committed to bringing global standards of clinical expertise and care of patients and their families.

Organization structure

- Unit Head
- Head HR
- Head Finance
- Head Quality → Senior Executive
- Head Sales and Marketing → Team
- Head Operations
- Medical Superintendent
- Patient Experience

Challenges faced during internship

- Hindrance due to implementation of new HIS software during project time
- Data confidentiality

Learning during internship

- Open and close file audits
- HIRA (Hazard Identification Risk Assessment)
- Understanding the working culture of hospital
- Patient and staff coordination and emergency codes

SWOT Analysis

Strength

- Lower rates of deductions and claim denials
- Faster processing time leading to improved cash flow

Weakness

- Regular reconciliation of data not done
- Operational inefficiency

Opportunities

- Leveraging new technologies can improve claim processing
- Benchmarking against other hospitals

Threats

- Increased administrative burdens
- Staff turnover and system failures

Practical exposure VS Theoretical understanding

- Practical exposure focused on real world application while theoretical is more conceptual
- Practical exposure develops problem solving, decision making, teamwork, adaptability, communication skills while theoretical knowledge enhances skills and understanding.

Usefulness of internship

- Hospital industry exposure
- Networking with hospital industry members
- Opportunity to improve communication skills
- Learned about healthcare settings

ABOUT THE PROJECT

Objective

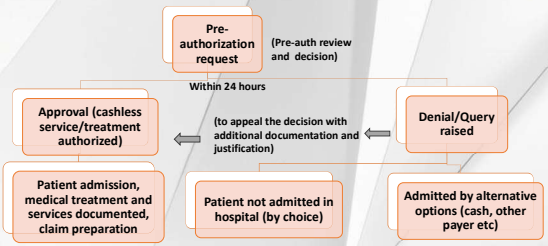
1. To analyze the percentage of incorrect deductions and its concerned reasons in claim settlement.
2. To conduct a quality check on periodic reconciliation of data and query resolving efficiency in claim processing.

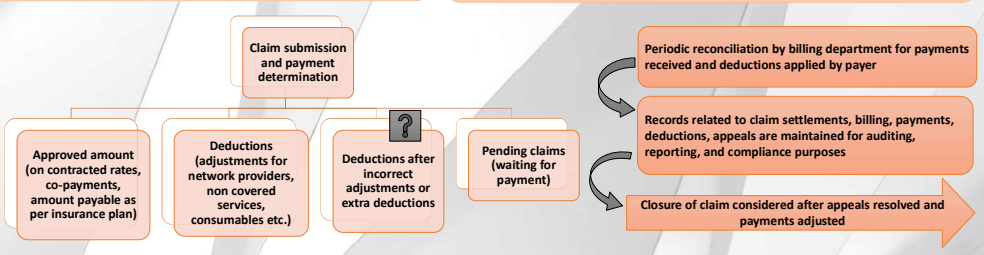
Methodology

Retrospective study : December 2023 to April 2024
SAMPLE SIZE : 757 (number of claims)
(Star health 325, HDFC ergo 288, Nivabupa 144)

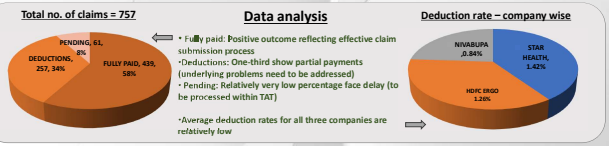
Data collection

1.Financial settlement records review from hospital TPA department
2.Direct observation of process in real time for query resolving efficiency





Data analysis



Findings

Payer	Pending claim amount
Star health	25,51,999
HDFC ergo	7,79,117
Nivabupa	6,42,771

- Relatively low deduction rates show compliance of administrative process and claim submission process in hospital
- No documentation of follow up/query raised for deductions/reconciliation not done/workflow disruption
- Billing mistakes due to operational inefficiency
- NHD, Overbilling, extra tariff,
- Investigation charges included in pkg.

Suggestions

1.Document process flow/SOP – Purpose of review and audit to rectify errors.
2.Gantt Chart- Timely follow up for claim settlement
3.Timely data reconciliation- Engaging of end users and administrators for immediate support and assistance.
4.Enhance communication- Acknowledging and improving on the methods to improve claims settlements.
5.Establish workflow- To ensure the settlement of pending claims with defined roles and responsibilities of all the stakeholders involved.

Weekly Report
(01-05-2024 to 04-05-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

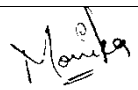
Name of the Student: Dr Monika Kriplani

Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 1
From:01/05/24……to……04/05/2024……..

Activity Done	**1. OPD Pharmacy audit on the basis of updated checklist provided for handling of inventory.** **2. PREMs (Patient Reported Experience Measures) medication administration and safety questionnaire survey.** **- Individual Interviews were conducted with IPD patients and 50 patients were selected randomly from private and general wards to ensure a diverse representation.** **- Interviews were structured around key areas such as-** • **Doctor and nurses providing adequate information about purpose of medication and side effects before administering it.** • **Whether the nurses wash or sanitize their hands, verifying name of patients before drug administration and maintained privacy.** • **If there is any delay or skipped medication.** • **Timings of drugs and food.** • **Information about cost of medication and treatment.** **3. Internal audit of Neuro-ICU patients** **4. Code FAST observation in E/R** **5. Attended session on importance of emergency codes, LASA drugs, recall procedure and cut strips in OPD pharmacy.**
Linking theory (Classroom learning) with practice at your organisation	**- Patient-centered care** **- Six sigma methodology** **- Total quality management** **- Lean management**
Gaps identified on the working area.	**1. OPD Pharmacy - New staff was not aware about ABC-VED analysis for inventory management, emergency medications list not found and no uniform**

	arrangement for same, recall procedure as per policy, LASA drugs arrangement discrepancy and cut strips were not labelled properly. **2. PREMs survey – Delay in medication administration by nurses, no information was provided to patient or family person about medication prescribed or administered, lack of knowledge about side effects of medicines and cost of treatment / medications was not mentioned clearly to the patient or family person.** **- Some additional gap findings included cleanliness in general wards, disturbance in wards, food services delay.** **- Responsiveness to patient needs and discharge instructions.**
Suggestions for improvement	• **Upfront counselling of patients regarding cost of medications even in cases of RGHS, CGHS and TPA.** • **Training of staff for providing information and potential side effects about medication to patients while administration.** • **Avoiding delay in medication by immediate follow up after doctor rounds.** • **Training of new staff for handling OPD pharmacy every week to improve efficiency**
Plan for the next week	**Identifying the area of interest for project selection and working on it by thorough research and observation.**



Signature of the Student

(Monika Kriplani)

Weekly Report

(06-05-2024 to 11-05-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

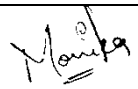
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 2

From:……06/05/24……to……11/05/2024……..

Activity Done	**1. Prescription audit including initial assessment of file of patient focussing on allergies and medical reconciliation.** **- Checking doctor progress notes** **- Prescription to be written in block letters with time and signature of doctor** **- Medication chart to be verified with doctor progress notes** **2. Assessment of CSSD (Central Sterile Supply Department) – Ethylene Oxide (12hrs cycle)** **- Steam (30minutes cycle with indicator)** **3. Learned about admission process on HIS software** **- Cost estimation including fixed charges, nutritional charges, MRD charges, insurance, room charges plus GST, Dr visit, nursing care, resident charges, investigation, medicines, cannulation charges etc.** **4. Project topic decided and observation done for the same**
Linking theory (Classroom learning) with practice at your organisation	**- Patient-centred care** **- Six sigma methodology** **- Total quality management** **- Lean management**
Gaps identified on the working area.	**1. Prescription not written in block letters making it difficult to read** **2. Medication errors and absence of monitoring plans** **3. Insufficient analysis of identified risks**
Suggestions for improvement	**• Ongoing education and training programmes for healthcare personnel.** **• Encourage pharmacist involvement in reducing prescription errors.** **• Technology solutions**

Plan for the next week	**OT utilisation rate calculation and learning about billing after patient discharge**



Signature of the Student

(Monika Kriplani)

Weekly Report

(13-05-2024 to 18-05-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

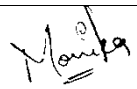
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 3

From:……13/05/24……to……18/05/2024……..

Activity Done	**1. OT (operation theatre) utilisation rate calculation done separately for every OT of the hospital and average rate calculated for January, February, March and April 2024.** **- There are 8 OTs in hospital and for every OT, utilisation time is counted from 8am to 5pm per day excluding Sunday and holiday.** **- Utilisation rate for each month is calculated by total hours utilised in surgery including cleaning time divided by total available hours in month * 100** **- The data was compiled into Excel sheet and total rates calculation done.** **2. Data collection done for internship project and reconciliation done in Excel sheet.** **- Star health insurance claims processing data taken for February and March including all partial payment, underpayments and denials with sponsor amount of hospital and approved amount by company.**
Linking theory (Classroom learning) with practice at your organisation	**- Operational efficiency** **- Lean management** **- Quality care of patient**

Gaps identified on the working area.	- **Audit is yet to be done for OT utilisation rate** - **Delayed cash flows are observed** - **Billing and claim processing discrepancy from hospital end in few areas of TPA**
Suggestions for improvement	● **Careful observation of documents and billing while claim processing need to be done.** ● **Timely reconciliation of data so as to avoid delay cash flows.**
Plan for the next week	**Working on analysis of internship project**



Signature of the Student

(Monika Kriplani)

Weekly Report

(20-05-2024 to 25-05-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

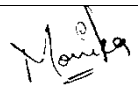
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 4

From:……20/05/24……to……25/05/2024……..

Activity Done	**1. Data collection done for internship project and reconciliation done in Excel sheet.** **- Star health insurance claims processing data taken for April including all partial payment, underpayments and denials with sponsor amount of hospital and approved amount by company.** **- HDFC and NIVABUPA health insurance claims processing data taken for February, March and April including all partial payment, underpayments and denials with sponsor amount of hospital and approved amount by company.** **- Reasons for the delay in cash flows, denials at prior authorisation for admission of patient, deductions in received amount noted down.**
Linking theory (Classroom learning) with practice at your organisation	**- Operational efficiency** **- Lean management** **- Quality care of patient**

Gaps identified on the working area.	- **Lack of coordination and team work observed among staff of TPA resulting in mistakes during claim processing** - **Delayed cash flows are observed more than 3months** - **Billing discrepancy from hospital end in few areas of TPA** - **Wrong deductions from insurance company observed**
Suggestions for improvement	● **Careful observation of documents and billing while claim processing needs to be done.** ● **Timely reconciliation of data so as to avoid delay cash flows.** ● **Team work and coordination should be there**
Plan for the next week	**Working on data analysis of internship project**



Signature of the Student

(Monika Kriplani)

Weekly Report

(27-05-2024 to 01-06-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

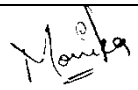
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 5

From:……27/05/24……to……01/06/2024……..

Activity Done	**1. Data collection done for internship project and reconciliation done in Excel sheet.** - **Star health insurance claims processing data taken for December 2023, January 2023 including all pending cases and underpayments with sponsor amount of hospital and received amount by company.** - **HDFC and NIVABUPA health insurance claims processing data taken for December 2023, January 2023 including all pending cases and underpayments with sponsor amount of hospital and approved amount by company.** - **Root causes for deductions in received amount noted down.** - **Current status of pending claims noted down.**
Linking theory (Classroom learning) with practice at your organisation	- **Operational efficiency** - **Lean management** - **Quality care of patient**

Gaps identified on the working area.	- **Lack of coordination and team work observed among staff of TPA resulting in mistakes during claim processing** - **Delayed cash flows are observed more than 3months** - **Billing discrepancy from hospital end in few areas of TPA** - **Wrong deductions from insurance company observed** - **Backlog in query resolving efficiency observed**
Suggestions for improvement	● **Careful observation of documents and billing while claim processing needs to be done.** ● **Timely reconciliation of data so as to avoid delay cash flows.** ● **Team work and coordination should be there**
Plan for the next week	**Working on data analysis of internship project**



Signature of the Student

(Monika Kriplani)

Weekly Report

(03-06-2024 to 08-06-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

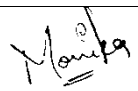
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 6

From:……03/06/24……to……08/06/2024……..

Activity Done	● **Data analysis done for the claim settlement data collected previously from December 2023 to April 2024.** o **Calculation of month wise deduction rate and average deduction rate for each insurance company** o **Pie chart prepared for the pending claims, fully paid claims and deductions as per the sample size.** o **Root causes for deductions in received amount noted down.**
Linking theory (Classroom learning) with practice at your organisation	- **Operational efficiency** - **Lean management** - **Quality care of patient**
Gaps identified on the working area.	- **Lack of coordination and team work observed among staff of TPA resulting in mistakes during claim processing** - **Delayed cash flows are observed more than 3months** - **Billing discrepancy from hospital end in few areas of TPA** - **Wrong deductions from insurance company observed** - **Backlog in query resolving efficiency observed**

Suggestions for improvement	● **Careful observation of documents and billing while claim processing needs to be done.** ● **Timely reconciliation of data so as to avoid delay cash flows.** ● **Team work and coordination should be there**
Plan for the next week	**Not yet decided**



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(Monika Kriplani)

Weekly Report

(10-06-2024 to 15-06-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

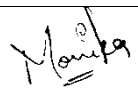
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 7

From:……10/06/24……to……15/06/2024……..

Activity Done	● **OT utilisation rate for May 2024 calculated including surgery duration and post OT cleaning time.** ● **Patient report outcome measures for Geriatric patients done on the basis of checklist provided.** ● **SOP learned for NABH hospital.** ● **Learned about working of blood bank centre in hospital**
Linking theory (Classroom learning) with practice at your organisation	- **Lean management** - **Quality care of patient**
Gaps identified on the working area.	- **Nursing care issues due to lack of training of new hired staff.**

Suggestions for improvement	- **Training should be done for new hired staff every week.**
Plan for the next week	- **Report and poster making**



Signature of the Student

(Monika Kriplani)

Weekly Report

(17-06-2024 to 22-06-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

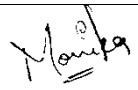
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 8

From:……17/06/24……to……22/06/2024……..

Activity Done	● **Patient reported experience measures for Geriatric patients done on the basis of checklist provided.** ● **Audit for Dialysis unit done on the basis of checklist provided** ● **Patient reported outcome measures list made for Robotic surgeries that take place in hospital** ● **Learned about code RRT**
Linking theory (Classroom learning) with practice at your organisation	- **Lean management** - **Quality care of patient**
Gaps identified on the working area.	- **Lack of training of newly hired staff** - **Hygiene not maintained in dialysis unit and general ward** - **Patients not satisfied with the nursing care, not aware about undergoing treatment in dialysis unit** - **Signages not maintained, documentation not completed properly in dialysis unit** - **Gloves not worn by staff dealing with blood related waste**

Suggestions for improvement	- **Training should be done for new hired staff every week.** - **Proper documentation should be maintained for infection control, water quality check, temperature records etc** - **Proper signages and display of operational hours should be there** - **Patients and their attenders are to made aware of the treatment** - **Gloves and mask should be worn by staff to prevent infection** - **Cleanliness to be maintained strictly**
Plan for the next week	- **Report and poster making**



Signature of the Student

(Monika Kriplani)

Weekly Report

(24-06-2024 to 29-06-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department

Name of the Student: Dr. Monika Kriplani

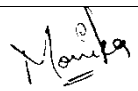
Roll no: 1752 **Stream: Hospital and Health Management**

Week no: 9

From:……24/06/24……to……29/06/2024……..

Activity Done	● **Visit to Sewage Treatment Plant** ● **Presentation made for summer internship project** ● **Poster and SIP report finalisation and submission**
Linking theory (Classroom learning) with practice at your organisation	**NA**
Gaps identified on the working area.	**NA**
Suggestions for improvement	**NA**

Plan for the next week	**Poster presentation on 1st July**



Signature of the Student

(Monika Kriplani)

Compiled Reporting Format

Name of the Organisation: Rukmani Birla Hospital, Jaipur

(CK Birla Hospitals)

Area/ Department/ Project of Summer Internship Program: Quality Assurance

Name of the Student: Dr. Monika Kriplani

Roll no: 1752 **Stream: Hospital and Health**

Activity Done	**1. OPD Pharmacy audit on the basis of updated checklist provided for handling of inventory.** **2. PREMs (Patient Reported Experience Measures) medication administration and safety questionnaire survey.** **- Individual Interviews were conducted with IPD patients and 50 patients were selected randomly from private and general wards to ensure a diverse representation.** **- Interviews were structure around key areas such as: -** **• Doctor and nurses providing adequate information about purpose of medication and side effects before administering it.** **• Whether the nurses wash or sanitize their hands, verifying name of patients before drug administration and maintained privacy.** **• If there is any delay or skipped medication.** **• Timings of drugs and food.** **- Information about cost of medication and treatment.** **3. Internal audit of Neuro-ICU patients, code FAST observation in E/R and attended session on importance of emergency codes, LASA drugs, recall procedure and cut strips in OPD pharmacy.** **4. Prescription audit including initial assessment of file of patient focussing on allergies and medical reconciliation.** **- Checking doctor progress notes** **- Prescription to be written in block letters with time and signature of doctor** **- Medication chart to be verified with doctor**

	progress notes **5. Assessment of CSSD (Central Sterile Supply Department) – Ethylene Oxide (12hrs cycle)** **- Steam (30minutes cycle with indicator)** **6. Learned about admission process on HIS software** **- Cost estimation including fixed charges, nutritional charges, MRD charges, insurance, room charges plus GST, Dr visit, nursing care, resident charges, investigation, medicines, cannula charges etc.** **7. HIRA (Hazard Identification and Risk Assessment) done for every floor and area of hospital.** **8. OT (operation theatre) utilisation rate calculation done separately for every OT of the hospital and average rate calculated for January, February, March and April, May 2024.** **- There are 8 OTs in hospital and for every OT, utilisation time is counted from 8am to 5pm per day excluding Sunday and holiday.** **- Utilisation rate for each month is calculated by total hours utilised in surgery including cleaning time divided by total available hours in month * 100** **- The data was compiled into Excel sheet and total rates calculation done.** **9. Patient report outcome measures for Geriatric patients (50) done on the basis of checklist provided in General and private wards.** **10. Audit for Dialysis unit done on the basis of checklist provided** **11. Patient reported outcome measures list made for Robotic surgeries that take place in hospital.**
Linking theory (Classroom learning) with practice at your organisation	**- Patient-centered care** **- Six sigma methodology** **- Total quality management** **- Lean management**

Gaps identified on the working area.	**1. OPD Pharmacy - New staff was not aware about ABC-VED analysis for inventory management, emergency medications list not found and no uniform arrangement for same, recall procedure as per policy, LASA drugs arrangement discrepancy and cut strips were not labelled properly.** **2. PREMs survey – Delay in medication administration by nurses, no information was provided to patient or family person about medication prescribed or administered lack of knowledge about side effects of medicines and cost of treatment / medications was not mentioned clearly to the patient or family person.** **- Some additional gap findings included cleanliness in general wards, disturbance in wards, food services delay.** **- Responsiveness to patient needs and discharge instructions.** **3. Prescription audit - Prescription not written in block letters making it difficult to read** **- Medication errors and absence of monitoring plans** **- Insufficient analysis of identified risks** **4. Nursing care issues due to lack of training of new hired staff.** **5. Dialysis unit:** **- Hygiene not maintained in dialysis unit and general ward** **- Patients not satisfied with the nursing care, not aware about undergoing treatment in dialysis unit** **- Signage not maintained, documentation not completed properly** **- Gloves not worn by staff dealing with blood related waste**
Suggestions for improvement	• **Upfront counselling of patients regarding cost of medications even in cases of RGHS, CGHS and TPA.** • **Training of staff for providing information**

	and potential side effects about medication to patients while administration. • **Avoiding delay in medication by immediate follow up after doctor rounds of new staff for handling OPD pharmacy every week to improve efficiency** • **Ongoing education and training programmes for healthcare personnel.** • **Encourage pharmacist involvement in reducing prescription errors.** • **Technology solutions** • **Training should be done for new hired staff every week.** • **Cleanliness to be maintained strictly in Dialysis unit**

Signature of the Student

Approved by the IIHMR University's Mentor

Report should be maximum of 10-12 pages

PROJECT SECTION

TITLE: Enhancing TPA claim management in hospital: Focus on deductions

(01-05-2024 to 01-07-2024)

Name of the Organisation: Rukmani Birla Hospital (CK Birla Group)

Area/ Department/ Project of Summer Internship Program: Jaipur, Rajasthan/Quality Department/ Enhancing TPA claim management in hospital: Focus on deductions

Name of the Student: Dr. Monika Kriplani

Roll no: 1752 **Stream: Hospital and Health Management**

Activity Done	**1. OBJECTIVE: To analyze the percentage of deductions and its concerned reasons in claim management.** - **To conduct a quality check on periodic reconciliation of claim settlement and to resolve operational inefficiency** - **KPIs for the project will be : Deduction rate and pending claim amount** - **STUDY DESIGN: Retrospective study taken from December 2023 to April 2024.** - **DATA COLLECTION done for three insurance companies contributing maximum financial stability to the hospital i.e., Star health, HDFC ergo and Nivabupa . Reconciliation of data done in Excel sheet.** - **Data collected from financial records of previous settlement including all partial payment, underpayments and denials with sponsor amount of hospital and approved amount by company.** - **Analyzed documentation in detail to spot reasons for the deductions** - **Direct observation of process in real time to identify operational**

	inefficiency - **Reasons for the delay in cash flows, denials at pre authorisation for admission of patient, deductions in received amount noted down.** **2. DATA ANALYSIS done for the claim settlement data collected previously from December 2023 to April 2024.** **3. FINDINGS as per data collected:** - **More than half of TPA claims submitted by hospital are processed and paid full without any deductions – Positive outcome reflecting effective claim submission process.** - **One-third claims show deductions leading to partial payment - underlying problems need to be addressed.** - **A small portion of claims have not yet been settled, and are awaiting processing – relatively very low percentage face delay (to be processed within TAT)** - **Relatively low deduction rates show compliance of administrative process and claim submission process in hospital.**
Gaps identified on the working area.	- **Delayed cash flows are observed, billing and claim processing discrepancy from hospital end in few areas of TPA** - **Lack of coordination and team work observed among staff of TPA resulting in mistakes during claim processing** - **Wrong deductions from insurance company observed** - **Backlog in query resolving efficiency observed** - **No documentation of follow up/query raised for deductions/reconciliation not done/workflow disruption** - **Patient not satisfied due to unexpected out of pocket expenditure sometimes and**

	patient unaware of policy terms, exclusions, procedure covered and discount agreement
Suggestions for improvement	• **Document process flow/SOP – Purpose of review and audit to rectify errors.** • **Establish workflow- To ensure the settlement of pending claims with defined roles and responsibilities of all the stakeholders involved.** • **Gantt Chart- Timely follow up for claim settlement** • **Timely data reconciliation- Engaging of end users and administrators for immediate support and assistance.** • **Enhance communication- Acknowledging and improving on the methods to improve claims settlements.** • **Gain a thorough understanding of each TPA's preauthorization requirements and ensure compliance.** • **Implement an automated claims management system to reduce manual errors and enhance processing speed.**

Signature of the Student

Approved by the IIHMR University's Mentor